



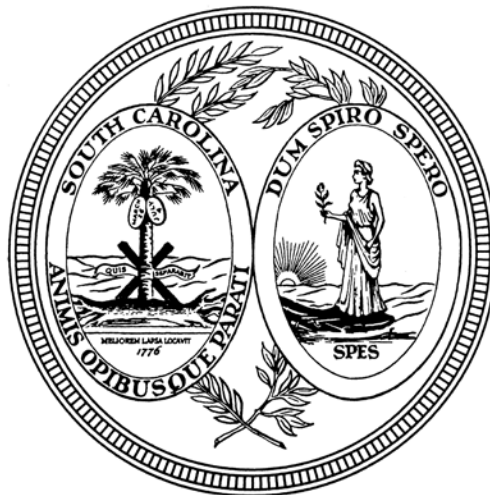
LAC

SOUTH CAROLINA GENERAL ASSEMBLY

Legislative Audit Council

July 2017

A REVIEW OF THE DEPARTMENT OF SOCIAL SERVICES ADULT PROTECTIVE SERVICES PROGRAM



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Introduction

Audit Objectives

S.C. Code §2-15-64 requires that the Legislative Audit Council audit a program of the S.C. Department of Social Services (DSS) every three years. We published an audit of the department's child welfare services in 2014. In 2016, after consultation with the members of the General Assembly, the Legislative Audit Council determined that it would review the department's adult protective services (APS) program. APS provides for the health and welfare of vulnerable adults who are victims of actual or potential abuse, neglect, and/or exploitation.

We developed the following audit objectives after conducting a preliminary review of the APS program:

- Review the demographics of vulnerable adults who have been maltreated in South Carolina.
- Review the minimum qualifications, compensation, training, and caseloads of APS staff.
- Review the process used by DSS to receive and screen reports of vulnerable adult maltreatment.
- Review the adequacy of state law, regulation, and DSS policy for assessing and treating vulnerable adults reported to be victims of maltreatment.
- Review DSS case files that document the assessment and treatment of vulnerable adults reported to have been maltreated and compare with the requirements of state law and agency policy.
- Review the coordination of services between DSS and other agencies that provide services to vulnerable adults who are victims of maltreatment.
- Review the performance and quality assurance measures used by DSS for its APS program.

Scope and Methodology

The period addressed by our review was primarily from FY 13-14 through FY 15-16, with limited consideration of other periods.

Criteria used in this review included federal and state laws and regulations, agency policies, and other states' systems.

Additional information in this report was obtained from state and federal financial reports; agency contracts; training and human resources records; and interviews with DSS staff, other relevant state agencies, and private individuals.

When addressing some of our audit objectives, we relied on data produced, sponsored, or developed under a collaborative agreement with the U.S. Census Bureau, and data from the S.C. Office of Revenue and Fiscal Affairs. Data obtained from these sources were deemed sufficiently reliable for the purposes of our review.

In addition, we relied on data collected and maintained by DSS. We assessed the data used for this examination and found some reliability concerns, which are addressed in the audit. However, these limitations affected a negligible percent of the total data and therefore the data was found reliable for our analyses.

During our review we conducted random sampling based on a 95% confidence level with margins of error ranging from 4–10 percentage points.

We also assessed the internal controls—processes that provide reasonable assurance that the objectives of the entity will be achieved—of the APS program including the efficiency and effectiveness of the program's operations, reliability of its information, and compliance with applicable laws and regulations.

We conducted this performance audit in accordance with generally accepted government auditing standards. These standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Because DSS is the only entity legally authorized in South Carolina to investigate reports of noncriminal maltreatment of vulnerable adults in community settings outside of institutions, we believe that this program should be continued. In this report, we present recommendations for improvement.

Overview of the Adult Protective Services Program

The Adult Advocacy division within the S.C. Department of Social Services (DSS) provides adult protective services to vulnerable adults who are victims of noncriminal abuse, neglect, and exploitation, which we refer to broadly as maltreatment in this report.

Statutory Authority for the APS Program

The statutory authority for the adult protective services (APS) program includes the following.

Authority of DSS and Other State and Local Agencies to Investigate Maltreatment

S.C. Code §43-35-15(C) authorizes DSS to investigate the maltreatment of vulnerable adults occurring generally in private residences or public places. The investigation of maltreatment in other settings, such as nursing homes and assisted living facilities, is conducted by other state and local agencies, such as the:

- Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division (SLED).
- Long Term Care Ombudsman Program of the Lieutenant Governor's Office.
- Medicaid Fraud Control Unit of the Office of the Attorney General.
- Office of Client Advocacy of the Department of Mental Health.
- Local law enforcement agencies.

Definition of a Vulnerable Adult

According to S.C Code §43-35-10(11), a person who meets both the following criteria is a vulnerable adult:

- Ages 18 years or older.
- Has a physical or mental condition which substantially impairs him or her from adequately providing self-care or self-protection.

In 2014, case law established that age alone and poverty alone are not sufficient to define a person as a vulnerable adult.

Categories of Maltreatment

S.C Code §43-35-10 also defines the following categories of maltreatment.

ABUSE

PHYSICAL ABUSE

Intentionally inflicting or allowing the physical injury, including sexual battery, of a vulnerable adult.

PSYCHOLOGICAL ABUSE

Intentionally subjecting a vulnerable adult to threats, harassment, or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

NEGLECT

NEGLECT BY A CAREGIVER

The failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a vulnerable adult.

SELF-NEGLECT

The inability of the vulnerable adult, in the absence of a caregiver, to provide for his or her own health or safety, which produces, or could reasonably be expected to produce, serious physical or psychological harm or substantial risk of death.

EXPLOITATION

EXPLOITATION OF A PERSON

Causing or requiring a vulnerable adult to engage in activity or labor which is improper, unlawful, or against the reasonable and rational wishes of the vulnerable adult.

EXPLOITATION OF PROPERTY

The use of funds, assets, property, power of attorney, guardianship, or conservatorship of a vulnerable adult by a person for the profit or advantage of that person or another person.

EXPLOITATION BY SWINDLING

Causing a vulnerable adult to purchase goods or services for the profit or advantage of the seller or another person.

Process for Screening Reports, Investigating Allegations, and Providing Services

The following section describes the APS program’s process for screening reports, investigating allegations of maltreatment, and providing services when warranted.

Intake

In a process known as intake, DSS accepts reports by telephone, in person, by fax, or by mail. DSS encourages reporters to contact the county DSS office where the incident occurred. In some instances, telephone reports are routed to DSS regional call centers, which the agency refers to as regional intake HUBS. County DSS offices not yet incorporated into the hub system receive reports directly. Intake workers receive reports and assess allegations. Intake supervisors determine whether an allegation will be accepted for investigation. For an allegation to be accepted, the alleged victim must be a vulnerable adult and there must be an allegation of maltreatment. We address this process further in Chapter 6.

Assessment

Caseworkers investigate allegations of maltreatment through actions such as home visits, interviews, and a review of medical and other records during the assessment phase. By agency policy, caseworkers are required to reach a case decision, either substantiated or unsubstantiated, on or before 45 days following the maltreatment report. The purpose of the investigation is to determine if the adult is vulnerable and if he or she is a victim or potential victim of maltreatment.

Treatment

In the event that an allegation is substantiated for any type of maltreatment, APS provides protective services. This is called the treatment phase. The goal of providing services is to mitigate the client’s risk, identified during the investigation, in order to improve his or her quality of life.

Services may include arranging for:

- In-home care such as assistance with daily activities, home health, and home-delivered meals.
- Home modifications for handicapped accessibility, pest control, and minor home repairs.
- Financial benefits including food subsidies and Medicaid.
- Alternative living in nursing homes or assisted living facilities.

Most counties have one or more designated APS caseworker. However, as of January 2017, 13 counties did not have a designated APS caseworker. To address this issue, DSS often cross-trains caseworkers in both APS and child welfare and counties with lower caseloads may assist counties with higher caseloads. As of January 2017, DSS employed 13 APS supervisors and 77 APS caseworkers.

Involuntary Custody of a Vulnerable Adult

While it is APS policy to respect a person's right to self-determination, there are instances in which a vulnerable adult may be involuntarily removed from his or her home and placed into DSS custody. S.C. Code §43-35-45 and §43-35-55 authorize such removals if both of the following conditions are met:

- There is probable cause to believe that, by reason of abuse or neglect, there exists an imminent danger to the vulnerable adult's life or physical safety.
- Consent from the vulnerable adult cannot be obtained.

S.C Code §43-35-45(C) also requires that a family court hold hearings to determine whether there is merit for the removals.

Once a person has been placed in protective custody by law enforcement, DSS assumes custody of the individual. Removal is followed by medical evaluation and placement of the vulnerable adult by DSS into an alternative living arrangement, such as a licensed assisted living or nursing facility. According to state law, these individuals may remain in DSS custody as long as their safety is dependent upon APS services. We address this process further in Chapter 7.

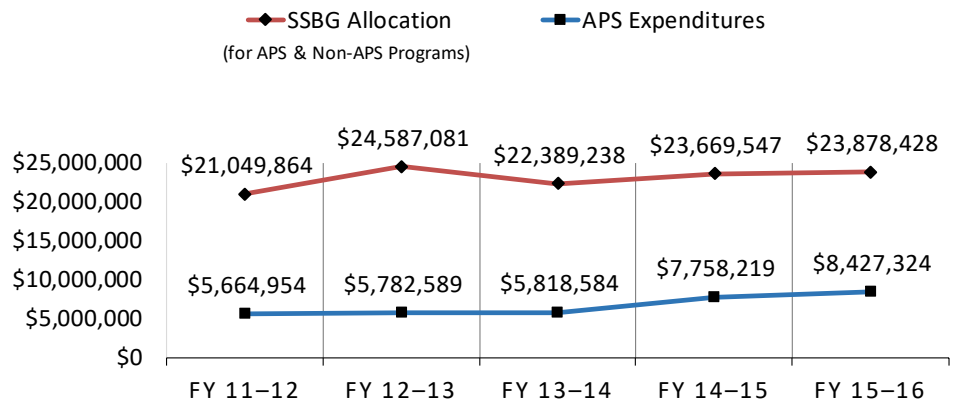
Revenues and Expenditures

The APS program primarily receives funding from the federal social services block grant (SSBG). The SSBG is the only federally-appropriated funding available for APS programs nationwide. However, these funds are not exclusively for APS services, but are authorized for use by any social service program offered in a state. Funds from the SSBG are allocated, subject to federal approval, among South Carolina's various social service programs such as APS and child welfare.

Until FY 15-16, the General Assembly had not directly appropriated any funds to the APS program. In FY 15-16, the General Assembly appropriated a recurring \$53,530 for employee retention. In the agency's FY 17-18 budget plan, another \$3,203,964 was requested for APS for case management, emergency placement beds, homemaker and personal care services, and a pilot project.

Graph 2.1 shows South Carolina's total SSBG allocation for federal fiscal years 2011–2012 through 2015–2016 and APS expenditures for state fiscal years 2011–2012 through 2015–2016. Expenditures for the program have increased by 49% since FY 12-13.

Graph 2.1: Social Security Block Grant Allocations and Adult Protective Services Expenditures, Federal and State Fiscal Years 2011–2012 Through 2015–2016



Note: SSBG allocations are in federal fiscal years while APS expenditures are in state fiscal years.

Sources: U.S. Department of Health and Human Services and DSS.

LAC Data Analysis of APS Cases

DSS collects information regarding its services through a database called the Child and Adult Protective Services System, or CAPSS. The agency uses the system generally as a case management resource— e.g., to summarize the status of investigations and treatment services, the frequency in which services are provided, and the number of vulnerable adults in open cases— rather than a performance management tool. However, we used the data to assess the performance of the APS program for FY 13-14, FY 14-15, and FY 15-16.

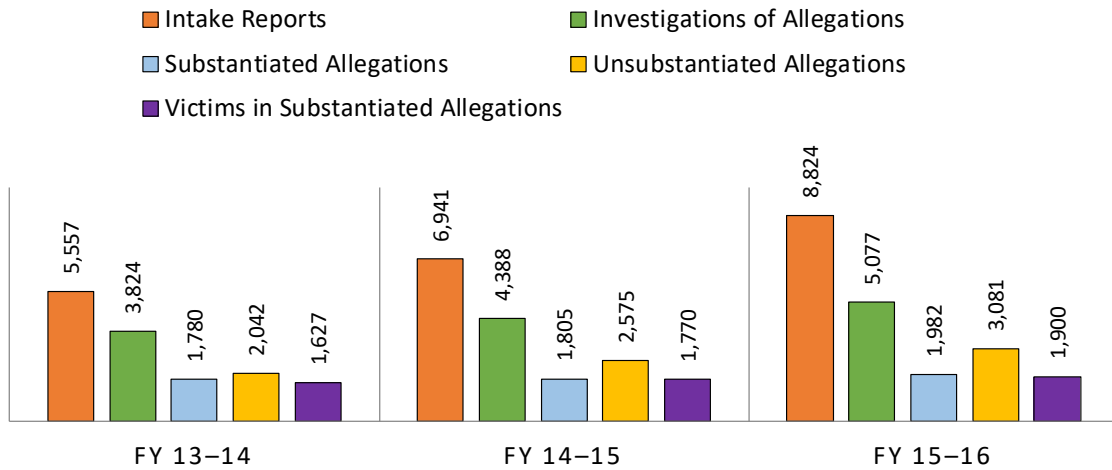
APS has the authority to assess and treat vulnerable adult maltreatment allegations that occur in private residences and public places and lack a suspicion of criminal activity. Allegations that occur in other settings and/or if there is a suspicion of criminal activity may be investigated by other state and local agencies. The disposition of these cases is not included in the CAPSS database.

Also, researchers indicate that elderly maltreatment is grossly underreported nationwide. A 2011 study of the prevalence of elder abuse in New York found that only 1 in every 23 cases was reported to the state’s adult protective services program. Due to these limitations, the data analysis presented here should not be used to generalize about the state’s vulnerable adult population.

Maltreatment

For FY 13-14 through FY 15-16, the number of intake reports, investigations of allegations, substantiated and unsubstantiated allegations, and victims in substantiated allegations increased yearly. Graph 2.2 provides a fiscal year overview of this data.

Graph 2.2: Summary of APS Data, FY 13-14 Through FY 15-16



Note: For each fiscal year, the number of investigations of allegations is greater than the sum of substantiated and unsubstantiated allegations because some investigations were closed but did not have a case decision recorded in the agency's database. See table below for specifics.

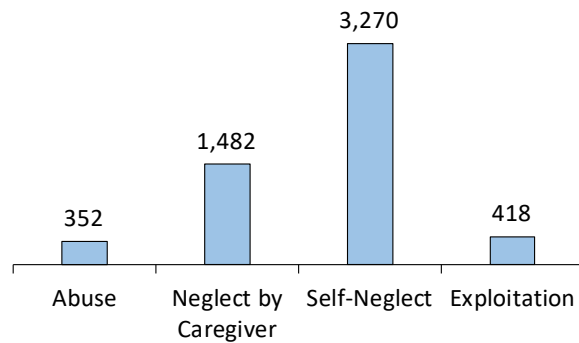
| INVESTIGATIONS WITHOUT CASE DECISIONS | | |
|---------------------------------------|----------|----------|
| FY 13-14 | FY 14-15 | FY 15-16 |
| 2 | 8 | 14 |

Also, the number of substantiated allegations is greater than the number of victims in substantiated allegations because some investigations contained multiple allegations per victim.

Source: LAC analysis of CAPSS data.

The most common type of maltreatment substantiated by APS in the period of our review was self-neglect. Graph 2.3 shows the distribution of substantiated APS maltreatments for FY 13-14 through FY15-16.

Graph 2.3: Substantiated APS Allegations, FY 13-14 Through FY 15-16



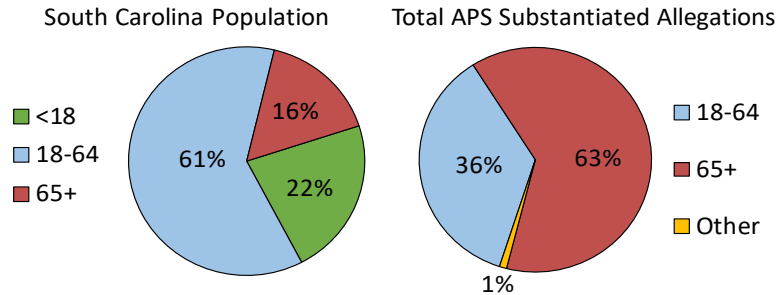
Note: An additional 45 allegations were substantiated; however, the type of maltreatment was not identified in the agency's database.

Source: LAC analysis of CAPSS data.

Characteristics of Victims and Perpetrators

According to the U.S. Census Bureau’s 2015 annual population estimates, 61% of South Carolina’s population was 18–64 years of age. However, only 36% of substantiated APS cases in FY 15-16 were perpetrated upon the same age group. Conversely, 16% of the state’s population was age 65 years or older while 63% of substantiated APS cases in FY 15-16 were perpetrated upon that age group.

Graph 2.4: S.C. Population as of July 1, 2015 versus Substantiated APS Allegations by Age Group in FY 15-16

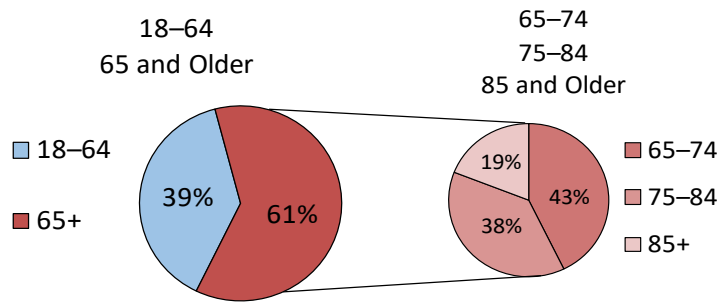


Notes: The “South Carolina Population” chart is 1% less than 100% due to rounding. The “Other” subgroup includes substantiated APS allegations in which the age of the victim was not identified in the agency’s database.

Source: LAC analysis of CAPSS data.

As shown earlier, self-neglect was the most common maltreatment substantiated. Persons in the 65 and older age group were found to have self-neglected more than those in the 18–64 age group. Within the 65 and older age group, those in the 65–74 and 75–84 subgroups were found to have self-neglected at nearly equal rates.

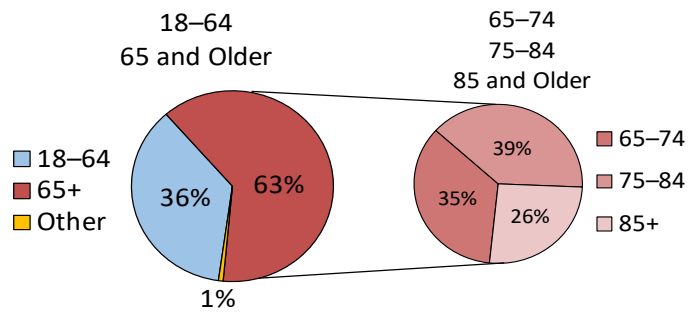
Graph 2.5: Substantiated APS Allegations of Self-Neglect by Age Group, FY 13-14 Through FY 15-16



Source: LAC analysis of CAPSS data.

Excluding self-neglect, the most common type of maltreatment was neglect by a caregiver perpetrated primarily upon the 65 and older age group.

Graph 2.6: Substantiated APS Allegations of Caregiver Neglect by Victim Age Group in FY 13-14 Through FY 15-16



Note: The "Other" subgroup includes substantiated APS allegations in which the age of the victim was not identified in the agency's database.

Source: LAC analysis of CAPSS data.

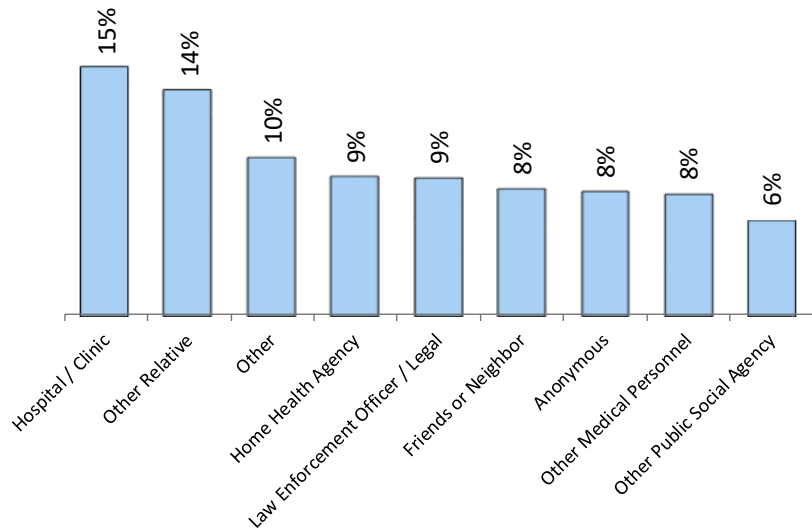
... excluding self-neglect, the two most common perpetrators of all types of maltreatment were a birth child or spouse.

Again, excluding self-neglect, the two most common perpetrators of all types of maltreatment were a birth child or spouse.

Mandated Reporters

S.C. Code §43-35-25(A) requires members of the medical, educational, law enforcement, and religious communities to report any *suspected* vulnerable adult maltreatment. Other persons with *actual knowledge* of vulnerable adult maltreatment are also required to report, regardless of their profession. In addition, others *suspecting* vulnerable adult maltreatment *but without actual knowledge* may report as well. Graph 2.7 shows the most common reporters of APS allegations by type in percentage for FY 13-14 through FY 15-16.

Graph 2.7: Reporters of APS Allegations by Type in Percentages, FY 13-14 Through FY 15-16



Source: LAC analysis of CAPSS data.

S.C.'s Vulnerable Adult Populations

Estimated Number of Vulnerable Adults in S.C.

Quantifying the number of vulnerable adults is difficult as the determination of vulnerability can be subjective and vulnerabilities that *substantially impair* the ability to care for oneself can vary from person to person. While advanced age alone does not indicate vulnerability, age-related conditions—such as those that cause changes in hearing, vision, movement, and memory—increase with age and may increase vulnerability.

To generate figures on South Carolina's elderly and disabled populations, we reviewed data that was either produced or sponsored by the U.S. Census Bureau (USCB). We also reviewed data that was released by the National Center for Health Statistics, which was developed under a collaborative arrangement with the USCB. For the purposes of this report, we categorized South Carolinians ages 65 and older as elderly.

In addition, we reviewed data from the S.C. Department of Health and Environmental Control (DHEC) licensing division, S.C. Department of Mental Health (DMH), and S.C. Department of Disabilities and Special Needs (DDSN) to approximate the number of facility residents because state statute defines residents of facilities as vulnerable.

The following table provides a summary of the data. It is likely that this data overlaps and therefore these figures should not be summed to generate a total.

Table 3.1: S.C.'s Estimated Vulnerable Adult Population

| | |
|--|---------|
| POPULATION 65 AND OLDER (as of July 1, 2015) | 794,795 |
| DISABLED POPULATION 18 AND OLDER (estimates from January 1, 2011–December 31, 2015) | 626,341 |
| FACILITY BEDS (as of November 2016–February 2017) | 43,486 |

Sources: LAC analysis of data from the USCB, American Community Survey, DHEC, DMH, and DDSN.

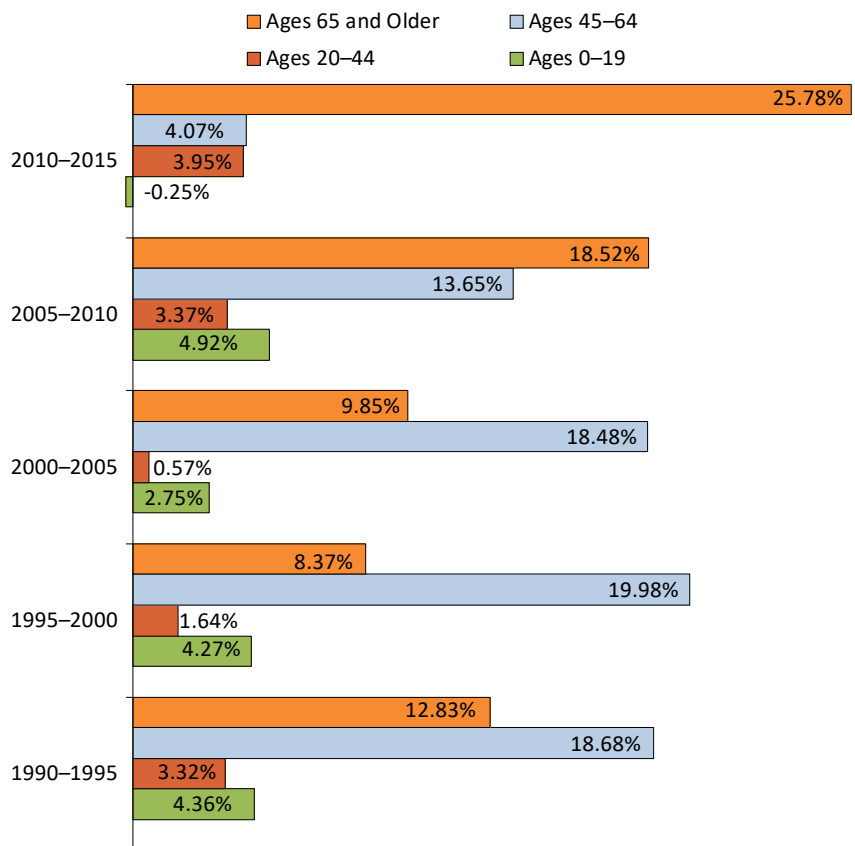
Elderly Population Growing Faster Than Any Other Age Group

According to the USCB, the United States population ages 65 and older is growing more rapidly than the population under age 65. The same is true for South Carolina. Graph 3.2 shows the state's population growth by age group since 1990.

The older population will continue to grow as the baby boomer generation, individuals born between 1946 and 1964, ages. In 2011, the oldest of the baby boomers turned 65 and by 2029, the youngest of the baby boomers will turn 65.

Graph 3.3 shows South Carolina's actual and projected population in millions by age group from 1990–2035.

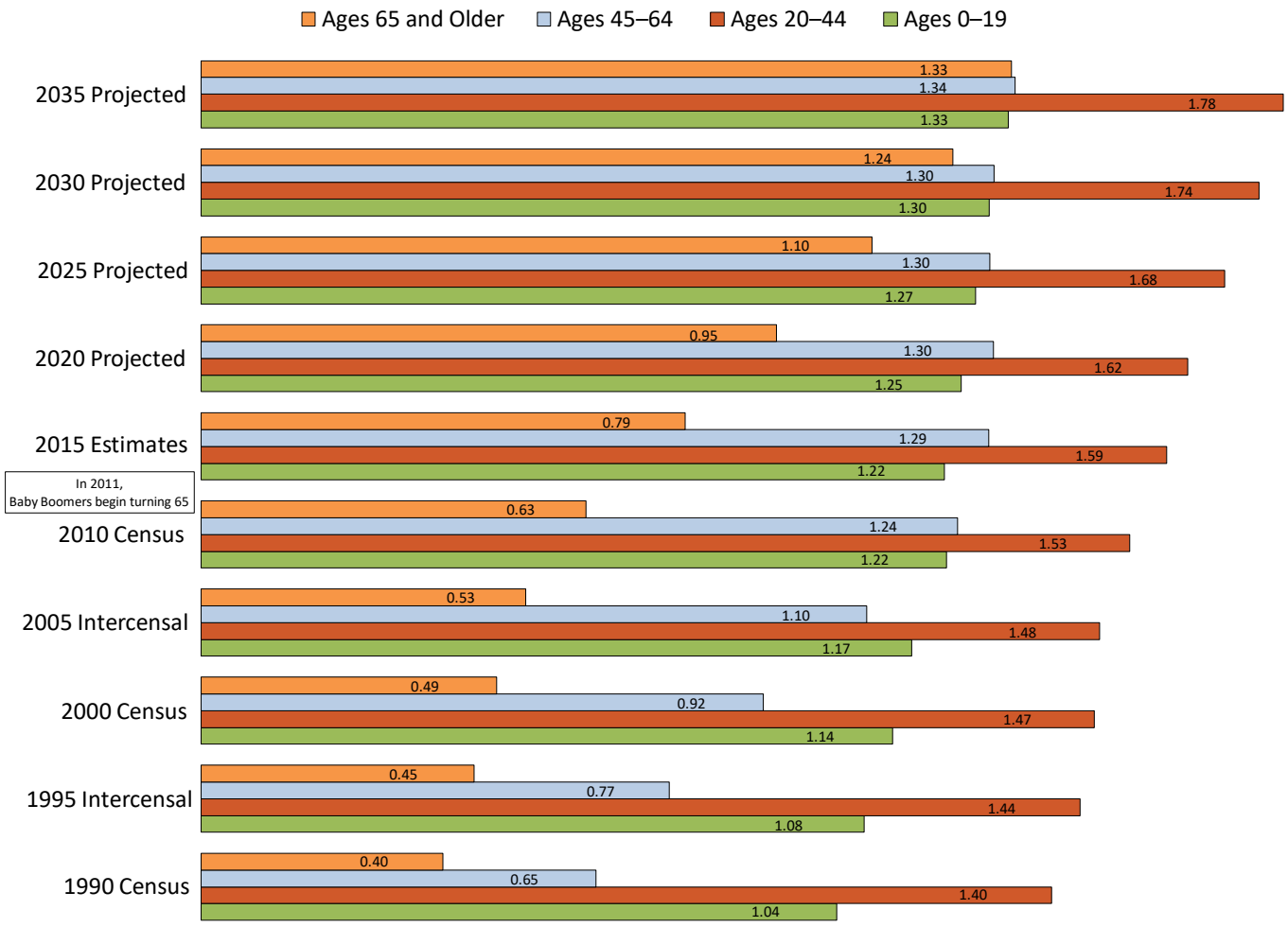
Graph 3.2: S.C. Population Growth Rate by Age Group, 1990–2015



Sources: LAC analysis of data from the:

- USCB for 1990, 2000, 2010, and 2015.
- National Center for Health Statistics under a collaborative arrangement with the USCB for 1995 and 2005.

**Graph 3.3: S.C. Population by Age Group
in Millions From 1990–2035**



| | 1990 Census | 1995 Inter-censal | 2000 Census | 2005 Inter-censal | 2010 Census | 2015 Estimates | 2020 Projected | 2025 Projected | 2030 Projected | 2035 Projected |
|---------------------|-------------|-------------------|-------------|-------------------|-------------|----------------|----------------|----------------|----------------|----------------|
| ■ Ages 65 and Older | 396,935 | 447,867 | 485,333 | 533,157 | 631,874 | 794,795 | 945,640 | 1,102,100 | 1,235,420 | 1,331,510 |
| ■ Ages 45–64 | 648,392 | 769,520 | 923,232 | 1,093,862 | 1,243,223 | 1,293,876 | 1,301,500 | 1,295,420 | 1,302,590 | 1,337,360 |
| ■ Ages 20–44 | 1,397,610 | 1,444,033 | 1,467,669 | 1,476,070 | 1,525,842 | 1,586,093 | 1,620,940 | 1,681,710 | 1,737,690 | 1,778,310 |
| ■ Ages 0–19 | 1,043,766 | 1,089,295 | 1,135,778 | 1,167,061 | 1,224,425 | 1,221,382 | 1,248,780 | 1,271,930 | 1,294,410 | 1,326,470 |
| All Ages | 3,486,703 | 3,748,584 | 4,012,012 | 4,270,150 | 4,625,364 | 4,896,146 | 5,116,860 | 5,351,160 | 5,570,110 | 5,773,650 |

Notes: Population projections are based on the most current data available and do not account for external influences, which may affect births, deaths, and migration patterns. Projections are likely to be more accurate in the immediate future than in distant years into the future. Intercensal population estimates are estimates made for the years between two completed censuses which take into account the census at both the beginning and end of the decade.

Sources: LAC analysis of data from the:

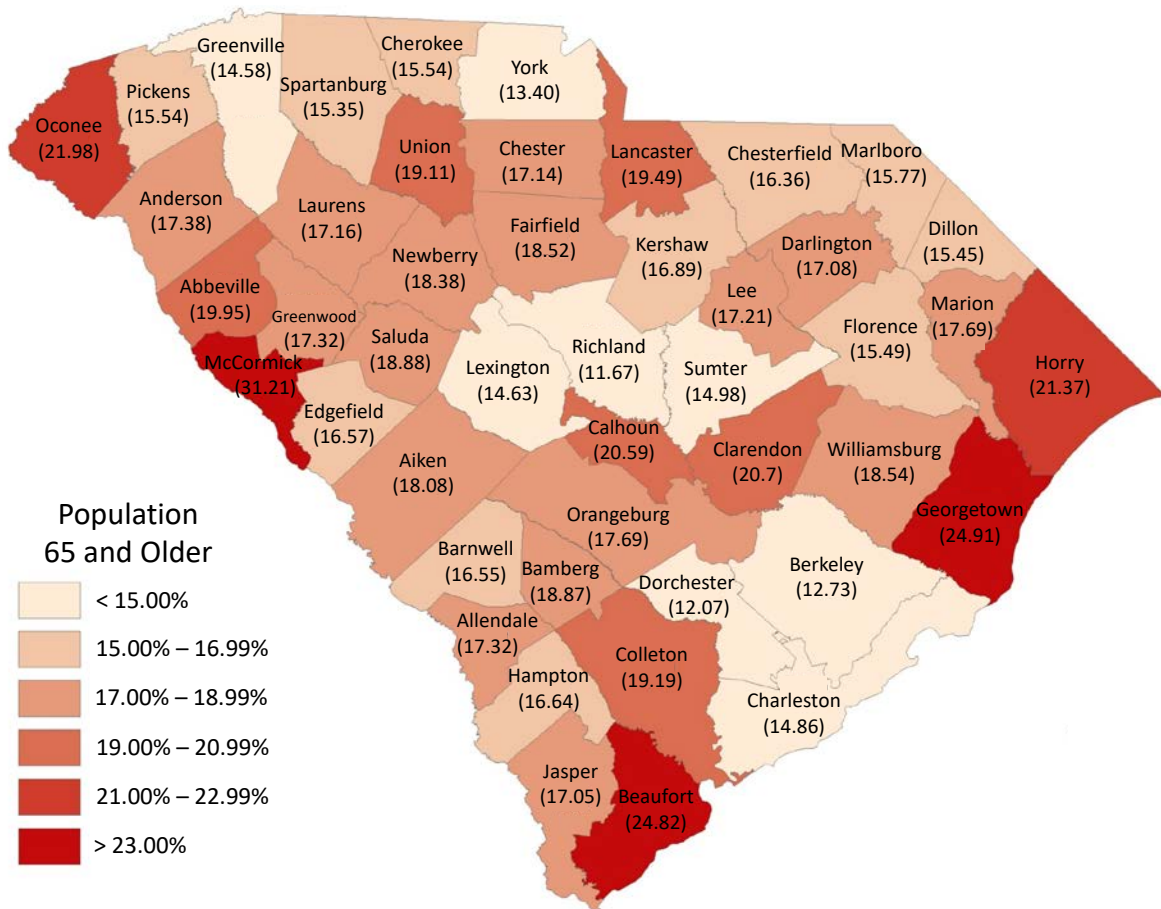
- USCB for 1990, 2000, 2010, and 2015.
- National Center for Health Statistics under a collaborative arrangement with the USCB for 1995 and 2005.
- S.C. Office of Revenue and Fiscal Affairs based on USCB census data and birth and death data from the S.C. Department of Health and Environmental Control, Vital Statistics for 2020, 2025, 2030, and 2035.

According to the USCB, there were 4.9 million South Carolinians in 2015. Of this estimate, 794,795 or 16% of the state's total population were ages 65 or older. By 2035, forecasters project that South Carolina's population will reach 5.8 million and the population ages 65 or older will increase to 1.3 million, or 23% of the state's total population. Stated another way, currently, one in every six South Carolinians is ages 65 or older. In 2035, one in every four South Carolinian's will be ages 65 or older.

Map 3.4 shows the percentage of South Carolina's population ages 65 and older by county and Map 3.5 shows the percentage of South Carolina's population ages 85 and older population by county, both as of July 1, 2015 (see Appendix B for additional data on South Carolina's elderly population by county).

**Map 3.4: S.C. Population Ages 65 and Older
as a Percentage of the County's Total Population as of July 1, 2015**

Highest—31.21% (McCormick)
Lowest—11.67% (Richland)
South Carolina—16.23%

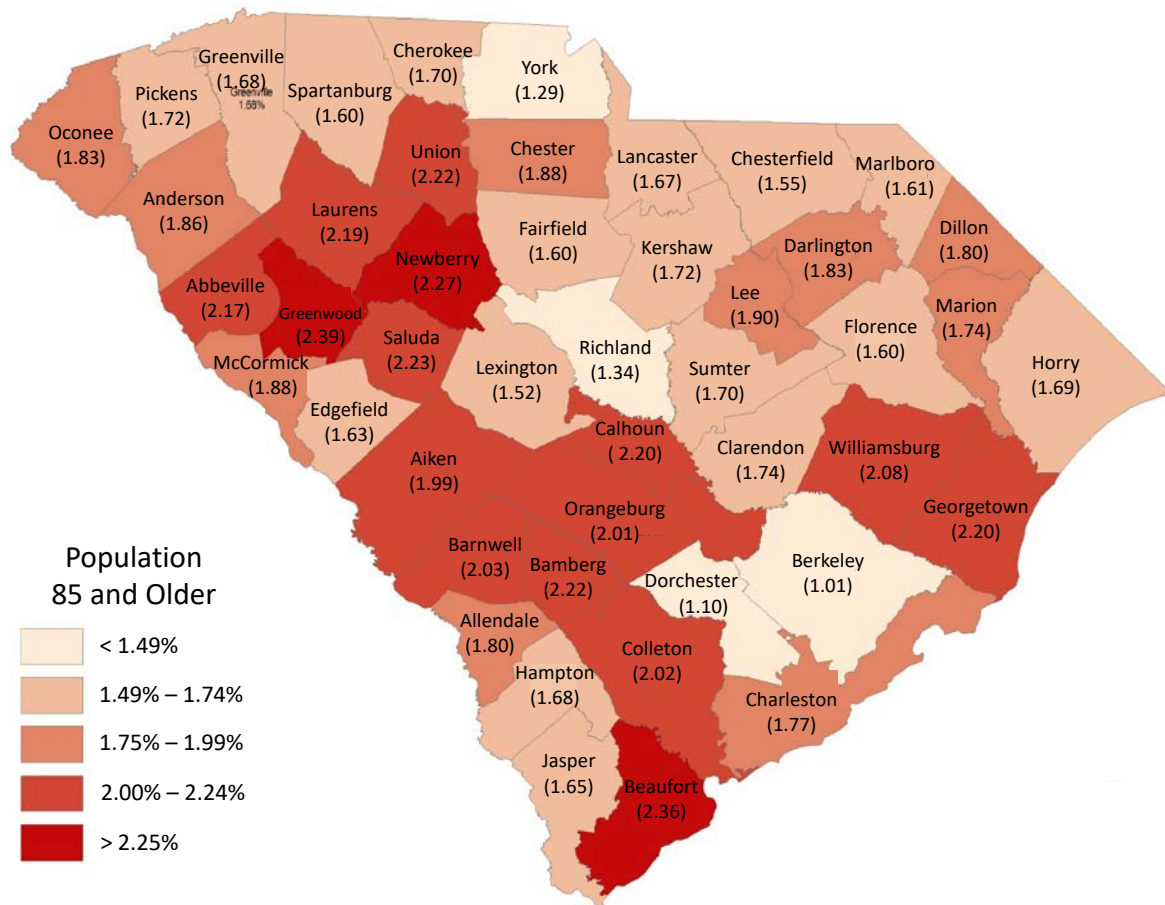


Source: LAC analysis of data from the National Center for Health Statistics, which was prepared under a collaborative arrangement with the USCB.

Map provided by the S.C. Office of Revenue and Fiscal Affairs.

**Map 3.5: S.C. Population Ages 85 and Older
as a Percentage of the County's Total Population as of July 1, 2015**

Highest—2.39% (Greenwood)
Lowest—1.01% (Berkeley)
South Carolina—1.68%



Source: LAC analysis of data from the National Center for Health Statistics, which was prepared under a collaborative arrangement with the USCB.

Map provided by S.C. Office of Revenue and Fiscal Affairs.

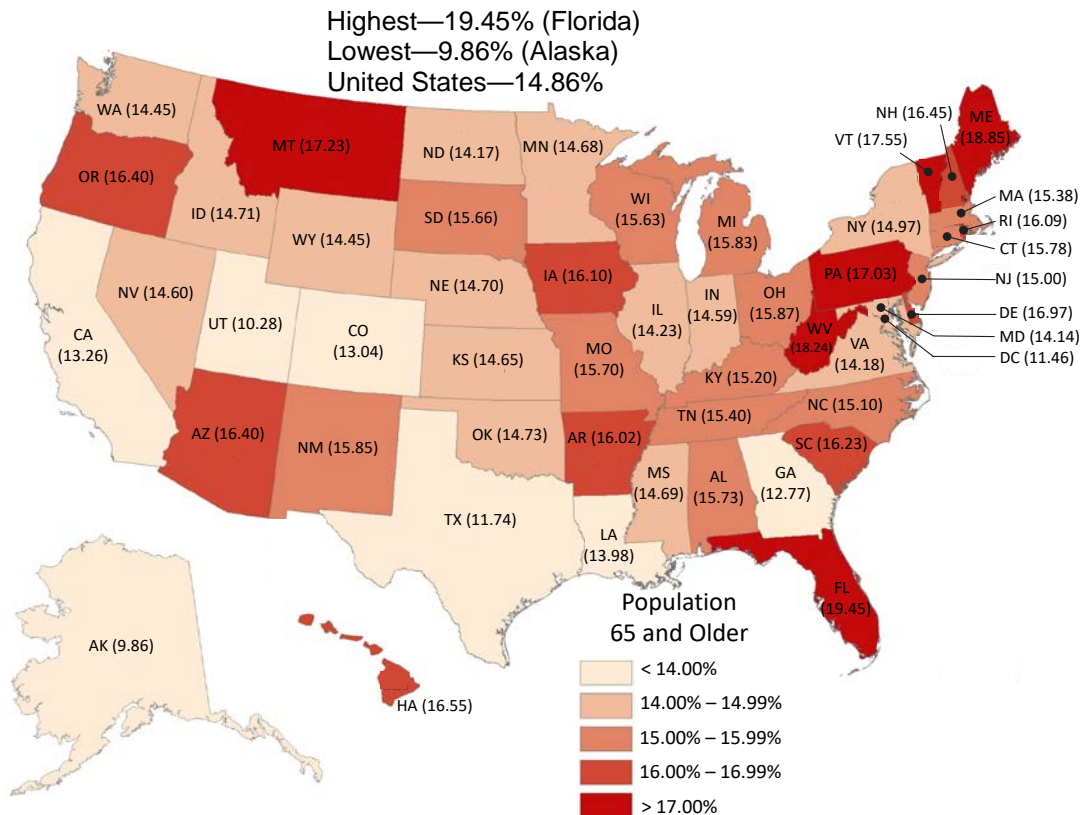
S.C. Compared to Other States

Based on 2015 population estimates by the National Center for Health Statistics, which prepared under a collaborative arrangement with the USCB, out of 50 states and the District of Columbia, South Carolina ranked:

- 7th in the percentage of population ages 65–74.
- 19th in the percentage of population ages 75–84.
- 12th in the percentage of population ages 65 and older.
- 44th in the percentage of population ages 85 and older.

Map 3.6 shows the population ages 65 and older as a percentage of each state's total population as of July 1, 2015

**Map 3.6: U.S. Population Ages 65 and Older
as a Percentage of Each State's Total Population as of July 1, 2015**



Source: LAC analysis of data from the National Center for Health Statistics, which was prepared under a collaborative arrangement with the USCB.

Map provided by S.C. Office of Revenue and Fiscal Affairs.

12th in U.S. for Total Population With a Disability

While disability and vulnerability are not synonymous, South Carolina law defines individuals with a physical or mental condition that substantially impairs their ability to care for themselves as vulnerable. Therefore, individuals with disabilities are more likely to be included in the vulnerable population.

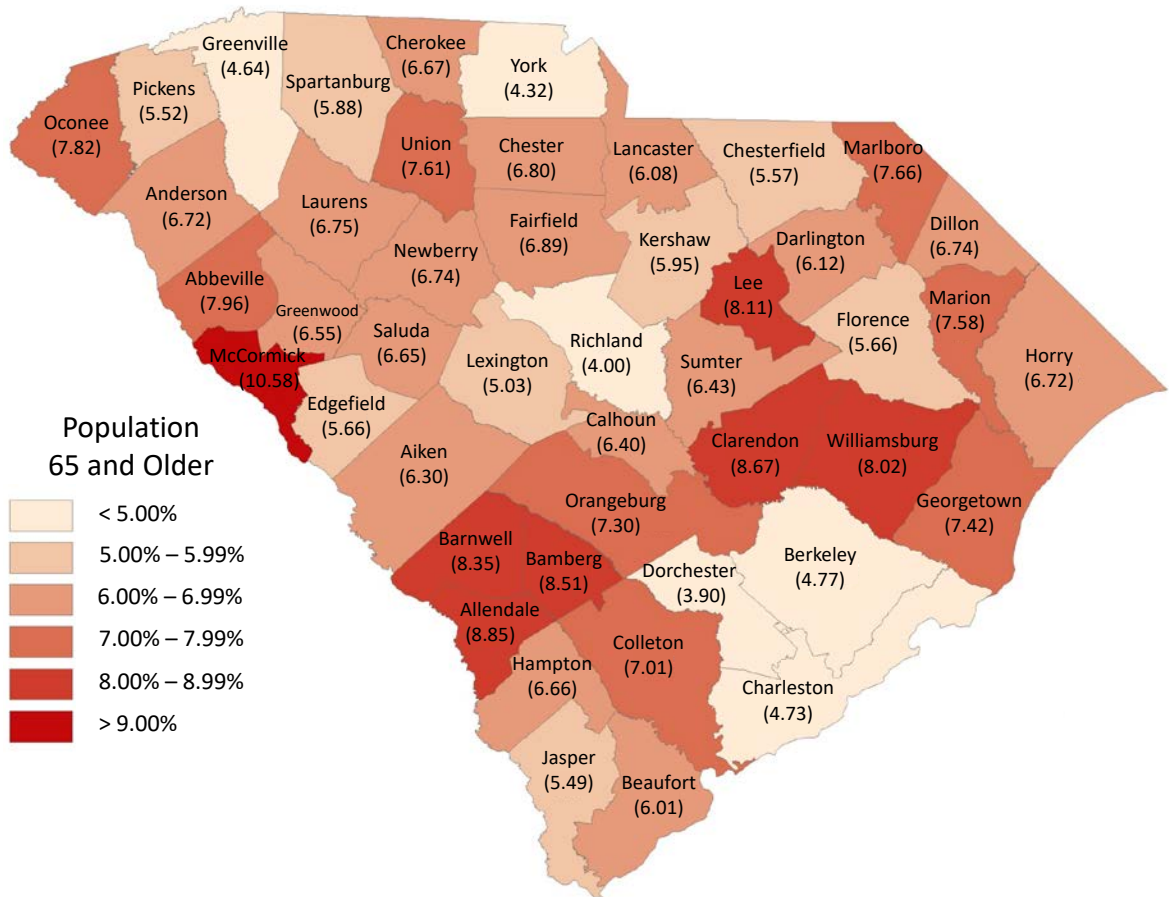
To determine the number of disabled South Carolinians, we analyzed data on disability status from the American Community Survey (ACS). The ACS is a nationwide survey, sponsored by the USCB, which gathers more information about the United States population than the decennial census such as demographic, housing, social, and economic characteristics. The ACS releases data in both one-year and five-year estimates. For reliability and availability of county-level data, we used ACS five-year estimates for the most recent time period available (2011–2015). Multiyear estimates describe the average characteristics over the period of data collection, in this case, the average disability status of persons between 2011–2015. As a result, this data differs from USCB's 2015 annual population estimates discussed above.

Also note that ACS disability status data is limited to the civilian, non-institutionalized population. From this category, ACS excludes active-duty military personnel and the population living in correctional facilities and nursing homes. Since adult protective services is primarily involved in providing services to the non-institutionalized population, this data more likely resembles the population for whom adult protective services is responsible.

Map 3.7 shows the percentage of the South Carolina population ages 18–64 with a disability by county. Map 3.8 shows the percentage of the South Carolina population ages 65 and older with a disability by county. Both maps represent 2011–2015, five-year estimates.

**Map 3.8: S.C. Population Ages 65 and Older With a Disability
as a Percentage of the County's Total Population, 2011–2015 Five-Year Estimates**

Highest—10.58% (McCormick)
Lowest—3.90% (Dorchester)
South Carolina—5.65%



Source: LAC analysis of data from USCB, American Community Survey.

Map provided by S.C. Office of Revenue and Fiscal Affairs.

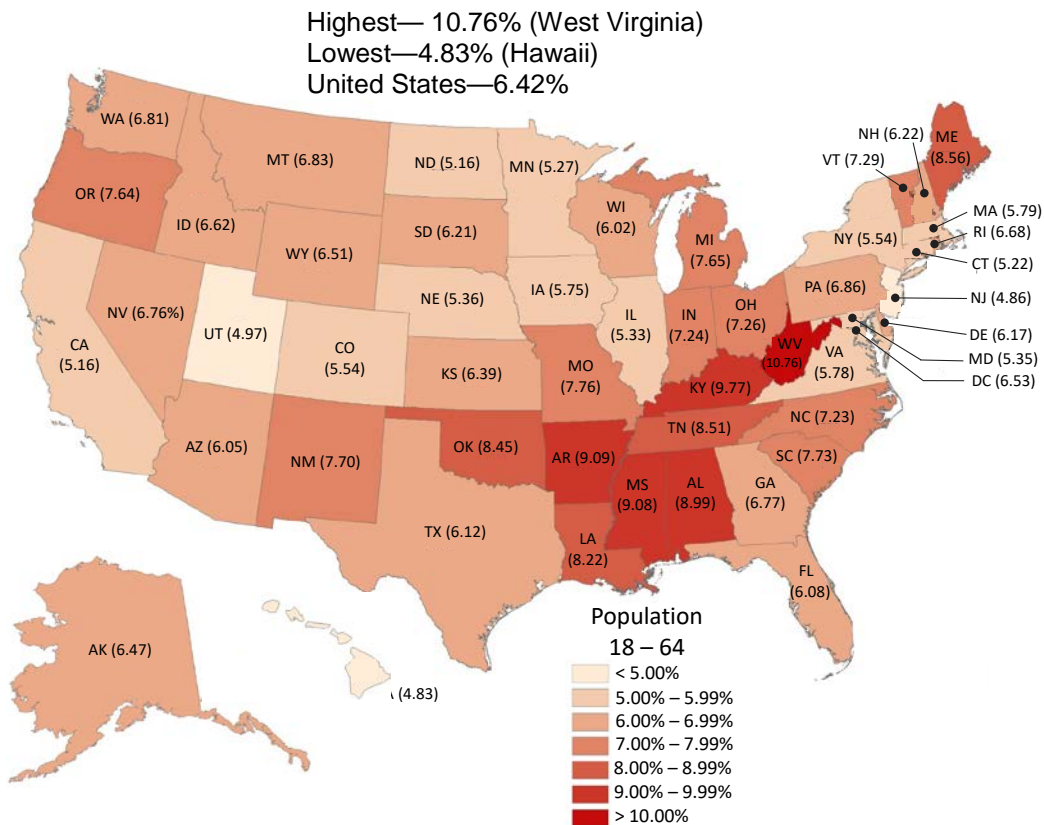
S.C. Compared to Other States

According to ACS 2011–2015 five-year estimates, out of 50 states and the District of Columbia, South Carolina ranked:

- 12th in the percent of total population with a disability.
- 11th in the percent of population ages 18–64 with a disability.
- 13th in the percent of population ages 65 and older with a disability.

Map 3.9 shows the population ages 18–64 with a disability by state. Map 3.10 shows the population ages 65 and older with a disability by state. Both maps represent 2011–2015, five-year estimates.

Map 3.9: U.S. Population Ages 18–64 With a Disability as a Percentage of Each State's Total Population, 2011–2015 Five-Year Estimates

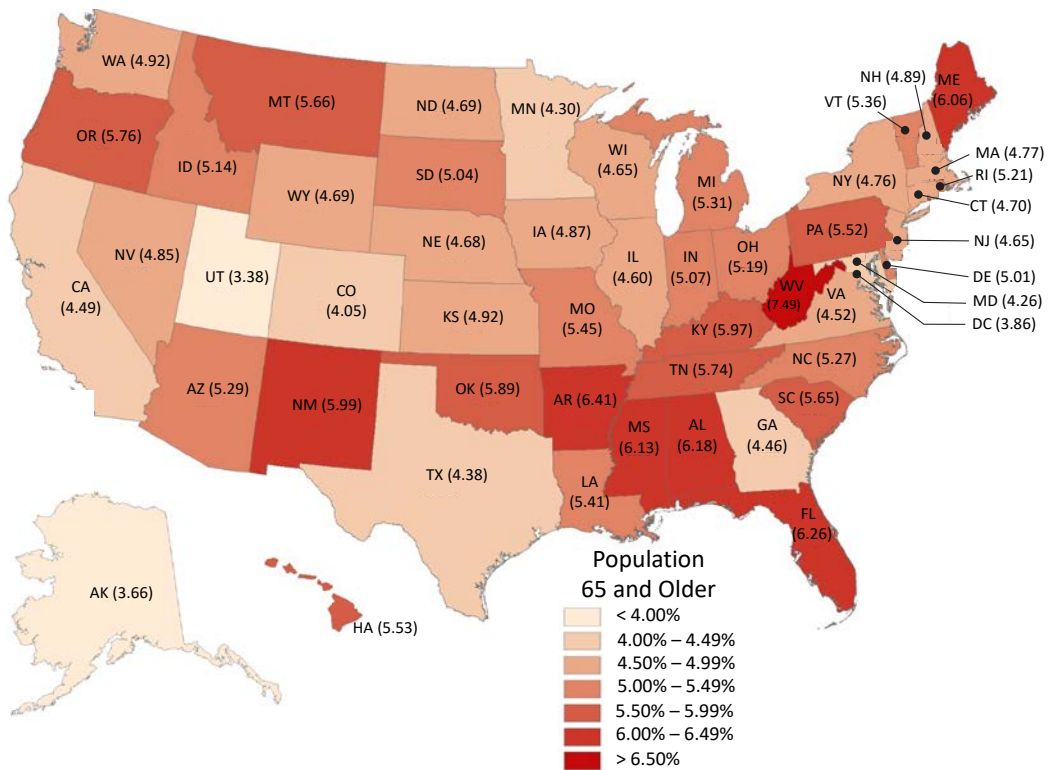


Source: LAC analysis of data from USCB, American Community Survey.

Map provided by S.C. Office of Revenue and Fiscal Affairs.

**Map 3.10: U.S. Population Ages 65 and Older With a Disability
as a Percentage of Each State's Total Population, 2011–2015 Five-Year Estimates**

Highest—7.49% (West Virginia)
Lowest—3.38% (Utah)
United States—5.01%



Source: LAC analysis of data from USCB, American Community Survey.

Map provided by S.C. Office of Revenue and Fiscal Affairs.

Data for Facility Residents in S.C. Unavailable

State law defines a resident of a facility as a vulnerable adult. S.C. Code §43-35-10(4), defines a “facility” as a nursing home, community residential care facility (also known as an assisted living facility), or a psychiatric hospital. It also includes residential programs operated or contracted by DDSN or DMH.

To approximate the number of residents in facilities, we reviewed the number of beds licensed by DHEC in nursing homes, assisted living facilities, and psychiatric hospitals. We also gathered data from DDSN and DMH for the number of beds these agencies operate or contract that are not licensed by DHEC. Table 3.11 shows the number of beds, licensed and unlicensed by DHEC, in “facilities,” as defined by state law.

Table 3.11: Count of Facility Beds, FY 16-17

| FACILITY TYPE | BED TYPE | |
|-------------------------------------|---------------|--------------|
| | LICENSED | UNLICENSED |
| Nursing Home | 20,267 | |
| Community Residential Care Facility | 17,838 | |
| Psychiatric Hospital | 817 | 97 |
| Other DDSN-operated/contracted beds | | 4,057 |
| Other DMH-operated/contracted beds | 174 | 236 |
| TOTAL Bed Types | 39,096 | 4,390 |

| | |
|------------------------------------|---------------|
| TOTAL Vulnerable Adult Beds | 43,486 |
|------------------------------------|---------------|

Sources: LAC analysis of data from DHEC, DDSN, and DMH.

It is unlikely that these figures represent the actual number of vulnerable adults residing in a facility within a given year for two reasons. Facilities may be licensed for more beds than an agency can fund, resulting in a higher licensed bed count than actual capacity. Furthermore, turnover could cause the actual number of facility residents to double or triple the capacity count.

Data on the actual number of facility residents was not available for each of these types of facilities. If this data were available, it could provide a more close approximation of the actual number of facility residents.

Recommendation

1. The General Assembly should require entities defined as facilities in S.C. Code §43-35-10(4) to maintain a record of the actual number of residents on an annual basis.

Caseworker Qualifications, Salaries, and Caseloads

We reviewed state law, as well as the policies and practices in South Carolina and other states regarding recruitment and retention of qualified caseworkers and found that the S.C. Department of Social Services (DSS):

- Has not clearly defined acceptable education and experience requirements for caseworkers.
- Has relied heavily on inexperienced adult protective services (APS) caseworkers and those without social work degrees.
- Has not accurately advertised education requirements in its job postings.
- Has not formally required pre-hire fingerprint background checks for all agency caseworkers.
- Has not conducted a formal salary study for caseworkers yet has increased salaries for the different types of caseworkers at varying rates.
- Pays caseworkers below market averages.
- Has not established a career path adequate for retaining qualified caseworkers.
- Has advertised lower than actual salaries for caseworkers thereby discouraging potential applicants.
- Has neither analyzed APS caseworker turnover nor established standards for acceptable rates of turnover.
- Has not ensured that APS caseloads do not exceed the department's caseload standard.
- Has higher average caseloads for less experienced APS caseworkers than their more experienced counterparts, both statewide and within certain counties.

Caseworker Education and Experience Requirements

Minimum Education for Caseworker Positions

In 2014, DSS raised the minimum requirements for its child welfare caseworkers. However, these new requirements are not clearly defined within DSS and do not apply to APS caseworkers. The APS program relies heavily on new and inexperienced caseworkers, as well as workers without social work degrees. Additionally, DSS standards for relevant experience are overly broad. These issues may result in APS caseworkers being less prepared to work with vulnerable adults.

Child welfare caseworkers are required to meet higher education standards than APS caseworkers.

Child Welfare Caseworkers

Prior to October 13, 2014, DSS required that caseworkers have a bachelor's degree but did not specify that the degree be in a particular subject.

In 2014, the Legislative Audit Council (LAC) recommended that new child welfare caseworkers have at least one of the following:

- A bachelor's degree in social work.
- A bachelor's degree in a behavioral science field.
- A bachelor's degree in another field with a minimum number of years of relevant experience.

Following this recommendation, DSS changed its hiring requirements so that new child welfare caseworkers needed one of the following:

- A bachelor's degree in social work.
- A bachelor's degree in a behavioral science field.
- A bachelor's degree in a social science field.
- A bachelor's degree in another field and at least one year of relevant experience.

DSS human resources policy does not define either "behavioral science" or "social science" for the purposes of evaluating applicant credentials, nor does it contain a list of degrees that would satisfy the education requirement for new caseworkers. The determination whether an applicant's education satisfies the position's credential requirement is at the discretion of the human resources manager.

DSS provided the following examples of degree subjects that would qualify as either “behavioral science” or “social science”:

- Psychology.
- Sociology.
- Criminology.
- Political Science.

It is unclear what relevance political science and other social science degrees have to the responsibilities of caseworkers. In addition, without an internal set of clear standards with which to evaluate applicant credentials, caseworker applications may be evaluated inconsistently, which could lead to less qualified candidates being hired.

APS Caseworkers

According to a DSS official, however, the updated credential requirements only apply to child welfare caseworkers, and those under consideration for caseworker positions in APS are only required to have a bachelor’s degree in any subject. Furthermore, these new requirements are not reflected in the DSS classification plan, which, as of January 2017, still stated that child welfare caseworkers only needed a bachelor’s degree, and did not mention APS. During our review, DSS stated its intention to change its policy to require APS caseworkers to have at least 20 hours of continuing education per year, 10 of which must be in APS-related subjects.

Actual Education of APS Caseworkers

We reviewed the academic credentials of all APS caseworkers active as of September 2016. We found that fewer than a quarter of them had social work degrees and, as shown in Table 4.1, 41% had degrees DSS considers to be behavioral or social sciences.

Table 4.1: Education of APS Caseworkers as of September 19, 2016

| DEGREE SUBJECT | TOTAL | |
|----------------------------|--------|---------|
| | NUMBER | PERCENT |
| Social Work | 18 | 23.1% |
| Behavioral/Social Science* | 32 | 41.0% |
| Other | 28 | 35.9% |
| TOTAL | 78 | 100% |

*Includes those with a degree in Political Science, Sociology, Psychology, or Criminology.

Source: LAC analysis of DSS data.

Research on Caseworker Education

In 2014, the LAC reviewed the available research on the performance of caseworkers with and without social work degrees. Most studies the LAC reviewed found positive benefits, such as improved job performance and increased preparedness among workers with social work degrees than among those without them. The LAC also found research showing that caseworkers with social work or behavioral sciences degrees had lower voluntary turnover rates than caseworkers with degrees in other subjects. We identified three studies that did not show positive benefits to social work education, but most of the research we reviewed found that caseworkers with social work education have lower turnover and are better prepared for the job than those with other degrees.

Education Requirements in Other States

We reviewed the job qualifications for APS caseworkers and similar positions in Alabama, Kentucky, Tennessee, Florida, Georgia, Virginia, and West Virginia, as well as three counties in North Carolina. We found that the most common minimum degrees were those in social work, a behavioral science field, or a human services field. Virginia defines human services fields to be the field of family services and related degrees, including counseling, gerontology, guidance and counseling, family and child development, psychology, sociology, or other related degrees. Only two states we reviewed included social science degrees in their credential requirements — Florida and Alabama.

Minimum Experience Requirements

DSS requires child welfare caseworkers without a degree in social work, a behavioral science, or a social science to have at least one year of experience in a related field. DSS provided a list of 23 fields it considers to be related to caseworker positions, which are listed in Table 4.2. It is not clear that all of these fields are truly relevant to the responsibilities of DSS caseworkers.

Table 4.2: Fields Designated by DSS as Related to Caseworker Responsibilities

| | | | |
|---|---------------------------|----------------------------|---------------------------|
| Human Services | Social Work | Social Welfare | Residential Facilities |
| Residential Care | Mental Health | Counseling | Education |
| Criminal Justice | Child Development | Caregiver | Public Health |
| Public Administration | Treatment Programs | After School Programs | Community Health Programs |
| Community Service Programs | Service to Families | Services to Children/Youth | Services to Adults |
| Program Administration of Services to Children/Families | Vocational Rehabilitation | Interdisciplinary Studies | |

Source: DSS

Actual Experience of APS Caseworkers

Data provided by DSS included information regarding how long each employee had been continuously employed by the State of South Carolina, by DSS, and in his or her state job classification. Caseworkers at DSS are given the state job title of Human Services Specialist II. As of September 2016, APS caseworkers had an average of 6.14 years of experience as Human Services Specialist II employees, and a median level of experience of 2.36 years. As shown in Graph 4.3, nearly 30% of full-time APS caseworkers had less than one full year of experience.

Graph 4.3: Percent of Full-Time APS Caseworkers by Years of Experience as of September 19, 2016



Note: Experience is the continuous time each worker has been employed in his or her respective job classification. This will reset if a person leaves work and then returns to that same job classification, or is employed as a temporary worker and becomes a full-time employee.

Source: LAC analysis of DSS data.

Caseworker experience also varies greatly by county. As shown in Table 4.4, some counties, such as Calhoun, Lee, and Marlboro, had caseworkers with more than two decades of experience, but others, such as Berkeley, Fairfield, Lexington, Sumter, and Williamsburg, had workers with less than one year of experience.

Table 4.4: Average Years of Experience of APS Caseworkers by County as of September 19, 2016

| COUNTY | NUMBER OF FULL TIME CASEWORKERS | AVERAGE YEARS OF EXPERIENCE IN JOB CLASSIFICATION | POPULATION 18 64 (AS OF JULY 1, 2015) | POPULATION 65 AND OLDER (AS OF JULY 1, 2015) |
|--------------|---------------------------------|---|---------------------------------------|--|
| Calhoun | 1 | 23.4 | 8,758 | 3,043 |
| Lee | 2 | 20.9 | 11,098 | 3,080 |
| Marlboro | 1 | 20.7 | 17,565 | 4,335 |
| Marion | 1 | 19.1 | 18,657 | 5,617 |
| Kershaw | 1 | 18.1 | 37,941 | 10,743 |
| Dorchester | 1 | 14.8 | 95,308 | 18,406 |
| Dillon | 1 | 13.9 | 18,348 | 4,826 |
| Georgetown | 1 | 13.9 | 33,924 | 15,267 |
| Aiken | 3 | 13.1 | 99,461 | 29,985 |
| Chester | 1 | 13.1 | 19,340 | 5,530 |
| Cherokee | 2 | 12.2 | 34,082 | 8,734 |
| Clarendon | 3 | 11.8 | 19,893 | 6,991 |
| Chesterfield | 4 | 8.4 | 27,903 | 7,528 |
| Horry | 5 | 8.1 | 184,214 | 66,081 |
| Union | 1 | 7.5 | 16,480 | 5,307 |
| Darlington | 2 | 6.3 | 40,608 | 11,535 |
| Greenville | 5 | 5.4 | 305,057 | 71,724 |
| Richland | 6 | 4.0 | 271,087 | 47,511 |
| Oconee | 1 | 3.8 | 43,859 | 16,645 |
| Orangeburg | 1 | 3.5 | 53,379 | 15,779 |
| Charleston | 4 | 3.3 | 253,211 | 57,844 |
| York | 1 | 2.7 | 155,706 | 33,653 |
| Beaufort | 1 | 2.1 | 99,620 | 44,574 |
| Hampton | 1 | 2.0 | 12,266 | 3,336 |
| Lancaster | 2 | 1.8 | 50,359 | 16,734 |
| Jasper | 1 | 1.6 | 17,158 | 4,744 |
| Anderson | 3 | 1.4 | 115,809 | 33,829 |
| Spartanburg | 6 | 1.4 | 181,834 | 45,633 |
| Pickens | 2 | 1.2 | 78,931 | 18,905 |
| Florence | 3 | 1.0 | 83,923 | 21,513 |
| Williamsburg | 1 | 0.8 | 19,456 | 6,033 |
| Fairfield | 1 | 0.6 | 13,900 | 4,213 |
| Sumter | 2 | 0.4 | 64,991 | 16,101 |
| Berkeley | 2 | 0.3 | 127,824 | 25,819 |
| Lexington | 1 | 0.1 | 174,401 | 41,223 |
| Statewide | 74 | 6.4 | 3,009,763 | 794,795 |

Sources: LAC analysis of data from DSS and the National Center for Health Statistics, which was prepared under a collaborative arrangement with the U.S. Census Bureau.

The relative lack of experienced APS caseworkers suggests that the program has difficulty retaining its workers as they progress through their careers. Information pertaining to the potential causes of this retention issue, as well as strategies to address it, can be found in later sections of this chapter, such as *Salaries, Caseloads, and Turnover Analysis*.

Advertising Caseworker Credential Requirements

DSS uses an online human resources system to advertise open positions and accept applications from interested candidates. Applications for caseworker positions in child welfare, APS, and foster care are usually collected through a single, continuous job listing, though short-term listings for specific positions are occasionally posted as well. All of these positions are classified under the state job title of Human Services Specialist II.

According to a DSS official, if an applicant applies through the continuous job listing and is being considered for a position in APS, he or she will be required to have only a bachelor's degree in any subject. However, the job listing states that the education requirement is a social work degree, a behavioral or social science degree, or another degree and one year of related experience. Because of this discrepancy, applicants who would like to work in APS may be dissuaded from applying if they are not aware of the actual minimum qualifications.

Financial Support for Caseworker Education

In its FY 16-17 budget plan, DSS requested \$1.5 million to establish a tuition incentive and student loan repayment program, with a maximum benefit of \$7,500 per participant. DSS stated that the purpose of this program would be to improve retention, but it could also be an effective recruitment tool and lead to a more educated workforce, which would improve the quality of services provided to the children and adults the agency serves.

Recommendations

2. The S.C. Department of Social Services should require that newly-hired adult protective services caseworkers have at least one of the following:
 - A bachelor's degree in social work.
 - A bachelor's degree in a behavioral science or human services field.
 - A bachelor's degree in another field with at least one year of relevant experience.
3. The S.C. Department of Social Services should develop and implement a written policy with minimum requirements for hiring adult protective services caseworkers that includes a list of fields of education and experience specifically related to the responsibilities of the position.
4. The S.C. Department of Social Services should ensure that its education requirements for caseworker positions are made clear to all job applicants.

Criminal Background Checks

We reviewed state and federal law, DSS policy, and DSS practices regarding criminal background checks for APS caseworkers. We found that DSS has implemented background check requirements for most APS caseworkers although these requirements are not specifically mentioned either in statute or DSS policy. DSS reported that it intends to change its practices with regard to APS caseworkers going forward which will help to ensure the safety of the vulnerable adults it serves.

State Law and DSS Policy

There are several types of criminal background checks available to employers. The South Carolina Law Enforcement Division (SLED) can run criminal records checks but they will only contain criminal records information from South Carolina. SLED checks can be run using personal information such as name, date of birth, and Social Security number. However, this may result in false positives or false negatives. If required by state law, SLED may also use a person's fingerprints to check state criminal records, which will produce a more accurate result. At the national level, the Federal Bureau of Investigation (FBI) can also conduct fingerprint background checks subject to federal laws.

Under Federal Public Law 92-544, organizations requesting fingerprint background checks from the FBI for non-criminal justice purposes must be authorized to do so by a state law approved by the U.S. Attorney General. However, the National Child Protection Act and the Volunteers for Children Act allow state agencies that provide services to children, the elderly, and/or the disabled to request FBI fingerprint checks without a state statute specifically requiring them to do so.

According to DSS policy, all prospective employees, including APS applicants, are required to undergo SLED background checks and checks against the Central Registry of Child Abuse and Neglect. Background check requirements for APS caseworkers are not specifically addressed in state law. According to DSS officials, APS caseworkers only receive SLED name checks but not fingerprint checks.

For child protective services applicants, however, DSS policy and S.C. Code §63-13-190 require pre-hire state and national fingerprint background checks. The law also states that no person shall be hired into child protective services if he or she has been convicted of, or pled guilty or no contest to, certain crimes listed in S.C. Code §63-13-40(A).

Inconsistent Application of DSS Policy

We reviewed the human resources files of the 19 caseworkers hired into APS after September 19, 2015, and still employed in APS as of September 19, 2016. This review revealed that all of them received pre-hire fingerprint background checks, despite not being required by state law or DSS policy.

In a separate review of all APS caseworkers (including those hired prior to September 19, 2015), we found a total of 14 APS caseworkers who had not been fingerprinted as of September 19, 2016. Three of these workers had one child welfare case at some point in calendar years 2014 or 2015. Because caseworkers may have mixed caseloads with both APS and child welfare cases, running fingerprint checks on all caseworkers can help to ensure the safety of all those served by DSS.

During the course of our review, a DSS official informed the LAC of the agency's intention to perform fingerprint background checks on all incoming caseworkers, including those working in APS. DSS also stated an intention to perform fingerprint background checks on current caseworkers who were not fingerprinted when they were hired. As of April 18, 2017, all APS caseworkers still employed by DSS had been fingerprinted.

Consistent implementation of this change in practice can be ensured if DSS updates its forms and policy and the General Assembly amends state law to require that all incoming caseworkers receive pre-hire fingerprint background checks.

With the exception of those described above, DSS does not perform follow-up background checks on employees. As a result, crimes committed by employees after the date of hire may go undetected, increasing the risk to the people the agency serves.

Recommendations

5. The General Assembly should amend state law to require that the S.C. Department of Social Services perform pre-hire state and national fingerprint background checks on incoming adult protective services caseworkers.
6. The S.C. Department of Social Services should update its forms and policy manual to indicate that all incoming caseworkers are required to undergo pre-hire fingerprint background checks.
7. The S.C. Department of Social Services should periodically run background checks on all existing employees to help ensure the safety of those it serves.

Salaries

In 2014, the LAC reported that DSS had not reviewed the salaries of its staff to determine if they were comparable to similar positions in South Carolina and neighboring states. In our current review, we found that this was still the case. Although DSS has increased salaries for caseworkers and other employees since 2014, the increase was not backed by a formal study and employee wages still lag behind market averages. In addition, DSS lacks a viable career path for APS caseworkers. These issues may hinder its ability to attract and retain qualified and experienced employees.

Caseworker Salaries in South Carolina and Other States

As of July 1, 2016, caseworkers in APS, as well as most caseworkers in child welfare, earned a starting salary of \$34,733. Caseworkers in child protective services assessment, who investigate maltreatment reports, started at \$36,311.

We reviewed similar government caseworker positions in neighboring states. In several states, such as Georgia and Virginia, starting salaries are based in part on a candidate's academic credentials.

Table 4.5: Minimum Starting Salaries for APS Caseworkers in the Southeast

| CASEWORKERS | MINIMUM STARTING SALARY |
|--|-------------------------|
| Guilford County, North Carolina Social Worker Protective Services | \$45,513 |
| Orange County, North Carolina Social Worker III | \$44,126 |
| Suffolk County, Virginia Family Services Worker I | \$41,841* |
| Nash County, North Carolina Social Worker III | \$40,243* |
| South Carolina Human Services Specialist II | \$34,733 |
| Florida Protective Investigator | \$33,784 |
| Kentucky Social Service Worker I | \$33,645 |
| Tennessee Social Counselor 2 | \$30,132 |
| Georgia Social Services Specialist 2 (APS Investigations) | \$27,249* |
| West Virginia Adult/Child Protective Services Worker (Trainee) | \$24,912 |

*Salary may be higher depending on qualifications.

Sources: State and county job postings and human resources information.

Market Wages for Caseworkers

To analyze how DSS salaries compare to the market as a whole, it is useful to not simply look at what similar caseworkers are paid in other states, but also to look at similar positions that a qualified APS caseworker could also feasibly enter. We reviewed salary data compiled by the federal Bureau of Labor Statistics, which groups occupations by their responsibilities. The “Child, Family, and School Social Workers” group is most analogous to the DSS caseworker positions, as it encompasses jobs with titles such as “Child Welfare Worker,” “Family Preservation Worker,” and “Foster Care Worker.”

Table 4.6 shows average and median annual salaries for workers in this job category in South Carolina, its neighboring states, and the United States overall in May 2015, adjusted for inflation, as well as salaries for APS caseworkers as of September 2016 for comparison. In contrast with Table 4.5, Table 4.6 accounts for all caseworkers regardless of experience. The average salary for workers in this job category in South Carolina was more than \$3,000 higher than the average salary for APS caseworkers at DSS, while the median salary for South Carolina was over \$1,000 more than the median APS caseworker salary at DSS. Workers in North Carolina earned significantly more, on average, than those in South Carolina, while workers in Georgia earned slightly less.

Table 4.6: Average Salaries for Child, Family, and School Social Workers, May 2015 (In September 2016 Dollars)

| AREA | AVERAGE ANNUAL SALARY | MEDIAN ANNUAL SALARY |
|-----------------------------------|-----------------------|----------------------|
| South Carolina | \$38,934 | \$36,142 |
| North Carolina | \$46,193 | \$45,330 |
| Georgia | \$37,401 | \$35,137 |
| United States | \$47,320 | \$42,995 |
| South Carolina DSS APS Caseworker | \$35,763 | \$34,733 |

Note: Table reflects actual South Carolina DSS APS caseworker salaries paid in September 2016. All other salaries are estimates adjusted for inflation using the Consumer Price Index.

Sources: LAC analysis of data from the Bureau of Labor Statistics and DSS.

Salary Increases Since 2014 Made Without Formal Salary Study

In 2014, the LAC reported that child welfare caseworker salaries were not competitive with the salaries paid by other employers and recommended that DSS perform recurring salary studies to determine appropriate wage levels for its employees. In its response to the audit, DSS reported that it would be “instituting a salary increase for county child welfare caseworkers and supervisors” effective November 1, 2014. However, it was not only employees in the child welfare division who received this increase; workers in APS also received salary increases. This salary increase took the form of a 10% temporary salary adjustment that was initially set to expire on September 30, 2015. This raised the starting salary for APS caseworkers from \$30,582 to \$33,640.

In November 2014, DSS completed its agency budget plan for FY 15-16. In it was a new recurring request entitled “Improving Employee Retention” for an additional \$6,313,385 in total funds (\$1,839,472 of which from the state general fund) annually in order to “reduce turnover and retain a qualified and effective work force.” DSS stated that it would do this by providing a 10% salary increase for child welfare caseworkers and supervisors, and a 5% salary increase for APS caseworkers and supervisors. DSS stated that these percentages were based on “an analysis of existing salaries and a comparison with comparable salaries within state government and surrounding states.” However, an agency official reported that no formal analysis was performed, and that only informal phone calls were placed to officials in other states regarding their salary information. The budget request made no mention of the temporary salary adjustment already provided to employees.

In July 2015, several salary increases took effect. Employees who had received a temporary salary adjustment, which included APS workers, would have their increases made permanent. Workers in child welfare assessment received an additional increase such that their new salaries were 15% higher than their pre-temporary salary adjustment pay.

On July 1, 2016, DSS increased all employee salaries by 3.25% in accordance with the statewide general increase, raising the starting salary for APS caseworkers to \$34,733.

No Non-Supervisory Career Path for APS Caseworkers

... there is less than a \$6,000 difference between the entry salary and the average salary for workers with 20 or more years of experience in their job classification.

DSS has no career path available for APS caseworkers who do not wish to move into a supervisory or state office position. A DSS official provided the following examples of opportunities for advancement for APS caseworkers:

- APS Supervisor.
- Program Coordinator.
- County Director.
- APS Performance Coach.
- Assistant Director of Adult Advocacy.
- Director of Adult Advocacy.

In its response to the LAC’s 2014 audit, DSS stated that it was implementing what it called “lead worker positions” for child welfare caseworkers. However, similar positions are not currently available for caseworkers in APS.

Salaries for APS caseworkers at DSS do not appropriately reflect their experience. In September 2016, 34 (63%) of the 54 APS caseworkers with more than one year of experience were still earning the entry-level salary, as were 7 (28%) of the 25 APS caseworkers with more than five years of experience. As shown in Table 4.7, APS caseworkers with between 5 and 10 years of experience in their job classification earned an average of less than \$500 more than the entry-level salary, and there is less than a \$6,000 difference between the entry salary and the average salary for workers with 20 or more years of experience in their job classification.

Table 4.7: Average Salaries for Full-Time APS Caseworkers by Experience Category as of September 19, 2016

| EXPERIENCE CATEGORY* | WORK EXPERIENCE OF APS CASEWORKERS | | |
|----------------------|------------------------------------|------------|-------------------------|
| | WITHIN JOB CLASSIFICATION | WITHIN DSS | WITHIN STATE GOVERNMENT |
| 0 to 1 Year | \$34,733 | \$34,733 | \$34,733 |
| 1 to 5 Years | \$35,001 | \$34,784 | \$34,733 |
| 5 to 10 Years | \$35,080 | \$35,022 | \$34,950 |
| 10 to 20 Years | \$36,799 | \$36,110 | \$35,908 |
| 20+ Years | \$40,430 | \$39,663 | \$38,351 |

*Ranges are inclusive at the lower bound and exclusive at the upper bound.

Source: LAC analysis of DSS data.

Average salaries of DSS APS caseworkers at every experience level are below salary guidelines issued by the National Association of Social Workers. As shown in Table 4.8, it is suggested that the salaries of social workers should be increased by more than \$10,000 over the course of their careers.

Table 4.8: National Association of Social Workers 2012 Salary Guidelines (in September 2016 Dollars)

| MASTER OF SOCIAL WORK | | | |
|-------------------------|----------|----------|----------|
| YEARS OF EXPERIENCE* | LOW | MID | HIGH |
| 0 to 1 Year | \$45,482 | \$53,369 | \$61,256 |
| 1 to 5 Years | \$49,520 | \$57,933 | \$66,345 |
| 5 to 10 Years | \$56,126 | \$65,064 | \$74,002 |
| 10 to 20 Years | \$60,310 | \$69,774 | \$79,238 |
| 20+ Years | \$63,092 | \$73,607 | \$84,122 |
| BACHELOR OF SOCIAL WORK | | | |
| YEARS OF EXPERIENCE* | LOW | MID | HIGH |
| 0 to 1 Year | \$34,805 | \$42,692 | \$50,578 |
| 1 to 5 Years | \$41,443 | \$47,490 | \$53,536 |
| 5 to 10 Years | \$39,427 | \$48,365 | \$57,303 |
| 10 to 20 Years | \$43,866 | \$53,330 | \$62,794 |
| 20+ Years | \$46,407 | \$56,922 | \$67,438 |

*Ranges are inclusive at the lower bound and exclusive at the upper bound.

Source: National Association of Social Workers.

Without increasing salaries as caseworkers become more experienced, DSS will find it difficult to retain mid- and late-career employees, causing it to rely more heavily on newer and more inexperienced workers (see *Caseworker Education and Experience Requirements* on p. 30).

Inaccurate and Misleading Job Listings

When a statewide general salary increase took effect on July 1, 2016, DSS did not post a new continuous job bulletin for Human Services Specialist II positions with updated salary information until more than four months later.

Online job bulletins for DSS positions only list salary ranges and not starting salaries. Without starting salary information, a potential applicant might mistakenly believe the starting salary is lower than it actually is. This confusion regarding salaries may cause individuals to be less inclined to apply, especially those with extensive qualifications who could earn a higher wage elsewhere. On the continuous Human Services Specialist II bulletin, there is also no indication that child protective services assessment caseworkers start at a higher salary than the other included positions.

Recommendations

8. The S.C. Department of Social Services should, on a recurring basis, undertake a formal, comprehensive comparison of annual salaries paid to adult protective services caseworkers and supervisors employed by other government and non-governmental agencies throughout South Carolina and neighboring states.
9. The S.C. Department of Social Services should use the results of a formal, recurring compensation review to make salary adjustments to ensure that adult protective services caseworkers and supervisors are compensated at levels commensurate with their qualifications and responsibilities.
10. The S.C. Department of Social Services should develop a career path for adult protective services staff with increasing salaries based on factors such as performance, experience, and education.
11. The S.C. Department of Social Services should ensure that its job bulletins contain accurate and current information, including the actual starting salaries.

Turnover Analysis

In 2014, the LAC reported that DSS had not analyzed turnover for child welfare staff and had no standard for determining acceptable levels of turnover. In our current review, we found the same issues present in APS. Furthermore, DSS lacks adequate tools to produce accurate and useful statistics regarding employee turnover.

DSS has not calculated turnover for APS employees and an agency official reported that it had no plans to do so. Without this information, DSS cannot make fully-informed decisions about how to improve APS employee retention in the state and county offices. High turnover among caseworkers can increase costs for the agency, as it needs to hire and train more replacement workers and can also have a negative impact on the quality of services provided to vulnerable adults.

LAC Analysis of APS Turnover Rates

We reviewed data on APS employees from calendar years 2013 through 2016. This analysis was conducted using the same method used by the DSS Division of Accountability, Data, and Research to produce turnover statistics for the child welfare division. We calculated turnover rates for caseworkers alone, as well as for caseworkers and supervisors. Included in the turnover rates are full-time and temporary employees who changed positions within APS, employees who moved to a position in a division other than APS, and employees who separated from DSS or state government entirely. The results of this analysis are shown in Table 4.9.

A DSS official reported that the agency has no standard for an acceptable level of APS turnover.

Table 4.9: Adult Protective Services Caseworker Turnover Rates Based on DSS Methodology, Calendar Years 2013-2016

| CALENDAR YEAR | TURNOVER RATE | |
|---------------|------------------|-----------------------------|
| | CASEWORKERS ONLY | CASEWORKERS AND SUPERVISORS |
| 2013 | 42.6% | 38.4% |
| 2014 | 32.6% | 30.3% |
| 2015 | 31.9% | 32.5% |
| 2016 | 40.4% | 42.5% |
| 2013 2016 | 147.7% | 144.4% |

Source: LAC analysis of DSS data.

We also calculated APS turnover using an alternative method that corrected for issues present in the department’s methodology and data in order to determine a more accurate measure. For example, DSS uses a variable called position code, which indicates an employees’ job classification, to calculate turnover. However, this variable may not always accurately reflect an employee’s actual position. Employees can also stay on payroll for a brief period after they separate, which, if they separate near the end of a quarter, can cause them to be improperly included in the turnover rate in the wrong quarter. We found three employees who fit this description. We corrected for both of these issues.

As shown in Table 4.10, turnover rates calculated using this method are similar to those calculated using the DSS method in 2013 and 2014, but were higher in 2015 and lower in 2016.

Table 4.10: Adult Protective Services Caseworker Turnover Rates Based on LAC Methodology, Calendar Years 2013-2016

| CALENDAR YEAR | TURNOVER RATE | |
|---------------|------------------|-----------------------------|
| | CASEWORKERS ONLY | CASEWORKERS AND SUPERVISORS |
| 2013 | 46.2% | 42.6% |
| 2014 | 31.1% | 28.8% |
| 2015 | 40.0% | 40.1% |
| 2016 | 35.2% | 33.0% |
| 2013 2016 | 150.9% | 143.3% |

Source: LAC analysis of DSS data.

Not all counties have a dedicated APS caseworker on staff, and APS caseworkers are not necessarily the only employees who handle APS cases. As a result, these turnover rates may not be reflective of the entire state or of all DSS employees who work with vulnerable adults.

Reasons for Leaving the Job

In 2014, the LAC recommended that DSS improve its process for determining why employees leave the agency. Since then, DSS has updated its exit survey form in order to solicit more detailed answers from employees regarding the reasons for their departures and what steps DSS could have taken in order to retain them. However, DSS has not been able to collect comprehensive information. According to a DSS official, only 13.7% of employees who voluntarily separated from the agency in 2016 completed the exit survey.

Research on the Causes of Caseworker Turnover

Although there is little research specifically on APS caseworkers, there is decades' worth of research on the causes of turnover among child welfare caseworkers, and adult and child caseworkers face similar working conditions, challenges, and frustrations. A 2005 survey of the research performed by the Institute for the Advancement of Social Work Research reviewed 25 unique studies of turnover and retention of child welfare workers. These studies showed that personal factors such as education, previous work experience, and job satisfaction can positively impact retention, whereas personal factors such as burnout and stress can negatively affect retention. Child welfare caseworkers have also reported other factors, such as low salaries, high workloads, inadequate supervision, and a lack of promotional opportunities as reasons for leaving their positions.

Limitations of DSS Turnover Calculations Due to State Data System Issues

The state government has not provided DSS and other state agencies adequate data tools with which to calculate accurate and useful turnover information. State agencies use an information system called the South Carolina Enterprise Information System (SCEIS) for human resource purposes, and DSS uses data from SCEIS to calculate turnover. However, we found the following issues with this system:

- Although it is able to produce turnover reports, it is unable to produce turnover rates with the level of specificity that is desired. To make up for this deficiency, DSS uses a calculation method that is partially automated and partially manual. A DSS official expressed the desire for a computer system with the capability to automatically produce turnover rates at the division and position level.
- As previously mentioned, employee data in SCEIS may also be outdated or incorrect. For example, an employee's position code may not match his or her actual job classification, despite the fact that they should be equivalent for full-time employees.
- Separation reports that are generated by SCEIS do not contain relevant information such as which division the employees work in and the date they were hired into their job classifications at the time of separation.
- Separation reports generated by SCEIS do not capture movements within state agencies.

There is currently no standard definition of turnover in state law. This leaves the responsibility for developing a method of turnover calculation on the individual agencies and, without a common definition, turnover rates between agencies may not be directly comparable and employee retention issues may be difficult to address.

Recommendations

12. The S.C. Department of Social Services should conduct periodic analyses of turnover rates among adult protective services staff.
13. The S.C. Department of Social Services should establish goals against which to compare annual turnover rates for adult protective services employees.
14. The S.C. Department of Social Services should refine its system for determining why employees leave the agency so that the agency has a clear understanding of why employees leave and can take appropriate steps to minimize turnover.
15. The General Assembly should amend state law to require the S.C. Department of Administration to establish a statewide definition of, and method of calculation for, employee turnover.

Caseloads

In 2014, the LAC reported that many child welfare caseworkers had excessive caseloads and that caseloads were inequitable between counties. In this review, we found similar issues for caseworkers in APS. We also found that new and inexperienced caseworkers often bear caseloads higher than their more experienced peers. As a result, caseworkers may be less able to effectively serve the state's vulnerable adults.

APS Caseload Standards

The National Adult Protective Services Association recommends a caseload of no more than 25 APS cases per caseworker. Although there is no formal caseload standard in APS policy, DSS officials stated that it uses a standard of 20 cases per worker for APS cases.

Excessive Caseloads

We reviewed the caseloads of every DSS employee who had at least one open APS case as of October 2016. A DSS official stated that the agency is generally wary of calculating caseload averages, as there are circumstances that could produce a misleadingly low estimate. For example, including a supervisor with a small number of cases or a caseworker with a mixed caseload could pull the average down. To account for these concerns, our analysis focused on non-supervisory employees and we calculated averages for both APS caseloads and total caseloads. APS caseloads included both assessment and treatment cases, and total caseloads included APS caseloads plus child welfare assessment, treatment, and foster care cases.

As shown in Table 4.11, in October 2016 the statewide average for APS caseloads among non-supervisory workers was 18.1 cases, and the average total caseload was 20.7. There were 11 counties with average APS caseloads greater than the DSS standard of 20, and 6 counties with average APS caseloads greater than the National Adult Protective Services Association standard of 25.

Inequitable Caseloads Between Counties

On October 10, 2016, Lexington County had the highest average APS caseload among non-supervisors, with 108.5 cases per worker, and Newberry County had the lowest non-zero APS caseload average with 1 per worker. For total caseloads among non-supervisors, Lexington County still had the highest average (108.5), while Greenville and McCormick counties were tied with the lowest non-zero average (9). Three counties had no open APS cases on October 10, 2016, and four counties had APS cases only assigned to supervisors.

Unlike in the child welfare division, APS caseworkers are generally not divided into treatment and assessment workers. The exceptions to this are Richland and Spartanburg counties, which have separate treatment and assessment units for APS. It should be noted, however, that in October 2016, four out of Richland County's seven caseworkers with open APS cases had caseloads that exceeded the DSS standard, as did four of Spartanburg's five caseworkers.

A DSS official reported that it is not "usual practice" for APS cases to be shared between counties, but that counties still occasionally do so. A formal process to facilitate sharing cases across county lines could help ease overburdened caseworkers and keep caseloads at a more reasonable level.

Table 4.11: Average Caseloads by County for Non-Supervisory DSS Staff With at Least One APS Case on October 10, 2016

| COUNTY | TOTAL APS CASES | NUMBER OF CASEWORKERS WITH APS CASES | AVERAGE APS CASELOAD | AVERAGE TOTAL CASELOAD |
|--------------------|-----------------|--------------------------------------|----------------------|------------------------|
| Abbeville | 9 | 0 | 0 | 0 |
| Aiken | 70 | 3 | 23.3 | 23.3 |
| Allendale | 6 | 1 | 6.0 | 9.0 |
| Anderson | 54 | 3 | 17.3 | 17.3 |
| Bamberg | 22 | 0 | 0 | 0 |
| Barnwell | 2 | 1 | 2.0 | 17.0 |
| Beaufort | 17 | 1 | 17.0 | 18.0 |
| Berkeley | 27 | 2 | 13.5 | 13.5 |
| Calhoun | 16 | 0 | 0 | 0 |
| Charleston | 84 | 3 | 25.3 | 25.3 |
| Cherokee | 41 | 2 | 20.5 | 20.5 |
| Chester | 21 | 0 | 0 | 0 |
| Chesterfield | 80 | 4 | 20.0 | 20.0 |
| Clarendon | 34 | 3 | 11.3 | 11.3 |
| Colleton | 10 | 4 | 2.5 | 13.8 |
| Darlington | 37 | 2 | 18.5 | 18.5 |
| Dillon | 22 | 1 | 22.0 | 22.0 |
| Dorchester | 25 | 2 | 12.5 | 14.0 |
| Edgefield | 9 | 2 | 4.5 | 11.0 |
| Fairfield | 10 | 1 | 10.0 | 14.0 |
| Florence | 59 | 4 | 14.8 | 14.8 |
| Georgetown | 19 | 1 | 19.0 | 19.0 |
| Greenville | 27 | 3 | 9.0 | 9.0 |
| Greenwood | 4 | 2 | 1.5 | 22.5 |
| Hampton | 0 | 0 | 0 | 0 |
| Horry | 113 | 5 | 22.6 | 22.6 |
| Jasper | 14 | 1 | 14.0 | 15.0 |
| Kershaw | 27 | 2 | 11.0 | 12.5 |
| Lancaster | 68 | 2 | 33.5 | 33.5 |
| Laurens | 0 | 0 | 0 | 0 |
| Lee | 23 | 2 | 11.5 | 11.5 |
| Lexington | 222 | 2 | 108.5 | 108.5 |
| Marion | 22 | 2 | 11.0 | 15.0 |
| Marlboro | 38 | 1 | 38.0 | 38.0 |
| McCormick | 12 | 2 | 6.0 | 9.0 |
| Newberry | 5 | 3 | 1.0 | 17.7 |
| Oconee | 31 | 3 | 10.3 | 18.7 |
| Orangeburg | 13 | 2 | 6.5 | 12.5 |
| Pickens | 38 | 3 | 12.7 | 13.0 |
| Richland | 170 | 7 | 23.6 | 23.6 |
| Saluda | 0 | 0 | 0 | 0 |
| Spartanburg | 158 | 5 | 31.6 | 31.6 |
| Sumter | 74 | 2 | 37.0 | 37.0 |
| Union | 14 | 2 | 7.0 | 17.5 |
| Williamsburg | 28 | 2 | 14.0 | 14.0 |
| York | 57 | 3 | 19.0 | 19.0 |
| STATE TOTAL | 1,832 | 96 | 18.1 | 20.7 |

Note: Total caseloads include APS and child welfare cases, which include assessment, treatment, and foster care cases. Bolded counties have average APS caseloads exceeding the APS caseload standard of 20. State total excludes cases located in the state office and intake hub two.

Source: LAC analysis of DSS caseload data.

Within the above analysis, there were 96 non-supervisory employees with at least one open APS case. Of these, 19 (19.8%) had APS caseloads above the National Adult Protective Services Association standard, and 30 (31.3%) had APS caseloads above the DSS standard. There were 14 counties with at least one caseworker with an APS caseload above 20, and 9 with at least one caseworker with an APS caseload above 25.

Caseloads Over Time

We reviewed caseloads on the last business day of each month during calendar years 2014 and 2015. We found that during those years, several counties had APS caseloads that consistently exceeded caseload standards. Charleston, Cherokee, Chesterfield, Horry, Kershaw, Marlboro, Richland, and Spartanburg counties had at least one caseworker with an APS caseload over 20 in every month of 2014 and 2015. Kershaw, Richland, and Spartanburg counties had at least one caseworker with an APS caseload over 25 in every month of calendar years 2014 and 2015. Lexington County had at least one caseworker with an APS caseload exceeding 20 in all but one month of calendar years 2014 and 2015.

Inexperienced Caseworkers Have Excessive Caseloads

DSS has no policy regarding the caseloads of new caseworkers. We found that less experienced workers had higher average caseloads than their more experienced peers, both statewide and within certain counties.

On October 10, 2016, out of 96 non-supervisory employees with at least one open APS case, 21 (21.9%) employees had less than one year of caseworker experience and 65 (67.7%) had less than five years of experience. As shown in Table 4.12, workers with less than one year of experience had the highest average total caseloads, and higher average APS caseloads than every other experience group except for workers with 20 or more years of experience.

Table 4.12: Average Caseloads by Caseworker Experience as of October 10, 2016

| EXPERIENCE IN JOB CLASSIFICATION* | NUMBER OF CASEWORKERS | AVERAGE NUMBER OF APS CASES | AVERAGE NUMBER OF CPS CASES | AVERAGE TOTAL CASES |
|-----------------------------------|-----------------------|-----------------------------|-----------------------------|---------------------|
| 0 to 1 Year | 21 | 21.1 | 1.8 | 23.0 |
| 1 to 5 Years | 44 | 17.8 | 3.5 | 21.3 |
| 5 to 10 Years | 9 | 13.0 | 4.4 | 17.4 |
| 10 to 20 Years | 15 | 15.8 | 1.3 | 17.1 |
| 20+ Years | 7 | 22.1 | 0.0 | 22.1 |
| TOTAL | 96 | 18.1 | 2.6 | 20.7 |

*Ranges are inclusive at the lower bound and exclusive at the upper bound.

Note: Total caseloads include APS and child welfare cases, which include assessment, treatment, and foster care cases.

Source: LAC analysis of DSS data.

To compare caseloads within counties, we identified counties with more than one caseworker with APS cases in October 2016, of which there were 31. Of these, there were 14 counties wherein the least experienced caseworker had a higher caseload than the most experienced one, which are shown in Table 4.13.

Table 4.13: Inexperienced Caseworkers with Greater Caseloads than Experienced Caseworkers on October 10, 2016

| COUNTY | LEAST EXPERIENCED | | MOST EXPERIENCED | |
|--------------|---|-------------|---|-------------|
| | YEARS OF EXPERIENCE IN JOB CLASSIFICATION | TOTAL CASES | YEARS OF EXPERIENCE IN JOB CLASSIFICATION | TOTAL CASES |
| Aiken | 3.1 | 24 | 21.5 | 22 |
| Anderson | 1.4 | 18 | 1.52 | 10 |
| Cherokee | 2.4 | 21 | 22 | 20 |
| Colleton | 1.3 | 19 | 10.7 | 13 |
| Florence | 0.57 | 16 | 1.19 | 13 |
| Greenville | 1.2 | 11 | 8.6 | 9 |
| Kershaw | 15.98 | 16 | 18.15 | 9 |
| Lee | 20.02 | 13 | 21.94 | 10 |
| Lexington | 0.86 | 109 | 1.4 | 108 |
| Newberry | 0.48 | 18 | 2.32 | 17 |
| Oconee | 1.02 | 18 | 3.85 | 12 |
| Spartanburg | 0.6 | 26 | 3.9 | 19 |
| Sumter | 0.15 | 39 | 0.86 | 35 |
| Williamsburg | 0.8 | 17 | 9.9 | 11 |

Note: Total caseloads include APS and child welfare cases, which include assessment, treatment, and foster care cases.

Source: LAC analysis of DSS data.

Caseload Reporting

S.C. Act 281 of 2014, known as “Jaidon’s Law,” amended state law to require DSS to submit an annual report to the Governor and the General Assembly containing, among other things, “the monthly total number of cases assigned, as of the last business day of every month, to each case worker in the Department of Social Services Child Protective Services Division.” Although this law does not specifically mention APS, DSS does include APS caseload information in this report.

The 2015 Jaidon’s Law report contained incomplete data for APS caseloads. A DSS official stated this was because the instruction to include APS cases in the report was issued by the DSS legal department shortly before the statutory due date of March 1, and as a result, many caseworkers with APS cases were mistakenly excluded. The 2016 report contained full and complete APS caseload information.

The 2015 and 2016 Jaidon’s Law reports do not contain any caseload summary or trend information, such as average caseloads or the number of caseworkers who exceeded caseload standards. Although this information is not required by law, without it the benefit of the report to policymakers is diminished.

Counties Without Dedicated APS Caseworkers

As of January 1, 2017, 13 counties had no active full-time APS caseworker. In 2015, these counties together accounted for just 9.8% of the state’s adult population and 10.8% of the state’s elderly population. Additionally, from April 2013 through June 2016, they accounted for only 8.74% of APS cases accepted for investigation. Because of this, having a full-time dedicated APS caseworker may not be necessary.

Currently in counties without a dedicated APS caseworker, APS cases are handled by child welfare caseworkers. However, not all workers who handle APS cases have been certified to do so. Of the 94 workers with at least one APS case on October 10, 2016 that were hired prior to July 15, 2016, 38 (40.4%) had not attended APS Basic Certification training. It is important to ensure that child welfare caseworkers who may be required to handle APS cases be fully trained and certified to do so. Otherwise, the quality of service they provide to vulnerable adults may suffer.

Recommendations

16. The S.C. Department of Social Services should develop a formal caseload standard in policy.
17. The S.C. Department of Social Services should ensure that adult protective services caseloads are approximately equal from county to county.
18. The General Assembly should amend state law to require that the S.C. Department of Social Services ensure that adult protective services caseloads are approximately equal from county to county.
19. The General Assembly should amend state law to require that the S.C. Department of Social Services develop and implement a written methodology for calculating adult protective services caseloads.
20. The S.C. Department of Social Services should ensure that new caseworkers do not have higher caseloads than more experienced caseworkers.
21. The S.C. Department of Social Services should include an analysis of adult protective services caseloads in its annual Jaidon's Law report.
22. The General Assembly should amend state law to require that the S.C. Department of Social Services include an analysis of adult protective services caseloads in its annual Jaidon's Law report.
23. The S.C. Department of Social Services should ensure that every county has at least one caseworker who is fully certified in adult protective services.

Employee Training and Certification

The S.C. Department of Social Services (DSS) informally requires that all new adult protective services (APS) caseworkers be trained and pass a certification test.

Prior to 2011, DSS staff trained and certified new APS caseworkers and other agency staff. In 2011, the department awarded a contract to perform these functions to the University of South Carolina (USC) School of Social Work, which conducts 9 to 12 APS training sessions per year.

We identified the following areas in need of improvement.

- No written training policies.
- No formal written approval of training content by DSS.
- Inadequate input when designing the training curriculum.
- Non-competitive procurement and lack of contract monitoring.

Training Policies

DSS does not have written policies and procedures that address training and certification for newly-hired or experienced APS staff. Key topics not addressed through written policies include who is required to receive training certification, the content of training and certification tests, the time devoted to training, and whether training and certification is required prior to working on APS cases.

DSS Approval of Training Content

DSS did not issue a formal document to USC approving the content of the training provided to new caseworkers. Rather, the content was approved through a series of emails and meetings. There is also no formal process for DSS to communicate needed changes to USC for its training program. Without formal processes, initial content and subsequent improvements to the content may be misinterpreted, miscommunicated, or not enacted.

Input When Developing the Training Curriculum

When developing its training curriculum, USC did not solicit input from outside stakeholders, such as law enforcement, family court, hospitals, and other state agencies. In addition, neither USC nor DSS consulted with the Adult Protection Coordinating Council. Obtaining input from outside groups could increase the accuracy, completeness, and relevance of training.

At the end of the training process, USC receives written comments from the participants. Participant comments primarily focused on insufficient time for covering and learning the training material and the lack of preparation of the trainers. Using participant feedback, USC has revised its APS training program and will implement the changes starting July 31, 2017.

Contract With the University of South Carolina

DSS awarded contracts for APS training and other services to USC in 2011 and in 2015. The length of the 2015 contract is one year with four one-year options to renew. Total expenditures are projected to be \$56.6 million if the contract is extended to five years. We found that DSS awarded these contracts without a competitive procurement process and has not adequately monitored the training conducted by USC.

Cost Effectiveness of the Contract Not Demonstrated

In 1984, the State Budget and Control Board exempted from competitive procurement “...contracts between state government agencies ... for supplies or services *provided a cost justification is submitted to the Office [of General Services] in advance*” [emphasis added].

The cost justification form submitted by DSS for its non-competitive contract with USC in 2015 contained no evidence that DSS had researched the availability of lower-cost or higher-quality training from non-USC providers. There is also no evidence that DSS compared the cost of its in-house training program with the one provided by USC before the two parties signed their 2011 contract.

It is difficult to know whether agencies that do not use competitive procurement methods are obtaining goods and services that are competitive with the cost and quality offered by other providers.

Contract Not Adequately Monitored

We found that DSS had not conducted a formal evaluation of the USC training program. S.C. Regulation 114-710, however, states that:

Programs funded by the agency with educational institutions and providers shall include an evaluation component to measure effectiveness of the program. The institution or provider shall be responsible for the design and implementation of the evaluation, subject to approval by the agency. An evaluation component may be required by the agency in contracts with experts.

It is therefore unclear how DSS determined that it should have awarded extensions to its 2011 contract and a new contract in 2015.

A DSS official stated that the department was in the process of implementing a monitoring process for its USC contract.

Recommendations

24. The S.C. Department of Social Services should develop and implement written training policies for adult protective services.
25. The S.C. Department of Social Services should formally approve the content of its training when it is provided by an outside entity.
26. The S.C. Department of Social Services should incorporate outside professionals with specific expertise in fields such as law enforcement, medicine, nursing, and the judicial process when developing and providing training for adult protective services staff.
27. The S.C. Department of Social Services should develop a structured process for making improvements in its training program based on feedback from participants.
28. The S.C. Department of Social Services should ensure that competitive procurement methods are used when obtaining training services.
29. The S.C. Department of Social Services should formally evaluate its training program periodically in relation to specific performance objectives.

Receiving and Screening Reports

The S.C. Department of Social Services (DSS) has established regional call centers to receive and screen reports of maltreatment from certain counties. We analyzed various adult protective services (APS) data from before and after the call center implementation, as well as from counties that have not yet been incorporated into the call center system, to assess the effect of the regional report screening process. We also reviewed agency policies and practices and found that DSS:

- Through implementation of regional call centers, has increased access to APS intake staff, improved record keeping and consistency, and increased the number of cases of adult maltreatment that are being identified and addressed.
- Has long call wait times, insufficient quality assurance practices, and inadequately trained staff for regional call centers.
- Has inconsistent procedures for reporting vulnerable adult maltreatment after normal business hours.
- Should have investigated an estimated 15% of the reports it screened out (chose not to investigate) in FY 15-16.
- Does not have a clear policy on how previously-completed investigations should be used when determining whether to accept a new report.
- Does not adequately document all maltreatment reports and referrals to other agencies.
- Does not consistently refer reports with suspected criminal activity to law enforcement.

Maltreatment Reporting Process

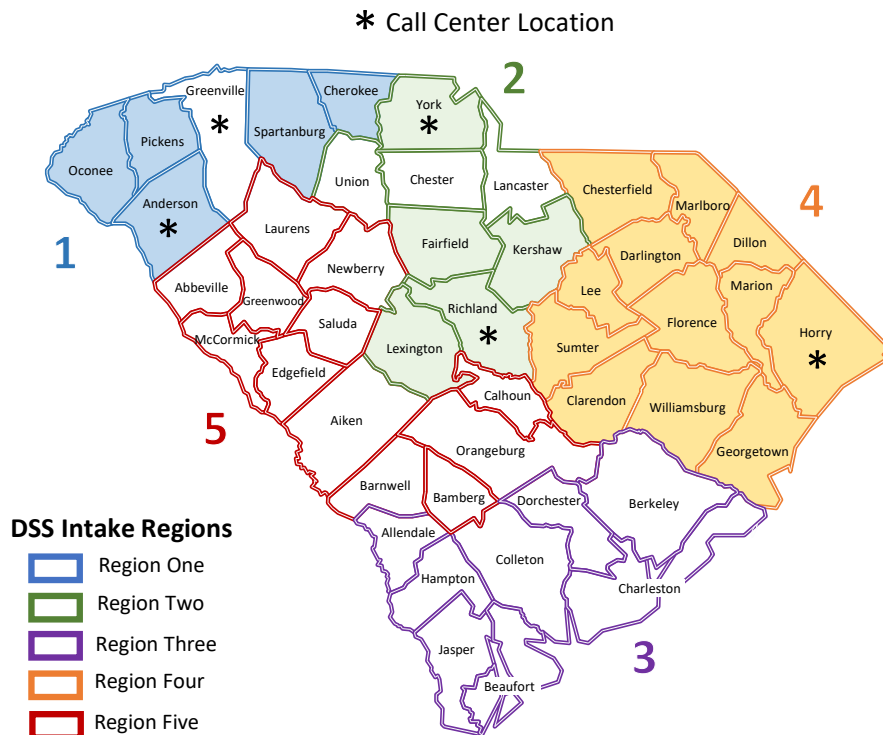
APS receives reports of maltreatment of vulnerable adults from victims themselves, members of the public, and professionals who are required by law to report their suspicions. Most reports are received over the phone, but some, including referrals from law enforcement agencies, are faxed or emailed. Upon receiving a report, DSS staff decide whether to accept it for investigation based on requirements outlined in state law and APS policy. The process of receiving and screening maltreatment reports is known as “intake.” According to the DSS electronic database, 21,322 APS reports were received in FY 13-14 through FY 15-16. Sixty percent of those reports were accepted for investigation.

New Regional Call Centers

Until 2015, the DSS office in each county received maltreatment reports for both children and vulnerable adults that occurred within the county. In January 2015, DSS initiated a program of receiving these reports through regional call centers to improve consistency in the process. By May 2015, weekday reports for 22 counties were being routed to several regional call centers, which the department refers to as regional intake HUBS. Call center staff are located at five different offices. They receive calls regarding maltreatment in any of the 22 counties that are currently part of the call center system. The call centers receive calls between 8:30 a.m. and 5:00 p.m. Monday through Friday. Outside of normal business hours, county offices continue to receive local reports (see *Access to APS Staff on Nights, Weekends, and Holidays* on p. 70). Map 6.1 shows the DSS regions, the counties that are currently served by the call centers, and the five counties in which call center workers are located.

Map 6.1: Regional Call Centers

Shaded counties are currently part of the call center system.



Note: Although Greenville County is not currently part of the call center system, some call center staff are located at the Greenville County DSS office.

Source: LAC map created using DSS information.

No additional counties have been transitioned to the regional call centers since April 2015. DSS management indicates that the transition was suspended due to inadequate staff to handle the increased volume of reports received when a county's calls are transferred to the call centers (see *Increased Access to Intake Staff and Improved Record Keeping* on p. 63). The agency has been granted new positions and plans to move intake of the remaining counties' maltreatment reports to regional call centers in 2017.

Positive Call Center Results

DSS stores information about APS reports and investigations in an electronic database called Child and Adult Protective Services System (CAPSS). APS policy requires that all reports of vulnerable adult maltreatment be entered into CAPSS, including those that are not accepted for investigation. We analyzed the number and characteristics of the reports entered into CAPSS to identify trends associated with the implementation of the regional call centers. We compared data from FY 13-14 and FY 15-16 in order to capture conditions that existed before and after the FY 14-15 transition of 22 counties to the regional call centers. Please note that the data analyzed here may not be complete and accurate if APS intake staff at county offices and regional call centers have not followed APS policy by logging all intakes.

Increased Access to Intake Staff and Improved Record Keeping

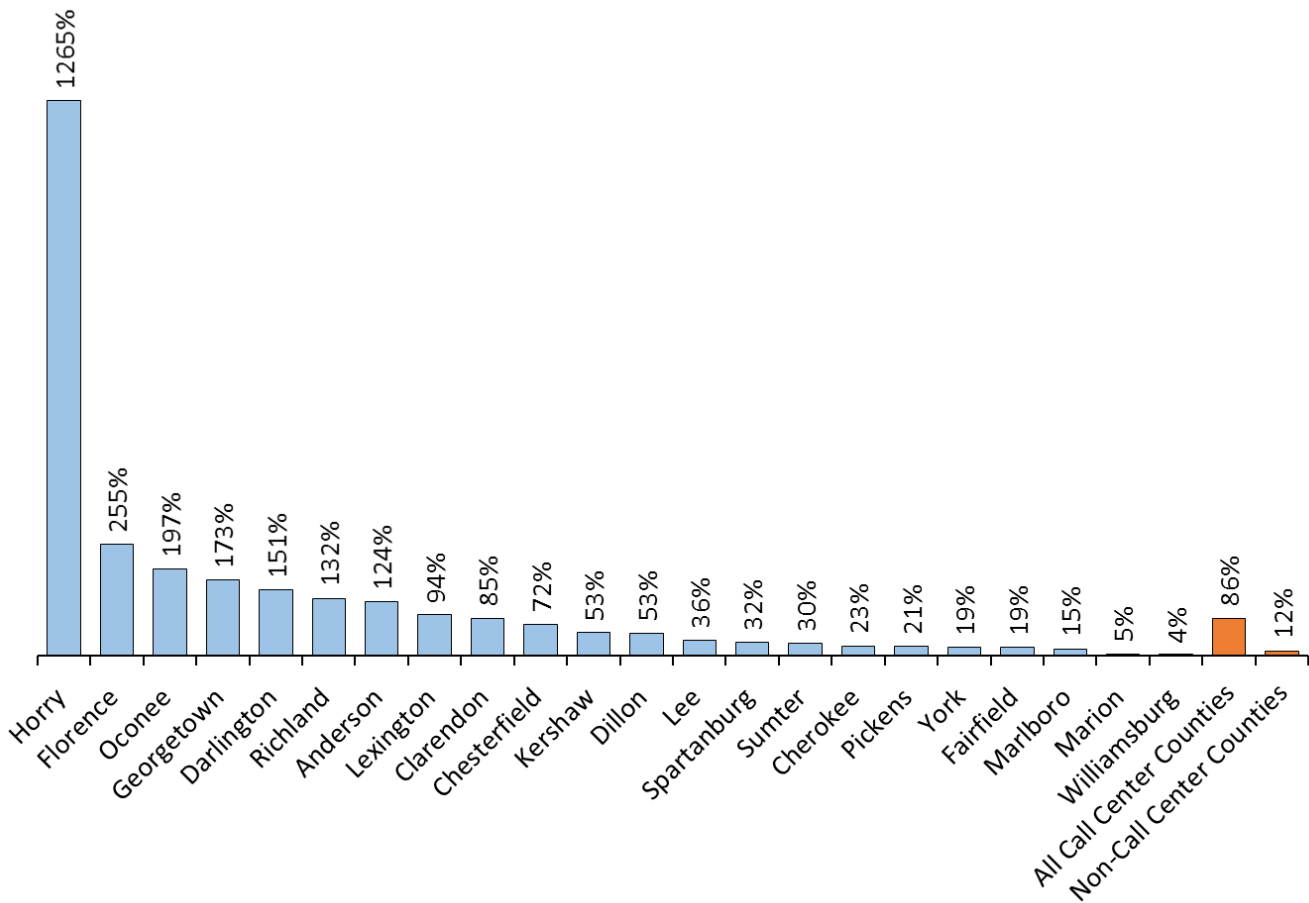
As shown in Graph 6.2, the number of reports for the 22 counties that joined the call centers increased by 86% (from 3,527 to 6,554) between FY 13-14 and FY 15-16, compared with a 12% increase (from 2,027 to 2,269) for counties that still handle their own intake.

There are two potential explanations offered by DSS officials for the increase in reports in the counties served by the call centers.

- A higher portion of callers may be able to reach intake staff at the call centers than at county offices because all calls received at the call centers are answered eventually if the caller is willing to hold; calls received by county offices may be forwarded to voicemail.
- County office staff receiving reports prior to the implementation of the call centers may not have been entering all reports received into CAPSS, which would cause the number of reports logged prior to the call centers to be lower than the actual number of reports received.

Whether the increase in logged reports is due to greater access to intake staff or an improvement in record keeping, it is a positive change. Greater ability of potential reporters to reach APS staff means that more potential cases of maltreatment will be brought to APS attention, and maintaining a complete record of APS reports in CAPSS is crucial for both quality control and identification of potential maltreatment.

**Graph 6.2: Percent Increase in APS Reports From FY 13-14 to FY 15-16
in Counties That Transitioned to Call Centers**



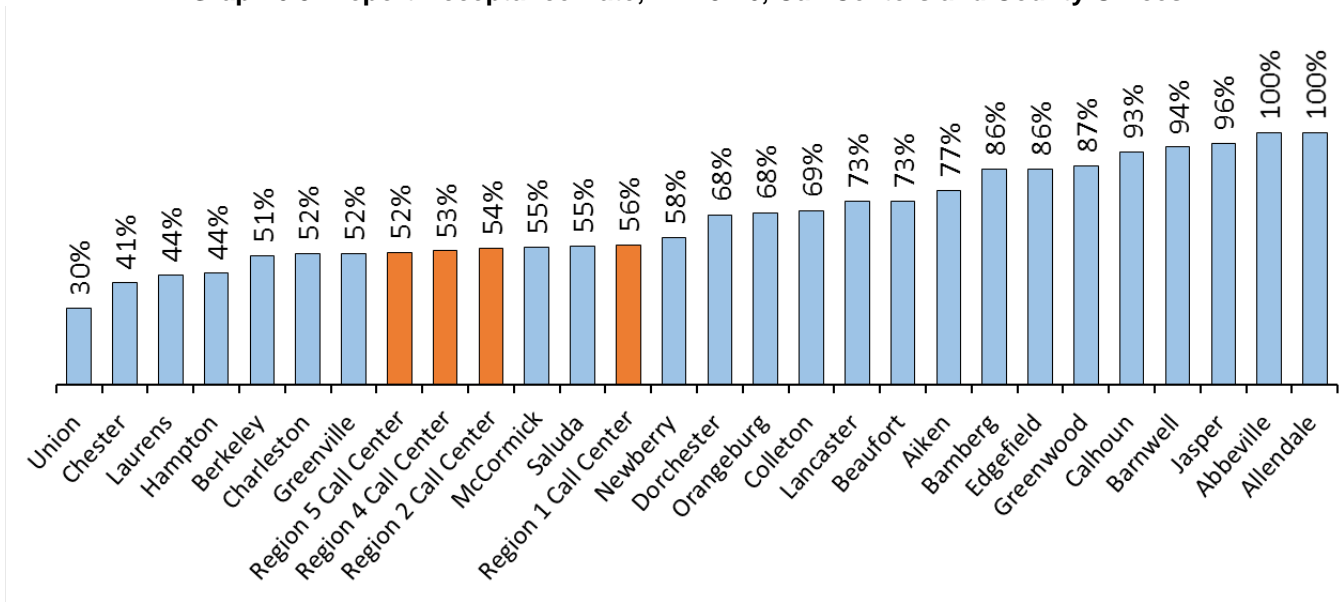
Source: LAC analysis of CAPSS data.

Improved Consistency for Accepting Reports

The call centers accept maltreatment reports for investigation at a much more consistent rate than county offices. Graph 6.3 shows the FY 15-16 acceptance rate for the reports received by the call centers, ranging from 52%–56%, as well as each county office that is not served by a call center, ranging from 30%–100%. The following factors may contribute to the wide variation in acceptance rates shown in the graph.

- The acceptance rates may be artificially high in some counties if not all unaccepted reports were logged into CAPSS.
- The one-year acceptance rates for small counties may not be representative of other years due to a small total number of reports. For example, Abbeville and Allendale counties logged 9 and 10 APS reports, respectively, for FY 15-16. In contrast, Charleston County logged 478 reports and the call centers for regions 2 and 4 logged over 2,000 reports each.

Graph 6.3: Report Acceptance Rate, FY 15-16, Call Centers and County Offices



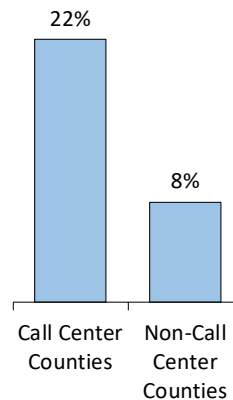
Source: LAC analysis of CAPSS data.

Increase in Substantiated Cases of Maltreatment

... the call centers are increasing the number of maltreatment cases identified and addressed by APS.

Although the number of substantiated cases for all counties increased over the period in which the call centers were implemented, the increase for counties served by the call centers was greater. This indicates that the call centers are increasing the number of maltreatment cases identified and addressed by APS.

Graph 6.4: Percent Increase in Substantiated Cases, FY 13-14 to FY 15-16



Source: LAC analysis of CAPSS data.

Recommendation

30. The S.C. Department of Social Services should continue the implementation of regional call centers as planned, such that reports of vulnerable adult maltreatment in all counties in South Carolina are received and screened at these call centers.

Call Center Improvements Needed

We found the following areas in which DSS could improve call center performance:

- Wait times for callers.
 - Quality assurance for calls.
 - APS training for call center workers.
-

Long Wait Times

... some callers wait on the phone well over an hour to make a report to call center staff.

The wait times that callers encounter when contacting regional call centers vary by time of day and day of the week, but some callers wait on the phone well over an hour to make a report to call center staff. From October 2015 through October 2016, over one-quarter of the calls received were abandoned before the caller spoke to a DSS worker. The extent to which these individuals called back at later times was unclear. Even law enforcement callers, who are prioritized over others, may have to wait if all call center staff are already on the phone. Some law enforcement officials reported that delays in receiving assistance from APS caused frustration with the call centers.

DSS reports that call center managers use data about call wait times and abandoned calls to make staffing decisions, but the agency has not established formal performance measures to track these issues. Developing such measures would allow DSS to assess and improve callers' ability to report suspected maltreatment of vulnerable adults. Table 6.5 outlines some measures of call center performance that DSS may consider using, with examples from similar hotlines in other states.

Table 6.5: Call Center Performance Measures

| MEASURE | GLOBAL STANDARD* | REPORTED DSS PERFORMANCE | OTHER STATE EXAMPLES |
|---|---|--------------------------|--|
| SERVICE LEVEL Percentage of calls answered within a certain time frame | 80% of calls answered within 20 seconds | Not measured | MINNESOTA Goal of 80% of calls answered within 30 seconds |
| AVERAGE SPEED TO ANSWER Average wait time for all calls | 28 seconds | 79 seconds | NEW JERSEY** Goal of 20 seconds; reported performance of 28 seconds |
| ABANDONED RATE Percentage of calls that are abandoned by the caller before being answered | 5%–8% | 28% | MINNESOTA Goal of 5% or less |
| | | | FLORIDA Goal of 3% or less; reported performance of 26% |
| | | | NEW JERSEY** Goal of 5% or less; reported performance of 4% |

* Global standards as determined by the International Finance Corporation of the World Bank Group.

** The New Jersey performance data shown here is for the state's Child Abuse and Neglect Hotline.

Sources:

- International Finance Corporation of the World Bank Group.
- S.C. DSS.
- Online reports from Florida and New Jersey.
- Written communication with Minnesota and New Jersey state officials.

DSS might consider the following strategies to improve performance at the regional call centers:

- Staggered work schedules for intake staff to accommodate peak times of day.
- Extended call center hours.
- Voicemail and electronic reporting options.

Inadequate Quality Assurance

The software that DSS uses at regional call centers makes audio recordings of all calls, but supervisors do not regularly review sampled calls for all staff due to time constraints. The information entered into CAPSS for each report is reviewed by a supervisor who then makes the acceptance decision, but reviewing call recordings would allow supervisors to monitor customer service, interviewing techniques, and accuracy of the information logged in CAPSS.

Many Intake Workers Have Not Completed APS Training

... 45% of the call center workers who log reports and over half of the supervisors who review report screening decisions had not completed APS basic training ...

According to a DSS official, call center workers are required to have completed the child protective services basic training before taking child maltreatment reports, but are not required to have completed the APS basic training before taking adult maltreatment reports. As of October 2016, 45% of the call center workers who log reports and over half of the supervisors who review report screening decisions had not completed APS basic training, although some of those individuals had completed a one-day intake training that addressed both APS and child protective services. Intake of adult and child maltreatment reports are significantly different. For example, an intake worker logging an adult maltreatment report must determine whether or not the alleged victim is vulnerable, while this is not a consideration for child maltreatment reports. It is therefore important that intake staff complete training that specifically addresses APS intake before taking adult maltreatment reports. Having some call center workers who specialize in receiving APS reports and others who only receive child maltreatment reports may be a cost-effective way to do this.

Recommendations

31. The S.C. Department of Social Services should develop specific performance measures and goals related to the wait times callers experience when they contact the regional call centers and ensure that the goals are met.
32. The S.C. Department of Social Services should ensure that law enforcement officers are able to request immediate adult protective services assistance through regional call centers when necessary.
33. The S.C. Department of Social Services should regularly review a sample of all intake workers' recorded calls to ensure the quality of customer service and the completeness and accuracy of the information logged in the agency database.
34. The S.C. Department of Social Services should ensure that anyone receiving or screening adult protective services reports, including supervisors, has completed adult protective services training.

Access to APS Staff on Nights, Weekends, and Holidays

APS policy requires county offices to maintain on-call systems in order to respond to reports after hours, on holidays, and on weekends. The regional call centers currently accept calls only between 8:30 a.m. and 5:00 p.m. Monday through Friday. After-hours reports accounted for nearly 10% of the total number of APS reports logged in FY 15-16. We found a wide variety in how after-hours intake is handled.

- More than two-thirds of the county offices direct after-hours reporters to call local law enforcement directly. Counties that follow this procedure report that the local law enforcement agency has the contact information for on-call APS staff.
- The Greenville County office is staffed overnight during the week, and so receives reports overnight in the same way it does during normal business hours. On weekends, the Greenville County maltreatment reporting line is routed to an answering service that passes the information to on-call APS workers, who then call the reporter back.
- The Richland County office uses an answering service overnight and on weekends.

The result of this variation is that all South Carolina residents do not have an equal opportunity to make APS reports after hours. At least 16 states have an adult maltreatment hotline that accepts calls 24 hours a day, 7 days a week and 2 others have regular weekend hours. DSS plans to implement 24 hours a day, 7 days a week coverage at the regional call centers in 2018, contingent upon receiving 23 new positions that were requested for the FY 17-18 budget.

Recommendation

35. The S.C. Department of Social Services should accept adult protective services reports at the regional call centers 24 hours a day, 7 days a week.

Agency Communication on How to Report Vulnerable Adult Maltreatment

There are opportunities for DSS to improve its process of communicating how to report suspected vulnerable adult maltreatment.

Website Reporting Instructions

The agency's internet homepage includes a general "Report Abuse" link that connects users to subpages on how to report *child* maltreatment. While the actual process for reporting vulnerable adult maltreatment is the same as for reports of child maltreatment, the vulnerable adult reporting process is not cited on these subpages. Rather users must navigate through several additional subpages to locate instructions for reporting vulnerable adult maltreatment. Furthermore, these instructions are located under subpages titled "APS Criteria" and "FAQs" which are less obvious headings for how to report than the abovementioned "Report Abuse" title.

In addition, the agency's website includes two separate reporting procedures on different pages for reporting allegations of vulnerable adult maltreatment — one page provides a toll-free telephone number, and another page directs users to contact their county DSS office. As a result of these issues, DSS may be discouraging the public from making reports of suspected vulnerable adult maltreatment.

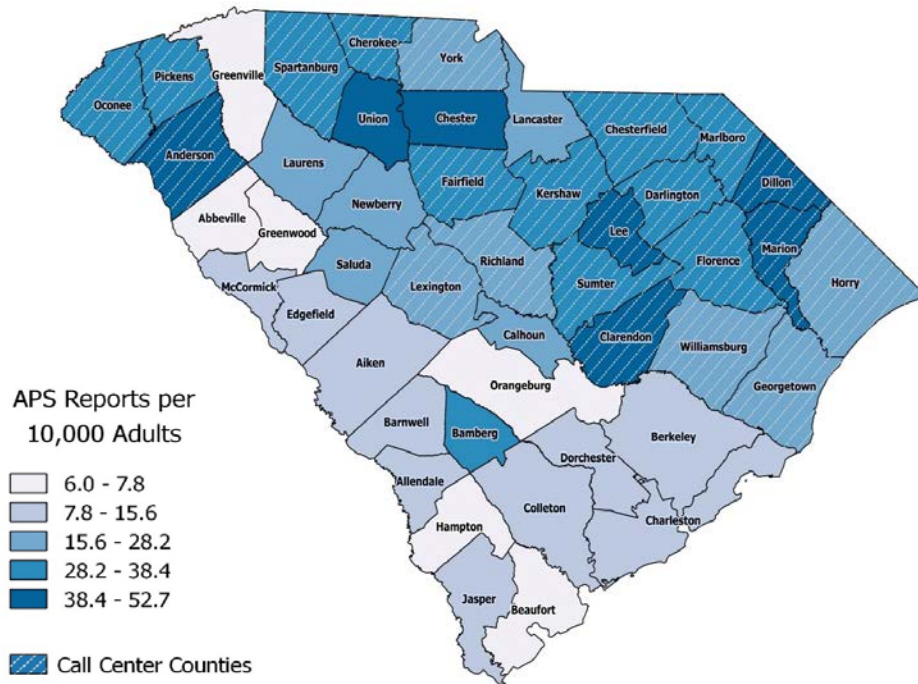
Public Awareness Campaign

Outside of its website, DSS has not communicated to the public how to make a report of suspected vulnerable adult maltreatment. A public awareness campaign could be used to communicate how to report as well as inform the public on who is a vulnerable adult and what types of maltreatment APS investigates. Radio and print public service announcements and ads, in comparison to television, are both lower-cost outreach options that could be used to communicate these topics with the public.

We reviewed the number of intake reports in FY 15-16 as a rate of the number of adults by county. Some counties had nearly 10 times the rate of intake reports than others, and counties included in the regional intake centers had higher rates of intake reports than counties not yet organized into call centers. There were also significant differences between counties included in the call centers. For example, Marion County's intake report rate was more than twice as much as York County's rate. Map 6.6 shows the comparison by county.

While the reasons for the reporting disparities between counties is unclear, it may be that citizens in some counties are more knowledgeable of how to make a report or more willing to report than citizens in other counties. As previously mentioned, a technical explanation for the differences is that counties with regional intake call center centers log all accepted and unaccepted reports into the agency's database. Some counties that are independent of the call centers may not be as consistent with logging in reports, resulting in reporting rates that are lower than the actual rates.

Map 6.6: Rate of APS Reports by County, FY 15-16



Source: LAC analysis of data from DSS and the National Center for Health Statistics, which was prepared under a collaborative arrangement with the United States Census Bureau.

Recommendations

36. The S.C. Department of Social Services should update its website to include clear instructions for reporting vulnerable adult maltreatment on its homepage.
37. The S.C. Department of Social Services should develop a public awareness campaign on how to report suspected vulnerable adult maltreatment to the agency.

Report Screening Decisions

DSS has not adequately ensured that reports of vulnerable adult maltreatment are investigated when warranted.

After a report of maltreatment of a vulnerable adult is received and entered into the agency's database by an intake staff member, a supervisor screens the report by deciding whether to accept it for investigation. Based on state law and APS policy, reports meeting the following criteria must be accepted for investigation:

1. The alleged victim is a vulnerable adult, defined in S.C. Code §43-35-10(11) as:

[A] person eighteen years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection.

2. There is an allegation of or potential for abuse, neglect, or exploitation.
3. The alleged abuse, neglect, or exploitation occurred in an appropriate setting, generally private residences or public places (see *Statutory Authority for the APS Program* on p. 3 in Chapter 2).

In reviewing this screening process, we focused on reports that were not accepted, or "screened out." The potential harm of failing to investigate a legitimate case of maltreatment is higher than that of erroneously investigating a situation in which no maltreatment has occurred.

APS screened out 3,637 reports in FY 15-16. We began our analysis by removing 175 reports with unusual characteristics and then dividing the remaining reports into 4 groups based on the office that received the report and the time of day. From each of those groups, we selected a random sample for a total sample size of 339. All of the estimates below were calculated at the 95% confidence level.

Some Reports Should Have Been Accepted

Based on the samples we reviewed, we estimate that 15% of the reports (± 4 percentage points) that were screened out in FY 15-16 should have been accepted for investigation. APS management agreed with our assessment in two-thirds of the cases we identified and they reported taking immediate steps to rectify the errors where possible.

In some of these cases, the failure to accept the report involved a misjudgment of the alleged victim's vulnerability. Better training and specialization in APS could improve supervisors' ability to make this judgment (see *Call Center Improvements Needed* on p. 67).

In June 2017, APS began requiring all intake staff receiving adult maltreatment reports to use a new screening tool that guides workers through the issues that should be considered in order to determine if an adult is vulnerable. After reviewing this tool, we believe its consistent usage will reduce the subjectivity of the screening process.

APS May Not Investigate Reports if the Alleged Victim Is Safe

We found several examples of reports that APS chose not to investigate because the alleged victim was safe at the time of the report and for the foreseeable future. For example, APS did not investigate a report of a vulnerable adult who was allegedly self-neglecting prior to being admitted to the hospital, but who would have home health services arranged by the hospital upon discharge. Similarly, APS did not investigate an allegation of abuse by a paid caregiver who had since been fired. When asked about these specific reports, APS management affirmed that they were appropriately screened out.

This practice is consistent with the APS focus on ensuring the safety of vulnerable adults. While this may be a reasonable way for APS to reserve its limited resources for those that have the most need for protective services, state law and APS policy do not allow for this type of report to be screened out.

Some Reports Are Inadequately Documented

We estimate that for between 179 and 396 (8% \pm 3 percentage points) of the reports that were not accepted in FY 15-16, there was not enough information in the agency's database to determine if it was appropriate to screen out the report. APS policy does not specify how much information must be entered into CAPSS for a report that is not accepted. However, entering sufficient information to justify the decision not to accept the report is crucial for quality control. It also would help to inform future screening decisions if a similar report is subsequently received about the same person.

Policy on Considering Past Investigations Is Unclear

We found several examples of reports that were screened out based on information gleaned from a prior APS investigation of similar allegations regarding the same alleged victim. For example, one report was screened out because similar allegations had been investigated and found unsubstantiated nearly three months earlier. There is no policy on how recent an investigation must be in order to be considered in a subsequent report screening decision. While conducting multiple investigations of the same allegation would be wasteful and infringe upon the privacy of the alleged victim, using information from prior investigations to screen new allegations could result in overlooking new circumstances or events.

Recommendations

38. The S.C. Department of Social Services should update adult protective services policies to specifically address the investigation of maltreatment reports in which the alleged victim is no longer in danger.
39. The S.C. Department of Social Services should ensure that sufficient information about screened out reports is entered into the agency's database to justify the screening decision.
40. The S.C. Department of Social Services should develop a clear policy on how previously-completed investigations should be used when screening adult protective services reports.

Referrals to Other Agencies or Services

S.C. Code §43-35-15(C) requires APS to report to the South Carolina Law Enforcement Division (SLED) any allegations causing a “reasonable suspicion of criminal conduct.” S.C. Code §43-35-25(E) requires that APS forward any reports it receives that fall under the jurisdiction of another investigative agency to that agency.

APS Does Not Report All Alleged Criminal Activity to Law Enforcement

APS practice regarding referrals of maltreatment reports to law enforcement is inconsistent. The agency does not forward to law enforcement all reports involving criminal conduct that it receives.

S.C. Code §43-35-15(C) states:

The Adult Protective Services Program shall refer reports of abuse, neglect, and exploitation to the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division [SLED] if there is reasonable suspicion of criminal conduct.

APS policy directly quotes the language above and clarifies that unless the criminal conduct is alleged to have occurred in a facility, SLED prefers that DSS forward the reports directly to local law enforcement.

Crimes Against Vulnerable Adults

In our review of a sample of 339 maltreatment reports, we found 22 reports that DSS did not refer to law enforcement, but which we believe contain an allegation of a crime against a vulnerable adult and should have been referred to law enforcement. The alleged crimes included financial exploitation and physical and sexual abuse. APS agreed with our assessment in 55% of those cases. In at least two instances, the APS worker did advise the reporter to contact law enforcement. Other cases were referred to the Ombudsman for investigation, and APS stated that because the Ombudsman would report these to law enforcement, it was not necessary for APS to do so. This practice at best delays the referral to law enforcement and at worst may result in a report not being referred at all by agencies assuming a referral was already made.

Crimes Against Non-Vulnerable Adults

Further, we identified 24 reports of a crime not involving a vulnerable adult that APS did not report to law enforcement. These included allegations of domestic violence and theft. S.C. Code §43-35-15(C), cited above, and the APS policy regarding referral of criminal activity to law enforcement use the term “criminal conduct” without specifying that the victim must be a vulnerable adult in order for DSS to make a referral. DSS stated that it does not limit law enforcement referrals to crimes against vulnerable adults.

Referrals Are Inadequately Documented

The APS policy regarding documentation of a notification to law enforcement involves mailing a form to the state DSS office. At least one regional call center does not follow this policy, instead adhering to separate procedures for documenting these notifications. There is no clear policy on documenting referrals to the Long Term Care Ombudsman. In our sample, we identified 31 reports that APS referred to law enforcement or another state agency. For nearly 75% of those, there was not adequate documentation of the date of the referral and the person or agency to whom the referral was made. Without these minimum details, it would be difficult for APS to follow up on a referral if necessary.

There is a field in the agency’s electronic database that indicates whether a report has been referred to law enforcement. This field was marked in less than half of the reports we identified as being reported to law enforcement. Using this field correctly would help APS to ensure that criminal activity is being reported appropriately.

Recommendations

41. The S.C. Department of Social Services should clarify its policy regarding referral to law enforcement of reports of criminal conduct, to include situations in which the report does not involve a vulnerable adult.
42. The S.C. Department of Social Services should report the criminal conduct covered in adult protective services policy directly to law enforcement.
43. The S.C. Department of Social Services should develop and enforce clear policies on the documentation of referrals of adult protective services reports to other agencies.

Investigating Allegations of Maltreatment

We reviewed South Carolina law regarding the process used by the S.C. Department of Social Services (DSS) to investigate reports of maltreatment of vulnerable adults. State law regarding the investigation of maltreatment of vulnerable adults does not contain an adequate level of detail when compared with state law regarding the investigation of maltreatment of children. In addition, we reviewed a sample of adult protective services (APS) case files and found examples of noncompliance with agency policy regarding the amount of time taken to investigate reports and the thoroughness of the investigations.

State Law

South Carolina law regarding APS does not:

- Require DSS to initiate and complete investigations of vulnerable adult maltreatment reports within a specified period of time.
- Require DDS to reach a case decision.
- Establish equal standards for the maximum period of time maltreated vulnerable adults and maltreated children may be held in involuntary protective custody by DSS prior to a probable cause court hearing.
- Require representation of vulnerable adults by an attorney before a court hearing is held to determine whether probable cause exists to remove them from their homes and take them into involuntary protective custody.
- Establish standards of proof for substantiating allegations of maltreatment and providing protective services.
- Provide specific protection against lawsuits for DSS staff required to respond to reports of maltreatment of vulnerable adults.
- Provide comprehensive employment protection for persons required to report maltreatment of vulnerable adults.

No Timelines for Beginning and Ending Investigations

S.C. Code §43-35-40 requires DSS to “promptly” begin an investigation after receiving a vulnerable adult maltreatment report, but there are no specific time frames outlined in state law for the initiation or completion of an investigation.

Independent of state law, DSS policy requires that its staff begin to investigate reports of abuse of vulnerable adults within 24 hours, reports of self-neglect within 72 hours, and all other reports of maltreatment within 48 hours. DSS policy also requires that investigations be completed within 45 days, allowing extra time for “unusual situations.” Because these time frames are not in state law, DSS has the ability to change them at any time without public oversight, reducing consistency and the protection provided to vulnerable adults.

For child maltreatment reports, S.C. Code §63-7-920(A) requires that investigations be initiated within 24 hours and completed within 45 days, with an extension of up to 15 days “for good cause.”

No Requirement to Reach a Case Determination

Although S.C. Code §43-35-40 requires DSS to investigate noncriminal reports of vulnerable adult maltreatment occurring in certain settings, it does not specifically require the agency to determine whether the reports are substantiated by the facts after investigation. A case decision is, however, required by DSS policy. For child maltreatment reports, S.C. Code §63-7-920(A) requires DSS to determine whether they are substantiated by the facts.

Excessive Period of Time Persons Taken Into Protective Custody Without Consent May Be Held Without a Probable Cause Hearing

Under state law, vulnerable adults or children may be involuntarily placed into DSS protective custody by law enforcement officers without probable cause court hearings when there is not enough time to apply for a hearing in advance.

For persons removed from home involuntarily without a court hearing, the law requires that a hearing be held subsequent to the removal. However, the maximum time a maltreated *vulnerable adult* may be held in protective custody by DSS without a hearing is at least 24 hours longer than the maximum time a maltreated *child* may be held in protective custody without a hearing. We found no reason for this difference.

Vulnerable Adults

The maximum time allowed by state law between the date of an emergency removal of a vulnerable adult from his or her home without a court order and the date of a subsequent court hearing to determine probable cause is 96 hours, assuming no delays due to weekends and legal holidays.

S.C. Code §43-35-45(B) states that:

The family court may order ex parte that the vulnerable adult be taken into emergency protective custody without the consent of the vulnerable adult or the guardian or others exercising temporary or permanent control over the vulnerable adult if the court determines there is probable cause to believe that by reason of abuse or neglect there exists an imminent danger to the vulnerable adult's life or physical safety.

S.C. Code §43-35-55(A) states that a law enforcement officer may take a vulnerable adult into protective custody without a court order in advance if:

- (1) there is probable cause to believe that by reason of abuse, neglect, or exploitation there exists an imminent danger to the vulnerable adult's life or physical safety;
- (2) the vulnerable adult or caregiver does not consent to protective custody; and
- (3) there is not time to apply for a court order [in advance].

Protective custody may include the placement of a vulnerable adult in a nursing home, assisted living facility, or, if placement options are limited, temporary placement in a hotel or motel with an assigned caregiver.

S.C. Code §43-35-55(D)-(F) requires that a court hearing be held to determine whether there was probable cause to remove the vulnerable adult from his or her home, with the following time frames:

- The law enforcement officer is required to notify DSS “immediately” of the emergency removal.
- DSS is required to file a petition to the family court for protective custody of the vulnerable adult within one business day of receiving notification of the removal from the law enforcement officer.
- The family court is required to hold a hearing within 72 hours of receiving the DSS petition, excluding Saturdays, Sundays, and legal holidays, to determine whether there is probable cause for the protective custody.

Therefore, if the removal occurs on any other day except Monday, the amount of time a vulnerable adult may be held in protective custody without consent and without a hearing is six days. An additional day or more of delay may be added if a holiday occurs within a week of the removal.

Children

The maximum time allowed by state law between the date of an emergency removal of a child from his or her home without a court order and the date of a subsequent court hearing to determine probable cause is 72 hours, assuming no delays due to weekends and legal holidays.

S.C. Code §63-7-620(A) states:

A law enforcement officer may take emergency protective custody of a child without the consent of the child's parents, guardians, or others exercising temporary or permanent control over the child if ... the officer has probable cause to believe that by reason of abuse or neglect the child's life, health, or physical safety is in substantial and imminent danger ... and there is not time to apply for a court order.

Protective custody may include the placement of a child in a foster home.

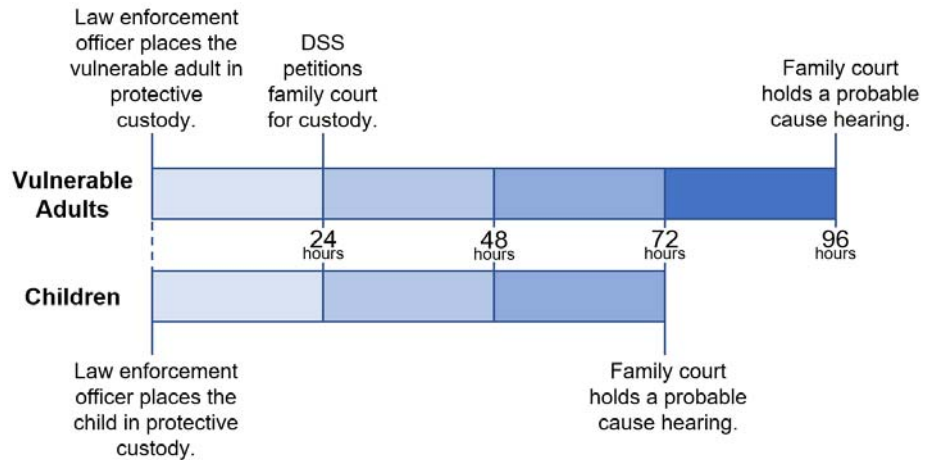
S.C. Code §63-7-710(A) states that:

The family court shall schedule a probable cause hearing to be held within seventy-two hours of the time the child was taken into protective custody. If the third day falls upon a Saturday, Sunday, or holiday, the probable cause hearing must be held no later than the next working day. If there is no term of court in the county when the probable cause hearing must be held, the hearing must be held in another county in the circuit. If there is no term of family court in another county in the circuit, the probable cause hearing may be heard in another court in an adjoining circuit.

Graph 7.1 summarizes the differences in these timelines.

... if the removal occurs on any other day except Monday, the amount of time a vulnerable adult may be held in protective custody without consent and without a hearing is six days. An additional day or more of delay may be added if a holiday occurs within a week of the removal.

Graph 7.1: Timelines for Protective Custody Court Hearings



Note: This timeline assumes no delays due to weekends or legal holidays.

Source: LAC analysis of S.C. state laws.

Access to Legal Assistance for Vulnerable Adults Taken into Involuntary Protective Custody

State law does not require that a vulnerable adult be appointed an attorney and a guardian ad litem before a hearing is held to determine whether probable cause exists to take the person into involuntary custody. By not giving a vulnerable adult the opportunity to consult with an attorney prior to a probable cause hearing, state law diminishes the ability of the vulnerable adult to present his or her views in the proceeding.

State Law Regarding a Probable Cause Hearing Held Prior to Taking a Vulnerable Adult into Custody

S.C. Code §43-35-45(C) describes the due process requirements that must be followed when a probable cause hearing is held prior to taking a vulnerable adult into protective custody. The statute indicates that:

Within ten days following the filing of a petition [by DSS to take a vulnerable adult into protective custody] pursuant to this section, the court shall appoint a guardian ad litem and an attorney for the vulnerable adult and an attorney for a lay guardian ad litem....

The appointment of an attorney and a guardian ad litem is not required by this statute prior to a probable cause hearing. In contrast, S.C. Code §63-7-1620 states that in all child abuse and neglect court proceedings, children must be appointed a guardian ad litem and may be appointed legal counsel. In addition, the parents of the children are entitled to legal counsel.

State Law Regarding a Probable Cause Hearing Held After Taking a Vulnerable Adult into Custody

S.C. Code §43-35-55 describes the process that must be followed for the probable cause hearing that is held shortly after a vulnerable adult has been taken into protective custody. The statute does not address the appointment of a guardian ad litem or an attorney.

No Standards of Proof for Case Determination and Provision of Protective Services

At the end of a vulnerable adult maltreatment investigation, it is DSS policy to determine whether to substantiate the maltreatment report. Neither state law nor DSS policy, however, requires that a case determination be based on a specific standard of proof. In addition, neither state law nor DSS policy requires a specific standard of proof for providing protective services to vulnerable adults.

By contrast, for child maltreatment investigations, S.C. Code §63-7-20 and §63-7-920 require a preponderance of the evidence as a standard of proof when making a case determination and when removing children from their homes without the consent of their parent(s). Having a specific standard of proof in state law can help ensure consistency and equity between cases.

Although state law and DSS policy contain no standards of proof for substantiating reports of maltreatment of vulnerable adults or for providing protective services, there *is* a standard of proof in case law that must be met when removing vulnerable adults from their homes without their consent and keeping them in protective custody:

- For an initial removal without the consent of the vulnerable adult, S.C. Code §43-35-45(B) and §43-35-55(B) state that there must be probable cause that the vulnerable adult is in imminent danger to his or her life or physical safety.
- Forty days after DSS has filed a petition with the family court for a removal without the consent of the vulnerable adult, S.C. Code §43-35-45(C) requires that a hearing be held on the merits of continuing the protective custody. In the 2014 case *Doe v. South Carolina Department of Social Services*, the Supreme Court established a standard of proof requiring “clear and convincing” evidence for continuing the involuntary custody.

If the General Assembly were to establish standards of proof for responding to allegations of maltreatment of vulnerable adults, one option could be to require:

- A lower standard of proof, such as preponderance of the evidence, for providing services with the consent of the vulnerable adult; and
- A higher standard of proof, such as clear and convincing evidence, for providing protective services to vulnerable adults without their consent, including the removal of vulnerable adults from their homes without their consent.

Civil Protection for DSS Staff

Although state law provides specific protection against lawsuits to child welfare staff, the law does not provide equal protection to APS staff. S.C. Code §43-35-75(A) states:

A person who, acting in good faith, reports [adult maltreatment] ...or who participates in an investigation or judicial proceeding resulting from a report is immune from civil and criminal liability which may otherwise result by reason of this action.

While this may protect APS caseworkers from liability in some circumstances, it may not include those conducting non-investigatory activities. In contrast, S.C. Code §63-7-400 specifically protects child welfare staff:

An employee...of the Department of Social Services required or authorized to perform child protective or child welfare-related functions...is immune from civil or criminal liability which might otherwise result by reason of acts or omissions within the scope of the official duties of the employee...as long as the employee...acted in good faith and was not reckless, wilful, wanton, or grossly negligent.

Employment Protection for Persons Who Report Maltreatment

State law protects the employment status of all persons in South Carolina who report the maltreatment of children. Protection of the employment status of persons who report the maltreatment of vulnerable adults, however, is less clear.

Regarding the maltreatment of children, S.C. Code §63-7-315(A) states:

An employer must not dismiss, demote, suspend, or otherwise discipline or discriminate against an employee who is required or permitted to report child abuse or neglect...based on the fact that the employee has made a report of child abuse or neglect.

Regarding the maltreatment of vulnerable adults, however, state law is less clear. S.C. Code §43-35-75(B) states:

It is against the public policy of South Carolina to change an employee's status solely because the employee reports or cooperates with an investigation or action taken under this chapter.

It is not certain whether the phrase "against the public policy of South Carolina" is intended to give specific employment protection to those who report the maltreatment of vulnerable adults. In addition, it appears that negatively changing the employment status of a person who has reported maltreatment is permitted when it can be demonstrated that the employee's reporting of maltreatment was not the sole reason.

We found no reason for having different levels of employment protection for persons who report maltreatment of adults versus persons who report maltreatment of children.

Recommendations

44. The General Assembly should amend state law to require that the S.C. Department of Social Services initiate investigations of vulnerable adult maltreatment reports within a specified period of time.
45. The General Assembly should amend state law to require that the S.C. Department of Social Services complete investigations of vulnerable adult maltreatment reports within a specified period of time, with an option for a specified extension period.
46. The General Assembly should amend state law to require that the S.C. Department of Social Services, upon investigating a report of vulnerable adult maltreatment, formally decide whether the allegation is substantiated by the facts.
47. The General Assembly should amend S.C. Code §43-35-55 to establish equal standards for the maximum period of time maltreated vulnerable adults and maltreated children may be held in involuntary emergency protective custody by the S.C. Department of Social Services prior to a court hearing to determine whether probable cause exists for the action.
48. The General Assembly should amend S.C. Code §43-35-45 and §43-35-55 to require that a vulnerable adult taken into involuntary protective custody be appointed an attorney and a guardian ad litem before a hearing is held to determine whether probable cause exists for the action.
49. The General Assembly should amend state law to require specific standards of proof for substantiating reports of vulnerable adult maltreatment and for providing protective services, including protective services provided without the consent of the vulnerable adults.
50. The General Assembly should amend state law to provide specific protection against lawsuits for S.C. Department of Social Services staff required to respond to reports of maltreatment of vulnerable adults.
51. The General Assembly should amend state law to provide specific employment protection for persons required to report maltreatment of vulnerable adults.

LAC Review of Case Files

We reviewed the process used by DSS to respond to reports of maltreatment that the agency accepted for investigation and found the following:

- Of the reports accepted from FY 13-14 through FY 15-16, caseworkers did not promptly initiate 16.5% of investigations through face-to-face contact with the alleged victim.
- Of the reports accepted from FY 13-14 through FY 15-16, caseworkers did not close 28% of investigations within 45 days, as required by policy.
- Based on a random sample of the non-self-neglect investigations in FY 14-15 and FY 15-16, caseworkers did not attempt to interview the alleged perpetrator in an estimated 17% of cases.
- Based on a random sample of extended investigations cases in FY 14-15 and FY 15-16, caseworkers did not visit the vulnerable adult for a period of two or more consecutive months in an estimated 68% of cases. During the treatment (post-investigation) phase of services, we found that caseworkers did not visit the vulnerable adult for a period of two or more consecutive months in an estimated 35% of cases.
- DSS has not converted all of its case records to an electronic format.

Description of the Process for Investigations

When DSS accepts a report of vulnerable adult maltreatment, the agency investigates to determine whether the facts substantiate the allegation. If the allegation is substantiated, DSS provides services to remedy the situation such as arranging for in-home care, home modifications, financial benefits, or alternative living; these are called treatment services. The goal of providing treatment services is to mitigate the risk identified during the investigation in order to improve the vulnerable adult's quality of life.

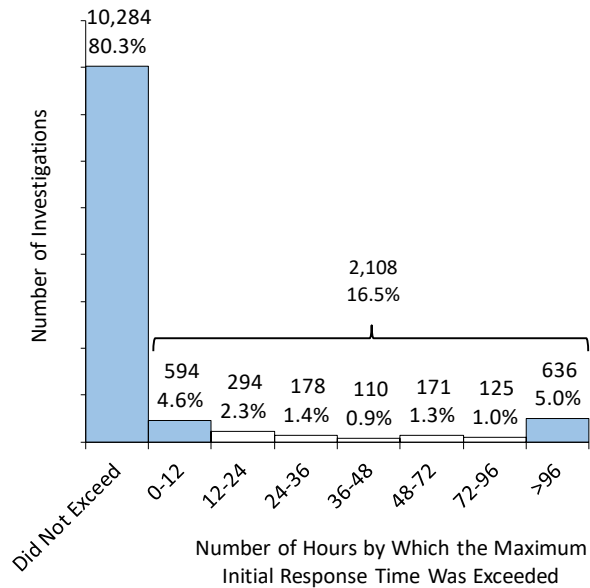
Investigations Not Initiated Promptly

In 16.5% of the 12,809 reports accepted from FY 13-14 through FY 15-16, we found no evidence that face-to-face contact with the alleged victim was made within the timeframe required in policy. APS policy requires caseworkers to make face-to-face contact with the vulnerable adult identified in an accepted report within:

- 24 hours of receiving a report of abuse.
- 72 hours of receiving a report of self-neglect.
- 48 hours of receiving a report of any other type of maltreatment.

Graph 7.2 demonstrates the extent to which caseworkers exceeded the policy's timeframes.

Graph 7.2: Extent to Which the Maximum Time for Initiating an Investigation Was Exceeded, FY 13-14 through FY 15-16



Notes: For 417 investigations (3.3%), this information was not available.
Ranges are exclusive of the lower bound and inclusive of the upper bound.

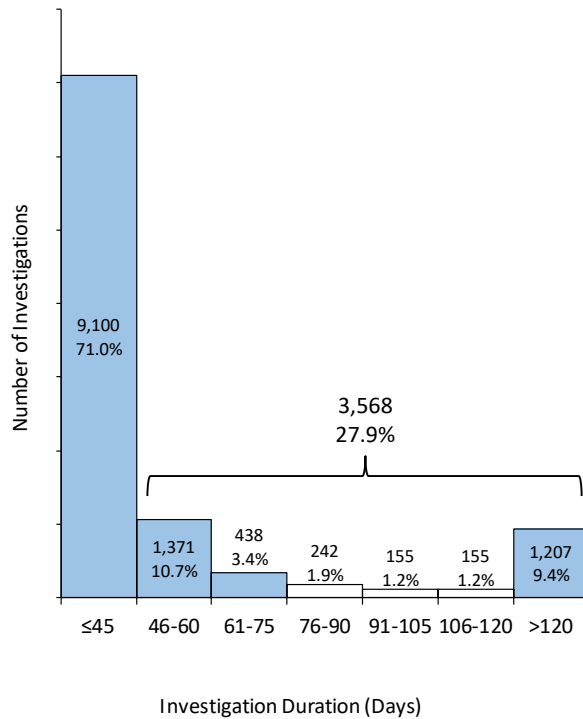
Source: LAC analysis of CAPSS data.

While APS policy requires the response time to begin upon receipt of a report, it is the agency’s practice to start the clock on response time when the decision is made to accept a report, usually within two hours of receipt. Using the APS practice of starting from the time the report is accepted, the fraction of reports for which the required timeframe was exceeded decreases from 16.5% to 13%. Delays in initial contact can increase the risk of harm to the vulnerable adult.

Investigations Not Completed on Time

Of 12,809 cases accepted for investigation from FY 13-14 through FY 15-16, 28% were not completed within 45 days and 17% were not completed within 60 days. APS policy requires that caseworkers reach a case decision within 45 days. Although not specifically in APS policy, it is agency practice to give caseworkers the option to extend the time frame to 60 days, as is permitted in the statute for child welfare. Graph 7.3 shows the distribution of the duration of investigations.

Graph 7.3: Duration of Investigations, FY 13-14 Through FY 15-16



Note: For 141 investigations (1.1%), this information was not available.

Source: LAC analysis of CAPSS data.

Alleged Perpetrators Not Interviewed

We reviewed a random sample of 95 non-self-neglect investigations out of a total of 5,785 in FY 14-15 and FY 15-16. Based on this sample, we estimate that in 17% of such cases, ± 7.5 percentage points, caseworkers did not attempt to interview perpetrators alleged to have harmed vulnerable adults.¹ APS policy does not require that caseworkers interview alleged perpetrators during an investigation, but for these cases, there was significantly less assurance that caseworkers investigated reports in a thorough manner.

Inadequate Ongoing Contact with Victims

Extended Investigations

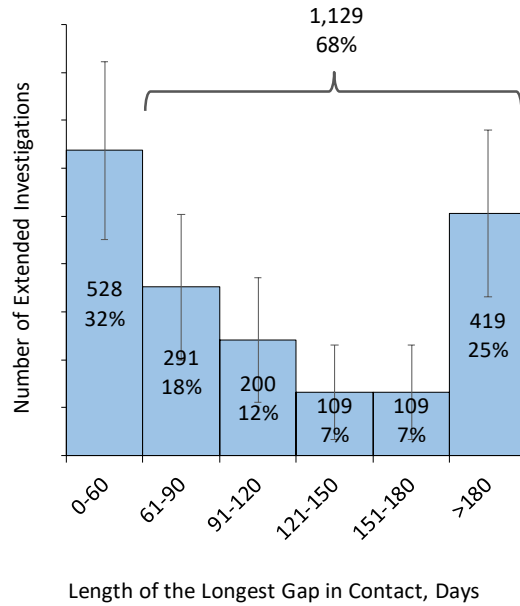
In FY 14-15 and FY 15-16, investigations extending beyond 60 days accounted for 18% (1,657) of all APS investigations conducted.

Of the 1,657 extended investigations, we reviewed a random sample of 91 investigations. From this sample, we estimate that in 68% (1,129) of such cases, ± 9.3 percentage points, there was at least one instance in which APS caseworkers did not visit the vulnerable adult for two or more consecutive months while the case was open. This comprises 11%–14% of all 9,266 investigations in that time period.¹

APS policy requires that caseworkers conduct face-to-face visits with clients at least once per month as long as an investigation remains open. Technically, a caseworker may visit a client at the beginning of one month and the end of the next, spanning approximately 60 days, without breaking policy. Graph 7.4 shows the estimated distribution of the extended investigations by the length of the longest gap in face-to-face contact.

¹ This estimate has a confidence level of 95%.

Graph 7.4: Estimated Gaps in Face-to-Face Contact with Vulnerable Adults During Extended Investigations, FY 14-15 and FY 15-16



Notes: The vertical line at the top of each bar reflects the margin of error for that estimate. Percentages are not exact due to rounding.

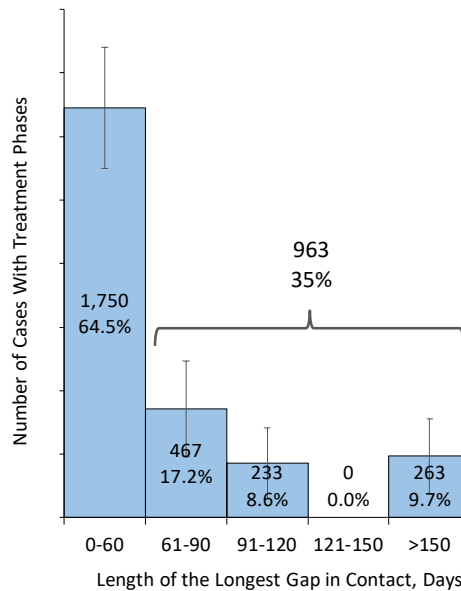
Source: LAC analysis of CAPSS data.

Treatment Services

If a caseworker substantiates an allegation, a treatment phase is opened to coordinate services for the vulnerable adult. We reviewed a random sample of 93 cases with treatment phases out of a total of 2,713 in FY 14-15 and FY 15-16. Based on this sample, we estimate that in 35% of treatment cases, ± 9.6 percentage points, there was at least one instance in which caseworkers did not visit the vulnerable adult for a period of two or more consecutive months while the case was open.¹ As with investigations, policy requires that caseworkers conduct at least one face-to-face contact per month with the vulnerable adult during the treatment phase. Graph 7.5 shows the estimated distribution of treatment phases by the length of the longest gap in face-to-face contact.

¹ This estimate has a confidence level of 95%.

Graph 7.5: Estimated Gaps in Face-to-Face Contact with Vulnerable Adults During the Treatment Phase of Cases, FY 14-15 and FY 15-16



Notes: The vertical line at the top of each bar reflects the margin of error for that estimate. Percentages are not exact due to rounding.

Source: LAC analysis of CAPSS data.

Inefficiencies Regarding Case Records

DSS uses a hybrid paper/electronic file system, which can increase the time it takes to review APS cases and increase the risk of misplacing records. Examples of records that are electronic include information from the intake report, a description of the alleged victim, and a summary of contacts with individuals. Examples of records that are still maintained in paper form include medical records, financial records, and forms with signatures. The agency's database has the capability to upload and store these items. However, APS policy does not require caseworkers to use this feature. With a complete electronic database of all relevant case records, DSS county, regional, and central office staff could have more complete and efficient access to needed information.

Recommendations

52. The S.C. Department of Social Services should ensure that caseworkers initiate investigations, through face-to-face contact with the alleged victim, within the time periods required in policy.
53. The S.C. Department of Social Services should amend adult protective services policy to include the permissible circumstances for extending the 45-day time period for reaching case decisions.
54. The S.C. Department of Social Services should ensure that caseworkers complete investigations within the time period prescribed in policy.
55. The S.C. Department of Social Services should amend adult protective services policy to require that non-self-neglect investigations include interviews with alleged perpetrators.
56. The S.C. Department of Social Services should ensure that adult protective services caseworkers visit vulnerable adults who are the subject of open cases at least once a month, as required by its policy.
57. The S.C. Department of Social Services should require that caseworkers electronically upload case documents into the agency database.

Measuring Performance

We analyzed selected data from the agency's database and found that the S.C. Department of Social Services (DSS) did not have adequate controls within the system to ensure data integrity and utility.

We also reviewed the department's existing performance measures for adult protective services (APS) as well as measures used by similar programs in other states and found that DSS did not adequately report the performance of the APS program. Furthermore, we found that DSS has not analyzed the root causes of the program's underperformance.

Data System

The Child and Adult Protective Services System (CAPSS) is an electronic database used by APS workers to record information about maltreatment reports, vulnerable adults, investigations, and services. It is also used by the child welfare program. Although the agency considers CAPSS to be primarily a case management tool, the system contains a large amount of data that can assist with the evaluation and management of the APS program more broadly. (See Chapters 6 and 7 for examples of how CAPSS data can be used.)

We analyzed selected CAPSS data from FY 13-14 through FY 15-16 and found a number of errors and omissions that represented a very small percentage of the total records provided. While we do not believe that these anomalies were numerous enough to preclude using the data to draw meaningful conclusions, they indicate opportunities to strengthen the system's controls on data entries in order to ensure that records are as accurate as possible.

Current Controls Are Not Sufficient to Ensure Data Integrity

The following are examples of errors or omissions that we found which may indicate that reports were improperly screened or investigated.

- Reports with no recorded decision on whether to accept the report for APS investigation.
- Reports with no supervisory review time recorded.
- Accepted reports that were not assigned a case number.
- Accepted reports that had no recorded time at which the investigation was initiated.
- Accepted reports that had no recorded case decision or no case decision time.

We found the following inconsistencies that likely resulted from worker error and interfere with the effective usage of CAPSS data.

- Reports for which the recorded time of the start of the investigation was prior to the time the report was received by APS.
- Reports for which the case decision date was prior to the initiation of the investigation.
- Reports with no alleged victim identified.

We also found the following weaknesses in the internal controls built into CAPSS.

- The dates and times of maltreatment reports and caseworker visits to vulnerable adults are entered by the APS worker with no system limitations on backdating.
- Supervisory review of intake decisions, which should be completed for all APS reports according to DSS management, is not a required field. It can also be entered by any APS worker, even if that person is not a supervisor.

Although some flexibility is necessary to accommodate practicalities such as logging caseworker activities after they occur, strengthening controls could prevent APS workers from accidentally or intentionally entering incorrect information such as dates, times, and supervisory reviews.

Updates That Could Increase the System's Utility

We identified several updates, expansions, and additions to CAPSS fields that would increase the usefulness of the information provided by the system. For example:

- The available options for type of reporter do not include financial institutions or bank personnel, who sometimes report suspected financial exploitation. Having complete information about the sources of maltreatment reports would allow DSS to target any future outreach efforts.
- There is no field indicating whether an alleged victim has been taken into DSS custody. Such a field would be helpful in allowing APS management to track cases that involve significant legal responsibilities.
- The options for some fields are too numerous and overlap, reducing their usefulness as meaningful categories. For example, the electronic form in which caseworkers enter narrative descriptions of their activities related to a case has 94 options for the type of activity being logged. In our review of CAPSS records, we found that seven of these options were used to describe face-to-face contact DSS staff made with the client. As another example, there are at least 92 possibilities for the relationship of an alleged perpetrator to an alleged victim, including biological son, biological daughter, and birth child.
- Case decisions in CAPSS cannot reflect a combination of substantiated and unsubstantiated allegations. This leads to a practice of deleting from a case record any allegations that were not supported when entering a substantiated case decision. Although this avoids creating the false impression that all allegations were substantiated, it also removes part of the documentation of the APS investigation, leaving the department with an incomplete record of allegations that were not substantiated.

Making changes to CAPSS, such as those we have identified above, can be very time consuming. For example, the agency's information technology department estimates that it would take four weeks to add the capability to list a finding for each type of alleged maltreatment, and four months to incorporate the new intake tool (see *Report Screening Decisions* on p. 74). More time could be required if there are competing requests to make changes in CAPSS from the department's child welfare program.

Recommendations

58. The S.C. Department of Social Services should review the agency's database to identify and implement feasible internal controls to minimize data errors and falsification.
59. The S.C. Department of Social Services should implement and adhere to a schedule for periodically reviewing the agency's database in order to identify and request updates that would improve data quality.

Performance Measures

DSS has not adequately communicated the performance of its APS program or addressed potential root causes of underperformance.

Outcome Measures

Outcome measures show the extent to which a program has accomplished its mission. In its annual accountability report, however, the department has not included outcome measures for the APS program. Examples of outcome measures that could provide additional information regarding the success of the program and assist in managing it include the following:

- Rates of repeated vulnerable adult maltreatment reported to DSS.
- Satisfaction statistics from individuals who report maltreatment.
- Satisfaction statistics from vulnerable adults receiving protective services from DSS.

Process Measures

Process measures indicate the extent to which a program is operating as it was intended, independent of outcomes. Examples of process measures may include compliance with applicable laws, professional standards, and other requirements.

Current Process Measures

In its two most recent accountability reports, DSS listed the three performance measures in Table 8.1 for the APS program, all focused on process.

Table 8.1: APS Process Measures

| PERFORMANCE MEASURE | GOAL | ACTUAL PERFORMANCE | |
|--|------|--------------------|----------|
| | | FY 14 15 | FY 15 16 |
| APS assessments initiated timely | 100% | 83% | 84% |
| APS assessments completed within 45 days | 100% | 67% | 71% |
| APS cases with monthly activity | 95% | 84% | 81% |

Potential Additional Process Measures

The following are examples of additional process measures that could assist DSS in managing APS:

- New caseworkers with degrees in social work.
- New caseworkers screened for criminal backgrounds.
- Caseworkers with caseloads that are within national and DSS standards.
- Caseworkers who have been trained and certified.
- Investigations that include interviews with the alleged perpetrators.

Root Causes

DSS has not sufficiently addressed the root causes of underperformance in its APS program.

Root causes can be defined as the initial factors or most basic causes in a sequence of events leading to a specific outcome. Root cause analysis generally focuses more on the systems and processes within an organization than the performance of specific employees. Also, for a root cause to be relevant to reducing or eliminating underperformance, it must be controllable by the organization.

Examples of potential root causes that have been given insufficient attention by DSS include inadequate minimum employee qualifications (see *Caseworker Education and Experience Requirements* on p. 30), a lack of central monitoring of employee training and certification (see Chapter 5), and no formal maximum caseload standards for APS caseworkers (see *APS Caseload Standards* on p. 49).

Recommendations

60. The S.C. Department of Social Services should identify and report outcome measures for its adult protective services program, such as:
 - Rates of repeated vulnerable adult maltreatment.
 - Satisfaction statistics from individuals who report maltreatment.
 - Satisfaction statistics from vulnerable adults receiving services.
61. The S.C. Department of Social Services should identify and report more complete process measures for its adult protective services program, such as measures pertaining to employee credentials, employee training, thoroughness of investigations, and court hearings.
62. The S.C. Department of Social Services should ensure that it has a process for determining and addressing root causes when analyzing underperformance within adult protective services.

Statewide and DSS Organizational Structures

In this chapter, we describe South Carolina’s process of providing services through multiple agencies to vulnerable adults who are victims of maltreatment. We also note that the organizational structure within DSS gives less focus to adult protective services than to other programs.

Other State and Local Entities in S.C. That Investigate Vulnerable Adult Maltreatment

In addition to adult protective services (APS), S.C. Code §43-35-10 *et seq.* authorizes other state and local agencies to investigate allegations of vulnerable adult maltreatment based on the location of the allegation and whether there is a reasonable suspicion of criminal conduct. The following outlines the responsibilities of these investigative agencies.

LONG TERM CARE OMBUDSMAN PROGRAM OF THE LIEUTENANT GOVERNOR’S OFFICE

Authorized to investigate noncriminal reports of maltreatment of vulnerable adults occurring in facilities. Prior to proceeding with an investigation, 42 U.S.C. §3058g requires that the vulnerable adult or his or her representative provide consent.

VULNERABLE ADULTS INVESTIGATIONS UNIT OF SLED AND LOCAL LAW ENFORCEMENT

Authorized to investigate reports of maltreatment occurring in facilities operated or contracted for operation by the S.C. Department of Mental Health and the S.C. Department of Disabilities and Special Needs and in which there is a reasonable suspicion of criminal conduct. More broadly, S.C. Code §23-3-15, §23-13-70, and §5-7-110 authorize state and local law enforcement officers to investigate crimes, including criminal allegations of vulnerable adult maltreatment.

MEDICAID FRAUD CONTROL UNIT (MFCU) OF THE ATTORNEY GENERAL'S OFFICE

Authorized to investigate allegations that occur in facilities, both Medicaid-funded and non-Medicaid-funded, that violate state laws. State law defines MFCU as an investigative entity; however, it is federal law, 42 U.S.C. §1396b(q), that provides MFCU with the authority to conduct these investigations.

OFFICE OF CLIENT ADVOCACY OF THE DEPARTMENT OF MENTAL HEALTH

Authorized to investigate allegations of residents committed to the sexually violent predator treatment program in which there is no suspicion of criminal conduct. These individuals are considered vulnerable adults because of their residence in a facility.

While not identified in S.C. Code §43-35-10 *et seq.* as an investigative entity, S.C. Code §44-7-295 and S.C. Regulations 61-17, 61-84, and 61-75 authorize the DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL to conduct investigations in nursing homes, assisted living facilities, and adult day care programs related to regulatory licensing issues. During these investigations, the department may review allegations of vulnerable adult maltreatment.

Also, 42 U.S.C. §15043 and §10805 and S.C. Code §43-33-350 authorize the PROTECTION AND ADVOCACY SYSTEM (P&A), a non-profit entity, to investigate allegations of maltreatment involving individuals with developmental disabilities and mental illnesses. In order to proceed with an investigation, federal and state laws require consent from the individual or his or her representative; when consent cannot be obtained, federal law requires probable cause.

Data Reported by State Agencies in S.C.

Incomplete and non-uniform reporting of data preclude the reporting of the incidence and prevalence of vulnerable adult maltreatment throughout South Carolina.

State law requires the establishment of the S.C. Adult Protection Coordinating Council (APCC) in order to, in part:

...coordinate data collection and conduct analyses including periodic monitoring and evaluation of the incidence and prevalence of adult abuse, neglect, and exploitation.

Both incidence and prevalence may be defined as follows.

INCIDENCE

The number of newly-affected individuals during a particular period of time, such as a month or year.

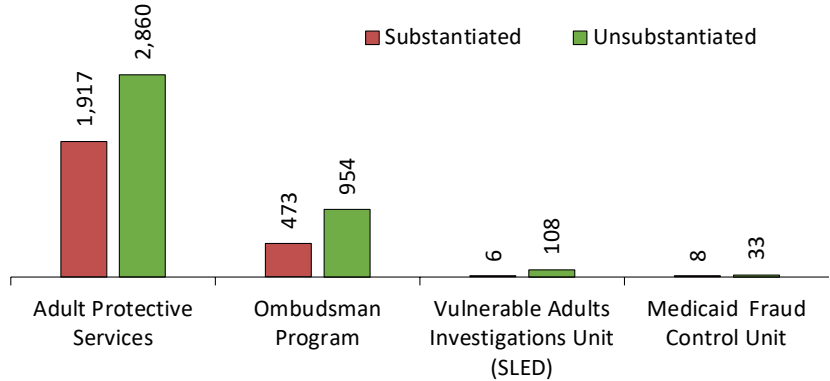
PREVALENCE

The total number of affected individuals, both new and existing, at a specific point in time, usually expressed as a percentage of the population.

In order to determine both incidence and prevalence, it is necessary to have the total number of affected individuals, in this case, the total number of confirmed cases of vulnerable adult maltreatment in South Carolina.

APS, the Vulnerable Adults Investigations Unit, the Ombudsman Program, and the Medicaid Fraud Control Unit report quarterly to the APCC. However, the data submitted is not uniform as each agency uses different terminology to refer to case outcomes. Graph 9.1 provides a summary of the data submitted by each of these agencies to the APCC.

Graph 9.1: Vulnerable Adult Maltreatment Cases by State Agency, Calendar Year 2016



Notes: Each agency refers to the case decisions “substantiated” and “unsubstantiated” differently, according to the following.

| | SUBSTANTIATED | UNSUBSTANTIATED |
|--|--|-----------------------|
| ADULT PROTECTIVE SERVICES | Substantiated | Unsubstantiated |
| OMBUDSMAN | Verified | Not Verified |
| VULNERABLE ADULTS INVESTIGATIONS UNIT (SLED) | Arrests | Unfounded |
| MEDICAID FRAUD CONTROL UNIT | Criminal Convictions & Civil Resolutions | Insufficient Evidence |

Source: S.C. Adult Protection Coordinating Council.

For several reasons, it would be imprudent to sum data from each of the agencies’ corresponding outcomes to determine the number of confirmed cases of vulnerable adult maltreatment. The data is incomplete as local law enforcement agencies do not report case outcomes. Also, the data does not include case outcomes for noncriminal investigations of maltreatment from the sexually violent predator treatment program. Furthermore, there is inconsistency between the various agencies’ terminology, as each agency uses unique language to categorize case outcomes. Knowing the incidence and prevalence rates of vulnerable adult maltreatment could help APS, as well as the other state agencies, to more accurately determine the need for services.

Recommendations

63. The S.C. General Assembly should amend state law to require that all agencies involved in investigating vulnerable adult maltreatment, including local law enforcement agencies, report case data to the S.C. Adult Protection Coordinating Council.
64. The S.C. Adult Protection Coordinating Council should lead all vulnerable adult maltreatment investigative agencies in the development of uniform language to describe an investigation and the types of case outcomes.
65. The S.C. Adult Protection Coordinating Council should determine the incidence and prevalence of vulnerable adult maltreatment in South Carolina to assist all relevant agencies in determining the need for vulnerable adult services.

Statewide Organizational Structure

In 2019, there may be an opportunity to operate the Long Term Care Ombudsman Program, the aging network, and APS within a single entity. The positives of such a change could include increased communication among the programs and greater clarity for the general public regarding where to obtain help. The negatives of such a change could include situations in which the programs serve competing interests. Neighboring states operate these programs under a single entity.

Duties of the Governor and Lieutenant Governor Regarding Vulnerable Adults

The Governor has authority over DSS, which is a Cabinet agency with programs such as APS, which investigates non-criminal reports of alleged maltreatment of vulnerable adults outside of institutions.

The Lieutenant Governor manages the Long Term Care Ombudsman Program, which investigates alleged maltreatment of vulnerable adults in institutions such as nursing homes and community residential care facilities. The Lieutenant Governor also oversees a statewide aging network that provides a range of services to older adults.

Change in State Constitution Regarding the Election of the Governor and the Lieutenant Governor

Prior to the 2018 election, the S.C. Constitution requires that the Lieutenant Governor to be elected independently of the Governor.

Beginning with the 2018 election, the S.C. Constitution will require each candidate for Lieutenant Governor to be selected by and campaign jointly with a candidate for Governor. The first term of office following the 2018 election will begin in January 2019. This change in organizational structure will create an opportunity to manage—within the same entity—APS, ombudsman services, and aging services. Collectively, these programs provide protective services to maltreated vulnerable adults in various settings as well as adults who are at higher risk of maltreatment due to their age.

Positives and Negatives of Operating Programs of the Governor and Lieutenant Governor for Maltreated Vulnerable Adults Within a Single Entity

There are potential positives and negatives regarding operating the Ombudsman Program, the aging network, and APS within a single entity.

Potential Positives

A single entity could better ensure that:

- The general public is able to determine where to obtain help when a vulnerable adult is the victim of maltreatment.
- Programs communicate effectively.
- Victims obtain the services they need.

Potential Negatives

The potential negatives of such a change could include situations in which the interests of one program do not coincide with those of another. For example, under state law the APS program is required to protect vulnerable adults from harm or potential harm. The actions taken by DSS may sometimes be against the expressed wishes of the vulnerable adults. In contrast, the ombudsman is required to serve as an advocate for and serve at the direction of the residents of long-term care facilities.

Federal Regulation Regarding Organizational Conflicts of Interest

Federal regulation 45 CFR 1324.21(b) states that:

The State agency [on aging] and the [Office of the] Ombudsman shall identify and take steps to remove or remedy conflicts of interest between the Office [of the Ombudsman] and the State agency [on aging] *or other agency carrying out the Ombudsman program.* (Emphasis added.)

The federal Administration for Community Living states on its website:

... neither the law nor the Rule requires states to prohibit supervision of multiple programs with conflicting (or potentially conflicting) duties.

Examples of States Operating Multiple Programs for Vulnerable Adults in a Single Department

In Georgia and North Carolina, a single state department is responsible for various health and human services programs, including the APS program, the Long Term Care Ombudsman Program, and oversight of programs managed by area agencies on aging. As described above, the states are required by federal regulation to remove or remedy any actual or potential conflicts of interest.

Public Deliberation

Due to the nuances involved, prior to a change in organizational structure, a public process of deliberation that included the affected stakeholders would help ensure that the relevant factors are taken into account.

Recommendation

66. The General Assembly should consider amending state law to require that the S.C. Long Term Care Ombudsman Program, oversight of the S.C. aging network, and adult protective services program be operated within a single entity.

DSS Organizational Structure

The written organizational structure of DSS establishes a chain of command in which APS staff in county offices operate under the state child welfare division. A structure in which the staff in one program are supervised by the staff in a separate program can increase the probability of inadequate supervisory expertise and/or inequitable treatment among programs.

Organizational Structure for Operations Requires APS to Report Through the Child Welfare Chain of Command

DSS comprises 46 county offices with programs such as APS, child welfare, and economic services. Each county director reports to one of five regional directors regarding any of the programs operated in the county. The regional directors report to the statewide director of child welfare in Columbia, independent of whether the program being addressed pertains to child welfare. This structure has the potential for diluting the attention given to non-child welfare programs, such as APS.

Organizational Structure for Non-Operational Policy Development and Technical Assistance

DSS also provides non-operational policy development and technical assistance from the state office in Columbia through its:

- Adult Advocacy division, which includes APS.
- Child welfare division.
- Economic services division.

These divisions report to the agency director and are responsible for developing policies, providing technical assistance to county offices, and identifying needed improvements in their respective programs. They are not formally responsible for overseeing day-to-day operations in the regions and the counties.

Informally, however, non-operational APS staff at the state office provide operational supervision of APS staff in the counties. Although the goal of this practice is to improve the quality and consistency of services for vulnerable adults across the state, it is not accompanied by clear organizational authority.

Conclusion

The management of DSS regional offices could be more effective if those offices reported to a single statewide director of county operations who does not supervise specific programs. In addition, the authority of state office staff to supervise counties and regions would be more clear if it were carried out only under the delegated authority of a statewide director of county operations.

Recommendations

67. The S.C. Department of Social Services should establish an organizational structure in which its regional directors report to a single statewide director of county operations who is responsible for all programs.
68. The S.C. Department of Social Services should require that state office staff who supervise county and regional staff do so only under the delegated authority of a single statewide director of county operations who is responsible for all programs.

Multi-Disciplinary Teams

During our review, there was not a formal program in which DSS coordinated with other providers of services for vulnerable adults who were victims of maltreatment. Going forward, there is an opportunity to coordinate services for vulnerable adults in a more efficient and thorough manner.

Examples of Multi-Disciplinary Teams for Children and Youth

DSS participates in multi-disciplinary teams that coordinate services for children who have been victims of abuse and/or neglect when there are concurrent criminal investigations. The teams may comprise individuals such as staff from county DSS offices, local non-profit children's advocacy centers, law enforcement, solicitors, and medical professionals.

In Beaufort County, the non-profit Collaborative Organization of Services for Youth (COSY) hosts and staffs a multi-disciplinary team of government agencies and non-profit organizations to identify, coordinate, and provide needed services to local children and youths.

Potential of Multi-Disciplinary Teams for Vulnerable Adults

The vulnerable adults in greatest need of service coordination may be those who are no longer able to live independently in their homes. Examples of potential members of multi-disciplinary teams include staff from DSS, law enforcement, hospitals, assisted living facilities, nursing homes, home health providers, other state agencies, and local governments. Meetings could be held independently or, perhaps, combined with multi-disciplinary teams for children.

The COSY organization in Beaufort County is implementing an expansion of its scope of services to include vulnerable adults who are receiving or who need therapeutic services. A planning document states that the expansion:

... seeks to limit the need of Beaufort County residents for residential therapeutic services by providing effective, alternative services locally; to include transition from more restrictive environments; to provide for individualized service planning, monitoring and funding for these residents in a cost-effective manner; and aid in the prevention of residents entering the system through the design and coordination of prevention programs and activities (such as Family Group Conferencing).

Conclusion

Providing services to vulnerable adults who have been removed from their homes due to maltreatment can be a complex task, involving multiple entities throughout local communities, each with limited resources. A structured process of coordination would better enable DSS to locate the services needed by vulnerable adults and more precisely determine where additional capacity is needed.

Recommendation

69. The S.C. Department of Social Services should implement regular meetings of multi-disciplinary teams as needed to identify, coordinate, and provide services to vulnerable adults.

Glossary

APS — Adult protective services program within the Adult Advocacy division of DSS.

Assessment — DSS investigation of a maltreatment allegation.

Child and Adult Protective Services System (CAPSS) — an electronic database used by DSS.

Child Welfare — A division of DSS that includes child protective services and related programs.

DSS — S.C. Department of Social Services.

FY — Fiscal year; unless otherwise noted this refers to the state fiscal year (July–June).

HUB — DSS regional call center for receiving and screening reports of maltreatment.

Intake — DSS process of receiving and screening reports of maltreatment.

Maltreatment — Abuse, neglect, and/or exploitation.

SLED — South Carolina Law Enforcement Division.

SSBG — Federal social services block grant.

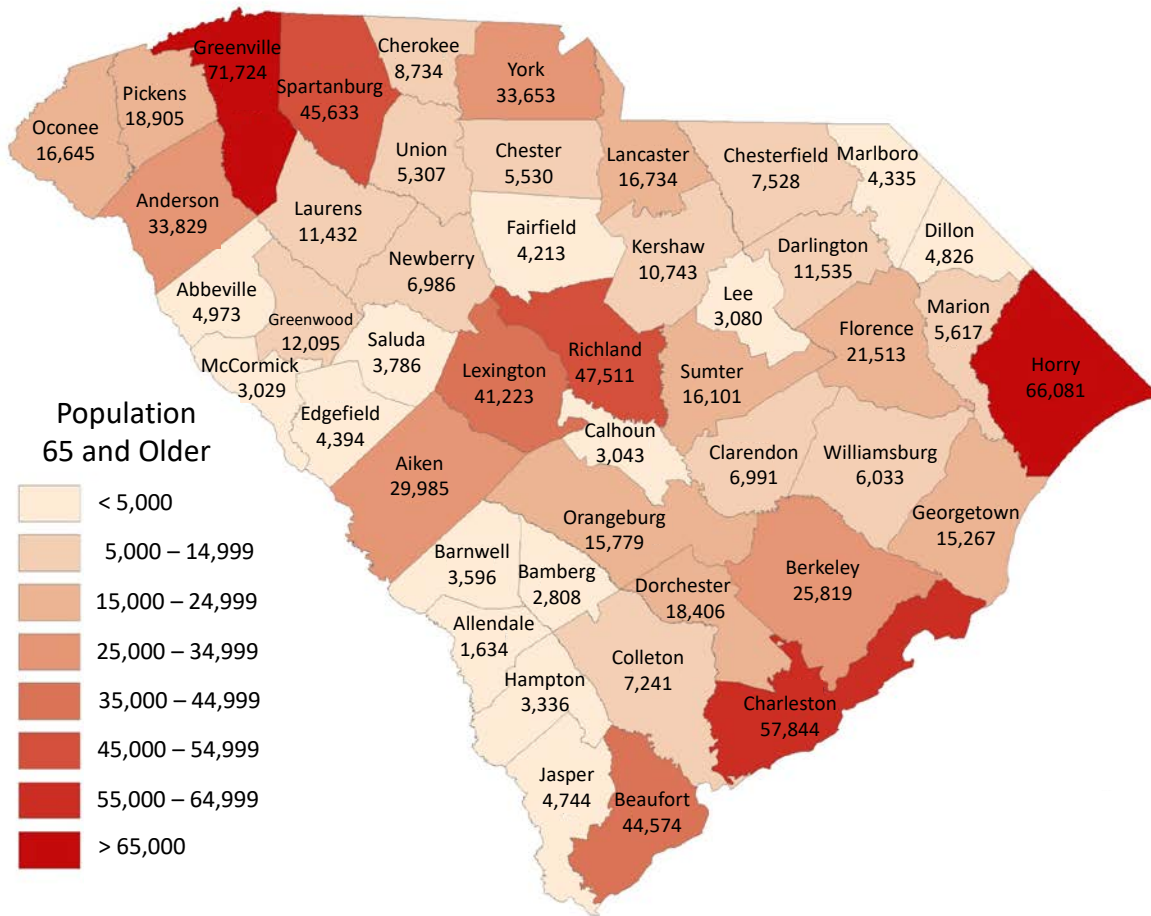
Treatment — The provision of protective services following an assessment in which an allegation of maltreatment was substantiated.

USCB — United States Census Bureau.

S.C. Elderly and Disabled Populations

Map B.1: S.C. Population Ages 65 and Older as of July 1, 2015

Highest—71,724 (Greenville)
 Lowest—1,634 (Allendale)
 South Carolina—794,795

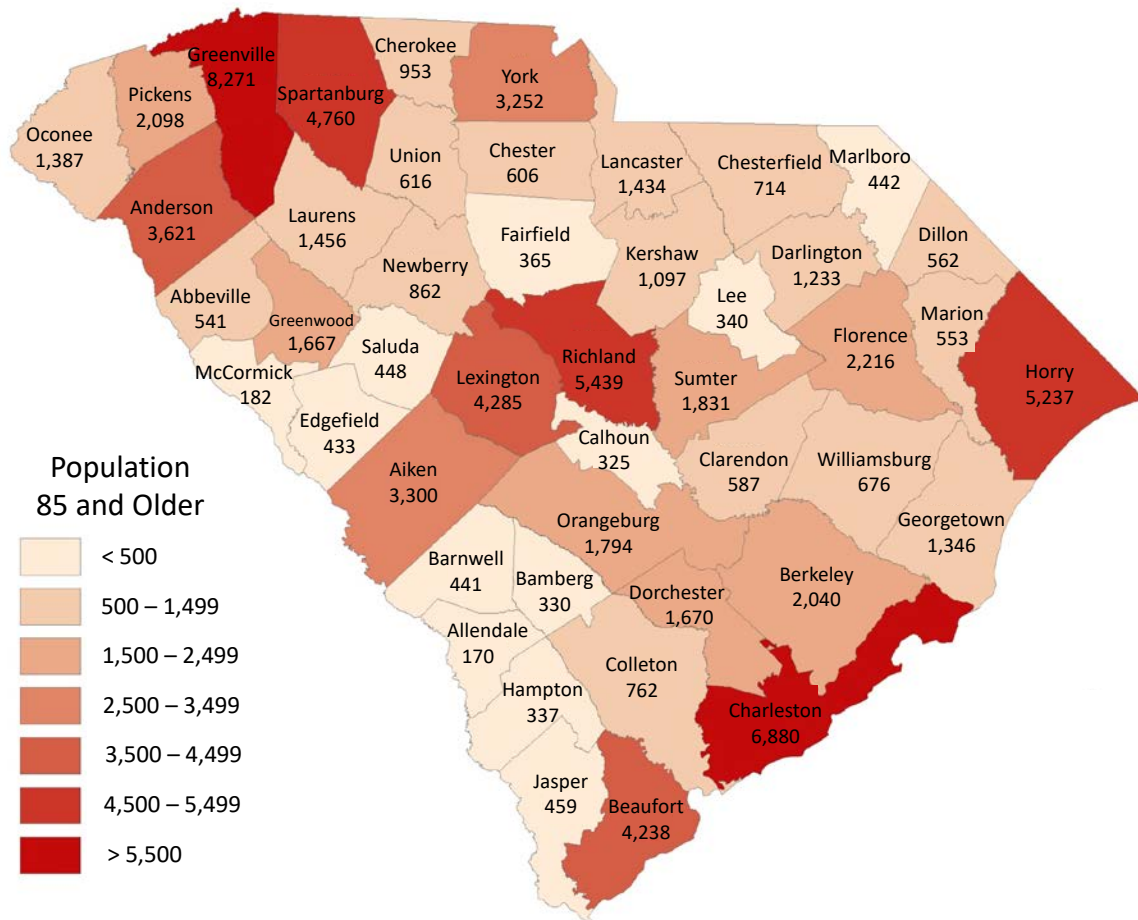


Source: LAC analysis of data from the National Center for Health Statistics, which was prepared under a collaborative arrangement with the USCB.

Map provided by the S.C. Office of Revenue and Fiscal Affairs.

Map B.2: S.C. Population Ages 85 and Older as of July 1, 2015

Highest—8,271 (Greenville)
Lowest—170 (Allendale)
South Carolina—82,256

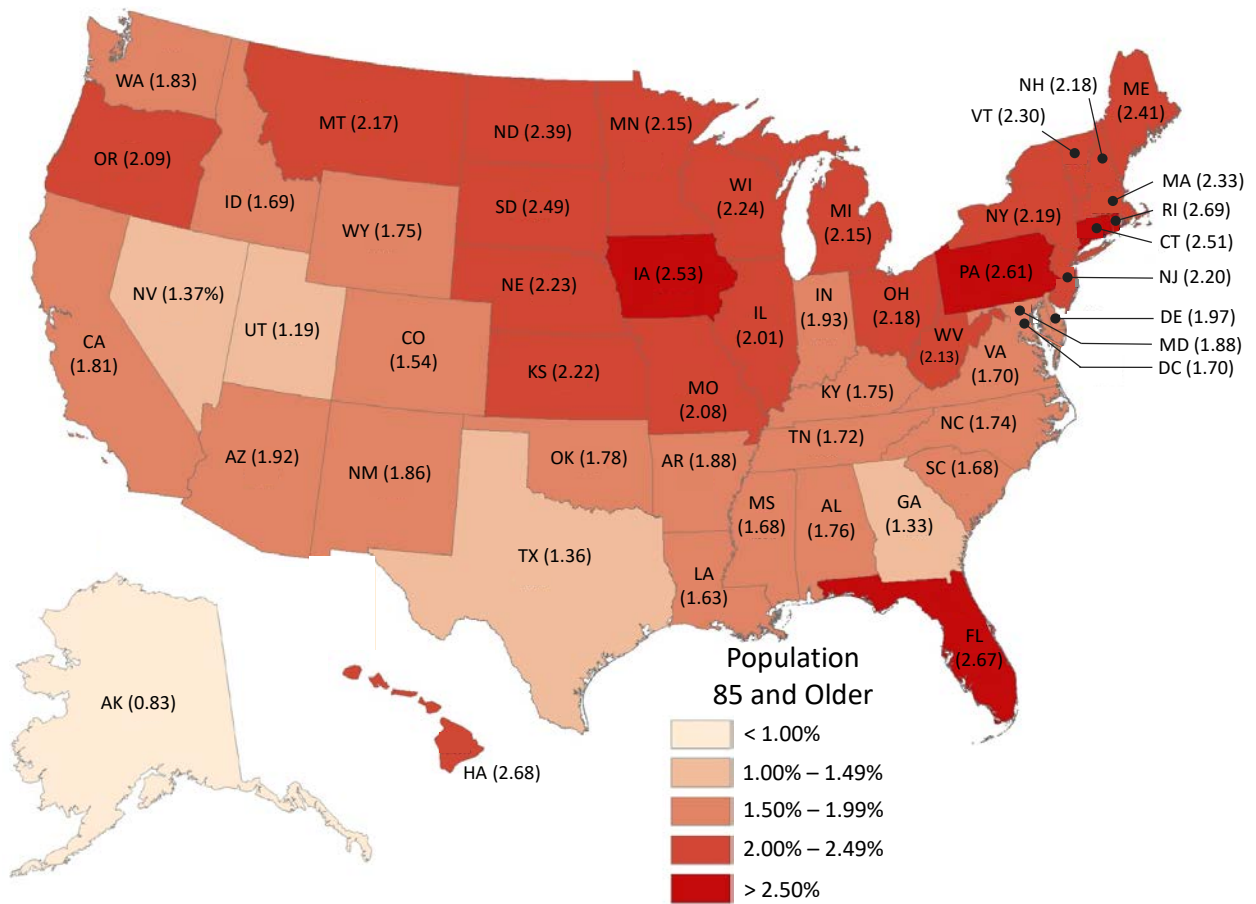


Source: LAC analysis of data from the National Center for Health Statistics, which was prepared under a collaborative arrangement with the USCB.

Map provided by the S.C. Office of Revenue and Fiscal Affairs.

**Map B.3: U.S. Population Ages 85 and Older
as a Percentage of Each State's Total Population as of July 1, 2015**

Highest—2.69% (Rhode Island)
Lowest—0.83% (Alaska)
United States—1.96%

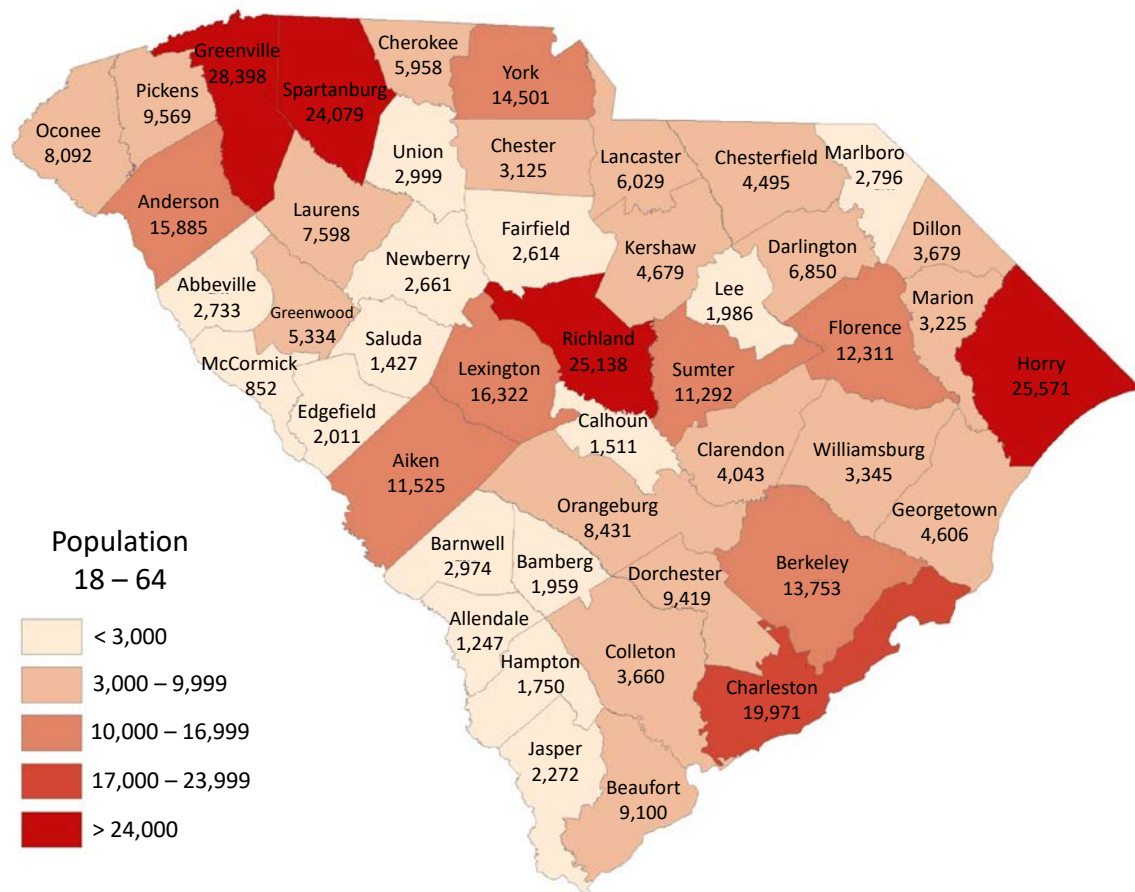


Source: LAC analysis of data from the National Center for Health Statistics, which was prepared under a collaborative arrangement with the USCB.

Map provided by S.C. Office of Revenue and Fiscal Affairs.

Map B.4: S.C. Population Ages 18–64 With a Disability, 2011–2015 Five-Year Estimates

Highest—28,398 (Greenville)
Lowest— 852 (McCormick)
South Carolina—361,775

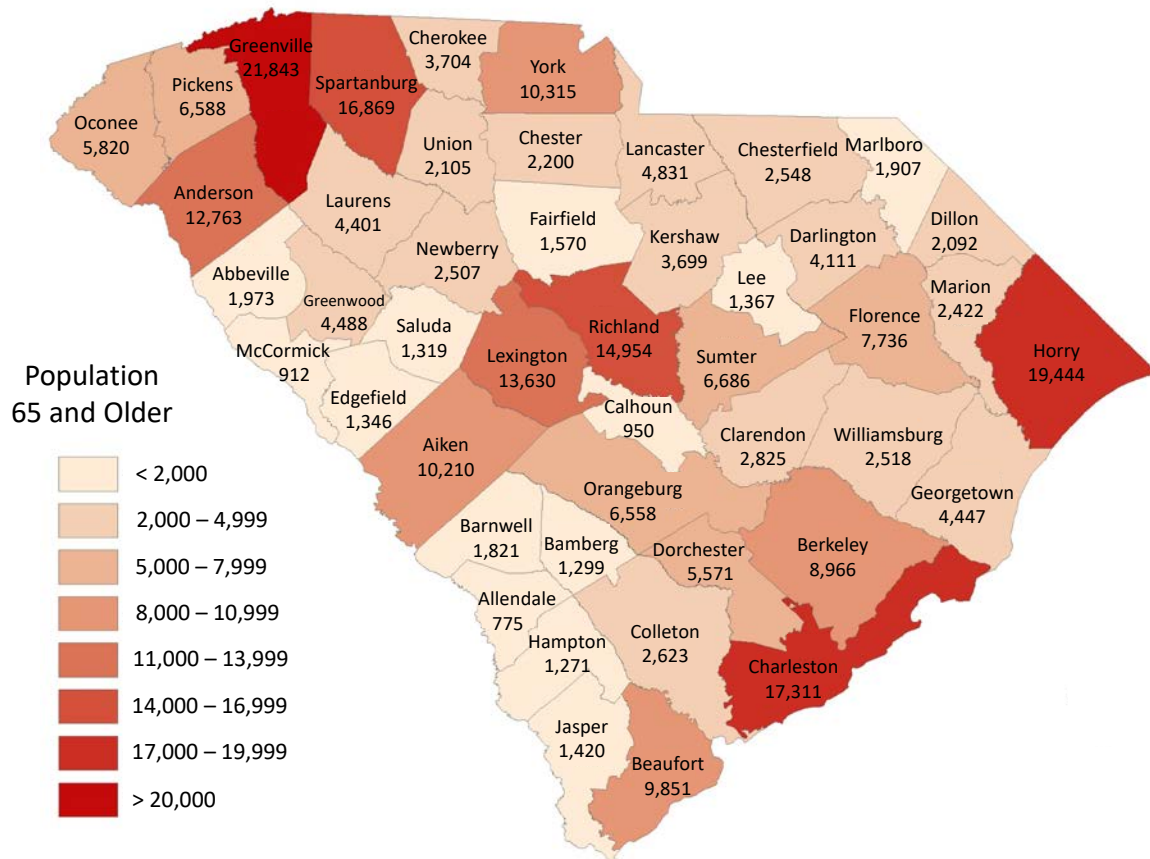


Source: LAC analysis of data from USCB, American Community Survey.

Map provided by S.C. Office of Revenue and Fiscal Affairs.

Map B.5: S.C. Population Ages 65 and Older With a Disability, 2011–2015 Five-Year Estimates

Highest—21,843 (Greenville)
Lowest—775 (Allendale)
South Carolina—264,566



Source: LAC analysis of data from USCB, American Community Survey.

Map provided by S.C. Office of Revenue and Fiscal Affairs.

Recommendations

| Rec. # | THE S.C. DEPARTMENT OF SOCIAL SERVICES SHOULD: (51 TOTAL RECOMMENDATIONS) | Page |
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| Chapter 4 | | |
| 2. | Require that newly-hired adult protective services caseworkers have at least one of the following: <ul style="list-style-type: none"> • A bachelor’s degree in social work. • A bachelor’s degree in a behavioral science or human services field. • A bachelor’s degree in another field with at least one year of relevant experience. | 37 |
| 3. | Develop and implement a written policy with minimum requirements for hiring adult protective services caseworkers that includes a list of fields of education and experience specifically related to the responsibilities of the position. | 37 |
| 4. | Ensure that its education requirements for caseworker positions are made clear to all job applicants. | 37 |
| 6. | Update its forms and policy manual to indicate that all incoming caseworkers are required to undergo pre-hire fingerprint background checks. | 39 |
| 7. | Periodically run background checks on all existing employees to help ensure the safety of those it serves. | 39 |
| 8. | On a recurring basis, undertake a formal, comprehensive comparison of annual salaries paid to adult protective services caseworkers and supervisors employed by other government and non-governmental agencies throughout South Carolina and neighboring states. | 45 |
| 9. | Use the results of a formal, recurring compensation review to make salary adjustments to ensure that adult protective services caseworkers and supervisors are compensated at levels commensurate with their qualifications and responsibilities. | 45 |
| 10. | Develop a career path for adult protective services staff with increasing salaries based on factors such as performance, experience, and education. | 45 |
| 11. | Ensure that its job bulletins contain accurate and current information, including the actual starting salaries. | 45 |
| 12. | Conduct periodic analyses of turnover rates among adult protective services staff. | 49 |
| 13. | Establish goals against which to compare annual turnover rates for adult protective services employees. | 49 |
| 14. | Refine its system for determining why employees leave the agency so that the agency has a clear understanding of why employees leave and can take appropriate steps to minimize turnover. | 49 |
| 16. | Develop a formal caseload standard in policy. | 55 |
| 17. | Ensure that adult protective services caseloads are approximately equal from county to county. | 55 |
| 20. | Ensure that new caseworkers do not have higher caseloads than more experienced caseworkers. | 55 |
| 21. | Include an analysis of adult protective services caseloads in its annual Jaidon’s Law report. | 55 |
| 23. | Ensure that every county has at least one caseworker who is fully certified in adult protective services. | 55 |

| Rec. # | THE S.C. DEPARTMENT OF SOCIAL SERVICES SHOULD: (51 TOTAL RECOMMENDATIONS) | Page |
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| Chapter 5 | | |
| 24. | Develop and implement written training policies for adult protective services. | 59 |
| 25. | Formally approve the content of its training when it is provided by an outside entity. | 59 |
| 26. | Incorporate outside professionals with specific expertise in fields such as law enforcement, medicine, nursing, and the judicial process when developing and providing training for adult protective services staff. | 59 |
| 27. | Develop a structured process for making improvements in its training program based on feedback from participants. | 59 |
| 28. | Ensure that competitive procurement methods are used when obtaining training services. | 59 |
| 29. | Formally evaluate its training program periodically in relation to specific performance objectives. | 59 |
| Chapter 6 | | |
| 30. | Continue the implementation of regional call centers as planned, such that reports of vulnerable adult maltreatment in all counties in South Carolina are received and screened at these call centers. | 66 |
| 31. | Develop specific performance measures and goals related to the wait times callers experience when they contact the regional call centers and ensure that the goals are met. | 70 |
| 32. | Ensure that law enforcement officers are able to request immediate adult protective services assistance through regional call centers when necessary. | 70 |
| 33. | Regularly review a sample of all intake workers' recorded calls to ensure the quality of customer service and the completeness and accuracy of the information logged in the agency database. | 70 |
| 34. | Ensure that anyone receiving or screening adult protective services reports, including supervisors, has completed adult protective services training. | 70 |
| 35. | Accept adult protective services reports at the regional call centers 24 hours a day, 7 days a week. | 71 |
| 36. | Update its website to include clear instructions for reporting vulnerable adult maltreatment on its homepage. | 73 |
| 37. | Develop a public awareness campaign on how to report suspected vulnerable adult maltreatment to the agency. | 73 |
| 38. | Update adult protective services policies to specifically address the investigation of maltreatment reports in which the alleged victim is no longer in danger. | 76 |
| 39. | Ensure that sufficient information about screened out reports is entered into the agency's database to justify the screening decision. | 76 |
| 40. | Develop a clear policy on how previously-completed investigations should be used when screening adult protective services reports. | 76 |

| Rec. # | THE S.C. DEPARTMENT OF SOCIAL SERVICES SHOULD: (51 TOTAL RECOMMENDATIONS) | Page |
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| 41. | Clarify its policy regarding referral to law enforcement of reports of criminal conduct, to include situations in which the report does not involve a vulnerable adult. | 78 |
| 42. | Report the criminal conduct covered in adult protective services policy directly to law enforcement. | 78 |
| 43. | Develop and enforce clear policies on the documentation of referrals of adult protective services reports to other agencies. | 78 |
| Chapter 7 | | |
| 52. | Ensure that caseworkers initiate investigations, through face-to-face contact with the alleged victim, within the time periods required in policy. | 94 |
| 53. | Amend adult protective services policy to include the permissible circumstances for extending the 45-day time period for reaching case decisions. | 94 |
| 54. | Ensure that caseworkers complete investigations within the time period prescribed in policy. | 94 |
| 55. | Amend adult protective services policy to require that non-self-neglect investigations include interviews with alleged perpetrators. | 94 |
| 56. | Ensure that adult protective services caseworkers visit vulnerable adults who are the subject of open cases at least once a month, as required by its policy. | 94 |
| 57. | Require that caseworkers electronically upload case documents into the agency database. | 94 |
| Chapter 8 | | |
| 58. | Review the agency's database to identify and implement feasible internal controls to minimize data errors and falsification. | 98 |
| 59. | Implement and adhere to a schedule for periodically reviewing the agency's database in order to identify and request updates that would improve data quality. | 98 |
| 60. | Identify and report outcome measures for its adult protective services program, such as: <ul style="list-style-type: none"> • Rates of repeated vulnerable adult maltreatment. • Satisfaction statistics from individuals who report maltreatment. • Satisfaction statistics from vulnerable adults receiving services. | 100 |
| 61. | Identify and report more complete process measures for its adult protective services program, such as measures pertaining to employee credentials, employee training, thoroughness of investigations, and court hearings. | 100 |
| 62. | Ensure that it has a process for determining and addressing root causes when analyzing underperformance within adult protective services. | 100 |

| Rec. # | THE S.C. DEPARTMENT OF SOCIAL SERVICES SHOULD: (51 TOTAL RECOMMENDATIONS) | Page |
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| Chapter 9 | | |
| 67. | Establish an organizational structure in which its regional directors report to a single statewide director of county operations who is responsible for all programs. | 109 |
| 68. | Require that state office staff who supervise county and regional staff do so only under the delegated authority of a single statewide director of county operations who is responsible for all programs. | 109 |
| 69. | Implement regular meetings of multi-disciplinary teams as needed to identify, coordinate, and provide services to vulnerable adults. | 110 |

| Rec. # | THE GENERAL ASSEMBLY SHOULD: (16 TOTAL RECOMMENDATIONS) | Page |
|------------------|---|------|
| Chapter 3 | | |
| 1. | Require entities defined as facilities in S.C. Code §43-35-10(4) to maintain a record of the actual number of residents on an annual basis. | 27 |
| Chapter 4 | | |
| 5. | Amend state law to require that the S.C. Department of Social Services perform pre-hire state and national fingerprint background checks on incoming adult protective services caseworkers. | 39 |
| 15. | Amend state law to require the S.C. Department of Administration to establish a statewide definition of, and method of calculation for, employee turnover. | 49 |
| 18. | Amend state law to require that the S.C. Department of Social Services ensure that adult protective services caseloads are approximately equal from county to county. | 55 |
| 19. | Amend state law to require that the S.C. Department of Social Services develop and implement a written methodology for calculating adult protective services caseloads. | 55 |
| 22. | Amend state law to require that the S.C. Department of Social Services include an analysis of adult protective services caseloads in its annual Jaidon’s Law report. | 55 |

| Rec. # | THE GENERAL ASSEMBLY SHOULD: (16 TOTAL RECOMMENDATIONS) | Page |
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| Chapter 7 | | |
| 44. | Amend state law to require that the S.C. Department of Social Services initiate investigations of vulnerable adult maltreatment reports within a specified period of time. | 87 |
| 45. | Amend state law to require that the S.C. Department of Social Services complete investigations of vulnerable adult maltreatment reports within a specified period of time, with an option for a specified extension period. | 87 |
| 46. | Amend state law to require that the S.C. Department of Social Services, upon investigating a report of vulnerable adult maltreatment, formally decide whether the allegation is substantiated by the facts. | 87 |
| 47. | Amend S.C. Code §43-35-55 to establish equal standards for the maximum period of time maltreated vulnerable adults and maltreated children may be held in involuntary emergency protective custody by the S.C. Department of Social Services prior to a court hearing to determine whether probable cause exists for the action. | 87 |
| 48. | Amend S.C. Code §43-35-45 and §43-35-55 to require that a vulnerable adult taken into involuntary protective custody be appointed an attorney and a guardian ad litem before a hearing is held to determine whether probable cause exists for the action. | 87 |
| 49. | Amend state law to require specific standards of proof for substantiating reports of vulnerable adult maltreatment and for providing protective services, including protective services provided without the consent of the vulnerable adults. | 87 |
| 50. | Amend state law to provide specific protection against lawsuits for S.C. Department of Social Services staff required to respond to reports of maltreatment of vulnerable adults. | 87 |
| 51. | Amend state law to provide specific employment protection for persons required to report maltreatment of vulnerable adults. | 87 |
| Chapter 9 | | |
| 63. | Amend state law to require that all agencies involved in investigating vulnerable adult maltreatment, including local law enforcement agencies, report case data to the S.C. Adult Protection Coordinating Council. | 105 |
| 66. | Consider amending state law to require that the S.C. Long Term Care Ombudsman Program, the S.C. aging network, and adult protective services be operated within a single entity. | 107 |

| Rec. # | THE S.C. ADULT PROTECTION COORDINATING COUNCIL SHOULD: (2 TOTAL RECOMMENDATIONS) | Page |
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| Chapter 9 | | |
| 64. | Lead all vulnerable adult maltreatment investigative agencies in the development of uniform language to describe an allegation, investigation, and the types of case outcomes. | 105 |
| 65. | Determine the incidence and prevalence of vulnerable adult maltreatment in South Carolina to assist all relevant agencies in determining the need for vulnerable adult services. | 105 |

Agency Comments

Appendix D
Agency Comments



July 27, 2017

Mr. K. Earle Powell, Director
Legislative Audit Council
1331 Elmwood Ave., Suite 315
Columbia, SC 29201

Dear Mr. Powell:

Re: Report: *A Review of the Department of Social Services Adult Protective Services Program*

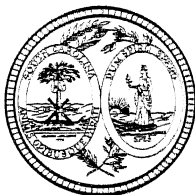
The Department of Social Services appreciates the efforts of the SC Legislative Audit Council in examining the services provided to vulnerable adults through our Adult Advocacy Division. Your review confirms many of the challenges that we face daily in building an adequate service delivery system for vulnerable adults in South Carolina. As we have testified publicly on many occasions since 2015, the adult protective services function at SCDSS has been marginalized and received inadequate attention over past years. Our agency has prioritized providing adequate services to vulnerable adults as an important part of our mission.

Several of the recommendations in the report have already been addressed, including: requirement of a pre-hire fingerprint background check of all caseworkers, development of a formal caseload standard, rollout of the APS intake tool across the state and inclusion of several recommendations into agency policy. We look forward to incorporating further recommendations into our strategic plan as we move ahead.

Agency leadership and the adult protective services staff are committed to providing adequate, timely services to adults who, without family support systems, often struggle to maintain their independence and well-being without our assistance.

Sincerely,


V. Susan Alford
State Director



State of South Carolina

Department of Mental Health

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State Director of Mental Health

July 27, 2017

K. Earle Powell
Director
S.C. Legislative Audit Council
1331 Elmwood Avenue, Suite 315
Columbia, S.C. 29201

Dear Mr. Powell:

Thank you for the opportunity to review the final narrative and recommendations related to the Adult Protection Coordinating Council, which I currently Chair.

Regarding recommendation 64., two of the four investigative agencies are law enforcement agencies (the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division, and the Medicaid Fraud Control Unit of the Office of the Attorney General) and two are civil (the Long Term Care Ombudsman Program, the Adult Protective Services Program in the Department of Social Services.) The distinction is important in that law enforcement agencies' standard of proof in drawing a conclusion that evidence in a case under investigation is sufficient for prosecution is generally a higher standard than is required by a civil agency in determining whether the evidence in a case warrants action in the nature of a civil court proceeding and/or administrative protective measures.

Leadership of the Council believes it may be possible to accomplish uniform case outcome reporting terminology between the two law enforcement investigative entities and may be possible to accomplish uniform case outcome reporting terminology between the two civil investigative agencies. However, given the significant differences in standards of proof and statutory procedures in addressing Vulnerable Adult Abuse, Neglect or Exploitation cases in the criminal justice system and through available non-criminal measures, it is unlikely that uniform language to describe case outcomes among all four investigative agencies can be achieved.

MISSION STATEMENT

To support the recovery of people with mental illnesses.



K. Earle Powell
Director
S.C. Legislative Audit Council
July 27, 2017
Page 2

Again, thank you for the opportunity to review the final narrative and recommendations related to the Adult Protection Coordinating Council. Please let me know if you have any other questions.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mark W. Binkley". The signature is stylized with a large, circular flourish at the end.

Mark W. Binkley,
Deputy Director, Division of Administrative Services

This report was published for a total cost of \$140; 36 bound copies were printed at a cost of \$3.90 per unit.

