
ANNUAL REPORT 2009



Lowcountry Panel

Ms. Martha Jo McGlothlin

Midlands Panel

Ms. Carolyn Dorrell

Upstate Panel

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ACRONYMS USED IN THIS REPORT

CAN: Child Abuse and Neglect

CAPSS: Child and Adult Protective Services System

CAPTA: Child Abuse Prevention and Treatment Act

CASA: Court Appointed Special Advocates

CCFS: The Center for Child and Family Studies

CFSR: Child and Family Services Review

CPS: Child Protective Services

CRP: Citizen Review Panel

DDSN: Department of Disabilities and Special Needs

DHEC: Department of Health and Environmental Control

DJJ: Department of Juvenile Justice

DMH: Department of Mental Health

DSS: South Carolina Department of Social Services

EPSDT: Early Periodic Screening, Diagnostic, Treatment

GAL: Guardian ad Litem

IFSP: Individualized Family Service Plan

MOU: Memorandum of Understanding

PIP: Program Improvement Plan

SCDHEC: South Carolina Department of Health and Environmental Control

SCHHS: South Carolina Health and Human Services

SOVA: State Office of Victim Assistance



USC: University of South Carolina



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INTRODUCTION

Dear South Carolina Concerned Citizen:

The South Carolina Citizen Review Panel for Child Protective Services (SCCRP) consists of people just like you who are concerned about the abuse and neglect of children in our state. The panel is mandated by federal law, specifically the Child Abuse, Prevention and Treatment Act (CAPTA). Their charge is to examine the SC Department of Social Services (DSS) policies, procedures and practices regarding child protective services. They are volunteers who donate a portion of their time and talents each month to serve on the panel. They work together to formulate ideas and suggestions for improving the care of children who become a part of the child protective services system.

Each year they present their recommendations to DSS in an annual report that is reviewed and responded to by the Department. This year, each panel chair has chosen to write an individual accounting of their accomplishments. I thank and commend the chairs and the panel members for their dedication to the SCCR. They exemplify the saying, *"busy people get things done."* What follows is their 2009 Annual Report. Thank you for taking the time to read about the activities and accomplishments of the SCCR.

Sincerely,

Cheryl Wilson Worrell, MPA
SC Citizen Review Panel Coordinator



SUMMARY OF CRP PANEL ACTIVITIES

During 2009, the panels held regularly scheduled meetings. The Lowcountry and Upstate met monthly and the Midlands panel held bimonthly meetings. Additionally, the groups divided themselves into project subcommittees based on their individual interests. The groups' work was supported by a panel coordinator and research and training staff from The Center for Child and Family Studies (CCFS), Division of Research, Evaluation, and Emerging Community Initiatives.

Panel chairs participated in monthly administrative meetings with DSS representatives and attended monthly panel chair meetings designed to facilitate communication and coordination between the panels.

Panel chairs and some panel members also attended the National Citizen Review Panel Conference held in Wyoming.

A SCCRP Retreat was held for all members on October 28, 2009, in Columbia. A summary of that event is included later in this report.

Listed below is a summary of the Panels' projects, and resulting recommendations from 2009. Recommendations are underlined and in bold.

CRP JOINT PROJECTS

RULES OF GOVERNANCE AND BYLAWS: This year the panel collectively worked on revising the SCCRP Panels Rules of Governance and developed SC Citizen Review Panel Bylaws. The main objective was to formalize the structure of the SCCRP and to clarify membership expectations through the Rules of Governance document. A copy of these documents is included in Appendices 2 and 3.

MEMORANDUM OF UNDERSTANDING (MOU): In collaboration with DSS representatives, SCCRP panel chairs revised and strengthened the MOU and pledged their commitment to the tenets of this document as indicated by the signatures of the CRP panel chairs and key representatives from DSS and The Center for Child and Family Studies. A copy of this document is included in Appendix 4.

REVIEW OF DSS RESPONSE TO THE CRP 2008 ANNUAL REPORT: The panel reviewed the SC Department of Social Services Response to the CRP 2008 Annual Report. To ensure follow-through, the panel decided to add the recommendations to their regular CRP administrative agenda.

The panel acknowledges and appreciates the ongoing collaboration with DSS representatives and DSS's response and efforts in addressing areas of concern identified by the SCCRP. A copy of the DSS 2008 Response is included in the appendix.



UPSTATE CRP PANEL ACTIVITIES – JOYCE DILLESBAY, CHAIR

DUKE ENDOWMENT PROJECT

BACKGROUND

The Upstate Panel continued working on the Duke Endowment Project that began in 2008 and received an extension through May of 2009. The purpose of the grant project was to improve the quality of child abuse and neglect services.

ACTIVITIES

Recruitment: The panel continued to recruit community members to broaden the diversity and expertise of the Upstate Panel, including a mental health adolescent counselor and a representative from a local faith-based children's home.

TRAINING: The panel sought to educate community members and those working with children and families about child abuse and neglect issues. The Upstate CRP committee planned a community training event and a panel member's organization hosted it. The training topics were: Trends in Youth Substance Abuse and Resources for Helpers; Protecting Our Kids: Mandatory Reporting Laws and You; Effects of Prenatal Exposure to Alcohol; Teens and Cyber Communities; Troubled Families: How DSS Can Help.

A total of 50 participants were trained including representatives from Department of Juvenile Justice (DJJ), Department of Social Services (DSS), Department of Disabilities and Special Needs (DDSN), Department of Mental Health (DMH), Department of Health and Environmental Control (DHEC), Juvenile Arbitration, school districts, children's homes, battered women's shelter, law enforcement, substance abuse counselors, church youth ministers, guardians ad litem and other interested community members.

Community Awareness: Upstate Panel members participated in Greenwood's Annual Literacy Fair. Members were on hand and distributed copies of the SC Citizen's Review Panel brochure to increase awareness of the panel's activities. Child abuse prevention materials were also made available.

FUTURE PLANS

The Upstate Panel continues to work towards greater diversity in its membership and recruiting consumers of DSS services, i.e. foster parents, persons who are caring for a relative's child(ren) and persons who have aged out of the foster care system. Additionally the panel hopes to increase community awareness of the panel's goals and activities while enhancing the community's skills in the prevention, identification, and reporting of child abuse and neglect through continued training events and participation in existing community family-oriented events.

CLERGY PREPARATION OF MANDATED REPORTING



BACKGROUND

The panel discussed the critical role that clergy could play in identifying and reporting child abuse and neglect (CAN). The questions posed were 1) how well informed were clergy regarding their status as mandated reporters; 2) how skilled did they perceive themselves in identifying and reporting CAN, and 3) how might DSS reach out to this important population to increase both their understanding and active involvement.

ACTIVITIES

A survey was developed to assess clergy understanding of reporting laws, their level of training, and their preferred method of receiving training.

FUTURE PLANS

The panel is exploring ways of distributing the survey and hopes to complete this project in 2010.

CHILD FATALITY REVIEW

BACKGROUND

A report by the state's Child Fatality Review committee called into question some DSS actions in connection with the deaths of some children in foster care.

ACTIVITIES

At the invitation of the local DSS County Director, Steve Strom, Upstate panel members participated in the newly re-organized local Child Fatality Review committee. At the first meeting it was decided that panel members whose presence would be useful to the death review would be notified prior to the committee's meeting. Following each meeting, the panel's DSS liaison reports back to the full panel any recommendations related to DSS. The local Safe Kids committee is apprised of any trends that could be ameliorated by community awareness/education.

REVIEW OF DSS POLICIES

ON RESPONDING TO REPORTS OF CHILD ABUSE AND NEGLECT RELATED TO PARENTAL SUBSTANCE ABUSE

BACKGROUND

The Upstate panel has addressed various issues regarding child abuse and neglect in relation to substance abuse. A participating County DSS Director did a review of CAN cases and found roughly 70% were substance abuse related. During panel discussions it was noted that if a report was made to DSS of parental/guardian substance abuse but the reporter could not cite specific evidence of CAN, DSS was often hindered from pursuing the report. DSS recognized the need for addressing this issue and began policy revision.

ACTIVITIES

At the invitation of DSS, a committee of panel members reviewed the proposed revisions to the DSS policies related to handling reports of parental substance abuse.

RECOMMENDATION



The panel felt the revisions would be very helpful in supporting caseworkers in making the determination of whether a caretakers' substance use placed children in risk of harm or neglect. In one section the revision stated that in the case of reports of abuse or neglect related to substance abuse, no decision about "finding" the report would be made at time of intake, but rather a thorough investigation would take place prior to a decision being made. However, in another section the policy read that "agency staff have limited discretion regarding the intake decision in this specific area." The panel voiced concern that the term "limited discretion" left the requirement for a thorough investigation ambiguous. DSS acknowledged the "limited discretion" term could lead to confusion on the part of caseworkers and stated they would rework that section. The panel commends DSS for seeking CRP comments on the revisions and encourages DSS to follow through in addressing the ambiguous section.

EARLY INTERVENTION

BACKGROUND

In 2008 the Midlands CRP surveyed foster parents' perception of information they had received from DSS and how the information related to the needs of the child in their care. The Upstate panel expanded this line of inquiry by asking specifically about early intervention. The Centers for Disease Control and Prevention (CDC) reports that 1 in 6 children have disabilities and fewer than half of those children are referred to early intervention prior to school age (CDC, 2005). The National Organization on Fetal Alcohol Spectrum Disorder estimates that 70% of children in foster care are affected by pre-natal exposure to alcohol to some degree or another (www.nofas.org). Most importantly, studies show that children who participate in intervention prior to kindergarten are more likely to graduate high school, live independently, avoid teen pregnancy and delinquency (Glascoe & Shapiro, 2004); all desirable outcomes. Given all these factors, the panel asked 1) were children in foster care being screened for developmental delays at the recommended intervals of 9, 18, and 30 months; 2) were foster parents provided information on developmental milestones, the importance of screening and intervention, and referral resources; 3) were DSS foster-care case workers trained in referral and follow-up for developmental screening, and 4) did DSS policies include a mechanism for tracking regular developmental screening and follow-up.

ACTIVITIES

The panel reviewed current DSS policies related to screening and referral for developmental delays, including BabyNet referrals, materials offered to foster parents, and fields in CAPSS that capture the information related to a child's medical, educational, mental health, physical, social, and environmental factors. Dr. Dana DeHart from The Center for Child and Family Studies did a review of the literature on early intervention.



RECOMMENDATION

While foster-care parents receive training in child development and are given DSS Form 30242 Developmental Milestones Chart at time of placement, the literature emphasizes screening as conducted in conjunction with an expert (e.g., physician). It is recommended that DSS insure that all children in foster-care receive a standardized screening by a physician minimally at 9, 18 and 30 months.

It is further recommended that foster-care workers use the Form 30242 during home visits to monitor development in between professional screenings so that referrals can be made in the timeliest manner. It is recommended that the chart itself be used as a framework for documenting the child's physical and cognitive functioning in CAPSS per current policy, while noting any delays and subsequent referrals. This would have the added advantage of increasing foster-care parents' awareness of monitoring developmental milestones.

Referrals in and of themselves, while important, are of no value if there is no follow through. The panel recommends that DSS further insure that foster-care caseworkers track and follow-up on all referrals made related to developmental delays and follow existing policies when foster-care parents refuse referrals or simply fail to follow through.

KINSHIP CARE

BACKGROUND

During an administrative meeting with State DSS representatives, a preliminary overview of the panel's 2010 project regarding Kinship Care was provided. It was noted that the panel had some initial planning discussions at the Annual Retreat which had already elicited a recommendation.

RECOMMENDATION

The panel recommended that DSS develop a brochure that could be given to individuals who accept placement of a child rather than have the child go into foster-care. It was recommended that the brochure include essential information regarding the legal and monetary ramifications of accepting placement as well as a contact number for additional information. DSS was very open to the recommendation and is commended for its effort to begin work on the brochure. The panel looks forward to seeing a final product.



LOWCOUNTRY CRP PANEL ACTIVITIES – MARTHA JO MCGLOTHLIN, CHAIR

The Lowcountry began its activities with an initial meeting in July with just two panel members, the chair, Mary Lane and DSS representative Jill Aquino. The group planned to meet monthly and to focus their attention on recruiting a new diverse panel. The group identified various agencies they wanted represented on the Lowcountry CRP. The list included the Charleston Air Force Base and the Naval Weapons Station, local police departments, the Foster Parent Association, Parents Anonymous and the Foster Parent Review Board. They used their first month to send letters of invitation to prospective members to attend an information/interest meeting the following month.

In August, a successful recruitment meeting was held where nine members were added to their group. At this meeting, the group was provided an overview of the Citizen Review Panel and efforts were made by the coordinator to get the members familiar with one another. Having the members discuss their various backgrounds led to a conversation about some of the issues they are faced with daily in trying to accomplish their work. The group identified a barrier to service for victims of domestic violence in need of treatment services. They said a universal form was needed to ensure that the various law enforcement agencies in the state captured information about victim's families. This would allow treatment agencies to charge the State Office of Victim Assistance (SOVA) for the provision of services. This became the group's first "mini" project. The issue was quickly resolved with a call to Hope Blackely, Crime Victim Representative who initiated a meeting between herself, Dr. Larry Barker, Director of SOVA, and Cheryl Worrell, SC Citizen Review Panel Coordinator. The issue was discussed and Dr. Barker revised SOVA procedures to ensure that SOVA staff did not disqualify a family member based upon their name(s) being omitted from a police report. He instructed his staff to have the victim's name added to the report. Furthermore, he referred Ms. Worrell to Mr. Jeff Moore with the South Carolina Sheriffs' Association so that he could distribute information to law enforcement agencies on the importance of naming victims in domestic violence reports. Mr. Moore invited Ms. Worrell to speak at a Sheriff's Association meeting to provide the information directly to the membership. She addressed the Sheriff's Association and provided them with a copy of a sample form (see Appendix 5) developed by Lowcountry panel member, Carol Grunski. The group was pleased to be the catalyst for making this change.

Because the Lowcountry CRP was newly reformed towards the end of the year, there are no DSS recommendations this year.



MIDLANDS CRP PANEL ACTIVITIES –CAROLYN DORRELL, CHAIR

For 2009, the Midlands Citizen Review panel elected to focus on three areas related to child well-being. They were:

- The revision and implementation of the Health and Education Passport
- SC’s use of the Early Periodic Screening and Diagnostic Treatment Program
- Disseminating the Foster Parent Information Sharing Survey and analyzing the results

The group’s research efforts for all three projects were supported by Dr. Suzanne Sutphin with The Center for Child and Family Studies.

Additionally, Paige Green and Lela Allen-Haines, with Richland County Court Appointed Special Advocates (CASA) Program would provide a report on the Guardian ad Litem grant being conducted by their agency.

What follows is a summary of the Midlands work with recommendations to SCDSS. Additionally, the Richland County CASA report is found in Appendix 6.

I. HEALTH AND EDUCATION PASSPORT

BACKGROUND

According to SC Citizens Review Panel documentation, this project dates back to 2000 as the longest standing interest of the Midlands CRP.

In the **2004 SCCRP Annual Report**, Recommendation 8: Assure by Agency policy that complete information is provided to substitute caregivers along with a source from which they can seek supplementary information throughout the term of care. (This Recommendation was repeated in the **2005 SCCRP Annual Report**)

Identified in this Report was the understanding that a “Passport” did exist and that it was addressed in Agency policy. However, a major concern was expressed that it was not used “in every county as of 12/31/05 and where it is in use, its use is less than perfectly enforced.” The SCCRP further recommended that “a better system is needed to assure complete and current information is consistently provided to caregivers in support of appropriate substitute care.

The **2005 SCDSS Response** states that the relevant policy sections (Sections 810.01, 818.5, 819 and 819.02) were reviewed; that “mechanism (was) in place to address this on a county by county basis when necessary”; and, that “the agency is aware of the limitations of a Passport and continues to review and revise the tool to improve its usefulness.” The response concludes with a statement of



intention to “issue a directive memo in January, 2007, for each county to develop in coordination with the local Foster Parent Association a *communication plan to further address this concern*.

Following changes in the leadership at SCDSS and the USC Center for Child and Family Services, members of the Midlands CRP in Spring, 2008, again brought up their concern regarding the lack of use of the Passport. The Panel heard from guardians, foster parents, family treatment agency personnel, as well as county DSS staff and the SCDSS Director on the issue.

CURRENT YEAR ACTIVITIES

The Midlands CRP members focused on the Passport project through the remainder of 2008 and 2009. With research support from USC Center for Child and Family Studies, Panel members investigated the use of Passports in other states, examining format and content, as well as the broader issues of training in use of the Passport, methods of updating and disseminating.

SCDSS identified the existing format of the Passport as a barrier to its use and committed to a complete revision – in format and content – and in policy revision. With the personal attention of the SCDSS Director, a State Office DSS staff member was assigned to spearhead the revisions and began attending the monthly CRP administrative meetings as well as the bi-monthly Midlands CRP meetings.

At strategic intervals during the revision of the Passport, Panel members were asked to review and provide comments to changes. This review also extended to the updates needed in Agency policy. Following the final revisions, the Passport went through the necessary internal approvals (legal, HIPAA, MEPA). Every detail, including the layout and design elements, had been addressed.

However, 2009 came to a close without a Passport that was designed to accompany a child taken into custody by the State of South Carolina, which would provide vital information to the foster parent.

While the Panel members were involved all along the way and this project had the highest level of support of SCDSS staff, we encountered a barrier to the implementation of this project. That barrier, in our view, was internal, organizational, and independent of any external factor, such as the unprecedented reduced funding experienced by the SCDSS. The leadership of the SCDSS Director, frequent communications between Panel and DSS staff, cooperative interactions - all were in place to the extent necessary for a successful project outcome. However, there seemed to be a lack of awareness of this effort by others in key positions of leadership who had influence sufficient to prevent a successful outcome. Therefore, our conclusion is that a systemic barrier exists within SCDSS, which results in a major gap between policy and practice.



CURRENT STATUS

The Midlands CRP is more committed than ever to this ultimate goal: every child in South Carolina who is taken into foster care will have a Health and Education Passport that is complete with vital information that goes with that child during the child's care and through the process to reunification with family, adoption, or emancipation. Toward that goal, we make the following recommendations.

RECOMMENDATIONS

1. **The revised Health and Education Passport is implemented statewide, meeting the revised Agency policy. The Panel requests the date for complete implementation of this project.**
2. **Supporting training for use of the Health and Education Passport is designed and implemented for caseworkers, supervisors, county directors, and foster parents.**
3. **Awareness of the Health and Education Passport is promoted prominently through easy to understand information on readily available brochures, newsletters and web sites.**
4. **Evidence of use of the Health and Education Passport is incorporated in case reviews, IFSP's, and family group conferencing.**
5. **Use of the Health and Education Passport is included in county "mini" CFSR's.**

NOTE: At the writing of this report, SC DSS has completed the approval of the Health and Education Passport and issued a policy manual memo effective date of April 8, 2010. We celebrate this success for the improvement that it brings to the care of children by the State of South Carolina. And, it represents for us a success in the kind of progress that we can make working together. In the current climate of significant losses of funding and the stress that follows, we recognize the importance of working smarter by working together. A heartfelt thank you to all the dedicated DSS staff and community volunteers who are working on this project.

2. EARLY, PERIODIC SCREENING DIAGNOSTIC TREATMENT (EPSDT)

BACKGROUND

During the work the Midlands Panel did on the Health and Education Passport, there was much discussion about the health services, particularly mental health, received by children while under the care or supervision of SCDSS because of abuse and neglect. These discussions led to inquiry into the utilization of EPSDT in foster care and treatment cases in South Carolina. In our view, these most at risk children, some of whom are in the care of the state, should be receiving the best of health services.

With research assistance from the USC Center for Child and Family Services, the Panel gathered information on the scope of EPSDT services, eligibility, and percentages of utilization in South



Carolina and other states. We learned the types of services that are included and the age schedules that should be followed. We also learned that nationally rates of EPSDT use are well below desired levels and screening rates have not improved under Medicaid managed care programs. Use rates of EPSDT by states have incomplete data, but some reports show South Carolina at only a 25% use rate, compared to North Carolina at 50% and Georgia at a 100% rate.

Panel members began to form questions about the use of EPSDT in child abuse and neglect cases in South Carolina, where records would be found, and if mental health screenings were part of the EPSDT here.

CURRENT YEAR ACTIVITIES

A research associate from the USC CCFS tracked EPSDT in South Carolina, in search of which entities are responsible, where information is located, and how to access data on EPSDT use by children in foster care and treatment cases. This search tracked across three state agencies, SCDSS, SCDHEC, and SCHHS. It was found that previously, a dedicated office at SCDSS existed, which could coordinate EPSDT use for children in foster care and treatment cases. This office is no longer at DSS.

A key person was identified at SCDHEC, Dr. Marion Burton, who was referred to the Panel as the expert on EPSDT use in South Carolina. While the Panel worked to schedule a visit by this expert, the researcher proceeded with steps to gather data and made an Aggregate Data Request for children ages birth to five who were in open treatment cases or in foster care in all 46 counties in South Carolina during 2008. It took significant negotiations among the respective parties to complete this request successfully; however, the data began to arrive. We view this success as strong evidence of cooperation of DSS, CCFS, and the CRP!

When looking for where health records are found in case files of foster children, where there might be a record of EPSDT use by a foster child, we found the CAPSS system had a data field for EPSDT, but the information entered was not archived, keeping only the last information entered. Through actions at the SC CRP and SCDSS regular administrative meetings, this “glitch” was repaired.

CURRENT STATUS

The county-by-county data on EPSDT has been completed and preliminary analysis was reported to the Midlands Panel. Of most interest to Panel members was the difference between use records of foster children and children in treatment cases, with significantly fewer children in treatment cases shown as using EPSDT services.

The goal of this ongoing project for the Midlands CRP is: to increase the use of EPSDT by children in foster care and treatment cases so that these children receive the health services for which they are eligible, especially mental health screenings for children birth to five years of age. And, that



these health services are accurately and completely recorded in the child's records while they are in the care of the state.

RECOMMENDATIONS

1. **The use of EPSDT is completely and accurately recorded in the case records of children in foster care and treatment cases.**
2. **The records of EPSDT health care services are coordinated with information in the child's Health and Education Passport, which is the record that follows a child in the care of the state through the process to return to the family, adoption, or emancipation.**
3. **A designated SCDSS staff is responsible for the coordination and monitoring of EPSDT services for children in foster care and treatment cases.**
4. **Revisions to SCDSS policy are completed, if necessary.**

3. FOSTER PARENT INFORMATION SHARING SURVEY

BACKGROUND

In 2004, the Midlands Citizens Review Panel designed and distributed a Foster Parent Information Sharing Questionnaire to foster parents in Richland, Fairfield, and Lexington Counties. The questionnaire asked for information about their experiences as substitute caregivers and opinions on caseworkers & adequacy of information received about children in their care. In the process of working on this survey, the Panel learned that SCDSS was also developing and issuing a survey for foster parents.

Following consultation between SCDSS, SCCRP and the USC CCFS in 2005, SCDSS with support from USC CCFS distributed a Foster Parent Survey statewide to all foster parents licensed as of June, 2005, asking what they thought about foster parent training, about the support they received, and the services available to them. Ten items on this survey also asked about information the foster parent received for the child in their care. A response of 603 (33%) provided information on this survey. One significant finding was 29.7% of responders reported "no information" and 35.8% said "some, but not enough" on Item 53. Child's Medical History.

CURRENT ACTIVITIES

In 2009, the Midlands CRP developed and distributed a Foster Parent Survey and the Information Sharing Survey for Foster Care Workers in Richland, Lexington, and Kershaw Counties. This project was intended to get perceptions of foster parents and foster care workers on a similar set of items, including the degree to which important medical/health information was made available to the foster parents.



The Foster Parent Survey was taken personally by Midlands CRP members to Foster Parent Association meetings in the respective counties. Fifty-eight foster parents participated in completing the survey. This survey had more specific items of medical information from medical conditions to developmental to mental health.

The results of this survey show similar concerns about perceived lack of medical/health information by foster parents. For example, over 30% said they did not receive information regarding medical issues and up to 40% said they received some information but not enough.

The Survey for Foster Care Workers that was part of this project was designed to get the view of the case worker regarding the same issues, as in the item "Do you provide information (to the foster parent) about the child regarding the following medical issues?" However, the Panel's attempt to get the surveys distributed and completed was not successful at all. And, in the view of the Panel members working on the project, they were met with resistance. Only four surveys from Richland County were completed and that with the help of the Richland County DSS representative on the Midlands CRP Panel. No surveys came from the other two counties in the study.

CURRENT STATUS

Attempts at gaining the needed information in order to survey foster care workers in Richland, Lexington, and Kershaw Counties were not successful. Requests for assistance with distributing the survey from the USC CCFS to DSS did not help. The result was a breakdown, viewed by the Midlands CRP members, as a gap between the State and County offices. Specifically, there was not DSS cooperation in obtaining information regarding staff e-mail addresses or assistance with survey distribution.

We do not believe that there is a lack of agreement between the CRP and SCDSS about the importance of the information sharing that we are seeking in this project nor that the information would be helpful in improving the health care of children in foster care. In addition, our experience with county level staff would indicate that they would also agree with the helpfulness of this project and would like to share information and work toward improvements.

Results from two separate surveys, one that of SCDSS, indicate that there is a disconnect between what workers report as provided and what foster parents say they receive.

So, we are faced with this barrier again that does not appear to be from any external circumstance such as lack of funding, but rather an internal systemic factor that results in this project not being successful. Lost effort and hard work in vain on the part of many committed DSS staff and community volunteers! Surely, we can figure this out as we work together for the children and families experiencing abuse and neglect in our state.



Recommendations

1. Complete a survey (or other strategy such as focus groups and/or interviews) of foster care workers that specifically addresses the flow of medical information and health conditions, including mental health, from DSS to foster parents on children in their care.
2. Use information gained from surveys (focus groups, interviews) to revise training, supervision, and policy where needed to result in the improvement of this information flow to foster parents that can be documented in a follow up report.



THE FALL RETREAT

SC Citizen Review Panel (CRP) members and guests met at the Clarion Hotel in Columbia on Thursday, October 29 for their annual fall retreat. The following persons were in attendance:

Guest Speakers

Dr. Kathleen Hayes, State Director, SCDSS
Dr. Blake Jones, National Resource Center for CPS
James Washington, Program Manager, Richland County CASA
Mary Williams, Director of Program Improvement, SCDSS

Representing the Lowcountry CRP

Martha Jo McGlothlin*
Lisa Steele Baker
David Diana
Dina Dukes
George Haltiwanger
Mary Lane

Representing the Midlands CRP

Carolyn Dorrell*
Keisha Adams
Lela Allen-Haines
Diana Cannon
Dottie Cronise
Paige Green
Kimberly Little
Randy Scott

Representing the Upstate

Joyce Dilleshaw*
Jack Cauley
Charlotte Ehney
Alice Hodges

Representing the SC Department of Social Services

Kathryn Jill Aquino, Families First Project
Kelly Cordell, Director of Research, SCDSS
Wilbert Lewis, Interim Director, Child Welfare Services
Kathleen McLean-Titus, Policy Manager
Carolyn Orf, Assistant Director Foster Care and Adoptions
Nancy Purvis, Deputy Director Community Services
Beth Williams, Policy Manager CPS



Representing The Center for Child and Family Studies

Judy Bauer, Administrative Assistant

Teresa Butkus, Program Coordinator

Dr. Cynthia Flynn, Director, Research, Evaluation and Community Initiatives

Sheron Gause, Grants Manager

Sara Howe, Fiscal Assistant

Dr. Johnny Jones, Center Director

Sheila Lilly, Administrative Assistant

Gabe Madden, Graphic Artist, Photographer

Tamara Peterson, Graduate Student

Suzanne Sutphin, Research Professor

Cheryl Worrell, CRP Program Coordinator

Guests from the South Carolina Office of Victim Assistance

Dr. Larry Barker, Director

Hope Blakely, Ombudsman

Members were welcomed to the retreat by Carolyn Dorrell, Midlands CRP Panel chair, and Dr. Kathleen Hayes, the SC Department of Social Services State Director. Carolyn Dorrell greeted everyone and introduced Joyce Dilleshaw, panel chair for the Upstate CRP, and Martha Jo McGlothlin, panel chair for the Low Country CRP.

Dr. Hayes acknowledged the SC CRP for its 2009 accomplishments. She spoke briefly about DSS areas of strength as identified by the latest Child and Family Services Review (CFSR), recognizing her staff for their hard work. Dr. Hayes also spoke about the challenges facing the child protective services system in light of new budget cuts for the agency. She encouraged members and guests to continue to work on behalf of children and pledged her agency's support to the Panel.

Motivational Presentation

Mr. James Washington, Program Coordinator for Richland County Court Appointed Special Advocate (CASA) program delivered a motivational presentation focused on the plight of a child who is taken from his home and placed in foster care.

Memorandum of Understanding, Bylaws and Governance

Teresa Butkus and Cheryl Worrell from the Center for Child and Family Studies reviewed the proposed bylaws and revisions to the MOU and rules of governance that panel chairs have been working on. Members will be asked to vote on specific items suggested by panel chairs. The original plan was to vote during this part of the meeting; however, many members were absent due to illness or work commitments. It was decided to take the vote at the individual CRP meetings. There were a few last minute changes to the MOU, which pushed the official signing of this document to December.



State Assessment

Mary Williams, Director of Program Improvement, provided the group with an overview of Child and Family Service Reviews and her notes on the 2009 unofficial SCDSS CFSR findings.

At the time of the retreat, the CFSR results had not been received by DSS. She shared information that was conveyed to her when the review was performed.

Updates from the Nation's CRPs

Dr. Blake Jones with the National Resource Center for Citizen Review Panels provided an overview of the CRP, providing members with a brief orientation. He discussed the *Child Abuse Prevention and Treatment Act* (CAPTA) and covered topics such as panel member recruitment, the importance of diversity, and selection of panel projects. He informed the group about what is occurring nationally with the CRP. He announced the formation of the National CRP Advisory committee and said that he would be available to train on various topics in the coming year. He led the group in a strategic planning exercise where the three panels identified their topic picks for projects in the coming year using SMART objectives (specific, measurable, achievable, realistic, time limited.) They voted on one project per panel to focus on (*denotes most votes). These projects are in addition to projects needing to be concluded for 2009.

Listed below are the suggestions made by panel:

Lowcountry

Health Passports

Foster Parent Matching

Information Sharing with Medical University of South Carolina (It was decided that this could be a meeting)

Public Awareness of Agency*

Recruiting a Diverse Panel*

Midlands

Father Engagement*

Analysis of Termination of Parental Rights (TPR)

Mental Health of OOHC and young children

Assessment of kids who are domestic violence victims

Upstate

Kinship Care (training, resources, etc.)*

Community Education re: DSS evaluation

Public/Private agency relationships

The groups began to work on a strategic plan for their chosen topic.



Barriers to Victims receiving Services through SOVA Reimbursement

Cheryl Worrell met with Dr. Larry Barker and Ms. Hope Blakely at lunchtime to discuss this issue identified by the Lowcountry CRP. Dr. Barker related that in the event someone is omitted from a police report, the treatment agency or others involved can do one of two things:
They may contact the officer who took the report and have the victim added to the report or
They may contact SOVA to have the victim added.

He also suggested making the State Law Enforcement Association aware of the issue, so that officers know to place all victims affected on their reports.

New Protocol for Requesting Survey Information from DSS

Carolyn Dorrell, Joyce Dilleshaw and Cindy Flynn met with Dr. Blake Jones and Kelly Cordell about CRP requests for information when conducting surveys. The chairs agreed to meeting with DSS staff to review the project at their regularly scheduled staff meeting which is held on Mondays. The purpose would be to make sure all involved understand what is being requested and to facilitate implementing the project or receiving requested information.

Presentation of Certificates: Members were thanked and provided with certificates of appreciation in addition to CRP promotional items distributed at registration.



SC CITIZEN REVIEW PANEL MEMBERSHIP

Lowcountry

Martha Jo McGlothlin, Chair

Kathryn "Jill" Aquino*
Lisa Steele Baker
David Diana
Dina Dukes
Carole Grunsky

George Haltiwanger
Mary Lane
Frank J. Oakley*
Dianne Sumpter
Donna Xenakis

Midlands

Carolyn Dorrell, Chair

Keisha Adams
Lela Allen-Haines
Diana Cannon
Dottie Cronise
Stephen Clyburn
Hattie Green
Paige Green
Kimberly Little

Ernest McClerklin*
Randy Scott
Deirdre "Dee" Stogdill
Jenne Wietecha

Upstate

Joyce Dilleshaw, Chair

Toni Able
Sally Baggett
Glennis Cannon
Jack Cauley
Charlotte Ehney
Michael Gaskin
Alice Hodges

Marc Latham
Tacey Perillo
Nicole Pierce
Charlotte Smith*
Stacey Smith
Steve Strom



Appendix

ATTACHMENT 1: DSS RESPONSE TO CRP 2008 ANNUAL REPORT

South Carolina Department of Social Services

Response to the Citizen Review Panels 2008 Annual Report

October 27, 2009

The South Carolina Department of Social Services (SCDSS) received the 2008 Annual Report of the Citizen Review Panels (CRP) on June 12, 2009. CAPTA requires states to respond in writing to the CRP's annual report in no more than six months from the date the report is received by the state. As required by CAPTA and in keeping with our working relationship, we provide the following response to the concerns identified and recommendations for improvement made by the South Carolina Citizen Review Panels. The agency's response has been coordinated within DSS and with the agency's external partners who have responsibility for the areas impacted by recommendations made in the Annual Report.

The agency appreciates the efforts of the Citizen Review Panels over the past year as you have continued to grow through recruitment of new members. We recognize the challenges inherent in recruitment and orienting new members and DSS remains committed to working with you to improve the child welfare system. We will continue to use the monthly administrative meetings to enhance communications and advance mutual projects.

The Citizen Review Panels provide a unique opportunity for citizen input into South Carolina's child welfare system. Citizen participation leads to a better understanding of this complex system and of its strengths and areas needing improvement. The SC Department of Social Services welcomes input from the Citizen Review Panels and is pleased to work with the citizens of South Carolina in our joint effort to improve assessment and service delivery to children identified as abused or neglected. We look forward to continuing this partnership in the coming year.

DSS Response to the CRP 2008 Annual Report

Recommendation: The Panels recommend that DSS implement the use of the revised Passport and assure training that will support its full use.

Response to Recommendation:

The Passport for Children in Foster Care provides a central location for organizing the medical, educational, and mental health information about a child in foster care. It was developed in an effort to improve the wellbeing outcomes for children in foster care.



The DSS State Director was a part of the development of the original Passport and remains committed to enhancing its design and promoting consistent use by workers and foster parents.

As noted in the 2008 Annual Report, members of the CRP have been involved in discussions about the Education and Health Passport for children in foster care and this input has served to strengthen the document. As part of the process to revise the Passport, agency staff from Foster Care worked with the Midlands CRP to gather recommendations to improve the Passport. Representatives from Richland County DSS, Kershaw County DSS, Intensive Foster Care and Clinical Services, SC Foster Parents Association, and teen foster children in GOALL provided input in the effort to revise the Passport. A copy of the revised Passport is included in this response.

The Education and Health Passport for children in foster care has been made more user friendly as it has been changed from a folded form with little space to write or to store documents to an 8½ x 11 inch form format with file pockets to keep documents safe. The foster parents can now download the form itself on a computer, type information on it, save it to a file, and print a hard copy. The foster care worker, age appropriate child, and foster parent can discuss the information at each monthly visit.

We believe that it is the joint responsibility of the DSS foster care worker and the foster parent to care for the child and to maintain history for each child. Revised agency policy clarifies that the Passport should be discussed on each visit and updated every 6 months at a minimum as required by good practice and to be consistent with federal law.

The revised Passport also addresses the outcome of maintaining family connections by including a specific page to list the important people in the child's life to help the child stay in touch. Feedback from foster parents says that the focus on including the foster parent in maintaining the child's history helps to make the foster parent feel more involved as a team member.

At the time of this response, the agency is in the process of finalizing the Passport and will be developing the supporting training over the next six months. We anticipate that the training will occur in several venues from the Foster Parent Association Conference to the regular ongoing training for foster parents provided by USC. We will use the DSS and CRP monthly administrative meetings to keep the Citizen Review Panels updated as to the progress on the training.

Recommendation: The Panels recommend that DSS evaluate current training and curricula which prepare staff to recognize and cope with the effects of grief and loss on children and families and also on the workers' abilities to provide services and use supervision.



Response to Recommendation:

This recommendation of the CRP was timely as the DSS Division of Professional Development and Leadership (PD&L) has experienced significant reorganization over the past year. One of the objectives of the interim director for PD&L is to review and evaluate all of the agency's training, and particularly training that is delivered to child welfare staff. This will include training delivered by agency trainers as well as the training provided by the University of South Carolina under contract as the agency seeks to improve all of the child welfare training.

The child welfare basic training that is required of all new child welfare workers contains a specific module on loss and grief. PD&L will be evaluating its content and considering its effectiveness in providing new workers with the tools they need to assist children and families.

Courses delivered by USC include a number that address loss and grief as part of the modules. Below is a list of the training sessions where grief and loss is specifically addressed as part of the course. In all of these sessions, the target audience is child welfare workers unless otherwise noted. PD&L has obtained a copy of these modules to review as they continue to evaluate the content and effectiveness of all the child welfare training.

Attachment

Advanced Techniques for Identification, Intervention, and Prevention of Child Maltreatment

- Foundations for Caregiving: A Training of Trainers
- Enhancing Skills for Adoptive Parenting
- Sustaining Family Connections (4-part series)
- Preventing Disruptions
- Sharing Common Ground
- Building Empathy: Exploring the Impact of Foster Care Placement on Children, Birth Parents, and Foster Parents (for foster/adoptive parents only)

Because the review and evaluation of the child welfare training program is an agency initiative that has not been completed at the time of this agency response to the CRP, we will continue to use the monthly DSS and CRP administrative meetings to update you on the progress made. We will also continue to invite other agency staff or agency partners to participate in the monthly meetings to ensure timely and appropriate communications about recommendations or projects within and without the agency.



SC Citizen Review Panels Rules of Governance

October 2009

1. Panel meetings will be open to the public. Upon vote of the membership, the panel may choose to go into closed session to conduct case review pursuant to the regulations of the South Carolina Freedom of Information Act.
2. All members, visitors and guests will sign an attendance sheet and confidentiality statement prior to each meeting.
3. The State Coordinator or a representative from the Center for Child & Family Studies shall attend each Panel meeting and Executive meeting.
4. Agency Liaisons are expected to represent local DSS offices on each panel. The local office shall designate a permanent representative to the panel in their jurisdiction. Members shall attend and participate at all meetings unless excused by the Chair.
5. Following two consecutive unexcused absences, members' ability to serve may be subject to review by the Chair.
6. The Chair or State Coordinator shall confer with the members of the panel to determine whether a panel member who has been consistently absent should continue in service.
7. Decisions required between meetings of the Panel shall be made by the Chair, to remain in effect beyond the next meeting subject to endorsement by the Panel.
8. Decisions affecting the SC Panels as a whole shall be made by a Panel Chairs Committee composed of the Panel Chairs and Coordinator.
9. Decisions affecting the SC Panels as a whole shall be presented to each Panel before becoming final. The final decision shall represent the consensus of all Panels.
10. When consensus is not possible, decision shall remain pending. Action required pending the final decision shall be taken as prescribed by the Panel Chairs Committee.
11. There shall be a Retreat annually on the last Thursday in October, or as determined, at which all Panels work together on a task or training of mutual importance.
12. Executive policy decisions will be confirmed or revised at the Annual Retreat.



13. The Annual Retreat shall set the direction for the following year's strategic planning incorporating the interests of the SC Panels as a whole.





By-Laws of South Carolina Citizens Review Panel

Article I

Name

Section 1. The name of this organization shall be the South Carolina Citizens Review Panel (hereinafter referred to as CRP).

Article II

Purpose

Section 1. The South Carolina Citizens Review Panel is a federally mandated group of professionals and private citizens who are responsible for determining whether state and local agencies are effectively discharging their child protective responsibilities; pursuant to the 1996 amendments to the Child Abuse Protection and Treatment Act and any subsequent amendments. Through a review of policies, procedures, research and case reviews, the purpose of the South Carolina Citizens Review Panel is to promote child safety and quality services to children and families.

Article III

Membership

Section 1. Membership shall consist of no less than ten (10) and no more than twenty-one (21) members. Panel membership is required to be comprised of a balance of: 1) providers of services to abused and neglected children and families; including adoption services, and 2) local citizens; including consumers of services of the Child Protective Services system such as foster parents, former foster children, adoptive parents, and parents, as well as interested business and civic representatives and members of the community at large.

Section 2. Membership shall reflect the face of South Carolina citizenry and broadly represent the communities in which such panel is established including members who have expertise in the prevention and treatment of child abuse and neglect. [See Article X for additional information regarding diversity.]

Section 3. Members shall be eligible for two, two-year terms. Upon completion of the first term, members may be re-elected or invited to continue a second term. Former members are encouraged to serve as consultants or participants in ad-hoc committees or focus groups without



voting privileges and can reapply for two additional terms after one year off. The member may terminate membership at any time with written notification to the CRP.

Section 4. Members of the South Carolina Citizens Review Panel who fail to attend at least three (3) consecutive meetings annually, without prior notice and good cause, will be contacted by the Chairperson or designee for follow-up and may be requested to resign.

Section 5. Any vacancy on the CRP or in any office may be filled by a vote of simple majority of the CRP at any regular meeting. The Chairperson or designee shall review the nominee(s) for general membership and shall recommend one (1) nominee to the CRP to fill each vacancy that occurs. Vacancies shall be filled in accordance with Section 1 of Article III, maintaining a balance of provider and citizen membership. Nominees for positions filled due to attrition shall complete the term of the predecessor of the open position.

Article IV Quorum

Section 1. A quorum shall consist of a majority of current members present.

Article V Executive Committee

Section 1. The Executive Committee shall be comprised of a Chairperson and a Vice or Co-Chairperson. Each panel has the option of having a local member serve as a Recording Secretary or this function may be assigned to the Coordinator from the Center for Child & Family Studies. The Executive Committee shall meet as necessary to supervise the affairs of the CRP between full panel meetings, and shall take any action as appropriate or delegated by the CRP.

Article VI Terms of Office

Section 1. The Chairperson shall be elected by the CRP for a two-year term and may not serve more than one consecutive term of office. The Vice or Co-Chairperson and *optional* Recording Secretary shall also be elected by the CRP for a two year term and may not serve more than two consecutive terms of office. Wherever possible, the Chairperson and Vice/Co-Chairperson will have alternate representation from the provider and citizen membership.

Article VII Duties of Officers

Section 1. The Chairperson of the CRP shall preside at all meetings of the Panel, establish other committees as needed, and perform any other duties established by membership vote. The Chairperson shall serve as a member of all committees with voting privileges.

Section 2. The Vice or Co-Chairperson shall perform the duties of the Chairperson in the event of his/her absence, resignation, or inability to perform duties, in addition to other duties that may be delegated by the Chairperson or by membership vote.

Section 3. The Recording Secretary or CRP Coordinator from the Center for Child & Family Studies shall keep the minutes of the meetings of the CRP and the Executive Committee. A Recording Secretary may have other duties delegated by the Chairperson or by membership vote.



Article VIII
Meetings

Section 1. The Annual meeting shall be held during the course of each State Fiscal Year. The CRP shall meet at least four times per year, upon the call of the Chairperson, or at the request of the majority of panel members.

Section 2. Panel meetings are open to the public. Upon vote of the membership, the panel may choose to go into closed session to conduct case review and pursuant to South Carolina legal mandates regarding the Freedom of Information Act.

Article IX
Standing and Other Committees

Section 1. The Chairperson will appoint committees as necessary to fulfill the needs of the program and to undertake specific projects chosen by panel members.

Section 2. Panel Chairs and/or their designees will meet at least quarterly to facilitate communication among panels, coordinate panel activities, develop reports and address any other issues related to the administration of the CRP.

Article X
Non-Discrimination

Section 1. There shall be no discrimination on the basis of race, color, ethnicity, sex, creed, national origin, socio-economic status, or sexual preference. There shall be no discrimination against an otherwise qualified individual by reason of disability or age, as defined in statute. There shall be special efforts in recruitment of persons from underutilized ethnically, economically, and racially diverse groups and disabled persons. As a federally funded program, all CRP facilities and communications must be accessible, consistent with the requirements of Section 504 of the Rehabilitation Act.

Article XI
Amendments

Section 1. Requests for amendments to these by-laws may be made to the state CRP Panel Chairs or with written notification supported by 2/3 of those present from the requesting CRP.

Article XII
Confidentiality

Section 1. The CRP shall safeguard and treat as confidential all information (whether acquired through verbal communication, written record, or observation) pertaining to any child, relative, or friend of any family under review of the South Carolina CRP. In addition, the panel shall safeguard information pertaining to individual staff or panel members, or believed to have a detrimental effect on families or the community at large, obtained or shared among members during full and committee meetings. This clause shall specifically exclude formal reports, media releases, and other information approved by the panel or to meet mandatory reporting guidelines.

Section 2. Members, staff and guests shall sign a confidentiality agreement at the start of all full panel and committee meetings.



Section 3. Failure to uphold confidentiality will result in the member's termination from the panel and could result in civil sanctions by the State, pursuant to section 106(c) (4) (B) (ii) of the Child Abuse Prevention and Treatment Act.

Article XIII
Conflict of Interest

Section 1. Panel members and nominees for membership shall disclose any personal or professional relationships that may represent a conflict of interest to the CRP. If a conflict of interest arises that may compromise the individual or the work of the CRP, the panel may vote to revoke or deny the individual membership on the panel.



SOUTH CAROLINA CITIZEN REVIEW PANELS



Memorandum of Understanding

Between the South Carolina Department of Social Services, Division of Child Protective Services, The South Carolina Citizen Review Panel and The Center for Child and Family Studies, College of Social Work at the University of South Carolina

Parties: Background and Authority

South Carolina Citizen Review Panels for Child Protective Services

Composed of volunteers representative of the community including members who have expertise in the prevention and treatment of child abuse and neglect, the Citizen Review Panels (CRP) were created by an act of Congress. s stated in CAPTA: Pursuant to sections 106(c)(4)(A)(i) and (ii) of the Child Abuse Prevention and Treatment Act (CAPTA), each panel must evaluate the extent to which the State is fulfilling its child protection responsibilities in accordance with its CAPTA State plan by: (1) examining the policies, procedures and practices of State and local child protection agencies, and (2) reviewing specific cases, where appropriate. In addition, consistent with section 106(c)(4)(A)(iii) of CAPTA, a panel may examine other criteria that it considers important to ensure the protection of children, including the extent to which the State and local CPS system is coordinated with the title IV-E foster care and adoption assistance programs of the Social Security Act. This provision also authorizes the panels to review the child fatalities and near fatalities in the State in order to assess the impact of current procedures and practices upon children and families in the community and fulfill the above requirements, citizen review panels must provide for public outreach and comment (section 106(c)(4)(C) of CAPTA). Finally, each panel must prepare an annual report that summarizes the activities of the panel and makes recommendations to improve the CPS system at the State and local levels, and submit it to the State and the public (section 106(c)(6) of CAPTA).

South Carolina Department of Social Services

SC Department of Social Services (DSS) is the state agency mandated by law to protect children from abuse or neglect within their families, in foster care, or by persons responsible for the child's welfare as defined by statute.



University of South Carolina, College of Social Work, The Center for Child and Family Studies

The entity DSS contracts with to coordinate and facilitate the CRP program.

PURPOSE: EFFECTIVE COLLABORATION FOR CONTINUOUS IMPROVEMENT IN THE PROTECTION OF SOUTH CAROLINA'S CHILDREN AND ENHANCEMENT OF COMMUNITY SUPPORT FOR CHILD PROTECTION.

Commitments

Parties will employ mutually agreed upon strategies to fulfill this understanding.

1. There will be mutually agreed upon processes for efficient information sharing.
2. These strategies will be subject to continuous review and revision by the parties.
3. Parties will perform their responsibilities for implementation.
4. DSS will provide funds for technical assistance and administrative support to the Panels as available to DSS and within budgetary confines.
5. This MOU will be incorporated into the Department's Child Welfare Services Plan.

DSS Responsibilities

1. DSS will facilitate recognition of CRP throughout the agency and among other child welfare stakeholders.
2. DSS will invite CRP input to contribute to child welfare related policy development, training, and project planning as appropriate.
3. DSS will provide the CRP with access to information and, where appropriate, specific cases, pursuant to CAPTA: Title 1 Section 106-c to assist them in discharging their duties.
4. DSS will work closely with the CRP while recognizing the autonomy and independence of the panels.
5. DSS will receive the recommendations of the panels and provide a response not later than 6 months after the date the report is submitted.
6. DSS will provide continuing education and training opportunities to enhance members' understanding of the child protection system within budgetary confines.



CRP Responsibilities

1. CRP will make available to DSS the benefits of individual Panel members' expertise, the advantages of agency relationships available through Panel members, and public support of the DSS programs.
2. CRP will invite DSS input to member recruitment, project selection, work plans, and agendas.
3. CRP will take advantage of opportunities to enhance members' understanding of child protection.
4. CRP will provide interim briefs to DSS on current projects in addition to an annual report to facilitate communication and allow for a more timely response and input from DSS.
5. The CRP on an annual basis will prepare and make available a summary of the activities of the panel and recommendations to improve the child protective services system at the state and local levels. This report will be submitted no later than April 1st of each year.

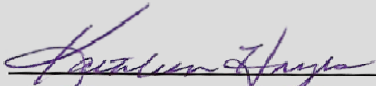

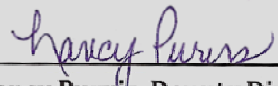
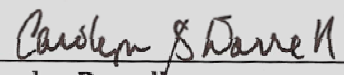


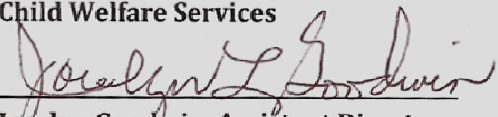
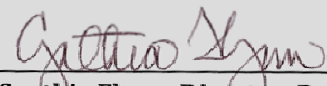
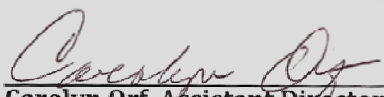
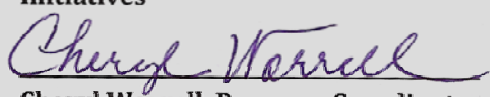
The Center for Child and Family Studies Responsibilities

To support the efforts of the CRP the Center will within Center budgetary constraints:

1. Coordinate Panel communications.
2. Support but not direct the activities of the CRP.
3. Provide technical assistance, training, information, and guidance as needed for Panels' performance of critical tasks associated with execution of their responsibilities.
4. Support monthly meetings for each of the Panels.
5. Sponsor and organize a retreat for combined panels and SCDSS.
6. Support and organize a Panel Chair retreat meeting.
7. Facilitate development of specific Panel work plans.
8. Facilitate development and implementation of at least one study project per panel per year including research support (technical assistance, data collection, consultation on instrument development, data analysis, and report writing).
9. Facilitate Panel participation in the national and regional CRP conferences.
10. Update and maintain CRP Website.
11. Provide a toll free number for the public to use to communicate with CRP chairpersons.
12. Assist panel members by designing and printing the annual report as written by the panel.



Copy Memorandum of Understanding Signature Page

Signatories for SCDSS:	Date	Signatories for SCCRP:	Date
 Kathleen Hayes, State Director, SCDSS		 Martha Jo McGlothlin Lowcountry CRP Panel Chair	
 Nancy Purvis, Deputy Director Community Services		 Carolyn Dorrell Midlands CRP Panel Chair	
 Wilbert Lewis, Interim Director Child Welfare Services		 Joyce Dilleshaw Upstate CRP Panel Chair	
 Jocelyn Goodwin, Assistant Director Child Protective Services		 Cynthia Flynn, Director, Research, Evaluation, Emerging Community Initiatives	
 Carolyn Orf, Assistant Director Foster Care and Adoptions		 Cheryl Worrell, Program Coordinator South Carolina Citizen Review Panel	



Criminal Domestic Violence
Juvenile Information

CASE # _____

Name:	Age:
School:	

Name:	Age:
School:	

Name:	Age:
School:	

Name:	Age:
School:	

Name:	Age:
School:	

Name:	Age:
School:	

Name:	Age:
School:	

Do ANY CHILDREN live in the residence of the parties? ___Yes ___No

If YES to above question, were children present during incident? ___Yes ___No

Has R/O responded to, or have knowledge that any other deputy has responded to this household previously? ___Yes ___No

If YES to above question, estimate number of responses _____



Child Abuse Prevention and Treatment Act (CAPTA)

This new language means there should be no appointment of a guardian ad litem (GAL) for a child who has not, before their appointment, received "appropriate" training that is specifically related to their role as the child's court-appointed representative.

PROJECT STATEMENT:

The purpose of this project was to ascertain if South Carolina is in compliance with federal legislation, CAPTA requirements. Specifically, the project will determine if South Carolina is in compliance with ensuring attorneys appointed to serve as Guardian's ad Litem for children in Child Maltreatment proceedings are appropriately trained to serve in this role, prior to the appointment.

PROJECT TIMELINE:

Project work began in 2006 ~ the project has been defined, refined, and enhanced since that time. The CAPTA project began with the simple question – "Is South Carolina In Compliance With CAPTA Regulations." Initial findings reflected SC was not in compliance and facts were gathered through the following: identifying key questions; hosting informational share meetings; brainstorming solution-focused resolutions; and research.

In 2009, the CRP, acknowledging the project work and progress made, felt a final synopsis of this question needed to be rendered and therefore positioned to provide closure to the project and/or recommendation proposals.

July 1, 2010, - SC Supreme Court Ruling regarding 608 Appointments- new legislation will require all children in need of GAL will be served by either RCCASA or the State Guardian ad Litem Program and effectively there will be no further attorney appointments.

PROJECT FINDINGS:

INITIAL (2006)

Initial findings indicated South Carolina was not in compliance with federal CAPTA legislation. These, understandably, created a flurry of grounded conversations and activities by key stakeholders. At projects inception, it was estimated approximately 25% of the children whose interest before the Family Court on Abuse/Neglect actions were being served by private attorneys serving the role as Guardian ad Litem. In retrospect, it appears the percentage of these cases was greater. Initially, findings clearly indicated, for the most part, private attorneys appointed to serve in the role as GAL for maltreated children had not received adequate training prior to being appointed. Many, in fact, had never practiced law in the family court; their appointment being their first exposure to abuse and neglect.



Evidence found that little was being offered to help educate the private bar on these issues. In law school, curriculum for family court issues was elective and upon successful completion of passing the bar exam, minimal time was devoted to cover the topic.

Stakeholders, who had been long committed to the enactment, were now armed with legislation to back their passionate beliefs that children are better represented by GALs who are adequately trained to serve in the role as guardian. Through the auspices of the Children's Law Center, SC Bar Foundation, SCDSS, the State GAL Program, and Richland County CASA, services were put into action to help educate the private bar on serving as GAL on child maltreatment cases. Through the collaborative efforts and marriage of resources, heightened educational and communication opportunities were put into action and made available to the SC private bar. An electronic list-serve for attorneys and project stakeholders was created for a mechanism to communicate learning opportunities and well as information forums. Staffing resources were allocated to provide augmented training, conferences and consultation expertise. For the first time in this state's history, CLE's on GAL issues are now being offered to private attorneys at no charge. Webinars and further electronic information diffusing is underway. The feedback from participating attorneys has been overwhelmingly positive. It is hopeful the community of the SC Bar Foundation will continue to ignite the enthusiasm and take advantage of these opportunities. Additionally, project activities have resulted in higher learning opportunities for volunteers serving in the role as GAL. Training resources have been devoted to providing continuing education opportunities for current volunteers. Many of these sessions have been electronically disseminated to websites and available to view. In Richland County alone, over 1,000 visitors per month peruse the CASA organization's website.

CURRENT (2009)

South Carolina has made aggressive attempts to come into a standard of compliance. Many resources have been committed to this initiative and the compliance services today are at the highest this state has been positioned to provide. While tremendous progress has been accomplished, continuous struggles exist to obtain quantitative data, enact legislative enforcement, and ascertain realistic resolution. The percentage of maltreated children served by private attorneys in the role of Guardian ad Litem remains unchanged. Despite the fact the pool of volunteer CASA GAL's has increased throughout the state, the number of children in need of services supersedes the number of available volunteer GALs. Conservatively, at best, approximately 25% of the maltreated children's interests before the Family Court are still represented by private attorneys serving in the role as GAL. Without factual data supporting the exact number of GAL attorney appointments and the training experiences of these attorney appointments, it would be impossible to provide quantitative data for this project. At best, we are reliant upon program statistics and basic programmatic assumptions.

In the Richland County CASA office, it is a routine occurrence for private attorneys to be in contact upon receipt of their appointment as GAL. The most prevalent comments are: "I've never done this before – what do I do – what is expected of me – where do I find the information



– I’m a Real Estate attorney and have never practiced in Family Court.” Irrespective of cumulative data, these conversations alone lend themselves to the fact that attorneys appointed to serve as GALs have not received adequate training prior to their appointment as guardian for a child/ren.

JULY 1, 2010

Rule 608 SCACR has been amended to eliminate the appointment of attorney’s as Guardian’s ad Litem in child abuse and neglect proceedings. Guardian’s ad Litem will now be provided exclusively by RCCASA and the SC GAL Program to serve in these proceedings. CASA will no longer have the option to request the appointment of an attorney guardian when a volunteer guardian is not available – in essence, CASA will be required to provide a Volunteer Guardian ad Litem for every child.

Effective July 1, 2010 – See Attached Legislation

Upon implementation of this legislation, the question is moot. Effective 07.01.10, all guardians appointed in child maltreatment cases will have been trained by NCASA curriculum and supported by either the state GAL Program or RCCASA.

PROJECT DEFINITIONS:

From Wikipedia, the free encyclopedia: The Child Abuse Prevention and Treatment Act (Public Law 93-247) provides federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations for demonstration programs and projects. Additionally, CAPTA identifies the Federal role in supporting research, evaluation, technical assistance, and data collection activities; establishes the Office on Child Abuse and Neglect; and mandates the National Clearinghouse on Child Abuse and Neglect Information. CAPTA also sets forth a minimum definition of child abuse and neglect.

The key Federal legislation addressing child abuse and neglect is the Child Abuse Prevention and Treatment Act (CAPTA), originally enacted in 1974 (Public Law 93-247). This Act was amended several times and was most recently amended and reauthorized on June 25, 2003, by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36).

The complete text of the law is listed under U.S. Code title 42, chapter 67 and can be seen here as it is lengthy. A booklet presenting CAPTA as amended by the Keeping Children and Families Safe Act of 2003, including the Adoption Opportunities program and Abandoned Infants Assistance Act, as amended, is available on the Children's Bureau website.

PUBLIC LAW 108–36—JUNE 25, 2003 – Entire Public Law Attached

“(ix) provisions to require a State to disclose confidential information to any Federal, State, or local



government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibilities under law to protect children from abuse and neglect;”;

(vii) in clause (xiii) (as so redesignated)—

(I) by inserting “who has received training appropriate to the role, and” after “guardian ad litem,”; and

(II) by inserting “who has received training appropriate to that role” after “advocate”;

(viii) in clause (xv) (as so redesignated), by

PROJECT SUMMATION:

The New Pre-Appointment Training Requirement

Since its enactment in 1974, CAPTA has required appointment of a "guardian ad Litem" in "every case involving an abused or neglected child which results in a judicial proceeding." States must meet this requirement, among others, in order to be eligible for federal support under the CAPTA state grant program. The guardian ad litem (GAL) can be "an attorney or a court appointed special advocate (or both)" for the child and must obtain a first-hand understanding of the child's situation and needs and make recommendations to the court concerning the child's best interests.

The CAPTA requirement as just amended [42 U.S.C. §5106a (b) (2) (A) (xiii)] now specifies that, in order for states to be eligible for a CAPTA state grant, there must be:

[An assurance in the form of a certification by the chief executive officer of the State that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect that includes...provisions and procedures requiring that] in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem who has received training appropriate to the role, who may be an attorney or a court appointed special advocate who has received training appropriate to the role (or both), shall be appointed to represent the child in such proceedings [new text italicized].



This new language means there should be no appointment of a GAL for a child who has not, before their appointment, received "appropriate" training that is specifically related to their role as the child's court-appointed representative. Although the new requirement is specific to the child's GAL, it includes anyone who fulfills the function of a GAL in states that do not use that term. States should also strongly consider training all individuals who appear in court to represent the child on their respective roles. Many courts have, too often, appointed individuals as GAL or attorney for the child without those persons having undergone prior training that adequately addresses the specific types of responsibilities they will undertake. In such situations, the legal system's protection of children may suffer.

Because, in certain states and localities, persons appointed by the court as GAL or lawyer for the child may receive a very low rate of compensation, or not be compensated at all, we acknowledge that judges often recruit (or select from general lists of attorneys) those who have not been specifically trained in this demanding form of representation. Through this amendment, the law is now clear that such court practices should not continue. CAPTA was amended to ensure higher quality representation and to bar appointment of untrained or poorly trained court-appointed representatives for children.

The law is silent on the precise content of what training is "appropriate" to the GAL role. We therefore provide the following guidance to the states. First, the volunteer curricula developed by the National CASA Association provides a model for training of CASA volunteers before they begin to receive appointments by the court on behalf of individual children. States should consider offering training for lay volunteer CASA or GAL equivalent to that specified in the National CASA Association curricula. Second, two national authorities on the quality of attorney training in child abuse/neglect proceedings - the American Bar Association and the National Association of Counsel for Children - each have approved standards of practice for lawyers representing children in abuse and neglect cases that include a provision specifying the content of "appropriate" training. An outline of this follows, and state and local training for attorneys who serve as legal representatives for children should consider providing training that at least encompasses this:

I-2. Content of Lawyer Training. The appropriate state administrative office of the trial, family, or juvenile courts should provide educational programs, live or on tape, on the role of a child's attorney. At a minimum, the requisite training should include:

- Information about relevant federal and state laws and agency regulations;
- Information about relevant court decisions and court rules;
- Overview of the court process and key personnel in child-related litigation;
- Description of applicable guidelines and standards for representation;
- Focus on child development, needs, and abilities;



Information on the multidisciplinary input required in child-related cases, including information on local experts who can provide consultation and testimony on the reasonableness and appropriateness of efforts made to safely maintain the child in his or her home;

Information concerning family dynamics and dysfunction including substance abuse, and the use of kinship care;

Information on accessible child welfare, family preservation, medical, educational, and mental health resources for child clients and their families, including placement, evaluation/diagnostic, and treatment services; the structure of agencies providing such services as well as provisions and constraints related to agency payment for services; and

Provision of written material (e.g., representation manuals, checklists, sample forms), including listings of useful material available from other sources.

I-3. Continuing Training for Lawyers. The court system should also assure that there are periodic opportunities for lawyers who have taken the "basic" training to receive continuing and "new developments" training.

In conclusion, state child protective services agencies, as they begin to work on applying this change to CAPTA, should collaborate with and seek advice from their state Court Improvement Program, state and local bar associations, and the Children's Bureau's National Child Welfare Legal Resource Center on Legal and Judicial Issues (based within the ABA Center on Children and the Law).

To implement this new requirement, many states will find it helpful to first identify courts within their jurisdiction that are now requiring all individuals representing children, whether as GAL or children's legal counsel, to first receive special training. That training content may be usefully adapted and then replicated in other parts of the state where courts have failed to mandate pre-appointment training.

To hasten full compliance, it can also help to identify those courts in the state where the largest number of non-trained GAL and attorneys have been appointed and to focus new training efforts on those courts as early as possible.

INITIAL PROJECT ASSESSMENT QUESTIONS:

What is the current GAL training policy? (and implicitly, how does it compare to best practice under CAPTA amendment)

The SC Bar provides Bridge The Gap - mandatory training for anyone newly admitted to SC Bar - This weeklong training includes a 45-minute training component on Family Court. CLE Hours are required however nothing mandates Family Court training, specifically.

Who is responsible for implementing training?



SC Bar / Children's Law Office

Awareness - Does everyone know requirement / training available / etc.

Very doubtful / the extensive training outlined in CAPTA is currently not being offered.

Is SC in compliance? (How is it working?? Are SC's guardians being appointed only after they receive "appropriate" training?)

Attorney GAL's - No

CASA & State GAL – Yes

Does GAL training include understanding of boundaries? (Coordinating CPS services with foster care & adoption services as well as reunification services)

CASA & State GAL utilize NCASA training curriculum - The training provides the information however in "real practice" Understanding of Boundaries remains unclear between the entities (even within their own organizations) It would be impossible to offer an inclusive training to capture this understanding.

GAL Training Compliance Evaluation Initial project finding led to the conclusion that SC is not in compliance with the CAPTA requirement for appropriate prior training for every gal appointed to represent an abused or neglected child in our courts. Although the volunteer gal programs and CASA both require and provide training, the requirement for each child to have both an attorney and a GAL volunteer leads to appointment of pro bono attorneys who have not had that training.

SCDSS certified that the state was in compliance, based upon the statement of Children's Law Office that the JD curriculum includes a course on family law and the state GAL program's assurance that it provides training for gal volunteers. Paige had inquired more closely, however, and learned that the family law course is an elective and not a graduation requirement at the USC law school, and the GAL program trains only laid volunteers. Attorneys likely to be appointed pro bono as GAL "volunteers," therefore, can be counted on to have no more than the approximately 45-minute family court component of the week-long course that is required to bridge the gap between passing the bar exam and entering practice in SC. Moreover, although continuing legal education is required of all practicing attorneys, none of it has to be in family law, and none of that has to address the duties of a guardian ad litem. Even such CLEs as might be relevant are not likely to prepare an attorney to perform the independent assessment functions of the gal volunteer.

The Panel was not ready to endorse recommendations for system change regarding this area of noncompliance, however, except perhaps to **suggest that SCDSS exercise more caution in**



certifying compliance with CAPTA provisions. Questions the Panel wants to address before arriving at a formal recommendation include these:

Who, exactly, is required to be trained? It is unclear to what “guardian ad litem” refers and what is meant by “represent” the child. The Children’s Bureau advisory that Paige studied and provided to the Panel did not clearly distinguish the two roles attorneys may play as representatives and which may require different “appropriate” training.

In the ABA/NACC specification of content for “appropriate” training, it is not clear that the program is for “volunteer” GALs as opposed to attorney GALs. For example, should lawyers acting in the “volunteer” role not be trained as CASA volunteers are?

What is the scope of the problem in SC? How many pro bono lawyers appear as gal volunteers in SC’s family courts annually? How many serve as gal attorneys? How many children are served by untrained gal attorneys? How many children are served by untrained lawyers appointed as gal volunteers? Which counties would be most affected by enforcement of the a priori training requirement? What is the current backlog in those counties? To what would it increase if only appropriately trained attorneys were appointed? Which judicial districts are involved? What roles do those judges play? What alternative solutions have been explored in those districts?

Children’s Law Office advised Paige that there is resistance to enforcing the training requirement because it would shrink the pool of resources. Would this, in fact, have the effect of unacceptably delaying the progress of children’s judicial reviews (costing the state money and children permanency? Would it exacerbate the problem already of concern to some professionals that cases warranting judicial review are negotiated for the sake of expediency?

Or might it drive the court improvement program to make the necessary accommodations to train pro bono attorneys in order to conduct timely hearings?

When better informed, the Panel will revisit this evaluation to plan an approach to specific recommendations. Meanwhile, it can be said that something already has been accomplished. The exploratory process demonstrates that the requirement probably is not widely known or well understood and that it has not been taken seriously by South Carolina’s decision makers. The CAPTA lead agency’s casual certification of compliance on the basis of superficial inspection may have resulted not only in mischaracterization but also in a **missed opportunity to educate partners** about a significant unmet need for children in care.

As a result of her inquiries, Paige can report that several conversations have begun that may move the state toward compliance: (1) Children’s Law Committee will consider whether state law should address attorney guardians; (2) CAPTA education and training options will be offered for the annual Children’s Law Conference agenda; (3) Bridge The Gap training content will be re-examined; (4) CASA/GAL are designing CLEs for attorneys who wish to prepare for



GAL service, and (5) CASA/GAL are developing printed materials to support such voluntary preparation either through formal or informal continuing education.

COLLABORATIVE EFFORTS

This project, while lengthy, garnered and strengthened relationships between several entities in our community charged with child well-being. Through these relationships and collaborative efforts, significant services have been rendered in South Carolina. Throughout the state, private attorneys, guardians, and professionals have had unprecedented educational and resource opportunities through these collaborations.

CONCLUSION

Budget deficits led to a significant decline in services to children in need of services throughout South Carolina. Despite these challenges, increased opportunities were made available for persons serving in the role as guardian for abused and neglected children.

While it would be impossible to answer affirmatively for 100% of guardian appointments at this time, effective July 1, 2010 South Carolina will be in compliance with CAPTA legislation. A significant challenge facing both the RCCASA and State GAL Program is the fact so many of “our children” residing in protective care are displaced from their home community. This frequent occurrence is due to a shortage of resource homes – licensed foster families – throughout the state. It is more common than not that children from Richland County are placed in temporary foster homes throughout the state in the other 45 counties. With an insufficient number of foster homes in Richland County, the Department of Social Services has no other alternative but to place children in licensed homes outside of the county. Looking solely at the GAL perspective, this practice creates a significant hardship on volunteer guardian appointments. The recommendation is for DSS to appropriate sufficient resources to recruit foster homes throughout the state to ensure children remain in their community of origin.

NOTE:

The Supreme Court of South Carolina

In re: Amendments to Rule 608,
South Carolina Appellate Court Rules

ORDER

The South Carolina Bar's Rule 608 Task Force has requested the Court amend Rule 608, SCACR, to end the practice of appointing attorneys as guardian’s *ad litem* (GALs) in the Family Court. The Bar's Task Force asserts other organizations, such as the South Carolina



Guardian *ad Litem* Program, which is funded by the General Assembly and administered by the Office of Executive Policy and Programs, and Richland County CASA, which is privately funded and organized, are responsible for providing volunteer GALs in abuse and neglect and termination of parental rights cases. Both programs recruit, train, and supervise volunteers to act as GALs in such matters in all forty-six counties of South Carolina.

In reviewing the practice of appointing GALs in the family court, we believe programs such as the South Carolina Guardian *ad Litem* Program and Richland County CASA have the requisite expertise and resources to best serve the needs of children and the general public in providing GALs in matters in which they are required. The vast majority of attorneys who are appointed have no training or experience as GALs, and there is no appropriate supervision of those attorneys. The Court believes the participants are better served when attorneys who are appointed are appointed as advocates. Furthermore, the South Carolina Guardian *ad Litem* Program has made significant strides in the past several years in recruiting and training sufficient numbers of volunteers.

Accordingly, we grant the request of the Bar's Task Force to amend Rule 608. Effective July 1, 2010, Rule 608 is amended, as reflected in the attachment, to eliminate the appointment of attorneys as GALs pursuant to Rule 608. Attorneys appointed as GALs prior to the amendment shall continue to serve until appropriately relieved under the rules or until the matters have been properly concluded.

IT IS SO ORDERED.

	<u>s/Jean H. Toal</u> C.J.
	<u>s/John H. Waller, Jr.</u> J.
	<u>s/Costa M. Pleicones</u> J.
	<u>s/Donald W. Beatty</u> J.
	<u>s/John W. Kittredge</u> J.

Columbia,
November 20, 2009

South

Carolina



Appointment of Lawyers for Indigents

(a) Purpose. This rule provides a uniform method of appointing lawyers to serve as counsel for indigent persons in the circuit and family courts.

. . .

(e) Active Members Who Have Not Completed the Trial Experiences Required by Rule 403, SCACR. An active member who has not completed the trial experiences required by Rule 403, SCACR, but has been admitted to practice law in South Carolina for one (1) year or more shall be fully eligible for appointment under this rule, and, at his or her expense, will be expected to associate another lawyer if necessary to carry out the appointment.

. .

(g) Minimizing Appointments.

(1) The unnecessary appointment of lawyers to serve as counsel places an undue burden on the lawyers of this State. Before making an appointment, a circuit or family court judge must insure that the person on whose behalf the appointment is being made is in fact indigent. Further, a lawyer should not be appointed as counsel for an indigent unless the indigent has a right to appointed counsel under the state or federal constitution, a statute, a court rule or the case law of this State.

(2) A lawyer should only be appointed as counsel under this rule when counsel is not available from some other source. For example, an appointment under the rule for a criminal defendant should not be made when there is a public defender available to take the appointment.

. . .

Last amended by Order dated November 20, 2009, effective July 1, 2010.

