



South Carolina Department of Social Services Overnight Guidance

A child's or youth's overnight stay is defined as a minimum four-hour period in a DSS office, hotel, motel, or other commercial non-foster care establishment between the hours of 10:00 PM and 6:00 AM.

Overnight stays are prohibited and are not in a youth's best interest. Overnight stays are only to be used as a last resort when all placement resource options have been exhausted, to include kin and fictive kin (adults with whom the child/youth has positive, supportive relationships).

Section A: Necessary Items

To maintain the safety and well-being of both staff and children/youth experiencing overnight office stays and to have consistent practice across the state, the following items must be implemented during each occurrence of an overnight office stay.

County and Regional Office Needs for Overnight Guidance Implementation

- Lockbox
- Medication Log Form
- Air Mattress
- Bedding (Sheets, Pillows, Blankets, etc.)
- Gift Cards for Food
- Hygiene & Toiletry Items (Towels, Soap/Shampoo, Deodorant, Toothpaste/Brushes, etc.)

Section B: Required Considerations

Objective	Action Steps		Person(s) Responsible
Placement CFTM	Trigger	Frequency	program coordinator or supervisor
	Prior to child/youth moving from one setting to another (DSS or provider)	Placement CFTM will be held within 48 hours of notice	
	Child/Youth is night to night in the office	Initial Placement CFTM will be held within 24 hours, followed by daily check-in by the county director	
	Child/Youth is night to night in foster care placement	Initial Placement CFTM will be held within 24 hours of the first night to night placement. Followed by daily check-in by the county director	
	Child/Youth will complete a treatment program or is ready to be stepped down in placement, but placement has not been identified	Placement CFTM will be held within 48 hours of notice	
	Provider notice of discharge due to disruption	Placement CFTM will be held within 48 hours of notice	
	Provider request a higher level of care	Placement CFTM will be held within 48 hours of notice	
	Returning from runaway status prior to or within 3 days of being placed back into the home from which they ran or into a new placement	Held prior to or within 72 hours of child/youth's return placement into the home from which they ran or new placement	
Supervision / Oversight When There Is More Than One Child/Youth in The Office	The supervision ratio for a youth in the office is two (2). No more than youth two are to be in an office at any time. The county director or designee will coordinate the staffing ratio and provide oversight to ensure scheduling is appropriate. If the county has more than two youth who require placement, the regional director will coordinate an alternative location for the youth while awaiting placement.		county director or designee regional director

	Staff are to sign in when providing coverage for overnight and coverage during daytime hours.	
Office Overnight Sleeping Arrangements / Location	Children/youth will sleep in separate spaces, preferably empty offices, visitation rooms or conference rooms which have been cleared of potentially unsafe objects. Designated staff will monitor each sleeping child/youth by being stationed in eyesight of office space in which the child/youth is sleeping. The county director or designee will ensure there are adequate sleeping locations for each child/youth and stationing location for designated staff.	designated staff county director or designee.
If/When Needed, Medication Administration Guidelines for Administering and Monitoring	The Well-Being Team's regional nurse will confirm current medication within 24 hours of a youth being in office through Navinet. If information does not appear to be up-to-date in Navinet, the regional nurse will contact the child's health care provider to confirm medication information. Note: Navinet may not be up-to-date but is the most up-to-date information available through Select Health. Medication is to be administered according to the prescription. The designated staff administering the medication will track and initial on the standard medication log and document the action in CAPSS. The designated supervisor will monitor the medication log by conducting a review of the log, comparing notations in the log with the prescription. This review should occur each morning by 9 am and each afternoon by 5 pm.	designated staff Well-Being Program Assistant for Psychotropic Medication Administration Review case manager, supervisor or program coordinator
Continuation of Schooling	Children/youth are to continue in their current school setting. Within 24 hours of the child/youth's placement dissolving or of custodial entry, designated staff will coordinate with the school district to explore virtual school attendance options when the child/youth is residing outside of their home school district. When virtual school attendance is not an option, designated staff with the support of the community liaison coordinator, will advocate to have assignments provided to prevent the child/youth missing educational requirements. The case manager will communicate with previous placement provider to maintain the child/youth's enrollment status in their current school district.	case manager community liaison community liaison coordinator

Provisions to Meet Therapeutic Needs	If child/youth is in therapy, within 24 hours of placement dissolution, the designated staff with the support of the regional clinical specialist, will coordinate continuance of services or arrange for local therapeutic services. If child/youth is placed outside of region, the designated staff with the support of the regional clinical specialist, will coordinate virtual therapy with the current therapist to promote continuity of care.	case manager regional clinical specialist
Meeting Nutritional Needs	Gift cards to local restaurants are to be utilized for food. P-Cards can be utilized to purchase food items from Wal-Mart or grocery stores to include breakfast, lunch, dinner and snack items. Children/youth with special dietary needs will be staffed with Regional nurse for guidance on meal planning to ensure dietary needs are met.	county director or designee staff designated to provide coverage
Managing Hygiene	Each region has identified offices where children/youth will be taken to maintain hygiene. This includes showering and use of washer and dryer to wash bedding and clothing. A regional list will be provided to county offices.	county director or designee
Medical Appointments	If the child/youth has any medical appointments, designated staff will transport to appointments; inviting biological parents to attend.	case manager supervisor
Crisis Plan	The regional direction will partner with their region to create a crisis team that consist of members from county staff, Safety, Child Health and Well-Being, CFTM and Permanency. The crisis team will be deployed to provide support for youth who are experiencing overnight or night to night stays in a county office. The crisis plan will be created in the CFTM and will include the components listed in Section C below.	case manager, supervisor, or program coordinator regional clinical specialist

Section C: Crisis Plan Components

The regional team will hold an internal staffing to create a crisis plan to support child/youth exhibiting active mental health decompensation or aggressive behavior. The plan should include:

- **CHILD'S INFORMATION:** Name, age, mental health diagnosis, medical history, list of child's strengths and interests.
- **FAMILY INFORMATION:** Name of parents, step-parents, family members who live in the home and family members with close ties.
- **CURRENT CRISIS:** What is causing child/youth to experience placement disruption, what is the risk of harm based on CANS assessment, current stressor(s).

- **BEHAVIORS:** A list of triggers or antecedents (things present before the behavior occurs), previously employed de-escalation strategies and treatments that have worked in the past, what may escalate the child's behavior (such as actions or people likely to make the situation worse).
- **MEDICATION:** Name and type of medication(s), dosage, prescriber's name and phone number, pharmacy name and phone number, any medications that have not worked in the past and known allergies.
- **PROFESSIONAL INVOLVEMENT:** Phone numbers of youth/child's service providers: family doctor, therapist, social worker, psychiatrist and therapist.
- **SUPPORTS:** Adults the child has a trusting relationship with such as neighbors, friends, family members, favorite teacher or counselor at school, people at faith communities or work acquaintances.
- **SAFETY CONCERNS:** Limiting access to weapons, medication (both prescription and over the counter); and AWOL precaution.
- **RESOURCES:** Create plan for staff coverage while child is pending permanent placement option, identify advocacy organizations and support group and activities that child/youth can participate in while waiting, identify community resources to support when child/youth is exhibiting active mental health decompensation or aggressive behavior (DMH mobile crisis, LE).
- **CHECK IN:** Create a time for team to check in to ensure crisis plan is effective or if other strategies are needed.

CONSIDERATIONS FOR CRISIS MANAGEMENT PLAN:

- Location being secured with safety planning
- Child's Behaviors That You Want to Change or Prevent (What has your child done today or in the past that may be unsafe?):
- Possible Reasons Child Might Display Unsafe Behaviors (Include key specific reasons in the child, peer, family, school or community that may cause the behavior):
- Ideas for Preventing Another Crisis from Occurring: (Things that would be practiced on a daily basis, when a crisis is not happening, to prevent a crisis from starting? Ex. Regular practice of coping skills, check in by parent, weekly family meetings, etc.):
- Signs of Crisis for This Child/Youth (describe child's behaviors & appearance before/leading up to a crisis):
- Managing A Crisis When It Is Occurring: (Specific steps to take when you see the signs and symptoms worsening. Ex. Call supports, remove other children/pets, time out, etc.):
- Things to Avoid doing/saying when managing a crisis when it is occurring:
- Key People in Child or Family's Life and Ways They Can Help:
 - o Name (Neighbors, family, friends, pastor, positive staff at facility, PO, CM)

- o Support they can provide (Help supervise, phone support, respite, help setting rules, help reinforce positive behavior of child, etc.)
- Special Supervision Plans and Responsible Parties (i.e. - specific supervision needs before, during, after school; instructions for using sharp items, med. administration, etc.):
- Safety Sweep and Removal of Means To Target Present Risky Behavior: (What is available in home/facility that may be unsafe for child/youth having a crisis?):
 - o Guns and bullets
 - o Prescribed medications
 - o Household items (cleaning products)
 - o Illegal drugs
 - o Over the counter medications
 - o Alcohol
 - o Knives or sharps
 - o Other: _____
- How/Where Will Items Be Secured; Who Is Responsible for Securing The Items; When the Items will be secured:
- Plans for Long-Term Stability of Child (What needs to be done by the child, family, provider, crisis team, etc. within the next 24 hours to get the safety plan going?):
- Potential Barriers to the safety plan being successful:
- Steps to Address the Barriers:
- Contact the Crisis Team: (Phone # _____) if above interventions are unsuccessful or additional referrals are needed.
- Contact Police or EMS if youth has a weapon or medical attention is needed.
- Clinical Follow-Up (Describe follow up to be provided by Crisis Team Staff):
- Signatures of those attending the Placement CFTM should be requested as an indication of review and approval of this safety plan. (The safety plan is created to be followed for 24-72 hours after the crisis assessment or until an appointment with mental health provider and interim group care treatment secured)