



Appendix B

South Carolina Department of Social Services  
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**South Carolina  
Department of Social Services**

**2016 Annual Progress and Services Report  
Citizen Review Panel 2014 Report  
And SCDSS Response**

The South Carolina Department of Social Services (SCDSS) received a letter from the Citizen Review Panel (CRP) on April 2, 2015 that include the CRP 2014 Annual Report and a compilation of recommendations from the Upstate, Midlands and Low country panels. SCDSS is excited to continue to work with the CRP to ensure the safety, permanency and well-being of children and continuing to work together to improve the Child Welfare system. The following are the CRP's recommendations and the SCDSS responses' to these recommendations:

1. The **Lowcountry Citizen Review Panel** recommends that by July 1, 2015 the South Carolina Department of Social Services **exclude** from referral to the Community Based Prevention Services Program all child abuse and neglect cases for these groups:

- a) children ages birth to five
- b) children with disabilities
- c) children whose family has previous SCDSS involvement
- d) children whose family has a history of Criminal Domestic Violence
- e) children exposed to substance abuse in the home
- f) children whose family has abused them, their sibling(s) or any other child

### **SCDSS Response:**

The SCDSS seeks to continuously improve our practice of risk and safety assessment and decision making for all children and, believe strongly that our investment into people, processes and practices directly addresses the intent of the CRP panel recommendation for heightened assessment of children in the vulnerable groups listed.

The SCDSS is responsible for receiving and evaluating reports of suspected child abuse and neglect, determining if the reported information meets the statutory and agency guidelines for child maltreatment, and making the best judgement about how the agency will respond to the report.

One of the primary decisions in the intake process is whether or not to accept a report for a CPS investigation. This decision is based on the statute, agency policy and information about the characteristics of the case involving risk and safety that are likely to indicate, or result in, harm to the child. The appropriateness of this decision depends on the ability of the practitioner to gather critical and accurate information about the family and the alleged maltreatment and to apply law and policy to the information gathered. The SCDSS has made significant investments in capacity, support and agency screening tools for practitioners who are directly responsible for making risk and safety decisions. Practitioners need accurate and comprehensive information as well as the skills to assess and use the information, to develop a clear picture of the situation and to apply the law and policy to the case.

Community Based Prevention Services focuses on the conditions within the family and well-being of the child by providing supportive prevention services to families. CPS services are designed to support the intervention in cases of child abuse and neglect.

The SCDSS is committed to developing the most appropriate, effective and least intrusive response... Acknowledging the higher rates of maltreatment and repeat maltreatment among the most vulnerable groups of children (i.e. children ages birth to five). The SCDSS has committed to a formalized decision making process and model for assessing risk factors in risk and safety determinations.

The SCDSS understands that risk factors present in child, parents, family, and environment may increase the likelihood that a child may be maltreated. The SCDSS is constantly working to improve our capacity to evaluate the child and family's situation to identify and weigh the risk factors, family strengths, resources and community services. Our focus on risk assessment skills, capacity and support for our staff and community will yield better safety practices and outcomes for the families served.

The SCDSS believes that every family is different and therefore every call and every case requires individual assessment to determine the best course of action. The SCDSS understands that these proposals were made because of cases with outcomes that caused concern. The SCDSS shares these concerns. The Action Model takes into account all of the concerns raised: vulnerability of the child, special needs, previous cases, domestic violence, and previous DSS history even in the cases where the perpetrators were connected to a different case. SCDSS recognizes that the consistent execution of the model has been lacking. This is the reason that SCDSS has chosen to create Regional Hubs for intake of reports of abuse and neglect. So far, we are seeing the Action Model put in practice with more consistency which has generally resulted in increased the SCDSS investigations and a decrease in referrals to CBPS. In the past, the SCDSS could not determine the number of calls that were not getting through to intake. The number of calls now being answered coupled with more consistent application of the intake assessment model, is creating a significant increase in CPS investigations and is testing our capacity. One data point that has not shown significant change is the percentage of reports that are determined as needing no action. Most states have anywhere from a 40-60% rate of reports that do not receive any services. South Carolina has maintained around 20% for calls that do not receive any services, since the implementation of CBPS.

Community Based Prevention Services (CBPS), like the Action Model for decision-making at Intake also came into existence in 2012. Before 2012, any family with an intake report that was not accepted for investigation received no services. With the implementation of CBPS, families with reports that are not appropriate for investigation, but with risk factors that, if not addressed could potentially rise to the level of a SCDSS investigation are sent to our community partners. Our partners engage the families and complete an assessment of the family's needs, to and either provide or connect the families to services to meet the needs. It is important to note that the providers conduct a safety assessment each time they see the family. If a safety issue is identified then the case is returned immediately to the SCDSS for an investigation. If the risk level increases, then the case is staffed with the SCDSS to determine if the risk has risen to a level requiring intervention by the SCDSS.

Decisions in child welfare cases are seldom cut and dry. Each family has different dynamics, support systems, strengths etc. As soon as you draw a line in child welfare there are cases that make you want to move the line. Research continues to show that CPS intrusion into a family causes trauma to the family and children. If we were to declare that that all intake reports involving a child ages 0-5 must receive an investigation because someone called about a family, that would result in some families being unnecessarily traumatized. However, we do recognize that this is the most vulnerable population. The SCDSS proposes if an intake report involves children under the age of 5 then that case would, at a minimum, be referred for CBPS and could not be a "no action intake", also called a "screen out".

Each recommendation requires the SCDSS to look at the Community Based Prevention Services model and the way our practice is performed. This feedback allows us an opportunity to assess practice and to continually make adjustments. The SCDSS is concerned that as the roll out of the Regional Intake Hubs continues, it will increase the need for additional positions for CPS investigative staff. If an adequate number of additional positions are not granted by the General Assembly, while we will be making the right decisions at intake investigators will be so overwhelmed by cases that they will not be able to do a complete and timely assessment. The lack of timely and complete assessment may impact child safety by increasing the number of investigations that are unfounded. Research shows that the more time an investigator can spend with a family the more likely the investigator will indicate a case. Other states have seen, by responding to all calls to a child protection hotline that the truly at risk children may not get the attention they need due to sheer volume and capacity. Utilizing effective risk and safety assessments enables states to respond to children who have experienced abuse or are at risk that abuse or neglect will occur.

The SCDSS' policy regarding intake screening decisions is consistent with SC Code Section 63-7-20. SCDSS' policy, Section 710, Intake Policy and Procedures, regarding Community Based Prevention Services states:

*Reports to CPS Intake which have immediate safety concerns or high risk of harm due to abuse and/or neglect will result in a CPS investigation by the SCDSS. For low or moderate risk reports with no immediate safety concerns, Intake will screen and refer families for Family Strengthening Services (FSS) or Voluntary Case management Services (VCM), as appropriate.*

Cases referred to CBPS are those that previously would have been screened out and not investigated because the allegations did not rise to the level of abuse and neglect as defined in state statute. This distinction is important while in other states, similar programs provide this type of service based on children who had experienced low level abuse in South Carolina the only children that receive CBPS are those children that have been assessed to not need current investigation services from the department. Having Community Based Prevention Services (CBPS) in place for families helps protect children whose risk of harm otherwise would not have received attention from social service providers. Community providers assess risk factors and the service needs of families and help those families build protective capacity that prevents harm to their children. If the community providers see escalated risk in the families, as mandated reporters they report those risk factors to DSS.

Through CBPS, the SCDSS also complies with requirements in state and federal law:

- The General Assembly stated in SC Code Section 63-7-10 that child welfare services must be based on certain principles, including:
  - "... State and community agencies have a responsibility to implement prevention programs aimed at identifying high risk families and to provide supportive intervention to reduce occurrence of maltreatment....
  - The state's child welfare system must be designed to be child-centered, family-focused, community-based, and culturally competent in its prevention and protection efforts...
  - Neighborhoods and communities are the primary source of opportunities and supports for families and have a primary responsibility in assuring the safety and vitality of their members. "
- SC Code Section 63-7-910 says:
  - DSS must respond to referrals of family-related problems and divides those referrals into (1) known or suspected cases of child abuse or neglect and (2) "other problems of a nature which may affect the stability of family life."
  - Reports involving abuse or neglect must be referred to DSS county offices. Calls involving other problems must be referred to a county DSS office or to "other service agencies."
- SC Code Section 63-7-910(D) says DSS may contract for delivery of "protective services, family preservation services, foster care services, family reunification services, adoptions services, and other related services or programs."

The network of Community Based Prevention Services also demonstrates that the State is in compliance with the federal Child Abuse Prevention and Treatment Act (CAPTA), as amended, which requires the Governor to certify that the State: "...has in effect and is enforcing a State law, or has in effect and is operating a statewide program, relating to child abuse and neglect that includes...triage procedures, including the use of differential response, for

the **appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service...**" (Section 106 (b)(2)(B)(v)). In 2007, the Governor's Task force recommended that DSS develop interagency agreements at all levels-regional, state and county which will enable families to have access to an array of services through public and private agencies. This will allow individuals who do not meet the criteria for SCDSS investigation to receive services because they are at low or moderate risk.

2. The **Lowcountry Citizen Review Panel** recommends that by July 1, 2015 the South Carolina Department of Social Services refer only low risk cases that do not meet the state definition of child abuse to the Community Based Prevention Services Program in order to keep children safe.

### **SCDSS Response:**

The SCDSS strongly considers this recommendation. The statute states that the SCDSS will investigate the possible abuse and/or neglect of a child or children, and assess for the substantial risk of abuse and/or neglect of a child or children when the abuse or neglect has been perpetrated by someone acting in a parental role.

In 2012, South Carolina adopted the Action Model for decision-making at intake of a report of abuse and/or neglect. As confirmed by Diana English, PhD of Casey Family Programs, this is an evidenced-based model for making intake decisions. This model consists of safety questions with detailed drop-down examples that help the intake worker and supervisor decide if a safety risk factor exists within the family. If a possible safety issue is identified then the worker and supervisor go through the ISOLVE assessment to determine if there is a safety concern that translates to possible abuse and/or neglect. The safety threshold criteria (ISOLVE) are:

1. Imminence (harm is happening now or soon);
2. Specific (what is the harm);
3. Out-of-control (no one in the home to stop it from happening);
4. Level of severity (can result in severe consequences to the child);
5. Vulnerability of the child (not just by age);
6. Evident (observable)

A key component of the ISOLVE assessment is to determine the vulnerability of the child. If the report does not rise to the level of an immediate threat then the intake worker and supervisor will consider if the report constitutes substantial risk to the child or children. Additionally, the model has a risk matrix that includes items that are commonly found in families that abuse and/or neglect their children. If a review of the current report, along with other history, shows this family to be a high risk for future abuse and/or neglect, then this is considered substantial risk and SCDSS will investigate.

The strength of this model is that it defines safety and risk instead of relying on a supervisor's opinion. For instance, prior to 2012, domestic violence cases were usually accepted for a SCDSS Child Protective Services (CPS) investigation only if the violence happened in the presence of the child or children. In the Action Model, if domestic violence is occurring in the home, regardless of where the children are during the violence, this is a safety threat and should be investigated by the SCDSS. This is also true for the risk matrix. Prior to 2012, if a report came in for a dirty house, and the family had a history of domestic violence reports, the previous reports may not have been considered because the current report was for a dirty house. Now, the number of previous reports as well their content, would be considered along with the current report. This allows SCDSS to assess the complete picture of the family dynamic instead of being driven only by the current incident. The risk matrix also takes into account the vulnerability of the child as well as any special needs that the child may have. Vulnerability, including age and special needs, raises the risk of harm and is always a consideration in assigning the risk level.

3. The **Lowcountry Citizen Review Panel** recommends that by October 1, 2015 the South Carolina Department of Social Services has trained (at least) the following SCDSS employees in each county office in the unique circumstances of children birth to five:

- a) Intake
- b) Investigators
- c) Case Managers
- d) Supervisors
- e) County Directors & their Management Team

### **SCDSS Response:**

The SCDSS strongly considers this recommendation. The SCDSS has determined this age group to be at greatest risk of maltreatment as they are highly likely to experience the same trend of types of abuse as older children but less likely to protect themselves from the abuses perpetrated upon them. SCDSS is in the process of collaborating with The Center for Child and Family Studies at The University of South Carolina and the Nurturing Center to discuss developing training for staff on youth development and providing services to children birth to five. The SCDSS plans to continue to research other evidence-based training programs as well.

Some training regarding the children birth to 5 has been provided in the Child Welfare Basic training to Intake Workers, Investigative Workers, Family Preservation Workers, Foster Care Workers, and Supervisors. Many of these SCDSS staff have the knowledge to refer children under the age of 5 to appropriate resources i.e. The Nurturing Center who provides the following:

**Home-Based Services:** Parenting support, education and crisis counseling reduce the risk of violence and other problems.

**Center-Based Services (Core Program):** Families come to The Nurturing Center on Monday-Thursday from 9:00 a.m. until 2:00 p.m. Services include:

- Individual "Family Service Treatment Plans"
- Parenting Program- Services include individual and family therapy, group therapy, and parenting education
- Children's Program: Children, between the ages of birth and 5, are provided therapeutic classes tailored to their age and social and emotional needs. Play therapy and speech therapy are also available
- Parent-Child Interaction: two hours each day, staff helps model and coach parents and children on healthier ways to interact.
- Case Management/ Interagency Collaboration
- Home Visitation
- "Certificate of Completion" awarded if the program is successfully completed.

**Follow-Up Services:** Provide families who complete center-based services ongoing support groups, referrals, family fun afternoons and home visits.

Although the Nurturing Center serves adults and their children of any age, the following outcomes were achieved for the 0-5 age children for partial FFY 2015 (October 01, 2014 – April 24, 2015):

- **Total Number of DSS Children served (ages birth – 5 years): 18**
  - 10 children were referred through Richland County DSS
  - 8 children were referred through Lexington County DSS
- **Of these 18 DSS children...**
  - 11 were in Foster care placement
  - 7 were in Relative/Fictive Kinship placement

- **7 children have already been reunified with their birth parent** during this reporting period (Permanent placement). Program achieved a reunification percentage of 39%.
  - Please note that of the remaining 11 DSS children that are 0-5 in age, 10 are still in services at The Nurturing Center. Their final outcome is still yet to be determined. 1 child did leave the program and is still in Foster Care.

4. The **Midlands and Upstate Citizen Review Panels** support and agree with the recommendations provided by the 2014 **Lowcountry** Citizen Review Panel summary regarding Community Based Prevention Services (CBPS).

**SCDSS Response:**

Please see Lowcountry recommendations and SCDSS responses to these recommendations.

5. The **Midlands** CRP recommends that by September 1, 2015, a shorter and simplified form for applying for IL services be developed.

**SCDSS Response:**

The SCDSS agrees with this recommendation and has developed a new form. The Independent Living Program revised the IL Funding Request form (SCDSS Form 30198) in November 2014 and the new form is currently being used. We decreased the length of the form by 2 pages. The old form was 6 pages long. Our goal was to make it as user-friendly as possible without losing the required and needed information.

6. The **Midlands** CRP recommends that by September 1, 2015, foster youth and/or foster parents be allowed to submit applications for IL services.

**SCDSS Response:**

The SCDSS agrees with this recommendation. As of July 2011, to decrease the time to process IL Funding Requests, providers, foster parents, and foster youth (ages 17 and up) are able to submit applications for IL services directly to the Independent Living Program staff. We continue to share this information at trainings, conferences, meetings, etc.

7. The **Midlands** CRP recommends that SCDSS begin to place a greater emphasis on awareness of services available to the younger members of those eligible for IL services.

**SCDSS Response:**

The SCDSS agrees with this recommendation. The Independent Living Program (IL) hired a state coordinator in June 2014, LaToya Reed, who is overseeing a restructuring in order to improve the Program to better serve our youth. The SCDSS goal is to make the Program effective and sufficient for all eligible youth ages of 13-21. The IL staff is currently creating a list of funded and non-funded services that our 13-15 year old youth can participate in and benefit from receiving. This will provide visual assistance for case workers, providers, and Resource Foster Families to focus on the needs and available services of this particular age group. The IL staff also made changes to guidelines for bicycles, so now younger youth will be able to receive a bike through IL funding for promoting healthy living and social development. The SCDSS will continue to work on the Program to meet the needs of all of the youth served by the SCDSS.

8. The **Midlands** CRP recommends that SCDSS identify standards of services that many, if not all, foster youth will require (graduation expenses, standardized testing costs, college

**SCDSS Response:**

The SCDSS agrees with this recommendation. The Independent Living Program currently offers many services and programs to SCDSS youth throughout the state. With some services, youth have to be of a certain age/grade to access them, such as senior expenses and housing assistance, due to age relevance. Some services are based on life stages, so that the SCDSS can make the needs of the youth are met in the appropriate growth stage.

Some of the services that youth receive are:

Transition Planning Meeting (90 days prior to age 17)  
Referral for WIA Orientation (age 17 or 11<sup>th</sup> grade, whichever comes first)  
Education and Health Passport  
Financial Literacy Training-Budgeting, Checking/Savings Account Management, Completing Personal Income Taxes, Understanding Credit, etc.;  
Personal Development-Business Etiquette, Health and Hygiene management, Self-Advocacy, Self-Control, etc.;  
Intercommunication Skills- Conflict Management, Phone Etiquette, etc.;  
Career Planning-Job Interview Skills, Interest Inventories;  
Education Planning-8<sup>th</sup> Grade IEP, High School Course Selection, Interest Inventory, Completing the FAFSA, etc.;  
Independent Living Needs Assessment-Casey Life Skills;  
Mentoring;  
Ensure access to High School Education (or equivalent);  
Tutoring;  
Graduation Expenses (Graduation Invitations, Graduation Cap & Gown, Senior Pictures, Senior Ring, Yearbook);  
Pre-College Testing Fees (SAT/ACT);  
Driver's Education;  
Transportation To Work;  
Transportation To College;  
Car Insurance;  
Interview Clothing;  
Uniforms & Footwear;  
Utility Deposits;  
Rental Deposit;  
Rental Assistance;  
Furniture;  
College Financial Aid-ETV

9. The **Upstate Citizen Review Panel** recommends that in order to ensure the implementation of best practices, the SCDSS will continue to include the issue of Child Fatality as a regular agenda item when meeting with the South Carolina Citizens Review Panel, as well as a regular review of the 5 year plan for Child Fatalities.

**SCDSS response:**

The SCDSS agrees to discuss with the CRP best practices to reduce the number of Child Fatalities throughout the state. The SCDSS acknowledges that this is a requirement of the CAPTA plan.



10. The **Upstate** CRP recommends that the SCDSS work collaboratively with the SCCRP through 2015 to extend the use of the survey project through the remaining counties in the Upstate area.

**SCDSS response:**

The SCDSS strongly considers this recommend and will collaborate with the CRP on the survey project and encourages that it is merged with the SCDSS project of surveys that is developed through the University of South Carolina, Center for Child and Family Studies, regarding staff retention and turnover. Staff retention and turnover reduction has been set as a goal for the SCDSS in the 2015-2019 Child and Family Services Plan. The SCDSS is determined to retain staff and build morale by also developing a career ladder to promote professional development for all staff.