SOUTH CAROLINA CITIZEN REVIEW PANELS FOR CHILD PROTECTIVE SERVICES
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Annual Report of Activities and Recommendations: 2004

The Panels met CAPTA operational requirements in 2004, and it was an especially important year developmentally, so this report incorporates evolutionary accomplishments as well as accountability, oversight activities, and recommendations

Accountability

CAPTA requires quarterly meetings, representative participation, delivery of an annual report to DSS, and receipt of written responses from DSS. All these requirements were satisfied.

Meetings. Each Panel met at least quarterly. Besides participation together in a joint retreat with Department of Social Services (DSS) state administrators and county directors, individual Panels met regularly. The Midlands and Lowcountry Panels met six times each and Upstate met seven times, with additional meetings as needed for individual work teams.

Representation. Panel participation this year was more broadly representative of the community, though still not able to include direct recipients or survivors of child protective services. Although increased diversity remains a goal, the list of participants (Appendix A) demonstrates abundance of expertise in child abuse and neglect.

Reporting. Because the Panel year shifted from fiscal to calendar reporting intervals, more than twelve months lapsed between the previous report and this one. To assure continuity of information in the meantime, the Panels provided quarterly reports to DSS. For the annual retreat in October, DSS in turn provided documentation of progress in follow-up to the 2003 recommendations, and their written response to this report will be available for joint consideration at the 2005 retreat.

Panel Development

During 2004, Panel chairs and coordinator attended the National CRP Conference, where they were challenged to explore the mission and vision of Panel activity. They increased familiarity with online information resources, including a national discussion board. In follow-up correspondence with the Children's Bureau, they were encouraged to develop a broad view of their responsibilities to evaluate the whole child protection system and, consistent with that mandate, to pursue whatever information will shed light on the safety of children.

While DSS did not feel able to disclose all the information the Panels requested, they attempted to accommodate the Panels' intentions. Major barriers remain where information needed by the Panels is not within the purview of the Department, however, and reducing those barriers will be an object of attention next year.

Accepting the charge to evaluate the whole system, and desiring to assure that DSS attention is not required for capricious or insubstantial recommendations, the Panels adopted an essentially epidemiological approach to data gathering and interpretation. They also determined to examine DSS case files, with the goals of record-based identification of critical risks and testing of survey results. Next year should see refinement of mechanisms for systematic, objective record reviews to supplement survey data and shed light on local practice generally.

With increased understanding of the Panels' mission, membership has changed to reflect better alignment with the evolving vision of Panel operations. One or two members resigned as it became clear that they had misunderstood the mission of the Panel, and some members were lost to natural attrition as they retired, relocated, accepted promotions, and encountered schedule conflicts. During the year it became clear that Panels' goals had been too ambitious. One part of the solution was to

excuse themselves from outcome evaluation, leaving that to the Children's Services Review Program. Another part of the solution was to focus on fewer areas of inquiry, adopting or restoring others only as current pursuits reach conclusion. Finally, there was no choice but to narrow the scope of each evaluation while simultaneously tightening connections among the five remaining assessment goals (see below).

Despite the ambiguity, slow pace, and demanding work of Panel evolution, however, no member resigned in anger or frustration, and continuing members were very effective in recruiting new ones. As system evaluation intensified, it became clear that more rigorous screening would be essential to assure consistent participation in the process and integrity of the outcome.

By year-end, Panels had met the challenge of establishing membership policies, including recruitment, application and screening, training, and attendance. Going into 2005, therefore, they have maximized diversity and efficiency by systematic recruitment for specific membership needs, combined with a time-limited application period to be followed by mandatory orientation and training. Applicants will be required to consent to background checks and document their qualifications—including interest, experience, availability, and motivation.

Besides adopting policies to protect information used and generated in the work of the Panels, they also undertook deliberate consideration of DSS participant roles. On the one hand, there is no substitute for their contribution of information, interpretation, and clarification concerning policy, procedure, and practice. On the other hand, their participation in decision-making puts them in a dual relationship as both evaluator and subject, exposing eventual recommendations to at least the appearance of conflict of interest. While Panels welcome more DSS representation next year, they also will be establishing boundaries around it.

The relationship with DSS administration also has evolved this year. Each Panel chair now understands that she is an ex officio member of the Child Welfare Advisory Committee, but attendance at meetings has not been feasible. Next year the Panels will explore whether a chair might designate some other member to attend on behalf of the Panel.

State government restructuring, coincident with the Child and Family Services Review and development of the Program Improvement Plan, placed exceptional burdens on the Department even as its resources were being reduced. One result was diversion of the technical assistants who had been envisioned as liaison to the Panels. A newly appointed Deputy Director promoted active support of the Panels, however, and a wider range of state office personnel was brought into consultation about Panel needs. County departments were encouraged to become more involved, and monthly coordination meetings were scheduled to assure regular if not continuous flow of information between Panels and administration. On balance, the cooperation between the Panels and the Department is stronger and more efficient than before.

An unanticipated effect of state restructuring has been reconstitution of two of the Panels. As DSS defined new regions to conform to court districts, Midlands and Upstate Panels altered their composition such that each Panel stays within a single region. Midlands now comprises only Kershaw, Fairfield, Richland, and Lexington Counties; Upstate includes Abbeville, Greenwood, and Laurens; Lowcountry remains unchanged with Dorchester, Berkeley, and Charleston.

Activities

Panel activities are required to be directed toward assessment along five dimensions of child protective services: (1) policy and procedure, (2) practice, (3) IV-E coordination, (4) fatality review, and (5) community impact. Each Panel contributed to an inventory of the state's child fatality

review processes, accomplished evaluation of a selected policy and procedure, and designed practice evaluation to examine application of that policy and coordination with IV-E.

Community impact. This dimension is to be evaluated through public outreach, and to do that properly requires a more stable identity and clearer vision than the Panel has enjoyed. Instead, for this year, that responsibility was addressed through development of a CRP website for South Carolina that provides public information about DSS's role in responding to child abuse and neglect, describes the Panels, encourages volunteer member applications, offers a philosophy of community-based child protection, and invites community feedback about CPS impact.

Child Fatality Review. The Panels accomplished an inventory of child fatality review processes in the state, surveying county coroners and researching State Fatality Advisory Committee (SFAC) procedures and the current status of fetal and infant mortality review. This inventory did not lead to any specific recommendations, but it got the Panels involved in a statewide conference that examined the fatality review system and a subsequent exploration by SFAC of supporting an expanded local review process. It also set a context for defining future inquiries.

Policy, Practice, Coordination. Each panel focused on a policy with particular resonance for its own counties:

Evaluation Responsibility	Lowcountry	Midlands	Upstate
Policy, procedure, and practice	Intake and screening, notice, & reporter training	Information-sharing with providers of substitute care	Addressing needs of infants affected by maternal substance use
Coordination with IV-E services	Original case plan's attention to TPR grounds	Early data gathering * Timely information sharing **	Safe care planning and transition for substance-affected infants

*Assessing whether investigations collect data needed to make and support suitable placements.
**For placements made during assessment.

In each case the Panel's review concluded that South Carolina's statutes are consistent with federal expectations as set forth in CAPTA, that the DSS policy conforms to statute, and the stated procedure appears adequate to implement the policy. All the Panels had recommendations (see below) for strengthening the guidance offered by law and policy, but none was found to be noncompliant.

Each Panel also recognized that the combined experience of its own members was insufficient to support conclusions about implementation, so each designed a practice evaluation for its own area of concern. For example, Lowcountry Panel members found that although the kind of intake experience and feedback they personally prefer is permissible, it is not typical for them or for other mandated reporters, according to anecdotal evidence and conventional wisdom. In order to define the issue(s) more clearly to support specific recommendations, they will complete the study summarized at Appendix B. They also completed an inventory of training materials for mandated reporters and plan to develop a strategy for regular training of mandated reporters and also advocate for training as a requirement of professional graduation and license renewal.

Upstate likewise discovered no structural impediment in law or policy to addressing the needs of substance-affected newborns, though they believe the structural basis could be improved. Because **initiating** assessment and safe care planning is not a DSS responsibility, it has been difficult to determine how well it is being managed. The consensus of Panel experience is that there is less than comprehensive attention to these needs. Their plan to measure this, and to identify system-wide improvements, is summarized at Appendix C.

The Midlands Panel studied the confidentiality provisions in law and policy for children in out-of-home placement. They also concluded that both law and policy permit but do not require best

practice. Since procedures don't appear to interfere, the Panel designed the practice evaluation project (summarized at Appendix D) to evaluate implementation.

Recommendations

This year's recommendations all have to do with information sharing. The first four were derived from review of the South Carolina Children's Code and the SCDSS Policy and Procedure Manual. The last one emerged from the Panel's direct experience this year.

1. **Maintain SCDSS Policy and Procedure Manuals on an Internet server.** At meetings where Manual material was to be supplied, members brought discrepant versions of the same provisions, suggesting two problems. First, although DSS employees are thought to have online access through their intranet, there is evidence they do not know or do not use that option (for reasons not further explored by the Panels). Second, despite the quality of the intranet or the agency's updating process, the department's policies and procedures are not continuously available in current authoritative form to the public—including external stakeholders like CRP.
2. **Advocate revision of the Attorney General's "Intervention Protocol for Drug-Impaired Infants."** While its intervention provisions seem adequate, the Protocol's identification and referral guidance may need strengthening both to take explicit account of the 2003 amendment and to attach accountability to its provisions for identification and referral. The Panel recommends that DSS negotiate revisions that *establish an affirmative obligation to determine the status* of the infant and/or mother with respect to drug effects and *designate or instruct hospitals to designate a position responsible* for assuring that status is determined and reports made to DSS when required.
3. Advocate or undertake changes in statute or policy (or both) that **replace individual discretion with encouragements if not requirements to share information** in appropriate circumstances. Specifically, the Panel recommends that DSS policy **assure disclosure of complete information to substitute caregivers**.
4. **Require notice to reporter as to disposition of report and again as to outcome of investigation,** including decision and if founded, classification; basis for decision and classification; whether the service plan includes placement, in-home treatment, and/or referral to other resources. *Designate a single position responsible* for assuring notice to reporter after screening and same or other position responsible for assuring notice to reporter after decision. *Develop and prescribe forms, time frames, and procedures* governing notices to reporters.
5. Advocate statutory change and undertake policy change explicitly to **authorize Citizen Review Panels' access to information from DSS and other parties to the implementation of CAPTA requirements,** including the Child Fatality Advisory Committee**.** If CAPTA intends for CRPs to evaluate the whole child protection system and that is viewed as a broad congressional mandate, then access should not be limited to DSS-owned information. CRPs should have clear authority to help evaluate whether a state is complying with CAPTA amendments, including access to all information they deem relevant.

Respectfully submitted,

Sara Davis, CRP Coordinator
The Center for Child and Family Studies

Appendix A: 2004 Citizen Review Panel Participants

Name	Agency	SC DSS Consultants
Anderson, Shannon	LRADAC	Susan Banks
Baggett, Sally	Greenwood Community Children's Center	Larry Cannon
Beasley, Lovic	Dorchester County DSS	Richie Douglas
Bond, Pam	Center for Child and Family Studies	Mike Givens
Brown, Carl	SC Foster Parents Association	Ronnie Huffman
Caldwell, Eugene	Charleston County DSS	Kathryn Kendrick
Church, Sheri	Solicitor's Office	Wilbert Lewis
Clyburn, Stephen	Foster Care Review Board	Carolyn Orf
Cohen, Janice	Bible Way Church	Beth WIlliams
Cooper, Bernetta	Prevent Child Abuse SC	Diann Williams
Cooper, Ellen	Silver-Haired Legislature	
Cox, Anna Marie	Charleston County Schools	
Davis, Elaine	Self Regional Hospital	
Davis, Kelly	Richland County CASA	
Elsey, Don	Lowcountry Children's Center	
Epps, Charles D.	Berkeley County DSS	
Gadsden, Jackie	Lutheran Family Services	
Grant, Robert	Greenwood County DSS	
Gunby, Anne	Retired (DSS)	
Halyard, Vanessa	People Against Rape	
Harden, Sara	American Heart Association	
Herring-Lash, Debbie	Solicitor's Office	
Holmes, Dr. W.T.	District 50 School Board; clergy	
Hozey, Nita	Foster parent	
Human, Fran	DHEC	
Ingram, Beverly	Center for Child and Family Studies	
Jackson, Tracey	Abbeville Coalition for a Healthy Family	
Jenkins, Jackie	Dorchester County DSS	
Jones, Paige	Richland County CASA	
Kidd, Linda	Lander University	
Krider, Jeanne	People Against Rape	
Mauldin, Carole	United Way of Greenwood/Abbbeville	
McDaniel, Tracey	Richland County DSS	
Parker, Gloria	Fairfield County FPA	
Pickens, Kerry	The Nurturing Center	
Poole, Eve	Greenwood County DSS	
Prentice, Denise	Medical University of SC	
Ralston, Dr. M. E.	Lowcountry Children's Center	
Roberts, Julia	Berkeley County GAL	
Schreiber, Jan	Charleston County GAL	
Shirley, Angie	Bowers-Rodgers Home	
Stogdill, Deirdre	Richland County CASA	
Stroup, Mary Ann	Greenwood County Sheriff	
Swygert, Cindy	SC Ass'n School Social Workers	
Turner, Thomas	Greenwood County DSS	
White, Debbie	Lexington County FPA	
Williams, Odessa J.	Charleston County DSS	
Willis, Peggy	Medical University of South Carolina	
Wingard, Mary Ann	Pinecrest Elementary School	
Weis, Megan	SC Violent Death/Child Fatality	

Appendix B: Evaluation of CPS Intake Practices and Perceptions—September 2004

Consistent with CRP's mandate to evaluate CPS practices and the ongoing concern about accurate reporting and intake, the Lowcountry Citizen Review Panel will test empirically the size and nature of specific frustrations attributed to mandated reporters.

Purposes

1. Anecdotal information suggests that mandated reporters frequently are asked to obtain additional information that they believe is more appropriately a DSS responsibility and that screening depends upon this additional information. This survey is intended systematically to determine the extent to which such anecdotes are supported by the self-described experiences of reporters and intake personnel.
   a. Measure the frequency of requests for additional information
   b. Assess the nature and appropriateness of such requests
   c. Evaluate the extent to which "missing information" actually influences screening
   d. Identify relationships among experience, supervision, training, confidence, and the occurrence of requests for additional information
2. CRP members' common wisdom is that underreporting results from difficulty in reporting and an expectation that DSS won't act on reports. This survey is intended to quantify these perceptions, and attempt to explain them, based on the self-described practice of DSS personnel.
   a. Determine whether worker/supervisor observations confirm underreporting
   b. Explicate the effect of missing information on disposition of reports
   c. Identify other contributing factors to disposition decisions
   d. Measure perceived frequency of various dispositions

Procedures

A random sample of human service professionals from all 46 county departments will receive questionnaires from The Center for Child and Family Studies and return them in pre-addressed, postage-paid envelopes to The Center. A 33% sample will be drawn from a list SCDSS will provide of all line and supervisory personnel. (Identities of individual members of the sample will be concealed.) SCDSS also will be invited to facilitate the survey by endorsing it and encouraging timely responses.

A sample of school counselors/social workers will serve as proxy for mandated reporters. A sample of equal size will be drawn from the membership lists of SC Association of School Counselors and School Social Workers. They will receive comparable questionnaires with the same instructions as DSS personnel received. (Identities of individual members of the sample will be concealed.)

The analyses required for the purposes described above will use aggregated data for each sample. Perceived disposition tendencies will be tested against the official DSS report of intake dispositions by county. Record review may be conducted to clarify DSS workers' perceptions of their practices.

Results will be reported to SCDSS in connection with any recommendations that arise from the study. Findings may point to a need for training of either group or both, strengthening supervision and/or quality control, or system changes to enhance relationships between DSS and mandated reporters of suspected child maltreatment.

Appendix C: Protecting Infants Affected by Maternal Substance Abuse—May 2004

CAPTA amendments of 2003 require *policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants*. To the extent that maternal substance abuse places an infant at risk, this amendment is superfluous to the statutory responsibilities of mandated reporters in South Carolina based on the Whitner decision.[1]

Panel members representing law enforcement nevertheless have observed that felony prosecution for maternal substance abuse is rare. Furthermore, healthcare representatives acknowledge that even standing orders for drug testing are not regularly executed. And DSS finds that occurrence of extensive substance abuse among open cases far exceeds the rate of reports to intake for newborns affected by or in withdrawal from prenatal drug exposure. Clearly, since SC statute and DSS policy conform to the requirements of the amendment, mandated reporters either are not aware that infant evidence of maternal substance abuse is now a specific definition of neglect or are failing for reasons unknown to report it to CPS.

The Upstate Panel will attempt to determine which explanation applies by measuring the extent to which substance-affected newborns actually are identified and reported to DSS, what system impediments limit that number, what means are available to reconcile the disparity, and what role DSS might play in system improvement. This project presents the special challenge of evaluating formally for the first time a part of the community child protective system not accountable to SCDSS. It will be necessary to educate and enlist the cooperation of local hospital and emergency facility administrators, staff, and attending physicians.

The plan calls for review of healthcare providers' policies and also information about training provided since 2003 in support of implementation. The SC Hospital Association will be asked to describe the progress of training they told DSS they would offer during the summer of 2004. Medical Records will be asked to identify pregnant or newly delivered women discharged from inpatient and emergency services during 2004 whose discharge assessments included ICD-9 codes related to substance abuse. Finally, electronically or by chart review, it will be necessary to select those (or their infants) for whom drug testing was ordered and document the results. CPS reports can be verified (or not) for each of these, and the results evaluated by record review.

To create the clearest possible picture of case management issues for substance-impaired newborns, the Panel plans also to examine data from law enforcement about the number of substance abuse referrals and the frequency of involuntary commitment and prosecution arising from those. County DSS offices may be asked to supply estimates of substance-abuse frequency among families with infants born in 2004 and also this year's third-trimester reports.

Once completed, this process will reveal training needs DSS might address with the Hospital Association; what policy revision or enforcement is needed in facilities surveyed; or what other system changes might increase mandated reporters' compliance. If DSS management of *immediate screening, risk and safety assessment, prompt investigation of such reports,* or *development of a plan of safe care* is found to be a deterrent to reporting, appropriate procedural recommendations will be forwarded to DSS. Other recommendations may include a plan for DSS to assure regular continuing education for hospital personnel or specific input to revision (now in progress) of the Attorney General's *Intervention Protocol for Drug-Impaired Infants.*

[1] 1992 case in which the South Carolina Supreme Court held viable fetuses to be persons, on the basis of which the court eventually ruled (1997) that pregnant women who risk harm to their viable fetuses may be prosecuted under state child abuse laws.

Appendix D: Information Sharing for Children in Care—November 2004

For children in out-of-home placements, outcomes depend upon the timely availability of information their caregivers require to maximize safety, permanency, and well-being. Feedback from the community—especially schools, but also various other providers of individual and family support services—suggests that improvements are needed. The conventional wisdom among foster parents, reflected in Panel members' own experiences, is that sufficient information is not available in timely fashion, perhaps not even to children themselves. A previous Panel recommendation addressed this concern, and the Department subsequently developed a Health and Education Passport to follow children in care, but the complaints continue.

Having determined that South Carolina statutes and DSS policies and procedures present no barrier to information sharing and coordination, the Midlands Panel plans a practice evaluation to explore the validity, extent, sources, and correlates of substitute caregivers' complaints for the four counties represented on the Panel. The project will examine CPS information-gathering practices, documentation of case management in connection with out-of-home placements, and information sharing[2] as an indicator of CPS coordination with IV-E programs.[3]

1. Mailed questionnaire to licensed providers
   a. Ratings of experiences during 2004
      (1) Perception of overall communication among workers, caregivers, and children
      (2) Sufficiency of information received, both generally and specifically
   b. Identification of cases at both ends of quality-of-care spectrum

2. Record review
   a. Does case record information correspond to caregivers' perceptions? (Are frequencies found in documentation consistent with frequencies demonstrated in survey data?)
      (1) Is documentation of child, family, and case history consistent with survey responses?
      (2) Is documentation of Passport use and provider acknowledgement consistent with provider perceptions?
      (3) Is documentation of other information sources consistent with provider perceptions?
      (4) Is documentation of contact with child and caregiver consistent with survey response?
   b. Is information sharing associated with foster parent classifications of cases?
   c. Are other variables are associated with foster parent classifications?
      (1) Collateral contacts: with other providers, between caregiver(s) and other provider(s)?
      (2) Case manager: unit assignment, individual difference, seniority
      (3) Placement circumstances: EPC, VPA, ex parte
      (4) Placement type: foster, adoptive, kinship, other
      (5) Respondents' experience: number of placements, licensing history
      (6) Season

Findings, interpretations, and conclusions will be shared with SCDSS and with interested Foster Parent Associations, in the hope that either practice or perception (or both) will improve.

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[2] The questionnaire includes some items that are in the new Passport required for children in care. Survey data thus can be used to assess whether the Passport is being supplied, completed (at placement), and updated (at quarterly visits); and whether providers are aware that they are receiving the information it contains and understand its significance.

[3] The project also may shed light on the training provided to case managers, specifically whether they appear sufficiently knowledgeable about recent legal and policy changes that substantially expand the boundaries of confidentiality for children in care.