The South Carolina Department of Social Services (SCDSS) received a letter from the South Carolina Citizen Review Panel (SCCRP) on April 1, 2016 that included the SCCRP 2015 Annual Report and a compilation of recommendations from the Upstate, Midlands and Low Country panels. The SCDSS is excited to continue to work with the Citizen Review Panels (CRP) to ensure the safety, permanency and well-being of children. The SCDSS looks forward to continued collaboration with the CRP toward improvement of the child welfare system.

The following are the CRP’s recommendations and the SCDSS responses to these recommendations:

LOW COUNTRY CITIZEN REVIEW PANEL

The Child Fatality Action Committee was established in 2013 out of concern for children who were inappropriately referred to Community Based Prevention Services (CBPS). The committee’s work focused on children between the ages of birth to five years old, with children birth to one year old in the most critical category. It has been and is the recommendation of the SCCRP that when there is an allegation of abuse and neglect for children in this age group that the agency investigates these cases and not attempt to differentiate between levels of risk. The recommendation was initially made because our review of the data indicated that the department was not able to adequately distinguish the risks and many children were injured and some died.

In order to put the safety of South Carolina’s children as our first priority, we strongly urge you to conduct a thorough DSS investigation when there are allegations of abuse and neglect; only refer low risk reports and exclude children in the following categories from referral to the Community Based Prevention Services Program:

- Children under the age of five
- Children with disabilities
- Children in families with a history of criminal domestic violence
- Children exposed to substance abuse in the home
- Children whose families have abused them, their siblings or any other child

SCDSS Response:
The SCDSS agrees with the CRP’s recommendation of conducting a thorough investigation when there are allegations of abuse and/or neglect. The SCDSS and the CRP share a common goal of keeping the children of South Carolina safe from abuse and/or neglect. Statutorily, the SCDSS may conduct an investigation when there is a reasonable suspicion that a child has been is abused or neglected, or when there is a reasonable suspicion that a child is at substantial risk of abuse or neglect. Additionally, the alleged perpetrator must be “a person responsible for the child’s welfare.” In making the decision whether to accept a report for investigation, the SCDSS considers and weighs these factors.
Before 2012, interpretations of the definition of abuse and/or neglect or substantial risk of abuse and/or neglect were neither clear nor consistent across counties. As a result, a report in one part of the state could have a different outcome as the same report in another part of the state. Each supervisor had a different interpretation of what constituted abuse and/or neglect or substantial risk of abuse and/or neglect, often based on personal bias.

In 2012, South Carolina adopted the Action Model, a best practice model for decision-making at intake. This model assesses the vulnerability of the child and assists in identifying and rating risk factors commonly associated with families that abuse and/or neglect their children. This model creates a rating system that is intended to bypass the individual bias that has been empirically proven to lead to inconsistent and ineffective assessment of safety and risk.

The Action Model takes into account all the concerns raised: vulnerability of the child, special needs, domestic violence, and previous SCDSS history, even if some perpetrators were connected to a different case. Continuing to improve the implementation of this model has, in some respects, lead to more effective decision-making around risk and safety. As a strategy to improve the effective assessment of risk and safety through the Action Model, the SCDSS transitioned to a regional intake structure. Regionalizing intake has resulted in greater consistency in decision-making which led to a statewide increase in SCDSS investigations and a decrease in referrals to CBPS. The SCDSS will continue implementation of regionalized intake hubs, with a goal of full implementation by December 2016.

One data point that has not shown significant change since implementation is the percentage of reports that are determined as needing no action. Most states range from a 40-60% rate of reports that are screened out and do not receive any services, resulting in no further assessment and safety monitoring of children. South Carolina has maintained an average of 20% of calls not receiving any services. This indicates that South Carolina provides family strengthening services, assessments and safety monitoring for 20-40% more families than most other states.

In an effort to continue to improve the assessment and response to child safety, the SCDSS has been keeping up with the latest research and recommendations to prevent child fatalities. In March 2016, the Commission to Eliminate Child Abuse and Neglect Fatalities released their findings based on a three year national study. It states:

“Alternatives to a CPS agency investigation should be considered. Congress and states should fund the necessary resources. Children under age 5 and children with prior CPS reports should be prioritized for home visiting programs.

We know a lot about what puts children at risk, but there are few promising solutions and only one evidence-based practice shown to reduce fatalities—the Nurse-Family Partnership.” Having a multi-agency response would take funding and possibly statute changes.
The SCDSS will meet regularly with the CBPS provider agency to enhance the effectiveness of the program. The SCDSS continues to work with Casey Family Programs to assist with the evaluation of CBPS and to determine effective ways to improve services for children under the CBPS program. State and Regional meetings are being held with the CBPS provider and the SCDSS to discuss and develop an action plan and monitor the plan to improve practice for serving children and families. Casey Family Programs has also conducted an inter-rater reliability assessment regarding intake services from which an action plan was developed to improve these outcomes.

The agency will continue to conduct trainings regarding intake practice to increase the SCDSS staff’s critical thinking skills to make appropriate decisions for children to receive services. The SCDSS also continues to provide continuing education training to staff to increase their knowledge and skills to ensure that a thorough investigation is being completed for the safety of children in South Carolina. The SCDSS staff and CBPS staff are in the process of conducting a collaborative training regarding working with children and families and making appropriate decisions on cases. The SCDSS staff understands that every family is different and, therefore, every intake report received and every case requires an individual assessment to determine the best course of action.

The SCDSS has formed a work group to review the CBPS program. The work group is evaluating all aspects of the program’s functioning, including whether there should be restrictions on children who can be referred and whether the intake model the department is utilizing leads to the best decisions at intake. The work group has tasked itself with preparing recommendations for the future direction of the CBPS program by Fall 2016.

During meetings with the CRP, the SCDSS will continue to discuss and provide feedback regarding CRP recommendations. The SCDSS will discuss with the CRP what improvements have been made for the children and families of South Carolina regarding CBPS, intake decisions and conducting thorough investigations.

We further recommend that the SCDSS not only focus on intake but improve its ability and skill of its staff to conduct a thorough investigation to reduce the chance of children remaining in situations that are unsafe as soon as possible, but not later than June 30, 2017.

SCDSS Response:
The SCDSS strongly agrees with this recommendation. As stated previously, the SCDSS continues to provide training to the SCDSS investigative staff to include, but not limited to, Child Welfare Basic training, Intake training, Recognizing and Investigating Child Physical and Sexual Abuse training by the Children’s Law Center, as well as on-the-job training and coaching by SCDSS staff.

The SCDSS is in the process of structuring training for staff to include specialization training for each service program area such as investigations/assessment, family preservation, foster care services and adoption services. This will also include training for working with different familial
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characteristics associated with a risk of child abuse and neglect such as domestic violence, substance abuse and sex abuse.

Leadership conducts weekly meetings to discuss and monitor services for children and families within the counties. Meetings focus on a variety of performance indicators including the quality and timeliness of investigations. Leadership develops strategies for improvement. The SCDSS has initiated Continuous Quality Improvement (CQI) training, and also is adopting a Practice Model to improve practice in all areas of service and increase positive outcomes for children and families for South Carolina. CQI is a process for creating better outcomes.

During the bi-monthly meetings with the CRP, the SCDSS will continue to discuss and provide feedback regarding the recommendation of improving the knowledge and skills of the SCDSS staff to conduct thorough investigations for the safety of children.

MIDLANDS CITIZEN REVIEW PANEL

Listed below are the Midlands CRP 2015 Recommendations which include a reiteration of several former recommendations made in 2012:

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

SCDSS Response:
The SCDSS Independent Living (IL) Program created a list of funded and non-funded services categorized by age groups, that is currently being distributed by Regional Independent Living Advocates to county and regional offices, youth groups, training for foster parents and care providers, Guardians ad Litem, and other community partners. This will provide a visual representation to emphasize services, which focus on the needs of each particular age group, especially for younger youth. GOALL members are also focusing on being walking resources for youth by incorporating IL services training into each monthly meeting agenda. These are a few of the services in the Independent Living Program that are offered to youth ages 13-15:

- Life Skills Classes
- Summer Camps
- Mentoring Services/Expenses
- Community Leadership programs/camps
- Esteem Building Activities (chorus, band, ROTC, cheerleading, etc.)
- Tutoring (up to $1,000/year)
- Summer School
- Books and supplies for specialized classes
- SAT/ACT preparation classes
- SAT/ACT fees (up to 3 of each test)
Honor/award travel expenses
Attendance at youth conferences
Bicycles up to $250 ($75 for helmet & lock)

The Independent Living Unit is currently running a pilot young adult group in Richland/Lexington County, which started in January 2016. This will divide the youth groups throughout the state into more appropriate age levels to better meet the needs of younger youth, as well as older youth. The new age requirements for youth groups will be 13-16 and 17-21 for the young adult groups. The plan is to have all youth groups around the state operate the same by October 2016, depending on the number of youth that attend. These youth groups meet monthly in several counties around the state and are essential in teaching life skills, such as goal-setting, character-building, financial management, housing education, career preparation, and more.

The Independent Living staff also assists and trains county staff, providers, foster parents, community partners, and youth on services provided for youth by age group. The Independent Living staff will continue to evaluate the program to make effective changes for the youth throughout South Carolina to promote education, employment, housing, independent living/life skills, and social development.

2. The Midlands CRP recommends that SCDSS establish a standard of services that many, if not all, foster youth will require (graduation expenses, standardized testing costs, college application fees, etc.) and proactively ensure that anticipated expenditures are delivered beginning in graduation year 2017.

SCDSS Response:
The SCDSS Independent Living Program offers many services and programs to youth throughout the state. With some services, youth must reach a certain age (18 or older) or grade level (11th grade) to qualify for assistance, such as senior expenses and housing assistance. Some services are based on life stages, so the program can meet the needs of the youth in the appropriate developmental stage.

The Independent Living staff express the importance of senior graduation expenses (to include all the services we offer to high school seniors) and college preparation. The staff share this information with providers, case managers, community partners, and youth throughout the state by email reminders, coaching and training dates, county visits, youth group visits, conferences, meetings and through the statewide email distribution for high school guidance counselors. The IL Advocates receive monthly reports, which identify the youth by age, county, and case worker. These reports are reviewed with county and regional staff at monthly county visits.

The Independent Living Program has also partnered with educational consultants to work with youth, individually or in a group setting, in preparation of graduating and attending college. Educational consultants offer assistance with academic support, tutoring, educational planning and guidance, professional development, and other services as well.
The Regional Directors will discuss and monitor this practice standard through regional meetings with county offices to ensure that graduation expenditures are anticipated and are paid timely.

3. The Midlands CRP recommends that SCDSS adopt a single, consistent, and easily-understood application form and process for IL services, which may be submitted by foster youth and/or foster parents, by September 1, 2016.

SCDSS Response:
The SCDSS Independent Living Program revised the IL Funding Request Form (DSS Form 30198) in November 2014. The most updated form is currently being used and is posted on the Master Forms Index, and may also be requested from Regional Independent Living Advocates. This edition decreased the form by two pages, which made it more streamlined and user-friendly. Although the form is still lengthy, four pages, it now only captures the required and necessary information. The new form has been active for more than a year. The Independent Living staff have received numerous comments from providers, case managers, and community partners stating the form has improved and they are excited that the form can be submitted by other individuals rather than only case managers. The Independent Living Funding Request form can be completed and submitted by youth who are age 17 and older, foster parents, providers, community partners/advocates and the SCDSS workers. In an effort to gain a more formal indication of its effectiveness, Independent Living staff will conduct an on-line survey of individuals who have used the form in the last year that measures satisfaction and its user-friendly status.

The form is located on the Agency website and can be emailed also. The Independent Living staff continue to assist with completing the funding request and required documentation.

4. The Midlands CRP recommends that the Independent Living (IL) Program have explicit authority to approve IL application requests, disseminate funding to IL service providers within the timeframes specified by the IL applicant and ensure service delivery.

SCDSS Response:
The SCDSS Independent Living Program currently has the authority to approve funding requests, but funding is disseminated to the counties. The Independent Living Program has initiated the following steps in July 2015 to ensure funding and service delivery is completed within an appropriate timeframe, as listed below:

- Independent Living Financial Specialists make contact with county business office staff when necessary concerning funding issues.
- Regional Independent Living Advocates receive regular updates on county balance of IL funds.
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- Regional Independent Living Advocates communicate with Regional Directors for support on disseminating funds to service providers from the county offices.

These steps have helped to ensure delivery of funds to youth by better communication between the county business offices and case managers. The bookkeepers are able to identify IL funds that are sitting in the accounts and contact case managers to disperse funding.

The Independent Living Program will continue to work on ideas and procedures to make this process more efficient, such as creating a business office within the IL Program to monitor the release of IL funds. The IL Program will also begin discussion with the Child and Adult Protective Services System (CAPSS) team to create a link system to track the disbursement of funds.

5. The Midlands Citizen Review Panel recommends that the SC Department of Social Services develop Transition Specialists to ensure that all Independent Living (IL) eligible youth receive client-centered, individualized services by July 1, 2017.

SCDSS Response:
The SCDSS Independent Living Program does not have Transition Specialists. Independent Living services are client-centered and individualized. The Independent Living Program is constantly evolving its program based on the concerns presented by Go Out and Learn Life (GOALL) State Youth Advisory Board. GOALL meets monthly and discusses concerns and questions from youth all around the state. GOALL also presents its finding and recommendations at the annual Spring Forward event, which allows Agency leaders and the Independent Living staff to create an open dialogue with the GOALL members. The Independent Living Program offers support to case managers to ensure that the Independent Living services they are responsible for documenting in CAPSS for the youth on their caseloads are client-centered and individualized. Youth goals are documented in “Domain 8” of Child/Youth Assessment and Case Plan, which is found in the CAPSS. The Domain 8 identifies services accessible through the IL Program that are already in place for the youth, and services accessible through the IL Program that are needed prior to leaving care. The Domain 8 also specifies youth’s strengths and needs, and provides detailed steps to accomplish the desired outcome/expectation for the youth. The information provided in the Domain 8 should also be included in the case plan. The Independent Living Program offers support to case managers, to ensure that youth are receiving and case managers are documenting at least one of the fourteen NYTD categories on a monthly basis.

The Independent Living Program also offers support to case managers to ensure that they are inputting updated educational levels in the CAPSS. The Independent Living Program uses the information that is inputted by case managers into CAPSS dictation to ensure discussion of youth’s progress and completion of Independent Living goals during monthly contact have been reached. Independent Living staff offers support to case managers, supervisors, county directors, and providers/partners by continuously offering support through trainings and staffings to ensure youth are receiving client-centered and individualized services.
Since the program implemented Regional IL Advocates as of 2015, Transition Planning Meetings have increased by 20%. Although there is still work to be done with Transition Planning Meetings, progress has been made. The Transition Planning Meeting resources created by GOALL for adults and by the NYTD Youth Voice for youth are shared across the state to educate youth, workers and adult supports about the importance of transition planning.

The Independent Living staff review monthly reports on Transition Planning Meetings and send out emails to case managers reminding them of youth who need Transition Planning Meetings scheduled. The Independent Living staff constantly advocate for older youth to ensure they obtain the services that they are eligible to receive.

The Independent Living Program will continue to monitor practice to ensure that services are client-centered and individualized in efforts to provide the best services, programs and resources to youth throughout the state. The Program will make improvements and adjustments as necessary to promote client-centered, individualized services.

The recommendations below seem to be a list of job responsibilities for Transition Specialists and do not require a response.

Additionally, the Panel recommends:

a. That the qualifications to serve as a Transition Specialist include case management skills and knowledge of available employment and educational resources.

b. That the Transition Specialist has explicit authority and responsibility to ensure that covered youth have transition plans by their date of eligibility based on the Life Skills assessment.

c. That the Transition Specialist only has responsibility for a specified case load of IL eligible youth.

d. That the plan is client centered and developed in coordination with the youth and a multidisciplinary team knowledgeable about the youth’s needs.

e. That the Transition Specialist work in concert with the DSS case manager but have responsibility for developing, implementing and revising the transition plan to ensure continuous improvement as needed, but at least every 90 days,

f. That the Transition Specialist manages the youth’s IL application for services ensuring accuracy, eligibility and service delivery.

g. That the youth receive training in all aspects of independent living skills that encompass what is needed for the youth to successfully transition into independence.
h. That the transition plans include instruction on proper medication management skills, if appropriate.

In 2016, the Panel plans to continue its collaboration with the Council and support of Kinship Care initiatives in SC. In addition to that work, the Panel recommends the following:

The Midlands CRP recommends that the department create a volunteer program to engage the public in efforts to assist youth involved with the Child Welfare system. The Panel suggests the development of a mentoring program as one use for these volunteers.

**SCDSS Response:**
The SCDSS sees the value in the recommendation of creating a volunteer program to engage the public in efforts to assist youth involved with the Child Welfare System. Currently, the SCDSS does not have a volunteer program. This year's budget request did not include a request for such a position. However, several counties and the IL Program collaborate with the Boys and Girls Club, Big Brother Big Sister Programs, Urban League, Sblink, Halos and other non-profit organizations within their communities to assist youth involved with the Agency.

The SCDSS collaborated with the CRP to participate in and attend the Volunteer Summit and gained a lot of knowledge on how other volunteer programs services are structured. The SCDSS will continue to update the CRP during the bi-monthly meetings regarding the progress of this recommendation.

**UPSTATE CITIZEN REVIEW BOARD**

The Upstate Panel recommends that SCDSS provide the SCCRP updates on agency worker morale and retention efforts at the regularly scheduled DSS/CRP Administrative bimonthly meetings beginning July, 2016.

**SCDSS Response:**
The SCDSS will ensure that the CRP remains updated on the Agency’s staff satisfaction, retention, and recruitment activities, at the bi-monthly meetings. Beginning in June 2016, the Continuous Quality Improvement Director will work with regional leadership to develop a quality improvement process for workforce development and execute activities designed to increase staff satisfaction, retention and recruitment for Child Welfare Services.