Center *for the* Study *of* Social Policy
Ideas into Action

Paul Vincent

## Michelle H., *et al.* v. McMaster

# PROGRESS REPORT: SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES

## October 1, 2021 - March 31, 2022

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# Michelle H., et al. v. McMaster and Leach Progress Report for the Period October 1, 2021 – March 31, 2022

## Table of Contents

## List of Tables



## List of Figures

# Michelle H., et al. v. McMaster and Leach
# Progress Report for the Period
# October 1, 2021 – March 31, 2022

## I. Introduction

This report covers the progress of the South Carolina Department of Social Services (DSS) in meeting the requirements of the Final Settlement Agreement (FSA)[1] entered in *Michelle H., et al. v. McMaster and Leach*, for the period October 1, 2021 through March 31, 2022.[2] Approved by the United States District Court on October 4, 2016, the FSA includes requirements for the care and treatment of the approximately 4,000 children in foster care in South Carolina and incorporates provisions ordered in a September 2015 Consent Immediate Interim Relief Order (the Interim Order or IO).[3,4] The FSA outlines South Carolina's obligations to significantly improve the experiences of and outcomes for children removed from the care of their parent(s) or guardian(s) and placed in DSS's custody, and reflects an agreement by the state to address long-standing problems in the operation of its child welfare system. The report has been prepared by court-appointed independent Co-Monitors Paul Vincent and Judith Meltzer, with assistance from Elissa Gelber, Rachel Paletta, Gayle Samuels, Ali Jawetz, and Sarah Esposito. It is presented to the Honorable Richard Gergel, U.S. District Court Judge; Parties to the lawsuit (Governor McMaster, DSS, and Plaintiffs); and the public.

The FSA was crafted by state leaders and Plaintiffs to guide a multi-year reform effort on behalf of children in DSS's custody and includes specific provisions governing: the workloads of case managers and supervisors; visits between children in foster care and their case managers; family time, or visits between children in foster care and their parents and siblings; investigations of allegations of abuse and/or neglect of children in foster care by a caregiver; appropriate placements; and access to timely physical and behavioral health care. Within this structure, the Co-Monitors worked closely with DSS and Plaintiffs between 2017 and 2019, leading to

[1] Final Settlement Agreement (October 4, 2016, Dkt.32-1)
[2] FSA Section III.D. requires the Co-Monitors to issue reports approximately 120 days after the close of each reporting period, or after the state and/or DSS produces the necessary data to the Co-Monitors.
[3] The class of children (Class Members) covered by the FSA includes "all children who are involuntarily placed in DSS foster care in the physical or legal custody of DSS now or in the future" (FSA II.A.).
[4] Consent Immediate Interim Relief Order (September 28, 2015, Dkt. 29)

the development of Implementation Plans approved and ordered by the Court.[5] The intention was that these Plans – the implementation of which are tracked by the Co-Monitors – would provide blueprints and accountability for the reform work ahead.

The Co-Monitors and their staff utilized a range of sources and activities to collect data and information for inclusion in this report, and to inform the overall assessment of the state's progress. These include, among other things, review of records in DSS's Child and Adult Protective Service System (CAPSS);[6] analysis and validation of data collected by DSS, the University of South Carolina's Center for Child and Family Studies (U of SC CCFS), and Co-Monitor staff through structured reviews; discussions with case managers and other DSS staff, private providers, and stakeholders; and meetings with DSS leaders. Appendix B includes a list of specific activities used to assess DSS's progress during the monitoring period.

Included in this report is a summary of the Co-Monitors' general findings, followed by a discussion of DSS's performance with respect to the FSA requirements, as well as updates on the implementation of strategies contained in each of the court-ordered Implementation Plans.[7,8] In order to make the report as useful as possible to the Court, Parties, and public, the Co-Monitors have also included information about key developments beyond March 31, 2022 (the end of the monitoring period), where applicable.

[5] *See* Court orders approving Workload, Placement, and Health Care Plans (February 27, 2019, Dkt. 109) and Visitation Plan (April 3, 2019, Dkt. 115)
[6] CAPSS is DSS's State Automated Child Welfare Information System (SACWIS).
[7] Pursuant to FSA III.K., "The Co-Monitors shall not express any conclusion as to whether Defendants have reached legal compliance on any provision(s)."
[8] To see all Implementation Plans and Addendums for the *Michelle H.* Final Settlement Agreement, go to: https://dss.sc.gov/child-welfare-reform/

## II. Summary

This report covers DSS's performance between October 1, 2021, and March 31, 2022, the period prior to the allocation of an additional $39 million in funding by the South Carolina General Assembly. This is a time during which DSS was woefully under-resourced, and still grappling with the pervasive challenges caused by the COVID-19 pandemic, and the cumulative impact of years of inadequate funding.

As is reflected throughout the report, the DSS leadership team attempted to maintain a focus on its child welfare reform efforts despite these challenges during the period, reiterating its ongoing commitment to the Department's long-standing strategic priorities, including the key changes required by this lawsuit. It is commendable that work has proceeded in some areas. As discussed in Sections VII. *Intakes and Investigations of Alleged Abuse/Neglect in Out-of-Home Care* and VIII. *Placements*, the Co-Monitors have identified five FSA measures that may be eligible for "Maintenance of Effort" designation.[9,10] The percentage of children placed by DSS with kin or relative caregivers after being removed from their homes has continued to increase, the result of an ongoing emphasis on the importance of keeping children connected with family members and loved ones. DSS has also maintained progress in placing children in family-based settings, and has greatly reduced the number of children placed in congregate or institutional settings.

Progress remained materially unchanged in this period with respect to the majority of DSS's other FSA commitments. Previous reports have laid out in much detail the ways in which a lack of resources throughout South Carolina, and the entrenched attitudes, beliefs, and practices that have developed over years of operating in crisis mode, have continued to disempower the children and families that have contact with DSS. The severity of these barriers came into stark relief this period as an even greater number of children spent nights in DSS offices. In February 2022 alone, 48 children spent a total of 78 nights sleeping in a DSS office, more than 15 times the incidence for the entirety of the six-month monitoring period between October 1, 2020 and March 31, 2021. DSS's all-hands-on-deck work on an Overnight Stay Plan, jointly entered with Plaintiffs on March 23, 2022,[11] served to dramatically decrease

[9] These measures are: Timely Completion of Investigations Within 45, 60, and 90 days (FSA IV.C.4.(d), (e), and (f)) and Congregate Care Placements for all Class Members and Class Members 12 years old and under on the last day of the Reporting Period (FSA IV.E.2&3).
[10] FSA V.E.3 provides the Co-Monitors "will identify which provisions may be eligible for the Maintenance of Effort designation," indicating that Defendants may have achieved compliance for the specific obligations. Designations of Maintenance of Effort status are made by the Court pursuant to FSA V.E.1.
[11] Overnight Stay Plan (March 23, 2022, Dkt. 236)

the frequency of this practice beginning in May 2022. However, more than 100 children in DSS's care were in emergency placements when the period ended on March 31, 2022. For some children, this meant spending their daytime hours in DSS offices, or other holding places, and their nights sleeping in different foster homes or congregate care facilities on an emergency basis. This makes it difficult for children to maintain long-term relationships, visit with family, engage in supportive services, or experience stability of any kind. The lack of stability and successive placements contributes to the trauma that children and youth experience when they are involved with child welfare services.

On July 1, 2022, after much advocacy and COVID-19-related budget delays, the South Carolina General Assembly appropriated the fiscal resources DSS requested and believes it needs to change the way it works with families and come into full compliance with the FSA. This infusion of resources was the result of considerable effort by DSS leadership to document to the legislature both their needs and their plans to use the resources. These resources are desperately needed.

Though critical, funding alone is not enough. System transformation will require intensive focus on practice in accordance with DSS's Guiding Principles and Standards (GPS) Case Practice Model. The model outlines the values, principles, and practice skills DSS seeks to promote, and could serve as a roadmap to guide cohesive change across systems whose goals are to serve and support children and families across South Carolina.[12]

DSS leadership must work in the months ahead to expeditiously utilize new funding to implement its vision for change. The urgency of this work has never been greater, and the time for performance is now.

The report sections that follow include analysis related to demographic information, the state's budget, and each area of practice specifically addressed in the FSA. These include caseloads; visits between case managers and children;[13] investigations of alleged maltreatment of children while in foster care; placements; time siblings in foster care and not placed together spend with each other; time children who are to

[12] For more information and to view the full GPS Case Practice Model see: https://dss.sc.gov/gps-practice-model/.
[13] Limitations in DSS's ability to extract reliable automated data reflecting performance on FSA measures related to visits between case managers and children and between children and their family members have resulted in the need for intensive case record reviews to collect, analyze, and report data in these areas. Upon agreement of the Parties, given current performance and lack of substantial progress, the Co-Monitors temporarily suspended these reviews. Sections VI. *Case Manager Visits with Children* and IX. *Family Time: Visits with Parents and Siblings* include further information about DSS's efforts toward improvement in these areas.

return home spend with their parents; and health care. To the extent available, policy, practice, and strategic updates, and relevant performance data are also included.

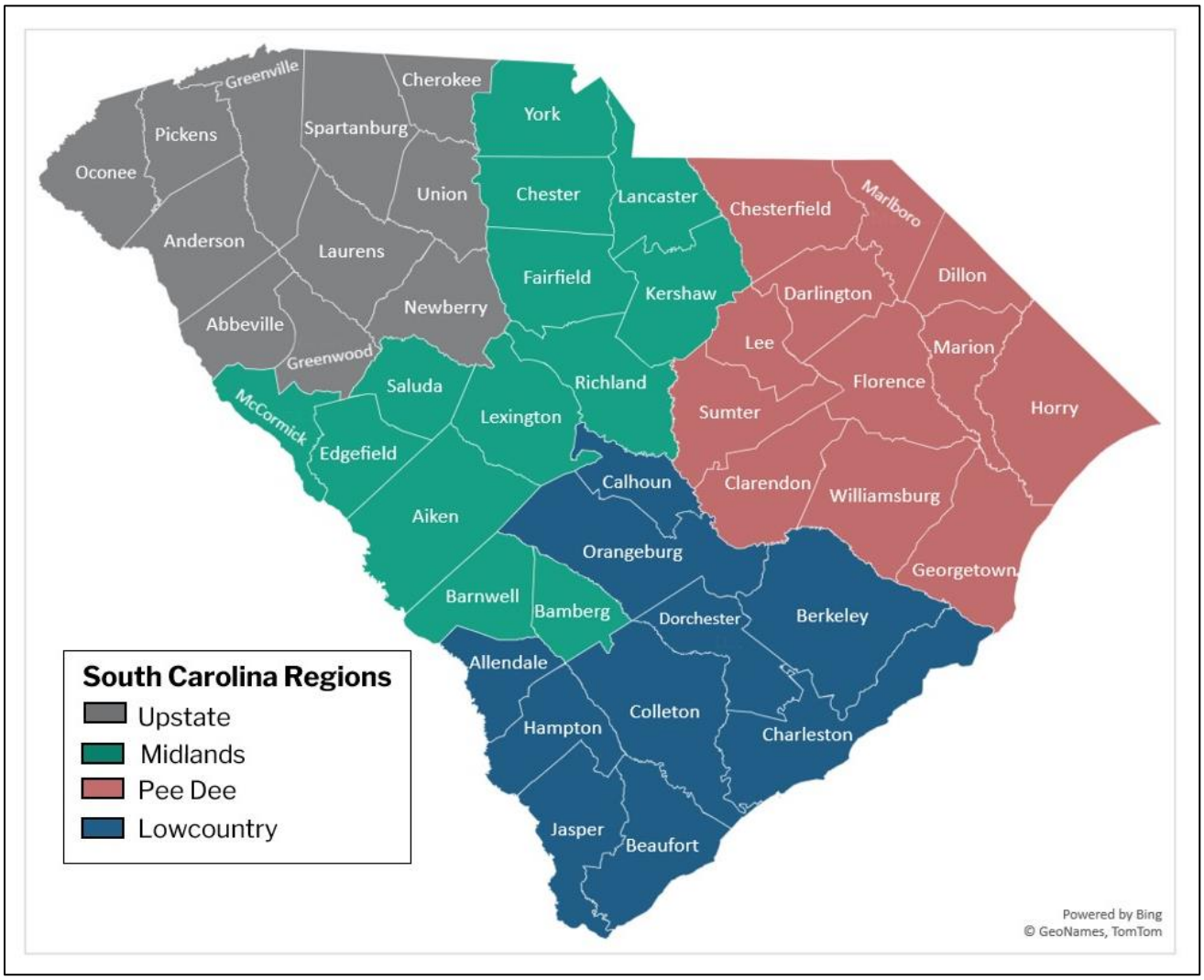
## III. Background Information

**South Carolina Department of Social Services: Structure and Mission**

DSS is a cabinet-level agency aimed at "promoting the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families."[14] The agency, directed by Michael Leach, oversees investigations of alleged child abuse and/or neglect by parents, guardians, foster parents, and staff of daycare centers and facilities where children reside; preventative services for families; foster care; adoptions; childcare; child support; Adult Protective Services (APS); and economic assistance programs such as Temporary Assistance for Needy Families (TANF), which provides financial assistance to families experiencing poverty, and the Supplemental Nutrition Assistance Program (SNAP), which provides nutrition benefits to families earning low wages to purchase food. DSS is structured to deliver services through regional and county offices; the state's 46 counties are divided into four regions – Midlands, Upstate, Pee Dee, and Lowcountry (see Figure 1).

[14] To see DSS's mission, visit: https://dss.sc.gov/about/

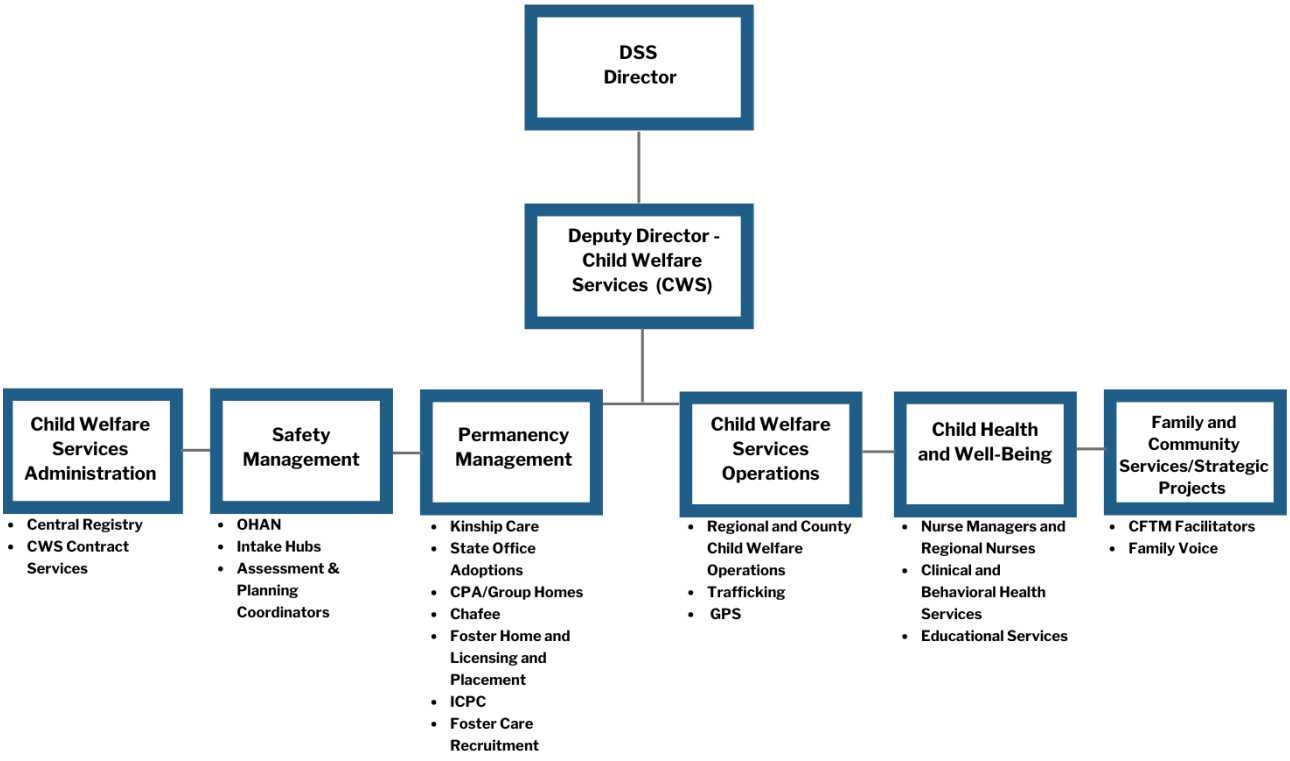
**Figure 1: South Carolina Counties by Region**




The FSA pertains to children who have been involuntarily removed from the custody of their parents or guardians due to a finding of abuse or neglect and taken into the custody of DSS. These children reside in foster care or "out-of-home" care. DSS is responsible for caring for children on a temporary basis, preferably while the children remain with their siblings and reside with family members or someone else known to their family, and working to ensure children can safely return home to their parents or guardians (referred to as reunification). When reunification is not possible, DSS must pursue another permanent, long-term plan, such as guardianship or adoption.

DSS's foster care work is part of its Child Welfare Services Division, overseen by Deputy Director of Child Welfare, Emily Medere.[15] The Child Welfare Services Division is organized into four primary areas of focus: Safety Management, Permanency Management, Child Welfare Services Operations, and Child Health and Well-Being.[16] Figure 2 depicts this structure, and the general responsibilities encompassed in each area of work.

**Figure 2: DSS Child Welfare Services Division Organizational Chart**




## Foster Care Budget and Financing

Federal law establishes legal mandates and provides financial support to child welfare systems through several sources and has shown "long-standing interest in helping states improve their services to children and families."[17] Specifically, the federal Children's Bureau, within the Administration for Children and Families,

[15] Karen Bryant served in this role until July 2022. Emily Medere transitioned to the Deputy Director of Child Welfare position in mid-August 2022.
[16] A fifth area of focus – Performance Management and Accountability (PMA) – was moved out of the Child Welfare Services Division. This function has been incorporated into the work of the Department's Policy and Continuous Quality Improvement (CQI) Division. Additionally, the Child Fatalities and Near Child Fatalities Unit has been moved under Performance Management and Accountability.
[17] Stoltzfus, Emilie (July 30, 2018). Child Welfare Funding in FY2018. Congressional Research Service. https://fas.org/sgp/crs/misc/R45270.pdf

distributes funds to states through mandatory spending programs authorized through the Social Security Act. The largest of these programs is authorized under Title IV-E of the Social Security Act and operates as an "open-ended" matching fund source, meaning states are entitled to receive reimbursement for a portion of every dollar spent on behalf of an "eligible" child.[18] The child's eligibility depends on the income level of the parent(s) from whose custody the child was removed. Even if a child's case is found to be eligible for reimbursement pursuant to Title IV-E, reimbursement is only allowed for specific portions of certain eligible expenses. For example, states receive 50 percent reimbursement for eligible administrative costs, 75 percent reimbursement for eligible training costs, and reimbursement at the state's Medicaid matching rate (see below) for payments to foster parents to help cover the costs of caring for children in their homes.[19] The maximization of federal reimbursement available through Title IV-E has continued to be a priority under Director Leach. Approximately 45 percent of children in foster care meet Title IV-E eligibility requirements (referred to as the state's Title IV-E penetration rate).[20]

Nearly all children in foster care are eligible for medical insurance through Medicaid, another important source of revenue for state child welfare systems. States paying for Medicaid services included in federally approved state plans and waiver programs receive federal matching funds for state expenditures at a state's Federal Medical Assistance Percentage (FMAP) rate. In South Carolina, this rate is currently 70.58 percent.[21] This means that for every dollar South Carolina spends on a Medicaid-

[18] The Title IV-E program was established by HR. 3434 Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272).
[19] Section 474(a)(3)(A),(B),(C),(D), and (E) of the Social Security Act
[20] In February 2018, the federal Family First Prevention Services Act (FFPSA) was passed to promote placement of children in family foster care settings as opposed to congregate care settings, and to allow states to use federal IV-E funding to provide evidence-based prevention services in the community to reduce the need for out-of-home placement. FFPSA prevents federal reimbursement of congregate care facilities that do not meet the new criteria for a Qualified Residential Treatment Program (QRTP), which include: a trauma-informed treatment model, on-site registered or licensed nursing and clinical staff, inclusivity of family members in treatment planning, offering aftercare support 6 months post-discharge, and accreditation by a select group of bodies. (Family First Prevention Services Act, Publ. L. No. 115-123, H.R.253. (2017)). In February 2022, the Children's Bureau approved South Carolina's 5-year Family First Prevention Services plans. If statutory requirements are met, this will enable the state to access to federal funding to help families stay together and prevent entry into foster care. DSS has been working with community and agency partners on developing implementation strategies. The agency has not yet begun to make IV-E claims under the Family First Prevention Services Act (FFPSA), as it is currently using 100% federal funding received through the Family First Transition Act (FFTA) grant. The agency will be able to begin claiming under FFPSA beginning July 1, 2022, as needed. To see South Carolina's Family First Prevention Services plan, go to: https://dss.sc.gov/media/3284/south-carolina-dss-title-iv-e-prevention-plan.pdf
[21] Kaiser Family Foundation. State Health Facts. Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier.https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Multiplier%22,%22sort%22:%22desc%22%7D

reimbursable service for a child, the federal government reimburses the state almost 71 cents. This is both a considerably higher rate than the reimbursement rate for most expenditures under Title IV-E and one that can be applied broadly to *all* (100%) of the children in foster care as Medicaid reimbursement is not limited to services for children who meet the Title IV-E eligibility requirement. States that have responsibly maximized the use of federal Medicaid matching dollars have been able to increase – sometimes vastly – funding available for the support of children in foster care.[22] Medicaid can be used to cover non-direct health care services, such as behavioral health services, and services as part of therapeutic foster care.

State funding for foster care in South Carolina is allocated annually through the General Assembly agency appropriation process. The state fiscal year in South Carolina is from July to June, spanning two calendar years.[23] South Carolina's budget process begins in July or August of the year preceding the start of the new fiscal year when the Governor sends budget instructions to state agencies. State agencies generally submit budget requests to the Governor between September and November, detailing every new and recurring dollar they plan to spend in the following year, and those items that will require state funding. Agencies are also required to estimate anticipated federal funding and other considerations. In November, upon instruction from the Governor, the state Board of Economic Advisors issues an initial forecast of economic conditions to give the Governor and lawmakers a sense of how much revenue will be available for expenditure in the coming year. In early January, the Governor submits the Executive Budget to the General Assembly. Both houses of the state legislature review the budget, initially in committee (the House Ways and Means and Senate Finance Committee), and ultimately pass budgets through full floor votes. If the House and Senate versions of the budget do not match, a conference committee consisting of both House and Senate members is assembled to reconcile differences. The legislature must pass a budget with a simple majority by the beginning of the fiscal year, July 1. The Governor may exercise line-item veto power on the enacted budget. Details regarding DSS's approved budget for FY2022-2023 are included in Section IV. *Fiscal Resources*.

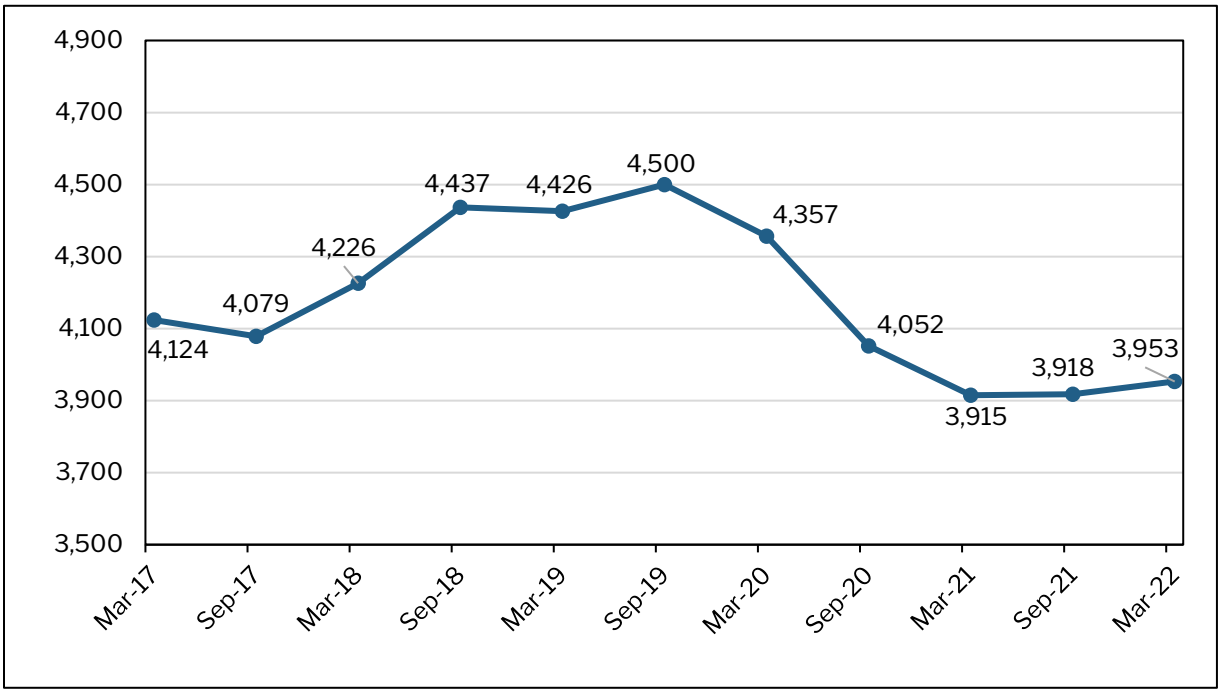
[22] To compare state-by-state Child Welfare financing using the National Council of State Legislatures' tool, go to: https://www.ncsl.org/research/human-services/child-welfare-financing-101.aspx#/

[23] Throughout this report and in accordance with state practice, fiscal year (FY) designations reference the July year in which funding is allocated, and the June year in which the fiscal period ends. For example, FY2021-2022 references the period from July 2021 through June 2022.

**Population and Demographics of Children in Foster Care**

On March 31, 2022, the last day of the monitoring period, there were 3,953 *Michelle H.* Class Members in foster care. The foster care population increased slightly from the end of the prior monitoring period (on September 30, 2021, there were 3,918 Class Members in foster care), as seen in Figure 3.[24]

**Figure 3: Class Members in Foster Care**
**March 2017 – March 2022[25]**

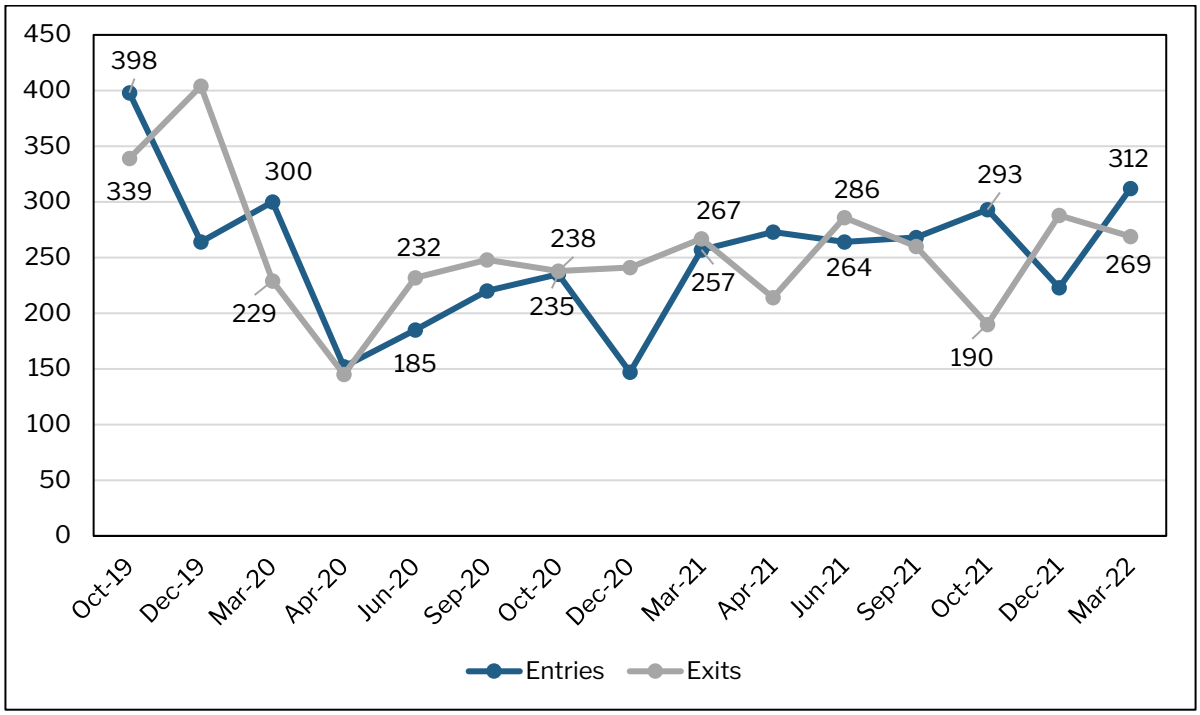



Source: CAPSS data provided by DSS

Figure 4 shows how the foster care population grew slightly during this monitoring period, because 1,529 children entered, and 1,475 children exited, foster care.[26]

[24] These data do not include children who resided in other institutional settings on the last day of the monitoring period.
[25] These data do not include children who resided in other institutional settings on the last day of the monitoring period.
[26] These data may include children in foster care who do not fall within the definition of Class Members as per the FSA.

**Figure 4: Foster Care Entries and Exits**
**October 2019 – March 2022**

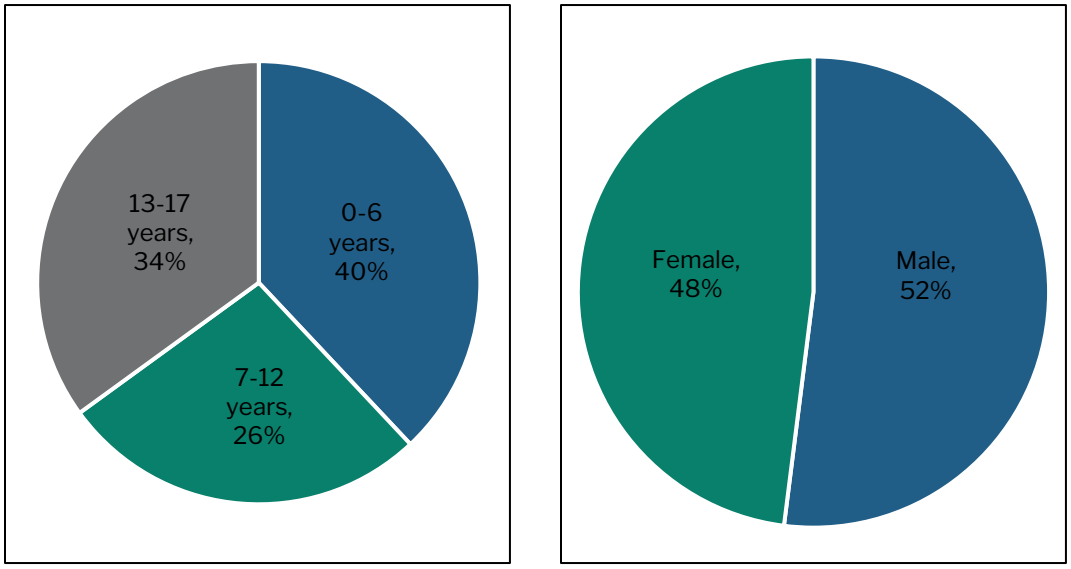



Source: CAPSS data provided by DSS

On its website, DSS reports demographic characteristics such as age and gender of children in foster care. Figure 5 reflects that about one-third (34%) of children in the foster care population are adolescents (ages 13 to 17), 26 percent of children in the foster care population are between the ages of seven to 12, and 40 percent of children are ages six and under. Slightly less than half of children in foster care are reported to be female (48%). DSS does not currently collect data on children who identify as gender neutral or non-binary.[27,28]

[27] As of August 5, 2022, DSS data indicate that gender identity was unknown for 3 children (<1%) in foster care.
[28] DSS has reported that it is in the process of updating CAPSS to better capture information related to children's gender, sexual orientation, and pronouns, and expects the change to be live in CAPSS by September 30, 2022.

**Figure 5: Children in DSS Custody by Age and Reported Gender as of August 5, 2022 N=3,907**




Source: Data from DSS data dashboard, 8/5/22

Given the importance of understanding and rectifying racial disparities in child welfare practices and outcomes, the Co-Monitors have included data on racial demographics for children in foster care in prior monitoring reports. Due to data limitations – including the unavailability of updated data by county for the general child population statewide, and the percentage of children with missing race information in the DSS data dashboard – these data are not included in this report.

## IV. Fiscal Resources

In June 2021, the General Assembly passed the Fiscal Year (FY) 2021-2022 budget, allocating $28,914,239 in new state recurring funds to DSS for child welfare programs. The appropriation enabled DSS to comply with its obligations to maintain prior increases in payments to foster parents and to implement its Child Welfare Salary Plan. Though the appropriation was much needed in these areas, it was more than $23 million short of DSS's request, which had been estimated based on what DSS believed it required in that year to comply with the obligations outstanding under the FSA at the time of its request.

The FY2022-2023 budget, passed in June 2022, provided long-sought-after and greatly needed funding to DSS to support the changes the Department has been pursuing and is obligated to make. In July 2022, DSS received an infusion of $39.2 million in new state funding. Included in this allocation, among other things, is $13.5 million for the hiring of 187 additional case managers, supervisors and related staff; $2.9 million for staff to support implementation of the long-delayed DSS Placement Plan;[29] $1.6 million for staff to support implementation of the Health Care Improvement Plan;[30] $2.4 million for the development of community-based services and supports for families; and $2 million for Kinship Navigator programming to support family members who care for children in foster care.

[29] The Placement Implementation Plan was entered by the Court on February 28, 2019 in response to FSA IV.D.1.(a). Placement Implementation Plan (February 27, 2019, Dkt. 109). For further discussion of the Plan, see Section VIII. *Placement*. The Placement Implementation Plan is available at: https://dss.sc.gov/media/1950/dss-placementimplementation-plan.pdf

[30] The Health Care Improvement Plan was approved by the Co-Monitors on August 28, 2018, in response to FSA IV.K.1.(a-c). Health Care Plan with Care Coordination Addendum (February 27, 2019, Dkt. 109). For further discussion of the Plan, see Section X. *Health Care* Plan. The Health Care Improvement Plan is available at: https://dss.sc.gov/media/1980/8-23-2018-final-approved- dss-health-care-implementation-plan.pdf

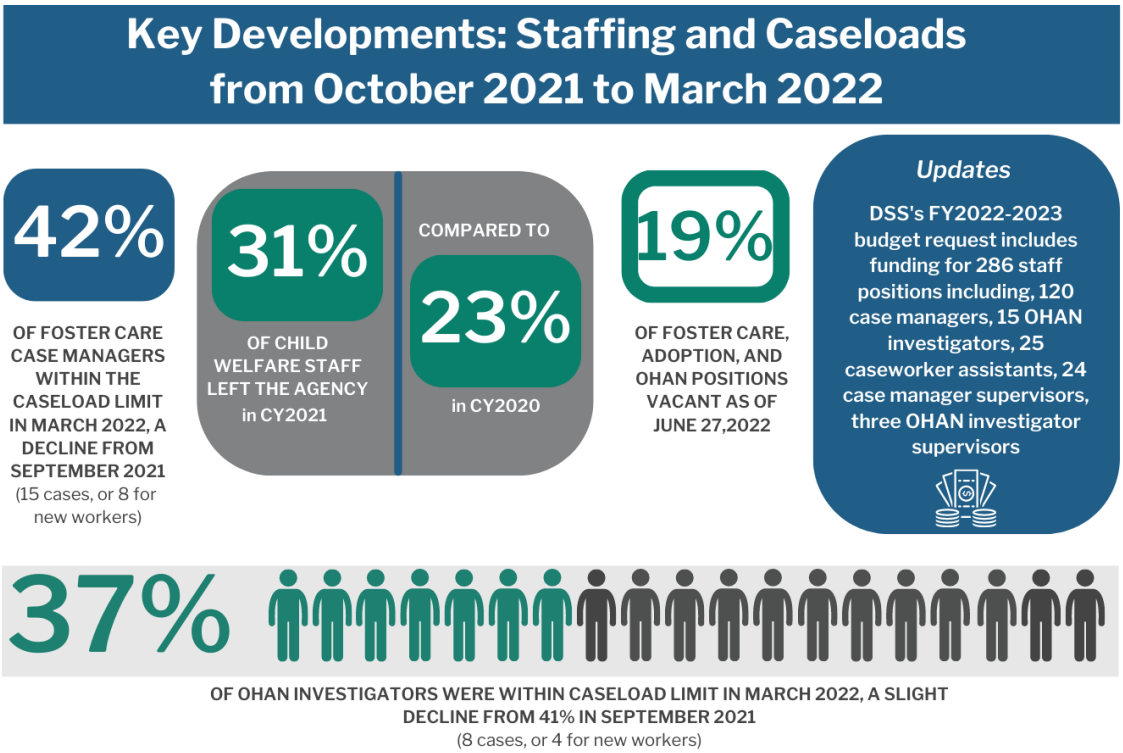
## V. Caseloads

A sufficient, qualified, and trained workforce with manageable caseloads is foundational to a well-functioning child welfare system and has been a priority focus of DSS's reform. Case managers must have the skills, resources, available time, and supports needed to engage families and providers in creating meaningful plans and monitoring progress towards individualized case goals, among many other important tasks.[31] Child welfare systems must ensure that the appropriate number and types of positions – including case managers, supervisors, and support staff – are allocated within each region and county office so that caseloads are manageable, and that when vacancies exist, they are quickly filled by qualified staff with as little disruption as possible to families and other staff. Case managers also need coaching, training and supervision to ensure they have the knowledge and skills required to effectively carry out their roles and must be compensated with salaries and benefits that equate to a professional living wage so they can invest in and pursue their work as a career.

High caseloads for case managers continued to be a challenge for DSS during this monitoring period. Although overall performance for all case manager types was well below the final target of 90 percent compliance with caseload standards, improvements are noted in compliance for adoption case managers, where performance improved from 25 percent compliant in September 2021 to 49 percent compliant in March 2022. Caseloads for foster care case managers and case managers within the Out-of-Home Abuse and Neglect (OHAN) unit remained relatively unchanged from the prior period.

In addition to issues with caseload compliance, DSS continues to struggle with staff retention and challenges in timely filling vacancies, as discussed in more detail below. Staff who left the agency in Calendar Year (CY) 2021 cited leaving for higher salaries, lack of supervisory support, or a desire for more career advancement opportunities. Delayed implementation of many of the fundamental components of the Workforce Implementation Plan, and the impacts of the pandemic, have resulted in an even greater need for immediate actions in order to stabilize the workforce and fill the new positions recently allocated by the General Assembly.

[31] The FSA utilizes the term "caseworker" to refer to DSS case-carrying staff. As part of its Guiding Principles and Standards (GPS) Case Practice Model development and work to define enhanced job expectations, DSS now utilizes the term "case manager." Where appropriate and for consistency with practice, this report will utilize the term case manager.




## *Workforce Progress and Implementation Updates*

The FSA required that by December 5, 2016, DSS develop an Implementation Plan to achieve the final FSA workload requirements. The Implementation Plan was to include "*enforceable interim benchmarks with specific timelines, subject to consent by Plaintiffs and approved (sic) by the Co-Monitors, to measure progress in achieving the final targets […]*" (FSA IV.A.2.(a)).

The Workforce Implementation Plan was approved by the Co-Monitors on February 20, 2019, and by the Court on February 27, 2019.[32] The Plan's strategies primarily focus on improvements to infrastructure; hiring, training, and retention of case managers and supervisors; and increasing case manager and supervisor salaries. The discussion below includes implementation updates for select Implementation Plan, Joint Report,[33] and Mediation Agreement strategies during this period.

[32] The Workforce Implementation Plan is available at: https://dss.sc.gov/media/1948/dss-workload-implementation-plan.pdf
[33] Joint Report of Plaintiffs and Defendants to the Honorable Richard Gergel (July 22, 2019, Dkt. 145)

*Hiring, Training, Onboarding, and Retaining New Case Managers and Supervisors*
As of December 31, 2021, there were a total of 1,789 filled front-line Child Welfare positions, 553 of which were foster care, adoption, and OHAN case managers, supervisors, and assistants. Throughout CY2021, DSS hired 189 case managers, supervisors, and caseworker assistants within foster care, adoption, and OHAN. During that same time period, 200 staff within these positions left the agency; thus, more staff left these positions than were hired within the 12-month period. As of June 27, 2022, DSS reports a total of 508 positions were allocated to foster care, adoption, and OHAN,[34] and 94 (19%) positions were vacant.

Two important events occurred in CY2021 impacting staff retention. First, as COVID infections decreased, state employees were required to return to the office by the end of Q1/March 31, 2021, which was followed by an increase in staff leaving in Q2.[35] Second, phase 1 of the new salary schedule (discussed further below) was implemented beginning July 1, 2021, which was followed by a decline in turnover from Q2 to Q3, and continued from Q3 to Q4. Quarterly turnover rates for all child welfare positions reflect movement that corresponds with these two events.[36] Staff turnover increased early in CY2021 (8% in Q1 and 10% in Q2, April to June 2021); declined to seven percent in Q3 (July to September 2021) and five percent in Q4 (October to December 2021); and increased to seven percent in Q1 of 2022 (January to March 2022). As reflected in the Table below, foster care staff had the largest percentage of staff departures.

**Table 1: Quarterly Turnover within Foster Care, Adoptions, OHAN, and All Child Welfare Programs**
**CY2021 – Q1 CY2022**

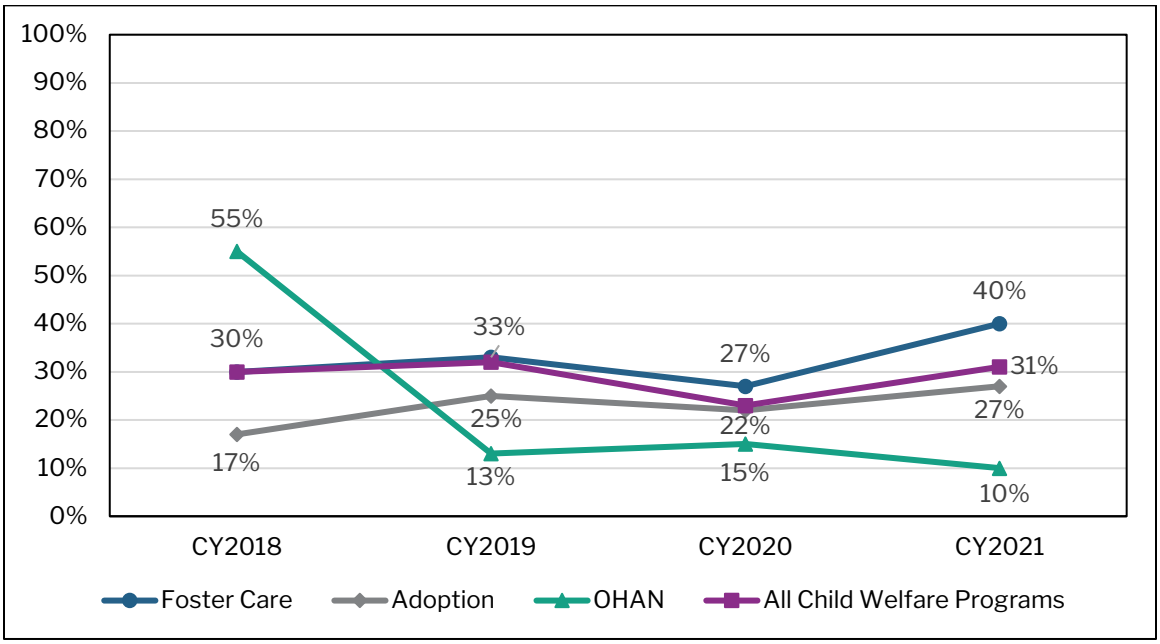
| Practice Area | Q1 2021 (Jan – Mar 2021) | Q2 2021 (Apr – June 2021) | Q3 2021 (July – Sept 2021) | Q4 2021 (Oct – Dec 2021) | Q1 2022 (Jan – Mar 2022) |
|---|---|---|---|---|---|
| **Foster Care** | 10% | 14% | 8% | 9% | 9% |
| **Adoption** | 5% | 12% | 5% | 5% | 7% |
| **OHAN** | 5% | 0% | 0% | 4% | 4% |
| **All Child Welfare Programs** | **8%** | **10%** | **7%** | **5%** | **7%** |

Source: Data provided by DSS, Annual Turnover Rate by Program Area

[34] This total does not include caseworker assistants, thus is lower than the total cited in the Workforce Report.
[35] More recently, in DSS's Letter to Judge Gergel on July 22, 2022, DSS reported that the Department of Administration approved DSS' telecommuting plan which will allow 1 day of telecommuting, with scheduling of telecommuting providing that each office maintains 75% of employees working in the office on any given day to support service to the community (see p. 33-34). DSS describes other current retention strategies on pages 32 through 35 of the July 22, 2022 Letter.
[36] Includes Adoptions, Family Preservation, Foster Care, Intake, Investigations, Licensing, and OHAN.

Consistent with the quarterly trends reflected above, turnover in CY2021 most heavily impacted foster care staff, with 40 percent (166 of 411) of foster care staff leaving their jobs. This is the highest annual turnover in foster care staff within the last four years – CY2018 was 30 percent, CY2019 was 33 percent, and CY2020 was 27 percent. Adoptions staff also had their highest annual rate of staff separations in CY2021 as compared to the prior three years; from 17 percent in CY2018 to 27 percent in CY2021, as seen in the figure below.

**Figure 6: Annual Turnover within Foster Care, Adoptions, OHAN, and All Child Welfare Programs CY2018 – 2021**




Source: Data provided by DSS, Annual Turnover Rate by Program Area

DSS completed exit surveys with Child Welfare Services employees who left their positions in CY2021. Fifteen percent (80) of exiting employees responded and the most frequently cited reasons by staff for leaving between January and March 2022 were personal (77%) and employee movement within the agency (10%). Staff also identified the following as their main reason for leaving employment with DSS: 38 percent left for higher pay, 20 percent left due to lack of supervisory support, 19 percent left for career advancement opportunities, 13 percent left due to lack of employee recognition, and 11 percent left due to lack of training.

DSS's CY2021 Child Welfare Workforce Report (Appendix E) includes more detailed data and analysis on the DSS workforce. The report includes demographics of staff; the number of vacant positions, separations, and hires during the year; and findings from "stay" surveys and exit interviews with staff.[37,38] Additional highlights from this report are bulleted below:

- As of December 31, 2021, 91 percent of foster care, adoption, and OHAN case manager positions were filled by women with an average age of 35 and 61 percent of whom identified as Black or African American. Of the nine percent of men in these positions, their average age was 40, and 62 percent identified as Black or African American.
- Of the 553 foster care, adoption, and OHAN case managers, supervisors, and assistants employed on December 31, 2021, less than one in five had a Social Work degree. Specifically, 13 percent (72) had a bachelor's degree in Social Work (BSW), and three percent (16) had a master's degree in Social Work (MSW).
- Exit survey data reflect that 40 percent of applicable staff leaving the agency found the job expectations set for them were "somewhat realistic;" 18 percent responded they were "very realistic;" 18 percent responded they were "not so realistic;" and 16 percent stated they were "not at all realistic."
- The exit survey asked if the work environment was positive or negative; 34 percent responded "positive;" 24 percent responded, "neither positive or negative;" 16 percent responded, "very negative;" and 14 percent responded "negative."[39]

Data collected by DSS's Human Resources through "stay" interviews completed by 99 new hires between September 2021 and May 2022 identified that 94 percent of new staff indicated they had the resources they need from DSS to successfully perform their job duties. Many new hires, 65 percent, planned to remain with DSS.

Based upon estimates developed by analyzing the number of current positions allocated and caseloads, DSS requested over 200 new staff positions within its FY2019-2020, FY2020-2021, and FY2021-2022 budgets. However, no new

[37] As a retention strategy, beginning in September 2019, DSS implemented "stay" interviews or surveys with new staff following their 30-day, 6-month, and 9-month from hire anniversary dates.
[38] Stay interviews are a retention strategy included within DSSs' Workforce Implementation Plan (p. 18). These interviews or surveys are conducted at regular intervals during the first year of a case managers employment, and could include questions like: Are you getting the tools and training that you need? Do you have a good relationship with your peers? What is the fit with your supervisor?
[39] This question was skipped by 13% of respondents.

positions had been approved by the General Assembly.[40] For its FY2022-2023 budget request, DSS included funding for 286 staff positions specifically: 120 case managers, 15 OHAN investigators, 25 case manager assistants, 24 case manager supervisors, three OHAN investigator supervisors, and a 15 percent over-hire. The General Assembly approved this request, and the new positions became available as of July 1, 2022.

*Developing and Training on Protocol for Selection of Applicants*

The Workforce Implementation Plan required DSS to design or adopt a competency-based model for interviewing and hiring applicants for child welfare positions, and to train personnel involved with hiring on this new process by July 31, 2020.[41] DSS adopted *Staying Power* – a toolkit developed by University of North Carolina (UNC)-Chapel Hill School of Social Work – and made adaptations to align with DSS's GPS Practice Model. DSS refers to their model as *Destination Retention: Hiring for the Long Haul*, and reports a self-paced, interactive e-learning curriculum is being developed for personnel on the toolkit, with an estimated date of release to supervisors in October 2022.

*Increased Salaries for Case Managers and Supervisors*

The approved Workforce Implementation Plan includes an updated salary schedule for case managers and supervisors that will raise entry level salaries, and provide for structured increases based on education, training, and longevity. The salary schedule provides greater parity with case manager salaries in states with similar demographic characteristics, and when it was developed in 2018, ensured staff received a living wage upon hiring or no later than within two to three years of employment.[42]

The General Assembly appropriated funds ($24.7 million) for this salary improvement strategy in its FY2021-2022 budget, which became available on July 1, 2021. The salary adjustments were scheduled to be implemented in two phases. In the first phase, which began on July 1, 2021, the increased salary schedule is applied to case

[40] In FY2020-2021, a new budget was not passed by the General Assembly due to the COVID-19 pandemic, and the state operated under a continuing resolution maintaining the same funding levels as the FY2019-2020 budget. The FY2021-2022 budget passed by the General Assembly included funding to increase case manager and supervisor salaries but did not allocate new positions.

[41] The approved Implementation Plan deadline for this strategy was January 2020, which was amended by the Joint Report and Mediation Agreement to July 31, 2020.

[42] The living wage was calculated using Massachusetts Institute of Technology's (MIT) Living Wage Calculator. The Workforce Implementation Plan's salary schedule was based upon the calculated living wage in South Carolina at the time the Plan was developed in 2018. As of the writing of this report, the living wage has increased significantly, and is now $66,414 for a household with 1 adult and 1 child in South Carolina. The salary schedule as implemented now does not offer a living wage for any position at any level or years of experience. For more information, see: https://livingwage.mit.edu/

managers and supervisors, with different ranges based upon the type of degree staff hold (e.g., salaries for case managers with a BSW degree are 2.5% higher than staff without a BSW degree, and salaries for case managers with a MSW is 5% higher than those staff without a BSW or MSW), and their length of service with DSS (from <1 year up to 10 years of service; see Table 2). In addition, the new salary schedule provides supervisors with a 10 percent higher starting salary than the baseline salary for case managers (specifically, $40,000 starting salary for case managers without a BSW or MSW, and $44,000 starting salary for supervisors). Staff will automatically receive increases for years of service on a quarterly basis, depending upon the individual anniversary date for the staff.

**Table 2: SCDSS Salary Schedule for Case Managers and Supervisors Beginning July 1, 2021**

| Position and Degree | Average Salary in 2019 | Phase 1 (beginning July 1, 2021) | | Phase 2 (staff were eligible on May 1, 2022, with salary increases effective July 1, 2022) | |
|---|---|---|---|---|---|
| | | **Starting Salary for <1 year of Service**[43] | **Salary Range for Level 1** (varies based upon years of service) | **Salary Range for Level 2** (varies based upon years of service) | **Salary Range for Level 3** (varies based upon years of service) |
| Case Manager - Degree Other than BSW/MSW | $35,541 | $40,000 (13% higher than average in 2019) | $46,000 - $48,352 | $47,386 - $51,825 | $49,056 - $55,261 |
| Case Manager - BSW[44] | $35,885 | $41,000 (14% higher than average in 2019) | $47,150 - $49,561 | $48,570 - $53,121 | $50,283 - $56,643 |
| Case Manager - MSW[45] | $35,417 | $42,000 (19% higher than average in 2019) | $48,300 - $49,932 | $49,681 - $54,335 | $51,432 - $57,938 |
| Supervisor | $40,709 | $44,000 (8% higher than in 2019) | $50,600 - $53,188 | $52,124 - $57,008 | $53,962 - $60,760 |

Source: DSS Workforce Implementation Plan, Appendix D (February 2019)

The first phase of implementation assigned all staff to a trainee level or level 1 salary range. In early 2022, DSS began implementing the second phase of the plan that provides opportunities for case managers and supervisors to advance in their career

[43] This also applies to case managers who have not yet completed Child Welfare Services Certification.
[44] In 2019, when the Workforce Implementation Plan was approved, approximately 14% of DSS case managers had earned a BSW.
[45] In 2019, when the Workforce Implementation Plan was approved, approximately 3% of DSS case managers had earned a MSW.

path based upon level 2 and 3 classifications in the salary schedule. The process for advancement in classification includes completion of required training and required certifications, competency self-assessment (completed by the staff), competency assessment completed by the staff's supervisor,[46] field observation,[47] case review,[48] and data analysis.[49]

DSS reports specific details on these qualifications and required documentation were shared with staff on January 28, 2022. Staff needed to complete necessary training, as applicable, and the evaluation process with their supervisors between February and April 2022, with all documentation due to Human Resources for processing by May 1, 2022. Quarterly thereafter, staff can submit documentation and request an evaluation for ascension to the next level. DSS reports that as of July 2022, no staff had been approved for level 2 or 3 classifications.

*University Partnership Program*

DSS reports that development of the University Partnership program is ongoing, with recruitment and submission of applications scheduled for the Fall 2022 semester, and the first student cohort (a total of nine students) scheduled to begin the program in the Spring 2023 semester. The program will begin with scholars from each of the partner institutions – South Carolina (SC) State, University of South Carolina (U of SC), and Winthrop University. A plan has been developed for scholars from each institution to complete the Child Welfare Academy Pre-service Certification Training during their internship.

*Pre-Service Training Redesign and Supervisory Training*

Statewide roll out of the new Child Welfare Academy Pre-Service Certification began in December 2021, initially in the Upstate region, followed by the Pee Dee, Midlands, and Lowcountry regions. The training includes 18 days of instructor-led training and

[46] The competency assessments evaluate staff's comprehension and application of the 10 baseline competencies, including: sense of mission and motivation; communication; adaptability; decision-making and problem-solving; collaboration and teaming; conflict management; planning and organizing; professional development; cultural responsiveness; and coaching. There are 4 additional competencies for supervisor positions, including: guiding and developing staff; strategic focus; trauma-informed practice; and team leadership.
[47] Commonly referred to as a "ride-along," the field observation allows for assessment of the staff's performance, practice, and utilization of GPS Case Practice Model core practice skills while working with children, families, colleagues, and/or external stakeholders.
[48] The case review is an assessment of the quality of a staff's documentation within a case record.
[49] Data analysis is a review of a staff's performance over the last 6 months toward identified data indicators – established quantitative metrics specific to the job tasks of a staff's position. Staff are expected to consistently meet or exceed the data indicators required for their level. For example, data indicators for an investigation case manager at level 2 include 85% of investigations are initiated within 24 hours, and 85% of investigations have timely case determinations.

25 days of on-the-job (OJT) training after which there is a final assessment of the core practice skills – including a skill demonstration.[50] A score of 85 percent is needed for the new case manager to proceed to post-service training and begin receiving cases. For the first six months of employment, new case managers are expected to receive half of a caseload. DSS reports training sessions are scheduled to begin twice a month to allow new staff who are hired to begin training within the first weeks of their employment.

In May 2022, DSS's Child Welfare Academy launched the Supervisor Certification Training Program to improve the capacity of supervisors to lead staff in understanding and demonstrating quality practice. All supervisors are required to attend and successfully complete the program within six months of hire as a supervisor. DSS reports that by the end of October 2022, leadership of all 39 county offices and all four regional adoption offices will have participated in training. The monitoring team has not yet reviewed or evaluated the Pre-Service Certification or Supervisory Certification Training Programs or interviewed any participants.

*Mentoring Program*

One of the longer-term strategies within the Workforce Implementation Plan (to be implemented between July 2020 and 2023) is for DSS to establish a mentoring program that pairs senior case managers with new case managers, develop policies and procedures for program implementation and a process for monitoring and continuous quality improvement, and provide training to supervisors and senior case managers. DSS reports a workgroup has been meeting regularly to outline a policy for a mentoring program, and to develop a mentoring handbook that will serve as a guide for mentors. DSS anticipates developing a training curriculum by January 31, 2023, piloting the process in one region by March 31, 2023, and full roll out across the state by June 30, 2023.

[50] DSS reports the OJT component of training incorporates the use of the learning support team, which includes the learner, the learner's supervisor, a mentor/host coworker, and a performance coach. The support team works with the learner to enhance knowledge obtained from ILT and build skills. Also included are many opportunities for the learner to work with and learn from their peers and begin building a network of support. OJT is comprised of shadowing activities with the mentor or host coworker, and gradually taking on more casework responsibilities. Included in ILT is the AWAKEN: Addressing Trauma training. In this component, learners examine and address bias and its impact on engagement with families, the community, and coworkers.

## *Performance Data*

The FSA requires that *'[a]t least 90% of Workers and Worker supervisors shall have a workload within the applicable Workload Limit"* (FSA IV.A.2.(b)) and that *'[n]o Worker or Worker's supervisor shall have more than 125% of the applicable Workload Limit"* (FSA IV.A.2.(c)). The Workforce Implementation Plan set the final target to be reached by DSS in March 2021.

There are caseload standards depending upon the types of cases a case manager manages – specifically foster care and adoption, and investigations of allegations of abuse and neglect of children in foster care (OHAN).[51] The approved caseload standards are included in Table 3.

[51] DSS has many staff with "mixed" caseloads that include different case types and both Class and Non-Class Members. On December 21, 2017, the Co-Monitors provisionally approved DSS's proposal to calculate caseloads for foster care case managers with mixed caseloads by adding the total number of foster care children (Class Members) they serve to the total number of families (cases) of Non-Class Members also served. In approving this mixed caseload methodology, the Co-Monitors relied upon DSS's commitments to: (1) move forward with plans to transition case managers to single-type caseloads as feasible and appropriate; (2) change its internal metrics for family preservation cases to use a "family" as opposed to an individual child count; and (3) assess and find a way to address the Co-Monitors' concerns about the potential for unreasonable caseloads that could result from case manager assignment to several family preservation cases involving families with multiple children. DSS has indicated that supervisors and office managers are continually assessing assignments to case managers with mixed caseloads to ensure balanced and manageable workloads. Because approval of this methodology is "provisional," DSS and the Co-Monitors will assess it in practice as it is implemented, reserving the right to modify the standard at any time if it is determined that the best interests of children are not being served. The following types of cases are counted by family (case): Child Protective Services (CPS) assessment; family preservation; other child welfare services; and those involving a child subject to the Interstate Compact on the Placement of Children (ICPC). This methodology is only applied to foster care case managers with mixed caseloads and is not applied to adoption case managers.

**Table 3: Caseload Standards by Worker Type**

| Worker Type | Caseload Standard | Caseload Standard for New Workers* | More than 125% of Standard | More than 160% of Standard | More than 170% of Standard | More than 180% of Standard |
|---|---|---|---|---|---|---|
| **Case Managers** | | | | | | |
| **Foster Care Case Manager** | One case manager to 15 children (1:15) | No more than eight children (1:8) | More than 18 children or Non-Class cases | More than 24 children or Non-Class cases | More than 25 children or Non-Class cases | More than 27 children or Non-Class cases |
| **Adoption Case Manager**[52] | One case manager to 15 children (1:15) | No more than eight children (1:8) | More than 18 children | More than 24 children | More than 25 children | More than 27 children |
| **OHAN Investigator** | One investigator per eight investigations (1:8) | No more than four investigations (1:4) | More than 10 investigations | More than 12 investigations | More than 13 investigations | More than 14 investigations |
| **Supervisors** | | | | | | |
| **Foster Care Supervisor** | One supervisor to five case managers (1:5) | N/A | More than six case managers | | | |
| **Adoption Supervisor** | One supervisor to five case managers (1:5) | N/A | More than six case managers | | | |
| **OHAN Supervisor** | One supervisor to six investigators (1:6)[53] | N/A | More than seven investigators | | | |

Source: Approved DSS Workforce Implementation Plan (February 2019)

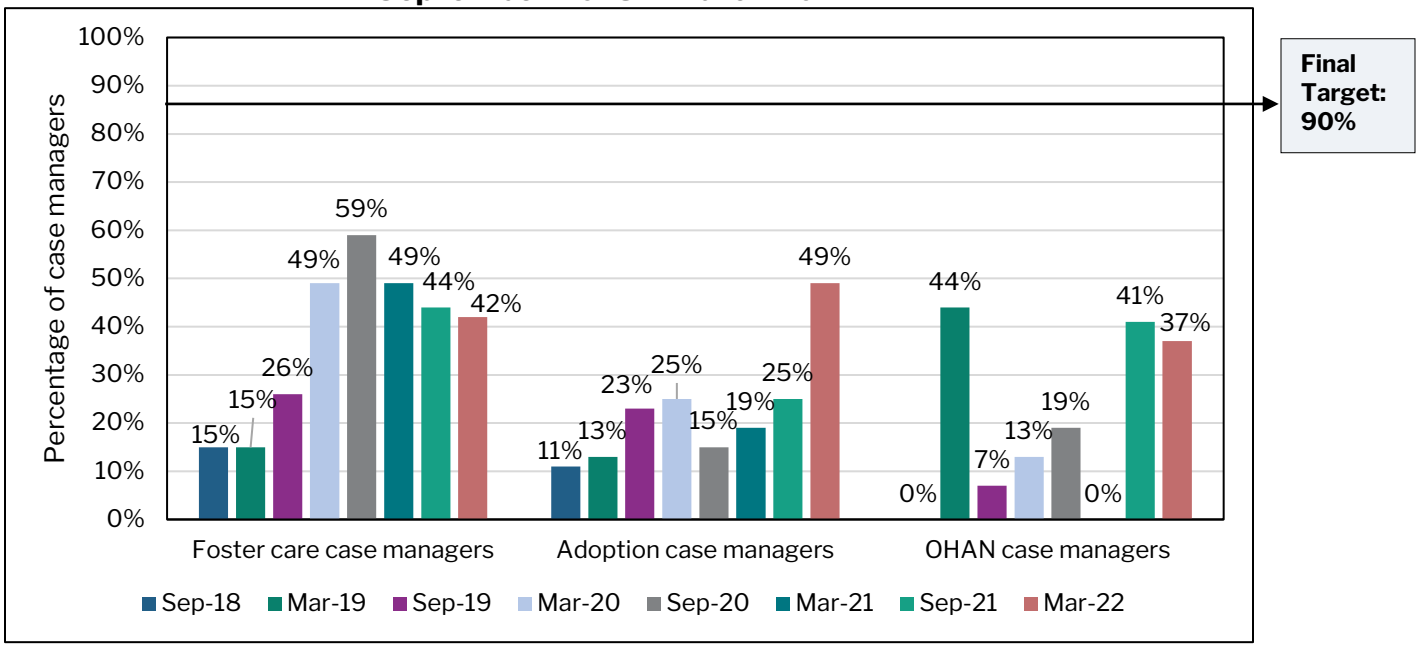
* Employed less than 6 Months since Completing Child Welfare Certification training

[52] Prior to 2019, DSS's workforce was structured so that case management responsibilities remained with the foster care case manager, even when an adoption case manager was assigned, until a placement agreement was signed. As a result, the approved caseload standard for adoption case manager was 1:17. In 2019, DSS began transitioning case management responsibility to adoption case manager once children became legally eligible for adoption. This transition was complete in January 2020; thus, adoption case manager caseload performance is assessed at a standard of 1:15, the same standard applied to foster care case managers.

[53] The Co-Monitors approved the higher caseload standard for OHAN supervisors in recognition of the fact that the OHAN investigators they supervise will have lower caseload standards than other direct service case managers.

To assist in assessing progress over time, Figure 7 and Figure 8 show performance data on caseloads by case manager and supervisor type for prior and current monitoring periods. As of March 31, 2022, compared to six months prior, the percentage of workers with caseloads within required limits has declined for foster care and OHAN, and improved for adoption case managers. Workloads for supervisors have improved for all supervisor types. Caseloads across the board remain far higher than FSA standards.

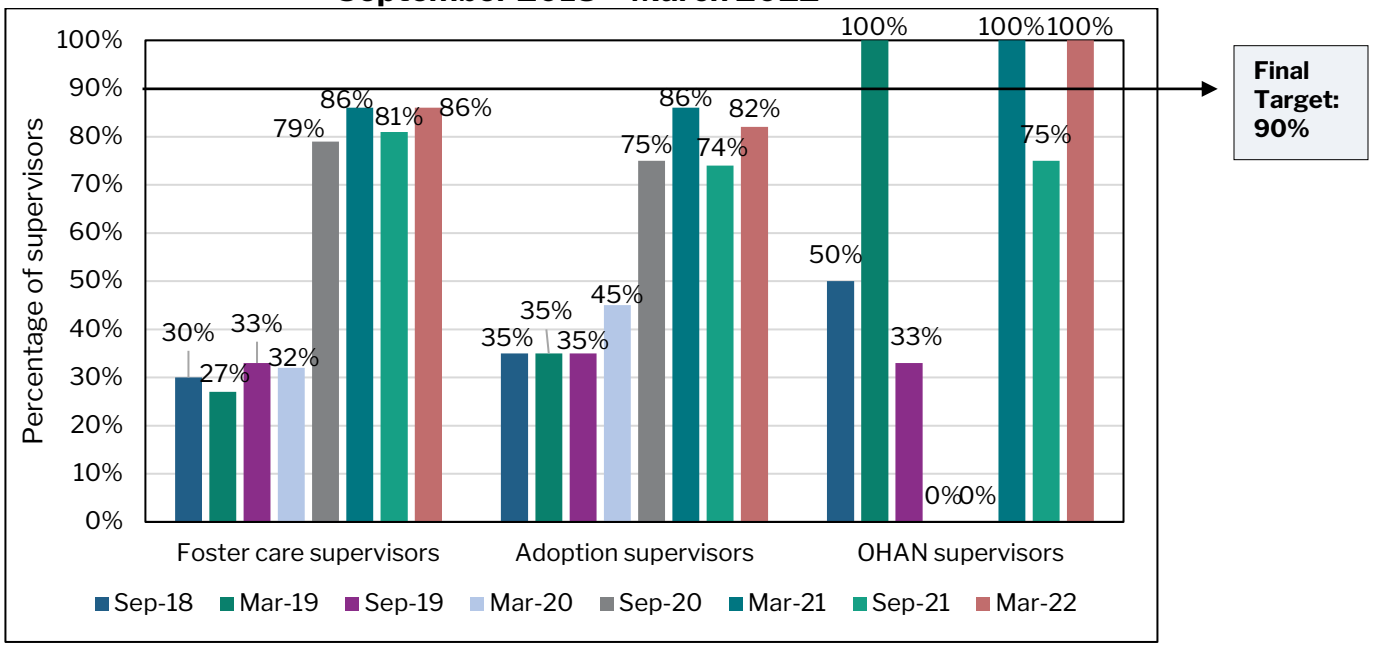
**Figure 7: Percentage of Case Managers with Caseloads Within the Required Limits, by Case Manager Type**
**September 2018 – March 2022**[54]




Source: CAPSS data provided by DSS

[54] Adoption case manager performance in September 2018, March 2019, and September 2019 was assessed at a standard of 1:17, which changed to 1:15 beginning in January 2020.

**Figure 8: Percentage of Supervisors with Workloads Within the Required Limits, by Supervisor Type September 2018 – March 2022**




Source: CAPSS data provided by DSS

The table below includes performance data for each month during the monitoring period and reflects the number and percentage of case managers and supervisors – by type – who had caseloads within required limits, and more than 125 percent, 160 percent, 170 percent, and 180 percent of the caseload standard. Performance for all case manager types remained significantly below the final target of 90 percent.

**Table 4: Caseload Compliance by Worker Type**
**October 2021 – March 2022**

| | October 2021 | November 2021 | December 2021 | January 2022 | February 2022 | March 2022 | Final Target |
|---|---|---|---|---|---|---|---|
| **Case Managers** | | | | | | | |
| **#/% of Foster Care Case Managers Compliant** | **111/40%** | **120/44%** | **133/48%** | **132/47%** | **112/42%** | **121/42%** | **90%** |
| #/% of Foster Care Case Managers >125% of standard | 113/41% | 104/38% | 100/36% | 100/36% | 87/33% | 101/35% | **0%** |
| #/% of Foster Care Case Managers | | | | | | | **0%** |
| >160% | 58/21% | 59/21% | 50/18% | 52/19% | 40/15% | 56/20% | |
| >170% | 48/17% | 51/19% | 43/15% | 44/16% | 34/13% | 45/16% | |
| >180% | 37/13% | 43/16% | 33/12% | 33/12% | 25/9% | 28/10% | |
| **#/% of Adoption Case Managers Compliant** | **16/21%** | **23/28%** | **28/35%** | **32/39%** | **37/44%** | **40/49%** | **90%** |
| #/% of Adoption Case Managers >125% of standard | 48/62% | 44/54% | 37/46% | 34/41% | 33/39% | 28/34% | **0%** |
| #/% of Adoption Case Managers | | | | | | | **0%** |
| >160% | 20/26% | 15/18% | 8/10% | 10/12% | 8/9% | 13/16% | |
| >170% | 18/23% | 12/15% | 7/9% | 7/8% | 6/7% | 12/15% | |
| >180% | 16/21% | 11/13% | 4/5% | 4/5% | 5/6% | 9/11% | |
| **#/% of OHAN Case Managers Compliant** | **8/47%** | **4/24%** | **7/39%** | **7/41%** | **6/35%** | **7/37%** | **90%** |
| #/% of OHAN Case Managers >125% of standard | 6/35% | 9/53% | 9/50% | 6/35% | 4/24% | 7/37% | **0%** |
| #/% of OHAN Case Managers | | | | | | | **0%** |
| >160% | 6/35% | 5/29% | 4/22% | 4/24% | 2/12% | 6/32% | |
| >170% | 5/29% | 4/24% | 4/22% | 1/6% | 2/12% | 5/26% | |
| >180% | 5/29% | 4/24% | 4/22% | 1/6% | 1/6% | 4/21% | |
| **Supervisors** | | | | | | | |
| **#/% of Foster Care Supervisors Compliant** | ***[55]** | * | * | * | * | **94/86%** | **90%** |
| #/% of Foster Care Supervisors >125% of standard | * | * | * | * | * | 4/4% | **0%** |
| **#/% of Adoption Supervisors Compliant** | * | * | * | * | * | **18/82%** | **90%** |
| #/% of Adoption Supervisors >125% of standard | * | * | * | * | * | 2/9% | **0%** |
| **#/% of OHAN Supervisors Compliant** | **3/100%** | **3/100%** | **5/100%** | **5/100%** | **5/100%** | **5/100%** | **90%** |
| #/% of OHAN Supervisors >125% of standard | - | - | - | - | - | - | **0%** |

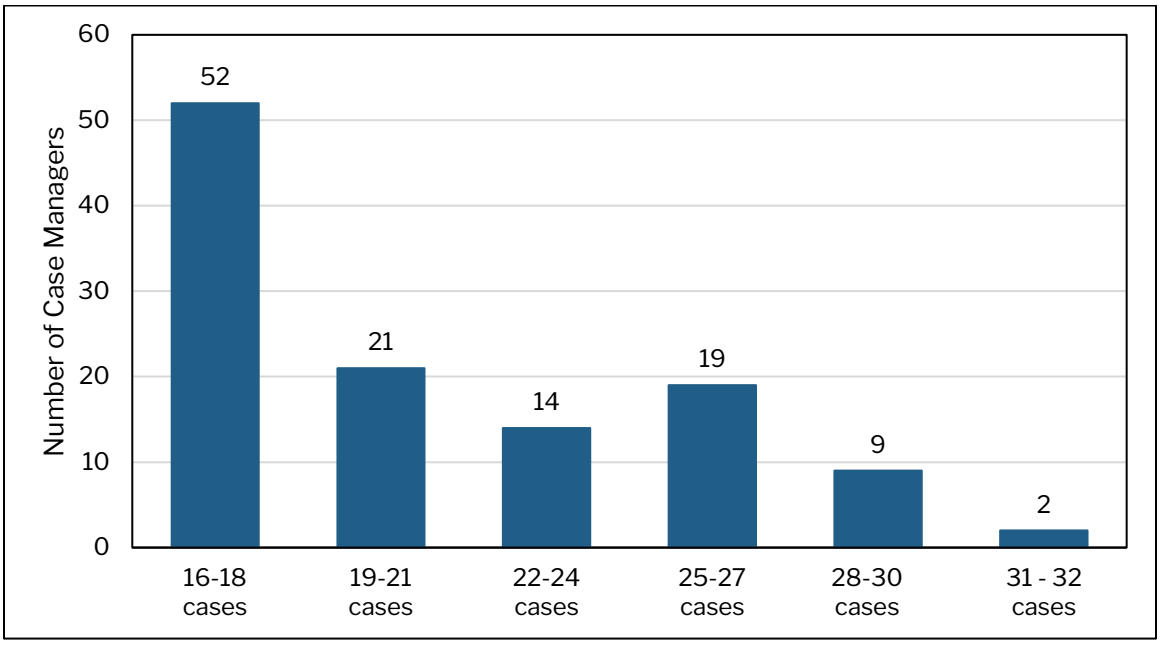
Source: CAPSS data provided by DSS

[55] An asterisk indicates that the Co-Monitors could not validate data provided by DSS due to significant errors.

**Foster Care Case Managers**

The data presented above merge data for all foster care case managers – those newly hired as well as those hired more than six months prior to completing training. Figure 9 reflects the number of cases assigned to the 117 foster care case managers who had completed Child Welfare Certification training more than six months prior and had responsibility for more than 15 children on March 31, 2022. As of this date, six case managers were responsible for 30 or more children's cases (double the caseload standard).

**Figure 9: Number of Foster Care Case Managers Who Have Completed Certification Training More than Six Months Ago With Caseloads that Exceeded the Limit March 2022 N = 117**




Source: CAPSS data provided by DSS

Data on foster care case manager caseloads by region as of March 31, 2022, are shown in Table 5. DSS offices are divided among four regions, which differ in terms of geographical size, the number of children and families served, and the number of assigned and onboarded case managers. Performance has declined in most regions as compared to 12 months prior but remained unchanged within the Upstate region.

**Table 5: Percentage of Foster Care Case Managers with Caseloads Within the Required Limit by Region March 31, 2021 – March 31, 2022**

| Region | Percentage of Foster Care Case Managers with Caseloads within the Required Limit on March 31, 2021 | Percentage of Foster Care Case Managers with Caseloads within the Required Limit on September 30, 2021 | Percentage of Foster Care Case Managers with Caseloads within the Required Limit on March 31, 2022 |
|---|---|---|---|
| **Lowcountry** | 50% N=25/50 | 38% N=18/48 | 37% N=22/60 |
| **Midlands** | 27% N=21/78 | 34% N=28/83 | 24% N=20/82 |
| **Pee Dee** | 68% N=34/50 | 51% N=24/47 | 56% N=30/54 |
| **Upstate** | 55% N= 58/105 | 53% N=53/100 | 55% N=49/89 |

Source: CAPSS data provided by DSS

*Impact of Foster Care Case Manager Vacancies on Caseload Compliance*

Vacancies and caseload compliance are inherently linked; when county offices do not have adequate staff to serve the children, the work does not go away, and case managers or supervisors take on additional cases. On March 31, 2022, Spartanburg County, for example, had the lowest number of foster care case manager vacancies (only one), and the highest compliance for foster care case managers with respect to required caseload limits. The Co-Monitors spoke with the County Director of Spartanburg to learn more about efforts to maintain adequate staff. The County Director highlighted efforts toward retaining staff and modeling the goals and related skills from the GPS Practice Model. Retention efforts in Spartanburg reported to have a positive impact included regular listening sessions to receive feedback from staff and regular events, such as food truck days and a yearly community event. Table 6 includes data on county offices with 15 or more filled foster care case manager positions, vacancies, and foster care case managers with compliant caseloads as of March 31, 2022.

**Table 6: Number of Vacancies and Case Managers in Compliance with Caseload Standards for Counties with 15 or More Case Managers on March 31, 2022**

| County | Foster Care Case Manager Vacancies on March 31, 2022 | Percentage of Foster Care Case Managers with Caseloads within the Required Limit on March 31, 2022 |
|---|---|---|
| Spartanburg | 1 | 91% N=20/22 |
| Anderson | 3 | 37% N=7/19 |
| Greenville | 9 | 37% N=7/19 |
| Horry | 0 | 33% N=5/15 |
| Berkeley | 5 | 21% N=4/19 |
| Charleston | 6 | 11% N=2/19 |
| Lexington | 5 | 7% N=1/15 |
| Richland | 13 | 4% N=1/25 |

Source: CAPSS data provided by DSS

## Supervisor Workloads

DSS has identified situations in which supervisors may be directly responsible for a case(s) for a short period of time.[56] Data for October 1, 2021, through March 31, 2022, reflect that the number of supervisors responsible for cases for longer than five days

[56] These include circumstances in which a case manager is promoted to supervisor and may temporarily retain case management for up to 45 days if a case is nearing closure; there are complexities regarding the case that need to be addressed; or an important legal event will occur within the timeframe. While the supervisor is directly managing, or "carrying" a case, they are responsible for all required case duties, including visits with the child: monitoring the child's safety, placement, well-being, case plan, and service delivery; ensuring the child is visiting with their siblings and/or parent, as applicable; and other activities, as necessary. When cases are being transferred from one case manager, office, unit, or program area to another, the case may be temporarily assigned to the receiving supervisor for up to 5 days until the supervisor assigns the case to the receiving case manager. After reviewing data on supervisors carrying cases for several monitoring periods, DSS has identified additional circumstances which result in supervisors carrying cases. These include when a case manager leaves the agency and creates a vacancy that takes some time to fill (including onboarding new staff with required training and limiting their caseload to half the required limit during the first 6 months after completing training), or when case managers are on extended leave. DSS has assigned cases to supervisors in these circumstances due to their familiarity with the child and family, and to prevent overburdening other case managers within their unit. The Co-Monitors have reviewed and discussed data with DSS reflecting these situations, and in March 2021, DSS proposed a process to closely monitor these situations. The process requires Regional Director approval for supervisors to carry cases for greater than 5 days; documentation will be shared with staff within Accountability, Data, and Research (ADR) and must describe the cases the supervisor will carry, the circumstances leading to the supervisor carrying cases, and a specific plan and timeline to address the issue. The Co-Monitors approved this process in April 2021, and DSS began tracking and reporting these data in May 2021. The process will be reviewed after 12 months to assess its effectiveness and feasibility.

ranged between 17 to 22 supervisors each month. Of the 100 cases managed or carried by supervisors on March 31, 2022, over half (58%) of the cases were foster care cases, and 17 percent were child protective services assessment cases. The table below shows the number of supervisors directly managing cases by region, and the most common reason(s) cited for supervisors carrying cases.

**Table 7: Number of Supervisors Carrying Cases per Region, and Reasons**

| Region | Number of Supervisors Carrying Cases as of Date of Regional Meeting[57] | Most Common Reasons Cited for Supervisors Carrying Cases |
|---|---|---|
| **Lowcountry** | 8<br>as of November 15, 2021 | Staff shortages due to turnover in staff within investigations, family preservation, and foster care |
| **Midlands** | 27<br>as of October 25, 2021 | Staff shortages, awaiting court orders for cases to close, and CAPSS assignment errors |
| **Pee Dee** | 7<br>as of October 2021 | Staff shortages and vacant positions |
| **Upstate** | 7<br>as of October 25, 2021 | Staff shortages |

Source: Data provided by DSS

[57] Data provided were as of a single date within each region, which were inconsistent across regions. A specific date in October 2021 was not provided for the Pee Dee region.

## VI. Case Manager Visits with Children

DSS case managers are responsible for maintaining contact with children in foster care and their caregivers. DSS policy and the FSA require case managers to have face-to-face visits with children in foster care and their caregivers at least once a month.[58] At least 50 percent of those visits must be in the "residence of the child," or the child's placement.[59] During the visits, the expectation, in policy and practice, is that the case manager takes or makes opportunities to meet with older children privately; discusses the child's status and progress, including in the areas of safety, health, emotional well-being, physical well-being, and permanency with both the child and (as appropriate) caregiver; continuously tracks the impact of any services being provided; and provides documentation of these contacts in the agency record.

The FSA requirement that at least 90 percent of children receive a monthly face-to-face visit by their case managers during a 12-month period can be reported with quantitative data from CAPSS. DSS reports performing at a rate of 97 percent for this federal requirement in 2019 and 2020. However, historically, Co-Monitor staff found it difficult to verify reported quantitative data upon review of documentation to assess the content of the visit. At times, the same documentation was repeated over several months or was too minimal to establish that there was indeed contact consistent with policy expectations. Therefore, Parties agreed that a case manager's documentation of a contact with a child in CAPSS should reflect each of the Department's policy and practice expectations for a visit and that such documentation would be assessed to determine that a visit has been held for monitoring and reporting performance. DSS continues to assert that the qualitative nature of the agreement between Parties is onerous, subjective, goes beyond the federal standard of a visit by a case manager, and has asked that this approach to assessing visits be reconsidered. The Co-Monitors do not support this proposal. The agreement remains in place. Benchmarks for this measure have not yet been set.

Documentation from five statistically valid samples of DSS records for children in foster care between 2019 and 2021 shows that case managers had contact with the overwhelming majority, if not all, of the children in the sample, and that these contacts predominantly occurred where the child resides. Documentation of what occurred during these contacts has improved over time: most records contain a summary of the case manager's contacts, identify who was seen, where they were

[58] FSA IV.B.2.
[59] FSA IV.B.3.

seen, and the content of conversations and/or observations. Some records are also reflective of the expectations for these visits and contain information about the child's environment and interaction with adults and other children with whom they live. Additionally, some contain information related to contacts with parents and other family members; how the child is faring at school; and health and/or behavioral health care and status. However, across two years and five case record reviews supported by DSS, U of SC CCFS, and Co-Monitor staff, results showed that only an average of one-third of records contained documentation of all required elements of a visit between a child/youth and their case manager required by DSS policy.

Upon agreement of Parties, given current performance and lack of substantial progress, the Co-Monitors suspended a review of a statistically valid sample of records and reporting on this measure for at least four monitoring periods, or until DSS reports that there their internal quality assurance has established that there has been a substantial increase in performance.[60] At that time, the Co-Monitors will work with DSS to resume review of performance on this measure.

In the interim, the Co-Monitors will report on DSS's actions towards improvements in this area. This includes overall results of reviews DSS conducts internally.

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*Visits Between Case Managers and Children: Progress and Implementation Updates*

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DSS's Visitation Implementation Plan was approved by the Co-Monitors on March 28, 2019, and by the Court on April 3, 2019.[61] The Plan includes strategies to clarify the role and function of case manager contacts with children through:

- GPS Case Practice Model implementation;
- Increasing the quality of contacts by developing and delivering training;
- Improving the quality of documentation of visits; and
- Implementing quality improvement processes.

DSS has continued to deliver training and issue written communication to staff on the importance of visits and documentation. There is also a focus on improving the ease

[60] At this time the Co-Monitors plan for a review of performance as of March 2024.
[61] The Visitation Implementation Plan is available at: https://dss.sc.gov/media/1956/3-28-2019-final-dss-visitation-implementation-plan.pdf

of data entry by case managers and supervisors and the intentional use of data by multiple levels of staff to track and improve visit outcomes.

*Leadership Using CAPSS Data*

DSS reports that county and regional leadership have shared and discussed information related to data reports for family visitation and case manager contacts, using information provided by DSS's Accountability, Data, and Research (ADR) team. This includes a report on case manager and child contacts. The ADR team presents and discusses the data on a quarterly basis during meetings with county leadership. The goal is to support leaders in using the data for accountability and improvement.

*Reducing Duplication, Increasing Buy-in for Quality Improvement*

DSS is working to have information about case managers' contacts with children automatically populate onto the Family Permanency Plan in CAPSS.[62] This would reduce redundancy in the documentation process for case managers, allowing staff to view the status of visits across multiple cases. The recent changes made to the Visitation Tab were based on feedback provided by frontline staff in mid-2021.

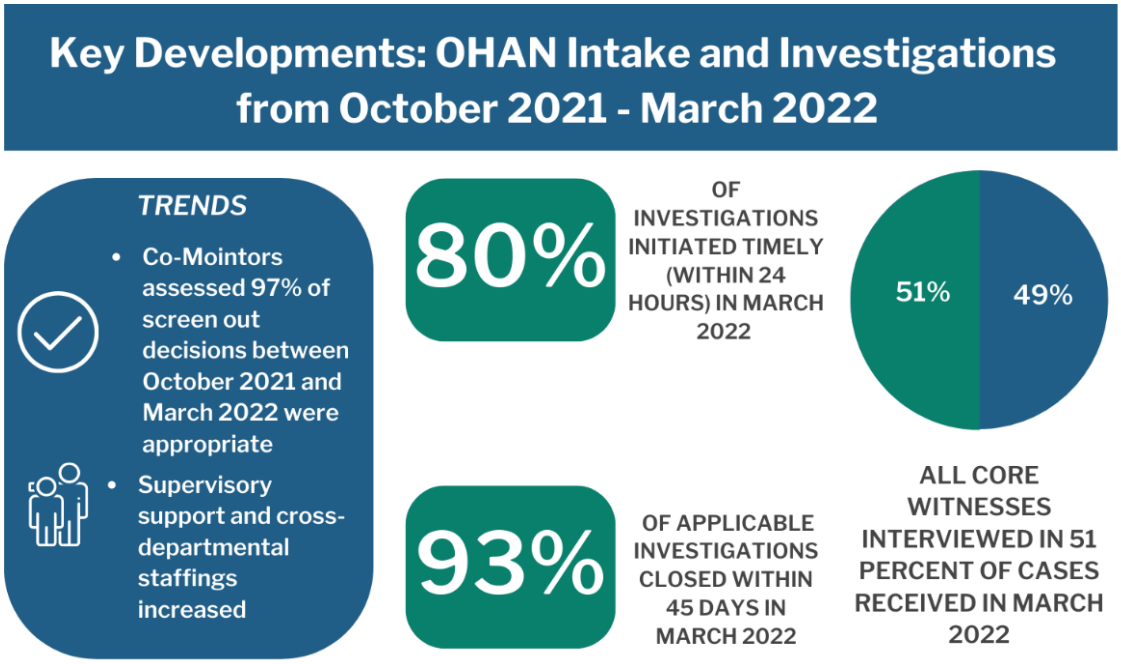
[62] Under the current data system, case managers must enter documentation for each type of contact separately.

## VII. Intakes and Investigations of Alleged Abuse/Neglect in Out-of-Home Care

The work of screening and investigating allegations of abuse and neglect of children in foster care – completed by DSS's Intake Hubs[63] and Out-of-Home Abuse and Neglect (OHAN) unit – is a critical function of any child welfare system. Children are separated from their families and taken into foster care based upon a determination that they have been abused or neglected by their caregivers and are not safe with their families. Ensuring their safety and well-being while in state custody is a primary obligation. OHAN unit staff must be prepared to quickly respond to all allegations that meet the criteria for possible abuse or neglect in foster homes and congregate care settings, and have the tools, skills, and supervision necessary to complete investigative tasks with quality and timeliness to determine if abuse or neglect occurred.

This is the sixth year that Co-Monitor staff have assessed OHAN's investigative practice, with over 10 reviews of either a statistically significant sample of investigations or all investigations initiated during one month of each six-month monitoring period. Although the performance data discussed below do not reflect consistent increases in performance for each FSA metric, Co-Monitor staff have observed significant improvements in the quality of OHAN investigative practice overall and in the structures OHAN leadership has implemented to support staff. Specifically, more frequent and consistent forums for supervision; improved information gathering and assessments; and improved engagement by OHAN staff with children and other core witnesses are remarkedly improved from the Co-Monitor staff's initial findings in 2016. Allocation of increased staff and other resources to OHAN, and the notable level of dedication and diligence of these staff, are a testament to the steady leadership within this unit and is setting a path for improvements toward the FSA metrics soon.

[63] Intake Hubs are regionally based call centers responsible for: receiving reports of alleged abuse and neglect of children and vulnerable adults, conducting phone interviews, assessing the risk of harm, and collecting relevant information from callers in order to create an intake and make screening decisions as to whether or not the information provided meets South Carolina's criteria per state law and DSS Policy for what is defined as abuse and neglect of a child or vulnerable adult.




*Out-of-Home Abuse and Neglect: Progress and Implementation Updates*

The FSA required that by December 5, 2016, DSS develop an Implementation Plan for the provisions related to OHAN Intake and Investigations. The Implementation Plan must have *'enforceable interim benchmarks with specific timelines, subject to consent by Plaintiffs and approval by the Co-Monitors, to measure progress in achieving the final targets […]"* (FSA IV.C.1.). On September 11, 2017, the Co-Monitors approved DSS's OHAN Implementation Plan, and Plaintiffs provided their consent on November 7, 2017.[64]

In addition to setting interim benchmarks and timelines, the OHAN Implementation Plan contains strategies to improve OHAN practice and achieve the targets required by the FSA, including: improvement in case manager time management; implementation of processes to track and monitor timely initiation of investigations and contact with core witnesses; development of checklists and other forms; development and completion of new training for investigators; coordination between OHAN and licensing staff; and improvements in supervision. All strategies were

[64] The OHAN Implementation Plan is available at: https://dss.sc.gov/media/1967/michelle-h-2017-approved-ohan-section-of-august-9-implementation-plan-su.pdf

initially scheduled for implementation beginning in December 2017, and ongoing. DSS has adjusted some strategies, as reflected in the Joint Report.[65]

*Staffing*

DSS recognized that a core strategy in meeting the required FSA standards for OHAN practice is to have a sufficient number of filled staff positions – investigators, supervisors, and administrative staff – to allow for manageable caseloads and support so staff can complete all required tasks on time and with quality. DSS has moved forward with allocating new positions to OHAN, and prioritized filling these positions in addition to new vacancies as they arise. As of June 27, 2022, the OHAN unit was allocated 27 positions, and five of these positions were vacant. The approved FY2022-2023 DSS budget includes funding for the requested 15 new OHAN investigators, and three new OHAN supervisors, which DSS had estimated were necessary to meet caseload standards. These new positions need to be posted and filled.

In November 2021, an experienced Intake Liaison rejoined the OHAN unit. This staff member is responsible for improving communication with the Intake Hub and assisting with Intake staff training, as needed.

*Training*

Specialized investigation training, beyond what is provided in Child Welfare Pre-service Certification for all Child Welfare staff, provides a foundation for specific OHAN practice expectations that are required within DSS policy and procedure. DSS had developed Intake and Investigations training curricula, which were updated in February and March 2022; the new training was provided to all new investigators and supervisors in March and April 2022. For staff who are new to DSS, this training should be completed within their first year of employment.

DSS reports that recently hired OHAN staff were onboarded prior to the full rollout of the new Child Welfare Pre-service Certification training; however, as current vacancies and new positions are filled, staff will receive the new training if they have not previously been certified.

[65] Joint Report of Plaintiffs and Defendants to the Honorable Richard Gergel (July 22, 2019, Dkt. 145)

*Supervision and Collaboration*

OHAN requires review of each investigation during case consultations at 48 hours, 10 days, 20 days, and 30 to 42 days after receipt of the investigation. OHAN has developed a new checklist for the 20-day staffing to document all necessary case recommendations and remaining interviews that should be completed. Co-Monitor staff have assessed examples of case consultation documentation which reflect a thorough review of the information collected and concrete recommendations by a supervisor on additional steps to be taken as the investigation continues toward conclusion.

## *Performance Data*

### OHAN Intake

Since November 2019, DSS's Intake Hubs have been responsible for screening all reports or referrals alleging abuse and neglect of children, including allegations involving children in foster care placed in foster homes and congregate settings.[66] Screening decisions are made utilizing a Structured Decision Making® (SDM) intake tool.[67] Decisions to either accept a referral for investigation or take no further action on the referral ("screen out") are based upon information collected from the reporter who contacts the Intake Hub to determine if the allegations would, if substantiated, meet the state's statutory definition of abuse or neglect.[68] DSS policy establishes three main screening criteria for investigations of abuse or neglect of children in out-of-home care: (1) the alleged victim child is younger than 18 years of age; (2) there is an allegation of actual harm that has occurred or is occurring to a child, or the caregiver's acts or omissions present a significant risk of harm; and (3) the alleged perpetrator is a person responsible for the child's welfare.[69] All screening decisions

[66] In addition to the Intake Hub call center, DSS maintains a child abuse and neglect online referral system accessible through their website. Guidance provided on the site indicates that it is designed to receive non-emergency referrals of suspected abuse and/or neglect of a child or adult, and that it should not be used to report suspected abuse and/or neglect against a child in foster care. DSS reports that some referrals regarding children in foster care are submitted through this website, which has a 48-hour timeframe for processing, and that procedures for web referrals are being reviewed and modified to meet the FSA requirements for a 24-hour response.

[67] For more information on SDM, see https://www.evidentchange.org/assessment/sdm-structured-decision-making-systems/child-welfare

[68] SC Code § 63-7-20.

[69] This includes a foster parent; a kinship foster parent; an employee or caregiver in a public or private residential home, institution, or agency; or an adult who has assumed the role and responsibility of a parent or guardian for the child, but who does not necessarily have legal custody of the child. Child Welfare Policy and Procedures, Chapter 16: Special Topics: Out of Home Abuse and Neglect (effective 2019).

are reviewed and approved by a supervisor prior to being finalized, and consultations between Intake Hub and OHAN staff regularly occur to ensure information gathering and appropriate decision-making. OHAN staff can request reconsideration of intakes accepted for investigation if they believe the allegation or information does not meet the criteria for an investigative response.

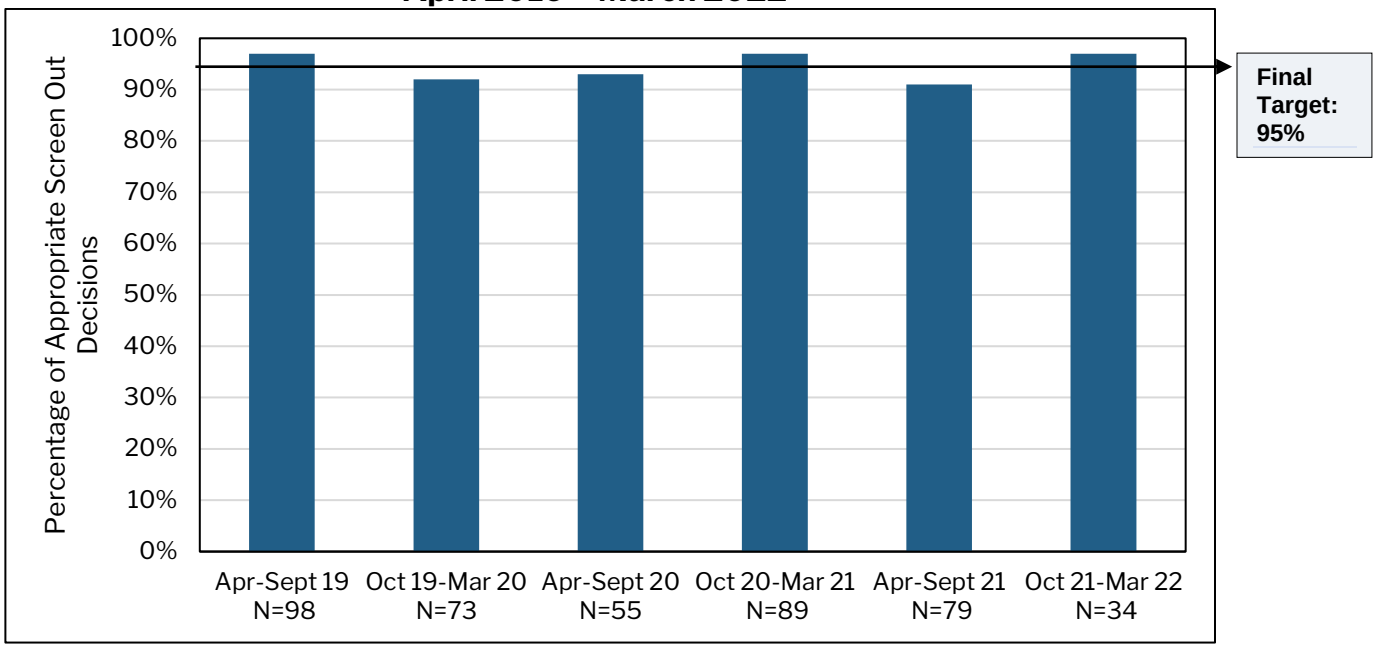
The FSA requires that *'[a]t least 95% of decisions not to investigate a Referral of Institutional Abuse or Neglect about a Class Member must be made in accordance with South Carolina law and DSS policy"* (FSA IV.C.2.). DSS committed to achieving these targets by March 2021.

All applicable referrals of abuse and neglect involving a foster child received and not approved for investigation by DSS's Intake Hub staff between October 1, 2021, and March 31, 2022, were reviewed by Co-Monitor staff to determine the appropriateness of the screening decision.[70,71,72,73] During this timeframe, a total of 34 applicable referrals were received in which a decision was made by DSS staff not to investigate.[74] The Co-Monitors determined that 33 (97%) of these decisions not to investigate were appropriate.

As reflected in Figure 10, performance meets the final target of 95 percent.

[70] This review includes examining information entered into CAPSS, and listening to recordings of referrals, when available.
[71] Some referrals were found not to be applicable for review because the alleged victim child was not a Class Member (i.e., the child was voluntarily placed by the legal guardian in the congregate care setting or through ICPC from another state, or was the biological or adopted child of the caregiver), or the referral was screened out as a duplicate to a prior report that was under investigation or had previously been investigated.
[72] When assessing performance for this measure, 2 main criteria are considered: (1) the allegation, if true, meets the legal definition of maltreatment; and (2) the Intake Hub staff did not collect all information necessary to make an appropriate screening decision. If either of these questions were answered in the affirmative, the decision not to investigate the referral was determined to be inappropriate.
[73] Similar to prior monitoring periods, Co-Monitor staff identified a number of referrals to the Intake Hub that were processed, screened, and coded as abuse or neglect allegations, however, the information shared did not include an allegation of abuse or neglect against a foster parent or caregiver. These include reports of children running away from placement when the foster parent or facility staff acted appropriately in response to the child's actions, or reports of critical incidents that occurred within a foster home or facility setting that required notice to DSS as the child was in foster care but did not allege abuse or neglect by a caretaker. Beginning in June 2021, DSS and Co-Monitor staff agreed to remove these types of referrals from review of performance for this measure as they are not applicable. The decline in the size of the universe this period from prior periods reflects this change.
[74] Due to fluctuations in the number of applicable screening decisions each month, the Co-Monitors assess performance aggregated across the monitoring period.

**Figure 10: Appropriateness of Decision Not to Investigate Referral of Institutional Abuse and/or Neglect April 2019 – March 2022**




Source: Monthly review data, Co-Monitor staff

## OHAN Investigations

Allegations of abuse or neglect of children in DSS custody – in settings including licensed foster homes, residential facilities, and group homes – screened by DSS's Intake Hub for investigation are assigned to OHAN staff.[75,76] The FSA and OHAN policy require face-to-face contact with the alleged victim child(ren) within 24 hours to assess for safety and risk, and the investigation is to be completed within 45 days.[77] OHAN policy also requires that throughout the course of the investigation, the investigator must conduct a safety assessment of the alleged victim child, including a private interview with that child; work with the child's case manager or law enforcement to make arrangements for medical treatment or examinations, as needed; interview core witnesses to inform the investigation; review documents and records related to the incident; and assess the risk of further maltreatment to all children within that setting.[78] These activities are critical components of a thorough

[75] SC Code § 63-7-1210; SC DSS Child Welfare Policies and Procedures Manual, Chapter 16 (effective 2019).
[76] Allegations of abuse or neglect by a foster parent of their biological or adopted child should be investigated by child protective service case managers in local county offices.
[77] SC DSS Child Welfare Policies and Procedures Manual, Chapter 16 (effective 2019).
[78] Ibid.

OHAN investigation that results in accurate safety assessments and determination findings.

There are seven FSA measures that relate to investigations – timely initiation (two measures),[79] contact with core witnesses (one measure), investigation determination decisions (one measure), and timely completion (three measures). The most recent performance data detailed below were collected during a case record review conducted by Co-Monitor and DSS staff in June 2022 which examined 51 investigations involving Class Members that were accepted for investigation in March 2022.

Co-Monitor staff continue to observe referrals screened in for investigation by OHAN staff that, in the Co-Monitors' opinion, do not meet the criteria for a screened in report. Though the frequency of this practice has decreased from prior reviews, (when, for example, reports of a youth leaving a placement without permission and with no allegations of inappropriate supervision by staff were investigated), it continues to result in expenditure of staff time and other resources to complete all required investigative tasks, even when those tasks do not make sense in the context of the report received. Co-Monitor staff have discussed this practice with DSS and believe that improved screening decisions by Intake Hub staff in collaboration with OHAN staff, and processes for appropriately managing reports that are licensing violations and non-abuse/neglect incidents, will allow investigators the ability to focus on the reports that justify investigation.

*Timely Initiation of Investigations*

The FSA requires that *'[t]he investigation of a Referral of Institutional Abuse or Neglect must be initiated within twenty-four (24) hours in accordance with South Carolina law in at least 95% of the investigations"* (FSA IV.C.4.(a)). FSA Section IV.C.4.(b) requires that *'[t]he investigation of a Referral of Institutional Abuse or Neglect must include face-to-face contact with the alleged victim within twenty-four hours in at least 95% of investigations, with exceptions for good faith efforts approved by the Co-Monitors."*

[79] The Co-Monitors' interpretation of the FSA requires that investigations be initiated within 24 hours of receipt of the referral by DSS, not within 24 hours of the decision to accept the referral, and that initiation is completed by making face-to-face contact with the alleged victim child(ren). As a result, the performance for both FSA measures IV.C.4.(a) and (b) are measured using the same methodology and timeframes - the time between receipt of referral and face-to-face contact with alleged child(ren) victim must be within 24 hours.

The Co-Monitors measure performance for both FSA IV.C.4.(a) and (b) using the same methodology and timeframes – the time between receipt of referral by the Intake Hub and face-to-face contact with the alleged child victim must be within 24 hours.[80] DSS committed to achieving these targets by March 2021.

Of the 51 applicable investigations accepted in March 2022, contact was made with all alleged victim child(ren) within 24 hours in 39 (76%) investigations, and in an additional two (4%) investigations, all applicable good faith efforts were made to contact each of the alleged victim children;[81] thus, total compliance toward this measure is 80 percent. In six investigations (12%) in which DSS did not make contact with all alleged victim children within 24 hours, the investigator made contact with some but not all alleged victim children.

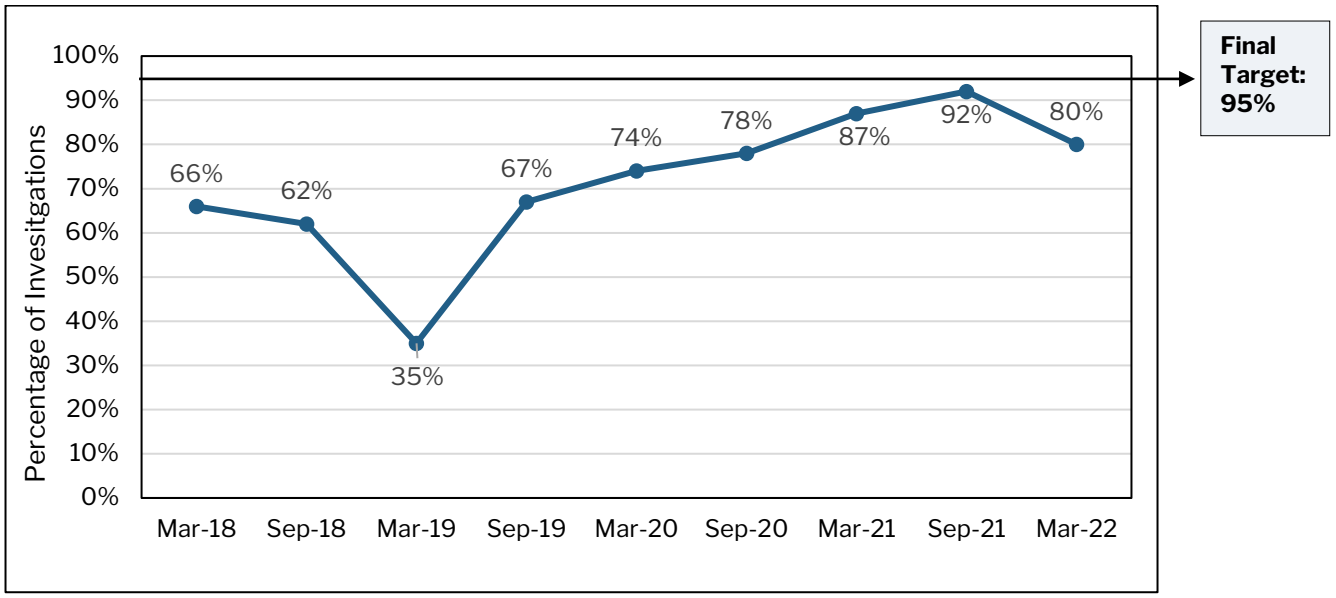
Current performance shows a decline since the prior period and does not meet the final target of 95 percent (see Figure 11). Following this review, OHAN staff shared that some challenges to contacting children within 24 hours are: a routine delay from when Intake Hub staff process and accept the intake to when OHAN administrative and investigative staff receive the accepted intake;[82] and lack of information readily available about where the alleged victim children currently are within the intake documentation or updated in CAPSS, making it difficult to locate the children. OHAN leadership reports that monthly meetings have been occurring between leadership from OHAN and the Intake Hub to raise or discuss concerns and reach solutions.

[80] The Co-Monitors approved the following efforts as "good faith efforts" for timely initiation which must be completed and documented, as applicable, to contact with an alleged victim child(ren) within 24 hours: investigator attempted to see child(ren) at school or child care facility; investigator attempted to see child(ren) at doctor's visit or hospital; for child(ren) moved to an out-of-state location in order to receive specialized treatment, investigator attempted to interview by Skype or other electronic means; investigator attempted to see child(ren) at the police department; investigator attempted to attend forensic/Child Advocacy Center (CAC) interview; investigator attempted to see child(ren) at therapist's office; investigator contacted the assigned foster care case manager(s) and/or supervisor(s); investigator attempted to contact the parent/guardian of the victim child(ren) if the child(ren) has returned home; and investigator attempted to contact the child at all foster care placements where the child may temporarily be placed in the first 24 hours. Additionally, the following extraordinary circumstance exceptions to timely initiation were approved by the Co-Monitors: child was returned to biological family prior to report and family refuses contact; child is deceased; law enforcement prohibited contact with child(ren); facility restrictions due to child's medical requirements; natural disaster; and child missing despite efforts to locate (efforts should include all applicable good faith efforts).

[81] In 1 investigation, contact was made with some alleged victim children and there were good faith efforts to interview the other alleged victim child within the 24-hour timeframe.

[82] DSS reports developing and implementing a number of steps to address this challenge, including reducing the time necessary to complete documentation after a call ends by automation of the history search; implementing a new training for intake staff specific to OHAN; implementing a new "skill-set" that will route OHAN intake calls to available intake staff with expertise in OHAN reports; and checking the portal 3 times a day during normal working hours and frequently after hours to identify these referrals.

**Figure 11: Timely Initiation of OHAN Investigations**
**March 2018 – March 2022**




Source: Case Record Reviews completed by U of SC CCFS, DSS, and Co-Monitor staff

*Contact with Core Witnesses during Investigations*

The FSA requires that *'[c]ontact with core witnesses must be made in at least 90% of the investigations of a Referral of Institutional Abuse or Neglect, with exceptions approved by the Co-Monitors"* (FSA IV.C.4.(c)). DSS committed to achieving these targets by March 2021.

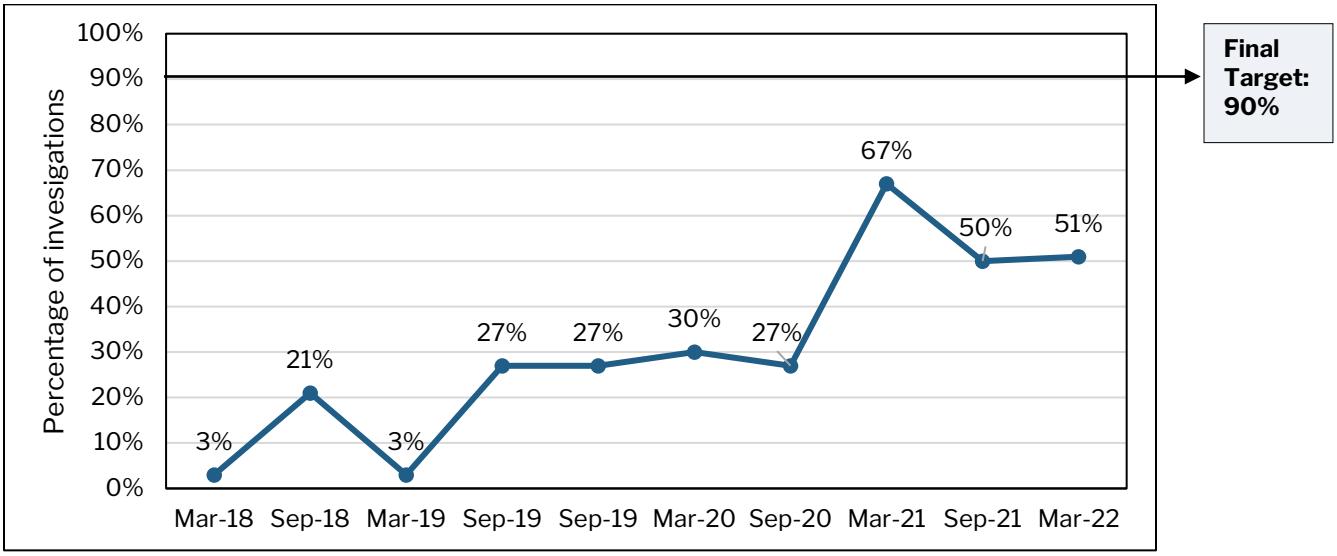
A core witness is defined as an individual who is pertinent to the investigation because they witnessed or have knowledge of the alleged actions and can shed light on the allegations and the actions of the alleged perpetrators. Core witnesses may differ from investigation to investigation, but in all cases include: reporter(s), alleged perpetrator(s), alleged child victim(s), child's DSS case manager, other child(ren) and/or adult(s) in the home, and, when involved, law enforcement. If the allegations involve an institutional setting, all other adults and children relevant to the investigation are also considered core witnesses.[83,84]

[83] This definition of core witnesses was proposed in DSS's OHAN Implementation Plan, which was approved by the Co-Monitors and consented to by Plaintiffs.

[84] The following are exceptions, approved by the Co-Monitors, to the requirement that the investigator contact a core witness during an investigation: witness refused to cooperate; witness advised by counsel or law enforcement that interview could not occur (e.g., due to pending charges, lawsuit); witness is deceased; unable to locate or identify witness; and medical conditions prevented witness from cooperating. In all instances, the exception must be supported by documentation of the exception reason and best efforts to engage the witness.

Of the 51 applicable investigations involving Class Members accepted in March 2022, 26 (51%) reflected contact with all necessary core contacts during the investigation.[85] Current performance remains unchanged from the prior period and is below the final target of 90 percent (see Figure 12).

**Figure 12: Contact with All Necessary Core Witnesses During OHAN Investigations March 2018 – March 2022**




Source: Case Record Reviews completed by U of SC CCFS, DSS, and Co-Monitor staff

Data presented in Table 8 shows the frequency of OHAN investigator contact with each type of core witness in the 51 investigations reviewed.

[85] In 9 of the 25 investigations in which contact with all necessary core contacts was not made, 1 core contact was missing.

**Table 8: Interviews with Necessary Core Witnesses During OHAN Investigations by Type of Core Witness March 2022 N=51**

| Core Witness | Number of Applicable Investigations | Contact/Interview with All | Contact/Interview with Some | Contact/Interview with None |
|---|---|---|---|---|
| Alleged Victim Child(ren) | 51 | 47 (92%) | 3 (6%)[86] | 1 (2%)[87] |
| Reporter | 50[88] | 45 (90%) | - | 5 (10%) |
| Alleged Perpetrator(s) | 49[89] | 47 (96%) | 2 (4%) | - |
| Law Enforcement | 8 | 6 (75%) | - | 2 (25%) |
| Alleged Victim Child(ren)'s Case Manager(s) | 51 | 41 (80%) | 4 (8%) | 6 (12%) |
| Other Adults in Home or Facility[90] | 26 | 20 (77%)[91] | 3 (12%) | 3 (12%) |
| Other Children in Home or Facility[92] | 30 | 23 (77%)[93] | 3 (10%) | 4 (13%) |
| Additional Core Witnesses | 35[94,95] | 24 (69%)[96] | 9 (18%) | 2 (4%) |

Source: Case Record Review completed in June 2022 by DSS and Co-Monitor staff

*Totals may not equal 100% due to rounding

[86] In 3 investigations, the contact with all alleged victim children did not meet the definition of an interview per DSS's policy, as the alleged victim children were not interviewed in person and alone as age and developmentally appropriate. Specifically, in 2 investigations, 1 of the alleged victim children was interviewed via FaceTime without indication that this was necessary due to COVID-19, and no in person, alone contact occurred during the course of the OHAN investigations. In the third investigation, the investigator attempted to make contact with the alleged victim child at school, and the alleged victim child walked out of the room and said he did not want to speak to her. No further efforts were made to engage this alleged victim child, including contacting the DSS worker for assistance, trying an alternative location, using different engagement strategies to make the alleged victim child feel more comfortable, etc.

[87] In this investigation, the only contact with the alleged victim child was over the phone despite knowing the location of the child.

[88] In 1 investigation, the reporter was anonymous.

[89] An exception to contact with the alleged perpetrator was applicable in 2 investigations as the investigator was unable to locate or identify the alleged perpetrator despite efforts.

[90] For investigations involving foster homes, in addition to speaking with the alleged perpetrator(s), the investigator should speak with all other adults in the household. For investigations involving institutions, the investigator should speak with all other adults who were involved in or who have knowledge of the allegations.

[91] In 2 investigations, the investigator spoke with some other adults in the home or facility, and was unable to interview all other adults due to the witnesses refusing to cooperate.

[92] For children who are placed in foster homes, in addition to speaking with all alleged victim children, the investigator should speak with all non-victim children in the home to inform the investigation, including other children in foster care and biological or adopted children in the home. For investigations involving institutions, as facilities can have many children placed within them, investigators should speak with all other children who were involved in or who have knowledge of the allegations.

[93] In 1 investigation, the investigator spoke with some other children in the home or facility, and made efforts to interview others.

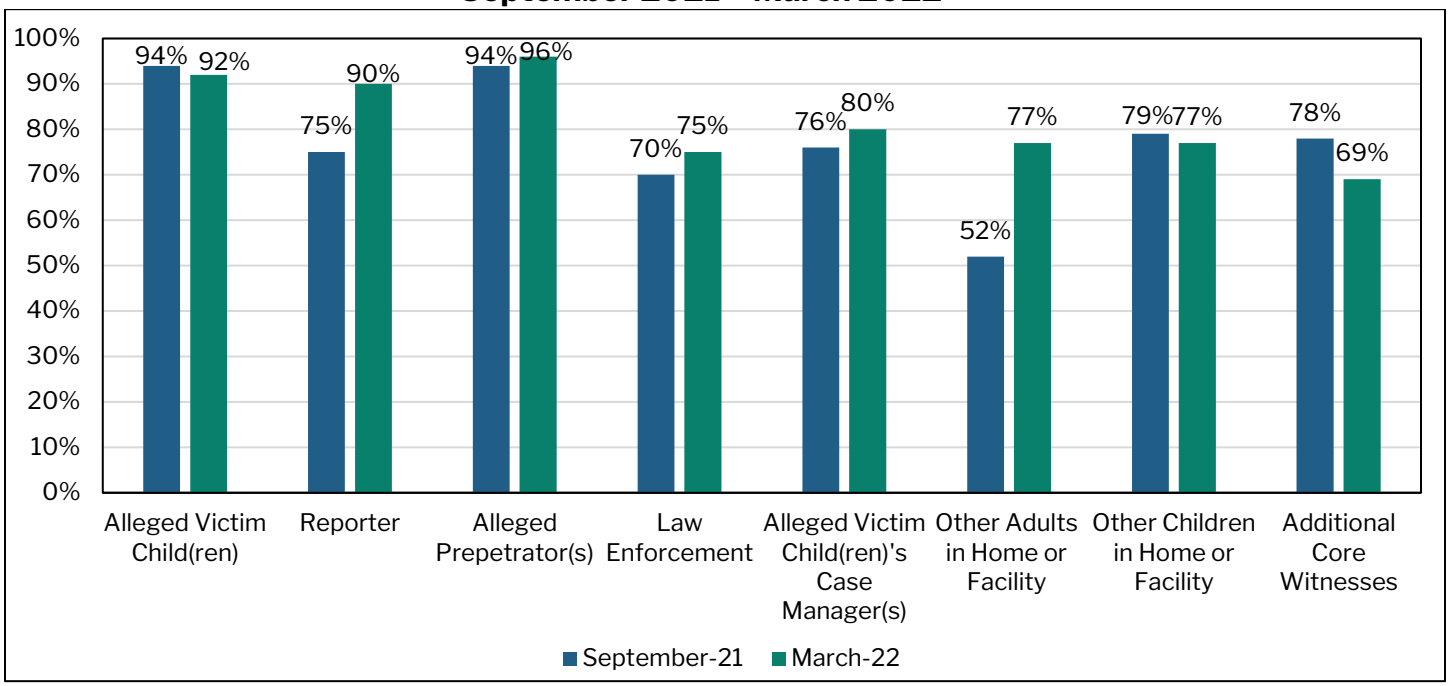
[94] Additional core witnesses identified by reviewers in 35 investigations included: family members, medical and behavioral health providers, school or daycare personnel, GALs, current or previous placement providers, foster home licensing workers, and other DSS staff.

[95] An exception to contact with other core witnesses was applicable in 2 investigations as the witnesses refused to cooperate despite efforts.

[96] Performance includes 1 investigation in which contact was made with some additional core witnesses and the other additional core witness was unable to be located despite efforts.

Data in Figure 13 show the frequency of contact within all categories of core witnesses in March 2022 as compared to the prior review in September 2021. Improvements are noted in the frequency of contact with five core witness types, most significantly with reporters (90% compared to 75%) and other adults in the home or facility (77% compared to 52%).

**Figure 13: Contact with Necessary Core Witnesses During OHAN Investigations September 2021 – March 2022**




Source: Case Record Reviews completed by U of SC CCFS, DSS, and Co-Monitor staff

*Investigation Case Decisions*

At the conclusion of an investigation, a decision to *indicate* or *unfound* is made based upon the totality of the information collected, with the preponderance of the evidence as standard of proof of the facts.[97]

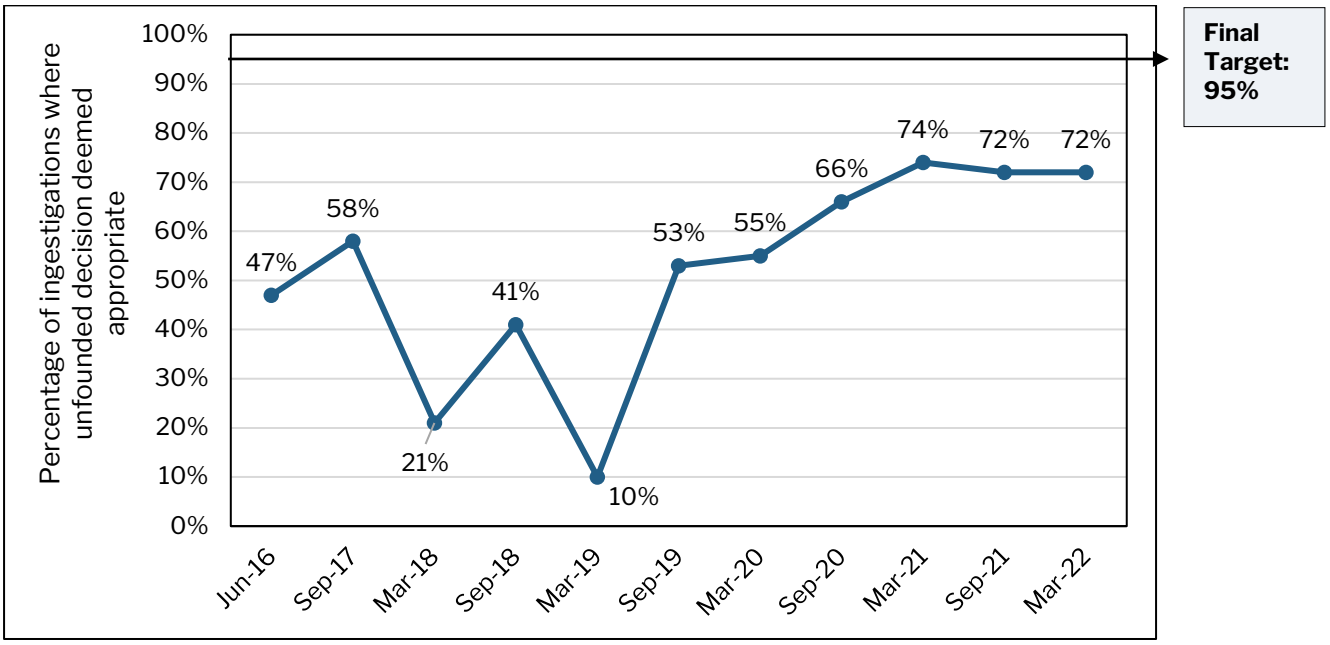
Section IV.C.3. of the FSA requires that *'[a]t least 95% of decisions to 'unfound' investigations of a Referral of Institutional Abuse or Neglect must be based upon DSS ruling out abuse or neglect or DSS determining that an investigation did not produce a preponderance of evidence that a Class Member was abused or neglected."* DSS committed to achieving these targets by March 2021.

[97] SC DSS Child Welfare Policies and Procedures Manual, Chapter 16 (effective 2019).

Of the 51 applicable investigations reviewed for March 2022, the final case decision was to *unfound* the allegations in 50 investigations. Reviewers agreed that the case decision to *unfound* the investigation was appropriate in 36 (72%) of the investigations.[98] In all of the investigations in which the reviewer did not agree with the decision to *unfound*, the disagreement was due to the reviewer determining that the investigator did not collect all critical information necessary to make an accurate finding in the case, including, for example, not interviewing a witness with relevant information, not clarifying conflicting information, or not collecting medical or forensic reports.

Performance remains unchanged from the prior period and is below the final target of 95 percent.

**Figure 14: Decision to Unfound OHAN Investigations Deemed Appropriate March 2018 – March 2022**




Source: Case Record Reviews completed by U of SC CCFS, DSS, and Co-Monitor staff

*Timely Investigation Completion*

The FSA includes the following three measures for timely completion of investigations, recognizing that some investigations may take longer than 45 days as policy requires:

[98] As part of the Co-Monitors protocol for all case reviews that are conducted, if a safety concern is identified and documentation does not reflect it was addressed, DSS is immediately notified for appropriate follow-up.

- *'At least 60% of investigations of a Referral of Institutional Abuse or Neglect shall be completed within forty-five (45) days of initiation of an investigation, unless the DSS Director or DSS Director's designee authorizes an extension of no more than fifteen (15) days upon a showing of good cause. For the purposes of this section, an investigation is not completed if DSS determines the Report is unfounded because the deadline to complete the investigation has passed"* (FSA IV.C.4.(d)). The March 2021 final benchmark for this measure is 95 percent, which is higher than the FSA final target.
- *'At least 80% of investigations of a Referral of Institutional Abuse or Neglect shall be completed within sixty (60) days of initiation of the investigation, and all investigations not completed within sixty (60) days shall have authorization of the DSS Director or DSS Director's designee of an extension of no more than thirty (30) days upon a showing of good cause. For the purposes of this section, an investigation is not completed if DSS determines the Report is unfounded because the deadline to complete the investigation has passed"* (FSA IV.C.4.(e)). The March 2021 final benchmark for this measure is 95 percent, which is higher than the FSA final target.
- *'At least 95% of all investigations of a Referral of Institutional Abuse or Neglect not completed within sixty (60) days shall be completed within ninety (90) days. For the purposes of this section, an investigation is not completed if DSS determines the Report is unfounded because the deadline to complete the investigation has passed"* (FSA IV.C.4.(f)). DSS committed to achieving these targets by March 2021.

The FSA and OHAN policy provide that the OHAN Director or Director's Designee may authorize an extension of up to 15 days for "good cause" or compelling reasons.[99] Good cause means that, through no fault of the investigator, sufficient reason exists for delaying the case decision.[100]

*Completed within 45 Days*

Of the 51 investigations reviewed, in five investigations, a request for an extension was submitted by the investigator and approved by the OHAN Director for an additional 15 days to complete necessary investigative tasks. Of the remaining 46 investigations, three investigations were not closed within 45 days and did not have

[99] SC DSS Child Welfare Policies and Procedures Manual, Chapter 16 (effective 2019).

[100] Examples of good cause may be one of the following: awaiting critical collateral information (e.g. medical report, x-rays, toxicology, video); awaiting forensic interview/findings; awaiting critical information from another jurisdiction (e.g. central registry check); critical new information was received from witness that requires follow-up; awaiting action by law enforcement; or child has been too ill or traumatized to speak with investigator.

an approved extension reason. Thus, of the 46 investigations assessed for the 45-day closure measure, 43 (93%) investigations were timely completed within 45 days (see Figure 15).[101] Current performance meets the final target for this measure.

*Completed within 60 Days*

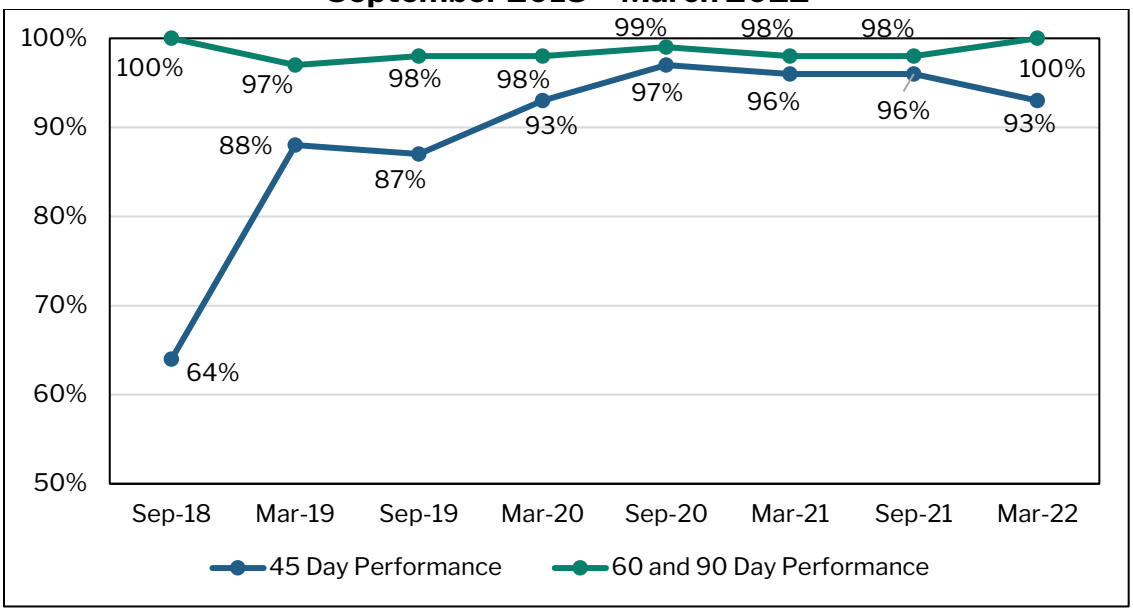
All (100%) of the 51 investigations were completed within 60 days of opening. Performance meets the final target for closure within 60 days.

*Completed within 90 Days*

Since all investigations were closed within 60 days, performance toward 90-day closure is also 100 percent, and performance meets the final target for this measure.

Figure 15 reflects performance for timely closure from September 2018 to March 2022.

**Figure 15: Timely Completion of OHAN Investigations September 2018 – March 2022**




Source: Case Record Reviews completed by U of SC CCFS, DSS, and Co-Monitor staff

DSS has met the required final target levels for all three measures assessing timely completion of investigations since September 2018. Pursuant to FSA Section V.E., the Co-Monitors have identified that these measures may be eligible for Maintenance of Effort status.[102]

[101] 1 of the investigations not closed with 45 days was closed on the 46th day.

[102] Pursuant to FSA V.E.1-3, the Co-Monitors identify these provisions may be eligible for "Maintenance of Effort" designation by the Court. Defendants have previously achieved compliance with the obligations set forth in FSA

## VIII. Placements

Child welfare policy and best practice require that children in foster care reside in family-like environments, in or close to their home communities, and with kin caregivers and siblings whenever possible. To fulfill these requirements, child welfare systems must recruit, identify, train, and support kin and family-based caregivers. Child welfare systems must also provide flexible, accessible, and individualized interventions to address children's safety, health, and well-being.

The lack of an appropriate number and array of placements and community-based supports for children in foster care throughout South Carolina has been a challenge for DSS since the inception of this lawsuit. The severity of these barriers came into stark relief this monitoring period as an even greater number of children stayed overnight in DSS offices. In February 2022 alone, 48 children spent a total of 78 nights sleeping in a DSS office, more than 15 times the incidence for the entirety of the October 1, 2020 to March 31, 2021, monitoring period.

DSS's all-hands-on-deck work to develop and implement an Overnight Stay Plan, jointly entered into with Plaintiffs on March 23, 2022,[103] served to dramatically decrease the frequency of this practice beginning in May 2022. However, more than 100 children in DSS's custody were in emergency placements when the period ended on March 31, 2022. For some children, this meant spending daytime hours in DSS offices, or other holding places, and their nights sleeping in different foster homes or congregate care facilities on an emergency basis. This makes it difficult for children to maintain long-term relationships, visit with family, engage in supportive services, and experience stability of any kind. The lack of stability and successive placements contributes to the trauma that children and youth experience when they are involved with child welfare services.

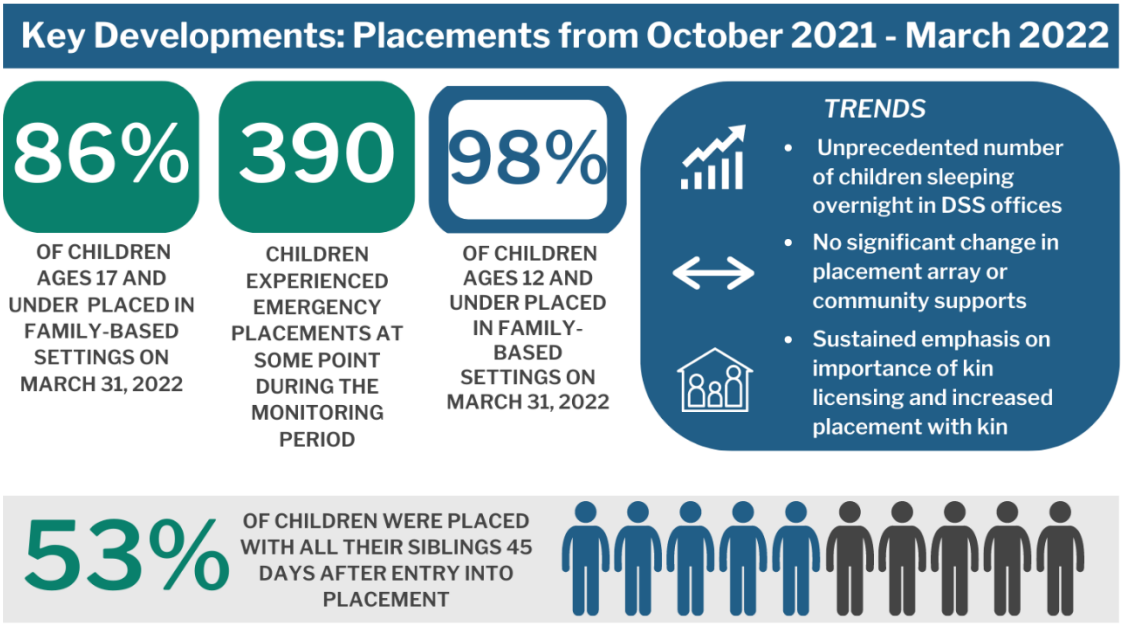
The infusion of desperately needed fiscal resources in the FY2022-2023 budget is essential in addressing this placement crisis and implementing core Placement Implementation Plan strategies to assure appropriate and stable placements which are long overdue.[104] These include: a restructuring of the case planning and

IV.C.4.(d), (e), and (f), as reflected in the April 24, 2019, September 16, 2019, February 28, 2020, October 6, 2020, April 16, 2021, October 6, 2021, and March 23, 2022 monitoring reports.

[103] Overnight Stay Plan (March 23, 2022, Dkt. 236)

[104] The Placement Implementation Plan was entered by the Court on February 28, 2019 in response to FSA IV.D.1.(a). Placement Implementation Plan (February 27, 2019, Dkt. 109). The Placement Implementation Plan is available at: https://dss.sc.gov/media/1950/dss-placementimplementation-plan.pdf

placement process;[105] team-based decision making;[106] supports for kin and non-kin foster parents;[107] development of community-based services and supports for children and families;[108] deepening of partnerships with private providers, who have been vital partners in this work;[109] development of a robust safety monitoring process; and implementation of pilot programs to test new ideas throughout the state.[110] Full implementation of these strategies is crucial to the Department's ability to change experiences and outcomes for children and families.




*Performance Data*

**Placement of Children in Family-Based Settings**

The FSA contains several provisions related to the placement of children in the most family-like, least restrictive environments necessary to meet their needs. Overall, the

[105] DSS Placement Implementation Plan, II (a), pp.6-18
[106] Ibid.
[107] DSS Placement Implementation Plan, II (c), pp.26-37 and II (d), pp.38-50
[108] DSS Placement Implementation Plan, II (b), pp.19-25
[109] Ibid. As in many systems across the country, some private organizations are licensed as Child Placing Agencies (CPAs). These agencies receive funding to provide foster care placement and monitoring through group facilities or by recruiting, training, licensing, and supporting foster parents (including therapeutic foster homes). Approximately one-third of children in DSS custody were placed through CPAs on March 31,2022.
[110] DSS Placement Implementation Plan, II (e), pp.51-54

FSA requires that "*at least 86 percent of Class Members be placed outside of congregate care on the last day of the reporting period*" (FSA IV.E.2.). DSS committed to achieving these targets by March 2021.

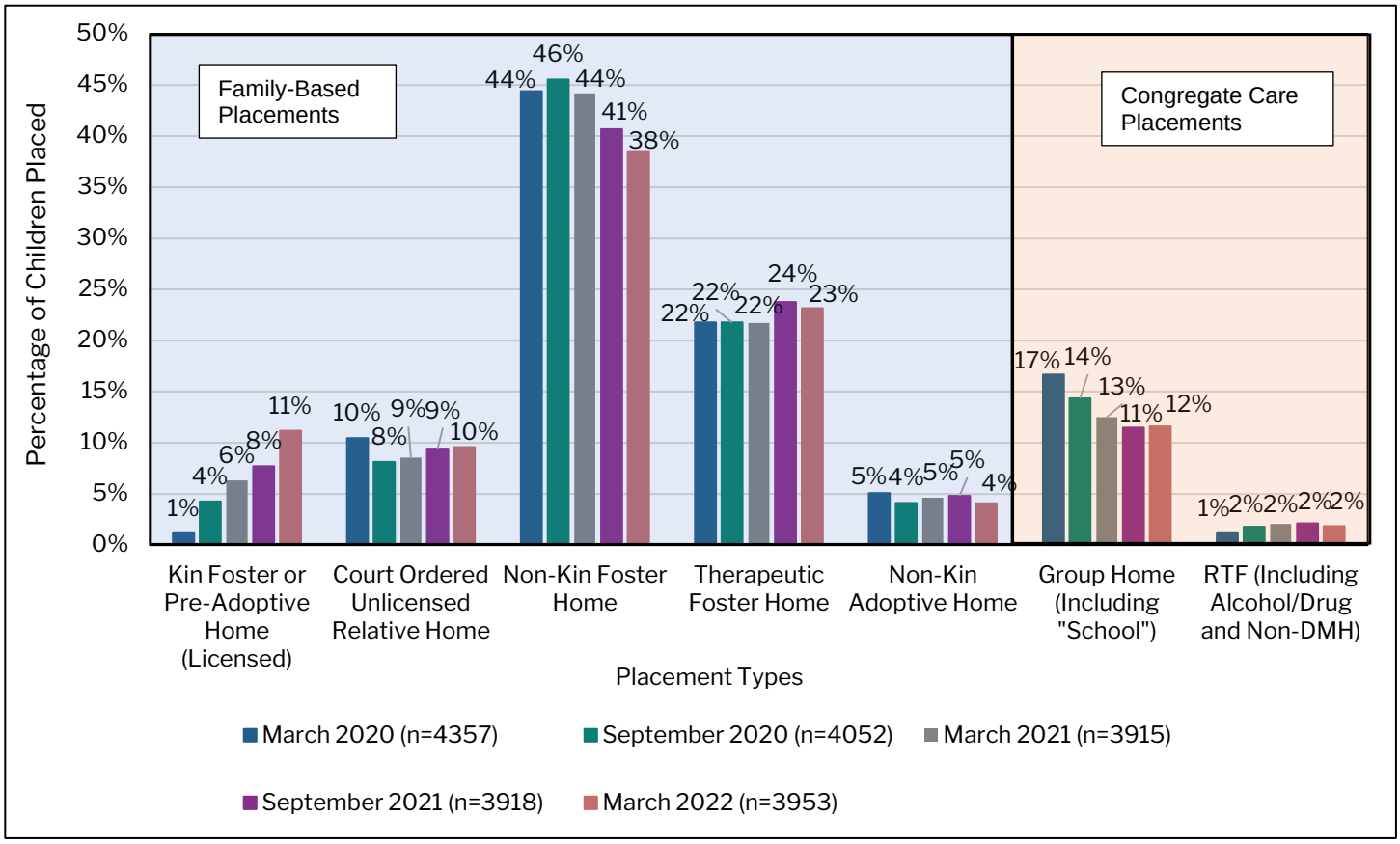
On March 31, 2022, 86 percent (3,419 of 3,953) of Class Members were placed outside of a congregate care placement and in family-based settings.[111] Performance continues to meet the final FSA target for children residing in family-based placements.[112] Eleven percent (442 of 3,953) of children resided in licensed relative foster homes on March 31, 2022, a continued improvement from the prior period, and a reflection of DSS's ongoing emphasis on the importance of placement with family. As of March 31, 2022, 65 percent of children were placed in foster or adoptive homes with non-relatives, including: 1,520 children (38%) placed in non-kin foster homes, 916 children (23%) placed in therapeutic foster homes, and 162 (4%) placed in non-kin adoptive homes.

Most children in congregate care placements continue to reside in group homes (459 children, or 12%) while 73 children (2%) are in residential treatment facilities. The Figure below depicts the breakdown of placements for all children in foster care, both family-based and congregate care, on the last day of the monitoring period between March 2020 and March 2022. The percentages of children placed with unlicensed relatives by court order, therapeutic foster parents, non-kin adoptive parents, and in residential treatment facilities have remained stable over time, accounting for approximately 40 percent of placements. Figure 16 also depicts shifts over time in children residing in non-kin foster home placements, group home placements, and kin placements.

[111] 20 children resided in other institutional settings outside of DSS's control due to an acute medical need or incarceration and were removed from the universe. Specifically, DSS reports that 10 children were incarcerated in correctional or juvenile detention facilities, and 10 children were hospitalized.

[112] Pursuant to FSA V.E.1-3, the Co-Monitors identify this provision may be eligible for "Maintenance of Effort" designation by the Court. Defendants have achieved compliance with the obligations set forth in FSA IV.E.2, as reflected in the March 23, 2022 and current monitoring reports.

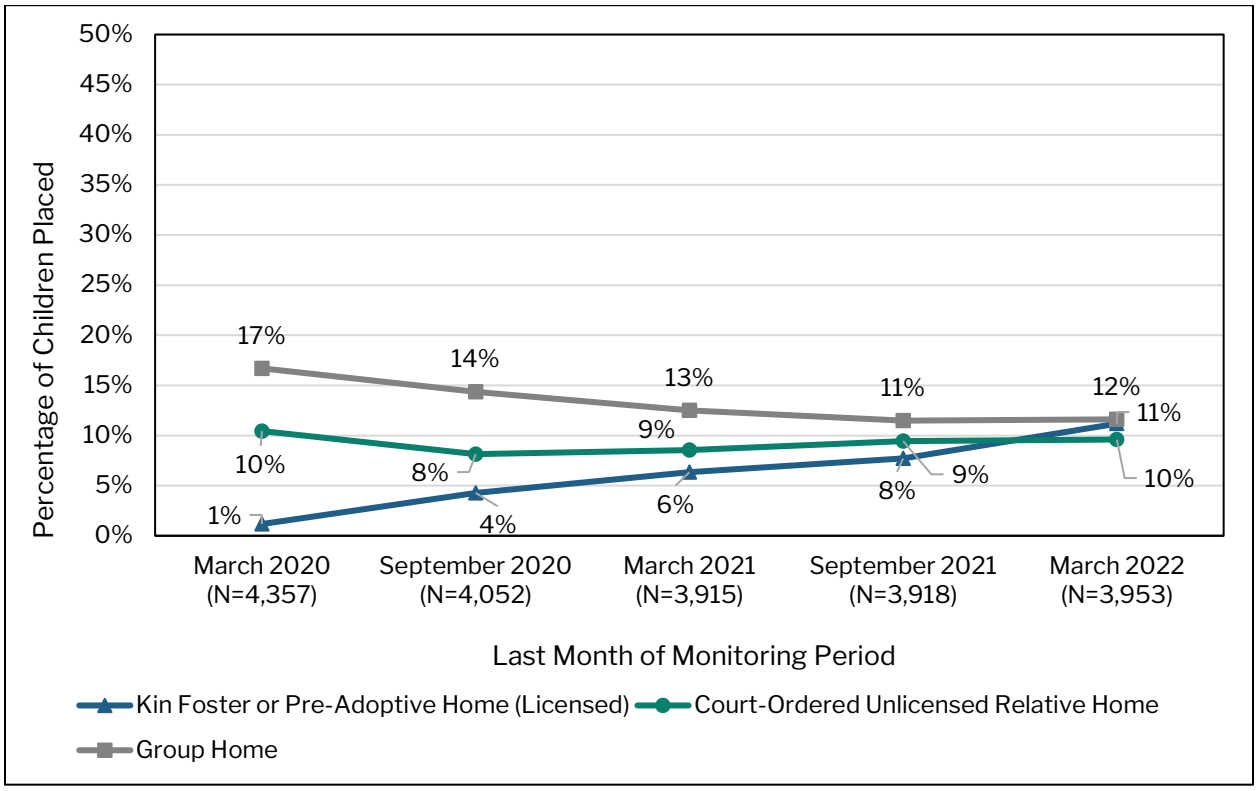
**Figure 16: Percentage of Children in Family-Based and Congregate Care Placements, March 2020 – March 2022**




Source: DSS Data

To examine the data further, Figure 17 shows the breakdown of three placement types between March 2020 and March 2022. Data show that the percentage of children placed in licensed kin homes has increased while the percentage of children placed in group homes has decreased. This continues to be a positive trend, reflecting DSS's priorities.

**Figure 17: Percentage of Children Placed in Licensed Relative Homes, Unlicensed Relative Homes, and Group Homes March 2020 – March 2022**

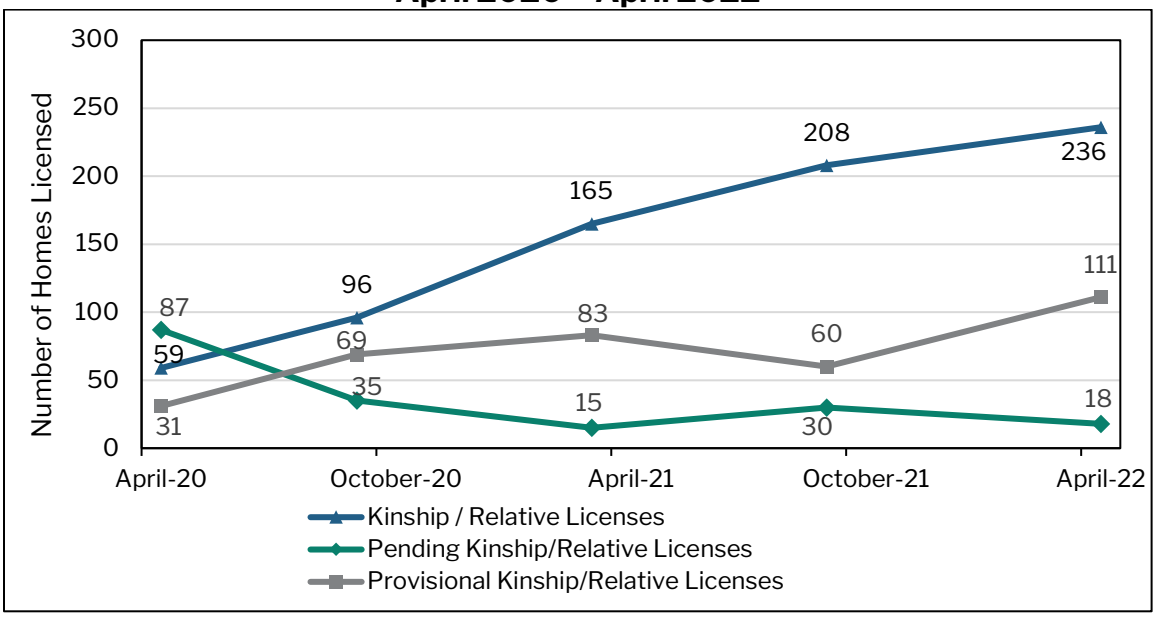



Source: DSS Data

DSS has gradually increased the number of licensed kin caregivers, allowing those caregivers to access a financial stipend.[113] The number of licensed kin homes was 236 as of April 30, 2022, an increase of 28 homes since October 2021. As shown in the figure below, there were 111 active provisional kinship home licenses as of April 2022.[114] Figure 18 shows the improvement in kin licensing since April 2020.

[113] Since July 2020, all potential non-kin foster home providers have been referred to CPAs for licensing. This has enabled DSS to utilize internal resources for licensure of kin homes.
[114] Provisional licensure allows a child to be placed in the kin home before the full foster parent licensure process has been completed.

**Figure 18: Kinship Licensing Trends**
**April 2020 – April 2022**




Source: Data provided by DSS

## Placement of Children in Congregate Care Settings

*Children Ages 12 and Under*

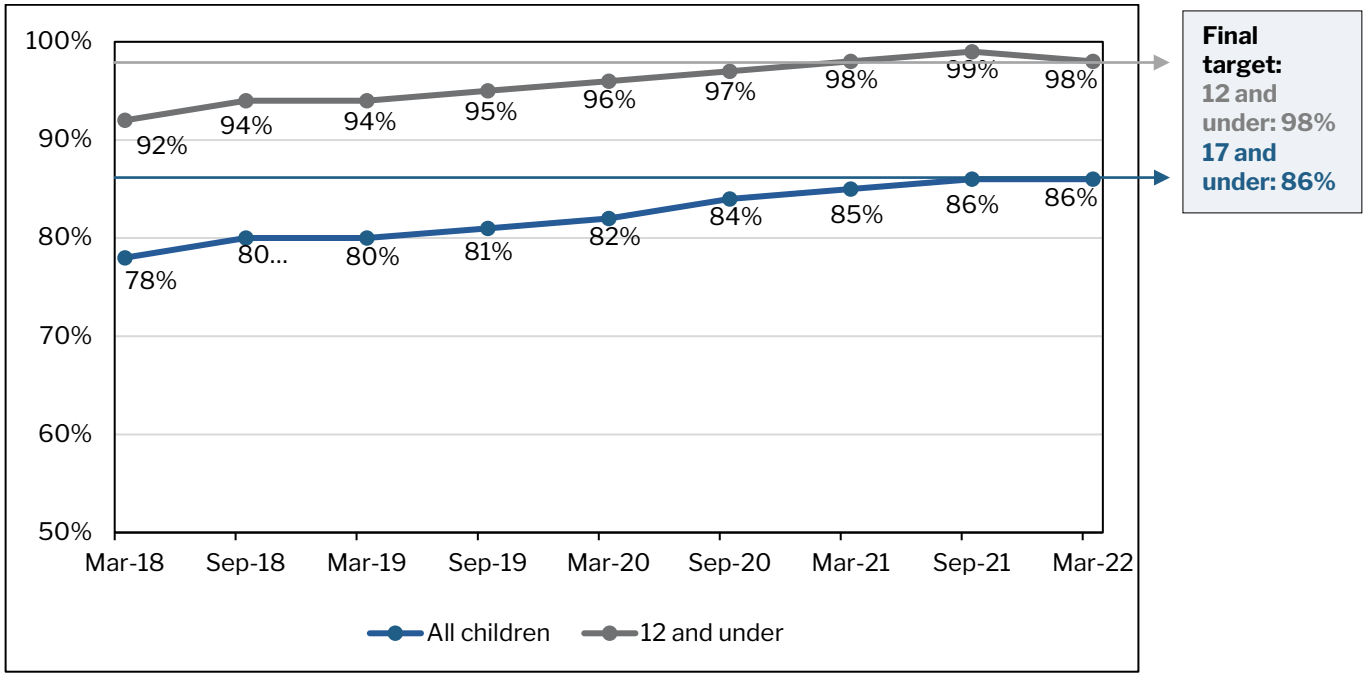
The FSA includes placement standards specific to certain age groups of children and requires that *'[a]t least 98% of the Class Members twelve (12) years old and under shall be placed outside of Congregate Care Placements on the last day of the Reporting Period unless an exception pre-approved or approved afterwards by the Co-Monitors is documented in the Class Member's case file"* (FSA IV.E.3.). DSS committed to achieving these targets by March 2021.

As reflected in Figure 19, as of March 31, 2022, 2,567 of 2,623 Class Members ages 12 and under resided outside of a congregate care placement, in a family-based setting, and eight children ages six and under resided in congregate care pursuant to a valid exception, resulting in performance of 98 percent.[115] This is a significant achievement. As shown in the figure, performance on this measure continues to

[115] Four additional children ages 12 and under were hospitalized on the last day of the monitoring period and are excluded from the calculations.

meet the final target.[116,117]

**Figure 19: Trends in Placement of Children Outside of Congregate Care March 2018 – March 2022**




Source: CAPSS data provided by DSS

The data in Figure 19 do not capture children's experiences over the entirety of their time in foster care and do not include children who resided in other institutional settings, such as psychiatric hospitals, DJJ placements, or correctional facilities.

*Children Ages 13 to 17*

The reductions in congregate care placements are not evenly distributed by age. Children ages 13 to 17 are more likely than younger children to spend time in congregate care. On March 31, 2022, 477 (36%) of 1,330 children ages 13 to 17 resided in congregate care. This is about the same percentage as the prior monitoring period, but represents a significant reduction over time (on September 30, 2019, for example, 52 percent of children ages 13 to 17 resided in congregate care).

Slightly less than half (45%, or 859 of 1,916) of children ages 13 to 17 in foster care at any time between October 1, 2021, and March 31, 2022 were placed in a congregate

[116] The Co-Monitors have approved exceptions for placing children ages 7 to 12 in a congregate care facility. DSS did not submit any exceptions for children placed between October 2021 and March 2022.
[117] Pursuant to FSA V.E.1-3, the Co-Monitors identify this provision may be eligible for "Maintenance of Effort" designation by the Court. Defendants have achieved compliance with the obligations set forth in FSA IV.E.3., as reflected in the October 6, 2021, March 23, 2022, and current monitoring reports.

care setting at some point during the period. These data show similar improvement from before the COVID-19 pandemic; from April to September 2019, almost two-thirds (64%) of children ages 13 to 17 were placed in a congregate care setting at some point during the period.

*Children Ages Six and Under*

The Interim Order, entered September 28, 2015, included provisions to immediately address the placement of children ages six and under in congregate care, and required that by November 28, 2015, DSS *'create a plan, subject to the approval of the Co-Monitors, for preventing, with exceptions approved by the Co-Monitors, the placement of any Class Member age six (6) and under in any non-family group placement (including but not limited to group homes, shelters or residential treatment centers)"* (IO II.3.(a) & FSA IV.D.2.). The plan was to include *'full implementation within sixty (60) days following approval of the Co-Monitors."*[118]

On March 15, 2016, the Co-Monitors approved DSS's plan, including acceptable exceptions (due to medical necessity, placement with parents, or placement with siblings),[119] and DSS issued a directive outlining the procedure to be used by staff to reduce the placement of young children in congregate care, and ensure the appropriate placement of children ages six and under in family placements (IO II.3.(a) & FSA IV.D.2.). The procedure requires approval of a Regional Director prior to the placement of any child under the age of seven in a non-family-based setting.

Of the 16 children ages birth to six who resided in congregate care facilities during the monitoring period, all but four were placed there pursuant to an agreed upon exception. Specifically, 12 children resided in a treatment facility or group care setting with their mothers and four children were part of a large sibling group for whom DSS

[118] On March 15, 2016, the Co-Monitors approved DSS's plan, including acceptable exceptions (due to medical necessity, placement with parents, or placement with siblings),[118] and DSS issued a directive outlining the procedure to be used by staff to reduce the placement of young children in congregate care, and ensure the appropriate placement of children ages 6 and under in family placements (IO II.3.(a) & FSA IV.D.2.). The procedure requires approval of a Regional Director prior to the placement of any child under the age of 7 in a non-family-based setting.

[119] The following are exceptions, approved by the Co-Monitors, to the requirement that children ages 6 and under be placed outside of congregate care: the child requires a degree of clinical and/or medical support that can only be provided in a group care setting and cannot be provided in a family-like setting, and the placement is a facility that has the capacity and specialized treatment to meet those needs; the child is the son or daughter of another child placed in a group care setting; or the child coming into care is in a large sibling group and all efforts to secure foster home and Therapeutic Foster home placements have been completed and have not produced a home. In that the last instance, placement in a facility that can accommodate the sibling group together and maintain daily contact between siblings is an allowable exception. This exception is time-limited for up to 90 days and can be extended for time-limited increments after considering and documenting the best interests of the children and pursuing and documenting intensive efforts to identify and support an appropriate placement or placements.

reported a single, family-based placement could not be located despite efforts.[120] While the Co-Monitors do not recommend sibling groups be separated in order to meet the terms of this measure, it is essential that efforts be made to secure more family-based placements that can accommodate large sibling groups.

**Placement Instability**

The FSA requires that for *'all Class Members in foster care for eight days or more during the 12-month period, the placement instability rate shall be less than or equal to 3.37"* (FSA IV.F.1.). Placement instability is defined as the rate of placement moves per 1,000 days of foster care among Class Members (FSA II.O.), and placement moves are changes in foster care placements.

Shortly before publication of the monitoring report measuring progress from April to September 2021, DSS discovered errors in its placement instability data that led to the conclusion that data for the period of October 2020 to September 2021, which DSS had previously collected, analyzed, and provided to the Co-Monitors, were not valid. As a result, the Co-Monitors have engaged a consultant to examine the process and methodology used to calculate placement instability that will begin work in October. The Co-Monitors will report on results in the following monitoring period.

**Placement in DSS Offices and Hotels**

The FSA required that by November 28, 2015, *'DSS shall cease using DSS offices as an overnight placement for Class Members, and shall cease placing or housing any Class Members in hotels, motels and other commercial non-foster care establishments. For any Class Members moved out of such DSS Offices or Hotels, DSS shall provide for their appropriate placement. In the extraordinary event that a child stays overnight in a DSS office, Defendants shall immediately notify the Co-Monitors, who shall provide a report to Parties as appropriate, including whether or not, in their view, the incident should be reported to the Court as a violation which would preclude Defendants' ability to achieve compliance on this provision"* (FSA IV.D.3.).

This monitoring period was characterized by a significant increase in the number of children staying overnight in DSS offices. Between October 1, 2021, and March 31,

[120] Of the 4 cases that did not meet the terms of a valid exception, all 4 cases were those of children who were part of a sibling group that remained at a group home beyond 90 days without documented efforts to move the sibling group to a family-based placement.

2022, 107 unique children stayed overnight in DSS offices for a combined total of 273 nights. In addition to these FSA violations, children often spent long periods in DSS offices while waiting for placement. Children were taken to foster homes or congregate care facilities at night, on an emergency basis, and picked up early the next morning to return to the DSS office.

Alarmed by the number of children staying overnight in offices, DSS and Plaintiffs developed an Overnight Stay Plan,[121] jointly entered on March 23, 2022. DSS has worked diligently to implement the strategies in the plan, and there has been a substantial decrease in children staying overnight in offices. Between April 1 and August 1, 2022, data provided by DSS reflect 27 unique children stayed overnight in DSS offices for a combined total of 52 nights, the majority of which occurred during the first two weeks in April (15 unique children and 40 nights). As of the writing of this report, there have been no reports of children sleeping in DSS offices since August 20, 2022.

Part of implementing the Overnight Stay Plan has involved calls among DSS leadership, placement, and other staff, at the beginning and end of each workday to ensure that all children have a place to sleep outside of a DSS office that night. DSS has reported that this practice has helped to strengthen and reaffirm partnerships across regions and roles and has begun to build a culture of more creative and collaborative problem solving to provide placements and services.

**Emergency or Temporary Placements**

The FSA requires that *'Class Members shall not remain in any Emergency or Temporary Placement for more than thirty (30) days. Under exceptions approved by the Co-Monitors, if a child is initially placed in an Emergency or Temporary Placement that is not a Congregate Care Placement, and that placement is re-designated within thirty (30) days as a long-term foster home or therapeutic foster home, then the child's stay shall not be considered a violation of this provision and the re-designation shall not be considered a placement move [...]"* (FSA IV.E.4.).

The FSA also requires that *'Class Members experiencing more than one Emergency or Temporary Placement within twelve (12) months shall not remain in the Emergency or Temporary Placement for more than seven (7) days. Under exceptions subject to the Co-Monitors' approval, if a child's subsequent placement within twelve (12)*

[121] Overnight Stay Plan (March 23, 2022, Dkt. 236)

*months in an Emergency or Temporary Placement is not a Congregate Care Placement, and that placement is re-designated within thirty (30) days as a long-term foster home or therapeutic foster home, then the child's stay shall not be considered a violation of this provision and the re-designation shall not be considered a placement move […]"* (FSA IV.E.5.).

Since entry into the FSA, DSS has been unable to accurately track all children who have spent time in emergency or temporary placements and the length of time they have spent there.[122] In prior periods, the Co-Monitors have reported on instances in which foster parents or group homes were paid "incentive" payments to care for children on a short-term basis as a proxy measure, understanding that these data did not include all emergency placements. DSS introduced an automated system for tracking emergency placements in August 2021, and reports that it can now reliably capture the number of children that experienced an emergency placement during any given period. Between October 1, 2021, and March 31, 2022, DSS reports that 390 unique children experienced at least one of the 844 emergency placements.

DSS is not yet able to track the number of nights that each of the 390 children spent in emergency placements, or report how many emergency placement episodes each child experienced within the monitoring period. These data have not been validated by the Co-Monitors, and DSS reports that more analysis is required to better understand how staff are using the designation within CAPSS.

The development of this capacity will be important for the system to better understand trends in the use of emergency placements and to identify individual children who are experiencing significant instability.[123] Additionally, the reliable measurement of placement instability depends upon the availability of accurate data.

[122] DSS defines an emergency placement as a short-term placement that is only utilized after all efforts have been made to identify a permanent long-term placement and those efforts were unsuccessful. DSS defines a temporary placement as a placement triggered by a specific event; it is of limited duration, is not permanent, and when the triggering event ends, the child returns to the prior long-term placement. Temporary placements include respite care, hospitalizations for less than 30 days, and transitional visits with caregivers.

[123] Although not directly comparable, given data limitations and DSS's acknowledgement that prior data were likely an undercount, data manually collected in the prior monitoring period reflected 64 unique children experienced an emergency placement in a foster home and 72 unique children experienced an emergency placement in a group home In the monitoring period before that, from October 1, 2020 to March 31, 2021, 31 unique children had an emergency placement in a foster home and 52 unique children had an emergency placement in a group home.

**Juvenile Justice Placements**

The FSA requires that *'[w]hen Class Members are placed in juvenile justice detention or another Juvenile Justice Placement, DSS shall not recommend to the family court or Department of Juvenile Justice that a youth remain in a Juvenile Justice Placement without a juvenile justice charge pending or beyond the term of their pleas or adjudicated sentence for the reason that DSS does not have a foster care placement for the Class Member. DSS shall take immediate legal and physical custody of any Class Member upon the completion of their sentence or plea. DSS shall provide for their appropriate placement"* (FSA IV.H.1.).

DSS's ability to identify the children in its custody whom the Department of Juvenile Justice (DJJ) is also involved is still limited, though it has improved over time. The Co-Monitors rely on DSS and anecdotal reports by stakeholders to assess DSS's performance on this requirement. DSS requires local offices to report when a child is detained by DJJ due to the lack of a DSS placement. From October 1,2021 to March 31,2022, the Co-Monitors received seven reports of violations of this FSA requirement. Two of the reports were from stakeholders and five were reported to the Co-Monitors by DSS.

There are limited quantitative data available to fully assess this requirement. The Co-Monitors and DSS, with DJJ's permission and collaboration, undertook a comprehensive review of the experiences of children dually involved with both DSS and DJJ, and will publish findings in a separate forthcoming report.

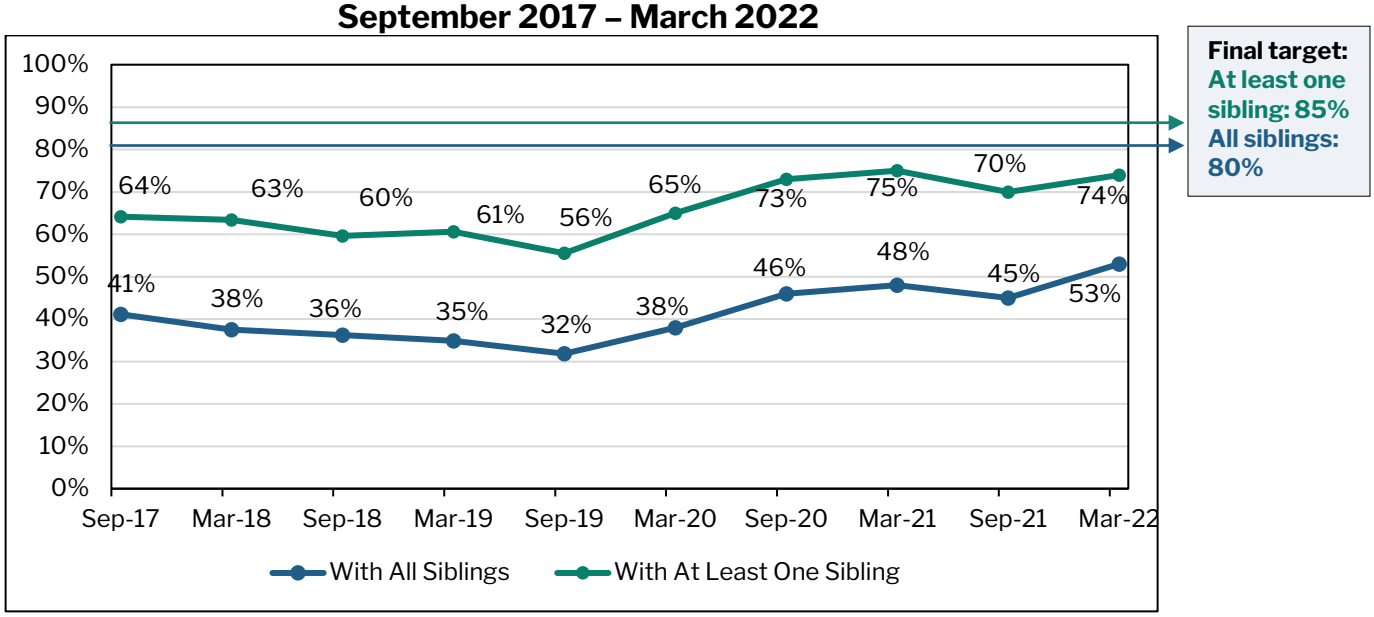
**Sibling Placements**

The FSA recognizes the importance of the lifelong and supportive relationships between children and their siblings and requires that *'at least 80 percent of children who enter care with or within 30 days of their siblings be placed with their siblings"* (FSA IV.G.2. & 3.). The FSA includes two targets – one for placement with *at least one* of a child's siblings (85% target) and the other for placement with *all* siblings (80% target).[124] DSS committed to achieving these targets by March 2021.

[124] The FSA allows for exceptions to this requirement, including when there is a court order prohibiting such placement or if the placement is determined not to be in the best interest of 1 or more siblings. Exceptions to placement of children with their siblings have been approved, though not applied during this monitoring period; therefore, actual performance may be higher than reported. DSS will develop a process for review and approval of exceptions in a future monitoring period.

DSS provided data for 698 children who entered foster care between October 1, 2020, and March 31, 2021, with a sibling or within 30 days of a sibling's entry to foster care. For this cohort, 74 percent (519 of 698) of children were placed with at least *one* of their siblings, and 53 percent (371 of 698) of children were placed with *all* of their siblings 45 days after entry into care. Performance does not meet the final targets, but does show improvement from prior monitoring periods, as shown in Figure 20.

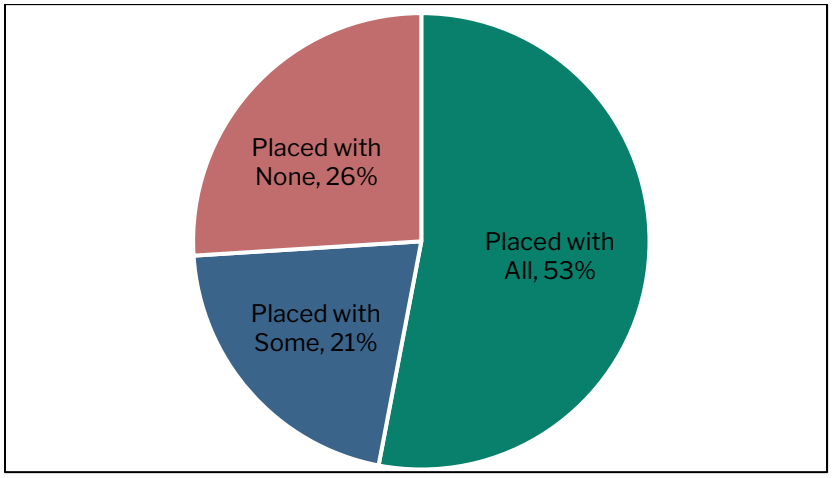
**Figure 20: Sibling Placements for Children Entering Placement September 2017 – March 2022**




Source: CAPSS data provided by DSS

Figure 21 further shows the breakdown of sibling placements during this monitoring period. Twenty-six percent of all children entering care with siblings were not placed with *any* siblings 45 days after entry, which is a slight improvement in performance from the prior monitoring period, when 30 percent of children were not placed with any siblings.

**Figure 21: Sibling Placements for Children Entering Placement**
**October 2021 – March 2022**
**N=698**




Source: CAPSS data provided by DSS

## Therapeutic Placements

The FSA includes a requirement that DSS identify "*enforceable interim benchmarks with specific timelines, subject to consent by the Plaintiffs and approval by the Co-Monitors, to measure progress,*" with respect to the placement of children in therapeutic placements when determined to be needed (FSA IV.B.I.2.).[125] These benchmarks and timelines were to be established as part of the Placement Implementation Plan (FSA IV.B.I.2.).

At the time of finalization of the Placement Implementation Plan, the Co-Monitors and Parties determined that, because the process of assessing and identifying the need for more intensive supports and placements would likely be modified as DSS began to implement its Placement Implementation Plan and develop new assessment, decision-making, and placement processes, DSS would wait to propose benchmarks and timelines until implementation began. DSS and the Co-Monitors anticipated there might be a need for the initial FSA requirements regarding placement to be amended, and expected that any proposed updates, benchmarks, and timelines would be submitted by no later than July 2019. To date, DSS has not proposed updated requirements for performance toward the initial FSA requirements, but reports that it is now able to collect relevant data in CAPSS. These

[125] "Therapeutic Level of Care" refers to the leveling system used by DSS within the therapeutic placement and services array, including but not limited to Level 1, 2, 3 foster care placements and Psychiatric Residential Treatment Facilities, as described in the Human Services Policy and Procedures Manual and The State of South Carolina, Fixed Price Bid No. 5400002885 (FSA II.S.).

benchmarks and timelines are long overdue and need to be set. The Co-Monitors will provide an update in the following monitoring report.

The initial FSA requirements are as follows:
*All Class Members that are identified by a Worker as in need of interagency staffing and/or in need of diagnostic assessments shall be referred for such staffing and/or assessment to determine eligibility for therapeutic foster care placement and/or services within thirty (30) days of the need being identified. This requirement shall not apply if the Worker withdraws the identified need in good faith and in the best interests of the Class Member within thirty (30) days (FSA IV.B.I.3).*

*All Class Members that are referred for interagency staffing and/or needed diagnostic assessments shall receive recommendations for specific therapeutic foster care placement and/or services within forty-five (45) days of receipt of the completed referral. The recommendation(s) may include diagnostic assessment, community support services, rehabilitative behavioral health services, therapeutic foster care, group care, and psychiatric residential treatment facility. Level of Care Placement recommendations shall utilize the least restrictive care philosophy suitable to the child's needs and seek to place a Class Member in a family setting with a community support system. DSS shall update the assessment at least annually thereafter, upon a placement disruption or upon a material change in the Class Member's needs. In making that determination, DSS may consider the full array of appropriate placement alternatives to meet the needs of the Class Members (FSA IV.B.I.4).*

*At least 90% of children assessed as in need of therapeutic foster care placement shall be in the Therapeutic Level of Care and specific placement type that matches the Level of Care for which the child was assessed within sixty (60) days following the date of the first Level of Care Placement recommendation (FSA IV.B.I.5).*

## IX. Family Time: Visits with Parents and Siblings

The experience for a child of being separated from all that is familiar, especially without preparation, is traumatic. Ongoing, supportive relationships with family members are essential to well-being. According to records, far too many children in DSS custody lose regular access to their parents, their extended family, and their sibling(s) who are also in DSS custody.[126]

Case managers report that children see their parents and other family members at DSS offices; local parks and indoor play spaces; churches; homes of kin foster parents; and restaurants. Most children, however, are not spending even the *minimum* time required by DSS policy and the FSA with their family based on documentation in case records. DSS, U of SC CCFS, and Co-Monitor staff conducted twice-yearly case record reviews to determine performance on DSS's minimum twice-monthly standard for children's contacts with their parents and minimum once-monthly contact for siblings in foster care and living apart.[127] Results from these reviews show performance remains far below policy and practice expectations. Across four years and ten reviews, Co-Monitors have learned that on average, only half of records contained documentation that a child had seen their sibling during a selected month.

Results from documentation related to contact between children and their parent(s) are also concerning. Reviews show documentation of children and youth having twice monthly contact with their parent in an average of 13 percent of records.[128]

The priority for visits or family time has been communicated by DSS leadership through policy and practice resources. DSS requires that staff participate in training focused on the importance of children spending time with their family. DSS also reports continuing to make CAPSS more user-friendly with input from staff. There are times a child may visit with a parent or sibling and a case manager may not be aware or document the event for weeks or longer. Caregivers from both foster homes and group homes can provide information to be entered into a child's case record electronically. However, these and other efforts have not yet impacted performance on the required minimum time children spend with their parents and

[126] DSS reports that as of March 31, 2022, over 800 Class Members are residing with a family member or family friend.
[127] Data from the last day of the months of March and September are used to measure and report performance.
[128] DSS expects there will be some improvement in this area as DSS works once again to update legal information in the DSS record.

siblings as documented in CAPSS. It appears that significant barriers persist, including high worker caseloads and the fact that many children's placement remain far from their home communities. Data provided by DSS indicate that, as of March 2, 2022, 26 percent of children are placed outside of their region of origin and 66 percent of children are placed outside of their home county.

Upon agreement of all Parties, given the poor performance and lack of substantial progress, the Co-Monitors suspended a review of a statistically valid sample of records and reporting on this measure for at least four monitoring periods, or until DSS reports that there has been a substantial increase in performance.[129] At that time, the Co-Monitors will work with DSS to review performance on this measure.

In the interim, Co-Monitors will report on DSS' actions towards improvements in this area. This includes results of reviews DSS conducts internally.

## *Family Time: Progress and Implementation Updates*

The FSA required *'[w]ithin 60 days of the entry of the Order approving the Settlement Agreement, Defendants shall develop an Implementation Plan to implement the achievement of the final targets in this subsection. The Implementation Plan shall have enforceable interim benchmarks with specific timelines, subject to consent by Plaintiffs and approval by the Co-Monitors, to measure progress in achieving the final targets in this subsection. Plaintiffs will not unreasonably withhold consent, and if the Co-Monitors approve and Plaintiffs do not consent, Plaintiffs will describe with sufficient detail, rationale, and recommendations that will lead to consent"* (FSA IV.J.1).

*Policy and Practice Guidance and Tool*

The DSS Child Welfare Policies and Procedures: Chapter 5 Foster Care, Family Visitation policy was revised and issued as the Family Visitation Policy on February 24, 2022. Importantly this policy includes the Quality Visitation Guide: A Resource for Strengthening Families Through Visitation, dated 2021.

The Guide is just under 70 pages with appendices included. The appendices are resources such as tips for planning visits, suggested activities during visits, and

[129] A review of performance as of March 2024 expected.

useful references for documenting visits. The Guide also contains references and links to the GPS Practice Model and the Department's policy on Family Visitation.

*Training*

In late October 2021, DSS began to outline a training on Quality Visitation, using the draft Quality Visitation Guide described above. DSS anticipates completing the development of Quality Visitation training by the end of 2022. This offering goes beyond Visitation Awareness training and presents practical resources for staff.

Visitation Awareness training continues to be offered for case managers, supervisors, and foster parents, and is one of DSS' core strategies to communicate the importance of increasing the amount of time children spend with their family members. Visitation Awareness training and documentation training are requirements for all new child welfare staff within one year of employment and offered for existing child welfare staff on a quarterly basis. From September 2021 to March 2022, an additional 55 case managers, 19 supervisors, and 74 foster parents participated in Visitation Awareness Training.

*Data*

Additions and modifications to CAPSS to capture data on visits and a new Visitation Plan document are not yet in uniform use by staff. DSS reports continuing to amend CAPSS to make it more user friendly for data entry. The Visitation Plan document now populates into other documents that case managers need to complete, such as reports to the family court. DSS is testing management reports generated by CAPSS (Parent/Child Visitation, Preserving Connections Visitation and Sibling Visitation) to better track performance on children's contact with their parents and siblings. DSS created these reports to help supervisors and case managers identify missing documentation.

*Evident Change*, a national research and technical assistance provider, is working with DSS towards the goal of easy-to-use, web-based trend reports of performance on contacts children have with their family members.[130] Frontline staff will be able to view individualized reports of data captured from CAPSS and relevant to their workload. Once the web-based trend reports are built and ready for use, CAPSS and ADR reports will be phased out.

[130] To read more about Evident Change and the development of SafeMeasures®, go to: https://www.evidentchange.org/analytics/safemeasures

## X. Health Care

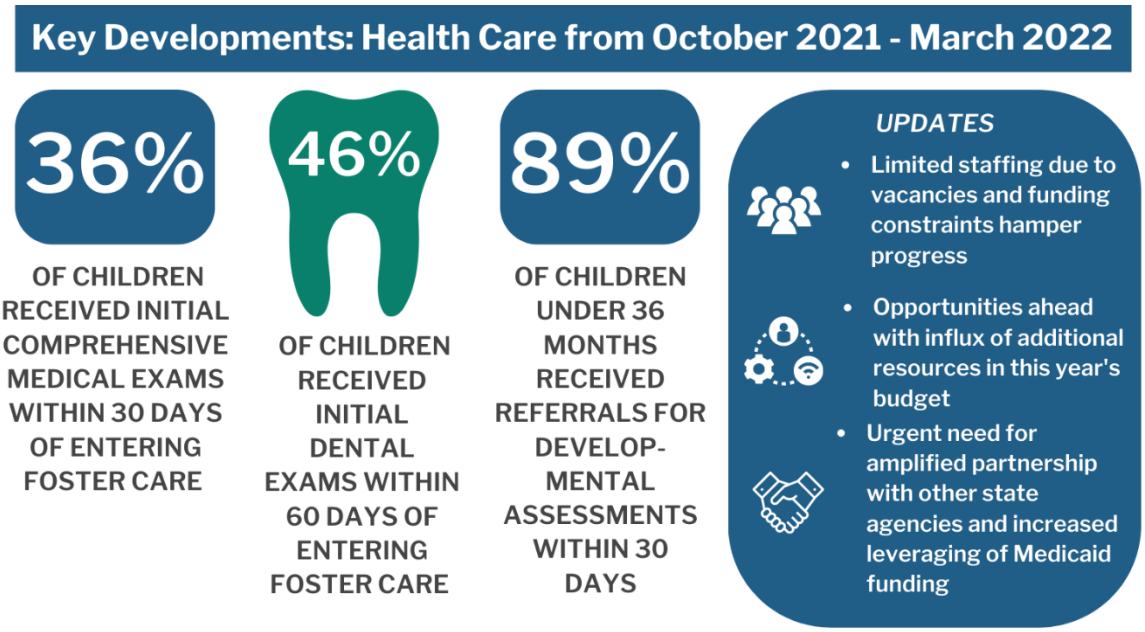
Child welfare systems must be able to quickly identify children's physical and behavioral health needs, provide high-quality preventative and acute care, track care delivery, and communicate health care information to families, caregivers, and partner agencies. During this monitoring period, DSS continued to build on the work of its Office of Child Health and Well-Being, though progress has been limited by a lack of adequate staffing and funding, and the demands of the COVID-19 pandemic.

DSS's team of nurses and data coordinators continued their efforts this period to manage and document the health care needs of children in foster care. However, in the Co-Monitor's view, six nurses alone (along with four data coordinators) cannot adequately manage health and well-being needs of nearly 4,000 children. A nationwide nurse shortage and increasing vacancies on this already small team combined have contributed to additional demands of the team.

The responsibility of delivering health care to children in foster care does not rest with DSS alone. However, when a child is in the state's custody, DSS has an obligation to ensure their health care needs are met. To meet that obligation, it continues to be critical that DSS work with its state agency and community partners – as well as its private Managed Care Organization (MCO) partner (Select Health) – to develop robust, accessible, community-based services and supports across the state for children and families, including intensive in-home supports. To support its health care work, DSS plans to hire 13 additional staff, including three nurses. In addition, as is the case in all states, and as explicitly designed and reflected in DSS's Health Care Improvement Plan, DSS also must work with urgency to maximize all funding sources that are available to provide for children's health and behavioral health care needs, especially Medicaid and other federal funding streams. This work must be done in active partnership with the SC Department of Health and Human Services (DHHS). Generating additional resources through this collaborative work is essential considering the minimal funding ($3 million) allocated to DSS in the FY2022-2023 budget for service array development.

Included below is information related to FSA measures for which DSS has available data. The Co-Monitors will report more comprehensively with respect to the Health

Care Plan and Addendum in the next report,[131,132] once DSS has had the opportunity to bolster its work in this area utilizing newly allocated resources.[133]




## *Performance Data*

As noted in previous monitoring reports, the Co-Monitors and DSS have been engaged in discussions about re-assessing the approved data methodologies for health care measures given the shared goal of efficiently and effectively producing understandable, timely performance data that can be used both for public and court accountability purposes, and for day-to-day management and quality improvement. In some areas, as indicated, the data included below were collected by DSS's Regional Nurses from several sources and have not been independently validated by the Co-Monitors. DSS does not yet have the capacity to produce health care data related to initial health screens, behavioral health assessments (following a screening which identified need), and follow-up care.

[131] The Health Care Addendum is available at: https://dss.sc.gov/media/1962/2-25-2019-approved-health-plan-addendum.pdf
[132] The Health Care Improvement Plan is available at: https://dss.sc.gov/media/1980/8-23-2018-final-approved-dss-health-care-implementation-plan.pdf
[133] Health Care Plan with Care Coordination Addendum (February 27, 2019, Dkt. 109)

**Comprehensive Medical Assessments**

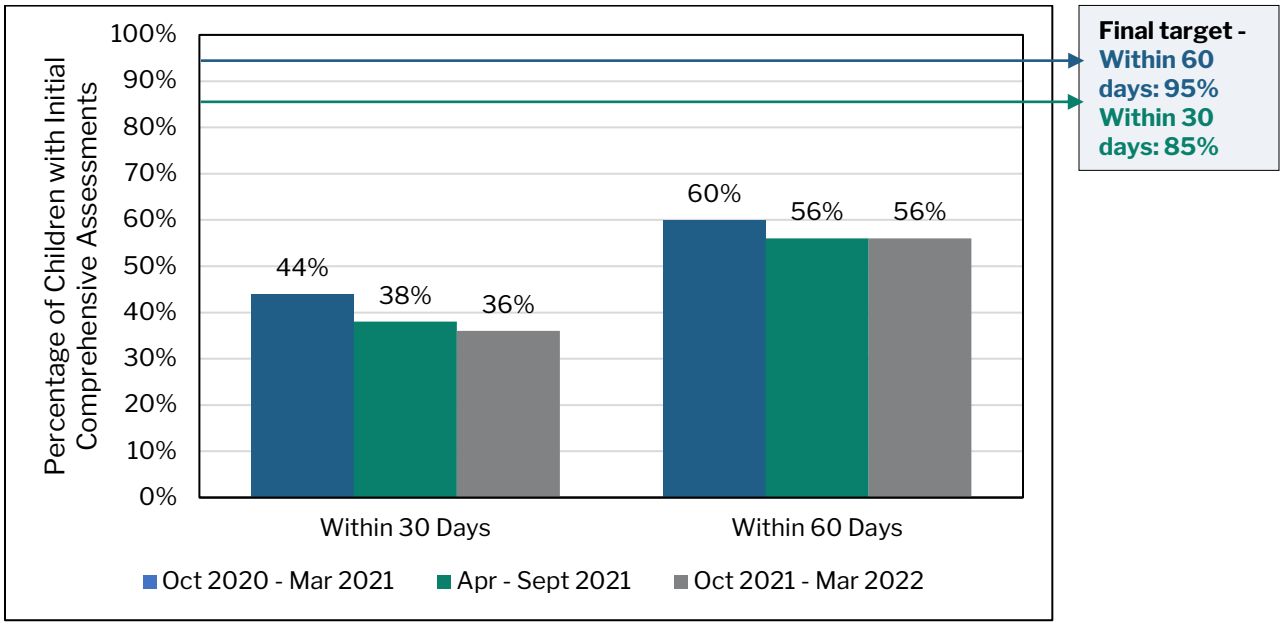
In accordance with American Academy of Pediatrics (AAP) guidelines for health care delivery to children in foster care, comprehensive medical assessments are to be performed for the purpose of "reviewing all available data and medical history about the child or adolescent;" identifying medical, developmental, and behavioral health conditions requiring immediate attention; and developing an "individualized treatment plan."[134]

In the DSS Health Care Outcomes, approved by the Co-Monitors on December 21, 2018, based on AAP guidelines, DSS committed that '*at least 85% of Class Members will receive a comprehensive medical assessment within 30 days of entering care; at least 95% will receive a comprehensive medical assessment within 60 days of entering care*."[135] DSS committed to achieving these targets by March 2021.[136]

DSS reports that 36 percent (452 of 1,249) of children who entered foster care between October 1, 2021, and March 31, 2022, and were in foster care for at least 30 days received an initial comprehensive medical assessment within 30 days, and 56 percent (508 of 909) of children who entered foster care this period and were in foster care for at least 60 days received an initial comprehensive medical assessment within 60 days (see Figure 22). This performance is approximately the same as the prior monitoring period when performance was 38 percent within 30 days and 56 percent within 60 days. Performance remains below the final targets of 85 percent of children receiving an initial exam within 30 days, and 95 percent of children receiving an initial exam within 60 days.

[134] *Fostering Health: Health Care for Children and Adolescents in Foster Care*, 2d. ed (16-17). American Academy of Pediatrics (2003)), p. 22.
[135] The Health Care Outcomes are available at: https://dss.sc.gov/media/1958/appendix-b-final-health-care-targets.pdf
[136] The baseline performance data that were used to determine the benchmarks were in some cases extracted based upon methodologies that were different from those later approved by the Co-Monitors.

**Figure 22: Initial Comprehensive Medical Assessments within 30 and 60 Days October 2020 – March 2022**



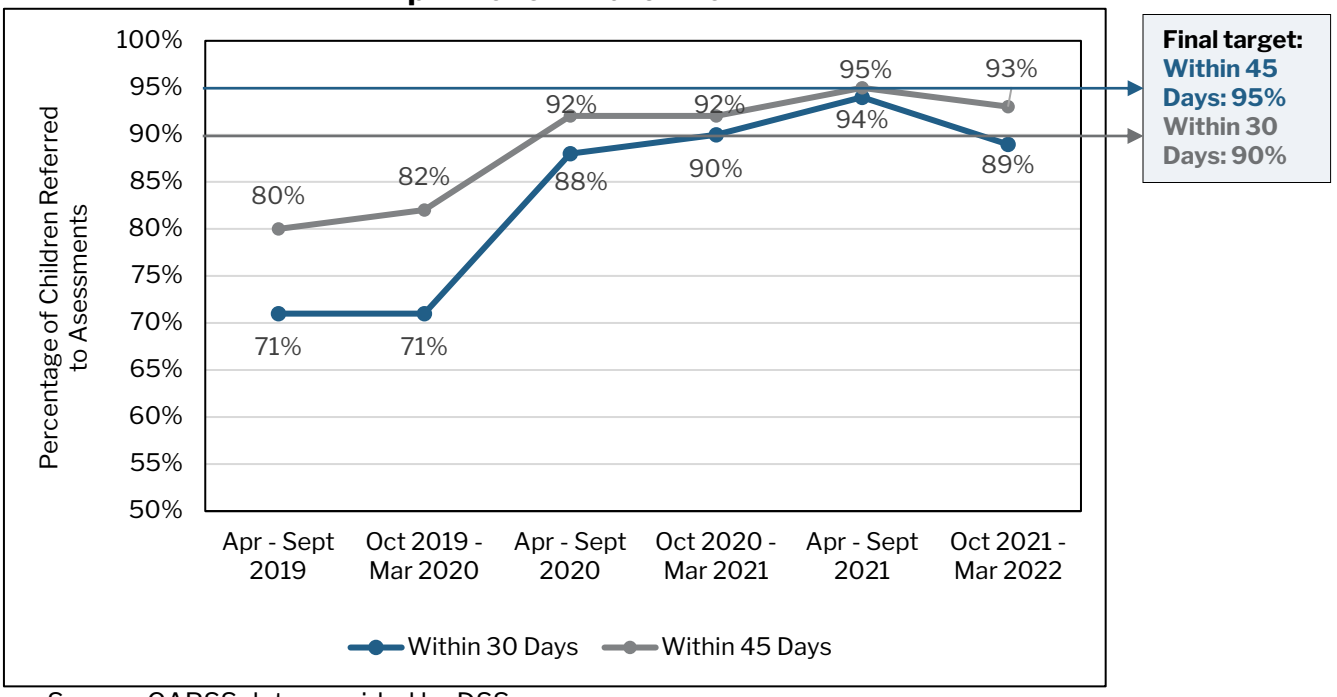

Source: Medicaid claims data provided by DSS

**Developmental Assessments**

In the DSS Health Care Outcomes, DSS committed that "*at least 90% of Class Members under 36 months of age will be referred to the state entity responsible for developmental assessments within 30 days of entering care; at least 95% shall be referred within 45 days.*" DSS committed to achieving these targets by March 2021.

DSS reports that 89 percent (249 of 280) of children under 36 months of age who entered care between October 1, 2021 and March 31, 2022 and were in care for at least 30 days were referred to BabyNet – the state entity responsible for developmental assessments – within 30 days of their entry into care; and 93 percent (251 of 270) of children who were in care for at least 45 days were referred to BabyNet within 45 days. Current performance drops below the final targets for this measure, after having met the measure for the first time in the prior monitoring period (see Figure 23). These data only measure whether a child was referred for a developmental assessment and do not capture whether an assessment occurred.

**Figure 23: Referrals for Developmental Assessments within 30 and 45 Days April 2019 – March 2022**




Source: CAPSS data provided by DSS

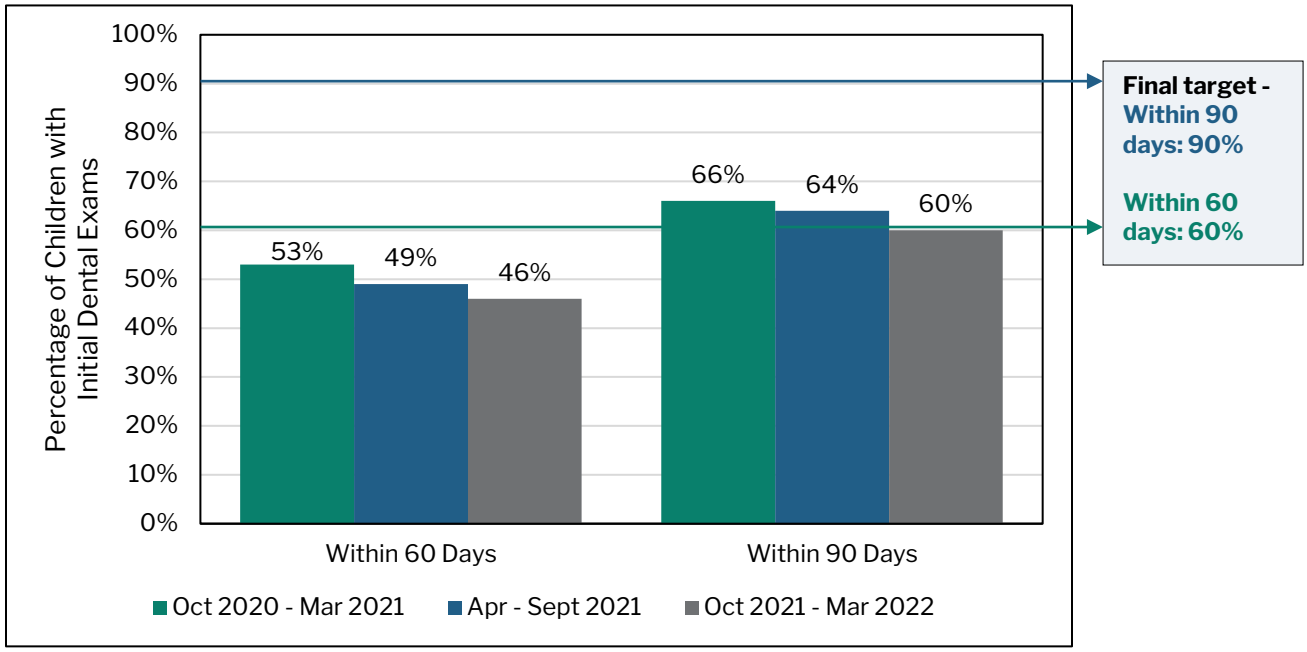
## Initial Dental Examinations

In the DSS Health Care Outcomes, approved by the Co-Monitors on December 21, 2018, DSS committed that *'at least 60% of Class Members ages two and above for whom there is no documented evidence of receiving a dental examination in the six months prior to entering care will receive a dental examination within 60 days of entering care; at least 90% will receive a dental examination within 90 days of entering care*." DSS committed to achieving these targets by March 2021.[137]

DSS reports that 46 percent (299 of 635) of children ages two and older who entered foster care between October 1, 2021, and March 31, 2022, and were in foster care for at least 60 days had a dental exam within 60 days, and 60 percent (288 of 477) of children ages two and older who remained in care for at least 90 days had a dental exam within 90 days.[138] This performance represents a continued decline from the prior monitoring period, and does not meet the target for either requirement, as shown in Figure 24.

[137] The baseline performance data that was used to determine the benchmarks were in some cases extracted based upon methodologies that were different from those later approved by the Co-Monitors.
[138] This excludes children who had a visit within 3 months of entering care.

**Figure 24: Initial Dental Exams within 60 and 90 Days**
**October 2020 – March 2022**




Source: Medicaid claims data provided by DSS

## Periodic Well-Child Visits

In accordance with AAP guidelines for ongoing health care delivery for children in foster care, periodic preventative well-child visits should be performed for the purpose of promoting "overall wellness by fostering healthy growth and development," as well as "regularly assess[ing] for success of foster care placement," and "identify[ing] significant medical, behavioral, emotional, developmental, and school problems through periodic history, physical examination, and screenings."[139] AAP guidelines for ongoing health care delivery for children in foster were crafted in recognition of research supporting the increased needs of these children and youth as compared with the general population. Based on these nationally recognized professional guidelines, DSS committed in its Health Care Outcomes that, *'at least 90% of Class Members under the age of six months in care for one month or more will receive a periodic preventative visit monthly. At least 90% of Class Members between the ages of six months and 36 months in care for one month or more will receive a periodic preventative visit in accordance with current American Academy*

[139] *Fostering Health: Health Care for Children and Adolescents in Foster Care*, 2d. ed (16-17). American Academy of Pediatrics (2003), p. 30.

*of Pediatrics periodicity guidelines;*[140] *at least 98% will receive a periodic preventative visit semi-annually. At least 90% of Class Members ages three and older in care for six months or more will receive a periodic preventative visit semi-annually; at least 98% will receive a periodic preventative visit annually."*[141] DSS committed to achieving these targets by March 2021.

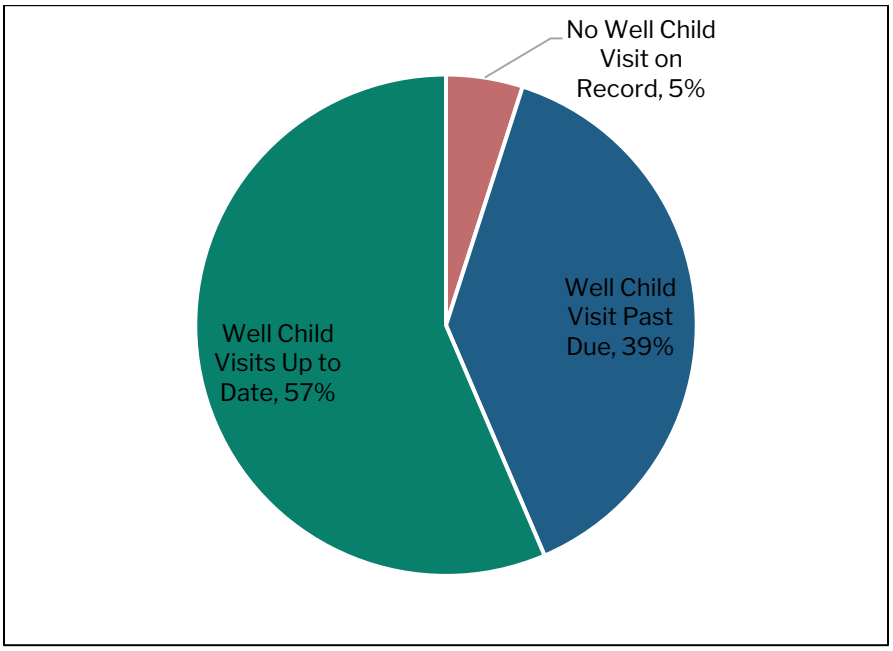
As explained above, the Co-Monitors have continued to work with DSS to modify the methodologies used for measuring periodic preventative well-child visits by incorporating data collected and validated by DSS nurses.[142] DSS reported that of all children under 18 years of age who were in foster care for at least 30 days on March 14, 2022, 57 percent (2,083 of 3,684) were up to date on their well-child visits. Of the remaining children, 166 (5%) children did not have a well-child visit indicated in the DSS record or in the DHHS and Select Health data systems. This is approximately the same performance as the prior monitoring period and is still significantly below the targets for compliance. As depicted in Figure 25, 39 percent (1,435 of 3,684) of children were past due on their well-child visit.

[140] See AAP Recommendations for Preventative Pediatric Health Care, which can be found at https://www.aap.org/enus/Documents/periodicity_schedule.pdf

[141] These guidelines are based on AAP's recommendations for children in foster care as described in *Fostering Health: Health Care for Children and Adolescents in Foster Care*, 2d. ed (16-17). American Academy of Pediatrics (2003).

[142] As discussed above, these data were collected and analyzed by DSS staff utilizing different methodologies than those later approved in the Health Care Addendum.

**Figure 25: Well-Child Visits as of March 14, 2022**
**N=3,684**

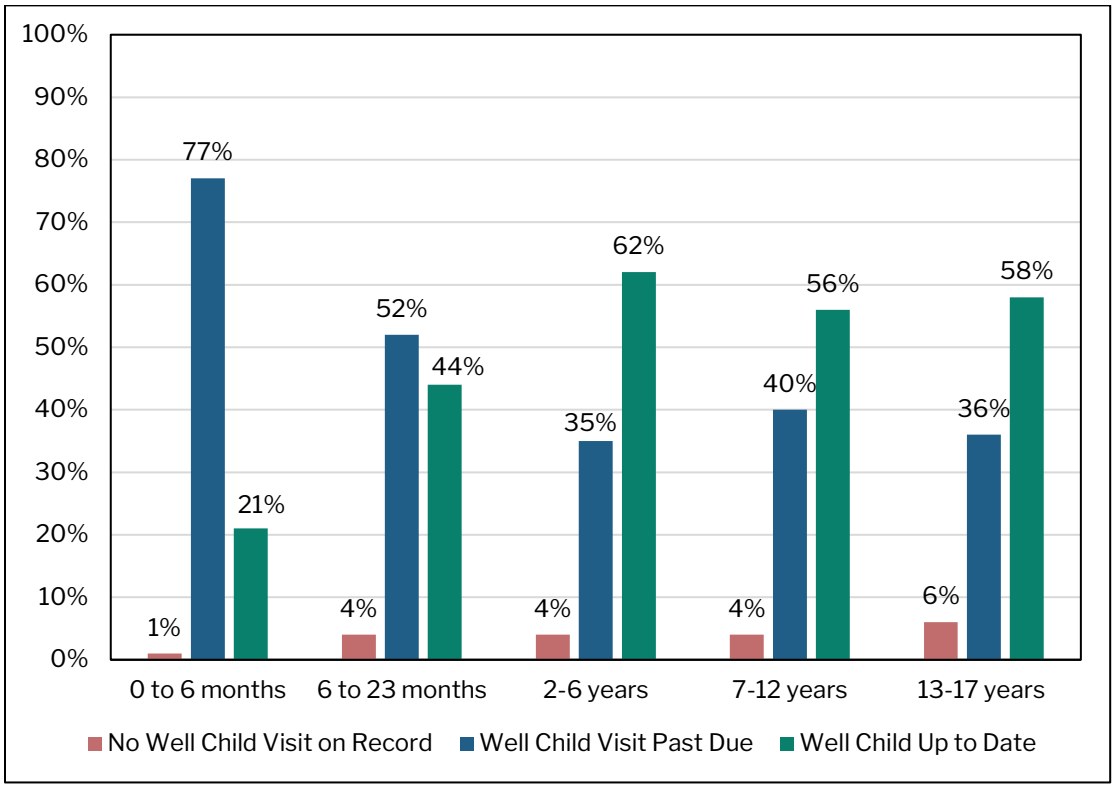



Source: CAPSS, DHHS, and Select Health data provided by DSS

DSS also provided their internal management data by age group. For ages birth to six months old, these data indicated that only one of the 75 infants had not had a well child visit on record in March 2022; this is an improvement from the prior monitoring period in which 23 percent of that age group had no well child visit on record. Of the youngest children, 58 infants (77%) were past due on their well child visits, and 16 infants (21%) were up to date, as seen in Figure 26. While still a long way to go, this is an improvement from the prior monitoring period when only nine infants ages birth to six months old (12%) were up to date on their well child visits.

Comparing all age groups, the highest compliance was seen for children ages two to six years old (62%). The second highest compliance was seen for youth ages 13 to 17 (58%), though that age group also had the highest rate of children with no well child visit on record (6%).

**Figure 26: Well-Child Visits By Age as of March 14, 2022**
**N=3,684**




Source: CAPSS, DHHS, and Select Health data provided by DSS

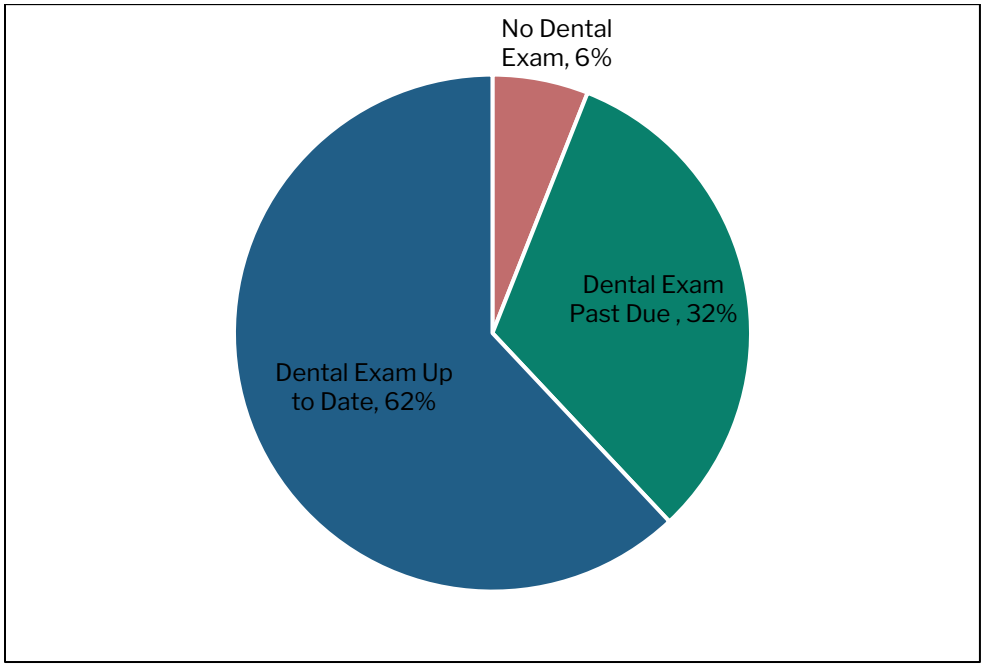
## Periodic Dental Examinations

In the DSS Health Care Outcomes, DSS also committed that "*at least 75% of Class Members ages two and older in care for six months or longer will receive a dental examination semi-annually; at least 90% will receive a dental examination annually.*" DSS committed to achieving these outcomes by March 2021.

DSS reports that of the 3,277 children between two and 17-years-old who were in care for at least 30 days on March 14, 2022, 62 percent (2,022) were up to date on their semi-annual dental examination. As shown in Figure 27, 32 percent (1,061 of 3,277) were past due for their dental exam and six percent of children (194 of 3,277) had no dental examination on record.[143] This is slightly improved performance from the prior monitoring period, when 56 percent of children were up to date on their semi-annual dental examination but is below the final target of 75 percent for semi-annual dental exams.

[143] These data were collected and analyzed by DSS staff utilizing different methodologies than those later approved in the Health Care Addendum.

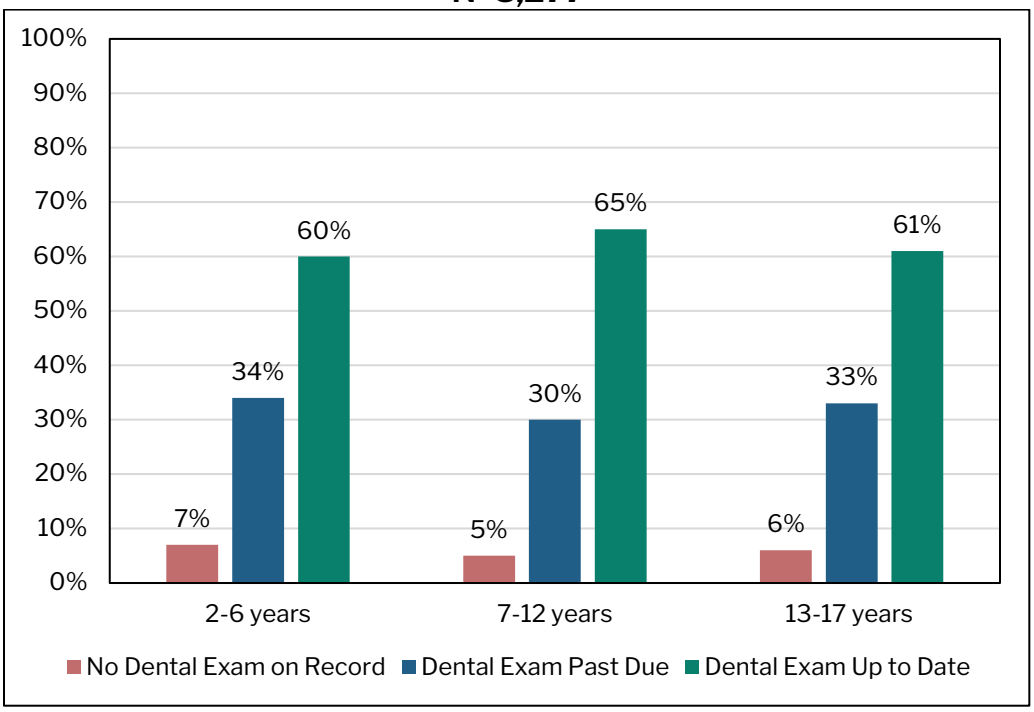
**Figure 27: Periodic Dental Examinations as of March 14, 2022**
**N=3,277**




Source: CAPSS, DHHS, and Select Health data provided by DSS

DSS also provided their internal management data for dental examinations by age group, as seen in Figure 28. The highest compliance was for the age group of seven to 12 years old, with 65 percent of them being up to date on their dental examinations, though all age groups had at least 60 percent of children up to date on dental exams. This is an improvement from the prior monitoring period, when only 51 percent of 13- to 17-year-olds were up to date on their dental examinations.

**Figure 28: Periodic Dental Examinations by Age as of March 14, 2022**
**N=3,277**




Source: CAPSS, DHHS, and Select Health data provided by DSS

## Appendix A – Glossary of Acronyms

**AAP:** American Academy of Pediatrics
**ADR:** The Office of Accountability, Data, and Research
**APS:** Adult Protective Services
**BSW:** Bachelor's Degree in Social Work
**CAC:** Child Advocacy Center
**CAIP:** Child and Adult Information Portal
**CAPSS:** Child and Adult Protective Services System
**CFTM:** Child and Family Team Meeting
**CPA:** Child Placing Agency
**CPS:** Child Protective Services
**CQI:** Continuous Quality Improvement
**CWS:** Child Welfare Services
**CY:** Calendar Year
**DHHS:** Department of Health and Human Services
**DJJ:** Department of Juvenile Justice
**DSS:** Department of Social Services
**FFPSA:** Family First Prevention Services Act
**FFTA:** Family First Transition Act
**FMAP:** Federal Medical Assistance Percentage
**FSA:** Final Settlement Agreement
**FY:** Fiscal Year
**GPS:** Guiding Principles and Standards Case Practice Model
**ICPC:** Interstate Compact on the Placement of Children
**IO:** Interim Order
**MCO:** Managed Care Organization
**MSW:** Master's Degree in Social Work
**OHAN:** Out-of-Home Abuse and Neglect Unit
**PMA:** Office of Performance Management and Accountability
**QRTP:** Qualified Residential Treatment Program
**SACWIS:** State Automated Child Welfare Information System
**SDM:** Structured Decision Making
**SNAP:** Supplemental Nutrition Assistance Program
**TANF:** Temporary Assistance for Needy Families
**UNC:** University of North Carolina
**U of SC:** University of South Carolina
**U of SC CCFS:** University of South Carolina's Center for Child and Family Studies

## Appendix B – Monitoring Activities

The Co-Monitors are responsible for independent validation of data and documentation to compile and issue public reports on performance with respect to the terms of the FSA. In carrying out this responsibility, the Co-Monitors and their staff have worked closely with DSS leadership and staff. The Co-Monitors use multiple methodologies to conduct their work, including verification and analysis of information available through CAPSS; review of individual electronic case records of Class Members; review and validation of data aggregated by DSS; interviews and conversations with DSS leaders and staff; and conversations with external stakeholders, including providers, advocates, and community organizations. The Co-Monitors have worked with DSS and U of SC CCFS to establish review protocols to gather performance data and assess current practice for some measures. The Co-Monitors engaged in video interviews with case managers, supervisors, county directors, other DSS staff, and a range of stakeholders throughout the monitoring period.

Other specific data collection and/or validation activities conducted by the Co-Monitors for the current period include the following:

- Review of monthly caseload reports for county, adoption, and Out-of-Home Abuse and Neglect (OHAN) case managers and supervisors (FSA IV.A.2.(b)&(c));

- Monthly review of all referrals involving allegations of abuse and neglect of Class Members not accepted for investigation by DSS's Intake Hub and OHAN (FSA IV.C.2.);

- Review of all OHAN investigation case records in CAPSS involving Class Members as an alleged victim accepted in March 2022, to assess for timely initiation, contact with core witnesses, timely completion, and appropriateness of unfounded decisions (FSA IV.C.3.&4.);

- Review of case files of Class Members identified by both DSS and stakeholders as involved with the South Carolina Department of Juvenile Justice (DJJ) to assess whether DJJ placement was in violation of the FSA (FSA IV.H.1.);

- Review of case files of Class Members ages six and under who were placed in a congregate care setting from October 1, 2021 to March 31, 2022 (FSA IV.D.2.);

- Review of case files of Class Members reported to have remained in a DSS office overnight from October 1, 2021 to March 31, 2022 (FSA IV.D.3.); and

- Engagement in a joint review of Class Members concurrently involved in both DSS and DJJ (report forthcoming).

## Appendix C – Summary Table of Michelle H., et al. v. McMaster and Leach Final Settlement Agreement Performance

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| *Workload Limits for Foster Care:*<br><br>1a. At least 90% of caseworkers[144] shall have a workload within the applicable Workload Limit.<br><br>1b. No caseworker shall have more than 125% of the applicable Workload Limit.<br><br>(FSA IV.A.2.(b)&(c))<br><br>Approved Workload Limits:[145,146] | OHAN investigators:<br>0% within required limit (September 2017)<br><br>100% had more than 125% of the limit (September 2017) | OHAN investigators:<br>0% within the required limit<br><br>Monthly range within the required limit: 0 – 13%<br><br>92% had more than 125% of the limit<br><br>Monthly range with caseloads more than 125% of the limit: 69 – 92% | OHAN investigators:<br>41% within the required limit<br><br>Monthly range within the required limit: 8 – 41%<br><br>35% had more than 125% of the limit<br><br>Monthly range with caseloads more than 125% of the limit: 35 – 86% | OHAN investigators:[149]<br>37% within the required limit<br><br>Monthly range within the required limit: 24 – 47%<br><br>37% had more than 125% of the limit<br><br>Monthly range with caseloads more than 125% of the limit: 24 – 53% |

[144] The FSA utilizes the term "caseworker" to refer to DSS case carrying staff. As part of its Case Practice Model development and outlining enhanced job expectations, DSS now utilizes the term "case manager." Where appropriate and for consistency with practice, this report will utilize the term case manager.
[145] These limits were approved by the Co-Monitors on December 6, 2016, after completion of the Workload Study.
[146] Caseload limits and methodologies to calculate performance for case managers with mixed caseloads, both Class and Non-Class Members, were approved in December 2017. Non-Class Members include children receiving family preservation services while remaining in the home with their parent or caregiver, APS cases, families involved in child protective service assessments, and children placed by ICPC. Performance for foster care case managers with mixed caseloads is calculated by adding the total number of foster care children (Class Members) the case manager serves to the total number of families (cases) of Non-Class Members the case manager also serves; the total number should not exceed 15 children and cases.
[149] The Co-Monitors selected a random day in each month this period to measure caseload compliance for each type of case manager and supervisor. These random dates are as follows: October 20, 2021; November 8, 2021; December 27, 2021; January 18, 2022; February 10, 2022; March 31, 2022.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| • *OHAN worker* - 8 investigations<br>• *Foster care worker* – 15 children<br>• *Adoption worker* – 15 children[147]<br>• *New caseworker* – ½ of the applicable standard for first six months after completion of Child Welfare Certification training | <u>Foster Care case managers:</u><br>28% within the required limit (September 2017)<br><br>59% had more than 125% of the limit (September 2017)<br><br><u>IFCCS case managers:</u>[148]<br>10% within the required limit (September 2017)<br><br>77% had more than 125% of the limit (September 2017)<br><br><u>Adoption case managers:</u><br>23% within the required limit (September 2017) | <u>Foster Care case managers:</u><br>49% within the required limit<br><br>Monthly range within the required limit: 48 – 58%<br><br>34% had more than 125% of the limit<br><br>Monthly range with caseloads more than 125% of the limit: 27 – 36%<br><br><u>Adoption case managers:</u><br>19% within the required limit | <u>Foster Care case managers:</u><br>44% within the required limit<br><br>Monthly range within the required limit: 44 – 54%<br><br>37% had more than 125% of the limit<br><br>Monthly range with caseloads more than 125% of the limit: 31 – 37%<br><br><u>Adoption case managers:</u><br>25% within the required limit | <u>Foster Care case managers:</u><br>42% within the required limit<br><br>Monthly range within the required limit: 40 – 48%<br><br>35% had more than 125% of the limit<br><br>Monthly range with caseloads more than 125% of the limit: 33 – 41%<br><br><u>Adoption case managers</u>:<br>49% within the required limit |

[147] Prior to 2019, DSS's workforce was structured so that case management responsibilities remained with the foster care case manager, even when an adoption case manager was assigned, until a placement agreement was signed. As a result, the approved caseload standard for adoption workers was 1:17. In 2019, DSS began transitioning case management responsibility to adoption workers once children became legally eligible for adoption. This transition was complete in January 2020; thus, adoption case manager caseload performance is assessed at a standard of 1:15, the same standard applied to foster care case managers.

[148] The IFCCS case manager and supervisor positions were eliminated as of January 2020, with staff positions and cases transferred to county foster care case manager and supervisor positions and caseloads in December 2019.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| | 62% had more than 125% of limit (September 2017) | Monthly range within the required limit: 13 – 19%<br><br>61% had more than 125% of the limit<br><br>Monthly range with caseloads more than 125% of the limit: 51 – 74% | Monthly range within the required limit: 14 – 25%<br><br>62% had more than 125% of the limit<br><br>Monthly range with caseloads more than 125% of the limit: 61 – 65% | Monthly range within the required limit: 21 – 49%<br><br>34% had more than 125% of the limit<br><br>Monthly range with caseloads more than 125% of the limit: 34 – 62% |
| *Workload Limits for Foster Care:*<br><br>2a. At least 90% of supervisors shall have a workload within the applicable Workload Limit.<br><br>2b. No supervisor shall have more than 125% of the applicable Workload Limit.<br><br>(FSA IV.A.2.(b)&(c))<br><br>Approved Supervisor Limits:<br>*OHAN supervisors* – 6 investigators | OHAN Supervisors:<br>100% within the required limit (March 2018)<br><br>None were more than 125% of the limit (March 2018)<br><br>Foster Care Supervisors:<br>42% within the required limit (March 2018) | OHAN Supervisors:<br>100% within the required limit each month this period<br><br>0% had more than 125% of the limit<br><br>Foster Care Supervisors:<br>86% within the required limit | OHAN Supervisors:<br>75% within the required limit<br><br>Monthly range within required limit: 67 – 100%<br><br>0% had more than 125% of the limit<br><br>Monthly range supervising more than 125% of the limit: 0 - 33%<br><br>Foster Care Supervisors:<br>81% within the required limit | OHAN Supervisors:<br>100% within the required limit each month this period<br><br>0% had more than 125% of the limit<br><br>Foster Care Supervisors:<br>86% within the required limit |

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| *Foster Care*, *IFCCS*,[150] and *Adoption* supervisors – 5 case managers | 36% had more than 125% of the limit (March 2018)<br><br><br><br><br><br><br><br><br><br><u>Adoption Supervisors:</u><br>38% within the required limit (March 2018)<br><br>19% had more than 125% of the limit (March 2018) | Monthly range within the required limit: 77 – 86%<br><br>8% had more than 125% of the limit<br><br>Monthly range supervising more than 125% of the limit: 5 – 8%<br><br><br><br><u>Adoption Supervisors</u>:<br>86% within the required limit<br><br>Monthly range within the required limit: 75 – 86%<br><br>0% had more than 125% of the limit<br><br>Monthly range supervising more than 125% of the limit: 0 – 5% | Monthly range within the required limit: 81 – 83%<br><br>8% had more than 125% of the limit<br><br>Monthly range supervising more than 125% of the limit: 7 – 11%<br><br><br><br><u>Adoption Supervisors</u>:<br>74% within the required limit<br><br>Monthly range within the required limit: 73 – 91%<br><br>9% had more than 125% of the limit<br><br>Monthly range supervising more than 125% of the limit: 5 – 9% | 4% had more than 125% of the limit<br><br><br><br><br><br><br><br><br><br><u>Adoption Supervisors</u>:<br>82% within the required limit<br><br>9% had more than 125% of the limit |

[150] The IFCCS case manager position has been eliminated as of January 2020, with staff positions and cases transferred to county foster care case manager and supervisor positions and caseloads between September and December 2019.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| | IFCCS Supervisors:[151]<br>57% within required limit (March 2018)<br><br>29% had more than 125% of the limit (March 2018) | | | |
| *Visits Between Case Managers and Children:*<br><br>3. At least 90% of the total minimum number of face-to-face visits with Class Members by caseworkers during a 12-month period shall have taken place.<br><br>(FSA IV.B.2.) | 24% of cases reviewed had all agreed-upon elements of a visit. (September 2019) | 38% of cases reviewed had documentation of all agreed-upon elements of a visit. | 34% of cases reviewed had documentation of all agreed-upon elements of a visit.[152,153] | Upon agreement of all Parties, the Co-Monitors suspended a review of a statistically valid sample of records and reporting on this measure for at least four monitoring periods, or until DSS reports there has been substantial increase in performance. |

[151] The IFCCS case manager and supervisor positions were eliminated as of January 2020, with staff positions and cases transferred to county foster care case manager and supervisor positions and caseloads in December 2019.
[152] DSS, U of SC CCFS, and the Co-Monitors worked together to develop an instrument and reviewed a statistically valid sample of records for which there was indication in CAPSS that a case manager had face-to-face contact with a Class Member in the month of September 2021. Reviewers assessed documentation reflecting the elements which define a visit, as reflected in DSS policy and guidance on documentation, in the CAPSS dictation of the face-to-face contact. The goal for reporting on this measure is reliable, aggregate CAPSS data which reflect practices with children.
[153] A sample of 345 records, designed to produce results at a 95% confidence level with a +/- 5% margin of error was reviewed. Documentation from a statistically valid sample of DSS records from September 2021 shows contact between case managers and the focus child for all (345 of 345, or 100%) of the children reviewed.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| *Visits Between Case Managers and Children:*<br><br>4. At least 50% of the total minimum number of monthly face-to-face visits with Class Members by caseworkers during a 12-month period shall have taken place in the residence of the child.<br><br>(FSA IV.B.3.) | 22% of documented face-to-face contacts with children had all agreed upon elements of a visit and took place in the child's residence. (September 2019)<br><br>92% of face-to-face contacts took place in the child's residence. (September 2019) | 34% of documented face-to-face contacts with children had all agreed upon elements of a visit and took place in the child's residence.<br><br>79% of face-to-face contacts took place while the child was in their own residence or placement. | 26% of documented face-to-face contacts with children had all agreed upon elements of a visit and took place in the child's residence.[154,155]<br><br>80% of face-to-face contacts took place while the child was in their own residence or placement. | Upon agreement of all Parties, the Co-Monitors suspended a review of a statistically valid sample of records and reporting on this measure for at least four monitoring periods, or until DSS reports there has been substantial increase in performance. |
| *Investigations - Intake:*<br><br>5. At least 95% of decisions not to investigate a Referral of Institutional Abuse or Neglect about a Class Member must be made in accordance with South Carolina law and DSS policy. | 44% of screening decisions to not investigate were determined to be appropriate. (March 2017) | Between October 2020 and March 2021, 97% of screening decisions not to investigate were determined to be appropriate. | Between April and September 2021, 91% of screening decisions not to investigate were determined to be appropriate. | Between October 2021 and March 2022, 97% of screening decisions not to investigate were determined to be appropriate. |

[154] DSS, U of SC CCFS, and the Co-Monitors reviewed a statistically valid sample of records for which there was indication in CAPSS that a case manager had face-to-face contact with a Class Member in the month of September 2021. Reviewers assessed documentation for the elements which define a visit.
[155] A sample of 345 records, designed to produce results at a 95% confidence level with a +/- 5% margin of error, was reviewed. Documentation from a statistically valid sample of DSS records from September 2021 shows contact between case managers and the focus child for all (345 of 345, or 100%) of the children reviewed.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| (FSA IV.C.2.) | | | | |
| *Investigations - Case Decisions:*<br><br>6. At least 95% of decisions to "unfound" investigations of a Referral of Institutional Abuse or Neglect must be based upon DSS ruling out abuse or neglect or DSS determining that an investigation did not produce a preponderance of evidence that a Class Member was abused or neglected.<br><br>(FSA IV.C.3.) | 47% of applicable investigation decisions to unfound were determined to be appropriate. (March 2017) | 74% (37) of 50 applicable investigation decisions to unfound were determined to be appropriate. | 72% (36) of 50 applicable investigation decisions to unfound were determined to be appropriate. | 72% (36) of 50 applicable investigation decisions to unfound were determined to be appropriate. |
| *Investigations - Timely Initiation:*<br><br>7. The investigation of a Referral of Institutional Abuse or Neglect must be initiated within twenty-four (24) hours in accordance with South Carolina law in at least 95% of the investigations. | 78% of applicable investigations were timely initiated. (March 2017) | 87% (48) of 55 applicable investigations were timely initiated. | 92% (49) of 53 applicable investigations were timely initiated. | 80% (41) of 51 applicable investigations were timely initiated. |

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| *Investigations - Contact with Alleged Child Victim:*<br><br>8. The investigation of a Referral of Institutional Abuse or Neglect must include face-to-face contact with the alleged victim within twenty-four (24) hours in at least 95% of investigations, with exceptions for good faith efforts approved by the Co-Monitors.[156]<br><br>(FSA IV.C.4.((a)&(b)) | | | | |
| *Investigations - Contact with Core Witnesses:*<br><br>9. Contact with core witnesses must be made in at least 90% of the investigations of a Referral of Institutional Abuse or Neglect, with exceptions approved by the Co-Monitors. | 27% of applicable investigations included contact with all necessary core witnesses. (March 2017) | 67% (37) of 55 applicable investigations included contact with all necessary core witnesses. | 50% (27) of 54 applicable investigations included contact with all necessary core witnesses. | 51% (26) of 51 applicable investigations included contact with all necessary core witnesses. |

[156] The Co-Monitors' interpretation of the FSA requires that investigations be initiated within 24 hours of receipt of the referral by DSS, not within 24 hours of the decision to accept the referral, and that initiation is completed by making face-to-face contact with the alleged victim child(ren). As a result, the performance for both FSA measures IV.C.4.(a) and (b) are measured using the same methodology and timeframes – the time between receipt of referral and face-to-face contact with alleged child(ren) victim must be within 24 hours.

| Summary Performance on Settlement Agreement Requirements | | | | |
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| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| (FSA IV.C.4.(c)) | | | | |
| *Investigations - Timely Completion:*<br><br>10.a. At least 60% of investigations of a Referral of Institutional Abuse or Neglect shall be completed within forty-five (45) days of initiation of an investigation, unless the DSS Director or DSS Director's designee authorizes an extension of no more than fifteen (15) days upon a showing of good cause.[157]<br><br>(FSA IV.C.4.(d))<br><br>***Final target by March 2021: 95% closure in 45 days*** | 95% of applicable investigations reviewed were appropriately closed within 45 days. (March 2017) | 96% of investigations reviewed were appropriately closed within 45 days. | 96% of investigations reviewed were appropriately closed within 45 days. | 93% of investigations reviewed were appropriately closed within 45 days. |

[157] For the purposes of this measure, an investigation is not completed if DSS determines the report is unfounded because the deadline to complete the investigation has passed.

| Summary Performance on Settlement Agreement Requirements | | | | |
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| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| *Investigations - Timely Completion:*<br>10.b. At least 80% of investigations of a Referral of Institutional Abuse or Neglect shall be completed within sixty (60) days of initiation of the investigation, and all investigations not completed within sixty (60) days shall have authorization of the DSS Director or DSS Director's designee of an extension of no more than thirty (30) days upon a showing of good cause.[158]<br><br>(FSA IV.C.4.(e))<br><br>***Final target by March 2021: 95% closure in 60 days*** | 96% of investigations reviewed were closed within 60 days. (March 2017) | 98% of investigations reviewed were closed within 60 days. | 98% of investigations reviewed were closed within 60 days. | 100% of investigations reviewed were closed within 60 days. |
| *Investigations - Timely Completion:* | 93% of investigations reviewed were closed within 90 days. (September 2017) | 98% of investigations reviewed were closed within 90 days. | 98% of investigations reviewed were closed within 90 days. | 100% of investigations reviewed were closed within 90 days. |

[158] Ibid.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| 10.c. At least 95% of all investigations of a Referral of Institutional Abuse or Neglect not completed within sixty (60) days shall be completed within ninety (90) days.[159]<br><br>(FSA IV.C.4.(f)) | | | | |
| *Family Placements for Children Ages Six and Under:*<br><br>11. No child age six and under shall be placed in a congregate care setting except with approved exceptions.<br>(FSA IV.D.2.) | Baseline data for this measure are not available. | The circumstances of all but 3 children met an agreed upon exception. A total of 32 Class Members ages six and under were placed in congregate care. | The circumstances of all but 4 children met an agreed upon exception. A total of 25 Class Members ages six and under were placed in congregate care. | The circumstances of all but 4 children met an agreed upon exception.[160] A total of 16 Class Members ages six and under were placed in congregate care.[161] |

[159] Ibid.
[160] In validating data for this measure, the Co-Monitors identified 4 situations that did not meet an agreed-upon exception. All cases were those of sibling groups who remained in group homes beyond 90 days without documented efforts to move the children to a family-based placement. While it is important that siblings not be separated to meet the terms of this measure, it is also imperative that ongoing efforts be made to secure a less restrictive placement in which the children can remain together.
[161] This includes 12 children residing in a facility or group care with their mothers and 4 children who were part of large sibling groups for whom DSS reported a single, family-based placement could not be located despite efforts.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| *Phasing-Out Use of DSS Offices and Hotels:*<br><br>12. No child shall be placed or housed in a DSS office, hotel, motel, or other commercial non-foster care establishment. | Baseline data for this measure are not available. | DSS reports there were 5 overnight placements in a DSS office. | DSS reports there were 68 overnight placements in a DSS office (for 34 unique children). | DSS reports there were 273 overnight placements in a DSS office (for 107 unique children). |
| *Congregate Care Placements:*<br><br>13. At least 86% of the Class Members shall be placed outside of Congregate Care Placements on the last day of the Reporting Period.<br><br>(FSA IV.E.2.) | 78% of children in foster care were placed outside of a congregate care setting. (March 2018) | 85% of children in foster care were placed outside of a congregate care setting. | 86% of children in foster care were placed outside of a congregate care setting. | 86% of children in foster care were placed outside of a congregate care setting.[162] |
| *Congregate Care Placements - Children Ages 12 and Under:* | 92% of children ages 12 and under in foster care were placed outside of a congregate care setting. (March 2018) | 98% of children ages 12 and under in foster care were placed outside of a congregate care setting. | 99% of children ages 12 and under in foster care were placed outside of a congregate care setting. | 98%[163] of children ages 12 and under in foster care were placed outside of a |

[162] This does not include 20 children who were hospitalized (10) or in a correctional/juvenile justice facility (10).
[163] This includes 8 children ages 6 and under who resided in congregate care placements on the last day of the monitoring period pursuant to a valid exception.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| 14. At least 98% of the Class Members 12 years old and under shall be placed outside of Congregate Care Placements on the last day of the Reporting period unless an exception pre-approved or approved afterwards by the Co-Monitors is documented in the Class Member's case file.<br><br>(FSA IV.E.3.) | | | | congregate care setting.[164,165] |
| *Emergency or Temporary Placements for More than 30 Days:*<br><br>15. Class Members shall not remain in any Emergency or Temporary Placement for more than thirty (30) days. | Baseline data for this measure are not available. | Data are not available for this period. | Data are not available for this period. | Data are not available for this period.[166] |

[164] The Co-Monitors have approved exceptions for placing children ages 7 to 12 in a congregate care facility and built a process for submitting documentation and approval for exceptions. For those children placed between October 2021 and March 2022, DSS did not submit any exceptions.
[165] This does not include 4 children who were hospitalized on the last day of the monitoring period.
[166] DSS recently began tracking the use of emergency placements in CAPSS, but is not yet able to track the number of nights that children spent in emergency placements. As discussed in Section VIII. *Placements*, DSS no longer manually tracks data for emergency "incentive" payments made to providers to accept placement of a child overnight.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| (FSA IV.E.4.)<br><br>***Dates to reach final target and interim benchmarks to be added once approved.*** | | | | |
| <u>*Emergency or Temporary Placements for More than Seven Days:*</u><br><br>16. Class Members experiencing more than one Emergency or Temporary Placement within twelve (12) months shall not remain in the Emergency or Temporary Placement for more than seven (7) days.<br>(FSA IV.E.5.)<br><br>***Dates to reach final target and interim benchmarks to be added once approved***. | Baseline data for this measure are not available. | Data are not available for this period. | Data are not available for this period. | Data are not available for this period.[167] |

[167] Ibid.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| *Placement Instability:*<br><br>17. For all Class Members in foster care for eight (8) days or more during the 12-month period, Placement Instability shall be less than or equal to 3.37.<br><br>(FSA IV.F.1.) | 3.55 moves per 1,000 days. (October 1, 2016 to September 30, 2017) | Data for this measure are produced on an annual basis. | Data for this measure are not available. | Data for this measure are produced on an annual basis.[168] |
| *Sibling Placements:*<br><br>18. At least 85% of Class Members entering foster care during the Reporting Period with their siblings or within thirty (30) days of their siblings shall be placed with at least one of their siblings unless an exception applies<br><br>(FSA IV.G.2.&3.) | 63% of children entering foster care with siblings were placed with at least one of their siblings on the 45th day after entry. (March 2018) | 75% of children entering foster care with siblings were placed with at least one of their siblings on the 45th day after entry. | 70% of children entering foster care with siblings were placed with at least one of their siblings on the 45th day after entry. | 74% of children entering foster care with siblings were placed with at least one of their siblings on the 45th day after entry.[169] |

[168] Shortly before publication of the prior report, DSS discovered errors in its placement instability data that led it to conclude that these data, which had been collected, analyzed, and provided to the Co-Monitors, were not valid. As a result, the Co-Monitors recently engaged a consultant to examine the methodology used to calculate placement instability and will report on results when they become available.
[169] Exceptions have been approved, though not applied during this monitoring period; therefore, actual performance may be higher than reported.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| *Sibling Placements:*<br><br>19. At least 80% of Class Members entering foster care during the Reporting Period with their siblings or within thirty (30) days of their siblings shall be placed with all their siblings, unless an exception applies. | 38% of children entering foster care with siblings were placed with all their sibling on the 45th day after entry. (March 2018) | 48% of children entering foster care with siblings were placed with all their siblings on the 45th day after entry. | 45% of children entering foster care with siblings were placed with all their siblings on the 45th day after entry. | 53% of children entering foster care with siblings were placed with all their siblings on the 45th day after entry.[170] |
| *Youth Exiting the Juvenile Justice System:*<br><br>20. When Class Members are placed in juvenile justice detention or another Juvenile Justice Placement, DSS shall not recommend to the family court or DJJ that a youth remain in a Juvenile Justice Placement without a juvenile justice charge | Baseline data for this measure are not available. | Data are not available for this period. | Data are not available for this period. | Data are not available for this period.[171] |

[170] Ibid.

[171] As discussed in Section VIII. *Placements,* DSS is in the process of developing a reliable system for tracking youth involved with both the juvenile justice and child welfare systems who are subject to this provision. The Co-Monitors reviewed a number of cases reported by stakeholders in which youth spent time in DJJ facilities due, in part, to DSS's failure to appropriately meet their needs. The Co-Monitors, jointly with DSS and with DJJ's permission and collaboration, undertook a comprehensive review of the experiences of children dually involved with both the juvenile justice and child welfare systems. Findings will be published in a subsequent report.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| pending or beyond the term of their plea or adjudicated sentence for the reason that DSS does not have a foster care placement for the Class Member.<br><br>DSS shall take immediate legal and physical custody of any Class Member upon the completion of their sentence or plea. DSS shall provide for their appropriate placement.<br><br>(FSA IV.H.1.) | | | | |
| *Therapeutic Foster Care Placements - Referral for Staffing and/or Assessment:*<br><br>21. All Class Members that are identified by a caseworker as in need of interagency staffing | Baseline data for this measure are not available. | Data are not available for this period. | Data are not available for this period. | Data are not available for this period.[172] |

[172] At the time of finalization of the Placement Implementation Plan, the Co-Monitors and Parties determined that, because the process of assessing and identifying the need for more intensive supports and placements would likely be modified as DSS began to implement its Placement Implementation Plan, DSS would wait to propose benchmarks and timelines until implementation began. DSS and the Co-Monitors anticipated that there might be a need for the initial FSA requirements in this area to be amended, and that any proposed updates, benchmarks, and timelines would be submitted by no later than July 2019. As discussed in Section VIII. *Placements*, DSS has not yet proposed updated requirements, benchmarks, or timelines for performance toward the initial FSA requirements, but reports that it is now able to collect relevant data in CAPSS. The Co-Monitors will provide an update in the following monitoring report.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| and/or in need of diagnostic assessments shall be referred for such staffing and/or assessment to determine eligibility for therapeutic foster care placement and/or services within thirty (30) days of the need being identified.<br><br>(FSA IV.I.2.)<br><br>***Dates to reach final target and interim benchmarks to be added once approved***. | | | | |
| *Therapeutic Foster Care Placements - Receipt of Recommendations for Services or Placement:*<br><br>22. All Class Members that are referred for interagency staffing and/or needed diagnostic assessments shall receive recommendations for specific therapeutic foster care | Baseline data for this measure are not available. | Data are not available for this period. | Data are not available for this period. | Data are not available for this period.[173] |

[173] Ibid.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| placement and/or services within forty-five (45) days of receipt of the completed referral.<br><br>(FSA IV.I.3.)<br><br>***Dates to reach final target and interim benchmarks to be added once approved***. | | | | |
| *Therapeutic Foster Care Placements - Level of Care Placement:*<br><br>23.a. Within 60 Days:<br>At least 90% of children assessed as in need of therapeutic foster care placement shall be in the Therapeutic Level of Care and specific placement type that matches the Level of Care for which the child was assessed within sixty (60) days following the date of the first Level of Care Placement recommendation. | Baseline data for this measure are not available. | Data are not available for this period. | Data are not available for this period. | Data are not available for this period.[174] |

[174] Ibid.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| (FSA IV.I.4.)<br><br>***Dates to reach final target and interim benchmarks to be added once approved***. | | | | |
| <u>*Therapeutic Foster Care Placements - Level of Care Placement:*</u><br><br>23.b. At least 95% of children assessed as in need of therapeutic foster care placement shall be in the Therapeutic Level of Care and specific placement type that matches the Level of Care for which the child was assessed within ninety (90) days following the date of the first Level of Care Placement recommendation.<br><br>(FSA IV.I.5.) | Baseline data for this measure are not available. | Data are not available for this period. | Data are not available for this period. | Data are not available for this period.[175] |

[175] Ibid.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| ***Dates to reach final target and interim benchmarks to be added once approved.*** | | | | |
| <u>*Family Visitation - Siblings*</u><br><br>24. At least 85% of the total minimum number of monthly sibling visits for all siblings not living together shall be completed, unless an exception applies.<br><br>(FSA IV.J.2.) | 66% of all required visits between siblings occurred for those who were not placed together. (March 2018) | 53% of all required visits between siblings occurred for those who were not placed together. | 50% of all required visits between siblings occurred for those who were not placed together.[176] | Upon agreement of all Parties, the Co-Monitors suspended a review of a statistically valid sample of records and reporting on this measure for at least four monitoring periods, or until DSS reports there has been a substantial increase in performance. |
| <u>*Family Visitation - Parents:*</u><br><br>25. At least 85% of Class Members with the goal of reunification will have in-person visitation twice each month with | 12% of children with a permanency goal of reunification visited twice with the parent(s) with whom reunification was sought. (March 2018) | 18% of children with a permanency goal of reunification visited twice with the parent(s) with whom reunification was sought. | 17% of children with a permanency goal of reunification visited twice with the parent(s) with whom reunification was sought.[177] | Upon agreement of all Parties, the Co-Monitors suspended a review of a statistically valid sample of records and reporting on this measure for at least |

[176] Data are from a CAPSS record review conducted by U of SC CCFS, Co-Monitor, and DSS staff of a statistically valid sample designed to produce results at a 95% confidence level with a +/- 5% margin of error.
[177] Data were collected during a review conducted by U of SC CCFS, Co-Monitor, and DSS staff of a statistically valid sample designed to produce results at a 95% confidence level with a +/- 5% margin of error. Permanency goals were identified utilizing data in the CAPSS field in which case managers are expected to update case goals in accordance with the most current determination in legal proceedings.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| the parent(s) with whom reunification is sought, unless an exception applies.<br><br>(FSA IV.J.3.) | | | | four monitoring periods, or until DSS reports there has been a substantial increase in performance. |
| *Health Care - Immediate Treatment Needs:*<br><br>26. Within forty-five (45) days of the identification period, DSS shall schedule the necessary treatment for at least 90% of the identified Class Members with Immediate Treatment Needs (physical/medical, dental, or mental health) for which treatment is overdue.<br><br>(FSA IV.K.4.(b)) | Baseline data for this measure are not available. | Data for this measure are not available. | Data for this measure are not available. | Data for this measure are not available.[178] |

[178] FSA IV.K.4.(b)). required that by August 31, 2016, DSS "identify Class Members with Immediate Treatment Needs (physical/medical, dental, or mental health) for which treatment is overdue." Though initially intended to apply to children in DSS custody at the time of entry into the agreement in October 2016, DSS has lacked a mechanism for measuring performance with respect to this requirement. On October 28, 2019, DSS and Plaintiffs entered into the Joint Agreement on the Immediate Treatment Needs of Class Members (Dkt. 162) which set out a timeline for specific action steps DSS would take to comply with, and ultimately measure performance with respect to, a new set of standards that would replace the initial FSA IV.K.4(b) requirements.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| *Health Care - Initial Medical Screens*<br><br>27. At least 90% of Class Members will receive an initial medical screen prior to initial placement or within 48 hours of entering care.<br><br>***Dates to reach final target and interim benchmarks to be added once approved.***[179] | Baseline data for this measure are not available. | Data for this measure are not available. | Data for this measure are not available. | Data for this measure are not available.[180] |
| *Health Care - Initial Comprehensive Assessments*<br><br>28. At least 85% of Class Members will receive a comprehensive medical | 36% of children received a comprehensive medical assessment within 30 days. (March 2019) | 44% of children received a comprehensive medical assessment within 30 days. | 38% of children received a comprehensive medical assessment within 30 days. | 36% of children received a comprehensive medical assessment within 30 days.[181] |

[179] Pursuant to the DSS Addendum to the Health Care Improvement Plan, approved February 25, 2019, DSS was to present approvable interim benchmarks for Initial Medical Screens and Initial Mental Health Assessments to the Co-Monitors by May 31, 2020. Given the delay in production of baseline data, benchmarks have not yet been proposed.
[180] Pursuant to the DSS Addendum to the Health Care Improvement Plan, approved February 25, 2019, these data were to be reported for all children entering DSS custody between October 2019 and March 2020. DSS reports that it will be able to reliably collect and report these data once the CANS is fully implemented and available in CAPSS.
[181] As discussed in Section X. *Health Care*, the source of these data are Medicaid claims provided by DSS and Co-Monitors have not independently validated these data.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| assessment within 30 days of entering care. | | | | |
| *Health Care - Initial Comprehensive Assessments*<br><br>29. At least 95% of Class Members will receive a comprehensive medical assessment within 60 days of entering care. | 52% of children received a comprehensive medical assessment within 60 days. (March 2019) | 60% of children received a comprehensive medical assessment within 60 days. | 56% of children received a comprehensive medical assessment within 60 days. | 56% of children received a comprehensive medical assessment within 60 days.[182] |
| *Health Care - Initial Mental Health Assessments*<br><br>30. At least 85% of Class Members ages three and above for whom a mental health need is identified during the comprehensive medical assessment will receive a | Baseline data for this measure are not available. | Data for this measure are not available. | Data for this measure are not available. | Data for this measure are not available.[183] |

[182] Ibid.

[183] Pursuant to the DSS Addendum to the Health Care Improvement Plan, approved February 25, 2019, these data were to be reported for all children entering DSS custody between October 2019 and March 2020. While DSS has shared data regarding the total number of children who received mental health assessments, DSS remains unable to produce data related to children who received mental health assessments based on identified needs, as required by the agreed-upon measure.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| comprehensive mental health assessment within 30 days of the comprehensive medical assessment.<br><br>***Dates to reach final target and interim benchmarks to be added once approved.*** | | | | |
| *Health Care - Initial Mental Health Assessments*<br><br>31. At least 95% of Class Members ages three and above for whom a mental health need is identified during the comprehensive medical assessment will receive a comprehensive mental health assessment within 60 days of the comprehensive medical assessment.<br><br>***Dates to reach final target and interim benchmarks to be added once approved.*** | Baseline data for this measure are not available. | Data for this measure are not available. | Data for this measure are not available. | Data for this measure are not available.[184] |

[184] Ibid.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| *Health Care –Referral to Developmental Assessments*<br><br>32. At least 90% of Class Members under 36 months of age will be referred to the state entity responsible for developmental assessments within 30 days of entering care. | 19% of children under 36 months of age were referred within 30 days. (July-December 2017) | 87% of children under 36 months of age were referred within 30 days. | 94% of children under 36 months of age were referred within 30 days. | 89% of children under 36 months of age were referred within 30 days. |
| *Health Care –Referral to Developmental Assessments*<br><br>33. At least 95% of Class Members under 36 months of age will be referred to the state entity responsible for developmental assessments within 45 days of entering care. | 20% of children under 36 months of age were referred within 45 days. (July to December 2017) | 92% of children under 36 months of age were referred within 45 days. | 95% of children under 36 months of age were referred within 45 days. | 93% of children under 36 months of age were referred within 45 days. |
| *Health Care – Initial Dental Examinations* | 35% of children age one and above received a dental exam within 60 days. (March 2018) | 53% of children ages two and above received a | 49% of children ages two and above received a | 46% of children ages two and above received a |

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| 34. At least 60% of Class Members ages two and above for whom there is no documented evidence of receiving a dental examination in the six months prior to entering care will receive a dental examination within 60 days of entering care. | | dental exam within 60 days. | dental exam within 60 days. | dental exam within 60 days.[185] |
| *Health Care – Initial Dental Examinations*<br><br>35. At least 90% of Class Members ages two and above for whom there is no documented evidence of receiving a dental examination in the six months prior to entering care will receive a dental examination within 90 days of entering care. | 48% of applicable children age one and above received a dental exam within 90 days. (March 2018) | 66% of applicable children ages two and above received a dental exam within 90 days. | 64% of applicable children ages two and above received a dental exam within 90 days. | 60% of applicable children ages two and above received a dental exam within 90 days.[186] |
| *Health Care – Periodic Preventative Care (Well visits)* | 49% (40) of 82 children under the age of six months received | See Section X. *Health Care* | See Section X. *Health Care* | See Section X. *Health Care* |

[185] As discussed in Section X. *Health Care*, the source of these data are Medicaid claims provided by DSS and Co-Monitors have not independently validated these data.
[186] Ibid.

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| 36. At least 90% of Class Members under the age of six months in care for one month or more will receive a periodic preventative visit monthly. | a periodic preventative visit monthly. (March 2019)<br><br>30% (42) of 137 children under the age of six months who entered care between October 1, 2018 and March 31, 2019 received a periodic preventative visit monthly. | | | |
| <u>*Health Care - Periodic Preventative Care (Well visits)*</u><br><br>37. At least 90% of Class Members between the ages of six months and 36 months in care for one month or more will receive a periodic preventative visit in accordance with current American Academy of Pediatrics (AAP) periodicity guidelines. | 38% of children between the ages of six and 36 months received periodic preventative visits in accordance with the periodicity schedule. (March 2019) | See Section X. *Health Care* | See Section X. *Health Care* | See Section X. *Health Care* |
| <u>*Health Care – Periodic Preventative Care (Well visits)*</u><br><br>38. At least 98% of Class Members between the ages of | 62% of children between the ages of six and 36 months received a periodic preventative visit semi-annually. (March 2019) | See Section X. *Health Care* | See Section X. *Health Care* | See Section X. *Health Care* |

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| six months and 36 months in care for one month or more will receive a periodic preventative visit semi-annually. | | | | |
| *Health Care – Periodic Preventative Care (Well visits)*<br><br>39. At least 90% of Class Members ages three and older in care for six months or more will receive a periodic preventative visit semi-annually. | 12% of children ages three years and older received a periodic preventative visit semi-annually. (March 2019) | See Section X. *Health Care* | See Section X. *Health Care* | See Section X. *Health Care* |
| *Health Care – Periodic Preventative Care (Well visits)*<br><br>40. At least 98% of Class Members ages three and older in care for six months or more will receive a periodic preventative visit annually. | 58% of children ages three years and older received an annual preventative visit. (March 2019) | See Section X. *Health Care* | See Section X. *Health Care* | See Section X. *Health Care* |

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| *Health Care – Periodic Dental Care*<br><br>41. At least 75% of Class Members ages two and older in care for six months or longer will receive a dental examination semi-annually. | 54% of children ages two years or older received a dental exam semi-annually. (March 2019) | See Section X. *Health Care* | See Section X. *Health Care* | See Section X. *Health Care* |
| *Health Care – Periodic Dental Care*<br><br>42. At least 90% of Class Members ages two and older in care for six months or longer will receive a dental examination annually. | 81% of children ages two years or older received an annual dental examination. (March 2019) | See Section X. *Health Care* | See Section X. *Health Care* | See Section X. *Health Care* |
| *Health Care - Follow-Up Care*<br><br>43. At least 90% of Class Members will receive timely accessible and appropriate | Baseline data for this measure are not available. | Data for this measure are not available. | Data for this measure are not available. | Data for this measure are not available. |

| Summary Performance on Settlement Agreement Requirements | | | | |
|---|---|---|---|---|
| **Final Settlement Agreement (FSA) Requirements** | **Baseline Performance** | **October 2020 – March 2021 Performance** | **April – September 2021 Performance** | **October 2021 – March 2022 Performance** |
| follow-up care and treatment to meet their health needs.<br><br>***Dates to reach final target and interim benchmarks to be added once approved.***[187] | | | | |

[187] Pursuant to the DSS Addendum to the Health Care Improvement Plan, approved February 25, 2019, DSS was to present approvable interim benchmarks to the Co-Monitors by November 30, 2019. DSS has not yet established a reliable mechanism for measuring baseline performance in this area.

## Appendix D – Additional Data Collected During Review of OHAN Investigations Initiated in March 2022

There are seven FSA measures that relate to investigations – timely initiation (two measures),[188] contact with core witnesses (one measure), investigation determination decisions (one measure), and timely completion (three measures). The most recent performance data for these measures were collected during a case record review conducted by Co-Monitor and DSS staff in June 2022 which examined 51 investigations involving Class Members that were accepted for investigation in March 2022. Specific performance toward the seven FSA measures is discussed within the *Intakes and Investigations of Alleged Abuse/Neglect in Out-of-Home Care* section of this report. The supplemental data below pertains to the 51 investigations examined, and includes demographical information of the alleged victim children, type of placement provider, county of placement provider, home county of alleged victim children, reporter type, and allegation type and findings.

*Demographics of Alleged Victim Children*

Table 10 includes demographic information for the 81 alleged victim children identified in the 51 investigations reviewed. Over half (59%, or 30 of 51) of the investigations involved one alleged victim child, 15 (29%) investigations involved two alleged victim children, five (10%) investigations involved three alleged victim children, and one investigation involved six alleged victim children. Nearly two-thirds (64%, or 52 of 81) of the identified alleged victim children were between the ages of 10 and 17, and over one-third (36%, or 29 of 81) were between the ages of five and nine. Almost all investigations involving children ages nine or younger occurred in foster homes.[189]

[188] The Co-Monitors' interpretation of the FSA requires that investigations be initiated within 24 hours of receipt of the referral by DSS, not within 24 hours of the decision to accept the referral, and that initiation is completed by making face-to-face contact with the alleged victim child(ren). As a result, the performance for both FSA measures IV.C.4.(a) and (b) are measured using the same methodology and timeframes - the time between receipt of referral and face-to-face contact with alleged child(ren) victim must be within 24 hours.

[189] One investigation of a congregate care setting identified an alleged victim child who was between the ages of 5 and 9.

Most alleged victim children were identified within DSS's CAPSS system as White (68%), followed by Black or African American (25%), Multiracial (6%), and Asian (1%).[190,191] A majority (98%, or 79 of 81) of alleged victim children did not identify as Hispanic, Latino, or Spanish origin.[192]

**Table 9: Demographics of Alleged Victim Children**
**March 2022**
**N=51 investigations, 81 alleged victim children**

| **Number (%) of alleged victim children per investigation** | |
|---|---|
| 1 child | 30 (59%) |
| 2 children | 15 (29%) |
| 3 children | 5 (10%) |
| 4 or more children | 1 (2%) |
| **Age of alleged victim children** | |
| Birth to 2 | 9 (11%) |
| 3 to 4 | 5 (6%) |
| 5 to 9 | 15 (19%) |
| 10 to 13 | 26 (32%) |
| 14 to 17 | 26 (32%) |
| **Race of alleged victim children** | |
| White | 55 (68%) |
| Black or African American | 20 (25%) |
| Multiracial | 5 (6%) |
| Asian | 1 (1%) |
| **Ethnicity of alleged victim children** | |
| Hispanic or Latino or Spanish | 2 (2%) |
| Not Hispanic or Latino or | 79 (98%) |
| **Placement at time of alleged incident** | |
| Outside home county | 69 (85%) |
| Within home county | 12 (15%) |
| **Number (%) of alleged victim children by placement type** | |
| Family-Based Setting | 61 (75%) |
| Congregate Care | 20 (25%) |

Source: Case Record Review completed in June 2022 by DSS and Co-Monitor staff

[190] As of August 5, 2022, DSS data indicate of all children in foster care, 53% were White, 34% were Black, 5% were Multiracial, <1% were Native Hawaiian or Pacific Islander, <1% were Asian, and <1% were American Indian or Alaskan Native. For the remaining 8%, the race of 6% was unknown, and 2% declined to provide their race. Data from DSS website, 08/05/2022.

[191] To see DSS's current race data on children in foster care, go to: http://reports.dss.sc.gov/SSRSReportServer/Pages/ReportViewer.aspx?/Foster+Care

[192] The remaining 2 alleged victim children identified as Hispanic, Latino, or Spanish origin.

*Placement Providers*

Three-quarters (75%) of the 51 investigations involved foster homes, with the remaining 25 percent investigating allegations in group homes or other congregate care facilities.[193] Table 11 reflects the region and county of placement providers who were involved in investigations. Most alleged victim children in the investigations reviewed were placed outside of their home counties; only 15 percent of children were placed within their home region, as seen in Table 12.

[193] All alleged victim children in a congregate care setting except for 1 child were between the ages of 14 to 17.

**Table 10: County and Region of Placement Providers with Investigations March 2022**

| Region and County | Number of Foster Homes and Facilities with Investigations N=51 |
|---|---|
| ***Upstate*** | *9* |
| Anderson | 5 |
| Greenville | 2 |
| Greenwood | - |
| Laurens | - |
| Pickens | 1 |
| Oconee | - |
| Spartanburg | 1 |
| ***Midlands*** | *13* |
| Aiken | - |
| Edgefield | - |
| Kershaw | 1 |
| Lancaster | 3 |
| Lexington | 2 |
| Richland | 5 |
| Saluda | - |
| York | 2 |
| ***Low Country*** | *6* |
| Berkeley | - |
| Charleston | 4 |
| Dorchester | 2 |
| ***Pee Dee*** | *23* |
| Chesterfield | 2 |
| Clarendon | - |
| Darlington | - |
| Dillon | - |
| Florence | 3 |
| Georgetown | 4 |
| Hampton | - |
| Horry | 4 |
| Marion | 4 |
| Marlboro | - |
| Sumter | 4 |
| Williamsburg | 2 |

Source: Case Record Review completed in June 2022 by DSS and Co-Monitor staff

**Table 11: Number Children Placed Within their Home County March 2022**

| Region and County | Number of Children from County | Number (%) of Children Placed Within Home County |
|---|---|---|
| ***Upstate*** | **22** | **5 (23%)** |
| Anderson | 4 | 3 (75%) |
| Greenville | 8 | 2 (25%) |
| Greenwood | 2 | 0 (0%) |
| Laurens | 1 | 0 (0%) |
| Pickens | 2 | 0 (0%) |
| Oconee | 4 | 0 (0%) |
| Spartanburg | 1 | 0 (0%) |
| **Midlands** | **17** | **3 (18%)** |
| Aiken | 2 | 0 (0%) |
| Edgefield | 1 | 0 (0%) |
| Lexington | 1 | 0 (0%) |
| Richland | 7 | 1 (14%) |
| Saluda | 1 | 0 (0%) |
| York | 5 | 2 (40%) |
| **Low Country** | **11** | **1 (9%)** |
| Berkeley | 4 | 0 (0%) |
| Charleston | 4 | 0 (0%) |
| Dorchester | 3 | 1 (33%) |
| **Pee Dee** | **31** | **3 (10%)** |
| Chesterfield | 2 | 0 (0%) |
| Clarendon | 3 | 0 (0%) |
| Darlington | 1 | 0 (0%) |
| Dillon | 3 | 0 (0%) |
| Florence | 1 | 0 (0%) |
| Hampton | 1 | 0 (0%) |
| Horry | 13 | 2 (15%) |
| Marion | 1 | 0 (0%) |
| Marlboro | 2 | 0 (0%) |
| Sumter | 2 | 0 (0%) |
| Williamsburg | 2 | 1 (50%) |
| **Statewide** | **81** | **12 (15%)** |

Source: Case Record Review completed in June 2022 by DSS and Co-Monitor staff

One congregate care facility had three separate investigations accepted in March 2022, and four other congregate care facilities each had two separate investigations accepted that month. One foster home had two investigations accepted in March 2022.

*Reporter Type*

In over one-third of the investigations reviewed, the identified reporter was DSS staff (37%, or 19 of 51), including the assigned case manager, a supervisor, or an OHAN worker who learned of the alleged abuse or neglect while investigating another matter. Reporters also included behavioral health or medical professionals (16%); and family members (14%) who either witnessed alleged abuse or neglect or were informed of an incident that necessitated reporting.[194]

*Allegation Type and Finding*[195]

The most frequently identified allegations within the 51 investigations reviewed were physical abuse (47%, or 28 of 51), and physical neglect (37%, or 19 of 51).[196] As shown in Table 14, the most frequent allegation for alleged victim children between the ages of birth and four was physical abuse, while the most frequent allegation for alleged victim children between the ages of 14 and 17 was physical neglect. Table 14 reflects the number of allegations by type against alleged victim children by age.

[194] Other reporters identified in multiple allegations in the review included provider or facility staff, school staff, and law enforcement.
[195] For state statutory definitions of types of abuse and neglect, see SC Code § 63-7-20.
[196] Investigations can include more than 1 allegation type.

**Table 12: Allegation Types[197] against Alleged Victim Children by Age[198]**
**March 2022**

| | Number (%) of Children Ages Birth – 2 years | Number (%) of Children Ages 3 – 4 years | Number (%) of Children Ages 5 – 9 years | Number (%) of Children Ages 10 – 13 years | Number (%) of Children Ages 14 – 17 years | Number of Child within each Allegation Type | Number of Investigations for each Allegation Type |
|---|---|---|---|---|---|---|---|
| **Physical Abuse** | 5 children (14%) | 4 children | 10 children | 14 children | 4 children (11%) | 37 children | 24 investigations |
| **Sexual Abuse** | - | - | - | 4 children (50%) | 4 children (50%) | 8 children | 5 investigations |
| **Mental Injury** | - | 1 children | 2 children | 5 children (56%) | 1 children (11%) | 9 children | 5 investigations |
| **Physical Neglect** | 6 children (16%) | 2 children | 6 children | 6 children (16%) | 17 children | 37 children | 19 investigations |
| **Medical Neglect** | 1 children (13%) | - | - | 3 children (38%) | 4 children (50%) | 8 children | 7 investigations |
| **Educational Neglect** | - | - | 1 children | 1 children (50%) | - | 2 children | 2 investigations |
| **Abandonment** | - | - | - | 1 children (50%) | 1 children (50%) | 2 children | 2 investigations |

Source: Case Record Review completed in June 2022 by DSS and Co-Monitor staff
*Totals may not equal 100% due to rounding

The frequency of allegations by placement type are reflected in Table 15. Of the investigations reviewed from March 2022, most involved foster homes (35 of 51); within foster homes, the most common allegation was physical abuse (18 investigations), followed by physical neglect (12 investigations). The most common allegation within congregate care facilities was physical neglect (7 investigations).

[197] Ibid.
[198] Percentages represents the percent within the allegation type.

**Table 13: Allegation Types in Investigations by Placement Type March 2022**

| | Foster Home | Congregate Care Facility |
|---|---|---|
| **Physical Abuse** | 18 investigations | 6 investigations |
| **Sexual Abuse** | 3 investigations | 2 investigations |
| **Mental Injury** | 4 investigations | 1 investigation |
| **Physical Neglect** | 12 investigations | 7 investigations |
| **Medical Neglect** | 3 investigations | 4 investigations |
| **Educational Neglect** | 1 investigation | 1 investigation |
| **Abandonment** | 2 investigations | 0 investigations |

Source: Case Record Review conducted in June 2022 by DSS and Co-Monitor staff

In one of the 51 investigations, at least one of the allegations was indicated – meaning there was a preponderance of evidence that the victim child(ren) was abused or neglected and the identified maltreater will be placed on the Child Abuse Registry unless they successfully appeal and overturn the finding. This investigation was indicated for abandonment.