DOCUMENT RESUME

ED 361 949 EC 302 417

AUTHOR Joyner, Isaac; And Others
TITLE Service Development Plan. Fiscal Year 1993-1994.
INSTITUTION South Carolina Continuum of Care for Emotionally Disturbed Children, Columbia.
PUB DATE Jul 92
NOTE 106p.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Adolescents; Agency Cooperation; Children; Community Services; Demography; *Emotional Disturbances; Individualized Programs; *Long Range Planning; Needs Assessment; Program Budgeting; *Program Development; Severe Disabilities; *State Programs
IDENTIFIERS *South Carolina

ABSTRACT

This monograph presents long-range plans of South Carolina's "Continuum of Care for Emotionally Disturbed Children" program, which provides community based services to children and adolescents with severe disturbances, through coordination and utilization of public, private, and individual services. An executive summary notes that 323 such clients were receiving services from the Continuum of Care in 1992; it also notes that individualized therapeutic services resulted from over 1400 contracts negotiated in 1992 and highlights activities to evaluate current and potential service accessibility. Other sections of the monograph provide: (1) a review of client demographic and disability characteristics; (2) an assessment of the needs of current clients; (3) a review of client progress and change; (4) a review of services provided by other agencies and the likelihood of additional service provision to severely emotionally disturbed children; (5) a review of long-term environmental trends likely to impact this population and the Continuum in the coming decade; (6) a review of services provided by the Continuum through program and individual contracts; (7) a summary of the Continuum's Fiscal Year 1992-93 budget; and (8) a series of proposed budgets and detailed budget priorities for increases presented in regional and statewide aggregate formats. Appendices include the text of the program's statutory authority; a map of Continuum of Care regions; the Continuum's mission statement; basic tenets of the Continuum; a statement of principles; definitions of the array of services provided; and a client progress survey form. (DB)

SOUTH CAROLINA CONTINUUM OF CARE FOR EMOTIONALLY DISTURBED CHILDREN

SERVICE DEVELOPMENT PLAN

FISCAL YEAR 1993 - 1994

Prepared July 1992

Acknowledgements—

The Service Development Plan is produced pursuant to the legislative mandate to (1) identify needs and develop plans to address the needs of severely emotionally disturbed children and youth; and (2) coordinate planning, training, and service delivery among public and private organizations which provide services to severely emotionally disturbed children and youth, as specified in Section 20-7-5650 of the South Carolina Code of Laws, 1976. It was compiled with assistance from all divisional and regional offices.

Developed by: Isaac Joyner
Nancy Perry
Charles Wadsworth

Prepared by: Jane Moser

Approved by: Paula B. Finley
Policy Board

This document was produced using **WordPerfect 5.1** and **Quattro Pro 4.0** software. It was printed on a **Hewlett-Packard LaserJet Series IIISi** printer.

Continuum of Care Policy Board and Advisory Council and Designees

Policy Board

William H. Chandler, J.D., Chairman
Richard L. Crain
Laura R. Dawson, Ed.D.
R. Ramsey Mellette, Jr., M.D.
Brenda C. Miller

Advisory Council and Designees

Joseph J. Bevilacqua, Ph.D. — Designee: Louise Johnson
Department of Mental Health

Thomas E. Brown, Jr. (Interim) — Designee: R. Lawrence Campbell
Department of Health and Environmental Control

W. Jeff Bryson
(Advisory Council Chairman)
Governor's Office

Luther Albert Diehl, Ph.D.
Psychologist

Joe S. Dusenbury — Designee: Charles LaRosa
Vocational Rehabilitation Department

Harriett Ferguson
Children's Trust Fund

Joseph P. Finnegan, Jr. — Designee: Steve Glenn
South Carolina School for the Deaf and Blind

Cornelia D. Gibbons
Children's Foster Care Review Board

J. Samuel Griswold, Ph.D. — Designee: Ramona Foley
Department of Social Services

The Honorable Patrick Harris — Designee: Lisa Hopper
Chairman, Joint Committee on Mental Health and Mental Retardation

Eugene A. Laurent, Ph.D. — Designee: Dottie Garvey
Health and Human Services Finance Commission

Phillip S. Massey, Ph.D. — Designee: Joan S. Hummel
Department of Mental Retardation

Richard McLawhorn — Designee: Claire Burnett
Department of Youth Services

Continuum of Care Policy Board and Advisory Council and Designees (continued)

Advisory Council and Designees (cont.)

Barbara Nielsen, Ed.D. — Designee: Ora Spann
Department of Education

Mary Catherine Norwood, Ed.D. — Designee: Mike Kelly
Wil Lou Gray Opportunity School

John C. Shiflet, Jr. — Designee: Cherry Brown
John de la Howe School

The Honorable Nell W. Smith
Chairman, Joint Legislative Committee on Children

Helen Wood
Parent

Continuum of Care Offices

State Office

220 Stoneridge Drive, Suite 300
Columbia, South Carolina 29210
(803) 253-6272
Fax: (803) 253-6400

Paula B. Finley, Executive Director

Executive Staff

Charles Abercrombie, Director of Regional Operations
Sue Bruorton, Administrative Assistant
Pat Patrick, Special Assistant to Executive Director
Nancy Perry, Director of Planning and Development
Wendell Price, Director of External Relations/Research
Charles Wadsworth, Director of Administrative Services

Regional Offices

Midlands, Region I
2221 Devine Street, Suite 540
Columbia, South Carolina 29205
(803) 253-6277
Fax: (803) 253-6391

Paul G. McCravy, Regional Director

Rural, Region II
100 McGee Street
Post Office Box 1181
Bamberg, South Carolina 29003
(803) 245-5147
Fax: (803) 245-2184

Harold Williams, Regional Director

Lowcountry, Region III
2420 Mall Drive, Suite 110
Corporate Square One
North Charleston, South Carolina 29418
(803) 740-1570
Fax: (803) 740-1574

Elaine M. Mizell, Regional Director

Continuum of Care Offices (continued)

Regional Offices (cont.)

Piedmont, Region IV
206 South Main Street
Anderson, South Carolina 29624
(803) 224-5028
Fax: (803) 226-3787

Rebecca Sharp, Regional Director

Pee Dee, Region V
144 South Dargan Street
Florence, South Carolina 29506
(803) 667-6080
Fax: (803) 661-2952

Linda Wagner, Regional Director

Table of Contents

Table of Contents (continued)

Part VI: Appendices

List of Tables

List of Figures

Executive Summary

Executive Summary

Overview of Philosophical Considerations

The mission of the South Carolina Continuum of Care for Emotionally Disturbed Children is to ensure continuing delivery of appropriate services to those severely emotionally disturbed children and adolescents in South Carolina whose needs are not being adequately met by existing services. Children and youth have traditionally "fallen through the cracks" in the State's service delivery system either because they did not fit the guidelines and eligibility requirements of any agency, or because they were noncompliant and too difficult to treat.

Clients of the Continuum of Care are chosen from among the most severely disturbed children in the State by an independent selection panel. During FY 91-92, the Continuum provided case management and a variety of other services to over 375 children. On June 30, 1992, 323 children and adolescents throughout the State were receiving services from the Continuum of Care.

A "continuum of care" is a range of services from least to most intensive, delivered in settings from least to most restrictive. It is the intent of the South Carolina Continuum of Care to ensure the availability of a balanced system of services designed to meet the individual needs of each of its clients. The system should include a full array of residential and nonresidential services which allows clients to be served in the most normalized, least restrictive appropriate setting, which to the greatest extent possible is within the client's home community. The goal of service delivery is the increased social and emotional competence of each client.

To carry out the mission of the Continuum of Care, the development of a statewide array of therapeutic services to serve severely emotionally disturbed children and adolescents is essential. Access to those services can then be facilitated through consistent, aggressive case management. The Continuum is responsible for accessing and/or procuring services, where possible, to serve the needs of its client population. Under circumstances in which the Continuum of Care is unable to purchase or otherwise obtain needed services, it may provide services until they can be procured.

To that end, the Continuum of Care has developed a long-range plan for service development which is updated annually based upon:

1) the needs of the current client population and the class of children in the State of South Carolina who are in need of these treatment services;

2) the current and potential accessibility of services to meet the identified needs; and

3) maximum utilization of anticipated funds to support the development of specialized treatment services which will provide optimal benefit to the severely emotionally disturbed children of South Carolina as well as to the system of services for those children.

Designing the Service Development Plan

In order to assess the current and potential accessibility of services, several steps were taken:

- First, the responsibilities and plans of other agencies for service development and delivery were reviewed.
- Second, service provision by the Continuum through purchase of services on either a program or individual basis was examined.
- Third, the results of a survey of service providers statewide was analyzed to identify both current providers and capacity for service expansion.

Importantly, the previously approved long-range Service Development Plans were scrutinized in terms of attainment of objectives and continued applicability based upon subsequent decisions of the Board. Current and projected budget appropriations and the most cost-efficient use of those funds were critically considered in the review of these plans.

The survey of State agencies to determine responsibility for service provision to this population and a survey of current and potential providers indicates that some effort is underway to increase the availability and accessibility of a range of appropriate treatment services for this population. It is the intent of the Continuum to support those efforts and to direct its energy and funds toward enhancement of the service delivery system through the development of services which complement, rather than supplant, those efforts.

Over 1,400 contracts were negotiated by the Continuum during FY 91-92 which resulted in individualized therapeutic services. Those contracts provided a wide range of therapeutic services which included services such as tutoring, psychotherapy, recreation therapy, positive role model, crisis stabilization, respite, specialized residential care, and transportation.

These findings strongly support both ongoing regional program development and continued allocation of sufficient flexible case service funds to procure individualized services.

Expansion in the number of clients and in the regional development of the full array of accessible treatment services is considered essential if the Continuum is to achieve its basic purpose. In that expansion, the imbalances which inevitably accompany an evolutionary development must eventually be overcome if the entire class of children is to be effectively served.

The Service Development Plan

A plan incorporating the findings of the assessment methodologies has been constructed. This Plan consists of several parts:

- a review of client demographic and disability characteristics
- an assessment of the needs of current clients
- a review of client progress and change
- a review of services provided by other agencies and the likelihood of additional service provision to severely emotionally disturbed children
- a review of long-term environmental trends which are likely to impact emotionally handicapped children and the Continuum in the coming decade
- a review of services provided by the Continuum through program and individual contracts
- a summary of the Continuum's FY 92-93 budget
- a series of proposed budgets and detailed budget priorities for increases of $1.149 million and $8.142 million are presented in regional and statewide aggregate formats.

Summary

The need for pervasive case management and integration of creative treatment approaches throughout the children's service system has been clearly substantiated by the Continuum's experience and has been corroborated by the experiences of other states nationwide. South Carolina's severely emotionally disturbed children can best be served if the Continuum actively pursues, with public, private and individual providers, the cooperative planning for, and development of, a full array of therapeutic options as described in this Service Development Plan.

Part I: Client Characteristics

Client Characteristics

Introduction

Client data is an integral factor in the Continuum of Care planning process. Consideration of this kind of client information provides valuable insights with regard to needs and appropriate treatment for severely emotionally disturbed children and adolescents. It also helps evaluate the potential of resources such as community-based programs and financial assistance.

Data is presented on the pages which follow for aggregate Continuum client totals as well as for regional client populations by number and/or percentage of clients exhibiting a specific characteristic. Data is current as of June 30, 1992, although some of the individual client factors represent conditions which existed at the time of acceptance into the Continuum, rather than the current status of the client.

Demographics

Figure 1 Number of Clients Per Region

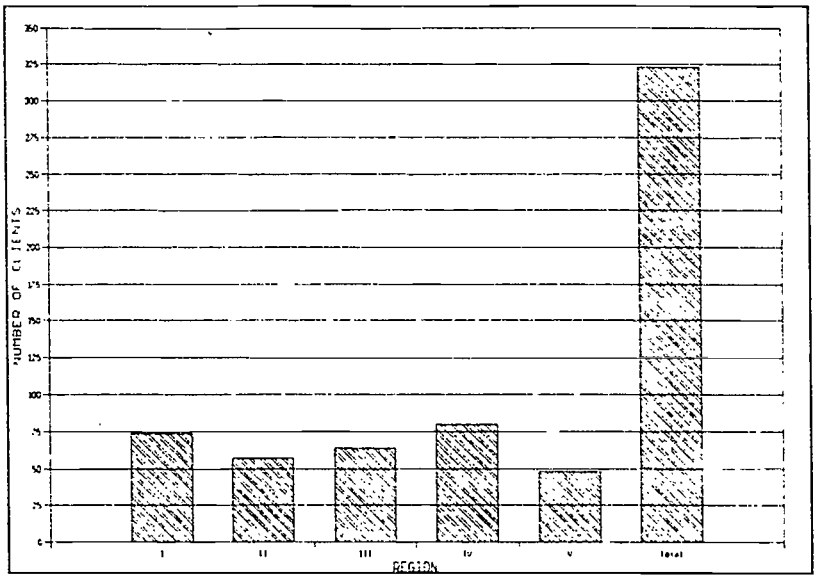


Figure 2 Gender Distribution by Region

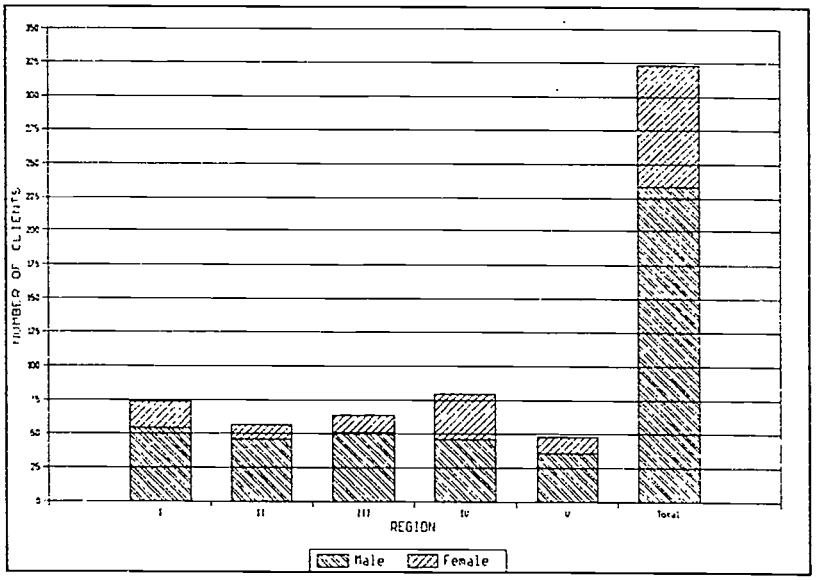


Figure 3 Age Distribution by Region

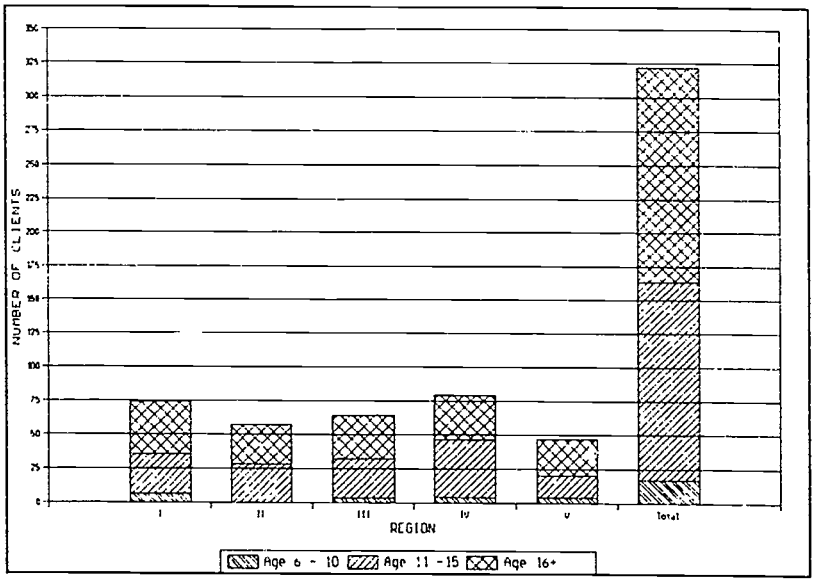


Figure 4 Race Distribution by Region

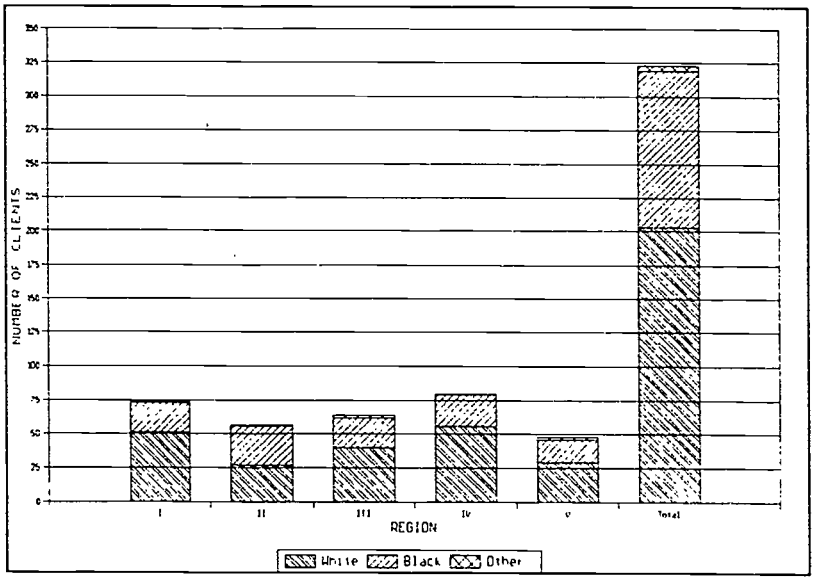


Table 1 Basic Client Data

	Region										State Wide	%
	I	%	II	%	III	%	IV	%	V	%		
Census	74		57		64		80		48	100.0	323	
Gender												
Male	54	73.0	46	80.7	51	79.7	46	57.5	36	75.0	233	72.1
Female	20	27.0	11	19.3	13	20.3	34	42.5	12	25.0	90	27.9
Age												
6-10	6	8.1	0	0.0	3	4.7	4	5.0	4	8.3	17	5.3
11-15	30	40.5	28	49.1	29	45.3	43	53.8	17	35.4	147	45.5
16+	38	51.4	29	50.9	32	50.0	33	41.3	27	56.3	159	49.2
Race												
White	51	68.9	27	47.4	40	62.5	56	70.0	29	60.4	203	62.9
Black	23	31.1	30	52.6	22	34.4	24	30.0	17	35.4	116	35.9
Other	0	0.0	0	0.0	2	3.1	0	0.0	2	4.2	4	1.2

Note: Clients whose race is classified as "Other" are either Native American or biracial.

Table 2 Client Disabilities At Time of Acceptance

		Region					State Total
		I	II	III	IV	V	
School Classification							
	Emotionally Disturbed	64	46	54	68	35	267
	Educable Mentally Handicapped	6	2	5	5	7	25
	Learning Disabled	0	1	3	0	1	5
	Other	0	0	1	0	1	2
	None	4	8	1	7	4	24
	Total	74	57	64	80	48	323
Axis I Diagnoses							
312	Conduct Disorder	18	15	14	29	16	92
313	Emotionally Handicapped	15	20	13	22	14	84
314	Attention Deficit Disorder	13	7	4	6	0	30
309	Adjustment Disorder	6	2	8	7	2	25
296	Major Depression	6	0	10	4	3	23
295	Schizophrenia	7	1	5	1	1	15
299	Autistic Disorder/Pervasive Developmental	3	3	6	1	1	14
300	Anxiety Disorder	1	2	1	4	6	14
310	Organic Personality	4	1	2	0	2	9
311	Depressive Disorder NOS	0	5	0	1	1	7
298	Psychotic Disorder NOS	1	0	0	3	0	4
301	Personality Disorder	0	1	0	1	0	2
315	Specific Developmental Disorder	0	0	1	0	1	2
	Other	0	0	0	1	1	2
	Total	74	57	64	80	48	323

Source: CCEDC CIS, June 1992

Table 3 Client Household and Living Arrangements At Time of Acceptance

	Region					State
	I	II	III	IV	V	Total
Custody						
With Parents	38	34	30	38	24	164
Not With Parents	36	23	34	42	24	159
Total	74	57	64	80	48	323
Client's Household's Total Annual Income Was:						
Unknown	10	8	12	17	8	55
Less than $3,000	37	10	23	15	11	96
$3,000 - $9,000	3	11	8	15	7	44
$9,000 - $15,000	8	8	7	10	11	44
$15,000 - $24,000	8	4	4	7	6	29
$24,000 +	8	16	10	16	5	55
Total	74	57	64	80	48	323
Received Financial Assistance						
SSI	11	17	11	12	5	56
SSA/SSDI	4	3	2	1	3	13
Medicaid	31	23	32	28	20	134
AFDC	8	11	7	4	2	32
Title XX	4	1	12	3	4	24
CHAMPUS	0	0	0	0	0	0
Food Stamps	7	9	6	12	4	38

Source: CCEDC CIS, June 1992

Note: Clients' households may receive more than one type of financial assistance.

Table 4 Client Referral Source

Source	Region					State Total
	I	II	III	IV	V	
SCDSS	27	18	27	27	18	117
School System	12	18	9	14	6	59
SCDMH	8	1	10	9	8	36
SCDYS	10	7	4	6	5	32
Parent	8	6	2	8	5	29
Private	4	4	2	5	2	17
SCP&A/CCRS	1	2	0	2	0	5
MUSC	0	0	5	0	0	5
Court System	0	0	0	0	1	1
Other	4	1	5	9	3	22
Total	74	57	64	80	48	323

Source: CCEDC CIS, June 1992

Demographic Trends

The following series of five figures shows demographic trends by month for FY 91-92.

Figure 5 Client Population by Month FY 91-92

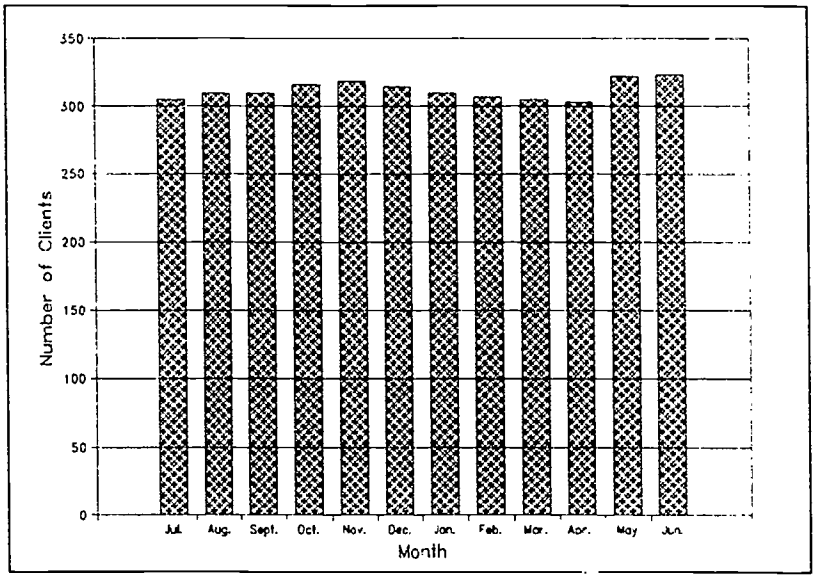


Figure 6 Client Gender Distribution by Month FY 91-92

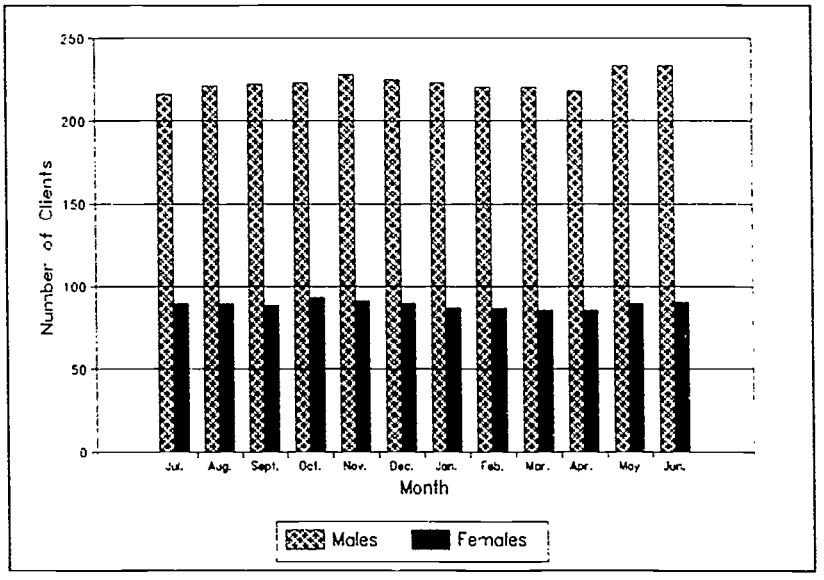


Figure 7 Client Race Distribution by Month FY 91-92

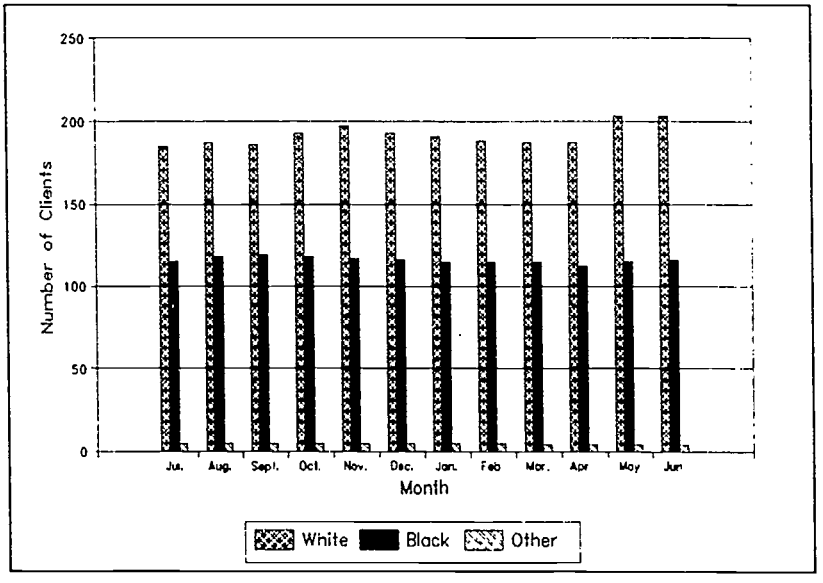


Figure 8 Client Age Distribution by Month FY 91-92

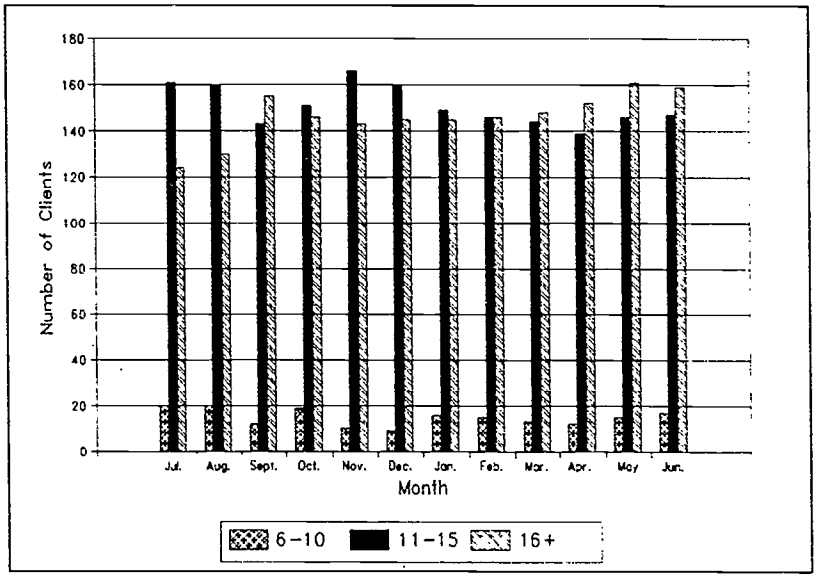
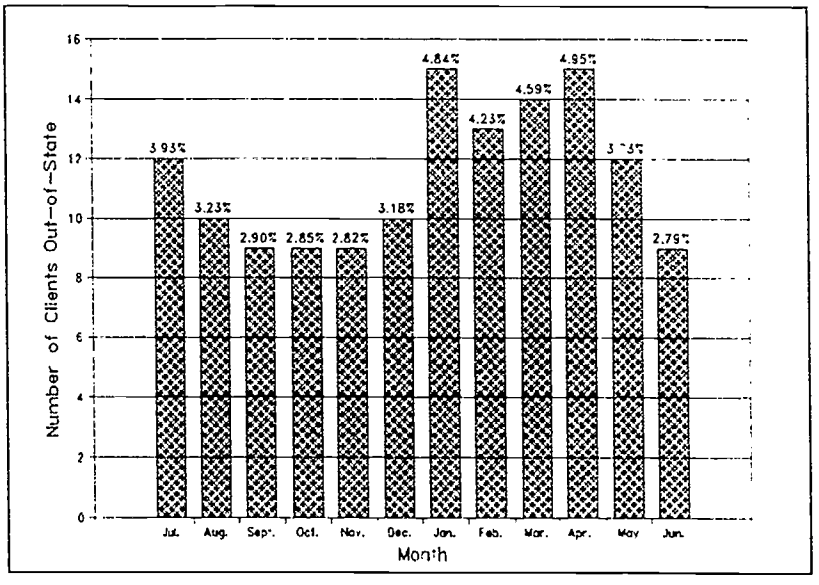


Figure 9 Clients in Out-of-State Placements by Month FY 91-92



Note: The column notations indicate the percent of clients in out-of-state placements for the specified month.

Table 5 Client Demographic Trends FY 91-92

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Census	305	310	310	316	319	314	310	307	305	303	322	323
Gender												
Male	216	221	222	223	228	225	223	220	220	218	233	233
Female	89	89	88	93	91	89	87	87	85	85	89	90
Race												
White	185	187	186	193	197	193	191	188	187	187	203	203
Black	115	118	119	118	117	116	114	114	114	112	115	116
Other	5	5	5	5	5	5	5	5	4	4	4	4
Age												
6-10	20	20	12	19	10	9	16	15	13	12	15	17
11-15	161	160	143	151	166	160	149	146	144	139	146	147
16+	124	130	155	146	143	145	145	146	148	152	161	159
Out-of-State Placements	12	10	9	9	9	10	15	13	14	15	12	9
% of Clients	3.9	3.2	2.9	2.8	2.8	3.2	4.8	4.2	4.6	4.9	3.7	2.8

	SC POPULATION (6-19)	CONTINUUM OF CARE CLIENTS
Census	742,940	323
Gender		
Male	380,720	233
% Male	51.25%	72.14%
Female	362,220	90
% Female	48.75%	27.86%
Race		
White	455,825	203
%White	61.35%	62.85%
Non-White	287,115	120
%Non-White	38.65%	37.15%

Table 6 Representative Quarterly Summary of Client Data Updates

CLIENT UPDATE SUMMARY
SECOND QUARTER 1992*

A. CLIENT PLACEMENT CHANGES

Reason for Placement Change	Number of Changes	Annualized Number of Changes	Annualized Changes/100 Clients
Runaway (Incidents Exceeding One (1) Day)	38	165	51.2
Client Completed Program	34	147	45.7
Treatment Team Decision	32	139	43.2
Return to Placement Following Runaway	32	139	43.2
Criminal Behavior	19	82	25.5
Client Disruption in Placement	15	65	20.2
Respite	14	61	18.9
DYS/DOC Administrative Placement/Court Ordered Placement	14	61	18.9
Hospitalization	13	56	17.4
Crisis Stabilization	9	39	12.1
Client Need for More Intensive Program	5	22	6.8
Client/Family Withdrawal	3	13	4.0
Suicide Attempt Requiring Placement Change	1	4	1.2
Other	3	13	4.0
TOTAL	**232**	**1,005**	**312.1**

B. OTHER INCIDENTS (NO PLACEMENT CHANGE REQUIRED)

Reported Incident	Number of Incidents
Runaway for Several Hours Only	7
Client Allegation of Abuse	7
School Suspension	5
Client Physical Injury/Illness	4
Suicide Attempt (No Placement Change Required)	3
Other Incidents	7
TOTAL	**33**

*12 Week Period Beginning April 5, 1992

Table 7 South Carolina County Age Analysis (6-19)

SC County	Region	July 1, 1992 Population Estimate by Age					Clients Served 6/30/92	Clients per 10,000 Population	Applicants	Applicants per 10,000 Population
		6-9	10-14	15-19	20-21	Total 6-19				
Abbeville	I	1,320	1,720	1,960	760	5,000	2	4	2	4
Aiken	II	8,010	10,260	9,690	3,600	27,960	20	7	9	3
Allendale	II	770	860	800	280	2,430	5	21	1	4
Anderson	IV	8,440	10,470	10,800	4,260	29,710	19	6	19	6
Bamberg	II	1,180	1,290	1,360	550	3,830	8	21	0	0
Barnwell	II	1,340	1,780	1,830	700	4,950	3	6	4	8
Beaufort	II	5,870	6,260	7,750	3,510	19,880	3	2	4	2
Berkeley	III	9,630	12,070	11,480	4,880	33,180	9	3	7	2
Calhoun	II	770	980	890	330	2,640	0	0	0	0
Charleston	III	19,530	20,390	19,790	10,100	59,710	34	6	32	5
Cherokee	IV	2,440	3,030	3,250	1,380	8,720	3	3	4	5
Chester	I	2,280	2,470	2,290	810	7,040	2	3	3	4
Chesterfield	V	2,140	2,750	2,770	1,100	7,660	4	5	3	4
Clarendon	V	1,890	2,360	2,220	840	6,470	4	6	3	5
Colleton	II	2,160	2,770	2,830	1,180	7,760	2	3	1	1
Darlington	V	3,890	5,300	5,320	1,990	14,510	3	2	6	4
Dillon	V	2,270	3,060	2,990	1,000	8,320	4	5	4	5
Dorchester	III	6,020	7,890	7,470	2,900	21,380	8	4	4	2
Edgefield	I	1,260	1,560	1,490	620	4,310	0	0	1	2
Fairfield	I	1,240	1,620	1,800	660	4,660	2	4	5	11
Florence	V	7,560	9,530	9,370	3,510	26,460	16	6	17	6
Georgetown	III	3,460	4,590	4,330	1,560	12,380	3	2	4	3
Greenville	IV	19,320	22,150	21,620	9,370	63,090	21	3	23	4
Greenwood	I	3,390	3,940	3,990	1,740	11,320	5	4	4	4
Hampton	II	1,410	1,720	1,570	580	4,700	2	4	2	4
Horry	III	8,610	11,000	10,860	4,720	30,470	9	3	8	3
Jasper	II	1,290	1,510	1,270	490	4,070	1	2	2	5
Kershaw	I	2,760	3,860	3,530	1,250	10,150	3	3	12	12
Lancaster	I	3,230	4,080	4,330	1,750	11,640	6	5	3	3
Laurens	I	3,190	3,670	3,830	1,610	10,690	0	0	1	1
Lee	V	1,160	1,560	1,520	560	4,240	3	7	3	7

SC County	Region	July 1, 1992 Population Estimate by Age					Clients Served 6/30/92	Clients per 10,000 Population	Applicants	Applicants per 10,000 Population
		6-9	10-14	15-19	20-21	Total 6-19				
Lexington	I	10,290	12,620	12,710	5,690	35,620	11	3	23	6
McCormick	I	500	600	550	210	1,650	0	0	4	24
Marion	V	2,440	3,070	2,840	990	8,350	1	1	3	4
Marlboro	V	2,010	2,530	2,590	1,060	7,130	3	4	3	4
Newberry	I	1,990	2,110	2,300	1,000	6,400	1	2	4	6
Oconee	IV	3,210	4,310	4,220	1,610	11,740	1	1	2	2
Orangeburg	II	6,170	7,110	7,120	2,880	20,400	11	5	10	5
Pickens	IV	4,340	5,740	7,810	3,970	17,890	9	5	3	2
Richland	I	16,390	17,150	21,190	11,000	54,730	33	6	39	7
Saluda	I	1,080	1,320	1,230	440	3,630	2	6	4	11
Spartanburg	IV	12,350	14,470	15,020	6,250	41,840	25	6	20	5
Sumter	V	7,090	8,180	7,670	3,340	22,940	9	4	3	1
Union	IV	1,740	2,080	2,020	800	5,840	1	2	1	2
Williamsburg	V	2,690	3,470	3,270	1,220	9,430	1	1	0	0
York	I	7,380	8,780	9,860	4,220	26,020	11	4	8	3
TOTAL		**217,500**	**260,040**	**265,400**	**113,270**	**742,940**	**323**	**4**	**318**	**4**

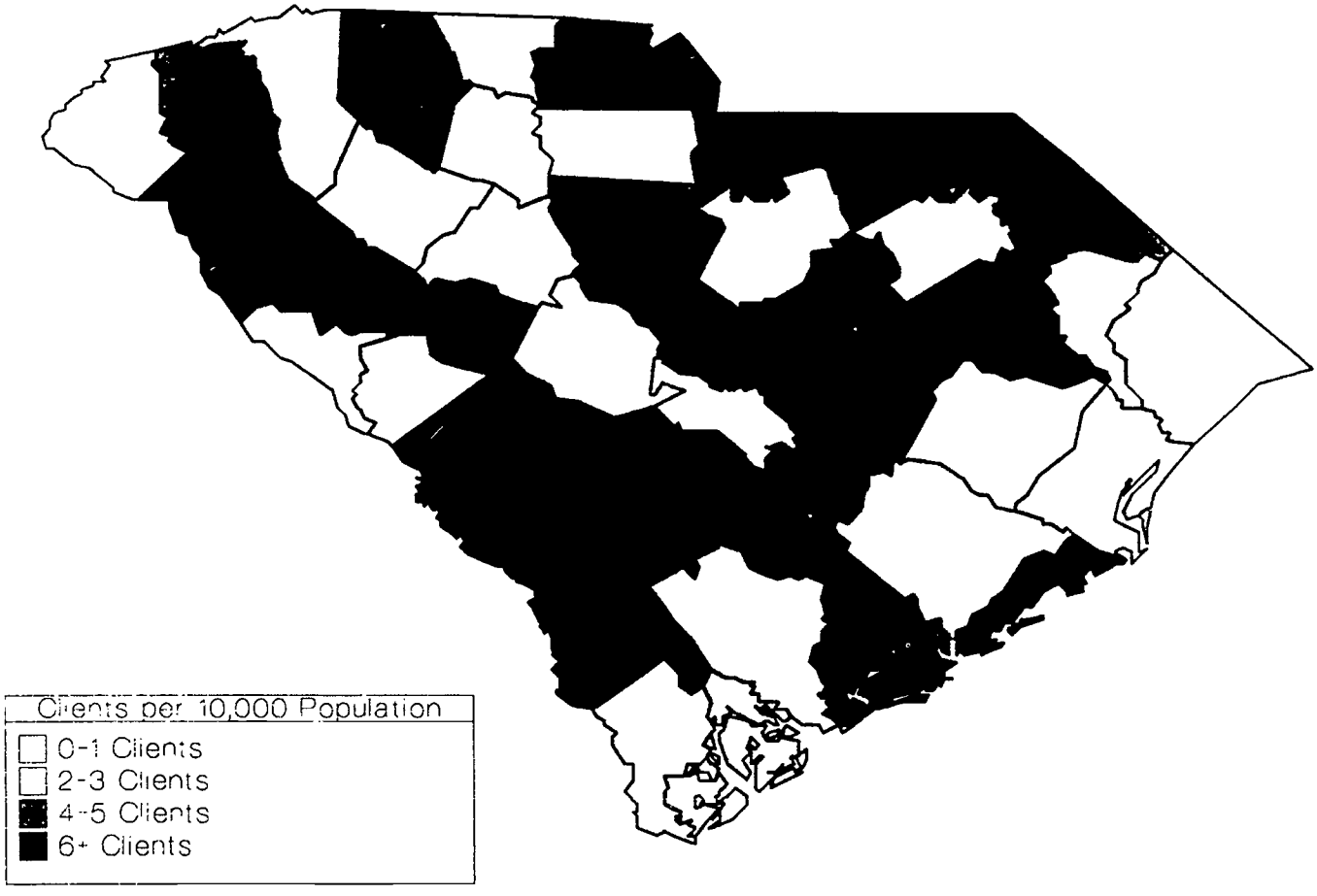
Note: Population Estimate Source: South Carolina State Data Center

Table 8 Client/Applicant Proportion of Population by Region

Region	Population Estimate 6-19	Clients Served 6/30/92	Clients per 10,000 Population	Applicants	Applicants per 10,000 Population
I	192,860	78	4	113	6
II	98,620	55	6	33	3
III	157,120	63	4	55	4
IV	178,830	79	4	72	4
V	115,510	48	4	45	4
Statewide	**742,940**	**323**	**4**	**318**	**4**

Note: The county in which a client is currently residing may not be the legal custodial county. For example, a client currently residing in a state hospital in Richland County may have residency in Anderson County and would be considered an Anderson County client.

Figure 10 Map of Continuum Clients per 10,000 Population by County



Part II: Assessment

Assessment

Review of Client Needs

The Continuum uses a combination of information obtained through a variety of sources to estimate and plan for the future service requirements of its target population.

These sources include:

1. The Client Information System's database
2. Analysis of client change
3. An environmental assessment by the Advisory Council and Special Education Administrators Task Force
4. Analysis of program effectiveness

This information has been reviewed as a part of the annual process of updating the Service Development Plan. An assessment of client progress was conducted in July 1992. Program effectiveness indicators are reviewed quarterly. Client needs are identified on an ongoing basis through retrieval and review of information contained in the client database within the Continuum CIS.

Environmental Assessment

As part of the 1992 planning process, the Continuum involved its Advisory Council and the Special Education Administrators Task Force in an exercise to assess those environmental trends likely to have an impact on the Continuum, its activities, or emotionally handicapped children over the next five years. The tables which follow display the outcome of those assessments.

Table 9 Advisory Council Affinity Diagram

LEGAL ISSUES	FUNDING	MISCELLANEOUS
• Impact of Americans with Disabilities Act & other federal laws; regulatory changes & litigation • Impact of federal lawsuit against DYS (stress on existing system of care; requirement for additional funds) • Fears of legal ramification (e.g., liability concerns) on retention of professionals • Impact of governmental interference and rights of children • Identification of serious health issues in children at earlier age	• Emergence of new federal funds for children's services • Availability of funds, base budget and new funds • Shrinking insurance dollars • Emergence of Medicaid and other federal funds; risks and opportunities • Impact of national health insurance	• Need for training for professionals • Provider competence for specialized children's services—need for training • Maximizing cost-effectiveness - Resource allocation - Resource development • Impact of scientific advances (treatment technologies) • Impact of new information technology • Potential for major societal change • Difficulty in predicting the future

FAMILY ISSUES	SPECIALIZED SERVICES	ACCOUNTABILITY
• Increasing prevalence of non-traditional families • Teenage pregnancies leading to inadequate parenting, engendering SED • Abdication of responsibility to children by families • Increase in adoption disruptions • Unemployment	• Need for more appropriate educational models for special populations • Increase in the number of SED, aggressive children needing service (Willie M.) • Increase in the number of medically fragile children (HIV, crack babies, severe medical problems) • Need for additional in-state treatment facilities for specialized services • Emphasis on community-based and in-home services • Need for ongoing services to young adults	• Consumer emphasis on consumer satisfaction (involvement, empowerment, etc.) • Increasing expectation of accountability • Media influence on agency roles and actions • Focus on efficiency: lean, mean, flexible

COC MANAGEMENT	SYSTEM OF CARE	RESEARCH AND EVALUATION
• COC management will need support as it deals with change • COC response to managed care • COC needs to carefully manage its role in the system of care	• Agency experience in providing case management services is an "opportunity" under restructuring • Impact of mislabeling children • Confusion resulting from agency responsibility overlap, duplication of services, role & identities of agencies • Prevention roles and responsibilities • Emphasis on earlier identification and intervention • Impact of restructuring • Restructuring of public foster care • Competition among private providers • Privatization of services • Need for culturally competent system of care • Trends to develop a coalition of service providers—joint projects	• Research • Increase utilization of cost/benefit analysis • Evaluation of human factors • Outcome evaluations • Maximum use of information technology to manage workload and access information

Table 10 Special Education Task Force Affinity Diagram

TRAINING/MANPOWER RESOURCES	TRANSITIONAL	EDUCATIONAL TRENDS
• Demand for technical assistance services • Educational programming will be necessary to provide non-technical options • Need a plan to prepare professionals and paraprofessionals • Additional willing and trained professionals and paraprofessionals will be needed to implement specialized programming • Least restrictive educational placement and decrease in institutionalization demands high level of skill and community-based service providers	• A greater emphasis on transitional services require longer involvement of client with agency • The current high level of unemployment makes development of vocational/ transitional services difficult • Inability to achieve technical competence leads to economic problems • Move toward global economy requires technically able work force: some families/individuals are not able to compete; schools are having to face future shock as they attempt to develop relevant programming	• Breakthroughs in facilitating communication—system may not be able to respond to what clients tell us • Trend toward educational inclusion, and push towards heterogeneous classrooms • Resistance of schools to mainstreaming of SED kids • Trend toward cooperative programming, especially on-site in schools • Effect of extended school year • Diversity of needs requires diverse services • Trend toward "safe schools" which conflicts with inclusion trend

IDENTIFICATION/ TREATMENT RESPONSE	PUBLIC INFORMATION	HEALTH/EARLY IDENTIFICATION/PREVENTION
• Changes in definition of EH/BD; this is a difficult issue for agencies to respond to • Greater identification of SED will require increased services to these newly identified children • Multiple subgroups of EH/SED children are being identified resulting in a need to fine tune treatment to each subgroup	• Lack of knowledge in public sector regarding SED • Increasing prevalence of dysfunctional families is making it harder to impact the family/child	• Inadequate attention is being given to prevention and pro-active strategies • Policymakers are having to struggle with what to expect families, community and the state to provide • Increase in children affected by AIDS, crack, other drugs • The growing policy debate on what is the expected role of the family, community, and state in the provision of basic child care resources

REGULATORY/LEGAL
• Organizational disincentives to providing community-based "wrap around" services • Impact of DYS lawsuit • Heightened awareness of 504 may lead to increased services • Decrease in funding for all children's service providers • Regulations impede cost-efficiency • Turf protection and scarce funds interfere with true interagency collaboration and increased competition

Parent / Client Survey 1992

For the first time, the service development planning process involved a survey of parents and clients about their experience with the Continuum, areas of satisfaction and dissatisfaction, and recommendations for improvements. A random sample of thirty clients was generated. Regional directors were given the list of client names and asked to interview both the client and families (if custody of the client was not held by DSS). Responses were provided from fifteen families and ten clients. It is reasonable to assume that the responses were biased toward those families/clients who are more satisfied with and involved in the Continuum and its services. Because of the poor response rate, it may not be possible to generalize the results from the respondents to the general population of Continuum families and clients.

Summary of Parent/Family Responses

All respondents indicated satisfaction with Continuum services. Respondents were asked what services had been helpful, and the general response was 'all services," although transportation, in-home intervention, and interagency case management were singled out for particular mention. Families were asked what services they needed that were not provided, and most responded that their service needs were being met. Particular services mentioned were more respite care and more in-home intervention. Families were asked to give their prognosis about how well they believed the client would be doing in five years. Most felt the client would be doing well. Families were asked if they had benefitted from being in the Continuum, and most responded positively. Finally, families were asked what they would change about the Continuum. Most indicated that they would not change anything (including no responses). Two particular responses included a desire to reduce the time a child remains on the waiting list and a desire for increased funding.

Summary of Client Responses

The majority of client respondents were satisfied with Continuum services, although one response was neutral and one was dissatisfied. Respondents were asked what services had been helpful and various responses were provided, including activity therapy, positive role models, therapy, service coordinator visits, and efforts to provide out-of-home placements. Clients were asked what services they needed that were not provided, and most responded that their service needs were being met, however, some services were given particular mention, including increased employment opportunities, more wilderness camping, more time away from group homes, and more opportunities to visit family members. Clients were asked to give their prognosis about how well

they believed they would be doing in five years. Most felt they would be doing well. Clients were asked if their families had benefitted from being in the Continuum, and most responded that they had improved. Finally, clients were asked what they would change about the Continuum. Most indicated that they would not change anything (including no responses). Particular responses included a desire to have more freedom to choose, more "fun" programs, and more staff assistance.

Client Progress Survey 1992

The Client Progress Survey is conducted each year to evaluate the overall progress made by Continuum clients. This year's survey is the sixth conducted by the Continuum. The survey looks at these specific domains:

- Change in educational placements to determine if clients are transitioning to and receiving educational services in less restrictive settings
- Change in residential placements to determine if clients are moving to less restrictive placements
- Change in delinquent behavior
- Change in acceptance of treatment
- The prevalence and improvement of key problem behaviors
- The prevalence and improvement in key strength behaviors

Sample

Because interventions must occur for a significant period of time to have an impact on the client, only a sample of clients were included in the survey. The sample used this year included only those Continuum clients who were clients during the entire fiscal year 1991-1992. It included 243 clients, representing approximately 80% of the entire client population.

Data Sources

The data for this year's evaluation was gathered from several sources including:

- Client information system files on educational placement. Data from the monthly service forms was abstracted and analyzed.

- Client information system database for placement change information and critical incidents (runaway, hospitalization, etc.).

- A survey form completed by service coordinators. A copy of this form is included in the appendix.

In conducting this year's evaluation, efforts were made to maximize the use of data already contained in the Continuum's paper and data files, and to minimize the time service coordinators needed to complete the survey form.

The results from this year's evaluation are presented in a series of fourteen graphs.

Figure 11 shows, in order of increasing frequency for major problem behaviors, those behavior problems exhibited by the clients in the sample. Major problems are those coded as "definitely occur," and minor problems are those that "sometimes occur."

Figure 12 shows the change in the behavior problem areas that occurred over the past year. Only those changes which the service coordinator indicated made a significant increase or significant decrease are graphed.

Figure 13 shows client strengths in order of increasing frequency for major strengths. Major strengths are those coded as "definitely occur," and minor strengths are those that "sometimes occur."

Figure 14 shows the change in the strengths area that occurred over the past year. Only those changes where the service coordinator indicated that the client made a significant increase or significant decrease are graphed.

Figure 15 shows the number of placement changes Continuum clients made over the past year. No placement changes were made by 27% of Continuum clients; 44% made from two to five placement changes over the past year.

Figure 16 shows the number of runaways reported. Runaways which lasted less than one day were generally not reported. Approximately three-quarters of Continuum clients did not run away last year. About one-half of those who did run away, ran only once during the year.

Figure 17 shows the number of criminal behavior incident reports received. Over three-quarters of Continuum clients had no reported incidents. About 60% of those who did had only one report.

Figure 18 shows the number of crisis stabilization admissions during the past year. Over three-quarters of Continuum clients had no such

intervention. About 15% had one admission. Most, 68% of those who had an admission, had only one during the year.

Figure 19 shows the number of hospital admissions during the past year. Four of every five clients had no admission; ten percent had one. Of those admitted, over three-quarters had only one admission.

Figure 20 shows that the percent of clients who had delinquent behaviors dropped from about half to less than one in five from the time of selection as a client to the present.

Figure 21 shows that at the time they became clients, 35% were accepting of treatment services, while one-half now accept treatment.

Figure 22 shows that for clients aged 16 years and older, over 60% are making progress toward independent living.

Figure 23 shows the percent of clients in each of the educational services in the array at the time of acceptance and at the end of the 1992 school year. Most clients are in self-contained classrooms and that proportion has not changed. There are fewer clients in institutional/residential placements (which provide education services as part of their total treatment package) and fewer clients in resource rooms. There are more clients in regular public school classrooms.

Figure 24 shows the percent of clients in residential placements (with the addition of those clients at home) at the beginning of the fiscal year and at the end of the fiscal year. The "other" category includes placements not in the array, including medical and psychiatric hospitals, runaway, and vocational programs. The graph shows more clients in the "other," therapeutic foster care, and independent living placements. The graph shows approximately the same number of clients at home and fewer in high management group homes, residential treatment facilities, foster care, DYS, and crisis stabilization.

Figure 11 Behavior Problem Areas

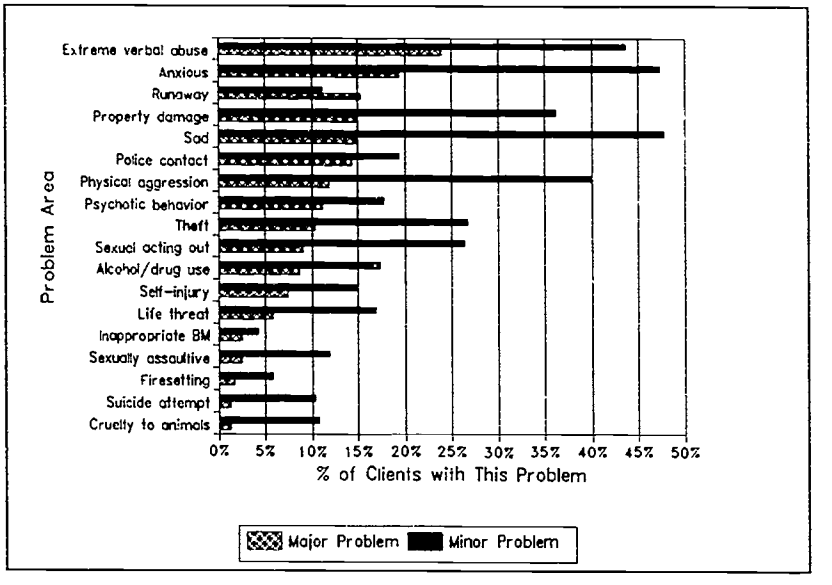


Figure 12 Change in Behavior Problem Areas

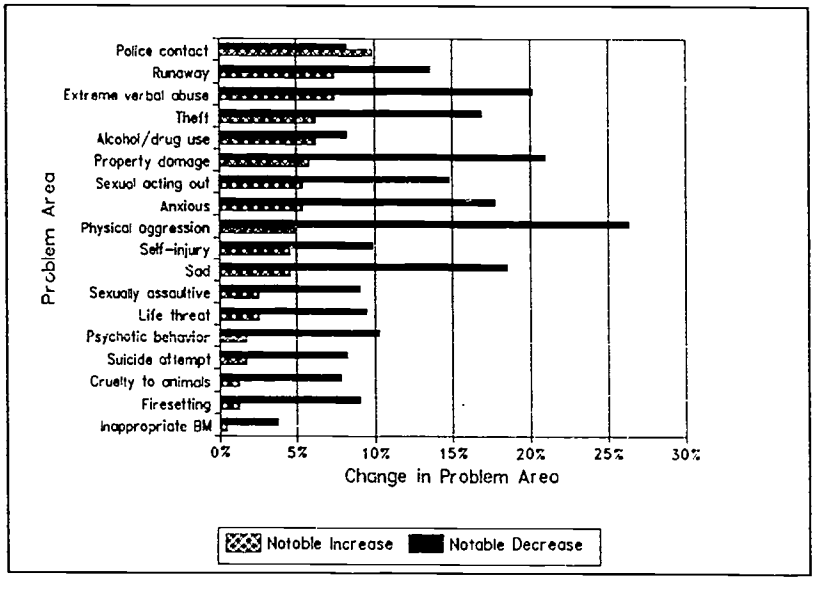


Figure 13 Behavior Strength Areas

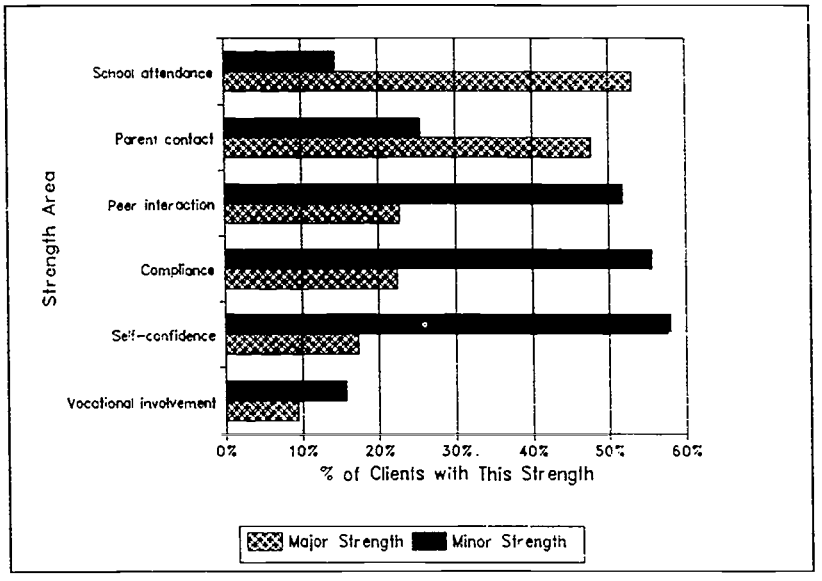


Figure 14 Change in Behavior Strength Areas

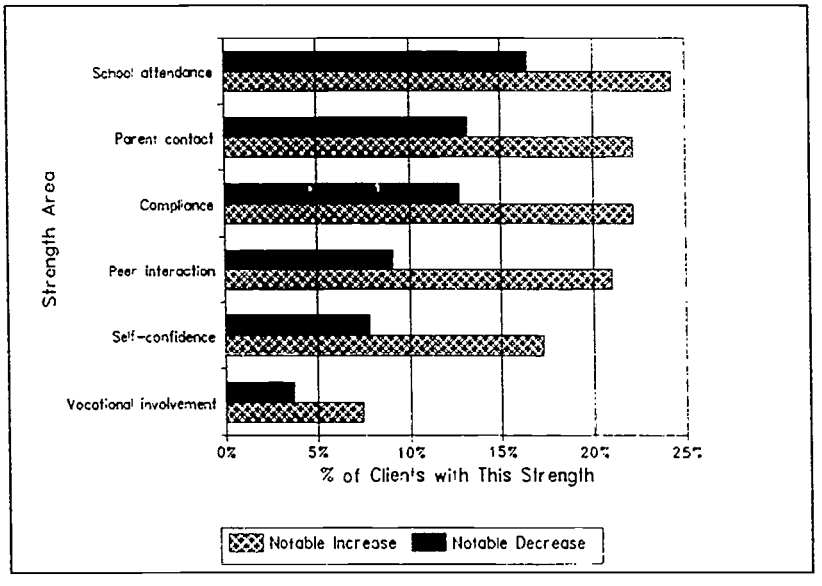


Figure 15 Number of Placement Changes

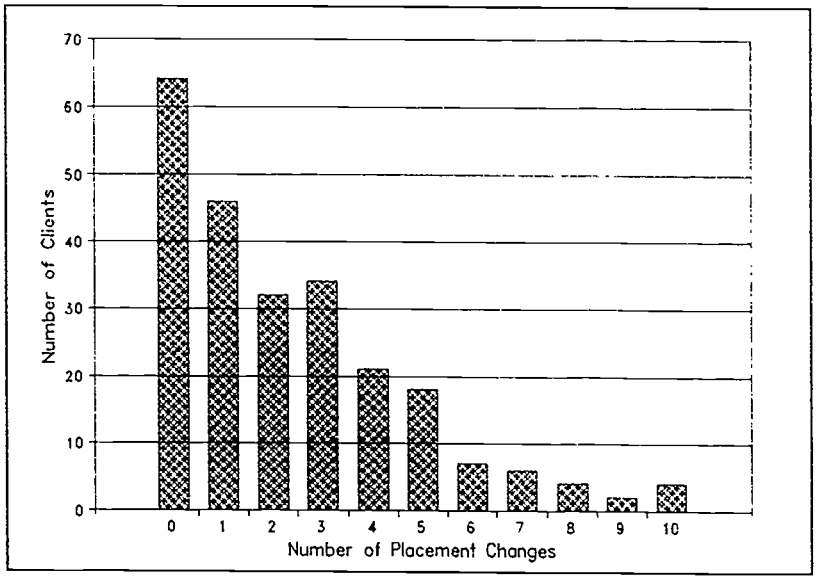


Figure 16 Number of Runaway Incidents

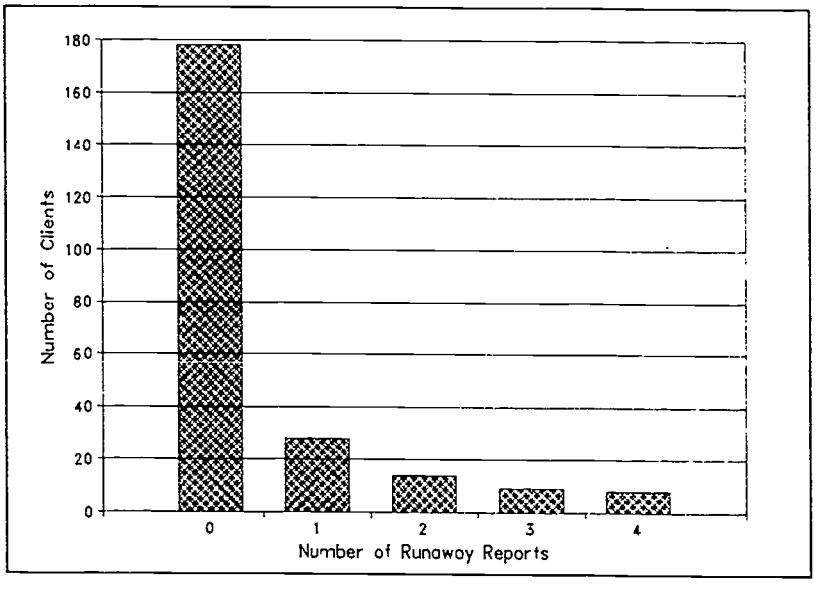


Figure 17 Number of Criminal Behavior Incident Reports

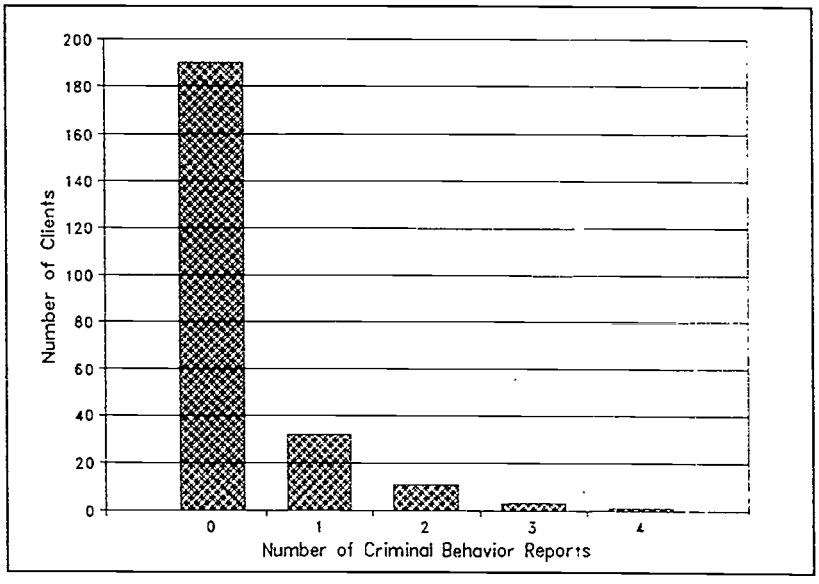


Figure 18 Number of Crisis Stabilization Placement Admissions

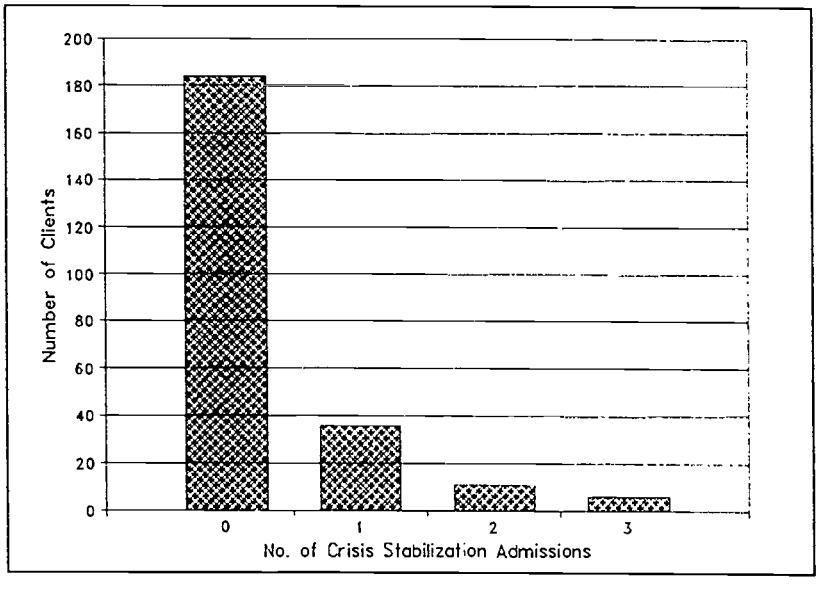


Figure 19 Number of Hospital Admissions

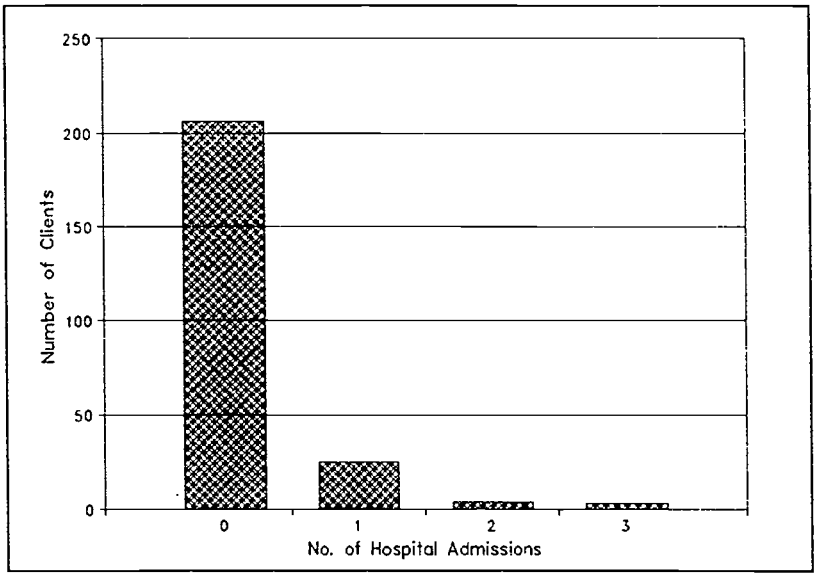


Figure 20 Change in Delinquent Behaviors

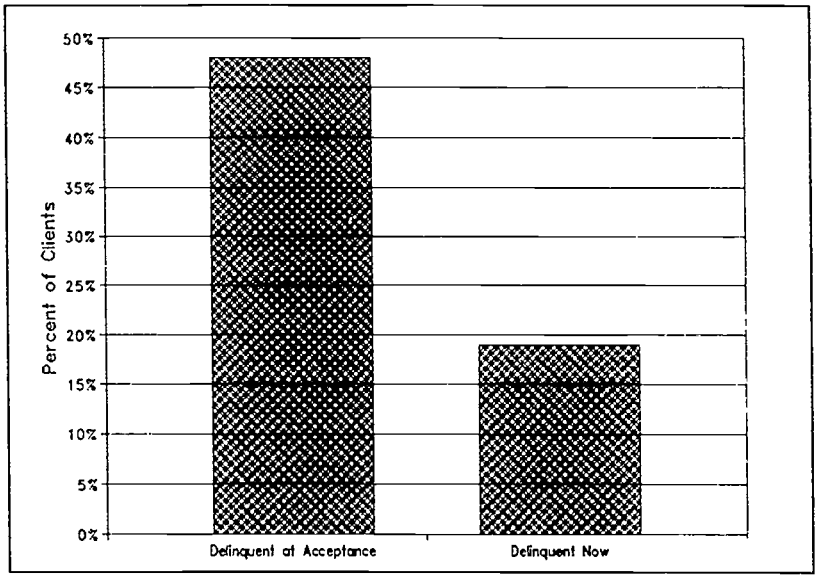


Figure 21 Change in Acceptance of Treatment

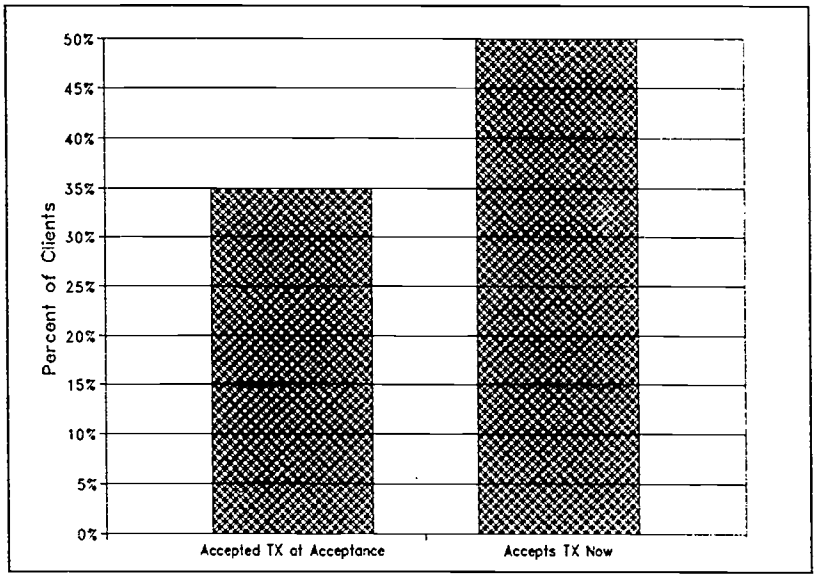


Figure 22 Progress Toward Independent Living

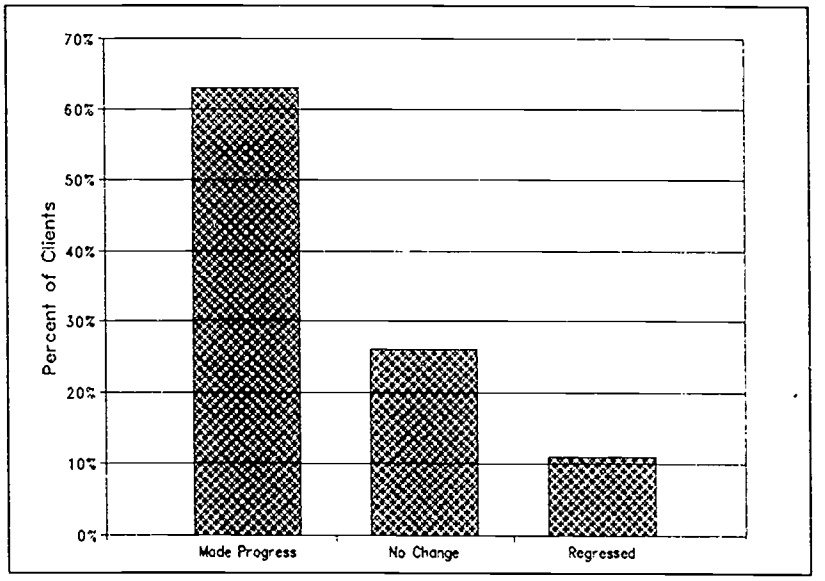


Figure 23 Change in Educational Services

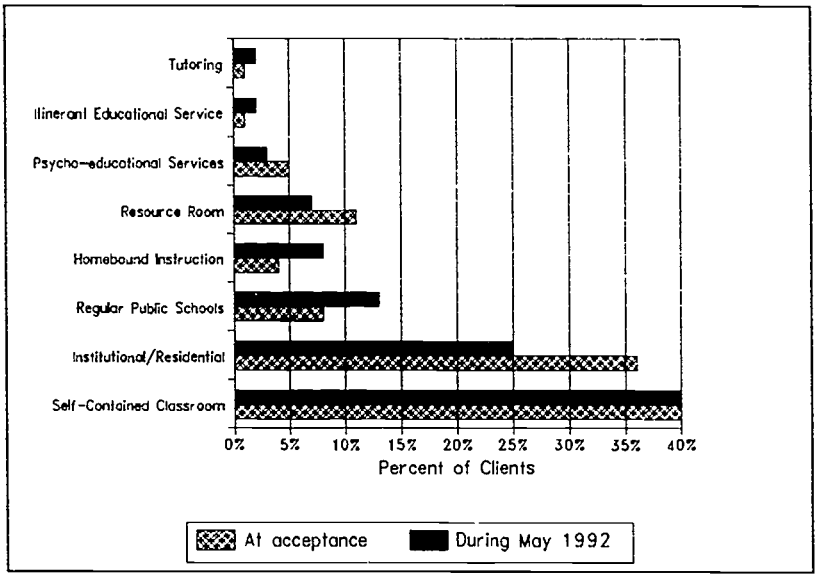


Figure 24 Change in Residential Placement

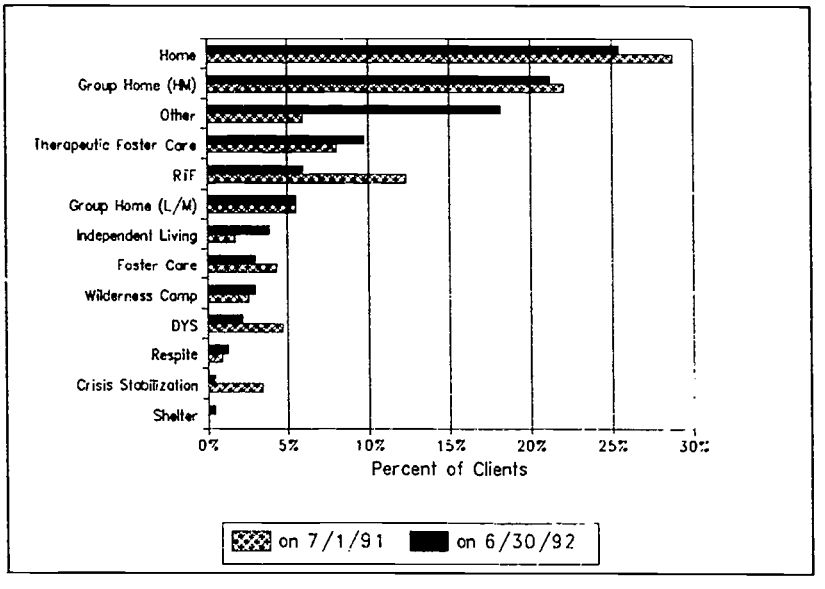


Table 11 Behavior Problem Areas

BEHAVIOR	MINOR PROBLEM		MAJOR PROBLEM		NOT A PROBLEM/ UNKNOWN/ NO RESPONSE	
	Number	Percent	Number	Percent	Number	Percent
Physical Aggression	97	40%	29	12%	117	48%
Property Damage	88	36%	36	15%	119	49%
Theft	65	27%	25	10%	153	63%
Runaway	27	11%	37	15%	179	74%
Alcohol/Drug Use	42	17%	21	9%	180	74%
Sexual Acting Out	64	26%	22	9%	157	65%
Extreme Verbal Abuse	106	44%	58	24%	79	33%
Sad	116	48%	36	15%	91	37%
Anxious	115	47%	47	19%	81	33%
Self Injury	36	15%	18	7%	189	78%
Inappropriate Bowel Mvmts.	10	4%	6	2%	227	93%
Life Threats	41	17%	14	6%	188	77%
Sexual Abuse/Assault	29	12%	6	2%	208	86%
Suicide Attempt	25	10%	3	1%	215	88%
Fire Setting	14	6%	4	2%	225	93%
Strange Behavior	43	18%	27	11%	173	71%
Cruelty to Animals	26	11%	3	1%	214	88%
Police Contact	47	19%	35	14%	161	66%

Note: Client Sample = 243

Table 12 Change in Behavior Problem Areas

BEHAVIOR	SIGNIFICANT DECREASE		SIGNIFICANT INCREASE		SLIGHT CHANGE (Increase or Decrease)		NOT APPLICABLE/ NO RESPONSE	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Physical Aggression	64	26%	12	5%	86	35%	81	33%
Property Damage	51	21%	14	6%	86	35%	92	38%
Theft	41	17%	15	6%	62	26%	125	51%
Runaway	33	14%	18	7%	52	21%	140	58%
Alcohol/Drug Use	20	8%	15	6%	39	16%	169	70%
Sexual Acting Out	36	15%	13	5%	55	23%	139	57%
Extreme Verbal Abuse	49	20%	18	7%	112	46%	64	26%
Sad	45	19%	11	5%	115	47%	72	30%
Anxious	43	18%	13	5%	124	51%	63	26%
Self Injury	24	10%	11	5%	42	17%	166	68%
Inappropriate Bowel Mvmts.	9	4%	1	0%	8	3%	225	93%
Life Threats	23	9%	6	2%	34	14%	180	74%
Sexual Abuse/Assault	22	9%	6	2%	15	6%	200	82%
Suicide Attempt	20	8%	4	2%	21	9%	198	81%
Fire Setting	22	9%	3	1%	9	4%	209	86%
Strange Behavior	25	10%	4	2%	50	21%	164	67%
Cruelty to Animals	19	8%	3	1%	9	4%	212	87%
Police Contact	20	8%	24	10%	54	22%	145	60%

Note: Client Sample = 243

Table 13 Behavior Strength Areas

BEHAVIOR	MINOR STRENGTH		MAJOR STRENGTH		UNKNOWN/ NO RESPONSE	
	Number	Percent	Number	Percent	Number	Percent
Self-Confidence	141	58%	42	17%	60	25%
Compliance	135	56%	54	22%	54	22%
Peer Interaction	126	52%	55	23%	62	26%
School Attendance	35	14%	129	53%	79	33%
Parent Contact	62	26%	116	48%	65	27%
Vocational Involvement	38	16%	23	9%	182	75%

Note: Client Sample = 243

Table 14 Change in Behavior Strength Areas

BEHAVIOR	SIGNIFICANT DECREASE		SIGNIFICANT INCREASE		SLIGHT CHANGE (Increase or Decrease)		NOT APPLICABLE/ NO RESPONSE	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Self-Confidence	19	8%	42	17%	161	66%	21	9%
Compliance	31	13%	54	22%	136	56%	22	9%
Peer Interaction	22	9%	51	21%	148	61%	22	9%
School Attendance	40	16%	59	24%	69	28%	75	31%
Parent Contact	32	13%	54	22%	86	35%	71	29%
Vocational Involvement	9	4%	18	7%	37	15%	179	74%

Note: Client Sample = 243

Table 15 Frequency Distribution for Selected Clients

EVENT		NUMBER OF EVENTS											CLIENT SAMPLE
		0	1	2	3	4	5	6	7	8	9	10+	
Placement Changes													
	Number	64	46	32	34	21	18	7	6	4	2	4	238
	%	27%	19%	13%	14%	9%	8%	3%	3%	2%	1%	2%	
Runaways													
	Number	178	28	14	9	8							237
	%	75%	12%	6%	4%	3%							
Criminal Behavior													
	Number	190	32	11	3	1							237
	%	80%	14%	5%	1%	0%							
Crisis Stabilization Admission													
	Number	184	36	11	6								237
	%	78%	15%	5%	3%								
Hospital Admission													
	Number	206	25	4	3								238
	%	87%	11%	2%	1%								

Table 16 Change in Delinquent Behaviors

DELINQUENT BEHAVIORS	MINOR PROBLEM		MAJOR PROBLEM		NOT A PROBLEM/ UNKNOWN	
	Number	Percent	Number	Percent	Number	Percent
Clients with Delinquent Behaviors at Time of Acceptance	56	23%	116	48%	71	29%
Clients with Delinquent Behaviors during June, 1992	105	43%	47	19%	91	37%

Note: Client Sample = 243

Table 17 Change in Acceptance of Treatment

ACCEPTANCE OF TREATMENT	OCCASIONALLY ACCEPTS		CONSISTENTLY ACCEPTS		DOES NOT ACCEPT/ UNKNOWN	
	Number	Percent	Number	Percent	Number	Percent
Clients Accepting Treatmen: at Time of Acceptance	96	40%	84	35%	63	26%
Clients Accepting Treatment during June, 1992	83	34%	120	49%	40	16%

Note: Client Sample = 243

Table 18 Change in Educational Services

PLACEMENT	At Acceptance		May, 1992	
	Number	Percent of Clients	Number	Percent of Clients
Self-Contained Classroom	97	40%	97	40%
Institutional/Residential	87	36%	61	25%
Regular Public Schools	19	8%	32	13%
Homebound Instruction	10	4%	19	8%
Resource Room	27	11%	17	7%
Psycho-Educational Services	12	5%	7	3%
Itinerant Educational Services	2	1%	5	2%
Tutoring	2	1%	5	2%

Note: Client sample = 243.
A client may receive more than one educational service at one time.

Table 19 Change in Residential Placement

PLACEMENT	July 1, 1991		June 30, 1992	
	Number	Percent	Number	Percent
Home	68	29%	60	25%
Foster Care	10	4%	7	3%
Independent Living	4	2%	9	4%
Therapeutic Foster Care	19	8%	23	10%
Shelter	0	0%	1	1%
Respite	2	1%	3	1%
Wilderness Camp	6	3%	7	3%
Group Home (L/M Mgmt)	13	6%	13	6%
Group Home (High Mgmt)	52	22%	50	21%
Crisis Stabilization	8	3%	1	1%
Residential Treatment Facility	29	12%	14	6%
DYS	11	5%	5	2%
Other	14	6%	43	18%
TOTAL	236	100%	236	100%

Part III: Review of Service Accessibility

Review of Service Accessibility

Overview

The Continuum of Care is responsible for developing or providing services for its clients in instances where the necessary services are not otherwise available. Services which are provided to Continuum clients are made accessible through a variety of mechanisms including case management, advocacy, interagency collaborative efforts, and procurement of services through individual and program contracts.

In order to determine the current and potential availability of services for Continuum of Care clients, three "key" questions were posed through several surveys:

- What service responsibilities and plans do other State agencies have related to services for severely emotionally disturbed children?
- What quantity and types of services are provided currently to severely emotionally disturbed children by the Continuum?
- Who are the current providers of services; are they able to expand to meet increased demand; and who are the "potential" providers for expanded and future services?

Multiple sources of information related to these questions were gathered and reviewed. Among these are:

- a review of responses to the "Survey of Other State Agencies' Services for SED Children"; and
- a review of all services procured by the Continuum of Care through individual service contracts and program service contracts to determine the kinds of services which have been provided, the number of clients who have been served, the providers used, and the programs' effectiveness.

The information contained on the following pages answers the questions posed above.

Summary of Other State Agency Services for SED Children

During May 1991, the Continuum of Care conducted a survey of other state agencies (particularly those represented on its Advisory Council) to determine which agencies viewed themselves as responsible for services to severely emotionally disturbed children and adolescents. This was part of an annual process of updating information which serves as a part of the base for the design of the Continuum's long-range plan for service development.

Agencies were asked:

- which services they have a mandated responsibility to provide;
- which services they currently provide; and
- which they might have an interest in providing in the future were funding available.

The follow summaries reflect the agencies' responses to the survey.

S.C. Department of Mental Retardation

The S.C. Department of Mental Retardation (DMR) is responsible for the development, coordination and improvement of mental retardation services throughout the state. The agency's goal is to insure that people with mental retardation or related disabilities have an opportunity to reach maximum mental, physical and social potential in settings as near normal as possible. DMR advocates on behalf of citizens with mental retardation with other federal, state and local agencies to develop, coordinate and improve mental retardation services throughout South Carolina.

DMR's central office is located in Columbia. There are four regional offices that coordinate program planning, service delivery, and program monitoring for service development through county MR boards. Each region has a regional residential center. There is a MR board in each county (or multiple cluster) that is responsible for developing local services—both residential and family support.

Eligibility requirements are an IQ of 70 or below and a deficit in social or adaptive behavior test scores in the range for mental retardation. There are no income requirements for services. DMR assists families in arranging transportation when necessary. DMR serves over 12,000 individuals each year.

S.C. Vocational Rehabilitation Department

S.C. Vocational Rehabilitation Department (Voc Rehab) provides vocational rehabilitation services to persons with disabilities to help them prepare for and find suitable employment. Eligibility requires an individual have a physical or mental disability which, for that individual, constitutes or results in a substantial handicap to employment. There must be a reasonable expectation that with vocational rehabilitation services an individual could be employed. Individuals must also be at least 16 years old. The agency services some 42,000 individuals with disabilities each year. Services are available on a statewide basis. The agency helps pay transportation costs for persons needing assistance.

Voc Rehab works with clients who are students aged 16 and over. Once a student is referred to Voc Rehab, a counselor will arrange a complete evaluation for the student. The staff tries to find out what the student

can or cannot do through testing, work sampling and counseling. If a client is eligible, the counselor then uses this information to develop an individualized written rehabilitation program, a program of services tailored specifically for that student, which takes into consideration the student's vocational needs, interests and aptitudes identified by the evaluations.

Wil Lou Gray Opportunity School

The Wil Lou Gray Opportunity School is a structured residential environment that provides a second chance for students to complete an educational program and become employable. Students at high risk for school failure are eligible for services. Students must be at least 15 years old, and have experienced retention, truancy, suspension or expulsion. During the course of the school year (August-June), the school serves approximately 350 students from all South Carolina counties. Many students reside on campus; those who do not are responsible for their own transportation to and from school. However, shuttle service to and from public transportation is provided.

S.C. Department of Social Services

The S.C. Department of Social Services (DSS) provides services that improve the quality of life of eligible citizens by assisting individuals in attaining their highest level of functioning . These services include Aid to Families with Dependent Children; Food Assistance; Work Support; and Children, Family and Adult Services. For the purpose of this survey, we focus on the Children, Family and Adult Services which develops, provides and coordinates services which protect children, prevent abuse, neglect and exploitation, and maintain and support families. Services are provided statewide through 46 county offices.

Many Continuum clients are in DSS custody. While DSS retains custody, the Continuum assumes primary case management responsibility.

S.C. Department of Youth Services

The S.C. Department of Youth Services (DYS) provides an array of juvenile justice services including crime prevention programs, detention/release screening, intake, probation supervision, aftercare supervision, restitution, community supportive functions, and institutional treatment and education. DYS provides services to youths ages 12 - 17. The correctional facilities - Willow Lane, John G. Richards and Birchwood - house and treat youths who are judicially committed until their release by the Juvenile Parole Board. The agency also uses Marine Institutes, St. Luke's Center, and Family Preservation Services as alternatives to more costly institutional care.

S.C. Commission on Alcohol & Drug Abuse

The S.C. Commission on Alcohol and Drug Abuse (SCCADA) is responsible for planning, coordinating and evaluating all programs and services directed toward the prevention and control of the state's alcohol and other drug related problems and creating a community which is knowledgeable and understanding about the nature of the problems and their solution. It's Division of Programs and Services is responsible for the development and implementation of alcohol and other drug abuse programming through Prevention, Intervention, and Treatment. Services are available statewide through 37 programs and can be provided to anyone, based on need. Prevention activities are provided to more than 500,000 individuals annually. More than 8,000 individuals receive intervention services and more than 50,000 individuals receive treatment services annually.

John de la Howe School

John de la Howe School is a group child care agency for children ages 6-18, boys and girls, who need placement away from their home or community for various reasons, i.e., dysfunctional families, school related problems, behavioral problems, physical/emotional neglect or abuse, physical/sexual abuse, etc. The school serves over 150 students each year. The school provides residential and treatment services to children who reside in the State of South Carolina, to include a Therapeutic Wilderness Program, an Education Department, and an Activities Therapy Program. Programs offered include individual and group counseling, family conferences, chaplain services, activity and work therapy, residential schooling up to grade 10, and a wilderness camping program for adolescent males ages 13-15.

S.C. School for the Deaf and Blind

The S.C. School for the Deaf and Blind (SCDBS) provides services primarily to children with severe visual and hearing impairments from across the State. The School provides comprehensive educational, vocational, and development services to deaf, blind and multi-handicapped individuals in order that they may achieve their greatest potential of independence. The School also serves as a resource center providing leadership, information and technical assistance to organizations and individuals concerned with services to handicapped people. More than 450 individuals from across the state are served each year.

Some non-sensory impaired Continuum of Care clients are served in the high management group home program called Pioneer Ridge, which is operated by the S.C. School for the Deaf and Blind through a contract with the Continuum.

S.C. Department of Mental Health

The S.C. Department of Mental Health (DMH) provides treatment, consultation and education services to any citizens of South Carolina, and their families, who suffer from serious mental illness or a significant inability (often temporary) to cope with the daily stresses of life, alcoholism and drug addiction (with SCCADA), or who are both mentally ill and mentally retarded (with DMR). The agency provides services through 17 geographic centers called catchment or service areas. These centers serve the state's 46 counties through 17 main facilities and a network of 42 satellite offices and 30 outreach programs. More than 3,000 emotionally disturbed children and adolescents are served each year by the agency. There are no income limitations to receive services.

DMH provides therapeutic services for children under the age of 18 who suffer from mental illness or emotional disorders. DMH provides services to help mentally disordered children develop biologically, psychologically and socially. DMH encourages full involvement of families and communities as part of the client's treatment. DMH offers evaluation, crisis stabilization, individual, family and group therapy; inpatient services across the state; family preservation programs; and limited sexual offender and abuse services.

S.C. Department of Education

The S.C. Department of Education (DOE) is the agency responsible for ensuring that all children with disabilities in South Carolina receive a free and appropriate public education. The public schools are required to provide an Individualized Education Program, or IEP, for each child which:

- is free and appropriate;
- is in the least restrictive environment;
- is based on a comprehensive and individualized evaluation/assessment;
- allows parents and students an opportunity to be involved in the planning process; and
- includes due process procedures.

Continuum staff are often involved in the IEP process at the request of the parent or legal guardian.

DOE has also developed a comprehensive plan for implementation of Public Law 99-457, SEC. 619 (Pre-school education for 3-5 year old handicapped children).

S.C. Department of Health and Environmental Control

The S.C. Department of Health and Environmental Control (DHEC) provides services that protect the public's health and environment. The agency is responsible for, and has authority to, prevent, abate, and control pollution and health problems. Programs and services are targeted to the general public, the regulated community, and specific groups according to health needs, age, and economic status. The agency provides health and environmental services through its state, district, and county offices. There are 15 health district offices, 46 county health departments, and 120 clinic locations.

BabyNet

BabyNet, South Carolina's program for the implementation of the federal P.L. 99-457, is a program specifically targeted to make more services available to a defined population of infants and toddlers (0-2) with disabilities. DHEC has been designated by Governor Carroll A. Campbell as the lead agency for the state's early intervention program. DHEC provides medical and psychological evaluations for developmentally delayed children. These services are provided through the Division of Maternal and Child Health.

Services Provided

Table 20 catalogs what services are now being provided. Agency abbreviations used are as follows:

DHEC	-	Department of Health and Environmental Control
DMH	-	Department of Mental Health
DMR	-	Department of Mental Retardation
DOE/LEA	-	Department of Education/Local Education Agencies
DSS	-	Department of Social Services
DYS	-	Department of Youth Services
JDLH	-	John de la Howe School
SCCADA	-	South Carolina Council on Alcohol and Drug Abuse
SCDBS	-	South Carolina School for the Deaf and Blind
VR	-	Vocational Rehabilitation Department
WLGOS	-	Wil Lou Gray Opportunity School

Agencies are listed in the table in alphabetical order.

Table 20 Services Provided to Emotionally Handicapped Individuals through Other South Carolina State Agencies

EDUCATIONAL SERVICES		
Services	Who Provides	Comments
Regular Classroom	DMR DOE/LEA DYS JDLH WLGOS	DYS provides to institutionalized children.
Itinerant Education	DOE/LEA DYS JDLH	DOE/LEA provides to mildly disturbed children.
Resource Room	DOE/LEA DYS JDLH WLGOS	Many school districts provide a combination resource room, not an EH resource room.
Self-Contained Classroom	DMR DOE/LEA DYS JDLH SCDBS	DMR provides at 4 institutions. DYS provides in institutional programs.
Psycho-education	DOE/LEA	Provided through the MAC Program in the Midlands, Horizon House in Charleston, and the Learning Center in Beaufort.
Homebound Education	DOE/LEA DYS	DYS provides this service to institutionalized clients.
Tutoring	DYS	DYS provides this service to institutionalized clients.

TREATMENT SERVICES		
Services	Who Provides	Comments
Early Identification and Treatment	DMH DOE/LEA	DMH provides as an outpatient service.
Psychological Evaluation	DHEC DMH DMR DOE/LEA DYS SCDBS VR WLGOS	DMR provides as an outpatient service. For developmentally delayed children, other agencies provide for children receiving services or enrolled in their program or as part of eligibility process.

Medical/Psychiatric Evaluation	DHEC DMH DMR DOE/LEA DSS DYS SCDBS VR	DHEC only provides medical evaluation (EPSDT screening for DSS). DMR provides this as an outpatient service and for institutionalized children.
Counseling	DHEC DMH DYS JDLH SCCADA SCDBS VR WLGOS	DMH provides as an outpatient service. SCCADA provides services through SCIP (School Intervention Program). DHEC provides as a BabyNet Service. VR provides assisting technology/rehabilitative engineering.
Therapy	DMH DYS	
In-Home Family Intervention	DMH DMR DYS	DMH and DYS call this service Family Preservation and provide it in seven counties.
Day Treatment	DMR	DMR provides this service for pre-school age children.
Group/Individual Community Crisis Stabilization	DMH	
Short-term Non-Hospital Evaluation and Treatment	DMH DYS	DMH provides this services at Halcyon House in Florence. DYS provides this service for adjudicated youth at the Reception and Evaluation Center.
Short-term Psychiatric Hospitalization	DMH	
Long-term Psychiatric Hospitalization	DMH	DMH only provides a limited amount of this service to children and adolescents.
Activity Therapy	DMH DYS SCDBS	
Positive Role Model	WLGOS	
Behavior Management	DMH DOE/LEA DYS SCDBS	DYS provides this service to institutionalized clients.
Independent Living Skills	DMH DSS SCDBS	DMH provides this service only to clients with autism.
Vocational Services	DOE/LEA DYS JDLH SCDBS VR WLGOS	VR is expanding the amount of this service they provide.

RESIDENTIAL SERVICES		
Services	Who Provides	Comments
Supervised Independent Living	DMH DSS	DMH provides this service only to clients with autism. DSS has begun a program to train foster parents to provide this service.
Respite	DMH DMR DSS	DMH provides this service only to clients with autism. DMR provides sitter services in and out of home.
Foster Care	DMR DSS DYS	
Low/Moderate Management Therapeutic Foster Care	DMH DMR DSS DYS	
High Management Therapeutic Foster Care	None	
Low/Moderate Management Group Care	DMH DMR DYS JDLH WLGOS	DMR provides a similar service in community training homes which emphasize independent living skills.
High Management Group Care	SCDBS	
Wilderness Camp	DYS JDLH WLGOS	DYS provides this service at their Marine Institutes for adjudicated youth.
Residential Treatment Facilities		

SUPPORT SERVICES		
Services	Who Provides	Comments
Transportation	DSS DOE/LEA SCDBS VR	
Clothing	DSS DYS JDLH	
Medical	DHEC DOE/LEA DYS JDLH SCDBS	DHEC provides this service for children living below 200% of poverty level.
Legal	DYS	

Table 21 Summary of Services Provided to Emotionally Handicapped Individuals through Other South Carolina State Agencies or Provided by the Continuum of Care.

	STATE OR LOCAL AGENCY PROVIDER											CONTINUUM
EDUCATIONAL SERVICES	DHEC	DMH	DMR	DOE/LEA	DSS	DYS	JDLH	SCCADA	SCDBS	VR	WLGOS	P Program Contract I Individual Contract Q Qualified Provider List
Regular Classroom												
Itinerant Education												
Resource Room												
Self-Contained Classroom												
Psycho-Education												P
Homebound Education												
Tutoring												I

	STATE OR LOCAL AGENCY PROVIDER											CONTINUUM
SUPPORT SERVICES	DHEC	DMH	DMR	DOE/LEA	DSS	DYS	JDLH	SCCADA	SCDBS	VR	WLGOS	P Program Contract I Individual Contract Q Qualified Provider List
Transportation												I, Q
Clothing												I
Medical												I
Legal												I

TREATMENT SERVICES	STATE OR LOCAL AGENCY PROVIDER											CONTINUUM
	DHEC	DMH	DMR	DOE/LEA	DSS	DYS	JDLH	SCCADA	SCDBS	VR	WLGOS	P Program Contract I Individual Contract Q Qualified Provider List
Early Identification and Treatment												
Psychological Evaluation												I, Q
Medical/Psychiatric Evaluation												I
Counseling												I, Q
Therapy												I, Q
In-Home Family Intervention												P
Day Treatment												P
Group/Individual Community Crisis Stabilization												P
Short-term Non-hospital Evaluation & Treatment												
Short-term Psychiatric Hospitalization												I
Long-term Psychiatric Hospitalization												I
Activity Therapy												P, I
Positive Role Model												I
Behavior Management												I
Independent Living Skills												P, I
Vocational Skills												I

	STATE OR LOCAL AGENCY PROVIDER											CONTINUUM
RESIDENTIAL SERVICES	DHEC	DMH	DMR	DOE/LEA	DSS	DYS	JDLH	SCCADA	SCDBS	VR	WLGOS	P Program Contract I Individual Contract Q Qualified Provider List
Supervised Independent Living												P, I, Q
Respite												P, I, Q
Foster Care												
Low/Moderate Management Therapeutic Foster Care												P
High Management Therapeutic Foster Care												P, Q
Low/Moderate Management Group Care												P
High Management Group Care												P
Wilderness Camp												I
Long-term Residential Non-hospital Treatment												I

It is anticipated that during FY 92-93 Activity Therapy, Positive Role Model, Behavior Management, Independent Living Skills, Vocational Skills, and Foster Care will be purchased through Qualified Provider Lists.

Agencies' Interest in Expanding Their Service Base

Most agencies surveyed indicated that they are assuming that their budgets will remain relatively level over the next few years; therefore, they do not expect significant change in the services they plan to provide. The most likely areas for service expansion are the following:

Table 22 Agencies' Interest in Expanding Their Service Base

Track	Service	Agency	Comments
Educational	Psycho-educational	DOE/LEA	May be expanded as local school districts form multi-county consortiums to provide this service.
Treatment	Early Identification and Treatment	DYS	These services are designed to prevent the need for institutional services.
	Day Treatment	DMH SCDBS	
	Positive Role Model	DYS SCDBS	
	Independent Living Skills	DYS SCDBS	
	In-Home Intervention	DMH	DMH calls this service Family Preservation.
Residential	Therapeutic Foster Care	DMH DYS	
	High Management Group Care	DYS	
	Wilderness Camp	DYS SCDBS	DYS now provides this service through its Marine Institutes and will be expanding it as funds are available.
	Residential Treatment Facilities	DYS	DYS has an interest in expanding services provided to sex offenders.

Service Procurement by the Continuum of Care - Overview

The specific number of program and individual contracts for services to clients and the number of clients served by those contracts are presented in the charts on the following pages. It should be noted that these services may be provided for as long or as short a period of time as is recommended by the client's Total Service Plan. This results in some clients receiving multiple individual services and/or repeated individual services as study of the numbers contained in the charts will indicate.

When needs assessments indicate that a significant number of clients in a single Continuum region are in need of the same service, consideration is given to procuring the services through the mechanism of a "program contract." A program contract is a contract with a single provider who delivers essentially the same service to a group of Continuum clients.

During FY 91-92, the Continuum renewed thirteen program contracts with private providers for a variety of services. All of the programs were operational, providing services to clients, during the past fiscal year. In July of 1991, in collaboration with the Department of Social Services and Department of Mental Health, fifteen joint contracts were executed to enable Therapeutic Foster Care, Supervised Independent Living, and Respite Care services to be procured statewide by any of the three agencies. This joint endeavor replaces some of the previous contracts and creates new providers as well. During FY 92-93, the Continuum will have access to ten different kinds of services through program contracts.

If a client's Total Service Plan, which is developed by the interagency team, determines that a Continuum client needs a specific service which is otherwise unavailable, the Continuum Service Coordinator is charged with the responsibility of stimulating development and delivery of that service. One way this can be done is through an "individual contract." An individual contract is one which is entered into in order to provide a specific individualized service for a single client. This mechanism allows the Continuum to tailor services within the array to meet the specific needs of each client. During FY 91-92 a total of 1,400 individual contracts were used to provide these individualized, or "wrap around," services to clients.

Table 23 Program List FY 92-93

PROVIDER NAME	SERVICE PROVIDED	CONTRACT COST	COMMENTS
Region I			
Alston Wilkes Society	High Management Group Home	The unit cost for this program is $135.62 per day. The total contract cost is $346,500.	This program, located in Columbia, has 7 slots and serves only male clients.
Human Service Associates	In-Home Family Intervention	The unit cost for this program is $58.81 per day. The total contract cost is $117,618.	This program is based in Columbia and serves up to 12 families in Region I.
Lutheran Family Services (Mikells Run)	High Management Group Home	The unit cost for this program is $163.84 per day. The total contract cost is $299,000.	This program, located in Columbia, has 5 slots serving males and females.
Midlands Area Consortium	Psycho-Educational Services	The unit cost for this program is $33.08 per day. The total contract cost is $124,800.	This program, located in Columbia, has 16 slots.
Region II			
Lutheran Family Services (Aiken Group Home)	High Management Group Home	The unit cost for this program is $163.84. The total contract cost is $299,000.	This program, located in Aiken, has 5 slots serving males and females.
Region III			
Lutheran Family Services (Ashley Manor)	High Management Group Home	The unit cost for this program is $163.84. The total contract cost is $299,000.	This program, located in Summerville, has 5 slots serving males and females.
Region IV			
Anderson Youth Association	Crisis Stabilization within High Management Group Home	The unit cost for this program is $172.58. The total contract cost is $63,000.	The Continuum is guaranteed 2 slots. This program is located in Anderson. Services will be available starting January 1993.
Human Service Associates	In-Home Family Intervention	The unit cost for this program is $58.81 per day. The total contract cost is $117,618.	This program is based in Greenville and serves up to 12 families in Region IV.
Lutheran Family Services (Crain House)	High Management Group Home	The unit cost for this program is $163.84. The total contract cost is $299,000.	This program, located in Pelzer, has 5 slots serving males and females.
South Carolina School for the Deaf and the Blind (Pioneer Ridge)	High Management Group Home	The unit cost for this program is $142.05. The total contract cost is $311,092.	This program, located in Spartanburg, has 6 slots serving males and females.

PROVIDER NAME	SERVICE PROVIDED	CONTRACT COST	COMMENTS
Region V			
Florence Family YMCA	Activity Therapy	The unit rate for this service is $21.85 per hour. The total contract cost is $104,887.	This program has 28 slots.
Lutheran Family Services (Hartsville Manor)	High Management Group Home	The unit cost for this program is $163.84. The total contract cost is $299,000.	This program, located in Hartsville, has 5 slots serving males and females.
Statewide Programs			
Anderson Youth Association	Supervised Independent Living	The unit cost for this program is $90.40 per day.	This program is located in Anderson.
Babcock Center	High Management Group Home	The unit cost for this program is $149.10 per day. The total contract cost is $163,712.	This program, located in Columbia, has 3 slots and serves dually diagnosed clients, MR/ED.
Bostick Transition Apartments	Supervised Independent Living	The unit cost for this program is $70 per day.	This program currently serves Beaufort area clients.
Carolina Youth Development Center	Supervised Independent Living	The unit cost for this program is $66.50 per day.	This program is located in Charleston.
Darlington Youth Home	Supervised Independent Living	The unit cost for this program is $45.15 per day.	This program is located in Darlington.
Family Resources, Inc.	Therapeutic Foster Care	The unit cost for this program is based on level of care ranging from $67.02 - $90.00 per day.	This program currently operates in the Beaufort area.
Family Resources, Inc.	Supervised Independent Living	The unit cost for this program is $66.90 per day.	This program currently operates in the Beaufort area.
Family Resources, Inc.	Respite Care	The unit cost for this service is $106.32.	This program currently operates in the Beaufort area.
Generations Group Home	High Management Group Home	The unit cost for this program is $200 per day.	This program serves adolescent male sex offenders and is located in Fountain Inn.
Helping Hands, Inc.	Supervised Independent Living	The unit cost for this program is $69 per day.	This program currently serves Aiken area clients.
Human Service Associates	Supervised Independent Living	The unit cost for this program is $65.00 per day.	This program is based in Columbia with satellites elsewhere.
Human Service Associates	Therapeutic Foster Care	The unit cost for this service is $65.00 per day.	This program is based in Columbia with satellites elsewhere.

PROVIDER NAME	SERVICE PROVIDED	CONTRACT COST	COMMENTS
Human Service Associates	Respite Care	The unit cost for this service is $70.00 per day.	This program is based in Columbia with satellites elsewhere.
Mentor, Inc.	Therapeutic Foster Care	The unit cost for this service is based on level of care and ranges from $65.00 - $162.00 per day.	This program is based in Columbia with satellites elsewhere.
Mentor, Inc.	Respite Care	The unit cost for this service is $106.33 per day.	This program is based in Columbia with satellites elsewhere.
New Life Center	Low/Moderate Management Group Home	The unit cost for this service is $56.	The Continuum is guaranteed 2 slots at a total cost of $40,880.
Specialized Alternatives for Youths*	Therapeutic Foster Care	The unit cost for this service is $67.32. The maximum contract cost is $245,718.	This program, to be based in Orangeburg, will provide up to 10 slots.
Youth Advocate Program	Therapeutic Foster Care	The unit cost for this service is $62.	This program is based in Columbia with satellites elsewhere.

*Contract exists, however program is not currently active.

Table 24 Summary of Services Purchased Under Individual Contracts During FY 91-92

Array of Service	Number of Contracts						Total $ All Contracts	Average $ Per Contract
	Region					State-wide		
	I	II	III	IV	V			
Activity Therapy	31	45	5	21	2	104	219,884	2,135
Behavior Management	66	64	32	27	9	198	772,836	3,884
Clothing	1	0	1	2	1	5	2,502	500
Counseling	2	1	0	0	0	3	15,910	5,303
Day Treatment	0	2	7	0	0	9	384,330	42,703
Early Identification and Treatment						0		
Foster Care	0	1	4	0	0	5	52,007	10,401
Group/Individual Community Crisis Stabilization	5	2	3	4	0	14	84,854	6,061
High Management Therapeutic Group Home	39	15	19	38	19	130	4,605,847	36,554
High Management Therapeutic Foster Care	21	11	14	6	14	66	1,201,570	18,486
In-Home Family Intervention	1	5	6	6	24	42	237,518	5,793
In-Patient Crisis Stabilization	0	3	0	5	0	8	66,905	8,363
Independent Living Skills	1	2	0	2	1	6	13,590	2,718
Itinerant Educational Services	0	0	0	0	1	1	40	40
Legal						0		
Long-term Psychiatric Hospital	0	0	0	2	0	2	82,546	41,273
Low/Moderate Mgmt Therapeutic Foster Care	6	4	1	5	0	16	155,032	11,926
Low/Moderate Mgmt Therapeutic Group Home Care	34	11	5	8	5	63	571,260	9,365
Medical/Psychiatric Evaluation	0	6	0	0	0	6	27,065	3,866
Medical	8	1	3	0	0	12	5,575	429
Other Support Services	33	8	12	7	13	73	77,241	888
Positive Role Model	101	35	68	19	43	266	755,638	2,830
Psycho-Educational Services						0		
Psychological Evaluation	3	1	1	2	1	8	13,275	1,659
Residential Treatment Facility	46	9	18	14	12	99	2,945,495	29,455
Resource Room	2	0	0	0	0	2	3,025	1,512
Respite Care	26	21	4	4	2	57	206,940	3,980
Short-term Non-Hospital Evaluation and Treatment (Secure)						0		
Short-term Psychiatric Hospital	2	2	1	1	0	6	48,926	6,989
Supervised Independent Living	7	12	10	7	3	39	478,286	13,286
Therapy	51	39	6	15	8	119	420,732	3,477
Transportation	27	26	9	6	2	70	47,518	679
Tutoring	6	18	3	5	18	50	57,899	1,158
Vocational Services	4	1	0	2	0	7	12,054	1,722
Wilderness Camp	0	1	0	1	3	5	114,043	22,808
TOTAL	523	346	232	209	181	1,491	13,680,343	

Note: This total represents the total amount of contracted services. Medicaid will contribute a substantial part of this amount.

Part IV: The Service Development Pl

The Service Development Plan

Rationale

Many factors were considered in preparing this annual update of the Continuum of Care Service Development Plan. The approved three-year service development plan, which was implemented during FY 1986-87, provided the starting point. In addition to that plan and its constructs, the following factors (listed in priority order) are essential elements in the rationale underlying the service development schedules contained in the FY 93-94 Service Development Plan.

- Annual Program Reviews indicated satisfactory provider performance and program effectiveness, therefore confirming continued support for existing programs.

- With limited exceptions, the Service Development Plan should be constructed on a regional basis in order to provide, to the greatest extent possible, community-based services. Each service within the defined array was reviewed in terms of need, current provider/level of available service provision and the likelihood that a State agency will meet those service needs for this population in the near future.

- A move toward equity among regions in terms of funding and availability of services is desirable. Any expansion and development plans should therefore consider existing regional inequities in numbers of clients, funding levels and services made available through Continuum development efforts. While imbalances necessarily accompany the evolutionary development of a new agency, efforts to minimize those are fully warranted. Inherent in the Continuum of Care mission statement is the responsibility to provide expanded operations statewide.

Implementation Schedules and Priorities of the Service Development Plan

The following series of budgets illustrate how the Continuum will expand and improve services and expand and improve the system of care. The first budget presents the Continuum's FY 92-93 (or base) budget. The subsequent budgets and the priority implementation schedule provide a road map for what expansion will occur as funds become available.

Table 25 Implementation Schedule Current Funding (FY 92-93 Budget)

	REGIONS					STATE OFFICE	TOTAL
	I	II	III	IV	V		
OPERATIONS & CASE MGMT							
Personnel	$581,921	$467,066	$545,561	$538,977	$297,795	$1,457,394	$3,888,714
Operations	$122,300	$105,100	$134,596	$149,196	$65,100	$408,746	$985,038
Special Projects	$0	$0	$0	$0	$0	$42,000	$42,000
Total Operations & Case Mgmt	$704,221	$572,166	$680,157	$688,173	$362,895	$1,908,140	$4,915,752
CASE SERVICES							
Continued Funds	$1,517,238	$864,845	$1,186,970	$1,195,348	$727,760	$210,000	$5,702,161
New Funds							$0
Total Case Services	$1,517,238	$864,845	$1,186,970	$1,195,348	$727,760	$210,000	$5,702,161
TOTAL BUDGET	$2,221,459	$1,437,011	$1,867,127	$1,883,521	$1,090,655	$2,118,140	$10,617,913
FTE'S	19	15	19	18	10	41	122
Client Census	90	60	80	80	50	0	360
Case Service $/Client	$16,858	$14,414	$14,837	$14,942	$14,555	$583	$15,839
Average Cost/Client	$24,683	$23,950	$23,339	$23,544	$21,813	$5,884	$29,494

Table 26 Implementation Schedule - Base Budget Plus $1,149,000 Increase

	REGIONS					STATE OFFICE	TOTAL
	I	II	III	IV	V		
OPERATIONS & CASE MGMT							
Personnel	$596,885	$479,077	$559,590	$552,837	$305,453	$1,494,872	$3,988,714
Operations	$122,300	$105,100	$134,596	$149,196	$65,100	$408,746	$985,038
Special Projects	$0	$0	$0	$0	$0	$42,000	$42,000
Total Operations & Case Mgmt	$719,185	$584,177	$694,186	$702,033	$370,553	$1,945,618	$5,015,752
CASE SERVICES							
Continued Funds	$1,517,238	$864,845	$1,186,970	$1,195,348	$727,760	$210,000	$5,702,161
New Funds	$118,052	$225,349	$266,621	$258,243	$180,735		$1,049,000
Total Case Services	$1,635,290	$1,090,194	$1,453,591	$1,453,591	$908,495	$210,000	$6,751,161
TOTAL BUDGET	$2,354,475	$1,674,371	$2,147,777	$2,155,624	$1,279,048	$2,155,618	$11,766,913
FTE'S	19	15	19	18	10	41	122
Client Census	90	60	80	80	50	0	360
Case Service $/Client	$18,170	$18,170	$18,170	$18,170	$18,170	$583	$18,753
Average Cost/Client	$26,161	$27,906	$26,847	$26,945	$25,581	$5,988	$32,686

Table 27 Implementation Schedule - Base Budget Plus $8,142,000 Increase

	REGIONS					STATE OFFICE	TOTAL
	I	II	III	IV	V		
OPERATIONS & CASE MGMT							
Personnel	$764,885	$697,077	$755,590	$748,837	$663,453	$1,704,872	$5,334,714
Operations	$191,860	$183,900	$177,156	$191,276	$201,200	$438,746	$1,384,138
Special Projects	$0	$0	$0	$0	$0	$42,000	$42,000
Total Operations & Case Mgmt	$956,745	$880,977	$932,746	$940,113	$864,653	$2,185,618	$6,760,852
CASE SERVICES							
Continued Funds	$1,517,238	$864,845	$1,186,970	$1,195,348	$727,760	$210,000	$5,702,161
New Funds	$1,017,776	$1,182,666	$1,348,042	$1,339,664	$1,319,735	$89,817	$6,297,700
Total Case Services	$2,535,014	$2,047,511	$2,535,012	$2,535,012	$2,047,495	$299,817	$11,999,861
TOTAL BUDGET	$3,491,759	$2,928,488	$3,467,758	$3,475,125	$2,912,148	$2,485,435	$18,760,713
FTE'S	25	23	26	25	23	48	170
Client Census	130	105	130	130	105	0	600
Case Service $/Client	$19,500	$19,500	$19,500	$19,500	$19,500	$500	$20,000
Average Cost/Client	$26,860	$27,890	$26,675	$26,732	$27,735	$4,142	$31,268

Priority Implementation Summary follows:

Table 28 Priority Implementation Schedule Summary

#	Location	Clients	Description of Service	Type of Service	FTE's	Marginal $	Cumulative $
1	Statewide		4% cost of living increase for non-general fund positions (if increase approved by legislature)	Administration		$100,000	$100,000
2	II, III		Establish short-term shelter in Region II or Region III	Development		300,000	400,000
3	Statewide		Increase community-based alternatives for delinquent clients	Development		250,000	650,000
4a	III		Individualized services	Client Services		98,000	748,000
4b	I		Individualized services	Client Services		123,000	871,000
4c	II		Individualized services	Client Services		93,000	964,000
4d	IV		Individualized services	Client Services		116,000	1,080,000
4e	V		Individualized services	Client Services		69,000	1,149,000
5	V	10 (60 / 370)	Individualized services	Client Services	2 (12 / 124)	211,000	1,360,000
6	Statewide		Establish in-home intervention/family support/subsidies through individual program contracts	Development		251,000	1,611,000
7	II	20 (80 / 390)	Individualized services; Establish a satellite office	Client Services Administration	4 (19 / 128)	306,000	1,917,000
8	III	10 (90 / 400)	Individualized services	Client Services	1 (20 / 129)	170,000	2,087,000
9	I	10 (100 / 410)	Individualized services; Outpost—Greenwood	Client Services	1 (20 / 130)	172,500	2,259,500
10	IV	10 (90 / 420)	Individualized services	Client Services	1 (19 / 131)	172,000	2,431,500
11	Statewide		Establish supervised independent living/vocational services	Development		251,000	2,682,500
12	V	20 (80 / 440)	Individualized services; Establish a satellite office	Client Services Administration	4 (16 / 135)	433,000	3,115,500
13	III		Establish secure crisis stabilization program	Development		210,000	3,325,500
14	III	20 (110 / 460)	Individualized services	Client Services	3 (23 / 138)	360,000	3,685,500
15	IV	20 (110 / 480)	Increase Individual $	Client Services	3 (22 / 141)	405,000	4,090,500
16	State Office		Additional Administrative Support	Administration	3 (44 / 144)	126,000	4,216,500
17	I	10 (110 / 490)	Increase Individual $; Establish a satellite office	Client Services Administration	3 (23 / 147)	278,000	4,494,500
18	II	15 (95 / 505)	Individualized services	Client Services	2 (21 / 149)	297,000	4,791,500
19	II		Establish a vocational program	Development		209,000	5,000,500
20	II		Expand therapeutic foster care services	Development		89,000	5,089,500

#	LOCATION	CLIENTS	DESCRIPTION OF SERVICE	TYPE OF SERVICE	FTE'S	MARGINAL $	CUMULATIVE $
21	State Office		Additional Administrative Support	Administration	1 (45 / 150)	42,000	5,131,500
22	III		Expand therapeutic foster care services and activity therapy	Development		95,000	5,226,500
23	V	15 (95 / 520)	Individualized services; Establish a satellite office	Client Services Administration	4 (20 / 154)	395,000	5,621,500
24	V, I		Establish residential resources in Sumter	Development		210,000	5,831,500
25	I		Expand therapeutic foster care services	Development		87,000	5,918,500
26	IV		Expand therapeutic foster care services	Development		87,000	6,005,500
27	II		Establish a psycho-educational program	Development		87,000	6,092,500
28	State Office		Additional Administrative Support	Administration	1 (46 / 155)	42,000	6,134,500
29	I	20 (130 / 540)	Increase individual $	Client Services	2 (25 / 157)	134,000	6,268,500
30	I		Establish activity therapy programs	Development		68,000	6,336,500
31	III	20 (130 / 560)	Increase individual $	Client Services	3 (26 / 160)	326,000	6,662,500
32	IV		Establish vocational and transitional services	Development		172,500	6,835,000
33	IV	20 (130 / 580)	Increase individual $	Client Services	3 (25 / 163)	240,000	7,075,000
34	State Office		Additional Administrative Support	Administration	1 (47 / 164)	42,000	7,117,000
35	II	10 (105 / 590)	Increase individual $	Client Services	2 (23 / 166)	215,000	7,332,000
36	IV		Expand in-home family intervention and therapeutic foster care	Development		87,000	7,419,000
37	V		Establish a psycho-educational program	Development		112,000	7,531,000
38	V		Expand therapeutic foster care services	Development		24,000	7,555,000
39	V		Establish a high management group home	Development		302,000	7,857,000
40	V	10 (105 / 600)	Increase individual $	Client Services	3 (23 / 169)	243,000	8,100,000
41	State Office		Additional Administrative Support	Administration	1 (48 / 170)	42,000	8,142,000

NOTE: The initial number displayed in the "Clients" and "FTE's" columns indicates the number of additional slots created if the service is implemented. The parenthetical entry which follows lists the resulting cumulative total for the region/office and the Continuum.

Part V: Service Development Implementation and Evaluation

Service Development Implementation and Evaluation

Program Contract Cycle—Explanation

1. **Review Annual Plan**

   The period May - July is used to review, refine and update the needs assessment and annual plan for programs and services.

2. **Policy Board Approval of Plan**

   Action required by Policy Board to approve the next fiscal year's plan for program/services.

3. **Development of New Request For Proposals (RFP's)**

   Staff will prepare RFP's for approved programs/services to be initiated in the next fiscal year.

4. **Request for Proposals Issued**

   The State Materials Management Office issues RFP's designed by the Continuum about November each year.

5. **Proposal Deadline**

   Prospective providers are given approximately four months to submit proposals for programs/services.

6. **Review Proposals**

   Proposal Review Panels will review proposals, following State Procurement guidelines, and select the most suitable applicant(s) by April 30.

7. **Policy Board Award**

   Policy Board will decide whether to accept successful applicant(s) and award contracts at the May meeting.

8. **Contract Negotiations**

   Staff and providers will negotiate details for new contracts.

9. **Contract Initiation**

   Contracts are usually effective July 1.

10. **Program Start-Up**

New programs sometimes require a start-up period of several months before services are actually delivered to clients. A start up schedule is included in the program proposal. Start up activities are monitored by the Continuum.

11. **Program Delivery**

Program delivery is expected to be continuous once initiated until such time as the contract is terminated or not renewed.

12. **Annual Program Reviews**

Annual reviews of program operation and effectiveness will be conducted during July, August, and September to provide a basis for contract renewal decisions. Periodic review and monitoring will occur throughout the year.

13. **Renewal Requests Submitted**

Providers wishing to renew their contract for the next fiscal year notify the Continuum in writing by December 15. This notification includes a description of proposed changes in the program and budget.

14. **Policy Board Decision on Renewal**

Policy Board decides early in the calendar year which contracts are approved for renewal and under what terms. (RFP's may be prepared if a contract for a desired service is not renewed in time for a May award decision.)

15. **Contract Renewal Date**

Contracts will be renewed, assuming funding is available, effective July 1.

Table 29 Program Contract Calendar

ACTIVITY/ACTION	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
1. Review/update annual plan	E										B	
2. Policy Board approves plan	◆											
3. Develop new RFP's	B			E								
4. RFP's issued					◆							
5. Proposal deadline									◆			
6. Review proposals									B	E		
7. Policy Board award decision											◆	
8. Contract negotiations											B	E
9. Contracts begin	◆											
10. Program start up	B					E						
11. Program delivery	B											
12. Annual program reviews*	B		E									
13. Renewal requests submitted**					◆							
14. Policy Board renewal decision							◆					
15. Contract renewal date	◆											

* Programs which have been in operation for less than six months will primarily be evaluated for compliance with other contract specifications but not program effectiveness.

** Unless the Continuum or the Provider requests a change, all contracts issued by the South Carolina Materials Management Office are automatically renewed.

B Project Begins

E Project Ends

Project Duration

◆ Milestone

Annual Program Review

Introduction

In addition to doing regular informal monitoring, the Continuum of Care annually conducts formal systematic and comprehensive evaluations of all programs for which it contracts for services. One purpose of the Annual Program Review (APR) is to assure that programs utilized on an ongoing basis for the provision of services to Continuum clients demonstrate quality and effectiveness.

It is the Continuum's desire to promote growth and development in programs purchased through contracts from both public and private service providers. To this end, another purpose of the Annual Program Review is to provide a planned opportunity for program monitoring and feedback. Multiple aspects of each program's operations are reviewed through the Annual Program Review.

Underlying the design of the Annual Program Review process is the Continuum of Care's belief that program evaluation must be an interactive process. Given this perspective, programs' administrators, staff and consumers are directly involved in many components of the Annual Program Review process and provide much of the information gathered about program operations and effectiveness. Information gathered and conclusions drawn are shared, as appropriate, both verbally and in writing with program providers. The final product of the Annual Program Review process is a summary of the program's strengths and weaknesses together with findings and recommendations which target areas for future development or refinement.

Procedures

A formal Annual Program Review is undertaken once a year between July and September with every Continuum of Care contract program which has been in operation at least six months during the contract period.

Early in the contract period the provider of program services is advised about the components of the evaluation and the specific information which will be sought during the review process. The review consists of interviews, data collection, records reviews, and a site visit by the APR team and is guided by a series of instruments which were developed expressly for that purpose.

A minimum of two weeks prior to the date of the site visit, each program is sent a "Program Data Report" which is to be completed in advance of the visit and provided to the APR team at the time the site visit occurs.

The first on-site component of the APR is the "Structured Administrative Interview" conducted with the program's director. Next, a tour of the program and its facility is undertaken and the "Facility Observation Form" is completed. The APR team may choose to observe and/or participate in certain program activities to become better acquainted with operations, staff and clients.

Formal staff interviews, using the "Staff Interview Form," are then conducted. Following the interviews, the "Client Records Audit Form," in conjunction with the established "Client Records Audit Standards," is used to guide review of the program's case files.

The last component of the on-site review process is an overall evaluation rating of the program's operations and management completed by the APR team.

In an effort to assess consumer satisfaction with the program's services to its clients, the clients' parents, caseworkers, and other relevant agency/clinical personnel are asked to respond to a "Consumer Evaluation Survey." This information is summarized as a part of the final Program Review Report.

Instruments utilized during the Annual Program Review may also be selectively administered throughout the fiscal year for the purpose of quarterly program monitoring to supplement the annual review.

The final product of the Annual Program Review process is a summary of the program's strengths and weaknesses together with items identified which are not in compliance with the contractual agreement with the Continuum. These items must be addressed in a corrective action plan submitted prior to recommendations being made to the Policy Board regarding contract renewal.

Appendix

A 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, MEETINGS, AN ADVISORY COUNCIL, THE CHILDREN TO BE SERVED, DUTIES AND FUNCTIONS, DIRECTOR AND STAFF EMPLOYMENT, REPORTS TO THE GOVERNOR AND GENERAL ASSEMBLY, AND 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 this 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 from 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;

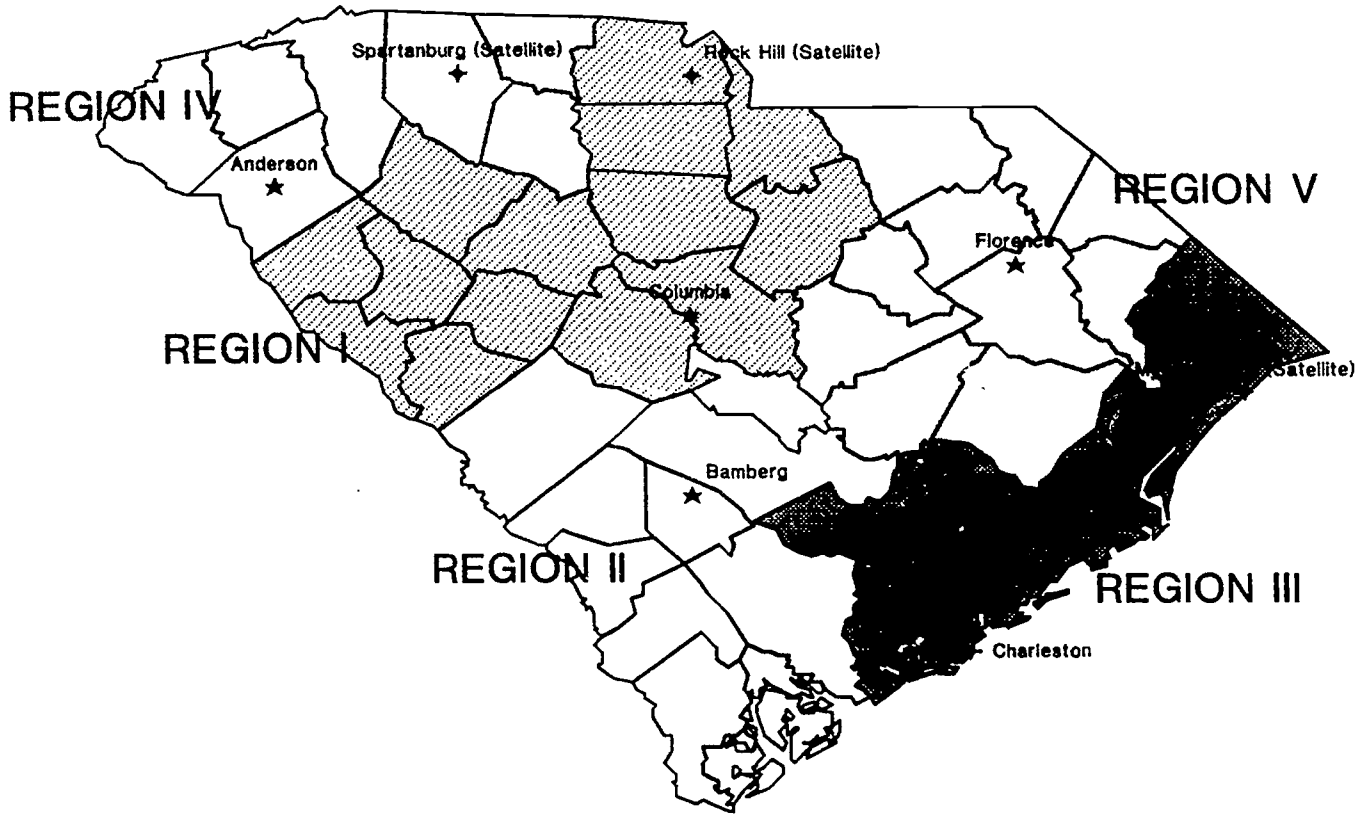
(3) two members: four years.

(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.

B Map of Continuum of Care Regions



C Mission Statement

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

In order to carry out this mission, the Continuum of Care will ensure that the delivery of those services represented in its Scope of Services is in compliance with appropriate state laws, and will be responsible for:

1. Identifying the population of severely emotionally disturbed children for whom the treatment alternatives have been exhausted or who require aggressive case management in order to access available therapeutic services.

2. Developing individual client and systems plans to address those identified service needs.

3. Coordinating and procuring services among/from public and private agencies.

4. Coordinating planning, training and service delivery to this population among service delivery agencies.

5. Providing or developing services only in those instances where necessary services are not available otherwise. (If the service is a basic responsibility of a public agency, that agency should assume responsibility for the provision of that service as soon as possible. In cases where the Continuum financially assists agencies in providing or developing service delivery capability, funding will be on an annual basis and contingent upon other funding being actively sought through the responsible agency's budget.)

6. Developing, implementing, coordinating and evaluating a statewide delivery system for children accepted as Continuum clients.

7. Evaluating program effectiveness in meeting the needs of this client population.

8. Determining requirements for development of service delivery systems and programs for all emotionally disturbed children as well as those who are Continuum clients; providing support for appropriate public agency fiscal initiatives; and surfacing such requirement issues in the annual report to the General Assembly.

9. Providing a foundation for the formulation of future state policy regarding services to emotionally disturbed children through the development of a comprehensive plan for the coordination, enhancement and development of services and programs.

D Basic Tenets

The Client will be served in the most normalized, least restrictive appropriate setting.

Services will be provided, to the greatest extent possible, within the client's community. The placement of children in a confined State institution should be an act of last resort and after all other resources have been thoroughly exhausted. Community-based resources should be favored.

The treatment plan will be individualized, based upon the needs of the client, rather than attempting to fit the client into an existing program which might not be appropriate.

The client will have access to an interrelated array of therapeutic services with pervasive case management as an essential element of the array. Case managers will be aggressive advocates for individual clients and for this specific population.

E Statement of Principles

The intent of the Continuum of Care for Emotionally Disturbed Children is to ensure the availability of a balanced system of services designed to meet the individual needs of each of its clients. That system should include an array of residential and nonresidential services, from least restrictive to most restrictive. 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.

In determining how to intervene in assisting a severely emotionally disturbed child, the Continuum of Care will be guided by the following 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 is individualized, based on the needs of the child, rather than attempting to fit the child to an already established treatment program which may not be fully appropriate.

4. The child should be treated in the least restrictive setting, within the community to the degree possible, which meets his or her treatment needs. Clients should be maintained within their own families whenever possible, and a range of support services should be provided to families to strengthen their functioning. Efforts to reunify families, when a child has been placed outside the home, will be an integral part of case management.

5. The child will be served in a program appropriate to his or her age and sensitive to cultural differences among ethnic and racial groups.

6. Case management will include coordination with the agency/individual holding custody so that each child will be provided a functional family or family-like relationship through a biological, adoptive, foster or surrogate family or significant other person who will participate in the treatment program.

Any system designed by the Continuum of Care in an effort to meet the needs of this client population will incorporate the following principles:

1. The system will utilize public and private resources, the latter utilized in keeping with sound public policy and in recognition of their value in mobilizing community attention and commitment to emotionally disturbed children and in recognition of their experience in caring for emotionally disturbed children.

2. Placement of children within confined state institutional placements should be an act of last resort and after other alternatives have been exhausted. Placement in community-based resources should be favored, except when critical for the child's health or safety or the safety of others.

3. Any client in a confined institutional setting shall be identified as a high priority for services and his/her case shall be continuously monitored by Continuum staff for the purpose of transfer to a less restrictive, non-secure setting as soon as the client's need for confinement has abated. Further, the status of such cases shall be included in case services data routinely reported to Policy Council.

4. The system will attempt to balance the distribution of resources among several areas of the state to ensure, whenever possible, that a child may remain near his or her community and the persons most interested in his or her welfare. Exceptions based upon the individual needs of the child may occur.

5. The system will examine and evaluate its resources routinely for sufficiency and quality. Such evaluation will include the changing nature and mental health profiles of children in an attempt to see that the supply of services meets the needs of children and will relate program effectiveness to client need.

6. Long-range plans for system development will be based upon a comprehensive assessment of system needs and the specific needs of Continuum clients. These plans will be reassessed annually and approved by the Policy Board.

F Array of Services

The agencies of the State of South Carolina which serve children have not accepted a standard nomenclature for services. As a result, confusion over the terms and their meanings exists. This often makes it difficult to be certain that all parties in discussions regarding children's services hold the same perceptions. In the absence of consistent terminology, the Continuum uses the following array and accompanying definitions in an effort to ensure universal understanding, if not acceptance, of the services described. This array and its definitions have been used throughout the planning process.

EDUCATIONAL SERVICES	
Service Name	Operational Definitions
Regular Public Schools	
Itinerant Educational Services	The student is taught in a regular class setting, but receives some specialized instruction or service as the result of consultation to the teacher by special educators.
Resource Room	A special education classroom within the regular school setting to which children are assigned for a specified number of periods per day in order to gain specialized educational and related services to supplement their regular education classes in which they spend the balance of the day.
Self-Contained	The student is taught full day in a classroom setting for children identified as emotionally handicapped.
Psycho-Educational Services	A school based program which provides specialized educational and support services to severely emotionally disturbed students. All enrolled students must meet the South Carolina Department of Education's criteria for identification as emotionally handicapped. In addition, in order to be placed in a psycho-educational program, children must have failed to respond to a less restrictive educational placement. The purpose of the program is to provide educational and related services within the school day which exceed the Defined Minimum Program. In addition to the academic focus, this model emphasizes development of social and emotional maturation, enhancement of communication skills, and impro· ement of self-concept. The goal of the program is the attainment of an improved overall functional level consistent with transitioning to a less restrictive educational placement.
Homebound Instruction	Instruction provided in his/her own home, for the student, who, because of illness, accident, pregnancy or congenital defect, cannot, even with the aid of transportation, attend classes at school.
Tutoring	Instruction which is supplemental to a child's regular school program and which is delivered for the purpose of assisting the child to reach his/her academic potential through remedying deficits, building basic skills, and/or increasing academic achievement levels.

TREATMENT SERVICES	
Service Name	Operational Definitions
Early Identification and Treatment	Public services offered to children and families before their problems become serious and enduring.
Psychological Evaluation	The systematic appraisal of a child's functional level in various domains such as educational, social and psychological to determine the nature and extent of psychological treatment and/or services which may be required.
Medical/Psychiatric Evaluation	A systematic appraisal, in accordance with generally accepted medical practices, for the following purposes: Specialized medical and/or psychiatric review of physiological phenomena; psychiatric diagnostic evaluation; medical or psychiatric therapeutic evaluative services; assessment of the appropriateness of initiating or continuing the use of psychotropic medications in treatment of a child with an emotional disorder.
Counseling	Regularly scheduled goal-oriented intervention by a competent professional responsive to the needs of the client, for the purposes of assisting the child in solving problems related to educational, vocational and social issues through cognitive and affective modes.
Therapy	Supportive psychological or psychiatric intervention aimed at behavioral, attitude or emotional change. Therapy is more treatment-oriented than counseling and is conducted by a professional with clinical training. The three modalities within psychotherapy referred to in this service are individual, family and group therapy. The purpose of the proposed modalities of psychotherapy for severely emotionally disturbed children and their families are: to help the individual to understand the meaning of his/her behavior so that he/she can deal with his/her feelings; to control his/her anxiety and aggression and channel them into more constructive ways; to help parents see how their attitudes are affecting their child and nelp them to understand the need to find new ways of interacting with him/her; to help the child to develop more appropriate social skills, and to facilitate self-awareness and sensitivity to others.
In-Home Family Intervention	Comprehensive, individualized in-home family services which are designed to intervene at times when there is the 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 two months.
Day Treatment	A full day program including group therapy and an integrated set of educational, counseling and family services for children or adolescents. The approach to treatment is most often therapeutically and educationally oriented with the focus on skill building in self-help, interpersonal and academic/vocational areas. Medical intervention may or may not be a program component. Children are often referred to Day Treatment programs because they are unable to function in regular school settings due to disruptive or unmanageable behavior in the classroom. The purpose of day treatment programs is to assist children to overcome problems and develop behaviors which will allow them to move to a less intensive/restrictive environment such as being mainstreamed back to the regular school system or into vocational training programs. Programs typically run 5 days per week, 12 months per year. Length of stay in the program is usually one year.
Group/Individual Community Crisis Stabilization	Temporary (24 hours to 30 days) out-of-home placements in specialized therapeutic foster care homes or group homes which offer Crisis Stabilization services for children experiencing moderate psychiatric or behavioral crises. The nature of the child's crisis must be amenable to this community-based service rather than requiring hospital-based services. Interventions are focused on stabilization and conflict resolution with the goal of returning the child to his/her home environment if deemed appropriate.
In-patient Crisis Stabilization	Acute care hospitalization (24 hours to 30 days) in a community psychiatric hospital or inpatient psychiatric unit of a general hospital, for children experiencing severe psychiatric or behavioral crises. Treatment is focused on short term evaluation and stabilization while providing a structured setting with maximum supervision. The staff is a medical group consisting of nurses, social workers, mental health counselors, psychologists, psyc[illegible]atrists, and activity therapists.

Short-term Non-Hospital Evaluation and Treatment (Secure)	A highly structured, residential program with intensive professional multidisciplinary focus for children with severe emotional or behavioral disturbances. This setting is primarily for those children who require intensive diagnostic services, crisis stabilization or short-term treatment for 24 hours to 30 days within a centralized residential setting for security reasons and maximum benefit. The facility must have some form of physical security, either special locks, perimeter fencing, or electronic devices, or all three.
Short-term Psychiatric Hospital	Acute care psychiatric hospitalization of 30 days or less for the purpose of comprehensive evaluation, medication stabilization or intensive treatment. **Not Secure** - A hospital setting which is not a locked facility. **Secure** - A hospital setting which has some form of physical security, either special locks, perimeter fencing, or electronic devices, or all three.
Long-term Psychiatric Hospital	Treatment in a hospital setting for children with severe emotional or behavioral disturbances who cannot be served appropriately in a less restrictive setting. This service is for children with especially acute problems who require intensive, medically-oriented inpatient treatment to achieve stabilization and/or problem remediation. Length of treatment varies based upon the nature of the problem and treatment prescribed. **Not Secure** - A hospital setting which is not a locked facility. **Secure** - A hospital setting which has some form of physical security, either special locks, perimeter fencing, or electronic devices, or all three.
Life Skills Enhancement	The following group represents a mini-array of services composed of a wide range of modalities utilized to rehabilitate and to promote the development of a repertoire of life skills which will allow the child to optimize his/her functioning consistent with his/her gains in other therapeutic and educational areas.

	- **Activity Therapy**: Therapeutic interventions focused on the development of socialization skills, activities of daily living, appropriate self-expression and leisure awareness designed to improve or preserve the child's level of functioning. These interventions fall into the following categories:
	  - **Recreation Therapy Activities**, both physically active and passive in nature, designed to assist emotionally disturbed children in self-expression, social interaction, self-esteem enhancement and entertainment as well as to develop skills and interests leading to enjoyable and constructive use of leisure time. These activities must be planned and supervised by professional recreation therapists but may be conducted by paraprofessional assistants.
	  - **Occupational Therapy**. Therapeutic activities which are designed and conducted by certified professionals to assist emotionally disturbed children in activities of daily living by enhancing independent functioning through skill development (i.e., communication skills, personal hygiene, etc.); and by improving perceptual and fine motor skills.
	  - **Art/Music Therapy**. Therapeutic activities which are designed and conducted by certified professionals to assist emotionally disturbed children in self-expression and feelings expression through nonverbal, non-threatening media.
	  - **Adjunctive Therapies**. Professionally planned and supervised activities which may include modalities such as ROPES, dance therapy, horticultural therapy, etc., which provide opportunities for self-exploration and awareness.
	  - **After School Programs**. Afternoon programs or services that involve children in structured educational, recreational or social activities.
	  - **Summer Therapeutic Recreation**. Structured, goal oriented, educational, recreational and/or social activities provided during the summer months.

Life Skills Enhancement (continued)	- **Positive Role Model.** A program that provides a severely emotionally disturbed child the opportunity to acquire new social behaviors or alter existing ones by reproducing a distinct response or series of responses that have been demonstrated by a model. The purpose of the Positive Role Model program is to assist the child to relate and function more effectively within his/her personal, social, and physical environment. This is accomplished through a structured one-on-one relationship between a child and a Role Model as they participate in a variety of activities which serve as media for the social learning to occur.
	- **Behavior Management.** Interventions employed to change specific dysfunctional behaviors which interfere with the child's ability to function optimally in social, educational, recreational, or home settings. Behavior management interventions can be categorized as formal and informal according to the following descriptions: - **Formal.** Interventions in which behavior modification techniques are employed by a clinician to analyze the dysfunctional behavior and to design specific techniques which will reduce or eliminate undesired behaviors. Such formal techniques customarily involve: extended observation of the child's overall functioning for a period of time to properly identify and assess the frequency of dysfunctional behaviors; identifying precipitating factors which cause the behavior to occur, increase or decrease; developing a specific behavior management plan to modify the dysfunctional behavior; instructing paraprofessionals, teachers and family in the application of special techniques; implementing and/or supervising the implementation of the plan and evaluating progress. - **Informal.** Special strategies used to change, control, or manage dysfunctional behavior. Informal behavior management interventions would be planned and supervised by a mental health professional and implemented by a paraprofessional. Examples of informal behavior management interventions might include: one-on-one supervision for a child when placed in a group setting of less intensity than he/she requires, shadowing a "runner," special monitoring, prompting and reinforcing targeted behaviors, temporary crisis intervention support during episodes of acting out while in a community setting.
	- **Independent Living Skills.** Individualized instruction and supportive services provided for youth who are transitioning into independent living. The purpose of the service is to facilitate the youth's transition from family or other therapeutic supportive living arrangement to living independently. Instructional areas would include basic skill areas required for independent living such as cooking, meal planning, shopping, self care, care and maintenance of apartment, money management, apartment hunting, etc. Supportive services could include providing direct assistance in finding an apartment, learning bus routes, or starting checking accounts; monitoring progress in independent living; assisting in resolution of problems as they occur; prompting and reinforcing previous learning where necessary to ensure a successful transition; etc.
	- **Vocational Services.** A range of services which assist individuals as they prepare and/or transition into the world of work. - **Pre-Vocational Training.** Training, usually for high school students, that provides an introduction to the world of work and various occupations and their job requirements. - **Work Adjustment.** Training which stresses learning to adapt to work environments through increasing productivity, co-worker relations, accepting supervision, increasing work tolerance etc., usually provided in workshop or center. - **Vocational Assessment/Evaluation.** A series of tests (including vocational interest, achievement, etc.) to determine vocational potential in relation to employment readiness, occupational aptitude, potential for success in job training programs, assessing need for specialized vocational programs to increase employability. - **Sheltered Workshop.** Specialized employment in a structured and supervised work program for individuals with limited or underdeveloped potential for competitive work in the marketplace. Usually client reimbursements are based upon an approved reduced payment scale. - **Job Training.** Training which is directed towards learning skills and knowledge related to a specific job classification with the goal of becoming employable in that occupation. Job training may occur in the following situations. -**Institutional:** may include technical schools, barber schools, etc.

Life Skills Enhancement (continued)	-**Apprenticeship:** learning by experience under the supervision of a skilled worker. -**On-The-Job-Training:** (O.J.T) applies to situations where the client learns while performing job tasks; may be subsidized and involve a "job coach" who works with the client and trains by example. -**Vocational Placement and Follow-Along:** Placement of a student on a job after completion of a job training program or vocational program in which the student's progress is monitored and support help is provided, if needed.

RESIDENTIAL SERVICES	
Service Name	Operational Definitions
Supervised Independent Living	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; 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. The purpose of supervised independent living is to teach clients the skills needed to achieve personal, social and economic self-sufficiency while providing a transition between other more restrictive residential care and independent living. Length of stay is usually 9-12 months.
Respite	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 with the provision for meeting the child's basic health, nutritional, and daily living needs. Respite may be provided in a variety of models including center based services which affords 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; and availability of companion sitters who can provide respite services in the home of the child.
Foster Care	Individualized residential care for a dependent child who is unable to live at home. The reason for placement is usually to remove the child from his/her family or to provide a home for dependent children.
Therapeutic Foster Care	Individualized therapeutic foster care provided to severely emotionally disturbed children. Therapeutic foster care parents are specially recruited, trained, and matched with a child with whom they can best work. The substitute parents are then supported by clinical staff throughout the child's length of stay which usually ranges from 6 to 18 months. The purpose of therapeutic foster care programs is to enable children to overcome their problems in a highly supportive, individualized, and flexible residential placement which will assist them to move to a less intensive foster or group care placement or to return to their families.
Low/Moderate Management Therapeutic Foster Care	Refers to level of supervision and extent of services required to manage and treat the child who presents with low to moderate emotional and/or behavior management problems.
High Management Therapeutic Foster Care	Refers to level of supervision and intensity of services required to manage and treat the child who has severe emotional and/or behavior management problems. High management therapeutic foster care may include two adults as foster parents or supplemental assistance in the form of support personnel for one foster parent.

Therapeutic Group Home Care	Structured, supportive, and therapeutic residential programs for severely emotionally disturbed children which are situated in home-like environments within the community. Group homes provide healthy adult role models, and depending on the type, provide individual, group and family counseling; liaison services; recreational services; education; and life skills training to varying degrees. The purpose of group home care is to provide services which will enable children to overcome their problems to the degree that they may move to a less restrictive community placement.
Low/Moderate Management Therapeutic Group Home Care	Refers to level of supervision and intensity of programming required to manage and treat children who present low to moderate emotional and/or behavioral problems. Distinguishing features: Number of children in placement 8-16 Staff to client ratio 1:4-6 Awake supervision 16 hrs/day Length of stay 6-9 mos.
High Management Therapeutic Group Home Care	Refers to level of supervision and intensity of programming required to manage and treat children who present severe emotional and/or behavior management problems. Distinguishing features: Number of children in placement 5-8 Staff to client ratio 1:2-3 Awake supervision 24 hrs/day Length of stay 12-18 mos. Intensive programming with frequent therapeutic group and individual interventions. Intensive structure with specialized behavior management techniques. Level of restrictiveness is high in a setting which may be locked and in which children are at all times in the presence of adult supervision.
Wilderness Camp	An experiential form of therapeutic residential group care which features year-round camping in a remote setting and challenges the child to contribute by assisting with basic food and shelter requirements for himself and his peers. These are youth who manifest a need for a structured group care living environment due to having to be removed from his home, community or school setting. The therapeutic focus is on group process with treatment and educational emphasis on dealing with immediate situations of a social and interpersonal nature. The purpose of the Wilderness Camp Program is to develop responsible behaviors by teaching the student the importance of accepting consequences for his behaviors. The goal for the program is to return the student to a home environment. When this is impossible because of the lack of a home the client is focused towards independent living, vocational training or a foster home.
Long-term Residential Non-Hospital Treatment (also known as a Residential Treatment Facility)	A highly structured residential treatment program with intensive professional multidisciplinary focus for children with severe emotional or behavioral disturbances. These children are often highly aggressive and/or too disturbed to attend public school or vocational training. Full services are therefore, generally provided within the setting. This treatment is primarily for those children who will require intensive services over an extended period of time and who require these services to be provided within a centralized residential setting for security reasons and maximum benefit. Not Secure - A residential treatment program which is not a locked facility, but has the capacity to contain and work with "out-of-control" children. Secure - A residential treatment facility which has some form of physical security, either special locks, perimeter fencing, or electronic devices, or all three.

Support	
Service Name	Operational Definitions
Transportation Services	Services to a child in need of transportation in order to participate in needed programs or services. It includes transportation coordination, the training of the child in the use of public transportation, and assistance with car pooling and planning. - **General.** Transportation provided as a service of the agencies to a group of clients, i.e., bus transportation for before and after school or to a group activity. - **Specific.** Transportation above the normal requirements, that is provided to an individual client to allow him/her to benefit from other services provided by an agency, i.e., transportation of client and/or family to therapy sessions.
Clothing Services	Procurement through donations or purchase of essential articles of clothing.
Medical Services	Medical treatment, including purchase of prescriptive medicines, for conditions which may or may not be attendant to the child's emotional disturbance.
Legal Services	Services to a child for the purpose of providing adequate legal counsel in judicial proceedings related to the child's emotional disturbance and/or instances when other sources of legal counsel are not available to the child.

Case Management	
Service Name	Operational Definitions
Case Management	Case Management is an ongoing, dynamic process of linking, coordinating and facilitating the development of segments of the service delivery system to ensure a comprehensive, individualized service plan to meet the needs of severely emotionally disturbed children, and to ensure continuity, accountability, accessibility and efficiency in service delivery. Components of case management include: assessment of children's needs, development of individualized Total Service Plans, referral to service providers, monitoring service provision, coordinating service delivery, providing supportive counseling, advocacy, and documenting and tracking client progress. The goal of case management is the increased social and emotional competence of each child and the development of an available, balanced service system.

G Client Progress Survey Form

Behaviors and Interpersonal Relationships

		No, never, not at all	Maybe, sometimes, perhaps a little	Yes, always, definitely	Do not know
1.	Would you say the client exhibited delinquent behaviors at the time of acceptance?				
2.	Would you say the client now has a pattern of delinquent behaviors?				
3.	Would you say the client accepted treatment services at the time of acceptance?				
4.	Would you say the client now accepts treatment services?				

5.	If the client is age 16 or older, has the client made progress towards living independently and becoming employed? Do not answer if client is younger than 16.		
Yes, client has made progress.		There has been no change.	Client is less able to live independently and have a job

Social Skill Development

For each of the items below, characterize the client's current achievement level, and indicate how much progress has been made in the past 12 months.	Characterize Current Level of Achievement (1=poor, 5=good, N/A=not applicable, U=unknown)	Change over past 12 months? (1=much worse, 5=much better, N/A=not applicable, U=unknown)
6. Interpersonal social skills		
7. Problem solving skills		
8. Appropriate expression of feelings		
9. Attachment to others (the quantity and quality of their relationships)		
10. Involvement in social activities like clubs, recreation activities, church, etc.		
11. Amount of family cohesion.		

CLIENT PROGRESS SURVEY 1992

ADJUSTMENT INDICATOR CHECKLIST

Directions for Part A: *Please indicate according to your best judgement whether or not the following behaviors occur now or have occurred within the past month using this table.*

0 = No, Never, Not at All
1 = Maybe, Sometimes, Perhaps a Little
2 = Yes, Always, Definitely
3 = Unknown

Directions for Part B: *Please characterize the extent of change in the behavior over the past year.*

A = Significant decrease in frequency of behavior
B = Slight decrease in frequency of behavior
C = Slight increase in frequency of behavior
D = Significant increase in frequency of behavior
E = Not a behavior which characterizes client

	PART A Current Status				**PART B** Change over Past Year				
	Check (✓) the appropriate response				*Check (✓) the appropriate response*				
	0	1	2	3	A	B	C	D	E
1 **PHYSICAL AGGRESSION.** Does the child or youth hit, strike, or bite or scratch people with the intent to harm them? (Includes hitting with an object)									
2 **PROPERTY DAMAGE.** Does the child or youth damage property on purpose?									
3 **THEFT.** Does the child or youth take property without permission?									
4 **RUNAWAY.** Did the child or youth run away within the past month?									
5 **ALCOHOL/DRUG USE.** Does the child or youth use drugs or alcohol without permission?									
6 **SEXUAL ACTING OUT.** Does the child or youth engage in inappropriate sexual behavior which is displayed publicly or directed toward another person?									
7 **EXTREME VERBAL ABUSE.** Does the child or youth speak to other persons in an extremely malicious, abusive, or intimidating manner?									

	PART A Current Status				PART B Change over Past Year				
	Check (✓) the appropriate response				*Check (✓) the appropriate response*				
	0	1	2	3	A	B	C	D	E
8 **SAD.** Is the child or youth sad, withdrawn, or depressed to a degree which significantly interferes with participation in an important activity?									
9 **ANXIOUS.** Is the child or youth fearful, anxious, or worried to a degree which significantly interferes with participation in an important activity?									
10 **SELF-INJURY.** Does the child or youth harm or attempt to harm him or herself non-accidentally?									
11 **INAPPROPRIATE BOWEL MOVEMENTS.** Does the child or youth intentionally smear his or her feces or deposit them in an inappropriate place?									
12 **LIFE THREAT.** Does the child or youth threaten or engage in physical assault in a manner which you believe is life threatening?									
13 **SEXUAL ABUSE/ASSAULT.** Does the child or youth attempt to force him or herself upon another person sexually?									
14 **SUICIDE ATTEMPT.** Does the child or youth attempt to commit suicide?									
15 **FIRESETTING.** Does the child or youth set fires without permission or set fires in a manner which could result in property damage or harm to others?									
16 **STRANGE BEHAVIOR.** Does the youth have delusions, hallucinations, obsessions, compulsions, or other bizarre behaviors which significantly interfere with an important activity?									
17 **CRUELTY TO ANIMALS.** Does the child or youth torture, kill, or behave very cruelly toward any animal on purpose? (Does not include hunting with permission)									
18 **SELF-CONFIDENCE.** Does the child or youth appear self-confident in his or her activities for more than 85% of the time?									

	PART A Current Status				PART B Change over Past Year				
	Check (✓) the appropriate response				*Check (✓) the appropriate response*				
	0	1	2	3	A	B	C	D	E
19 **COMPLIANCE.** Is the child's or youth's response to requests and general activity acceptable 85% of the time?									
20 **PEER INTERACTIONS.** Does the child or youth have good peer/sibling relations 85% of the time?									
21 **SCHOOL ATTENDANCE.** As far as you know, is the child receiving credit for school attendance?									
22 **PARENT CONTACT.** Does the child or youth have contact with his or her natural or adoptive parent(s)? (Includes letter, telephone calls, or personal visits)									
23 **VOCATIONAL INVOLVEMENT.** Does the child or youth work for pay (check "P") or as a volunteer (check "V")?		☐☐ P V	☐☐ P V						
24 **POLICE CONTACT.** Does the child or youth have contact with the police concerning his or her negative or suspicious behavior?									

25 **POSITIVE.** What is the child or youth doing that is good?

26 **OTHER PROBLEMS.** Does the child have other problems not accounted for in the other items? If so, describe.

This document was printed at a cost of $3.61 each for a total cost for this printing of $1,083.00. Number of copies: 300

Printed 09/18/92