

**Charleston County DSS  
Child Welfare Services Review  
June 2004**

During the week of June 14 thru 18, 2004 a team of six DSS staff from state office, and DSS supervisors from adjoining counties conducted an on-site review of child welfare services in Charleston County.

**Period included in Case Record Review: Dec 1, 2003 to May 31, 2004**

**Period included in Outcome Measures: June 1, 2003 to May 31, 2004**

**Purpose**

The Department of Social Services engages in a review of child welfare services in each county to:

- a) Determine to what degree services are delivered in compliance with federal and state laws and agency policy; and
- b) Assess the outcomes for children and families engaged in the child welfare system.

State law (sec 43-1-115) states, in part:

The state department shall conduct, at least once every five years, a substantive quality review of the child protective services and foster care programs in each county and each adoption office in the State. The county's performance must be assessed with reference to specific outcome measures published in advance by the department.

The information obtained by the child welfare services review process will:

- a) Give county staff feedback on the effectiveness of their interventions.
- b) Direct state office technical assistance staff to assist county staff with their areas needing improvement.
- c) Inform agency administrators of which systemic factors impair county staff's ability to achieve specific outcomes.
- d) Direct training staff to provide training for county staff specific to their needs.

**Quantitative and Qualitative Data Sources**

The county-specific review of child welfare services is both quantitative and qualitative.

The review is **quantitative** because it begins with an analysis of every child welfare outcome report for that county for the period under review. The outcome reports reflect the performance of the county in all areas of the child welfare program: CPS Intake, CPS Investigations, CPS In-Home Treatment, Foster Care, Managed Treatment Services (MTS), and Adoptions.

The review is **qualitative** because it includes an analysis of information obtained from agency clients, staff and stakeholders. Client and stakeholder information is obtained by focus groups, interviews and surveys. The questions posed to clients and stakeholders are designed to illicit information about the quality of the services rendered and the effectiveness of those services.

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**Section One**

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

<b>Item 1: Timeliness of initiating investigations</b> on reports of child maltreatment High Risk = 0 to 2 hrs. Medium Risk = 2 to 12 hrs. Low Risk = 12 to 24 hrs.* Data Time Period: 06/1/03 to 05/31/04				
	Number of Determinations	Number of Investigations Initiated Timely	Number of Investigations Met Objective >= 99.44%	Number of Investigations Above (Below) Objective
State	16,098	13,931	16,007.85	(2,076.85)
Charleston	894	577	888.99	(311.99)

Note: This standard is based on State Law. It is not a federally established objective.

**Explanation**

Timeliness of investigations is an **Area Needing Improvement** because CAPSS indicates that Charleston fell short of the objective by 312 cases.

<b>Item 2: Recurrence of Maltreatment</b> – Of all children who were victims of indicated reports of child abuse and/or neglect during the reporting period, the percent having another indicated report within a subsequent 6 month period.  Indicated Report Between Dec 1, 2002 and Nov 30, 2003				
	Number of Child Victims	Number of Child Victims In Another Founded Rept	Number of Children Met Objective >= 93.90%*	Number of Children Above (Below) Objective
State	9,922	69	9,316.76	536.24
Charleston	860	0	807.54	52.46

Note: This is a federally established objective.

**Explanation**

This is a **Strength** because CAPSS indicates that none of the cases indicated for abuse or neglect during the rating period had another indicated report within a subsequent 6 month period.

<b>Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect</b>				
<b>Site Visit Findings</b>				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	6			4
CPS Treatment	8	2		

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Analysis of Safety Outcome #1

**Safety outcome #1 was partially achieved.** Outcome data indicates that *Timeliness of Initiating Investigations is an area needing improvement* because 577 of the 894 (65%) CPS cases were investigated within mandated timeframes. Of the 25 cases reviewed during the onsite visit, only one case was rated as an area needing improvement regarding timeliness. Stakeholders saw DSS's initiation of investigations as a **strength**. The 317 (894-577) case investigations not initiated within 24 hours may be due to when and how this information is entered into CAPSS.

The item "Repeat Maltreatment" is a **strength** according to the outcome report because none of the 860 children with an indicated report received another indicated report during the period under review. This matches the findings of the onsite reviewers.

**Section Two**

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

<b>Item 3: Services to family to protect child(ren) in home and prevent removal.</b>			
<b>Site Visit Findings</b>			
	Strength	Area Needing Improvement	Not Applicable
<b>Foster Care</b>	4		6
<b>Treatment</b>	6	3	1

**Explanation**

This is an **Area Needing Improvement** for Charleston DSS. This item assesses the appropriateness of the agency's interventions to prevent the removal of children from their family. Reviewers found that 10 of the 13 applicable cases were strong in this area. The 3 treatment cases rated "Area Needing Improvement" had needed services, identified by assessment workers, that were not delivered.

<b>Item 4: Risk of harm to child</b> – Of all unfounded investigations during the reporting period, the percent receiving subsequent reports within six months of the initial report.				
	Number Alleged Child Victims in an Unfounded Rept 12/1/02 to 11/30/03	Number With Another Rept Within 6 Months of Unfounded Determination	Number of Cases Met Objective >= 93.90%*	Number of Cases Above (Below) Objective
State	15,671	1,464	14,715.07	(508.07)
Charleston	885	71	831.02	(17.01)

Note: This is a DSS established objective.

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**Explanation**

This is an **Area Needing Improvement** because Charleston DSS missed the objective by 17 cases. To meet the objective, no more than 54 cases could have an additional report. During the period under review, 71 cases had an additional report. Onsite reviewers identified two of the twelve applicable cases in which the treatment worker failed to follow up on the services recommended by the assessment worker. Consequently, the risk factors in the home were not reduced. The remaining cases were well managed in this area.

<b>Safety Outcome 2:</b> Children are safely maintained in their homes whenever possible and appropriate.				
<b>Site Visit Findings</b>				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	6			4
CPS Treatment	7		3	

**Analysis of Safety Outcome #2**

**Safety outcome #2 was Partially Achieved.** Item 3, Services to family, was rated a “Strength”, and Item 4, Risk of Harm, was rated an “Area Needing Improvement”.

The outcome measure “Risk of harm to child” is a proxy measure because it counts the additional reports made on unfounded investigations. Those additional reports may or may not indicate continued risk to a child. To meet the agency established standard, no more than 54 cases could receive a subsequent report. However, 71 cases received a subsequent report, exceeding the standard by 17 cases.

Onsite reviewers did not find problems with Risk of Harm in foster care cases, but 2 of the 10 treatment cases were rated “Area Needing Improvement” for this item. Charleston supervisors noted that the agency is not as effective in dealing with this issue now as it was when implementing Dual Track (Differential Response).

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**Section Three**

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

<b>Item 5: Foster Care Re-entries</b> – Of all children who entered care during the year under review, the percent that re-entered foster care within 12 months of a prior foster care episode.				
	Number Children Entering Care 06/1/03 to 05/31/04	Number That Were Returned Home Within The Past 12 Months From Previous Foster Care Episode	Number of Children Objective $\geq 91.40\%$ *	Number of Children Above (Below) Objective
State	3,220	305	2,943.08	(28.08)
Charleston	243	24	222.10	(3.10)

Note: This is a federally established objective.

**Explanation**

**Foster Care Re-entries is an “Area Needing Improvement” for Charleston DSS.** Of the 243 children who entered care in Charleston County during the period under review, 24 children had been returned home in the prior 12 months. Those 24 children are **Re-entries**. To meet the federal objective, no more than 21 of the 243 children could be re-entries.

<b>Item 6: Stability of Foster Care Placement</b> – Of all children who have been in foster care less than 12 months from the time of the latest removal from home, the percent that had not more than 2 placement settings.				
	Number of Children In Care Less Than 12 Months	Number of Children With No More Than 2 Placements	Number of Children Objective $\geq 86.70\%$ *	Number of Children Above (Below) Objective
State	3,719	2,993	3,224.37	(231.37)
Charleston	264	218	228.89	(10.89)

Note: This is a federally established objective.

<b>Stability of Placement</b>				
<b>Site Visit Findings</b>				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	8	2		
CPS Treatment				X

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**Explanation**

**“Stability of Foster Care Placement” is an area needing improvement.** To meet this standard 229 or more of the 264 children in care less than 12 months could experience 2 or fewer placements. Instead, only 218 children experienced 2 or fewer placements. The remaining 51 children experienced more than 2 placements, 11 more children than the standard allows. In other words, 19% of the children entering foster care in Charleston County experienced 3 or more placement changes within their first year in care.

The CAPSS data explained above matches the findings of the onsite reviewers, who found that 2 of the 10 cases (20%) reviewed during the site visit were rated “Area Needing Improvement”. The Onsite Review Instrument directed reviewers to determine if children were moving due to disruptions (unplanned moves), or for clinically appropriate reasons (ex. moved to a lower level of care, moved to a licensed relative’s home, moved into placement with siblings, etc.). Eighty percent (8 of 10 cases) did not experience unplanned moves.

**Item 7: Permanency Goal for Child** – Of all children who have been in foster care for 15 of the most recent 22 months, the percent for which a Termination of Parental Rights (TPR) petition has been filed.

	Children in Care At Least 15 of Last 22 Months 06/03 – 05/04	Number Children With TPR Complaint	Number of Children Objective >= 45.00%*	Number of Children Above (Below) Objective
State	3,589	1,865	1,615.05	249.95
Charleston	379	184	170.55	13.45

Note: This is DSS established objective. The federal agency tracks these numbers but has not established an objective for this measure.

**Explanation**

**This is a strength for Charleston County.** To meet this objective 45.00% or more of the children in care 15 of the most recent 22 months must have a TPR petition filed. In Charleston DSS 49% (184/379) of the children in care 15 of the most recent 22 months had a TPR petition filed. Statewide 52% of the children in care 15 of the most recent 22 months had a TPR petition filed. As a state, DSS is meeting this objective.

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<b>Item 8: Length of Time to Achieve Reunification</b> – Of all children who were reunified with the ir parents or caregiver, at the time of discharge from foster care, the percent reunified in less than 12 months from the time of the latest removal from home.				
	Number of Children Where Fos Care Services Closed. Last Plan Was Return Home 06/01/03 – 05/31/04	Number of Children In Care Less Than 12 Months	Number Of Children Objective $\geq 76.20\%$ *	Number of Children Above (Below) Objective
State	2,079	1,729	1,584.20	144.80
Charleston	144	125	109.73	15.27

Note: This is a federally established objective.

**Explanation**

**This is a strength for Charleston County.** To meet this objective 76.20% of the children with a plan of “Return Home” whose case closed during the reporting period must be returned home within a year of entering foster care. Charleston County met this objective because 86.80% (125/144) of such children returned home within a year of entering care. Statewide, 83.16% (1,729/2,079) of children with that plan returned home within 12 months of entering care.

<b>Item 9: Length of Time to Achieve Adoption</b> – Of all children who exited from foster care during the year under review to a finalized adoption, the percent that exited care in less than 24 months from the time of the latest removal from home.				
	Number of Children With Finalized Adoption W/in Past 12 Months	Number of Children Where Adoption Was Finalized Within 24 Months of Entering Care	Number of Children Objective $\geq 32.00\%$ *	Number of Children Above (Below) Objective
State	292	52	93.44	(41.44)
Charleston	18	6	5.76	0.24
Charleston Adoptions	29	6	9.3	(3.3)

Note: This is a federally established objective.

**Explanation**

**This is an area needing improvement.** The Charleston Adoption office numbers are included because that office managed most of the adoption cases originating in Charleston County.

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To meet this objective 32.00% of the children adopted during the period under review must be adopted within 24 months of entering care. For the combined Charleston offices 25.53% (12/47) of the children adopted were adopted within 24 months of entering care, 6.5 percentage points short of the federally established objective. Statewide, 17.80% (52/292) of children adopted through DSS are adopted within 24 months of entering care.

Stakeholder interviews conducted during the onsite portion of this review give insight into the obstacles that must be overcome for Charleston DSS to meet this objective.

- a) Two behavioral disorders associated with child maltreatment usually cannot be treated within legal timeframes: sex abuse and cocaine addiction. For child welfare staff planning with parents who have those disorders, it is often impossible to determine if either TPR or Return Home is the appropriate plan within 18 months of the child entering care.
- b) Mandated trials (probable cause, merit, permanency planning) consume agency and court time and resources. Casework and legal staff often divert time from TPR cases to attend to the other mandated trials.
- c) There is not enough emphasis on adoption for older children.
- d) Even when TPR cases are uncontested they are not consistently being filed within 60 days of the permanency planning hearing that approves the plan of TPR & Adoption.

Item 10: <b>Permanency Goal of “Other Planned Living Arrangement”</b> – Of all children in foster care, the percent with a permanency goal of emancipation (Indep Liv Services) or a planned permanent living arrangement other than adoption, guardianship, or return to family.				
	Number of Children In Care at Least One Day 06/1/03 – 05/31/04	Number of Children In Care With Perm Plan of “Other Planned Living Arrangement”	Number of Children Objective <= 20.00%	Number of Children Above (Below) Objective
State	8,025	1,107	6,420.00	498.00
Charleston	523	51	418.40	53.60

Note: This is a DSS established objective.

**Explanation**

This is a **strength** for Charleston DSS. To meet this objective 20% or fewer of the children in care could have the permanency goal of “Emancipation”. In Charleston 9.75% of the children have this goal. Statewide, 13.79% of the children in foster care have this goal.

The supervisors expressed concern for the youth in foster care who are eligible for independent living services, but who do not take advantage of those services. The supervisors said that Charleston DSS has a unit that specializes in working with children



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with this plan, but that not all children who need to be managed by this unit are in the unit.

<b>Permanency Outcome 1:</b> Children have permanency and stability in their living situations.				
<b>Site Visit Findings</b>				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	5	5		
CPS Treatment				X

Analysis of Permanency Outcome #1

**Permanency outcome #1 was partially achieved.** Strengths are demonstrated in a) Permanency goal for child, b) Reunification, or permanent placement with relatives, and c) permanency goal of “other planned living arrangement. Areas needing improvement include a) Foster care re-entries, b) Stability of foster care placement, and c) Length of time to achieve adoption.

**Section Four**

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

<b>Item 11: Proximity of Foster Care Placement</b> – Of all children in foster care during the reporting period (excluding MTS and Adoptions children), the percent placed within their county of origin.					
	Number of Children In Care 06/1/03 – 05/31/04	Number of Children Placed Within County of Origin	Percent of Children Placed Within County of Origin	Number of Children Objective >= 70.00%*	Number of Children Above (Below) Objective
State	5,670	3886	68.54	3,969	(83.00)
Charleston	483	335	70.75	338.10	(3.10)

Note: This is a DSS established objective.

**Explanation**

Based on the outcome report, to meet this objective at least 70.00% of the children in care must be placed in Charleston County. **This is a strength for Charleston DSS.** Even though slightly fewer than the objective number of children were placed within Charleston County (69.35%), onsite reviewers found that several of the children placed out of county were placed in adjacent counties, Dorchester or Berkeley, within close proximity of their families. The outcome report cannot not assess proximity at this level.

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<b>Site Visit Findings</b>			
	Strength	Area Needing Improvement	Not Applicable
<b>Item 12: Placement with siblings in foster care.</b>	6	1	3

**Explanation**

**This is a strength for Charleston County.** Of the 10 foster care cases reviewed during the onsite visit, 3 children had no sibling in foster care, and were rated N/A. In all but one case it appeared that every effort was made to place siblings together when appropriate.

<b>Site Visit Findings</b>			
	Strength	Area Needing Improvement	Not Applicable
<b>Item 13: Visiting with parents and siblings in foster care</b>	6	1	2

**Explanation**

**This is a strength for Charleston DSS.** The onsite reviewers saw this as a strength in all but one of the cases reviewed because case files consistently contained visitation plans, and visits occurred as planned. However, planned visits usually involved the minimum required by policy – two visits per month. Those visits usually occur in the DSS office, and usually last one hour. In responding to this issue, the Charleston DSS supervisors said “Children are definitely not visiting with parents and siblings like they should”. The supervisors explained that large sibling groups are often placed in different foster homes in different parts of the county; that it is difficult to schedule visits without interfering with school. Consequently, visits have to be scheduled late afternoon or early evening. The supervisors also acknowledged that the two hours a month is not enough time to maintain the relationships between the children in foster care and their parents and siblings.

<b>Site Visit Findings</b>			
	Strength	Area Needing Improvement	Not Applicable
<b>Item 14: Preserving connections</b>	7	1	2

**Explanation**

**This is a strength for Charleston DSS.** This item addresses the agency’s ability to preserve a child in foster care’s connection to his/her community, family, and faith. Charleston DSS has accomplished this by attempting, when possible to keep children

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within their original school, when a placement change is needed, and by placing children as close to their family of origin as possible.

<b>Site Visit Findings</b>			
	Strength	Area Needing Improvement	Not Applicable
<b>Relative placement</b>	8		2

**Explanation**

**This is a strength for Charleston DSS.** This item addresses the agency’s effectiveness in identifying and assessing the relatives of children in foster care as possible caregivers. It also addresses the support provided to relatives who care for children involved in the child welfare system. Onsite reviewers noted that processes are in place to conduct diligent searches for both paternal and maternal relatives. The agency appears to do a good job of assessing the appropriateness of relatives as potential placement resources.

<b>Site Visit Findings</b>			
	Strength	Area Needing Improvement	Not Applicable
<b>Relationship of child in care with parents</b>	3	1	6

**Explanation**

**This is a strength for Charleston DSS.** This item addresses the agency’s effectiveness in promoting or maintaining a strong emotionally supportive relationship between children in care and their parents. Onsite reviewers documented DSS staff’s ongoing attempts to involve parents in their children’s lives whether or not parents were cooperative. Supervisors stated that the role of foster parents in this process is emphasized especially with new foster parents.

<b>Permanency Outcome 2:</b> The continuity of family relationships and connections is preserved for children.				
<b>Site Visit Findings</b>				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	9	1		
CPS Treatment				X

**Analysis**

**Permanency outcome #2 was Substantially Achieved.** All six of the items associated with this permanency outcome were rated a “Strength”. As positive as this accomplishment is, one stakeholder pointed out an area of concern. The stakeholder said that Charleston DSS “does a good job of maintaining relationships between children and

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parents.” She explained that the law requires that the relationship be maintained even when the plan for the child is TPR & Adoption. She stated, “This prevents some children from being adopted. The kids don’t let go.”

**Section Five**

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

<b>Item 17: Needs and services of child, parents, foster parents.</b>			
<b>Site Visit Findings</b>			
	Strength	Area Needing Improvement	Not Applicable
Foster Care	9	1	
CPS Treatment	6	4	

**Explanation**

**This is an “Area Needing Improvement” for Charleston DSS.** This item asks two questions: 1) Were the needs of the child, parents, and foster parents assessed, and 2) Did the agency take steps to meet the identified needs? Regarding this item the area needing improvement is the link between CPS assessments and treatment. In 5 of the 20 cases reviewed, the assessments identified specific needs of the client or client family, or risk factors in the home. However, there was no evidence that those risk factors were addressed, or that services were initiated to address those needs.

<b>Item 18: Child and family involvement in case planning</b>			
<b>Site Visit Findings</b>			
	Strength	Area Needing Improvement	Not Applicable
Foster Care	5	4	1
CPS Treatment	6	4	

**Explanation**

**This is an “Area Needing Improvement” for Charleston DSS.** Although 11 of the 20 cases reviewed clearly showed that the parents and age appropriate children were involved in case planning, eight of the 20 cases reviewed showed no evidence of such involvement. For cases open more than six months, it appeared that parents were involved in the initial treatment planning, but were not involved in the development of subsequent plans. Reviewers found a few cases with no treatment plan, and other cases with no parent signature on the plan or documentation that would indicate that the parent was involved in the development of the plan.

Supervisors stated that Team Decision Making (TDM) is done with North Charleston cases – which represent 53% of the total cases. Supervisors also stated that family

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meetings are done with all cases – assessment, treatment, and foster care. One stakeholder said that Guardians Ad Litem are never invited to case planning meetings.

<b>Item 19: Worker visits with child</b>			
<b>Site Visit Findings</b>			
	Strength	Area Needing Improvement	Not Applicable
Foster Care	10		
CPS Treatment	4	6	

**Explanation**

**This is an “Area Needing Improvement” for Charleston DSS.** This rating is based on two questions: 1) are Charleston DSS staff visiting children according to policy, and 2) does the work done during those visits contribute to the accomplishment of the child’s permanency goal? Every foster care case reviewed met these two criteria. However, 6 of 10 treatment cases failed to meet both criteria. One combination of visiting patterns was of particular concern to reviewers – when the face-to-face visit with the child was either in the DSS office, in the child’s school, or at a Mental Health appointment, and there was no face-to-face visit with the parent. This meant that the worker did not visit the child’s home; that risk factors in the home were not adequately assessed.

<b>Item 20: Worker visits with parents</b>			
<b>Site Visit Findings</b>			
	Strength	Area Needing Improvement	Not Applicable
Foster Care	2	2	6
CPS Treatment	4	6	

**Explanation**

**This is an “Area Needing Improvement” for Charleston DSS.** Reviewers rated cases as an “Area Needing Improvement” when visits with parents did not occur in compliance with agency policy, or did not occur with sufficient frequency to monitor the parent’s treatment plan. More than half of the applicable cases received this rating. Several treatment cases showed no documented visits with parents for three or more consecutive months.

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<b>Well Being Outcome 1:</b> Families have enhanced capacity to provide for their children's needs.				
<b>Site Visit Findings</b>				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	6	4		
CPS Treatment	4	2	4	

Analysis of Well Being Outcome #1

**Well being outcome #1 was Not Achieved.** All four of the items associated with this outcome were rated "Area Needing Improvement". With the exception of item 18, child & family involvement in case planning, treatment cases were consistently rated weaker than foster care cases. One theme echoed by supervisory staff and every stakeholder interviewed was the impact of front line staff turnover on the quality of casework. This is especially significant because staff turnover was not one of the interview questions. One stakeholder said, "Several of our staff are former DSS employees." Another said, "The worst thing happening to DSS is the turnover. Most workers don't leave the field. They go to an agency where they have less caseload and more money." One supervisor said, "We'd like for our workers to get into those homes more often, but it's hard."

**Section Six**

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

<b>Item 21: Educational Needs of the Child</b> – Of all children that aged out of foster care, the percent that graduated from high school.				
	Number of Children Aged Out 06/1/03 – 05/31/04	Number Completing 12 <sup>th</sup> Grade or Higher	Number of Children Objective $\geq 90.00\%*$	Number of Children Above (Below) Objective
State	351	53	315.90	(262.90)
Charleston	24	0	21.60	(21.60)
Charleston MTS	20	0	18.00	(18.00)

Note: This is a DSS established objective.

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<b>Well Being Outcome 2:</b> Children receive appropriate services to meet their educational needs.				
<b>Site Visit Findings</b>				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	9	1		
CPS Treatment	6	1	2	1

**Analysis of Well Being Outcome # 2**

**Well being outcome # 2 was Partially Achieved.** The agency’s outcome report counts the number of children who age out of foster care with a high school degree. CAPSS shows that none of the 20 foster children who aged out of care received a high school degree. By that measure, this outcome would be rated “Not Achieved”. However, the onsite review instrument rates this outcome on a different set of criteria – whether the educational needs of children were being assessed and addressed. This allows for the rating of the agency’s handling of all school-aged children, not just those aging out of foster care.

Fifteen of the 20 cases reviewed were rated a “Strength” according to the latter criteria, because in most cases Charleston DSS staff are attending to the educational needs of the children under their supervision. In fact, some excellent case work was seen in this area. Supervisor stated, “Most family meetings are at the school.” Psychoeducational evaluations were done and in the case record when the need for such was indicated. This was particularly true for children in foster care. It was less true for children in treatment cases.

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**Section Seven**

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

<b>Item 22: Physical health of the child</b>			
<b>Site Visit Findings</b>			
	Strength	Area Needing Improvement	Not Applicable
Foster Care	10	0	0
CPS Treatment	7	2	6

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**Explanation**

**This is a strength for Charleston DSS.** This item rates the agency’s performance in ensuring that the physical health needs of children are assessed and addressed. The processes in place to accomplish this in Charleston DSS are working.

<b>Item 23: Mental health of the child</b>			
<b>Site Visit Findings</b>			
	Strength	Area Needing Improvement	Not Applicable
Foster Care	8	1	1
CPS Treatment	2	2	6

**Explanation**

**This is a strength for Charleston DSS.** This rating is impacted by several systemic factors. Charleston County Mental Health has 35 school-based counselors assigned to schools throughout the county. One mental health counselor specializes in pre & post adoption cases. Three mental health counselors are called “Reunification Workers” specializing in working with children returning home from foster care. Home-based services are available, but are not adequate to meet the demand.

Here again, a drug treatment professional talked about how DSS timeframes and drug treatment/relapse issues are not compatible. The stakeholder explained how this places DSS case workers in the position of either disregarding the genuine efforts of addicted parents who need more time to achieve recovery, or failing to pursue the plan of TPR and Adoption at the Permanency Planning hearing.

<b>Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.</b>				
<b>Site Visit Findings</b>				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	9	1		
CPS Treatment	6	1	1	2

**Analysis of Well Being Outcome # 3**

**Well being outcome #3 was Substantially Achieved.** Both items associated with this outcome were rated a “Strength”. Much of this has to do with the fact that Charleston County is rich in treatment related resources. Access to those services now has much to do with whether they are centralized (available in one or a few locations), or decentralized (available throughout the county). Only 1/8<sup>th</sup> of the bus routes available last year are still available. The remaining bus service is concentrated in North Charleston. Residents in other parts of the county have been cut off from this service. This affects access to drug treatment services which are offered from one building in downtown Charleston. The drug treatment representative said, “The working poor male has the worst access problem.”



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**Section Seven**

<b>Screened Out CPS Referrals</b>				
	Yes	No	Not Applicable	Cannot Determine
Appropriately Screened Out?	7			3
Necessary Collaterals Contacted?	6	3	1	
Appropriate Referrals Made?	4	1	5	

**Analysis of Screen-Out Decisions**

**This is a strength for Charleston DSS.** Not every call made to DSS to report abuse or neglect of a child is accepted for investigation. Only those calls that meet the legal definition of child abuse can be accepted. Charleston DSS received 1,509 intakes during the period from 10/1/02 thru 09/30/03. During that period 364 (24.1%) of those intakes were screened out (not accepted for investigation). Statewide, 29.1% of all reports of child abuse are screened. Ten of the 364 screened out intakes were reviewed to assess the appropriateness of the screen-out decision. Assessment of the intake decisions was based solely on information documented in CAPSS.

Reviewers found that the rationale for not investigating the referrals was appropriate in 7 of the 10 referrals reviewed. The appropriateness of three referrals could not be determined because information that should have been obtained from other persons (collaterals) was not documented.

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Section Eight

<b>Unfounded Assessments</b>		
	Yes	No
Was Assessment Adequate?	5	0
Was Unfounded Decision Appropriate?	5	0

**Analysis of Unfounded Assessments**

This is a **strength** for Charleston DSS. Once DSS determines that a report of abuse of a child meets the legal definition, an assessment (investigation) of safety & risk factors must be done. Charleston DSS assessed 1,102 cases from 10/01/2002 to 09/30/2003, and found insufficient evidence that abuse occurred in 545 (49.5%) of those cases (unfounded assessments). Statewide, 61.8% of all assessments are unfounded.

Five of Charleston's unfounded assessments were reviewed. Reviewers found that the quality of the assessments in all 5 cases was adequate. Reviewers found that the decision to unfound the case was appropriate in all 5 cases.

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<b>Case Rating Summary Foster Care</b>							
<b>Performance Item or Outcome</b>	<b>Perf. Item Ratings</b>			<b>Outcome Ratings</b>			
	<b>Strength</b>	<b>Area Needing Improve - ment</b>	<b>N/A*</b>	<b>Substan- tially Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>	<b>N/A*</b>
Outcome S1: Children are, first and foremost, protected from abuse and neglect.				6			4
Item 1: Timeliness of initiating investigations of reports of child maltreatment	4		6				
Item 2: Repeat maltreatment	4		6				
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.				6			4
Item 3: Services to family to protect child(ren) in home and prevent removal	4		6				
Item 4: Risk of harm to child(ren)	6		4				
Outcome P1: Children have permanency and stability in their living situations.				5	5		
Item 5: Foster care re-entries	3		7				
Item 6: Stability of foster care placement	8	2					
Item 7: Permanency goal for child	7	3					
Item 8: Reunification, guardianship, or permanent placement with relatives	2	1	7				
Item 9: Adoption	2	1	7				
Item 10: Permanency goal of other planned permanent living arrangement	3	1	6				
Outcome P2: The continuity of family relationships and connections is preserved for children.				9	1		
Item 11: Proximity of foster care placement	5	1	4				
Item 12: Placement with siblings	6	1	3				
Item 13: Visiting with parents and siblings in foster care	6	1	3				
Item 14: Preserving connections	7	1	2				
Item 15: Relative placement	8		2				
Item 16: Relationship of child in care with parents	3	1	6				
Outcome WB1: Families have enhanced capacity to provide for their children's needs.				6	4		
Item 17: Needs and services of child, parents, foster parents	9	1					
Item 18: Child and family involvement in case planning	5	4	1				
Item 19: Worker visits with child	10						
Item 20: Worker visits with parent(s)	2	2	6				
Outcome WB2: Children receive appropriate services to meet their educational needs.				9			1
Item 21: Educational needs of the child	9		1				
Outcome WB3: Children receive adequate services to meet their physical and mental health needs.				9	1		
Item 22: Physical health of the child	10						
Item 23: Mental health of the child	8	1	1				

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**Case Rating Summary  
Treatment Cases**

Performance Item or Outcome	Perf. Item Ratings			Outcome Ratings			
	Strength	Area Needing Improvement	N/A*	Substantially Achieved	Partially Achieved	Not Achieved	N/A*
Outcome S1: Children are, first and foremost, protected from abuse and neglect.				8	2		
Item 1: Timeliness of initiating investigations of reports of child maltreatment	8	1	1				
Item 2: Repeat maltreatment	9	1					
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.				7		3	
Item 3: Services to family to protect child(ren) in home and prevent removal	6	3	1				
Item 4: Risk of harm to child(ren)	6	2	2				
Outcome P1: Children have permanency and stability in their living situations.							
Item 5: Foster care re-entries							
Item 6: Stability of foster care placement							
Item 7: Permanency goal for child							
Item 8: Reunification, guardianship, or permanent placement with relatives							
Item 9: Adoption							
Item 10: Permanency goal of other planned permanent living arrangement							
Outcome P2: The continuity of family relationships and connections is preserved for children.							
Item 11: Proximity of foster care placement							
Item 12: Placement with siblings							
Item 13: Visiting with parents and siblings in foster care							
Item 14: Preserving connections							
Item 15: Relative placement							
Item 16: Relationship of child in care with parents							
Outcome WB1: Families have enhanced capacity to provide for their children's needs.				4	2	4	
Item 17: Needs and services of child, parents, foster parents	6	3	1				
Item 18: Child and family involvement in case planning	6	4					
Item 19: Worker visits with child	4	6					
Item 20: Worker visits with parent(s)	4	6					
Outcome WB2: Children receive appropriate services to meet their educational needs.				6	1	2	1
Item 21: Educational needs of the child	6	3					
Outcome WB3: Children receive adequate services to meet their physical and mental health needs.				6	1	1	2
Item 22: Physical health of the child	7	1	2				
Item 23: Mental health of the child	2	2	6				

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