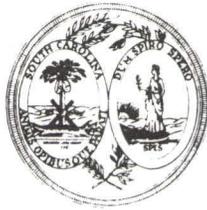


Policy Board Members:
William H. Chandler, J.D.
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Laura R. Dawson, Ed.D.
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South Carolina Continuum of Care for Emotionally Disturbed Children

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

Paula B. Finley, Executive Director

August 21, 1989

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

Dear Governor Campbell:

Fiscal year 1988-1989 has been an exciting, challenging and productive one for the South Carolina Continuum of Care for Emotionally Disturbed Children. The attached Annual Report highlights both the accomplishments of the Continuum in ensuring services for severely emotionally disturbed children and the system needs for this special population.

It is with a deep sense of pride that I report that the Continuum served 274 children and adolescents in 227 slots during fiscal year 1988-89. Services were provided as a direct result of interagency case management, procurement of services and advocacy by the Continuum. The budget appropriation which combines Education Improvement Act Funds and General Funds enabled the Continuum to expend 6.1 million dollars resulting in the development and purchase of needed services for clients. Of that amount, \$1,934,947 was spent for development, implementation and/or continuation of thirteen innovative programs of community-based services (almost twice as many as the seven programs developed by the end of the previous fiscal year). Those programs involve extensive public - private partnership and include such services as specialized educational programming, day treatment, high management group and individual care, supervised independent living, respite, crisis stabilization, in-home intervention and activity therapy. An additional \$1,781,278 was spent to provide "wrap around services" - services which are customized to meet the treatment needs of each client and delivered within the child's community. Seven hundred seventy-four (774) individual contracts provided for wrap around services to be developed and delivered to Continuum Clients.

Continuum services continue to have a significant, positive impact on client outcomes. The annual review of client progress showed improvement based on behavioral indicators by 46 - 80% of all clients across all areas surveyed. Considering the severity and often poor prognoses of these clients, the changes are significant and encouraging. A summary of client outcomes begins on page 13 of this annual report.

The Honorable Carroll A. Campbell, Jr.
August 21, 1989
Page 2

Especially significant during this fiscal year was an amendment to Chapter 7 of Title 20 of the South Carolina Code of Laws which, while reiterating the purpose of the Continuum, changed its name, governance and administrative support. As a result the South Carolina Continuum of Care for Emotionally Disturbed Children now has a five member lay board advised by a 20 member advisory council and receives administrative support services from the Health and Human Services Finance Commission.

The efficacy of pervasive case management and integration of creative treatment approaches throughout the children's service system has been clearly substantiated by South Carolina's experience and has been corroborated by the experience of other states nationwide. The need for additional resources which will allow South Carolina to appropriately serve its severely disturbed children and adolescents within the state is compelling. It is estimated that there are at least 600 severely emotionally disturbed children in South Carolina who have already exhausted the traditional service delivery system. Applications to the Continuum have increased by 83% over last year and now total 210 on our waiting list.

South Carolina's experience has also disclosed the inadequacies of traditional service systems and methodologies. A brief summary of the problematic conditions which exist in South Carolina relative to services to this population is presented later in this report. The Continuum's plans and priorities to address the unmet needs of this population have been established through its long-range Service Development Plan, and during FY 88-89 requests for proposals for fifteen additional programs to serve severely emotionally disturbed children were issued as a part of that Plan. Also, during this fiscal year, the Continuum took the necessary steps to become a Medicaid provider of case management services. Approval, granted in April, will allow South Carolina to begin to maximize resources for this service. The Continuum will continue its advocacy for the development, availability and accessibility of an innovative and comprehensive service delivery system.

Your support and that of the General Assembly is having a very positive impact on services to this special population of children and adolescents in South Carolina. We solicit your continued commitment to those efforts.

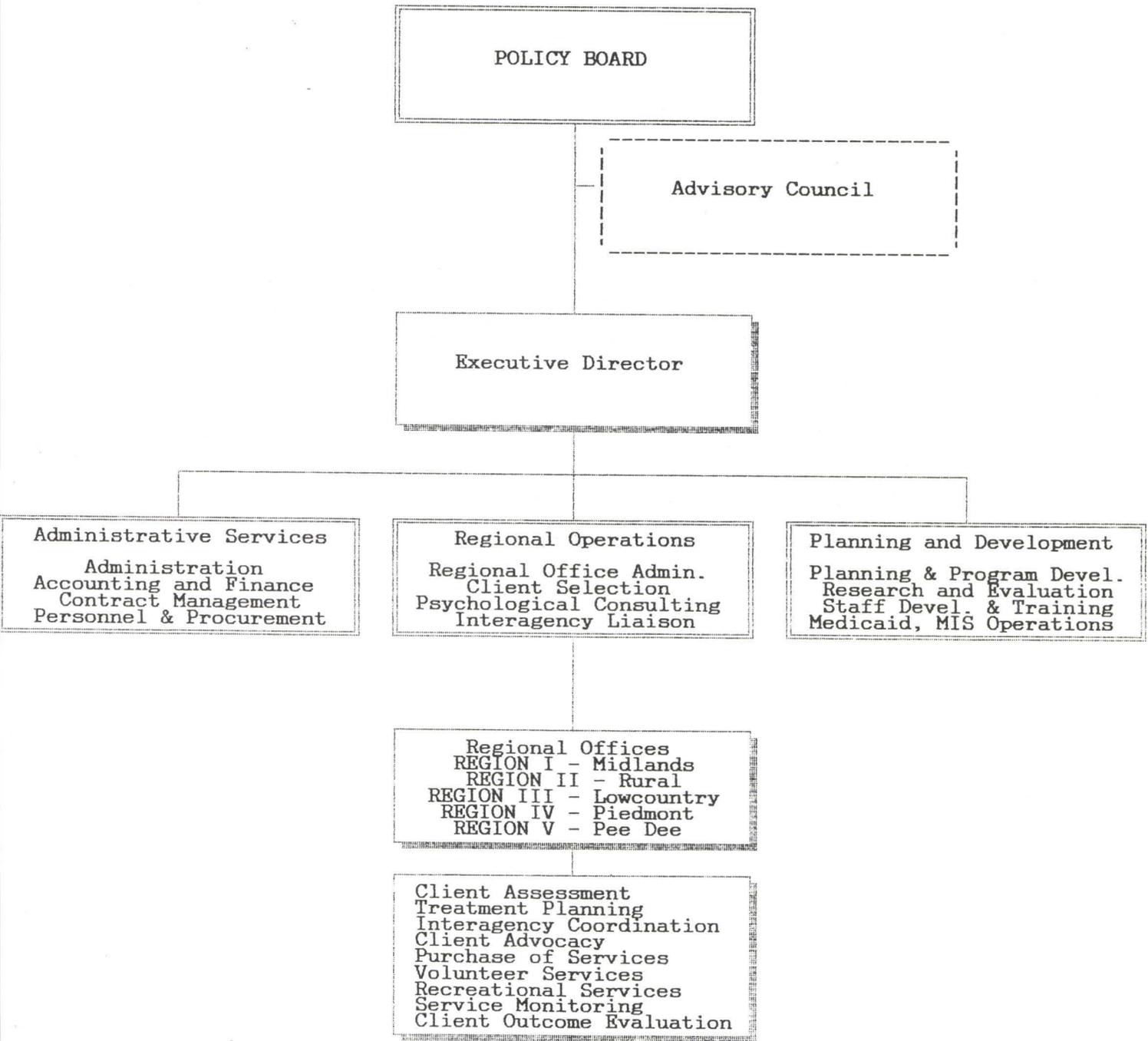
Sincerely,


Mick Henry
Acting 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 pilot project was established in the Midlands. The pilot project served forty clients in Richland, Lexington, Kershaw, and Fairfield Counties. The target population was determined to be children who were diagnosed as severely emotionally disturbed and who had "fallen through the cracks" of the existing service delivery system. Initially children 11-14 years of age were served.

The Education Improvement Act of 1984 provided for the Continuum of Care to receive Education Improvement Act (EIA) funds through a contract with the South Carolina Department of Education. Section 59-33-100 of the EIA 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 five regional offices have been established. The total number of slots for client service has grown from 40 to 227. This year the Continuum received \$4 million in EIA funds.

On May 22, 1986, through Act 431, legislation was enacted by the General Assembly of South Carolina permanently 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 of that legislation. In May 1989, an Amendment to Chapter 7 of Title 20 of the South Carolina Code of laws changed the name to the South Carolina Continuum of Care for Emotionally Disturbed Children and changed the governing body to a Policy Board comprised of five (5) lay members, one from each of the Continuum's five regions. This Amendment can be found beginning on page 21. Provisos which had been a part of the June 1988 Appropriations Act were incorporated into this Amendment. They had been enacted in 1988 to ensure that: 1) services which are available through public agencies would be provided to Continuum clients at no cost to the Continuum, and; 2) the Continuum would have an opportunity to consider the appropriateness of a child for the services of the Continuum and to recommend treatment prior to any order by a Family Court that the child be accepted as a Continuum client.

MISSION

The mission of the South Carolina Continuum of Care for Emotionally Disturbed Children is, by law, 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 South Carolina Continuum of Care for Emotionally Disturbed Children 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 88-89 is as follows:

REFERRAL SOURCE	REGION					TOTALS
	I	II	III	IV	V	
School Districts	21	24	17	16	8	86
State Agencies	37	11	23	33	9	113
Private	5	0	2	7	3	17
Parents	3	4	0	5	1	13
Court Ordered	4	1	0	0	0	5

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, 1989, are as follows:

REGION	I	II	III	IV	V	TOTALS
CLIENT POPULATION	70	40	42	61	21	234
APPLICATIONS PENDING	83	14	42	48	23	210
REJECTED	0	0	0	0	0	0
SEX:						
Male	51	27	29	42	17	166
Female	19	13	13	19	4	68
AGE:						
6 - 10	3	1	3	8	1	16
11 - 15	28	17	15	28	14	102
16+	39	22	24	25	6	116

SERVICE TO CLIENTS

In order to fulfill its mission of ensuring appropriate services to severely emotionally disturbed children throughout South Carolina, the Continuum has divided the state into five regions and has established an operational base in each region. From those regional offices intensive case management services are delivered to clients within the respective regions.

Integral to case management are the coordination and monitoring of the services available through a variety of agencies, programs and individuals. Another essential part of case management is 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 are 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' needs and the intensity of required services, Service Coordinators assume responsibility for only 10-12 cases. Service standards require frequent and concentrated interactions with clients, their families and service providers.

The Continuum of Care's case management practice 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 will not be denied treatment by the Continuum in an appropriate program, and he/she cannot be ejected as a client of the Continuum because of noncompliance, threatening behavior or failure to show progress.
3. The client treatment plan should be individualized, based on the needs of the client, rather than attempting to fit the client into an already established treatment program which may not be fully appropriate.
4. The client 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 client 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 individual/agency holding custody so that each client 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 1988 - 1989, 774 contracts for individualized services were initiated by regional offices for the 274 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."

The following have been the most frequently purchased services during FY 88-89:

- Positive Role Model
- Activity Therapy
- Behavior Management
- Tutoring
- High Management Group Care
- In-Home Intervention
- Respite
- Transportation
- Wilderness Camping
- Independent Living Skills

State Office 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.

PLANNING AND DEVELOPMENT

Planning and Development includes planning, research, evaluation, information management, program development and evaluation, staff development and training and Medicaid. These important functions facilitate the development and delivery of quality services to clients through regional staff and help to maximize the financial resources available for service provision.

The first comprehensive Continuum of Care 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 by 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 of this planning and decision making process, contracts were executed for the following programs of non-traditional, community-based services in fiscal year 1988-89:

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 (nine (9) local school districts including Richland I and II; Lexington I, II, III, IV, and V; Newberry and Kershaw)

Location: Region I

Number of Clients served during FY 88-89: 16

FY 88-89 Program Cost: \$120,000

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: New Hope, Inc. in cooperation with Charleston, Berkeley and Dorchester county school districts.

Location: Region III

Number of Clients served during FY 88-89: 14

FY 88-89 Program Cost: \$382,000

Secure Non-Hospital Treatment

Description of Services: As a community based alternative to hospitalization, the program provides short term evaluation, treatment, and crisis stabilization services lasting 24 hours to 30 days in a highly structured and secure residential treatment facility for severely emotionally disturbed children and adolescents. The behavioral problems of children requiring this type of service are likely to include those which are deemed as non-medical or non-psychiatric in nature, but which require services to be delivered in a centralized residential setting for security reasons and maximum benefit. The emphasis of intervention is upon stabilizing the child's condition so that he/she can be placed in a less restrictive treatment environment; and to evaluate the child's problems, conditions, and special needs in order to make appropriate recommendations for treatment and other service requirements. Full services are provided within the setting including individualized educational programming to maintain the child's academic level.

Provider: New Hope, Inc.

Location: Region I

Number of Clients served during FY 88-89: (In start-up phase)

FY 88-89 Program Cost: \$500,000

In-Home Intervention

Description of Services: Comprehensive, individualized in-home family services which are designed to intervene at times when there is a possibility that the severely emotionally disturbed child will have to be removed from the home to a more restrictive environment, or to prepare a family for a child's transition back into the home. The program is implemented with the purpose of maintaining the child in the intact home of his/her family of origin or family substitute through provision of crisis intervention services, family crisis stabilization services, parent training, counseling and other support services. Length of intervention varies, but typically lasts 2 - 3 months.

Provider: Human Service Associates, Inc.

Location: Region I

Number of Clients served during FY 88-89: (In start-up phase)

FY 88-89 Program Cost: \$ 0

Activity Therapy

Description of Services: Therapeutic interventions focused on 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

Location: Region V

Number of Clients served during FY 88-89: 18

FY 88-89 Program Cost: \$45,000

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

Location: Region I

Number of Clients served during FY 88-89: 21

FY 88-89 Program Cost: \$300,000

Provider: South Carolina School for the Deaf and Blind
Location: Region IV
Number of Clients served during FY 88-89: 6
FY 88-89 Program Cost: \$295,000

Provider: Lutheran Family Services
Location: Region I, Region III, Region IV
Number of Clients served during FY 88-89: (In start-up phase)
FY 88-89 Program Cost: \$86,766; \$86,759; \$86,782 respectively

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.
Location: Region I
Number of Clients served during FY 88-89: 8
FY 88-89 Program Cost: \$310,000

Provider: Human Service Associates, Inc.
Location: Region II
Number of Clients served during FY 88-89: 8
FY 88-89 Program Cost: \$175,000

Supervised Independent Living

Description of Services: Adolescents aged 16-21 using this service live with a trained alternative parent or supervisor in a group home or apartment setting in preparation for independent living. Under varying degrees of supervision, clients are given increasing responsibility for managing their own living situations including planning, purchase and preparation of meals; cleaning and maintaining the home; financial management; caring for self in areas of health and safety; and developing constructive use of leisure time. "Doing" is integrated with learning as clients are trained in all aspects of independent living. Activities focus also in areas of emotional, cognitive, and physical development; social integration; and vocational training.

Provider: Human Service Associates, Inc
Location: Region I
Number of Clients served during FY 88-89: (In start-up phase)
FY 88-89 Program Cost: \$35,295 (partial year)

Respite Care

Description of Services: Services for the families or family substitutes of emotionally disturbed children who need periodic relief from the constant and often stressful care of these children. Services may be provided either on a planned or emergency basis. While in respite care, the child receives supervised and structured care which provides for the child's basic health, nutritional, daily living and treatment needs. Respite may be provided in a variety of models including center based services which afford the opportunity of continuous care for up to 30 days; contracted services with private members of the community for use of their home for provision of respite; or availability of companion sitters who can provide respite services in the home of the child.

Provider: Human Service Associates, Inc.

Location: Region I

Number of Clients served during FY 88-89: 7

FY 88-89 Program Cost: \$29,000 (partial year)

A comprehensive process for evaluating all programs for which the Continuum contracts was established during 1987 and has been implemented annually. Every program was evaluated and given feedback during the contract year. Technical assistance was provided on an on-going basis to all programs. The Annual Program Reviews' findings regarding provider performance and effectiveness led Policy Council to approve renewal of all contracts for FY 89-90.

A client-based Management Information System (MIS) continues to provide 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 was enhanced this fiscal year to include the data and functions associated with Medicaid service documentation and billing.

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 staff's work with severely emotionally disturbed children, a wide range of specific training was accessed. Approximately 67% 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 six state and national conferences.

Approval for Medicaid reimbursement for targeted case management services was received in April. South Carolina is the third

state in the nation to target severely emotionally disturbed children for Medicaid reimbursable case management services.

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.

The annual survey of client progress continues to yield results indicating notable improvement by children and adolescents who have been clients of the Continuum of Care. The survey process requires 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. Responses to the following questions are sought in the survey. 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.

Since entry, has the client:	"YES" Responses (%)
*Moved to a less restrictive educational placement?	46
*Shown an increase in academic achievement?	65
*Demonstrated improved behavior in the school setting?	64
*Attended school more regularly?	70
*Received fewer suspensions or expulsions?	64
Had less incidence of running away?	76
Moved to a less restrictive out-of-home placement?	56
Remained in foster or group care for longer periods of time without disruption?	70
*Required less frequent or less long-term hospitalization?	78
*Required less medication?	64
*Been involved in fewer or less severe delinquent behaviors?	69
Shown progress in family relationships?	68
Shown progress in peer relationships?	72
Been more accepting of treatment services?	80
*Moved to a less intense "Client Status"?	66

"Client Status" is a Continuum-developed, internally-used identification system which relates to case management standards for Continuum clients. 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. "Client Status" 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. The client status categories range from INTENSIVE to STABILIZED to MAINTENANCE. Any change which moves the client to a less service intensive status (which emanates from behavioral gains) is the assessment and decision of the interdisciplinary, Service Planning Team, thereby insuring input from all involved persons and agencies. This client progress survey indicated that 66% of clients had moved to a less intense client status, significant on its own merit, and also in comparison to the reported 51% in 1988.

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 selection 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 one year, reflect a very favorable trend.

ADMINISTRATIVE SERVICES

Administrative Services includes personnel, accounting, procurement, contract administration and vehicle management services.

Administrative support was provided to sixty-nine (69) employees located in seven offices across the state through the Division of Administrative Services. Support and assistance was provided to the Continuum by the South Carolina Department of Mental Health. Effective July 1, 1989, the Health and Human Services Finance Commission will be providing this administrative assistance.

Activities during the past year show the continued growth of the organization. Forty-one (41) new and replacement 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, seven hundred and seventy-four (774) contracts for individualized services and 10 contracts for program services were processed during 1988-89. In all, a total

of \$3,716,225 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 South Carolina Continuum of Care in fiscal year 1988-89 was \$6.7 million, including \$4 million in Education Improvement Act funds, which is a \$2 million increase over the previous fiscal year. Over 5,400 vouchers were processed to pay bills for client services with total expenditures equaling \$6,102,098. The following table reflects these expenditures:

FINANCIAL STATEMENT

CONTINUUM OF CARE FOR EMOTIONALLY DISTURBED CHILDREN EXPENDITURE REPORT

ADMINISTRATION

Personnel Services	\$ 474,345	8%
Other Operating Expenses	104,869	1%
	-----	-----
Total Administration	579,214	9%

CLIENT SERVICES

Case Management	\$ 1,806,659	30%
Individual and Program Contracts	3,716,225	61%
	-----	-----
Total Client Services	5,522,884	91%

TOTAL EXPENDITURES	\$ 6,102,098	100%
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SYMPTOMS OF SERVICE DELIVERY SYSTEM INADEQUACY

It is estimated that there are at least 600 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 of Care is its responsibility for surfacing the shortcomings of the existing 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. Unfortunately, despite efforts of several agencies and organizations these conditions continue:

- 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;
- 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 because of the severity of their emotional disturbance. DYS reports that 30% of its population is emotionally disturbed;
- out-of-state placement or inadequate in-state programs as the only alternatives for the treatment of adolescent sex offenders. The number of identified sex offenders continues to increase at an alarming rate and highly specialized services are required if treatment is to be effective;
- 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;
- referral of cases that have not been effectively served by the collective public agencies to the Children's Case Resolution System (CCRS). Over 90% of the referrals made to the CCRS have been on behalf of severely emotionally disturbed children;
- 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 89-90; and
- the Continuum of Care applicant waiting list increasing by 95 children during FY 88-89;

STEPS TOWARD SYSTEM REMEDIATION

The Continuum recognizes the need for a wide range of services which can meet the variety of needs presented by severely emotionally disturbed 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 was accomplished during FY 88-89 by adding the following services to those already developed:

<u>Service</u>	<u>Provider</u>
Secure Short-Term Treatment	New Hope, Inc.
Increased Therapeutic Foster Care	SC Mentor, Inc.
Increased High Management Group Care	Lutheran Family Services
In-Home Intervention Services	Human Service Associates
Supervised Independent Living	Human Service Associates
Respite Care	Human Service Associates

In addition, the Continuum has taken the necessary steps to develop and expand services in other regions during FY 89-90 as follows:

<u>Services</u>	<u>Provider</u>
Region II	
Expanded Therapeutic Foster Care	Human Service Associates
Expanded Case Management	
Increased Individual Contract Services	
Region III	
High Management Group Care	Lutheran Family Services
Region IV	
High Management Group Care	Lutheran Family Services
Expanded Case Management	
Increased Individual Contract Services	
Region V	
Expanded Case Management	
Increased Individual Contract Services	

Research and experience have indicated that the need for the services of the Continuum exists statewide. The number of slots for service during FY 88-89 increased from 205 to 227. The number of slots for client service during FY 89-90 is projected to increase from 227 to 274.

The Continuum of Care, in an effort to fulfill its mission and 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. A responsive, coordinated, multi-agency approach to "filling the gaps" is essential if a true continuum of services is to exist in our state.

POLICY BOARD

The Governing Body of the Continuum of Care
Effective May 22, 1989

CHAIRMAN
WILLIAM H. CHANDLER, JD
REGION V

BRENDA C. MILLER
REGION I

LAURA R. DAWSON, EdD
REGION II

RUSSELL RAMSEY MELLETTE, JR., MD
REGION III

RICHARD L. CRAIN
REGION IV

EXECUTIVE DIRECTOR

Elizabeth V. Hopper

STATE OFFICE ADMINISTRATION

Charles A. Abercrombie, Director of Regional Operations
Nancy K. Perry, Director of Planning and Development
J. Charles Wadsworth, Director of Administrative Services

1340 Pickens Street
Columbia, South Carolina 29201

REGIONAL OFFICES

Paul G. McCravy, Regional Director
Midlands, Region I
2221 Devine Street
Fifth Floor, Suite 540
Columbia, South Carolina 29205

Harold Williams, Regional Director
Rural, Region II
100 McGee Street
P. O. Box 1181
Bamberg, South Carolina 29003

Elaine M. Mizell, Regional Director
Lowcountry, Region III
2106 Mount Pleasant Street
Charleston, South Carolina 29403

Bena Peek, Regional Director
Piedmont, Region IV
206 South Main Street
P. O. Box 152
Anderson, South Carolina 29622

Wilbur Chestnut, Regional Director
Pee Dee, Region V
144 South Dargan Street
Florence, South Carolina 29501

POLICY COUNCIL

The Governing Body of the Continuum of Care
July 1, 1989-May 22, 1989
This body was replaced by the POLICY BOARD

CHAIRMAN

JAMES L. SOLOMON, JR., Commissioner
South Carolina Department of Social Services

VICE CHAIRMAN

JOSEPH J. BEVILACQUA, PhD, Commissioner
South Carolina Department of Mental Health

CHARLES BARNETT, PhD, Commissioner
South Carolina Department of Mental Retardation

ROBERT BLACK, PhD, Designee for
Charlie G. Williams, PhD, Superintendent
South Carolina Department of Education

HARRY W. DAVIS, Jr., JD, Commissioner
South Carolina Department of Youth Services

PAULA B. FINLEY, Administrator
Office of Children's Affairs
Designee for Governor Carroll A. Campbell

THE HONORABLE PATRICK B. HARRIS, Chairperson
Joint Legislative Committee on
Mental Health and Mental Retardation

JANE H. MASSEY, PhD, School Psychologist
Local School District Representative

JOHN C. SHIFLET, JR., Superintendent
John de la Howe School

THE HONORABLE NELL SMITH, Chairperson
Joint Legislative Committee on Children

STATUTORY AUTHORITY

AN ACT TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING ARTICLE 23 TO CHAPTER 7, TITLE 20, SO AS TO PROVIDE FOR THE CONTINUUM OF CARE FOR EMOTIONALLY DISTURBED CHILDREN BY SETTING FORTH ITS PURPOSES AND PROVIDING FOR BOARD MEMBERS, MEETING, AND ADVISORY COUNCIL, THE CHILDREN TO BE SERVED, DUTIES AND FUNCTIONS, DIRECTOR AND STAFF EMPLOYMENT, REPORTS TO ADMINISTRATIVE SUPPORT; TO REPEAL CHAPTER 83, TITLE 44, RELATING TO THE CONTINUUM OF CARE FOR EMOTIONALLY DISTURBED CHILDREN; AND TO PROVIDE FOR THE INITIAL TERMS OF THE COMMISSION AND ADVISORY COUNCIL AND INITIAL APPOINTMENT OF A PARENT OF A CHILD CURRENTLY RECEIVING SERVICES FROM THE CURRICULUM.

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

Continuum of care for emotionally disturbed children

SECTION 1. Chapter 7, Title 20 of the 1976 Code is amended by adding:

"Article 23

Continuum of Care for Emotionally Disturbed Children

Section 20-7-5610. It is the purpose of this article 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 met appropriately to the extent possible within this State. To achieve this objective, the South Carolina Continuum of Care for Emotionally Disturbed Children is established. This article supplements and does not supplant existing services provided to this population.

Section 20-7-5620. (A) The South Carolina Continuum of Care for Emotionally Disturbed Children Board is created to serve as the governing board for the Continuum of Care. The board consists of five members knowledgeable in services to emotionally disturbed children. One member must be appointed by the Governor from each Continuum of Care region, as determined by the Continuum of Care, upon the recommendation of the chairmen of the Joint Committee on Mental Health and Mental Retardation and the Joint Legislative Committee on Children, with the advice and consent of the Senate.

(B) The term of office for the board members is four years and until their successors are appointed and qualify. The terms expire on June thirtieth of the appropriate year. A vacancy must be filled by the Governor for the remainder of the unexpired term, with the advice and consent of the Senate.

(C) The board shall elect from its members a chairman for a term of two years. Three members constitute a quorum for the transaction of business. The board shall meet at least six times annually and more frequently upon the call of the chairman to

review and coordinate its activities. Members shall receive per diem, subsistence, and mileage as provided by law for members of state boards, commissions, and committees while engaged in the work of the board.

(D) The board shall promulgate regulations in accordance with the article and the provisions of the Administrative Procedures Act and formulate necessary policies and procedures of administration and operation to carry out effectively the objectives of this article.

Section 20-7-5630. (A) The board must be supported by an advisory council knowledgeable in services to emotionally disturbed children and includes:

(1) the chairman of the Joint Legislative Committee on Children or his designee;

(2) the chairman of the Joint Committee on Mental Health and Mental Retardation or his designee;

(3) one representative from each of the following agencies:

(a) State Health and Human Services Finance Commission;

(b) State Department of Mental Health;

(c) State Mental Retardation Department;

(d) South Carolina Department of Youth Services;

(e) State Department of Education;

(f) South Carolina School for the Deaf and Blind;

(g) John De La Howe School;

(h) Wil Lou Gray Opportunity School;

(i) State Agency of Vocational Rehabilitation;

(j) South Carolina Board of Directors for Review of Foster Care of Children;

(k) South Carolina Department of Health and Environmental Control;

(l) State Department of Social Services.

(4) a representative appointed by the Governor from a:

(a) child advocacy group;

(b) licensed, practicing child psychiatrist;

(c) credentialed, practicing child psychologist;

(d) parent of a child currently receiving services from the Continuum of Care;

(e) designee of the Governor;

(f) private provider of services for severely emotionally disturbed children.

(B) The term of office for members appointed by the Governor in item (4) of Subsection (A) is four years and until their successors are appointed and qualify. The appointments must be made with the advice and consent of the Senate. The terms expire on June thirtieth of the appropriate year. A vacancy must be filled by the Governor for the remainder of the unexpired term, with the advice and consent of the Senate.

(C) The advisory council shall elect for its members a chairman for a term of two years. The advisory council shall meet at least quarterly or more frequently upon the call of the chairman. The board shall meet at least quarterly with the advisory council. Members of the advisory council not employed

by the State or its political subdivisions shall receive per diem, subsistence, and mileage as provided by law for members of state boards, commissions, and committees while engaged in the work of the council.

Section 20-7-5640. (A)(1) The Continuum of Care serves children:

(a) who have been diagnosed as severely emotionally disturbed;

(b) who have exhausted existing available treatment resources or services;

(c) whose severity of emotional, mental, or behavioral disturbance requires a comprehensive and organized system of care.

(2) Priority in the selection of clients must be based on criteria to be established by the Continuum of Care.

(B) Before a court refers a child to the Continuum of Care, it must be given the opportunity to evaluate the child and make a recommendation to the court regarding:

(1) the child's suitability for placement with the Continuum of Care pursuant to the provisions of this article, related regulations, and policies and procedures of administration and operation;

(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 if the services provided in item (2) are not available through the existing service delivery system.

Section 20-7-5650. The Continuum of Care shall perform the following duties and functions:

(1) identify needs and develop plans to address the needs of severely emotionally disturbed children and youth;

(2) coordinate planning, training, and service delivery among public and private organizations which provide services to severely emotionally disturbed children and youth;

(3)(a) augment existing resources by providing or procuring services to complete the range of services needed to serve this population in the least restrictive, most appropriate setting. The scope of services includes 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.

(b) provide needed services until they can be procured;

(4) provide case management services directly;

(5) supervise and administer the development and operation of its activities and services on a statewide regional basis.

Section 20-7-5660. The board may employ a director to serve at its pleasure. The director shall employ staff necessary to carry out the provisions of this article. The funds for the director,

staff, and other purposes of the board must be provided in the annual general appropriations act.

Section 20-7-5670. The board shall submit an annual report to the governor and General Assembly on its activities and recommendations for changes and improvements in the delivery of services by public agencies serving children.

Section 20-7-5680. The Health and Human Services Finance Commission shall provide administrative support necessary to perform the fiscal affairs of the advisory council and the board. The Health and Human Services Finance Commission does not have regulatory authority over the expenditure of funds, personnel employment, and other policy and regulatory decisions."

Repeal

SECTION 2. Chapter 83, Title 44 of the 1976 Code is repealed.

Initial terms and appointments

SECTION 3. (A) As designated by the Governor the initial term of the members of the South Carolina Continuum of Care for Emotionally Disturbed Children Board provided for in Section 20-7-5620, as added in Section 1 of this act is as follows:

- (1) one member: two years;
- (2) two members: three years;
- (3) two members: four years.

(B) As designated by the Governor the initial term of the members of the advisory council appointed by the Governor provided for in Section 20-7-5630(A)(4), added in Section 1 of this act, is as follows:

- (1) two members: two years;
- (2) two members: three years;
- (3) two members: four years.

(C) The initial appointment of a parent of a child currently receiving services from the Continuum of Care provided for in Section 20-7-5630(A)(4)(d), added in Section 1 of this act, applies to the Continuum of Care provided for in Chapter 83 of Title 44 of the 1976 Code repealed in Section 2 of this act.

Time effective

SECTION 4. This act takes effect upon approval by the Governor except for Section 20-7-5680, as added in Section 1, which takes effect July 1, 1989.

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