

**Lexington County DSS
Child Welfare Services Review
May 2004**

During the week of May 17 thru 21, 2004 a team of six DSS staff from state office, Aiken and Richland DSS, and Columbia MTS conducted an on-site review of child welfare services in Lexington County.

Period included in Case Record Review: Nov 1, 2003 to April 30, 2004

Period included in Outcome Measures: May 1, 2003 to April 30, 2004

Purpose

The Department of Social Services engages in a review of child welfare services in each county to:

- a) Determine to what degree services are delivered in compliance with federal and state laws and agency policy; and
- b) Assess the outcomes for children and families engaged in the child welfare system.

State law (sec 43-1-115) states, in part:

The state department shall conduct, at least once every five years, a substantive quality review of the child protective services and foster care programs in each county and each adoption office in the State. The county's performance must be assessed with reference to specific outcome measures published in advance by the department.

The information obtained by the child welfare services review process will:

- a) Give county staff feedback on the effectiveness of their interventions.
- b) Direct state office technical assistance staff to assist county staff with their areas needing improvement.
- c) Inform agency administrators of which systemic factors impair county staff's ability to achieve specific outcomes.
- d) Direct training staff to provide training for county staff specific to their needs.

Quantitative and Qualitative Data Sources

The county-specific review of child welfare services is both quantitative and qualitative.

The review is **quantitative** because it begins with an analysis of every child welfare outcome report for that county for the period under review. The outcome reports reflect the performance of the county in all areas of the child welfare program: Child Protective Services (CPS) Intake, CPS Investigations, CPS In-Home Treatment, Foster Care, Managed Treatment Services (MTS), and Adoptions.

The review is **qualitative** because it includes an analysis of information obtained from agency clients, staff and stakeholders. Client and stakeholder information was obtained by interviews. The questions posed to clients and stakeholders are designed to illicit information about the quality of the services rendered and the effectiveness of those services.

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Section One

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect				
Site Visit Findings				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	8	2		
CPS Treatment	8	2		

Measure: Timeliness of initiating investigations on reports of child maltreatment High Risk = 0 to 2 hrs. Medium Risk = 2 to 12 hrs. Low Risk = 12 to 24 hrs.* Data Time Period: 05/1/03 to 04/30/04				
	Number of Reports Accepted	Number of Investigations Initiated Timely	Number of Investigations Objective >= 99.44%	Number of Investigations Above (Below) Objective
State	16,469	13,284	16,376.77	(3,092.77)
Lexington	1,023	878	1,017.27	(139.27)

Note: This standard is based on DSS policy. It is not a federally established objective.

Measure: Recurrence of Maltreatment – Of all children who were victims of indicated reports of child abuse and/or neglect during the reporting period, the percent having another indicated report within a subsequent 6 month period.				
Indicated Report Between Nov 1, 2002 and Oct 31, 2003				
	Number of Child Victims	Number of Child Victims In Another Founded Rept	Number of Children Objective >= 93.90%*	Number of Children Above (Below) Objective
State	9,945	71	9,338.36	535.65
Lexington	384	4	360.58	19.42

Note: This is a federally established objective.

Analysis of Safety Outcome #1

Safety outcome #1 was partially achieved. For this outcome to be rated “Substantially Achieved”, both measures would have to be rated “Strengths”. The *Recurrence of Maltreatment* measure is a **strength**. However, outcome data indicates that *Timeliness of Initiating Investigations* is an **area needing improvement** because 878 of the 1,023 (86%) CPS cases were investigated within mandated timeframes. The agency established standard for this measure is 99.44%. Of the 25 cases reviewed during the onsite visit, 4 cases were not initiated according to agency standards. It should be noted that onsite reviewers examined case records, whereas the outcome reports are based on CAPSS data.

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The item *Recurrence of Maltreatment* is a **strength** according to the outcome report because 4 of the 384 (1%) children with an indicated report received another indicated report during the period under review. This is consistent with the findings of onsite reviewers.

Section Two

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.				
Site Visit Findings				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	6			4
CPS Treatment	6	2	2	

Site Visit Findings			
Item 3: Services to family to protect child(ren) in home and prevent removal.			
	Strength	Area Needing Improvement	Not Applicable
Foster Care	3	1	6
Treatment	8	2	

Explanation of Item 3

This is a strength for Lexington County. This item assesses the appropriateness of the agency's interventions to prevent the removal of children from their family. The cases reviewed indicated that Lexington DSS is effective at connecting families with services that are relevant to the risk factors in the home. Lexington DSS assessment staff do a good job of identifying the risk factors in homes and initiating appropriate services.

This item is closely associated with Item 4 – Risk of Harm. Please see its explanation.

Site Visit Findings			
Item 4: Risk of harm to child(ren)			
	Strength	Area Needing Improvement	Not Applicable
Foster Care	6		4
Treatment	6	4	

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Measure: Risk of harm to child – Of all unfounded investigations during the reporting period, the percent receiving subsequent reports within six months of the initial report.				
	Number Alleged Child Victims in an Unfounded Rept 11/1/02 to 10/31/03	Number With Another Rept Within 6 Months of Unfounded Determination	Number of Cases Met Objective >= 93.90%*	Number of Cases Above (Below) Objective
State	15,789	1,480	14,825.87	(516.87)
Lexington	895	109	840.41	(54.41)

Note: This is a DSS established objective.

Explanation for “Risk of Harm” measure

This is an area needing improvement. The CAPSS report and the onsite review assess this item using different criteria. The CAPSS report uses subsequent reports of maltreatment as a measure of “risk of harm”. That is a proxy measure for “risk of harm” because subsequent reports do not necessarily mean that the children who are the subjects of those reports are at risk of harm. Those reports may or may not be substantiated after CPS assessment. In the 4 foster care cases rated “not applicable” the plan for the child was not “Return Home”, nor was the child visiting family. Risk of harm was appropriately reduced in all of the foster care cases reviewed.

Risk of Harm was rated as an “Area Needing Improvement” in 4 of the 10 treatment cases. In those cases reviewers saw that risk factors were appropriately identified during the CPS assessment process. However, there were delays of up to two months before treatment plans were developed and services put in place to reduce those risks.

Analysis of Safety Outcome #2

Safety outcome #2 was partially achieved because the measure “Services to family to protect children” was rated a **Strength**, but the measure “Risk of harm” was rated an **Area Needing Improvement**.

Stakeholders identified three issues that need to be addressed relative to this safety outcome:

1. Treatment staff wait too long before requesting intervention hearings to deal with non-compliant and marginally compliant parents in treatment cases, and
2. Children are not always protected from suspected perpetrators who are not supposed to be in the home, but are allowed to return, and when children are placed with relatives who allow perpetrators access to the children.
3. Judges return children to their parents against DSS recommendations, thereby placing the children at risk.

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Section Three

Permanency Outcome 1: Children have permanency and stability in their living situations.				
Site Visit Findings				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	6	3	1	
CPS Treatment				X

Measure: Foster Care Re-entries – Of all children who entered care during the year under review, the percent that re-entered foster care Within 12 months of a prior foster care episode.				
	Number Children Entering Care 05/1/03 to 04/30/04	Number That Were Returned Home Within The Past 12 Months From Previous Foster Care Episode	Number of Children Objective $\geq 91.40\%$ *	Number of Children Above (Below) Objective
State	3,195	304	2,920.23	(29.23)
Lexington	134	17	122.48	(5.48)

Note: This is a federally established objective.

Explanation

Foster Care Re-entries is an area needing improvement for Lexington County. Of the 134 children who entered care in Lexington County during the period under review, 17 children had been returned home in the prior 12 months. Those 17 children are **Re-entries**. To meet the federal objective, no more than 12 of the 134 children could be re-entries. None of the cases reviewed during the onsite visit was a re-entry.

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Measure: Stability of Foster Care Placement – Of all children who have been in foster care less than 12 months from the time of the latest removal from home, the percent that had not more than 2 placement settings.				
	Number of Children In Care Less Than 12 Months	Number of Children With No More Than 2 Placements	Number of Children Objective $\geq 86.70\%*$	Number of Children Above (Below) Objective
State	3,704	2,976	3,211.37	(235.37)
Lexington	168	157	145.66	11.34

Note: This is a federally established objective.

Stability of Placement		Site Visit Findings		
		Substantially Achieved	Partially Achieved	Not Achieved
Foster Care	9	1		
CPS Treatment				X

Explanation

“**Stability of Foster Care Placement**” is a strength. To meet this standard no more than 22 of the 168 children in care less than 12 months could have 2 or more placements. Lexington DSS had 11 children with more than 2 placements. It should be noted that this measure does not capture the population of children who remain in care more than 12 months.

Lexington makes extensive use of emergency shelters in Aiken, Lexington, and Richland Counties. The Lexington shelter’s willingness to keep children for several months contributes to the stability numbers.

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Measure: Permanency Goal for Child – Of all children who have been in foster care for 15 of the most recent 22 months, the percent for which a Termination of Parental Rights (TPR) petition has been filed.				
	Children in Care At Least 15 of Last 22 Months 05/03 – 04/04	Number Children With TPR Complaint	Number of Children Objective ≥ 45.00%*	Number of Children Above (Below) Objective
State	3,564	1,861	1,603.80	257.20
Lexington	104	76	46.80	29.20
Lexington MTS	33	2	14.85	(12.85)
Lexington Adoptions	43	22	19.35	2.65
Lexington Totals	180	100	81	19

Note: This is DSS established objective. The federal agency, Administration for Children & Families, gathers data on this measure, but has not established an numerical objective.

Explanation

This is a strength for Lexington County. To meet this objective 45.00% or more of the children in care 15 of the most recent 22 months must have a TPR petition filed. In Lexington DSS and its associated MTS and Adoption offices 56% of the children in care 15 of the most recent 22 months had a TPR petition filed. Statewide 52% of the children in care 15 of the most recent 22 months had a TPR petition filed. As a state, DSS met this objective.

The threshold for this measure is relatively low (45%) because of the number of children in care for whom filing a TPR petition is not appropriate (ex. children aging out of the system and preparing for independence, children to be placed with relatives as guardians).

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Measure: Length of Time to Achieve Reunification – Of all children who were reunified with their parents or caregiver, at the time of discharge from foster care, the percent reunified in less than 12 months from the time of the latest removal from home.				
	Number of Children Where Fos Care Services Closed. Last Plan Was Return Home 05/01/03 – 04/30/04	Number of Children In Care Less Than 12 Months	Number Of Children Objective $\geq 76.20\%$ *	Number of Children Above (Below) Objective
State	2,112	1,752	1,609.34	142.66
Lexington	95	89	72.39	16.61

Note: This is a federally established objective.

Explanation

This is a strength for Lexington County. To meet this objective 76.20% of the children with a plan of “Return Home” whose case closed during the reporting period must be returned home within a year of entering foster care. Lexington County met this objective because 93.68% (89/95) of such children returned home within a year of entering care. Statewide, 82.87% (1,844/2,225) of children with that plan returned home within 12 months of entering care.

Measure: Length of Time to Achieve Adoption – Of all children who exited from foster care during the year under review to a finalized adoption, the percent that exited care in less than 24 months from the time of the latest removal from home.				
	Number of Children With Finalized Adoption W/in Past 12 Months	Number of Children Where Adoption Was Finalized Within 24 Months of Entering Care	Number of Children Objective $\geq 32.00\%$ *	Number of Children Above (Below) Objective
State	299	52	95.68	(43.68)
Lexington	17	4	5.44	(1.44)
Lexington Adoptions	25	5	8.00	(3.00)
Lexington Totals	42	9	13.44	(4.44)

Note: This is a federally established objective.

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Explanation

This is an area needing improvement. To meet this objective 32.00% of the children adopted during the period under review must be adopted within 24 months of entering care. For the combined Lexington Adoptions & Lexington DSS offices 21% (9/42) of the children adopted were adopted within 24 months of entering care, 11 percentage points short of the federally established objective. Statewide, 17% (52/299) of children adopted through DSS are adopted within 24 months of entering care.

Stakeholder interviews conducted during the onsite portion of this review give insight into the obstacles that must be overcome for Lexington DSS to meet this objective. Stakeholders estimate that adoptions take 3 to 4 years or longer in Lexington County.

- a) Parents show up at the merit hearing and request an attorney. This delays the merit hearing at least 30 days
- b) As many as 12 merit hearings may be scheduled for one day. Those that are not heard get continued. This is the effect of **insufficient court time**.
- c) If a trial is expected to take an entire day, it will take at least 6 months to get on the docket. This delays Termination of Parental Rights (TPR) hearings.
- d) Parents are advised by their lawyer not to comply with the agency's treatment plan because it might look like an admission of guilt.
- e) Parents who do almost nothing on their treatment plan begin to participate in required activities when they receive 60-day notice of the permanency planning hearing. On the basis of this minimal compliance, judges grant extensions to give the parent the opportunity to fully comply.
- f) Once the court sanctions the agency's plan of TPR and Adoption, the publishing process for missing parents is a 3 month process.
- g) Court appointed attorneys for the parent keep the case from the merit thru the permanency planning hearings. The judge appoints a new attorney to represent the parent for the TPR hearing.

Treatment cases that become foster care cases because of the parent's non-compliance tend to move quickly through the TPR process. The judges are taking the entire history of the case into account.

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Measure: Permanency Goal of “Other Planned Living Arrangement” – Of all children in foster care, the percent with a permanency goal of emancipation (Indep Liv Services) or a planned permanent living arrangement other than adoption, guardianship, or return to family.				
	Number of Children In Care at Least One Day 05/1/03 – 04/30/04	Number of Children In Care With Perm Plan “Other Than Planned Living Arrangement”	Number of Children Objective >= 80.00%	Number of Children Above (Below) Objective
State	8,017	1,115	6,413.60	488.40
Lexington	228	10	182.40	35.60

Note: This is a DSS established objective.

Explanation

This is a strength for Lexington County. The outcome report and the onsite review instrument measure two different criteria for this item. The outcome report assigns a DSS established percentage to the portion of the foster care population that should have the “Permanent Foster Care/Independent Living” plan. The onsite review instrument assesses whether or not the county is in substantial conformity with the Adoption and Safe Families Act (ASFA) requirements that services be provided to assist children to attain permanency in their living arrangements.

Although only one of the cases reviewed during the onsite visit had this plan, staff and stakeholders praised the quality and effectiveness of the services provided foster care youth who plan to live on their own upon leaving state custody.

Analysis of Permanency Outcome #1

Permanency outcome #1 was partially achieved. Strengths are demonstrated in a) stability of foster care placement, b) permanency goal for child, c) reunification, and d) permanency goal of other planned permanent living arrangement. Areas needing improvement include a) foster care re-entries, and b) length of time to achieve adoption.

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Section Four

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.				
Site Visit Findings				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	8	2		
CPS Treatment				X

Measure: Proximity of Foster Care Placement – Of all children in foster care during the reporting period (excluding MTS and Adoptions children), the percent placed within their county of origin.					
	Number of Children In Care 05/1/03 – 04/30/04	Number of Children Placed Within County of Origin	Percent of Children Placed Within County of Origin	Number of Children Objective >= 70.00%*	Number of Children Above (Below) Objective
State	5,725	3,901	68.14	4,007.50	(106.50)
Lexington	223	135	60.54	156.10	(21.10)

Note: This is a DSS established objective.

Explanation

This is an area needing improvement for Lexington DSS. To meet this objective 70% of the children (or 156 children) in care must be placed in Lexington County. Lexington DSS failed to meet this standard because 60.54% of the children (135 children) are placed within the county.

Lexington DSS staff acknowledged this as a problem area. They stated that there are no openings in their foster homes for children entering care. They rely on shelters in other counties for initial placements.

All but one of the cases assessed during the onsite review were rated as a strength for this objective. The difference in ratings between the outcome report and the onsite review is because of the reviewer's ability to assess proximity more accurately than the outcome report. Several of the children reviewed were placed in Richland County, in the City of Columbia, relatively close to their community of origin.

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Site Visit Findings			
	Strength	Area Needing Improvement	Not Applicable
Placement with siblings	6	2	2

Explanation

This is a strength for Lexington County. Of the 10 foster care cases reviewed during the site visit, 2 children had no sibling in foster care. In most cases every effort is made to place siblings together when appropriate. That was not the case for two of the foster children reviewed.

Site Visit Findings			
	Strength	Area Needing Improvement	Not Applicable
Visiting with parents and siblings in foster care	5	2	3

Explanation

This is a strength for Lexington DSS. Staff are focused on this area. The weakness appeared in the case of an incarcerated father who was attempting to maintain contact with his children, and three pre-school aged siblings who were not visiting one another.

Site Visit Findings			
	Strength	Area Needing Improvement	Not Applicable
Preserving connections	4	1	5

Explanation

This is a strength for Lexington DSS. This item addresses the agency's ability to preserve a child in foster care's connection to his/her community, family, and faith. Lexington DSS's strength in this area is related to the location of the foster care placements used. Most of the children placed out of county are either in Aiken or Richland Counties and are relatively close their home community. This makes it easier for the children to remain connected to significant people and activities in their community.

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Site Visit Findings			
	Strength	Area Needing Improvement	Not Applicable
Relative placement	9	1	

Explanation

This is a strength for Lexington DSS. This item addresses the agency’s effectiveness in identifying and assessing the relatives of children in foster care as possible caregivers. It also addresses the support provided to relatives who care for children involved in the child welfare system. Onsite reviewers noted that the agency generally did a good job of identifying, assessing and working with the relatives of both the custodial parent (usually the mother) and the non-custodial parent of children in foster care.

Site Visit Findings			
	Strength	Area Needing Improvement	Not Applicable
Relationship of child in care with parents	4	1	5

Explanation

This is a strength for Lexington DSS. This item addresses the agency’s effectiveness in promoting or maintaining a strong emotionally supportive relationship between children in care and their parents. The five cases rated “Not Applicable” involve children for whom the agency was relieved of working with the parents, or parents whose location was unknown. Onsite reviewers documented DSS staff’s ongoing attempts to involve parents in their children’s lives whether or not parents were cooperative. Parents were encouraged to spend more than the minimal amount of visitation required by policy.

Analysis

Permanency outcome #2 was Substantially Achieved. Lexington DSS received a performance rating of “Strength” on five of the six objectives related to permanency outcome #2: The continuity of family relationships and connections is preserved for children. Strengths related to this outcome include a) placement with siblings, b) visiting with parents and siblings, c) preserving connections, d) relative placements, and e) relationship of child in care with parents. The one indicator rated as an “Area Needing Improvement” is Proximity of Foster Care Placement.

This permanency outcome is directly related to the number and type of foster care providers available to Lexington DSS. It is also related to the quality and consistency of support Lexington is able to provide those foster parents. The strengths demonstrated are the result of the determined efforts of staff and foster parents. **However, all of the strengths in this area are at risk.** Currently, Lexington DSS has two licensing workers to serve its 52 foster homes. Each of those licensing staff carries half of a foster care caseload. When caseloads rise due to staff shortages or increases in the number of

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children entering care, foster home recruitment stops. Also, the ability of staff to respond to the needs of foster parents is diminished. Representatives from the Lexington Foster Parent Association described these as major problems.

Section Five

Well Being Outcome 1: Families have enhanced capacity to provide for their children's needs.				
Site Visit Findings				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	6	4		
CPS Treatment	2	3	5	

Indicators:

Needs and services of child, parents, foster parents.			
Site Visit Findings			
	Strength	Area Needing Improvement	Not Applicable
Foster Care	6	4	
CPS Treatment	3	7	

Explanation

This item asks two questions: 1) Were the needs of the child, parents, and foster parents assessed, and 2) Did the agency take steps to meet the identified needs? This is an **“Area Needing Improvement”** for Lexington DSS. This was a particularly weak area in treatment cases because of the time lag between when risk factors were identified by assessment workers and when treatment plans were developed and services started by treatment workers. The time lag was sometimes weeks or months, and that lag was **not** because of waiting list of service providers. From the time of DSS's initial intervention at intake until services are provided, children are remaining in the home without sufficient effort to reduce the risk factors in the home.

Foster care cases were generally stronger in this area. Reviewers noted instances when the needs of foster parents were documented but not addressed.

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Child and family involvement in case planning			
Site Visit Findings			
	Strength	Area Needing Improvement	Not Applicable
Foster Care	4		6
CPS Treatment	2	8	

Explanation

This is an “**Area Needing Improvement**” for Lexington DSS. Parent involvement in the development of the case plan was consistently evident in foster care cases. It was consistently absent in treatment cases. One of the problems described by Lexington DSS staff and stakeholders was the non-compliance, or token compliance of parents with the terms of their treatment plan. This problem is exacerbated by not involving parents in the development of their plan.

The practice of treatment staff is to develop the plan in their office, have the plan approved by the treatment supervisor, then “go over” the plan with the parent(s).

Worker visits with child			
Site Visit Findings			
	Strength	Area Needing Improvement	Not Applicable
Foster Care	10		
CPS Treatment	4	6	

Explanation

This is a “**Area Needing Improvement**” for Lexington DSS. This rating is based on two questions: 1) are Lexington DSS staff visiting children according to policy, and 2) do the visits focus on issues relate to the treatment plan? Onsite reviewers found that the visits of foster care staff consistently met these two criteria. Visits in treatment cases often were not done monthly, or even every other month. Visits in treatment cases often focused on the presenting problem, but did not consistently deal with the other risk factors identified during the assessment phase of case development.

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Worker visits with parents	Site Visit Findings		
	Strength	Area Needing Improvement	Not Applicable
Foster Care	2	2	6
CPS Treatment	4	6	

Explanation

This is an “**Area Needing Improvement**” for Lexington DSS. Several cases rated as an “Area Needing Improvement” involved worker visits with the mother, but not with the father, even though the father was the perpetrator. Another reason several cases received this rating was because workers visited with parents in the office and at other locations, but went months without visiting the parents in the home.

Analysis of Well Being Outcome #1

Well being outcome #1 – Families have enhanced capacity to provide for their children’s needs – was Not Achieved. None of the four objectives associated with this outcome received a rating of “Strength”. There is a marked difference between treatment and foster care workers in the attention given to these objectives.

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Section Six

Well Being Outcome 2: Children receive appropriate services to meet their educational needs.				
Site Visit Findings				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	4	1		5
CPS Treatment	4	2	3	1

Measure: Educational Needs of the Child – Of all children that aged out of foster care, the percent that graduated from high school.				
	Number of Children Aged Out 05/1/03 – 04/30/04	Number Completing 12 th Grade or Higher	Number of Children Objective $\geq 90.00\%*$	Number of Children Above (Below) Objective
State	348	48	313.2	(265.2)
Lexington	3	0	2.7	(2.7)
Lexington MTS	4	0	3.6	(3.6)
Lexington Adoptions	0	0	0	0

Note: This is a DSS established objective.

Analysis of Well Being Outcome # 2

Well being outcome # 2 – Children receive appropriate services to meet their educational needs – was not achieved. The agency’s outcome report measures high school graduation rates. The onsite review instrument rates this outcome on a different set of criteria: whether the educational needs of children were being assessed and addressed. This allows for the rating of the agency’s handling of all school-aged children, not just those graduating from high school.

Six of the 20 cases reviewed during the onsite visit were rated “Not Applicable” because they involved pre-school aged children. Of the remaining 14 cases, the agency’s performance was very good in 8 cases. Deficiencies were identified primarily in treatment cases. When the presenting problem was Educational Neglect, the focus of the agency’s intervention was attendance, though other education related issues were present. Foster care staff appear to more thoroughly assess and attend to educational issues.

The outcome report indicates that only 7 children aged out of foster care from Lexington County last year and that none of them graduated from high school. This may be more of a data entry problem than an educational problem.

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There are 5 school districts in Lexington County. A protocol for educational neglect referrals has been established with only one of those districts (district 2). Educational neglect referrals from schools in the other four districts have varied criteria, based on varied interpretations of state law 59-65-90. Some schools call DSS after 5 unexcused absences. Some call after greater or fewer absences. Some schools call after they have sent the parents a letter of concern and attempted to implement an improvement plan. Some schools call DSS before they have sent parents a letter of concern. The effect is high screen-out rates for referrals from certain districts.

Section Seven

Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.				
Site Visit Findings				
	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable
Foster Care	7	1	2	
CPS Treatment	3	2	5	

Analysis of Well Being Outcome # 3

Well being outcome #3 – Children receive adequate services to meet their physical and mental health needs – was partially achieved. The two areas evaluated for this outcome are:

- a) Physical health of the child; and
- b) Mental health of the child.

Reviewers determined if the physical and mental health of children in the cases under review was assessed, and if identified needs were addressed. If assessment of these needs did not occur, the item was rated as an area needing improvement. If assessment identified a need, but no evidence that the identified need was addressed in the treatment plan or in service delivery, the item was rated as an area needing improvement.

Findings indicate that the physical and mental health needs of children in foster care are more likely to be assessed and met than the physical and mental health needs of children in treatment cases. Findings also indicate that the handoff of cases from the assessment worker to the treatment worker causes a delay in the initiation of needed services. The treatment worker’s first face-to-face visit in the home is several weeks, and as much as two months after receiving the case. A corresponding delay occurs in the development of the treatment plan and initiation of services. This means that, during that lag time, children remain in the home without the benefit of services designed to reduce the risk factors threatening their well being.

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It appears that all children entering foster care receive mental health assessments. Reviewers identified cases in which children went from foster care to relative placements and mental health services ended.

Section Eight

Reports Unfounded After CPS Assessment		
	Yes	No
Was assessment initiated timely?	4	1
Was assessment adequate?	2	3
Was the decision to unfound appropriate?	4	1

Explanation

Five closed, unfounded assessments were reviewed. The questions in the table above were applied to each case. The three cases that were deemed to have an inadequate assessment were for the following reasons: a) no face-to-face with the alleged perpetrator, b) no collateral information from available sources, and c) case closed before results of drug screen. Five cases is not a statistically valid sample. However, these cases were selected randomly, and the number of deficiencies is worthy of county management's attention.

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Section Nine

Screened-Out CPS Referrals

Question: Were attempts to report incidences of abuse and/or neglect by the public appropriately screened out?		
Yes	No	Cannot Determine
9	0	1

Analysis of Screen-Out Decisions

This is a **strength** for Lexington DSS. Lexington DSS receives approximately 1,300 intake referrals a year. The DSS office accepts 82.5% of those calls for assessment (initial investigation). It screens out (does not investigate) 17.5%. Statewide, the percent of CPS referrals screened out ranges from a high of 49.3% to a low of 0%. Statewide, the mean for screened out referrals is 24%. Ten of the 229 screened out intakes were reviewed to assess the appropriateness of the screen-out decision. Assessment of the intake decisions was based solely on information documented in CAPSS.

Reviewers found that the rationale for not investigating the referrals was appropriate in 9 of the 10 of the intakes reviewed. For example, the agency screened out calls from citizens alleging abuse of a child by another child when no parental neglect was indicated; the agency screened out calls from citizens reporting a teenaged child fighting with a parent and neither was injured; etc. In one screened out case the dictation was so scanty that it could not be determined why the agency chose not to investigate.

Screen-out decisions were supported by record checks and collateral contacts.

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Treatment Case Rating Summary

Reviewers should check the nonshaded box for each performance item and outcome that corresponds to the rating assigned.

Performance Item or Outcome	Perf. Item Ratings			Outcome Ratings			
	Strength	Area Needing Improvement	N/A*	Substantially Achieved	Partially Achieved	Not Achieved	N/A*
Outcome S1: Children are, first and foremost, protected from abuse and neglect.				8	2		
Item 1: Timeliness of initiating investigations of reports of child maltreatment	9	1					
Item 2: Repeat maltreatment	8	1	1				
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.				6	2	2	
Item 3: Services to family to protect child(ren) in home and prevent removal	8	2					
Item 4: Risk of harm to child(ren)	6	4					
Outcome P1: Children have permanency and stability in their living situations.							
Item 5:							
Item 6:							
Item 7:							
Item 8:							
Item 9:							
Item 10:							
Outcome P2: The continuity of family relationships and connections is preserved for children.							
Item 11:							
Item 12:							
Item 13:							
Item 14:							
Item 15:							
Item 16:							
Outcome WB1: Families have enhanced capacity to provide for their children's needs.				2	3	5	
Item 17: Needs and services of child, parents, foster parents	3	7					
Item 18: Child and family involvement in case planning	2	8					
Item 19: Worker visits with child	4	6					
Item 20: Worker visits with parent(s)	4	6					
Outcome WB2: Children receive appropriate services to meet their educational needs.				4	2	3	1
Item 21: Educational needs of the child	4	5	1				
Outcome WB3: Children receive adequate services to meet their physical and mental health needs.				3	2	5	
Item 22: Physical health of the child	4	6					
Item 23: Mental health of the child	4	5	1				

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Foster Care Case Rating Summary

Reviewers should check the nonshaded box for each performance item and outcome that corresponds to the rating assigned.

Performance Item or Outcome	Perf. Item Ratings			Outcome Ratings			
	Strength	Area Needing Improvement	N/A*	Substantially Achieved	Partially Achieved	Not Achieved	N/A*
Outcome S1: Children are, first and foremost, protected from abuse and neglect.				8	2		
Item 1: Timeliness of initiating investigations of reports of child maltreatment	4	2	4				
Item 2: Repeat maltreatment	10						
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.				6			4
Item 3: Services to family to protect child(ren) in home and prevent removal	3	1	6				
Item 4: Risk of harm to child(ren)	6		4				
Outcome P1: Children have permanency and stability in their living situations.				6	3	1	
Item 5: Foster care re-entries	6		4				
Item 6: Stability of foster care placement	9	1					
Item 7: Permanency goal for child	5	4	1				
Item 8: Reunification, guardianship, or permanent placement with relatives	2	1	7				
Item 9: Adoption	2	2	6				
Item 10: Permanency goal of other planned permanent living arrangement		1	9				
Outcome P2: The continuity of family relationships and connections is preserved for children.				8	2		
Item 11: Proximity of foster care placement	6	1	3				
Item 12: Placement with siblings	6	2	2				
Item 13: Visiting with parents and siblings in foster care	5	2	3				
Item 14: Preserving connections	4	1	5				
Item 15: Relative placement	9	1					
Item 16: Relationship of child in care with parents	4	1	5				
Outcome WB1: Families have enhanced capacity to provide for their children's needs.				6	4		
Item 17: Needs and services of child, parents, foster parents	6	4					
Item 18: Child and family involvement in case planning	4		6				
Item 19: Worker visits with child	10						
Item 20: Worker visits with parent(s)	2	2	6				
Outcome WB2: Children receive appropriate services to meet their educational needs.				4	1		5
Item 21: Educational needs of the child	4	1	5				
Outcome WB3: Children receive adequate services to meet their physical and mental health needs.				7	1	2	
Item 22: Physical health of the child	8	2					
Item 23: Mental health of the child	4	2	4				

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