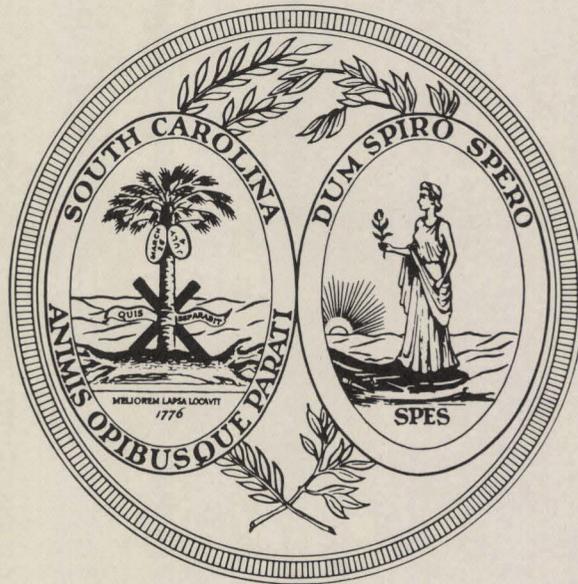


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# CONTINUUM OF CARE FOR EMOTIONALLY DISTURBED CHILDREN



## ANNUAL REPORT

1987-1988

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**Continuum of Care for Emotionally Disturbed Children**

1340 Pickens Street / Columbia, South Carolina 29201 / (803) 253-6272

Elizabeth V. Hopper, Executive Director

September 1, 1988

The Honorable Carroll A. Campbell, Jr.  
Governor, State of South Carolina  
The State House  
Columbia, South Carolina 29211

Dear Governor Campbell:

It is with pride that I submit, on behalf of the Policy Council and Staff, the 1987 - 1988 Annual Report of the Continuum of Care for Emotionally Disturbed Children. This document highlights services to severely emotionally disturbed children and the system needs which have been identified as the Continuum strives to carry out its mission.

Two hundred thirty-one (231) children and adolescents were served, in 205 slots, by five regional offices during fiscal year 1987-88. Services provided include interagency case management, procurement of needed services and advocacy.

A budget appropriation combining Education Improvement Act and General Funds enabled the Continuum of Care to develop and purchase client services at a total cost of \$2,356,467. A significant portion of that amount, \$1,216,599, was spent on development, implementation and continuation of seven programs of community-based services, involving extensive public-private partnerships. Such services included specialized educational programming, high management residential care and activity therapy. An additional \$1,139,868 was spent for "wrap-around services" -- those services which are tailor-made to meet the treatment needs of each client and delivered in various combinations to the client within the community.

The services which have been coordinated and developed by the Continuum, combined with the provision of intensive case management, have produced a significant, positive impact on clients as indicated by a recent analysis of client progress. Across all areas of behavior surveyed, behavioral indicators showed progress by 38 to 81 percent of all clients who had previously experienced problems in each area. Notably, 62 percent

had improved academically, 69 percent demonstrated improved behaviors in school, 69 percent had fewer involvements with delinquency, 80 percent had decreased disruptions in out-of-home care and 67 percent demonstrated improved family relationships. These changes are especially significant because Continuum clients are some of the most severely disturbed children in the State. A summary of client outcomes begins on page 11 of this report.

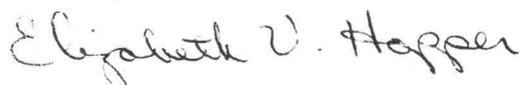
South Carolina's experience, corroborated by experience of other states nationwide, suggests that serving those youngsters whose needs have not been adequately met by the traditional system of children's services poses special challenges. It clearly demonstrates the need for pervasive case management and the integration of creative treatment approaches throughout the children's service system. It also discloses the inadequacies of traditional service systems. Evidence of South Carolina's need for additional services is presented in this report.

It is estimated that there are now approximately 600 severely disturbed children and adolescents in South Carolina who have exhausted the traditional service delivery system. Applications to the Continuum increased by 100% during the second half of FY 87-88. The Policy Council of the Continuum of Care decisively reaffirmed its philosophy that severely emotionally disturbed children and adolescents should have access to a full array of services. It established plans and priorities to address the unmet needs of this population in the following fashion: 1) expansion of Continuum service availability statewide; 2) establishment of the full array of services in the Midlands in FY 88-89 as a replicable model; 3) expansion of non-traditional service development with emphasis on residential care and in-home intervention services; and 4) placing a priority on children's services in other agency budgets.

The need for additional resources which will allow South Carolina to appropriately serve its severely disturbed children and adolescents in-state is compelling. The Continuum will continue its advocacy for a comprehensive system of services for this special population of South Carolinians.

The Continuum of Care is extremely grateful to have had your support and the support of the General Assembly. We solicit your continued commitment to severely emotionally disturbed children.

Sincerely,

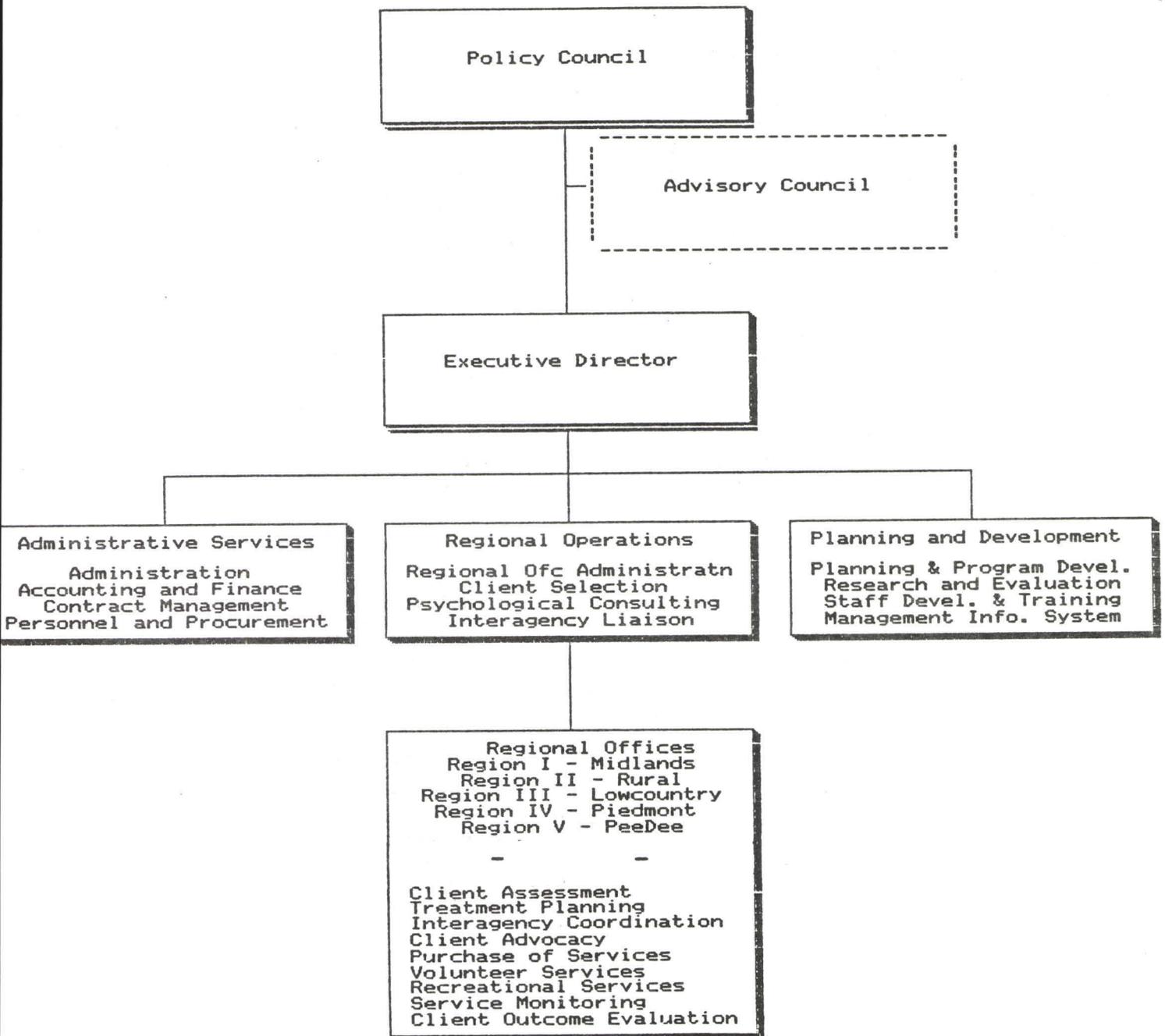
A handwritten signature in cursive script that reads "Elizabeth V. Hopper".

Elizabeth V. Hopper  
Executive Director

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CONTINUUM OF CARE  
FOR  
EMOTIONALLY DISTURBED CHILDREN





## HISTORY

The Continuum of Care for Emotionally Disturbed Children was established by the South Carolina General Assembly in June of 1983 through a proviso to the Appropriations Bill for the purpose of establishing and demonstrating a "Continuum of Care" service delivery approach, and to serve as the basis for development of future state policy regarding services to severely emotionally disturbed children and youth. A three-year demonstration project was established in the Midlands. The Pilot Project served forty clients in Richland, Lexington, Kershaw, and Fairfield Counties. The initial target population was determined to be children ages 11-14, who were diagnosed as severely emotionally disturbed and who had "fallen through the cracks" of the current service delivery system.

The Education Improvement Act of 1984 provided for the Continuum to receive EIA funds through a contract with the State Department of Education. Section 59-33-100 states that "in addition to those services currently provided to emotionally handicapped pupils. . . , the State Department of Education shall contract with the Continuum of Care Policy Council to provide services approved by the State Board of Education to enable emotionally handicapped pupils to benefit from special education." A contract with the State Department of Education was developed in 1985 and has been renewed each year since that time. Statewide expansion of client services began as a result and four regional offices were established the following year. The total number of clients served grew from 40 to 105. In 1986 a fifth regional office was opened to serve clients in the Pee Dee area of the State and the number of clients receiving services during FY 86-87 increased to 190. This year the Continuum received \$2,500,000 in EIA funds.

On May 23, 1986, through Act 431, legislation was enacted by the General Assembly of South Carolina establishing the Continuum of Care for Emotionally Disturbed Children and providing for a governing body and an advisory council, and the powers, duties, and functions necessary to carry out the purpose established in that legislation. Act 431 can be found beginning on page 19.

In June, 1988, two Provisos affecting the Continuum became a part of the Appropriations Act. The first insured that services which are available through public agencies would be provided to Continuum clients at no cost to the Continuum. The second gave the Continuum opportunity to consider the appropriateness of a child for the services of the Continuum and to recommend treatment prior to a Family Court's Order that the child be accepted as a Continuum client. These Provisos can be found on page 22.

## MISSION

The mission of the Continuum of Care for Emotionally Disturbed Children, by law, is to ensure continuing delivery of appropriate services to those severely emotionally disturbed children in South Carolina whose needs are not being adequately met by existing services and programs.

## PURPOSE

A continuum of care is a range of services from least intensive to most intensive, delivered in settings from least restrictive to most restrictive. The Continuum is intended to address the problems of children and youth who have traditionally "fallen through the cracks" in the State's service system, either because the children were noncompliant and difficult to treat, or because they did not fit the guidelines and eligibility requirements of any given agency. The Continuum is responsible for:

- identifying the needs of this population
- developing plans to address those needs
- coordinating and procuring services among/from public and private agencies
- coordinating planning, training and service delivery to this population among service delivery agencies
- providing or developing service delivery in those instances where services are not otherwise available
- developing, implementing and superintending a statewide delivery system for children accepted as Continuum clients
- evaluating program effectiveness in meeting the needs of this client population
- determining requirements for development of service delivery programs; providing support for appropriate public agency fiscal initiatives; and surfacing such requirement issues in the annual report to the General Assembly
- providing a foundation for formulation of future state policy related to serving emotionally disturbed children through coordination, enhancement, development and growth of services and programs

## CLIENTS

Children and adolescents may be referred to the Continuum of Care by any individual with consent of the parent or legal guardian. The majority of referrals have been received from agencies involved with the child; a few have been received from parents or guardians. Referral information for FY 87-88 is as follows:

REFERRAL SOURCE	REGION					TOTALS
	I	II	III	IV	V	
School Districts	24	23	18	17	6	88
State Agencies	37	7	13	25	6	88
Private	3	1	9	5	2	20
Parents	2	1	0	5	1	9

In order to be eligible as a client, a child must:

1. Be a legal resident of the State of South Carolina;
2. Be between 6 and 16 years of age at time of application;
3. Have been given a diagnosis, by a psychiatrist or psychologist, denoting emotional disturbance;
4. Have exhausted the services available to him/her within the service system;
5. Have consent of his/her parent or legal guardian; and
6. Be chosen as one of the most severely disturbed children of South Carolina by the Selection Panel, a group of outside individuals not otherwise associated with the Continuum who consider the application and supporting information.

Client demographics as of June 30, 1988, are as follows:

REGION	I	II	III	IV	V	TOTALS
CLIENT POPULATION	66	32	40	52	15	205
APPLICATIONS PENDING	45	11	22	27	14	119
REJECTED	0	0	0	1	0	1
SEX:						
Male	53	26	26	39	12	156
Female	13	6	14	13	3	49
AGE:						
6 - 10	3	1	2	10	0	16
11 - 15	33	16	20	25	10	104
16+	30	15	18	17	5	85

## SERVICE TO CLIENTS

The Policy Council of the Continuum of Care has established offices in five regions of the State in order to fulfill its mission of ensuring appropriate services to severely emotionally disturbed children in South Carolina. A plan of scheduled expansion to include services to clients statewide in FY 88-89 was adopted in April, 1988.

The Continuum's five regional offices provide the bases from which intensive case management services are delivered to clients within the respective regions. The following counties were served by regional offices during FY 87-88:

I	II	III	IV	V
Richland	Bamberg	Charleston	Anderson	Florence
Lexington	Allendale	Dorchester	Spartanburg	Darlington
Fairfield	Hampton	Berkeley	Greenville	Marion
Kershaw				
Newberry				

Integral to Case Management are the coordination and monitoring of the services available through a variety of agencies, programs and individuals, and advocacy for the development of those services identified as essential but lacking or inadequate in the existing service delivery system. The goal of service delivery is the increased social and emotional competence of each client. Decisions regarding the degree of restrictiveness incorporate considerations about the child's living, education and treatment needs. Case management is provided throughout the continuum of services. Typical activities involved in case management include comprehensive evaluation and assessment of client needs including multidisciplinary, interagency service planning; recreation assessments and prescriptive plans; coordinated procurement of therapeutic services; evaluation of services and client outcomes; and class, as well as case, advocacy. Because of the severity of the clients' need and the intensity of required services, Service Coordinators assume responsibility for only 10-12 cases. Service standards require intensive interactions with clients, their families and service providers.

In determining how to intervene in assisting a severely emotionally disturbed child, The Continuum of Care is guided by the following Statement of Principles:

1. A qualified client cannot be rejected/ejected because of the severity of his/her emotional problems, the severity of need, or difficulty to manage.
2. Once accepted as a client, a child cannot be denied treatment in an appropriate program, and he/she cannot be ejected as a client because of noncompliance, threatening

behavior or failure to show progress.

3. The client treatment plan is individualized, based on the needs of the child, rather than attempting to fit the child into an already established treatment program which may not be fully appropriate.
4. The child should be treated in the least restrictive setting, within the community to the degree possible, which meets his or her treatment needs. Clients should be maintained within their own families whenever possible, and a range of support services should be provided to families to strengthen their functioning. Efforts to reunify families, when a child has been placed outside the home, will be an integral part of case management.
5. The child will be served in a program appropriate to his or her age and sensitive to cultural differences among ethnic and racial groups.
6. Case management will include coordination with the agency/individual holding custody so that each child will be provided a functional family or family-like relationship through a biological, adoptive, foster or surrogate family or significant other person who will participate in the treatment program.

The scope of services procured through the Continuum's regional operations includes a wide array of educational, residential and treatment programs, varying in intensity and restrictiveness to meet the needs of clients. Under circumstances in which the Continuum of Care is unable to purchase needed services, it may provide services until they can be procured or accessed.

The Continuum purchases, or cost-shares with other agencies, a full array of services for its clients. Services are provided for as long or short a period of time as is recommended by the client's individualized service plan. This kind of flexibility, in combination with a wide range of services, is essential in meeting the needs of children and adolescents who had previously "fallen through the cracks."

During fiscal year 1987 - 88, five hundred ninety-seven (597) contracts for individualized services were initiated by regional offices for the two hundred thirty-one (231) total clients served during the year. When an interagency planning team determines that a Continuum client requires a specific service which is otherwise unavailable, the Continuum Service Coordinator is charged with the responsibility of stimulating the development and delivery of that service within the guidelines of the State Procurement Code. One way this may be accomplished is through an "individual contract." The majority of services to Continuum

clients are afforded through this means. An individual contract is one which is entered into to provide a specific, individualized service for a single client. This mechanism allows the Continuum to tailor and combine services within the array to meet specific client needs. This process is often described as providing "wrap-around services."

In addition to therapeutic recreational services, which have proven to be an important mode of treatment, the following are the most frequently purchased services:

- Positive Role Modeling
- Tutoring
- Transportation
- Therapy
- Behavior Management
- High Management Group Care
- Residential Treatment Center Programs
- Therapeutic Foster Care
- Respite Care
- Wilderness Camping
- Independent Living Skills

Case consultations offer support to the interagency service planning teams in assessing client needs, prescribing therapeutic services and coordinating and negotiating interagency involvement and funding. Client services are continually monitored to assure appropriateness and quality.

Volunteer Services are an important part of service provision in regional offices. Volunteers offer programs and services which the Continuum has neither budget nor staff to provide otherwise. Volunteers donate time and talents in a variety of ways to meet individual client needs and bring a valuable perspective to the treatment planning process. During the period July 1, 1987 - June 30, 1988 more than 800 hours of volunteer service were provided to clients of the Continuum. In addition, goods and services valued at \$41,837 were donated by the community to support the Continuum volunteer program.

### **PLANNING AND DEVELOPMENT**

Planning and Development includes planning, research, evaluation, information management, program development and evaluation and staff development and training. These important functions facilitate the development and delivery of quality services to clients through regional staff.

The first comprehensive Service Development Plan was adopted by Policy Council in October, 1986 and the Plan has been updated annually since that time to address long-range planning needs. The Plan considers: client needs assessments, current service availability, other agencies' responsibilities for service

provision, and the potential for service provision through the public and private sectors. The Plan proposes, based on an anticipated level of funding, an implementation schedule for continuation of service development to "fill the gaps" in the service system.

As a result, contracts were executed for the following programs of non-traditional, community-based services in FY 87-88:

#### Psychoeducational Program

Description of Services: A school based program providing specialized educational and support services for middle and high school students who have failed to respond to a less restrictive educational placement. In addition to the academic focus, this model emphasizes development of social and emotional maturation, enhancement of communication skills, improvement of self concept and management of behavior. The goal of the program is an improved overall functional level consistent with transitioning to a less restrictive educational placement.

Provider: The Midlands Area Consortium (9 local school districts including Richland I and II; Lexington I, II, III, IV, and V; Newberry and Kershaw)

Number of clients served during FY 87-88: 19

FY 87-88 Program Cost: \$103,263

#### Day Treatment

Description of Services: A full day program including group therapy and an integrated set of educational, counseling and family services for up to ten adolescent males and females. The approach to treatment is therapeutically and educationally focused on skill building in self-help, interpersonal and academic/vocational areas. Medical intervention as needed is a program component. The program operates 5 days a week, year-round. Children are generally referred because they are too unmanageable or disruptive to function in a school program. The purpose of the program is to assist children to overcome problems and develop behaviors which will allow them to move to less intensive/restrictive environments such as the regular school system or vocational training programs.

Provider: D. Ceth Mason in cooperation with Charleston, Berkeley and Dorchester county school districts.

Number of clients served during FY 87-88: 11

FY 87-88 Program Cost: \$324,900

#### High Management Group Care

Description of Services: Structured supportive and therapeutic group residential services offered in a home-like environment

within the community which enable children and adolescents to overcome problems and move to a less restrictive placement. This level of care provides 24 hour awake supervision with a staff to client ratio of 1:2 or 3. Intensive programming of frequent therapeutic group and individual interventions and intensive structure, utilizing specialized behavior management techniques, are provided. Clients are at all times in the presence of adult supervision. Usual length of stay is 12-18 months.

Provider: Alston Wilkes Society  
Number of clients served during FY 87-88: 19  
FY 87-88 Program Cost: \$296,610

Provider: South Carolina School for the Deaf and Blind  
Number of clients served during FY 87-88: 7  
FY 87-88 Program Cost: \$157,392

#### High Management Therapeutic Foster Care

Description of Services: Individualized residential care provided by specially recruited, trained and supported licensed foster parents. Clinical staff provide support to the therapeutic foster parents and client throughout the placement. The purpose of the program is to enable clients to overcome their problems in an individualized, flexible residential placement which will assist them to move to a less intensive foster or group care placement or to return to their families. Average length of stay is 12 months.

Provider: South Carolina Mentor, Inc.  
Number of clients served during FY 87-88: 11  
FY 87-88 Program Cost: \$250,572

Provider: Human Service Associates, Inc.  
Number of clients served during FY 87-88: 7  
FY 87-88 Program Cost: \$51,514 (partial year)

#### Activity Therapy

Description of Services: Therapeutic interventions focused on the development of socialization skills, activities of daily living, appropriate self expression and leisure awareness designed to improve or preserve the client's level of functioning. This program provides activities which are primarily physical in nature to develop skills and interests conducive to the constructive use of leisure time. The activities for up to 12 boys and girls are planned and supervised by professional recreation specialists.

Provider: Florence Family YMCA  
Number of clients served during FY 87-88: 10  
FY 87-88 Program Cost: \$32,347

A comprehensive process for annually evaluating all programs for which the Continuum contracts, as well as a process for quarterly monitoring, was established during the past fiscal year. Every program was evaluated and given feedback during the contract year. Technical assistance was provided on an on-going basis to all programs. The evaluations and the programs' responsiveness led to approval by Policy Council of renewal of all contracts for FY 88-89.

Design and implementation of a sophisticated client-based Management Information System (MIS) during FY 87-88 has provided specific service delivery information which is critical for planning, research, and development. It also affords data that is required to monitor the status of clients and client services and adequately track applications. The MIS uses a personal computer and data management software and was implemented at a cost of less than \$4,000.

Continuum staff development and training activities have been guided by the Staff Training Needs Assessment conducted in April 1987 and the subsequent Training Plan developed in FY 87-88. Because of the very specialized nature of the work with severely emotionally disturbed children, a wide range of specific training was accessed. Approximately 90% of all staff participated in staff development activities sponsored by state or national organizations. All staff participated in Continuum sponsored training. In addition, Continuum staff presented training at ten state and national conferences.

### **CLIENT PROGRESS**

As indicated by the Continuum's Statement of Principles, the goal of service delivery is the increased social and emotional competence of each client. Client-outcome measures are being developed so that a baseline for longitudinal study may be established.

In September 1987, a survey of Continuum of Care Service Coordinators yielded results indicating notable progress by children and adolescents who have been clients of the Continuum of Care. The survey process required Service Coordinators to indicate those areas of a client's behavior, or life, which were considered problematic when the child became a client of the Continuum and then indicate whether progress had been made in the identified areas since receiving services through the Continuum. The survey was repeated at the end of the year to assess indicators of progress as of June 30, 1988. The responses to the following questions were sought in the survey on the 185 clients being served at that time. Those which are designated with an asterisk (\*) are questions to which the answers must have been determined by outside professionals such as educators, medical

personnel, and court staff, based on measurable/observable behaviors.

	"YES" Responses (%)
Since entry, has the client:	
*Moved to a less restrictive educational placement?	38
*Shown an increase in academic achievement?	62
*Demonstrated improved behavior in the school setting?	69
*Attended school more regularly?	73
*Received fewer suspensions or expulsions?	75
Had less incidence of running away?	74
Moved to a less restrictive out-of-home placement?	50
Remained in foster or group care for longer periods of time without disruption?	80
*Required less frequent or less long-term hospitalization?	80
*Required less medication?	61
*Been involved in fewer or less severe delinquent behaviors?	69
Shown progress in family relationships?	67
Shown progress in peer relationships?	74
Been more accepting of treatment services?	81

Client status is a Continuum-developed, internally-used identification system which relates to case management standards for clients. It is a holistic behavioral indicator that takes into account all facets of the client's life such as home life, peer relationships, educational performance and general conduct. All clients are initially placed in the INTENSIVE status which requires the most frequent personal contact with the client and all other involved parties as well as requiring the most intensive case management procedures and therapeutic interventions. The client status categories range from INTENSIVE to STABILIZED to MAINTENANCE. Any change which moves the client to a less service intensive status (emanating from behavioral gains) is based on the assessment and decision of the interdisciplinary, interagency Service Planning Team, thereby insuring input from all involved persons and agencies. This client progress survey indicated that 51% of clients had moved to a less intense client status, significant on its own merit, and also in comparison to the 33% which were reported to have made progress in the survey the previous year.

Since Continuum clients are selected based on the severe nature of their disturbance, and because the criteria for change from INTENSIVE client status to another status require that the client has remained in the intensive status for a minimum of six months following acceptance as a client, movement to less service intensive status is not ordinarily expected during the first 9-12 months. Therefore, the figures resulting from this survey which include all clients, even those who have been clients less than 1 year, reflect a very favorable trend.

## ADMINISTRATIVE SERVICES

Administrative support is provided to 69 employees located in seven offices across the state through the State Administrative Office to enable staff to provide quality services to clients. The South Carolina Department of Mental Health also provides administrative assistance to the Continuum, as necessary.

Activities during the past year show the continued growth of the organization. Twenty-five new employees were hired during the year to help carry out the mission of the Continuum. Some of these employees were hired on a temporary basis to assist in meeting the treatment needs of one or more children. In addition, 597 contracts for individualized services and 7 contracts for program services were processed during 1987-88. In all, a total of \$2,356,467 was spent for the purchase of therapeutic services for clients.

The six vehicles operated by the Continuum collectively traveled over 120,000 miles to transport clients. Staff, volunteers, and contractors provided another 100,000 miles of transportation in their own vehicles to enable clients to access needed therapeutic services.

The total budget for the Continuum of Care in FY 87-88 was 4.5 million dollars, including 2.5 million dollars in EIA funds, which is a one million dollar increase over the previous fiscal year. Over 3,500 vouchers were processed to pay bills for client provided below.

## FINANCIAL STATEMENT

### CONTINUUM OF CARE FOR EMOTIONALLY DISTURBED CHILDREN EXPENDITURE REPORT

#### ADMINISTRATION

Personnel Services	\$ 385,870	9%
Other Operating Expenses	96,892	2%
	-----	-----
Total Administration	482,762	11%

#### CLIENT SERVICES

Case Management	1,666,901	37%
Individual and Program Contracts	2,356,467	52%
	-----	-----
Total Client Services	4,023,368	89%

TOTAL EXPENDITURES	\$ 4,506,130	100%
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## SYMPTOMS OF SYSTEM INADEQUACY

It is estimated that there are approximately 400 more children and adolescents in South Carolina whose profiles, coupled with their exhaustion of the traditional service system, indicate the need for a continuum of interventions and service coordination. Congruent with the mission of the Continuum is its responsibility for surfacing the requirements of the service delivery system for severely emotionally disturbed children and adolescents in South Carolina. It is clear that a number of problematic conditions, which appear to be escalating in South Carolina, are symptomatic of the inadequacy of the service delivery system to meet the continuing needs of this population. These conditions include:

1. Overcrowding at inpatient child and adolescent units of the South Carolina Department of Mental Health as a result of inappropriate admissions due to the lack of adequate community-based alternatives and the necessary resources to develop them.
2. Overcrowding at the South Carolina Department of Youth Services due in part to the commitment to institutional programs of a high number of youth who are considered inappropriate for those services due to the severity of their emotional disturbance. DYS reports that 30% of its population is emotionally disturbed.
3. Frequent disruption of placements in the foster care system due at least in part to the lack of therapeutic foster homes with specially recruited, trained, supported and compensated foster parents. For some disturbed children as many as forty placement disruptions have occurred.
4. Referral to the Children's Case Resolution System (CCRS) of cases that have not been effectively served by the collective public agencies. Over 90% of the referrals made to the CCRS have been on behalf of severely emotionally disturbed children.
5. The Family Courts, out of frustration to find services for children in critical need, issuing Orders for the Continuum of Care to develop treatment plans and placements and to share treatment costs.
6. Out-of-State placements of severely emotionally disturbed children becoming more prevalent. It has been estimated that over one million State dollars will be required to support these out-of-state placements during FY 88-89.
7. The Continuum of Care applicant waiting list increasing by 100% during the second half of FY 87-88.

## STEPS TOWARD SYSTEM REMEDIATION

The Continuum recognizes the need for a wide range of services which can meet the variety of needs presented by this population of children and adolescents. These services must include an array from least to most intensive, least to most restrictive, and be easily accessed in the community. The Continuum also desires to demonstrate the treatment efficacy of a full service array. The Policy Council of the Continuum of Care determined in April, 1988 to enhance the services in the Midlands of South Carolina and make the array complete. This will be done during FY 88-89 by developing the following additional services:

- Secure Short-Term Treatment
- Increased Therapeutic Foster Care
- Increased High Management Group Home Care
- In-Home Intervention Services
- Supervised Independent Living
- Respite Care
- Activity Therapy

In addition, Policy Council approved development and expansion of services in other regions as follows:

REGION	SERVICES
II	Expanded Therapeutic Foster Care Expanded Case Management Increased Individualized Services
III	High Management Group Care
IV	High Management Group Care Expanded Case Management Increased Individualized Services
V	Expanded Case Management Increased Individualized Services

Research and experience have indicated that the need for the services of the Continuum exists statewide. In an effort to address that need to the extent to which funds will permit, the

Policy Council also approved a plan to accept referrals statewide effective July 1, 1988. The number of slots for client service during FY 88-89 was increased from 205 to 227. Client slots, by region, in FY 88-89 will be:

Region I	70
Region II	37
Region III	40
Region IV	60
Region V	20

Further, the Policy Council resolved to urge member agency heads to make In-Home Intervention Services a priority in their own FY 89-90 agency budget requests.

The Continuum of Care, in an effort to ensure appropriate service delivery to all the severely emotionally disturbed children and adolescents of South Carolina, will continue to aggressively advocate for the development of a comprehensive system of services for this population. That advocacy must be directed toward the development of a comprehensive, coordinated, multi-agency approach to "filling the gaps" so that a true continuum of services may be produced.

## POLICY COUNCIL

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EXECUTIVE DIRECTOR

Elizabeth V. Hopper

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## STATUTORY AUTHORITY

### ACT 431

(R.476, H3568) Introduced by Ways and Means Committee: An act to establish the Continuum of Care for Emotionally Disturbed Children, to provide for a Governing body therefore to be known as the Policy Council, to provide for an Advisory Council for this Governing body, and to provide for the powers, duties, and functions of the Continuum of Care.

Be it enacted by the General Assembly of the State of South Carolina:

Purpose:

Section 1. It is the purpose of this act to develop and enhance the delivery of services to severely emotionally disturbed children and youth and to ensure that the special needs of this population are adequately met. To achieve this objective, the Continuum of Care for Emotionally Disturbed Children, hereafter referred to as the Continuum of Care is hereinafter established.

Continuum of Care for Emotionally Disturbed Children created

Section 2. There is created the Continuum of Care for Emotionally Disturbed Children with a governing board to be known as the Policy Council. The Policy Council consists of ten members as follows: the Governor or his designee, the Commissioner of the Department of Mental Health, the Commissioner of the Department of Social Services, the Commissioner of the Department of Mental Retardation, the Commissioner of the Department of Youth Services, the State Superintendent of Education or his designee, the Chairman of the Joint Legislative Committee on Mental Health and Mental Retardation, the Chairman of the Joint Legislative Committee on Children, a representative of a school district serving severely emotionally disturbed children appointed by the Governor; the President of the South Carolina School for the Deaf and Blind, the Superintendent of Wil Lou Gray Opportunity School, and the Superintendent of John de la Howe School shall select from among themselves on a rotating basis a representative to serve on the Policy Council for a three year term.

The representative appointed by the Governor shall serve for a term of three years and until his successor is appointed and qualifies with the term to expire on June thirtieth of the appropriate year.

The Policy Council shall elect from its members a chairman who will serve for a term of two years. Two-thirds membership of the Policy Council constitutes a quorum for the transaction of

business. The Policy Council shall meet at least six times annually and more frequently upon the call of the chairman to review and coordinate the activities of the Continuum of Care.

The Policy Council shall promulgate regulations and formulate all necessary policies, procedures, and rules of administration and operation to effectively carry out the objectives of this act.

#### Policy Council

Section 3. The Policy Council must be supported by an Advisory Council of not less than ten members to be appointed by the Governor. The Advisory Council must be representative of public and private individuals who are knowledgeable in services to emotionally disturbed children.

Terms of office for members of the Advisory Council are for three years and until their successors are appointed and qualify, except that of the initial appointments, the Governor must designate one-third of the members to serve initial terms of one year each, one-third to serve initial terms of two years each, and the remainder to serve for initial terms of three years each. The terms of all members of the Advisory Council expire on June thirtieth of the appropriate year. Any vacancy must be filled by the Governor for the remainder of the unexpired term.

The Advisory Council shall elect from its members a chairman who shall serve for a term of two years. The Advisory Council shall meet at least quarterly or more frequently upon the call of the chairman. The Policy Council must meet at least quarterly with the Advisory Council.

#### Continuum to serve severely emotionally disturbed children

Section 4. The Continuum of Care shall serve children who, at the time of application for services have been diagnosed as severely emotionally disturbed and who have exhausted existing available treatment resources or services. Priority in the selection of clients must be based on criterion to be established by the Continuum of Care.

#### Duties and functions of Continuum

Section 5. The Continuum of Care shall perform the following duties and functions:

- (a) identify needs and develop plans to address the needs of severely emotionally disturbed children and youth.
- (b) coordinate planning, training, and service delivery among public and private organizations which provide services to severely emotionally disturbed children and youth.

(c) augment existing resources by providing or procuring services, where possible, to complete the range of services needed to serve this population; the scope of services shall include but is not limited to the following:

- (1) in-home treatment programs;
- (2) residential treatment programs;
- (3) education services;
- (4) counseling services;
- (5) outreach services;
- (6) volunteer and community services.

Under circumstances in which the Continuum of Care is unable to procure needed services, it may provide the services until they can be procured;

- (d) direct provision of case management services;
- (e) supervise and administer the development and operation of the Continuum of Care activities and services on a statewide regional basis.

Council may employ director

Section 6. The Policy Council is authorized to employ a director to serve at its pleasure. The director shall employ staff as is necessary to carry out the provisions of this act. The funds for the director, staff, and other purposes of the Continuum of Care and Policy Council will be as provided by the General Assembly in the annual general appropriations act.

Annual report

Section 7. The Policy Council shall submit an annual report to the Governor and General Assembly on the activities of the Continuum of Care and Policy Council.

Administrative support services

Section 8. The Department of Mental Health shall provide administrative support services as are necessary to perform the fiscal affairs of the Policy Council and Continuum of Care. This does not provide the Department of Mental Health with regulatory authority over the expenditure of funds, hiring of personnel, or other policy and regulatory decisions.

Time effective

Section 9. This act shall take effect upon approval by the Governor.

## PROVISOS TO THE 1988-89 APPROPRIATIONS ACT

"It is the responsibility of all agencies, departments, and institutions of state government, to provide at no cost and as part of the regular services of the agency, department, or institution such services as are necessary to carry out the provisions of Chapter 83 of Title 44 (Continuum of Care), as amended, upon request of the Continuum of Care and/or the appropriate court."

"Prior to the referral of a child by the court to the Continuum of Care for Emotionally Disturbed Children, the Continuum of Care must be given the opportunity to evaluate the child and to make a recommendation to the court regarding (1) the child's suitability for placement with the Continuum under the criteria set out by law; (2) the agencies which offer services most appropriate to meet the child's needs, and the proportionate share of the costs among the agencies to meet those needs; (3) the necessity of obtaining other services for the child in the event that such services are not available through the existing service delivery system."

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