

South Carolina Department of Social Services  
Response to Recommendations made by Citizen Review Panels 2004

The South Carolina Department of Social Services offers the following general and specific comments in response to the recommendations of the South Carolina Citizens Review Panels.

The South Carolina Department of Social Services is in its second year of implementing the Program Improvement Plan developed in response to the Child and Family Services Review (CFSR). The final report of the CFSR was issued September 30, 2003 and the Program Improvement Plan (PIP) was approved June 17, 2004. South Carolina has two years to complete the PIP with a second CFSR to be conducted at the conclusion of the PIP to measure the improvement in South Carolina's child welfare system.

SCDSS has convened an advisory committee of stakeholders representing all facets of the child welfare system in South Carolina to provide input and coordination of the PIP implementation. We are pleased that the three SC Citizen Review Panels are represented on this advisory committee. All quarterly reports that are submitted to the Administration of Children and Families (ACF) detailing progress on the PIP are shared with the Advisory Committee and with the Citizen Review Panels. Many of the issues previously identified in the 2003 Annual Report as well as the recommendations of the 2004 Annual Report, relate to areas of concern identified through the CFSR process. We feel that the actions specific to the PIP as well as other programmatic initiatives support the agency's efforts to be responsive to the recommendations of the Citizen Review Panels.

**Recommendations of the SC Citizen Review Panels**

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

1. **Maintain SCDSS Policy and Procedure Manuals on an Internet server.** At meetings where Manual material was to be supplied, members brought discrepant versions of the same provisions, suggesting two problems. First, although DSS employees are thought to have online access through their intranet, there is evidence they do not know or do not use that option (for reasons not further explored by the Panels). Second, despite the quality of the intranet or the agency's updating process, the department's policies and procedures are not continuously available in current authoritative form to the public—including external stakeholders like CRP.

**DSS RESPONSE:** Over the past two years, SCDSS has been converting agency policy manuals to an automated version located and disseminated to all agency staff through the agency's intranet system on Lotus Notes. We are also exploring the possibility of posting the agency policy manuals on the official agency website. This will be pursued as resources are available within the Department.

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Currently, the Human Services Policy and Procedures Manual, Chapter 4 – Adoptions, Chapter 7 – CPS, Chapter 8 – Foster Care, Chapter 9 – Foster Care Licensing are included on the Lotus Notes and are updated as necessary. Updates are available to staff immediately by electronic dissemination. Copies of the Child Protective Services and Foster Care Chapters have been provided to the Citizen Review Panels, which includes updates and revisions.

Chapter 7 is currently undergoing revision to add reference material. These materials will enhance the procedures generally. An additional focus of updates to the manual will be around intake criteria and standards. The intake standards are being developed in coordination with county staff and the National Resource Center on Child Protective Services with an expected completion date of September 2005. This initiative is in response to concerns noted by the 2003 CRP Annual Report, the PIP and the report of the Centralized Intake Work Group.

The Panels have identified a concern that Agency staff do not have access to and/or do not know how to access the information. All professional staff have a computer and have access to the Lotus Notes system. The observations of the CRP suggest that there may be isolated users who are not taking advantage of this resource. Over the past few years, the agency has been disseminating all announcements, Directive and Informational Memos, as well as Manual Memos through the intranet. All staff are expected to commit the time necessary to access and review information disseminated over the Lotus Notes system. Program Technical Assistance staff will reiterate this requirement and also will work with county staff to determine if additional training is needed to understand the system. CAPSS technical assistance staff is also available to provide assistance to counties where navigation of the automated system is a concern.

2. **Advocate revision of the Attorney General’s “Intervention Protocol for Drug-Impaired Infants.”** While its intervention provisions seem adequate, the Protocol’s identification and referral guidance may need strengthening both to take explicit account of the 2003 amendment and to attach accountability to its provisions for identification and referral. The Panel recommends that DSS negotiate revisions that *establish an affirmative obligation to determine the status of the infant and/or mother with respect to drug effects and designate or instruct hospitals to designate a position responsible* for assuring that status is determined and reports made to DSS when required.

**DSS RESPONSE:** The Department has approached the Attorney General’s office with the idea of coordinating a revision to this protocol and will continue in this effort.

In addition to working with the AG’s office, the University of South Carolina Center for Child and Family Studies has approached DSS about working together to apply for federal funding to develop services for substance exposed infants. DSS, USC, the Department of Alcohol and Other Drug Abuse Services (DAODAS), the SC Hospital Association, Federal Department of Drug Endangered Children, state and local law

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enforcement agencies, SC Sheriff's Association, private advocacy organizations and others in the child welfare arena will be meeting in the next week to develop a grant application. The application will address how these partners will develop intervention protocols, revise policies and procedures and develop programs to provide services to substance abusing pregnant women and born alive children exposed to substances. The work done by this group will continue through agency in-kind contributions regardless of receipt of this additional federal funding. We will also access technical assistance through the federal resource centers.

In addition, a protocol for a coordinated response to situations with children endangered by methamphetamine is being finalized between and among state agencies, law enforcement agencies, emergency response personnel, medical facilities and solicitors. The protocol was developed in conjunction with the Federal Drug Endangered Children agency (DEC). Training on this protocol is being provided during summer and fall 2005 to the involved partners. Funding for the training is provided by the DEC. Participants will be certified in the response protocol for drug endangered children. A copy of the proposed protocol is attached for your information.

3. Advocate or undertake changes in statute or policy (or both) that **replace individual discretion with encouragements if not requirements to share information** in appropriate circumstances. Specifically, the Panel recommends that DSS policy **assure disclosure of complete information to substitute caregivers.**

**DSS RESPONSE:** South Carolina state statute and SCDSS policy and procedures already define what can be and should be released to substitute caregivers. Policy and procedures follow the good practice of providing to substitute caregivers information necessary to care for children in the state's custody or those diverted from foster care to an alternative caregiver. They also require that SCDSS provide information about the children's behaviors and history for purposes of safety of the caregivers and other household members. A copy of the specific section of the Chapter 8 related to sharing information with caregivers is attached. The entire Chapter 8 has already been shared with the Citizen Review Panels.

The Foster Care Educational and Health Passport was developed to provide foster caregivers with the information they need to serve children in foster care. The passport is designed to help keep recent health and medical information together in an organized manner. This document aids foster care providers when they are performing a child specific function (i.e. enrolling a child in school, taking a child to routine medical/mental health care, etc.) and need to share some information about the foster child. The Passport provides consistent and concise information on each child in foster care and provides a central location for foster parents to maintain additional information gathered during the time a child lives with them. Maintenance of the Passport is a joint effort between the foster parent and the agency. This document was finalized and disseminated to the field during winter 2005. The

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passport was developed in coordination with the SC Foster Parent Association and USC NEXXUS Project. A copy of the Passport is attached.

CPS and Foster Care program technical assistance staff will continue to work with county program supervisors and staff to ensure that these requirements and guidelines are followed. As part of that effort, TA staff will canvas county staff in an effort to determine where there are misunderstandings or a lack of knowledge of both statute and procedures. Review and revision of state policy and procedures is an ongoing and continuous process. Based on this recommendation, additional effort will be made to consider if existing policy and procedures are clear or where revisions are necessary to clarify for field staff.

4. **Require notice to reporter as to disposition of report and again as to outcome of investigation**, including decision and if founded, classification; basis for decision and classification; whether the service plan includes placement, in-home treatment, and/or referral to other resources. *Designate a single position responsible for assuring notice to reporter after screening and same or other position responsible for assuring notice to reporter after decision. Develop and prescribe forms, time frames, and procedures governing notices to reporters.*

**DSS RESPONSE:** We fully agree that mandated reporters who have an ongoing relationship with the child and family need to know what happens to a report and investigation. They are vital and important sources of information essential to an investigation of child abuse or neglect. SC Code of Laws provides that information can be shared with reporters. Current procedures in Chapter 7, Section 710 of the agency policy and procedures manual directs staff to provide feedback to mandated reporters as appropriate given the reporter's relationship with the family. As part of the efforts to revise the intake process and to develop intake criteria, we will enhance the language to give staff more complete guidance on responding to reporters who have an ongoing relationship with the child and family

DSS is responsible for assuring that the feedback provided is appropriate to the continuing role of the reporter with the family. DSS will continue to balance the need to respond to reporters against the child's and the family's statutory right to limited dissemination of their case information.

A copy of the specific intake section of Chapter 7 is attached. The full chapter 7 has already been shared with the Citizen Review Panels and all revisions will be shared with the Panels when completed.

5. Advocate statutory change and undertake policy change explicitly to **authorize Citizen Review Panels' access to information from DSS and other parties to the implementation of CAPTA requirements**, including the Child Fatality Advisory Committee. If CAPTA intends for CRPs to evaluate the whole child protection system and that is viewed as a broad congressional mandate, then access should not be limited to DSS-owned information. CRPs should have clear

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authority to help evaluate whether a state is complying with CAPTA amendments, including access to all information they deem relevant.

**DSS RESPONSE:** SCDSS has interpreted existing state and federal statute to allow the agency to share information with the SC Citizen Review Panels. There are no statute or agency policy changes necessary to support access to information over which DSS has control. In regard to information owned by other entities, we are open to exploring with you and the other entities how access can be facilitated and permitted so as to enhance the work of the SC Citizen Review Panels.