

## South Carolina Final Report, FFY 2010-2014

### Child Abuse Prevention and Treatment Act State Plan Updates

The Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization Act of 2010, Public Law (P.L.) 111-320 was signed into law on December 20, 2010. The law reauthorized and amends the Child Abuse Prevention and Treatment Act, the Family Violence Prevention and Services Act, the Child Abuse Prevention and Treatment, and Adoption Reform Act of 1978. Grants to States for child abuse or neglect prevention and treatment (CAPTA State Grants), grants to States for programs relating to investigation and prosecution of child abuse and neglect (Children's Justice Act grants), community-based grants for the prevention of child abuse and neglect (CBCAP), CAPTA discretionary research and demonstration grants, the Adoption Opportunities program and the Abandoned Infants Assistance program are reauthorized with no increase in the amount of existing authorizations through fiscal year 2015.

As required by the amended CAPTA, South Carolina affirms that it will:

1. Periodically review and revise the state plan to reflect any changes in the State's strategies or programs under the grant program (section 106(b)(1)(B)(ii);
2. Provide notice to HHS of any substantive changes relating to the prevention of child abuse and neglect that may affect the State's eligibility for the grant program (including statutory and regulatory changes (section 106(b)(1)(C)(i);
3. Continue to prepare and submit to HHS an annual report describing how the funds provided under CAPTA were used to address the purposes and achieve the objectives of the grant program (section 108(e).

In this submission dated June 30, 2014, South Carolina is reporting no significant changes in how the state is using grant funds that differ from those described in the state's last Annual Progress and Services Report submitted June 2013 for FFY 2014.

Child Abuse Prevention and Treatment Act (CAPTA) funds are used to improve the child protective services program in South Carolina. In accordance with section 106(b)(1)(A) of CAPTA, the state plan must specify which of the 14 program areas described in sections 106(a) the State will address with grant funds. The following are the four program areas chosen by South Carolina to fund with CAPTA:

- |                          |  |
|--------------------------|--|
| <b>Program Area #2:</b>  | <b>A.</b> Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations  |
| <b>Program Area #4</b>   | Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response                                  |
| <b>Program Area #11:</b> | Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level |
| <b>Program Area #14:</b> | Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies   |

## Activities in Program Areas Selected for Improvement

### Program Area # 2: Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations

#### South Carolina Child Fatality Review Teams/Children's Health and Safety Councils

DSS uses CAPTA funds through a contract with SC Department of Health and Environmental Control (DHEC) to hire a child fatality and injury prevention program specialist to coordinate and facilitate child fatality review processes at the state and local levels through an established State Child Fatality Advisory Committee (SCFAC). The purpose of the SCFAC is to decrease child deaths in South Carolina. The goal is to use a multidisciplinary approach to investigate the causes of death of children from birth to 18 years old to gain a better understanding of the circumstances surrounding each death. Recognizing risk factors for child death will enable the better use of existing resources and the creation of new practices to protect our children in South Carolina.

DSS has collaborated with DHEC and the State Law Enforcement Division (SLED) for a number of years to support local child death review teams through the specialist located at the (DHEC). The specialist has direct responsibility for working with existing local child death and developing new local child fatality review teams. Defined objectives of the local child death review teams are to form Multidisciplinary teams and develop interagency protocols to examine the circumstances around child deaths for the purpose of improving existing local services, improving coordination with local law enforcement and CPS investigations, developing new services, and implementing public awareness measures that are designed to increase the counties' capacity to protect children. The efforts of the local teams are expected to enhance law enforcement and child protection investigations of child deaths.

SCDSS completes an internal review on every case in which a child dies while either in foster care, receiving in-home treatment services or an active investigation. The purpose of the agency's internal review is to assess quality of casework in an effort to change practice and policy, when needed, to prevent future such deaths and to ensure workers have adequate training to investigate child abuse and to provide safety services once abuse is identified.

Local child fatality review teams led by Coroners, review a more comprehensive range of child deaths but those deaths that are sent to SLED that are defined by S.C. Code 63-11-1910 and SC Code 17-5-540 as being any child death under the age of 18 and the death is unexpected and unexplained including, but not limited to, possible sudden infant death syndrome (SIDS), as a result of violence, when unattended by physician or when occurring in any unusual or suspicious manner are then subsequently reviewed by The State Child Fatality Advisory Committee (SCFAC). Currently, there are local child fatality review teams in 10 of the 46 South Carolina counties. Local child death reviews take place in Anderson, Richland, Charleston, Cherokee, Greenville, Greenwood, Laurens, Pickens, Spartanburg, and York.

The South Carolina Department of Health and Environmental Control (DHEC), Office of Public Health Statistics and Information Services reports there were 4,516 fatalities in South Carolina to residents 0 to 17 years of age from 2006 to 2011. Of these child fatalities, 1,273 (28.2%) were eligible for review by the State Child Fatality Advisory Committee (SCFAC) based on the criteria established by legislative mandate of unexpected and unexplained deaths. The State Child Fatality Committee meets six times per year to review all children's deaths that were not the result of natural causes. There have been 1,080 cases of the 1,273 eligible for review cases since 2006 that were reviewed

and closed by the committee as of August 2013. Also, 98 of those reviews of homicide, suicide, accidental, natural and undetermined child deaths occurred in 2011 and were closed. (2011 SCFAC Annual Report).

Of the 1,080 cases reviewed and closed since 2006, the manner of death determination revealed 401 (37.1%) were accidental, 303 (28.1%) were natural, 168 (15.6%) were homicide, 155 (14.4%) were undetermined and 53 (4.9%) were suicide. Of these 1080 cases, 505 (46.8%) were Black, 479 (44.4%) were White, 53 (4.9%) were Hispanic and 43 (4%) were categorized as "Other" (includes Native Americans and/or Asians).

Of the most recent reviewed and closed 98 cases in which the child death occurred during the year 2011, the manner of death determination revealed 39 (39.8%) were accidental, 20 (20.4%) were natural, 15 (15.3%) were homicide, 15 (15.3%) were undetermined and 9 (9.2%) were suicide. The case review revealed 44 (44.9%) of the victims were Black, 40 (40.8%) were White, 8 (8.2%) were Hispanic, 6 (6.1%) were categorized as "Other" (includes Native Americans and/or Asian).

SCDSS reviews all cases where the child or family may have been known to the agency prior to and since the child's death and participates in the state review. The review also determines if practice needs to be enhanced or changed as a result of the lessons learned from the child's death.

A summary review is completed when a child in the custody of DSS or in an open treatment case dies of medical reasons. A full review is conducted when the child's death is believed to be a result of child abuse or neglect. Both are completed by the Office of General Counsel and the Division of Investigation. Each review evaluates the circumstances surrounding the child's death and evaluates if any actions could have been taken differently by the agency to prevent the child's death or serious injury.

The State does contract with Department of Health and Environmental Control (DHEC) to complete a report of child deaths based upon death certificates and cause of death. The 2011 SCFAC Annual Report was completed December 2013 reflective of the committee's work up until August 2013 on child deaths that had occurred in 2011.

The following needs and core recommendations were made in 2013 FFY by SCDSS, SCDHEC and SCFAC, and the action steps are outlined below:

- **Recommendation #1: Need for State Legislation to Support Local Child Death Review Teams**

*Support for creation, maintenance and participation of county level child death review teams and use of a statewide uniform data system will allow local teams' findings, recommendations and actions to be communicated to the SCFAC. This will allow the SCFAC to focus on its charge to make recommendations to the governor, legislature and state systems for improvement of children's health and safety.*

The SCDSS and SCFAC recognized that a major challenge facing child death review (CDR) in South Carolina is the lack of local child death and review teams. There is no formalized communication between the state and the few existing local teams. The "best practice" model in place in South Carolina and 36 other states is one consisting of a state and several local (usually county level) teams. Local teams led by the Coroner conduct intensive case reviews and the state team reviews the findings of local teams that were sent to SLED and met the criteria for the state review by SCFAC. Local teams are able to review deaths within days or weeks of the incident. The knowledge of the incident, community, environment and services available is known to local team members and is critical to collecting meaningful data and implementing preventable measures. SCDSS and SCFAC set a goal to expand the state's capacity to review child deaths

more timely and plan to establish three additional child death review teams in the next three years. At the end of CY 2013, the Committee, along with the Joint Citizens and Legislative Committee on Children, developed and submitted a letter to the legislature asking that the State Child Fatality Law be changed to add an Ad Hoc Member from both the Senate and the House to the membership (Senate bill 355 by Senator Hutto). Also, at the end of CY 2013, the Committee, along with the Joint Citizens and Legislative Committee on Children, developed and submitted a letter to the legislature asking that there be more work and effort in place to raise awareness of youth violence and child maltreatment. Coroners were also surveyed statewide in 2013 to assess their process for reviewing deaths and if they had a child fatality review team. The survey is updated on an ongoing basis. Forty one out of the forty six counties have responded to the survey. The survey revealed there were (10) out of (46) counties that had an existing child fatality review team. Four of the counties that did not have an existing child fatality review team expressed an interest in having one created.

- **Recommendation #2: Statewide Safe Sleeping Education-**

*The Committee recommends raising public awareness of the number of child deaths involving unsafe sleeping practices. Positional asphyxia happens when a person can't get enough air to breathe due to the positioning of his/her body. This happens most often in infants, when an infant dies and is found in a position where his/her mouth and nose is blocked, or where his/her chest may be unable to fully expand.*

In January 2012, the Committee in partnership with the Children's Law Center and the Joint Citizens and Legislative Committee requested the Children's Trust of South Carolina form a statewide Safe Sleep Coalition to address rising rates of unsafe sleep practices that result in injury and death for children less than one year of age.

The SC Safe Sleep Coalition presented the following recommendations to address unsafe sleep practices. These include strategies to be addressed through education, public awareness and appropriate policy modifications:

- ***Data Recommendation:*** Synchronize data coding mechanisms to better address instances of Sudden Infant Death Syndrome and Sudden Unexplained Death Syndrome.
- ***Education and Curriculum Recommendation:*** Development of universal, statewide training curriculum that will provide the latest best practices on safe sleep recommendations. Training will be geared to child care workforce, parents, extended family, pediatricians, and other individuals who may provide care for the infant. (See Program Area #11, page 11)
- ***Materials/Marketing Recommendation:*** Develop and implement a statewide public awareness campaign with targeted outreach to identified parents/primary caregivers and professional groups with the goal to grow familiarity with, use of, and education delivery on safe sleep practices.
- ***Community Outreach Recommendation:*** Disseminate and assist with the implementation of the statewide public awareness campaign message and the education curriculum regarding safe sleep practices as appropriate to identified community sources. (See Program Area #11, page 11)
- ***Policy Recommendation:*** The Joint Citizens and Legislative Committee on Children, the General Assembly and the Governor's Office prioritize the promotion of safe sleep practices. Existing legislation can

be modified to allow for educational materials on safe sleep to be presented prior to hospital discharge of a mother. The General Assembly should also designate a lead state entity for the continued promotion of safe sleep practices. (will be addressed in next legislative session of 2015)

- **Other recommendations regarding natural deaths:**

- *The Committee recommended raising public awareness of Sickle Cell Anemia Disease, especially for those children who participate in sports. Young athletes with sickle cell disease traits are at high risk of dehydration, heat-related injury, exhaustion, painful episodes, and hip joint problems (Al-Rimawi, & Jallad, 2008).*

In April 2013, the Committee submitted a letter to the South Carolina High School League, the South Carolina Association of School Administrators, the local Sickle Cell Foundation, and the South Carolina Medical Association requesting that all schools use the form that requires a response to any family history of sickle cell.

- *The Committee recommended (1) increasing awareness and education of Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Infant Death Syndrome (SUIDS), (2) forensic pathologists continue using the American Academy of Pediatrics (AAP) definition of SIDS in determining the cause of death, (3) synchronizing data coding mechanisms to better address instances of Sudden Infant Death Syndrome and Sudden Unexplained Death Syndrome, and (4) encouraging Coroners to use manner of death as undetermined, as SIDS is a definition of exclusion with an undetermined cause.*

The Undetermined category includes cases that have been investigated but a manner of death cannot be determined based on the available information surrounding each case. Often, multiple causes are possible, but none can be conclusively proven (ex: Sudden Infant Death Syndrome (SIDS) vs. Overlay vs. Intentional Suffocation).

The American Academy of Pediatrics defines SIDS, as the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history. Sudden Unexplained Infant Death Syndrome (SUIDS) is the sudden and unexplained death of an infant in which the manner and cause of death are not immediately obvious prior to investigation. This includes infant deaths due to suffocation, asphyxia, poisoning, undetected metabolic or cardiac disorders, hypothermia and hyperthermia, as well as some abuse and neglect cases.

These definitions are used by review teams to determine if an infant's death occurred suddenly and unexpectedly in children younger than one year of age while not under the care of a medical professional. For these child deaths, manner and cause of death may not be immediately obvious prior to investigation.

Many sleep related infant deaths occur in a manner consistent with SIDS, but case investigation shows that the child was in a potentially unsafe sleep situation at the time of death. In these cases, it is not possible to rule out accidental suffocation, which means the diagnosis of SIDS or intentional suffocation cannot be made. Therefore, the official cause of death is listed as "undetermined" following complete autopsy and thorough investigation.

The Committee, through its membership, will continue (1) enhancing levels of awareness in SIDS and SUIDS, (2) promoting the use of the AAP definition of SIDS among Forensic Pathologists and (3) advocating for Coroners to list manner of death as undetermined, as SIDS is a definition of exclusion with an undetermined cause.

**Program Area #4: Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response**

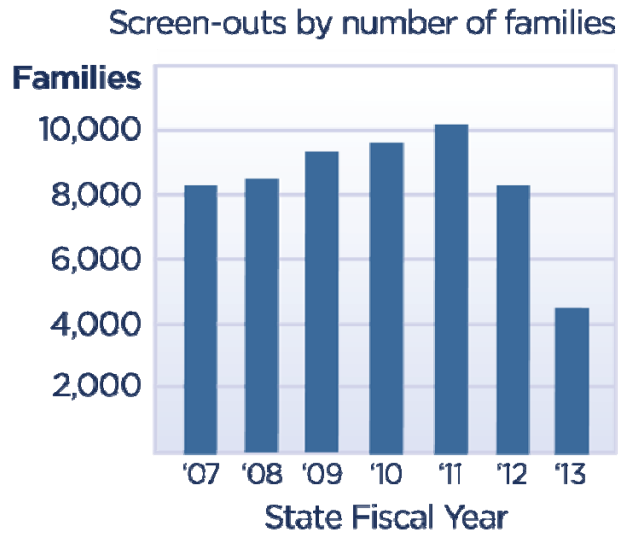
CAPTA Reauthorization Act of 2010 (Section 105(2)) requires that states establish a triage system that:

- Accepts, screens, and assesses reports received to determine which such reports require an intensive intervention and which require voluntary referral to another agency, program, or project;
- Provides, either directly or through referral, a variety of community-linked services to assist families in preventing child abuse and neglect; and
- Provides further investigation and intensive intervention where the child's safety is in jeopardy.

In accordance with assurances in CAPTA Reauthorization Act of 2010 (Section 106(b)(2)(b)(iv)(v)), procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports along with triage procedures, including the use of differential response, for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventative service will be addressed with CAPTA funds.

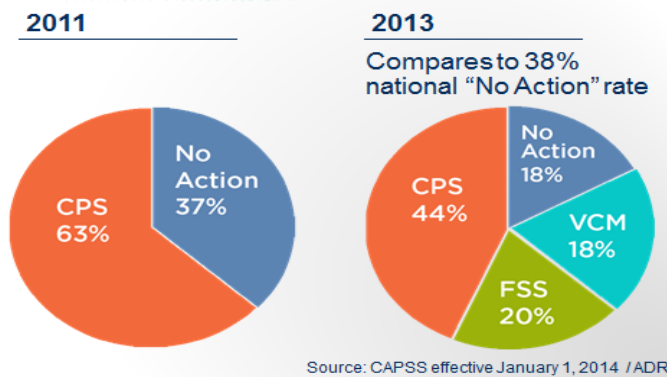
The purpose would be for state and local systems to implement an alternative response approach in preventing child abuse and neglect and to protecting children from harm. This approach should demonstrate collaborative partnerships between the State child protective services agency and other community social service agencies, schools, mental health, churches, etc. To fulfill SCDSS responsibility to protect and promote the safety, permanency, and well-being of South Carolina's children and families, SCDSS formed partnerships to establish a program known in South Carolina as Appropriate Response (AR). These partnerships support the enhancement protective factors in families and communities, allowing SCDSS to provide the most appropriate, efficient, and effective response possible to the families brought to the attention of SCDSS.

The initial goal for SCDSS was to fully implement (AR) statewide and to ensure all reports are assessed and routed to the best possible agency for a family assessment for safety and risk factors for children who are reported as possible CAN victims. The families who are assigned for a full investigation of the alleged abuse or neglect are referred to the appropriate SCDSS staff, and the investigation is initiated timely according to the level of safety. CPS reports that indicate low or moderate risk to the child are referred to a contract community-based agency for assessment and services. If no safety or risk concerns were identified, then the allegation was screened out. The agency's goal is to assist the family in meeting their needs and protecting the child from further abuse or neglect in the least intrusive manner and in a manner that will provide them with a support network for the future. SCDSS implemented a staggered rollout of Appropriate Response in January 2012 beginning in the upstate of S.C. and full implementation was completed as of May 23, 2012. Since full implementation of AR there has been a dramatic reduction in "Screen Out" of families who were assessed to be low or moderate risk as evidenced in the below chart.



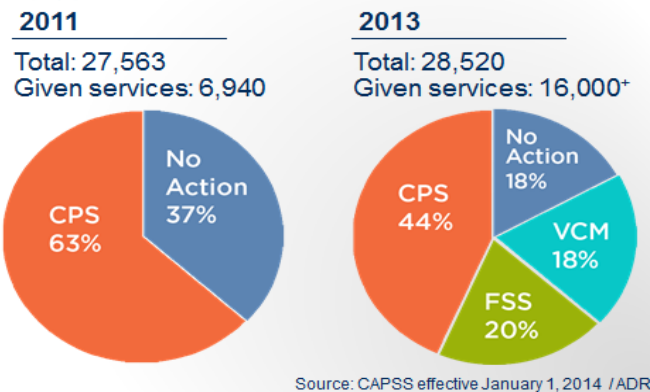
Another encouraging trend noted in the chart below demonstrates the impact of reduced screen outs in the AR process has understandably reduced the number of families with “No Action Taken” by over 50%. SCDSS has moved the “No Action Rate” well below the national rate in 2013.

### Reduced “No Action Taken”



In addition to the reduction of “Screen Outs” and “No Action Rate”, SCDSS has been able to provide a corresponding increase in the level of community-based prevention services to struggling families through its partnership with Growing Homes Southeast (GHSE) and Specialized Alternatives for Families and Youth (SAFY). As the chart below depicts, services to families has more than doubled in two SFY’s due to low or moderate at risk families receiving services that historically would not have been provided.

### CPS Intake Before & After New Services Available



In efforts to continually improve the AR process to ensure appropriate referral for children not at risk of imminent harm, SCDSS holds practice calls the 1<sup>st</sup> and 3<sup>rd</sup> weeks of each month. The practice calls include SCDSS staff, especially intake, and both AR partners GHSE and SAFY and their coalition members. The purpose of the calls are to focus on a specific case starting from the intake through existing status. The participants on the call discuss what is working well in the AR process, gaps and/or barriers, and identifies steps that need to be taken to address the issues. In addition to bi-weekly practice calls, SCDSS has actively engaged counties and AR partners and coalition members statewide to improve consistency in AR practice and implementation in over (12) different practice meetings in multiple counties across the state in FFY 2014. Also, In 2014 FFY there were (3) two day intake training workshops held for intake workers statewide and a follow up Supervisory Summit held on March 28, 2014 for Supervisors of intake workers in efforts to improve fidelity of AR model.

A four-day fidelity review with NRCCPS was held in February 2014. Ten counties were selected for inclusion in this case review. 30 cases from each county were randomly selected from all reports (CPS, VCM, FSS, and No Action) received between November 2013 and February 2014. This was done in order to assure that the most current practice was being assessed. A total of 303 cases were reviewed and prior to individual review of cases, reviewers paired up to review the same cases to conduct an inter-rater reliability process. As the case review was conducted, any questions were reviewed by two or more reviewers in order to arrive at the answer. The results of the Fidelity review is currently being analyzed by SCDSS leadership however preliminary findings appear to indicate the Intake Assessment tool contains the right factors to determine the need for an investigation or an assessment response, however, the sheer number of workers performing intake may contribute to a lack of thoroughness in the intake information gathering process. In order to achieve improved performance and quality and consistent supervision over the intake information gathering process, SCDSS leadership is currently working on a regional intake process that would include a smaller number of staff and supervisors completely devoted to the intake function and practice.

Ongoing goals for CAPTA funded Appropriate Response will be:

- Through continued guidance and collaboration with NRC-CPS, SCDSS on-call and intake workers, supervisory and leadership staff will continue to receive training on the comprehensive safety questions and risk matrix to enhance consistent utilization of the tool across the state.
- Develop a regionalized intake structure to enhance quality and consistency of the intake process



- Address risk factors through contracted community-based organizations that provide Voluntary Case management (VCM) and/or Family Strengthening Services (FSS) which include the following array of services: counseling, parenting classes, mentoring, domestic violence intervention, family group decision-making services, educational support, developmental services, early interventions services, forensic interviewing, etc.
- Continue tracking of effectiveness of AR through regularly scheduled implementation phone calls with the counties across the state to discuss the Intake Assessment Data report. County Directors, Supervisors and state leaders examine the following data which includes number of intake decisions, Supervisor intakes, Supervisor overrides, worker decisions with no Supervisor decision, preventable services, individual rate of providers' first assessment, referrals to FSS or VCM that are 30 days or older with no provider assessment, provider closed or return, providers' return of high/moderate risk, and unable to locate clients. Counties receive coaching where needed based upon outcomes of the Intake Assessment Data Report.

**Program Area # 11: Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parent and professionals to prevent and treat child abuse and neglect at the neighborhood level**

As part of the purpose and authority under CAPTA Reauthorization Act of 2010 (Section 201[a]), funds can support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities, to better strengthen and support families to reduce the likelihood of child abuse and neglect. CAPTA funds are utilized in collaboration with the state's prevention organization to enhance the capacity of community-based programs, with an emphasis on involving parents and professionals, to prevent child abuse and neglect at the local level.

For FFY 2013, CAPTA funds were used for spreading the message of Child Abuse Prevention Month through the Children's Trust of South Carolina. Children's Trust of South Carolina took a broad approach for Child Abuse Prevention (CAP) Month 2013, including pinwheel distribution across the state, supporting partners in their local activities for CAP month awareness, and engaging legislators and city officials around the state. In 2013, more than 43,000 pinwheels were displayed in pinwheel gardens around the state. Gardens were displayed by public and private schools, colleges, child care centers, small and large businesses, individuals, non-profits, faith-based organizations, state legislators and local city officials in Columbia and Greenville. The following is a partial list of 2013 pinwheel gardens across South Carolina:

- Greenville County, led by Greenville County First Steps, planted more than 30,000 pinwheels across the city at a wide variety of non-profit organizations;
- 46 DSS county offices;
- Two large pinwheel gardens were planted by rival Columbia-area high schools -- Spring Valley and Blythewood High. Each school planted over 1,500 pinwheels and raised money for the prevention of child abuse and neglect;
- Edventure Children's Museum, Columbia;
- First Citizen's Bank green space on Main Street, Columbia;
- Light House Ministries, Florence;
- University South Carolina – Greek Village and Social Work Student Association Building;

- North Corner AME Church, Lancaster;
- ADCO, Columbia;
- Richland County Court House, Columbia;
- Wade Hampton Veterinary Clinic, Greenville;
- Lake Carolina Early Childhood Development Center, Richland County;
- Dozens of private home "gardens; "
- Kelly Edwards Elementary, Williston;
- Dorchester Children's Center, Summerville;
- Hopewell United Methodist Church, Lancaster;
- Paradise Ice, Columbia;
- Palmetto Poison Control, Columbia;
- Pee Dee Coalition, Marion;
- Foothills Alliance, Anderson;
- Kershaw Counseling Center, Kershaw;
- USC Child Development Center, Columbia;
- Arthur Town Child Development Center, Columbia; and
- Marion Square, Charleston.

Throughout April 2013, Children's Trust presented information to various groups, raising awareness of child abuse prevention:

- Share the Light Event, Blue Ribbon Council, Charleston;
- Richland County CASA 30<sup>th</sup> Anniversary press conference, Columbia;
- Columbia City Council meeting, Columbia;
- University of South Carolina's Sorority and Fraternity Councils, Columbia;
- University of South Carolina's Social Work Student Association Pinwheel Planting Ceremony, Columbia;
- Networking Social with USC faculty, child advocates and active master social work students ready to engage in conversations about child well-being and the prevention of child abuse and neglect, Columbia; and
- Rural church speaking engagement at their local Spring Fest to raise awareness of child abuse prevention month, Lancaster.

Additional 2013 Child Abuse Prevention Month events included:

- April 4: First Thursday Event on Main Street event, Columbia, connected Children's Trust to Columbia's City Council member Runyan and opened the door for continued local support for Child Abuse Prevention month for 2014 and beyond;
- April 5: CAPA Beaufort's Kids Fest in Beaufort with attendance in excess of 10,000;
- April 8: Presentation to University of South Carolina Sorority Council;
- April 9: 170 pinwheel lapel pins with fact sheet delivered to all S.C. Legislators;
- April 11: Share the Light Event, connected with Charleston's mayor pro tem for Charleston to become one of the next Pinwheel Cities;
- April 12: Social Work Student Association at the University of South Carolina, pinwheel ceremony and social networking event, attended by more than 60 people;

- April 15: University of South Carolina Fraternity Council presentation;
- April 17: Children's Trust pulled together more than 200 bags filled with information on building strong families for Richland County's CASA's volunteer luncheon;
- April 17: Children's Trust of South Carolina hosted a conference on appropriate response with national speakers. Attendance was 237;
- April 23: Kids Fest with Safe Kids of Sumter;
- April 27: Kids Day Lexington in Lexington, more than 12,000 people attended; and
- April 27: ONE Columbia service day event planted a pinwheel garden on Main Street in Columbia with Mayor Steve Benjamin and Councilwoman Tameka Isaac Devine.

#### *Media for Child Abuse Prevention Month 2013*

During April 2013, Children's Trust of South Carolina (CTSC) was featured in various media outlets, including television, online news article, and photo gallery on thestate.com (The State Newspaper.) A Child Abuse Prevention Month press release was picked up in the Columbia Star. Children's Trust was featured in an online news article with the online Gamecock news for our participation in the Student Social Work Association's pinwheel event. WACH Fox (Columbia) interviewed several board members on March 28 prior to CAP month and showcased Children's Trust with the students from Spring Valley High School during the planting of their pinwheel garden. Richland One School District News also captured the pinwheel event.

On Facebook there were approximately 85 Facebook posts during CAP month. The greatest reach came from sponsored posts. For example on April 3, CTSC posted "Does your non-profit work to keep SC's children safe?" This reached 8,555 users and had 81 people talking about it. CTSC also promoted a statewide Facebook contest (Superheroes for Prevention) to highlight the many non-profits throughout South Carolina working to keep children safe. The contest generated more than 600 new fans for Children's Trust, growing our audience to more than 4470 Facebook fans. Fans come from throughout South Carolina: 2,073 fans from Columbia; 1,033 from Greenville, 702 from Charleston; 621 from Anderson; 462 from Lexington; 443 from Florence; 346 from Spartanburg; 238 from Sumter; 212 from Aiken; 191 from Easley; 191 from Myrtle Beach; 186 from Rock Hill; 167 from Summerville; 144 from Seneca; 142 from Hartsville; 141 from West Columbia; 140 from Irmo; 132 from Simpsonville; 130 from Greer; and 128 from Darlington.

Because Child Abuse Prevention is a year-long focus, CTSC have a robust website at [scchildren.org](http://scchildren.org) that features family-strengthening and child-safety information on two channels. Traffic is driven to the site through social media, and the website is included on all printed materials throughout the year.

The site, [scchildren.org](http://scchildren.org), is experiencing growth over the prior year and enhanced engagement. The most-visited pages during Child Abuse Prevention Month 2013 were *Good for Kids*, *Keeping Kids Safe*, *Spring Summit*, *Pinwheels for Prevention*, *About Us*, staff pages, advocacy and media.

On Twitter the hashtag #scpinweels was used and gained hundreds of tweets. CTSC regularly promoted its pinwheel activity and that of its prevention partners throughout South Carolina.

In support of the many activities and events, CTSC produced and distributed event stickers (Good for Kids,) yard signs (Turning Toward a Safer World for Children,) flyers for DSS staff, cards for pinwheels (promoting the protective factors,) content and ad for a tabloid publication in the Greenville Journal, and pencils.

CTSC reprinted 3,000 *Community Prevention Guides* for distribution. Since 2011, more than 7,000 have been printed and distributed. The guides are available at no charge to non-profit organizations working with children and families.

In FFY 2014, CTSC offered professional trainings around primary prevention. The organization provided representation at conferences around the state in addition to individualized training to meet local communities' needs. Focus areas in the first two quarters of FFY 2014 has been on Protective Factors training, Safe Sleep and Abusive Head Trauma. The venues for the statewide conferences have been the Foster Parent Association Conference in Greenville, SC, CAST Conference in Charleston, SC, SC Early Childhood Association Conference in Columbia, SC as well as local county chapters within the Foster Parent Association. Creating a training plan that incorporates cross training for staff and training for providers across the stages of child development continue to be a priority.

#### *Safe Sleep Summit*

In March 2014 CTSC brought more than 150 professionals together to participate in a Safe Sleep Summit for South Carolina. The day highlighted speakers from around the state and on a national level. Representatives from The SC American Academy Pediatrics State Chapter, SC Department of Health and Environmental Control, Lexington County Coroner's Office, SC Child Fatality Review Board and First Candle shared trending data, recommendations, and policy initiatives with the attendees. The afternoon session was divided into specific work groups for state, director, and provider levels for a facilitated discussion around best practices and the development of a safe sleep curriculum and educational strategies for parents and providers. As a result of the recommendations and strategies from the Safe Sleep Summit, Children's Trust is modifying a Safe Sleep curriculum from the Texas Department of Health to reflect evidence-informed best practices. Once completed, it will be reviewed and edited by members of the Safe Sleep Coalition and the South Carolina Chapter of the American Academy of Pediatrics. Dr. Deborah Greenhouse, SC AAP Chair, has agreed to place its logo on the curriculum pending approval from the chapter. Once finalized, all Safe Kids Coalition members will be provided the *Back to Sleep, Safe to Sleep for SC Babies* curriculum and trained on its content.

#### *Community Partnerships*

CTSC built some new partnerships within local faith-based communities such as the Bible Way Church in Columbia, South Carolina. Through proposed grant work and planned training, CTSC has able to expand its reach into this large and vital community, as evidenced by the South Carolina United Methodist Women participating in the Children's Trust 2013 Prevention Conference and expressing interest in Community Cafes. Through the use of KIDS COUNT data and community conversations, utilizing the world café model, CTSC has reached organizations in several areas of the state that want to address a particular issue pertinent to the needs within their own communities. These Community Cafes have been held in Florence (for the Latino community), Columbia, Charleston, and Greenville.

Prevention work around the awareness of child sexual abuse has continued, as CTSC expanded their offerings of the Darkness to Light *Stewards of Children's Program*.

Due to the expressed need for increased partnerships and collaboration, Children's Trust pulled together a statewide Prevention Coalition. This coalition has met twice thus far in FFY 2014 to address issues around the prevention of child maltreatment. This group will begin to develop a statewide prevention plan with strategies and action steps that focus on sharing resources, data, and other information.

#### *Child Abuse Prevention Messaging and Month 2014*

2014 is the 30<sup>th</sup> anniversary of the Children's Trust Fund. To kick-off the anniversary, CTSC hosted a statehouse

press conference. Governor Haley presented the organization with two proclamations, one for child abuse prevention month and the other for the anniversary. Former Gov. Dick Riley, who signed the original legislation, also sent a note that was read at the event, noting the advances the organization has made in the past three decades. There was substantial press coverage of the event statewide.

Greenville County continues its community collaboration, planting 35,000 pinwheels, one for every child younger than six years old, at a wide variety of non-profit organizations throughout the county. CTSC also has a high-visibility pinwheel effort in Charleston sponsored by the city. This will be an inaugural pinwheel garden with the city. Individuals, businesses, non-profit organizations and municipalities continue to purchase pinwheels to plant pinwheel gardens in their communities.

CTSC has updated its blog platform and is actively looking for the “first-person,” engaging and entertaining stories that help communicate the prevention message. This will be a continued focus for 2014 and 2015. CTSC enhanced its website resources, creating a single place for users to come for information on South Carolina’s Child Abuse Prevention Month efforts and the Pinwheels for Prevention campaign. CTSC developed focused email communication for Child Abuse Prevention Month resources and activities that was sent to a very broad audience and included that on its weekly *Policy Post* and agency *News*.

SCDSS continues to utilize CAPTA funds to support CTSC activities such as education and training and awareness. Also, activities for child abuse prevention and neglect during Child Abuse Prevention Month and activities throughout the year include the expansion of more pinwheels to urban areas with a larger populace, website outreach, and prevention guides.

#### **Program Area #14: Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies**

##### Support of CAPTA Citizen Review Panels

The goal for CAPTA Citizen Review Panels (CRPs) is to work collaboratively with SCDSS to effect change wherever possible and to lay the groundwork for future improvements to the Child Protective Services system at the state and local levels. This is achieved by submitting recommendations from each CRP chairperson through collaboration with other community partners who determine annually the trends and issues needing to be addressed to protect some of the state’s most vulnerable citizens, its children.

South Carolina has three CRPs representing the Lowcountry, Midlands, and Upstate regions of the state. The 2013 CRP Annual Report and the state’s response are also appended to the Final Report for FFY 2010-2014.

The Center for Child and Family Studies in the College of Social Work at the University of South Carolina assists the SCDSS with facilitation of the three CRPs. Those services are funded by CAPTA. While the establishment of CRPs is required under CAPTA, the state recognizes that the panels provide a unique opportunity for collaboration and community support, voices full support for the panels, and values their input.

The facilitator works directly with all three CRPs to coordinate and provide training and logistical support to each individual panel for its monthly meetings, recruitment and public awareness efforts, research and statistical analysis, and report writing. Assistance from and collaboration with the Administration for Children and Families (ACF), its

Children's Bureau, and National Resource Centers are obtained, as needed, to promote best practices. The CRPs worked collaboratively with SCDSS on the following projects at the start of the year in the following regions:

Midlands:

CRP focused on Independent Living (IL) service delivery and the utilization of funds. The last meeting regarding this took place June 28<sup>th</sup>, where improvements were discussed and the following information was shared.

SCDSS had taken an initiative to monitor these funds through a centralized process. Currently, the counties still have control of the IL service delivery process while the funds are centrally administrated. SCDSS plans to address the issue of money being requested but not expended for the foster youth. SCDSS is also using more invoices for services to better control delivery of funds. SCDSS has identified the problem as being changes in personnel which results in a new worker not knowing that an IL request has been made. Also, some workers may not follow-up on requests. There was discussion about the reasoning behind an ombudsman. The CRP advocated that someone be responsible for developing and implementing an individualized transition plan for all IL eligible youth.

Low Country

CRP focused on requirements for neighboring states' Therapeutic Foster Care agencies. CRP thought that some of the requirements found may be good for SC most notably the following:

- o Insurance policy on the provider's car
- o Check for firearms and appropriate licensure
- o Increased training hours including knowledge about Individualized Education Plans (IEP)
- o Submission of pictures of the adults who reside in the home with Providers

In addition the SCCRP partnered with Family Corps, formerly Parents Anonymous to provide Child Abuse Awareness and Prevention Training in the Upstate, Midlands and Low Country areas of the state. The first training was in the Low Country on August 7<sup>th</sup>. Over 50 people were in attendance from various child welfare agencies including , foster parents, DJJ , local SCDSS staff from Charleston and Dorchester counties, Girl Scout leaders, Appropriate Response providers and others.

Upstate

The Upstate continued its work on services for staff that experienced and were exposed to trauma. DSS plans to create a trauma informed system once a formal relationship is developed with Dr. Ben Saunders with Project Best. SCDSS will train in tandem with Mental Health in order to collaborate and cost share. Once a contract is in place, measures will be developed that will address trauma from the point of intake ensuring that victims are not re: victimized. (See Collaboration Section- Trauma Practice Initiative)

There was movement on starting a chaplaincy program in SC for child welfare workers. On September 18<sup>th</sup> an Information Memo addressing secondary trauma in caseworkers, which was authored by the SCCRP in conjunction with SCDSS, was issued by Neisie Jacobs.

Fall Retreat

A Fall Retreat was held on October 24<sup>th</sup> which was attended by SCDSS executive staff and members of the SCCRP. The keynote speaker was Dr. Olga Rosa, MD, FAAP *University of South Carolina School of Medicine*. Dr. Rosa is the Medical Director for the South Carolina Children's Advocacy Medical Response System (SCCAMRS *who spoke about* The Demographics of Child Maltreatment in South Carolina: The Medical Point of View". Dr. Rosa's presentation addressed the Community Based Prevention Program and the cases being seen by the Children Advocacy Centers.

## CAPTA Coordinator

The current CAPTA coordinator (State Liaison Officer) for South Carolina is:

John Shackelford  
PO Box 1520  
Columbia, SC 29202  
John.shackelford@dss.sc.gov

## Legislative Changes that Impact CAPTA

There were no legislative changes affecting the state's CAPTA eligibility.