STATE OF NORTH CAROLINA
OFFICE OF STATE BUDGET AND MANAGEMENT

ROY COOPER
GOVERNOR

CHARLES PERUSSE
STATE BUDGET DIRECTOR

MEMORANDUM

TO: Senator Phil Berger, President Pro-Tempore of the Senate
Representative Tim Moore, Speaker of the House of Representatives
Senator Louis Pate
Representative Josh Dobson
Representative Donny Lambeth

FROM: Charles Perusse
State Budget Director

DATE: September 5, 2018

Session Law 2017-41, Section 2.1.(e)(1), required the Office of State Budget and Management, in consultation with the Department of Health and Human Services, to issue a request for proposal to secure a contract with a third-party organization to develop a social services and child welfare reform plan. On March 1, 2018, that contract was awarded to the Center for the Support of Families (CSF), a division of SLI Global Solutions, LLC.

CSF has completed Phase 1 of the contract and has issued preliminary plans in accordance with the requirements of the legislation and the contract. I am pleased to submit these plans to the Committee and to offer the services of CSF to meet with the Committee, at its pleasure, to discuss these plans and to answer questions from Committee members.

cc: Members, Joint Legislative Committee on Health and Human Services
Mandy Cohen, MD, MPH, Secretary, Department of Health and Human Services
Senator Tamara Barringer
Representative Sarah Stevens
Deborah Landry, FRD
Theresa Matula, FRD
Lisa Wilkes, FRD

Attachments

Mailing address:
20320 Mail Service Center
Raleigh, NC 27699-0320

www.osbm.state.nc.us
919-807-4700 ** FAX: 919-733-0640
An EEO/AA Employer

Office location:
4th floor, Dobbs Building
430 North Salisbury Street

Phase 1 Final Report

Child Welfare Preliminary Reform Plan

State of North Carolina
Office of State Budget and Management (OSBM) with Department of Health and Human Services (DHHS)

August 31, 2018

Submitted by:

Center for the Support of Families (CSF)
A Division of SLI Global Solutions LLC
8555 16th Street, Suite 800
Silver Spring, MD 20910
Phone: 301.587.9622
Fax: 301.587.9620

Submitted to:

Office of State Budget and Management (OSBM)]
116 West Jones Street, Room 2054, 2nd Floor
Raleigh, NC 27603

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EXECUTIVE SUMMARY

The Center for the Support of Families (CSF) was awarded the third-party contract on March 1, 2018, to work with North Carolina on its critical Social Services and Child Welfare reform. CSF has endeavored to complete an extraordinary amount of work in a brief period of time, and this Preliminary Plan and its recommendations should be understood with that in mind. Phase 2 of this project is intended to be a time to work with the General Assembly, state leaders, county leaders, and stakeholders to finalize these recommendations and to begin to provide oversight and monitoring of immediate implementation of those recommendations not requiring legislation or appropriations. The final Social Services Reform Plan and the Child Welfare Reform Plan, due February 28, 2019, will close out Phase 2. Phase 3 provides for continued oversight and monitoring of the implementation activities.

This North Carolina Child Welfare Preliminary Reform Plan provides information about current performance and system dynamics, findings, and preliminary recommendations. A companion report, the North Carolina Social Services Preliminary Reform Plan, is presented as a separate volume. While the two reports address specific findings and recommendations, they are intended to be read in sequence, beginning with the Social Services Preliminary Reform Plan, since it addresses organization, staffing, and management of the delivery of services in all programs. This Child Welfare Preliminary Reform Plan follows, with specific policy and practice recommendations to improve the delivery of child welfare services.

These reports and the actions needed to implement the recommendations are but one part of a dynamic and complex program improvement process being undertaken by the North Carolina General Assembly, the Department of Health and Human Services, the 100 county Departments of Social Services, the Social Services Working Group (SSWG), and related state and county departments serving citizens of North Carolina. These reforms include Medicaid transformation, development and initial implementation of Memoranda of Understanding (MOU) with specific performance measures, planning for the Family First Prevention Services Act (FFPSA), and an ongoing assessment of data systems. The delivery of this Preliminary Report marks the end of Phase 1 and reflects our in-depth analysis and development of preliminary recommendations.

North Carolina is unique in that the state recognizes the need for significant change in management of the delivery of social services and provision of child welfare services to families and children. Indeed, this type of assessment and program improvement planning is most often undertaken based on significant findings of program deficiencies from federal or state oversight entities – or even court action, as has been the case in many child welfare reforms. It is significant that there is real focus at every level of the system for improvement and commitment to work to make changes to better serve citizens. Through focus groups, individual interviews, and site visits, we encountered leaders, line staff, and stakeholders who clearly are passionate about the work, willing to face challenges, and excited to explore new ways of doing business and work collaboratively to improve outcomes for the state's most vulnerable citizens. This willingness to address challenges honestly and build on strengths is evident, even as state and county staff work under the stress of dealing with complex societal problems, such as the expanding opioid crisis, coupled with staffing shortages and budget reductions.

SL 2017-41 makes clear that "transforming the child welfare system to better ensure safety, permanency, and well-being of children and families is the right thing to do."[1] The legislation cited two recent reviews – the federal Child and Family Services Review (CFSR) and the North Carolina Statewide Child Protective Services Evaluation of the State's Child Protective Services (CPS) – that "identified troubling gaps and flaws in North Carolina's child welfare system that are allowing too many … vulnerable children and fragile families to fall through the cracks." [2] Although North Carolina's CFSR scores on the seven outcomes in its 2015 CFSR were slightly better than the average scores of other states, the state's performance had slipped significantly from the previous CFSR in 2007.

Section § 2.1.(b) of the law requires the state to contract with a third-party organization to develop a child welfare reform plan that, at a minimum, makes recommendations in these areas.

- Child Protective Services (CPS), including the system for receiving reports and investigating allegations of child abuse, neglect, or dependency.
- Preventive and In-Home Services that provide struggling families with needed supports and treatment to prevent removal of the children from the home.
- Child fatality oversight, including a review of the existing structure, communication, and effectiveness of the Community Child Protection Teams, the Child Fatality Prevention Team, and use of Citizen Review Panels. Oversight shall also include identification of systemic problems in the Child Welfare system that may increase risk of harm or death to a child and implementation of timely and appropriate systemic reforms following a child fatality.
- Placement of children in foster care and other out-of-home settings.
- Services provided to children, youth, and parents involved with Child Welfare to achieve reunification of families.
- Efforts to achieve permanency for children either through reunification with family, legal guardianship or custody, or adoption.
- Provision of health care, mental health, and educational services to children and families involved with the Child Welfare system.
- Services provided to older youth in foster care and to those who have aged out of foster care.
- Strategies to ensure well-trained and adequately compensated staff to improve performance and reduce turnover.
- Practice and implementation, including ensuring a statewide, trauma-informed, culturally competent, family-centered practice framework.[3]

[1] S.L. 2017-41 (HB630)
[2] Ibid.
[3] Section § 2.1.(b) required some additional practice and implementation recommendations related to how North Carolina could: 1) incorporate more evidence-based practices, including evidence-informed prevention services designed to reduce the number of children entering foster care; 2) specify expectations regarding professional development, training, and performance standards; 3) eliminate unnecessary barriers to licensing foster care and therapeutic foster care families to ensure an adequate supply of qualified families; 4) improve provider and foster

This Preliminary Reform Plan is the culmination of the Center for the Support of Families' (CSF) work to date on the North Carolina Child Welfare Reform Plan project and contains the methodology used; the current structure, dynamics, and performance of the Child Welfare system; specific findings; and preliminary recommendations for improvement.

Methodology

CSF first developed eight primary research questions designed to focus on the areas identified in SL 2017-41. As detailed in Chapter 1, CSF completed the following activities to assess rapidly North Carolina's child welfare system in these areas, while engaging participants and stakeholders in the development of preliminary findings and recommendations. All findings are based on these data sources and are identified specifically in Chapter 3. Preliminary recommendations are based on these findings, a review of best practices, and of the evidence that is available.

Systemic Factors

- Reviewed North Carolina's Juvenile Code, online child welfare policy manual, and the modified policy manual scheduled to be disseminated statewide in September 2018.
- Reviewed multiple reports made available by the state and counties including the 2015 CFSR final report and the state's Program Improvement Plan.
- Researched best practices nationally and in North Carolina.

Quantitative Data Reports

- Reviewed and analyzed administrative data regarding North Carolina's performance, available through the UNC Management Assistance website, state DHHS, and the Children's Bureau.
- Reviewed data specifically requested from DHHS.

Existing State Case Record Reviews

- Reviewed extensive data from recent state-led case record reviews assessing county compliance with policy and guidance, for services provided to children and families.

Interviews, Focus Groups, and Site Visits

- Conducted multiple interviews with state Department of Health and Human Services, Division of Social Services, and child welfare officials.
- Conducted multiple focus groups and interviews across the state with county child welfare staff, stakeholders and partners, and youth and families receiving services.
- Conducted site visits at individual county offices.

Electronic Surveys

parent feedback loops; 5) perform time use and salary surveys; 6) promote relationship-building across agencies and providers; 7) implement supports for adoptive families; 8) maintain sibling groups; and 9) develop a statewide, standardized functional protocol for case planning, service referrals, enhancing executive-level decision-making related to resource allocation and system reform efforts.

- Reviewed data collected from three surveys: one for foster care workers, one for CPS workers, and another for state office child welfare employees.

Participation in Meetings and Conferences

- Attended multiple meetings and conferences including meetings of the Social Services Working Group (SSWG); the North Carolina Association of County Directors of Social Services (NCACDSS); the April Child Fatality Prevention Summit, the April meeting with the Children's Bureau to review state progress; a meeting of the DHHS leadership team; and a meeting with DHHS leaders and stakeholders to discuss the Family First Prevention Services Act (FFPSA).

Theory of Change Session

- Facilitated a two-day theory of change session in Durham on July 9 and 10 with state and county child welfare leaders to review preliminary findings and participate in developing a logical set of recommendations to accomplish a shared vision of change.

Current Child Welfare System in North Carolina

In an average month, county Departments of Social Services (DSS) throughout North Carolina receive just over 11,000 reports of suspected child abuse, neglect, or dependency.[4] Approximately 7,000 or 65 percent of those reports are screened-in as meeting legal criteria to be accepted for a CPS investigative or family assessment.[5] Those numbers translated to statewide annual totals of 133,771 CPS reports screened and 87,336 accepted in 2017.[6] While the total number of reports accepted for CPS assessment has recently been relatively stable, the proportion assigned to the more formal investigative assessment track has decreased slightly in the past five years (15,981 to 13,658), while the proportion of reports assigned to the family assessment track has increased slightly (50,105 to 51,504).[7]

The number of families open to CPS In-Home Services – the goal of which is to help families in which maltreatment has occurred remain safely together – has decreased from 4,760 families in January 2015 to 4,118 families in November 2017.[8] The number of children entering foster care for the first time each year has risen from 5,252 children in State Fiscal Year 2014 to 5,707 children in SFY 2017.[9] North Carolina does not meet federal standards for achieving permanency quickly for new enterers into foster care, though the state does meet federal permanency measures for children who have been in foster care for longer periods of time.[10]

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[4] 2017 Master Child Welfare Workforce Data Book
[5] Ibid.
[6] Ibid.
[7] Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018).Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2).
Retrieved [4/17/18], from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/
[8] 2017 Master Child Welfare Workforce Data Book
[9] Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018).Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved [6/30/18], from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/.
[10] Ibid.

North Carolina's rate of re-entry into foster care continues to be lower than the national federal standard.[11]

These dynamics, coupled with the complex societal problems mentioned above, have contributed to a child welfare system with an increasing number of children in foster care. On June 30, 2015, North Carolina had 10,288 children in foster care. On June 30, 2017, the number of children in care had risen to 11,113.[12]

Findings

In a state-supervised, county-administered child welfare system, variation exists in how individual counties deliver services and work with children and families. Some of the differences reflect the variation in county populations, economics, and available resources. In addition, each county has its own strengths and challenges. Many counties are engaging in best practices tailored to address their county's specific needs. As such, the findings in this report may apply to counties to differing degrees. Conversely, many of the recommendations in this report identify the state as the primary responsible entity because of this variation – broad-scale system improvement in all one hundred counties will require state leadership and a state office that is equipped to lead.

It is important to note that the findings related to Prevention and In-Home Services; Child Protective Services; Placement into Foster Care, Reunification and Permanency Services; Health, Mental Health, and Educational Services; and Services for Older Youth are generally focused on the counties, rather than the state, because our primary focus was to understand the experiences of children and families in North Carolina at the case practice level. Findings in the other areas are more balanced between the state and counties due to the broader focus of our inquiry, particularly in the Preliminary Social Services Reform Plan.

Each area of practice below begins with the primary research question and some key findings.

Child Protective Services

Are children and their household members who come to the attention of the child welfare system through reports of maltreatment receiving a response that ensures children are safe from immediate threats to their health safety and future risk of harm?

- Children and families in North Carolina who come to the attention of the child welfare system through a report of maltreatment are not consistently receiving a response that ensures the immediate safety of children and protects them from risk of future harm.
- The majority of CPS caseworkers indicated they meet regularly with their supervisors to staff cases and that their supervisors are always available, knowledgeable, and provide guidance.
- Substantial variation exists among individual counties in the frequency with which they screen-out reports of child abuse or neglect.

[11] Ibid.
[12] Ibid.

- Only about 70 percent of CPS assessments (investigative and family) are being completed within 45 days, and caseworkers indicate that meeting this timeline is difficult.
- New information uncovered in CPS assessments is not consistently followed-up on or integrated into ongoing safety assessments.

Prevention and In-Home Services

Are children and their household family members who are in open CPS In-Home Services cases receiving services that ensure children are protected from immediate threats to their health, safety, and future risk of harm?

- Children and parents receiving In-Home Services are not being consistently served and supported in a way that ensures child health, safety, and protects against future risk of harm.
- The lack of consistent, quality face-to-face contact with children and parents in In-Home Services cases impacts state performance in being able to assess accurately and respond to matters of risk and safety.
- The array, availability, and quality of services to children and families varies across the state.
- Public funding for mental health and substance abuse services for uninsured parents is very limited. Staff cited transportation challenges, families' refusal to participate, followed by issues such as extended waitlists, a lack of providers in the area, and providers not accepting Medicaid as additional reasons services are not received.

Child Fatality Reviews

Are findings from North Carolina's fatality reviews being used effectively to take actions to prevent other fatalities and improve the health and safety of children?

- Together with state and county stakeholders, North Carolina has begun a process to review and strengthen its child fatality review system.
- The State Child Fatality Prevention Task Force is active and many of its recommendations to improve child safety have been adopted by the legislature.
- Findings from state-led intensive reviews, local team reviews, and internal agency reviews are more likely to lead to local than state action to prevent other fatalities and improve the health and safety of children than state actions.
- North Carolina fatality review processes include recommended practices such as taking a comprehensive, multi-disciplinary approach that engages the community in efforts to keep children safe.
- North Carolina has an unusual number of review processes and a more complicated system than other states.
- The state-led intensive fatality review team recently resolved a large backlog. It is time to revisit how the state and local teams work together.
- Review processes have engaged communities in fatality prevention and led to local and statewide public information campaigns designed toimprove child safety.

Placement into Foster Care

Are reasonable efforts made to support families prior to removing children and effective efforts made after removal to promote stable placements?

- North Carolina has a lower rate of children entering foster care than most states. However, room for improvement exists in efforts to safely preserve families and ensure placement stability of children in foster care.
- North Carolina meets the federal 95 percent standard of seeing every child in foster care face-to-face every month.
- Efforts are needed to locate and engage relatives earlier in the case planning process to mitigate child and family trauma and promote placement stability.

Reunification Services

Are children in foster care, their families, and caregivers receiving trauma-informed services and supports that facilitate timely reunification?

- Children in North Carolina, as well as their families and caregivers, are not receiving the appropriate level of trauma-informed services and supports to facilitate timely reunification.
- North Carolina's foster care re-entry rate is low compared to other states.
- Monthly caseworker face-to-face contact with parents is not occurring with required frequency.
- In the majority of cases, state program monitors found that initial Child and Family Team (CFTs) meetings were not held within 30 days of removal and did not appropriately involve the child.

Permanency Services

Are children and youth in foster care receiving trauma-informed services and supports that facilitate timely permanency?

- Children and youth in foster care in North Carolina are not receiving an appropriate level of trauma-informed services and supports to facilitate timely permanency.
- Foster care caseworkers feel supported by their supervisor.
- Supportive services are generally in place at the time of case closure.
- Timeliness of selecting permanency goals and making concerted efforts to achieve permanency are both areas needing improvement.
- Children in foster care are not consistently given the opportunity for input at court hearings.
- Children and parents are not consistently engaged in the development of case plans.
- Termination of Parental Rights (TPR) petitions are not being filed timely.
- Only 56 percent of foster care workers responding to CSF's survey reported looking diligently for relatives throughout the life of a case.

- Challenges to permanency include a lack of court time and differing perspectives on what is best for children between the court system and county departments of social services.
- Most relatives and kin providing placements for children in foster care do not complete the licensure process and, therefore, do not receive the financial support available to them through a foster parent board payment.

Health, Mental Health, and Educational Services

Are the needs of children in foster care being appropriately assessed, including exploring the history of trauma, and services being provided to address those needs and achieve case goals?

- Some appropriate services do exist to address the needs of children being served in foster care, but significant barriers remain for these services to be provided timely and appropriately to achieve case goals.
- About three-quarters of youth receive annual well-child checkups.
- Parents are not consistently provided with the opportunity to participate in medical appointments with their children in foster care.
- Too many barriers exist to the timely provision of needed mental health services for children in foster care in North Carolina.
- DSS has some consistent trauma-informed practices occurring in some counties. Triple P and Project Broadcast are being implemented in multiple counties with some success.

Services to Older Youth

Are older youth in foster care being prepared for adulthood?

- Older youth served in foster care are not consistently being prepared for adulthood.
- Youth report favorable engagement through LINKS but report less engagement in other key meetings and planning sessions and have mixed opinions about involvement in Child and Family Team (CFT) meetings.
- Older youth in foster care report a need for more resources, especially in smaller counties.
- While there is evidence that some youth are being supported in building relationships, relatives are not being regularly assessed for placement or involvement in the young person's life.

Preliminary Recommendations

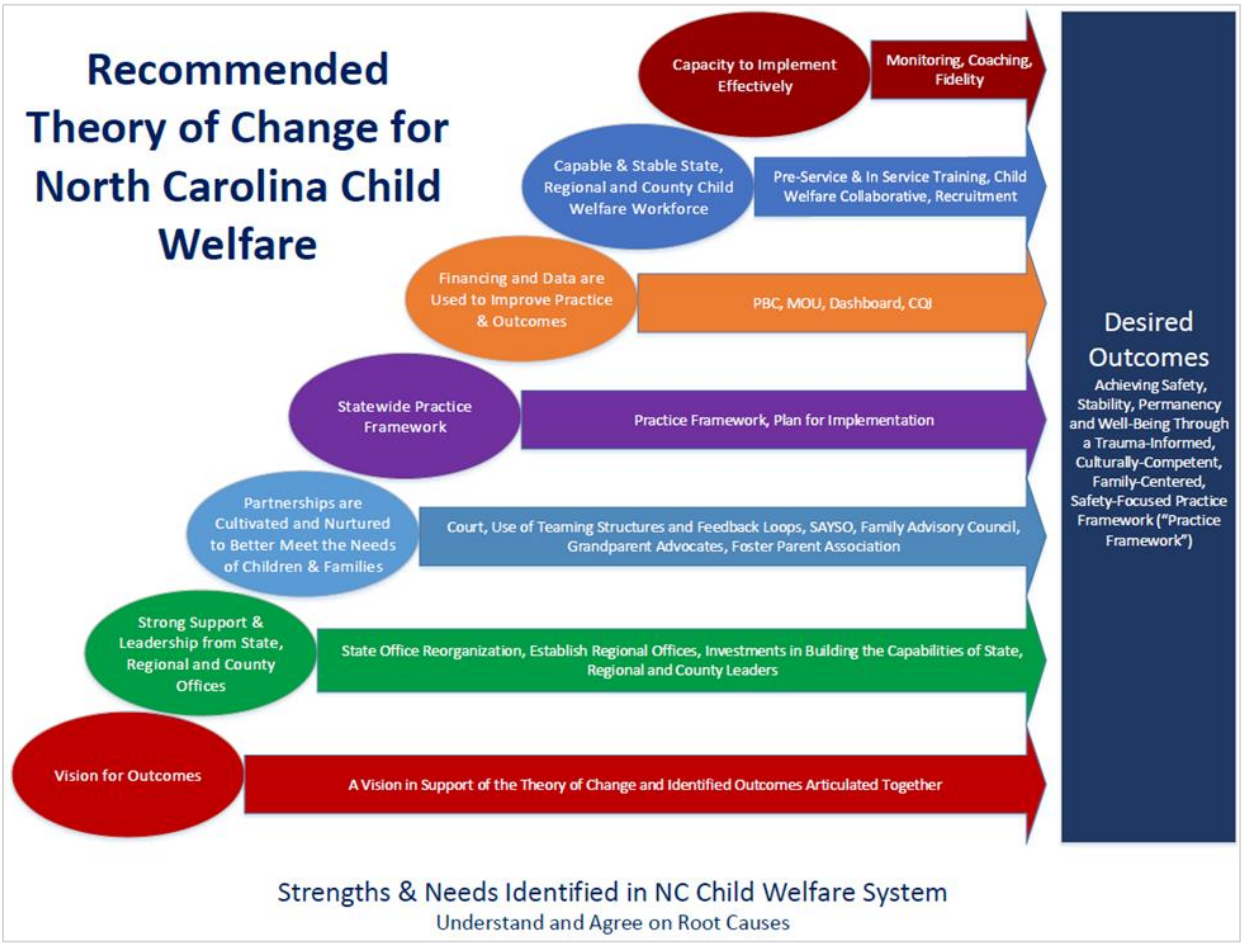
Creating a child welfare system in North Carolina that is experienced by children and families in all 100 counties as being culturally-competent, trauma-informed, family-centered, and safety-focused will require a shift in organizational and system culture and mindset. It will also require a reliance upon proven and effective approaches to implementation. The theory of change session held in Durham was a step in this direction. A draft theory of change was developed and refined during this two-day session on July 9 and 10. To promote more candid, open dialogue, CSF, with input from the Office of State Budget and Management (OSBM), made the determination that this session would be a small, internal meeting of public, state, and county

child welfare leaders. CSF understands the critical importance of bringing families and child welfare leaders, stakeholders, advocates and other contributors into the process, and proposes that be a next step in Phase 2 of this project.

The recommendations described here reflect ideas and input from the theory of change session and from information gathered from our assessment, which included input from hundreds of DHHS employees, county Department of Social Services employees, and stakeholders. A review of best practices in child welfare also informed these recommendations. In addition, CSF carefully reviewed recent reports and recommendations including: 1) the Child Welfare Strategic Plan, S.L. 2016-94, Section § 12C.1. (b); 2) Report to the Joint Legislative Oversight Committee on Health and Human Services by the North Carolina Department of Health and Human Services; 3) the North Carolina Child and Family Services Review (CFSR) Program Improvement Plan (PIP); and 4) the PCG study, which was also required by Section § 12C.1.(f) of N.C. Session Law 2014-100.

It should be noted that the U.S. Congress has set forth a path for all child welfare systems to place more focus on prevention and intervention to keep children safely with families through the Family First Prevention Services Act (FFPSA), beginning as early as October 2019. North Carolina is poised to jumpstart this process through implementation of its new vision and practice framework. These recommendations have been crafted to align and incorporate readiness activities identified as part of North Carolina's effort to prepare for the implementation of the FFPSA. This process should help inform the prevention plan the state will be required to submit to the U.S. Department of Health and Human Services and the notification the state will be giving about a timeline for opting into the FFPSA before November 9, 2018.

Figure 1: Recommended Theory of Change for North Carolina Child Welfare



The following preliminary recommendations are offered for consideration. They are not listed in order of priority, but instead they correlate directly with the draft theory of change, which frames the basic conditions that would need to exist within North Carolina's Child Welfare system to address identified findings and improve desired outcomes over time. The basic conditions are listed below.

- Vision for outcomes.
- Strong support and leadership from Central Office, regional office, and county offices.
- Partnerships are cultivated and nurtured to better meet the needs of children and families.
- Statewide practice framework.
- Financing and data are used to improve practice and outcomes.
- Capable and stable state, regional, and county child welfare workforce.
- Capacity to implement effectively.

The recommendations to develop and create each of the basic conditions for the draft theory of change are listed in order as depicted in the *Key for Recommendations* below, based on a

preliminary implementation timeline: short-term recommendations that can be implemented before the end of Phase 2 (February 28, 2019); mid-term recommendations that can be implemented before the end of Phase 3; and then long-term recommendations to be implemented beyond Phase 3. Although multiple entities (e.g. DHHS, General Assembly, County Departments of Social Services, Administrative Office of the Courts) will need to work together to implement almost every recommendation, we have listed the primary entity that has much of the responsibility for the specific recommendation. Some specific steps will need to be taken in earlier phases to prepare for the implementation of certain recommendations in the mid-term or longer-term timeframes.

Key for Recommendations

Short-term = can be implemented before February 28, 2019 (Phase 2)
Mid-term = to be implemented after March 1, 2019 (Phase 3)
Long-term = to be implemented beyond Phase 3
Legislature
DHHS
Counties
Core Implementation Team (CIT)

Specific recommendations in the preliminary plan include the following.

Vision for Outcomes

1.	**Recruit and hire one person with implementation experience and expertise to create a core, representative implementation team to guide the implementation of these recommendations.**	***DHHS***
	Short-term	

2.	**Convene a broad group of stakeholders to more fully develop a vision for improving outcomes in North Carolina – starting with the theory of change and identified outcomes developed in partnership with CSF on July 9 and 10 in Durham, North Carolina.**	***CIT***
	Short-term	

3.	**Ensure that the articulated vision supports a parallel process for shifting the culture of the workplace to provide culturally-competent, trauma-informed, family-centered, and safety-focused environments to support social services staff at the county, regional, and Central Office levels.**	***CIT***
	Short-term	

4.	Develop and implement a communication plan to help ensure leaders at all levels and a broad group of stakeholders are receiving and providing needed information related to North Carolina's vision for outcomes. *Short-term*	*CIT*

Strong Support and Leadership from State, Regional, and County Offices

5.	Create five new high-level positions in the state Division of Social Services at competitive salaries and then advertise, recruit, and select candidates qualified to lead. *Short-term*	*DHHS*
6.	Ensure competitive salaries for Central Office Division of Social Services Child Welfare Section employees and prospective employees. See Social Services Preliminary Reform Plan. *Mid-term*	*DHHS*
7.	Reorganize the Central Office Division of Social Services Child Welfare Section to align with the regional offices established under S.L. 2017-41. *Mid-Term*	*DHHS*
8.	Create a centralized hotline for reports of all suspected abuse or neglect in North Carolina. *Long-term*	*DHHS*
9.	Ensure each regional office is equipped with relevant child welfare programmatic and coaching expertise. *Long-term*	*DHHS*

Partnerships Are Cultivated and Nurtured to Better Meet the Needs of Children and Families

10.	External stakeholders need to be engaged on a regular and ongoing basis as North Carolina develops a culturally-competent, trauma-informed, family-centered, and safety-focused child welfare system. *Short-term*	*CIT*

11.	Engage, collaborate and coordinate with courts to address and remedy existing barriers, while creating buy-in for the new vision and jointly tracking key outcomes for children, youth, and families.	DHHS
	Short-term	

12.	Strengthen partnership between the state Division of Social Services and the Divisions of Medical Assistance and MH/DD/SAS to make sure behavioral health services are available to parents and ensure appropriate placements for children in foster care.	DHHS
	Short-term	

13.	Finalize the criteria for readiness to implement the Familly First Prevention Services Act.	DHHS
	Short-term	

14.	Engage, collaborate and coordinate with birth families, youth, relatives, fictive kin, and foster parents to improve outcomes and effectively implement system reforms.	DHHS
	Mid-term	

Statewide Practice Framework

15.	The state and CSF should begin immediately to further explore the fit and feasibility of adapting and effectively implementing Safety Organized Practice (SOP) as the comprehensive statewide practice framework to create consistency in child welfare practice that is trauma-informed, culturally-competent, family-centered, and safety-focused throughout North Carolina.	DHHS/CIT
	Short-term	

16.	Include in the practice framework an expedited licensure process for foster parents, relative, and kin caregivers that has been streamlined.	DHHS/CIT
	Short-term	

17.	Include in the practice framework specific expectations related to the engagement of birth families in the planning processes and provision of services provided to their children while in foster care.	DHHS/CIT
	Short-term	

18.	Include in the practice framework the specific support that older youth in foster care need. ***Short-term***	***DHHS/CIT***
19.	Include in the practice framework a specific approach to child and family teams or CFTs to align with a family-centered, culturally-competent, trauma-informed, safety-focused child welfare system. ***Short-term***	***DHHS/CIT***
20.	Include in the practice framework the SDM process and tools as may be needed. ***Short-term***	***DHHS/CIT***
21.	Assess Project Broadcast or review assessments that have been done to understand the extent to which it has been implemented and its impact on children and families. ***Mid-term***	***DHHS***
22.	Create border agreements to ensure children can be with their relatives in neighboring states as soon as possible. ***Mid-term***	***DHHS***
23.	Provide funding for more robust In-Home Services. ***Mid-term***	***DHHS***
24.	Take concrete steps to increase the number and percent children in foster care placed with relatives and kin caregivers, the percent of those kin who are licensed, and the numbers of children exiting to their care. ***Mid-term***	***DHHS***

Financing and Data Are Used to Improve Practice and Outcomes

25.	Develop a communication strategy at the state and local level that clearly expresses the expectation that staff rely on properly produced data evidence.	CIT
	Short-term	

26.	Train county, regional, and statewide staff in the proper use of administrative data to support program monitoring and decision-making.	DHHS
	Mid-term	

27.	Offer ongoing training to staff on data entry and data extraction.	DHHS
	Mid-term	

28.	Conduct an analysis of how state and county child welfare contract for services and make recommendations on how to maximize the effectiveness of contracting to achieve child and family outcomes.	DHHS
	Mid-term	

29.	Review and strengthen statewide protocols and procedures on how information is entered into the system and streamline methodologies to ensure data accuracy and consistency for identified variables that will be used in reports.	DHHS
	Short-term	

30.	Continue to develop and regularly disseminate standard reports on basic information about the child welfare population.	DHHS
	Mid-term	

31.	Create an analytic data file, that can be periodically updated, that links NC FAST data with data from the legacy system.	DHHS
	Mid-term	

32.	Adopt outcome measures aligned with a safety-focused, family-centered, trauma-informed, culturally-competent system.	DHHS/CIT
	Short-term	

33.	Make investments in existing qualitative case review processes since they are so essential to monitoring and supporting efforts towards improving case practice and outcomes for children and families.	DHHS/Cty DSS
	Mid-term	

34.	Track progress on identified outcomes based on individual county performance in recent years.	DHHS/Cty DSS
	Long-term	

35.	Conduct an analysis of the financing structure of the Child Welfare system and make recommendations of how to maximize federal dollars, including tying performance to financing in order to support improvements.	DHHS
	Long-term	

Capable and Stable State, Regional and County Child Welfare Workforce

36.	Take concrete steps to reduce paperwork and streamline requirements (create a stop-doing list) to increase the time caseworkers have available to work with families.	DHHS/Cty DSS
	Short-term	

37.	Consider strategies for organizing staffing or workloads to allow more intensive effort during the first 30-days of foster care.	DHHS/Cty DSS
	Mid-term	

38.	Changes are necessary to allow CPS assessors, CPS In-Home caseworkers, and foster care caseworkers to meet job expectations when caseloads are at standard levels.	DHHS
	Long-term	

39.	Pre-service training needs to be redesigned to better prepare a workforce, the majority of whom are coming to child welfare without a social work degree.	DHHS
	Short-term	

40.	Training should be integrated into a larger strategy for professional development and a diverse, representative design team should be charged with co-creating an approach for designing and developing learning programs (preparation, training, coaching, transfer of learning and support) as opposed to stand-alone training modules.	DHHS
	Short-term	

41.	Make necessary revisions to existing university contracts for training and professional development to align with the newly developed learning program.	DHHS
	Mid-term	

42.	A process for continuous evaluation and revisions of learning programs should be integrated into professional development to determine what is needed, how well it is working, and to make improvements.	DHHS
	Mid-term	

43.	The state needs to develop a recruitment and retention strategy for child welfare caseworkers that includes positive and realistic messaging about child welfare caseworkers and the role of child welfare supporting children and families.	DHHS
	Mid-term	

44.	The Child Welfare Collaborative should be revived and retooled so that it benefits all counties, not just those neighboring state universities with collaborative programs.	DHHS
	Mid-term	

45.	Strategies should be implemented to retain child welfare caseworkers.	DHHS
	Short-term	

Capacity to Implement Effectively

46.	Create a teaming structure for statewide decision-making that will provide input and feedback loops from key stakeholders that will also allow for nimble and efficient decision-making at the state level.	CIT
	Short-term	

Child Fatality Reviews

47.	CSF endorses the process that the state Child Fatality Prevention Task, with the full involvement of DHHS, is taking to work with participants and stakeholders of the child fatality review and prevention system to: ▪ Simplify the structure and processes of the system. ▪ Improve the use the data. ▪ Improve support of and collaboration between review teams. *Mid-term*	*DHHS*
48.	Consider consolidating state-level responsibility for child fatality reviews within a single entity of DHHS to create a central point of accountability for review processes and to simplify review reporting and feedback expectations. *Mid-term*	*DHHS*
49.	Consolidate into a single review the state-led intensive and local team reviews required when children brought to the attention of the Child Welfare system within the previous 12 months die of suspected abuse or neglect. *Mid-term*	*DHHS*
50.	Continue to explore options for streamlining local team structure with input from local teams. *Mid-term*	*DHHS*

Next Steps

CSF recommends the immediate creation of a small, representative core implementation team to be identified and charged with the responsibility for taking these recommendations to the next level – sorting them in priority order, making them actionable and identifying the resources needed to support and implement them. We also recommend that DHHS recruit and select one person to be devoted to this full-time, to lead this team and manage the implementation of these recommendations and the improvement effort overall.

This core implementation team would be responsible for strategically sequencing and operationalizing these recommendations, using the evidence that is available about effective approaches to broad-scale implementation, including a focus on readiness, goals, and activities. This team would be responsible for creating a well-defined teaming structure to regularly engage a broader group of stakeholders in the implementation process.

Working with DHHS and the counties, we will also develop implementation plans for those recommendations DHHS decides to pursue. The final reports, due by February 28, 2019, will document progress on the short-term recommendations, and will include implementation plans for the mid- and long-term recommendations. Implementation plans will also specify the intended outcomes tied to each recommendation, along with how improvement can be measured.

As noted earlier in this Executive Summary, North Carolina's leadership is to be applauded for its decision to pursue the systemic changes needed to improve outcomes for its most vulnerable citizens. State and county social services professionals alike show their commitment to providing the best services they can, on a daily basis. We believe the preliminary recommendations detailed in this report will help North Carolina sequence, prioritize, and order improvement activities and over time improve everyday practice with families and the outcomes experienced by children and families in North Carolina. We look forward to continuing our work with state and county staff to implement agreed upon recommendations effectively.

I. METHODOLOGY

Given the size and scope of the assessment requested by North Carolina, CSF developed eight primary research questions designed to focus on:

- Assessments of children coming to the attention of the Department of Health and Human Services (DHHS)/Department of Social Services (DSS) to ensure children are safe from immediate threats to their health, safety, and future risk of harm;
- Services provided to children and families to ensure children are protected from immediate threats to their health, safety, and future risk of harm;
- Seeking to understand the extent to which findings from North Carolina's fatality reviews are being used effectively to take actions to prevent other fatalities and improve the health and safety of children;
- Reasonable efforts to prevent custody and the placement process;
- Services to support and promote reunification;
- Services to support and promote permanency;
- Physical health, mental health, educational, and development needs identified and met; and
- Preparing young persons for adulthood.

The eight primary research questions are outlined below. Not included are the specific sub-questions for each of these primary research questions. These sub-questions are listed and answered in the detailed findings in Chapter 3.

Primary Research Question:	***Are children and their household members who come to the attention of the child welfare system through reports of maltreatment receiving a response that ensures children are safe from immediate threats to their health safety and future risk of harm?***

Primary Research Question:	***Are children and their household family members who are in open CPS in-home services cases receiving services that ensure children are protected from immediate threats to their health, safety and future risk of harm?***

Primary Research Question:	***Are the findings from North Carolina's fatality reviews being used effectively to take actions to prevent other fatalities and improve the health and safety of children?***

Primary Research Question:	***Are reasonable efforts made to support families prior to removing children and effective efforts made after removal to promote stable placements?***

Primary Research Question:	***Are children and youth in foster care, their families, and caregivers receiving trauma-informed services and supports that facilitate family reunification?***

Primary Research Question:	***Are children and youth in foster care receiving trauma-informed services and supports that facilitate timely permanency?***

Primary Research Question:	***Are the needs of children and youth in foster care being appropriately assessed, including exploring the history of trauma, and services being provided to address those needs and achieve case goals?***

Primary Research Question:	***Are older youth in foster care in being prepared for adulthood?***

To answer these questions, CSF gathered information from multiple sources, first relying on available state information then gathering data with our own data collection methods. We summarize below the primary sources of information CSF used to answer these research questions and sub-questions.

A. Review of Systemic Factors

CSF conducted an extensive review of North Carolina policies and statutes, as well as a review of emerging best practices in North Carolina and throughout the United States.

Policy

As North Carolina was utilizing two separate policy manuals at the time of this review, CSF staff reviewed both the existing policy manual, which is used by 90 counties, and the new modified policy manual, which was being piloted by 10 counties and was then to be rolled out statewide in September 2018. The focus of this review was on policy relevant to the research questions and sub-questions. This analysis was provided in our monthly report on April 30.

Statutes

CSF utilized one of its national experts to conduct the review of pertinent North Carolina statutes. The review of statutes looked at the Juvenile Code related to the research questions and sub-questions. This analysis was provided in our monthly report on April 30.

North Carolina Best Practices

Through the review of other systemic factors, meetings with state stakeholders, as well as the review of North Carolina materials provided, CSF identified emerging best practices currently implemented or in the process of being implemented in specific counties in North Carolina or statewide. The practices identified were limited to those that aligned with the research questions and sub-questions, and were identified based on their merit, grounding in research, or alignment with similar nationally recognized practices or principles.

National Best Practices

Through the review of other systemic factors, CSF staff identified recognized best practices nationwide in the field of child welfare, specifically aligned with the research questions and sub-questions.

B. Review of Quantitative Data Reports

To understand how North Carolina is performing based on national standards, as well as other key child welfare standards, CSF first reviewed publicly-available data to get a baseline understanding of performance and available data. This included results from Round 3 of the Children and Family Services Review, Children's Bureau child maltreatment reports, the data reports available on the UNC Jordan Institute Management Information website relevant to child welfare, and other recent research reports that provide some statistics on North Carolina performance. CSF and our data partner, Westat, held an initial meeting with North Carolina information system leads to determine what data could be provided to the team for additional quantitative analysis and then followed up with a more specific data request. Although there are some limitations in the quantitative data available in North Carolina, which are described in more detail in Chapter 4, DHHS's Division of Social Services moved quickly to produce the data requested and to provide these data to our team using a secure server.

C. Review of Existing State Case Reviews

North Carolina currently utilizes two case review processes. First, they are using the Children's Bureau Onsite Review Instrument (OSRI), the same instrument used for the federal CFSR. Second, they are using the Program Monitoring tool, an instrument they developed and tailored to the programs, practices, and processes of North Carolina.

OSRI

North Carolina participated in Round 3 of the CFSR in 2015, using the OSRI instrument on an ongoing basis to monitor performance of counties as compared to the federal measures. CSF was provided with the results of these case review activities, which are included within this report. Here are a few factors to keep in mind regarding these data. First, the methodology with which counties are selected for review, or the number of cases selected in each county to be reviewed, does not seem to be uniform or proportional based on the size of the county. Second, the number of cases presented are not representative of the state and cannot be extrapolated as such.

Program Monitoring

The Program Monitoring instrument is divided into five separate tools: Foster Care, In-Home, Assessment, Screen-Ins, and Screen-Outs. CSF was provided the Program Monitoring case review results for 2016 and 2017, though limited the analysis to the case review results from 2017. For each instrument, the data was provided in two Microsoft Excel spreadsheets. One for all case reviews conducted between January and June, and the other for all case reviews conducted between July and December. Through conversations with the Program Monitoring staff, CSF learned that questions in the instruments had been refined, clarified, expanded, or deleted to align with policy and practice expectations between the first half of the year and the second. To be able to analyze a full year of data, CSF first conducted a question-by-question analysis to make sure that questions had not been modified, or if they had, that they had not been modified significantly so as to impact the integrity of the data by merging the results. If the questions had been altered significantly or if new questions were added or old questions were deleted, they were not included in the full-year analysis. CSF then used Excel to merge the data from the two spreadsheets. To mirror the levels of analysis being conducted with the quantitative data, CSF organized the results in both a statewide analysis, and one divided between the large, medium, and small county categories.[13]

D. Interviews, Focus Groups, Site Visits

To provide more insight and context to the quantitative data, and most importantly to get the voice and experience of the counties operating the child welfare system, CSF focused a large portion of the information collection activities on conducting county-level interviews and focus groups, as well as conducting two site visits.

County child welfare foster care caseworkers and their supervisors, county child welfare CPS caseworkers and their supervisors, former foster youth, relative caregivers, birth parents, foster parents, educators, judges and other court personnel, child placing agencies, and other key stakeholders participated in these focus groups in three representative locations in North Carolina. These locations were selected based on geography, level of economic distress per the North Carolina Department of Commerce Tier system, and population size.

The focus groups in the central part of North Carolina were held May 15 and 16 in Guilford County. We invited Caswell, Chatham, Guilford, Moore, Randolph, and Yadkin Counties to participate. To accommodate some stakeholders and staff who were unable to make it to Guilford County at the allotted times, CSF staff traveled, at the request of two counties, to Chatham County and Caswell County to conduct additional interviews.

The focus groups in the eastern part of North Carolina were held May 22 and 23 in Carteret County. We invited Beaufort, Carteret, Craven, Hyde, Jones, and Pender Counties to participate. Due to Hyde County having court on of the days of the focus group, its representatives nominated Perquimans County to attend the focus groups on that day in their stead. To accommodate some stakeholders who were unable to make it to Carteret County at the allotted

[13] Throughout this report, we compare counties using the UNC management assistance website categorization of ten large counties with a total child population of about 1,000,000, 39 medium counties with a child population of 950,000, and 51 small counties with a child population of about 300,000.

times, CSF staff traveled, at the request of Beaufort County, to conduct additional interviews with youth in a LINKS group and foster parents. In addition, given that Jones County was unable to send any staff due to its small size, separate phone interviews were conducted with Jones County workers, supervisor, and county director on May 30.

The focus groups in the western part of North Carolina were held May 30, 31, and June 1 in Rutherford County. We invited Buncombe, Burke, Haywood, Jackson, McDowell, and Rutherford Counties to participate. Due to technological difficulties with the conference call line, separate interviews were held with the foster care caseworkers in Jackson County. In addition, CSF conducted a separate interview with the leadership in Buncombe County.

CSF developed focus group and interview protocols for each group conducted. The questions were determined based on an analysis of gaps of information in the available quantitative data to be able to answer the research questions and sub-questions adequately.

Site Visits

At the request of the counties themselves, and in order to get a better sense of the operations and practices specific to counties, CSF conducted two half-day site visits. The first site visit was held in Orange County on May 18, and the second site visit was held in Wilson County on May 25. As part of the site visits, county staff showed the CSF team their office space, and presented the work being done in the county, what was working well, and where they had concerns.

E. Electronic Surveys

To supplement the feedback CSF received from counties during the focus groups in the different areas of the state, and based on the invaluable information CSF learned through the focus group process, CSF developed three surveys: one for CPS workers, one for foster care workers, and one for Central Office child welfare section employees. The survey instruments were developed using www.SurveyMethods.com. Links to the CPS and Foster Care worker surveys were distributed to DSS county directors to give to their staff on June 5, and they had two weeks to complete them, with one reminder email being sent. There were 360 respondents to the CPS workers survey and 211 respondents to the Foster Care workers survey.[14] Qualitative comments that were provided in the surveys were coded and grouped together by frequency of theme highlighted in the comments.

The Central Office staff survey was distributed to 131 Child Welfare Section employees using www.SurveyMethods.com on June 22, and staff had one week to respond. There were 66 respondents to the Central Office survey, which is a 50 percent response rate.

[14] These two surveys instructed that they be completed by caseworkers and not others in the agency, but based on a few of the comments, it is clear that some supervisors and therapists also completed the surveys. The primary questions that could be impacted by this are the questions about supervision. It is not possible to provide an exact response rate for these surveys because they were to be distributed by county directors and we do know how many county directors did so.

F. Participation in Meetings and Conferences

In addition to the interviews, focus groups, and site visits that CSF scheduled in the counties with staff and stakeholders to better understand child welfare practice in the counties and the strengths and barriers they face, CSF was invited to participate in additional meetings and conferences from the beginning of the contract in March 2018 at both county and state levels. CSF learned further about issues facing the North Carolina child welfare system as the result of participation in these meetings, observations about which are incorporated throughout the report. Below is a list of some of those meetings and conferences we attended.

- March 19 and 20 – Meeting with State DHHS Leadership.
- April 9 and 10 – Child Fatality Summit: A member of the CSF team attended the Child Fatality Summit.
- April 12 – North Carolina Association of County Social Services Directors (NCACDSS) Greensboro Meeting: This meeting was for urban county directors as well as child welfare directors.
- April 23 – CFSP Meeting: A member of the CSF team attended the CFSP meeting.
- April 24 – PIP Meeting: A member of the CSF team attended the PIP meeting to learn more about where the state was in the PIP process.
- April 25 – Blowing Rock Focus Group: CSF team members conducted a focus group at the NCACDSS directors' annual retreat.
- May 9 and 10 – NCACDSS Focus Group in Raleigh: CSF held focus groups with child welfare directors on May 9, and DSS executive directors on May 10.
- May 11 – Central Office Meeting with Child Welfare Division: CSF team members attended the regular child welfare division staff meeting where progress was reported across the different areas, as well as conducted a short focus group with Central Office staff.
- May 14 – Meeting with SSWG facilitators from UNC School of Government and the DHHS Secretary and her leadership team.
- May 17 – Modified Policy Rollout Meeting: A member of the CSF team attended the first day of the modified policy rollout meeting in Lincolnton, NC, which focused on the modified policy changes related to Intake, Assessment, and In-Home in Child Protective Services.
- May 24 – NCACDSS Eastern Meeting: CSF conducted focus groups as part of the larger meeting of Eastern DSS directors, which was attended by both directors and program staff.
- June 5 – FFPSA Stakeholder Meetings: There was a morning session attended by hundreds of child welfare stakeholders statewide, and two CSF team members were present. Two CSF team members facilitated an afternoon session focused on implementation in North Carolina with smaller group of stakeholders. The purpose of the meeting was to learn more about the Family First Act, and how it could be implemented in North Carolina.
- June 13 – Social Services Commission Meeting: Two CSF team members gave a presentation to during this June meeting.

- June 14 – Family Advisory Council Meeting: Two CSF team members met with the members of the Family Advisory Council and asked prepared questions.
- June 14 – Interview with Lisa Cauley: Two CSF team members conducted this interview via Adobe Connect.
- June 15 – Meeting with the Duke Endowment: CSF conducted an interview with two project officers from the Duke Endowment, Tamika Williams and Phil Redmond.
- June 15 – Meeting with the Administrative Office of the Courts: CSF met with the AOC to discuss the Court Improvement Project, the data being used to improve practice, and the partnership between the judiciary and child welfare.
- June 25 – Third Sector Meeting on Adoption Promotion: CSF participated in this meeting to learn more about North Carolina's effort to use data and financing to promote adoptions.
- July 2 – Interview with Kristin O'Connor: Two CSF team members conducted this interview by telephone.

In addition, CSF set up an email address, which was distributed at meetings at the county and state level for people to email any feedback, questions, or concerns that they were not able to share, or did not feel comfortable sharing in the sessions CSF attended. This feedback is also incorporated throughout the document.

G. Facilitation of the Theory of Change Session

CSF facilitated a session on July 9 and 10 in Durham, North Carolina to solicit ideas and input for this report. Just over 30 state DHHS/DSS child welfare and county DSS leaders worked with our team from CSF and national experts to:

- Explore and respond to data and information gathered about the child welfare system in North Carolina;
- Understand the evidence for creating a trauma-informed, culturally-competent, family-centered, safety-focused child welfare system;
- Connect with DSS colleagues from across North Carolina;
- Incorporate the voices of children, youth, birth parents, relative caregivers, and foster parents into strategic directions for North Carolina's reform plan;
- Consider a draft North Carolina theory of change; and
- Provide insight regarding some of the key components of North Carolina's draft theory of change that will impact CSF recommendations.

Participants were chosen based on recommendations from the North Carolina Association of County Social Services Directors (NCACDSS) and the leadership within the state DHHS/DSS.

II. CURRENT CHILD WELFARE SYSTEM IN NORTH CAROLINA

North Carolina has a state-supervised, county-operated child welfare system. The state DSS is responsible for developing policy and for providing training, technical assistance, and supervision to county departments of social services (or consolidated departments of human services) that provide statutorily-required child welfare services to children and families. The state has 100 counties that vary in population from less than 10,000 to more than 1,000,000 people. Throughout this report, we compare counties using the University of North Carolina (UNC) Management Assistance website categorization of ten large counties with a total child population of about 1,000,000; 39 medium counties with a total child population of 950,000; and 51 small counties with a total child population of about 300,000. This system of categorizing counties also is currently used by state office's program monitoring team.

North Carolina has made significant efforts over the last decade to improve child welfare practice. These efforts have included policy changes to reflect emerging best practices in the field, initiatives such as Project Broadcast and Triple P to provide services to children and families that are trauma-informed, holistic, and evidence-supported, and a host of other changes. However, despite such promising initiatives, North Carolina faces continued challenges in some areas of effectively serving children and their families and ensuring their safety, permanence, and well-being, revealed through recent program reviews and tragedies involving children who had come to the attention of the child welfare system. As CSF began its assessment, DHHS and county DSS continued to engage in ongoing efforts to respond to the challenges and make system improvements.

CSF's recommendations to improve child welfare practice and child and family outcomes in North Carolina are made in the context of: 1) the organizations and entities that impact everyday practice and outcomes; and 2) recent system dynamics.

A. Organizations and Entities that Impact Practice and Outcomes

DHHS/DSS Central Office

The North Carolina Department of Health and Human Services (DHHS) is a large cabinet-level state department with 30 divisions and offices that fall into four broad service areas: health, human services, administrative, and support functions. The divisions of Social Services, Aging and Adult Services, and Early Childhood and Education are within the human services program area, while Public Health and Mental Health, Developmental Disabilities, and Substance Abuse (MH/DD/SA) services are among the divisions within the health area.

Within DHHS, the Division of Social Services is primarily responsible for providing supervision and support to the 100 county departments of social services that provide child welfare services. Major functions of DSS related to provision of child welfare services include:

1. Child welfare policy development.
2. Technical assistance to counties, including answering county questions about policy and its application.
3. In-person and online training, including pre-service training, to county child welfare staff.
4. Liaison with and accountability to the federal Administration of Children and Families.
5. Performance and compliance monitoring of county child welfare programs or CQI.
6. Approving licenses of county and private agency foster homes and therapeutic homes.
7. Providing mechanisms for counties to pull down federal and state funding for child welfare services.
8. Directly contracting with private vendors for services that support child welfare outcomes, including prevention services and intensive family preservation services.
9. Providing timely information to the 100 counties about changes in law, policy, and funding.
10. Guidance to counties on coordinating service efforts.

House Bill 630, passed by the legislature in 2017 (S.L. 2017-41), strives to strengthen DHHS's supervision of the counties by requiring written agreements with provisions for corrective action and state intervention and by requiring the development of regional supervision of counties.

DSS County Offices and Governments

Each of North Carolina's 100 counties operates its own child welfare program within its own department of social services. Counties in North Carolina are governed by county commissions that appoint county managers and raise funds primarily though property taxes. Counties vary in population from over 1,000,000 (Wake and Mecklenburg) to under 10,000 (Terrell, Hyde, Graham, and Jones). Counties have the option of combining their social services and health departments into a consolidated human services department and have several options for creating a governing board of social services or human services. Most county DSS and Human Services directors report directly to their governing boards.

Each county child welfare program is responsible for:

- Screening reports of suspected child abuse, neglect, and dependency, using a structured intake process.
- Providing assessments of reports using a multiple-response system to assess safety and the need for ongoing CPS services.
- Providing CPS In-Home Services for children found to be maltreated if there is ongoing risk and the children can be safely maintained in the home.
- Providing case management for foster care and adoption services for maltreated children who cannot safely remain in their homes.

The majority of counties also license and supervise some of the foster homes where children are placed. DSS Central Office employees in Black Mountain, North Carolina, are responsible for reviewing and approving licensure materials.

The Court System, Including the Judiciary, Attorneys, and the Guardian Ad Litem Offices

North Carolina's 100 counties are apportioned into 43 judicial districts. A DSS director or director's designee can petition the district court alleging that a juvenile is abused, neglected, or dependent and requesting court intervention. Although the majority of petitions request custody of the juvenile (and a petition is required for a county to take custody of a juvenile), counties also have the option of requesting court intervention to compel parents' cooperation with a CPS assessment or critically-needed services. Parties to court hearings are the county, parents (represented if needed by court-appointed attorneys), and the guardian ad litem (appointed by the court to represent the interests of the juvenile). The guardian ad litem program is operated by the state Administrative Office of the Courts or AOC. Each judicial district has a guardian ad litem administrator who recruits and trains volunteers who are represented by a guardian ad litem attorney in hearings.

North Carolina's juvenile code outlines a series of required court hearings and timeframes beginning with a seven-day hearing, proceeding through adjudication and disposition, permanency-planning hearings, and if necessary, termination of parental rights hearings. At each hearing, the court makes findings and issues orders based on information and recommendations put forward by the parties.

The MH/DD/SAS System, Including the LME/MCOs and Private and Not-For Profit Providers

North Carolina's Mental Health, Developmental Disability, and Substance Abuse system has undergone rapid change over the past 15 to 20 years with additional changes anticipated as part of the state vision for Medicaid reform. Prior to mental health reform efforts, a system of 42 local area programs provided direct MH/DD/SA services; in several steps, the local programs consolidated and transformed into seven regional Local Management Entities/Managed Care Organizations (LME/MCOs) that are responsible for assessing their catchment area's needs, developing networks of private vendors, and authorizing services based on medical necessity criteria. As will be detailed in Chapter 3, many county departments of social services report that accessing services for both children and parents has become more difficult. DHHS's current vision is to integrate behavioral health into physical health as part of a statewide Medicaid reform plan. However, individuals with complex behavioral health needs (possibly including foster children) may have physical health services integrated into a tailored behavioral health services plan.

Private Child Placing Agencies

In North Carolina, both county departments of social services and private placing agencies can recruit, train, license, and supervise foster homes and receive a board rate for the families and an administrative rate to cover the costs of recruitment, training, licensure, and supervision. Most county agencies choose to license foster homes within their county but also place some children in privately-licensed homes. A few counties use privately-licensed homes almost exclusively.

Additionally, many private placing agencies operate therapeutic home programs, for which they receive the foster care board rate plus a larger daily Medicaid treatment rate. Some private placing agencies also operate congregate care facilities that bill board rates established for their facility. The board rates received by private placing agencies are funded by a combination of federal, county, and state funds. Some of the private placing agencies also provide other services in addition to placements, for which they receive reimbursement under state contracts described below. In North Carolina, responsibility for case management of children in foster care placed with private agencies remains with the counties.

Agencies Providing Services on State Contracts

The state DSS office also maintains contracts with a number of private and not-for-profit vendors for services, such as:

- Intensive family preservation;
- Adoption promotion;
- Post-adoption support;
- Prevention services;
- Multi-systemic therapy and transitional living services;
- Family support;
- Training and coaching in trauma-focused, evidence-supported treatments; and
- Child medical and forensic evaluations.

State contracts are funded with federal, special state, or foundation funds. Some contracts are bid on competitively (i.e., family preservation), while others are structured to incentivize outcomes (i.e., adoption promotion).

Private Philanthropy

Private philanthropy in North Carolina provides funding and expertise to help individual counties and the state engage in innovative or evidence-supported practices to improve outcomes for children and families. Foundations offer assistance to the state and counties for planning and provide expert consultation to the state and counties on promising initiatives and national trends. Casey Family Programs, Annie E. Casey, and the Duke Endowment are among the philanthropic organizations that have been active in supporting both the Central Office and individual counties in North Carolina.

Colleges and Universities

North Carolina is home to a large, highly-rated public university system and well-known private colleges and universities. The state Division of Social Services and also some county departments of social services have partnered with universities in several notable ways over the years including:

- The North Carolina Child Welfare Education Collaborative, a program that prepares MSW and BSW students specifically for careers in child welfare and operates in multiple public universities throughout the state. Graduates of the program have satisfied North Carolina's

pre-service training requirements. Significant financial assistance offered to students in exchange for a county child welfare employment service commitment has been phased out in recent years.

- The state has significant financial contracts with both UNC and North Carolina State University (NC State) for development of training, including online training modules.
- NC State is currently helping the state develop its Family Advisory Council.
- DHHS and county departments have occasionally collaborated with universities on program evaluation and child welfare related research.

Public Health

North Carolina DHHS has a Public Health division, and each county in North Carolina operates a health department. Public Health in North Carolina has several primary prevention initiatives related to child abuse and neglect, including nurse-family partnership programs.
In recent years, the North Carolina Legislature explicitly allowed county departments of social services and of health to form combined county human services agencies, and a number of counties have chosen that option. Public Health is a natural partner with social services in efforts to support parents, reduce child maltreatment, and reduce child fatalities.

The North Carolina Legislature

The North Carolina legislature is responsible for passing laws that govern, and budgets that partially fund child welfare in North Carolina. Members of the legislature take an active interest in child welfare and serve on a number of committees that provide oversight and support to child welfare issues. S.L. 2017-41, in addition to commissioning social services and child welfare reform plans; requires the state to regionalize supervision of county departments of social services; increases accountability of counties to the state; creates a social services working group and child welfare transformation council; and includes specific measures to improve child safety in reunifications, shorten the appeals process for termination of parental rights decisions, facilitate therapeutic home licensing, and establish a pilot project to help foster youth get driver's licenses.

B. Recent Child Welfare System Dynamics

Data from North Carolina staffing reports in *Figure 12* in Chapter 3 indicate the overall proportion of screened-in and accepted child abuse and neglect reports have stayed relatively constant over the past three years, with an average of more than 11,000 reports being received per month and approximately 7,000 reports or 65 percent of those reports having been accepted.

North Carolina's Multiple Response System (MRS) allows CPS assessments to be assigned to one of two tracks. All reports of abuse and specified reports of neglect must be assigned to the investigative track; most reports of neglect are assigned to a family assessment track that is designed to be less threatening and more positively engaging for families. Over the past five fiscal years, the number of completed CPS investigative assessments has decreased from 15,981 to 13,658, while the number of completed CPS family assessments has increased from 50,105 to 51,504 (see *Figures 8* and *9* in Chapter 3). The percentage of CPS investigative assessments resulting in a positive finding of maltreatment has remained relatively constant (varied between 26% and 28%) with the vast majority of positive findings being for neglect.

The percentage of family assessments with positive findings of maltreatment has remained around 17 percent during the same time period. *Services needed*, which means maltreatment was found and the family was referred to CPS In-Home Services, was the finding in 10 percent of these family assessments in FY 2017. *Services provided, no longer needed*, the other family assessment finding that indicates maltreatment was found, was the decision in another seven percent of family assessments.

The number of open CPS In-Home Services cases has decreased over the past three years, as shown in *Figure 18* in Chapter 3. Data from the North Carolina 2017 Master Child Welfare Workforce Data Book show the number of families receiving CPS In-Home services on the last day of each month decreasing from 4,760 in January 2015 to 4,118 in November 2017. The decrease may be due to fewer families being referred for these services, a decrease in the length of time these cases are open, or a combination of both.

Initial entry-level cohort data indicate an increasing number of children entered foster care for the first time in North Carolina in recent years.

Figure 2: Children Entering Foster Care for First Time in North Carolina, SFY 2014-2017

		Age 0-5		Age 6-12		Age 13-17		Missing DOB		Total
		#	%	#	%	#	%	#	%	
Large	SFY 14	1000	50.8%	548	27.9%	417	21.2%	3	0.2%	1968
	SFY 15	1049	52.7%	527	26.5%	411	20.7%	2	0.1%	1989
	SFY 16	1074	56.3%	503	26.4%	330	17.3%	1	0.1%	1908
	SFY 17	1038	53.2%	530	27.1%	376	19.3%	9	0.5%	1953
Medium	SFY 14	1269	55.0%	615	26.6%	423	18.3%	2	0.1%	2309
	SFY 15	1207	52.9%	693	30.4%	378	16.6%	3	0.1%	2281
	SFY 16	1294	53.6%	719	29.8%	400	16.6%	1	0.0%	2414
	SFY 17	1444	54.2%	817	30.7%	401	15.0%	4	0.2%	2666
Small	SFY 14	512	52.5%	286	29.3%	177	18.2%	0	0.0%	975
	SFY 15	518	53.8%	255	26.5%	189	19.6%	1	0.1%	963
	SFY 16	522	50.4%	324	31.3%	188	18.2%	1	0.1%	1035
	SFY 17	601	55.2%	307	28.2%	179	16.4%	2	0.2%	1089
Statewide	SFY 14	2781	53.0%	1449	27.6%	1017	19.4%	5	0.1%	5252
	SFY 15	2774	53.0%	1475	28.2%	978	18.7%	6	0.1%	5233
	SFY 16	2890	54.0%	1546	28.9%	918	17.1%	3	0.1%	5357
	SFY 17	3083	54.0%	1654	29.0%	956	16.8%	15	0.3%	5708

Source: Retrieved on June 30, 2018 from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/[15]

Figure 3 below compares the entry rate per 1,000 children in the large, medium, and small counties. As can be seen, the rate of entry per 1,000 children into foster care is lowest in the large counties, higher in the medium counties, and highest in the small counties. A slightly higher percentage of these children are male.

[15] Ibid.

Figure 3: Rate of Children Entering Foster Care Per 1,000 Children in Population by County Size

		Rate of Placement
Large	SFY 12	1.67
	SFY 13	1.71
	SFY 14	1.94
	SFY 15	1.94
	SFY 16	1.85
Medium	SFY 12	2.16
	SFY 13	2.29
	SFY 14	2.42
	SFY 15	2.40
	SFY 16	2.54
Small	SFY 12	2.54
	SFY 13	2.81
	SFY 14	3.11
	SFY 15	3.11
	SFY 16	3.36

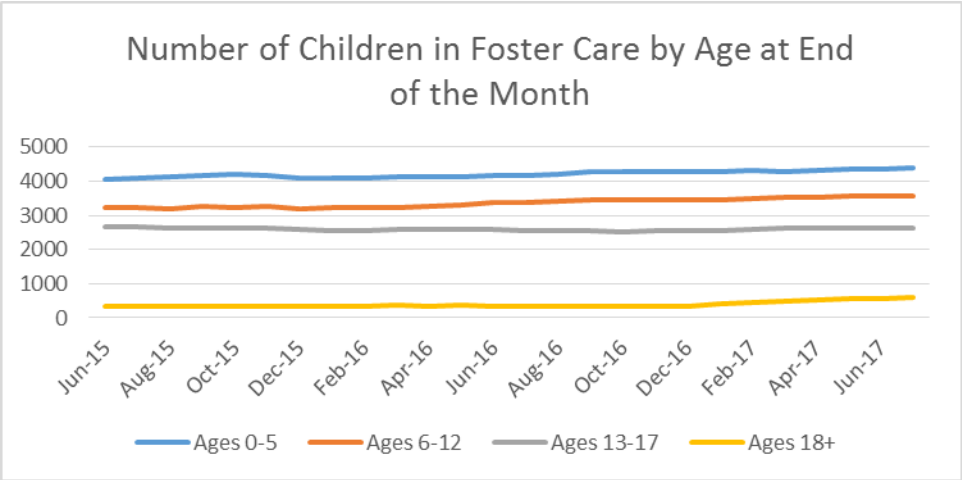
Source: Retrieved on June 30, 2018 from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/[16]

The next three figures focus on caseload counts at the end of the month for the last three years. Caseload counts combine the dynamics of entry and time in care to provide a representation of system dynamics at a point in time. These data indicate that the number of children in foster care at the end of each month has increased over the last three years, particularly in the last year. On June 30, 2015, there were 10,288 children in foster care; the next year on that same date there were 10,439 children in foster care; and then on June 30, 2017, there were 11,113.

Figure 4 shows the number of children in foster care by age. Children under the age of six represent the largest age group in foster care, followed by children six to 12, and then children 13 to 18. The numbers of children under six and six to 12 have increased in recent years, while the number of teenagers has been fairly stable. While older youth ages 18 and up make up a much smaller percentage of the children in care in North Carolina, the increase in their numbers the past 18 months indicates more youth are opting to remain in care to take advantage of North Carolina's new foster care 18-21 program.

[16] Ibid.

Figure 4: Number of Children in Foster Care by Age

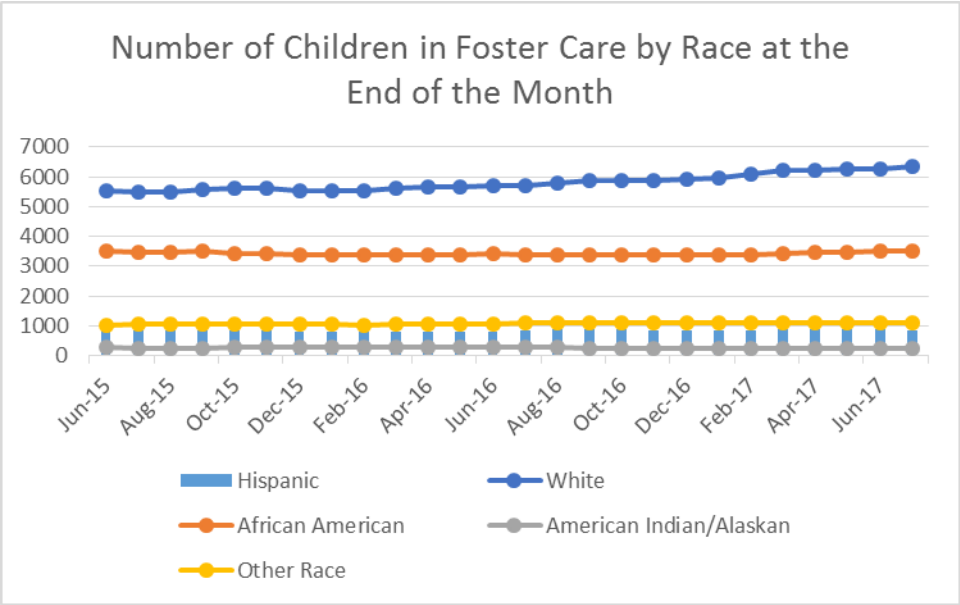


Source: Retrieved on June 30, 2018 from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/[17]

Figure 5 below shows the number of children in custody at the end of the month over the last three years by race. The lines connecting dots represent the numbers of children by race, and the teal bars represent the numbers of children of all races with Hispanic origin. The numbers of children in foster care for all races and Hispanic designations have remained relatively consistent over the last three years, with the exception of those children identified as white, whose numbers have gradually increased. The recent trend has reduced the degree to which African American children are over-represented in foster care compared to white children in North Carolina. According to the 2010 census, 65.04 percent of North Carolina's children are white and 26.43 percent are black.

[17] Ibid.

Figure 5: Number of Children in Foster Care by Race and Hispanic Designation



Source: Retrieved on July *, 2018 from the University of North Carolina at Chapel Hill Jordan Institute for Families website.
URL: http://ssw.unc.edu/ma/[18]
Note: Hispanic designation is a duplicate count across all races

As previously noted, the number of children entering foster care in North Carolina has increased in recent years. The proportion of children initially placed with relative caregivers has increased, while those placed in traditional foster home settings has decreased. The number of children and youth initially placed in a group home spiked in SFY 2016, however, has since decreased again and is closer in line with previous trends. This is highlighted in *Figure 6* below.

[18] Ibid.

Figure 6: Initial Placements for Children Entering Foster Care

	July 2012-June 2013	July 2013-June 2014	July 2014-June 2015	July 2015-June 2016	July 2016-June 2017
Number of Children	**4807**	**5252**	**5233**	**5355**	**5707**
Own Home	149	139	107	132	145
Relative	1557	1684	1733	1971	2049
Foster Home	1956	2147	2098	1929	2094
Group Home	321	301	325	416	349
Hospital	199	205	277	247	311
Emergency Shelter	100	97	73	78	77
Court Approved	192	342	302	330	381
Therapeutic Home	172	136	134	96	125
Jail/Detention	43	57	39	31	37
Runaway	19	31	46	35	32
DACJJ Residential Facility	14	8	8	9	14
Other	3	9	4	3	1
Missing Data	82	96	87	78	92
Total	100%	100%	100%	100%	100%
Own Home	3%	3%	2%	2.5%	2.5%
Relative	32%	32%	33%	37%	36%
Foster Home	41%	41%	40%	36%	37%
Group Home	7%	6%	6%	8%	6%
Hospital	4%	4%	5%	5%	5.5%
Emergency Shelter	2%	2%	1.5%	1.5%	1.5%
Court Approved	4%	6.5%	6%	6%	7%
Therapeutic Home	3.5%	2.5%	2.5%	2%	2%
Jail/Detention	1%	1%	1%	.5%	.6%
Runaway	0.5%	0.5%	1%	0.5%	0.5%
DACJJ Residential Facility	0.3%	0.15%	0.15%	0.17%	0.25%
Other	.0.6%	.017%	0.08%	0.06%	0.02%
Missing Data	1.5%	2%	1.5%	1.5%	1.5%

Source: Retrieved on April 19, 2018 from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/ .[19]

Figure 7 below shows that the percentage of children experiencing just one placement in their first year in care has increased slightly to 43 percent while the number of children experiencing two placements in their first year has decreased slightly over the past five years. The percentages of children with higher numbers of placements in the first year are similar to five years ago, with 18 percent of children experiencing four or more placements in their first year.

[19] Ibid.

Figure 7: Placement Stability in the First Year of Foster Care

Number of Placements	July 2012-June 2013	July 2013-June 2014	July 2014-June 2015	July 2015-June 2016	July 2016-June 2017
Total Number of Children	4807	5252	5233	5355	5707
1 Placement	1923	2037	2077	2211	2447
2 Placements	1293	1313	1376	1223	1320
3 Placements	600	723	665	692	747
4 or More Placements	853	1028	987	1095	1039
No Countable Placements	138	151	128	134	154
Total	100%	100%	100%	100%	100%
1 Placement	40%	39%	40%	41%	43%
2 Placements	27%	25%	26%	23%	23%
3 Placements	12%	13.5%	13%	13%	13%
4 or More Placements	18%	19.5%	19%	20.5%	18%
No Countable Placements	3%	3%	2.5%	2.5%	3%

Source: Retrieved on April 19, 2018 from the University of North Carolina at Chapel Hill Jordan Institute for Families website.
URL: http://ssw.unc.edu/ma/
Note: Data for SFY 2017 is censored

The percentage of children achieving permanency within 12 months of entering foster care in North Carolina has remained relatively constant (31-32%) over the past three fiscal years and is below the Round III CFSR national standard of 40.5 percent. Children from smaller and medium size counties are more likely to experience timely permanency than those from larger counties.

Permanency within 12 months for North Carolina children who have been in foster care between 12 and 23 months is slightly higher (45%) than the CSFR national standard of 43.6 percent, with children in small and medium sized counties somewhat more likely to achieve permanence in this timeframe than those from larger size counties. The state's performance on achieving permanence within a year for children who have already been in custody for two or more years has consistently exceeded the national Round III CFSR performance standard of 30.3 percent and is currently just over 37 percent (more detailed data are available in Chapter 3, Section F).

Finally, North Carolina's rate of re-entry into foster care has consistently been much lower than the national Round III CFSR standard of 8.3 percent, with large, medium, and small counties all having very low rates of re-entry into care (see Chapter 3, Section E).

When looking at rates of entry into foster care, time to permanency, and re-entry into foster care for small, medium, and large counties in North Carolina, a pattern emerges. Children in smaller counties, compared to larger counties, are more likely to: 1) enter foster care in the first place; 2) stay less time in care before leaving for a permanent home; and 3) re-enter foster care after leaving for permanency.

III. DETAILED FINDINGS

A. Child Protective Services (CPS)

Overview

CPS Intake

North Carolina is a universal reporting state, meaning all persons with reason to suspect that a child is abused, neglected, or dependent are required to report that information to their county department of social services. North Carolina does not have a centralized state report hotline; all 100 county departments of social services are responsible for accepting, screening, and responding to reports on a 24/7 basis. Reports are most frequently received by telephone, and counties are required to follow a structured intake protocol to determine:

- Whether to accept the report for assessment;
- The child's county of residence, which determines the county with lead responsibility for conducting the assessment;
- The required response time (72 hours, 24 hours, or immediate); and
- The appropriate assessment track (investigative assessment or family assessment).

North Carolina implemented a structured intake protocol after the state Supreme Court ruled *In Re Stumbo* on July 16, 2003 that CPS does not have authority to begin a CPS investigation unless the information alleged in a report, if true, would satisfy the definitions of child abuse, neglect, or dependency in North Carolina statutes. The court opinion further stated that conduct meeting the definition of neglect was either severe or dangerous conduct, or a pattern of conduct potentially or actually causing injury to the juvenile. Consistent with the ruling, North Carolina policy allows counties to consider their own agency history to assess whether a pattern of conduct exists but forbids counties from gathering any information from outside sources before making a screening decision. The structured intake protocol includes questions to ask reporters and tools for making screening decisions.

CPS Investigative and Family Assessments

North Carolina is one of many states that has adopted a differential response approach on the theory that CPS will be more successful protecting children and strengthening families if it tailors its response to the type of report. North Carolina's Multiple Response System (MRS) is a two-track approach.

1. A traditional investigative assessment track *must* be used for reports classified as abuse and special categories of reports classified as neglect (e.g., reports involving a foster child or a hospitalized child), should be used for reports of "serious neglect," and may be used for other reports of neglect judged likely to benefit from that approach. Investigative assessments prioritize determining whether allegations of maltreatment occurred. They are often conducted together with law enforcement because the maltreatment allegations are more likely also to be criminal offenses. Children may be interviewed at the beginning of the

investigative assessment before parents are notified. The case decision in the investigative track is to substantiate or unsubstantiate that maltreatment occurred, and positive findings specify which perpetrator(s) committed which type(s) of maltreatment against which child(ren) in the household. The names of persons determined to have perpetrated abuse or serious neglect go on a responsible individuals list (RIL) that can be used to screen persons for certain jobs working with children and to be foster or adoptive parents.

2. A family assessment track *may* be used for most reports classified as neglect. Family assessments are intended to be less threatening and to positively engage parents in services that will help them safely care for their children. A family assessment typically begins with a call to a parent to set up an initial interview and has a greater emphasis on assessing a family's strengths and needs jointly with the family and connecting the family to services. A family assessment can result in one of four case decisions:

   a. **Services needed**: means neglect or dependency was found and future risk is high enough to require involuntary ongoing CPS services.

   b. **Services recommended**: means CPS made well-being recommendations, but did not find safety or future risk issues meriting ongoing involvement with the family.

   c. **Services not recommended**: means CPS did not find safety or future risk issues meriting ongoing involvement with the family.

   d. **Services provided, no longer needed**: means neglect or dependency was found and risk was high enough to require ongoing CPS services, but successful services were provided during the assessment and CPS is ending its involvement with the family.

No perpetrator is named in the case decision for a family assessment, and adults in a family found in need of services do not have their names placed on the RIL.

According to administrative data below on case decisions, North Carolina used family assessments to complete 79 percent of CPS assessments in FY 2017. Although this is a higher percentage than in most states, North Carolina's family assessments include many elements of a traditional investigative response. In North Carolina, both the investigative and family track require:

- Reports to meet statutory definitions of child maltreatment;
- CPS to have face-to-face contact with all children in the household within the timeframe established for the assessment (the new modified manual requires each child to be seen individually in both approaches).
- CPS to have face-to-face contact with all parents or caretaking adults in the household on the same day as the children are first seen.
- The assessment worker to use the same structured decision-making (SDM) tools including a safety assessment at initiation and a safety plan when safety issues are identified.
- CPS to conduct checks of criminal records, the Central Registry, and the agency's own CPS records.
- CPS to have ongoing contacts with the children and parents throughout the course of the assessment and to contact collaterals named by the family.

- Caseloads to be no greater than ten open assessments per caseworker and five caseworkers per supervisor.
- Ongoing supervisory review including two-person decision making on safety plans and case decisions.

Both assessment tracks allow CPS to refer families to mandatory CPS In-Home Services and to petition the juvenile court for custody or other intervention either during the assessment or subsequently during the provision of in-home services. In both tracks, all children living in a household are considered potential victim children and are included in the assessment. CPS can switch tracks after an assessment begins if it believes the other track would be more appropriate based on what has been found.

CPS assessments often require cooperation across county lines. The county responsible for conducting a CPS assessment may need to request assistance from another county for multiple reasons such as:

- A child's parents do not both live in the same county.
- A child or parent is temporarily staying in another county.
- A parent proposes an adult living in another county as a safety resource.

Additionally, CPS assessments that present a conflict of interest for a county (e.g., a report involving a foster child, DSS employee, or county official), must be completed by another county after the home county initiates. Data from the 2017 staffing survey indicated that counties assisted other counties on an average of 906 CPS assessments a month, suggesting that about 10 percent of CPS assessments require cooperation between the county primarily responsible and at least one other county.

Figure 8 shows case decision totals for investigative assessments for five fiscal years ending in SFY 2017. The percentage of CPS investigative assessments ending with a substantiation that maltreatment occurred varied between 26 and 28 percent during the five-year period. The majority of substantiations (between 72% and 75%) were for neglect. When an investigative assessment determines that maltreatment has occurred, the county can refer the family for CPS In-Home Services or petition for custody if necessary for safety. Counties also have the option of closing the case if they determine the risk of future maltreatment is low.

Figure 8: CPS Investigative Assessment Findings

CPS Investigative Assessment							
	Substantiated				Unsubstantiated	Total	Percent Substantiated
	Abuse and Neglect	Abuse	Neglect	Dependency			
July 2012-June 2013	473	488	3,140	132	11,748	15,981	26.5%
July 2013-June 2014	528	466	3,331	133	11,310	15,768	28.3%
July 2014-June 2015	475	514	3,240	129	11,557	15,915	27.4%
July 2015-June 2016	485	407	2,757	175	10,155	13,979	27.4%
July 2016-June 2017	491	384	2,570	119	10,094	13,658	26.1%

Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018).Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved [4/17/18], from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/

Figure 9 below presents findings for family assessments for five fiscal years ending in 2017.

Figure 9: CPS Family Assessments 2012 to 2017

	CPS Family Assessment								
	Services Needed		Services Provided, No Longer Needed		Services Recommended		Services Not Recommended		Total
	#	%	#	%	#	%	#	%	
July 2012-June 2013	4,651	9.3%	3,695	7.4%	17,505	34.9%	24,254	48.4%	50,105
July 2013-June 2014	5,009	10.0%	3,483	7.0%	17,957	36.0%	23,462	47.0%	49,911
July 2014-June 2015	4,972	9.9%	3,549	7.1%	17,980	35.8%	23,787	47.3%	50,288
July 2015-June 2016	5,211	10.2%	3,889	7.6%	17,912	35.1%	24,012	47.1%	51,024
July 2016-June 2017	5,041	9.8%	3,735	7.3%	17,122	33.2%	25,606	49.7%	51,504

Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018).Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved [4/17/18], from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/

In SFY 2017, CPS found *services needed* and referred families to CPS In-Home Services in 5,041 of the 51,504 (10%) family assessments. Although CPS ended its involvement with the family at the completion of the remaining 90 percent of family assessments, efforts were made during a substantial number of those assessments efforts to connect families to services. In slightly over one-third of family assessments (17,122 of the 51,504), the finding was *services recommended*, meaning families were encouraged, but not required to participate in community-

based services, either because no maltreatment was found or because the risk level was low. In about 7 percent of family assessments, CPS found *services provided, no longer needed,* meaning that maltreatment was found but that services provided during the assessment had reduced the risk so that ongoing services were no longer necessary.

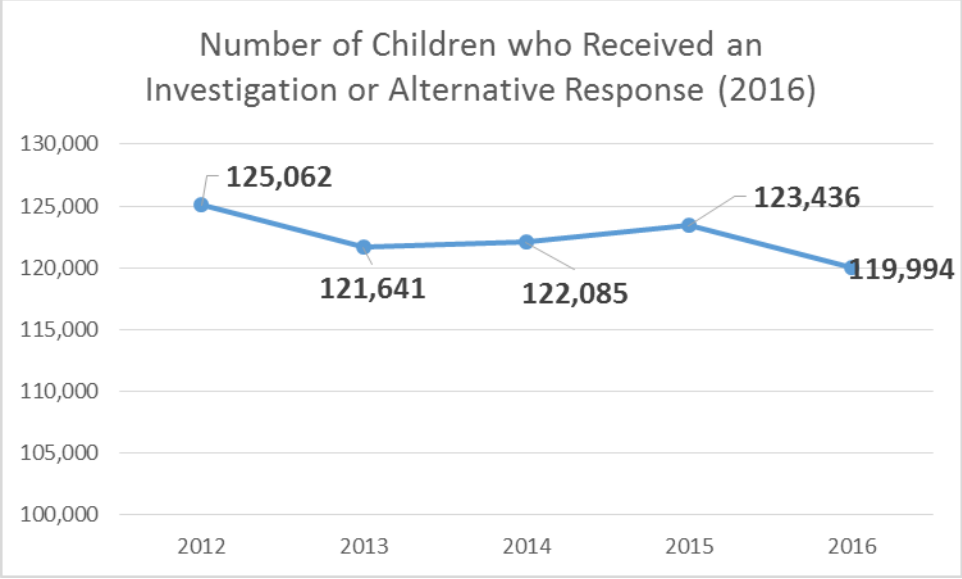
Figure 10 below shows that the percentage of CPS assessments completed as family assessments increased from 76 to 79 percent between 2002 and 2017.

Figure 10: CPS Investigative and Family Assessment Totals 2012 to 2017

	Investigative Assessments	Family Assessments
July 2012-June 2013	15,981 24%	50,105 76%
July 2013-June 2014	15,768 24%	49,911 76%
July 2014-June 2015	15,915 24%	50,288 76%
July 2015-June 2016	13,979 22%	51,024 78%
July 2016-June 2017	13,658 21%	51,504 79%

Figure 11 below shows the unique number of children in North Carolina each year who were involved in a CPS investigative or family assessment that was completed and reported to the Children's Bureau from 2012 to 2016.

Figure 11: Child Maltreatment Reports, Children's Bureau



Source: Children's Bureau. Child Maltreatment Report 2016. Administration for Children and Families. US DHHS. Retrieved from: https://www.acf.hhs.gov/sites/default/files/cb/cm2016.pdf

About 120,000 were included in completed assessments in 2016, slightly fewer than 2012. The number involved is greater than the number of completed CPS assessments because a CPS

assessment includes all children in the household. Children included in more than one completed CPS assessment in a year are only counted once for that year in the figure above.

Sources of Information

- Administrative Data:
  - UNC Management Assistance website
  - County Child Welfare Staffing Workbook Data
  - NC Legacy Data
  - Child Maltreatment Report 2016 Children's Bureau
- Case Review Data:
  - Program Monitoring Review Data
  - OSRI Data
- Focus Groups:
  - Intake staff
  - CPS workers
  - CPS supervisors
- Surveys:
  - CPS Survey

Detailed Findings

Primary Research Question: ***(CPS)***	***Are children and their household members who come to the attention of the child welfare system through reports of maltreatment receiving a response that ensures children are safe from immediate threats to their health safety and future risk of harm?***

Data that was gathered and analyzed as part of the assessment process suggests that children and families in North Carolina who come to the attention of the child welfare system through a report of maltreatment are not consistently receiving a response that ensures the immediate safety of children and protects them risk of future harm. In reaching this conclusion, CSF examined whether:

- Maltreatment reports are being screened appropriately;
- CPS assessments are being initiated and completed timely;
- Safety and risk are being appropriately assessed and addressed during the assessment; and
- Supervision is occurring during the assessment process.

While examples of positive CPS practices were observed and we were impressed by the dedication and skill of the professionals with whom we spoke, key safety- and risk-related practices required by policy are not being performed consistently.

CPS is required to use a structured intake process to screen reports of suspected maltreatment before beginning a CPS assessment to determine whether the information, if true, would constitute child abuse, neglect, or dependency under North Carolina law. The statewide average rate of screening in CPS reports at Intake has remained relatively stable in recent years at approximately 65 percent. The Central Office program monitoring team reviews of CPS intakes found that decisions to screen-in and screen-out reports were appropriate over 90 percent of the time. More troubling, however, is that counties appear to differ substantially in how they interpret law and policy regarding what constitutes a CPS report that should be accepted. CSF also inquired about whether all attempts to make CPS reports are received. County staff who participated in focus groups stated that it is sometimes a challenge to answer all calls as they come in. These persons expressed their belief that they successfully return every call that is missed, although there is no additional data available from the state or counties to be able to truly examine this particular issue.

When a report of maltreatment is screened-in for assessment, CPS is required to initiate the report by interviewing all children in the household face-to-face on the same day and within timeframes (72 hours, 24 hours, or immediately) based on the type of report and safety-related circumstances. Case review findings indicate that CPS successfully initiates reports within required timeframes in only about 70 percent of CPS assessments. When cases were not initiated timely, reasons were documented only 25 percent of the time. Case review data also found that CPS assessments are completed within the expected timeframe of 45 days less than 70 percent of the time, with justifications for keeping the assessment longer present about half the time. Results from CPS focus groups and survey data indicate that many staff find meeting the 45-day timeframe for completing assessments to be difficult, with some citing high caseloads, the need to "frontload" services, or being held up by additional requirements, such as Child Medical Exams (CMEs), Child and Family Evaluations (CFEs), and other evaluation or record requests.

Case review data also found that counties consistently complete required safety assessments when they initiate an assessment and that the safety agreements that are developed appear to support the safety of the child. Reviews by the state program monitoring team found, however, that safety assessments are not being consistently updated as new information is revealed nor are required criminal record checks and Central Registry checks on adults living in safety resource homes consistently completed or followed-up on. Perhaps most importantly, case review data suggests that ongoing face-to-face contact with children, parents, and other caregivers, which is a critical casework practice in ensuring the safety of children during the course of an assessment, is only occurring as required approximately 75 percent of the time.

The essential role of the supervisor in overseeing and supporting the critical front-end work with children and families cannot be overstated. Case review data shows that supervisors are generally signing off on the various CPS assessment documents. Encouragingly, CPS workers who responded to a CSF survey overwhelming indicated that they have regular interactions with their supervisors regarding their assigned cases and that they find their supervisors to be available, knowledgeable, and there to provide them with needed guidance.

An assessment of North Carolina's performance conducting CPS assessments must be made in the context of information from the child welfare staffing survey that shows CPS assessment is the program area with the greatest staffing shortages in North Carolina and consistent feedback from counties that current requirements cannot be achieved even when caseload levels are at state standards. This issue is discussed in greater depth in section on workforce later in this Chapter and in the recommendations.

Sub-Question 1: *How many reports are made each year to the child abuse hotline? How many of these are screened-in or -out? How many are abandoned?*

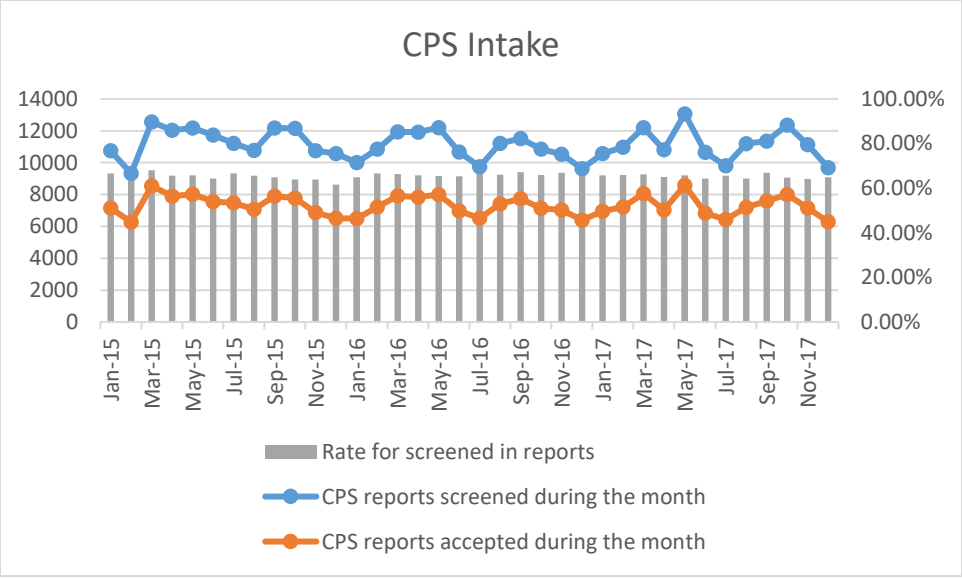
To assess the extent to which reports to the child abuse hotline are being screened-in, -out or abandoned, CSF analyzed data from the Child Welfare staffing workbook, 2017 Program Monitoring Reviews, focus groups with county Intake staff from across the state, and statewide data from a CPS survey conducted by CSF in June 2018.

Figure 12 below represents data on intakes from the Child Welfare staffing workbook and shows the number of reports received statewide, the number accepted, and the percentage accepted over time.

Key Findings: *Reports made to the hotline each year:*

- In 2017, counties received 133,771 CPS reports, an average of 11,148 per month.
- The statewide average rate of screened in reports has remained near 65% and been relatively steady over the past three years.
- In focus groups, county staff expressed their belief that that very few calls are abandoned.

Figure 12: CPS Intake



Source: North Carolina 2017 Master Child Welfare Workforce Data Book

Over the past three years, an average of over 11,000 reports have been received per month, with an average of just over 7,000 reports being accepted. In 2017, a total of 133,771 reports were received and 87,336 reports were accepted. The statewide average rate of screening-in reports has remained near 65 percent and has been relatively steady. The chart also shows the seasonal

variation in the number of reports with the highest numbers of reports received in the spring and when school goes back into session in the fall. Fewer reports tend to be received during December and January and during summer months, when most schools are not in session. The state standard is for an Intake worker to be able to handle 100 calls a month. Focus groups with county Intake staff indicate that calls are time-consuming, can take up to two hours to complete, and that they are not able to answer each and every call at the time it is received. However, Intake workers felt that they successfully returned almost every call, using caller ID when necessary if a caller did not leave a message. In that sense, most workers agreed that no calls are abandoned.

Figure 13 below shows the sources of accepted CPS reports. As the chart indicates, law enforcement and courts, educational personnel, medical personnel, and human services workers all were significant sources of accepted reports. Assuming anonymous reporters are unlikely to be professionals, almost a third of the reports came from non-professional sources, including relatives, non-relatives, parents, and victim children.

Figure 13: CPS Reports accepted for Assessment by Referral Source

	July 2012-June 2013	July 2013-June 2014	July 2014-June 2015	July 2015-June 2016	July 2016-June 2017
Anonymous	7,624	7,165	6,579	6,177	5,665
Care Provider	703	592	562	402	507
Educational Personnel	11,702	11,386	12,316	11,706	12,003
Law Enf./Court Personnel	12,597	12,877	13,206	13,891	13,757
Medical Personnel	8,037	8,737	8,634	9,323	9,849
Relative	6,563	6,469	6,318	6,093	6,183
Non-Relative	6,565	6,482	6,559	5,959	6,172
Human Services	9,053	9,111	9,051	8,676	8,099
Victim	263	193	189	183	210
Parental	4,266	4,115	3,991	3,768	3,713

Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018).Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved [4/17/18], from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/

Sub-Question 2: *Were reports screened-in or -out for investigation and assessment appropriately and in accordance with DHHS policy?*

Overall, results from the state's Program Monitoring team reviews suggest that counties are following DHHS policy on intakes reasonably well. In the course of conducting 2017 reviews, the team determined that reports were screened-in appropriately in 95 percent of the 700 reviewed reports that were screened-in by counties, and 92 percent in more than 100 reports that were screened-out.

Data on reviews of screened-in reports statewide and by county size are presented below.

2017 NC Program Monitoring Review Data *Select Questions – CPS Assessment Protocol*				
Screen-Ins	State	Large	Medium	Small
Was the report screened appropriately according to policy?	95.27% (664/697)	100% (50/50)	95.59% (217/227)	94.52% (397/420)
Was there a two-level review?	96.70% (674/697)	98% (49/50)	97.80% (222/227)	95.95% (403/420)
Was the most appropriate assessment track assigned?	91.38% (689/754)	94.23% (49/52)	93% (226/243)	90.20% (414/459)
Was the response time appropriate to the allegations?	90.85% (685/754)	92.31% (48/52)	93.42% (227/243)	89.32% (410/459)

Data on reviews of 117 reports that were screened-out is presented in the table below.

2017 NC Program Monitoring Review Data *Select Questions – CPS Assessment Protocol*				
Screen-Outs	State	Large	Medium	Small
Was the report screened appropriately according to policy?	92.31% (108/117)	100% (15/15)	86.67% (52/60)	97.62% (41/42)
Was there a two-level review?	95.73% (116/117)	100% (15/15)	100% (60/60)	88.10% (37/42)
Is there justification on the report or attached to it as to why the report did not meet the criteria for acceptance?	95.73% (116/117)	100% (15/15)	98.33% (59/60)	90.48% (38/42)
Does the justification explain why or how the allegations did not meet the criteria for abuse, neglect, and dependency; or otherwise provide a rationale for screening the report out?	86.61% (97/112)	100% (15/15)	76.27% (45/59)	97.37% (37/38)

Reviewers agreed with decisions to screen-out reports in 92 percent of cases reviewed, meaning there was agreement that screened-out reports did not meet legal criteria to be accepted for CPS assessment. Focus groups with Intake staff indicated that if a case is screened-in, it is unlikely to be reversed, adding that, when necessary, they will call a reporter back to request additional information. Participants talked about the fear of "not knowing" and therefore erring on the side of safety. When asked about the advantages and disadvantages of having each county handle its own intake versus having a centralized state hotline, participants generally supported a county-based intake process, citing the advantages of being on a local level, knowing who the callers are, and having a rapport with local stakeholders. Participants also, however, acknowledged that a centralized intake process might improve consistency in screening decisions and that it might also take some of the pressure off of counties, especially those that are understaffed.

CPS survey results (*see below*) suggest CPS assessment workers disagree more frequently than the program monitors with intake decisions to screen-in reports.

To what extent do you ever disagree with the screening decision made by Intake?

	Number	Percent
Usually Disagree	5	1.5%
Often Disagree	50	14.7%
Sometimes Disagree	170	50.0%
Rarely Disagree	96	28.2%
Never Disagree	19	5.6%
Total	**340**	**100%**

The primary reason given by survey respondents for disagreeing with the screening decision is that the intake should have been screened-out (77%), followed by feeling the screening decisions should have been assigned a longer response time.

State leadership indicated in an interview that counties are not consistent with each other in how they screen reports in or out. Consistent with this concern, the chart below, using data from the 2017 Child Welfare staffing survey, shows significant variation across counties in the percentages of CPS reports that are screened-out.

Key Findings: *Screen-ins/outs of reports in accordance with DHHS policy:*

- Program Monitoring Review data suggest that counties are generally following policy as it relates to screening-in and -out reports appropriately.
- CPS survey results suggest that CPS assessment workers disagree more frequently than the program monitors with intake decisions to screen-in reports.
- Data confirms that substantial variation exists among individual counties in the frequency with which they screen-out CPS reports.

Screen-Out Percentages	**< 20%**	**20-30%**	**30-40%**	**40-50%**	**>50%**
Number of Counties	2	29	41	22	6

The following chart suggests county size is not a significant predictor for the percentage of reports that are screened-out.

	Range of Rate of Screen-Out	Average Rate of Screen-Out
Small Counties	15.9%-63.64%	36.52%
Medium Counties	20.14%-53.33%	34.15%
Large Counties	21.45%-49.93%	33.87%

Although the average rate of screening-out reports statewide is 35 percent, the data confirms that substantial variation exists among individual counties in the frequency with which they screen-out CPS reports.

Sub-Question 3: *Are investigations initiated and completed in a timeframe that is in accordance with DHHS policy?*

Timely Initiation: Initiation of a CPS assessment is defined as having initial face-to-face contact with all children in the household. Initiation is considered timely if it occurs within the response time after receiving the report set by Intake and required by policy. To assess timeliness of initiation, CSF reviewed North Carolina's performance on Round III of the CFSR, subsequent reviews by state and county teams using the CFSR's On Site Review Instrument (OSRI), results of 2017 Program Monitoring Reviews conducted in 41 counties, and statewide administrative data based on county submissions to the state.

Key Findings: Timely Initiation

- Administrative data provides a rough estimate that approximately 92% to 94% of CPS assessments are initiated within timeframes.
- More precise assessment data from reviews of CPS records suggest much lower rates of meeting initiation timeframes.
- Reasons for not making timely initial face-to-face contact with victim children and diligent efforts to do so are not documented consistently.

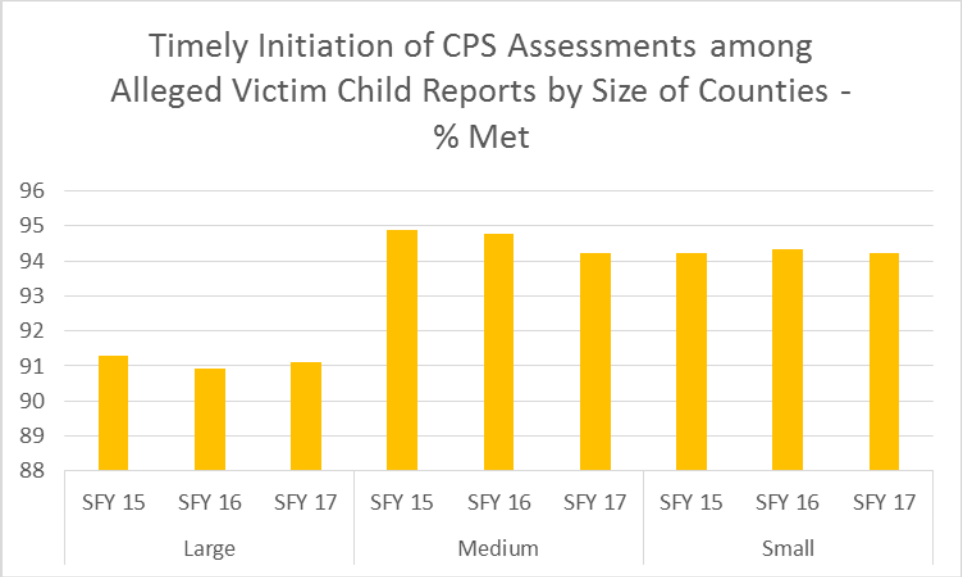
An estimate of timeliness of initiation can be made using administrative data based on the form that CPS assessment workers submit after completing an assessment that includes the date of the report, the type of maltreatment reported, and the date of initiation. The estimate of timeliness using administrative data is based on whether abuse reports are initiated within one calendar day and neglect reports are initiated within three calendar days. The data provides only an estimate for two reasons:

- Response times are measured in hours, whereas the administrative data only includes calendar dates. For example, if an abuse report received in the morning was initiated in the evening the next day, the actual response time would be longer than the 24-hour limit.
- Policy requires CPS Intake to set response timeframes that may be shorter than 24 hours for abuse and 72 hours for neglect if specific safety related factors are present in the report. Shorter response times set by Intake are not included in administrative data.

For the two reasons listed above, the administrative data is likely to overestimate the percentage of cases that are initiated within timeframes.

The chart below shows the estimate from administrative data of the percentage of assessments that meet timeframes for initiation in large, medium and small counties over the past three years.

Figure 14: Timely Initiation of CPS Assessment Among Alleged Victim Child Reports by Size of Counties (% Met)



Source: TimelyInitiationData14-15.csv, TimelyInitiationData15-16.csv, and TimelyInitiationData16-17.csv
* A SFY cohort is defined based on a maltreatment report date.
** An alleged victim child can be reported *with different report dates* more than once within SFY; therefore, the unit of analysis in the table is a child-assessment.
*** The policy-mandated initiation standards vary by the type reported. The standard for Abuse is 1 day (24hr) and for Neglect it is 3 days (72hr).
Denominator: # of unique reports (different report dates) during the SFY of interest
Numerator: # of investigative assessments initiated within policy-recommended standards.

On average, the administrative data suggest medium and small counties are meeting initiation timeframes on average 94 percent of the time and large counties are meeting timeframes about 91 percent of the time.

Data from the CFSR On Site Review Instrument (OSRI) and the Program Monitoring team provide a more conservative and probably more accurate measure of timeliness of initiation because the reviewers are able to see the actual timeframes that were set and the number of hours between the report and the initiation, rather than the number of days. The determination of when the initiation takes place is also different. The administrative data is based on the CPS assessment worker's data entry. The OSRI and Program Monitoring determination are based primarily on documentation in the record that all children in the household were seen on the same day and within the timeframe. OSRIs conducted by DHHS in 2017-2018 (as of 7/2/18) indicate that initiation was timely in only 67 percent of 33 applicable cases, which is substantially lower than the administrative data estimates.

Data collected from Program Monitoring Reviews of 773 CPS assessments that were conducted in 41 counties in 2017 reflect the following.

2017 NC Program Monitoring Review Data *Select Questions – CPS Assessment Protocol*				
CPS Assessment Initiation	State	Large	Medium	Small
Were all the victim children seen and interviewed within the response timeframes?	76.71% (593/773)	79.03% (49/62)	82.48% (226/274)	72.77% (318/437)
If not, was there documentation as to why not and diligent efforts to see the child(ren)?	24.86% (44/177)	38.46% (5/13)	35.42% (17/48)	18.97% (22/116)
Were all the parents or primary caretakers who reside in the home with the children seen and interviewed the same day as the children?	76.25% (578/758)	73.08% (38/52)	82.66% (224/271)	72.64% (316/435)
If all parents/primary caretakers who reside in the home with the child(ren) were not seen and interviewed on the same day as the child(ren), is there documentation as to why not and diligent efforts made to contact them?	35.96% (64/178)	71.43% (10/14)	34.04% (16/47)	32.48% (38/117)
Were all other non-primary caretaker adults in the children's home seen and interviewed within 7 days?	71.02% (174.245)	75% (12/16)	80.22% (73/91)	64.49% (89138)
If other non-primary caretaker adults were not seen and interviewed within 7 days, was there documentation as to why not and diligent efforts made to see and interview them?	17.39% (12/69)	33.33% (1/3)	11.11% (2/18)	18.75% (9/48)

Program monitoring data indicate that assessments were initiated timely in 77 percent of the cases reviewed, meaning all children in the household were interviewed on the same day within the required timeframe. For those cases where initiation was not timely, reviewers found documentation in the case file as to why initiation was not timely and also supported diligent efforts made by the worker to see the children in accordance with policy in only 25 percent of applicable cases. The data, based on a large sample of assessments, suggest that counties either initiated in a timely way or documented diligent efforts to do so 82 percent of the time.

The program monitoring team found similar rates of interviewing the parents or primary caretakers on the same day as the child and of interviewing all other non-primary caretaker adults in the household with seven days.

When CPS workers were surveyed about which type of CPS assessment, Family, or Investigative, is more likely to be initiated timely, the majority (69%) indicated there was no difference, with 20 percent indicating that investigation assessments were more likely to be initiated timely.

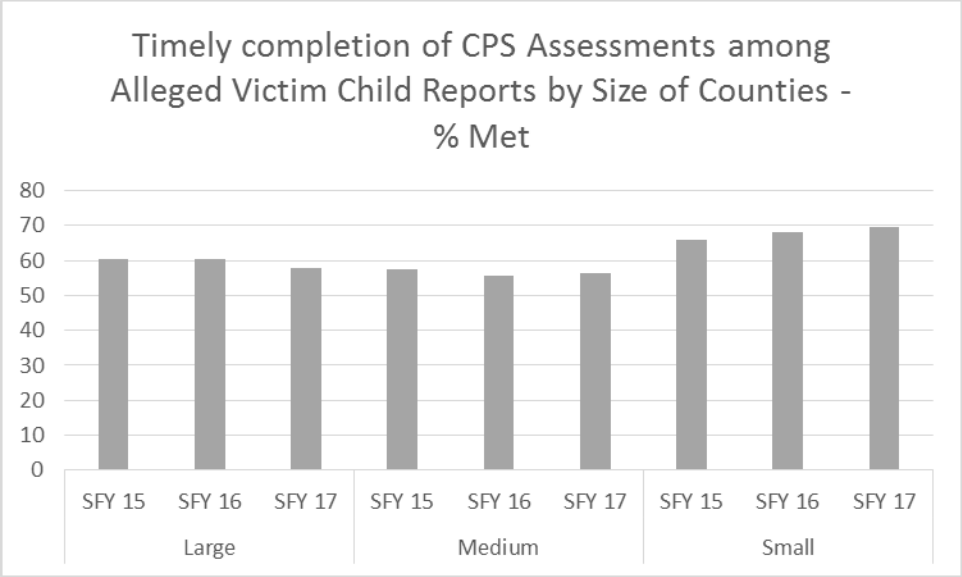
Timely Completion: During most of 2017, state policy called for investigative assessments to be completed within 30 days and family assessments to be completed in 45 days, the difference originating in a desire to give family assessments more time to connect families to services. The modified policy manual scheduled to be effective in September 2018 sets 45 days as the timeframe for completing both types of assessments, with counties able to extend an assessment with appropriate written justification.

Administrative data on timely completion of CPS assessments is based on the days from the date of the report to the date of the case decision.

Key Findings: *Timely Completions:*

- Administrative data suggest 70% of assessments are completed within 45 days.
- Documentation of justifications for extensions was present in approximately half of cases reviewed per Program Monitoring Review data.
- CPS staff participating in focus groups indicated meeting the 45 day timeframe is difficult.

Figure 15: Timely Completion of CPS Assessment Among Alleged Victim Child Reports by Size of Counties (% Met)



Source: TimelyCompletionData14-15.csv, TimelyCompletionData15-16.csv, and TimelyCompletionData16-17.csv
* A SFY cohort is defined based on a maltreatment report date.
** An alleged victim child can be reported with different report dates more than once within SFY; therefore, the unit of analysis in the table is a child-report.
Denominator: # of unique reports (different report dates) during the SFY of interest
Numerator: # of investigative assessments completed within 45 days.

The administrative data indicates that just under 70 percent of CPS assessments were completed within timeframes, with small counties being perhaps slightly more likely to complete assessments within timeframes. Data from the 2017 Program Monitoring Reviews on the timeliness of completion of CPS assessments also finds just under 70 percent of assessments were completed within 45 days.

2017 NC Program Monitoring Review Data Select Questions – CPS Assessment Protocol				
CPS Assessment Completion	State	Large	Medium	Small
Was the assessment completed within 45 days?	68.26% (471/690)	59.65% (34/57)	70.78% (172/243)	67.95% (265/390)
If the assessment exceeded 45 days, was there documentation to justify the delay?	47.95% (105/219)	57.17% (12/23)	53.52% (38/71)	44% (55/125)
Was the written justification reasonable to justify the delay?	58.18% (64/110)	50% (7/14)	47.37% (18/38)	67.24% (39/58)

The program monitoring data indicates that 68 percent of investigative and family assessments statewide were completed within 45 days.

Policy allows counties to extend a CPS assessment past the timeframes with a justification of why extra time is needed. According to the program monitoring data, counties documented justifications for extending assessments in approximately half of the assessments reviewed that exceeded completion timeframes, with 58 percent of the justifications deemed to be reasonable.

CPS workers who participated in focus groups indicated that completing investigations in 45 days is difficult and that it helps when Intake is able to gather a lot of information upfront. Some staff also noted high caseloads and attempting to "frontload" services creates challenges to meeting the 45-day timeline. CPS survey results suggest that a primary issue specifically impacting the timely completion of Investigation assessments is that they are often held up by additional requirements, such as Child Medical Exams (CMEs), Child and Family Evaluations (CFEs), and other evaluation or record requests.

Sub-Question 4: *Do North Carolina's Structured Decision-Making Tools adequately address safety, risk, and protective factors for all children in the household?*

North Carolina uses Structured Decision-Making (SDM) tools to assess current safety, risk of future harm, and family strengths and needs and to make CPS Assessment case decisions. Additionally, North Carolina uses a SEEMAPS approach to assess strengths and needs and help identify options for services. The SDM tools provide clearly defined and consistently applied decision-making criteria and have been evaluated in large scale studies in California, Minnesota, and Michigan. The North Carolina DSS policies that support the use of these SDMs are likewise very clear and specify practice expectations, including timeliness and quality. The tools represent a clear effort to assure that issues of safety, risk, and protective factors are addressed in the provision of Child Welfare services in North Carolina.

Key Findings: Quality of NC Risk and Safety Assessment Tools:

- Structured Decision-Making (SDM) tools currently being utilized in North Carolina are in keeping with national best practices although the risk assessment is no longer current. The state office is exploring options for how to proceed.
- Current North Carolina DSS policies provide clear guidelines in expectations for the application of SDM tools in work with in-home service cases.

The tools being utilized in North Carolina that are described below are first completed during the CPS assessment process.

- **Safety Assessment** (DSS-5231): This is a structured safety assessment form that must be completed at the following times during a CPS assessment:
  - Initiation and completion.
  - Whenever new allegations are received or safety issues emerge.
  - Prior to removing or returning a child to a home.

  Caseworkers rate whether any of 16 serious threats to safety are present. If not, the children are rated as "safe." If one or more of these safety factors are present, the caseworker must consider whether one or more of six listed safety interventions is adequate to provide protection. If so, the children are rated as "safe with a plan." If, not, the rating is "unsafe" and the child should be removed. When children are rated safe with a plan, a section must be filled out specifying the plan and key people's roles. The parents, safety resources, caseworker, and supervisor all must sign the plan.

- **Family Risk Assessment of Abuse / Neglect** (DSS-5230): This tool produces an estimate of whether the risk of future abuse or future neglect is high, moderate, or low based on the presence or absence of risk factors, such as the type and history of reports, age of children, parenting issues, and presence of substance abuse. This tool must be completed before a CPS case decision is made and it is an important element in determining whether families will be referred for ongoing CPS services. *The version of this instrument in use in North Carolina is out-of-date, and the tool's developer no longer considers the version in use in North Carolina to be supported by the most recent validation studies*. The state office is aware of this and is exploring options for how to proceed. Another limitation is that the scale leaves no room for responses that are not absolute, or that require discussion/explanations.

- **Family Assessment of Strengths and Needs** (DSS – 5229) (FASN): This tool assesses family strengths and needs during the CPS assessment and it is also used to prepare the family for the CFT meeting process and as a basis for service planning.

- **Case Decision Summary/Initial Family Services Agreement** (DSS-5228): This tool is used by the assessment worker and supervisor to structure the inclusion of safety, risk, and protective factors into the case decision for the CPS assessment, to document and present a rationale for the case decision, and to identify behaviors, goals, and activities for the family services agreement.

Sub-Question 5: *Is safety appropriately assessed and are safety threats identified (and responded to) during initial contacts and throughout the investigative process?*

Appropriate assessment of safety and response to threats to safety during a CPS assessment have multiple elements, including not only the adequacy of the safety assessment tool but also the quality of the information gathered, the adequacy of the safety plan and interventions, and the sufficiency of ongoing contacts and monitoring.

Data collected from Program Monitoring Reviews of CPS assessments that were conducted in 2017 that are relevant to safety is highlighted in the table below.

Key Findings: *Assessment of safety*

- Initial safety assessments are timely (92%).
- Initial safety agreements are adequate to ensure safety (86%).
- New information results in a new safety assessment (67%).
- Criminal background and Central Registry checks are not consistently completed for safety resource homes
- Sufficient face-to-face contacts occur with children (74%).

2017 NC Program Monitoring Review Data

Select Questions – CPS Assessment Protocol

Assessment of Child Safety	State	Large	Medium	Small
Was a safety assessment completed for the initial report?	98.07% (713/727)	96.77% (60/62)	93.68% (237/253)	97.40% (412/423)
Was the safety assessment completed at the time of initiation?	92.39% (692/749)	95% (57/60)	90.91% (240/264)	92.94% (395/425)
Did the social worker include the parents/primary caretakers in developing the safety agreement?	90.20% (635/704)	93.33% (56/60)	88.14% (223/253)	91.05% (356/391)
Does the information documented on the safety assessment correlate with the information obtained from the interviews and observations?	88.03% (647/735)	95% (57/60)	89.37% (227/254)	86.22% (363/421)
Was the safety agreement adequate to ensure safety?	86.04% (598/695)	91.38% (53/58)	86.22% (219/254)	85.12% (326/383)
If new information was uncovered by the social worker during the assessment or the situation changed, was a new safety assessment and agreement completed as new concerns arose?	67.32% (103/153)	66.67% (8/12)	64% (32/50)	69.23% (63/91)
Was an Initial Safety Provider Assessment filled out completely and in the record?	63.92% (62/97)	66.67% (4/6)	76.19% (32/42)	53.06% (26/49)
Was the Initial Safety Provider Assessment completed prior to the child(ren) being placed in the home of the TSP?	48.89% (44/90)	33.33% (2/6)	65.79% (25/38)	36.96% (17/46)
Were criminal record checks completed on all adults and children 16 and older in the TSP's home?	71.88% (69/96)	100% (6/6)	80.95% (34/42)	60.42% (29/48)
Were Central Registry checks completed on all adults living in the Safety Resource's home?	62.50% (60/96)	66.67% (4/6)	76.19% (32/42)	50% 24/48)

2017 NC Program Monitoring Review Data *Select Questions – CPS Assessment Protocol*				
After initiation, were ongoing face to face contacts made with victim child(ren)?	73.96% (514/695)	74.47% (35/47)	74.49% (184/247)	73.57% (203/338)
If not, was there documentation as to why not and diligent efforts made?	7.18% (13/181)	16.67% (2/12)	6.35% (4/63)	6.60% (7/106)

Program Monitoring Review data suggests that the state does a good job overall with conducting Initial Safety Assessments (98%), completing them in a timely manner (92%), and developing safety agreements that support child safety (86%).

Other Program Monitoring Review data related to ensuring the safety of children suggest room for improvement, such as updating safety assessments when new information was found during an assessment (67%) and completion of timely Initial Safety Provider Assessments (64%), required criminal record checks (72%) and Central Registry checks on adults living in safety resource homes (62.5%). The practice of conducting ongoing face-to-face contacts throughout the CPS assessment process also indicates an area needing improvement. Contacts with victim children were found to be occurring in only 74 percent of the cases reviewed, and in only 7 percent of the cases was there documentation as to why the contacts were not occurring or that diligent efforts were being made to see the children where contacts were not occurring. Ongoing contacts with mothers (73%), fathers (64%), other caretakers (69%) residing in the home and temporary safety providers (79%) were also not occurring in keeping with policy, with little documentation to indicate that diligent efforts were being made. Performance in regard to collateral contacts, an important source of child safety and risk-related information, ranged from contacts with collaterals identified by parents/caretakers (83%) and professional agency collaterals involved with the family (84%), to collaterals identified in the Intake report (72%) and with the reporter (62%).

When CPS workers were asked in focus groups about their use of SDM tools in assessing child safety, most indicated they rely both on the tool and their own judgement, but that the tool is particularly helpful in dictating the frequency of family contact. Some workers shared that the safety assessment process takes longer and that families are therefore more receptive to the risk assessment process. Conversely, some noted that assessing safety is easier "because it is happening in the present, while risk is a 'could be.'" CPS supervisors provided mixed reviews of SDM tools, with some saying the categories listed on the form covered most everything while others indicated the tool was not very logical in terms of its flow and how the work is done. Some supervisors also noted finding more mistakes in the use of the safety assessments versus risk assessments, that workers overuse the category of "other" in the safety assessment, and that there was not enough guidance on how and when as supervisors they should override safety assessment determinations.

CPS survey respondents overwhelming indicated they are usually or almost always confident that the case decision accurately reflects the family's situation.

Sub-Question 6: *Is risk of future harm appropriately assessed and identified?*

Key Findings:

- Staff report the structured decision-making tool NC uses to assess risk is out of date.
- Checks of criminal background and CPS history of adult household members are being conducted but the results are not consistently followed up on.
- Ongoing face-to-face contacts with victim children, parents and caretakers are not reliably occurring in accordance with policy.

CSF was informed by staff from several counties and the department that the structured decision-making tool North Carolina has been using to assess the risk of future harm is out-of-date and does not include upgrades that the tool developer, National Council on Crime and Delinquency (NCCD) Research Center, has made since North Carolina adopted the tools. CSF has been informed that the version of the tool North Carolina is using is no longer considered valid by the NCCD.

To further understand how well caseworkers are assessing a child's risk of harm, CSF analyzed results of the 2017 Program Monitoring Reviews. Specific areas of focus included not only the extent to which key agency procedural requirements were met (i.e. conducting criminal background checks), but also whether the caseworker reviewed and integrated the information obtained from such checks into the larger risk assessment process. Also, just as ongoing face-to-face contact by the caseworker with the child victims, parents, and caregivers is critical to ensuring child safety during the course of the CPS assessment, it plays an equally important role in the ability of the agency to adequately assess the risk of future harm to the children.

Program Monitoring Review data indicates that Central Registry checks were conducted in 79 percent of cases and criminal record checks were conducted on adults and children 16 years and older in the household (85%) prior to making a case decision. There was also documentation that the assigned caseworker generally reviewed the results of such checks as well as any previous child welfare records involving the family (84%). A notable finding is that in only 62 percent of applicable cases where relevant information was found through the various record checks was there documentation of follow-up conversations by the caseworker with collaterals in order to gather additional information.

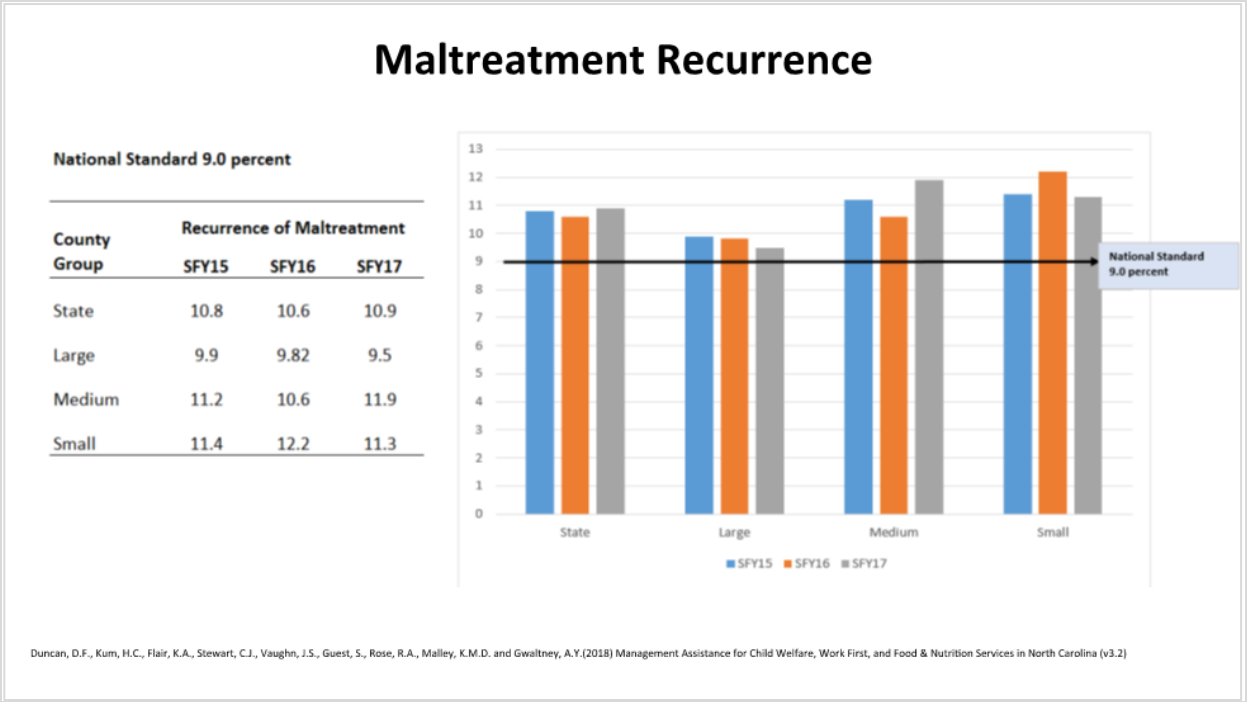
Finally, as previously noted under sub-question 4, the frequency of the caseworker's contact with the children, parents, and other caregivers during the course of CPS assessments in North Carolina is an area in need of improvement. Social work contacts impact both the ability to ensure immediate child safety as well as to assess the child's future risk of harm.

2017 NC Program Monitoring Review Data *Select Questions – CPS Assessment Protocol*				
Assessment of Risk	State	Large	Medium	Small
Was a Central Registry check conducted regarding the child(ren) and parent/caretaker CPS history prior to case decision?	78.62% (548/697)	95.74% (45/47)	89.92% (223/248)	69.65% (280/402)
Is there evidence on the 5,010 or specifically stated in the case narratives that the social worker reviewed this history?	83.13% (557/670)	83.72% (36/43)	92.89% (222/239)	77.06% (299/388)
Were criminal record checks conducted on all adults and all children 16 years and older, living in the home prior to case decision?	85.45% (593/694)	91.49% (43/47)	87.85% (217/247)	83.25% (333/400)
Is there evidence, on the 5,010 or specifically stated in the case narratives, the social worker reviewed these criminal record checks?	84.59% (571/695)	86.36% (38/44)	91.77% (223/243)	79.90% (310/388)
Is there evidence, on the 5,010 or specifically stated in the case narratives, that previous agency Child Welfare records were reviewed?	83.77% (506/604)	78.05% (32/41)	91.20% (197/216)	79.83% (277/347)
If information was found in record checks, were there follow-up conversations or collaterals made to gather more information?	62.02% (227/366)	58.06% (18/31)	65.87% (83/126)	60.29% (126/209)
Did the information documented in the record support the information about ongoing risk, safety, and health of the child(ren) on the Family Risk Assessment, Family Assessment of Strengths and Needs, and Case Decision Summary?	81.35% (567/697)	80.85% (38/47)	81.53% (203/249)	81.30% (326/401)

When CPS workers were asked in focus groups which was harder to assess (safety or risk), most liked using the risk assessment tool, noting it "keeps the bias out," but also suggested the tool felt somewhat generic and needed more flexibility.

CFSR Round 3 data regarding the recurrence of maltreatment during a 12-month period indicates this is a long-standing challenge for North Carolina, with some variance based on the size of the county. The most recent data, however, suggests an encouraging (downward/decreasing) trend for this performance indicator.

Figure 16: CFSR Round 3 Measure: Recurrence of Maltreatment



Small and medium counties have higher instances of repeat maltreatment than larger counties according to the CFSR measure. However, the table below, developed from the Legacy data system extract, might explain.

Figure 17: Investigated Reports by Type of Finding by County Size Group and State Fiscal Year (Exclusive: Most Severe Finding) Point in Time

State Fiscal Year	Abuse and Neglect		Abuse		Neglect		Dependency		Services Needed		Services Provided, No Longer Needed		Services Recommended		Unsubstantiated		Services Not Recommended		Total
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
State Totals																			
SFY 2017	755	1%	584	1%	2,980	4%	200	0.3%	7,314	11%	3,819	5%	18,824	27%	9,802	14 %	25,193	36%	69,471
SFY 2016	822	1%	554	1%	3,326	5%	238	0.3%	7,594	11%	3,960	6%	19,798	28%	10,361	15 %	24,348	34%	71,001
SFY 2015	742	1%	690	1%	3869	5%	216	0.3%	7,108	10%	3,653	5%	19,502	27%	12,132	17 %	23,648	33%	71,560
Large County Group																			
SFY 2017	268	1%	170	0.6%	951	3%	53	0.2%	2,770	9%	1,668	6%	11,279	39%	4,084	14 %	8,045	27%	29,288
SFY 2016	318	1%	167	0.6%	996	3%	73	0.2%	2,756	9%	1,495	5%	12,323	42%	4,082	14 %	7,363	25%	29,573
SFY 2015	244	1%	229	1%	1197	4%	63	0.2%	2,458	8%	1,035	4%	12,036	41%	4,622	16 %	7,626	26%	29,510

State Fiscal Year	Abuse and Neglect		Abuse		Neglect		Dependency		Services Needed		Services Provided, No Longer Needed		Services Recommended		Unsubstantiated		Services Not Recommended		Total
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Medium County Group																			
SFY 2017	370	1%	294	1%	1410	5%	94	0.3%	3,381	11%	1,622	5%	5,297	18%	4,332	14 %	13,321	44%	30,121
SFY 2016	366	1%	264	1%	1612	5%	111	0.4%	3,605	12%	1,685	5%	5,480	18%	4,602	15 %	13,337	43%	31,062
SFY 2015	357	1%	334	1%	1849	6%	106	0.3%	3477	11%	1,849	6%	5,635	18%	5,483	17 %	12,500	40%	31,590
Small County Group																			
SFY 2017	117	1%	120	1%	619	6%	53	0.5%	1,163	12%	529	5%	2,248	22%	1,386	14 %	3,827	38%	10,062
SFY 2016	138	1%	123	1%	718	7%	54	0.5%	1,233	12%	780	8%	1,995	19%	1,677	16 %	3,648	35%	10,366
SFY 2015	141	1%	127	1%	823	8%	47	0.4%	1,173	11%	769	7%	1,831	18%	2,027	19 %	3,522	34%	10,460

Two patterns emerge from the data. The first is that small and medium counties are somewhat more likely than large counties to substantiate maltreatment in CPS investigative assessments and to find *services needed* in family assessments. The second pattern relates to negative findings in family assessments. Large counties are more likely to find *services recommended* and less likely to find *services not recommended* than medium and small counties. The fact that small and medium counties are more likely to make a finding that maltreatment has in fact occurred than large counties makes small and medium counties also more likely to have a finding of recurrence of maltreatment than large counties.

Sub-Question 7: *Is there evidence of supervisory oversight of caseworker practices?*

North Carolina policy establishes expectations for extensive supervisory oversight of all Child Welfare cases, sets the supervisor-worker ratio at one supervisor to five workers, and requires that most key decisions in a child welfare case to be two-level decisions of the worker together with the supervisor. As part of its program improvement plan, North Carolina has included increased expectations for supervisory involvement in every case throughout child welfare services. The modified manual scheduled to be effective in September 2018 details the frequency with which each case must be staffed with a supervisor (twice monthly), what must be covered in the supervisory conference, and when two-level decision making must be conducted.

Key Findings:

- Required supervisory signatures are usually present on CPS assessment documents. Twice monthly supervision –scheduled to become a requirement in September 2018 –was documented in 56% of assessments.
- The majority of CPS worker survey respondents indicated they meet regularly with their supervisor to staff cases and that their supervisor is always available, knowledgeable and provides guidance.

To assess whether supervisory oversight of CPS assessments was adequate, CSF analyzed results of the 2017 Program Monitoring Reviews and data from focus groups that were conducted by CSF in April and May 2018.

Program Monitoring Reviews found consistent evidence of supervision via the presence of supervisory signatures on assessment forms (i.e. Assessment, Family Risk Assessment) as well as Case Decision Summaries and Initial Case Plans. In cases where the CPS assessment track (investigative or family assessment) was changed during the course of the assessment, documentation of clear reasons for the change and supervisory approval was present in only 48 percent of applicable cases. Documentation of case-specific supervisory consultation during the CPS assessment process at least twice monthly was evident in 56 percent of the 685 assessments reviewed. However, this is a new requirement in the modified policy manual that was not effective in most North Carolina counties in 2017 when the program monitoring took place.

2017 NC Program Monitoring Review Data

Select Questions – CPS Assessment Protocol

Supervisory Oversight	State	Large	Medium	Small
Was there documentation of the social worker and supervisor making the two-level case decision in the narrative, case summary, or a staffing note?	91.15% (628/689)	85.96% (49/57)	92.18% (224/243)	91/26% (355/389)
Did the supervisor review, sign and date each safety assessment within 24 hours?	80.03% (589/736)	80% (48/60)	73.20% (183/250)	84.04% (358/426)
Was the Initial Safety Assessment form signed by the TSP, social worker, and supervisor?	66.67% (60/90)	66.67% (4/6)	73.17% (30/41)	60.47% (26/43)
Was there documentation of case specific supervisory consultation during the assessment at least twice monthly?	56.35% (386/685)	68.09% (32/47)	52.24% (128/245)	57.51% (226/393)

2017 NC Program Monitoring Review Data *Select Questions – CPS Assessment Protocol*				
Was the Family Risk Assessment signed and dated by the social worker and supervisor?	94.12% (624/663)	95.74% (45/47)	96.17% (226/235)	92.65% (353/381)
Was the Case Decision Summary/Initial Case Plan signed and dated by the social worker and supervisor on the date of case decision?	90.75% (608/670)	88.89% (48/54)	93.64% (221/236)	89.21% (339/380)
If the assessment response was changed during the assessment, was it done with supervisory approval and reasons clearly documented?	48.05% (37/77)	37.50% (3/8)	41.38% (12/29)	55% (22/40)

The majority of CPS workers who responded to the CSF survey indicated they staff cases regularly with their supervisor and that their supervisor is always available, knowledgeable, and provides guidance.

CPS supervisors who participated in focus groups indicated caseload size was a primary challenge in their work – i.e., too many requirements, more complicated cases, not enough time, resources, or staff. They indicated the following when asked what they needed in order to do their jobs well:

- Access to better training.
- Being fully staffed, access to quality applicants, retention of staff, having an assistant.
- Access to state level staff who can answer questions, give clear direction, and provide clarification of expectations between federal and state government regulations.
- More group meetings with peers to share/discuss issues.
- More assistance from attorneys and other judicial staff regarding legal paperwork, understanding policy changes.

B. Preventive and CPS In-Home Services

Overview

North Carolina Prevention Practices and Services

Primary Prevention

Primary prevention strategies are typically directed at large populations of people and are intended to promote strengths and prevent problems from occurring in the first place. Providers of primary prevention include public and private nonprofit organizations, agencies, schools, and qualified individuals. Multiple other primary prevention efforts to reduce child maltreatment and improve child safety have been implemented with state or philanthropic funds within DHHS including its public health division and by individual counties such as:

- Intensive home visiting programs, such as the Nurse Family partnership.
- Parent education programs, such as Triple P.
- Public awareness programs to promote safe sleep or to prepare parents for parents for the stress of crying infants.

DHHS, through DSS, implements the Children's Trust Fund, which was established by the legislature to support this priority across the state. State statute 7B-1300 provides the framework and regulations for the operation of the Children's Trust Fund. In addition to private contributions, grants, and gifts, the Children's Trust Fund is funded by a portion of the marriage license fee and a portion of the special license fee. Current grantees include Buncombe County Department of Social Services, Catawba County Department of Social Services, Easter Seals UCP NC and VA, and Orange County Partnership for Young Children.

Secondary Prevention

Secondary prevention strategies are typically implemented when problems are in their early stages to prevent their full development. Secondary prevention services provided by county DSS offices in North Carolina are often called Family Support Services, and are voluntary for families. Counties are not legally mandated to provide family support services, and their availability varies significantly from county to county. Counties that provide family support services typically provide an assessment of a family's needs, often make home visits, and make a plan with the family to connect them to services within DSS or the community. Referrals to family support services can come from the community, from a family itself, or from CPS after a CPS assessment in which a family is not referred to mandatory ongoing CPS services. Participation in these services is voluntary for families.

Another secondary prevention strategy offered by DSS occurs within CPS assessments, especially family assessments, with families who are not found to need ongoing involuntary services from CPS. A goal of North Carolina's multiple response system is to more effectively engage families reported to CPS in services that will strengthen the family and reduce the likelihood of difficulties in the family progressing to child maltreatment. Each county is responsible for developing partnerships with service providers in the community to make appropriate referrals to meet the specific needs of families on a voluntary basis.

Tertiary Prevention (Intervention): CPS In-Home Services

Tertiary prevention strategies are typically used when a problem already exists in an effort to ameliorate the problem and to prevent the problem from becoming more severe and having more serious consequences. CPS In-Home services are an example of tertiary prevention.

In North Carolina, families are referred to CPS In-Home services when a CPS investigative or family assessment has found maltreatment, immediate removal from the home is not required, but the risk of further maltreatment is assessed to be moderate or high. The goals of North Carolina's CPS In-Home Services are:

- To maintain the safety of children;
- To strengthen the family's capacity to protect and nurture its children; and
- To maintain children in their own families.

The modified policy manual scheduled to be implemented in September 2018 requires safety and risk assessment to be ongoing throughout the provision of CPS In-Home Services. Children substantiated as maltreated or found in need of services and their parents or primary caretakers must be seen face-to-face at least twice a month and a minimum of seven days apart; caseworkers must contact at least two collaterals each month; make face-to-face contact with any non-victim child(ren) and any other household members at least once a month. At least one contact per month with each child must be in the home and allow observation of interaction with parents. In cases rated high risk, a third face-to-face contact per month with the children and parents is required. The following must occur during each contact:

- An assessment of child safety and risk of maltreatment;
- A review of the Family Services Agreement (Initial or In-Home);
- An inquiry regarding child and family well-being needs; and
- An individual interview with each child, separate from the parent/caretaker.

The Family Strengths/Needs Assessment creates the foundation for the Family Service Agreement that is developed in partnership between the family and the DSS caseworker and approved by the supervisor. During the CPS Assessment and at every contact, the Child and Family Team (CFT) process is discussed to identify supports for the family. These CFT meetings are designed to be family-led, youth-guided, and agency-supported. The family service agreements are completed in the CFT Meeting. For high risk cases, a facilitator leads the meeting, while the DSS caseworker leads all other cases. DSS policy addresses expectations for CFT meetings extensively. For In-Home Services cases, the CFT is to occur within 30 days of the substantiation of the CPS Assessment, quarterly, during critical decision points, when cases are "stuck," and prior to case closure, if the family decides they want one.

To have maximum impact, the Family Services Agreement focuses on behavioral change or conditions affecting the child's present safety or risk of future harm. Objectives are developed, and activities clearly planned. DSS monitors progress on the stated objectives throughout the life of the In-Home Services case. In order to do this effectively, state policy indicates that caseworkers should have no more than 10 families with open In-Home Services cases. Moreover, each supervisor should have no more than five caseworkers for whom he or she provides coaching, guidance, and mentoring.

During CPS In-Home Services, DSS must petition for court involvement if safety issues require immediate removal, or the family is unwilling to accept services critically required to keep the family intact. Court involvement can range from ordering a family to comply with services to removal of a child from the home.

North Carolina is in the process of assessing its readiness to opt into the Family First Prevention Services Act (FFPSA) in October 2019. This federal legislation will provide additional federal resources to support prevention services and efforts to keep families together.

There are many current strengths in the North Carolina system upon which to build a robust prevention program under the FFPSA. There is universal stakeholder interest in child welfare and well-being and there are strong public-private partnerships. This is evidenced by an existing system of care and framework with other agencies and the state's commitment to raise the age of juvenile justice from 16 to 18 through recent legislation. Philanthropic organizations such as the Duke Endowment continue to provide resources and technical assistance to support best practices across the state. The state is also rich in resources, such as university expertise in implementation science and service providers who are already accredited. Moreover, compared to other states, North Carolina has a moderate number of children in congregate care. It is a primary goal of the FFPSA to reduce the use of congregate care. According to a report issued by the Children's Bureau in 2015,[20] the state of North Carolina was just under the national average for the 2008 cohort of children experiencing congregate care who were age 12 and younger at the time of entering congregate care. At 30 percent, North Carolina ranked 23 among the 50 states. Thus, the transition to FFPSA will be less difficult.

The FFPSA provides an opportunity to better support a safety-focused, trauma-informed, family-centered practice model through creation of more robust services aimed at helping families keep children safely at home. This report recommends the creation of a statewide practice framework to be implemented in each of the 100 counties. This framework will need to balance child safety with family empowerment. Moreover, some counties have already established practice models. Thus, creating buy-in and utilization of strong implementation science will be vital toward this effort.

Strengthening the workforce is an area of challenge across the state. While the ability to recruit and retain caseworkers and supervisors varies greatly across the counties, creating and sustaining a strong workforce with the capacity to implement a new practice model while shifting the agency culture to FFPSA needs attention statewide. Likewise, there is a need to increase recruitment and retention of family foster homes and develop a full array of supports for relative caregivers who are not licensed.

North Carolina is currently undergoing several large-scale system changes, including a Medicaid transformation that will take effect in 2019. This will add an additional layer of complexity to the existing complications with mental health systems and services. Health care provider involvement will continue increasing and DSS will need to build its internal capacity and knowledge of these systems to build effective collaborative partnerships. Another large-scale system change involves increasing the age of juvenile justice authority from age 16 to age 18. While this is an asset that reflects the state's understanding of adolescent development, it is unclear how this will impact the judicial system and its court dockets. In focus groups and

[20] DHHS, Children's Bureau, *A National Look at the Use of Congregate Care in Child Welfare.* Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/cbcongregatecare_brief.pdf 7/15/18.

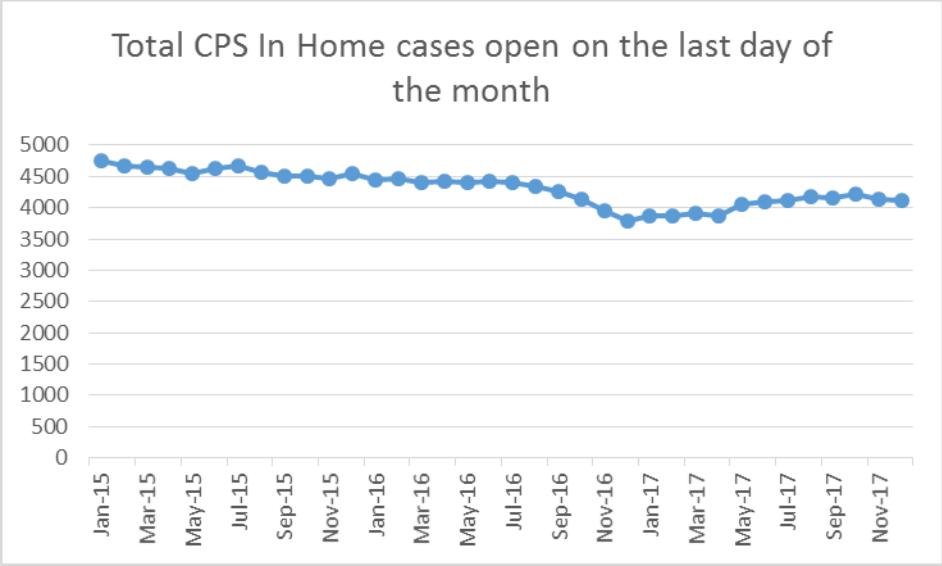
interviews DSS caseworkers and supervisors expressed a desire and need for more court time to move cases to permanency.

Finally, FFPSA is the largest shift in federal regulation of child welfare practice in decades. There will be substantial changes to child welfare financing, new resources made available, and new restrictions for federal reimbursements. This will require local, regional, and state level buy-in and acceptance of a new way of working and engaging families. Statewide data collection capacity and performance-based contracting will need to be developed to provide oversight of the system and meet the new federal requirements. The legislature will also need to consider allocation of more funds for state match.

Prevention and In-Home Services Trends

The number of families in CPS In-Home cases has gone down over the years. The graph below, from the North Carolina 2017 Master Child Welfare Workforce Data Book, shows the number of open CPS In-Home cases on the last day of each month from January 2015 to November 2017.

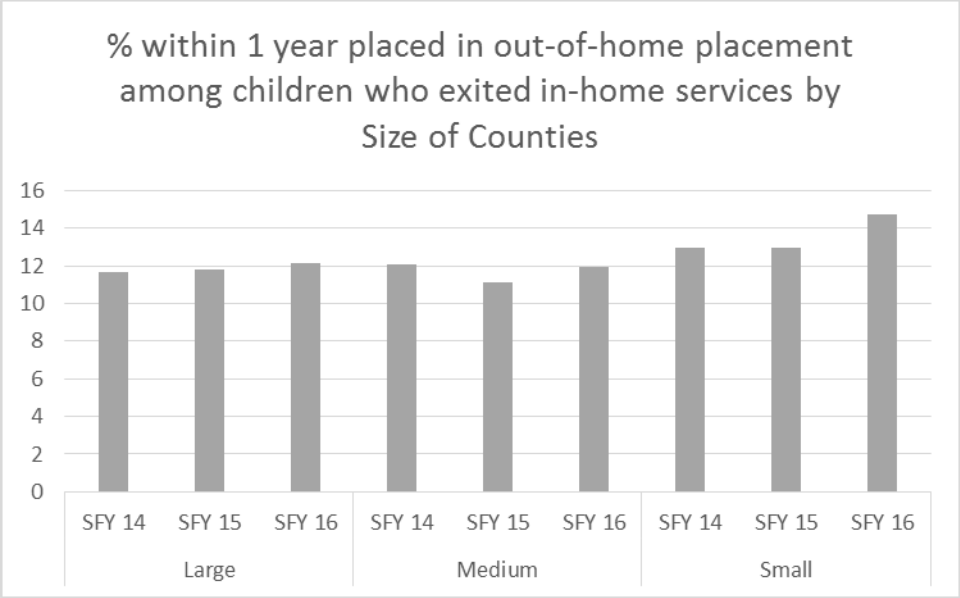
Figure 18: Total CPS In-Home Cases Open on the Last Day of the Month



The number of open CPS In-Home cases has decreased from 4,760 in January 2015 to 4,118 in November 2017, with the lowest month being December 2016 with 3,790 open cases. It is too soon to determine if the slight increase after December 2016 represents the end of the downward trend or is related to seasonal variations in reports received or other factors.

Rates of being placed in foster care within one year of exiting CPS In-Home Services ranged from 11 percent to almost 15 percent between SFY 2015 and 2017. Large and medium counties have comparable rates of out-of-home placement within one year of exiting In-Home Services, both of which have remained relatively constant, whereas small counties have a higher rate, which has steadily increased since SFY 2015.

Figure 19: Percentage Within One Year Placed in Out-of-Home Placement Among Children Who Exited In-Home Services, by Size of Counties



Source: For # children who received and exited in-home services: ExitsIH13-14.xlsx, ExitsIH13-14.xlsx, and ExitsIH13-14.xlsx. For # FC entry: IHtoFC_13-14IHExits.xlsx, IHtoFC_14-15IHExits.xlsx, and IHtoFC_15-16IHExits.xlsx
Denominator: # of unique children who existed 3 or more days of in-home services during the given SFY; 'unique' means that a child (a unique SIS id) is counted once no matter how many in-home service episodes during the given SFY.
Numerator: of children in the denominator, # placed in out-of-home placement within 1 year of their in-home service exit.

Sources of Information

- Administrative Data:
  - UNC Management Assistance website.
  - NC Legacy Data.
  - County Child Welfare Staffing Workbook Data.
- Case Review Data:
  - Program Monitoring Review Data.
  - OSRI Data.
- Meetings attended with state and county staff:
  - Most Impacted Counties Meeting (4/12/18).
  - Modified Policy Training (5/17/18).
  - FFPSA Meeting (6/5/18).
- Focus Groups/Interviews:
  - CPS In-Home workers.
  - CPS supervisors Foster Care workers.
  - Interviews with Parents.
- Surveys:
  - CPS Surveys.
  - Foster Care Supervisors.

Detailed Findings

Primary Research Question:	***Are children and their household family members who are in open CPS In-Home Services cases receiving services that ensure the children are protected from immediate threats to their health, safety, and future risk of harm?***

Taking into consideration all of the information that was collected and analyzed, CSF determined that children and parents of In-Home Services cases are not being consistently served and supported in a way that ensures child health, safety, and protects against future risk of harm. While there is evidence that some core child welfare policies and practices are happening as envisioned in North Carolina in working with In-Home families, the lack of available services or supports to meet the needs of families impacts the state's ability to effectively serve this vulnerable population.

DSS staff do a good job of engaging mothers and fathers in the development of the Family Services Agreement (FSA). While Program Monitoring Reviews indicate that over 90 percent of parents were involved in this process, only 51 percent of children and youth participated in CFTs and the development of the FSA. This was confirmed during focus groups with youth, who indicated that they did not get notices for CFT and did not know how decisions were made in their cases. Some DSS staff indicate that in an attempt to mitigate trauma, they are hesitant to involve youth in what are sometimes contentious conversations. This may reveal a greater need for more trauma-informed training and more direct feedback loops from youth. The LINKS program and Strong Able Youth Speaking Out (SAYSO) are existing vehicles for enhancing engagement with youth.

During the assessment and engagement process, DSS staff are expected to identify risks as well as protective factors and well-being needs for families. While risks are being adequately addressed in FSAs and CFTs, protective factors and well-being needs are only identified and addressed 65 percent of the time for mothers, 56 percent for fathers, and 55 percent for children based on the cases that were reviewed as part of the program monitoring process. With limited information gathered during the assessment process, it is difficult for DSS to provide the right services specifically designed to meet the needs of each family member.

Even if risks, well-being needs, and protective factors are identified, and the right types of services are identified, the availability and accessibility of services to meet those needs and factors varies greatly from county to county. In surveys, staff identified Substance Abuse and Mental Health services as the most commonly-needed services, followed by parenting-related services, and individual therapy. Staff also indicated in surveys that transportation limitations and family refusal to participate are the biggest hurdles to provision of services. Other identified hurdles included extended waitlists, a lack of providers in the area, and providers who do not accept Medicaid. The behavioral health system in North Carolina has transformed from a system of local mental health centers into a regional managed care system with services provided by private vendors. The Duke Endowment has provided resources and assistance to facilitate a collaborative effort between DHHS and the Department of the North Carolina Institute of Medicine. Leaders from the seven managed care organizations and county DSS directors

convened to improve communication, collaboration, and outcomes for children and families served by DSS and Behavioral Health, as well as adults served by Adult Protective Services and Guardianship services. Together, the groups developed strategies to improve timely access to existing services, including:

- Cross-training of DSS and Local Managing Entity (LME)/ Managed Care Organization (MCO) staff;
- Establishing contact people to resolve problems;
- Creating trauma-informed systems of care; and
- Integrating behavioral health strategies into traditional foster care.

Follow-up and implementation of these strategies, as the state further transforms its behavioral health and Medicaid systems, may increase the quality, accessibility, and availability of services for families involved in DSS In-Home Services. However, DSS will also need to focus on continued engagement, follow-up, and reassessment of families to ensure that service provision is effective. Although DSS staff reported in focus groups that they stay in regular contact with service providers, case record reviews suggest FSAs are not being consistently updated every three months in accordance with DSS policy.

Detailed information pertaining to each of the eight sub-questions used to help CSF answer the primary research questions is provided below.

Sub-Question 1: *Are counties completing the North Carolina safety and risk assessments during CPS In-Home Services at the times and in the manner required by policy?*

In assessing North Carolina practices in this area, CSF took into consideration evidence of workers' use of the afore noted SDM tools as well as consistent quality face-to-face worker contacts between the worker and child and family, in their home environment whenever possible and appropriate, as a means towards assessing risk and ensuring child safety with in-home service cases.

Application of SDM Tools

Program Monitoring Review data indicate that SDM tools are not consistently completed in keeping with DHHS policy. The Risk Reassessment tool is more likely to be completed as required at FSA updates (74%) and within 30 days of case closure (81%) than when significant changes occur in a family (50%). The Strengths and Needs Assessment was found to be completed as required at FSA updates and within 30 days prior to case closure in approximately 75 percent of the cases reviewed.

Key Findings: Implementation of child safety and risk using SDM tools:

- Formal risk and safety assessment tools are generally utilized per agency policy however practices could be strengthened.
- Staff surveyed feel SDM tools are "very" or "usually" accurate in reflecting the safety, risk and protective factors in families they work with.
- The lack of consistent, quality face-to-face contact with children and parents of in-home service cases impacts state performance in being able to accurately assess and respond to matters of risk and safety.

2017 NC Program Monitoring Review Data *Select Questions – In-Home Services Protocol*				
Safety and Risk Assessments completed per policy and with accuracy	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
Was the Risk-Reassessment (DSS-5226) completed: ▪ At FSA updates	74.42% (224/301)	66.67% (16/24)	78.40% (127/162)	70.43% (81/115)
▪ When there was significant change in the family	53.63% (96/179)	57.89% (11/19)	55.68% (49/88)	50% (36/72)
▪ Within 30 days prior to case closure?	80.90% (161/199)	78.95% (15/19)	88% (88/100)	72.50% (58/80)
Was the Family Assessment of Strengths and Needs (DSS-5229) completed: ▪ At FSA updates?	74.10% (226/305)	72% (18/25)	77.44% (127/164)	69.83% (81/116)
▪ Within 30 days prior to case closure?	74.49% (146/196)	63.16% (12/19)	82.47% (80/97)	67.50% (54/80)

CSF administered a survey to CPS Assessment and CPS In-Home Services workers. Questions and feedback from In-Home Services workers specific to the use of SDM tools in North Carolina included:

To what extent do you feel the Structure Decision Making (SDM) tools accurately reflect the safety, risk, and protective factors in the cases you see?

	Number	**Percent**
Very Accurate	48	15.2%
Usually Accurate	155	49.1%
Somewhat Accurate	94	29.7%
Not Very Accurate	19	6.0%
Total	**316**	**100%**

Which tool is least likely to accurately assess the safety, risk, or protective factors in cases you see?

	Number	**Percent**
Risk Assessment	86	27.4%
Safety Assessment	36	11.5%
Strengths and Needs Assessment	67	21.3%
NA - They are all accurate	125	39.8%
Total	**316**	**100%**

Respondents were also provided the opportunity to share additional feedback in the form of comments regarding the use of SDM tools in their work with children and families. While some staff offered positive comments such as "the tools are all accurate," "they are "useful," and "important," the vast majority of comments reflected staff sentiments regarding the challenges in using SDM tools and clustered around themes such as:

- Risk Assessment score doesn't reflect current situation (history, age, etc.).
- Strengths and Needs is broad, out-of-date, limited, too subjective.

- Strengths and Needs are useless in helping determine if families are safe.
- Risk Assessments should vary on a case-by-case basis, should be based on current situation, not history.
- Strengths and Needs is pointless, done at end, scores constantly change.
- Safety Assessment is completed when little is known about the family.
- Risk Assessments are not individual to the family, abstract.
- Safety Assessment is too long.
- Strengths and Needs are not consistent, easily manipulated/skewed, inaccurate reflection of family, factors inaccurate.

Focus groups with CPS staff indicated they use SDM tools as well as their own judgement when it comes to assessing child safety. Some said that assessing safety is easier because it is happening in the present, while risk is a 'could be' however most indicated both that the safety and risk assessment tools are equal in terms of the level of difficulty, and that "45 days" is a challenge given caseload sizes and that they often feel vulnerable in terms of making the right decisions.

Quality Face-to-Face Worker Contacts with Children and Families

Results from 2017 Program Monitoring Reviews suggest that both victim and non-victim children residing in the household on In-Home Services cases are not being seen in accordance with agency policy and with enough frequency in order to adequately assess risk and ensure child safety. Data indicates that approximately 60 percent of child victims are being seen face-to-face by their workers at least twice per month (or more as needed based on the assigned risk rating) and even less for non-child victims (50%) based on the applicable cases that were reviewed. On a more positive note, data suggests that monthly home visits are being completed in the home where children primarily reside in 86 percent of the cases reviewed.

During focus groups with CPS caseworkers and supervisors, some staff indicated that engagement is a challenge due to workloads. Several counties indicated that engagement with families seems to be more successful with In-Home Services cases, in which they could schedule the regular contacts and manage their workloads more effectively.

2017 NC Program Monitoring Review Data ***Select Questions – In-Home Services Protocol***				
In-Home Services Worker Face to Face Worker Contacts	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
Was a minimum of twice monthly (more as needed) face-to-face contacts with individuals according to policy based on risk rating? ▪ Victim child(ren) in household	59.63% (257/431)	52.94% (18/34)	58.37% (136/233)	62.80% (103/164)
▪ Non-victim children	50% (18/36)	80% (4/5)	53.85% (7/13)	38.89% (7/18)

2017 NC Program Monitoring Review Data *Select Questions – In-Home Services Protocol*				
In-Home Services Worker Face to Face Worker Contacts	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
▪ Mother (in household)	59.65% (238/399)	57.58% (19/33)	58.82% (130/221)	61.38% (89/145)
▪ Father (in household)	47.95% (105/219)	50% (11/22)	46.49% (53/114)	49.40% (41/83)
▪ Other caretaker	50.48% (53/105)	33.33% (2/6)	63.83% (30/47)	40.38% (21/52)
▪ TSP Provider 1	70.69 (82/116)	60% (3/5)	76.47% (52/68)	62.79% 27/43%
▪ TPS Provider 2	58.33% (35/60)	100% (2/2)	58.33% (21/36)	54.55% (12/22)
Was there contact with all non-resident parents monthly?	33.09% (89/269)	25% (3/12)	35.53% (54/152)	30.48% (32/105)
Were there a minimum of two different collateral contacts each month?	67.52% (289/428)	61.29% (19/31)	70.94% (166/234)	63.80% (104/163)
Were there home visits completed inside the home where the child(ren) primarily resides at least monthly?	86.30% (359/416)	83.87% (26/31)	86.43% (191/221)	86.59% (142/164)
Were home visits completed inside the home of an involved non-resident parent, where the child(ren) visit, at least quarterly?	58.87% (73/124)	30% (3/10)	63.41% (51/82)	56.25% (18/32)
Was a visit made to the family within 7 days of the case decision?	75.24% (313/416)	80.49% (33/41)	80.65% (175/217)	66.46% (105/158)
Was a joint visit made to the family with both the transferring and receiving social worker?	57.65% (211/366)	51.28% (20/39)	59.33% (124/209)	56.78% (67/118)

It is also worth noting that North Carolina's 2017-2018 OSRI reviews rated Item 3, which focuses on agency efforts to conduct Initial and Ongoing Risk and Safety Assessments, as a strength in only 31 percent of the 32 applicable In-Home cases reviewed. OSRI findings for North Carolina in the area of worker visits with children and parents was also evaluated in terms of the frequency and quality of worker face-to-face contacts with both children and parents. Item 14 (worker visits with children) was rated a strength in 50 percent of the 32 applicable In-Home cases while Item 15 (worker visits with parents) was rated a strength in 44 percent of cases reviewed, making this critical case practice area an area in need of improvement.

An important distinction between ratings on worker visits in the two review processes is that the Program Monitoring review questions are more focused on the frequency of visits while the OSRI is focused on both the frequency and quality of the contacts. The OSRI has the added benefit of incorporating information received through the use of case specific stakeholder interviews.

Sub-Question 2: *Are identified safety and risk factors addressed, monitored, and followed up on appropriately in CPS In-Home Services?*

In the Summary of Performance section of North's Carolina's *Round 3 CFSR Final Report*, the Children's Bureau states that concerns identified in CPS In-Home cases "related to premature case closures when safety concerns were present. Within the In-Home sample, some cases were closed before assessing safety or offering services. The case review also revealed that cases were closed without addressing the presenting problem and the reason for agency involvement. The Children's Bureau encourages North Carolina to examine its practices surrounding case closure to improve safety outcomes for children."

As previously noted, the 2017-2018 OSRI reviews found Item 3, which relates to both the assessment and appropriate follow-up of safety and risk, to be a strength in only 31 percent of In-Home cases reviewed, suggesting that safety and risk management are a persistent practice challenge for North Carolina in working with In-Home families.

Program Monitoring Reviews in 2017 shown in the table below are slightly more encouraging, but they suggest North Carolina still has room for improvement in appropriately addressing safety and risk factors before closing CPS In-Home Services.

2017 NC Program Monitoring Review Data ***Select Questions – In-Home Services Protocol***				
Prevention and In-Home Services Is policy regarding the assessment of safety, risk, child well-being, and protective capacity prior to closing the case adequate and is it being followed?				
Data Indicators	**State**	**Large Counties** 2/10 reviewed	**Medium Counties** 14/39 reviewed	**Small Counties** 20/51 reviewed
Did the closing summary outline why the child is no longer at risk of maltreatment or foster care?	72.62% (122/168)	50% (6/12)	74.47% (70/94)	74.19% (46/62)
Did closing SDM tools support the decision to close the case?	74.85% (125/167)	58.33% (7/12)	74.47% (70/94)	78.69% (48/61)

Program monitoring data in the table below suggests policy requiring making a new CPS report to address new allegations that arise within CPS In-Home Services needs to be followed more consistently.

2017 NC Program Monitoring Review Data ***Select Questions – In-Home Services Protocol***				
Identified safety and risk factors are addressed, monitored and followed up on appropriately	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
If the social worker received new allegations of abuse/neglect/dependency, was a CPS report made?	75.76% (75/99)	90.91% (10/11)	81.82% (45/55)	60.61% (20/33)

Once safety and risk factors are identified, DSS must address those factors, monitor them, and follow up on them appropriately. This is a vital component of the work to assist families in

achieving lasting and sustainable permanency. During focus groups, some caseworkers shared that they focus on strengths and then needs, and that follow-up works best when there is a transfer meeting from the assessment with the caseworkers and the family. 2017 Program Monitoring Review findings indicate that counties perform reasonably well in terms of making CPS reports once a new allegation of abuse or neglect is received, at 76 percent. Large and medium counties performed slightly better in this area than smaller counties. As previously noted, however, 2017-2018 OSRI results for Item 3 as it relates to risk and safety management, which includes not only the assessment of safety and risk, but also the appropriate follow-up to ensure child safety, found this to be a persistent practice challenge for North Carolina in working with in-home families.

CPS caseworkers were also asked in focus groups about how they monitor and follow up on safety threats and risk factors in their work on In-Home cases. Some shared that they look for strengths and then needs, and then connect families to resources. They also indicated that the process works best when a transition meeting takes place around the assessment between the worker and the family. One county shared they have been staffing a lot more with the legal department when feeling vulnerable about decision.

Sub-Question 3: *Are family members engaged in decision-making and service plan development?*

As previously discussed, the Child and Family Team (CFT) meeting process is a key component toward successfully engaging families, assessing their strengths and needs and developing and completing a Family Service Agreement. Policy expectations and requirements for CFTs are clear. Performance in this area, however, varies based on findings from Program Monitoring Reviews and information obtained via focus groups.

Program Monitoring Reviews of CPS In-Home cases conducted in 2017 found that mothers (95%) and fathers (91%) living in the home participated in the development of the FSA; however, these same reviews indicated that only 51 percent of children and youth participated in CFTs and in the development of the FSA.

Key Findings: *Engaging family members in decision-making and service plan development:*

- Staff do a good job engaging mothers and fathers residing in the home in the development of their FSA.
- Children are much less likely to be engaged in the development of their FSA or to participate in CFTs.
- Initial and ongoing CFTs are not consistently held per agency policy.

This is consistent with focus groups with youth, who revealed that they did not always get notice of these meetings. Some adult professionals interviewed expressed a level of discomfort in having children and youth involved in this aspect of the process because they felt it would increase the trauma that they were already experiencing from the alleged abuse or neglect.

Results from North Carolina's 2017-2018 OSRIs suggests that child and family engagement in the case planning process (Item 13) is an area in need of improvement with only 38 percent of 32 applicable CPS In-Home Services cases rated as a strength.

At a system level, the North Carolina State Family Advisory Council is made up of foster parents, birth parents, relative caregivers, and youth who have experienced the child welfare system. This council is in its early stages and is being staffed by DSS and university partners. Engagement with this group and the development of similar advisory councils at the local level may help to mitigate misconceptions like this that impact practice. Likewise, engagement with such stakeholders can highlight good practice that needs to be replicated and sustained. Some birth parents indicated that they received appropriate services in a timely manner that they were treated with respect, and it made a big difference for their families. While this was true for some of the birth families involved in focus groups, Program Monitoring review data indicates that only 68 percent of families had their CFTs within 30 days of a case decision, and 58 percent had ongoing CFTs every 90 days in accordance with DSS policy.

2017 NC Program Monitoring Review Data ***Select Questions – In-Home Services Protocol***				
Family engagement in decision-making and service plan development	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
Were CFTs held according to policy: ▪ Initial CFT within 30 days of case decision	67.83% (291/429)	54.76% (23/42)	73.57% (167/227)	63.13% (101/160)
▪ Ongoing CFTs every 90 days	57.68% (169/293)	36% (9/17)	66.26% (108/163)	49.52% (52/105)
▪ CFT's when there was a change in family Circumstances	47.88% (79/165)	25% (4/16)	55.42% (46/83)	43.94% (29/66)
▪ Did children participate in CFTs?	51.08 (142/278)	42.86% (9/21)	58.97% (92/156)	40.59% (41/101)
Did the mother (residing in the home) participate in the development of the FSA?	95.34% (389/408)	97.5% (39/40)	96.48% (219/227)	92.91% (131/141)
Was the FSA regularly reviewed with the mother?	76.41% (285/373)	63.16% (24/38)	76.96% (157/204)	79.39% (104/131)
Did the father (residing in the home) participate in the development of the FSA?	90.09% (200/222)	80.77% (21/26)	91.23% (104/114)	91.46% (75/82)
Was the FSA regularly reviewed with the father?	69.90% (137/196)	42.86% (9/21)	70.30% (71/101)	77.03% (57/74)
Did the other custodian/guardian/caretaker and non-resident parents participate in the development of the FSA?	58.56% (65/111)	66.67% (6/9)	72% (36/50)	44.23% (23/52)
Did the child(ren) in the home participate in the development of the FSA?	51.09% (141/276)	56% (14/25)	57.14% (88/154)	40.21% (39/97)
Did the Temporary Service Provider participate in the development of the FSA?	58.33% (63/108)	50% (2/4)	69.69% (44/65)	43.59% (17/39)

Sub-Question 4: *Is information regarding risk and protective factors incorporated in the Family Service Plan and are safety issues specifically addressed in the FSA?*

North Carolina has multiple policy and practice expectations for staff regarding the identification of protective factors and incorporating them into the Family Service Plan. This asset-driven approach is research-based and enables families to build upon their strengths as they work toward the goals in their Family Service Agreements. However, during focus groups with supervisors, several noted that safety and risk factors are being incorporated into the service plans more often than protective factors.

Key Findings: *Incorporating information regarding risk, safety and protective factors into Family Service Plan:*

- FSAs do not consistently identify well-being needs for the mother, father and child but do address needs identified in the CPS assessment.

Program Monitoring Reviews in 2017 found that well-being needs were identified in FSAs in only 65 percent of reviewed records for mothers and only 56 percent of reviewed records for fathers and were updated and addressed in only 55 percent of FSAs for children. In contrast, program monitors found that FSAs addressed needs identified in the CPS assessment nearly 90 percent of the time for mothers, 82 percent of the time for fathers, and 84 percent of the time for children. As the state moves toward implementation of FFPSA, shifting to a system built upon the protective factors of families will be essential.

2017 NC Program Monitoring Review Data

Select Questions – In-Home Services Protocol

Appropriate integration of relevant risk, protective factors, and safety issues information incorporated into and addressed in service plan	**State**	**Large Counties**	**Medium Counties** 14/39 reviewed	**Small Counties** 20/51 reviewed
Were well-being needs for the Mother (residing in the home) identified in the FSA?	65.13% (254/390)	50% (20/40)	64.35% (139/216)	70.90% (95/134)
Were well-being needs for the father (residing in the home) identified in the FSA?	56.37% (115/204)	36% (9/25)	58.65% (61/104)	60% (45/75)
Were well-being needs for the child(ren) updated and addressed in each FSA?	55.15% (166/301)	57.14% (16/28)	57.23% (95/166)	51.40% (55/107)
Did the FSA address needs identified in the DSS 5228 or 5010 (Case Decision Summary/Initial Family Services Agreement), and 5229 (Assessment of Strengths and Needs) for the mother (residing in-home)?	88.83% (358/403)	74.36% (29/39)	91.52% (205/224)	88.57% (124/140)
Did the FSA address needs identified in the DSS 5228 or 5010 (Case Decision Summary/Initial Family Services Agreement), and 5229 (Assessment of Strengths and Needs) for the father (residing in-home)?	82.08% (174/212)	68% (17/25)	88/79% (95/107)	77.5% (62/80)
Did the FSA address needs identified in the DSS 5228 or 5010 (Case Decision Summary/Initial Family Services Agreement), and 5229 (Assessment of Strengths and Needs) for the custodian/guardian/caretaker (residing in-home)?	60.87% (42/69)	33.33% (2/6)	83.87% (26/31)	43.75% (14/32)

2017 NC Program Monitoring Review Data *Select Questions – In-Home Services Protocol*				
Appropriate integration of relevant risk, protective factors, and safety issues information incorporated into and addressed in service plan	**State**	**Large Counties**	**Medium Counties** 14/39 reviewed	**Small Counties** 20/51 reviewed
Did the FSA address needs identified in the DSS 5228 or 5010 (Case Decision Summary/Initial Family Services Agreement), and 5229 (Assessment of Strengths and Needs) for the child(ren)?	84.15% 292/347)	`96.97% (32/33)	82.97% (151/182)	82.58% (109/132)
Was the FSA focused on the child as the client, the goals focused on child safety and activities that impact the goal (mother – residing in-home)?	68.64% (278/405)	65% (26/40)	73.33% (165/225)	62.14 (87/140)
Was the FSA focused on the child as the client, the goals focused on child safety and activities that impact the goal (father – residing in-home)?	65.09% (138/212)	58.33% (14/24)	71.30% (77/108)	58.75% (47/80)
Was the FSA focused on the child as the client, the goals focused on child safety and activities that impact the goal (custodian/guardian/caretaker – residing in-home)?	61.90% (39/63)	60% (3/5)	82.76% (24/29)	41.38% (12/29)

Sub-Question 5: *How is the service array and availability for families receiving In-Home Services? Are services monitored and adjusted as needed based on progress or lack of progress or changes in the family's situation?*

Two somewhat distinct issues are included in this sub-question:

- General service array and availability for families receiving In-Home Services; and
- The extent to which counties work closely with In-Home families to monitor and adjust services based on progress being made and as family needs and dynamics change over time.

The issues are not completely distinct because service availability and quality impact families' progress and counties' ability to monitor and adjust services.

To address this research question, CSF considered data obtained from focus groups, surveys, and available reports and also analyzed available administrative, program monitoring, and OSRI data.

Service Array and Availability

Service array and availability vary greatly from county to county. For example, many county departments of social services provide direct services like parent training, but others do not. A few county DSS employ mental health therapists, but most do not. Counties also vary substantially in the kinds of services available from community providers, with more prosperous and more densely populated counties providing more services. The availability of services directly impacts the ability of DSS to assist families through In-Home Services. With the growing need for substance abuse and mental health treatment, the gaps in services in small rural counties create seemingly insurmountable hurdles for families. In interviews and focus groups, caseworkers and supervisors in these communities indicated that they often must send clients to

larger neighboring counties and that transportation becomes an additional barrier. Counties also report barriers accessing behavioral health services outside the regional provider network of the local managing entity/managed care organization (LME/MCO) responsible for their county. This can be a problem, for example, when a child is placed with a relative in another county or when a desired service is located in a neighboring county covered by a different LME/MCO.

The quality of services also varies greatly from county to county. Some focus group participants lamented that services seemed too "cookie cutter" and did not address the specific behavior changes that families were endeavoring to achieve. The lack of child care, housing, employment, and other basic needs in small communities exacerbate the situations for families. At the same time, staff in these communities expressed that they know their families well and they do whatever it takes to assist them. Likewise, youth, parents, foster parents, and relatives also expressed that the staff in small counties are highly accessible, return text messages within minutes, and respond on weekends and holidays.

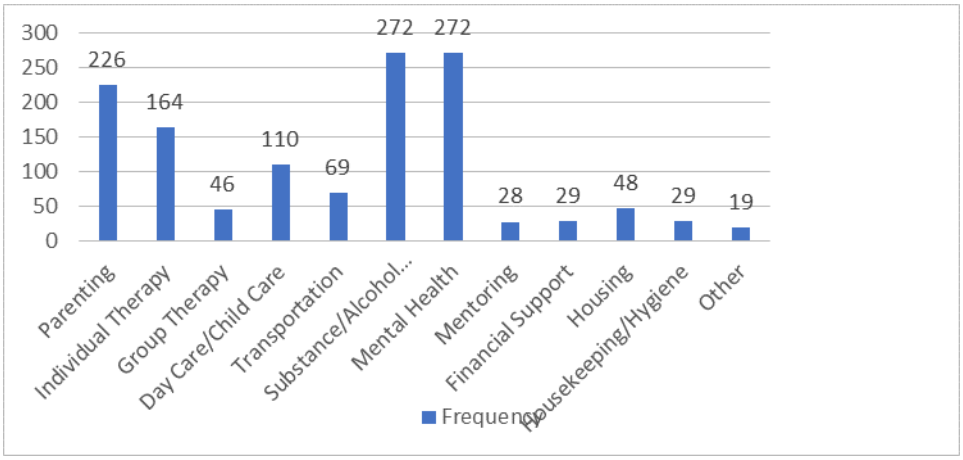
The state also contracts directly with private vendors for some services that are important to families receiving in-home services. The most notable of these contracts is for regional providers of intensive family preservation services based on the evidence supported Homebuilder model, in which workers provide intensive, time-limited services to very small caseloads for about six weeks in an effort to support families in safely preventing removals into foster care. This service is available statewide but has limited slots because it is so intensive.

Key Findings: *Service Array/Availability and Service Monitoring/Adjustment:*

- The array, availability and quality of services varies across the state.
- Public funding for mental health and substance abuse services for uninsured parents is very limited.
- In surveys, staff reported substance abuse and mental health services are the most common services provided, followed by parent training.
- Staff cited transportation challenges, and families' refusal to participate, followed by issues such as extended wait lists, a lack of providers in the area and providers not accepting Medicaid as common reasons services are not received.
- Challenges were found regarding the monitoring and adjusting of services. Staff report they stay in regular contact with service providers. Case record reviews suggest FSA's are not being updated every three months per policy.

CPS staff who participated in a survey administered by CSF responded as follows when asked, *"What services are most frequently provided to families receiving CPS In-Home Services? Identify the most common three."**

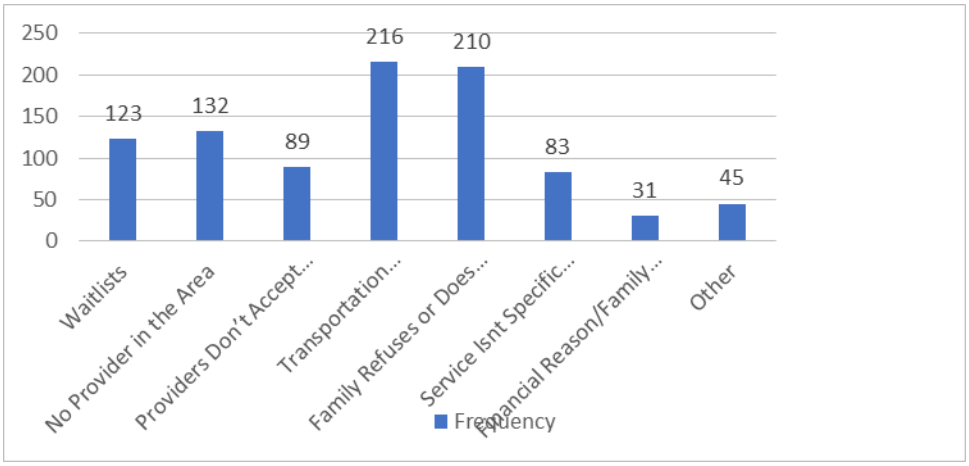
***Figure 20: CPS Staff Survey Responses: What Services Are Most Frequently Provided to Families Receiving CPS In-Home Services?**



Survey results indicate that both Substance Abuse and Mental Health services were the most frequently provided, followed by parenting related services and individual therapy.

Participants were also asked to respond to the question: "*If services are not being provided and needs of families are therefore not being met, what are the three most common reasons as to why?"**

***Figure 21: CPS Staff Survey Responses: If Services Not Being Provided, Why?**



Respondents identified that transportation challenges and families' refusal to participate were the most prevalent reasons for services to in-home families not being provided. This was followed by issues such as extended wait lists, a lack of providers in the area and providers not accepting Medicaid.

Services Monitored and Adjusted

Data from 2017 Program Monitoring Reviews provide insight into county DSS efforts to work closely with families to monitor service provision effectively and to make adjustments as necessary that ensure the services are meeting the needs of the family towards goal achievement. Performance monitoring data in the table below indicates FSAs were updated every three months in accordance with policy for mothers in 67 percent and fathers in 63 percent of the cases reviewed. Documentation of a rationale for why the FSAs were not updated or for worker efforts to make FSA updates was found in only 22 percent of the cases in which FSAs were not updated timely. Similarly, there was little documentation to suggest that parental well-being needs were being updated and addressed at each required FSA update. Child well-being needs were updated and addressed at each FSA update in just over half of the cases reviewed.

2017 NC Program Monitoring Review Data

Select Questions – In-Home Services Protocol

Monitoring and adjustment of services	State	Large Counties	Medium Counties	Small Counties
Was the FSA formally updated for the Mother (residing in home) when there were significant changes and at least every three months?	66.89% (200/299)	60.71% (17/28)	70.41% (119/169)	62.75% (64/102)
If not, was there documentation of diligent efforts to engage Mother or rationale for continuing the previous FSA?	22% (22/100)	33% (5/15)	25% (12/48)	13.51% (5/37)
Were well-being needs updated and addressed for Mother at each FSA update?	52.82% (150/284)	65.52% (19/29)	52.56% (82/156)	49.49% (49/99)
Was the FSA formally updated for the Father (residing in home) when there were significant changes and at least every three months?	63.13% (101/160)	41.81% (7/17)	71.76% (61/85)	56.90% (33/58)
If not, was there documentation of diligent efforts to engage Father or rationale for continuing the previous FSA?	22.03% (13/59)	10% (1/10)	33.33% (8/24)	16% (4/25)
Were well-being needs updated and addressed for Father at each FSA update?	44.52% (69/155)	36.84% (7/19)	47.50% (38/80)	42.86% (24/56)
Were well-being needs updated and addressed for the child(ren) at each FSA update?	55.15% (166/301)	57.14% (16/28)	57.23% (95/166)	51.40% (55/107)

Close communication and collaboration with service providers is essential in ensuring that the type of service being provided and level of intensity (i.e., frequency) aligns with the child and family's needs over time and in keeping with family dynamics and progress made.

CPS In-Home caseworkers participating in the CSF survey reported a high level of engagement with providers, with 28 percent reporting on average that they communicated with providers at least monthly, 34 percent reporting bi-weekly contact, and 25 percent reporting communication weekly or more than weekly.

	Number	Percent
More than Weekly	18	5.9%
Weekly	57	18.7%
Bi-Weekly	104	34.1%
Monthly	85	27.9%
Less than Once a Month	13	4.3%
Never	28	9.1%
Total	**305**	**100%**

Survey participants were also asked to what extent they felt that those services (i.e., therapy, parenting, formal assessments, etc.) being provided are inadequate or need to be adjusted to meet the needs of the children and or family. The majority of participants (45.5%) responded that services needed to be adjusted "sometimes," while others responded "usually" (11%) or "often" (29%). This suggests there are overall service array issues across the state as well as a need for services that are more readily customized to the unique needs of in-home families.

Sub-Question 6: *Is children's well-being (including health and education) appropriately addressed through assessment, case planning, and service delivery?*

Focus group participants indicated there is good access to health care services for children, but services can be difficult for parents to access. In contrast, mental health services are more challenging to access, especially in smaller counties. Data from 2017 Program Monitoring Reviews suggest the well-being of children being served as part of in-home services cases is being appropriately documented as part of Strengths and Needs Assessments in 66 percent of cases reviewed. Results from North Carolina's 2017-2018 OSRIs indicated that meeting children's educational needs (Item 16) as part of in-home cases was rated a strength in 63 percent of 16 applicable cases. Results for meeting child physical health (67% of 18 applicable cases) and mental health/behavioral needs (71% of 21 applicable cases) were rated slightly higher, but still an area needing improvement.

Key Findings: *Assessment of child well-being (including health and education)*

- Staff report that health care services are available for children but not always easily accessible for parents.
- Well-being needs of children of in-home cases are not being consistently documented in the Strengths and Needs Assessment.
- Meeting children's physical health, mental/behavioral health, and educational needs in CPS in-home cases is an area in need of improvement.

2017 NC Program Monitoring Review Data ***Select Questions – In-Home Services Protocol***				
Addressing children's well-being needs (including health and education) through assessment, case planning and service delivery	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
Were child well-being needs (physical health, education, mental health), or lack of needs, documented in the well-being section of the Strengths and Needs Assessment?	65.85% (216/328)	55.56% (15/27)	61.27% (106/173)	74.22% (95/128)

Sub-Question 7: *Is policy regarding assessment of safety, risk, child well-being, and protective capacity prior to closing the case adequate and is it being followed?*

As previously mentioned, addressing safety issues prior to closing in-home cases was highlighted as an area of concern in North Carolina's 2015 CFSR report. Subsequent case reviews have found continued room for improvement. Results of 2017 Program Monitoring Reviews suggest that key agency closing procedures were being followed in an average of 70 percent of cases reviewed. Sending closure letters to non-resident parents was a specific weakness.

CPS In-Home services caseworkers who participated in the CSF survey were asked to describe the factors that enter into their determination that an in-home case can be safely closed. The top five responses were:

- Risk is reduced.
- Family exhibits behavioral changes.
- No remaining safety concerns.
- The goals of the service plan were met/completed.
- Family followed through with recommended services.

Key Findings: *Assessment of child safety, risk, and well-being, and parental protective capacities prior to case closure:*

- Key agency closing procedures are generally being followed based on Program Monitoring review findings.
- Documentation from SDM tools that support the decision to close in-home cases in 75% of cases reviewed.
- The practice of sending timely case closure letters to involved non-resident parents is an area in need of improvement.

2017 NC Program Monitoring Review Data

Select Questions – In-Home Services Protocol

Assessment of safety, risk, child well-being, and protective capacities prior to case closure	State	Large Counties	Medium Counties	Small Counties
Did the closing summary outline why the child is no longer at risk of maltreatment or foster care?	72.62% (122/168)	50% (6/12)	74.47% (70/94)	74.19% (46/62)
Did closing SDM tools support the decision to close the case?	74.85% (125/167)	58.33% (7/12)	74.47% (70/94)	78.69% (48/61)
If this is not the first time the family has received CPS In-Home Services, was there a closing CFT with the family?	69.70% (46/66)	60% (3/5)	75% (30/40)	61.90% (13/21)
Was a closure letter sent to the family (parents in household) within 7 days of the decision?	76.30% (132/173)	57.14% (8/14)	80% (76/95)	75% (48/64)
Was a closure letter sent to the family (involved non-resident parent) within 7 days of the decision?	45% (36/80)	0% (0/2)	48.21% (27/56)	40.91% (9/22)

Sub-Question 8: *Is supervisory involvement and oversight of these processes adequate?*

Results of surveys conducted with CPS In-Home Services staff revealed that virtually all feel somewhat or very supported by their supervisor in their work.

To what extent do you feel supported by your supervisor during In-Home cases?

	Number	Percent
Very Supported	174	64.7%
Somewhat Supported	79	29.4%
Not Particularly Supported	9	3.3%
Not Supported at All	7	2.6%
Total	**269**	**100%**

Key Findings: *Supervisory involvement and oversight on In-Home family service cases:*

- Caseworkers serving in-home families feel supported by their supervisor.
- Supervisors are doing a good job of signing off on most required documents in the case file.

When asked to provide details as to how they feel supported, the top responses included:

- I feel supported by my supervisor.
- My supervisor provides guidance, is helpful
- We do regular staffings
- My supervisor is available
- My supervisor is hands on (calls, visits, paperwork meetings, etc.)

Program Monitoring review data indicate that supervisory involvement and oversight is documented through co-signing SDM tools in about 90 percent of cases reviewed. Documentation of case specific supervisory consultation at least twice monthly was found in fewer than half of reviewed cases, but this new requirement in the modified policy manual had not yet been implemented in most counties when the cases were reviewed.

2017 NC Program Monitoring Review Data ***Select Questions – In-Home Services Protocol***				
Supervisory involvement and oversight of In-Home Services	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
Were Risk Re-Assessments (DSS-5226) signed and dated by the social worker and supervisor?	91.46% (289/316)	88.89% (24/27)	93.45% (157/168)	89.26% (108/121)
Were Strengths and Needs Assessments (DSS-5229) signed and dated by the social worker and supervisor?	89.93% (268/298)	84% (21/25)	92.45% (147/159)	87.72% (100/114)
Did the FSA include signatures of the supervisor?	91.51% (399/436)	88.10% (37/42)	91.10% (215/236)	93.04% (147/158)
Was there documentation of case specific supervisory consultation during the case at least twice monthly?	45.64% (199/436)	54.76% (23/42)	44.83% (104/232)	44.44% (72/162)
If the case was identified as high risk at the time of any CFT's, was a facilitator used according to policy?	74.54% (202/271)	70.59% (12/17)	80.39% (123/153)	66.34% (67/101)

2017 NC Program Monitoring Review Data *Select Questions – In-Home Services Protocol*				
Supervisory involvement and oversight of In-Home Services	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
If initiated during the provision of CPS In-Home Services, was the Initial Safety Provider Assessment form signed by the TSP, social worker, and supervisor?	62.26% (33/553)	66.67% (2/3)	63.33% (19/30)	60% (12/20)
The disposition decision included the supervisor or supervisor designee.	79.62% (168/211)	70% (14/20)	81.55% (84/103)	79.55% (70/88)

C. Child Fatality Oversight

Together with state and county stakeholders, North Carolina has begun a process to review and strengthen its child fatality review and prevention system with a goal of assuring that fatality reviews lead to actions to improve child safety and health. A description of that process is included in the description of the system below.

Overview

North Carolina has multiple teams and processes to review fatalities at the local and state level involving the social services and public health systems. The teams and processes have complex relationships with each other.

Local Teams

N.C.G.S 7B-1406 requires the creation of local Community Child Protection Teams (CCPTs) in all 100 counties with representatives from public and private entities that provide services to children and families including social services, public health, the health care and mental health professions, law enforcement, the legal system, the education system. The local teams must review:

- Active child welfare cases.
- Child fatalities suspected to be the result of abuse or neglect *and* in which the child or child's family was reported to CPS or open to child welfare services within the previous 12 months.

The statute gives CCPTs the option of also reviewing additional fatalities and being a joint CCPT/Child Fatality Prevention Team (CFPT). About three quarters of counties choose to combine the teams, with one-quarter of counties choosing to operate a separate CFPT. The combined teams must have an additional five specified community representatives. Both teams or the joint team are required to make reports of findings and recommendations for system improvements to the local county board of commissioners. The local teams also report on cases reviewed, together or separately, to the CCPT consultant in the state DSS office and the CFPT coordinator in division of public health. Additionally, child welfare policy has established CCPTs as the citizen review panels (CRPs) for public child welfare agencies required by the federal Child Abuse Prevention and Treatment Act (CAPTA). A State CCPT/CRP Advisory Board provides guidance to the local CCPTs and makes an annual report to the state Division of Social Services.

Other Child Welfare Fatality Review Processes

- In 2017 the Central DSS Office began conducting a review, within seven days, whenever a child dies while in open foster care or CPS In-Home Services cases, using sections of the Child and Family Services Review (CFSR) On Site Review Instrument (OSRI). This review assesses the county's adherence to policy and expected practice.
- The Child Fatality Review Team within the Central DSS Office leads an intensive local review of the same maltreatment related fatalities known to child welfare that local CCPTs are required to review. Required participants in the state-led intensive review include representatives from:
  - the county DSS;
  - the county Community Child Protection Team (CCPT);
  - the county Child Fatality Prevention Team (CFPT);
  - law enforcement;
  - the medical profession; and
  - a prevention service.

Findings and recommendations are intended to stimulate system improvements and can be made public. The state fatality review coordinator also reports back to local teams on the intensive review findings.

- County DSS directors are required by N.C.G.S. 7B-2902 to disclose information to the public within five working days of receiving a request when a person is charged criminally with a child fatality or near fatality. The information, which must first be reviewed by the district attorney, includes confirmation of all CPS reports received, actions taken, and services rendered, and a description of the most recent CPS investigation.
- Some county DSS conduct internal reviews of fatalities according to their own protocols to assure appropriate service response to other household members and to immediately assess operational issues within their agency.

Other State Level Components of the Child Fatality Prevention System

- N.C.G.S. 7B-1404 creates a State Child Fatality Prevention Team composed of the directors of multiple state agencies to be chaired by the Chief State Medical Examiner. The State Fatality Prevention Team is responsible for reviewing all deaths of children attributed to abuse or neglect or of children who had been reported to CPS at any time in their lives. The State Child Fatality Prevention Team is also responsible for reviewing findings and recommendations from local team reviews of other fatalities and working with team coordinators to implement recommended system improvements. Finally, the team is responsible for reporting to the State Child Fatality Task Force on recommendations for changes to any law, rule, and policy that would promote the safety and well-being of children.
- N.C.G.S. 7B-1402 creates a 35-member State Child Fatality Prevention Task Force that includes directors of multiple state agencies, 10 members of the general assembly, and stakeholders appointed by the legislative leadership or the governor. The task force receives

reports and recommendations from the State Child Fatality Prevention Team and makes reports and recommendations to the legislature and governor.

A two-day summit was hosted in April 2018 by the Child Fatality Prevention Task Force and that brought together representatives of all components of North Carolina's child fatality system described above. CSF attended this summit, which included sessions about how the current elements of the system are intended to function; strengths, weaknesses, findings, and accomplishments of the system and its components; health and wellbeing initiatives relevant to the system; and national best practices in fatality review and prevention. The two diagrams below were distributed by the leaders of the State Child Fatality Prevention Task Force. The leaders explained that the diagrams illustrate the complexity of the current structure, process and feedback loops in the system.

Figure 22: North Carolina Child Fatality Prevention System Structure

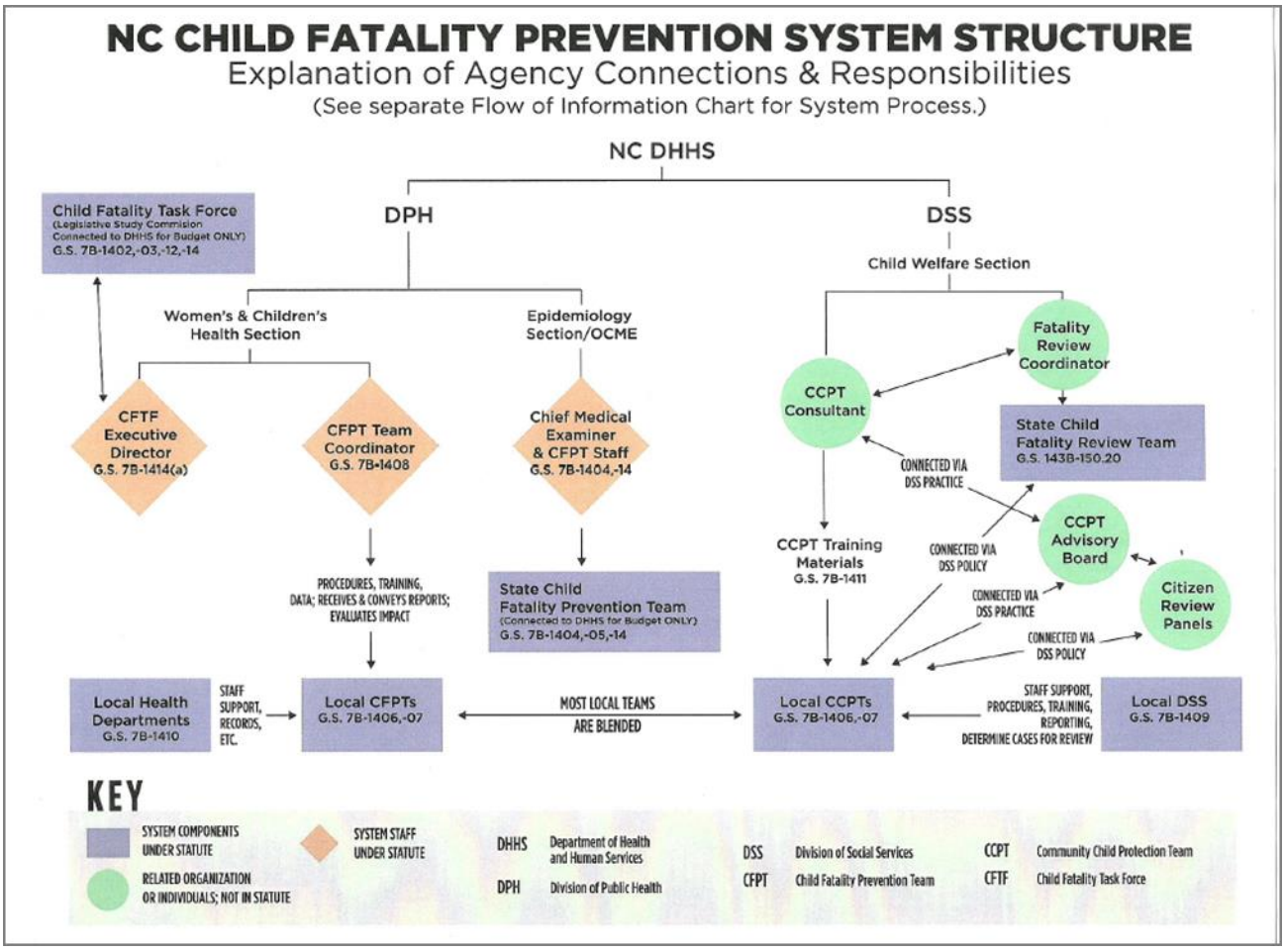
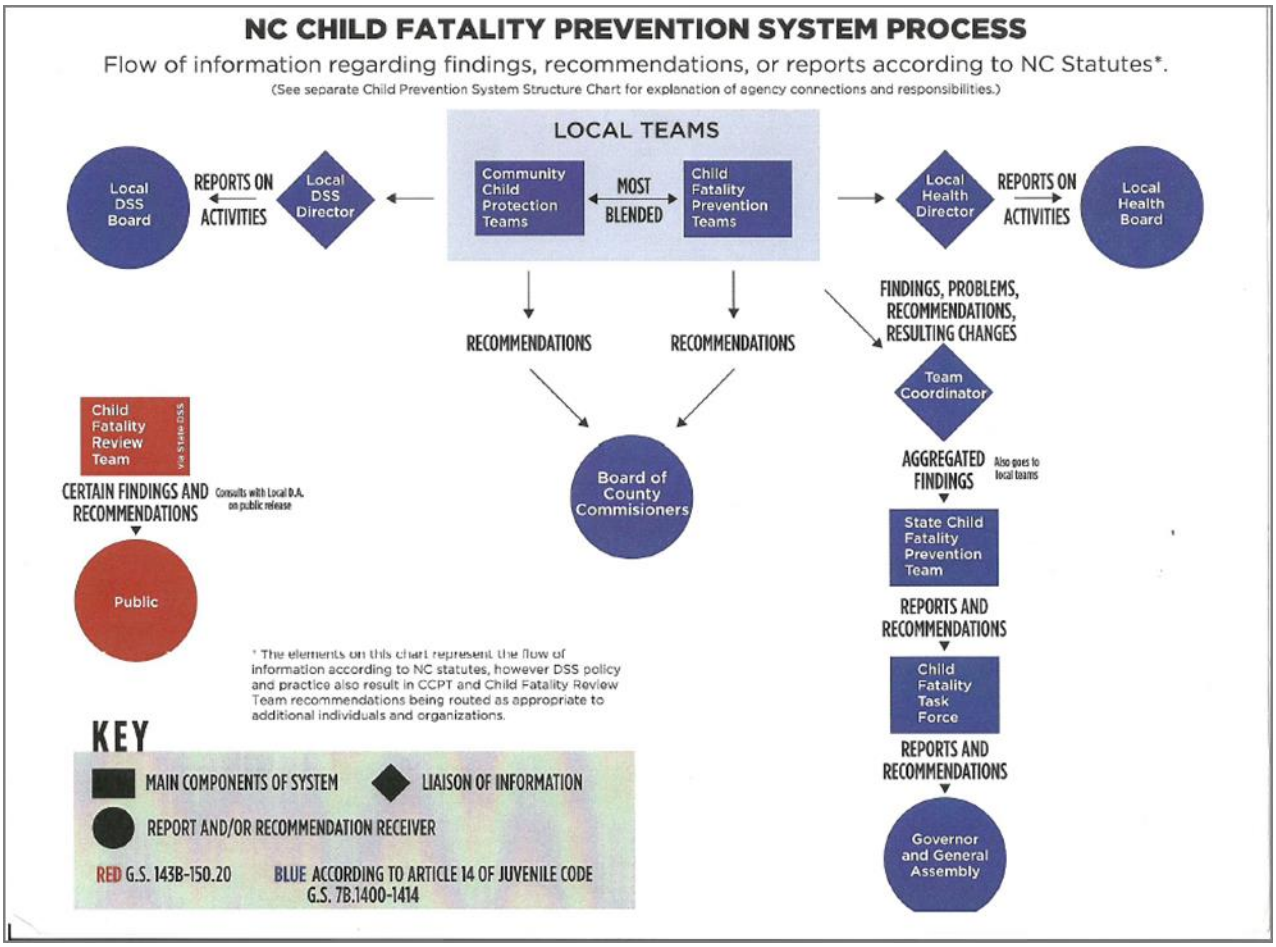


Figure 23: North Carolina Child Fatality Prevention System Process



On August 17, 2018 the Child Fatality Task Force hosted a smaller follow-up meeting of Child Fatality Prevention stakeholders. The meeting, facilitated by two national experts, focused on generating ideas to improve the fatality system structure, and participants were encouraged not to be constrained in their thinking by the current structure. The task force also is planning to convene groups to consider how to improve the use of data from fatality reviews and how best to provide support to review processes.

Sources of Information

- N.C.G.S. 7B-1400.
- NC DSS Family Services Manual. Volume I: Children's Services; Chapter VIII: Child Protective Services.
- Meetings Attended:
  - 2018 NC Child Fatality Prevention System Summit, April 9-10, McKimmon Center, Raleigh. Materials at https://www.surveygizmo.com/s3/4250682/NC-Child-Fatality-Task-Force-Summit-2018
  - CFP Structure Stakeholder Meeting, August 17, Raleigh

- Focus Groups and interviews.
- Reports Reviewed:
  - Reports of State-Led Fatality Reviews.
  - Annual Report of the NC Child Fatality Task Force to the Governor and General Assembly, May 2018. https://www.ncleg.net/DocumentSites/Committees/NCCFTF/Reports%20and%20Data/Annual%20Reports/CFTF%202018%20Annual%20Report.pdf
  - 2016 Report on the Status of Child Death Reviews in the United States, National Center for Fatality Review and Prevention (CFRP) (from summit website).
  - Within our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities. Commission to Eliminate Child Abuse and Neglect Fatalities. Final Report, 2016, *available at* https://www.acf.hhs.gov/sites/default/files/cb/cecanf_final_report.pdf
  - NC Maltreatment Reviews, Debra McHenry. April 2018 NC Child Fatality Prevention Summit.

Detailed Findings

Primary Research Question:	***Are the findings from North Carolina's fatality reviews being used effectively to take actions to prevent other fatalities and improve the health and safety of children?***

The 2018 Child Fatality Task Force Annual Report provides a list of legislation that has been passed that was recommended or supported by the task force since its inception in 1991. Listed legislative accomplishments include:

- Child Protection funding including funding for CPS workers, intensive family prevention services, CPS In-Home Services workers, and the child medical evaluation program.
- Child abuse prevention funding including home visiting programs and safe sleep awareness programs.
- Multiple efforts to reduce motor vehicle fatalities, including child passenger safety laws and graduated driver's license laws.
- Multiple efforts to reduce fatalities from other types of accidents, including smoke and carbon monoxide detector and bicycle helmet laws.
- Funding for efforts to reduce infant mortality.

Findings from state-led intensive reviews, local team reviews, and internal agency reviews are more likely to lead to local than state action to prevent other fatalities and improve the health and safety of children than state actions. This conclusion is based on:

- The very general nature of findings and recommendations made from the state intensive review team process.
- The current lack of a systematized approach to aggregating and analyzing the rich information gathered in the state led reviews to inform conclusions about specific changes in

how child welfare or other systems operate that might better protect children and support families.

- The relatively sparse flow of information from local teams to the state about findings and recommendations.

The CFPT/CCPT process, the state-led intensive team process, and the State Child Fatality Prevention Team and task force all engage the broader community in conversations on how better to protect children, enhance their wellbeing, and support families.

A couple ways of organizing data that might help the state DSS consider actions to reduce fatalities and improve well-being were not found in the reports reviewed. For example, data could be organized to group:

- Deaths believed to be related to child abuse or neglect (irrespective of whether child welfare had involvement in the previous 12 months).
- Deaths with relevant family history of child welfare involvement prior to the death.

Sub-Question 1: *How does North Carolina's child fatality review protocol for conducting comprehensive multidisciplinary reviews when children known to the child welfare system die from suspected child abuse or neglect compare with protocols in other states?*

In its 2016 report on the status of child death reviews in the United States, the National Center for Fatality Review and Prevention (CFRP) reports more than 1,350 state and local fatality review teams are operating in the United States, with at least one team in every state. The CFRP reports that the Health Department is the lead state agency for fatality review in the majority of states, with the Social Services being the second most frequent lead agency. When the Health Department is the lead agency, the types of deaths reviewed tend to be broader. Only a minority of states include serious injury cases in their reviews, though this was a recommendation of the 2016 final report of the President's Commission to Eliminate Child Abuse and Neglect Fatalities. Among the majority of states that have local teams, some, like Georgia, have a team in every county; others, like Texas, allow counties to join into regional teams.

Key Findings: *Protocol Comparison with Other States*

- North Carolina fatality review processes include recommended practices such as taking a comprehensive, multi-disciplinary approach that engages the community in efforts to keep children safe.
- North Carolina appears to have an unusual number of review processes.

The CFRP recommends the following operating principles of child death review.

- The death of a child is a community responsibility.
- A child's death is a sentinel event that should urge communities to identify other children at risk for illness or injury.
- A death review requires multidisciplinary participation from the community.
- A review of case information should be comprehensive and broad.

- A review should lead to an understanding of risk factors.
- A review should focus on prevention and should lead to effective recommendations and actions to prevent deaths and to keep children healthy, safe, and protected.

North Carolina's fatality review protocols generally incorporate the principles recommended by the CFRP. The local teams, state-led intensive review process, State Fatality Prevention Team, and State Fatality Prevention Task Force all have broad representation from human services, education, law enforcement, and legal agencies, and multiple disciplines; and their reviews underline the message that child deaths are sentinel events and their prevention is a community responsibility. The reviews are comprehensive and broad in scope and seek to lead both to a better understanding of risk factors and system recommendations for prevention.

North Carolina is unusual in the total number of different review processes arising out of the social services and public health systems. A national expert at the August 17 stakeholder meeting told participants North Carolina has, without question, the most complicated system of any state.

Sub-Question 2: *Is North Carolina following its protocol?*

Key Findings: *Is North Carolina Following its Protocol?*

- The state Child Fatality Team and Child Fatality Task force are both very active.
- Local teams are active in most counties, with some variability in functioning.
- The state-led intensive fatality review team recently resolved a large backlog.

The North Carolina Child Fatality Team and Child Fatality Task Force are active teams that make data and information about trends in the demographics of children who die and the causes of their deaths available to the legislature and prevention partners. In 2016, the Office of the Medical Examiner and the NC Fatality Prevention Team reviewed 511 of 1,360 infant and child deaths, including all deaths that were due to homicide, suicide, accidents, and deaths of undetermined causes, along with some natural deaths. The State Child Fatality Task Force had a total of nine committee and three full task force meetings in 2017 and organized a summit held in April 2018 that was attended by 200 people from all elements of the state's child fatality prevention system. The state teams make recommendations annually for legislative changes and policy initiatives to reduce fatalities. Local teams appear to be active in the vast majority of counties, though a DHHS official reports the highest number of required annual reports received was 85 of 100. Interviews and focus groups suggest some variability exists in functioning of local CCPTs and CFPTs and that recruiting and retaining full active membership is a challenge. A leader of the state CCPT/CRP advisory board expressed concern that combined local teams (CFPT/CCPT) often focus on the CFPT function of reviewing fatalities at the expense of the CCPT/CRP function of reviewing active DSS cases. A focus group participant reported this phenomena occurred in her county until a separate CCPT was established. For several years, the State Child Welfare Fatality Review team had backlogs of fatalities awaiting state-led intensive reviews, resulting in reviews often not occurring until a year or two after children died. This backlog was largely cleared up in late 2017 and early 2018, and the state now has a goal of conducting intensive reviews within six months except in those cases for which a county district attorney requests the review be delayed.

Sub-Question 3: *Do the reports from North Carolina's fatality reviews individually and collectively lead to a better understanding of how and why children are dying?*

Key Findings:
Reports Lead to a Better Understanding of Why Children Are Dying

- Reports provide excellent information on causes of death and the demographics of children who die.
- The rich information gathered in intensive state led and local reviews is not being aggregated

Reports from the State Child Fatality Prevention Team and Child Fatality Prevention Task Force provide detailed pictures of the causes of child death in North Carolina and the age and demographics of children who die from the various causes. The 2018 annual report from the Child Fatality Prevention Task Force includes a report on child death data compiled by the North Carolina Division of Public Health in conjunction with the State Center for Health Statistics that additionally provides information on trends over time. The reports show, for example that the majority of the 1,360 children who died in 2016 were infants with perinatal conditions, birth defects, or illnesses. However, the report also includes information about the almost 200 children dying from motor vehicle and other types of accidents, 51 children dying from homicide, and 44 dying from suicide. To more reliably assess trends in subcategories with lower incidences of fatalities, the report compares death rates by causes in five-year periods (2007-2011 and 2012-2016).

Decreases were found in deaths among older youth from motor vehicle and other accidents and among children of all ages from poisoning; increases were found in infant homicides and suicides for children of all ages. An advantage to studying serious injuries resulting from maltreatment, as recommended by the 2016 President's Commission, is that the greater numbers of children suffering serious injuries allows better tracking of trends and the effectiveness of interventions. A challenge is that data on serious injuries resulting from maltreatment are not currently being consistently and reliably tracked.

A report from the State DSS Child Fatality Review Team provided data from FY 2015 and FY 2016 on 51 reviews of children whose deaths were suspected to be the result of maltreatment and whose families had been served by or reported to child welfare in the previous 12 months. The most common causes of death were unsafe infant sleep practices (15, average age two months), homicide (11, average age 23 months), and suicide (11, average age 15). The report includes risk factors and recommendation highlights.

A strength of the state-led intensive review process is that it gathers rich and detailed information about the circumstances leading up to child deaths and the services received or not received from child welfare and other community entities. This information is available to the review team and by extension to the members of the local team and the county child welfare agency. A weakness is that this information is not being systematically aggregated to better understand patterns in actions or inactions of child welfare agencies or other community providers in child deaths across the state. Confidentiality protections preclude child specific information from being included in the reviews' publicly available reports and, as of the April fatality summit, the rich information in the reviews was not being systematically aggregated and analyzed. DHHS officials at the summit signaled a desire to move in that direction.

Sub-Question 4: *What is the relationship between reviews conducted as part of the State child fatality review protocol and reviews conducted by local community child protection teams, and how well do those processes work together?*

Local CCPTs or joint CCPT/CFPTs typically meet between four and 12 times a year and often conduct their reviews prior to the state led intensive review, especially when the state has had long review backlogs. It is common for state-led intensive reviews to recruit multiple members of the local CFPT/CCPTs to be on the state-led review team. After the state intensive review is completed, a report is made back to the local CCPT or joint CCPT/CFPT. The state-led review is acknowledged to be much more detailed than the local review. With the state fatality review team having eliminated its backlog and poised to complete prompt reviews, how the process by which the state and local teams review fatalities that meet criteria for intensive state review can be revisited.

Key Findings: *Relationship between state and county processes*

- With the backlog in state-led intensive reviews resolved, it is time to revisit how the state and local teams work together
- Input from local teams to the state team and task force can be strengthened.

The number of fatalities that meet criteria each year for the state-led intensive fatality review is relatively small. It was noted at the April Child Fatality Prevention summit that a great many of the "other fatalities" reviewed by the local CFPT and joint CCPT/CFPTs are found to have families with histories of involvement with child welfare and/or to involve maltreatment.

At the April Child Fatality Prevention summit, the Child Fatality Task Force chair reported the task force receives relatively few recommendations and reports from local CCPT/CFPT teams.

Sub-Question 5: *Does the review process increase public awareness and advocacy for issues that affect the health and safety of children in North Carolina?*

- Local CCPT reviews and state-led intensive reviews raise awareness for the community representatives who participate.
- We learned of examples of information from local team reviews being used for local public information campaigns. For example, public health educators in Carteret County used information from its local teams to inform public awareness campaigns about safe sleep, hot cars, and rip currents.
- Reports of the state-led intensive reviews are vaguely written to avoid disclosing client specific information and unlikely to lead to awareness or advocacy.

Key Findings: *Does Process Increase Public Awareness?*

- The local team process raises awareness for participants
- Review processes have led to both local and statewide public information campaigns to improve child safety.

- Disclosures by DSS directors released pursuant to 7B-2902 sometimes include a great deal of information about fatalities and may be reported on extensively in the media.
- The Child Fatality Task Force and the Child Fatality Prevention Team actively seek to raise public awareness through information campaigns and actively advocate for legislation and administrative changes. The active involvement of legislators and governmental leaders on the Child Fatality Prevention Task Force greatly increases the effectiveness of the task force's advocacy and public awareness efforts.

D. Placement of Children in Foster Care and Other Out-of-Home Settings

Overview

Law and policy concerning protective services in North Carolina regard taking legal custody of a child away from parents or guardians as an extreme step that is justified only when the child is in imminent danger of serious harm and no other reasonable means is available to protect the child.

In North Carolina, children typically are placed in foster care and other out-of-home settings by social services after the director or his/her designee petitions the district court alleging the child has been abused, neglected, or dependent and requesting non-secure custody. The county director has authority to petition the court and request non-secure custody of a child any time during a CPS investigative or family assessment or the provision of CPS In-Home services. N.C.G.S 7B-502 gives any district court judge the authority to issue a non-secure custody order and allows the chief district court judge to delegate that authority to others through administrative order. Judicial districts in North Carolina have adopted different protocols to assure that petitions requesting non-secure custody are responded to rapidly in order to protect children. Additionally, N.C.G.S 7B-500 gives both law enforcement officers and social services workers the authority to take children into temporary custody for up to 12 hours (24 hours on a holiday or weekend) in emergency situations if waiting for a custody order for non-secure custody would endanger the child. If a custody order is not secured within the time frame, the child must be returned.

North Carolina's CPS policy is intended both to assure that the safety of children is accurately assessed and monitored during CPS assessments and that safety plans are considered and implemented when children can be protected without being removed from their parents or guardians' care. Safety plans often include the family receiving services and being monitored by DSS. The most restrictive type of plan involves giving the parent or guardian the option of choosing a safety provider (who must be assessed and approved by DSS) with whom the child will live for a temporary period while the parent retains custody while DSS continues its assessment and/or the family works to ameliorate the safety issue. Policy balances efforts to prevent legal removal of children with concerns about ensuring parental consent and parents' due process by setting timeframes for when DSS must petition for court involvement if it believes children are not safe to return home.

Child and Family Team (CFT) meetings play a significant role in DSS policy for assuring that children and families and supports of their choosing are involved in decisions about whether children need to be removed their home. CPS is required to hold a CFT meeting whenever

considering removing a child or requiring a family to choose a safety provider to avoid removal. When safety considerations do not allow a meeting to be held before a child is placed with a safety provider or enter-secure custody with DSS, the meeting is to be held immediately afterward.

A small percentage of children enter the placement and custody authority of a department of social services by court order without the director or designee petitioning for custody. This typically happens in one of two ways:

- DSS petitions the court alleging a child has been abused or neglected without also petitioning for custody and the court determines to give non-custody to DSS. This can happen when DSS petitions requesting court assistance in ordering a family to participate in critical services or to assure due process when a child has remained with a safety provider.
- A judge in another court (e.g., juvenile delinquency court or domestic court), based on evidence heard in that court, orders a child directly into the custody of DSS. This practice is more prevalent in some judicial districts than others.

When placing children who enter non-secure custody, DSS – in compliance with the federal Fostering Connections act – is required to give first preference to relatives who are assessed as able to provide a safe placement for the children. Other placement options include licensed foster homes or other homes authorized by law, DSS operated facilities, and any other home approved by the court. DSS policy further states that "any child removed from his or her home shall be placed in the least restrictive, most family-like setting in which special needs may be met, within close proximity to his or her family and with relatives when appropriate." The policy manual guides caseworkers to focus on matching the child's strengths and needs with any potential placement options. Policy also requires siblings to be placed together when possible and addresses the additional trauma that children may experience when separated. Policy emphasizes the importance of a single, stable placement while a child is in care.

A hearing on the need for continued non-secure custody must be held within seven days. For the child to remain in custody, the court must find a reasonable factual basis that information in the petition that the child was abused, neglected, or dependent is true and that no other reasonable means are available to protect the child. After the first non-secure custody hearing, the statutes require a clearly specified series of hearings in which DSS, in order to maintain custody, must demonstrate diligent efforts to notify relatives in compliance with the federal Fostering Connections act, demonstrate reasonable efforts to make custody no longer necessary, and present facts that support a finding that it is "contrary to the welfare of the child to remain in the home." DSS policy articulates clear expectations that in addition to relatives, caseworkers shall consider non-relatives, fictive kin, and persons with legal custody of a sibling. Caseworkers must also consider if it is in the best interest of a child to remain in the community of their residence and there are legal prohibitions to discriminatory placements practices based on race, ethnicity, gender, or religion.

The federal government recognizes only one Native American tribe in North Carolina, the Eastern Band of Cherokee Indians. Families in this tribe have additional protections under the Indian Child Welfare Act (ICWA) of 1978. Under ICWA, DSS must put forth intensive services,

"active efforts," to prevent abuse and neglect and keep children in their homes and when necessary to remove them, ensure that they remain in their communities through tribal relative searches. In addition to this tribe, the state of North Carolina recognizes seven additional tribes throughout the state. Although the federal Indian Child Welfare Act (ICWA) does not apply to all children and families from state-recognized tribes, current state law and policy encourage partnership between child welfare agencies and state-recognized tribes.

Once in foster care or out-of-home placement, N.C.G.S. 7B-501.1 allows DSS to arrange and consent for routine and emergency health and dental care. Mental health services and any non-routine medical care or care requiring informed consent must also be consented to by the child's parent or guardian, or ordered by a judge after a hearing if the parent and DSS disagree.

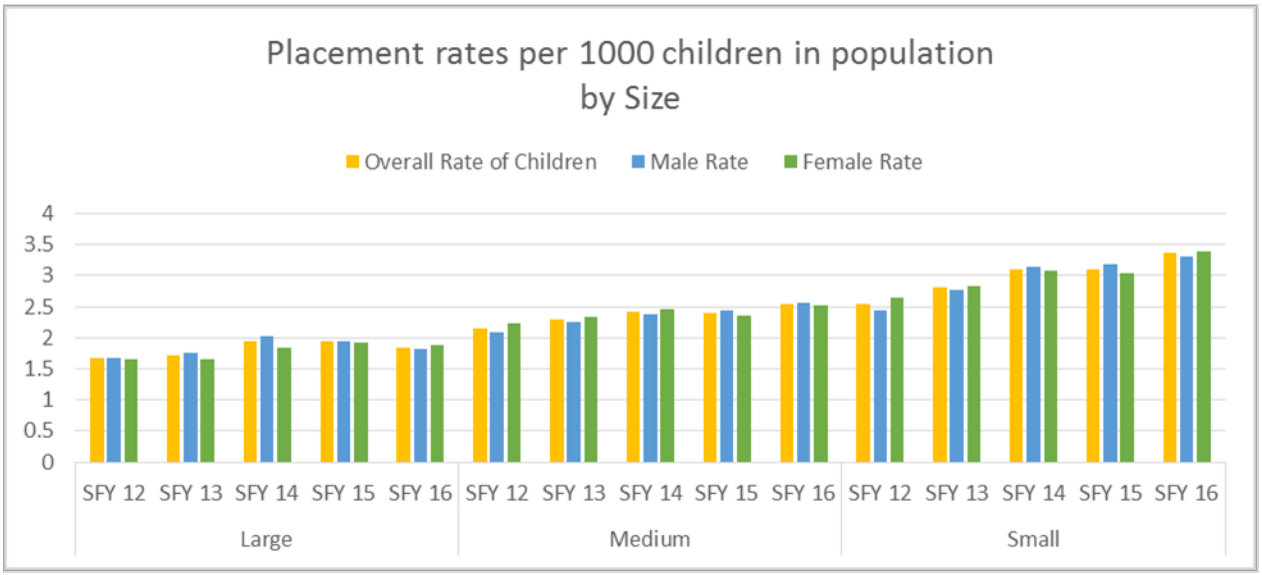
Placement of Children into Foster Care – Trends

Effectively preventing placement of children into foster care depends on many factors, including:

- The ability of DSS staff to appropriately assess the strengths and needs of a family as well as any safety risks of all children in the home;
- The ability of DSS staff to effectively engage families and assist families in identifying relatives, kin, and fictive kin to support the family and serve as safety resources if needed;
- The ability to adequately identify appropriate services and intervention strategies that build upon a family's protective factors and will lead to sustainable behavioral changes needed to address their challenges; and
- The availability and accessibility of community-based resources and services that are effective and targeted to meet the needs of families.

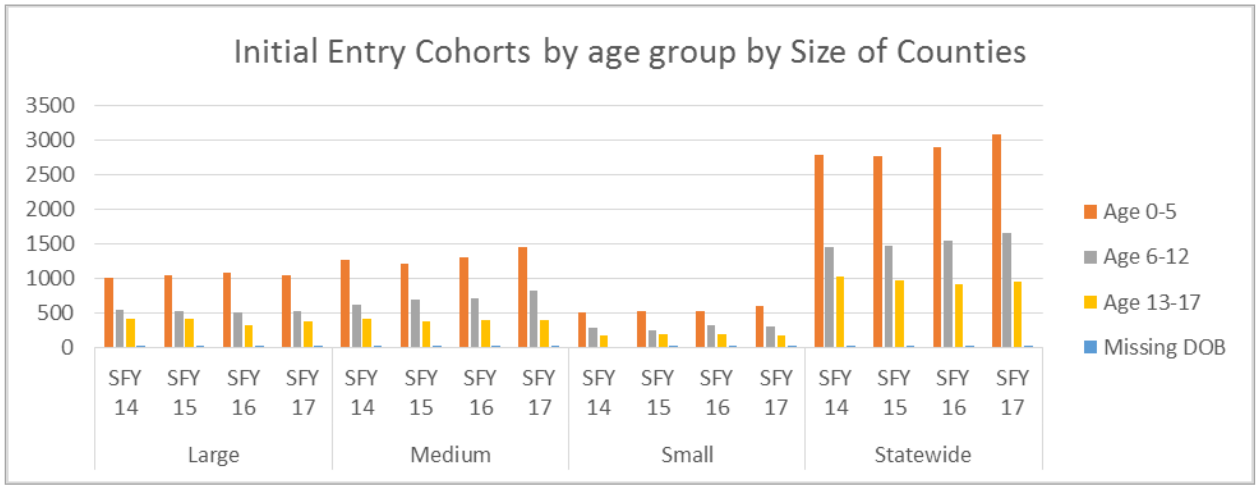
Two data points that can be analyzed to determine the effectiveness of these reasonable efforts to prevent removal is the rate of entry into foster care compared to other states and the trend of entries into foster care. As discussed previously, North Carolina's rate of entry into foster care is lower than in most states. However, as is true in many states, the number of children entering foster care has been slightly increasing over the past five years. This is true for small, medium, and large counties.

Figure 24: Placement Rates per 1,000 Children in Population by Size



Source: Retrieved on June 30, 2018 from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/

Figure 25: Initial Entry Cohorts by Age Group, by Size of Counties

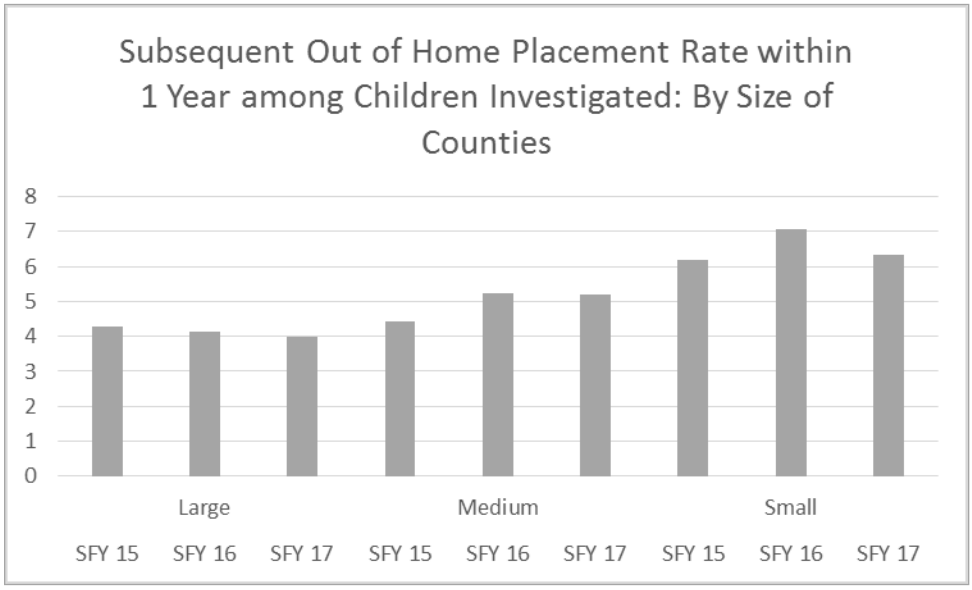


Source: Retrieved on June 30, 2018 from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/

Throughout a CPS assessment or the provision of CPS In-Home Services, CPS caseworkers and supervisors are responsible for assessing safety and for making reasonable efforts to prevent children from entering care (except in situations in which imminent threats to safety make it so no efforts are reasonable). During a CPS assessment, workers are encouraged to frontload services when possible to address safety and reduce risk. When maltreatment is found and the risk of future harm is assessed as moderate or high, families are referred to CPS In-Home Services whenever safety allows. The types of services and intervention provided vary greatly from county to county. The philosophy that undergirds this area of practice is that with effective intervention, DSS can prevent some families from entering foster care.

Figure 26 presents out-of-home placement rates within one year among children involved in a CPS assessment.

Figure 26: Subsequent Out-of-Home Placement Rate Within One Year Among Children Investigated, by Size of Counties



Source: Retrieved on June 30, 2018 from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/

Determining whether effective services are being delivered is difficult to analyze. External factors such as the availability of services play a role. What can be analyzed and what is defined in North Carolina is whether DSS used "reasonable efforts" to provide services to prevent removal. G.S. 7B-101(18) defines reasonable efforts as follows:

> The diligent use of preventive or reunification services by a department of social services when a juvenile's remaining at home or returning home is consistent with achieving a safe, permanent home for the juvenile within a reasonable period of time. If a court of competent jurisdiction determines that the juvenile is not to be returned home, then reasonable efforts means the diligent and timely use of permanency planning services by a department of social services to develop and implement a permanent plan for the juvenile.

Sources of Information

- Administrative Data:
  - UNC Management Assistance website.
  - NC Legacy Data.
  - County Child Welfare Staffing Workbook Data.
- Case Review Data:
  - Program Monitoring Review Data.
  - OSRI Data.

- Meetings Attended with State and County Staff:
  - Most Impacted Counties Meeting (4/12/18).
  - FFPSA Meeting (6/5/18).
- Focus Groups/Interviews:
  - CPS In-Home workers.
  - CPS supervisors.
  - Foster Care workers.
  - Foster Care supervisors Interviews with Parents.
  - Foster Parents.
  - Youth.
- Surveys:
  - CPS Surveys.
  - Foster Care Supervisors and managers.

Detailed Findings

Primary Research Question:	***Are reasonable efforts made to support families prior to removing children and effective efforts made after removal to promote stable placements?***

Administrative data from the Children's Bureau suggests North Carolina performs well compared to other states in avoiding taking children unnecessarily, but other data gathered and analyzed as part of the assessment process suggests that North Carolina has room for improvement in many of its efforts to preserve families and to ensure placement stability of children in care. To reach this conclusion, CSF examined the use of North Carolina's structured decision-making tools in mitigating safety threats and preventing unnecessary removals, the use of stabilization services in addressing child safety and preventing unnecessary removals, and also whether efforts are made to ensure placement stability and reduce trauma for children who are placed in foster care. While CSF observed some examples of positive safety- and placement-related practices, there were other practices and services identified that not were being delivered with consistency and in accordance with state policy.

North Carolina uses structured decision-making tools. The North Carolina Safety Assessment is structured to prompt workers to consider each of six safety interventions prior to making a decision that a child is unsafe and must be removed from the home and to list specific behaviors that must be addressed and who will be responsible. The Family Assessment of Strengths and Needs is designed to identify strengths to build on and needs to address in the Family Services Agreement (FSA).

CSF observed that DSS does make attempts to prevent unnecessary child removals during CPS assessments and while providing CPS In-Home Services; however, service availability and accessibility vary widely across counties. The practice of frontloading services during CPS assessments in an effort to provide stability to families and prevent removal was evident, but it appears to vary by county size, with small and medium size counties frontloading services more

frequently than larger counties. Focus group feedback indicated there are challenges in providing services to stabilize families when services are not available within a family member's LME/MCO service area.

Once children enter foster care, CSF looked at DSS efforts to assure that children have safe, stable placements. CSF found that DSS is meeting the federal 95 percent standard of having a face-to-face visit every month with every foster child. Caseworkers are doing a good job visiting with children in their placements and following up with caregivers as a means toward stabilizing placement and mitigating trauma. OSRI reviews, which looked more rigorously at both the frequency and quality of visits with foster children, identified areas for improvement. Greater efforts are also needed to locate and engage relatives earlier in the case planning process to mitigate child and family trauma and promote placement stability. Data indicates that children are frequently not able to be placed with their siblings in care and must change schools upon entering care or when experiencing placement changes. Caseworkers who participated in focus groups cited a need for additional placement resources and better access to the types of services to meet child needs. Foster parents indicated they would like more training opportunities to help them better understand trauma, as well as access to mentor-foster-parents for additional support.

Sub-Question 1: *Do North Carolina's structured decision-making tools appropriately address factors that might mitigate safety threats and prevent unnecessary removals such as parental protective factors and risk factors for the children including the type and history of abuse/neglect and availability of appropriate services? To what extent are safety, risk, and protective factors incorporated into the Family Services Agreement?*

North Carolina's structured decision making (SDM) tools are described and discussed in sub-question 4 of the Key Findings on Child Protective Services. The tools are comprehensive and represent an effort to integrate strengths and parental protective factors with safety and risk when decisions about whether children need to be removed are made.

The North Carolina Safety Assessment, which must be completed at specified times during a CPS assessment and the provision of CPS In-Home Services, prompts workers to consider six possible safety interventions before concluding that a child is unsafe and must be removed. Those interventions are:

- Monitoring and/or use of direct services by county child welfare agency.
- Use family, neighbors, or other individuals in the community in the development and implementation of a safety agreement.
- Use community agencies or services.

Key Findings: *Quality of SDM tools as it relates to mitigating threats and preventing unnecessary removals*

- SDM tools in use in North Carolina are thorough and cover every aspect of protective factors, risk factors and safety threats.
- Focus groups with Foster Care workers and supervisors suggest there is overall support for the FSA however some raised concerns regarding the subjective nature of the questions and scoring.
- Review data indicates FSA's included a focus on child safety in only 50% of cases reviewed.

- The alleged perpetrator will leave or has left the home – either voluntarily or in response to legal action.
- A protective caretaker will move or has moved to a safe environment with the child(ren) and there are no restrictions on protective caretaker's access to the child(ren).
  - Identification of a Temporary Safety Provider by the parent with the social worker monitoring.
  - A Temporary Safety Provider will move into the family home.
  - The child(ren) will reside in the home of a Temporary Safety Provider.

The form further prompts workers to list the specific behaviors that make a child unsafe, the actions needed to protect the child, and who is responsible for taking them.

The North Carolina Family Assessment of Strengths and Needs (FASN) is optional during a CPS assessment, but it must be completed when a family is referred to CPS In-Home Services prior to the completion of the Family Services Agreement (FSA). The FASN structures workers to rate both caretakers and children on a variety of factors and, based on those ratings, to list the family's strengths and needs as well as well-being needs in the domains of education, health, and mental health. The tool is designed to help identify needs to address, and strengths to build on in the FSA.

Program Monitoring results related to the incorporation of safety, risk and protective factors into the FSA during CPS In-Home Services cases are presented in detail and discussed under sub-question 4 in the Preventive and In-Home Services section. Overall, program monitoring found that the FSA addressed needs identified in the CPS assessment and the FASN for the mother 89 percent and for the father 82 percent of the time. The program monitoring found the FSA was used to identify well-being needs of the parents with less consistency.

In focus groups with caseworkers and supervisors across the state, most noted that they liked the new Family Assessment of Strengths and Needs (FASN) because all the information is now in one place and the language in the tool is less vague. Others observed that placing an emphasis on strengths and not just needs and problems has made engagement with families more successful and Child and Family Team Meetings are more meaningful. Noted challenges with the FSA involved the subjective nature of the questions and scoring. In focus groups with family members, concerns were raised about assumptions being made based on gender or ethnicity. Caseworkers and supervisors must make deliberate efforts to prevent personal and cultural biases from impacting the scoring process during the FASN.

Sub-Question 2: *Are stabilization services provided to address the safety and well-being needs of children, parents and family household members to prevent removal and keep families together?*

Key Findings: *Provision of stabilization services to address child safety and family well-being needs to prevent removal*

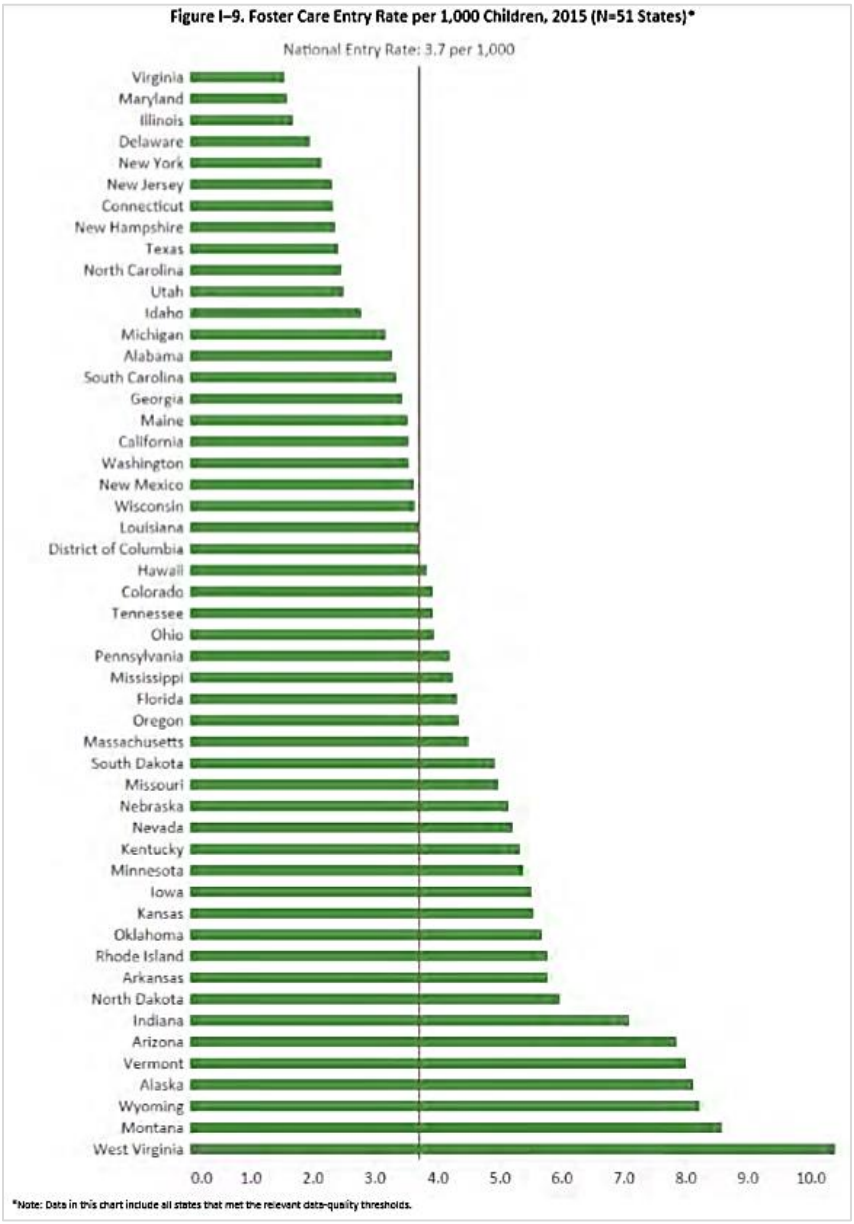
- North Carolina has a lower rate of removing children into foster care than the majority of states.
- Availability and accessibility of services to prevent removals varies widely from county to county
- Small and medium counties document frontloading services in assessments more frequently than larger counties.
- Challenges exist accessing behavioral health services to prevent removal.

DSS must demonstrate reasonable efforts to prevent removal of children by providing stabilization services to the family (or show that no efforts are reasonable and consistent with safety). This is required by federal regulations, state statutes and DSS policy. District Court judges must make a finding as to DSS efforts at the non-secure custody hearing. For Native American children from the Eastern Band of Cherokees, DSS must show "active efforts" meaning intensive services to keep families together.

Avoiding unnecessary removals of children is critical to avoid traumatization of both children and families when a removal is not truly required for a child's immediate safety. Two key elements to avoiding unnecessary removals are appropriate assessment strategies (sub-question 1) and stabilization services (sub-question 2). One indicator of the overall success of avoiding unnecessary removals is to look at a state's foster care entry rate and compare it to other states.

The chart below is taken from the most recent Child Welfare Outcomes Report to Congress from the Children's Bureau. It shows that North Carolina's annual foster care entry rate per 1000 children in 2015 was the tenth lowest among all the states and significantly below the national rate of 3.7 children per 1,000.

Figure 27: Foster Care Entry Rate per 1,000 Children, 2015 (National)



Source: Children's Bureau. Child Welfare Outcomes 2015: Report to Congress. Administration of Children and Families. US DHHS. Retrieved from: https://www.acf.hhs.gov/sites/default/files/cb/cwo2015.pdf

Stabilization services in North Carolina come from three primary sources:

- Services provided directly by counties during a CPS assessment or CPS In-Home Services;
- Intensive family preservation services provided through by private providers through a state contract; and
- Other services accessed by DSS from community providers.

While policy and law are clear, practice varies greatly from county to county across North Carolina. Data from 2017 Program Monitoring Reviews indicate that small counties

outperformed medium and large counties in frontloading services to families during the assessment (73%). This metric appeared especially challenging for large counties (44%), although the sample of reviewed cases was small. This seemingly contradicts the fact that larger counties have more resources and services that are available and accessible. However, during focus group sessions, birth families, youth, and staff expressed a family-like setting in small county DSS offices. They revealed that in small counties, the staff members know the families and are intimately aware of services in a way that may not be as possible in larger jurisdictions.

However, Program Monitoring reviewers judged that CFT meetings were held when warranted in only 34 percent of assessments. Counties did much better completing the FASN when a decision was made to place a child in foster care or other out-of-home placement (93%). In large counties, the FASN was completed in these circumstances for all 23 cases reviewed.

During focus groups, DSS staff expressed a belief that a great deal of services are provided to prevent removal. Some expressed that this was sometimes to the detriment of the children who may be continuing to experience trauma. DSS petitions to the court without requesting custody were reported to have mixed results. Such petitions represent an attempt to galvanize court oversight as an incentive for families to comply with service agreements and prevent removal. However, some staff felt that it increased risk and took even more time having to negotiate time on court dockets.

It is unclear from data when counties are providing services directly and when they are referring families to services. For children who enter care from families receiving In-Home Services, there is more evidence of contact with the agency on a regular basis and some levels of service provision. During focus groups, several counties, particularly small counties, indicated that they have no services. Most need to send clients to larger counties, and transportation becomes a challenge. In addition, when children enter care, most parents who have Medicaid lose their eligibility, and they do not have the resources to pay for services. A common theme across the state was a need for more services to address substance abuse, mental health, and child care needs. Other perceived needs for services included: domestic violence, employment, parenting for teens, home cleanliness, transportation, tailored therapy (trauma, CBT, etc.), anger management, housing, and more classes specifically tailored for men.

In focus groups and interviews, many of the larger county DSS staff identified excellent services available, including job skills programs, church-run parenting programs, family preservation, helping parents with a criminal history find a job, therapy, transportation, and family crisis centers. The disparity of accessible services from county to county has been exacerbated by the regionalization of the Local Management Entities/Managed Care Organizations (LME/MCOs), which have assigned catchment areas. Some LMEs offer more or different types of services. Focus group participants revealed that it is difficult to access services that are not available through the LME/MCO that serves their county, even if those services are available in counties served by another LME/MCO. The North Carolina State Medicaid and Health Choice program is also undergoing a major transformation from fee-for-service to managed care in 2019, and current plans call for moving toward a statewide, rather than regional, behavioral health plan.

2017 NC Program Monitoring Review Data *Select Questions – CPS Assessment Protocol*				
Provision of stabilization services to address child safety and family well-being needs to prevent removal	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
If services were needed or recommended, were any services frontloaded to the family during the assessment?	67.82% (215/317)	44% (11/25)	64.66% (75/116)	73.30% (129/176)
Was a CFT held during the assessment, if it was warranted?	34.24% (63/184)	60% (6/10)	34.29% (24/70)	31.73% (33/104)
If the case was transferred to CPS In-Home Services or Foster Care, was there a discussion with the family regarding CFT's?	36.57% (98/268)	30.77% (4/13)	38.71% (36/93)	39.19% (58/148)
If there was a decision to transfer to CPS In-Home Services or Foster Care, a Family Assessment of Strengths and Needs (FASN) was completed.	92.88% (261/281)	100% (23/23)	92.23% (95/103)	92.26% (143/155)

Sub-Question 3: *If children are placed in foster care, are sufficient efforts made to ensure placement stability to reduce trauma?*

In order to reduce trauma for children in foster care or other out-of-home placements, DSS strives to reduce the number and frequency of placement disruptions.

Caseworker face-to-face visits with children in their placements is a critical element of assuring a child has a safe, stable placement. The federal government requires states to report on monthly visitation and to meet an annual standard of conducting at least 95 percent of the required monthly face-to-face visits with foster children, at least half of which must be in the child's placement. A chart in the Children's Bureau's 2015 Child Welfare Outcomes Report to Congress shows that North Carolina was slightly below the 95 percent standard for conducting monthly face-to-face visits with foster children; a state DSS official has informed CSF that North Carolina has subsequently met the 95 percent requirement. The 2015 Report to Congress shows that about 88 percent of monthly visits in North Carolina were at a child's placement, easily exceeding the requirement that at least 50 percent.

North Carolina also conducts more rigorous and detailed assessments of caseworker visits with children through its Program Monitoring and OSRI Reviews. The Program Monitoring Reviews have a more exacting standard of whether a child was seen every month during a six-month period of review. North Carolina's program monitors found monthly visits occurred in 468 of 531 reviewed cases (88%). Item 14 of the OSRI examines not only at whether visits occur with sufficient frequency (which can be more than once a month if deemed necessary), but also assesses whether visits are of adequate quality (sufficient length, include a private interview with the child, and include discussion of issues pertinent to the child's needs). For an OSRI review to rate visitation as a strength in a record, both the frequency and quality of visits must be assessed to be sufficient throughout the period under review. In 2018, item 14 was rated as a strength in 19 of 31 reviewed foster care cases (61%).

Studies consistently find that kinship placements are more stable than non-kinship placements.[21] Recruiting from a child's existing network of family members and supports is another method to ensure important connections are maintained for children in foster care and that the trauma of entering foster care is reduced. When asked about the causes of placement instability during focus groups; responses from DSS caseworkers included:

- Children's behaviors and lack of timely access to mental health;
- Poor treatment of foster parents;
- Not enough therapeutic placements for children;
- Inability to respond to the needs of foster parents in a timely manner; and
- Lack of resources and funding for relative placements.

In North Carolina, policy suggests that CFTs should be held when appropriate prior to removing children into custody and that relatives, kin, or other safety resources should be involved and considered for placement. Program Monitoring Review findings suggest that staff involved kin and/or safety resources with planning and decision making in 67 percent of the cases reviewed with large and medium counties (77% and 73% respectively) performing better than smaller counties (58%). CFTs were only held prior to custody in just over 25 percent of the cases reviewed across the state.

Some youth in focus groups expressed a desire for DSS to put forth more efforts to locate and engage relatives early in the process. Relatives who participated in focus groups revealed that they did not feel engaged by DSS. Some described a heavy-handed approach of engagement in which DSS caseworkers said children would enter foster care if the relatives did not take them for placement. Relatives also noted that communication with DSS was hampered due to the

[21] Beeman, S.K, Kim, H. Bullerdick, S.K. (2000). Kinship family foster care: A methodological and substantive synthesis of research. Children and Youth Services Review, 22 (1) (2000), 37-54.
Benedict, M. I., Zuravin, S., & Stallings, R. Y. (1996). Adult functioning of children who lived in kin versus nonrelative family foster homes. *Child Welfare, 75*(5), 529-549.
Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review, 16*(1-2), 33-63. doi:10.1016/0190-7409(94)90015-9
Cuddeback, G. S. (2004). Kinship family foster care: A methodological and substantive synthesis of research. *Children and Youth Services Review, 26*(7), 623-639. doi:10.1016/j.childyouth.2004.04.014
Goerge, R. M. (1990). The reunification process in substitute care. *Social Service Review, 64*(3), 422-457. doi:10.1086/603780
Iglehart, A. P. (1994). Kinship foster care: Placement, service, and outcome issues. *Children and Youth Services Review, 16*(1-2), 107-122. http://dx.doi.org/10.1016/0190-7409(94)90018-3
Koh, E. (2010). Permanency outcomes of children in kinship and non-kinship foster care: Testing the external validity of kinship effects. *Children and Youth Services Review, 32*(3), 389-398. doi:10.1016/j.childyouth.2009.10.010
Testa, M. F. (2002;2001;). Kinship care and permanency. *Journal of Social Service Research, 28*(1), 25-43. doi:10.1300/J079v28n01_02
Webster, D., Barth, R. P., & Needell, B. (2000). Placement stability for children in out-of-home care: A longitudinal analysis. *Child Welfare, 79*(5), 614-632.
Winokur, M. A., Crawford, G. A., Longobardi, R. C., & Valentine, D. P. (2018). Matched comparison of children in kinship care and foster care on child welfare outcomes. *Families in Society, 89*(3), 338-346. doi:10.1606/1044-3894.3759

turnover of staff within DSS. One kin shared as an example having three GALs and two workers in 16 months. Program Monitoring Review data supported focus group feedback in this area, with only 60 percent of cases reviewed having documentation that the child and family were appropriately prepared for placement prior to the physical removal of the child.

Another strategy devised by North Carolina DSS to mitigate trauma for children ages 12-17 entering care is a booklet entitled, *Understanding Foster Care – A Handbook for Youth*. Data from 2017 Program Monitoring Reviews indicate that only 20 percent of these children received the booklet. With such little usage, this strategy needs to be evaluated for availability, effectiveness, and staff understanding and buy-in.

According to the National Resource Center for Permanency and Family Connections, frequent changes in caseworkers, judges, and legal representation also interfere with child well-being and achievement of a permanent home. There are stages inherent to the system along the continuum of a case in which the caseworker will change, and in North Carolina a new caseworker is usually assigned when a child enters foster care. Program monitoring looked at whether the former and new worker made joint visits to children, caretakers, and removal parents to ease the transition and found this was rarely done. This is not, however, a requirement of North Carolina policy. It is worth highlighting that during focus groups, youth indicated that they had positive relationships with their caseworkers, especially those youth involved in the LINKS program.

Key Findings: *Efforts made to ensure placement stability to reduce trauma:*

- North Carolina meets the federal 95% standard of seeing every foster child face-to-face every month.
- Efforts are needed to locate and engage relatives earlier in the case planning process to mitigate child and family trauma and to promote placement stability.
- Caseworkers are doing a good job visiting with children in their placements and following up with caregivers as a means toward stabilizing placements and mitigating trauma.
- Children are frequently not able to be placed with their siblings and must change schools upon entering care or when experiencing placement changes.
- Caseworkers cite a need for additional placements and better access to the types of services to meet child needs.
- Foster parents would like more training opportunities in order to better understand trauma and access to mentor foster parents for added support.

Visiting with children in their placements and following up with caregivers is another important aspect of stabilizing placements and mitigating trauma. All counties are doing a good job of making face-to-face contact with children within seven days of (initial) placement (80.5%) and making contact with the (initial) placement resource within seven days of placement (84%). DSS policy provides numerous provisions that stress the importance of maintaining as many connections for children in foster care as possible. Program Monitoring Review data indicates that siblings were placed together in 63 percent of the cases reviewed. Less than half of placements allowed children to remain in their same schools, with only 47 percent of applicable cases containing documentation as to whether a school change was in the child's best interest. One youth interviewed indicated that he was able to remain in his school in spite of five placement changes and having to board the school bus every day as early as 5:00 a.m. On a

positive note, 92 percent of the cases reviewed documented that children were able to engage in "normal childhood activities."

In focus groups with foster care caseworkers, the following barriers to placement stability were noted:

- Behavior of children and lack of timely access to mental health services, sometimes due to lengthy waitlists.
- Not enough placements to meet the number and needs of children in care.
- Poor treatment and untimely response to needs of foster parents.
- Relatives and kin not given the same levels of support as foster parents

Making sure that foster parents and relative placements are prepared and supported is also a vital component to placement stability. When asked about training and preparation, foster parent participants noted the following:

- Some felt prepared with the training and some did not;
- Some counties utilize foster parents as co-trainers for all sessions and youth in foster care and other stakeholders for panel discussions to provide real-life scenarios;
- Some counties have developed Facebook pages to provide peer support and additional resources;
- Some foster parents expressed a need to "overhaul" the MAPP training to include more on trauma;
- Respondents requested more training and in-service training opportunities to better understand trauma;
- Suggestions were made to add mentor foster parents for added support;
- Shared parenting is stressed; however, foster parents suggested structured times for parent-to-parent interaction without the child's presence;
- More information should be provided to caregivers prior to placing children; and
- No amount of training can prepare you for the emotional aspect of caretaking.

Finally, OSRIs conducted by DHHS in 2017-2018 rated Item 4 (Stability of Foster Care Placement), which focuses on the number of placement settings experienced by the child, the appropriateness, and necessity of any placement changes and the stability of the child's current placement, as a strength in 68 percent of the 40 cases reviewed.

2017 NC Program Monitoring Review Data ***Select Questions – Foster Care Protocol***				
Efforts to ensure placement stability to reduce trauma	**State**	**Large Counties** 3/10 reviewed	**Medium Counties** 16/39 reviewed	**Small Counties** 27/51 reviewed
Were kin and/or safety resource involved with planning and decision making (pre-placement)?	66.74% (307/460)	77.05% (47/61)	73.3% (140/191)	57.69% (120/208)
Was a CFT held prior to custody?	25.52% (122/478)	40.98% (25/61)	21.9% (46/210)	24.64% (51/207)
Were the child and family appropriately prepared for the placement prior to the physical move of the child or in the case of an emergency removal is there documentation of as soon as possible after the move?	60.47% (283/468)	61.02% (36/59)	64.65% (128/198)	56.4% (119/211)
Was the child entering foster care, ages 12-17, provided "Understanding Foster Care – A handbook for Youth?"	20% (32/160)	9.09% (2/22)	17.46% (11/63)	25.33% (19/75)
Was a joint visit made to the child and caregivers with the sending and receiving social workers?	27.49% (124/451)	8.06% (5/62)	33.66% (68/202)	27.27% (51/187)
Was a joint visit made to the following with the sending and receiving social workers? ▪ Mother	22.09% (95/430)	10% (6/60)	25.77% (50/194)	22.16% (39/176)
▪ Father	15.73% (59/375)	13.73% (7/51)	17.65% (30/170)	14.29% (22/154)
▪ Other removal caregiver	18.92% (21/111)	0% (0/16)	23.81% (10/42)	20.75% (11/53)
Did the (initial) placement allow the child to: ▪ Remain in the same school?	47.54% (135/184)	40.63% 13/32	50.91% (56/110)	46.48% (66/142)
▪ If the child's school changed, is there documentation as to why it is in the child's best interest?	46.53% (67/144)	41.18% (7/17)	51.92% (27/52)	44% (33/75)
▪ Be placed with siblings?	63.48% (186/293)	66.67% (24/36)	69.57% (96/138)	55.46% (66/119)
▪ Participate in faith of choice?	35.44% (118/333)	20% (10/50)	41.22% (54/131)	35.53% (54/152)
▪ Maintain therapeutic contacts?	76.65% (197/257)	70% (21/30)	76.85% (83/108)	78.15% (93/119)
▪ Engage in "normal childhood activities?"	92.05% (405/440)	91.67% (44/48)	94.33% (183/194)	89.9% (178/198)
▪ Continue to participate in activities from prior to placement?	72.04% (219/304)	79.41% (27/34)	74.62% (97/130)	67.86% (95/140)
Was a face to face contact made to the child within 7 days of (initial) placement?	80.5% (417/518)	73.13% (49/67)	82.43% (183/222)	80.79% (185/229)
Was contact made with the (initial) placement resource within 7 days of placement?	83.53% (431/516)	80.60% (54/67)	83.78% (186/222)	84.14% (191/227)
Was there a shared parenting meeting between the parent and placement resource within 7 days of custody?	11.2% (54/482)	9.23% (6/65)	8.21% (17/207)	14.76% (31/210)
▪ If not, was there documentation as to why?	18.87% (80/424)	12.28% (7/57)	16.84% (32/190)	23.16% (41/177)
▪ Was this an appropriate justification?	72.55% (74/102)	87.5% (7/8)	75% (27/36)	68.97% (40/58)

E. Services to Children, Youth, and Families to Achieve Reunification

Overview

Reunification with the parent(s) or primary caretaker(s) from whom children were removed is almost always the initial primary plan when children enter foster care in North Carolina. The new modified policy manual, scheduled to be implemented in September 2018, requires counties to attempt to achieve reunification within 12 months. Counties are, however, required to continue working on reunification as the primary or secondary plan until the court makes written findings that reunification efforts are futile or inconsistent with a child's needs for a safe, permanent home.

State policy on removal of children attempts to set the stage for reunification efforts. A Child and Family Team meeting is supposed to be held prior to removal to engage parents and their supports in the decision of whether removal is necessary. Policy also attempts to reduce the trauma of removal by requiring that families be prepared for removal with clear explanations about why children are being removed, what to expect when children are placed, and what needs to occur for children to be returned.

Upon entry into foster care, a new caseworker is typically assigned to provide case management for both the removed children and the parents, and policy calls for work to begin quickly toward reunification. Within seven days of removal, the modified policy calls for the worker to have a face-to-face meeting with the parents and initial visitation or family time between parents and children. An initial shared parenting meeting – in which birth parents have the opportunity to meet with the placement provider and offer information about their children – is to occur within 14 days.[22] A Child and Family Team (CFT) meeting – in which parents, children, and their chosen supports are full participants – must be held within 30 days of removal to develop the family service agreement detailing services and changes to accomplish reunification. A CFT meeting to update the plan is required within 90 days of removal, and ongoing CFT meetings are required every 90 days. Parents are also expected to be given the opportunity to have an ongoing active role in medical and other services to their children.

Counties are required to have monthly face-to-face contacts with parents while working towards reunification, with at least half of contacts taking place in the parents' residence. Services to parents that address the issues that resulted in removal must be provided or arranged. Some services (e.g., parenting training, supervising visits) are provided directly by many counties while most counties refer parents to outside providers for services related to mental health, substance abuse, or domestic violence. Counties are required to prepare families and assess their readiness for reunification. Limited funding from the state is available for intensive family reunification services. Rylan's Law requires counties to observe two home visits prior to recommending reunification. Some counties and some courts employ extended trial home visits while the county retains custody and continues to monitor. Child Welfare services to families end when legal custody is returned to parents, though parents may choose to continue to participate voluntarily in community services.

[22] The modified manual extended this timeframe from one week to two weeks.

When a county petitions for custody of child in North Carolina, the juvenile court assumes jurisdiction and holds a series of statutorily required hearings at which the court determines or orders:

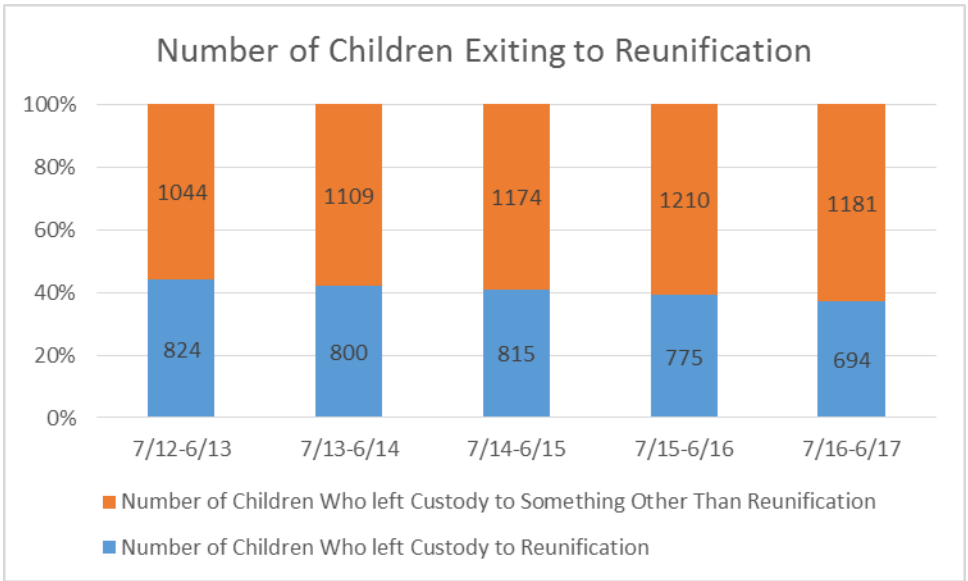
- Whether non-secure custody (foster care) was and continues to be required and whether reasonable efforts to prevent non-secure custody were made and are ongoing.
- Whether the child was abused, neglected, or dependent.
- Services that the county must provide and the parents must complete.
- Visitation between parents and children.
- The child's permanency plan.
- Whether the family is ready for reunification.

The parties to the court hearings are the county, the parents, and a court-appointed guardian ad litem to make recommendations in the best interests of the children. Some court districts have court improvement (CIP) projects that include "Day One" conferences to expedite the work of reunification.

Reunification Trends

Figure 28 below shows that the percentage of children leaving foster care in North Carolina who are reunified with the parent(s) or primary caretaker(s) from whom they were removed declined steadily in the past five years, from 44 percent to 37 percent. It also indicates that the proportion and number of children exiting custody to reunification has decreased slightly in the last five years.

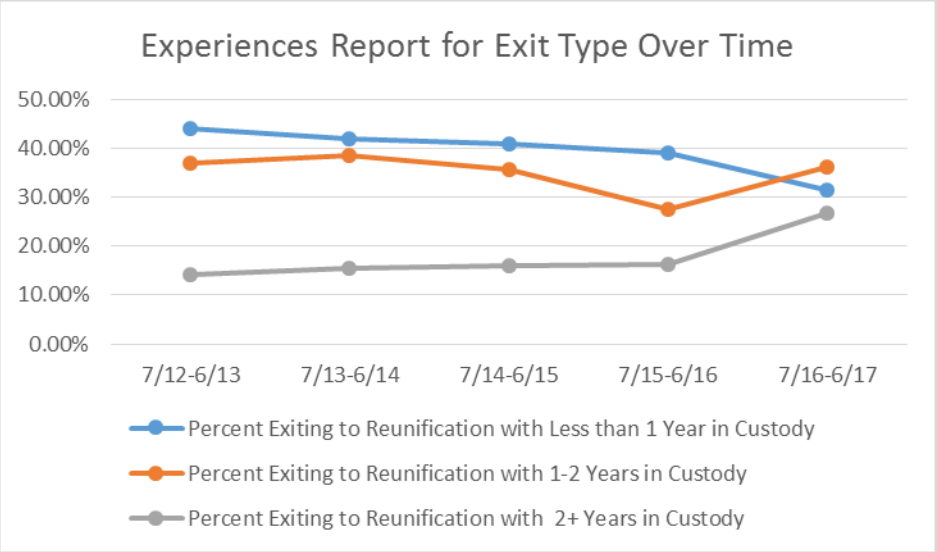
Figure 28: Number of Children Exiting to Reunification



Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018).Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved [4/19/18], from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/

Figure 29 below provides insight on the time children spend in care in North Carolina before experiencing reunification. The figure displays the percentage of children in North Carolina who were reunified with their families within one year of entering substitute care, those who reunified within one to two years of entering care, and those where reunification took longer than two years. The data indicates that the average length of time in care for North Carolina children who are reunified has been increasing in recent years.

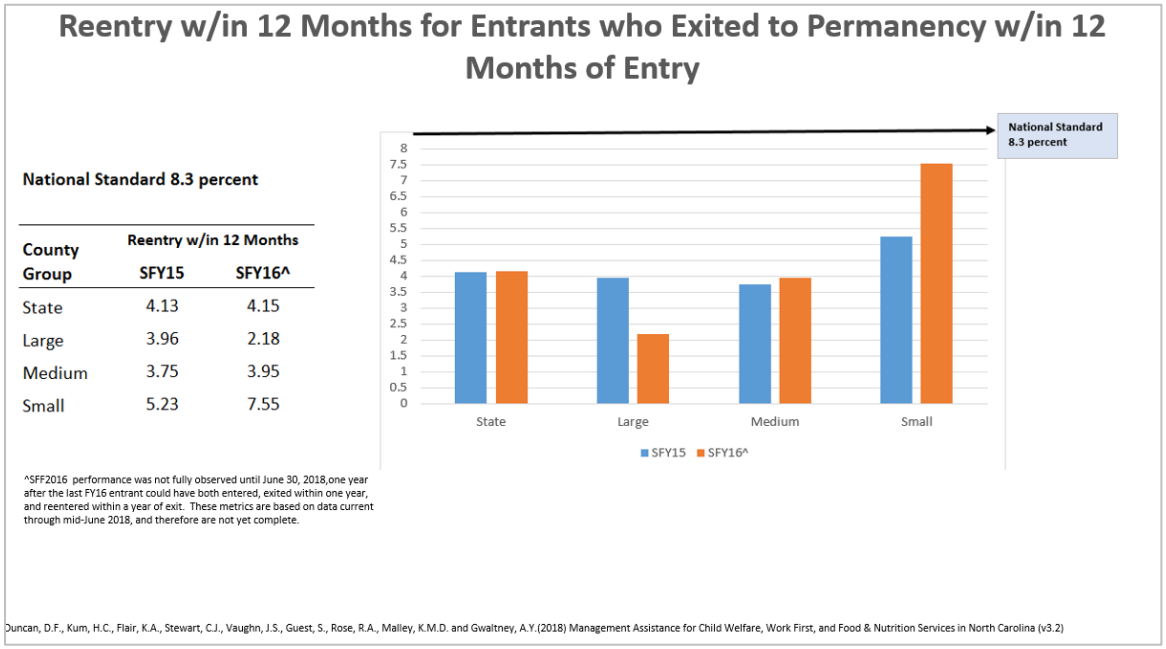
Figure 29: Experiences Report for Exit Type Over Time



Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018).Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved [4/19/18], from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/.

Figure 30 shows that North Carolina's rate of re-entry into foster care is much lower than the national Round 3 CFSR standard of 8.3 percent, with large, medium, and small counties all having very low rates of re-entry into care. While the overall percentage of children re-entering care within 12 months of achieving permanency remained stable in North Carolina in state fiscal years 2015 and 2016, the percentage re-entering care from small counties increased while those from large counties decreased.

Figure 30: Reentry into Foster Care



Sources of Information

- Administrative Data:
  - UNC Management Assistance website.
  - NC Legacy Data.
  - County Child Welfare Staffing Workbook Data.
- Case Review Data:
  - Program Monitoring Review Data.
  - OSRI Data.
- Meetings attended with state and county staff.
- Focus Groups:
  - Foster Care workers
  - Foster Care supervisors
- Surveys:
  - Foster Care Supervisors
- Other reports/information received:
  - Building Local Systems Report on summit meetings between DSSs and Behavioral Health LME/MCOs.
  - Child Welfare Outcomes 2015 Report to Congress.

Detailed Findings

Primary Research Question:	***Are foster children, their families, and caregivers receiving trauma-informed services and supports that facilitate family reunification?***

Data gathered and analyzed by CSF suggest that foster children in North Carolina, as well as their families and caregivers, are not receiving the appropriate level of trauma-informed services and supports to facilitate timely reunification. To reach this conclusion, CSF reviewed administrative data on North Carolina's performance and whether:

- Timely services are provided to parents who are seeking reunification with their child(ren).
- The safety of the home and family to which the child is to return is regularly and appropriately assessed and addressed with adequate follow-up after a child returns home.
- Parents and children are engaged throughout the case planning process and child and family team meetings held that are representative of the family's voice.
- Progress is routinely monitored and adjustments in services made in partnership with the family.

Data indicate that the average length of time in care for North Carolina children who are reunified has been increasing in recent years and that only about one-third of the children who exited for reunification in FY 2017 had been in care less than 12 months. On the positive side, CSF observed that North Carolina has a very low rate compared to other states of children re-entering care post reunification.

North Carolina policy requires a great many activities with children, siblings, parents, placement providers, relatives, schools, service providers, and the courts to occur in the first 30 days of out-of-home placement. Some of the activities or services are critical to reunification efforts, including beginning parent-child visitation and developing a visitation (family time) plan, beginning shared parenting, and preparing participants for and then holding a CFT meeting. Across the board, counties are struggling to provide these services in a timely way.

Establishing and implementing timely parent/child visitation plans with input from the family sets the stage for meaningful case planning toward timely reunification and reduces family trauma that comes from being separated. Case review results found that parent-child visitation met a standard of occurring frequently and using a variety of methods in only 56 percent of cases reviewed.

A key indicator of working effectively toward reunification is engaging in regular face-to-face contact with parents in their home whenever possible, where the safety of the home and family unit can be assessed so that any necessary services can be put in place to facilitate reunification safely. Case review data indicates parents working toward reunification were receiving monthly face-to-face contact with their caseworker in less than 50 percent of the cases reviewed, with mothers receiving consistent monthly contacts 48 percent of the time and fathers only 30 percent

of the time. Similarly, mothers' well-being needs were identified in the strengths and needs assessment only 53 percent of the time and fathers' only 36 percent of the time. More positively, program monitoring found that services were in place prior to case closure 74 percent of the time. Program monitoring also found frequent use of trial home placements.

CFT meetings are a primary tool to allow the family to have a voice in the development and implementation of their own unique case plans and in the adjustment of services needed to meet the family's changing needs over time. Case review data indicates that initial CFTs are not consistently being held within 30 days of removal or on an ongoing basis as required by state policy. The use of initial and ongoing Family Reunifications Assessments as a tool to assess family readiness to reunify were only found to be present in 50 percent of applicable cases reviewed and documentation further indicates that Family Service Agreements (FSAs) are not being regularly reviewed and updated by the caseworker with the parents or whenever there are significant changes taking place within the family.

Sub-Question 1: *Are timely services provided for parents seeking to achieve reunification?*

In 2017 OSRIs conducted by DHHS, Item 12b, which focuses on whether the needs of parents are appropriately assessed and services provided, was rated as a strength in just 50 percent of 34 applicable foster care cases, suggesting this is a continuing area in need of improvement.

Data from Program Monitoring Reviews of 534 foster care cases in 2017 suggest counties face challenges in meeting expectations in policy for providing services to help reunify parents with their children.

Key Findings: *Timely services provided to parents seeking to achieve reunification:*

- Parent/child visitation plans are not being completed and updated in accordance with agency policy.
- Monthly worker face-to-face contact with parents are not occurring with required frequency.
- Workers are more likely to meet standards for contacts and needs assessments with mothers than fathers.

Data indicate that only about 56 percent of initial or ongoing parent visitation plans are being completed and updated in accordance with agency policy and that parent/child visitation is also occurring with expected frequency in only 56 percent of cases reviewed. Consistent in-person contact by the assigned worker with the parents of children placed in out-of-home care plays an important role in facilitating a collaborative working relationship toward achieving timely reunification. Data indicate that sufficient worker face-to-face contact with parents is a practice area in need of improvement with notable differences between mothers (48%) and fathers (30%). Similarly, well-being needs were identified in the FASN for mothers 53 percent of the time versus 36 percent of the time for fathers. On OSRI reviews for 2017-2018, Item 15 (worker visits with parents) was rated as a strength in only 44 percent of 34 applicable foster care cases.

2017 NC Program Monitoring Review Data *Select Questions – Foster Care Protocol*				
Timely Services Provided to Parents to Achieve Reunification	**State**	**Large**	**Medium**	**Small**
Has the (Initial) Parent Visitation Plan been completed, reviewed, updated and provided as per policy?	56.56% (276/488)	55.74% (34/61)	51.22% (105/205)	61.71% (137/222)
Has the (Ongoing) Parent Visitation Plan been completed, reviewed, updated, and provided as per policy?	55.34% (197/356)	48.84% (21/43)	52.70% (78/148)	59.39% (98/165)
Does visitation between the child and parent(s) occur frequently and include a variety of methods?	55.92% (203/363)	36% (18/50)	60.48% (101/167)	57.53% (84/146)
Does documentation of visitation include behavioral observations and actions?	67.52% (210/311)	77.50% (31/40)	66.44% (99/149)	65.57% (80/122)
Was there a shared parenting meeting between the parent and placement resource within 7 days of custody?	11.2% (54/182)	9.23% (6/65)	8.12% (17/207)	14.76% (31/210)
Are well-being needs identified in the Strengths and Needs Assessment for mother?	52.57% (225/428)	43.33% (26/60)	59.14% (110/186)	48.90% (89/182)
Are well-being needs identified in the Strengths and Needs Assessment for father?	35.56% (133/374)	27.45% (14/51)	37.89% (61/161)	35.80% (58/162)
Does the Services Agreement address the mother's identified needs?	71.72% (317/442)	68.42% (39/57)	69.43% (134/193)	75% (144/192)
Does the Services Agreement address the father's identified needs?	57.10% (189/331)	53.49% (23/43)	55.40% (77/139)	59.73% (89/149)
Were there ongoing monthly face-to-face contacts with Mother according to policy?	48.18% (238/494)	52.13% (34/65)	53.52% (114/213)	41.67% (90/216)
Were there ongoing monthly face-to-face contacts with Father according to policy?	30.45% (134/440)	27.59% (16/58)	31.55% (59/187)	30.26% (59/195)

In focus groups and meetings, county workers, supervisors, and leaders essentially confirmed that workers are not meeting standards, saying it is not possible to complete and document all of the activities required in a foster care case, even when caseloads are at state standards. Some comments were also made regarding needing to choose between seeing families, and documenting, and of prioritizing making contacts with children over other tasks. A clear weakness is holding shared parenting meetings in the first week, even though county workers reported in focus groups that their counties endorse the importance of shared parenting meetings. A barrier may be the high number of urgent child, placement, parent, and court activities for workers when children enter care.

When foster parents participating in focus groups were asked if they felt that the system was doing a sufficient job working with and providing services to help parents with reunification, the issue of shared parenting came up. All indicated that shared parenting is strongly advocated for in their counties, for example through modeling, including showing how to keep conversations flowing with parents, asking questions of the child, sharing videos, going along to appointments, telling parents about and inviting them to upcoming activities and giving them choices/input. Foster parents provided different perspectives. One shared that she did not like the practice at first but developed more empathy for birth families the more she tried it and was, therefore, better equipped to care for their children. Another shared that the process "isn't working" but acknowledged that it is important for children to see their parents in the same room and to

interact with them. The same foster parent wished the foster and birth parents had time together without the child, in order to share tips so visits could be more successful, and felt this should be built into the shared parenting process. Other foster parents participating in the focus group discussed the challenges of dealing with no-contact orders and parents having transportation issues: "they don't always show up."

When asked about agency efforts to engage parents to achieve reunification, some foster parents felt that parents are very much engaged by the caseworker and given every opportunity to change, sometimes being provided too many opportunities and that workers can also push reunification when it might not be appropriate.

In focus groups, worker surveys, and the Building Local Systems summit meetings, county staff also reported being unable to access timely mental health and substance abuse services to help parents reunify with their children (or avoid having them removed). In the Building Local Systems summits, county DSS and the leaders of the regional organizations that manage behavioral health services agreed:

- Funding is very limited for services to adults who do not have Medicaid.
- Most parents of foster children do not have Medicaid because North Carolina has not closed the coverage gap and because Medicaid based on parenting status is lost when children enter foster care.
- As a result, evidence-supported services, such as medication-assisted treatment for opioid addiction cannot be accessed to support reunification efforts.
- Transportation is an additional barrier for parents living in sparsely populated parts of the state.

Sub-Question 2: *Is the safety of the home and family to which the child is to return being regularly and appropriately assessed, are appropriate safety plans used and safety related services provided, and is adequate in-home follow-up after a child returns conducted to allow reunification to occur timely and safely?*

In OSRI reviews conducted in 2017-2018, Item 3 – which focuses on risk and safety management and includes conducting initial and ongoing safety assessments, putting safety plans and related services in place when appropriate – was rated as a strength in just 45 percent of 40 applicable foster care cases.

Another critical practice in assessing the safety of the home and family to which the child is to return is worker face-to-face contact with the parent(s) and in

Key Findings: *Assessment of safety to facilitate and support timely and sustainable family reunification:*

- North Carolina's foster care re-entry rate is low compared to other states.
- Trial home placements are frequently used prior to case closure.
- Supportive services are generally in place at the time of case closure
- The completion of risk re-assessments within 30 days of closure (42%) is an area in need of improvement.

the home whenever possible. As previously noted, program monitoring and OSRI review data indicates worker face-to-face contact with parents is not occurring on the minimum once per month basis as per agency policy.

2017 NC Program Monitoring Review Data ***Select Questions – Foster Care Protocol***				
Assessment of Safety	State	Large	Medium	Small
Was there a trial placement prior to case closure?	93.33% (14/15)	100% (2/2)	100% (6/6)	66.67% (6/9)
Were the issues that brought the child into custody resolved?	80% (12/15)	50% (1/2)	66.67% (4/6)	58.33% (7/12)
Was a risk re-assessment completed within 30 days of closure?	41.67% (5/12)	0% (0/2)	42.86% (3/7)	16.67% (2/12)
Were supportive services in place for the family at the time of case closure?	73.68% (14/19)	100% (2/2)	62.50% (5/8)	63.64% (7/11)

As previously noted, North Carolina's rate of children foster care re-entry rate is very low compared to other states. This suggests that North Carolina may be doing a good job of assessing the safety of homes to which children are returned and putting appropriate services in place. As discussed below, it could also be partly due to North Carolina's use of trial home placements. After the courts return custody of children to parents, Child Welfare loses both funding and jurisdiction to remain involved. Program Monitoring data indicate counties generally arrange supportive services together with families (74%) that they can continue voluntarily after custody is returned; however, services provided by Child Welfare itself are very limited. Perhaps as a solution, courts in North Carolina used trial placements in the majority of the small number of cases reviewed to send children home while the county retained legal custody as well as authority and responsibility for providing services and monitoring the trial placement. Trial home placements lengthen the time that children in North Carolina spend in foster care. They may improve the safety of reunifications by making it more likely that families receive support and problems are responded to appropriately. Trial home visits may also be partly responsible for reducing the rate of re-entry into foster care, both by providing more support for parents and also because a failed home placement while the county maintains custody is not counted as a re-entry.

Focus groups with foster care workers from across the state indicated they primarily use their ongoing visits and conversations with children, parents, and caregivers as a way to observe and assess the safety of the home the children are to be returned to. Several workers cited being direct with parents since they know their children best, by asking them about what they have learned, applying what they have learned, and ensuring they understand their case plan.

Some workers discussed their reliance on various agency assessment tools. The Strength and Needs Assessment and Trauma Screening Tool were both cited as helpful. A few staff noted that the Strength and Needs Assessment as well as Risk Assessment need to be updated more often as the case plan is built on an earlier version of the form. Some cited the monthly contact form as a useful tool to help ensure safety while others found the form to be tedious. Some workers describe relying heavily on stakeholders, such as therapists, schools and community providers, as a way to help ensure child safety.

Finally, some workers described how many cases start out with restrictive supervised visits between parents and children and then they work to build a network for supervision and support so kin can observe visits instead and reunification progresses from there.

Sub-Question 3: *Are children, youth, parents, and caregivers engaged throughout the case planning process, and are Child and Family Team Meetings strength-based and representative of the family's voice?*

OSRIs conducted by DHHS in 2017-2018 indicate just 56 percent of 39 applicable foster cases reviewed rated as a strength in the area of child and family engagement.

Data from Program Monitoring Reviews suggest similar findings in terms of engaging parents in case planning activities. For example, documentation in cases reviewed indicated issues regarding counties actually holding initial (45%) and ongoing CFTs (39%), as well as in actively engaging parents and children in the CFT process.

Children in particular were not found to be involved in their initial CFT (31%) nor having the opportunity to attend court, or have their input known to the court (50%). There was also little documentation found in the cases reviewed of families having been prepared to participate in the CFT process (39%). There was, however, documentation in 72 percent of cases reviewed of agency efforts to assist the family in achieving their goals.

Key Findings: *Engaging children and families throughout the case planning process:*

- In the majority of cases, initial CFTs are not held within 30 days of removal and do not involve the child.
- Ongoing CFTs are not being consistently held within timeframes.
- Preparation of families is documented in less than 40% of cases.
- Documentation suggests the agency does make efforts to assist families in achieving their goals.

2017 NC Program Monitoring Review Data

Select Questions – Foster Care Protocol

Child and Family Engagement in Case Planning	State	Large	Medium	Small
Is the child afforded the opportunity to attend court or have their input known to the court?	50% (113/226)	51.52% (17/33)	36.14% (30/83)	60% (66/110)
Is there documentation of preparing the family for the CFT?	38.49% (199/517)	35.82% (24/67)	40.18% (88/219)	37.66% (87/231)
Are CFT documentation instruments used to document CFT's as prescribed in policy?	42.38% (203/479)	46.88% (30/64)	47.34% (98/207)	36.06% (75/208)
Were both the removal social worker and foster care social worker part of the initial CFT?	31.88% (124/389)	28.81% (17/59)	35.33% (59/167)	29.45% (48/163)
Are Initial CFTs held within 30 days of custody?	44.68% (231/517)	59.70% (40/67)	40.91% (90/220)	43.91% (101/230)
Are ongoing CFTs held according to policy?	38.79% (180/464)	44% (22/50)	37.81% (76/201)	38.50% (82/213)
Are CFTs held when there was a change in family circumstances?	30.58% (74/242)	24% (6/25)	29.35% (27/92)	32.80% (41/125)

2017 NC Program Monitoring Review Data *Select Questions – Foster Care Protocol*				
Child and Family Engagement in Case Planning	State	Large	Medium	Small
Was the child involved in the initial CFT?	31.25% (80/256)	32.43% (12/37)	31.58% (30/95)	30.65% (38/124)
Did the agency make efforts to assist the family in achieving their goals? (new: available for July-Dec only)	72.35% (157/217)	57.14% (12/21)	61.18% (52/85)	83.78% (93/111)

Most of the foster care workers who participated in focus groups cited the use of CFTs as the primary way to engage family members in the case planning process. Some discussed struggling with getting CFTs conducted every three months and finding the frequency excessive. Some workers cited the use of regular visitation with parents as the best way to engage the family, using a strengths-based approach and making diligent efforts. A few participants noted it is hard to engage families in case planning due to high caseloads.

Sub-Question 4: *Is progress towards the goal of reunification routinely monitored, together with the family, and services adjusted to meet the changing needs and desires of the family?*

Program Monitoring Review findings indicate that initial and ongoing Family Reunification Assessments are only being completed, reviewed, and updated approximately 50 percent of the time. The Family Services Agreements (FSA) are not being consistently reviewed and formally updated with parents. There were only slight variances in the reviews of FSAs with mothers (52%) and fathers (39%) or in the formal updating every six months of FSAs with mothers (51%) and fathers (43%).
As previously noted, the lack of consistent quality face-to-face contact between workers and parents can also pose a barrier to establishing relationships that help facilitate meaningful conversations with mothers and fathers around their changing needs and progress being made towards having their children returned to them.

Key Findings: *Ongoing monitoring of progress towards goal of reunification:*

- Initial and ongoing Family Reunification Assessments are occurring per policy in 50% of cases reviewed.
- Family Service Agreements (FSAs) are not being regularly reviewed and updated with parents or whenever there are significant changes taking place in the family.

2017 NC Program Monitoring Review Data *Select Questions – Foster Care Protocol*				
Monitoring Progress towards Reunification	**State**	**Large**	**Medium**	**Small**
Has the (initial) Family Reunification Assessment been completed, reviewed, updated and provided as per policy?	52.05% (254/488)	64.52% (40/62)	50% (106/212)	50.47% (108/214)
Has the (ongoing) Family Reunification Assessment been completed, reviewed, updated and provided as per policy?	49.60% (184/371)	59.57% (28/47)	46.79% (73/156)	49.40% (83/168)

2017 NC Program Monitoring Review Data *Select Questions – Foster Care Protocol*				
Monitoring Progress towards Reunification	**State**	**Large**	**Medium**	**Small**
Was the FSA reviewed regularly with the mother as evidenced by notes on the agreement or other documentation in the record?	51.60% (210/407)	46.94% (23/49)	49.73% (91/183)	54.86% (96/175)
Was the FSA formally updated with the mother when there were significant changes and at least every 6 months? (new: available for July-Dec only)	51.33% (58/113)	66.67% (2/3)	50.91% (28/55)	50.91% (28/55)
Were well-being needs updated and addressed for the mother at each FSA update? (new: available for July-Dec only)	40.34% (48/119)	0% (0/3)	38.33% (23/60)	44.64% (25/56)
Was the FSA reviewed regularly with the father as evidenced by notes on the agreement or other documentation in the record?	39.37% (113/287)	34.29% (12/35)	36.89% (45/122)	43.08% (56/130)
Was it formally updated with the father when there were significant changes and at least every 6 months? (new: available for July-Dec only)	42.67% (32/75)	100% (1/1)	39.39% (13/33)	43.90% (18/41)
Were well-being needs updated and addressed for the father at each FSA update? (new: available for July-Dec only)	42.25% (30/71)	NA (0/0)	36.11% (13/36)	48.57% (17/35)

Most Foster Care workers who participated in focus groups cited the use of concurrent planning, communication around the delivery of services, scheduling regular visits, and making diligent efforts as the primary means of supporting and monitoring the progress with families toward the goal of reunification. While some staff indicated they found CFTs helpful in engaging families, others found them to not be helpful and that facilitators needed more training. The biggest barrier cited by participants was in not being able to spend enough time in the field with families and that the expectation for reunification within 12 months was not reasonable.

F. Practices to Achieve Permanence Including Reunification, Adoption, and Guardianship

Overview

Consistent with the Adoption and Safe Families Act, North Carolina policy prioritizes a child's need to live in a permanent family. While the initial primary plan is usually reunification, counties are expected to develop and work concurrently with the family on at least one additional plan – usually adoption or custody or guardianship to a relative – so that work toward permanency will not have to start over if reunification efforts are unsuccessful. Additionally, the time that a county should be working on reunification as the primary plan is limited.

The overview for the previous section on Services to Children, Youth and Families to Achieve Reunification summarized court processes when children enter foster care, how counties are to engage families in service planning, and services to help parents reunify with children. The overview for this section summarizes North Carolina's permanency options and additional policies and services to achieve permanency.

Reunification

Defined as returning custody to the parent(s) or primary caretakers from whom a *child was removed, is typically the first option.*

Adoption

Policy describes adoption as the most legally secure permanency option after reunification and therefore generally preferred. Adoption requires parents to formally relinquish parental rights or to have those rights terminated by the court, and North Carolina policy sets two years as the timeframe within which children should achieve permanence through adoption. According to a state adoptions leader, most children in North Carolina who are adopted are found eligible for adoption assistance, which provides a monthly cash payment equivalent to a foster care board payment until a child reaches 18 (age 21 for youth adopted at age 16 or 17) and may also provide funds to pay vendors for services not covered by Medicaid to address special needs identified before the adoption. North Carolina also has an adoption fund that pays bonuses to counties and private vendors for completed special-needs adoptions and is in the process of re-evaluating how to structure bonuses so that they incentivize and drive improved performance.

Legal Guardianship

Policy describes legal guardianship as less secure than adoption but more secure than legal custody. The modified manual balances preferences for adoption and permanence with kin by stating that permanency options with relatives or kin should be explored when reunification has been determined contrary to the child's needs, and that guardianship must be offered to relative or kinship caregivers who are not willing to adopt. Until recently, monthly financial assistance was available only to relatives or kin who adopted, which required parental rights to be terminated. North Carolina recently established a guardianship assistance program (GAP) that was enabled by legislation requiring GAP to be cost neutral. Youth aged 14 and older are eligible for guardianship assistance with a relative or kinship caregiver if reunification and adoption have been ruled out and permanence is otherwise unlikely to be achieved. Siblings are eligible for GAP if placed in a guardianship arrangement with a sibling who meets the age requirement.

Legal Custody

Policy describes legal custody as less secure than guardianship because it can be challenged later by showing a change of circumstances, whereas guardianship can only be challenged on the basis of the unfitness of the guardian. Legal custody can also be used by the courts to give custody to the noncustodial parent (the parent from whom the child was not removed).

APPLA

Another Planned Permanency Arrangement (APPLA) can be used in North Carolina only for youth aged 16 or 17 who have been integrated into a family setting with mutual emotional commitment when both the youth and caretaker request the arrangement be made permanent and when other permanency options have been determined to be inappropriate.

Reinstatement of Parental Rights

This refers to a permanency option for youth over 12 years old who no longer have a legal parent due to termination of parental rights and who are determined unlikely to be adopted in a reasonable time period or for whom adoption is no longer the plan.

North Carolina policy and practices include several strategies intended to promote permanency being achieved quickly. Child and Family Team meetings (described in Section 5.2.2(5) on reunification) are intended to engage parents, children, relatives, supports, and service providers in an ongoing planning process. Policy encouraging a single stable placement is intended to decrease placement disruptions which further traumatize children and families and make achieving permanency more difficult. North Carolina policy emphasizes finding, engaging, and placing with relatives and kin. Funded by the legislature, North Carolina has a Permanency Initiative (PI) with Children's Home Society, a not-for-profit child placing latency, that has included child specific recruitment strategies, family finding strategies, and training for counties. In most North Carolina counties, a family is transferred to a foster care worker when the county assumes legal custody, though this is dependent on county size and practice. In some counties, children who are legally freed are transferred again to workers who specialize in adoption work while in other counties children who are legally freed remain with the same worker.

Permanency Trends

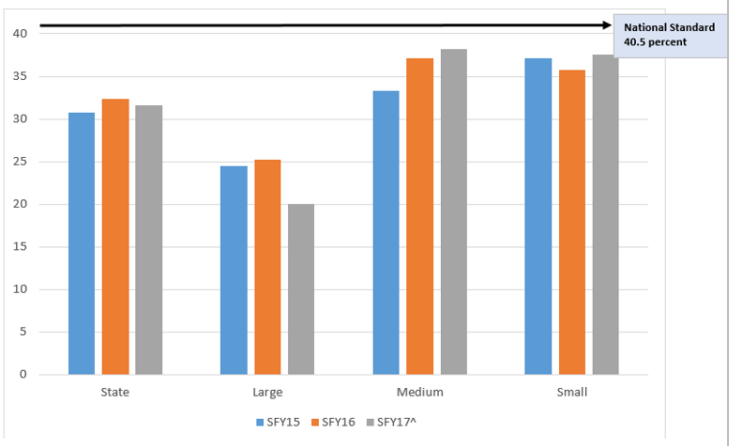
The figure below shows North Carolina's overall performance achieving permanence for children within 12 months of their entering foster care since July 2012. The dark line represents the federal standard. The data indicate that North Carolina's rate of achieving permanence for foster children within 12 months was below the national standard of 40.5 percent for Round 3 of the CFSR. Statewide performance has remained relatively consistent over the past three state fiscal years hovering at 32 percent in 2017. Children in small and mid-sized counties consistently left foster care for permanent homes more quickly than children in large counties.

Figure 31: Permanency w/in 12 Months for Children Entering Foster Care

National Standard 40.5 percent

County Group	Permanency w/in 12 Months of Entry SFY15	SFY16	SFY17^
State	30.8	32.3	31.6
Large	24.5	25.2	20.0
Medium	33.3	37.1	38.2
Small	37.1	35.7	37.6

^SFF2017 performance was not fully observed until June 30, 2018,one year after the last FY17 entry. These metrics are based on data current through mid-June 2018, and therefore are not yet complete.



Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018) Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2)

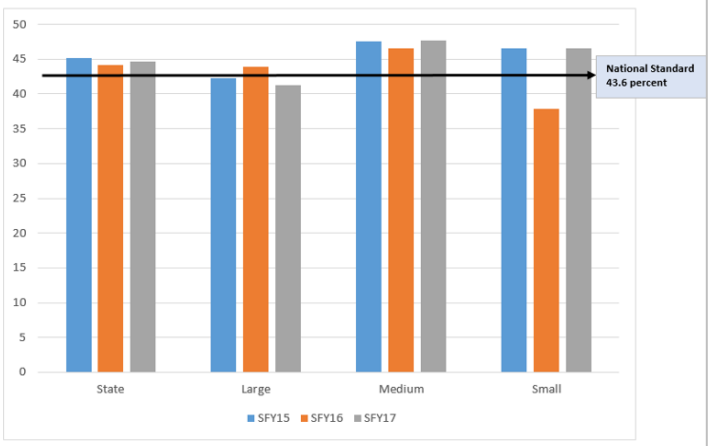
The chart below depicts North Carolina's success achieving permanence within a year for children who have already been in foster care between 12 and 23 months. North Carolina's performance achieving permanence for children within 12 months who had already been in care for 12 to 23 months has also stayed consistent over the past three state fiscal years and is currently at 45 percent, versus the Round 3 CFSR national standard of 43.6 percent. Children in

small and medium counties were somewhat more likely to achieve permanence in this timeframe, though the pattern was less consistent than in the first 12 months.

Figure 32: Permanency in 12 Months for Children in Foster Care for 12-23 Months as of the First Day of the 12-Month Period

National Standard 43.6 percent

County Group	Permanency in 12 Months for Children in Care 12-23 Mos SFY15	SFY16	SFY17
State	45.2	44.1	44.6
Large	42.2	43.9	41.2
Medium	47.6	46.6	47.7
Small	46.5	37.9	46.5



Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018) Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2)

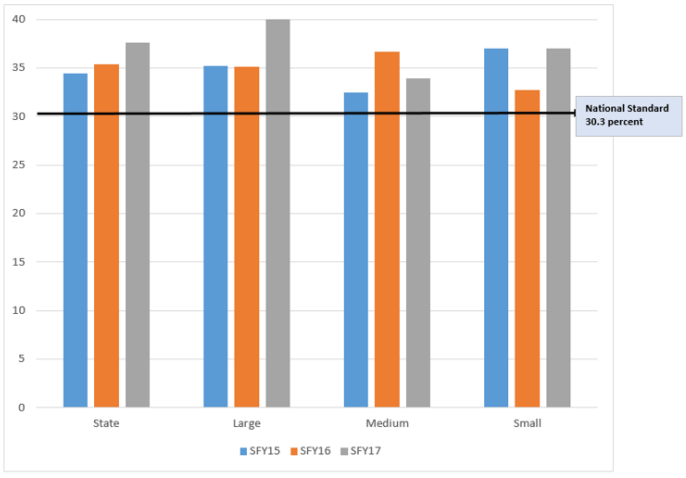
The next figure depicts North Carolina's performance on achieving permanence within a year for children who have already been in custody for two or more years. North Carolina's performance achieving permanence for children already in care for over two years or more has consistently exceeded the national Round 3 CFSR performance standard of 30.3 percent, and is currently just over 37 percent. On this measure, larger counties have done as well as smaller counties.

Figure 33: Permanency for Children in Foster Care for 24 or more Months

Permanency w/in 12 Months for Children in Foster Care for 24 + Months as of the First Day of the 12 Month Period

National Standard 30.3 percent

County Group	Permanency in 12 Months for Children in Care 24 + Mos SFY15	SFY16	SFY17
State	34.4	35.4	37.6
Large	35.2	35.1	41
Medium	32.5	36.7	33.9
Small	37	32.7	37

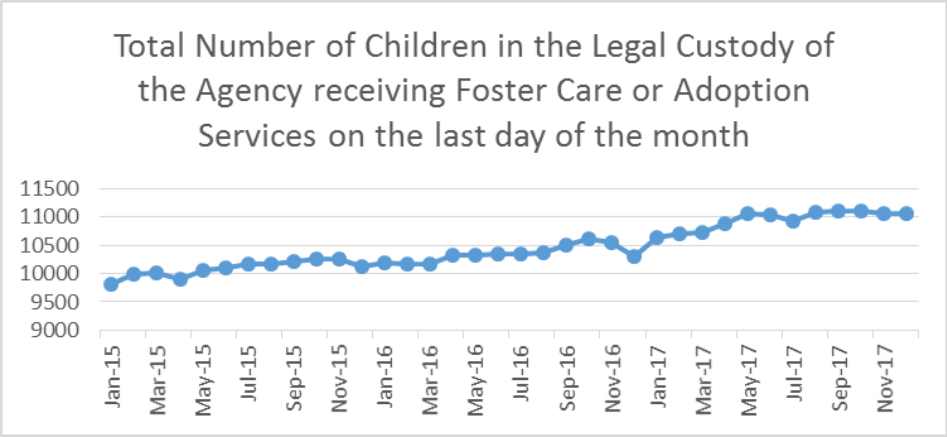


Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018) Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2)

As previously noted in the Reunification section, North Carolina's rate of re-entry into foster care has consistently been much lower than the national Round 3 CFSR standard of 8 percent. Large, medium, and small counties all have very low rates of re-entry into care.

Viewed together, North Carolina's performance on the four CFSR measures indicates the state lags behind other states in achieving timely permanence, but it has a higher rate of achieving permanency for children who already have stayed in foster care a long time. Children who have left foster care for permanence in North Carolina are much less likely to reenter care. As seen in *Figure 34* below, the number of children in foster care has steadily increased over the last three years.

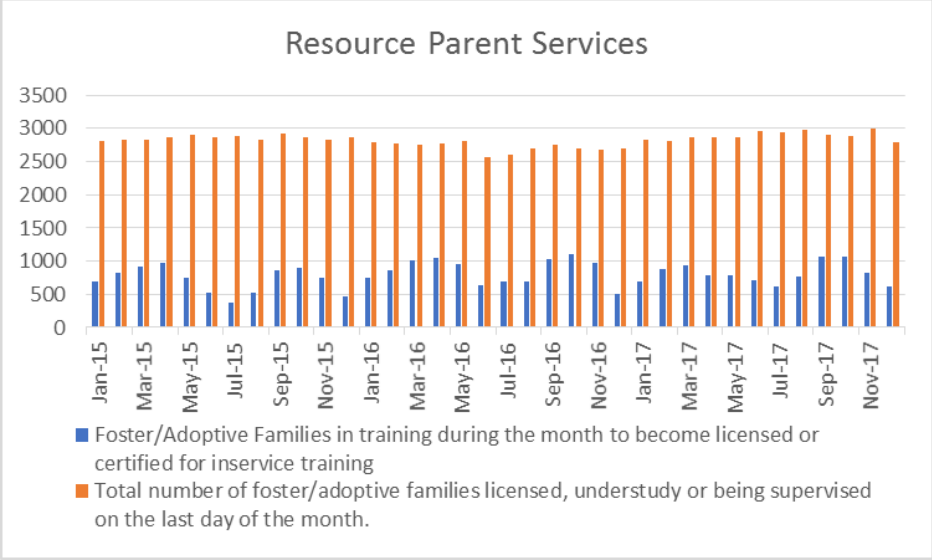
Figure 34: Total Number of Children in Legal Custody of the Agency Receiving Foster Care or Adoption Services on Last Day of the Month



Source: CW Staffing Data

The total number of foster/adoptive families has remained fairly constant over the last three years.

Figure 35: Resource Parent Services



Sources of Information

- Administrative Data:
  - UNC Management Assistance website.
  - NC Legacy Data.
  - County Child Welfare Staffing Workbook Data.
- Case Review Data:
  - Program Monitoring Review Data.
  - OSRI Data.
- Meetings attended with state and county staff.
- Focus Groups:
  - Foster Care workers
  - Foster Care supervisors
  - Licensing staff
  - Foster parents
  - Court-related personnel
- Interviews:
  - Parents, Youth, Kin Caregivers.
- Surveys:
  - Foster Care Supervisors
- Other reports/information received
  - Building Local Systems Report on summit meetings between DSSs and Behavioral Health LME/MCOs.
  - Child Welfare Outcomes 2015 Report to Congress.

Detailed Findings

Primary Research Question:	***Are children and youth in foster care receiving trauma-informed services and supports that facilitate timely permanency?***

Data that was gathered and analyzed as part of the assessment process suggests that children and youth in foster care in North Carolina are not receiving an appropriate level of trauma-informed services and supports to facilitate timely permanency. To answer this research question, CSF examined the following core agency practices:

- Implementing concurrent planning practices;
- Conducting ongoing searches for absent parents and family members;
- Making child-specific recruitment efforts to identify and support potential adoptive placement;

- Working with the courts to avoid delays and to help children achieve timely permanency;
- Preserving family connections;
- Providing Licensing and guardianship options to relatives; and
- The role of supervision in guiding and supporting the permanency planning process.

As previously noted, CSF observed examples of positive practices in terms of ensuring timely reunification, such as the state's low re-entry rate and also the provision of supportive services at the time of case closure. Case review data also indicate that court reports are being tendered as required and ongoing permanency plan and case review hearings are held in accordance with state policies. North Carolina has launched and is currently seeking additional funding for an initiative to improve permanency outcomes for children through training for court and child welfare leadership and outcomes management.

Data also suggest, however, that the state faces a variety of challenges across other permanency-related practice areas, such as conducting concurrent planning activities where case review results indicated that secondary plans frequently go unidentified within Family Services Agreements (FSA) and in only half of applicable cases reviewed was there evidence of agency efforts toward achieving the secondary plan. One-third of foster care workers surveyed expressed the belief that concurrent planning in North Carolina is not effective, with the majority of workers responding to why concurrent planning was not effective pointing to court delays or lack of court support. Searching for absent parents and extended family members is essential to securing timely adoptions and guardianships for children and youth and this impacts the state's performance in terms of filing timely petitions for the termination of parental rights, locating potential relative adoptive placements, or simply in preserving vital family and community connections for older youth who will age out of the foster care system and into adulthood. Only 56 percent of foster care workers who were surveyed reported looking diligently for relatives throughout the life of a case.

CSF also analyzed data regarding the role played by supervisors in the achievement of timely permanencies. Case review data suggests that foster care supervisors are generally signing off on required agency documents; however, there was little documentation of regular supervisory/ caseworker staffing taking place. When asked, though, in a survey administered by CSF as to the *extent to which foster care caseworkers feel supported by their supervisor,* 91 percent of 185 respondents indicated feeling somewhat to very supported.

Sub-Question 1: *Is the safety of the home and family to which the child is to return being regularly assessed, through the use of appropriate safety plans and safety related services that allow reunification to occur timely and safely?*

(See also 5.2.2[5]) Services to Children, Youth and Families to Achieve Reunification: Sub-Question 2)

As previously noted, North Carolina has a foster care re-entry rate that is low in comparison to other states. Program Monitoring review results indicate that the use of trial home placement may have an impact on the state's re-entry rate and also that workers do a good job ensuring that

supportive services are in place at the time of case closure. The practice of conducting risk re-assessments in a timely basis is an area however in need of improvement.

Some foster parents felt they are not engaged at all in permanency planning. One shared that foster parents often see red flags and the needs of birth families before workers do, but they feel that they are not supposed to participate in the planning process. Another shared that it is on them as foster parents to reach out to the workers on the case, as they are not notified of permanency hearings and this leads to communication breakdowns.

Key Findings: *Assessment of safety to facilitate and support timely and sustainable family reunification:*

- Children in NC are much less likely to re-enter foster care after achieving permanency than children in other states.
- Trial home placements are frequently used prior to case closure.
- Supportive services are generally in place at the time of case closure.
- The completion of risk re-assessments within 30 days of closure (42%) is an area in need of improvement.
- In focus groups, foster parents expressed differing perspectives on shared parenting and some expressed not feeling engaged in the permanency planning process.

Sub-Question 2: *Are concurrent planning practices implemented to ensure timely permanency for the child?*

North Carolina's 2015 Child and Family Services Review included several findings relevant to this question:

- Item 5 of the OSRI, which focuses on whether appropriate permanency goals were established for children in a timely manner, was identified as a strength in only 38 percent of 39 applicable cases reviewed by DHHS in 2017-2018.
- Similarly, Item 6 of the OSRI, which focuses on whether concerted efforts are being made to achieve reunification, guardianship, adoption, or other planned permanent living arrangement, was identified as a strength in 37.5 percent of 40 applicable cases reviewed.

Program Monitoring Reviews conducted throughout North Carolina in 2017 provide insight into concurrent planning practices. Documentation indicates that concurrent/secondary plans were identified in 68 percent of permanency planning court orders and in 72 percent of Family Service Agreements in the cases reviewed. There was evidence of agency efforts towards achieving the secondary plan in only 53 percent of the cases reviewed. There was higher performance in terms of conducting initial (74%) and ongoing (77%) Permanency Planning Action Team Meetings and case file documentation suggests court reports are submitted for each hearing 90 percent of the time.

Review results more specific to court- related procedures were mixed, with evidence of dispositional, review, and permanency planning hearings occurring on a timely basis, while documentation of a concurrent or secondary plan being identified in the court order (68%) or a TPR (25%) was not consistently evident in the applicable cases reviewed. Also, case file documentation indicated that children were being provided an opportunity to attend court or have their input known to the court in only half of the over 200 applicable cases reviewed.

Key Findings: *Concurrent planning practices:*

- Timeliness of selecting permanency goals and making concerted efforts to achieve permanency are both areas needing improvement.
- Court reports are tendered as required and ongoing permanency planning and case review hearings are held.
- A secondary plan is identified in court orders only two-thirds of the time.
- Children in foster care are not consistently given the opportunity for input at court hearings
- Children and parents are not consistently engaged in the development of case plans
- TPR petitions are not being filed timely.

2017 NC Program Monitoring Review Data ***Select Questions – Foster Care Protocol***				
Concurrent planning practices	State	Large	Medium	Small
Is the concurrent/secondary plan identified in the permanency planning court order?	68.24% (232/340)	50% (21/42)	69.63% (94/135)	71.78% (117/163)
Were one or more secondary plans identified on the FSA?	71.69% (352/491)	65% (30/60)	67.79% (141/208)	77.13% (172/223)
Is the agency making efforts towards achieving the secondary plan?	53.09% (232/437)	57.14% (28/49)	52.72% (97/184)	52.45% (107/204)
Was the (Initial) Permanency Planning Action Team Meeting conducted as per policy:	73.67% (375/509)	67.21% (41/61)	74.55% (164/220)	74.56% (170/228)
Was the (Ongoing) Permanency Planning Action Team Meeting conducted as per policy:	76.84% (302/398)	82.22% (37/45)	75.30% (125/166)	76.92% (140/182)
Were court reports submitted for each hearing?	89.75% (438/488)	89.47% (51/57)	90% (180/200)	89.61% (207/231)
Court procedural practices	State	Large	Medium	Small
Was the dispositional hearing held within 30 days of the adjudication?	80.59% (357/443)	72.34% (34/47)	89.39% (160/179)	75.12% (163/217)
Were review hearings held within 90 days of the disposition and every 6 months thereafter?	78.26% (270/345)	64.86% (24/37)	81.56% (115/141)	78.44% (131/167)
Was a permanency planning hearing held within 12 months of custody?	88.34% (197/223)	92% (23/25)	94.32% (83/88)	82.73% (91/110)

2017 NC Program Monitoring Review Data *Select Questions – Foster Care Protocol*				
Concurrent planning practices	State	Large	Medium	Small
Did the court make findings of reasonable efforts to finalize a permanent plan at least yearly?	88.37% (228/258)	93.33% (28/30)	90.38% (94/104)	85.48% (106/124)
Was the child afforded the opportunity to attend court or have their input known to the court?	50% (113/226)	51.52% (17/33)	36.14% (30/83)	60% (66/110)
Is the concurrent/secondary plan identified in the court order?	68.24% (232/340)	50% (21/42)	69.63% (94/135)	71.78% (117/163)
Was there a TPR Petition?	25.17% (36/143)	0% (0/22)	38.71% (12/31)	26.67% (24/90)

The survey of foster care workers revealed significant concern with the effectiveness of North Carolina's concurrent planning processes in achieving timely permanency. Of the 192 workers who responded to a question about the effectiveness of permanency planning to achieve permanence, only 15 percent reported the practices were very effective, 52 percent reported they were somewhat effective, and 33 percent reported they were not particularly effective or not effective at all. The majority of workers responding to why permanency planning was not effective cited court delays or lack of court support for the concurrent plan or concurrent planning process.

Sub-Question 3: *Are searches for absent parents and relatives conducted early on and frequently throughout the life of the case?*

Data relevant to this sub-question can be found in the 2015 Child and Family Services Review OSRI results, the state's program monitoring data, and foster care worker survey data. Item 10 of the OSRI, which focuses on whether concerted efforts are made to place children with relatives when appropriate, was rated as a strength on 79 percent of applicable cases. Subsequent OSRI reviews conducted by DHHS in 2017-2018 indicate significant improvement in this area with 90 percent of 39 applicable cases reviewed rated as a strength.

Key Findings: *Searches for absent parents and relatives:*

- North Carolina struggles to comply with notification requirements of maternal and paternal relatives of the fostering connections act.
- Only 56% of foster care workers responding to a survey reported looking diligently for relatives throughout the life of a case.

Program monitoring data more directly addresses whether appropriate searches for relatives and absent parents are being conducted. Program monitoring data indicates that counties were generally not meeting the full requirements of the Federal Fostering Connections Act for relative notification within 30 days of taking custody. (This may be part of a pattern for counties to score poorly on measures of activity during the first thirty days in care.) When relatives expressed interest, counties documented follow up 80 percent of the time.

Of the almost 200 foster care workers who responded to a CSF survey, 56 percent reported they make diligent efforts to locate relatives throughout the life of a case. Most of the rest of the workers reported making efforts when children enter care, during the first few months, or as long as the goal is reunification.

2017 NC Program Monitoring Review Data *Select Questions – Foster Care Protocol*				
Searches for absent parents and relatives	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
Was the maternal family notified within 30 days of the child coming into care per Fostering Connections?	17.61% (62/352)	38.89% (21/54)	11.56% (17/147)	15.89% (24/151)
Was the paternal family notified within 30 days of the child coming into care per Fostering Connections?	37.18% (158/425)	55% (33/60)	29.44% (53/180)	38.92% (72/185)
If relatives expressed interest in being involved with the foster child, is there follow-up?	79.48% (244/307)	78.38% (29/37)	79.70% (106/133)	79.56% (109/137)

Sub-Question 4: *Are child-specific recruitment efforts to identify and support potential adoptive placement undertaken where appropriate?*

Key Findings: *Child-specific efforts to support potential adoptive placements:*

- The state is currently reassessing its Adoption Promotion Program strategy because increased expenditures have not resulted in increased adoptions.

North Carolina's modified policy manual requires a child-specific plan of recruitment within 30 days of a child being freed for adoption and for children not in an adoptive home to be registered on the North Carolina Adoption exchange. The state also funds some adoption-specific recruitment efforts through private vendors and has an Adoption Promotion Program that paid about $6.5 million in adoption bonus payments annually to counties and private agencies intended to incentivize improved adoption performance and adoptions of children without identified adoptive homes. The state is concerned that adoption bonuses have increased in recent years without a corresponding improvement in the number of adoptions taking place. The Central Office is currently going through a process to reassess the Adoption Promotion Program strategy to better incentivize work that will improve adoption outcomes.

In focus groups, staff reported efforts in individual counties including permanency roundtables for children with long stays in care. Some staff said child-specific adoption efforts were mostly undertaken by adoption workers.

Sub-Question 5: *Are concerted efforts made to work with the courts to avoid delays and to help children achieve permanence quickly?"*

The relationship with the courts was frequently cited as a challenge to achieving timely permanency in meetings and focus groups with state, county, and court personnel.

Key Findings: *Concerted efforts to work with the courts to achieve permanence and avoid delays:*

- The state has launched and is currently planning and seeking additional funding for an initiative to improve the working relationship between child welfare and the courts.
- Challenges include lack of court time and differing perspectives on what is best for children.

- A shortage of court time was consistently cited as an issue. Some counties have multiple available court days a week but too many cases for those days. Some counties have juvenile court as few as one day a month. When cases get continued for a variety of reasons, including parents' attorneys not having met with their clients before court, they often cannot be rescheduled quickly. It is also difficult to find time for contested cases, which themselves can cause delays and continuances in other cases.
- Judges are perceived as bringing their individual perspectives to the bench, which may differ from child welfare policy. Caseworkers in one focus group complained their judge is impatient if they continue to recommend visitation after a parent fails a drug screen. Another judge reported that he is the problem – he is too slow to sever parental rights.
- County staff reported perceiving guardian ad litem volunteers as less trauma-informed, more reluctant to reunify, and more likely to recommend termination of parental rights.
- In one judicial district, county attorneys, parents' attorneys, and the guardian ad litem administrator reported working together well because they have to, because they do not have enough court time for continuances, and only very limited time for contested cases. They highlighted complete and rapid sharing of case information so that there are no surprises and working to agree on stipulated findings as keys to success.
- Some North Carolina court districts have a family court that increases continuity by allowing one judge to follow a case from beginning to end, but which can result in longer continuances especially in rural districts. A few districts have funding for court improvement projects to expedite permanency.

At the April meeting with the Children's Bureau to review progress on North Carolina's Program Improvement Plan (PIP), state Child Welfare and Administrative Office of the Courts officials described an effort to launch local teams in 20 counties to be co-captained by a district court judge and the DSS director to improve collaboration between Child Welfare and the courts. An initial meeting in February had 170 participants beginning with information and data sharing and moving to setting priorities and planning. This meeting, called a Court Convening, was a requirement of North Carolina's PIP and introduced a document called the Permanency Profile, which provides a report on a district's achievement of permanency for children. Follow-up meetings and expansion to all 100 counties is planned, and discussions with partners to seek additional funding are ongoing.

Sub-Question 6: *Are sufficient efforts made to preserve connections regardless of permanency outcome?*

In OSRI reviews from 2017-2018, Permanency Outcome 2, which assesses counties' efforts to preserve the continuity for children of family relationships and connections, was substantially achieved in 68 percent of 24 cases reviewed. Stronger items included placement with siblings (rated a strength in 86 percent of cases), Preserving Connections (79%) and Relative Placement (90%). Visiting with Parents and Siblings was rated a strength in 61 percent of cases, and Relationship of Child in Care with Parents was rated a strength in 58 percent of cases.

Key Findings: *Sufficient efforts to preserve connections regardless of permanency outcome:*

- OSRI reviews have found North Carolina to be in substantial conformity with this expectation about 70% of the time.
- Program Monitoring Reviews have found North Carolina is not in compliance with relative notification requirements during the first 30 days in care.

Program Monitoring Reviews assessing North Carolina's compliance with the federal fostering connections act found poor performance on expectations that maternal and paternal relatives be notified within 30 days of a child entering care. The data is in the table below.

2017 NC Program Monitoring Review Data ***Select Questions – Foster Care Protocol***				
Searches for absent parents and relatives	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
Was the maternal family notified within 30 days of the child coming into care per Fostering Connections?	17.61% (62/352)	38.89% (21/54)	11.56% (17/147)	15.89% (24/151)
Was the paternal family notified within 30 days of the child coming into care per Fostering Connections?	37.18% (158/425)	55% (33/60)	29.44% (53/180)	38.92% (72/185)
If relatives expressed interest in being involved with the foster child, is there follow-up?	79.48% (244/307)	78.38% (29/37)	79.70% (106/133)	79.56% (109/137)

Sub-Question 7: *Are licensing and guardianship options appropriately offered and explained to relatives and caretakers when appropriate?*

Program Monitoring Review data below suggest counties are not consistently engaging relatives in the opportunity to become licensed as foster parents or in assessing relatives in an ongoing basis, either for possible placement or other involvement in the child's life. In focus groups, staff said some workers discourage licensing for relatives because the process takes too long, while others feel relatives would not want licensure except for the pay.

Key Findings: *Licensing and guardianship options offered to relatives when appropriate:*

- Program monitoring data indicates that relatives or kin are not consistently given the opportunity to be licensed.
- Most relatives and kin providing placements for children in foster care do not complete the licensure process and, therefore, do not receive the financial support available to them through a foster parent board payment.

2017 NC Program Monitoring Review Data *Select Questions – Foster Care Protocol*				
Licensing and guardianship options offered and explained to relatives/caretakers when appropriate	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
Were relatives or kin given an opportunity to be licensed?	48.02% (170/354)	42.86% (18/42)	40.67% (61/150)	56.71% (91/162)
Is there ongoing assessment of relatives for placement or involvement in the child's life? *(New: Available for July-December only)*	53.30% (97/1820	33/33% (7/21)	56.76% (42/74)	55.17% (48/87)

Feedback from the relatively small numbers of kinship caregivers who participated in focus group participants indicated that relative caregivers who were not licensed were informed of the licensing option, what it would entail, and what they would get from it. A few reported they opted not to pursue licensing because they did not have time for the classes and/or did not need the money. A few in one county reported starting the licensing process after being told that when DSS took custody they would need to become licensed or DSS would remove the children. The licensure process took as little as three months and as much as six to eight months.

Currently, most relatives caring for foster children in North Carolina are not licensed. A state child welfare data manager estimates that 6 percent of relatives providing placements for foster children in North Carolina are licensed foster parents receiving board payments.

Sub-Question 8: *Is supervisory involvement and oversight of these processes adequate?*

North Carolina policy has traditionally required that the most important child welfare decisions in every case be made by a worker and supervisor together and has required important forms to be co-signed by a supervisor. Program monitoring data indicates that family services agreements were cosigned 70 percent of the time and monthly foster care contact records were co-signed 76 percent of the time.

Key Findings: *Supervisory involvement and oversight:*

- Program monitoring data indicates supervisors are signing off on various required agency documents, with noted variance based on size of counties.
- Counties were not documenting a minimum of two supervisory conferences a month in 2017. This is a new requirement in the modified manual scheduled to be effective in the summer of 2018.

As part of its program improvement plan, North Carolina has made expectations for supervisory involvement in cases substantially more specific and detailed in the modified manual scheduled to be effective in September 2018. The new manual details the frequency with which each case must be staffed with a supervisor, what must be covered in the supervisory conference, and when two-level decision making must be conducted.

2017 NC Program Monitoring Review Data *Select Questions – Foster Care Protocol*				
Permanency Is supervisory involvement and oversight of these processes adequate?				
Data Indicators	**State**	**Large Counties** 3/10 reviewed	**Medium Counties** 16/39 reviewed	**Small Counties** 27/51 reviewed
Did the FSA include the signature of the supervisor? *(New: Available for July-December only)*	70.30% (142/202)	68.75% (11/16)	56.25% (45/80)	81.13% (86/106)
Did the social worker and supervisor both sign the Monthly Foster Care Contact Records?	75.98% (389/512)	57.81% (37/64)	79.17% (171/216)	78.02% (181/232)
Was there documentation of a minimum of two supervisor/social worker staffings/conferences each month? *(New: Available for July-December only)*	28.77% (63/219)	9.52% (2/21)	18.60% (16/86)	40.18% (45/112)

G. Provision of Physical Health, Mental Health, Educational, and Developmental Services for Children in Out-of-Home Care

Overview

The provision of physical health, mental health, educational and developmental services are paramount to ensuring the well-being of children placed in North Carolina's foster care system. The effective delivery of such services is dependent upon many factors, including:

- Initial, timely screening exams conducted on every child who enters foster care;
- Additional formal, timely, comprehensive, strengths-based assessments conducted by DSS to understand needs of each family member;
- Availability and accessibility of culturally-competent, trauma-informed services delivered by private providers who accept Medicaid;
- The incorporation of assessments and screenings into goals and action steps in the family case plan; and
- DSS follow-up to ensure that identified physical, mental, educational, and developmental needs of children and families are met.

Prior to the removal of children, DSS policy outlines the Structure Decision-Making (SDM) process and tools to determine safety and risk of harm (see Chapter on CPS and In-Home Services). Among these tools is the Social activities, Economic situation, Environmental issues, Mental health needs, Activities of daily living, Physical health needs, and a Summary of strengths (S.E.E.M.A.P.S). If this assessment is done timely and in accordance with policy, DSS will already have identified the child's needs. For families working with the department through CPS or In-Home Services, these services should be frontloaded to prevent the removal of children. For all other children for whom DSS considers seeking immediate custody, the S.E.E.M.A.P.S assessment should be completed prior to the case decision and/or after the child enters care.

Once a child comes into the custody of DSS, North Carolina NC law 7B-505.1 allows DSS to authorize routine medical and dental care and emergency medical, dental, and mental health treatment. For all other services, DSS must first obtain the consent of the child's parent/guardian or receive authorization from the court after a hearing. This other services include:

- Prescriptions for psychotropic drugs;
- Participation in clinical trials;
- Immunizations when a parent has a bona fide religious objection;
- Child Medical Evaluations not court-ordered;
- Comprehensive clinical assessments, or other mental health evaluations;
- Surgical, medical, or dental procedures or tests that require informed consent;
- Psychiatric, psychological, or mental health care or treatment that requires informed consent; and
- Establishment of an Individualized Education Plan (IEP) or 503 Educational Plan.

Additionally, the parents/guardians must receive prompt notification regarding all treatment services provided to the child.

DSS policy outlines service delivery expectations for the all children entering foster care or out-of-home placements. All children are to be seen by a medical provider within seven days of coming into the custody of DSS. A second medical appointment must take place within 30 days of custody for a medical provider to complete a comprehensive exam. If the child remains in care, a routine well-child medical appointment must occur at least once a year. Twice-annual dental checkups are required, as well as any needed follow-up. Finally, DSS must address the educational and developmental needs of children by completing an Initial Educational Status Component, an Updated Educational Status Component. All identified needs shall become a part of the Family Services Agreement, and goals are established to meet these needs, including the provision of physical health, mental health, educational, and developmental services.

For youth in care, ages 13 to 21, Transitional Living Plans (*see Chapter on Provision of Services for Older Youth*) and written service agreements are required. These agreements, written in consultation with the youth, specify the responsibilities of the agency and youth to accomplish immediate and intermediate goals that will assist in the youth's transition to adulthood. The agreements also include the implementation of services identified as needed by the youth and the department.

Other services for older youth include:

- Medicaid coverage until age 26 for all youth turning 18 in foster care;
- Education/training vouchers;
- NC Reach scholarships for students who attend state institutions;

- For youth 16 and older who have an IEP, a Vocational Rehabilitation assessment shall be completed; and
- Outreach efforts for young adults who aged out of care and who are not yet 21 to determine their current situations, their interest in continued services, and their need for resources through the LINKS Special Fund (to include Transitional Housing Funds).

Please see Provision of Services for Older Youth Section for more information on services provided to older youth.

Sources of Information

- Administrative Data:
  - UNC Management Assistance website.
  - County Child Welfare Staffing Workbook Data.
  - NC Legacy Data.
- Case Review Data:
  - Program Monitoring Review Data.
  - OSRI Data.
- Focus Groups:
  - CPS and Foster Care workers.
  - LINKS Coordinators.
  - Foster Care Supervisors.
  - Birth families.
  - Foster parents.
  - Youth.
- Surveys:
  - Foster Care workers and supervisors.

Detailed Findings

Primary Research Question:	***Are the needs of children in foster care being appropriately assessed, including exploring the history of trauma, and services being provided to address those needs and achieve case goals?***

Data gathered and analyzed as part of the assessment process suggest that while some appropriate services do exist to address the needs of children being served in out-of-home care, significant barriers remain for these services to be provided timely and appropriately to achieve case goals. To answer this research question, CSF examined the provision of services and whether they are timely, trauma-informed, and address the identified needs of children, parents, caregivers, and foster and adoptive parents. In addition, the level of communication and

collaboration between child welfare workers and service providers was also examined. While high percentages of youth in out-of-home care are receiving their annual well-child check-ups, other areas, such as mental and behavioral health services, and provision of educational/ developmental services face significant systemic barriers and practice challenges. Overall, the needs of children are more likely to be addressed than are the needs of their parents.

According to Program Monitoring Reviews, CSF found that initial Strengths and Needs assessments were more likely to be done according to policy (70%) than were updates (55%) and that well-being needs in those assessments were more likely to be identified for children (69%) than mothers (53%) or fathers (36%). Having foster children seen promptly after entering care by medical providers is a challenge. Only 38 percent of children were seen within seven days of custody and only 27 percent were seen for a second, comprehensive, medical appointment within the first 30 days. While 76 percent of children were seen at least annually for routine medical care, only 47 percent of children received twice-annual dental checkups. Program monitors found that both parents were provided the opportunity to participate in medical appointments with their children only 27 percent of the time; when a parent did not participate, status updates were given only about 30 percent of the time. Almost three-quarters of children were rated as having medical continuity.

The greatest challenges to service provision were observed in the area of mental and behavioral health. Eighty-one percent of surveyed DSS staff noted “some” or “significant” barriers to meeting mental health needs. They also indicated in focus groups that the LME/MCO service areas prevent access to services that may be located out-of-county. Additional trends were noted regarding challenges with the leveling process that prevent stabilization and may increase trauma for children and youth.

Educational services are also an area of concern. While some counties report having strong working relationships with their local school systems, nearly 40 percent of children do not get an Educational Status Component Assessment, and the rates of birth parent engagement in their children’s educational appointments was low.

When it comes to providing services to parents, caregivers, and foster and adoptive parents, DSS has some consistent trauma-informed practices occurring in some counties, such as Triple P and Broadcast. However, these programs have not been scaled to reach families in all counties. North Carolina is currently exploring a practice framework that is trauma-informed and can be implemented consistently across all 100 counties.

Quality and timely service provision depends greatly on the communication and collaboration between DSS staff and service providers. While some counties report strong working relationships with local service providers, most providers who were focus group participants indicated a desire for increased and improved communication. Some service providers also noted that there is a need for greater communication and collaboration with the state DSS Central Office as well.

Sub-Question 1: *Are formal assessments conducted that are timely, comprehensive, strengths-based, include the voices of the child, parents, and family members, and explore the family's history of trauma?*

Key Findings: *Provision of physical health services that are timely, trauma-informed and address child's needs:*

- Assessments more likely to be done according to policy initially than ongoing.
- Children more likely to have needs assessed than parents.

Becoming a culturally-competent, trauma-informed, family-centered, and safety-focused child welfare system is a major goal for DSS as it seeks to reform its system. Assessing and understanding the family's history of trauma is an essential component of formal assessments that allows DSS to address needs, while mitigating any potential system-induced trauma. Moreover, the timeliness of these assessments has a direct effect on timeliness to permanency for children and families. Program Monitoring data found that the Initial Strengths and Needs Assessment is more likely to be completed according to policy statewide, compared to updated strengths and needs assessments (69.5% vs. 55.4%). Children (69%) were also much more likely to have their needs identified in the Strengths and Needs Assessment than either their mothers (52.6%) or fathers (35.6%).

2017 NC Program Monitoring Review Data ***Select Questions – Foster Care Protocol***				
Formal assessments that are timely, comprehensive, and strengths-based	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
Have the following documents or activities been completed, reviewed, updated and provided as per policy? ▪ Strengths and Needs Assessment (Initial)	69.52% (349/502)	81.54% (53/65)	70.78% (155/219)	64.68% (141/218)
▪ Strengths and Needs Assessment (Updated)	55.39% (226/408)	64.81% (35/54)	54.91% (95/173)	53.04% (96/181)
Are well-being needs identified in the well-being section of the Strengths and Needs Assessment for: ▪ Child?	68.96% (311/451)	75.81% (47/62)	69.11% (132/191)	66.67% (132/198)
▪ Mother?	52.57% (225/428)	43.33% (26/60)	59.14% (110/186)	48.90% (89/182)
▪ Father?	35.56% (133/374)	27.45% (14/51)	37.89% (61/161)	35.80% (58/162)

Sub-Question 2: *Are physical health services provided that are timely, trauma-informed, and fully address the child's identified needs?*

As addressed in earlier sections on CPS Assessments and Prevention and CPS In-Home Services, access to trauma informed services designed to address a child's identified physical health needs vary greatly from county to county. On a recent survey of Foster Care caseworkers, 63 percent of Foster Care reported "no" or "rare" barriers to physical health services. In some areas there are

not enough providers or providers who accept Medicaid. In comments, survey respondents noted that if there are barriers, a common one is that doctors do not always want to partake in the numerous medical screenings required by policy. Generally, however, respondents noted that physical health services for children are more accessible than physical health services for their parents. In general, children are much more likely to have Medicaid in North Carolina than their parents. When children enter foster care, those who did not previously have Medicaid become eligible with few exceptions; by contrast, adults who had Medicaid eligibility because of their parenting status lose that eligibility when their children enter care and cannot afford healthcare and related services.

The timely delivery of physical health services is vital to ensuring that needs are identified and met. Program Monitoring review data from 2017 indicates only 38 percent of children were seen by a medical provider within seven days of entering custody as per DSS policy. Only 27 percent were then seen within 30 days for a comprehensive exam. Once in out of home care, review data indicates that 76 percent of children are receiving annual well-child medical exams. For dental health, however, less than half of children who enter care are receiving twice-annual dental checkups.

2017-2018 OSRI data for Item 17 (Physical Health of the Child – which includes both physical and dental health needs), suggest that broadly speaking, children served in out-of-home care in North Carolina are being assessed and provided appropriate services relative to their physical health care needs with 75 percent of 40 applicable foster care cases reviewed rated as substantially achieved.

Identifying physical health needs should occur during initial and ongoing assessments conducted by DSS. In addition, these needs should be discussed at each CFT, so that the family can inform the department of known identified needs of the child and participate in the treatment planning to meet all needs. In focus groups with foster parents, some noted that there was a lack of communication regarding known identified needs and several noted a delay in receiving the child's Medicaid card from DSS. This delay was especially troubling for a foster parent who had to take a newly-placed child to the emergency room to address a physical health need that was not disclosed to the foster parent, but known by the parent and DSS.

Key Findings: *Provision of physical health services that are timely, trauma-informed and address child's needs:*

- Physical health services are accessible but not timely for foster children
  - Nearly 63 percent of caseworkers and supervisors report "no" or "rare" barriers to physical health services.
  - Only 38 percent of children are seen within seven days of entering care and only 27 percent have a comprehensive second visit within 30 days.
  - Only 47 percent have twice annual dental checkups.
  - About three-quarters of youth receive annual well-child checkups.
- Both parents usually are not provided the opportunity to participate in their foster children's medical visits.

As the state experiences the transformation of Medicaid to a managed care system in 2019, particular attention needs to be focused on ensuring the ongoing access to physical health

services for youth in foster care as well as how parents may be able to maintain eligibility while their children are in the temporary custody of DSS.

Finally, it is important that child welfare agencies look for ways to be trauma-informed in the provision of services to the children and families they serve. This includes providing parents the opportunity to participate in their children's medical appointments post-placement, as well as providing parents with status updates regarding their children's medical care. Program Monitoring Reviews found that foster children's caretakers participated in medical appointments in 71 percent of cases reviewed, but that both parents were given the opportunity to participate only 28 percent of the time. Parents who were not given the opportunity to actually participate in medical appointments for their children were provided status updates on medical appointments and treatment in slightly less than 30 percent of applicable cases reviewed. There was, however, documentation that children placed in out-of-home care in North Carolina are generally being provided with medical continuity (75%) based on the cases reviewed.

2017 NC Program Monitoring Review Data ***Select Questions – Foster Care Protocol***				
Provision of physical health services that are timely, trauma informed and fully address the child's identified needs.	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
Was child seen within 7 days of custody by a medical provider?	38.26% (194/507)	36.36% (24/66)	37.50% (81/216)	39.56% (89/225)
Was the child seen for a second medical appointment, within 30 days of custody by the medical provider for a comprehensive visit?	26.85% (127/473)	21.88% (14/64)	28.43% (58/204)	26.83% (55/205)
Was the child seen for routine well-child medical appointments a minimum of annually? *(New: Available for July-December only)*	76.22% (109/143)	100% (6/6)	75% (42/56)	73.31% (61/81)
Are child's dental needs addressed a minimum of twice annual dental checkups? *(New: Available for July-December only)*	45.68% (74/162)	66.67 (4/6)	42.42 (28/66)	46.67 (42/90)
Did the placement provider participate in medical appointments?	70.85% (367/518)	72.73% (48/66)	72.27% (159/220)	68.97% (160/232)
Were both parents given the opportunity to participate in medical appointments?	27.71% (133/480)	21.88% (14/64)	29.05% (61/210)	28.16% (58/206)
If not, are the parents provided status updates of medical appointments and treatment?	29.51% (108/366)	36% (18/50)	26.45% (41/155)	30.43% (49/161)
Was there medical continuity for the child?	74.32% (382/514)	78.46% (51/65)	78.24% (169/216)	69.53% (162/233)

Sub-Question 3: *Are mental health and behavioral health services provided that are timely, trauma-informed, and fully address the child/youth's identified needs?*

Delivery of timely, trauma-informed mental health and behavioral health services for youth is paramount to achieving permanency. Through the various SDM tools, DSS assesses needs and identifies appropriate services to meet those needs. In a recent survey of Foster Care caseworkers, 81 percent noted "some" and "significant" barriers to meeting mental health needs. The most common comment explaining the barriers was that adequate mental health services were too hard to locate, followed by barriers with Medicaid authorization, and working with the LME/MCOs. In focus groups of DSS staff some of these barriers noted include:

- Long waitlists for services;
- A perceived priority for providing these services to families involved in CPS and In-Home Services;
- Getting Medicaid to approve step-up intensive services when needed;
- Medicaid limiting the amount of time for youth to stabilize before stepping them down;
- Changes in therapists and counselors due to leveling process or placement moves;
- Substance abuse treatment not in every county;
- Need for more culturally-competent, trauma-informed, and appropriate services to address ODD, attachment disorders, ADD, and ADHD; and
- The regionalization of LME/MCOs restricts children/youth to service providers only in their particular service area. Thus, Medicaid may not cover the most appropriate service provider to meet the child's specific needs.

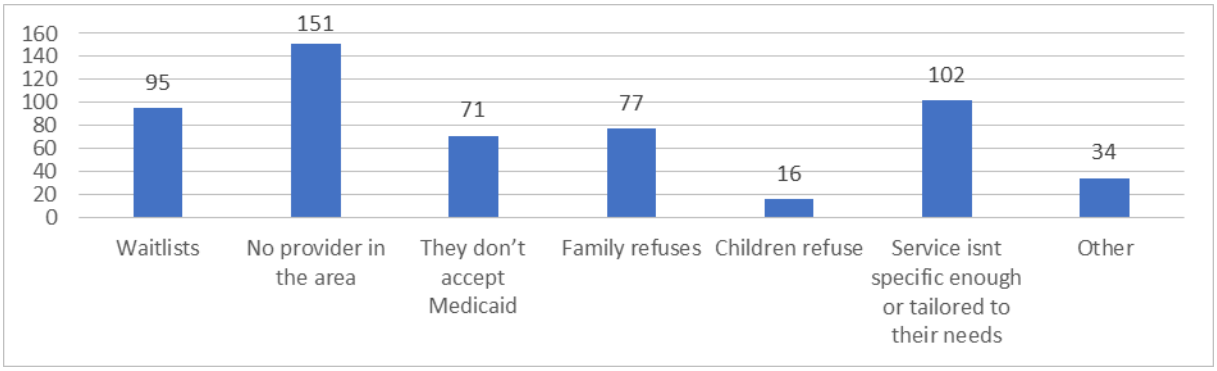
Key Findings: *Provision of mental and behavioral health services that are timely, trauma-informed, and fully address the child/youth's identified needs:*

- There are too many barriers to the provision of needed mental health services to children in care in NC.
  - 81% of surveyed DSS staff noted "some" or "significant" barriers to meeting mental health needs.
  - LME/MCO service areas prevent access to services out-of-county.
  - Medicaid leveling process prevents stabilization and increases trauma.

On a recent survey, DSS staff was asked "*If needed services are not being provided to the child and/or family, what are the three most common reasons as to why?"* The top three responses were:

- No provider in the area;
- Service isn't specific enough or tailored to their needs; and
- Waitlists.

Figure 36: DSS Staff Survey Responses: If Needed Services Are Not Being Provided to Child/Family, Why?



When a mental health or substance abuse need is identified, time is of the essence. Waitlists often lead to parents disengaging or DSS no longer able to locate parents; and for youth, unaddressed mental and behavioral health needs often lead to disrupted placements and increased trauma.

To address these myriad challenges, NC DHHS collaborated with the North Carolina Institute of Medicine (NCIOM) to develop the Bridging Local Systems project. The project was funded by the Duke Endowment and guided by a statewide steering committee. Leaders from LME/MCOs and 100 county DSSs convened to strategize about:

- How to improve communication and collaboration;
- How to improve outcomes for children and families served by Child Welfare and Behavioral Health; and
- How to improve outcomes for adults served by Adult Protective Services and guardianships.

The barriers identified include difference in missions, cultures, separate budgets, as well as financial incentives, mandates, and rules that do not align and sometimes conflict. Some of the strategies that derived from the project include:

- Cross-training of DSS and LME/MCO staff;
- Establishing contact people who can resolve problems;
- Development of a service continua tailored to meet the needs of jointly served special populations;
- Funding service enhancements; and
- Integrating behavioral health strategies into traditional foster care.

Recommendations from the project included:

- Increase Cross-System Communication and Planning at the State Level;
- Support Cross-System and Cross-Region Communication and Collaboration;

- Work to Identify and Resolve Conflicts in Expectations and Performance Measures and to Establish Shared Outcome Measures;
- Build a Proactive System that Encourages Cross-System Collaboration on Prevention; and
- Support Efforts to Maintain and Reunite Families.

2017-2018 OSRI data for Item 18 (Mental/Behavioral Health of the Child, which includes the appropriate oversight of prescription medications) suggest that the majority of children served in out-of-home care in North Carolina are being assessed and provided appropriate services relative to their mental and behavioral health care needs with 78 percent of 27 applicable foster care cases reviewed being rated as substantially achieved.

Sub-Question 4: *Are educational/developmental services provided that are timely, trauma-informed, and fully address the child's identified needs?*

Policy calls for educational/developmental needs to be assessed throughout the provision of child welfare services including assessment and In-Home Services. For children who come into foster care without previously having their educational and developmental needs assessed, DSS must move quickly in partnership with the family to assess the children's needs.

DSS policy requires educational documents to be completed, updated and provided for every child. However, 2017 Program Monitoring review data indicates that only 63 percent of counties completed the initial Educational Status Component and only 43 percent completed the Updated Educational Status. Also, while placement providers participated in educational appointments in 62 percent of cases reviewed, both birth parents were given the opportunity to participate in only 25 percent of cases and parents who were not given the opportunity to participate were given status updates in only 20 percent of cases. Engaging parents in the ongoing provision of educational services to their children while placed away from them in out-of-home care is an indicator of providing trauma-informed services. Finally, less than half of children in cases reviewed had "educational stability" while in foster care, with educational stability being defined as continuing to attend their old school after entering foster care or starting school and remaining in the same school while in foster care. While this is a new and challenging metric for the state, it is a vital measure of well-being for children.

In 2017-2018 OSRI reviews, Well-Being Outcome 2 (Children Receive Appropriate Services to Meet their Educational Needs) was rated as substantially achieved in 75 percent of 27 applicable foster care cases. Please note that these findings may be higher than those related results below from program monitoring because the OSRI reviews benefit from case specific interviews.

In addition to the Educational Status Component and Update, DSS is required to complete an Affidavit D to be submitted to the child's school. This enables the school system to coordinate service efforts with DSS. In interviews with school personnel, it was revealed that school systems provide a variety of services for children and families that may include weekend and summer food service, clothing banks, tutoring, and targeted educational services and accommodations. School personnel said that some of them participate in CFTs and most

participate in Best Interest Determination meetings. Some of the smaller counties expressed a greater ability to coordinate with DSS now that they had full-time school caseworkers on staff. One challenge revealed in focus groups with school personnel that may correlate with the low educational stability rating is that school personnel are often not informed of a child's placement move. This become problematic for school records and, potentially, transitioning to new schools.

Other barriers to collaborative support of educational attainment for youth in foster care revealed in focus groups with school personnel, youth, and foster parents include:

- Perception that children are "safe" in school may lead to a lack of follow-up with school systems;
- School counselors and caseworkers not working together to understand the trauma the child has experienced;
- Schools being contacted at the end of an assessment instead of at the beginning;
- When children move from county to county, coordination with different school systems and different county DSS offices is extremely complicated and hard to navigate; and
- Services, CFTs and court hearing are often scheduled at the convenience of the service provider and DSS and school testing and other educational priorities are not considered.

2017 NC Program Monitoring Review Data ***Select Questions – Foster Care Protocol***				
Provision of educational/developmental services that are timely, trauma-informed and fully address the child's identified needs.	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
Have the following educational documents been completed, updated and provided as per policy: ▪ Initial Educational Status Component	62.60% (236/377)	60.71% (34/56)	61.54% (96/156)	64.24% (106/175)
▪ Updated Educational Status Component	42.92% (103/240)	38.89% (14/36)	53.68% (51/95)	34.86% (38/109)
▪ Provided to placement	41.59% (136/327)	24.39% (10/41)	42.22% (57/135)	45.70% (69/151)
Did the placement provider participate in educational appointments?	61.85% (167/270)	66.67% (22/33)	59.41% (60/101)	62.50% (85/136)
Were both parents given the opportunity to participate in educational appointments?	25% (62/248)	16.67% (5/30)	27.37% (26/95)	25.20% (31/123)
If not, are the parents provided status updates of educational appointments? *(New: Available for July-December only)*	19.72% (14/71)	33% (1/3)	13.33% (4/30)	23.68% (9/38)
Is there educational stability for the child? *(New: Available for July-December only)*	47.69% (62/130)	40% (2/5)	47.17% (25/53)	48.61% (35/72)

Sub-Question 5: *Are trauma-informed services provided to parents, caregivers, foster and adoptive parents that address their needs and support them in successfully caring for the children in their care and support them in achieving case goals and permanency for the child?*

Provision of trauma informed services is a stated core principle and value upon which DSS approaches child welfare. During focus groups with service providers, many discussed that private provider staff are trauma-trained and that they conduct trauma-informed assessments. Some, however, shared that they do not feel DSS staff understand trauma at the level that they should. Currently, North Carolina DHHS does not have a comprehensive performance-based contracting system that diligently evaluates performance to remove all practices and providers who engage with youth in ways that are re-traumatizing.

Key Findings: *Provision of trauma-informed services to parents, caregivers, and foster and adoptive parents:*

- DSS has some consistent trauma-informed practices occurring in some counties.
- Triple P and Project Broadcast are being implemented in multiple counties with some success.
- North Carolina is currently exploring a practice model or framework that is trauma-informed.

DSS is currently exploring the selection of a practice model and/or framework that is safety-focused, culturally-competent, trauma-informed; supports preserving essential relationships that strengthen family functioning; prioritizes placement with related and non-related kin first to decrease broken placements; enhances biological and resource parents' ability to work with teams, meet special needs, and support permanency plans; and eliminates unnecessary removals by strengthening preventive in-home safety supports and services. Currently, some counties have developed practice models or have adopted nationally-known practice models that all include trauma-informed approaches. Other counties have emphasized trauma training for staff and caregivers. Some of the trauma-informed practices, which are being supported by the philanthropic community have been and continue to be evaluated with indications of positive results currently underway in different counties across the state include:

- **Child Health and Development Program**: a comprehensive health, developmental, educational, and behavioral health screening to every child entering foster care (and some entering In-Home Services), leading to development of a plan of care and connection of children to services;
- **Partnering for Excellence**: a trauma-informed collaborative between Child Welfare and Behavioral Health;
- **Project Broadcast**: a trauma informed demonstration project funded by a grant from the Administration for Children and Families;
- **Positive Parenting Program**: an evidenced based parenting program that provides practical strategies for parents to help care for their children.
- **Support for relative caregivers and family finding programs**; and
- **A collective impact initiative for older foster youth aimed at achieving permanence and successful transition to adulthood**.

On OSRIs conducted during 2017-2018, counties scored higher on meeting the well-being service needs of foster parents than birth parents. Counties' assessment of needs and provision of services to foster and pre-adoptive parents was rated as a strength in 82 percent of 34 applicable cases; assessment of needs and provision of services to birth parents was rated as a strength in only 50 percent of cases.

Sub-Question 6: *Does the child welfare caseworker actively communicate and collaborate with health, behavioral health and educational providers?*

Coordination and communication between child welfare caseworkers and health, behavioral health, and educational providers is vital.to ensuring seamless services and follow-up. During a recent survey of foster care caseworkers, 95 percent of respondents indicated that they communicated with providers monthly and bi-monthly when working with children on their caseloads. The remaining 5 percent acknowledged communicating with providers every three months prior to meetings or prior to every court review. When working with parents, 86 percent reported that they communicated with providers monthly and bi-monthly.

Key Findings: *Communication and collaboration between the child welfare caseworker and health, behavioral health and educational providers:*

- Communication and collaboration is occurring in some counties but needs to be improved.
  - Service providers reported a need for greater communication.
  - Strong working relationships with the county DSS offices.
  - Service providers report having no rapport with the state DSS office.

Focus groups with service providers offered a different picture than the caseworker surveys. Some providers shared that they rarely get updates from DSS, and attributed this to high caseloads for DSS caseworkers. Some providers who had made CPS reports indicated that they may or may not receive screen-in/-out letters and rarely received case closure letters, both of which are mandated by North Carolina Law. However, overall, service providers interviewed and who participated in focus groups felt good about their working relationships with the county DSS offices. None of the participants reported a rapport with the state DSS Central Office.

H. Services to Older Youth in Foster Care and Those Who Have Aged Out of Foster Care

Overview

According to the National Association of State Legislatures, nearly a quarter of the 427,000 children in foster care are age 14 and older and approximately 18,000 children age out of care at age 18 every year in the U.S. (http://www.ncsl.org/research/human-services/supports-older-youth.aspx). In North Carolina, the number of youth aging out of foster care has increased over the past five years, while the median days in foster care before aging out have decreased. Research indicates that outcomes for youth who age out of foster care are dismal, with high rates of unemployment, homelessness, pregnancies, incarceration, and the need for public assistance.

The federal government and the state of North Carolina recognize the need for specialized services for older youth and support for those youth who age out of care. The 1999 Chafee Act was enacted by Congress to provide funding for services for older youth and specified key outcomes for states to address. In North Carolina, the LINKS program was established to adhere to the Chafee Act.

The philosophy of NC LINKS is that increased experiences will lead to positive independence. It is based on positive youth development principles. DSS engages youth ages 13-21 as partners and contributors as they assist and equip youth in developing their own Transitional Living Plans. NC LINKS tracks the following seven outcomes:

1. All youth leaving the foster care system shall have **sufficient economic resources to meet their daily needs.**
2. All youth leaving the foster care system shall have a **safe and stable place to live.**
3. All youth leaving the foster care system shall attain **academic or vocational/educational goals** that are in keeping with the youth's abilities and interests.
4. All youth leaving the foster care system shall have a **sense of connectedness** to persons and community. This means that every youth, upon exiting foster care, should have a personal support network of at least five responsible adults who will remain supportive of the young adult over time.
5. All youth leaving the foster care system shall **avoid illegal/high-risk behaviors.**
6. All youth leaving the foster care system shall **postpone parenthood** until financially established and emotionally mature.
7. All youth leaving the foster care system shall have **access to physical and mental health services,** as well as a means to pay for those services.

Transitional Living Plans include:

- The youth's anticipated living arrangement after discharge, as well as a fully-developed alternate discharge plan;
- Supportive adults who are working with the youth;
- Specific goals that relate to the youth's transition to self-sufficiency, including educational and vocational training, the development of a personal support system, building independent living skills, the assurance of safe and secure planned and alternative living arrangements after discharge, and steps toward assuring any other unmet desired outcome;
- The agreed-upon steps to be taken to meet the goals; and
- An Emancipation Plan (90 days prior to 18th birthday).

After discovering that foster youth were being targeted for credit fraud, North Carolina DSS set forth policy that requires child welfare agencies across the state to provide a credit report for each youth. DSS is then responsible for providing needed assistance to resolve discrepancies in the report.

In addition to NC LINKS, in January 2017, the state extended voluntary foster care benefits to 18-21 year olds consistent with the 2008 federal Fostering Connections Act. Prior to January 2017 DSS also offered Contractual Agreements for Residential Services (CARS) for youth who wish to remain or return to foster care after their 18th birthday and before their 21st birthday. Those CARS agreements signed before January 2017 may still be in effect.

Other resources provided to older youth in North Carolina's foster care system include:

- The Education Training Voucher Program (ETVP) – grants up to $5,000 toward cost of attending higher education or vocational programs.
- NC Reach – an Education Support Scholarship program for youth who were adopted from foster care after their 12th birthday or aged out of North Carolina foster care (this covers the balance of the costs of attendance at any state university or community college).
- SaySo (Strong Able Youth Speaking Out) – a statewide association of youth ages 14–24, that empowers young people to advocate for improvements to the foster care system while providing additional life skills and leadership development opportunities.

DSS policy acknowledges that limited resources prevent most counties from serving all youth who are eligible for these services and offers some guidance on prioritization. The policy dictates that young adults who "aged out" of foster care must be offered any needed assistance for which they are eligible. This includes transitional housing funds and special funds for non-housing expenses such as utilities, furniture, etc.

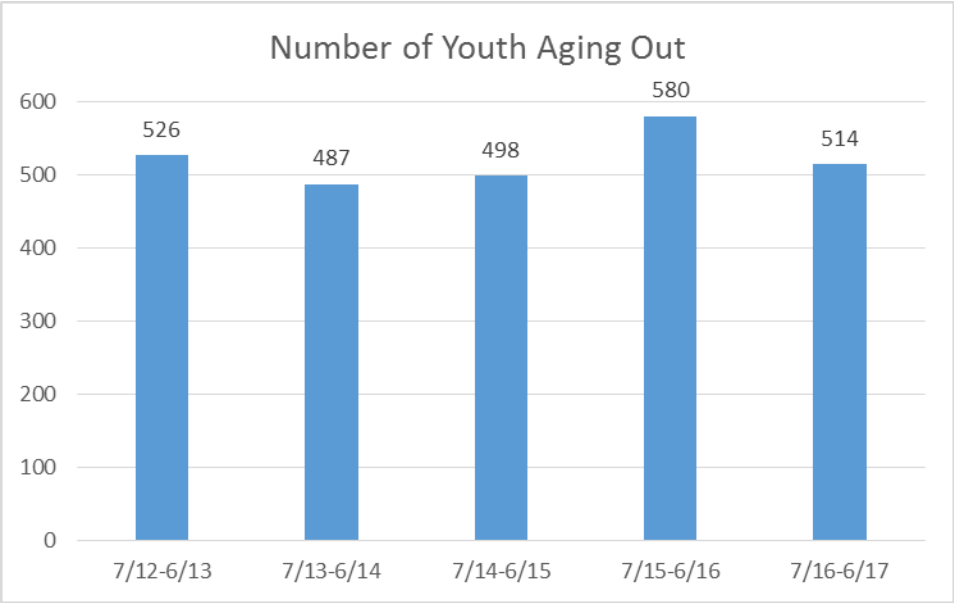
Specific timeframes in DSS policy for delivery of services to older youth include:

- Development of a service plan for youth 12 and older;
- Emancipation Plan at least 90 days prior to 18th birthday;
- Transitional Living Plans for all youth ages 13-21 must be in place by their 14th birthday; and
- For children with Individual Education Plans (IEP), Vocational Rehabilitation must complete an assessment for youth on or after their 16th birthday.

Older Youth - Performance Trends

In North Carolina, the number of youth aging out of care over the past five years has ranged between 487 youth in fiscal year 2013-2014 and 580 in fiscal year 2015-2016. There was a drop from 580 youth aging out in 2015-2016 to 514 youth aging out from 2016-2017.

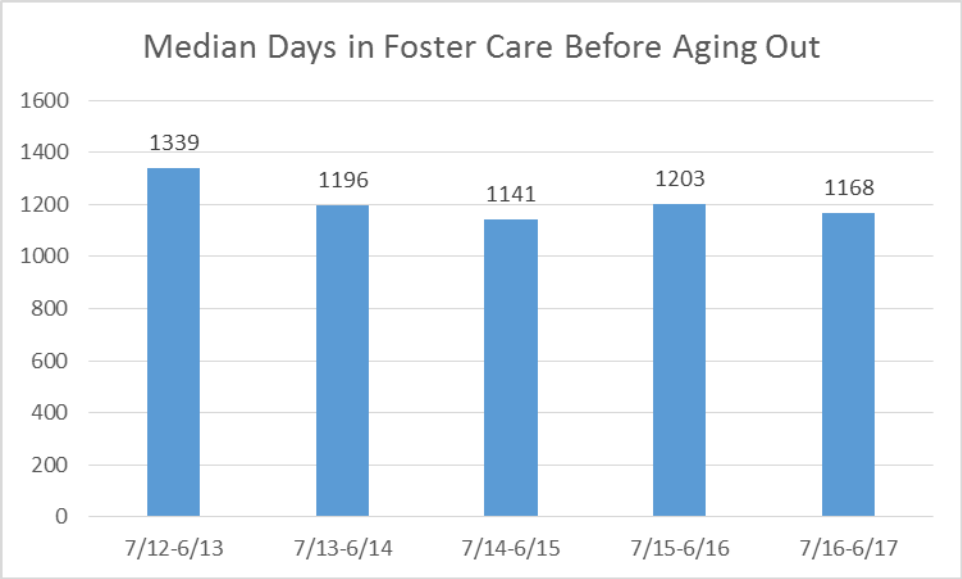
Figure 37: Number of Aging Out



Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018).Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved [4/19/18], from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/

The median number of days youth are in foster care has decreased over the last five years, as depicted in the graph below.

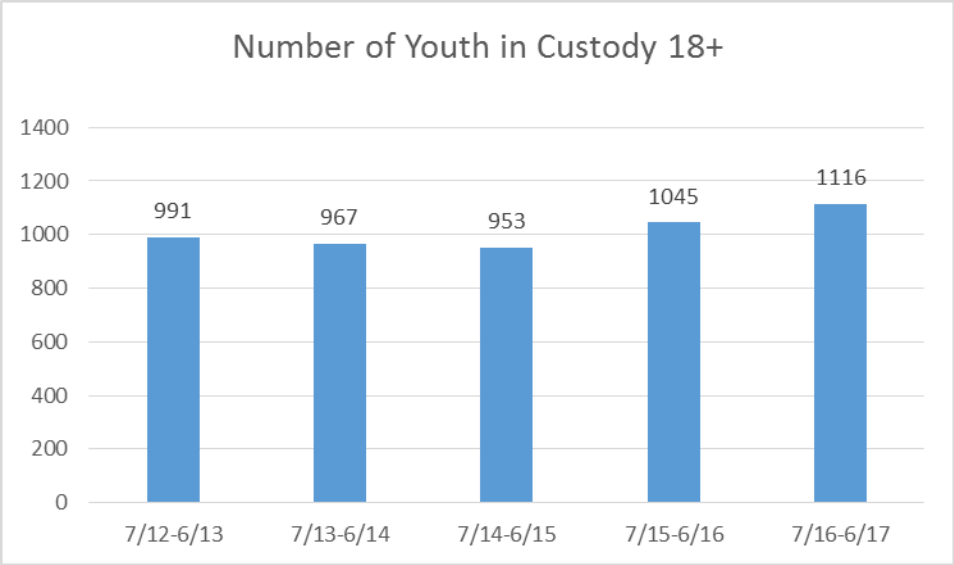
Figure 38: Median Days in Foster Care Before Aging Out



Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018).Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved [4/19/18], from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma//.

Looking at the number of youth in custody aged 18 and over, the number has increased from fiscal year 2012-2013 to 2016-2017, suggesting that more youth are choosing to voluntarily stay in the system to continue to receive services under the new foster care 18-21 program.

Figure 39: Number of Youth in Custody 18+



Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018).Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved [7/13/18], from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/.

Prior to the beginning of 2017, the program for older youth was named CARS and the new program beginning in 2017 is entitled Foster Care 18-21. Focus group participants suggested Foster Care 18-21 is a more popular program that has been receiving a lot of focus, particularly in allowing more flexibility in where a youth may live while receiving program benefits.

For those youth remaining in foster care after 18, the number participating in post-secondary education services has decreased from FY 2015 to 2017, regardless of county size. Large counties experienced a drop of over 50 percent from 81 youth receiving post-secondary education services in 2015 to 35 receiving the services in 2017. Medium counties dropped over 40 percent from 426 in 2015 to 221 in 2017.

Figure 40: Number of Youth Who Received Post-Secondary Education Services

SFY	County Size	Youth # Received Post-Secondary Education Services
15	Large	81
15	Medium	426
15	Small	31
16	Large	78
16	Medium	370
16	Small	31
17	Large	35
17	Medium	221
17	Small	21

Source: ServiceCodes132-140.xlsx (for an indicator of post-secondary education services), Services131-168.xlsx (for service date)

Sources of Information

- Administrative Data:
  - UNC Management Assistance website.
  - NYTD Data.
  - NC Legacy Data.
- Case Review Data:
  - Program Monitoring Review Data.
- Focus Groups/Interviews:
  - LINKS staff.
  - Foster Parents.
  - Youth.
  - Family Advisory Council.

Detailed Findings

Primary Research Question:	***Are older youth in foster care in being prepared for adulthood?***

Data that was gathered and analyzed as part of the assessment process suggests that older youth served by DHHS/DSS in foster care are not consistently being prepared for adulthood. To answer this research question CSF examined the extent to which youth are engaged as part of a team of supports, whether youth are involved in the development of Transitional Living Plans, whether youth provide input in the selection of services, service providers, activities, and in evaluating their progress towards established goals, and whether youth are provided with opportunities for employment, internships, and obtaining a driver's license. While some

examples of positive practices were observed regarding a team of support for youth, the services vary greatly from county to county, and relatives and fictive kin are not being fully engaged as part of the team. Program Monitoring results indicated the practice expectations for the development and evaluation of Transitional Living Plans are not being widely followed, and youth in focus groups reported having very little input in the selection of service providers and placements.

Youth reported to CSF favorable engagement through LINKS but varied engagement in other key meetings and planning sessions, such as CFTs. While the staff of LINKS were consistently given high marks for relatability, accessibility, and responsiveness, resources for programming vary greatly from county to county, with some counties meeting with LINKS participants monthly and others only a few times a year. Engaging family members, and other caring adults is vital for youth transitioning to adulthood; however, Program Review data indicate that only 50 percent of youth are supported in building these relationships and only 33 percent of cases indicate ongoing assessment of relatives for placement of involvement in a young person's life.

The Transitional Living Plan is the roadmap for successful transition into adulthood for older youth in foster care. This is the opportunity for youth to provide input on their strengths and needs and assist in developing their own goals. However, only 36 percent of applicable cases reviewed in the 2017 Program Monitoring Review documented completed plans.

CSF found that programs such as LINKS, SAYSO, and the Family Advisory Council provide excellent vehicles for youth engagement and youth input into the types of services and supports that they need and desire. SAYSO is not yet available in all counties across the state and the Family Advisory Council is currently only operationalized at the state level and in three counties. When it comes to selecting service providers and making placement decisions, youth report having little or no input into these decisions. This may contribute to placement instability with 28 percent of older youth reporting five or more placements prior to aging out of foster care on a recent Child Trends report.

Finally, CSF observed that LINKS and Foster Care 18-21 provide opportunities for youth to develop employment skills and obtain employment and internships. However, staff report that the lack of transportation options in most counties is a barrier. Moreover, the types of jobs available do not always allow for flexibility to attend therapy and other needed services. If youth are able to complete their high school education, NC Reach provides financial support for youth to attend higher education institutions. This opportunity may lead to higher-paying and more sustainable employment for youth. CSF also observed that while there is widespread support for youth obtaining driver's licenses, the responsibility of auto insurance has rested with the foster parents, some of whom cannot afford to add youth to their policies. To address this issue, Rylan's Law directed the Division of Social Services to establish a two-year pilot project to assist eligible foster youth in obtaining learner's permits or driver's licenses. A new program, Transportation Really is Possible (TRIP) includes first-come, first-served funding for costs associated with driving, including insurance.

.***Sub-Question 1:*** *Are youth part of a team of supports that are focused on helping them prepare for adulthood?*

Older youth involvement in planning is described as critical in DSS policy. DSS policy stated that LINKS staff function as teachers, coaches, and advocates for older youth. In addition to LINKS coordinators, several youth in focus groups noted that they had strong relationships with their caseworkers and guardian ad litem (GAL).

During focus groups with county DSS staff described the following methods for engaging youth as part of a team to help prepare them for adulthood:

- Child and Family Team meetings (CFT);
- PPAT meetings before court;
- Quarterly peer group meetings; and
- Treatment team meetings;

Involvement in these key decision-making meetings seems to vary widely from county to county and sometimes from case to case. Some youth in focus groups reported attending these meetings, while others reported that they were not invited. One DSS staff member reflected that despite these team meeting, most decisions were being made for youth instead of youth being supported and coached to guide the decision-making process.

Key Findings: *Engagement of youth as part of a team that is focused on preparations for adulthood:*

- Youth report favorable engagement through LINKS but not as much with other key meetings and planning sessions.
- Foster youth reported a need for more resources, especially in smaller counties.
- Mixed opinions from youth in terms of their involvement in CFTs. Some youth reported being involved with CFTs.
- Some evidence that youth are being supported in building relationships.
- Review data suggests relatives are not being regularly assessed for placement or involvement in the child's life.

Family members and fictive kin should also be part of an older youth's team of supports. These important relationships must be maintained and nurtured while children are in foster care. During focus groups and interviews, some youth indicated that DSS was not doing anything to help maintain important connections to the people in their lives. However, they were visiting and maintaining these connections on their own (this included visits with their parents). One youth suggested that DSS should put forth more efforts in finding relatives when youth first enter care. In other instances, youth reported that DSS assisted them in remaining in their schools even when their new placements were located in different school zones. These peer relationships and connections with teachers were important for most youth focus group participants.

Data from 2017 Program Monitoring Reviews indicate only half of youth are supported in building relationships that will exist when they leave foster care and last into adulthood. Specifically there was documentation of an ongoing assessment of relatives for placement or involvement in the young person's life in 53 percent of the cases reviewed, with that percentage dropping to only 33 percent for the applicable cases reviewed from the larger counties.

2017 NC Program Monitoring Review Data *Select Questions – Foster Care Protocol*				
Supporting youth in building relationships that will exist when they leave foster care and last into adulthood	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
Is there ongoing assessment of relatives for placement or involvement in the child's life? *(New: Available for July-December only)*	53.3% (97/182)	33.3% (7/21)	56.76% (42/74)	55.7% (48/87)

Sub-Question 2: *Are youth involved in identifying their own strengths and needs and setting personal goals?*

All youth involved in LINKS are asked to take the Casey Life Skills Assessment as well as a vocational assessment. These assessments are used in developing the Transitional Living Plan. DSS policy requires the following components in each of these plans:

- The youth's anticipated living arrangements after discharge, as well as a fully-developed alternate discharge plan;
- Supportive adults who are working with the youth;
- Specific goals that relate to the youth's transition to self-sufficiency, including educational and vocational training, the development of a personal support system, building independent living skills, the assurance of safe and secure planned and alternative living arrangements after discharge, and steps toward assuring any other unmet desired outcome; and
- Agreed-upon steps to be taken to meet the goals.

Key Findings: *Involvement of youth in identifying their own strengths and needs and setting personal goals:*

- The majority of NC youth, ages 14 and older, are not involved in identifying their own strengths, needs and goals:
  - Policy sets forth a clear process for involving youth in identifying their own strengths and needs and setting personal goals.
  - Only 36% of cases reviewed had completed transitional living plans.

This planning process and the assessments utilized to formulate the plan require direct involvement by youth in the process. More often than not, young persons 14 years of age or older do not have a completed Transitional Living Plan as only 36 percent of the applicable cases reviewed through the 2017 Program Monitoring Review process was there documentation of a completed Transitional Living Plan within the youth's case record.

2017 NC Program Monitoring Review Data *Select Questions – Foster Care Protocol*				
Involvement of youth in identifying their own strengths and needs and setting personal goals	**State**	**Large Counties**	**Medium Counties**	**Small Counties**
Has a Transitional Living Plan been completed for the child who is of the age of 14 or older, concurrently with the Out of Home FSA?	36.43% (51/140)	33.33% (6/18)	32.73% (18/55)	40.30% (27/67)

Sub-Question 3: *Are youth providing input in the selection of potential services and service providers, activities, and in evaluating their progress towards established goals?*

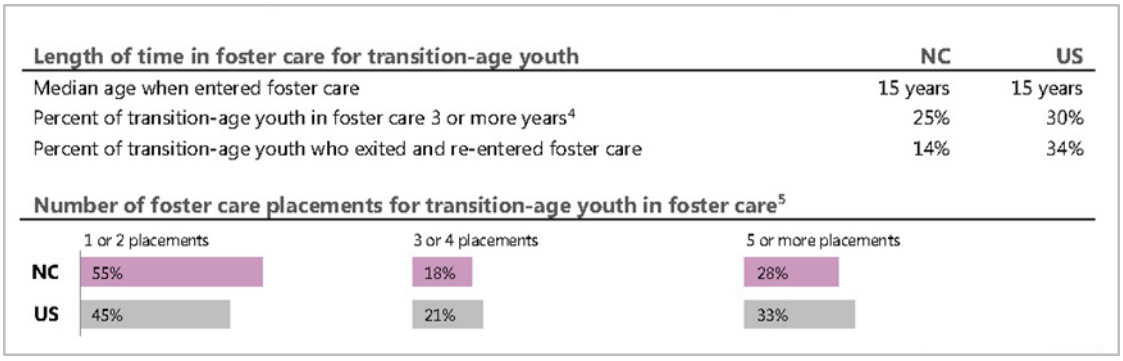
Key Findings*: Youth input on the selection of potential services and service providers, activities, and in evaluating their progress towards established goals:*

- Youth report providing input into services through LINKS, but not with regards to other services.
  - Focus groups with older youth report high levels of input into service decisions.
  - Placement decisions rarely involve input from youth.
  - Youth report no input in choosing service providers.

During focus groups with youth, approximately half felt like their voice was heard and the half did not. One of the hurdles that youth expressed about providing input, is that anything negative would not be kept confidential and would be shared with service providers. This was especially noted regarding the selection and maintenance of placements with foster parents and group homes. One youth shared feeling threatened with group home placement if they shared negative opinions about their foster home. Youth generally expressed a desire to be a part of the matching process for prospective foster parents. It is important to note that older youth in the North Carolina foster care system report experiencing placement instability at lower rates than foster youth across the U.S. However, with 28 percent of youth reporting having had five or more placements prior to aging out of foster care, the issue of stabilizing placements for older youth is significant and warrants focused improvement efforts by North Carolina.

Although North Carolina struggles to meet the needs of older foster youth, *Figure 41* below shows that North Carolina does slightly better than the nation as a whole with respect to the length of time in care and placement stability for older youth. As can be seen, North Carolina has lower percentages of older youth in care three years or longer and lower percentages of youth who have exited and re-entered care. A larger percentage of older youth in North Carolina have experienced only one or two placements (55% versus 45%).

Figure 41: Length of Time in Foster Care for Transition-Age Youth



Child Trends. *Transition Aged Youth in* Foster *Care in North Carolina*. August 29, 2017. Retrieved from https://www.childtrends.org/publications/transition-age-facts-northcarolina/ [4/19/18]

With regard to service providers, youth did not report having a voice in the selection process and were only told where they needed to go and when. One youth interviewed stated that his therapists were chosen based on location and availability as opposed to which therapist could best meet his needs and with whom he felt most comfortable working. All youth reported having their medical, dental, education, and vision needs met, but again not being part of the selection process for these services.

Youth generally reported high levels of input into the LINKS programs and services offered. LINKS coordinators often solicit input from youth participants regarding workshops and activities. In many instances youth reported participating in the planning process.

Youth participants provided the following insights regarding the foster care system and services:

- Need for the right (quality, length of care) mental health services, especially for ODD, attachment disorders, ADD, ADHD;
- Need for clear-cut curriculum for LINKS with consistent funding;
- Greater need for transportation, cars, cell phones, more money, freedom, normal life, transitional housing, emergency shelter for 18+, youth substance abuse, trauma resources;
- Need for greater placement stability: most foster parents won't take teens, group homes are a challenge;
- Need for foster parents to have more patience with teens and better understand adolescent development;
- More emphasis on the following skills: guide to employment, money management, basic skills, access services, problem solving, effective communication; and
- Need for funding for car insurance (currently this is the responsibility of the foster parent and some cannot afford to add youth to their insurance policies).

Sub-Question 4: *Are youth provided with opportunities to prepare for adulthood by having a job or an internship or a driver's license?*

During focus group discussion, youth reported that DSS provides support for obtaining driver's licenses and encourages foster parents to support this process. However, in order for youth to drive, they need insurance. Currently, payment for insurance rests with the foster parents, many of whom cannot afford to add youth to their personal automobile insurance policies. Several youth reported having jobs and summer jobs. One youth indicated that DSS paid her to babysit the children of MAPP participants. The agency was able to do this through the LINKS program. Another youth indicated that she was enrolled in the dual degree program with her high school and the local community college. She will graduate with a high school diploma and a certificate in auto mechanics. Interviewing skills, resume workshops, and other employment-related training are included in the workshops that are offered to through LINKS and Foster Care 18-21.

Key Findings*: Youth input on the selection of potential services and service providers, activities, and in evaluating their progress toward established goals:*

- Some youth are provided with these opportunities – especially through LINKS.
  - Some youth report getting support for obtaining a driver's license; however not being able to secure car insurance prevents them from being able to drive.
  - LINKS and Foster Care 18-21 provided employment services.
  - These services vary from county to county depending on resources.

I. Workforce [5.2.2(9)]

Building the confidence and competence of the child welfare workforce gives agencies a foundation that is essential for improving outcomes for children and families. The National Child Welfare Workforce Institute has outlined an approach for leadership and workforce development that includes several critical components including, but not limited to: creating minimum standards for positions; preparing the workforce through the formal educational opportunities; finding the right person for the job through recruitment and selection processes; creating monetary and non-monetary incentives to stay on the job; promoting a healthy organizational culture and climate; engaging in strong community partnerships; providing effective supervision; and offering ongoing professional development.[23] Further, we generally believe that developing and supporting the workforce through professional development should go beyond traditional classroom training to focus on the practical application of new information, receipt of feedback, and opportunities to practice new learning until confidence and mastery are sustained. Specific recommendations are outlined in Chapter 4 related to preparing and supporting the child welfare workforce in North Carolina.

[23] National Child Welfare Workforce Institute. *Workforce Development Framework (WDF).* Albany, NY: University at Albany (2015).

This section summarizes information gathered through our assessment about the educational background of child welfare employees in the state, current caseloads sizes and standards, turnover, and salaries.

Educational Backgrounds

Current job specifications can be found in the state classification system and from counties for their own systems.

In North Carolina, the great majority of child welfare caseworkers have bachelor's degrees, with about 40 percent of those workers having bachelor's degrees in social work, and 60 percent having a bachelor's degree in another related field. A clear majority of supervisors also have bachelor's degrees, though supervisors are slightly more likely to have a master's degree. Across classifications, larger urban and more affluent counties have more staff with master's degrees than smaller, rural counties.

Educational backgrounds of staff by county can be found in the 2017 Master Child Welfare Workforce Data Book. Aggregate data are shown below.

Figure 42: Highest Degrees for Caseworkers, Supervisors, Program Managers, and Program Administrators

Highest Degree for Caseworkers					
County	BSW	Other Bachelors	MSW	Other Masters	Higher Degrees
State	770.8	1,133.95	467	338	6

Highest Degree for Supervisors					
County	BSW	Other Bachelors	MSW	Other Masters	Higher Degrees
State	117.3	249.8	113	85	1

Highest Degree for Program Managers					
County	BSW	Other Bachelors	MSW	Other Masters	Higher Degrees
State	16.7	37.2	18.5	13.7	1

Highest Degree for Program Administrators					
County	BSW	Other Bachelors	MSW	Other Masters	Higher Degrees
State	5	10.8	17.5	5.75	0

The analyses are based on North Carolina's current child welfare caseload standards of a maximum of 10 open CPS assessments, 10 open families for CPS In-Home Services, and 15 children in foster care. It should be noted that many county staff strongly believe the current

caseload standards are out-of-date because of new responsibilities for both client activities and documentation that have been added over the past 10 years as a result of CFSR PIPs, responses to adverse events, and the increased difficulty accessing services in the MH/DD/SA system. Many counties argue strongly that it is not possible for caseworkers with caseloads at the current standards to meet the current expectations for their positions.

Data from the analysis comes from the Master Child Welfare Workforce Data Book, which was developed by the state with input from the counties about six years ago. Counties are required to submit monthly data on workload and staffing on a quarterly basis for all child welfare functions. The survey also captures data on staff turnover and education. The state has worked extensively with counties to increase clarity of the data elements and consistent and accurate data submission. Data also comes from the county salary surveys and our interviews and focus groups with state and county officials.

Caseload Sizes and Standards

In aggregate for all counties across all child welfare positions with established caseload standards, the child welfare staffing survey found that an average of 2,565.5 caseworkers would have been needed during calendar year 2017 to meet caseload standards. Counties in aggregate reported having more budgeted FTEs than needed to meet caseload standards across functions (2,833.68) but having slightly fewer caseworkers actually available each month to do the work (2,461.62). Reasons for budgeted FTEs being unavailable included vacancies, workers being in training, and workers being on sick, vacation or workman's compensation leave.

Statewide, the adequacy of staffing as compared to standards was markedly worse for CPS assessments than for other functions with caseload standards including CPS In-Home Services, foster care, and adoptions. According to the staffing survey, the average number of CPS assessors needed to meet standards for the workload statewide was 1,139.24 as compared to 1,086.05 budgeted FTEs and 891.05 available workers. The average numbers mask seasonal and other fluctuations in the numbers of CPS reports received, meaning that at times during the year the caseloads for individual workers would likely be much higher while at other times substantially lower. Another factor in the workload for CPS assessors is the length of time it takes to complete CPS assessments; when workers are assigned high numbers of assessments in a month, it can be more difficult to complete assessments in a timely way, leading to a snowball effect of higher caseloads. For other functions, the data from the survey found that, on aggregate, counties had adequate staff budgeted and available to meet the state's current caseload standards.

Perhaps not surprisingly, the aggregate statewide data indicated that the child welfare function that was least adequately staffed to meet the workload (CPS assessment) also had the highest average percentage of budgeted FTEs who were unavailable for work (18%), a rate that was 60 percent higher than for either foster care or in-home services.

We looked more closely at staffing in 15 counties that CSF in which CSF conducted site visits. The counties were chosen to represent a cross section of small, medium, and large counties (including the two largest); eastern, central, and western counties; and counties from the state's three economic tiers.

Analysis of individual counties found great variability in the adequacy of staffing compared to current caseload standards. Eight counties (Anson, Edgecombe, Greene, Halifax, Mecklenburg, Robeson, Swain, and Wake) reported having more staff budgeted and available than required by caseload standards. Two counties (Orange and Caldwell) reported available staffing that met but did not significantly exceed caseload standards. In these counties, staffing was typically adequate to meet caseload standards across program functions including CPS assessments. Five counties (Alamance, Alleghany, Caldwell, Johnston, Robeson, and Scotland) reported having had significantly fewer staff available than necessary to meet current caseload standards. In these counties, the staffing shortage was consistently concentrated in CPS assessor positions.

Figure 43 summarizes staffing shortages compared to current standards for the five sampled counties for frontline caseworker positions.

Figure 43: All Positions with Caseload Standards

County	Budgeted FTES	Available FTEs	FTEs Needed	Shortage
Alamance	34.75	29.4	39.4	10
Alleghany	4.7	3.9	5.5	1.6
Caldwell	35	32.0	38.4	6.4
Johnston	48.1	35.6	47.7	12.1
Scotland	13	10.6	12.8	2.2

Figure 44 summarizes staffing shortages compared to current standards for the five sampled counties for CPS assessors.

Figure 44: CPS Assessor Positions

County	Budgeted FTES	Available FTEs	FTEs Needed	Shortage
Alamance	15.5	12.2	23.7	11.5
Alleghany	1	.8	2.3	1.5
Caldwell	13	11.7	17.4	5.7
Johnston	17	11	17.4	6.4
Scotland	4.5	3.3	5.1	1.8

Turnover

According to the Master Child Welfare Workforce Data Book, the aggregate annual turnover rate for frontline social work positions in child welfare in 2017 was 32.1 percent. Of the 977 caseworkers who left their positions in 2017, 588 resigned voluntarily, 68 were involuntarily dismissed, 30 retired, and 166 made lateral job moves within the agency. A total of 106 were promoted within their department.

Although the Workforce Data Book does not give reasons for workers leaving their agencies or transferring within their agencies, several reasons were brought forward during interviews and focus groups with state and county workers including:

- Caseworker burnout exacerbated by stressful work, workloads that are perceived as impossible to complete within a 40-hour workweek, and difficulty maintaining a work-life balance.
- Caseworkers leaving to work for higher-paying counties after initially getting hired and trained in low-paying counties.
- Caseworkers with master's degrees (often in higher paying counties) leaving to work in other fields after getting their clinical license.

It was also agreed that the quality of a caseworker's relationship with his or her supervisor and the support received was an important factor in worker's decisions whether to stay in their jobs. The turnover rate for social work supervisors (19.2%) was substantially lower than the turnover rate for workers. Additionally, a higher proportion of turnover among supervisors was due to promotions within the agency and retirement.

Salaries

For child welfare, data on the number of employees statewide was available in the 2017 Master Child Welfare Workforce Data Book, developed and maintained by the Central Office, with data provided by each of the 100 counties. The Workforce Data Book contained no information on child welfare salaries. We used the entry and high salary information on two child welfare positions, Social Services Director and Social Worker II, from the University of North Carolina's County Staffing Report as of December 31, 2017. We asked the 15 counties we were visiting, as part of our data collection effort, to provide us with position and salary information for their child welfare staff. We found additional position and salary information on county websites, for a total of 45 counties. Because we used data from multiple sources and were not able to validate some of the data with the counties, the information should be considered draft data, and used for general comparison purposes only. During Phase 2 of this project, we will work with the counties to fill in the gaps in our knowledge regarding county salaries.

We do know that salaries for front line child welfare workers vary widely throughout North Carolina. On the low end were three smaller, more rural counties with hiring rates below $33,000 per year and average salaries for workers of below $36,000 per year. On the high end were the three largest counties in the sample with hiring rates at or above $42,000 and average salaries between $46,000 and $53,000. The Social Services Preliminary Reform Plan describes this in more detail along with a chart depicted salary ranges for other critical county child welfare positions.

IV. DETAILED RECOMMENDATIONS

Given the broad scope of change identified in this reform effort, it is imperative to develop and agree on a theory of change for how to improve child and family outcomes in North Carolina. In our experience, it is not possible or effective to commit to implementing a laundry list of disconnected recommendations. CSF has found this, for example, to be a stumbling block in jurisdictions under federal class action lawsuits. The ones that have focused on a line-by-line, compliance-oriented approach to making progress have struggled. The evidence suggests that reaching agreement on the strengths and needs within a system and the underlying root causes that are impeding progress, is the first critical step in an effective change or improvement effort. It is also important to make desired outcomes clear to everyone involved – these are the results for Child-Welfare-involved children, parents, and extended families that everyone participating is hoping to achieve. These child and family outcomes must be agreed-upon and well-defined. Methodologies must be developed to understand baseline performance and how to track progress on these outcomes over time. The last step in developing a theory of change is to agree on the basic conditions that would need to exist within the broader system to address identified root causes and improve desired outcomes over time.

Creating a child welfare system in North Carolina that is experienced by children and families in all one hundred counties as being culturally-competent, trauma-informed, family-centered, and safety-focused will require a shift in organizational and system culture and mindset. It will also require a reliance upon proven and effective approaches to implementation. The envision session in Durham was a step in this direction. A draft theory of change was developed and refined during this two-day session on July 9 and 10. To promote more candid, open dialogue, CSF, with input from the Office of State Budget and Management (OSBM), made the determination that this session would be a small, internal meeting of public state and county child welfare leaders. CSF understands the critical importance of bringing families and child welfare leaders, stakeholders, advocates and other contributors into the process, and proposes that as a next step in Phase 2 of this project.

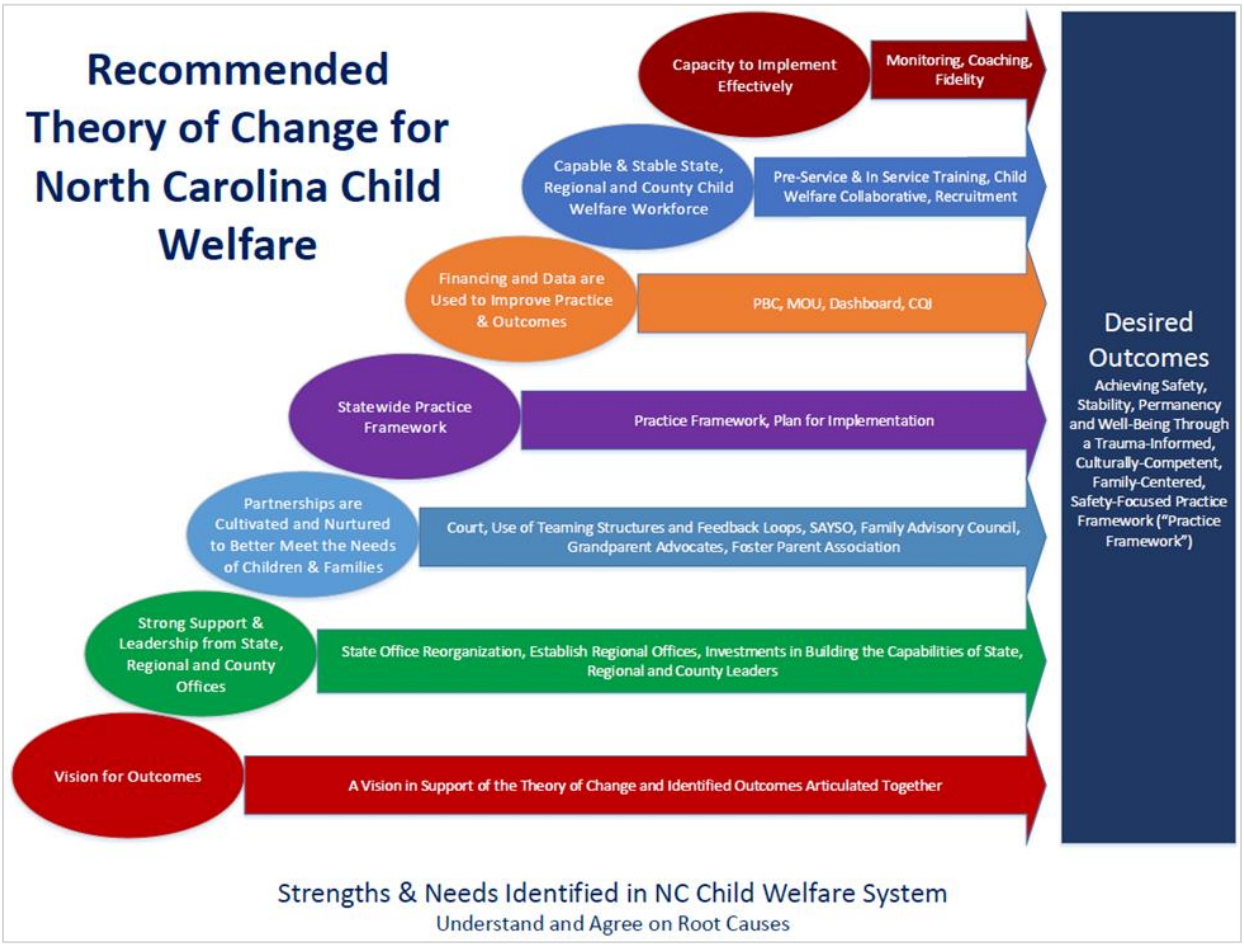
The recommendations described here reflect ideas and input from the theory of change session and from information gathered from our assessment, which included input from hundreds of DHHS employees, county Department of Social Services employees, and stakeholders. A review of best practices in child welfare also informed these recommendations. In addition, CSF carefully reviewed recent reports and recommendations including: 1) the Child Welfare Strategic Plan, S.L. 2016-94, Section § 12C.1. (b); 2) Report to the Joint Legislative Oversight Committee on Health and Human Services, by North Carolina Department of Health and Human Services; 3) the North Carolina Child and Family Services Review (CFSR) Program Improvement Plan (PIP); and the PCG study, which was also required by Section 12C.1.(f) of N.C. Session Law 2014-100.

Many of these recommendations are cross-cutting and are intended to address needs identified in more than one child welfare program area. When recommendations are more directly linked to the findings in one of the program areas in particular, it has been noted.

CSF recommends as a first step the creation of a small, representative core implementation team to be identified and charged immediately with the responsibility for taking the recommendations to the next level – sorting them in priority order, making them actionable, and identifying the resources needed to implement them. We also recommend that DHHS recruit and select one person to be devoted full-time to lead this team and manage the implementation of these recommendations and the improvement effort overall. This would include the creation of a teaming structure to ensure the ongoing and regular engagement of a broader group of stakeholders. This core implementation team would be responsible for strategically sequencing and operationalizing the new vision using implementation science, including a focus on readiness goals and activities.

It should be noted that the U.S. Congress has set forth a path for all child welfare systems to place more focus on prevention and intervention to keep children safely with families through the Family First Prevention Services Act (FFPSA) beginning as early as October 2019. North Carolina is poised to jumpstart this process through implementation of its new vision and practice framework. These recommendations have been crafted to align and incorporate readiness activities identified as part of North Carolina's effort to prepare for the implementation of the FFPSA. This process should help inform the prevention plan the state will be required to submit to the Children's Bureau within the federal Administration for Children, Youth and Families (ACYF), and the notification the state must provide to the Children's Bureau by November 9, 2018, about a timeline for opting into the FFPSA.

Figure 45: Recommended Theory of Change for North Carolina Child Welfare



The following preliminary recommendations are offered for consideration. Recommendations are made to create each of the basic conditions articulated in the draft theory of change that would need to exist within North Carolina's Child Welfare system to address identified findings and improve desired outcomes over time. As depicted in the figure above, here are the basic conditions that need to be further developed and created:

- Vision for outcomes;
- Strong support and leadership from Central Office, regional office and county offices;
- Partnerships are cultivated and nurtured to better meet the needs of children and families;
- Statewide practice framework;
- Use of financing and data are used to improve practice and outcomes;
- Capable and stable state, regional, and County Child Welfare workforce; and
- Capacity to implement effectively.

The recommendations to develop and create each of the basic conditions for the draft theory of change are listed in order as depicted in the *Key for Recommendations* below, based on a

preliminary implementation timeline: short-term recommendations that can be implemented before the end of Phase 2 (February 28, 2019); mid-term recommendations that can be implemented before the end of Phase 3; and then long-term to be implemented beyond Phase 3. Although multiple entities (e.g. DHHS, General Assembly, Administrative Office of the Courts) will need to work together to implement almost every recommendation, we have listed the primary entity that has much of the responsibility for the specific recommendation. Some specific steps will need to be taken in earlier phases to prepare for the implementation of certain recommendations in the mid-term or longer-term timeframe.

Key for Recommendations

Short-term = can be implemented before February 28, 2019 (Phase 2)
Mid-term = to be implemented after March 1, 2019 (Phase 3)
Long-term = to be implemented beyond Phase 3
Legislature
DHHS
Counties
Core Implementation Team (CIT)

A. Vision for Outcomes

A clear vision for the child welfare system in North Carolina is necessary to realize positive, sustainable improvement to achieve outcomes. The two-day session with child welfare leaders from the state and counties, CSF, and the panel of experts developed basic tenets of a vision including being trauma-informed, culturally-competent, family-centered, and safety-focused. However, the vision needs to be articulated; supported by a new and enhanced infrastructure; and operationalized within DSS and in partnership with external stakeholders to achieve desired outcomes.

Recommendations

1.	**Recruit and hire one person with implementation experience and expertise to create a core, representative implementation team to guide the implementation of these recommendations.** CSF recommends as a first step the creation of a small, representative core implementation team to be identified and charged immediately with the responsibility for taking the recommendations to the next level – sorting them in priority order, making them actionable, and identifying the resources needed to implement them. We also recommend that DHHS recruit and select one person to be devoted to this full-time, to lead this team and manage the implementation of these recommendations and the improvement effort overall. This core implementation team would be responsible for strategically sequencing and operationalizing the new vision using implementation science, including a focus on readiness goals and activities. It is essential that this person is identified as soon as possible. A current position may need to be reclassified for this to happen in the urgent timeline required. An administrative support person will also need to be identified to support this team. ***Short-term***	***DHHS***

2.	**Convene a broad group of stakeholders to more fully develop a vision for improving outcomes in North Carolina – starting with the theory of change and identified outcomes developed in partnership with CSF on July 9 and 10 in Durham, North Carolina.** This will help create a process for feedback and buy-in internal to the state and county social services system and for external stakeholders. To create consistent child welfare practice and improve outcomes for children and families across the state of North Carolina, the state needs to adopt and communicate a clear vision. The vision should include keeping families safe, together, and supported through the practice framework set forth in S.L. 2017-41 and supported by child welfare research. With 100 county departments of social services, newly-established regional DSS offices, and the Central Office DSS, it is vital for leaders to set forth a common direction, with guiding principles and goals to achieve a set of statewide outcomes for families. A vision for Child Welfare outcomes to reach beyond DSS and be supported by all agencies and entities that impact the well-being of children, youth, and families. Through a well-developed implementation process, stakeholders should have the opportunity to participate in creating shared accountability and support for the vision, goals, and outcomes. Specific collaborative goals and recommendations for engaging and working with court systems, mental health systems, and children, youth, and families are delineated in the section below on Partnerships are Cultivated and Nurtured to Better Meet the Needs of Children and Families.	***Core Implementation Team***
	Short-term	

3.	**Ensure that the articulated vision supports a parallel process for shifting the culture of the workplace to provide culturally-competent, trauma-informed, family-centered, and safety-focused environments to support social services staff at the county, regional, and Central Office levels.** Deliberate efforts must be made to shift the internal culture of social services at state, regional, and county levels to support a work environment that is trauma-informed, family-centered, safety-focused, and culturally-competent to recruit, develop, and retain a robust workforce. The secondary trauma experienced by social services staff, the constant work-life balancing that workers must do to care for their own families, and the difficult environments and safety considerations inherent in the job must all be considered as social services shifts its internal culture. Staff cannot be expected to work with families differently if the workplace does not reflect these same values.	***Core Implementation Team***
	Short-term	

4.	**Develop and implement a communication plan to help ensure leaders at all levels and a broad group of stakeholders are receiving and providing needed information related to North Carolina's vision for outcomes.** To operationalize a new vision for child welfare in North Carolina, the state needs to utilize implementation science to develop an infrastructure that creates buy-in, feedback loops, and outcome measures that align with the vision. A strong communication plan must be developed to engage leaders and stakeholders at the state, regional, and local levels.	***CIT***
	Short-term	

B. Strong Support and Leadership from State, Regional, and County Offices

This component of the theory of change is essential to prepare the Department of Social Services internally for implementation of the practice framework. It includes communicating and reinforcing the vision, educating around new and improved practice, and putting tools in place to

be able to measure progress towards outcomes. Findings from the assessment indicate a strong need for leadership and support across all levels of DSS.

Here are some of the identified needs upon which our recommendations focus.

- Clear definition of state and county roles in a state-supervised, county administered program.
- Clear plan and structure of implementation for policy, operations including roles.
- Timely and accurate policy guidance that is consistent across the Division of Social Services and new regional offices.
- Support of directors in non-program areas (fiscal, management, and leadership).
- Enhanced training for both county and state staff.
- Timely/integrated monitoring and corrective action or improvement plans tied to the family-centered, trauma-informed, culturally-competent, safety-focused framework.
- Enhanced technical assistance from the state tailored to the needs of individual counties.
- Increased staffing for county and state with appropriate skills, knowledge and experience.
- Enhanced communication with public and the legislature.

Recommendations

5.	**Create five new high-level positions in the state Division of Social Services at competitive salaries and then advertise, recruit, and select candidates qualified to lead.** This needs to be done in the very short-term through a reallocation of existing positions and/or resources within DHHS or state government. Implementation of these child welfare recommendations will only be possible with a state office child welfare section that is able and equipped to lead. These hires will help to ensure strong leadership for these areas of practice: ▪ Office of Child Safety-Child Protective Services ▪ Office of Family Support-Prevention and In-Home Services (CPS): Voluntary and Involuntary, Family First ▪ Office of Child Permanency: Foster Care, Extended foster care for youth 18 to 21, Adoption, Guardianship, Reunification ▪ Office of Professional Development: Implementation Support, Training, and Coaching ▪ Office of Performance Improvement: OSRI, Program Monitoring, Performance Improvement, Fidelity, Data analysis, monitoring of provider performance ***Short-term***	***DHHS***

6.	**Ensure competitive salaries for Central Office Division of Social Services Child Welfare Section employees and prospective employees.** See Social Services Preliminary Reform Plan. ***Mid-term***	***DHHS***

7.	**Reorganize the Central Office Division of Social Services Child Welfare Section to align with the regional offices established under S.L. 2017-41.** This reorganization would include, but not be limited to, the creation of five (5) offices focused on ensuring children are psychologically and physically safe, keeping families together through Prevention and In-Home Services, timely permanency for children who enter foster care, professional development, and performance improvement. *Office of Child Safety* – persons in this office would be responsible for providing leadership for Child Protective Services statewide, including the Initial Investigative and Family Assessments and ongoing safety assessment process. These persons would be responsible for this area of practice including, but not limited to: researching best practices; setting policy expectations; understanding performance statewide; using data effectively; and helping to improve practice and outcomes. Related information and support would need to be made available to the regional offices, county offices as well as persons responsible for policy, training, budgets, and legislation. *Office of Family Support* – persons in this office would be responsible for providing leadership for prevention, voluntary family support services and CPS In-Home Services. These persons would be responsible for this area of practice including, but not limited to: researching best practices; setting policy expectations; understanding performance statewide; using data effectively; and helping to improve practice and outcomes. Related information and support would need to be made available to the regional offices, county offices as well as persons responsible for policy, training, budgets, and legislation. This office will also have a major role in the implementation of FFPSA. *Office of Child Permanency* – persons in this office would be responsible for ensuring that important relationships are maintained for children and that placements are made with relative and kin caregivers to the extent possible, extended foster care for youth 18 to 21 or beyond, and for promoting permanency through adoption, guardianship, reunification. This office would have oversight and support responsibilities related to county and regional offices as well as the child placing agencies. These persons would be responsible for this area of practice including, but not limited to: researching best practices; setting policy expectations; understanding performance statewide; using data effectively; and helping to improve practice and outcomes. Related information and support would need to be made available to the regional offices, county offices as well as persons responsible for policy, training, budgets and legislation. *Office of Professional Development* – persons in this office would be responsible for building the capabilities of the entire child welfare workforce in North Carolina, including those persons working in the state, regional, and county offices. This team would need to have the expertise and experience needed to manage the creation of a learning program aligned with North Carolina's trauma-informed, culturally-competent, family-centered, safety-focused approach. This team would be responsible for working with universities and other resources to develop a skilled workforce pool for counties, regions and state. *Office of Performance Improvement* – persons in this office would be responsible for monitoring performance, including federal reviews and program monitoring, ensuring needed local support and technical assistance and helping to manage change and improvement efforts throughout the child welfare system in North Carolina. These persons would be responsible for leading statewide strategic planning processes and overseeing state and county level strategies aimed towards ensuring data quality and supporting the use of quality data at all levels of the organization. This team would need to be steeped in knowledge of effective implementation science and change management. ***Mid-Term***	***DHHS***

8.	**Create a centralized hotline for reports of all suspected abuse or neglect in North Carolina.** This hotline would need to be effectively managed, preferably by someone with experience managing a call center or hotline. The person must be able to use data effectively to ensure calls are answered in a timely manner and that Intake workers are meeting expectations for gathering needed information, making appropriate screening decisions, and determining next steps to ensure children are physically and psychologically safe. The timeline for implementation may need to be tied to NCFAST to ensure immediate access to information about any history of county DSS involvement with the child and his or her family. The strategy for implementation should be based on sound implementation science. [Child Protective Services] ***Long-term***	***DHHS***

9.	**Ensure each regional office is equipped with relevant child welfare programmatic and coaching expertise.** Each region will need one child welfare professional development specialist, one child safety representative, one child and family support representative, one permanency representative, and two child welfare performance improvement representatives. The child safety, child and family support, and permanency representatives in the regional office will be responsible for building relationships with county child welfare leaders and staff, being responsive to policy and practice questions, helping to coordinate services among counties to ensure needed supports and services for families, helping counties secure the right placements for children who enter foster care and helping to remove systemic barriers. These persons will be selected and hired by their respective offices in the Child Welfare Section – *Child Safety, Child and Family Support, Child Permanency* - and receive policy and program direction and support from that office. These persons will report to the Regional Director for ongoing personnel matters. The child welfare training and coaching specialist will be responsible for helping to build the capabilities of the child welfare workforce in the region in partnership with the Central Office, university partners, and identified trainers within the counties. These persons will be selected, hired, and supervised for policy and program direction by the *Office of Professional Development*. These persons will report to the Regional Director for ongoing personnel matters. The performance improvement representatives will be responsible for conducting case reviews, monitoring service delivery, gathering information about child welfare practice in the counties, and overseeing strategies aimed towards ensuring data quality, and supporting the use of quality data. These persons will be selected, hired, and supervised for policy and program by the *Office of Performance Improvement.* These persons will report to the Regional Director for ongoing personnel matters. Every member of the regional child welfare team will be responsible for participating in the CQI process designed to improve outcomes for children and families in the region. ***Long-term***	***DHHS***

C. Partnerships are Cultivated and Nurtured to Better Meet the Needs of Children and Families

An important component of our theory of change is about aligning community partnerships so that needed supports are in place for families as envisioned in the practice framework. If the system changes its practices without strengthening community partnerships, developing buy-in for the new way of work, and ensuring that needed supports are in place, the experiences of

children and families may not improve. As part of the assessment, CSF looked at the quality of the existing partnerships between service providers and State and county offices.

Recommendations

10.	**External stakeholders need to be engaged on a regular and ongoing basis as North Carolina develops a culturally-competent, trauma-informed, family-centered, and safety-focused child welfare system.** An effective child welfare system involves the collaboration, buy-in, and shared resources of all stakeholders who impact the lives of children, youth, and families, especially families themselves. DSS has existing collaborative partnerships and initiatives that must be further nurtured and expanded. Specific strategies and approaches should be developed for each stakeholder group to address their specific strengths and needs. These stakeholder groups need to be represented in the teaming structure that will be developed. External stakeholders should include the following: ▪ Courts (judges/GAL/attorneys/AOC/clerks). ▪ Behavioral Health including LME/MCOs that manage Mental Health and Substance Abuse services. ▪ Families/Family Advisory Council/SAYSO. ▪ Education: schools K-12, universities. ▪ Law enforcement, probation, parole. ▪ Legislators (state and federal). ▪ County Commissioners/Managers, DSS boards, City Managers. ▪ Medical Providers. ▪ Child Advocacy Centers. ▪ Birth parents, relative and kin caregivers, foster parents. ▪ Community based provider agencies: non-profits, therapy, parenting, substance abuse treatment, domestic violence advocates. ▪ Child Placing Agencies. ▪ Federally- and State-Recognized Tribes. ▪ Public Health. ▪ Early Childhood partners. ▪ Juvenile Justice. ▪ Community Action Centers. ▪ Advocacy groups. ▪ Faith Community. ▪ The Child Fatality Prevention system including state and local teams. ▪ Transportation/housing. ▪ Business community/philanthropy/foundations. [Prevention and In-Home; Child Protective Services; Provision of Physical, Mental Health, Educational Services, Reunification Services, Child Fatality]	***Core Implementation Team***
	Short-term	

11.	**Engage, collaborate, and coordinate with courts to address and remedy existing barriers, while creating buy-in for the new vision and jointly tracking key outcomes for children, youth, and families.** The court system is a vital partner that shares responsibility and accountability for ensuring that families are supported and that children can safely achieve timely permanency. Child welfare administrators and judges must be equipped with the information they need to make decisions that will improve child welfare outcomes for children. DSS cannot achieve better outcomes for families without a fully resourced court system. Recommendations include: ▪ Dedicated and/or Juvenile Court Judges should be provided in all judicial districts; support should be provided for staff, attorneys, and judges who have knowledge of and provide services that are also culturally-competent, trauma-informed, family-centered, and safety-focused to foster a court system that supports the new vision and desired outcomes for children, youth, and families. ▪ The state should explore increasing the number of judges or revising state statutes to add appointed juvenile court magistrates or associate judges. In addition, additional resources should be explored to increase support for GALs and parent attorneys. The state should explore increasing the number of judges, GALs, and parent attorneys who are certified through the national child welfare law certification process. This will assist in alleviating excessive continuances, creating more court time to move cases to permanency, and eliminating current practices that result in barriers to the desired outcomes for children, youth, and families. ▪ DHHS, the Social Services Working Group, and the AOC should explore and implement new and joint state funding opportunities and pilot trauma-informed courts. ▪ The courts and DSS should track outcomes together and consider judicial report cards or permanency profiles as part of that process. Champion Judges should be included in the visioning process and assist DSS in garnering support and buy-in from all judges across the state. ▪ As the courts transition to raising the age of juvenile justice jurisdiction from age 16 to age 18 in 2019, efforts should be made to coordinate these efforts with the new DSS vision and FFPSA. The resources developed under FFPSA will include expanded community-based evidence-based services that all youth and families should be able to access. ▪ The Central Office Division of Social Services should work with the AOC to incorporate the roll-out of the new vision and reform efforts into the current quarterly collaboration meetings and the current permanency push that convenes all child welfare stakeholders in regions across the state.	***DHHS***
	Short-term	

12.	**Strengthen partnership between the state Division of Social Services and the Divisions of Medical Assistance, and MH/DD/SAS to make sure behavioral health services are available to parents and ensure appropriate placements for children in foster care.** This would include an assessment of Managed Care Organization contracts, managing Medicaid transformation in North Carolina in a manner that keeps the needs of Child Welfare-involved children and families in the forefront, scaling up of trauma-informed CCA process for children and parents to drive service delivery; identifying preferred, quality, two-generation services and providers with a mechanism to pay them; and sharing with each other results of promising practices across counties. [Child Protective Service, Prevention and In-Home Services, Permanency Services, Reunification Services]	***DHHS***
	Short-term	

13.	**Finalize the criteria for readiness to implement the Family First Prevention Services Act.** The landscape for prevention services in North Carolina is poised to expand. The public private partnership between DHHS, Prevent Child Abuse NC, The Duke Endowment, and NC Child to convene over 200 stakeholders on June 5, 2018 to discuss a path forward for FFPSA is evidence of the will and capacity to undertake this major shift toward prevention and family preservation. A smaller group of approximately 40 diverse stakeholders met during the afternoon of the convening to discuss next steps for North Carolina. This group identified some beginning criteria for readiness criteria that could be used to help finalize the readiness criteria and determine a timeline for opting into the FFPSA. ***Short-term***	***DHHS***

14.	**Engage, collaborate and coordinate with birth families, youth, relatives, fictive kin, and foster parents to improve outcomes and effectively implement system reforms.** The engagement and input of these primary stakeholders is vital to operationalize the vision and improve outcomes for children youth and families. Adequate and additional resources and support should be provided to the following initiatives to improve communication and establish solid feedback loops that provide DSS with information needed to continue improving and enhancing its new way of work. Current promising practices that need to be scaled up to statewide impact include: ▪ Provide funding and support for the expansion of the Family Advisory Council and Family Engagement Committees at the state and regional/county levels; ▪ Increase funding and support expansion of SAYSO and LINKS in coordination with adoption of the FFPSA; ▪ Support, and expansion of partnerships with Grandparents Support Organizations and other programs and entities that support relative caregivers; and ▪ Support and the expansion of Foster Parents Associations at the county/regional levels. [Prevention and In-Home Services, Child Protective Services, Permanency Services, Reunification Services] ***Mid-term***	***DHHS***

D. Statewide Practice Framework

One way to create consistency in child welfare practice throughout North Carolina and to provide accountability is to develop or adopt a practice framework. In an effective practice framework, the practices are grounded in the values, principles, relationships, approaches, and techniques used at the system and caseworker level to enable children and families to achieve safety, permanency, and well-being goals. Organizing these practices into a trauma-informed, safety-focused, family-centered, and culturally-competent framework provides a standard for imitation or comparison; a structure that holds them together based on an underlying set of common ideas, agreements or policies.

Recommendations

15.	**The state and CSF should begin immediately to further explore the fit and feasibility of adapting and effectively implementing Safety Organized Practice (SOP) as the comprehensive statewide practice framework to create consistency in child welfare practice that is trauma-informed, culturally-competent, family-centered, and safety-focused throughout North Carolina**. DSS has been considering and analyzing possible practice models to develop a statewide, standardized functional protocol to be used for case planning, service referrals, and enhancing executive-level decision making around resource allocation and other system reform efforts. These DSS efforts have resulted in the identification and analysis of three possible practice models: Solution-Based Casework (SBC); Signs of Safety (SOS); and Safety Organized Practice (SOP). Currently several counties in North Carolina are implementing or exploring implementation of these three practice models. As CSF, members of the panel of national experts, and DSS (state level and county leadership) have discussed the theory of change to move North Carolina child welfare practice so that it is more trauma-informed, culturally-competent, family-centered, and safety-focused, CSF is prepared to begin work immediately with SOP's developer/purveyor and DHHS/DSS leaders to explore the following fit and feasibility issues: definition of the essential functions of SOP; experiences adapting SOP in state child welfare systems so that the framework is trauma-informed, culturally-competent, family-centered, and safety-focused; demonstrated impacts on child welfare outcomes as outlined in NC's theory of change; associated costs; recruitment and selection and organizational capacity implications (for staff involved in the consistent statewide implementation of the framework and staff implementing the framework with the families and children in their caseloads); training implications; coaching implications; fidelity assessment implications; decision support data system implications (specifically in reference to the NC FAST Child Welfare Module); experiences and implications of incorporating the framework with a state's SDM process; implications of implementing the framework on current policy and level of revision to policy that will be needed; experiences of implementing the framework in a state similar to the size of North Carolina with 100 counties (what worked well and what barriers surfaced); leadership and stakeholder implications; and seeking from the SOP developer/purveyor relevant implementation references to inform the exploration of fit and feasibility. Once these issues are fully explored and considered, county DSS and DHHS can make a final decision if there is organizational capacity to move successfully forward with a statewide implementation effort of SOP. Pending the availability of the SOP developers/purveyors, the goal would be to make a final decision before the end of October 2018 about the fit and feasibility of implementing Safety Organized Practice as North Carolina's statewide practice framework.[24] ***Short-term***	***DHHS and Core Implementation Team***

[24] This list of fit and feasibility issues is informed by the "Innovation Developer Interview Tool" included in Volume 2 Exploration of the Guide to developing, implementing, and assessing an innovation. Permanency Innovations Initiative Training and Technical Assistance Project. (2016). Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

16.	**Include in the practice framework an expedited licensure process for foster parents, relative, and kin caregivers that has been streamlined.** This would include, but not be limited to the following: ▪ Make decision about counties being able to fully license without requiring state approval; ▪ Reduce time to licensure; ▪ Eliminate barriers to general licensing requirements for therapeutic foster parents and foster parents. [Permanency Services, Reunification Services] ***Short-term***	***DHHS & CIT***

17.	**Include in the practice framework specific expectations related to the engagement of birth families in the planning processes and provision of services provided to their children while in foster care.** To be a family-centered, safety-focused, culturally-competent, and trauma-informed child welfare system, steps must be taken to increase birth family engagement. [Reunification Services, Permanency Services, Services to Older Youth, Services to Children] ***Short-term***	***DHHS & CIT***

18.	**Include in the practice framework the specific support that older youth in foster care need.** This would include, but not be limited to exploring the needs for more resources for LINKS programs, the need for additional staff and for services to reach all eligible youth, expand youth engagement through SAYSO, local Family Advisory Councils in each county/region; and the involvement of youth in the development of FFPSA. This would need to also include more emphasis on educational stability and planning for post-secondary educational opportunities and how to engage youth in the planning process and the importance of maintaining connections. [Services to Older Youth] ***Short-term***	***DHHS & CIT***

19.	**Include in the practice framework a specific approach to child and family teams or CFTs to align with a family-centered, culturally-competent, trauma-informed, safety-focused child welfare system.** The modified manual improves North Carolina's CFT policy, but it still needs development. CFTs are a vital mechanism for engaging families in planning and decision making, should be strength-based and structured to promote genuine family voice and input. ***Short-term***	***DHHS & CIT***

20.	**Include in the practice framework the SDM process and tools as may be needed.** Current SDM are outdated and no longer being validated. DHHS is reviewing a proposal from the NCND Children's Research Center related to these tools. [Child Protective Services, In-Home Services, Permanency Services] ***Short-term***	***DHHS & CIT***

21.	**Assess Project Broadcast or review assessments that have been done to understand the extent to which it has been implemented and its impact on children and families.** This will help leaders make decisions about what can be incorporated into the practice framework and those practices that need to be implemented throughout North Carolina. ***Mid-term***	***DHHS***

22.	**Create border agreements to ensure children can be with their relatives in neighboring states as soon as possible**. This would allow for more children in foster care to be cared for by their own family members in a timely manner. [Permanency Services, Reunification Services]	DHHS
	Mid-term	

23.	**Provide funding for more robust in-home services.** To be a family-centered, safety-focused, culturally-competent, and trauma-informed child welfare system, financing will need to be directed towards creating a stronger, more effective service system to meet the needs of children and their families. [Prevention and In-Home Services]	DHHS
	Mid-term	

24.	**Take concrete steps to increase the number and percent of children in foster care placed with relatives and kin caregivers, the percent of those kin who are licensed, and the numbers of children exiting to their care.** This would include, but not be limited to the following: ▪ Modifying the Guardianship Assistance Program to be available for children of all ages and expanding the definition of relative or kin caregiver. ▪ Making training more accessible and available to relatives and kin caregivers. ▪ Ensuring this training is specialized to specific needs of relative and kin caregivers (i.e. grief and loss, relationship to parents, financial, child care, shared parenting in the context of these already existing relationships) ▪ Creating a team charged with making this happen. ▪ Developing streamlined licensing standards for relative and kinship caregivers consistent with requirements that the Family Services Prevention Act requires federal HHS to establish by October 1, 2018. ▪ Ensuring all relatives who are caring for children in foster care are licensed and supported similar to foster parents. [Permanency Services, Services to Older Youth, Reunification Services]	DHHS
	Mid-term	

E. Financing and Data Are Used to Improve Practice and Outcomes

One clear message received throughout the assessment period is that county and state staff and leaders do not regularly or consistently incorporate the use of data resources into their daily work. County staff who participated in focus groups reported that most do not have access to data and, therefore, do not depend on data metrics to either monitor or strategize for performance improvement. Further probing revealed that some focus group participants were concerned that data metrics would be used punitively; others suggested that data metrics could be easily misunderstood or misconstrued by outside stakeholders. Other participants voiced concerns that data metrics insufficiently represented the experience of children and families themselves, or the workforce effort on behalf of the children and families who interacted with the child welfare system. Taken together, the focus groups' responses suggest that North Carolina has neither a widespread reliance on data evidence nor a culture that embraces the proper use of data evidence in the effort to monitor and strategize for continuous performance improvement.

Survey results largely reinforced the focus group sentiments: while representatives from some counties, particularly larger counties, reported having processes and/or staff dedicated to use data to inform performance and decision-making, representatives from smaller counties reported having neither the time nor the staff resources to invest in using data routinely. Likewise, while almost half (31 of 66) of central office survey respondents indicated they spend some time (an average 13.6 percent of their time) using data in their work, 25 of 66 respondents identified using data to improve outcomes as one of the top three areas where they felt they should be spending more of their time. When speaking about data quality in general, Central Office survey respondents shared that data needs to be more consistent.

Interviews with state leaders revealed other concerns with data that extend beyond the known problems with NC FAST and the NC FAST rollout to the child welfare system. One primary concern is the lack of consistency across counties in how some data is entered into the system.

The concern that data are inconsistently entered coupled with little regular access to standardized data reports means that managers are neither confident in the quality of the data nor are they in the habit of consulting or relying on data resources. Unreliable data quality and inconsistent access to data evidence inevitably will lead to less frequent reliance on using data both to monitor performance and to make decisions.

Best practices in performance monitoring, performance management, and continuous improvement requires that both state and county leaders have regular access to timely, high-quality data evidence that is developed to adhere to best practices in the science of measurement. This is especially critical when undertaking systems change as the state embarks on wide-reaching reform that is based on a clearly articulated theory of change, which itself is only defensible when there is a well-articulated starting point (baseline), a clear set of interventions carefully implemented to produce an understood improvement (goal), and a measurement approach that clearly tracks both the process of implementation as well as the achievement of articulated goals (actuals).

In the sections below, we provide specific recommendations on the use of data based on our assessment. These recommendations fall into four primary categories:

1. Promoting use of quality data across the state;
2. Technical recommendations;
3. Identification of outcomes that are consistent with a safety-focused, family-centered, trauma-informed, culturally-competent child welfare system; and,
4. Dashboard development

Please note that we will not be making any recommendations specific to NC FAST and its utility, as that was beyond the scope of our assessment.

Recommendations: *Promoting Use of Quality Data Across the State*

The range of decisions that child welfare (and social services) staff must make in the daily demands of their jobs requires the purposeful reliance on properly generated quantitative and qualitative evidence. Reliance on properly produced data evidence is foundational to program monitoring and ongoing program improvement and is widely recognized as a best practice.[25] The Child Welfare Strategic Plan recognized this need and set forth the following goal: "Administrative infrastructure to operationalize a Continuous Quality Improvement (CQI) system using data to measure child and family outcomes."[26] Our key recommendation is that North Carolina state leadership promote a culture in which data evidence is both reliable and willingly relied upon as a vital tool for understanding and supporting innovation and program improvement. Creating this culture requires a number of specific investments in training and the development of both data resources and specific data metrics. These include:

25.	**Develop a communication strategy at the state and local level that clearly expresses the expectation that staff rely on properly produced data evidence.** The communication strategy should emphasize that state stakeholders expect to rely on data evidence to assess progress toward desired outcomes and to support workload management and caseworker decision-making. Furthermore, the communication strategy, which should be developed with strong county participation, should reinforce the expectation that workers, supervisors and administrators across the system will be able to depend on a number of data resources and increased capacity to use them to track progress, establish goals, and support problem solving at both the micro and macro-level. The data dashboard is one such resource.	***Core Implementation Team***
	Short-term	

26.	**Train county, regional and statewide staff in the proper use of administrative data to support program monitoring and decision-making.** Currently, the use of data to monitor progress and to manage work is inconsistent across both counties and the state. In part, this may be attributable to the slow and interrupted transition to NC FAST with fewer than a dozen counties using the new system while most counties still rely on legacy data. Notwithstanding the database transition, there remains a notable lack of comfort in how data should be used and lack of clarity in how to access reliable data. Leadership at the state and county level should be trained in best practices in the use of administrative data to examine core program outcomes, and to strategize for county-specific improvement efforts. These skills will be essential for staff to successfully benefit from both the eventual migration to NC FAST and the development of the dashboard.	***DHHS***
	Mid-term	

[25] ACYF-CB-IM-12-07, Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies. issued August 27, 2012; available at https://www.acf.hhs.gov/sites/default/files/cb/im1207.pdf
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Wulczyn, F., Alpert, L., Orlebeke, B., & Haight, J. (2014). *Principles, language, and shared meaning: Toward a common understanding of CQI in child welfare*. Chicago: The Center for State Child Welfare Data, Chapin Hall at the University of Chicago.
[26] Child Welfare Strategic Plan, Session Law 2016-94, Section 12C.1.(b), p. 7.

27.	**Offer ongoing training to staff on data entry and data extraction.** While this recommendation is further described in the workforce section, part of the training should focus both on improving the quality of data entry as well as building capacity at all levels of the workforce to use administrative data resources to correctly ask and answer questions. The more capacity individual workers have for generating the information that will promote critical thinking and strong decisions, the better the quality of the data at entry.	***DHHS***
	Mid-term	

28.	**Conduct an analysis of how state and county child welfare contract for services and make recommendations on how to maximize the effectiveness of contracting to achieve child and family outcomes.** As state and local staff get more comfortable and accustomed to relying on data evidence to understand program performance, we recommend exploring incentives that more directly align system financing with core child welfare outcomes. This approach is often incorporated directly into performance-based contracts with service providers.	***DHHS***
	Mid-term	

Recommendations: *Technical Data*

Laying the groundwork for the transition to the functional reliance on data evidence requires immediate (or as close to immediate as possible) access to reliable information about basic system dynamics and core system outcomes. Largescale database transitions are frequently interrupted, delayed, and slow to complete. To bridge the transition to a new system (and sometimes to retain legacy data in new SACWIS systems) it is necessary to develop transitional approaches to the development of analytic data files. As described below, we strongly recommend exploring this option in order to begin the production of basic data metrics relevant to system reform and the development core child welfare system outcomes:

29.	**Review and strengthen statewide protocols and procedures on how information is entered into the system and streamline methodologies to ensure data accuracy and consistency for identified variables that will be used in reports.** Counties have different protocols for completing forms and entering them into the legacy and NC FAST systems, and instructions are complicated for how data should be captured, particularly in instances where multiple factors apply (e.g., reasons for children coming into custody). Some protocols suggest entering all factors, some ranking the top three, and some yet other methodologies, which leads to inconsistency in how information is entered. We recommend reviewing the existing protocols and streamlining processes to improve consistency, training on standardized definitions and codes for recording data elements in the systems. We also recommend taking concrete steps to ensure there are no duplicate identifiers for children, adults, and families (cases). Counties should be engaged in developing the streamlined methodologies, and defining the rules to help ensure consistent data entry across the state, thereby increasing data accuracy and confidence in the information being produced. The goal is to establish and nurture an agency culture where staff at all levels understands and embraces their unique role in the development and use of quality data.	***DHHS***
	Short-term	

30.	**Continue to develop and regularly disseminate standard reports on basic information about the child welfare population.** While data and data reports currently exist or can be developed, they are not produced and disseminated regularly, and the reports used have limited rigor and flexibility. We recommend that a few key reports, particularly those containing basic information about entry, placement, and exit dynamics be regularly produced and disseminated across the counties and state. The list of regularly produced reports should be developed with county leaders based on what is possible now, and what leaders need to know to be able to make informed decisions about their jurisdictions. These reports should be considered essential information resources that leaders in each county should consult when they want to know and report on what is typically true about the children and families they serve. Here are some examples. ▪ How many child-cases are typically opened each year? ▪ How many children go on to be placed in foster care? ▪ Where are they typically placed? ▪ How much do they typically disrupt? ▪ How long are they typically in care? ▪ How do they exit? ▪ Do they reenter? For the above questions, what is the distribution by age? What is the distribution by race and ethnicity? ***Mid-term***	***DHHS***

31.	**Create an analytic data file, that can be periodically updated, that links NC FAST data with data from the legacy system.** Currently there is limited access to flexible, dynamic, statewide child welfare outcome data. The most accessible outcome data reports are available on the UNC management assistance website (http://ssw.unc.edu/ma/) that use data primarily from the legacy systems, though has recently added information on the number of children in custody from the 11 counties using NC FAST. And, because the legacy and NC FAST data systems are currently not linked to one another, statewide reports on core child welfare outcomes over time cannot easily be generated. In addition, obtaining historical data for counties as they transition to NC FAST will be a challenge. Because we recommend that state and county leaders begin immediately to develop the capacity for use and reliance on data evidence, we also recommend investing in the development of a linked analytic file that can be the source of that basic outcome data. This would involve writing code to link the two data sets and executing that code on a regular (quarterly or semi-annual basis). This would create a source file from which the outcome data necessary for outcome monitoring and robust decision-making can be produced, including the data dashboard. ***Mid-term***	***DHHS***

Recommendations: *Identification of Outcomes That Are Consistent with a Safety-Focused, Family-Centered, Trauma-Informed, Culturally-Competent Child Welfare System*

32.	**Adopt outcome measures aligned with a safety-focused, family-centered, trauma-informed, culturally-competent system.** As state leadership adopt a vision for how to improve services and outcomes for children and their families, the metrics by which these leaders measure and monitor progress and fidelity should be tied to that vision, and should be used to assess child welfare system performance. The outcomes specified will correspond to fundamental safety, permanency, and well-being for children and their families, and are consistent with federal child welfare outcomes. However, they are not duplicative of the federal measures. We recommend specifying outcomes that are rigorous with respect to the methods, and consistent with the vision represented in North Carolina's theory of change.	***DHHS & CIT***
	Short-term	

Below is a list of goals by program area, generated from the visioning session held with state and county leaders in July, that support the vision of a safety-focused, family centered, trauma-informed, and culturally-competent child welfare system. During Phase 2, we anticipate meeting with state and local leaders to refine the goals and specify the measures to be used as well as the associated key performance indicators. Where data quality and availability permits, it is expected that outcome measures and related indicators will be developed and reported (at various levels of disaggregation, i.e., statewide, region, county) on the Dashboard. Once the practice model has been articulated and modified to align with the vision and unique characteristics of the North Carolina system, the key performance indicators should be revisited to confirm that they line up with the core activities of the practice model and how it is implemented at the county level.

The goals specified below, which conform to the eight child welfare program areas, should be monitored through the Dashboard as much as possible. They should also be considered for inclusion in updated/reissued county Memorandum of Understanding and be used as part of the state and local CQI processes described in more detail in the Social Services Preliminary Reform Plan. To support the use of performance measurement data, we recommend that measures associated with each outcome be reported regularly (e.g. quarterly, semi-annually, annually), by age and race/ethnicity of subject population (e.g. children, parents, caregivers), and by geographical entity of interest (county, county size group, region, or state), we specify the program areas and the related outcome goal.

CPS Assessment/Intake

- **Goal 1:** Children in the community remain with their families and are not victims of maltreatment.
- **Goal 2:** Children who come to the attention of DSS will be safe.

CPS In-Home and Prevention

- **Goal 3:** Children who are referred to CPS In-Home Services will remain safely in their home and their cases will be closed timely.

- **Goal 4:** Children and parents will have continuity in relationships with service providers and caseworkers.

Placement into Care

- **Goal 5:** Children who enter foster care will have stability in placement.
- **Goal 6:** Children who enter foster care are initially placed with relative or kin caregivers.
- **Goal 7**: Caregivers are recruited that are reflective of the population served.
- **Goal 8:** Children who enter foster care are placed in their own community whenever possible.

Practices and Services to Achieve Permanency

- **Goal 9:** Children who enter foster care achieve sustained/lasting permanency swiftly.
- **Goal 10:** Children will maintain regular contact with their family while in out-of-home care.
- **Goal 11:** Caregivers work with children's biological families whenever safe and possible.
- **Goal 12:** Children and Parents will have continuity in relationships with caseworkers.
- **Goal 13:** Children will have continuity in relationships with the court.

Well-Being Services to Children and Youth

- **Goal 14:** For children identified as having federal or North Carolina recognized tribal heritage, every effort shall be made to involve the tribe.
- **Goal 15:** Children who enter foster care will have continuity in medical, mental health, and educational services.
- **Goal 16:** Children receiving services shall have those services routinely monitored and adapted as needed "through a statewide quality assurance system which will identify the strengths and needs of the service delivery system."[27]
- **Goal 17**: Children and parents referred to medical, mental health, and educational services will receive timely and appropriate services.

Services to Older Youth

- **Goal 18:** Youth who turn 18 while in foster care who need continued support will maintain eligibility for and participate in Foster Care 18-21.
- **Goal 19:** Youth leaving custody will be prepared for adulthood.
- **Goal 20:** Eligible youth 13-21 will have access to and participate in LINKS services.

[27] Also a goal for Child Family Services Review – Program Improvement Plan as stated in the Child Welfare Strategic Plan, Session Law 2016-94, Section 12C.1.(b), p.4

33.	**Make investments in existing qualitative case review processes since they are so essential to monitoring and supporting efforts towards improving case practice and outcomes for children and families.** Move towards a regional-based OSRI review approach, where each region is reviewed on an annual basis and utilizes a county-size sampling methodology (based on current child welfare caseloads). North Carolina will have to ensure any revisions to their current OSRI sampling methodology are in compliance with CFSR standards set forth by the Children's Bureau. Similarly, the current Program Monitoring Review process should be re-aligned to the newly configured regional structure, with each region being reviewed across the following program areas (i.e. CPS Assessments, In-Home, Foster Care, Screen-Ins and Screen-Outs) on an annual basis and including a sampling of cases from the respective counties utilizing a county-size sampling methodology (based on current child welfare caseloads and including a minimum number of cases per county). It is also recommended that North Carolina re-assess their current Program Monitoring review tools in an effort to enhance (revise as needed based on policy updates), streamline (eliminate questions that do not yield key performance information or are duplicative) and otherwise improve upon (add questions to other key practice or service populations such as older youth). Unlike the OSRI, where revisions to the instrument are restrictive and largely outside the scope of the state, DHHS's Program Monitoring tools can and must be revised to fully support the state's new practice framework and the 20 goals identified during the theory of change meeting, particularly those outcomes where NC does not have administrative data available to fully measure and monitor performance. Over time, these reviews could become more tailored and targeted based on emerging issues throughout North Carolina and even within individual regions, and include stakeholder interviews.	***DHHS & County DSS***
	Mid-term	

34.	**Track progress on identified outcomes based on individual county performance in recent years.** State and regional monitoring of county progress toward desired outcomes should be individualized based on a county's own performance, not a state metric or similar sized county performance. Some measures currently being used are low frequency events in smaller counties, so the reliability of data or result may be misleading without providing context. Once outcome measures have been defined, baselines should be created for each geographic entity (county, region, state) and each county should be given an achievable performance improvement goal both with respect to each individual measure and aggregate achievement across all measures. Jurisdictions with high-performing results in certain areas should not be penalized for maintaining high performance that may be slightly lower than previous performance, however continued decreases in performance need to be monitored and addressed.	***DHHS & County DSS***
	Long-term	

35.	**Conduct an analysis of the financing structure of the child welfare system and make recommendations of how to maximize federal dollars, including tying performance to financing in order to support improvements.** As state and local staff get more comfortable and accustomed to relying on data evidence to understand program performance, we recommend exploring incentives that more directly align system financing with core child welfare outcomes.	***DHHS***
	Long-term	

Recommendations: *Social Services System Transparency and Wellness Dashboard*

See the Social Services Preliminary Reform Plan.

F. Capable and Stable State, Regional and County Child Welfare Workforce

This reform effort can only be successful if the workforce is ready and able to implement changes and is capable of sustaining improved practice. Key to being able to do this is to reduce turnover and build the skill set of the staff hired to do the job. This was a key goal in the Child Welfare Strategic Plan: "North Carolina's child welfare workforce is culturally aware, supported in practice, and instrumental in the development of an improved, responsive system."[28] Critical to the theory of change is developing and maintaining a stable, capable child welfare workforce that is well prepared to provide trauma-informed, family-centered, culturally-competent services that focus on safety, permanence and wellbeing. CSF gathered information on the workforce through the child welfare staffing survey and through multiple focus groups and interviews with state and county staff at all levels including DSS directors, child welfare supervisors, and child welfare line staff. Multiple strengths were apparent throughout including:

- The openness of staff and their commitment to serving children and families;
- The pride that directors, supervisors and staff have in the work they do; and
- The high percentage of staff who reported feeling supported by their supervisor.

CSF also learned of multiple challenges facing North Carolina including:

- Child Welfare staff feel overwhelmed, unable to complete the work they are assigned, and struggling to manage a work-life balance. This is true despite the fact that, with the notable exception of CPS assessment, Child Welfare met caseload staffing standards in 2017 and state caseload standards (10 CPS assessments; 10 In-Home families; 15 foster children) are largely in line with national standards.
- Over the past 10 years, multiple new requirements for activities and documentation have been added for workers providing CPS assessments, CPS In-Home Services and Foster Care. Many of the add-ons have a solid rationale as part of program improvement plans, in response to adverse events, or in response to external factors such as changes in the behavioral health system. However, nothing substantive has been taken away and the caseload standards have not been adjusted. The results include:
  - Staff burnout;
  - Staff trauma and turnover;
  - Staff feeling torn between working with families and completing paperwork; and
  - Failure to use critical thinking and to provide services that are trauma informed, family centered, and culturally competent.
- A statewide shortage exists in CPS assessment positions, exacerbated by higher turnover in those positions which is likely due to stress. Individual counties experience staff shortages in other functions despite statewide average. Many county DSS directors experience difficulty getting approval from county managers and commissioners for new positions when they are needed to meet rising caseloads. One reason is that – with the exception of federal IV-E funding, federal, and state child welfare funding is fixed and already fully utilized. A county

[28] Child Welfare Strategic Plan, Session Law 2016-94, Section 12C.1.(b), p.6

receives some additional IV-E revenue when it adds foster care and CPS In-Home positions, but no new funding at all when it adds CPS assessment positions. The fact that new CPS assessment positions – absent a new state allocation – are funded entirely through county dollars is probably the reason that staffing shortages are focused in CPS assessment.

- An annual turnover rate among county child welfare line staff positions of 29 percent, based on the staffing survey. The turnover rate is not broken down by function but the percentage of budgeted FTEs unavailable for duty was highest (18%) of CPS assessment positions were unavailable for duty in 2017 and next highest (11%) in foster care and CPS In-Home Services.
- Counties vary in their ability to offer competitive compensation with starting salaries in the lowest paying counties in the low 30s compared to the high 40s or even 50s in the highest paying counties. The result is that low paying counties become feeder counties, hiring less qualified workers and losing them to neighboring counties after they have experience.
- The state is perceived as unable to pay salaries competitive enough to hire top county staff. Counties are concerned new regional office staff will not have the knowledge and competence needed to do the job and command respect.
- Although North Carolina has clear requirements for pre-service and ongoing training and the descriptions of the training seem the description of the approach to learning and the content offered sound effective and useful, the quality of the training programs described and the participants experience with these trainings are greatly disconnected.
- Although the description of the training is often described as 'skill-based,' feedback from participants and a review by the capacity building center suggests the training provides information rather than skills and lacks a CQI process for evaluating whether the training is effective, whether learning is transferred into practice, and whether training results in improved outcomes for children and families. Trainings appear too often to be implemented as stand-alone activities rather than being implemented into a process where participants are supported to practice over time.
- The state has multiple contracts involving significant resources with universities and others to develop and provide training. Satisfaction with that training is uneven.

Recommendations: *Competitive Salaries*

Please see the Social Services Reform Plan for more details on salary recommendations.

Recommendations: *Manageable Workloads*

36.	**Take concrete steps to reduce paperwork and streamline requirements (create a stop-doing list) to increase the time caseworkers have available to work with families.** It is our observation that there is heavy emphasis on paperwork required for the primary purpose of demonstrating compliance. There has been a consistent message from counties that workers cannot complete requirements even with a manageable caseload that in CPS assessment worker caseloads are above standards, and that workers are checking boxes, choosing between making contacts and documentation, and failing to do critical thinking ***Short-term***	***DHHS & County DSS***

37.	**Consider strategies for organizing staffing or workloads to allow more intensive effort during the first 30-days of foster care.** A great deal is required of foster care caseworkers in the first 30 days of care with respect to the child, the placement provider, the parents, visitation, shared parenting, and relative search and notification, and going to court. It is a critical time for placement stability, engaging parents in reunification, and reducing trauma. Program monitoring makes clear that counties are not accomplishing all the required tasks, especially tasks such as relative notification and shared parenting. ***Mid-term***	***DHHS & County DSS***

38.	**Changes are necessary to allow CPS assessors, CPS In-Home caseworkers, and foster care caseworkers to meet job expectations when caseloads are at standard levels.** Because North Carolina's current caseload standards are consistent with current national practices, CSF recommends that the state and counties begin by immediately conducting a review of the current job requirements prior to determining whether new standards need to be recommended. The review teams for each functional area should include leaders, supervisors, and front-line workers who engage in a structured "leaning" process to identify the activity and documentation requirements are truly necessary and which ones are duplicative or can be eliminated. The review should be conducted in the context of what activities are critically necessary to achieve safety, to provide effective trauma-informed, family-centered, and culturally-competent services, and to comply with federal and state law. After the "leaning" process, the state together with counties should conduct a study of the time necessary to meet the streamlined requirements and whether a recommendation to change caseload standards is needed. ***Long-term***	***DHHS***

Recommendations: *Professional Development and Training*

39.	**Pre-service training needs to be redesigned to better prepare a workforce, the majority of whom are coming to child welfare without a social work degree.** ▪ Preservice training needs to teach not only the "what" of child welfare but also the "why" and "how." ▪ Strong modules on safety-focused decision-making and trauma-informed, family-centered, and culturally-competent practice needs to be included in pre-service training that includes key values and teaches skills, behaviors, and critical thinking. ***Short-term***	***DHHS***

40.	**Training should be integrated into a larger strategy for professional development and a diverse, representative design team should be charged with co-creating an approach for designing and developing learning programs (preparation, training, coaching, transfer of learning and support) as opposed to stand-alone training modules.** The team should co-create clear roles and responsibilities of involved state, regional and county stakeholders (staff, supervisors, mentors, coaches, trainers, curriculum designers) for learning programs for new workers, experienced workers, new supervisors, experienced supervisors and county, regional, and state leaders. ***Short-term***	***DHHS***

41.	**Make necessary revisions to existing university contracts for training and professional development to align with the newly-developed learning program.** The Central Office should evaluate the performance and effectiveness of providers with current training contracts, and alignment of their contract deliverables with the learning program. Based on this evaluation and the new learning program, the Central Office can consider changes to its contracting strategy and its contracts. ***Mid-term***	***DHHS***

42.	**A process for continuous evaluation and revisions of learning programs should be integrated into professional development to determine what is needed, how well it is working, and to make improvements.** Continuous evaluation processes should measure feedback on training and development from participants, knowledge, and skill acquisition, key behaviors of staff, and child and family outcomes.[29] Continuous evaluation and DSS CQI data should be used throughout design, development, revision, and implementation of learning programs. ***Mid-term***	***DHHS***

[29] Kirkpatrick, D.L. (1996). Evaluation. In R.L. Craig, & L.R. Bittel (Eds.), *Training & Development Handbook*. American Society for Training and Development, New York: McGraw-Hill Book Co.

Recommendations: *Attracting and Retaining Workers*

43.	**The state needs to develop a recruitment and retention strategy for child welfare caseworkers that includes positive and realistic messaging about child welfare caseworkers and the role of child welfare supporting children and families.** Too much of the current media coverage of child welfare is focused on tragedies and the removal of children from families.	DHHS
	Mid-term	

44.	**The Child Welfare Collaborative should be revived and retooled so that it benefits all counties, not just those neighboring state universities with collaborative programs.** The collaborative, when it included stipends, was an extremely valuable tool for attracting and preparing well-trained child welfare workers. There should be an emphasis on the benefits for rural and small counties and focusing federal IV-E funds in this direction	DHHS
	Mid-term	

45.	**Strategies should be implemented to retain child welfare caseworkers.** In addition to manageable workloads, workers need supportive leaders and supervisors who create a safe learning environment. Attention needs to be given to secondary trauma that workers experience and to creating a less stressful work environment that includes structured protected time in which workers can effectively manage the demands of their caseloads. Caseworkers seek effective tools to do their jobs (such as cell phones and laptops) and opportunities for professional growth. This varies greatly from county to county and the state should explore funding opportunities to assist smaller less resourced counties.	DHHS
	Short-term	

G. Capacity to Implement Effectively

The implementation process itself is critical to ensuring that the improvement initiatives are executed with fidelity to the desired improvement, that the groundwork and planning to support the initiatives are in place, and that the process of implementation occurs at a pace that allows for monitoring and adjustments along the way. These recommendations are designed to ensure the next phase of work in North Carolina is aligned with the evidence that exists about effective implementation.

Recommendations

46.	**Create a teaming structure for statewide decision making that will provide input and feedback loops from key stakeholders that will also allow for nimble and efficient decision-making at the state level.** With several major system reforms taking place within DHHS and the Department of Juvenile Justice and Delinquency Prevention (DJJDP) (e.g. Medicaid transformation and Raise the Age for Juvenile Justice), this structure is needed.	CIT
	Short-term	

H. Child Fatality Review Process

Recommendations

47.	**CSF endorses the process that the state Child Fatality Prevention Task, with the full involvement of DHHS, is taking to work with participants and stakeholders of the child fatality review and prevention system to:** ▪ **Simplify the structure and processes of the system.** ▪ **Improve the use the data.** ▪ **Improve support of and collaboration between review teams.** These steps are all logically connected to the system goal of using information from fatality reviews to make changes within and across systems that will reduce child deaths and promote child health and wellbeing. ***Mid-term***	***DHHS***
48.	**Consider consolidating state-level responsibility for child fatality reviews within a single entity of DHHS to create a central point of accountability for review processes and to simplify review reporting and feedback expectations.** At the August stakeholder meeting, ideas were proposed both for creating a new office and for locating responsibility within an existing system entity. ***Mid-term***	***DHHS***
49.	**Consolidate into a single review the state-led intensive and local team reviews required when children brought to the attention of the Child Welfare system within the previous 12 months die of suspected abuse or neglect.** The review can follow the current intensive review process, led by a state coordinator, with review team members appointed by the local team chair. Detailed and highly-personal information should continue to be excluded from publicly available findings and recommendations. However, DHHS should continue efforts to develop a mechanism for capturing, aggregating, and analyzing the rich, detailed information that is gathered about families and their contacts with community agencies so that it can inform statewide strategies for prevention, improvements within the child welfare system, and improved cross-system collaboration. ***Mid-term***	***DHHS***
50.	**Continue to explore options for streamlining local team structure with input from local teams.** Options to explore that were raised at the August stakeholder meeting include: ▪ Separating the CCPT and/or the CRP responsibilities for reviewing active child welfare cases from the child fatality review process and having CCPTs and/or CRPs report directly to state DSS. This would have possible advantages of simplifying reporting and feedback loops and assuring a focus on review of active child welfare cases but might be seen as requiring additional local teams in some counties. ▪ Consider giving smaller counties the option of forming regional local teams ▪ Reconsider whether integrating CRPs into every local team is the most efficient and effective way of meeting the federal requirement for child welfare citizen review panels. ***Mid-term***	***DHHS***

Phase 1 Final Report

Social Services Preliminary Reform Plan

State of North Carolina
Office of State Budget and Management (OSBM) with Department of Health and Human Services (DHHS)

August 31, 2018

Submitted by:

Center for the Support of Families (CSF)
A Division of SLI Global Solutions LLC
8555 16th Street, Suite 800
Silver Spring, MD 20910
Phone: 301.587.9622
Fax: 301.587.9620

Submitted to:

Office of State Budget and Management (OSBM)
116 West Jones Street, Room 2054, 2nd Floor
Raleigh, NC 27603

Center for the Support of Families

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EXECUTIVE SUMMARY

North Carolina's SL 2017-41 provides a vision for systemic change in the social services programs. The law created the Social Services Working Group (SSWG) in Section §1.2.(d), charging the SSWG with addressing regional supervision to better direct and support the delivery of services in the counties. In Section §1.2.(d)(1), the SSWG was tasked with "(a) determining the size, number, and location of the regions; (b) specifying the allocation of responsibility between the central, regional, and local offices, and (c) identifying methods for holding the regional offices accountable for performance and responsiveness." Section § 2.1.(a) provides for "the selection of a third-party organization to develop a plan to reform the State supervision and accountability for the social services system, including child welfare, adult protective services and guardianship, public assistance, and child support enforcement." The RFP issued as a result of SL 2017-41 specified that the third-party organization should work closely with the SSWG, aligning efforts and building on their work.

The Center for the Support of Families (CSF) was awarded the third-party contract on March 1, 2018, to work with North Carolina in its critical Social Services and Child Welfare reform. CSF has endeavored to complete an extraordinary amount of work in a brief period of time, and the draft preliminary plan and its recommendations should be understood with that in mind. Phase 2 of this project is intended to be a time to work with the General Assembly, state leaders, county leaders, and stakeholders to finalize these recommendations and begin to provide oversight and monitoring of immediate implementation of those recommendations not requiring legislation or appropriations. The final Social Services Reform Plan and the Child Welfare Reform Plan, due February 28, 2019, will close out Phase 2. Phase 3 provides for continued oversight and monitoring of the implementation activities.

This North Carolina Social Services Preliminary Reform Plan documents the current framework for service delivery, details findings from our assessment of that framework, and provides recommendations for improvement. A companion report, the North Carolina Child Welfare Preliminary Reform Plan, is presented as a separate volume. While the two reports address specific findings and recommendations, they are intended to be read in sequence, beginning with the Social Services Preliminary Reform Plan, since it addresses organization, staffing, and management of the delivery of services in all programs. The Child Welfare Preliminary Reform Plan follows with specific policy and practice recommendations to improve the delivery of child welfare services.

These reports and the actions needed to implement the recommendations are but one part of a dynamic and complex program improvement process being undertaken by the North Carolina General Assembly, the Department of Health and Human Services, the 100 county Departments of Social Services, the SSWG, and related state and county departments serving citizens of North Carolina. These reforms include Medicaid transformation, development and initial implementation of a Memorandums of Understanding (MOU) with specific performance measures, planning for the Family First Preservation Services Act (FFPSA), and the ongoing implementation and assessment of data systems. The delivery of this Preliminary Report marks

the end of Phase 1, and reflects our in-depth analysis, and development of preliminary recommendations.

North Carolina is unique in that the state recognizes the need for significant change in management of the delivery of social services and provision of child welfare services to families and children. Indeed, this type of assessment and program improvement planning is most often undertaken based on significant findings of program deficiencies from federal or state oversight entities – or even court action as has been the case in many child welfare reforms. It is significant that there is real focus at every level of the system for improvement and commitment to work to make changes to better serve citizens. Through focus groups, individual interviews and site visits, we encountered leaders, line staff and stakeholders who clearly have a passion for the work, a willingness to face challenges and who are excited to explore new ways of doing business and work collaboratively to improve outcomes for the state's most vulnerable citizens. This willingness to honestly address challenges and build on strengths is evident, even as state and county staff work under the stress of dealing with complex societal problems, such as the expanding opioid crises, coupled with staffing shortages and budget reductions.

This Preliminary Reform Plan is the culmination of the Center for the Support of Families' (CSF) work to date on the North Carolina Social Services Reform Plan project and contains documentation of the current framework for service delivery, findings from our assessment of that framework, and recommendations for improvement.

Methodology

Our assessment and recommendations were formulated using a four-phase methodology to collect data:

- Focus groups and individual interviews with state and county leadership, state and county staff, and stakeholders;
- Quantitative data review, including a review of best practices and performance data from other jurisdictions;
- A staffing survey; and
- Site visits to 15 county offices.

Several of these efforts were conducted concurrently. We also collected a great deal of program performance data that are being used, in part, to create the Social Services System Transparency and Wellness Dashboard. Key findings and related recommendations are based largely on the data gathered through these various activities. Our findings and recommendations are also based on industry best practices, as well as program information and data from other jurisdictions.

While much of that data and approximately 50 percent of the staffing surveys were not received in time for us to use in this report, we are working with the Department of Health and Human Services (DHHS) and the North Carolina Association of Directors of Social Services (NCADSS) to obtain data from all counties. All of these data are needed to prepare the final Reform Plan in February 2019, complete design of the Dashboard, and develop detailed implementation and transition plans for Phases 2 and 3.

State and County Roles in Social Services System

Our research focused on the five largest programs supervised by the Department of Health and Human Services (DHHS): Child Welfare; Child Support; Economic and Family Services, including Food and Nutrition Services (FNS) and Work First; and Aging and Adult Services. For each of these programs, we documented the roles of the Central Office and county offices and identified strengths, challenges and recommendations.

Governance

The social services programs in North Carolina are supervised by the DHHS Division of Social Services and administered by 100 county agencies, either in Department of Social Services, consolidated DHHS agencies, or in a few counties, stand-alone agencies for specific programs. This "state-supervised county-administered" structure has both benefits and challenges. The structure allows local governments the flexibility to tailor services to the population of the county and more easily coordinate services with other county agencies and organizations. It provides a central body to develop policy, deploy technology, and obtain the benefit of sharing costs for common services and functions. But there are some challenges inherent to this structure. The structure requires leadership at both the state and county from within the agency, and the governing and funding authorities. The current state-supervised county-administered structure does not provide a single point of authority for critical decisions about program administration and policy. DHHS is governed by the General Assembly with responsibility for the laws and budget for social services and provides oversite of its operation. County social service agencies are governed by local boards have different structures, roles, and membership.

We believe the governance structure could be simplified and strengthened. We recommend that the General Assembly take steps to revise the laws authorizing county boards to strengthen including role, membership, and authority. Further we recommend that funding be provided for training and technical assistance for boards.

Supervision and Leadership

While the roles of the state and county are well-defined, there is clear tension between the two with regard for decision-making on policy, funding, oversight, and control. There is a concerted effort to ensure all parties have an opportunity to provide input into major decisions, but it is difficult to develop consensus among the 100 counties. This challenge increases the time needed to make decisions and impedes the implementation of major changes in the programs. In addition, the current funding methodology increases the tension in that counties are not able or willing to provide adequate funding for staffing, other resources or services required by state policy. Similarly, the state operations are not adequately funded to provide supervision of the 100 counties, creating both compliance issues with state and federal laws and proper support of counties. We recommend increases in staffing at the state and county, strengthened by a new regional structure, to alleviate both of these issues.

Child Welfare

The companion report to this document, the Child Welfare Preliminary Reform Plan, provides in-depth findings and recommendations for the state's child welfare program. Based on our data collection in North Carolina and experience in other jurisdictions, the staffing levels and salaries

for central and county offices are insufficient to affect a large-scale, well-planned, integrated system reform effort.

Child Support

There are no such reported systemic challenges in the child support program at the Central Office, but counties do report salaries as a challenge. The Central Office is well-staffed and well-organized, with the one exception being insufficient training resources needed to staff the new regional organization. The counties do need more dedicated court time to process cases in a timely manner and we are recommending the use of quasi-judicial procedures. The child support automated system is so antiquated that it is difficult to find programmers that know the language the system was programmed in, COBOL. We also note that there are a few practices in place that could be streamlined.

Economic and Family Services

The Central Office Economic and Family Services Division supports four programs – Food and Nutrition Services (FNS), Work First, Energy Assistance, and Refugee Resettlement. Staffing shortages in the Division necessitate staff having several responsibilities, such as training, contract administration, and policy development, resulting in an overall lack of expertise, low morale, and reactive program administration. For example, there is one policy consultant, one program manager, and one clerical position for a program that issues over $2 billion in FNS benefits annually.

Aging and Adult Services

Aging and Adult Services also has a need for additional training and policy support staff. North Carolina is ranked tenth nationally in the proportion of its aged population, and fifth in the country as a destination state for retirement. These two factors have strained the existing resources at both the county and state levels. Though not necessarily related to the aging population, the demand for guardianship services is also rapidly escalating and the growth in the number of Adult Protective Service (APS) reports is stretching existing county resources thin.

County Social Service Agencies and Program Administration

Service provision in accordance with federal and state regulations and law is the primary responsibilities of the counties, and we detail the challenges they face in carrying out that role in Chapters 7 and 8. While there is vast diversity in the governance, funding, organization, and staffing of county social service agencies there are common challenges in staffing and management that if overcome, will enhance the counties' ability to provide the high quality service that North Carolina citizens deserve and counties desire to deliver.

Inventory of Outcomes for Families and Children Served

In order to assess North Carolina's performance, it is necessary to inventory outcomes for the families and children served and evaluate how North Carolina's compares to other states. For Child Welfare, there are existing federal standards against which state performance is measured. North Carolina performs generally as well as other child welfare programs in state supervised, county-administered jurisdictions.

North Carolina's Child Support program ranks just above average on some of the federal performance measures, and just below average on others.

It is not as easy to assess the outcomes for Work First against national standards, since funding to the state comes in the form of a block grant. One common measure is the work participation rate, North Carolina meets the single parent participation rate but not the two-parent rate. For FNS, North Carolina's error rate is 5.25 percent, with 3.78 percent of that error rate coming from overpayments, the balance from underpayments, with a national ranking of 16th.

There are little to no data available nationally measuring the quality of services provided under Aging and Adult Services programs. We will do further analysis and recommendations of these programs as we work in Phase 2.

In a state-supervised, county-administered structure, there is variation among counties in terms of how they deliver social services. Some of the differences reflect the variation in county populations, economics, and available resources. In addition, each county has its own strengths and challenges. Many counties are engaging in best practices tailored to address their county's specific needs. As such, the findings and recommendations in this report may apply to counties to differing degrees.

Assessment of Current State Supervision of Local Social Services Administration

One of the Central Office's primary responsibilities is the supervision and oversight of county service delivery. Throughout our work with program staff at all levels, we heard a desire to move from a time/compliance-based to an outcomes-based system for measuring the programs' impacts on those served.

The Memorandum of Understanding process between the state and the counties exacerbated the natural tensions that often exist in a state-supervised, county-administered system. We recommend that the state take the lead in assuring that program priorities focus on improving outcomes and service delivery. We recommend a collaborative process, within and among programs, to identify specific outcome measures that correspond to better client outcomes and to develop methodologies for tracking progress on these outcomes over time at regular intervals. We also recommend that focus be placed the ability of individual counties to demonstrate progress in relation to their own historical performance and to account for variables that could impact performance (e.g. substantial increase in the number of teenagers in foster care). These measures should be defined so that line staff understand, specifically, what they need to do to improve outcomes. DHHS/DSS staff need to demonstrate leadership and commitment to the goals by providing timely policy, training, and technical assistance. The state must have the tools and authority to monitor counties, recognize serious underperformance and failure to follow law and policy, and intervene effectively.

Current Accountability Measures in Place for Local and State Offices, Recommendations for Regional Offices

The aforementioned Memoranda of Understanding were to be a primary method of ensuring accountability as they contain responsibilities for both the state and counties, but they were met with resistance by some counties. Common concerns were around counties' ability to meet the

performance standards, and whether there was reliable data upon which to measure county performance. It should be noted that the majority of the current measures in the MOU mirror federal and state program requirements currently required by law or regulation. There is a need for stronger data analysis to determine both accuracy and availability of data to correctly measure performance and target improvement strategies.

Staffing

Our assessment of social services staffing needs focused on the counties, the Central Office, and a new regional office structure. The response rate on the staffing surveys and the lack of any central source of county staffing data do not allow us to make final findings on whether county staffing levels are sufficient at this time. We will continue work with counties in Phase 2 of this project to collect the missing data – including job descriptions and minimum requirements – so that we may make more completely-informed recommendations regarding county staffing. Compensation equity is the primary concern with regard to county staffing. We also recommend next steps in terms of determining whether salaries are adequate throughout DHHS/DSS. We make specific proposals for the staffing of seven regional offices, along with salary guidelines. Our staffing recommendations also include the realignment necessary to support the regional offices and a statewide Continuous Quality Improvement (CQI) effort.

There were two important findings from the salary survey we administered to the counties. First, there are severe salary inequities in all of the programs under study, as some higher paying counties have salaries that are more than double the lower paying ones. This inequity results in staff in low paying counties getting the training and experience they need to go to work in a neighboring or nearby county at considerably higher salaries. As a result, lower paying counties experience higher turnover and less productivity, while higher paying counties reap the benefits of a more experienced workforce.

Second, for many counties, salary levels make it difficult to attract and retain qualified staff. Economic and Family Services staff in at least one county are compensated at a level that is so low that some of them are eligible for FNS benefits.

The Central Office staffing will also need to be enhanced in the number, qualifications and expertise of staff as a prerequisite to implementing regional offices. We are recommending that an “Office for County Support” be established at the state Central Office, headed by a Deputy Director who would report to the Division Director for Social Services, or be created as a position in the Secretary’s office and expanded to supervise and coordinate all county support functions. The primary responsibilities of this office would be to ensure that the regions are functioning well and that statewide policies, processes, and priorities are being implemented uniformly throughout the regions.

We are also recommending that DHHS establish a “Deputy Director for CQI” within the Office of County Support, to direct the DSS-wide CQI efforts for Child Welfare, Child Support, Economic and Family Services, and Aging and Adult Services. Fourteen (14) regional CQI specialists would report directly to this position. Additionally, we recommend that each program maintain a Central Office training team to meet the training needs of Central and regional staff.

A top priority should be the development of detailed transition plans to establish and staff the regional structure called for in S.L. 2017-41, and as detailed in the work done by the SSWG. We are proposing that there be seven geographic regional offices. We chose the higher SSWG option of seven regions. The level of effort and depth of knowledge required related to the counties in each region warrants a regional structure with fewer counties within each region. We further recommend that consideration be given to creating one region that is composed of the metropolitan counties. The Metro County region would bring together counties that are so large that they have more in common with one another than they have with their geographic neighbors, allowing the regional office to focus on issues that are unique to these larger jurisdictions. As a precursor to developing specifications for a Model Regional Office, we looked at some states with similar organizational structures that had regional components in their social services agencies. We concluded that North Carolina should consider the models currently in place in Georgia and Pennsylvania, and we incorporated some of their characteristics into the Model Office.

Our proposed regionalization features a matrix organization in which administrative management of all staff comes from a Regional Director, with program policy and practice supervision originating from the appropriate program section in the state office. Each regional office would be staffed with a Regional Director, Administrative Assistant, Human Resource Specialist, Fiscal Monitor, Local Business Liaison, Regional Program Representatives (one for each program, with Child Welfare having additional positions specializing in child safety, child and family support and permanency) Program Monitors, a Training Coordinator, a Trainer for each program, and two CQI Specialists. Matrix organizations require strong management at the regional and Central Office levels. This amplifies the need for a strong Regional Director.

We assume that most regional staff will spend most of their time in the counties, but based on our experience and input received from county and state staff, we propose that each region have an office to support classroom and computer training, and to accommodate meetings; work space for document production, some offices and/or cubicles for occasional use, and technology to support training or meetings conducted via webinar.

Resource Issues Impacting the Service Delivery System

There are five primary resource issues that must be addressed in order to successfully reform the current social services system: inconsistent policy development and dissemination; deficiencies in workforce development in the form of staff training; a lack of high quality community resources; underserved populations in need of mental health services; and no easy access to reliable program and performance data. We present a set of recommendations for each concern. To address policy issues, we recommend that a policy council be developed to oversee policy development and enhance dissemination quality. This council would also be responsible for leading the development of a DSS Strategic Plan. A set of recommendations for training includes administration of a needs assessment to specifically identify training needs, and to increase the number of training deliveries. The consistency, relevancy, and immediacy of training should be ensured across the state. There are a specific set of recommendations related to building the capabilities of the child welfare workforce in the Child Welfare Preliminary Reform Plan.

We recommend that each region provide community resource development support to counties to assist in meeting program needs. To address the shrinking level of resources available for mental health that increase demand on other social services, we are recommending that state, regional, and county staff partner with colleagues in health programs to facilitate identifying community resources available to social services clients, that the state close the coverage gap to provide more services to adults and children and that local offices develop resources to coordinate medical care for clients in coordination with the current Medicaid transformation. A specific example is related to parents of children who enter foster care in North Carolina who do not have coverage for needed mental health or health services.

Plan for Ongoing Data Collection Analysis, and Use

For data to be useful to a program, it must be available, accessible, accurate and actionable. DSS has room for improvement in each of these areas, as data is produced by several automated systems and resides in several locations. While some data are available, particularly for the Child Support program, complete and accurate data are not always available to administer programs.

There are two primary recommendations to address data issues. First, social services program management should focus on data and how to integrate its routine use into all programs. Second, the new regional offices will play an important role in helping counties identify data sets and reports they need, to allow county staff to work more proactively, and better monitor and assess outcomes. There are specific recommendations in the Child Welfare Preliminary Reform Plan related to the use of data to improve child welfare practice and outcomes for child-welfare involved children and families.

Development of Social Services System Transparency and Wellness Dashboard

One project goal is to develop a dashboard structure that can be a lasting tool for state leadership, state, and county agency staff, families receiving social services, and the general public to ensure accountability and transparency about the needs and provision of services to communities across the state. Progress has been made, but the team has identified some significant challenges with data available for Dashboard development. The team will work with DHHS staff and stakeholders in Phase 2 to identify data quality concerns and discuss available data alternatives that can be featured while state data improvement strategies are underway.

The Continuous Quality Improvement (CQI) Plan for Social Services

We present the requirements and steps for a sustainable CQI plan in this chapter. The first step is to establish and implement core CQI structural components, including developing a formal CQI plan, defining the CQI logic model, establishing a teaming structure, defining roles, and developing data and communication plans.

The second step is the establishment of an organizational culture that fosters CQI. Responsibility for this step starts at the top of the organization, as leadership need to be active in supporting a learning environment for CQI, setting expectations for use of data and then modeling its use. Staff and stakeholders at all levels of the organization must be engaged, and this is best accomplished through providing them with opportunities to participate and assume meaningful

roles in CQI activities. Finally, there must be high levels of transparency and structured communication to facilitate comprehensive acceptance of the CQI processes.

Investing in infrastructure to support CQI is the third step. This includes establishing and funding positions for qualified and trained CQI staff with defined roles at the state, regional and county levels. Providing introductory and ongoing training for CQI staff is essential, as is providing access to high quality and user-friendly data.

Recommendations

The following is a compendium of the recommendations presented throughout this report. More context about each can be found in the body of this report. The recommendations are grouped by topic or program, and are based on a preliminary implementation timeline: short-term recommendations that can be implemented before the end of Phase 2 (February 28, 2019); mid-term recommendations that can be implemented before the end of Phase 3; and then long-term to be implemented beyond Phase 3.

Key for Recommendations

Short-term = can be implemented before February 28, 2019 (Phase 2)
Mid-term = to be implemented after March 1, 2019 (Phase 3)
Long-term = to be implemented beyond Phase 3
Legislature
DHHS
Counties
Core Implementation Team (CIT)

Although multiple entities (e.g. DHHS, General Assembly, counties, etc.) will need to work together to implement almost every recommendation, we have listed the primary entity that has much of the responsibility for the specific recommendation. Some specific steps will need to be taken in earlier phases to prepare for the implementation of certain recommendations in the mid-term or longer-term. We have also flagged some recommendations as "fundamental." These changes are needed to meet the requirements under S.L. 2017-41, and/or serve to move the DHHS-DSS program forward in terms of improving the services provided to the public.

Governance

1.	**Enhance statutes to ensure that there is consistency of mission and authority of the county boards governing social service agencies. Establish minimum qualification for board members, and clearly delineate their duties and responsibilities.**	***Legislature***
	Mid-term	

2.		***D***

	Provide training resources for county board members, to include training for new members as well as provide annual training updates.	
	Mid-term	

Regional Offices

3.		
	Create a minimum of seven regional offices to support the counties. We also encourage exploring the option for DHHS/DSS to consider grouping the three very large counties into a region of their own. [Fundamental]	*DHHS*
	Mid-term	

4.		
	Develop a Master Transition Plan, with sub-plans that detail staffing, program by program – including fiscal and human resource support.	*DHHS*
	Short-term	

5.		
	Staff each regional office with the listed positions:	*DHHS*
	Mid-term	

Function	Position Title
Regional Director	Deputy Director for Operations
Administrative Assistant	Executive Assistant 1
Human Resource Specialist	Human Services Planner/Evaluator IV
Fiscal Monitor	SS Regional Program Rep.
Local Business Liaison	SS Regional Program Rep.
Child Support Regional Rep.	SS Regional Program Rep.
SNAP/LIEAP Regional Rep.	SS Regional Program Rep.
Work First/CDEE Regional Rep.	SS Regional Program Rep.
DAAS Regional Rep.	SS Regional Program Rep.
Child Safety Regional Rep.	SS Regional Program Rep.
Child and Family Support Regional Rep.	SS Regional Program Rep.
Permanency Regional Rep.	SS Regional Program Rep.
C/W Performance Improvement Rep.	Human Service Plan/Eval. IV
C/W Performance Improvement Rep.	Human Service Plan/Eval. IV
Trainer/Coach for each program	Program Consultant 2

6.		*D*

	Establish regional office facilities to provide: ▪ Classroom training. ▪ A computer lab to support automated-systems training. ▪ A conference room with space sufficient for 25 – 30 participants. ▪ Production space, to reproduce training or meeting materials, for example. ▪ Offices for the Regional Director and other staff, 2 to 3 "hotel" spaces (offices, cubicles, or some combination) for other regional staff who may temporarily need work space while they are in not in county offices. ▪ Technology to support training or meetings conducted via webinar including video real-time training sessions.	
	Mid-term	

7.		
	Provide community resource development support at the regional level, to assist in meeting program needs.	*DHHS*
	Mid-term	

Central Office

8.		
	Create a new "Office for County Support" team (OCS) in the Central Office. The Office would be led by a "Director for County Support", classified as a Deputy Director position. The team would report to the Division Director for Social Services. If DHHS elects to create a position in the Secretary's Office to supervise all support for county operations, this position should be placed in that office. [Fundamental]	*DHHS*
	Short-term	

9.		
	Create the following positions in the Central Office, to staff the new Office of County Support:	*DHHS*
	Function / **Position Title** Deputy Director for County Support (OCS) / Deputy Director, Dep't of Social Services Admin Support for OCS / Executive Assistant 1 Deputy Director for the CQI team / Deputy Director, Dep't of Social Services Admin Support for CQI / Executive Assistant 1	
	Mid-term	

Staffing

10.		
	Create a repository for county salary information across all social services programs, and establish protocols for regular reporting and updating.	*DHHS*
	Short-term	

11.		*D*

	Review OSHR's recent compensation review of all DHHS/DSS positions, with an eye toward establishing new or redefining existing DHHS/DSS positions, based on the recommendations in this report	
	Short-term	

12.		DHHS
	Ensure competitive salaries for Central Office Division of Social Services to enhance their ability to attract and retain highly-qualified staff.	
	Mid-term	

13.		DHHS
	Establish a statewide minimum salary for county social services positions. Devise a process for the state to augment county social service staff salaries, to achieve equity among the counties with regard to their ability to attract and retain highly-qualified staff.	
	Mid-term	

14.		DHHS
	Provide matching funds to counties who are not meeting caseload standards, so they can create and staff new positions.	
	Long-term	

Policy

15.		DHHS
	Convene a policy council, charged with overseeing coordinated policy development and enhancing dissemination.	
	Short-term	

16.		DHHS
	Overhaul the current process for policy maintenance and dissemination, including developing a single source for policy information that can be accessed by all county and state staff.	
	Short-term	

17.		DHHS
	Charge the policy council with taking the lead on developing a DSS Strategic Plan.	
	Short-term	

Performance

18.		DHHS/C
	Convene individual "Envision Sessions" for county and state staff in Child Support, Aging and Adult Services, Food and Nutrition Services, and the Work First program, to define a shared vision for program improvement and reform.	

	Short-term	

19.	**With county participation, assess the performance goals included in the 2018-19 MOU, enhance with specific outcome measures that correspond to better client outcomes, establish valid baselines for individual counties and create a process for measuring progress over time in regular intervals.**	***DHHS***
	Short-term	

20.	**Develop a plan detailing Central Office priorities and activities, should they need to intervene in the operation of a county program.**	***DHHS***
	Short-term	

21.	**Charge the regional program representatives for the Economic and Family Services, Child Support, and Aging and Adult Services programs to work together, to determine counties' need for local job development services, and coordinate their efforts to secure needed resources across the programs.**	***DHHS***
	Long-term	

22.	**Translate desired and mandated program outcomes to worker-level activities.**	***Counties***
	Short-term	

23.	**Craft and implement a CQI Plan for the referenced programs.**	***DHHS***
	Mid-term	

Data

24.	**Social services program management should focus on data and how to integrate its routine use into all programs. [Fundamental]**	***DHHS/Counties***
	Short-term	

25.	**Message and model leadership expectations and goals as they relate to using data as a way to improve practice and outcomes. (Fundamental)**	***DHHS***
	Short-term	

26.		***D***

	Regional office staff should work with and help counties identify specific data sets and reports they need, to allow county staff to work more proactively, and better monitor and assess outcomes. (Fundamental)	
	Mid-term	

27.		
	Identify data quality concerns and discuss available data alternatives that can be featured in the Wellness Dashboard, while state data improvement strategies are underway.	*DHHS*
	Short-term	

Training

28.		
	Each program should maintain a Central Office training and professional development team to support regional trainers [Fundamental]	*DHHS*
	Mid-term	

29.		
	Central Office training staff should identify training needs for central and regional state staff through a training needs assessment, and provide needed training through internal course development and/or identify external sources that can fill the needs.	*DHHS*
	Mid-term	

30.		
	Central and regional training teams should increase the number of training deliveries available to county staff, especially for those courses that must be completed as part of pre-service instruction.	*DHHS*
	Mid-term	

31.		
	Central and regional training teams should increase the locations for training delivery to reduce the driving distances for counties to attend training.	*DHHS*
	Mid-term	

32.		
	Central and regional training teams should increase the number of courses delivered in a classroom setting and via live webinar, to expand the opportunities for trainees to ask questions and gain a more nuanced understanding of the subject at hand.	*DHHS*
	Mid-term	

33.		*D*

	Develop a methodology for allotting classroom seats on a statewide and/or regional basis, to ensure that all counties have equal access to course registrations. Enhance the course registration process to avoid training slots, already in high demand, not being filled.	
	Short-term	

34.		
	Training teams should conduct multiple webinars on the same subject matter, and limit the number of participants at each, to ensure that there is a realistic opportunity for interactivity.	*DHHS*
	Mid-term	

35.		
	Central and regional office staff who do not have direct services provision experience in the program they administer should be provided meaningful opportunities to learn about the program.	*DHHS*
	Short-term	

36.		
	Establish clear criteria for the distribution of state funds allocated for staff education and professional development.	*DHHS*
	Short-term	

Health Care Concerns

37.		
	Close the coverage gap to provide needed services for children and adults.	*Legislature*
	Long-term	

38.		
	Form partnerships with colleagues in North Carolina's health programs, to help facilitate the identification of community resources available to social services clients.	*DHHS*
	Short-term	

Child Support

39.		
	Establish dedicated court officers to hear child support matters, to expedite the establishment and enforcement of child support orders.	*Legislature*
	Long-term	

40.		*D*

	Assess the option of system "replatforming" for the child support automated system, to move away from the mainframe.	
	Mid-term	

41.	Monitor the federal OCSE's policies and progress with regard to creating a model system, and determine whether it would be a viable option for system modernization.	*DHHS*
	Short-term	

42.	Re-look at the policy of requiring Custodial Parties (CPs) to attend a face-to-face meeting as part of case opening, and the impact on the expeditious and efficient processing of child support matters.	*DHHS*
	Short-term	

Aging and Adult Services

43.	Better define Aging and Adult Services data needs, with an eye toward enhancing the Wellness Dashboard metrics and/or producing trending data and reports.	*DHHS*
	Short-term	

44.	Identify any program statutes and/or regulations that would benefit from updating, and pursue any needed updates.	*DHHS*
	Short-term	

Child Welfare

45.	Create an Implementation Plan for Child Welfare recommendations, as outlined in the Child Welfare Preliminary Reform Plan. [Fundamental]	*DHHS*
	Short-term	

46.	Establish and staff a position to manage the implementation of Child Welfare recommendations and support the implementation team. [Fundamental]	*DHHS*
	Short-term	

47.	Create a core implementation team, responsible for prioritizing the various recommendations from both Preliminary Plans, and making them actionable. [Fundamental]	*DHHS*
	Short-term	

48.		*D*

Create high-level management positions, to support the realignment of the child welfare programs, and transition to new practice model. [Fundamental]

Function	Position Title
Director for Office of Child Safety-Child Protective Services	Program Administrator III
Director for Office of Office of Family Support-Prevention and In-Home Services (CPS)	Program Administrator III
Director for Office of Child Permanency	Program Administrator III
Director for Office of Professional Development	Program Administrator III
Director for Office of Program Improvement	Program Administrator III

Short-term

Next Steps

We believe DHHS should begin the next phase of its work related to S.L. 2017-41 by developing a Transition Plan, needed to put the new regional office structure in place. This will facilitate early identification of staffing needs, which will likely require additional funding to create and staff key positions in both the regions and the Central Office. DHHS is responsible for determining how many regions will be created and their geographic boundaries. These decisions are fundamental to the staffing and facilities decisions that must be made, as well as the request to the General Assembly for the funding needed to support the new organizational structure.

Whether or not a regional structure can be put in place by March 1, 2020 as required by SL 2017-41, program improvement is predicated on easy access to reliable data, and processes informed by robust program data. DHHS should begin the next phase of their work by realistically assessing their internal capacity for integrating the routine use of data into all of the social services programs, and making appropriate organizational changes, to support a data-driven culture.

During Phase 2, we will continue to work with DHHS and the counties to further refine staffing and program outcomes data, so we can further refine the preliminary recommendations contained in this report, and potentially identify additional recommendations based on our additional analysis. Working with DHHS and the counties, we will also develop implementation plans for those recommendations DHHS decides to pursue. The final Reports, due by February 28, 2019, will document progress on the short term recommendations, and will include implementation plans for the mid- and long-term recommendations. Implementation plans will also specify the intended outcomes tied to each recommendation, along with how improvement can be measured.

As noted earlier in the Executive Summary, North Carolina's leadership is to be applauded for its decision to pursue the systemic changes needed to improve outcomes for its most vulnerable citizens. State and county social services professionals alike show their commitment to providing the best services they can, on a daily basis. We believe the preliminary recommendations detailed in this report will help North Carolina's social services programs become "best in class" and we look forward to continuing our work with state and county staff, as they work to improve the services they deliver to the public.

I. METHODOLOGY

To meet the aggressive schedule for the Social Services Reform Plan project, the data collection and analysis process included several data collection efforts simultaneously. After a series of meetings with state staff that provided the CSF team with an overview of what data was available and where it was housed, we began identifying data needs and making requests to the appropriate staff. We received quantitative data that provided us with an overview of the programs under study and, upon review, generated new sets of questions that would require both quantitative and qualitative data to answer them.

We took advantage of existing statewide and regional leadership meetings to collect firsthand information from participants, which also reduced county leaders' need to travel additionally to attend project-specific meetings. We also formulated requests for quantitative administrative data from the Central Office, identified and visited 15 county offices to discuss their operations and administration, and administered a statewide survey of county offices on their staffing. The 15 counties represented each geographical area of the state, all three economic levels, and various sizes. Additional data was collected as part of the Preliminary Child Welfare Reform Plan.

Members of our team participated in a wide range of other meetings, such as those specific to the Child Fatality Prevention workgroup, and the 2019-2023 State Aging Services Plan Aging Policy Listening Session.

Finally, we collected data from other states to inform portions of the Plan related to the administration of other, similar states. We also reviewed a wide range of documents related to program operations, administration, staffing, budgets, training, and policy.

Each of these is discussed below. For a full list of key meetings in which our team participated, please see Appendix A.

The project initiation meeting was held in Raleigh on March 7, 2018. We then met with the Social Services Working Group (SSWG) on March 12. This was followed by the first of two data collection meetings with state staff responsible for the programs under study. These meetings were conducted on March 19 and 20 and on April 2 and 3. These meetings provided the project team with a thorough overview of the programs, as well as an introduction to some of the issues they faced.

We conducted focus groups with members of various state and regional organizations, taking advantage of scheduled meetings whenever possible. We were graciously granted time during these scheduled meetings to receive input from attendees. These participants held leadership positions in the counties they serve – generally the county participant was the County Director. We ensured that there were sufficient opportunities for input from counties representing all geographic areas of the state and all county sizes. The list of focus groups conducted is found in Appendix B.

We followed up with many individuals after these meetings to ask questions, to gain clarifications, and to solicit additional input.

After conducting several focus groups, we decided to visit a sample of county offices to gain more in-depth knowledge of their organization, administration and operations. We collaborated with the NCADCSS executive director, along with DHHS, to identify a cross-section of counties based on county economies and their geographic locations. We conducted site visits in June, 2018. The counties visited are listed in Appendix C.

We developed four staffing surveys in May 2018, one for each program: for FNS, Work First, Child Support and Aging and Adult Services. We did not develop a survey for the Child Welfare program, instead relying on the program's Work Book. (Counties are required to submit data on workload and staffing on a quarterly basis for all child welfare functions. They also report data on staff turnover and education. This data comprises the Child Welfare Workbook.)

One of the challenges related to creating the surveys was how best to describe positions, given that position titles are not consistent from county to county. We collaborated with state staff to develop brief descriptions of the most common responsibilities so that respondents could identify the staffing in those positions without referring to position titles. The Executive Director of NCADCSS distributed the four surveys to county directors, with the expectation that for them to originate from her office would increase the response rate. We completed several follow-up efforts with the Executive Director; we had received responses from 51 counties as of July 13, 2018. The staffing survey provided us with a great deal of information on the characteristics and configuration of staff in the counties' social services programs. Appendix D contains the survey.

Program Data Collection and Analysis

In addition to staffing data, we amassed a large quantity of program performance data. This data is being used, in part, to create the Social Services System Transparency and Wellness Dashboard. It is also being used to understand county and state performance on a number of performance measures, especially with regard to Child Welfare performance. A full discussion of data collection regarding program performance can be found in Chapters 8 and 9 of this report.

We did not receive all of the needed program staffing data, nor all of the needed program performance data in time to fully analyze and draw conclusions regarding any links between staffing patterns and program performance. Our work in that area will continue into Phase 2 of this project.

II. DOCUMENTATION OF STATE AND COUNTY ROLES IN SOCIAL SERVICES SYSTEM

North Carolina is a "state supervised-county administered" state. It is one of about a dozen states that work within that structure, though there is some variability even within the model. One difference among this group of states is their funding structures, and to what degree counties provide program funding for local service delivery. In North Carolina, the counties contribute a large percentage of their social services program funding. The state passes through some or all of federal program funds, but contributes few state dollars otherwise. North Carolina's structure has deep historical roots; the University of North Carolina's book, *Social Services in North Carolina*,[1] provides an excellent overview of the history of both the structure and funding of the state's social services programs.

The state's statutory roles are defined in the North Carolina Constitution, Article XI, § 3 and § 4. Under its Constitution, North Carolina's General Assembly is responsible for "determining the extent and scope of the state's responsibility for social services and how the state will discharge its responsibility."[2]

In June 2017, North Carolina's Assembly adopted and codified HB630 into SL 2017-41. That law created the Social Services Regional Supervision and Collaboration Working Group (SSWG). The SSWG was charged with developing "recommendations for improving state supervision of the county-administered social services system through the use of a new system of regional state offices."[3] The Stage One work culminated with the issuance of its Stage One Final Report. On pages 9 to 17, the SSWG detailed its vision of the roles they identified for the Central, Regional, and Local (county) staff.[4] These roles were identified by the SSWG to illustrate how the state, regional, and local offices would work together to provide high quality services to the people of North Carolina. As such, there is an assumption that the local offices would receive the support necessary from the regional and state offices to be able to carry out their responsibilities successfully.

Part of our work in North Carolina focused on assessing the Central Office's current capacity to meet its existing role, as well as its expanded role in the creation and operation of the Regional Offices. This chapter of our report details our assessment of the state's current capacity in the social services programs: Child Welfare; Child Support; Economic and Family Services; and Aging and Adult Services. In Chapter 6, we provide our recommendations with regard to the structure and staffing of regional offices.

[1] John L. Saxon, *Social Services in North Carolina*, (UNC School of Government, Chapel Hill, 2008).
[2] Ibid, p. 25.
[3] Social Services Regional Supervision and Collaboration Working Group, *Stage One Final Report* (UNC School of Government, Chapel Hill, March 2018), Executive Summary, p. v.
[4] Ibid; pp. 9-17, tables 1A to 1I.

A. State Role and Capacity

Child Welfare

Our companion report, Child Welfare Preliminary Reform Plan, provides an in-depth discussion and analysis of North Carolina's child welfare programs, and details challenges at the state and local level. It, accompanied by Chapter 6 of this report, also proposes a model for staffing regional offices that will provide oversight and support for the local county programs. However, it bears repeating here that the Central Office, regional offices, and county child welfare departments need to realign themselves to support the desired program outcomes.

Based on our interviews, focus group meetings, and the data, coupled with our experiences in other jurisdictions, we believe North Carolina's staffing and salaries are not currently sufficient to attract and retain the staff needed to effect a large-scale, well-planned, integrated system reform effort. Absent increased resources and realignment, recommended strategies to improve service delivery at the local levels are likely to falter, and eventually to devolve back to staff at all levels providing reactive services.

Child Support

Child Support Services operates within the Division of Social Services (DSS). The Central Office child support section is currently structured to provide both direct and indirect support to North Carolina's child support customers. It appears to be adequately staffed to meet its current responsibilities, with the possible exception of training. (See the discussion later in this section for more information.) The agency does not suffer from a high rate of staff turnover. Home-based work provides opportunities for staff to work from locations other than Raleigh.

The Central Office operates a central customer service call center, staffed with 47 state employees: one manager; one administrative support person; four supervisors; and 41 call center representatives. County and state staff agreed that this model works well for the program. This group responds to the majority of customer calls, and customer complaints, resolving the issues it can and forwarding only the most complex on to the appropriate county office for resolution.

Additionally, one home-based and four Raleigh-based staff provide customer service support. They handle public records requests, as well as complaints that come from the Governor's Office, the General Assembly members, and congressional offices, on behalf of their constituents.

As required by federal statute, the Central Office maintains North Carolina's central registry. The central registry is responsible for facilitating all incoming and outgoing intergovernmental child support cases.

The Central Office also supports the State Disbursement Unit (SDU) operated by the private company, SMI, Inc. Central Office staff assist SDU staff with child support payment problems (such as helping resolve payments that are difficult to identify), here also resolving the majority of the problems and forwarding only the most difficult on to the appropriate county as needed. A Central Office team supports the child support automated system. Staff provide help desk

support when needed. They also identify changes and update the automated system as needed. For example, recent changes in intergovernmental child support require states to adopt new forms; the Central Office systems staff are working on creating and deploying the new forms. The Central Office team also supports a performance dashboard, allowing each county to monitor its progress specific performance goals.

The Central Office maintains a policy unit. Its responsibility is to develop and disseminate any new program policies, or clarify any existing policies, as needed. Policy is disseminated to all counties regardless of how they are operated (inside or outside the county DSS structure) or by whom they are operated – county staff or a private company.

The Central Office child support program continued to operate with regional assignments after the state moved away from this model. There are currently nine child support regional representatives, each assigned a set of counties to support. They are home-based workers. Generally, the regions are composed of contiguous counties, with some exceptions. Each regional representative has similar responsibilities:

- Visit each assigned county at least once a month.
- Review a certain percentage of a county's child support cases on a monthly basis.
- Assist a county with any county-specific needs.
- Help each county develop its performance improvement Action Plan.
- Share best practices between counties.

With the advent of the changes under SL 2017-41, the agency intends to strengthen the Action Plan process. Regional representatives will continue to help each county develop its plan. They will also be responsible for identifying specific activities the Central Office will provide, to support the counties' action plans. Regional representatives are also supported by three home-based "PMI" (performance management) staff. If a county has performance issues, these PMI staff can be called on to provide additional assistance. They also monitor the various performance reports, and perform eIWO (electronic wage assignment orders) tasks.

The Central Office also maintains a training team. Two home-based trainers provide formal training; one is assigned to the east, one to the west. They are supported by Raleigh-based trainers. The Central Office training and policy teams, along with executive staff, host monthly webinars with county staff. They also host an annual statewide training conference, as well as an annual statewide child support supervisors' meeting. Agency leadership would like to be able to incorporate more technology-based training solutions to support the counties. Currently, they conduct training through face-to-face training sessions across the state and host real-time webinars. They have been converting their computer-based training to web-based training for county staff. They have also developed training materials that the counties can use to train on their own. Their barriers to expanding their training's reach include a lack of training space in the far western corner of the state, and the inability for counties to travel to training sites. They hope their plans for more eLearning will increase the reach of their training. With the implementation of a regional structure, the child support program may need additional training staff to support the regional model.

Issues and Recommendations

Long-Range, Requiring Funding and/or Legislation

Overall, the counties need more dedicated court time. Executive staff members know that in other states, child support matters are frequently heard in dedicated child support tribunals – not necessarily in the family law or other courts. The majority of child support matters that come before a judge are fairly standard. Because of federal statutes and child support guidelines for establishing support orders, most child support matters can be adjudicated relatively quickly. A dedicated child support tribunal with dedicated court officers to hear child support matters (child support magistrates, court commissioners, or administrative law judges, for example) would expedite the establishment and enforcement of child support matters, at the same time freeing up precious court time for other matters.

In 2016, the child support leadership, attorney general, and Jo McCants with Administrative Office of the Courts (AOC) discussed this possibility. Chapter 50 of the North Carolina General Statutes do allow clerks, assistant clerks, and magistrates to serve as hearing officers. Anyone outside of that would require a statute change. The question at the time was whether or not the salaries for child support hearing officers could draw down federal funds (FFP). The thought was that if they were eligible for FFP, then there would be a compelling case to modify the statute to allow for hearing officers, if needed, or to encourage the AOC to allow clerks or magistrates to serve as hearing officers. It appears the issue was dropped without determining the answer. We are aware of several other jurisdictions that operate their child support programs using a "quasi-judicial" system (i.e., California and New Jersey, among others). During Phase 2 of this project, we will seek and provide additional information to Child Support Services regarding other jurisdictions' use of a quasi-judicial structure, as well as how federal claiming works – and how the processes may need to be adapted for a state-directed county-administered program.

The child support automated system is antiquated. Because it is COBOL-based, it becomes more difficult to support as time passes. COBOL programmers are difficult to find, since most systems are moving away from mainframes. System replacement is an expensive option. Several state child support programs (i.e., Utah, Colorado and Washington) are "replatforming" their systems, to move away from a mainframe environment. Child support leadership indicated that IT staff will be evaluating this option in the near future. The federal OCSE is also contemplating developing a "model child support automated system" and providing enhanced funding for any state that adopts the system to meet its system replacement needs. North Carolina should follow OCSE's policies and progress with regard to the model system and determine whether it would be a viable option for system modernization.

The agency doesn't feel that it can offer the competitive salaries needed to attract and maintain Raleigh-based staff. It does offer many staff members the option to work from home – especially those who are assigned to regional or training duties supporting the counties. This has helped the organization maintain a fairly stable workforce. Chapter 7 of this report details state staffing and salaries, and related challenges.

Easy to Implement Changes (No Funding or Legislation Required)

The counties have a long-standing practice requiring Custodial Parties (CPs) to attend a face-to-face meeting, as part of case opening. The counties also require a notarized affidavit of paternity declaring who a child's father is. Both practices delay the establishment and enforcement of a child support order – sometimes for months. Federal statutes do not require either of these practices, instead allowing for phone contact with the CP. While some states require notary services for in-hospital paternity establishment, they do not require it when a CP simply identifies the father of her child. In most states, the paternity declarations are usually signed under penalty of perjury. Notary services do not guarantee the CP has been truthful; they simply guarantee that the CP is indeed the person she claims to be. We recommend North Carolina re-examine these policies and their impact on the expeditious and efficient processing of child support matters.

How the Current Central Office of Child Support Compares With Regard to the Proposed "Regional Model Office"

With one possible exception, the Central Office for the child support program is well-staffed and well-organized to meet its needs and to support the counties. The child support division does not currently have sufficient training staff to meet the counties' needs. This is particularly true with regard to supporting smaller counties. While the agency currently delivers some training electronically (web-based or computer-based, more generically known as "eLearning") they believe more robust eLearning options will provide county staff access to more timely training, especially for newly-hired staff. See the discussion regarding our recommended staffing for regional offices, in Chapter 7 of this report.

Economic and Family Services

The Central Office Economic and Family Services Section covers four programs – Work First, Food and Nutrition Services/FNS, Energy Assistance (Crisis Intervention Program/CIP and Low-Income Energy Assistance Program/LIEAP), and Refugee Resettlement.

At present, the division is not adequately staffed to meet its current responsibilities and several incumbents reported needing to work on tasks outside their normal job duties. Understaffing in the Central Office overburdens staff with disparate responsibilities, resulting in lack of expertise, low morale, and reactive administration of programs. Staff is frequently shifted around to fill gaps and address immediate needs. Yet given the qualifications and pay level for state positions, recruitment is difficult. Recruitment for a recent position vacancy yielded two barely-qualified candidates.

Economic and Family Services is not fully operating under a regionalized structure, as staff are frequently moved from one priority to another due to staffing shortages. Staff are expected to be experts in multiple areas – some outside their job descriptions – including training, contract administration, and policy development. There are four program monitors for the entire section; Georgia, a state with a lower Economic and Family Services caseload than North Carolina, has *14* program monitors.

There is one Manager for Work First; there are two policy consultants, two program monitors, and one corrective action follow-up program consultant, plus field staff on the Operational

Support Team (OST). The Assistant Chief for Work First also manages Refugee Resettlement. Work First was staffed with nine FTEs in the Central Office prior to 2014. All but two of the policy consultants were reassigned to work on the Operational Support Team (OST) leaving two staff to monitor the Work First program. The two current policy consultants must also assist with the development of policy and training, as well as support the Operational Support Team field staff.

The OST is responsible for providing technical assistance to the counties for three programs – Work First, FNS, and Energy. The OST field staff are home-based and centrally-located so they can take on county assignments around the state as needed. Field staff have assigned regions; technical assistance visits are made based on immediate county needs, the team's schedules, and travel costs.

The OST field staff also delivers training. Training is provided based on an ongoing evaluation of error trends and training needs. Additionally, the Central Office provides supervisor cluster meeting training across the state, twice a year. The two Work First policy consultants assist with the development of policy and training, as well as provide support to the Operational Support Team field staff.

For FNS, there is a single policy consultant and a single program manager for a program that issues over $2 billion in benefits each year. There is a single clerical position, who reports to the FNS manager, for all four programs. The program is also staffed with an Assistant Chief of Monitoring and four FNS/Energy program monitors, plus one FNS Employment and Training (E&T) Coordinator (reporting to the Economic and Family Services Deputy Director), one contract administrator, one E&T monitor, and one policy consultant for the Employment and Training Program. In addition, a program integrity consultant is responsible for program integrity for FNS, LIEAP, and Work First. There is also one contract administrator/administrative assistant who is responsible for several cross-program contracts and also provides administrative support to the Economic and Family Services Deputy Director.

The customer service call center (EBT Call Center) in Martin County is operated by the Central Office. It handles calls for the FNS program. The Call Center manager reports to the Economic and Family Services Division Director, and three supervisors and administrative staff report to the Call Center manager. There are 25 Call Center customer service representatives working in shifts to cover the 7:30 a.m. to 10:30 p.m. operating hours. Call Center representatives are trained to answer basic questions, such as EBT card balances and how to apply for FNS services; they are not able to respond to policy-related questions.

FNS also has three FTEs working on the Help Desk to answer questions and complaints from the public, as well as legislative inquiries. These same people also respond to questions for the Work First and Energy Assistance programs. Help Desk staff is often called on to do extra tasks and staff are sometimes so busy with additional tasks that they are left with little time to handle Help Desk calls.

The Economic and Family Services Division is responsible for administering seventy-seven contracts/MOAs. Work First contracts are handled by the Work First Administrator, along with

other job duties. FNS contracts are handled by a contract administrator who also has other job duties. SNAP Education has an outreach coordinator and a part-time administrative support person. Employment and Training has a contract administrator who also has other job duties. Energy contracts are handled by the program policy consultant.

Issues and Recommendations

Long-Range, Requiring Funding and/or Legislation

The most pressing issue in the Central Office Economic and Family Services Division is insufficient staffing. Staff is currently overburdened with multiple job responsibilities and is unable to provide proactive support to the counties.

Recruitment for Central Office positions has been difficult, and the division does not offer the competitive salaries needed to attract and maintain Raleigh-based staff.

State staff can provide training for the counties on a limited basis, due to overextended resources.

If state staffing resource issues are addressed through a regional restructuring, the division can focus on more productive and proactive efforts, such as pursuing federal waivers under SNAP to reduce administrative requirements and free county staff to work the cases that really need attention.

How the Current Central Office of Economic and Family Services Compares With Regard to the Proposed "Regional Model Office"

A regional structure would allow the division to strengthen its monitoring activities (county monitoring, follow-up, correction action). This can be done by dedicating one to two program monitors in each region – one for Work First and two for FNS and Energy Assistance. Current monitoring capacity is limited to review in eight to 10 counties per year, and monitoring activity in a single county takes weeks to complete.

A regional structure with two Economic and Family Services field staff based in each region would also bring consistent and regular technical assistance and operational support to the counties through onsite visits, training, and policy consultation. Field staff dedicated to a region would develop in-depth knowledge of the county-specific needs and challenges in the region.

Policy, training development, and contract administration would remain in the central office, with regional staff serving as the policy conduits to the counties and subject matter experts for training development efforts.

Aging and Adult Services

The Division of Aging and Adult Services (DAAS) is part of North Carolina's Department of Health and Human Services (DHHS). It operates outside of the Division of Social Services (DSS). North Carolina's General Assembly referenced adult protective services and guardianship specifically, in Session Law 2017-41 (SL 2017-41) for inclusion in this report. These programs include Adult Protective Services (APS), the State/County Special Assistance Program (which includes Special Assistance for the Aged - SAA and Special Assistance for the Disabled - SAD),

and Guardianship. The MOUs between DHHS/DSS and the counties include mandated performance requirements for the APS, and the State/County Special Assistance programs.

The Central Office DAAS Section for Adult Services oversees and supports the APS, State/County Special Assistance, and Guardianship programs. The Section has 24 FTEs, including the Section Chief and two administrative support positions. The Central Office Adult Services Section continued to operate with regional assignments after the state moved away from this model. There are currently eight regional program representatives, each assigned a set of counties to support. They are home-based workers. Each regional representative has similar responsibilities:

- Visit each assigned county at least once a quarter.
- Provide training, technical assistance, and coaching.
- Assist a county with any county-specific needs.
- Provide program monitoring and initiate Corrective Action Plans, when needed.
- Share best practices between counties.

These eight regional representatives are periodically reassigned to a new set of counties. This keeps any one regional representative from forming an "alliance" with his or her counties, and allows each set of counties a fresh set of eyes and ideas.

The other 14 program staff – including include four Special Assistance Program Representatives – are responsible for promulgating and disseminating policy, providing training, and supporting the APS, Guardianship, and Special Assistance programs. To varying degrees, these staff also support the Regional Program Representatives in their work with the counties.

The Section appears to be adequately staffed to provide regional support to the counties. However, it is understaffed with regard to training and policy support.

Issues and Recommendations

Long-Range, Requiring Funding and/or Legislation

As a state, North Carolina ranks tenth (number 10 of 50) in terms of its aging population. North Carolina is ranked fifth (number 5 of 50) as a retirement destination state. Program staff are concerned that there is "truly a lack of services for this growing population."

The Aging Services program is operating under laws that have not been significantly amended or updated since the 1970s. Program leadership expressed that staff need to be able to rely on the statutes to do their jobs effectively, but at times it is difficult. We recommend that in Phase 2 of this project, we work with DAAS to update the appropriate statutes.

North Carolina spends more on institutional care than on in-home supports, largely because many counties have insufficient resources to support in-home care. There are generally waiting lists for adult day care, transportation, and mental health services for the elderly and/or disabled.

As North Carolina's aging population continues to increase, this will become an even larger problem.

The agency does not suffer from a high rate of staff turnover. Home-based work provides opportunities for staff to work from locations other than Raleigh. However, the agency does have difficulty recruiting qualified Raleigh-based candidates because of the salaries it offers. It recently recruited for a position that would provide training. The minimum qualifications were an MSW degree, and experience training in Adult Protective Services. The pay advertised was in the low $50,000/year range. They received only two "barely-qualified" applicants. The perception is that much has been done over the years to improve staffing and increase pay for child welfare staff, but not for DAAS staff. Chapter 7 of this report details state staffing and salaries, and related challenges.

Easy to Implement Changes (No Funding or Legislation Required)

The Adult Services regional staff generally identifies counties requiring assistance through its monitoring. Staff members would like to be more proactive and diagnostic – rather than reactive – in their program monitoring role. They know this will take better data. We recommend that in Phase 2 of this project that we work closely with the Adult Services Section to better define its data needs, with an eye toward enhancing the Wellness Dashboard metrics and/or producing trending data and reports the Section can use. See Chapters 8 and 11 for more information about using data to improve outcomes for social services program clients.

As part of our work on this project with regard to Child Welfare, we convened and facilitated an "Envision Session," so that county and state staff could come to a shared vision for program improvement and reform. We recommend convening a similar session for the Adult Services Section during Phase 2 of this project.

How the Current Central Office of Adult Services Compares With Regard To the Proposed "Regional Model Office"

The Central Office for the Adult Services Section within the Division of Aging and Adult Services is understaffed with regard to providing the needed policy direction and training support for the counties. See the discussion regarding our recommended approach to staffing regional offices, in Chapter 7 of this report.

Child Welfare Services

Child Welfare is part of North Carolina's Department of Health and Human Services (DHHS). It operates within the Division of Social Services (DSS) and the 100 county DSS. There is a separate full report on child welfare reform; we are not, therefore, repeating information from that report here. However, subsequent chapters in this report do detail recommendations regarding staffing and organizational structure of the state child welfare program.

B. The Role of the Counties

The counties' primary role in the social services programs is to provide services to the residents of their county in accordance with federal and state regulations and law. In addition to service

provision, however, counties are also responsible for a wide range of activities that support services. The SSWG defined the county role in its Stage One Final Report.[5]

Later in this report, we detail the challenges counties have in fulfilling their roles. In Chapter 7, we focus on staffing and salaries, and related challenges and recommendations. In Chapter 8, we focus on other resource issues impacting local service delivery.

C. Governance

Social Services boards vary widely, from county to county. There are no standard requirements for what qualifies an individual to become a Social Services board member. This is in contrast to the County Board of Public Health, where interested individuals must meet specific minimum qualifications to be considered for a board position, and must be appointed to the Board by the County Commissioners. Depending on county size, some board membership may be composed of professionals in areas that impact social services, while others may be composed of previous agency employees, agency clients, or others with a personal interest. Generally social services boards are made up of citizens who care, who are well-meaning, and who want to do the right thing.

Because the boards are diverse, county to county, they do not all operate in the same way. We have, however, identified three core needs for all county boards of social services, regardless of their structure, county size, or board members' experience.

- There is a need to establish clear direction for the boards, with regard to Social Services program fiscal requirements. The various social services programs operate with a wide range and mix of program funding, including federal and state grants. Without a detailed and specific understanding of funding streams and limitations, social service boards may be unknowingly exposed to legal liabilities. With responsibilities and accountability mechanisms clearly defined, social services board members will be in a better position to protect their county from financial and legal liability. We urge North Carolina DHHS/DSS to take the lead on developing the needed information and providing the needed direction with regard to the boards' legal and funding responsibilities tied to the DSS programs.
- There is a need to establish effective training programs for board members. We understand that most new board members receive training at the annual association meeting. Depending on when a new board member joins a county social services board, there may be significant lag time between his or her joining the board, and the opportunity to receive training. Additionally, we heard that it is unclear who or how ongoing training for existing board members is being provided. The social services programs can undergo rapid change, based on changes to state and/or federal laws and regulations. Providing for more regular training for experienced board members will help ensure they are operating and making decisions with up-to-date program information at hand. We encourage the North Carolina Association of County Boards of Social Services (NCACBSS) to create a more formal education and training program for its members.

[5] Social Services Regional Supervision and Collaboration Working Group, *Stage One Final Report* (UNC School of Government, Chapel Hill, March 2018) pp. 9-17, tables 1A – 1I.

- As related to us, lines of communication between the social services board and other interested parties – such as the county DSS Director or the County Commissioners – have never been mandated. As one county commissioner said "I have no idea what DSS does." We recommend that the NCACBSS define and adopt formal expectations regarding communication, to minimize the risk of inappropriate actions throughout the DSS county system. Given the size of the county DSS programs and their budgets, and the vulnerability of the citizens served by DSS programs, effective communication between the various entities is essential to improving outcomes for the adults, families, and children served.

As a final recommendation, we believe the county Social Services boards should develop a set of standard criteria to determine whether an interested person has the qualifications needed to serve on the board. We urge the NCACBSS to reinvigorate its efforts to identify a list of desired qualifications as a way to introduce some standardization between the county boards, while retaining the flexibility to determine how best to organize their county DSS programs. The NCABSS should work with its legislative liaison to affect the introduction of legislation. We further recommend that North Carolina's General Assembly take legislative action to codify the criteria and qualifications.

In Phase 2 of this project, we propose looking in more depth at the various governance issues that exist in the current structure – including giving consideration to the new regional structure – and make further recommendations with regard to ways state and county leadership can better operate the social services programs.

III. INVENTORY OF INTENDED OUTCOMES FOR FAMILIES AND CHILDREN SERVED

In order to review performance data and identify high performing states in each program, we reviewed data that is reported to the federal agencies who provide oversight to these programs. By looking at the federal performance measures, there is consistency in the specific performance metrics, thereby making a more relevant comparison. We gathered data for all 50 states, plus Washington D.C., Guam, Puerto Rico, and the U.S. Virgin Islands. We sought national data for the following programs in an effort to assess program performance and identify high performing states:

- Child Protective Services (CPS);
- Child Welfare Services (CWS) In-Home Services;
- Foster Care;
- Adoptions;
- Work First (TANF);
- Food & Nutrition (SNAP);
- Aging and Adult Services – Guardianship;
- Adult Protective Services; and
- Child Support.

The data available for Energy Assistance (LIHEAP) and Child Care Subsidies was limited to the distribution of funds to qualified recipients. For these programs, there was no data that was related to quality, accuracy, or outcomes.

Overall, performance varies greatly across programs. States that are high performing in one area are not necessarily high performing across the board. We also have not found any direct connection between structure (whether state-administered or county-administered) and program performance. Therefore, comparisons are made by groups of programs. The logical program grouping is:

1. Child Welfare Programs;
2. Child Support Enforcement Program;
3. Family Assistance Programs; and
4. Aging and Adult Services Programs.

A. Child Welfare Programs

All of the programs associated with Child Welfare (Child Protective Services, Foster Care, and Adoptions) have data elements reported to the federal Office of the Administration for Children and Families (ACF) through the Children's Bureau. The CFSR Round 3 Statewide Data Indicators are as follows:

- Data Indicator 1: Maltreatment in Foster Care
- Data Indicator 2: Recurrence of Maltreatment
- Data Indicator 3: Permanency in 12 months for children entering foster care

- Data Indicator 4: Permanency in 12 months for children in foster care 12 to 23 months on the first day of a 12 month period.
- Data Indicator 5: Permanency in 12 months for children in foster care 24 months or more on the first day of a 12 month period.
- Data Indicator 6: Re-entry to foster care within 12 months, for children entering foster care during a 12 month period, and exiting to permanency within 12 months of their entry.
- Data Indicator 7: Placement stability per 1,000 days of care for children entering care during a 12 month period.

In reviewing the data for these seven performance indicators and additional data points (i.e. entries to foster care), it became clear that while there are some correlations between performance, states do not have either consistently-high or consistently-low performance across all of them. These data do provide a way to compare the performance in North Carolina with other states of similar size and organizational structure.

For the child welfare programs, there is value in making comparisons with other states. The factors in doing this comparison should be related to size of caseload, economic and demographic similarity, and overall population. Based on this, the states that are the most logical to compare to North Carolina include Colorado, Georgia, Ohio, Pennsylvania, Texas, and Virginia.

Figure 1: State Child Welfare Outcomes Comparison

Selected Comparisons, CFSR 3 Measures

State	State-Admin (State) or State-Supervised/ County-Admin (SS-CA)	Recurrence of Abuse/ Neglect	Rate of Maltreatment in Care	Unique Victims of Abuse/ Neglect*	All Entries to Foster Care	Permanency w/in 12 Mos. of Entry	Of Children in Care 12-23 Mos., Perm. w/in Year	Of Children in Care 24+ Mos., Perm. w/in Year	Of Children Acheving Perm. in 12 Mos., Those Who Reentered w/in 12 Mos.	Of Those Placed in a Year, Rate of Movement
		%	Per 100,000 Days	#	#	%	%	%	%	Per 1,000 Days
CO	SS-CA	4.2	8.48	11,226	4,430	54.3	45.5	27	13.4	
GA	State	6.2	5.78	21,635	5,822	45.6	45.5	34.4	5.7	5.87
NC^	SS-CA	10.9	6	7,134	5,882	31.6	44.6	37.6	4.15	4.8
OH	SS-CA	10.2	11.52	23,635	8,700	45.9	44.7	28.2	10	3.52
PA	SS-CA			4,355	9,272	37.6	42.6	38.7	14.3	3.65
TX	State	5.7	5.86	57,374	16,853	38.3	57	30.6	3.4	3.81
VA	SS-CA		1.73	5,941	2,512	28.7	40.2	28.8	4.3	3.97
	Fed. Standard	**9**	**8.5**			**40.5**	**43.6**	**30.3**	**8.3**	**4.12**

Sources:
CRSR Round 3 Statewide Data Indicators-Workbook, issued May 2015.
Note: All analyses based on AFCARS and NCANDS submissions as of July 10, 2014.
Note: Revisions to the methodology for calculating these metrics were made subsequent to May 2015. Some of these measures may change as a result
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Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2).
Retrieved 7/27/2018 from the University of North Carolina at Chapel Hill Jordan Institute for Families website, *available at* http://ssw.unc.edu/ma/.

Data in *Figure 1* above, for all of the states other than North Carolina, were included in a Child and Family Services Review Statewide Data Indicators workbook the Children's Bureau produced in 2015. Most of these data are based on Federal Fiscal Year 2011-2012. The North Carolina data were derived from the University of North Carolina Jordan Institute information on the management assistance website. North Carolina data reflected in *Figure 1* are from State Fiscal Year 2016- 2017 and match what was reported in the Preliminary Child Welfare Reform Plan. The table permits comparison to the national standards and general comparisons to other states, although the periods reported are not the same.

Maltreatment in Foster Care: Of all children in foster care during a 12-month period, what is the rate of victimization per 100,000 days of foster care?

North Carolina's rate of victimization in foster care (6.0) is lower than the federal standard of 8.50.

Recurrence of Maltreatment: Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month period, what percent were victims of another substantiated or indicated report of maltreatment within 12 months of their initial report?

The percent of children in North Carolina who experienced a second substantiated maltreatment report in the 12 months following an initial substantiated report is higher than most of the other comparison states. North Carolina's rate recurrence of 10.9 percent is slightly higher than the federal standard of 9.0 percent.

All Entries into Foster Care: This is not one of the seven federal data indicators but shows the number of children who entered foster care during the year. In State Fiscal Year 2016-2017, 5,882 children entered foster care.

Permanency in 12 Months for Children Entering Foster Care: Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care? Permanency, for the purposes of this measure, includes reunification with the child's parents or primary caregivers, legal custody to a relative, guardianship, or adoption.

As described in more detail in the Preliminary Child Welfare Reform Plan, the percentage of children in North Carolina who exit to permanency within 12 months of entering foster does not meet the federal standard (40.5%) for this measure. North Carolina in 2016-2017 under-performed in comparison to all of the states in the comparison group except Virginia, although performance on those measures may have changed since then.

Permanency in 12 Months for Children in Foster Care 12 to 23 Months: Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?

As described in more detail in the *Preliminary Child Welfare Reform Plan*, North Carolina is meeting the federal standard (43.6%) for this measure and performance is comparable to the states examined here.

Permanency in 12 Months for Children in Foster Care 24 Months or More: Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?

As described in more detail in the *Preliminary Child Welfare Reform Plan*, North Carolina is meeting the federal standard (30.3%) for this measure and performance is comparable for the states examined here.

Re-Entry to Foster Care in 12 Months: Of all children who enter foster care in a 12-month period who discharged within 12 months to re-unification, live with relative, or guardianship, what percent re-entered foster care within 12 months of their discharge?

As described in more detail in the Preliminary Child Welfare Reform Plan, North Carolina's rate of re-entry into foster care (4.15%) has consistently been much lower than the national Round 3 CFSR standard of 8.3 percent.

Placement Stability: Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care? North Carolina is not meeting the federal standard (no more than 4.12 moves per 1,000 days in foster care) for this measure and is underperforming in comparison to all of other comparison states examined here except Georgia.

B. Child Support Enforcement Program

Data for Child Support is reported to the federal Office of Child Support based on five performance measures:

1. Paternity Establishment;
2. Support Order Establishment;
3. Current Support Collections;
4. Arrears Collections; and
5. Cost Effectiveness.

Figure 2: North Carolina Performance Compared to National Average

Performance Measure	National Average	North Carolina Performance
Paternity Establishment IV-D Caseload	102%	99.9%
Support Order Establishment	86%	86%
Current Support Payments	64%	68%
Cases with Payment on Arrears	63%	67%
Cost Effectiveness	$5.44 collected per dollar spent on the program	$4.89 collected per dollar spent on the program
Paternity Establishment IV-D Caseload	102%	99.9%

The North Carolina Program performance compares to states like Ohio, Maryland, New Jersey, and West Virginia. The structure of the North Carolina Child Support program is a hybrid of local and privatized child support offices. The majority of states employ a state-administered structure, and performance in these five measures does not appear to have a direct correlation with the chosen state structure. There are many factors that impact performance in this area, including external factors, such as economic and employment opportunities. As displayed in the above chart, North Carolina's Child Support program is performing above average for some of the federal measures, and just below average on others.

C. Family Assistance Programs

The Work First (TANF) program has little federal data on performance because the block grant allows states to design their programs under a set of broad requirements. Therefore, comparisons of the data that is collected does not necessarily indicate the relative success of the programs across states. The work participation rate is one criteria that is tracked nationally and does point to one of the core purposes of the program. The states report both the "All Families" and "Two-Parent Families" work participation rates. While the specifics of work participation may vary from state to state, the highest "All Families" work participation rates for FY 2017 are found in Maine (88.7%), New Hampshire (77.7%), and Oregon (71.5%). North Carolina's "All Families" work participation rate was 19.5%. North Carolina did meet its target with regard to this measure. The rate in North Carolina is similar to states such as Pennsylvania (21.8%), Texas (20.5%), and Arizona (23.6%).[6] With regard to the Two-Parent Families rate, 28 states are subject to reporting. North Carolina was one of the nine states that failed to meet their target.

As with other programs, the majority of TANF programs are state-administered, with only eight states reporting as "County-Administered." These states are North Carolina, North Dakota, New York, New Jersey, Ohio, California, Colorado, and Minnesota. All-Families work participation rates vary widely among these eight states with a high of 66.8 percent in North Dakota to a low of 25.5 percent in New York.[7]

Nationally, TANF caseloads have been decreasing. We compared TANF caseload size (average monthly caseload) for 2013 and 2017. We chose 2013 as the first year where annual data was available, and 2017 was the most recent year reported. The largest percentage change was in Missouri, where the caseload decreased from 76,997 in 2013 to 25,838 in 2017. The change in North Carolina was from 38,955 to 29,445, or a decrease of 32 percent. Reduction in the caseload is not necessarily an indication of success in the program. There was no correlation between work participation rates and caseload change, and neither of these factors seemed to be more pronounced among county-administered programs.

The SNAP program (food assistance) is administered by the Department of Agriculture under the Food and Nutrition Services agency (FNS). However, benefit determination is done at the state level as part of the Social Services or Children and Family Services agency in each state. We gathered information on the number of persons and number of households participating, but the primary performance indicator for the SNAP program is the payment error rate. In FY2017,

[6] TANF and Separate State Programs – Maintenance of Effort Work Participation Rates and Engagement in Work Activities Fiscal Year 2017, Table 1A.
[7] Ibid.

North Carolina had an error rate of 5.25, with 3.78 from over payments, and 1.47 from underpayments. North Carolina's error rate was lower than the national average of 6.30. 39 states had higher error rates than North Carolina.[8]

D. Aging and Adult Services

S.L. 2018-41 addressed State/County Special Assistance (SAA and SAD); Adult Protective Services (APS); and Public Guardianship Services. Nationally, there is little-to-no data available on quality measures for these programs. States organize and operate their programs in very different ways. For Adult Protection, we did find a lot of detailed information on the way staff is organized, on staff experience and education requirements, who is responsible for investigations, the kinds of equipment that investigators are provided, how investigations are handled in various facilities, the process for intake, and methods for contacting victims. While this does not include information on performance or indicate the quality or accuracy of reporting and investigations, the information is useful to understand how states with a similar population and similar demographics organize their adult protection services.

Given the country's aging population, we were surprised to not find more quantitative data regarding how programs measure success and effectiveness. Our data partner, Westat, has begun analyzing North Carolina's DAAS data at the statewide and county levels. During Phase 2 of this project, we plan to look more closely at the Aging and Adult Services programs not only in North Carolina, but in other states. We will attempt to identify jurisdictions with performance measures similar to those reflected in the North Carolina MOUs between DHHS-DSS and the counties, with regard to Aging and Adult Services.

E. Summary

Across all programs, it is useful to review and compare data and outcomes from other states. However, for us to make recommendations and establish a course of action, this data alone does not provide clear direction. The value of this data is to help identify other states with similar performance in specific programs, and to target those programs where best practices can be applicable to North Carolina. Once we are able to analyze North Carolina's performance data, we may be able to make specific recommendations for program improvements.

[8] Supplemental Nutrition Assistance Program: Payment Error Rates FY 2017, *available at* https://fns-prod.azureedge.net/sites/default/files/snap/FY17-QC-Payment-Error-Rates.pdf.

IV. ASSESSMENTS OF CURRENT STATE SUPERVISION OF LOCAL SOCIAL SERVICES ADMINISTRATION

A critical role for North Carolina's social services state office staff is oversight and supervision of the services being delivered in the counties. As the grantee for federal funds, ultimately the state DHHS is responsible for accurate and timely service delivery, as well as maintaining the data and documentation required by the federal government. The performance standards included in the MOUs between the state and counties by and large reflect federal performance standards. A full discussion of performance measures can be found in Chapter 3 of this report.

With some exceptions (most notably the child support program), state staff do not routinely monitor program outcomes, or the impact of program activities on the adults, children, and families served by the local social services programs. The major impediments are a lack of staff, and a lack of accurate and timely performance data.

The Preliminary Child Welfare Reform Plan recommends 20 performance goals. They are intended to move from only measuring performance based on compliance metrics, to a monitoring strategy that also focuses on program outcomes. Both types of performance monitoring are critical to assessing the successes and challenges in local service delivery accurately.

The following section provides details regarding the current structure for program monitoring in each of the social services programs.

A. Economic and Family Services: Work First and FNS

On an annual basis, the Central Office reviews Work First program performance in six large counties. It reviews medium and small county performance on a three-year cycle. If state monitoring staff finds a county is out of compliance or underperforming, they require the county to create and adhere to a Performance Improvement Plan, or PIP. The state estimated that between 38 and 50 counties were under a PIP during State Fiscal Year 2016-2017. State program staff are responsible for monitoring a county's performance under the PIP. State staff report that with just two monitors and one compliance consultant, they are unable to monitor the small and medium counties more frequently than once every three years, or to provide adequate follow-up on PIP implementation.

In addition to compliance monitoring, the Central Office staffs an Operational Support Team (OST). The OST reviews reports and data from NC FAST and the data warehouse. OST staff does not perform case file reviews. They use a standard tool, the "OST Consultation Summary Report." In addition, they use the "OST Risk Assessment Tool," which examines the past three years of program performance. These reviews and reports are intended to identify trends in the data so that the state's limited technical assistance resources can be used to target the greatest needs. The OST also works with counties to develop needed PIPs, and provide appropriate technical assistance.

Like Work First, the Food and Nutrition Service (FNS) program performance measures focus on the timeliness of service delivery and the accuracy of eligibility decisions. In the state FNS program, a small team of program consultants provide policy and training support for county FNS program staff. These program consultants have varying degrees of responsibility for monitoring county performance. In addition, three help desk program consultants also perform some quality control functions.

B. Child Welfare

Monitoring of the child welfare programs is guided by the federal Children's Bureau, through the Children and Family Services Review (CFSR), using the On-Site Review Instrument (OSRI). Like many states, North Carolina has failed its reviews, largely because of issues with data quality and reliability.

The companion report, Child Welfare Preliminary Reform Plan, provides an in-depth analysis of the child welfare program's performance, and recommends a path forward for the state and counties, for improving the outcomes for the children they serve.

C. Aging and Adult Services (DAAS)

The Department of Social Services, Division of Aging and Adult Services (DAAS), is the supervising entity for aging and adult services. County departments of social services are responsible for providing services in their communities. In addition, DAAS works with 16 Area Agencies on Aging that administer Older Americans Act Programs, primarily through the North Carolina Home and Community Care Block Grant (HCCBG). Forty-eight counties receive funds from the Area Agencies on Aging. The Area Agencies on Aging monitor the funds provided through the HCCBG. DAAS staff monitor each county's performance one every four years.

DAAS is responsible for oversight of Disinterested Public Agent guardians. In North Carolina, the county DSS serve in this capacity. DAAS also contracts with six private corporations to provide guardianship services. Also under the division's supervision are the State/County Special Assistance programs (including SAA for aged adults, and SAD for disabled adults). The division oversees Representative Payee services, where county staff serve as designated payees for benefits to persons unable to manage their finances. The division also oversees the Adult Protective Services program (APS). Program staff at both the county and state level report that aging and adult services caseloads have increased significantly over the past few years.

Eight DAAS field staff regularly visit the counties in their designated regions, providing training, technical assistance, monitoring, and corrective action plan follow-up. There are also Special Assistance Staff who provide technical assistance and monitor the counties' administration of SAA and SAD benefits. In addition to site visits, DAAS relies on data from multiple systems to monitor county performance. These data are housed in a variety of systems, including ARMS (the Aging Resource Management System) the Disinterested Public Guardianship system, the Services Information System (SIS), and NC FAST, all of which contribute data to the DHHS Client Services Data Warehouse.

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DAAS assesses a county's APS performance based on five key measures. They are:

- Timeliness of initiation of APS evaluation;
- Timeliness and appropriateness of case decision;
- Timeliness and appropriateness of authorization of services;
- Confirmation (of mistreatment) versus substantiation (of need for protection) rates; and
- Recidivism.

DAAS Central Office staff monitor three performance elements for the guardianship program. They are:

- Whether an individual has proper authorization to serve as a guardian;
- That adults under guardianship are supported in efforts to have their competency restored where appropriate; have the guardianship limited where appropriate, and non-pubic guardians such as family are sought out when appropriate; and
- That service provision is monitored on a regular basis and appropriate treatment and resources are sought as needed.

DAAS is considering "favorable exits from public guardianship" as an additional performance measure.

As discussed in Chapters 3 and 6 of this report, DAAS does not have the FTEs needed to staff both Central Office and regional offices.

D. Child Support

Seventy-five of 100 counties operate the child support program in their departments of social services; eight are housed outside of the county DSS office. Seventeen counties are currently privatized.

The state office supplies nine regional program representatives in the field who provide oversight and support for eight to 12 counties. They visit each county monthly and perform a quality assurance review from a sample of cases.

All state child support programs operate under the same five federal performance measures: paternity establishment; support order establishment; collection of current support owed; collections toward child support arrears; and cost effectiveness. The Central Office sets each county's goals, aligning with the federal measures. The regional program representatives work with their respective counties to develop action plans. A county's action plan is intended to help it meet its annual performance goals.

In addition to an online, interactive performance dashboard, the Central Office also provides monthly, quarterly, and annual performance data to the counties.

Overall, the Central Office child support division provides good direction, oversight, and monitoring for the county programs.

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E. Concerns

The state DSS's capacity to provide effective oversight, monitoring, and supervision for the county DSS programs varies across the social services programs. While the state child support program is generally functioning well, other programs are struggling. One recent example is found in Cherokee County, where the Central Office recently took control of the county's child welfare program. Once state staff are able to return operations to the county, we recommend the state perform a comprehensive evaluation of the events leading up to the need for the state to intervene. Without question, state intervention in a county program is difficult for all parties. A comprehensive evaluation can help DHHS/DSS establish protocols to help minimize the disruptions for program staff and the customers they serve, should the state need to intervene in a county program in the future.

At various times during this initial project period, we observed signs of distrust between the Central Office and the county DSS program staff. As we understand it, the MOU process exacerbated the natural tensions in a state-supervised, county-administered system. Unless all 100 counties come to a consensus around improving their working relationship with DSS, the state will need to take the lead in improving relationships between its office/staff and the counties. Simple – but meaningful – recognition of the difficult work county staff do every day, in terms of serving public needs, could help. The Central Office could provide leadership by celebrating program successes.

The Central Office should take the lead on assuring that the programs' priorities are laser-focused on improving outcomes and service delivery for the agency's clients. The Child Welfare Envision session was one way for the state and counties to work together to identify program goals and define positive outcomes for families. The state and counties should be on the same side of the table. They all want the same thing – better outcomes for those served by the social services program. We propose hosting Envision sessions for the other social services programs during Phase 2 of this project.

Central Office staff can also show strong leadership through the establishment and adequate staffing of the regions. It is critical that the staff assigned to the regions are well trained, have excellent interpersonal skills, are creative and thoughtful, and have good judgment and perspective in terms of the acuity of issues they may encounter in a county. The Central Office can also improve its capacity to lead by ensuring that Raleigh- and home-based Central Office staff have opportunities to improve their own knowledge, skills, and abilities, so they can better assist regional and county staff in their job duties.

Moving Central Office staff closer to the counties – through regional staff who will provide direction, oversight, and support for the county programs – can be instrumental in North Carolina's performance improvement if it is done well. If not done well, this regionalization effort may hurt more than it helps, by adding another layer to the reporting structure, without producing meaningful results. Chapter 6 of this report details our recommendations for the regional structure.

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Strategic Planning

As DSS works to implement the new organizational structure, make program and management enhancements, and move to a more proactive leadership role, the development of a Strategic Plan includes central, regional, and county office and stakeholder input and agreement on a Vision, Mission, and critical objectives to improve the delivery of social services to families and children is critical. Not only will the Strategic Plan be a common articulation of the agency's future direction, but it will include measurable objectives with clear assignments of responsibility and completion dates for key tasks.

The Strategic Plan will be a separate document from the Transition, Implementation, and CQI Plans detailed in this report, and the Child Welfare Preliminary Reform Plan. CSF will work with DHHS/DSS leadership during Phase 2 of this project, to help prioritize and create these plans, and sequence the various interrelated activities.

- The Transition Plan will detail the steps and activities associated with creating the new regional offices. It will include program-specific staffing plans, as well as protocols around things like communication with the counties, so that county program leaders receive clear, consistent, and coordinated policy direction across all programs. This plan will be retired when the regions are in place. It will be replaced by Standard Operating Procedures for the central office, regional-county structure. Once DHHS/DSS has identified the number and location of the regions, transition planning should begin.
- The Implementation Plan is specific to Child Welfare. It will detail the activities needed to successfully adopt a common practice model and associated protocols for child welfare. This plan will be retired when the implementation activities are complete. It will be replaced by Standard Operating Procedures associated with the practice model. See the companion report, Child Welfare Preliminary Reform Plan, for details.
- The CQI Plan should provide an overarching framework and set of principles that are aligned with DHHS agency values and provide the underpinning to the state's CQI model, as well as a defined systematic CQI improvement cycle and feedback loop. It should be a formal document that delineates how to integrate the people, information, and technology of DHHS into the CQI process. The CQI Plan will be a "living" document, updated regularly to reflect DHHS/DSS's ongoing work in program improvement. We anticipate this plan would be created once the regional structure is in place.
- The Strategic Plan will provide the DHHS/DSS and county DSS programs with a high-level vision for the program, as well as concrete and measurable objectives. Work to develop the DHHS/DSS Strategic Plan could be initiated at any time; some CQI Plan and Child Welfare Implementation Plan components should be reflected in the Strategic Plan – and vice versa.

Four plans may seem excessive. "Process" is always a necessary evil in system transformation; the natural inclination is to jump into action as soon as a challenge is identified. However, without detailed Transition and Implementation Plans, there is a high likelihood that staff members will have their own understanding of priorities and activities, decreasing the chance for success during the transition, and increasing the amount of work to be done to establish Standard Operating Procedures.

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V. CURRENT ACCOUNTABILITY MEASURES IN PLACE FOR LOCAL AND STATE OFFICES, RECOMMENDATIONS FOR REGIONAL OFFICES

As detailed in S.L. 2017-41, county departments are required to enter into annual written agreements for the Child Welfare, Adult Protective Services, Guardianship Services for Adults, Public Assistance, and Child Support Enforcement programs. These written agreements specify mandated performance requirements and administrative responsibilities for these programs. To meet this requirement, the North Carolina Department of Health and Human Services and divisions of Social Services (DHHS/DSS) involved in programs operated by counties, in consultation with county DSS program leadership, developed a Memorandum of Understanding (MOU) for FY 2018-19 detailing performance expectations by program, along with audit and corrective action functions.

Designated county leaders were to sign and return the MOU by July 1, 2018. As of July 1, 2018 98 of the 100 counties have done so. A significant number of counties returned their signed MOUs with a letter expressing concerns. While we have not done an independent analysis of the letters, we have looked at issues raised as part of our focus groups and site visits. One concern expressed by the very small counties is that a single case could result in their being out of compliance. More generally, questions have arisen regarding the counties' ability to meet the goals, and the data the state will use to measure county progress, and the ability of the state to provide technical assistance to the counties. The majority of these comments were specific to the child welfare program.

The intent of S.L. 2017-41 is for the measures to be revisited and refined; given that 2018-19 is the first year the measures will be in place, the state and counties should take the opportunity to revisit the measures systematically throughout the year, with an eye toward refinement. Careful attention should be paid to data accuracy and reliability, and analysis of performance in one reporting period against the next. Analysis of both quantitative and qualitative data will inform recommendations for program improvements and special initiatives.

Through our various interviews, we heard a desire from both Central Office and county staff to expand the measurements from time/compliance-based to include outcomes-based. This was particularly the case for the Aging and Adult Services and Child Welfare programs.

The program-by-program performance expectations are discussed below.

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A. Child Welfare

MANDATED PERFORMANCE REQUIREMENTS: Child Welfare – Foster Care	
1.	The County will document permanency goals for 95% of foster youth within 60 days of a child entering custody or for whom the county has placement authority.
2.	The County will ensure that 95% of all foster youth have face-to-face visits by the social worker each month.
The below system performance measures require county and state level system collaboration and improvements to successfully meet targets.	
1.	The County will provide leadership for ensuring that 41% of children who enter foster care in a 12-month period are discharged to permanency within 12 months of entering foster care. DHHS will work with each county to identify growth targets.
2.	The County will provide leadership for ensuring that of children who enter foster care in a 12-month period who were discharged within 12 months to reunification, kinship care, guardianship, or adoption, no more than 8.3% re-enter foster care within 12 months of their discharge. DHHS will work with each county to identify growth targets.
3.	The County will provide leadership for ensuring that of all children who enter foster care in a 12-month period in the county, the rate of placement moves per 1000 days of foster care will not exceed 4.1%. DHHS will work with each county to identify growth targets.

MANDATED PERFORMANCE REQUIREMENTS: Child Welfare – CPS Assessments	
1.	The County will initiate 95% of all screened-in reports within required timeframes.
2.	For all children who were victims of maltreatment during a twelve month period, no more than 9% received a subsequent finding of maltreatment.

The mandated performance requirements for Child Welfare, detailed above, contain a mix of time-based and quasi-outcomes-based goals. A complete discussion of child welfare goals can be found in the companion report to this report, The Child Welfare Preliminary Reform Plan.

B. Aging and Adult Services

MANDATED PERFORMANCE REQUIREMENTS: Adult Protective Services (APS)	
1.	The County will complete 95% of APS evaluations involving allegations of abuse or neglect within 30 days of the report.
2.	The County will complete 85% of APS evaluations involving allegations of exploitation within 45 days of the report.

MANDATED PERFORMANCE REQUIREMENTS: Special Assistance (SA)	
1.	The County will process 85% of Special Assistance for the Aged (SAA) applications within 45 calendar days of the application date.
2.	The County will process 85% of Special Assistance for the Disabled (SAD) applications within 60 calendar days of the application date.

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The 2015 to 2019 Aging Services Plan, prepared by the North Carolina Department of Health and Human Services, Division of Aging and Adult Services (DAAS) presents six goals and objectives for the program. They are:

1. Empower older adults and their families to make informed decisions, and easily access existing health and long-term care options.
2. Enable older adults to remain independent and age in the place of their choice with appropriate services and supports.
3. Empower older adults to have optimal health status and to have a healthy lifestyle.
4. Protect the safety and rights of older and vulnerable adults, and prevent their abuse, neglect, and exploitation.
5. Facilitate communities and older adults working together plan and prepare for the future.
6. Ensure public accountability and responsiveness.

The Plan also has specific objectives and strategies tied to each goal that would serve as indicators that the programs are reaching individuals who are in need of services. For example, under Goal 2, Objective 2.2 is "Promote flexibility in publicly funded services and supports to offer older adults and their caregivers more opportunities to choose how and where they receive services." One strategy under that objective is "Educate providers, older adults and their caregivers on the benefits of consumer-directed options." The related measurement is "Conduct a minimum of two trainings annually, on consumer-directed options." These outcomes-based goals, objectives and strategies contrast to the mandated performance requirements for Adult Protective Services and Special Assistance, as detailed above. While timeliness is critical – especially in instances where abuse or neglect are alleged – the mandated performance requirements do not address the quality of staff actions or the desired outcomes in these cases. It is noted that the state has a commitment to work with counties to refine the measures. The recommendation that we make to expand the measure to include outcome measure should in no way be seen as diminish the importance of the current measures. Compliance with federal and state laws and regulations is critical to quality service delivery.

C. Child Support

MANDATED PERFORMANCE REQUIREMENTS: Child Support	
1.	The county will achieve its given annual percentage of paternities established for children born out of wedlock.
2.	The county will achieve its given annual percentage of child support cases that are under an order.
3.	The county will achieve its given annual percentage of current child support paid.
4.	The county will achieve its given annual percentage of cases that received a payment towards arrears.
5.	The county will meet its annual goal of total child support collections.

At the national level, the child support program has operated under a common set of program standards since 2002. Prior to 2002, state child support performance was measured in much the

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same way other social services programs were measured: Did the state take a needed action within federally proscribed timeframes? The states and federal government agreed that it would be more useful to measure the program outcomes, and tie supplemental funding federal – through earned incentives – to a state's performance on the five performance measures. Those five federal performance measures are reflected in North Carolina's MOU. And as the MOU indicates, each county child support program has an individualized performance goal tied to improving over its previous year's performance.

At the national level, state child support programs are interested in revisiting the federal performance measures. The program has changed over the years, and child support professionals are being asked to perform activities unrelated to the five measures, but that are in the interest of improving outcomes for the families served by the program. There are also states that are augmenting the federal standards with statewide goals and measurements they believe will help them improve service delivery. For example, California's IV-D program has adopted a set of specific performance indicators. California leaders at the state and county level believe that if a county performs well according to the indicators, it will see improvement in the five federal performance measures. These indicators include things like decreasing the time between case opening and order establishment, and decreasing the number of orders obtained through default, and increasing the number obtained through stipulations (agreed settlements). California has data indicating a correlation between improvement on the indicators, and improvement on the five federal performance measures. North Carolina's child support program leadership – at the state and county levels – should to look at California's and other state models in this area and determine whether adopting performance indicators can help provide a more nuanced understanding of a county's performance. California's performance indicator information is included as Appendix F.

D. Energy Programs (LIEAP)

MANDATED PERFORMANCE REQUIREMENTS: Energy Programs	
1.	The County will process 95% of Crisis Intervention Program (CIP) applications within one (1) business day for applicants with no heat or cooling source.
2.	The County will process 95% of Crisis Intervention Program (CIP) applications within two (2) business days of the application date for applicants who have a heat or cooling source.

The Low Income Energy Assistance Program (LIEAP) is a fairly straightforward program, involving the passing through of federal dollars to individuals and families who are eligible for assistance with their home heating and cooling expenses. As with the other social service programs, timeliness is important. We recommend the agency consider adding expectations regarding the accuracy of the eligibility decisions being made by the counties. Such measures must be supported by a plan for data collection, reporting, and monitoring.

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E. Work First

MANDATED PERFORMANCE REQUIREMENTS: Work First	
1.	The County will collect documentation from 50% of all Work-Eligible individuals that demonstrates completion of the required number of hours of federally countable work activities.
2.	The County will collect documentation from 90% of two-parent families with Work Eligible individuals that verifies that the they have completed the required number of hours of federally countable work activities.
3.	The County will process 100% Work First applications within 45 days of receipt.
4.	The County will process 100% Work First recertifications no later than the last day of the current recertification period.

TANF is a block-granted program, with states allowed to design their programs to best meet the needs of their citizens. However, the federal government does require states to include program components that stress moving individuals from TANF to work. North Carolina's program – Work First – emphasizes the work component of TANF. As discussed in Chapter 3 of this report, North Carolina's performance with regard to employment services is below national averages, for both single-parent and two-parent households. The performance requirements detailed above are reflected in North Carolina's TANF State Plan, effective October 1, 2016 to September 30, 2019.[9] These are important measures to maintain, given federal program reporting requirements. However, if the program wants to move to a more outcomes-based performance measurement approach, we recommend including some (if not all) of the performance measures identified in the State Plan.[10] Specifically:

- Participants with hours scheduled with regard to receiving employment services;
- Participants who complete at least 75 percent of their scheduled hours;
- Adults entering employment; and
- Adults remaining employed – and thus no longer receiving cash benefits under Work First – for 12 months.

These measures point to desired program outcomes, and are indicators of participant engagement in the labor market. We recommend that once the regional structure is in place (see Chapter 6), the Economic Services, Child Support, and Aging and Adult Services regional program representatives work together in their region, to determine counties' need for local job development services, and coordinate their efforts across the programs.

F. Food and Nutrition Services (FNS)

MANDATED PERFORMANCE REQUIREMENTS: Food and Nutrition Services	
1.	The County will process 95% of expedited FNS applications within 4 calendar days from the date of application.

[9] North Carolina Work First State Plan 2016-2019, Appendix A, p. 19.
[10] Ibid. pp. 19-20.

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MANDATED PERFORMANCE REQUIREMENTS: Food and Nutrition Services	
2.	The County will process 95% of regular FNS applications within 25 days from the date of application.
3.	The County will ensure that 95% of FNS recertifications are processed on time, each month.
4.	The County will ensure that 90% of Program Integrity claims are established within 180 days of the date of discovery.

At the federal level, SNAP program (FNS in North Carolina) compliance assessments focus primarily on timeliness and accuracy – with state programs facing financial penalties if their performance fails to meet federal standards. As such, North Carolina's four mandated county performance requirements are necessary to ensure the state remains in compliance. An additional metric that some jurisdictions use – to assess the intended program outcomes – is one that measures the reach of their SNAP program. Using demographic and related program data (LIEAP or Medicaid recipient data, for example), they attempt to assess to what degree potentially eligible individuals are actually applying for FNS services.

G. Child Care Subsidies

MANDATED PERFORMANCE REQUIREMENTS: Child Care Subsidy	
1.	The County will process 95% of Child Care Subsidy applications within 30 calendar days of the application date.

Like the other MOU performance requirements, DHHS/DSS may want to include a quality measurement in the future, with regard to the accuracy of eligibility decisions for subsidized child care. It might also be informative to look at Work First work participation rates through the lens of access to quality, affordable child care, and determine to what degree a lack of access is keeping Work First recipients from moving from assistance to independence.

Summary

Timeliness of actions is obviously critical, especially where abuse or neglect is suspected – and data related to timeliness is easy to track and extract from automated systems. Tracking performance on outcomes-based goals is more difficult, but it is equally important in determining if the agency's activities are having their intended outcomes.

We recommend the strategic planning endeavor discussed in Chapter 4 focus on defining the desired outcomes-based measurements that will put the customer in the center of each program. This recommendation will require a considerable investment of staff time, but aside from the costs associated with engaging professional facilitators, it would not require any new funding. It also would not require legislation.

H. State DSS and County Responsibilities Under the MOU

The MOU also details the DHHS/DSS responsibilities with regard to the annual agreements. The counties have complementary responsibilities. The details fall under five main program areas:

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	DHHS/DSS Responsibilities	County Responsibilities
1	Staff training and workforce development	Staffing requirements and workforce development
2	Compliance monitoring	Compliance
3	Data and system maintenance/functionality	Data maintenance and accuracy
4	Timely communication around policy and law, technical assistance, and corrective action	Timely communication
5	Inter-agency coordination	Inter-agency cooperation

While the state does not have mandated performance requirements, if a DSS state agency fails to provide the support detailed in their responsibilities, the counties will not have the support needed to improve performance to meet their mandated performance requirements. Additionally, if a county fails to meet its complementary responsibilities for the five program areas listed above, it will also struggle to achieve its mandated performance requirements.

In our various focus groups and interviews, we heard themes around blame: the counties feel the state hasn't provided the leadership and support they need; the state feels the counties are not doing what they need to do to improve performance. We could point to specific examples supporting both the state and counties in their assertions. However, what would be more useful is addressing those systemic issues discussed throughout the report as a means for both county and state staff to work together more closely to achieve better outcomes for the adults, children, and families served by North Carolina's social services programs. There was absolute clarity from all parties that program improvement was mission-critical.

In this report, we have made recommendations tied to establishing a state regional structure for program support and oversight, recommendations related to improving training and policy dissemination, and changes to staffing and associated funding. We also recommend that the state and county DSS agencies work together, program by program (and across programs in some instances) and identify specific outcome measures that will lead to better outcomes for those served by the programs. We also recommend the next step be taken with regard to the measures – translating them to the worker level in terms of what workers will do and say when working their cases, to achieve the desirable outcomes. Experience shows it is not enough to advise workers that a goal is to "improve our communications with customers." Front-line workers need to know what quality and timely customer service means, and what they are expected to do differently than what they currently do. Until the mandated performance requirements and program outcomes are integrated into what staff do every day, the state and counties may not see improvement in program performance or service delivery.

We recommend that in Phase 2 of this project, we work with the social services programs to translate desired and mandated program outcomes to the worker level, and ensure that related training is provided. Ongoing training and technical assistance will help strengthen staff skills. It is also critical that line and supervisory staff understand the importance of accurately documenting case-level activities. This will help ensure that quality data can be captured and presented, so program leaders and staff can make the data-informed decisions needed for program improvement. Relevant, timely reports will help social services professionals both in the county and in the Central Office track progress and identify successes and challenges.

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VI. STAFFING

Introduction

This chapter focuses on staffing for state and local offices delivering social services in North Carolina. In three major sections, we present our findings on county staffing and salaries, our proposal for regional office structure and staffing, and our analysis of current staffing at the Central Office.

There are two overarching findings from our investigation on salaries.

- First, there are significant discrepancies among salaries in the counties, and these have several negative impacts on service delivery, thus making consistent service delivery statewide problematic.
- Second, state salaries are too low to attract and retain quality candidates, and this situation is perpetuated by state practice to control budget that limits the flexibility in what salaries can be offered.

We begin with a discussion of our findings on county staffing and salaries, including our methodology for data collection and analysis, our findings on the impacts of salary inequities, and a recommendation for further research. We explain in detail about the salary inequities among the counties, how these inequities impact service delivery, and how overall low salaries make it difficult to attract qualified candidates.

We have developed a "Model Regional Office" staffing plan that reflects the priorities set by the SSWG and have identified how those offices will be held accountable. The model was developed, in part, with the information gathered from four states with similarities to North Carolina. The data from those states is presented in Appendix E, as context for the model office discussion

We are recommending that an "Office for County Support" be established at the state Central Office, headed by a Director who would report to the Division Director for Social Services or, a newly created position in the DHHS Secretary's office to manage and coordinate all county operations. The primary responsibilities of this office would be to ensure that the regions are functioning well, and that statewide policies, processes, and priorities are being implemented uniformly throughout the regions.

We are also recommending that a "Deputy Director for CQI" be established to direct the DHHS/DSS-wide CQI efforts, with the 14 regional CQI specialists reporting directly to this position. Additionally, we recommend that each program maintain a Central Office training and/or professional development team to meet the training needs of Central and regional staff.

There is a need to ensure that both the regional office and Central Office staff have the requisite knowledge, skills, and abilities to excel in their roles. To ensure that the right people are in the right places, we recommend that the first task undertaken in Phase 2 be the development of a Master Transition Plan, with sub-plans that detail staffing, program by program – including fiscal and human resources support. The sub-plans would detail a strategy for filling specific

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positions using existing staff, as well as filling any vacant positions. This planning process would also highlight any gaps between existing staff's skills, knowledge and abilities, and the program needs. It would also include a strategy for addressing those gaps, through training, job shadowing, etc.

A. County Staffing

We gathered data on the staffing and operations of county offices through several efforts, including numerous focus groups with County Directors, specialists in program areas, and at regional meetings. We administered a staffing survey to all counties in the state, and we also collected more in-depth information about staffing on our visits to 15 selected counties.

We found two strong, nearly universal, themes emerging from the data. First, there are severe salary inequities in all programs under study. (Examples of the data to support this conclusion are presented in the next section.) These inequities have resulted in a dynamic that perpetuates the inequality. Counties that pay less than their neighboring counties ("donor counties"), for example, hire and train new staff, providing them with experience. With their experience, those staff may go to a nearby county where their compensation is markedly higher.

This phenomenon tends to create differences in counties that then go beyond compensation packages. Counties that pay less than those around them spend a greater proportion of their resources recruiting, selecting, and training staff, resulting in a higher proportion of staff time being unavailable for case processing, and the overall level of staff experience and expertise is lower than in neighboring counties. Staff turnover in these counties would generally be distributed toward extremes, with all other factors being equal (high for lower-paying counties and low for higher-paying counties), but we do not have sufficiently-detailed data to assess migration patterns between the counties. We are not confident, based on the turnover data available, about whether that detailed data is available. As we gather more detailed data to fully extrapolate the impact of raising county staff salaries, we will attempt to gather the migration data as well and to draw conclusions that might apply statewide.

The inequality is present at the top salary for a position as well. This could prompt staff at any given level (line staff, supervisors, managers, and/or administrators) to pursue a job in a county that provided better compensation. Salary discrepancies across counties are perhaps the greatest contributing factor to inconsistent service delivery in the state.

Second, for a majority of counties in the state, salary levels are so low that directors report that it is nearly impossible to attract and retain well-qualified staff. One county director reported that the salaries for his Economic and Family Services line staff were so low that several of them qualified for FNS. And it is likely, based on our examination of county salaries relative to the reporter's county, that this could be true in other counties.

County Staffing Data

Our primary data collection method for quantitative salary information was the administration of a series of four surveys, one each for FNS, Work First, Child Support, and Aging and Adult Services. With the assistance of the Executive Director of the North Carolina Association of County Directors of Social Services (NCACDSS), these surveys were emailed to all county

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directors. Each survey requested identifying and contact information, followed by the starting and top salaries by position and the number of Full Time Equivalent (FTE) staff in each position, along with information on staff vacancies and turnover. We created program-specific surveys for the social services programs. The survey instrument we used for Aging and Adult Services is included in Appendix D.

We understood at the time the surveys were drafted that counties had varying titles for the staff who perform the same or similar functions. To gather data that could be compared across counties, we spoke with Central Office staff to develop brief position descriptions for FNS, Work First, and Aging and Adult Services. Position titles, by function, were also identified in Child Support. It should be noted that counties use standard position titles in different ways. For example, a county may not have budget or qualified staff to fill a supervisor's position and may use a lead worker title to perform the supervisory tasks.

CSF worked with NCACDSS to encourage counties to provide the data, offered to provide explanations, and had calls with several county directors and staff. Despite follow-up efforts to increase the number of returned surveys, at the time the submission-of-surveys deadline arrived, we had received useable data from 51 counties. While the information from these surveys was helpful in identifying and learning about some salary issues, especially salary inequities among counties, it was insufficient for developing a complete picture of the salary situation statewide. We attempted to devise ways to extrapolate from the data we had to arrive at statewide figures, but each method required a set of assumptions that raised serious questions regarding the validity of the resulting data. Because we used data from multiple sources and were not able to validate some of the data with the counties, the information in the tables below should be considered draft data, and used for general comparison purposes only. During Phase 2 of this project, we will work with the counties to fill in the gaps in our knowledge regarding county salaries.

For Child Welfare, data on the number of staff statewide was available in the 2017 Master Child Welfare Workforce Data Book, developed and maintained by the Central Office, with data provided by each of the 100 counties. The Workforce Data Book also contained helpful information on the number of additional FTEs needed to meet workload standards, by position. However, the Workforce Data Book contained no information on Child Welfare salaries. We used the entry and high salary information on two Child Welfare positions, Social Services Director and Social Worker II, from the University of North Carolina's County Staffing Report as of 12/31/17. Unfortunately, these two positions were inadequate for us to be able to draw any inferences about statewide county salaries since there are several other staff positions in child welfare programs that are regularly utilized.

We then asked the 15 counties we were visiting, as part of our data collection effort, to provide us with position and salary information for their child welfare staff. We found additional position and salary information on county websites, for a total of 45 counties. As with the social services staffing and salary information, the data collected was inadequate when attempting to draw conclusions about salary levels statewide. We recommend the creation of a repository for county salary information across all social services programs, as well as protocols for regular reporting and updating. This is important data into which to have insight, especially if the state takes on a role in subsidizing county DSS salaries to any degree.

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On the following pages, we present tables that display the high and low starting and top salaries for all positions in each county for which we were able to collect information. For each program, there is at least one position where the starting high salary is more than double the starting low salary.

Figure 3: FNS: High/Low Starting, Top Salaries for All Positions in Each County

	High Starting Salary	County	Low Starting Salary	County	High Top Salary	County	Low Top Salary	County
Position 1	30,623	County A	20,176	County E	53,253	County H	25,685	County G
Position 2	33,411	County B	20,176	County E	55,444	County H	28.019	County E
Position 3	37,569	County B	25,583	County E	60,996	County H	27,866	County J
Position 4	37,569	County B	25,620	County F	60,533	County I	27,866	County J
Position 5	43,560	County C	25,620	County F	78,408	County C	34,000	County K
Position 6	64,291	County A	30,683	County F	97,200	County C	36,729	County L
Position 7	75,552	County D	30,474	County G	187,340	County C	41,061	County M

Position 1	May perform a variety of tasks such as working at the front desk, mail room activities, processing address changes, switchboard operations, and taking written and verbal information from clients to be given to a caseworker for action
Position 2	Performs the same basic functions as the position above, with the exception that they can update limited information in NC FAST. They cannot determine eligibility.
Position 3	Determines eligibility, usually performs only one of the following duties: applications, changes and recertifications
Position 4	May have duties of processing applications, changes, or recertifications, or any combination of the three. They determine eligibility.
Position 5	Trains new and existing staff, completes second party reviews, fills in to process caseloads with a vacancy, monitors timeliness reports
Position 6	Responsible for overall program operations and supervision, planning, reporting, dealing with personnel issues
Position 7	Ultimately responsible for the supervision of all staff, duties include planning, reporting, and personnel issues elevated to their level

Figure 4: Work First: High/Low Starting, Top Salaries for All Positions in Each County

	High Starting Salary	County	Low Starting Salary	County	High Top Salary	County	Low Top Salary	County
Position 1	35,400	County N	20,176	County E	56,638	County N	23,303	County J
Position 2	40,064	County O	20,498	County S	67,113	County H	33,777	County W
Position 3	39,648	County B	27,612	County E	60,996	County H	27,886	County J
Position 4	44,007	County D	27,612	County E	69,274	County V	33,876	County X
Position 5	55,583	County P	27,258	County T	83,374	County P	34,092	County T
Position 6	51,815	County Q	29,865	County E	79,696	County N	42,642	County T
Position 7	77,964	County R	31,580	County U	187,300	County C	33,670	County L

Position 1	May perform a variety of tasks such as working at the front desk, mail room activities, processing address changes, switchboard operations, and taking written and verbal information from clients to be given to a caseworker for action
Position 2	Takes initial applications for Work First cash assistance, interviews applicants, processes application after determining eligibility
Position 3	Maintains a caseload of ongoing cash assistance cases, reacting to changes in situation and processing recertifications
Position 4	Works with work eligible parents in active Work First cases providing social work case management and arranging for services to move the Work First family to self-sufficiency
Position 5	Trains new and existing staff, fills in to assist with caseloads with a vacancy, monitors reports, deals with personnel issues
Position 6	Supervises a team of front-line staff
Position 7	Ultimately responsible for the supervision of all staff, duties include planning, reporting, and personnel issues elevated to their level

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Figure 5: Aging & Adult Services: High/Low Starting, Top Salaries for All Positions in Each County

	High Starting Salary	County	Low Starting Salary	County	High Top Salary	County	Low Top Salary	County
Position 1	52,707	County C	26,468	County Z	94,873	County C	34,429	County J
Position 2	58,363	County B	26,468	County Z	93,382	County B	35,895	County W
Position 3	52,125	County B	26,468	County Z	83,400	County B	34,758	County J
Position 4	52,125	County B	28,337	County J	83,400	County B	32,329	County J
Position 5	49,791	County Y	20,328	County AA	75,697	County CC	27,401	County EE
Position 6	52,707	County C	25,620	County F	83,400	County B	34,758	County J
Position 7	49,791	County Y	25,620	County F	94,873	County C	32,429	County J
Position 8	49,791	County Y	26,468	County Z	75,697	County CC	34,644	County W
Position 9	47,791	County Y	28,337	County J	94,783	County C	34,758	County J
Position 10	47,791	County Y	28,337	County J	73,753	County I	34,644	County W
Position 11	55,583	County P	31,324	County Z	83,449	County DD	37,480	County E
Position 12	77,964	County R	37,835	County BB	123,963	County R	50,400	County E

Position 1	Takes calls from the public regarding adults who may be at risk and in need of Adult Protective Services
Position 2	Evaluates APS intakes, determines next steps in case
Position 3	Performs evaluations, treatments, plans and mobilizes services
Position 4	Performs guardianship services, including case management, arranging and monitoring
Position 5	Visits clients in their homes, oversees the provision of paraprofessional services
Position 6	Monitors adult care facilities
Position 7	Takes calls from the public for non-APS services, including emergency assistance, general assistance related to adults, placement assistance
Position 8	Performs case management for individual and family adjustment
Position 9	Representative Payee for people with Social Security benefits who cannot manage their financial affairs
Position 10	Performs duties under the State-County Special Assistance Program
Position 11	Supervises staff performing APS duties, may provide training, fill in when caseloads have a vacancy
Position 12	Program Manager/Administrator, responsible for overall operations of program, personnel issues, overall supervision of staff

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Figure 6: Child Support: High/Low Starting, Top Salaries for All Positions in Each County

	High Starting Salary	County	Low Starting Salary	County	High Top Salary	County	Low Top Salary	County
Intake	39,028	County N	23,744	County GG	62,444	County N	26,922	County T
Establishment	41,728	County B	27,830	County F	67,113	County H	31,548	County JJ
Enforcement	41,728	County B	27,830	County F	67,113	County H	31,548	County JJ
Interstate	41,728	County B	27,830	County F	67,113	County H	31,548	County JJ
Legal	81,214	County O	41,635	County HH	132,929	County H	81,214	County O
Locate	40,979	County N	23,744	County GG	65,566	County N	30,866	County L
Supervisor	49,962	County FF	29,865	County E	77,854	County FF	33,670	County L
Program Mgr./ Admin.	77,964	County R	36,336	County E	170,000	County II	46,499	County E

Figure 7: Child Welfare: High/Low Starting and Top Salaries for All Positions in Each County

	High Starting Salary	County	Low Starting Salary	County	High Top Salary	County	Low Top Salary	County
Social Worker 1	43,296	County V	19,783	County H	67,939	County PP	33,950	County QQ
Social Worker 2	50,061	County KK	29,862	County G	83,700	County KK	35,488	County RR
Social Worker 3	57,249	County LL	37,697	County NN	90.007	County PP	42,456	County QQ
Social Worker 4 or I/A&T	54,005	County II	32,080	County J	98,853	County PP	43,988	County QQ
Social Work Supervisor 1	59,844	County KK	31,811	County GG	101,736	County KK	50,541	County GG
Social Work Supervisor 2	55,129	County Q	35,766	County GG	94,322	County PP	42,784	County SS
Social Work Supervisor 3	58,670	County N	40,228	County GG	108,568	County PP	49,544	County QQ
Program Admin. 1	60,813	County MM	39,011	County NN	119,241	County PP	49,955	County SS
Program Admin. 2*	64,713	County EE	54,098	County OO	108,913	County EE	81,146	County OO
Social Svcs. Director	136,000	County II	49,607	County X	238,000	County II	70,398	County U

**From the data available, only two counties utilize this position.*

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To address the salary inequities, it would be necessary to level salaries across the state, and, to avoid reducing salaries in some counties, to bring all staff's salaries up to the level of the highest starting salary in the state. This would require state funding in many counties. We recommend establishing a Minimum Level of Effort (MOE) based on current salary structure, with the state providing funding above that amount, to attain the established standard. To determine the potential costs to individual counties and to the state, workload and staffing standards would need to be established for most of the social services programs (similar to what has been established for child welfare programs). From this, it could be determined how many additional staff are required by county, and what the associated county and state costs would be to adequately compensate staff.

While our data collection efforts did not provide us with enough information to calculate an accurate cost estimate, we do know that the modifications to the existing staffing structure will be extensive and leveling salaries will be very costly. As a result, we will complete additional work in Phase 2 with county departments of social services and the Central Office to be able to finalize a cost estimate for leveling salaries and related compensation.

To more accurately estimate the costs associated with leveling salaries and related compensation, we will collaborate the North Carolina Association of County Commissioners, NCACDSS, and DHHS to obtain the required data from all counties. Depending on the data needed from a given county, CSF may develop county-specific questionnaires, conduct telephone or in-person interviews – or some combination of those activities – to gather the remaining data needed. Needed data may include specific position and salary information, number of staff by position, actual salaries being paid by position, and variation of position utilization (i.e., supervisors being paid under a lead worker position category).

These data will provide a more accurate picture of specific situations in counties regarding compensation and will provide insights into how counties use staff positions in relation to the actual work staff do. Counties have reported that they have people in positions with "line staff" titles, when they are supervising other staff. In smaller counties, lead workers may in fact be supervising, if the county is not large enough to have an approved OSHR supervisor classification.

Finally, we will collaborate with Central Office budget and finance experts to develop a formula that would add fringe benefits (such as medical insurance and retirement contributions) to salaries, to estimate an amount of money that would be required to level salaries for key positions throughout North Carolina. The General Assembly would be required to provide DHHS the budget for this additional support for county operations. We will develop actual cost estimates in Phase 2.

B. State Salaries

One of the most common themes in our focus groups, county visits, and section interviews was the inability to attract and retain a qualified workforce in the Central Office. Some observations should be noted as we look at the staffing of the Central Office.

- DSS and DAAS are not seen as the employer of choice.
- Central Office salaries and hiring practices make the process of selection and filling positions both complex and long.
- Central Office salaries are not competitive with those offered by the counties, especially in the Raleigh area.
- Salaries do not reflect the skills and experience needed to do the complex work.
- Reports indicate that colleges and universities do not necessarily encourage their graduates to pursue careers in DHHS or county DSS.

State and county leaders not only acknowledged the problem of Central Office staffing issues, but they see it as a major contributor to the ability of the Central Office to lead, develop programs and policy, provide expert advice, and manage the complex organization of DSS and its programs.

CSF looked at salaries for comparable positions in other similar states with the assumption that these states would be natural places, from which to draw leadership and which are most similar to North Carolina's workforce. North Carolina salaries are not out of line. We looked at similar positions in Georgia, South Carolina, Tennessee, and Virginia. While we are not completely certain the positions we selected for comparison are an exact match for the duties and responsibilities of North Carolina's state leadership staff, based on the relative salaries and relationships between job titles (Program Manager 1, 2 and 3, for example), we believe the identified positions are satisfactory for comparison purposes.

Figure 8: State Salary Comparisons

North Carolina	
Director for County Support	$ 117,055
Deputy Director for CQI	$ 117,055
Regional Director	$ 106,650
CW Program Manager	$ 101,938
Program Monitor	$ 77,855
CQI Specialist	$ 81,392
Regional Program Rep	$ 74,431
Training Manager	$ 74,431
Fiscal Monitor	$ 74,431
Trainer/Coach	$ 68,197

Georgia	
Social Services Director	$ 110,209
Social Services Director	$ 110,209
Social Services Director	$ 110,209
Manager 3 - Social Services	$ 84,459
Compliance Monitor 3	$ 44,568
Manager 1 - Social Services	$ 67,234
Manager 1 - Social Services	$ 67,234
Manager 1 - Social Services	$ 67,234
Budget Analyst 3	$ 68,659
Manager 1 - Social Services	$ 67,234

South Carolina	
Program Manager 3	$ 114,929
Program Manager 3	$ 114,929
Program Manager 3	$ 114,929
Program Manager 2	$ 94,500
Audits Manager 2	$ 77,611
Program Manager 1	$ 80,504
Program Manager 1	$ 80,504
Training & Dev Director 2	$ 78,000
Acct/Fiscal Analyst 3	$ 67,280
Program Manager 1	$ 80,504

Tennessee	
Exec Director	$ 109,080
Exec Director	$ 109,080
Regional Administrator	$ 81,576
Program Director 2	$ 71,028
Program Monitor 2	$ 51,012
Program Manager	$ 58,404
Program Manager	$ 58,404
Training & Curric Director 2	$ 67,320
Accountant 3	$ 49,368
Training officer 2	$ 50,028

Virginia	
Policy & Planning Mgr 3	$ 122,905
Policy & Planning Mgr 3	$ 122,905
Program Admin Specialist 3	$ 104,030
Program Admin Mngr 2	$ 83,265
Program Admin Mngr 2	$ 83,265
Program Admin Mngr 2	$ 83,265
Program Admin Mngr 2	$ 83,265
Program Admin Mngr 2	$ 83,265
Financial Serv Specialist 2	$ 57,118
Trainer & Instructor 3	$ 77,537

A complicating issue for North Carolina's staffing challenges is that counties' salaries are often higher than the state salary scale. This was noted as a reason for not being able to recruit staff with county experience into the Central Office – key to being able to support county operations. We looked at the salary levels of director, program manager, and supervisor, and higher-level Economic and Family Services, Aging and Adult Services, and Child Support county staff for Wake and surrounding counties, assuming that staff from these counties, by virtue of being closest to Raleigh, were the most likely to be attracted to state jobs.

For comparison purposes, we looked at three state Social Services Program Administrator positions, classifications I, II, and III.

Position	Starting Salary	Maximum Salary
Program Administrator I	$48,195	$81,392
Program Administrator II	$52,551	$89,008
Program Administrator III	$55,969	$101,938

For the counties near Raleigh (Chatham, Durham, Harnett, Lee, Orange, and Wake), we calculated average salaries for program managers/administrators. For all programs under study (Aging and Adult Services, Child Support, Child Welfare, FNS and Work First), the average starting salary was above the minimum state Program Administrator III position – the highest paying classification, with the exception of Work First, where the average was about $500 a year less.

The average starting salary for county Aging and Adult Services was $63,274, approximately 13 percent higher than the starting salary for state Program Administrator III. For Child Support and FNS, the difference between the average starting county salary and the state Program Administrator III position was just over $6,000 annually, a difference of almost 11 percent.

There are similar differences for top salaries. County average top salaries in all programs, again with the exception of Work First, exceed the top salary for the state Program Administrator III position. For Aging and Adult Services, the difference is around $4,000. In Child Support, the difference is about $2,000, and it is nearly $6,000 for FNS. The top Work First average salary is $6,000 less than the Program Administrator III high salary. Social Services Directors in neighboring counties average a high salary of $143,447, or $42,000 more than the maximum for Program Administrator III positions.

In sum, it seems very unlikely that the Central Office would be able to attract staff from nearby counties that hold leadership positions at the program or county office level. There is some potential, however, for attracting supervisors, at least in Child Welfare, but only at the Program Administrator II and III levels. The top salary for Program Administrator I positions ($81,392) is below the average high salary for Social Work Supervisors ($84,294).

Recommendation

During Phase 2, we propose working with OSHR to review the recent Compensation and Classification Review all DHHS positions. The state policies governing state positions may need to be changed to allow managers to easily fill positions, including being able to offer salaries above the Minimum Rate or Special Minimum Rate.

C. Regional Office Structure and Staffing

The SSWG looked at how the state DHHS Central Office could provide a regional structure to support the county DSS offices. While the SSWG was unable to recommend a definitive number of regions, they did arrive at recommendations and criteria for creating the regions. The SSWG's final report also detailed how they saw the division of responsibilities between the local (county), regional, and Central Office entities.[11]

When considering the introduction of a regional structure for North Carolina's DSS, the SSWG developed a list of goals for how regions could improve North Carolina's DSS programs. These goals are:

[11] Social Services Regional Supervision and Collaboration Working Group, *Stage One Final Report* (UNC School of Government; Chapel Hill, March 2018), pp. 9-17, charts 1A – 1I.

- Consistent interpretation and application of laws, regulations, and rules.
- Policy guidance – issuance of policies, technical assistance.
- Clearly defined roles and responsibilities.
- Timely and efficient responses, consistent with law and policy.
- Productive and trusting relationships.
- Successful innovation/problem-solving/conflict resolution/leadership.
- Fair enforcement.
- Accountability.
- Supporting quality assurance and improvement, informed by data and practice.
- Fiscal stewardship (control, efficiency, and accountability).
- Help agencies prioritize among goals.
- Transparency and accessibility for the counties and the public re: law, policy, and practice; feedback opportunities for the public and counties.
- Effective technology tools and support.

As our team looked at existing operations at the Central Office and began formulating recommendations around staffing and organization for a regional structure, we did so with the SSWG's goals as our guiding principles.

Our assessment of the organization and management of the social services delivery program led us to add the following considerations, as we identified areas of needs and opportunities for program improvement.

- Clear definition of state and county roles in a state-supervised/county-administered program.
- Clear plan and structure of implementation for policy, operations, including roles.
- Timely and accurate policy guidance.
- Support for county directors in non-program areas (fiscal, management, human resources, and leadership).
- Enhanced training for both county and state staff.
- Timely monitoring and corrective action plans.
- Enhanced technical assistance.
- Increased staffing for county and state with appropriate skills, knowledge, and experience.
- Enhanced communication with the public and the legislature.

As detailed in Chapter 3 of this report, there is no one state that rises to the top, in terms of performing well in all of the social services programs. A jurisdiction that excels in child support, for example, may have significant performance problems in its TANF program. When

comparing organizational models and structures, we asked for information from several states with characteristics similar to North Carolina. We received detailed data from four states – Colorado, Georgia, Pennsylvania, and Virginia. Our review focused on the structure and relative staffing levels. Due to differences in population and caseload size, a direct comparison to the number of FTEs or their role for a particular program is not possible. Rather, we looked at where these states are utilizing resources and how their staffing models impact service delivery.

Colorado

Colorado operates under a state-supervised, county administered model. Perhaps the most distinguishing feature of Colorado's administration is its emphasis on how many staff it has in each region of the state. This was unique among the states we examined, and it may reflect an emphasis on ensuring that citizens of the state are served where they live. This would be particularly important in Colorado, where large portions of the state are sparsely inhabited.

Additionally, Colorado has centralized cross-cutting functions, such as risk management, technology, audit, budget and policy, and quality assurance, under the Director of Operations. While it may be possible to have expertise in these functions within a single administrative entity, it raises the question of how much program-specific knowledge these staff have about the service agencies in the state.

Georgia

Georgia used to operate under a state-supervised, county-administered model. The social services programs are now state-administered. The child welfare division, DFCS, reports directly to the Governor's office. Budget and Human Resources functions fall under the Department of Human Resources. Georgia has a very strong regional structure. The majority of staffing resources located in field operations and the Central Office are categorized as "Field Support." To explain its organization, Georgia provided us with information on the structure and administration of its Division of Aging Services, which has a strong focus on Field Operations. It also has dedicated resources to oversee policy, as well as Adult Guardianship and APS – again showing priority in these areas.

Pennsylvania

Pennsylvania operates under a state-supervised, county-administered model. Pennsylvania has dedicated positions for Quality Management and Program Integrity within its Department of Human Services (also called Program Evaluation). In addition, there is a dedicated bureau for program evaluation under the Deputy Secretary for Income Maintenance. Only the Bureau of Children and Family Services under the Deputy Secretary for Children, Youth and Families has a regional structure. If we assume that having a regional structure equates to better knowledge of the characteristics and service needs of the region, this structure could improve service provider quality, and provide a way to coordinate outreach efforts to find services within the regions.

Virginia

Virginia has a unique regional organization, with five regions under the chief deputy, but only three regions for the child support program. While we were not able to gather information on the rationale behind this structure, it would seem that it has the potential to be confusing for counties

and hinder the ability to establish regional offices that can share resources in support of all programs.

More information about these four states can be found in Appendix E. Based on our review of these states, we believe North Carolina should look to Georgia and/or Pennsylvania for a model that emphasizes a strong program oversight role at the regional level. Based on our direct experience working with Georgia's child welfare program, we know that it has very strong regional directors who are playing essential roles in making program improvements. During Phase 2 of this project, the CSF team anticipates playing a key role in helping North Carolina establish policies, procedures, and protocols for the new local-regional-Central Office structure.

D. Model Regional Office

We are proposing a "Model Regional Office," in terms of staffing and services it would provide both to support the counties and to promote strong leadership and support of county operations. We are proposing a matrix organization in which administrative management of all staff comes from the Regional Director with program policy and practice supervision coming from the appropriate program section in the Central Office.

The SSWG identified the assignment of responsibilities between the local (county), regional, and Central offices. Based on focus groups we held with various county and state groups, as well as our experience working with multiple states and their social services programs, we concur with the division of duties as detailed in the SSWG's Phase One Final Report. The SSWG was charged with recommending how the regional offices would be organized and how many should be established. Because of a variety of still-evolving factors (re-examining judicial districts, changing medical support policies, for example) the SSWG arrived at criteria for choosing which counties comprised a region, but stopped short of identifying the number or boundaries for the regions. The state still needs to determine how many regional offices will be established, and which counties will be assigned to which regions.

After reviewing the SSWG materials and consulting with county and Central Office DSS leadership, we recommend DHHS create a minimum of seven regional offices to support the counties. We generally agree with the criteria the SSWG outlined for how best to group the counties. We would propose one additional option for DHHS/DSS to consider when creating the regions. Three (roughly) central counties' populations – Mecklenburg, Wake, and Guilford – dwarf many of the small counties in a shared region. For example, Wake County has approximately 1,700 staff; its largest contiguous county, Johnston, has approximately 350 staff. With larger counties come larger turnover rates – and a greater need for assistance with human resources and training. Larger counties tend to have better support from their counties for things like IT support and facilities. Best practices that work well in a very large county will not necessarily work in a very small county. Smaller counties' needs could be swallowed up in a region that includes a very large county, and they may not receive the support they need. For these reasons, we encourage DHHS to consider grouping the three very large counties into a region of their own.

Our recommendations below were developed to address regional needs and to support strong management. The regional offices' responsibilities would include:

- Leadership focused on county operations.
- Support for County Directors in human resources, budgeting, and business operations.
- Development and implementation of county and regional CQI plans.
- Monitoring of county strategic plans.
- Regular monitoring of county service delivery.
- Timely and accurate guidance for policy and practice.
- Development and execution of targeted technical assistance (policy, practice, fiscal, administration).
- Training needs assessment, training delivery, and training assessment.
- Coordination of services from other counties.

The following organization charts and position descriptions provide a high-level view of a model regional office.

Figure 9: Central Office Organizational Chart

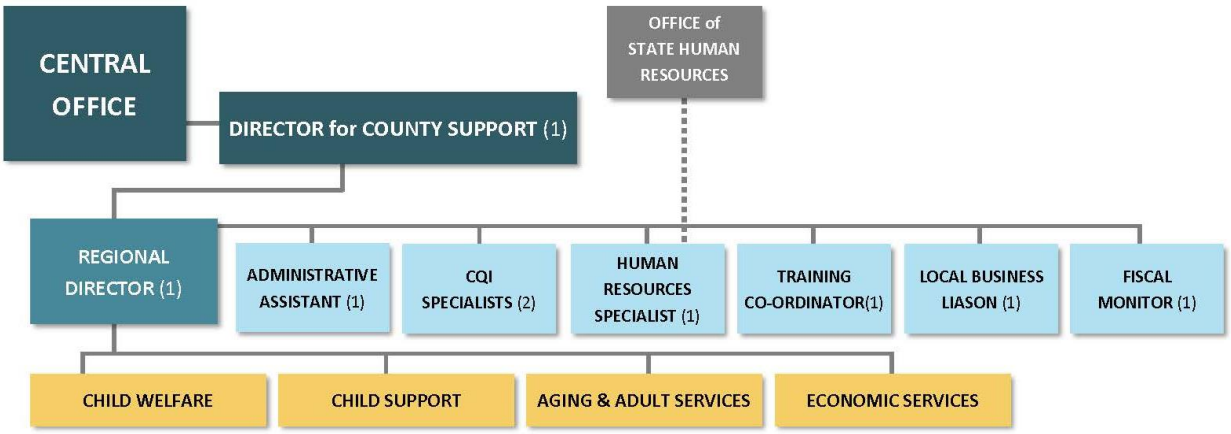


Figure 10: Central Office Organizational Chart/Aging and Adult Services Breakout

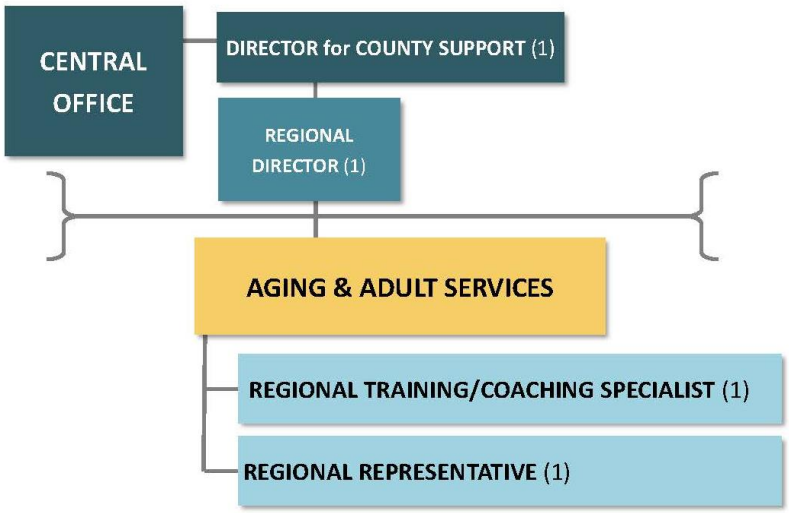


Figure 11: Central Office Organizational Chart/Child Support Breakout

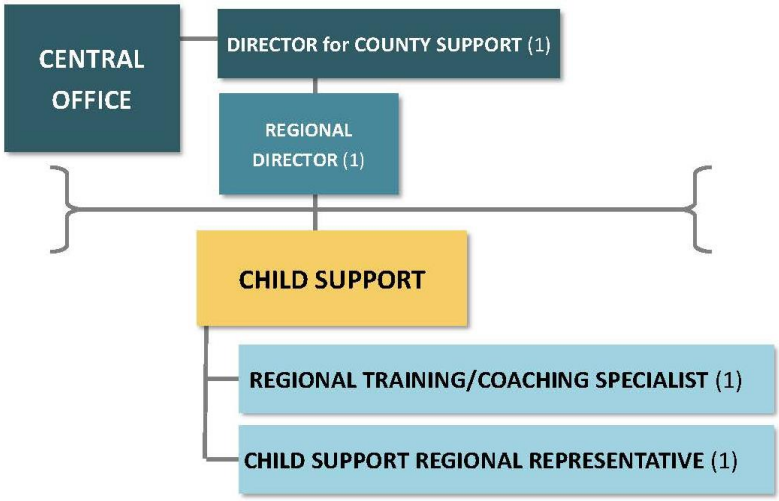


Figure 12: Central Office Organizational Chart/Child Welfare Breakout

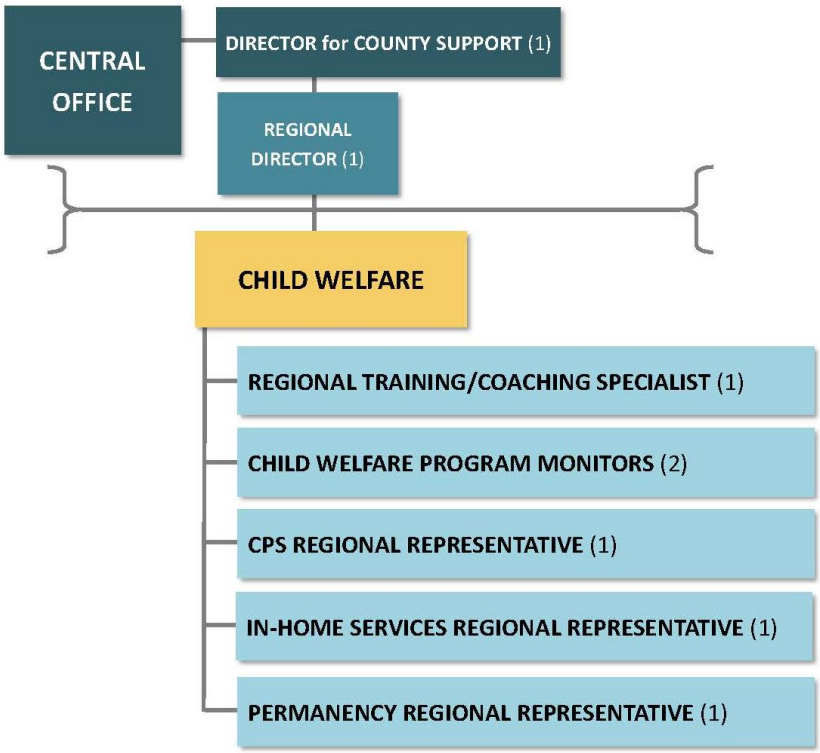
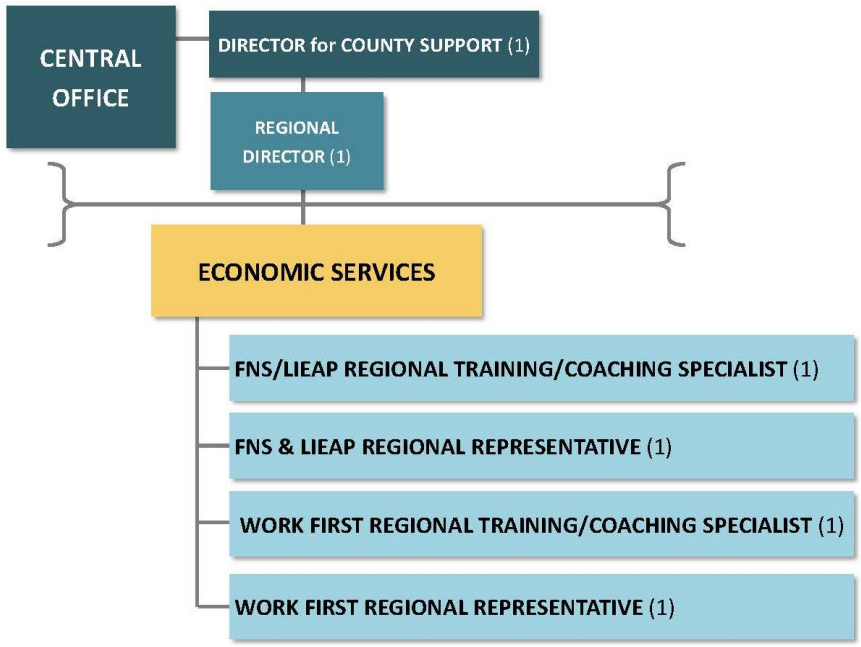


Figure 13: Central Office Organizational Chart/Economic and Family Services Breakout



Regional Director

Each region would be managed by a Regional Director to be responsible for the direction and coordination of complex program execution in the region. This person would work with the county directors, DSS governing Boards, County Managers, and County Commissioners to strengthen and maintain high quality social services delivery in each county in the region. These responsibilities would include development and maintenance of coordinated practices between counties, across their region, as well as across all regions. There would be a lot of "activity" at the regional level, as detailed in the rest of this section. The Regional Director would play a key role in helping coordinate the various activities underway, to ensure counties don't receive conflicting messages about their priorities.

Regional Directors would need exceptional interpersonal skills so they could work effectively with Central Office staff, county directors, private providers, other state and county agencies, county supervisors and delivery staff, courts, and other regional office staff.

The Regional Director would report to a Director of County Support at Central Office. The Regional Director would be supported by fiscal, administrative, training, quality assurance, and program staff. The Regional Director would have direct administrative authority for all the staff in the region including personnel management, planning, and budget. The program staff in the region would be supervised by the appropriate Central Office section for policy and practice guidance, training, program fiscal policy, and any other function specifically related to the management of social service programs (Economic Services, Child Support, Child Welfare, Aging and Adult Services). Central Office program staff, in consultation with the Regional Directors, would be responsible for ensuring that staff selected for and/or assigned to a regional

office for their specific program, are highly qualified to provide the program expertise needed to support the counties in their region.

Regional Program Representatives

We recommend a Regional Program Representative be assigned to each region. This person would be the primary point of contact and coordination between the county and the regional office. He or she would be responsible for providing needed technical assistance, assisting with PIPs and other program improvement activities, assisting counties to identify and develop community partnerships, and so on. Child Support, Aging and Adult Services, Economic and Family Services and Child Welfare utilize regional representatives to differing degrees. Our proposal for regional offices strengthens the Program Representatives' roles, and standardizes the kind of support a county should expect from its Regional Program Representative. See the chart at the end of this section, for more information.

Administrative Assistant

An administrative support staff person would support the Regional Director and the other regional staff with tasks such as maintaining facilities and other resources, providing clerical support (reproducing training materials and reports for example), and scheduling county visits and meetings.

Human Resources Specialist

Each region would have one Human Resources Specialist who would work directly with the Office of State Human Resources as well as the Central Office program leadership, to recruit and retain highly qualified regional program staff. The Specialist would also work with the Regional Director to recruit and retain regional support staff, such as their Administrative Assistant. The HR Specialist would also work with county DSS and county HR offices to develop and maintain optimal job descriptions and qualifications; serve as a consultant to the county DSS on HR policy, recruitment, and staff performance assessment; develop a regional system to develop and provide reports to DSS county directors; and support regional office staff with their personnel needs.

Fiscal Monitor

A Fiscal Monitor in each region would be responsible for monitoring county social services budgets and expenditures to ensure that state and federal administrative and program funds are correctly accounted for and spent for the appropriate program functions. The Fiscal Monitor would work with program staff in county assessments but would conduct independent reviews of county fiscal policy and accounting practices. The Fiscal Monitor would work with Central Office audits to provide information and coordinate schedules, and provide technical assistance to county audit and fiscal staff.

Local Business Liaison (LBL)

The LBL in each region would work with the counties to develop sound administrative procedures, county social services budgets, internal controls, and other related processes. A very important function of this position would be to work with the Regional Director and Central Office subject matter experts and to develop processes to maximize federal funds for social service programs.

Trainers

We propose that program trainers be assigned to each regional office. A common cross-program theme we heard involved the need for more training hosted at more locations, so county staff would have more opportunities to attend timely, quality training. The regional trainers would be supported by Central Office program training development staff, as described later in this chapter.

Training Coordinator

We also propose a Regional Training Coordinator to assist with training logistics and scheduling. With support from Central Office training staff, this training coordinator could perform training-related tasks such as maintaining a catalog of training resources in the region, developing and maintaining training schedules in coordination with regional program trainers and the Central Office, developing and providing "soft skills" training on topics that cut across all social services programs, or identifying and securing resources to provide this kind of training (examples: Leadership in the Public Sector; Using MS Word, Excel, and/or PowerPoint; "Training for Trainers" and related topics). The Training Coordinator would also support online training and training logistics for regional state staff and county DSS staff.

Child Welfare Program Monitors

Since our recommendations include numerous enhancements to the child welfare practice, there will be a need for ongoing case reviews and for closer coordination of program monitoring, training, and CQI efforts. By assigning two Child Welfare Program Monitors per region, we hope that any problems that may be identified could more quickly be resolved.

Continuous Quality Improvement Specialists (CQI)

During the transition to the regional structure and implementation of reforms in policy and practice, there will need to be strong support for the state CQI program in each region. Two proposed regional CQI Specialists would develop plans for the region, provide technical assistance in developing county-specific plans, monitor county plans, and report results for each of the social services programs. Since our recommendations include numerous enhancements to the child welfare practice, we propose two CQI Specialists per region to ensure *all* programs' CQI needs are addressed. CQI Specialists would also be charged with helping move North Carolina's social services programs toward more data-informed decision and policy-making. While these CQI Specialists would be identified as regional staff, they would actually report to a CQI Deputy Director in Central Office. Please see the next section of this chapter for more information.

Model Office Staffing

The table below reflects our recommendations for staffing a regional office.

We do not know exactly how many or which existing Central Office staff should move to a regional position. This will depend in part on how many regions are established. For example, the state child support program operates with nine regional representatives. DAAS has eight regional representatives. Both programs are in need of trainers. DAAS is also in need of more policy support. If the state decides to establish just five regions, both child support and DAAS

would have existing regional representatives they could potentially shift to become part of a training team, or part of a policy team – depending on their skills versus other Central Office program staff's skills. Likewise, the Central Office already provides staff such as LBLs and HR specialists to support DSS; again existing staff may be redeployed and/or additional staff may be needed to augment the existing administrative teams (HR, Fiscal) to support the regional structure. More information about the Central Office staffing can be found later in this chapter.

The costs below are not definitively new costs to DHHS/DSS; the final true cost will depend on how and where individual existing staff are redeployed and what vacancies remain after that redeployment.

Figure 14: Recommendations for Staffing a Regional Office

Function	Position Title	Starting Salary	Top Salary
Regional Director	Deputy Director for Operations	$62,696	$106,650
Administrative Assistant	Executive Assistant 1	$31,904	$50,532
Human Resource Specialist	Human Services Planner/Evaluator IV	$46,206	$77,855
Fiscal Monitor	SS Regional Program Rep.	$44,347	$74,431
Local Business Liaison	SS Regional Program Rep.	$44,347	$74,431
Child Support Regional Program Rep.	SS Regional Program Rep.	$44,347	$74,431
SNAP/LIEAP Regional Program Rep.	SS Regional Program Rep.	$44,347	$74,431
Work First/CDEE Regional Program Rep.	SS Regional Program Rep.	$44,347	$74,431
DAAS Regional Program Rep.	SS Regional Program Rep.	$44,347	$74,431
CPS Regional Rep.	SS Regional Program Rep.	$44,347	$74,431
In-Home services Regional Program Rep.	SS Regional Program Rep.	$44,347	$74,431
Permanency Regional Program Rep.	SS Regional Program Rep.	$44,347	$74,431
C/W Program Monitor	Human Service Plan/Eval. IV	$46,206	$77,855
C/W Program Monitor	Human Service Plan/Eval. IV	$46,206	$77,855
Child Support Trainer/Coach	Program Consultant 2	$41,125	$68,197
SNAP/LIEAP Trainer/Coach	Program Consultant 2	$41,125	$68,197
Work First/CDEE Trainer/Coach	Program Consultant 2	$41,125	$68,197
DAAS Trainer/Coach	Program Consultant 2	$41,125	$68,197
C/W Trainer/Coach	Program Consultant 2	$41,125	$68,197
Training Coordinator	Program Development Consultant 1	$39,632	$65,323
CQI Specialist	Social Services Program Coordinator	$48,195	$81,392
CQI Specialist	Social Services Program Coordinator	$48,195	$81,392

As mentioned earlier, the social services programs utilize regional representatives to different degrees. Those positions will be better supported through the regional organization proposed here, as well as the Central Office structure outlined in the next section of this chapter.

The Contracts and Monitoring Office currently have eight staff assigned quasi-regionally, to support the counties (five LBLs; three Fiscal Monitors). If DHHS opts to establish five or more regions (as outlined in the SSWG report), the Monitoring Office will need to add staff to support the regional structure.

Depending on the realignment outlined in the Child Welfare Preliminary Reform Plan, Chapter 4, Recommendation 7, some existing staff could be reassigned to regional roles. But realignment may also uncover additional resource needs at the regional and/or Central offices. In Phase 2 of our work, we will partner with the child welfare core implementation team to develop a child welfare staffing plan to effect program changes on the level envisioned.

The regional representatives for each of the Economic and Family Services programs will go a long way toward solving some of their current staffing issues. This will be a good first step in terms of moving them out of a reactive/crisis mode. With the stronger regional representative model (and additional Central Office support as outlined in the next section), Economic and Family Services leadership will be better equipped to work more strategically on things like meeting program goals, and ways to maximize grant funds.

E. Facilities

We presume that most regional staff will spend most of their time in the counties. However, a theme we heard from both county and state staff during our interviews was that each region needed a physical facility. Based on those discussions and our experience, we recommend each regional office have a facility equipped to support:

- Classroom training.
- A computer lab to support automated-systems training.
- A conference room with space sufficient for 25 – 30 participants.
- Production space, to reproduce training or meeting materials, for example.
- Two to three "hotel" spaces (offices, cubicles, or some combination), for regional directors or other regional staff who may temporarily need work space while they are in the field.
- Technology to support training or meetings conducted via webinar with real time, interactive, remote capability.

F. Central Office

Effective Central Office leadership is critical for the success of the regions (and ultimately, the counties). Central Office staff will not only support the regional staff, but they will also ensure the development of consistent policies, procedures and priorities that will be disseminated throughout the regions.

Throughout this section, we are presuming DHHS will establish seven regions. Looking ahead, state staffing will need to be adequate to support the regional/Central Office structure that S.L. 2017-41 calls for. The adequacy of current staffing at the Central Office varies by program. While the child support program is fairly well-staffed, Economic and Family Services is struggling. However based on the new structure, all social services programs are understaffed at

the Central Office level, to some degree, Staffing shortages may be exacerbated, depending on the number of regions established.

Developing detailed transition plans to establish and staff the regions should be a top priority. Transition details around moving existing positions and staff from Central Office to a region will need to be determined program by program, team by team, and incumbent by incumbent.

G. Supporting the Regional Offices

We recommend the creation of a new "Office for County Support" team (OCS) in the Central Office. We recommend the job title be "Director for County Support" and that it be classified as a Director position. The team would be led by a strong, high-level manager, and it would ideally report to the Division Director for Social Services unless a function and position is created in the Secretary's Office.

The new team's primary responsibilities would be to ensure the regions are functioning efficiently and effectively, and that statewide policies, processes and priorities are being implemented throughout the regions. The Regional Directors would report to this position. The Deputy Director would also be responsible for ensuring good cross-region communication such that promising and best practices could be shared statewide. This individual would also be responsible for redeploying resources from one region to another, should specific and/or urgent needs arise. We recommend the team also be supported by a clerical support person.

H. Supporting CQI

We recommend the creation of a high-level position to direct the DHHS-wide CQI efforts. We recommend the job title be "Deputy Director for CQI" and be classified as a Deputy Director position. The 14 regional CQI Specialists, while assigned regionally, would report directly to this position. In support of developing a DHHS-wide approach to CQI, this team would be charged with establishing a statewide CQI approach. Each Central Office program division (Child Support, Aging and Adult Services, Economic and Family Services, and Child Welfare) would still be responsible for developing program-specific CQI plans. The CQI Specialists would work with each program to assist them in crafting their program CQI plans, aligning with the statewide approach. As noted in the previous section regarding to regional offices, the regional CQI Specialists, working with the Regional Program Representatives, would be responsible for ensuring the CQI "circle" was complete. They would work closely with the counties in their region to track progress and provide technical assistance as needs were identified. See Chapter 10 of this report for more information about our recommendation for CQI for North Carolina's social services programs.

Figure 15: Recommendations for Supporting CQI

Function	Position Title	Starting Salary	Top Salary
Deputy Director for County Support (OCS)	Deputy Director	$68,528	$117,055
Admin Support for OCS	Executive Assistant 1	$31,904	$50,532
Deputy Director for the CQI Team	Deputy Director	$68,528	$117,055
Admin Support for CQI	Executive Assistant 1	$31,904	$50,532

I. Supporting Training

To support the regional trainers, we recommend that each program maintain a Central Office training and professional development team. Each team should be led by a Training Manager within their organizational structure. For example, in child welfare, the Training Manager would report to the director of the newly-created Office of Professional Development. Each program Training Manager should work closely with their respective Central Office policy staff, and each Regional Director, potentially the Regional Representatives, and CQI staff, to ensure that training needs are quickly identified, appropriate training materials are developed as needed, and that they are then deployed. The Central Office training team would also ensure that program policy is consistently disseminated throughout the state.

DHHS Central Office and regional staff also have training needs. Central Office training staff should be equipped to support the training needs of central/regional state staff. We recommend a team of at least two staff be charged with identifying training needs for state staff and providing needed training through internal course development and/or identifying external sources that could fill the need. Training courses could include topics such as leadership, project management, data-driven decision making, and so on.

Most departments currently have training teams, to some extent. However, it appears that when work demands increase, training staff are called on to take responsibilities that divert them from their training roles. We are recommending increases in training staff to meet the regional and Central Office needs. With the creation of Regional Director positions, and strengthening the regional representatives structure, we anticipate training staff will be able to better focus on training-related duties, serving a critical need across the social services programs.

Training development staff could be either home or Raleigh-based. While not necessarily the primary training delivery resource, training development staff should also have sufficient skills to serve as back-up trainers as needed. Program training staff – including the Training Manager - should also be prepared to assist in the event that the Central Office determines there is a need to assume operations in a county, as the state has recently had to do for the Cherokee County Child Welfare program.

Recommended staffing for each program's training team is detailed below.

Figure 16: Recommendations for Supporting Training

Function	Position Title	Starting Salary	Top Salary
Child Support Training Manager	SS Program Coordinator	$44,347	$74,431
Child Support Training Developer	Program Consultant 2	$41,125	$68,197
Child Support Training Developer	Program Consultant 2	$41,125	$68,197
SNAP/LIEAP Training Manager	SS Program Coordinator	$44,347	$74,431
SNAP/LIEAP Training Developer	Program Consultant 2	$41,125	$68,197
Work First/CDEE Training Manager	SS Program Coordinator	$44,347	$74,431
Work First/CDEE Training Developer	Program Consultant 2	$41,125	$68,197
Work First/CDEE Training Developer	Program Consultant 2	$41,125	$68,197

Function	Position Title	Starting Salary	Top Salary
DAAS Training Manager	SS Program Coordinator	$44,347	$74,431
DAAS Training Developer	Program Consultant 2	$41,125	$68,197
DAAS Training Developer	Program Consultant 2	$41,125	$68,197
C/W Training Manager	SS Program Coordinator	$44,347	$74,431
C/W Training Developer	Program Consultant 2	$41,125	$68,197
C/W Training Developer	Program Consultant 2	$41,125	$68,197
C/W Training Developer	Program Consultant 2	$41,125	$68,197
State DHHS Staff Training Manager/Trainer	SS Program Coordinator	$44,347	$74,431
State DHHS Staff Training Developer/Trainer	Program Consultant 2	$41,125	$68,197

J. Supporting Child Welfare

In Chapter 4 of the Child Welfare Preliminary Reform Plan, we have articulated a vision and set of recommendations for sustainable improvement for North Carolina's Child Welfare program. In the section entitled Strong Support and Leadership from State, Regional, and County Offices, we recommend a reorganization of Central Office state staff (Recommendation 6). The teams we recommend align with the regional structure, and support program improvements. Recommendation 7 posits creating five new high-level positions in the Central Office DSS, to help ensure strong leadership for specific practice areas. These positions would lead the:

- Office of Child Safety-Child Protective Services.
- Office of Family Support-Prevention and In-Home Services (CPS): Voluntary and Involuntary, Families First.
- Office of Child Permanency: Extended foster care for youth 18 to 21, Adoption, Guardianship, Reunification.
- Office of Professional Development: Implementation Support, Training.
- Office of Program Improvement: OSRI, Program Monitoring, Implementation Support, Performance Improvement, Fidelity, Data Analysis, Monitoring of Provider Performance.

We recommend these positions report to the Deputy Director for Child Welfare. We recommend each position be classified as a Program Administrator 3.

Figure 17: Recommendations for Supporting Child Welfare

Function	Position Title	Starting Salary	Top Salary
Manager for Office of Child Safety-Child Protective Services	Program Administrator III	$59,969	$101,938
Manager for Office of Office of Family Support-Prevention and In-Home Services (CPS)	Program Administrator III	$59,969	$101,938
Manager for Office of Child Permanency	Program Administrator III	$59,969	$101,938

Function	Position Title	Starting Salary	Top Salary
Manager for Office of Professional Development	Program Administrator III	$59,969	$101,938
Manager for Office of Program Improvement	Program Administrator III	$59,969	$101,938

Establishing these positions and reassigning staff to these teams, along with establishing the regions as described earlier in this chapter, will be critical to the overall success of the Child Welfare program improvements detailed throughout the Preliminary Report. CSF recommends as a first step the creation of a small, representative core implementation team to be identified and charged in the beginning of Phase 2 with the responsibility for taking these recommendations to the next level – sorting them in priority order, making them actionable, and identifying the resources needed to support and implement them. This would include the creation of a teaming structure to manage the overall implementation of these recommendations.

To lead the implementation team, we recommend DHHS identify from existing staff or recruit and hire a strong leader with implementation experience and expertise to manage the implementation of these recommendations and support the core implementation team. This person would be devoted full-time to the implementation of these recommendations. He or she would support and lead the small, representative implementation team to be identified and charged with the responsibility for taking the recommendations to the next level. This implementation team would be responsible for strategically sequencing and operationalizing the new vision using implementation science, including a focus on readiness goals and activities.

We recommend this positions report to the Deputy Director for Child Welfare. We recommend the position be classified as a Program Administrator 3.

Function	Position Title	Starting Salary	Top Salary
Implementation Manager for Child Welfare	Program Administrator III	$59,969	$101,938

K. Conclusion and Recommendations

In summary, we agree with the SSWG's alignment of responsibilities between the local, regional, and Central Office organizations. We believe that establishing a strong regional structure is a priority. We recognize that both the regional and Central Office staff as outlined here does not necessarily address all of the staffing needs for state staff. However, we do believe it represents the structure needed to stand up and support regional offices – which in turn will support social services delivery at the local levels. Since staffing and salaries are such an integral part of our analysis, additional efforts to collect and analyze accurate, representative data is warranted. We will work with the state to complete this task in the months following the submission of this report.

As DHHS makes decisions about priorities both in terms of activities and associated funding, during Phase 2 of this project, our team will be prepared take the lead on creating transition plans and helping the various social services divisions implement the needed changes. A transition plan would include an approach to staffing, as well as developing the regional policies, procedures, and protocols needed to support the county delivery of services.

VII. RESOURCE ISSUES IMPACTING THE SERVICE DELIVERY SYSTEM

Various resource issues impacting staff and their ability to deliver services effectively recurred during our statewide information-gathering, but five themes surfaced:

- Lack of consistent approach to developing and disseminating policy;
- Workforce development, and a need for better access to high-quality training;
- Impact of underserved populations in need of mental health services;
- Need for better and more community resources; and
- The lack of easy access to reliable program and performance data.

The need for clear, consistent, accessible and timely policy and training was raised during focus groups, stakeholder interviews and calls, document reviews, and county and state-level conferences and meetings. The need for improved access to high-quality training cut across social services programs and was strongly voiced by counties of all sizes, types, and tier ranking. The Child Welfare and Adult and Aging Services programs have been hit hard by unaddressed mental health and addiction issues in the populations they serve. All social services programs – but again, especially child welfare and adult services – feel they could better serve their clients if more community resources were available.

We address data-related needs in Chapters 8 and 9 of this report, as well as in the companion report, the Child Welfare Preliminary Reform Plan.

A. Policy

As detailed in the SSWG's Phase One Final Report, counties are responsible for implementing statewide policy, developing and maintaining internal policies that are consistent with federal policy, requesting assistance when clarifications are needed or issues arise, and providing feedback throughout the policy implementation process.

The most commonly-voiced issue for nearly all social services programs (child support is an exception), is the state's inconsistent dissemination of, and interpretive support given for, policy. There is a need for the state to improve its development and communication of clear policy.

Ideally, program policy should be consolidated in a single place -- a single policy manual for each program that integrates NC FAST usage.

Social services program policy is disseminated and maintained in multiple media, and often in a piecemeal fashion. Child welfare program staff, as one example, receive new and updated policy in eight different ways:

- Dear Director letters;
- Administrative letters;
- Terminal message (a listserv with notifications from the state on policy updates);
- E-Postcards;
- Integrated Manual;
- Program specific manual;
- NC FAST manual; and
- State program/policy consultants.

It should be noted that often the same policy may be disseminated in multiple ways, to ensure that it reaches its intended audience. Different programs use different dissemination methods. For example, Economic and Family Services and Medicaid use Terminal messages. NC FAST alerts users regarding system updates using postcards. Email is probably the most common method for transmission of policy information. Unfortunately, it frequently does not include implementation guidance, or other pertinent information. Central Office sends updated information about policy, but there is no central repository or indexing of these kinds of policy communications. As such, there is no assurance that all staff in all counties received updated policy information. County and Central Office staff must search numerous sources to identify the most current information.

The current processes for policy dissemination require counties to use their resources to carefully track policy updates from the Central Office. One large county indicated that it has one staff member whose sole job is to organize policy material and to make it accessible to staff. Not all counties can allocate resources for this purpose, so they have to contact the Central Office for policy assistance.

The state routinely provides policy updates via the North Carolina Association of County Directors of Social Services (NCACDSS) meetings. Non-director staff may not be invited nor allowed to attend these meetings, thus limiting the reach of policy updates.

For counties to better understand the context and scope of new or revised policy, the state should provide counties an opportunity to review and comment on new or modified policy before it is finalized. Depending on the nature and complexity of a change, policy updates should also be accompanied by training before the policy becomes effective, and guidance and support for implementing the policy after it becomes effective. Recognizing that while some policy changes are based on an emergency, policy dissemination should generally be timed to allow counties as much time as possible to plan for implementation. Some counties reported receiving policy directives with an effective date prior to the date they received the new or modified policy, eliminating any opportunity to implement it by the effective date. These kinds of delays result in inconsistent adoption of statewide policy, ultimately affecting how social services clients receive services at the local level.

Central Office (and by extension, regional) staff also need support. State staff often have no experience in local service delivery; they have not worked at the county level, and they are often unfamiliar with both case workflow and the challenges involved in working some cases. State staff may be unable to respond fully to county policy questions because they don't fully understand the context for the questions.

The state has had problems with its staffing in various programs, attributable in part to state salaries and benefits being insufficient to attract and retain experienced staff. In addition, through the recession, Central Office staffing was downsized, and it is currently spread too thin to provide the support the counties need.

Recommendations

1.	**Convene a policy council, charged with overseeing coordinated policy development and enhancing dissemination.** The policy council should be led by state staff and include state representation. The goals of the council should be to ensure that departmental policy is designed, developed, promulgated, and implemented holistically, taking into account the organizational, operational, and fiscal impacts of not only the program in which policy is being drafted, but also on other DSS programs as well.
2.	**Charge the policy council with taking the lead on developing a DSS Strategic Plan.** The plan should be a synthesis of the department's vision for future service provision with the steps required to achieve the vision. Milestones for each year of the plan should be articulated to establish accountability for the plan's implementation.
3.	**Implementing new policy can only be effective when the state provides sufficient background for the change, and provides implementation guidance, based on a collaborative effort between the counties and the state.** While the state may initiate these efforts based on things like changes to laws or regulations, or when they learn about changes in related programs or societal indicators (such as the opioid crisis) that merit a policy response, it is essential that county personnel be involved early in the process of translating policy changes to front-line case work.
4.	**The Central Office must overhaul the current process for policy maintenance and dissemination, including developing a single source for policy information that can be accessed by all county and state staff.** Policy documents should be online, indexed, and searchable. Notification of new policies and updates to existing policies should be communicated to counties well in advance of their effective dates and should reference citations to existing policy, to facilitate ease of review. If the new policy warrants staff training, the Central Office needs to provide clear instruction in terms of when, how, and where training will take place.
5.	**State program staff must possess the knowledge and experience to answer questions from the field on policy content, implementation, and interpretation as it pertains to a program globally, as well as in specific case circumstances.** Given that the latter may be requested under emergency conditions, rapid response is essential. This may require additional state staff, and more training for Central Office program staff.
6.	**DSS and the NCACDSS should work more closely together when convening meetings to discuss policy and related program direction and ensure that appropriate staff are included in the meetings.** Using technology – through live, interactive, and/or recorded webinars can help to remedy issues of timeliness and "reach" of policy briefings.

B. Training

The need for more substantial, timely, hands-on training spanned all social services programs and applies to all types of training, including onboarding, pre-service, in-service, policy updates, and ongoing specialized and refresher training. The strongest training needs are 1) new hire training, in all programs; 2) regional training sites that are easily accessible to most counties in a region, equipped with the technology needed for hands-on access to automated systems; and 3) timely training deliveries to meet county demand.

Training can be delivered in a variety of ways – from traditional instructor-led classroom training, to interactive webinars, to user-driven eLearning. One key to creating and delivering effective training is choosing the training delivery mechanism based on the subject to be trained. eLearning is great for conveying basic and unambiguous content. For more complex topics where learning is enhanced through participant interaction and activities such as role playing, instructor-led training is usually the best option.

All counties, to a greater or lesser degree, are reliant on the state to provide training. While all counties provide some local training, even if only on-the-job training, it is the state they look to for instruction on new and modified policy as well as periodic training for new staff. Unfortunately, the counties are often unable to obtain the necessary training in a timely fashion, at a location requiring reasonable travel, and with instructional methods that are the most effective for the subject matter.

There are not enough training opportunities available for even the most essential instruction – pre-service training for child welfare staff, which must be completed before a staff member can assume a caseload. The same holds true for many other courses. One child welfare supervisor from a small county reported that she waited several years to take a specialized instructor-led course because it was offered so rarely and at a location a great distance away. She felt it was more important for her line staff to attend first since they were directly providing services. Her staff was better trained than she was, which made it difficult for her to provide appropriate guidance for staff. Child support program staff pointed to a need for specialized training for county attorneys who support the IV-D program. Most of these attorneys do not "specialize" in child support. Without uniform training, there is a lack of consistency in how child support policy is reflected in child support orders.

Scheduling training delivery can be difficult and it requires considerable logistical coordination. Counties noted that there were empty seats in many sessions, even though the demand for training had been high. Counties are frequently called on to host training events. The perception is that the host county is able to register more of their own staff for the training events, even though other counties' staff may have waited longer to attend the training.

The current instructional curriculum provided by the state relies heavily on computer-based training and on webinars. Generally, webinars are offered just once for all 100 counties, making it extremely challenging to provide the time needed for interaction between the trainer(s) and the audience. While distance learning methods are effective when used appropriately, there is a significant need for more classroom training so that trainees can benefit from a higher level of detail and nuance in the instruction, and have more opportunities to ask questions and receive

clarifications. In social services programs, where client interaction is high and often demands delicate communication, the value of classroom training cannot be underestimated. Workers need instructor-led training to understand fully and to practice how to handle personal matters ranging effectively from family relations, financial history, sexual history, and employability to child-rearing, mental health, and substance abuse issues. The "cut and dried" approach of distance learning does not allow for discussion, questioning, and modeling between participants and the trainer, nor among participants themselves, that classroom training affords.

State Central Office program staff do not currently have the capacity to develop and deliver new training for state or local social services staff on topics such as opioid addiction. Counties report having uneven access to local training resources that could help them address these kinds of issues. These societal problems are creating dramatic increases in both the number and complexity of local caseloads, and generally, county staff feel inadequately prepared.

There are also limited training opportunities for both county and state program leaders. Many county directors began their careers as line staff and moved up through the ranks to their current positions. While they may have excelled in their work as line staff or supervisors or managers, their experience did not necessarily prepare them for their responsibilities as a county director. There is a similar concern with Central Office staff. Some were hired from county departments, where they worked as front-line staff, supervisors, or managers. As such, workforce development needs, particularly related to leadership, exist for both county and Central Office staff. County directors report they have few training opportunities to assist with their duties and responsibilities in their leadership positions. For Central Office staff, there is funding available for training, but the criteria on how those funds are allocated are not clear.

The new regional offices should be staffed to provide considerable training support to the county social services program staff. Training staff should be familiar with both policy and program workflows. Basic training curricula for each program should be standardized and available to all counties, but regionally assigned trainers should have the programmatic expertise and county-specific knowledge to address questions posed by each county. The Central Office training teams will need to provide support for their regional counterparts, as well as Central Office staff who need program and/or leadership training opportunities.

Recommendations

1.	**Central Office training staff should identify training needs for Central and regional state staff through a training needs assessment.** Utilize the findings from the assessment to identify any new courses that need to be developed and delivered, modifications needed to existing course content or delivery methods, and other issues to be addressed that could improve training.

2.	**Increase the number of training deliveries available to county staff, especially for those courses that must be completed as part of pre-service instruction.**

3.	**Increase the locations for training delivery to reduce the driving distances for counties to attend training.**

4.	**Increase the number of training staff to ensure that instruction can be delivered in a timely manner.** See related recommendations in Chapter 6 of this report, regarding central and regionalized training teams.

5.	**Ensure consistency, relevancy, and immediacy of training content across the state.** This could be achieved by coordinating training design and development with policy work underway in a particular program.

6.	**Increase the number of courses delivered in a classroom setting to expand the opportunities for trainees to ask questions and gain a more nuanced understanding of the subject at hand.**

7.	**Enhance the course registration process to avoid training slots, already in high demand, not being filled.**

8.	**Ensure that all counties have equal access to course registrations. Develop a methodology for allotting classroom seats on a statewide and/or regional basis.**

9.	**Conduct several webinars on the same subject matter, and limit the number of participants at each, to ensure that there is a realistic opportunity for interactivity.**

10.	**State staff, whether in a regional or Central office, who do not have service provision experience in the program they administer, should be provided meaningful opportunities to learn about the program at the line staff level.** This could include conducting informational interviews with line staff and supervisors, shadowing line staff, and any other means to round out their knowledge of program operations.

11.	**There is a need to establish clear criteria for the distribution of state funds allocated for staff education.**

12.	**Each regional office should house a physical training site that is accessible to counties in the region.** See Chapter 6 for more details regarding training.

C. Identifying, Developing, and Sharing Community Resources and Partnerships

In many ways, state and county DSS serve as "pointer" systems for clients who need assistance. Without significantly expanding their mission and scope, the social services programs cannot provide direct services that meet all of their clients' needs. For example, in the course of their work, child support staff identify parents who are domestic violence survivors, but they do not provide the counseling or shelter services a survivor needs. Instead, child support professionals refer their customers to local established domestic violence programs for help. Across all the social services programs, we see a role for the regional office staff to play with regard to identifying community resources that counties can draw on, such as the following examples.

Aging and Adult Services

County staff are responsible for creating service plans for the adults in their DAAS caseloads. A frequent issue is that the available community services do not align with the service plan. If clients need basic services – Meals on Wheels, for example – their needs can be easily met. But if they need even a slightly higher level of support – some degree of in-home care – often the county's only option is out-of-home placement. There are generally long waiting lists for

services like adult day care and transportation. Courts are quick to order guardianship that might not be necessary if other services were available.

Child Welfare

The partnership with the court system (juvenile and delinquency courts) needs to be strengthened. For example, in some counties there are issues regarding working with the juvenile court on permanency, and with the delinquency court on the large numbers of children ordered directly into foster care. Working with the courts is an area where regional representatives and training staff would be in a good position to share strategies and best practices – and perhaps create training materials and other documentation for court staff around these types of key issues.

Child Support

Child Support is the one social services program where the customers are always both parents, and the parents' children. Child support staff frequently identify needs – such as a parent's literacy issues or need for steady employment – and rely heavily on referring parents to other social services programs or community resources for help. Access to appropriate resources could help a noncustodial parent move from non-paying to paying, which could bring needed funds into a financially fragile family.

Economic and Family Services

Both the Work First and FNS programs have stringent employment requirements. Not all counties can provide robust employment opportunities. A regional effort to identify job supports – such as job readiness classes or clothing and tools banks – could help Economic and Family Services workers in their struggle to move families off of cash aid.

♦	**We recommend that each region provide resource development support to meet the various program needs.** We envision the Regional Director, working with the various program representatives, identifying county needs, and identifying and engaging with community resource providers. Regional Directors should also work together to share information about their region's community resources, engagement strategies, and so on. While the regions will have geographical boundaries, the families they serve may cross those boundaries (e.g., mother and child in one county/region, father in a different county/region), necessitating cross-regional collaboration.

D. Impact of Underserved Populations in Need of Mental Health/Substance Abuse Services

A significant issue for all of North Carolina's social services programs is providing adequate help for their clients who have significant mental health and/or substance abuse issues. Staff are ill-equipped to deal with mental health issues; they are neither trained nor qualified to be clinicians. But many of social services' clients are in need of clinical help.

This issue hits the Child Welfare and Aging and Adult Services programs, in particular. These two programs are frustrated with their ability to access timely and appropriate mental health and substance abuse services for both children and adults. Child welfare professionals see great variability in the quality of relationships with the LME/MCOs in different regions. One county reports that over half its AAS – Aging and Adult Services – caseload is made up of younger adults with mental health issues, and most counties noted growth in this population.

Individuals with behavioral or substance abuse issues who have been placed in family care homes and other facilities frequently end up in the emergency room or county jail. Upon release, they are barred from returning to the prior placement. The opioid crisis has exacerbated these problems, and existing community resources are over-taxed. There is no easy solution to the mental health and substance abuse issues facing North Carolina – or the nation, for that matter.

♦	Adult care homes are not an appropriate place for those with mental health issues. Young people end up in assisted living/nursing homes. **There is a need for a resource to help facilitate/coordinate medical care for clients**.

♦	Counties have few options or the requisite funding needed to address the plight of these individuals. **Closing the coverage gap could help alleviate this issue**.

♦	**We recommend that state, regional, and county staff work to form partnerships with their colleagues in North Carolina's health programs.** This would help facilitate the identification of community resources available to social services clients. These resources could also be tapped to help train DSS staff at all levels to help build staff skills in recognizing and referring clients to appropriate services.

All of DSS's clients deserve to be treated in a way that recognizes their dignity as human beings. We know that DSS staff at all levels are committed to this core tenet. Addressing issues that impact staff's ability to do the best job they can will help improve outcomes for North Carolina's most fragile citizens.

VIII. PLAN FOR ONGOING DATA COLLECTION, ANALYSIS, AND USE

There is uneven access to and use of data, both to inform practice and to analyze performance. Some programs do better than others; however there are always ways to improve data usage. Based on our interviews with DHHS/DSS leadership and staff, DHHS/DSS does not currently have a sufficient number of trained staff who can support the Central Office and the 100 counties in using data to make well-informed decisions regarding how best to manage the social services programs.

For data to be useful to a program, it must be:

♦ Available;	♦ Accessible;	♦ Accurate; and	♦ Actionable.

A. Available Data

Generally speaking, social services programs do not suffer from a dearth of data. Quite the contrary. Some programs are capable of producing so much data that the challenge becomes understanding the data in the context of program goals.

We did encounter issues with data availability, however. For example, for Child Welfare we are not confident that the data needed to measure performance on the 20 recommended performance indicators can be produced. Please see the Child Welfare Preliminary Reform Plan for a complete discussion regarding the use of data to transform the child welfare program.

B. Accessible Data

As documented throughout both Preliminary Plan reports, program data was a challenge for our team. We anticipate that at least in the short term, it will continue being a challenge for Central Office and county staff to access the data they need, to identify and assign work efficiently, and to track performance.

In North Carolina's social services programs, program data is produced by a number of different automated systems, and it resides in a number of locations. While the Social Services System Transparency and Wellness Dashboard (the "Dashboard") will make some data more accessible, the various programs will still need customized reports and data sets, both for informing practice and for monitoring outcomes.

> "*Show me all of the cases where a dependent in a child support case will turn 18 in the next six months.*"

Front-line workers need tools to access case-level data easily, so they can manage their caseloads proactively. Developing and working on special projects is a fairly common approach to improving performance or taking proactive steps in managing a caseload.

Supervisors and managers also need easy access to case data, in their roles overseeing and coaching staff.

> *"Show me all of the Adult Protective Services cases where the assigned worker hasn't documented actions taken during this three-month period of time."*

The Data Warehouse currently offers ready access to a lot of program data. However, DHHS/DSS does not have sufficient technical resources to identify, create, and validate detailed case data reports. In addition, county program staff would need training in what data elements could be queried to create meaningful reports, to both prioritize work and to assess outcomes. Some basic reporting features will likely be included in the Transparency and Wellness Dashboard, but without easy access to a robust and flexible reporting structure, data-driven work falls by the wayside.

C. Accurate Data

In our various interviews and focus groups – especially with child welfare staff – we heard concerns about the inaccuracy of available data. Some of the inaccuracy comes from the different ways individual workers interpret a data element. For example, in child welfare, there are usually multiple reasons a child enters custody. Some workers may enter all of the factors. Others may enter just the top three. Without consistent inputs, the data will be seen as "inaccurate." Standardized definitions and agreement on what specific data needs to be entered will help change the perceptions around data inaccuracy.

System implementation introduces another dynamic in terms of data reliability. Based on our experience in system implementation, we know that there are always issues with data mapping from a legacy to a new system. There are always issues with data conversion. There is never a direct correlation between how the data in the legacy system was captured and displayed, and how data will be captured and displayed in the new system. There are generally post-conversion data clean-up activities associated with data conversion. And, as more users exercise the system in more ways, using more and different case scenarios, there are usually work-arounds needed as system changes are identified. All of these dynamics related to system implementation can result in staff viewing the system data as unreliable and inaccurate.

We did *not* undertake a thorough nor critical analysis of the NC FAST system. We heard only anecdotal information from NC FAST users, and are aware that in some instances, child welfare staff are documenting case data outside of the NC FAST system. We are not in a position to comment on the accuracy or reliability of all of NC FAST's data processing functionalities.

Our recommendations around data accuracy during a large system replacement project are based on our experiences on these kinds of projects.

1. The project lead needs to be as transparent as possible with regard to system implementation, so that users' expectations align with implementation efforts and progress.
2. Instruction and documentation for system users must be unambiguous in terms of field level descriptions and data definition, so all users are consistently entering the correct data in the correct screen fields. Absent that rigor, system data will be inaccurate.

3. Changes to system data definitions must be documented and disseminated as quickly as possible. Large changes should be accompanied by training so that all users have the same level of understanding about the change.
4. A data audit function needs to be implemented so that user errors can be evaluated. If a data auditor sees similar mistakes being made by a number of people, or persistent confusion about system functionality, the auditor can alert the appropriate team (training, system documentation, etc.) so the issue can be quickly resolved.

Under S.L. 2017-41, §108A-74, county departments are required to enter into annual written agreement for social services programs (except Medicaid) that specify mandated performance requirements. Accordingly, DHHS/DSS and the counties have entered into agreements for FY 2018-19. DHHS/DSS and the counties must have accurate data in order to assess progress according to the performance measures. DSS and the counties will be working together over the next several months to ensure that all parties understand and trust the accuracy of the data that will be used to assess county social services program performance.

D. Actionable

As mentioned earlier, social services programs produce a lot of data. But the data needs to be understood and presented within the context of program goals. *Data needs to be actionable*.

It might be interesting to know that in the child support caseload, noncustodial parents who drive newer cars usually have earned at least a high school diploma, but there is really nothing that a child support worker can *do* with that data. Data that is interesting is just that – interesting. As more data and reporting tools are developed, staff need clear direction on the meaning of the data, and how they should use it to guide their casework. Staff should also understand how to work across data sets to gain a more nuanced understanding of challenges they are working with in their caseload.

Data can help supervisors and managers help their staff identify and focus on the most important activities, and take a more proactive approach to managing their caseloads. If one routine report identifies 10 to 20 cases that need some kind of non-critical action, while another report identifies three or four cases needing critical and immediate attention, supervisors and managers can assign the work based on staff availability, skills, and priorities.

E. Conclusions and Recommendations

Our data partner, Westat, received program data from the social services programs other than Child Welfare, on July 19 – too late to be analyzed for this report. Westat is in the process of assessing its quality and completeness. Generally, the more straightforward the program data is, the more readily available the data is. Westat anticipates the data from the Child Support, FNS, and Work First programs to generally be complete, and generally be accurate. It is unknown to what degree the data related to the DAAS programs will be easy to use. Until they can fully analyze the program data, we are unable to assess its quality, and its potential impact on our recommendations for county caseloads or related staffing. Please see Chapter 9 in this report, for more discussion of program data.

♦	**At this juncture, we see a need for North Carolina's social services programs to focus on data – and how to integrate its routine use into all programs**.

This effort will vary from program to program. For example, Child Support does have a performance dashboard that allows county leadership and staff to see how they are doing on the five federal performance measures, relative to their individual county goals. County staff are able to "drill down" and see which and how many cases they need to work, to meet their goals. However, with its existing automated system, it would be challenging for the child support program to use its data in a more predictive way. For example, many state and large county IV-D programs create caseloads based on what they know about their customers, and what the data (education, employment history, and other) says about their willingness and ability to pay.

Willing and able to pay	Willing but unable to pay
Unwilling but able to pay	Unwilling and unable to pay

This approach allows work to be assigned to workers with specific skill sets and experience, according to the needs of the customers who fall into a specific quadrant. The child support state team is looking at different predictive technology that could help a caseworker know what steps should be taken on a case, based on case demographics.

♦	**We recommend that the regional office staff be responsible for working with and helping counties identify specific data sets and reports they need, to allow county staff to work more proactively, and better monitor and assess outcomes**.

During Phase 2 of our work, as we work to help define the regional processes and protocols, and help DHHS/DSS create a CQI structure, we will identify strategies to help DHHS/DSS and the county social services program use data effectively, toward achieving better outcomes for those served by the programs.

IX. DEVELOPMENT OF SOCIAL SERVICES SYSTEM TRANSPARENCY AND WELLNESS DASHBOARD (DASHBOARD) PROTOTYPE

In addition to the Social Services System and the Child Welfare Preliminary Reform Plans, Phase 1 also includes development of the Social Services System Transparency and Wellness Dashboard (Dashboard) prototype. Per SL 2017-41 and the subsequent request for proposals, the Dashboard is defined as a standard set of performance and outcome metrics that indicate how effectively the components of the social services system are working. The stated overall goal is to develop a dashboard structure that can be a lasting tool for state leadership, state and county agency staff, families receiving social services, and the general public to ensure accountability and transparency about community members' needs and provision of services to communities across the state. Additionally, it is important for dashboard users to understand the effective and efficient use of social services and funds. Finally, the legislation stipulates that the main data source for the Dashboard is the recently implemented NC FAST data system.

These goals and terms guide the team as we complete the steps described below. Our Phase 1 work has included partnering with DHHS staff across departments to begin the development of the Dashboard prototype.

Steps to Achieve the Social Services System Transparency and Wellness Dashboard Prototype in Phase 1

Step 1
Select a technical platform for creating the Dashboard, determining the best option per legislative requirements, needs, and sustainability.
Step 2
Prioritize an initial set of child and family performance outcome indicators that support best practices in monitoring the envisioned reform.
Step 3
Identify data from the NC FAST data system to support accurate and valid measures of the performance outcome indicators.
Step 4
Receive and review data submitted for the Dashboard and assess accuracy, validity, and other quality measures, and the capability of sustained data use.
Step 5
Develop a Dashboard prototype that provides the performance measures and also provides user-friendly capabilities that maximize data usability and facilitate data understanding.

This section provides details about the Dashboard tasks undertaken, progress made, and barriers and challenges met, and our plan to resolve them. To date, the team has completed Steps 1, 2, and 3. The team continues to work to complete Step 4, and will complete Step 5 – present a Dashboard prototype – by November 30, 2018.

Step 1: Select a Technical Platform for Creating the Dashboard, Determining the Best Option per Legislative Requirements, to Meet the Needs of the State Overall, and for Sustainability

To complete Step 1, the team held meetings with DHHS staff that focused on the details and decisions about the Dashboard platform. The team presented several platform options that emphasized flexibility in design and cost, and outlined the strengths, weaknesses, and sustainability requirements for each option. Meeting participants also discussed the public and internal (agency) levels of the Dashboard, the various users, and user access, to ensure we were all in agreement and consistent with the SL 2017-41 legislation. DHHS selected Tableau as the desired platform for the Dashboard. With this decision finalized, the team began planning data visualization strategies (such as graphics and display options) that optimize Tableau's capabilities.

Step 2: Prioritize an Initial Set of Child and Family Performance Outcome Indicators That Support Best Practices in Monitoring the Envisioned Reform

The team began Step 2 with meetings to discuss performance outcome indicators for the Dashboard. These discussions took place with DHHS program and data staff by department; staff provided details on the current state of program practice, challenges, and the main methods and data being used to monitor practice. Special emphasis was given to child welfare practices and data, with the understanding that this program area has the most stringent reform requirements.

The team then applied the information learned to develop a set of initial program-specific measures for tracking child and family outcomes across departments. The measures included four important types of data elements: 1) data currently being used to measure performance, as identified in planning and monitoring documents, manuals, and policies; 2) data regularly reported to federal funders with national comparative data available; 3) data that supports assessment of best practices; and 4) data included in the county MOUs. The team then held department meetings with DHHS program and data department staff to discuss details about each measure and determine what each measure could provide to the department, as well as to stakeholder users. DHHS staff were also asked to provide input on the viability of the measures, data quality, and other measures of interest to add. As a result of this collaborative work, we prioritized a set of initial outcome metrics for each department. The team recognizes that the identification of performance outcome indicators is an iterative process. For example, during the recently-held North Carolina Theory of Change session, child welfare stakeholders articulated a future set of goals. The team plans to engage in ongoing conversations with DHHS stakeholders about future Dashboard measures for sustainability.

Step 3: Identify Data from the NCFAST Data System to Support Accurate and Valid Measures of the Performance Outcome Indicators

To complete Step 3, the team held meetings with DHHS department staff representing each program area, including the data team. During meetings, DHHS data administrators provided critical details about data availability (and gaps) and data quality within the legacy and NC FAST systems, and team and DHHS representatives provided ideas on alternative sources of data not available in DHHS data systems. The team also received updates on NC FAST implementation, testing of NC FAST child welfare data, and continuing issues with linking

legacy and NC FAST data. These details facilitated the team's thorough understanding of the data available by measure and quality of that data. Additionally, the meetings covered information about the MOU metrics being considered for county contracts and finally, procedures for secure data exchange were worked out.

As a result of these meetings, the team gathered information needed to prioritize initial outcome metrics and develop and submit clear data requests for the Dashboard to all of the DHHS departments, with the exception of Child Welfare. *Data Request Exhibits 1-6* in Appendix G provide details regarding our data requests. Through various discussions with various program representatives, we know that not all data elements may currently be available. Additionally, as we continue the iterative work needed to develop the Dashboard, we will gain clarity around data that may not be needed for the Dashboard.

Child welfare data is the largest body of data, and the most complex data, both in terms of developing measures for the Dashboard and understanding the structure, resources, and quality of the data for Dashboard use. The child welfare request required additional meetings about the best data source options. The primary challenges revealed, during completion of this step, are around data availability by department. While some departments have readily-available data across several years, other departments, particularly Child Welfare, are still working out substantial data definition and entry issues. The team has the greatest concern with child welfare data because the legacy system (CSDW) has several shortcomings that were to be remedied with the implementation of NC FAST. However, the transition to NC FAST has been paused for Child Welfare. For all departments, and particularly for Child Welfare, tracking and merging data across the legacy system and NC FAST must be done on an ad hoc basis; standardized procedures are still being planned. Further, there is some data that cannot be linked at all. The linking of data is a complex challenge, given that the two systems have different data fields/items that do not readily match for linking. Yet linkage is necessary for understanding trends and incorporating standardized measures for counties with data in both systems. For child welfare, the quality and usability concerns with both the legacy and NC FAST systems require a closer look at the meaningful data for the Dashboard.

Step 4: Receive and Review Data Submitted for the Dashboard and Assess Accuracy, Validity, and Other Quality Measures, and the Capability of Sustained Data Use

In Step 4 work, the team is directed to assess the current state of existing data for each social services program *and then* to move to the creation of the Dashboard. However, due to the timeline for the reform plans and Dashboard development, the team must simultaneously review data quality and build a prototype.

It is important to note that a meaningful and usable final Dashboard product is heavily dependent on the availability of accurate and quality data. Thus the overall assessment of the data across DHHS departments will focus on data quality, including review of accuracy, validity, thoroughness, timeliness, and missing data elements, and the ability of the team to use the data to develop visualizations for the Dashboard.

Through July, the team has received and begun reviewing the data obtained for the Dashboard from the social service agencies (Adult and Aging Services, Child Support, Child Care, Work First, Food and Nutrition Services, and Energy Services). As part of a separate administrative data review task, the team acquired child welfare data for review and has had, as mentioned in Step 3, several meetings with data administrators to determine usable data for the Dashboard. Examining data quality and sustainability issues required a series of discussions with the Child Welfare Data Manager. These discussions identified data quality concerns (i.e., a lack of standardized data entry procedures and definitions; workers not entering data when they encounter technical issues; potential duplicates in the systems, the inability to link data entered between/among forms, etc.), and confirmed, as previously mentioned, that it is difficult to produce data reports containing information from both NC FAST and the legacy system. This report includes recommendations for remedying data linkage issues (see the Preliminary Child Welfare Reform Plan recommendations regarding the use of data). The team anticipates that similar discussions may be needed after review of other social service program data.

Step 5: Develop a Dashboard Prototype That Provides Not Only the Performance Measures but Also Provides User-Friendly Capabilities That Maximize Data Usability and Facilitate Data Understanding

The Dashboard prototype will focus on visualizations supporting user-friendly capabilities that maximize data usability and facilitate data understanding. During the prototype development process, the team will gather feedback on its capabilities through a series of presentations. These presentations will be planned in coordination with DHHS leadership. Because the team is using its corporate IT resources to build the prototype, prototype presentations will occur via web-based technology, such as WebEx or Zoom.

As mentioned in Steps 3 and 4, the team has identified some significant challenges with data available for Dashboard development. The purpose of the Dashboard is to provide a lasting tool for state leadership, Central Office and county department staff, families receiving social services, and the general public to ensure accountability and transparency about the needs and provision of services to communities across the state. A functional, serviceable tool that is sustainable requires readily available, high-quality data. Adoption of the improvement and use of administrative data recommendations in this report can certainly remedy areas of data weaknesses by building sound methods and processes to improve the data available for performance measures and for the Dashboard. Though the recommendations will require long-range planning and long-term investment beyond the timeframe of this project, they are critical for developing a plan that incorporates the use of data for managing improvements and outcomes, and for a sustainable Dashboard as an effective data tool for that work. The team will work with DHHS staff and stakeholders in Phase 2 to identify data quality concerns and discuss available data alternatives that can be featured while state data improvement strategies are underway.

X. THE CONTINUOUS QUALITY IMPROVEMENT PLAN FOR SOCIAL SERVICES

Introduction

Continuous Quality Improvement, or CQI, is central to improving North Carolina's social services programs. Though sometimes viewed as "nice to do," CQI is truly a "must-do" to effect change on the scale envisioned in this project. Done well, CQI can create and sustain a laser-like focus on a program's intended outcomes, and ensure that staff's activities and priorities are aligned with those goals. CQI necessitates *effective use of data*, both to drive decisions and consistently evaluate results, so as to fine-tune processes on an ongoing basis. We recommend that, as soon as possible, DHHS/DSS undertake the effort to craft and implement a CQI Plan, as detailed in this chapter.

A. Establish and Implement Core CQI Structural Components

Develop a Formal CQI Plan

A critical first step to DHHS becoming a CQI-receptive organization lies in the development of a CQI plan that all agency staff, as well as key stakeholders, are fully aware of, understand, and embrace. This CQI plan should be comprehensive and provide an overarching framework and set of principles that are aligned with DHHS agency values and provide the underpinning to the state's CQI model, as well as a defined systematic CQI improvement cycle and feedback loop. The CQI plan should facilitate DHHS staff and stakeholders' understanding, from the counties to the Central Office, of the purpose and scope of DHHS's revitalized CQI system, and their roles in the various CQI activities. It is important that counties are given the opportunity early in the process to provide input into the development of the CQI plan. The CQI plan should emphasize the importance of using data to inform agency decision-making and provide guidance detailing the types of data available and how such data is to be used toward making sustainable programmatic improvements.

North Carolina's CQI plan should be a formal document that delineates how to integrate the people, information, and technology of DHHS into the CQI process and include the following components.

A Defined CQI Logic Model

A defined logic model will provide DHHS leadership, agency staff, and stakeholders, particularly those serving on CQI teams and committees, with a structured framework from which to work collaboratively to identify and understand the underlying issues to presenting problems. That framework will then guide the development of successful improvement efforts.

The Capacity Building Center for States offers the CQI Cycle of Learning and Improvement, a logic model oriented around implementation science principles, that uses a six-step systematic process of problem solving, including:

1. Identify and understand the problem;
2. Research the solution;

3. Develop a theory of change;
4. Adapt or develop the solution;
5. Implement the solution; and
6. Monitor and assess the solution.

While there are various logic models for DHHS to choose from, it is important to delineate clearly a statewide problem-solving approach in the CQI plan from which all county, regional, and the state-level CQI teams can operate and structure organizational improvement initiatives.

A Teaming Structure

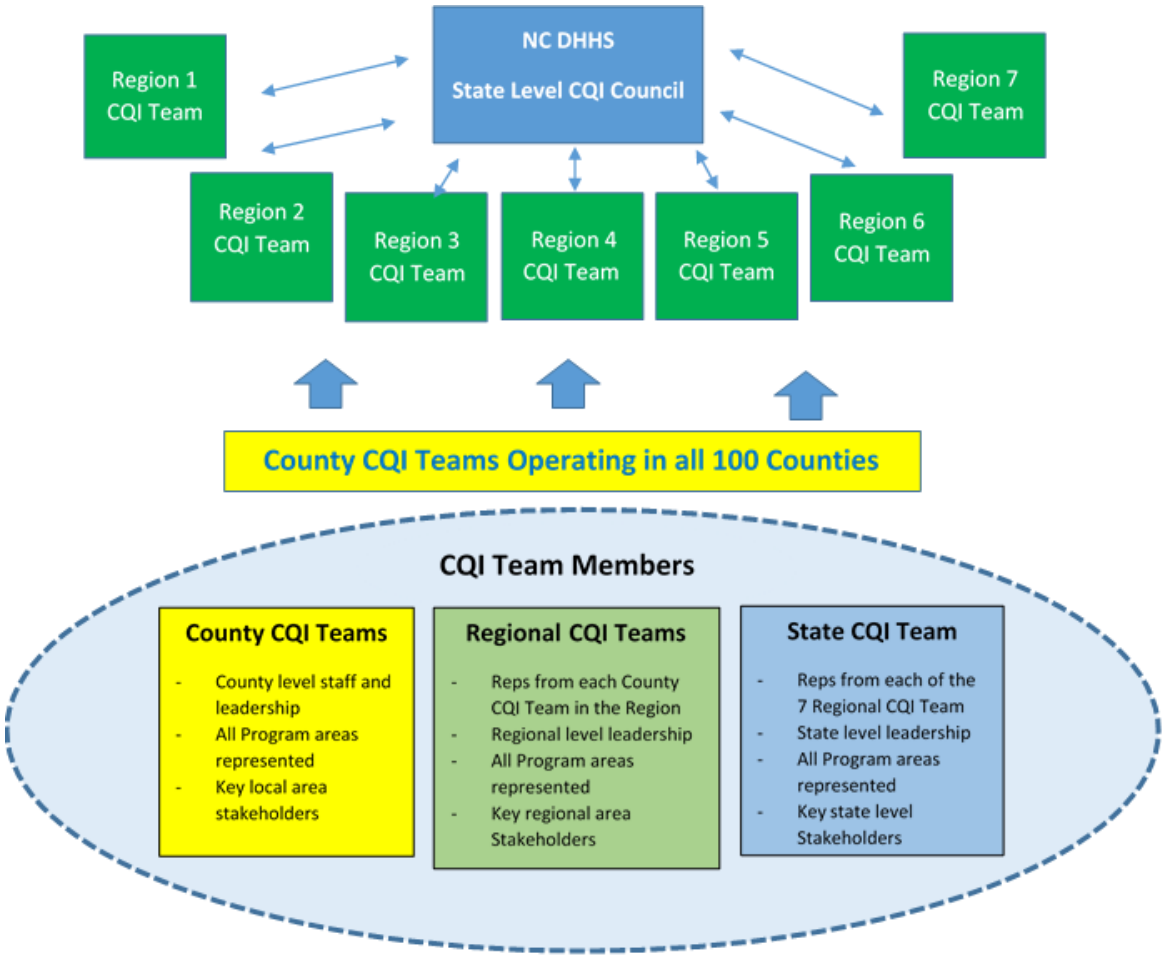
A well-designed and implemented teaming structure is one that will facilitate a shared sense of community throughout DHHS by ensuring that staff and stakeholders have the opportunity to participate actively in the agency's CQI process. This should include the establishment of a state level CQI team, as well as regional and county level CQI teams that include a broad range of staff and stakeholders and represent all program areas. A teaming structure will help facilitate the routine sharing of quality data and information throughout the agency, which will in turn foster meaningful communication and dialogue that can then be acted upon to improve outcomes. This proposed model (*see Figure 18*) utilizes the newly-established regions as a middle tier for structured CQI activities that will connect county level CQI activities up to the state level, as follows.

- **Foundational Level – Counties:** The County CQI Teams are the foundation of the recommended DHHS CQI Structure, with the goal being ultimately to have County CQI Teams fully functional and operating in each of the 100 North Carolina counties. (As a county option, several smaller counties could elect to merge their CQI functions into a single team that would serve each of the counties' needs.) Representatives on the County CQI Teams should include county agency staff and leadership across all program areas, as well as internal and external stakeholders such as parents, the judiciary, contracted and community service providers, and others.
- **Middle Level – Regions:** The middle tier of the DHHS CQI Structure will function at the regional level, with each region ultimately supporting a fully functional Regional CQI Team. Representatives on the Regional CQI Teams would be similar to those on the County CQI Teams, with a goal being that each County CQI Team has at least one member serving as a representative on their respective Regional CQI Team. Regional CQI Teams should also be inclusive of agency staff and leadership across all program areas, as well as internal and external stakeholders such as parents, the judiciary, contracted and community service providers, and others.
- **Top Level – Statewide:** The top level to the DHHS CQI Structure is the State CQI Team. A goal with the implementation of this CQI Structure would be to establish a new State CQI Team that has at least one member from each Regional CQI Team serving as a representative. In this way, North Carolina will have a CQI process that will allow for and support the full participation of staff and stakeholders from every county in the state, with the regions serving as the conduit for effective communication and collaboration. The State CQI Team should also include the DHHS Director and state level leadership across all program

areas, as well as state level internal and external stakeholders such as chairs of any key state advisory committees.

Other structural considerations for DHHS include how to best integrate the work of existing staff, divisions, or committees that already produce valuable information, such as those engaged in OSRIs, into the work of the CQI teams. Establishing a standardized meeting calendar for each of the different levels of the CQI structure is an important detail to include in the CQI plan. For example, having CQI teams formally meet on a quarterly basis might be an option worth considering, while various activities such as collecting and analyzing data, conducting case reviews, etc. are occurring on an ongoing basis between meetings, with that information informing the agendas of CQI meetings.

Figure 18: Proposed North Carolina Statewide CQI Structure (7 Regions)



CQI Team Membership and Defined Roles

Along with a teaming structure, DHHS will want to ensure that membership on CQI teams (state, regional, county) is representative across all program areas and staff levels, and inclusive of external stakeholders such as families, community partners, contracted providers, courts, and tribes. The presence of leadership, particularly those with decision-making authority is also

essential to the makeup of CQI teams. This demonstrates the overall agency commitment to CQI and to leadership playing an active role in the problem solving and program improvement process. Similarly, the active participation by internal and external data experts on CQI teams is also essential to provide technical expertise and support to team members in the use of data to identify and explore agency problems. Other decisions to be made and outlined in the CQI plan include the establishment of specific roles for CQI team members, such as team leaders, facilitators, and scribes in order to document and communicate CQI activities to other agency staff and stakeholders.

A Data Plan

A key ingredient to improving DHHS agency practices and child and family outcomes will be in the investment and ongoing commitment to gathering and producing quality program data, continually sharing and promoting the effective use of data, and ensuring that every step in the CQI problem-solving process is informed by data. This is best operationalized through the use of a clearly articulated data plan, which will help ensure that North Carolina leadership, staff, and stakeholders across all levels of the CQI structure have ongoing accurate information about how the agency programs are operating, understand what data are available and accessible for the success of the improvement efforts, and understand any gaps and needs for additional data. The data plan is a part of the state's CQI plan. Key elements of the DHHS data plan should include and detail the following.

- Identified key performance indicators, qualitative data measures, and outcomes (at the county, regional and state level as appropriate) – to include state level federal reporting requirements, CFSR PIP goals, newly-established Dashboard metrics per program area, and performance requirements delineated in county contracts.
- Available data sources and any data limitations – quantitative (state and county administrative data) and qualitative (state and county case review including Program Monitoring Reviews and OSRIs).
- Development and dissemination of user-friendly data reports for inclusion in CQI activities – Results of reviews as well as extractions and analyses from state administrative systems must be documented and displayed in ways that promote a common understanding of what is being presented. DHHS can promote an agency-wide culture in which staff at all levels become data ambassadors, by investing in resources that allow for data presentations that are engaging and user-friendly (i.e. using graphs, infographics and other types of data visualization) and readily connected to agency practice.
- Data analyses that will be used as part of the CQI process at the county, regional, and state level – Analyzed, quality data will only play a valuable role in the CQI process if it is understood and used by DHHS staff and stakeholders.
- Delineation of agency staff and stakeholder responsibilities as it relates to ensuring data quality – Ensuring high-quality data from NC FAST and other DHHS administrative data systems should be a high priority that is communicated in the data plan. Data concerns left unresolved can have a substantial effect on the CQI process. If data is not trustworthy, it is difficult to answer the "what" and "why" questions relevant to the CQI cycle. The lack of access to high-quality data can also have a negative impact on the ability of the agency to

monitor the results of a particular intervention effectively and even undermine the trust of staff, stakeholders, and the general public.

A Communication Plan

A communication plan is a critical component of the CQI plan that will help ensure staff and stakeholders clearly understand the direction in which DHHS is heading, and the connection between practice and outcomes. It should establish formal internal and external communication procedures so that County CQI teams, Regional CQI teams and the state level CQI team have a shared awareness and understanding of what is being learned through the various CQI activities. It should include an agency feedback loop for communicating the results of case reviews and strategic planning efforts.

An effective communication strategy also builds trust. It will demonstrate to North Carolina staff and stakeholders that DHHS values transparency by making the recording and sharing of CQI-related activities, including data analyses and improvement planning efforts, standard practice across the state. Some effective communication strategies might include using web-based or social media platforms to provide ongoing information about CQI activities and CQI team minutes, sharing CQI successes in a newsletter or in online updates that describe recent CQI activities such as problems identified, determination of potential solutions, or improvements in services or outcomes, and "data stories" that describe what has been learned from the CQI process about outcomes experienced by adults, children, and families.

B. Establish an Organizational Culture that Fosters CQI

Leadership Modeling and Support for CQI

The role that DHHS leadership plays at the state, region, and county levels in order to establish a sustainable organizational CQI culture is essential. This will be best exemplified by DHHS leadership being active in supporting a learning environment for CQI and setting clear expectations for the use of data throughout the agency and then modeling the use of data in everyday interactions with staff and stakeholders. This may include issuing explicit directives and/or policies for examining data as a part of agency problem solving, and establishing regular meetings or standing agenda items that are devoted to CQI and data examination. It will be important that DHHS leadership play a visible role in ensuring that both quantitative and qualitative data are distributed across all levels and programs and that there is a shared sense of responsibility regarding the quality of the agency's data systems. Agency staff and stakeholders should be able to see leadership's commitment to the CQI process. This can be made further evident by leaders serving as active members on state and local CQI teams and participating in CQI activities such as OSRIs and Program Monitoring reviews.

DHHS leadership can further contribute to creating a supportive organizational culture for CQI by making visible efforts to allocate the necessary resources to the CQI structure and program. This includes advocating for and then filling positions for CQI-dedicated staff that provide adequate coverage and support across the state and also in making needed investments in state and local data systems.

Staff and Stakeholders Engagement and Involvement

CQI depends on the meaningful and active participation of staff and stakeholders at all levels. This requires not only that staff and stakeholders are provided the opportunity to participate actively and assume meaningful roles in CQI activities, but also that they are also fully prepared and supported in their participation in all phases of the CQI process. Central Office leadership can promote this level of inclusion by consistently demonstrating, through its CQI practices, policies, and procedures, that staff and stakeholder participation in the CQI process is a high priority and essential to achieving improved performance and outcomes. Central Office should provide clear messaging as well as ongoing opportunities for staff across the agency, and at all levels, and for stakeholders to participate in various aspects of the CQI process (i.e. serving as members on CQI teams, in Program Monitoring Reviews or OSRIs).

It is also important that staff members feel well-prepared to participate actively and assume meaningful roles in the CQI process. This will necessitate that DHHS commit adequate resources to support the active participation in CQI orientations and training as needed. This is particularly important for agency staff, so they have the skills to be able to use data in their work routinely and to make connections between their practices/actions and measurable outcomes.

Transparency and Communication

In a CQI environment, communication is a structured, strategic support function that ensures a high-quality, sustainable CQI system that is understood, embraced as the way of conducting business, and occurring throughout the social services programs. DHHS should demonstrate, as a part of its CQI plan, that communication is a strategic support function of the CQI system. Key messages that clearly articulate North Carolina's CQI processes and goals, as well as their connection to the DHHS agency vision and values must be shared and understood across all levels of the agency and with stakeholder groups. DHHS should invest in multiple communication strategies to facilitate the most essential information in the most effective formats – among counties, regions, and the Central Office in the sharing of CQI information with one another, stakeholders, and the public whenever possible and appropriate. Communication must also be multi-directional, with continuous opportunities for staff and stakeholders to communicate critical information and share concerns via continuous feedback loops that are facilitated and coordinated by the agency.

C. Invest in Infrastructure and to Support CQI

Provide for Dedicated CQI Staffing

CQI investment includes establishing and funding positions for qualified and trained CQI staff with defined roles at the state, region, and county levels, and who are expressly dedicated to overseeing and providing needed support to all CQI processes and activities. DHHS leadership, with input from the counties, should first conduct a CQI staffing assessment, taking into consideration the size and scope of the agency's services and deliverables and where service recipients are located across the state for all program areas, before determining the exact number and types of allocated positions. In moving to a regional structure, DHHS is advised to make CQI staffing investments at the state, regional, and county levels (*see Figure 19*).

All CQI job descriptions and position requirements should be clearly delineated so that individuals applying for and entering into CQI positions understand the skills required and the key roles they are expected to play.

Figure 19: North Carolina CQI Staffing Options and Considerations (7 Regions)

CQI Staffing Level	Roles and Responsibilities
State CQI Director (1)	TBD
State Program Area Associate Directors (2-4: Could be one position for each program area or a merging across some program areas – reports to State CQI Director) ▪ Child Welfare ▪ Aging and Adult Services ▪ Child Support ▪ Economic and Family Services	TBD
Regional CQI Specialists (7-14: Recommending one to two positions per region, depending on the number and size of the regions, with a merging across some program areas – reports to Associate CQI Director)	TBD
County CQI/Data Analysts (Number TBD depending on size of county and number of cases/clients served – reports to Regional CQI Specialists)	TBD

Invest in Training to CQI Staff and CQI Team Members

Staff and stakeholders must have the knowledge and skills to support their full participation in North Carolina's CQI process. DHHS should implement a comprehensive CQI training plan that provides all staff, new and existing, with introductory and ongoing training on the agency's CQI plan, policies, and requirements that provide clarity regarding staff and stakeholder roles in the CQI process. Specific areas to consider for inclusion in the CQI plan are the use of data, action planning, and using the agency's logic model in order to make evidence-informed decisions. Additionally, staff and stakeholders asked to participate in specific county and state CQI-related activities will need to receive specialized training in order to perform the functions with fidelity.

Provide Access to High Quality and User-Friendly Data

A critical component to a high functioning CQI system is ensuring that staff are afforded access to up-to-date technology and other resources to assist in the use of data/evidence needed to make informed decisions. DHHS should consider technology and staffing investments necessary in order keep information systems up-to-date, and provide staff with ready access to reliable and easy-to-use resources. University partnerships should be leveraged, where appropriate, to support key programs and initiatives through the use of data analytics and specialized program evaluation. Staff should also have access to web-based information clearinghouses and other sites that support evidence-informed problem resolution and decision- making.

D. Recommendations for Implementing an Effective and Sustainable CQI System in North Carolina

1. **Make sure CQI efforts are all-inclusive.** CQI efforts, focus, and membership should be inclusive across all social service program areas, multiple levels of staff, and external stakeholders, to include:

Program Areas	Internal Staff	External Stakeholders
▪ Child Welfare ▪ Aging and Adult Services ▪ Child Support ▪ Economic and Family Services	▪ Caseworkers (Direct Service Staff) ▪ Supervisors ▪ Clerical/Support ▪ Managers ▪ Leadership	▪ Parents ▪ Families ▪ Youth ▪ Caregivers ▪ Foster/Adoptive Parents ▪ Contracted Providers ▪ Community Providers ▪ Courts ▪ Social Services Commissions

2. **Establish an effective learning structure.** The establishment of an effective teaming structure will be key to the success of NC's CQI process. Establishing teams at multiple levels (county teams, regional teams, and a state team) will help ensure there is a structured framework through which staff and stakeholders can actively participate in CQI activities. It will also provide a forum across the various program areas for staff and stakeholder to come together and analyze data in order to identify and resolve common problems, and build organizational consensus on how to implement strategies that improve outcomes for North Carolina children and families. DHHS has the opportunity through this reform effort to build and align a newly envisioned CQI process around the new regional structure.

3. **Engage the counties and Central Office early** (and often) in coming up with an implementation plan for CQI. Include the voices of staff from all program areas. Engage key stakeholder groups. This sets the stage for the active involvement of staff and stakeholders early on in the development of NC's CQI process.

4. **Learn about state and local/county CQI practices.** Find out what state QA/CQI staff have learned from years of implementing program monitoring program performance. Learn from IT staff and other constituency groups across the state about what is or isn't working well with NCFAST in order to anticipate and address potential challenges in the use of data as part of the CQI process. Build on local ideas and strengths.

5. **Include an implementation plan defining important elements**. The CQI plan should include an implementation plan that details the sequencing of key activities and components outlined in the CQI plan. This will require that DHHS determine how best to roll-out the establishment of state, regional, and county level CQI teams, strengthen existing qualitative case review processes and administrative data infrastructure (i.e. NC FAST) and also introduce and integrate new data dashboards and performance expectations outlined in county MOUs into the CQI process. DHHS should consider the potential benefits to a phased roll-out of the proposed CQI Structure, particularly as it relates to the establishment of a State CQI Team, Regional CQI Teams, and County CQI Teams. Investing first in a State CQI team and in Regional CQI teams could be advantageous if it is aligned with the newly established regional structure. A phased roll-out could include establishing one or two Regional CQI Teams, where the various CQI related processes and activities could be tested and adjusted as needed, and the roles of the DHHS CQI staff could be refined before moving to full statewide implementation.

6.	**Hone and transmit goals regarding data usage.** Take the time to really message (and model) with staff and stakeholders DHHS leadership expectations and goals as they relate to using data in order to improve practice and outcomes. This includes integrating core provisions of annual MOUs into county CQI plans and local/county oriented CQI activities. It also includes aligning all agency metrics – including new dashboard measures and key performance metrics and outcomes – into the CQI plan. Training on the new dashboard also needs to be fully aligned with CQI processes. Finally, because the accessibility of user-friendly data is essential to a high functioning CQI system, it is essential that DHHS determine, with input from staff and stakeholders at the county level, which existing agency data can best be utilized to identify strengths, challenges, and examine problem areas in order to get to root causes, identify strategies, and monitor solutions.

XI. SUMMARY

This North Carolina Social Services Preliminary Reform Plan documents the current framework for service delivery, details findings from our assessment of that framework, and provides recommendations for improvement. A companion report, the North Carolina Child Welfare Preliminary Reform Plan, is presented as a separate volume. This Draft Preliminary Reform Plan is the culmination of the Center for the Support of Families' (CSF) work to date on the North Carolina Social Services Reform Plan project and documents the current framework for service delivery, findings from our assessment of that framework, and recommendations for improvement. The final Social Services Reform Plan and the Child Welfare Reform Plan, due February 28, 2019, will close out Phase 2 of this project. Phase 3 provides for continued oversight and monitoring of the implementation activities.

Throughout our work during Phase 1, we met leaders, line staff and stakeholders who clearly have a passion for the work, are willing to face challenges and are excited to explore new ways of doing business and work collaboratively to improve outcomes for the state's most vulnerable citizens.

Looking ahead, we believe DHHS should begin the next phase of its work required under S.L. 2017-41 by developing a Transition Plan, needed to put the new regional office structure in place. DHHS is responsible for determining how many regions will be created and their geographic boundaries. These decisions are fundamental to the staffing and facilities decisions that must be made, as well as the request to the General Assembly for the funding needed to support the new organizational structure. We are proposing that there be seven geographic regional offices. The level of effort and depth of knowledge required related to the counties in each region warrants a regional structure with fewer counties within each region.

Our proposed regionalization features a matrix organization in which administrative management of all staff comes from a Regional Director, with program policy and practice supervision originating from the appropriate program section in the state office. Matrix organizations require strong management at the regional and Central Office levels. This amplifies the need for a strong Regional Director.

Another top priority going forward relates to the use of data. Fundamentally, social services program management should focus on data and how to integrate its routine use into all programs. Program improvement is predicated on easy access to reliable data, and processes informed by robust program data. DHHS should begin the next phase of their work by realistically assessing their internal capacity for integrating the routine use of data into all of the social services programs, and making appropriate organizational changes, to support a data-driven culture. Progress has been made toward developing a dashboard structure that can be a lasting tool for state leadership, state and county agency staff, families receiving social services, and the general public to ensure accountability and transparency about the needs and provision of services to communities across the state. However, the team has identified some significant challenges with data available for Dashboard development. During Phase 2, we will continue to work with DHHS and the counties to further refine staffing and program outcomes data.

The final Reports, due by February 28, 2019, will document progress on the short-term recommendations, and will include implementation plans for the mid- and long-term recommendations.

As noted in the Executive Summary, North Carolina's leadership is to be applauded for its decision to pursue the systemic changes needed to improve outcomes for its most vulnerable citizens. We believe the preliminary recommendations detailed in this report will help North Carolina's social services programs become "best in class" and we look forward to continuing our work with state and county staff, as they work to improve the services they deliver to the public.

XII. APPENDICES

Appendix A: List of Key Meetings

Date	Meeting	Purpose/Content
March 2018		
3/12	Social Services Working Group (SSWG) Meeting	Presented an overview of the CSF project.
3/19 & 3/20	DSS Staff	Identifying data needs and potential data sources for the child welfare programs.
3/26	Cumberland County's Child Welfare Project conference call	Participated.
3/28	Monthly "100 Directors" Call, Hosted by DHHS	Presented an overview of the CSF project.
April 2018		
4/2 & 4/3	In-Depth Program Review Meetings	Participated.
4/9-10	Child Fatality Conference, in Raleigh	Participated.
4/12	Meeting for the 16 Urban Counties in Guilford County	Focus groups.
4/25 & 4/26	NCSDSS Annual Meeting, in Blowing Rock	Focus groups.
May 2018		
5/4	Central Office Child Welfare Division Leadership	Discuss the Families First Services and Prevention Act.
5/9	NCACDSS Central Regional Meeting	Input from representative Child Welfare, Aging and Adult Services and Economic and Family Services stakeholders.
5/10	NCACDSS Executive Board Meeting	Briefing.
5/11	Central Office Child Welfare Employees and Leaders	Listening session.
5/14	DHHS Secretary and Her Leadership Team	Briefed on both of our *Preliminary Reform Plans* and project timeline.
5/15 & 5/16	Representatives from: Guilford, Randolph, Caswell, Yadkin, Chatham, Moore	Focus groups and interviews in High Point.
5/17	Lincoln County	Meeting related to rolling out new child welfare policy.
5/18	Orange County Social Services	Site visit.
5/22	Social Services Aging Policy Listening Session in Kernersville	Listening session.
5/22 & 5/23	Representatives from: Carteret, Pender, Hyde, Jones, Beaufort, Craven	Focus groups and interviews in Morehead City.
5/24	NCACDSS Eastern Regional Meeting	Met with DSS Directors, program supervisors and administrators,

Date	Meeting	Purpose/Content
		line staff, fiscal/budget officers.
5/25	Child Support Supervisors Annual Meeting	Project overview at general session; three focus groups.
5/25	Wilson County Social Services	Site visit.
5/30 & 5/31	Representatives from: Rutherford, McDowell, Jackson, Burke, Buncombe, Haywood	Focus groups and interviews in Spindale.
June 2018		
6/5	Various Stakeholders	Families First Services and Prevention Act.
6/6 & 6/7	DHHS Program and Data Staff Across Social Service Areas	Administrative data and dashboard data requests.
6/13	Social Services Commission	Presentation.
6/14	Family Advisory Council in Raleigh	Focus group with members.
6/15	Duke Endowment	Interview with two project officers, Tamika Williams and Phil Redmond.
6/15	Administrative Office of the Courts	Interview.
6/25	Third Sector	Linking financing with outcomes in Guilford County and to promote adoptions.
6/25	DHHS Data Management Staff	Clarify data request.
6/29	DHHS Data Management Staff	Clarify child welfare data received and additional data requested.
August 2018		
8/8	SSWG	Project update via webinar.
8/8	NC Association of County Commissioners	Project briefing.

Appendix B: Focus Groups Conducted

Date	Group	Location
April 12, 2018	Child Welfare Focus Group	Greensboro, NC
April 26, 2018	County Directors	Blowing Rock, NC
May 9, 2018	Children Services, Aging and Adult Services, and Economic and Family Services Focus Group	Cary, NC
May 24, 2018	Finance Staff Focus Group	Raleigh, NC
May 25, 2018	Child Support Supervisors	Raleigh, NC
June 6, 2018	Aging and Adult Services, Child Support, Child Welfare, and Energy Program	
June 7, 2018	Child Care and FNS	

The following counties participated in-person or by phone in focus groups or interviews on the assigned date or follow up at another time (note: not all counties participated in all focus groups; there were approximately 6 in each).

Central

- Guilford (host).
- Caswell (Karen traveled there and did some interviews).
- Chatham.
- Randolph.
- Yadkin.
- Moore.

Eastern

- Carteret (host).
- Jones.
- Beaufort.
- Craven.
- Perquimans (came for one day).
- Hyde (came for one day).
- Pender.

Western

- Rutherford (host).
- McDowell.
- Buncombe.
- Jackson.

- Haywood.
- Burke.

Half-Day Site Visits

- Orange County.
- Wilson County.

Appendix C: 15 Counties Selected for Site Visits

- Alamance.
- Alleghany.
- Anson.
- Caldwell.
- Camden.
- Edgecombe.
- Greene.*
- Halifax.
- Johnston.
- Mecklenburg.
- Orange.
- Robeson.
- Scotland.
- Swain.
- Wake.

**Greene County was unavailable for in-person visit the week scheduled, so a telephone interview was conducted.*

Appendix D: Sample Survey Instrument – DAAS

North Carolina Staffing Survey - Aging and Adult Services

County Name	Point of Contact	Phone	Email

Overall do you consider staffing levels appropriate for the work required?	What specific resources or positions are needed? (add lines if necessary)	Provide other concerns or comments regarding staffing below.

Below are groups of functions that typically make up a position in Aging and Adult Services. Please tell us how many Full Time Equivalents (FTE) you have that perform those functions. We realize that staff may perform more than one function, or staff may not spend all of their time on those functions, so please use fractions to provide us with your best estimate.

Position Functions	*Number of FTEs*	*Starting Salary*	*Top Salary*	*Number of Vacant Positions Now*	*Number Hired in Past 3 Months*	*Comments*
Takes calls from the public regarding adults who may be at risk and in need of Adult Protective Services						
Evaluates APS intakes, determines next steps in case						
Performs evaluations, treatments, plans and mobilizes services						
Performs guardianship services, including case management, arranging and monitoring treatments						
Visits clients in their homes, oversees the provision of paraprofessional services						
Monitors adult care facilities						
Takes calls from the public for non-APS services, including emergency assistance, general assistance related to adults, placement assistance						
Performs case management for individual and family adjustment						
Representative Payee for people with Social Security benefits who cannot manage their financial affairs						
Performs duties under the State-County Special Assistance Program						
Supervises staff performing FNS duties, may provide training, fill in when caseloads have a vacancy						
Program Manager/Administrator, responsible for overall operations of program, personnel issues, overall supervision of staff						

Turnover				
Thinking about January 1, 2017, through today:				
How many staff have you lost?				
Position Title	# lost	Reason for leaving (if known)		
Were your turn-over rates during this time period fairly typical, higher, or lower than usual?				
If you have a turnover issue in this program, what do you think would help decrease the amount of turnover you suffer from?				

Job Qualifications												
Think about the job classifications for the staff you have in managerial, supervisory, lead, and front line positions. Please list the job classifications, and the minimum qualifications for each position. If it is easier/more readily available, please send us your job position descriptions separately. Examples are listed below - please edit as needed.												
Job Title			Minimum education			Minimum experience				Certification required?		
Program Manager												
Supervisor												
Lead												
Social Worker I												
Social Worker 2												

Appendix E: Comparison of States' Organizational Charts

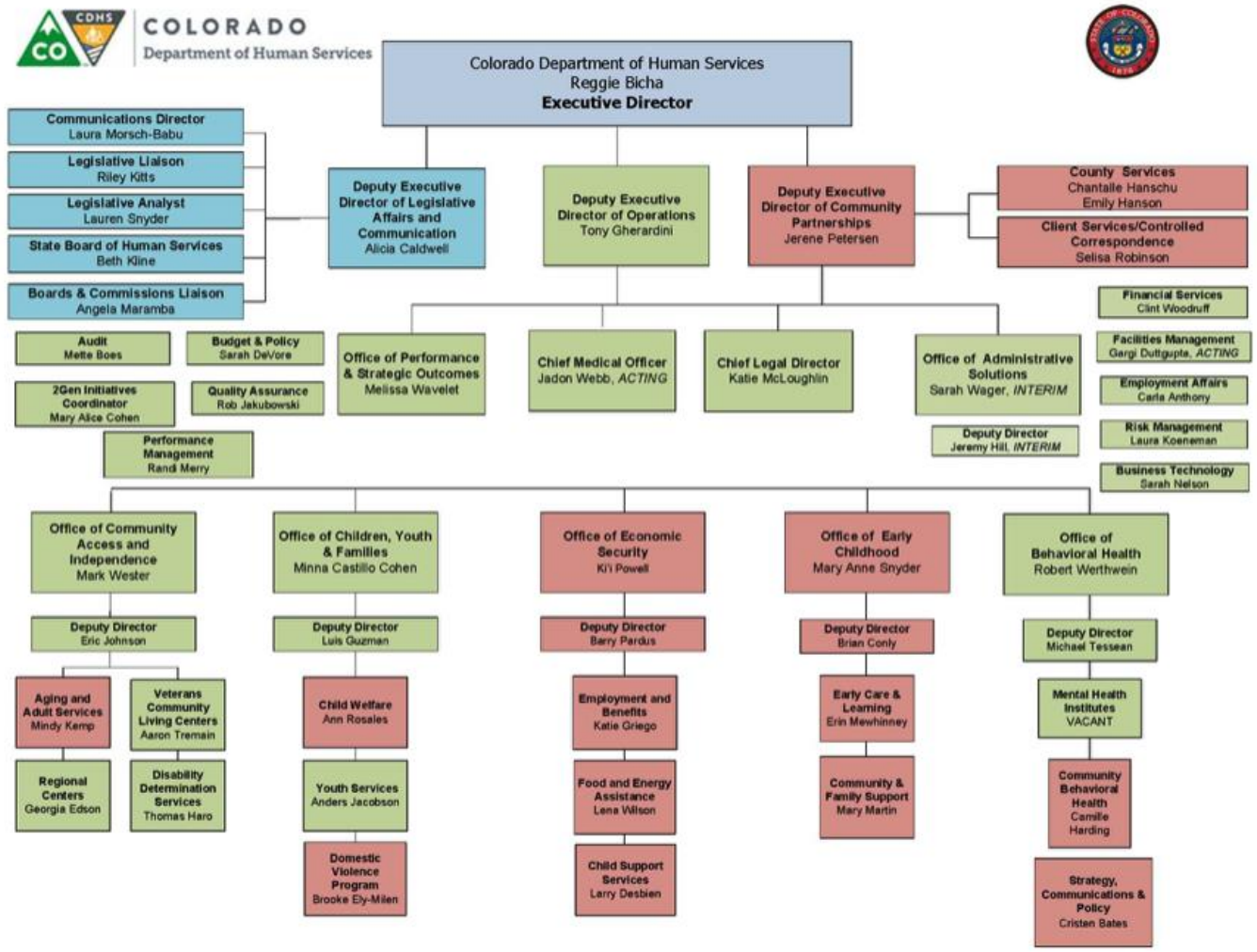
Colorado

Colorado operates under a state-supervised, county administered model. Perhaps the most distinguishing feature of Colorado's administration is their emphasis on how many staff they have in each region of the state. This was unique among the states we examined, and it may reflect an emphasis on ensuring that citizens of the state are served where they live. This would be particularly important in Colorado, where there are large portions of the state that are sparsely inhabited.

Additionally, Colorado has centralized cross-cutting functions, such as risk management, technology, audit, budget and policy and quality assurance, under the Director of Operations. While it may be possible to have expertise in these functions within a single administrative entity, it raises the question of how much program-specific knowledge these staff have about the service agencies in the state.

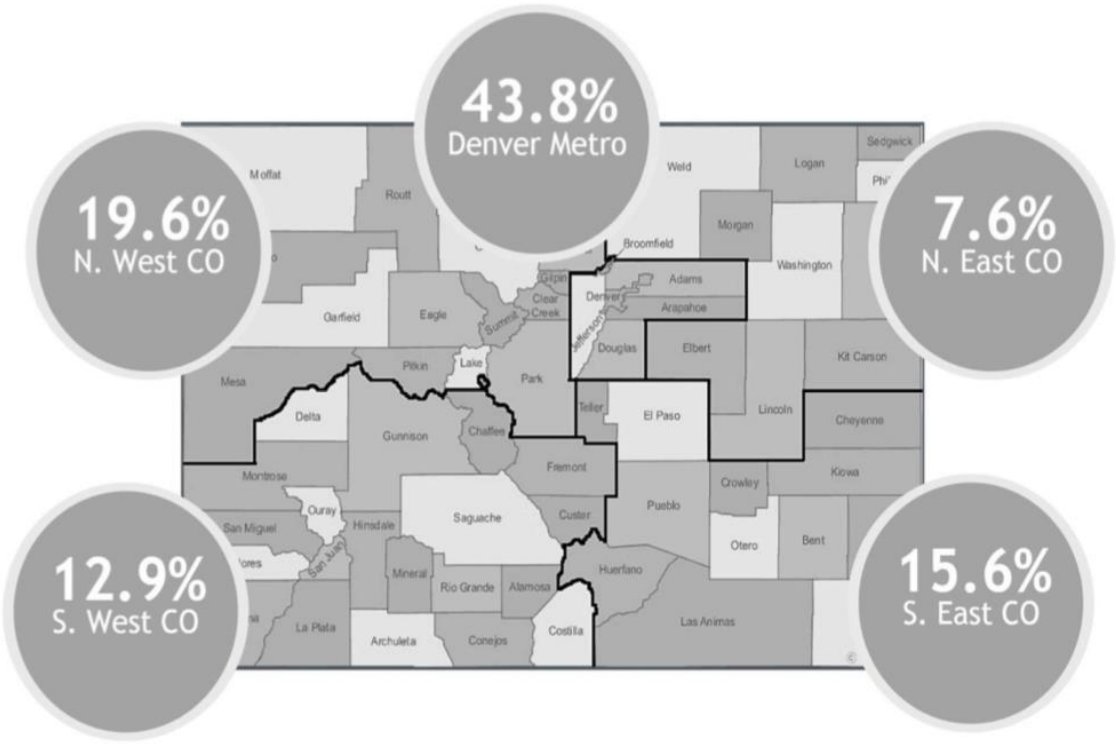
Figure A-1 below is the organization chart for the Colorado Department of Human Services. The geographic distribution of all state employees is presented in Figure A-2.

Figure A-1: Colorado Department of Human Services Organization Chart



Excerpts from 2014 – 2015 Workforce Report
https://www.colorado.gov/pacific/sites/default/files/2014-15%20State%20of%20Colorado%20Workforce%20Report.pdf

Figure A-2: FY 2014-2015 Employee Distribution by Region



Employee Distribution by Region:

19.6%
Northwest Colorado
6,168 employees

12.9%
Southwest Colorado
4,053 employees

43.8%
Denver Metro
13,751 employees

7.6%
Northeast Colorado
2,378 employees

15.6%
Southeast Colorado
4,882 employees

When looking at distribution of staff by department (*Figure A-3*, below), we can see that the areas of Higher Education, Corrections and Human Services have the majority of the State Employee resources with a combined 59.7 percent of the overall workforce. This is partly due to local staff being county employees in some areas – such as Education, which primarily consists of local school district employees. However, this does indicate that State level resources are focused in these three areas. No other departments have staffing levels within 5 percent of the lowest of these three. Many departments' staff represent less than 1 percent of the total workforce.

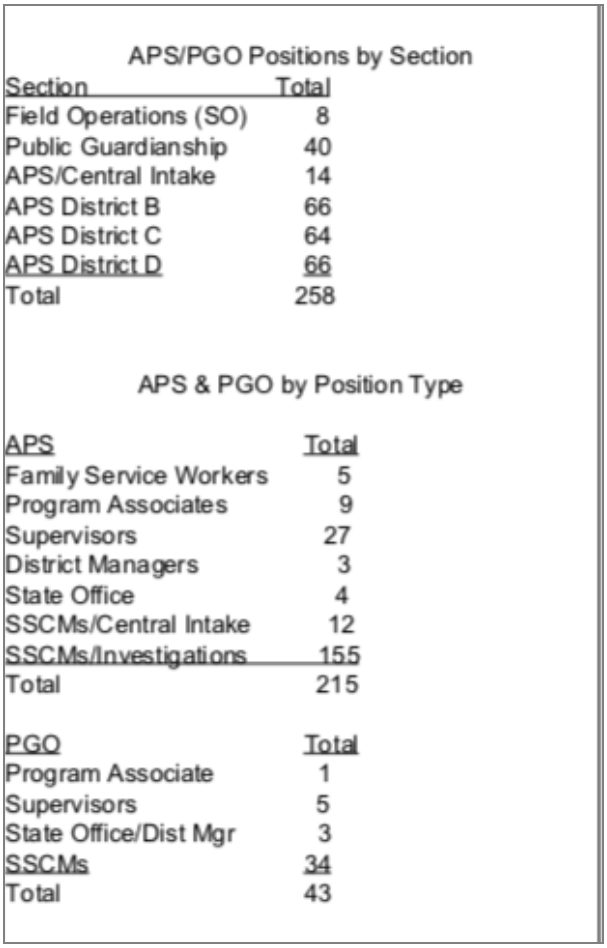
Figure A-3: FY 2014-2015 Employee Distribution by Department

Department	# of Employees	% of Classified Workforce	Avg. Age	Avg. Monthly Salary	Retirement Eligible within 1 yr.
Agriculture	273	0.9%	48.6	$4,600	26.0%
Corrections	6,122	19.6%	44.5	$4,323	15.2%
Education	137	0.4%	49.2	$3,940	25.5%
Governor's Office	532	1.7%	51.4	$6,084	31.8%
Health Care Policy & Financing	420	1.3%	43.2	$5,269	11.9%
Higher Education	7,562	24.2%	48.8	$3,515	28.0%
Human Services	4,977	15.9%	46.0	$4,187	17.7%
Labor & Employment	1,076	3.4%	49.5	$4,761	28.3%
Law	177	0.6%	48.6	$5,234	22.6%
Local Affairs	153	0.5%	46.8	$5,390	18.3%
Military & Veterans Affairs	135	0.4%	48.8	$4,391	15.6%
Natural Resources	1,441	4.6%	46.0	$5,381	21.0%
Personnel & Administration	362	1.2%	48.9	$4,857	24.6%
Public Health & Environment	1,283	4.1%	46.0	$5,845	19.7%
Public Safety	1,680	5.4%	43.0	$5,602	10.7%
Regulatory Agencies	527	1.7%	49.8	$5,425	25.6%
Revenue	1,259	4.0%	48.2	$4,425	19.8%
State	119	0.4%	45.9	$5,579	9.2%
State Auditor's Office	63	0.2%	39.7	$6,133	1.6%
Transportation	2,932	9.4%	47.9	$4,863	19.8%
Treasury	29	0.1%	52.3	$4,986	27.6%
Statewide Totals:	**31,259**	**100.0%**	**46.8**	**$4,444**	**20.7%**

Georgia

Georgia used to operate under the state-supervised, county-administered model. Their social services programs are now state-administered. Georgia provided us with information on the structure and administration of their Division of Aging Services, which has a strong focus on Field Operations. Georgia has a very strong regional structure. These examples indicate that the majority of staffing resources are located in field operations and the central office is categorized as "Field Support". They also have dedicated resources to oversee policy as well as Adult Guardianship and APS – again showing priority in these areas. In the graphic below, APS represents Adult Protective Services and PGO is the Public Guardianship Office.

Figure A-4: APS and PGO Positions by Section and by Position Type



APS/PGO Positions by Section

Section	Total
Field Operations (SO)	8
Public Guardianship	40
APS/Central Intake	14
APS District B	66
APS District C	64
APS District D	66
Total	258

APS & PGO by Position Type

APS	Total
Family Service Workers	5
Program Associates	9
Supervisors	27
District Managers	3
State Office	4
SSCMs/Central Intake	12
SSCMs/Investigations	155
Total	215

PGO	Total
Program Associate	1
Supervisors	5
State Office/Dist Mgr	3
SSCMs	34
Total	43

Figure A-5: Georgia Division of Aging Services Organizational Chart 1

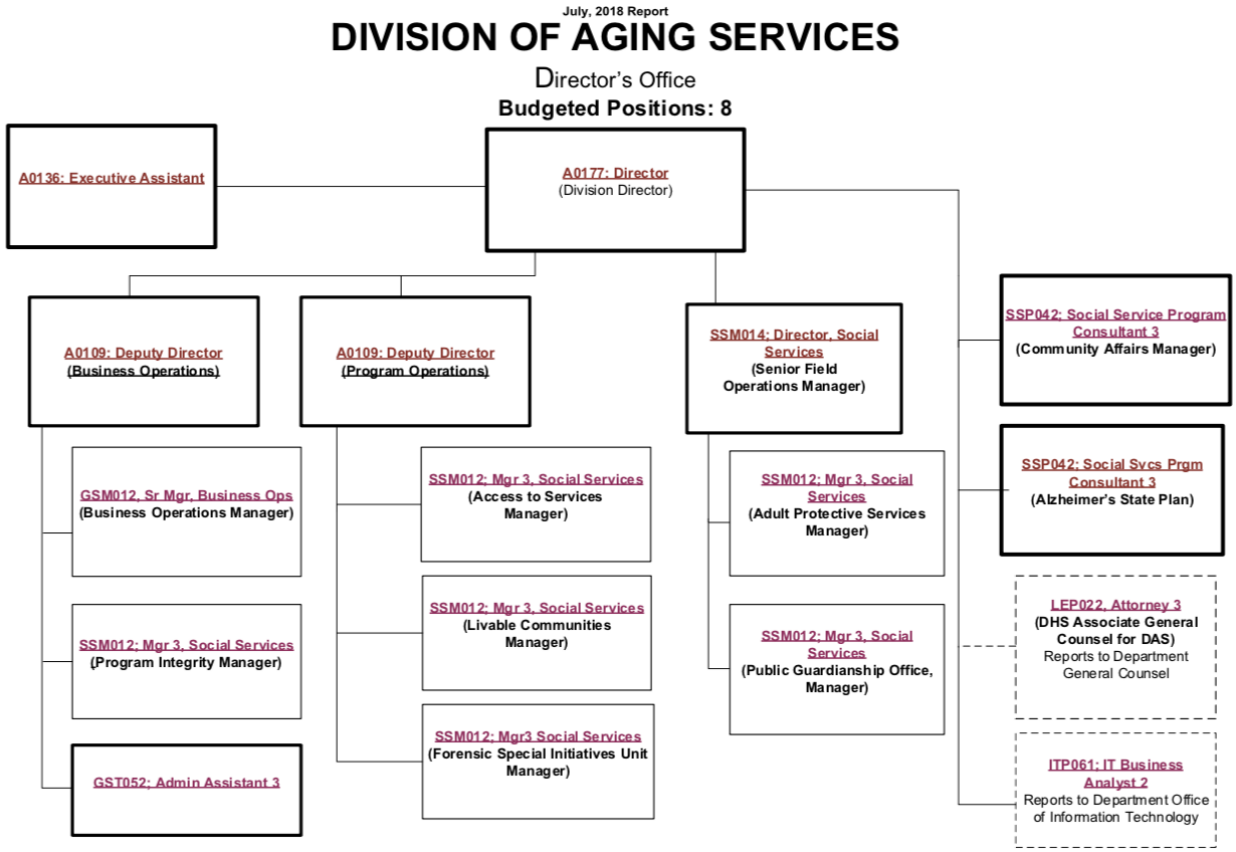


Figure A-6: Georgia Division of Aging Services Organizational Chart 2

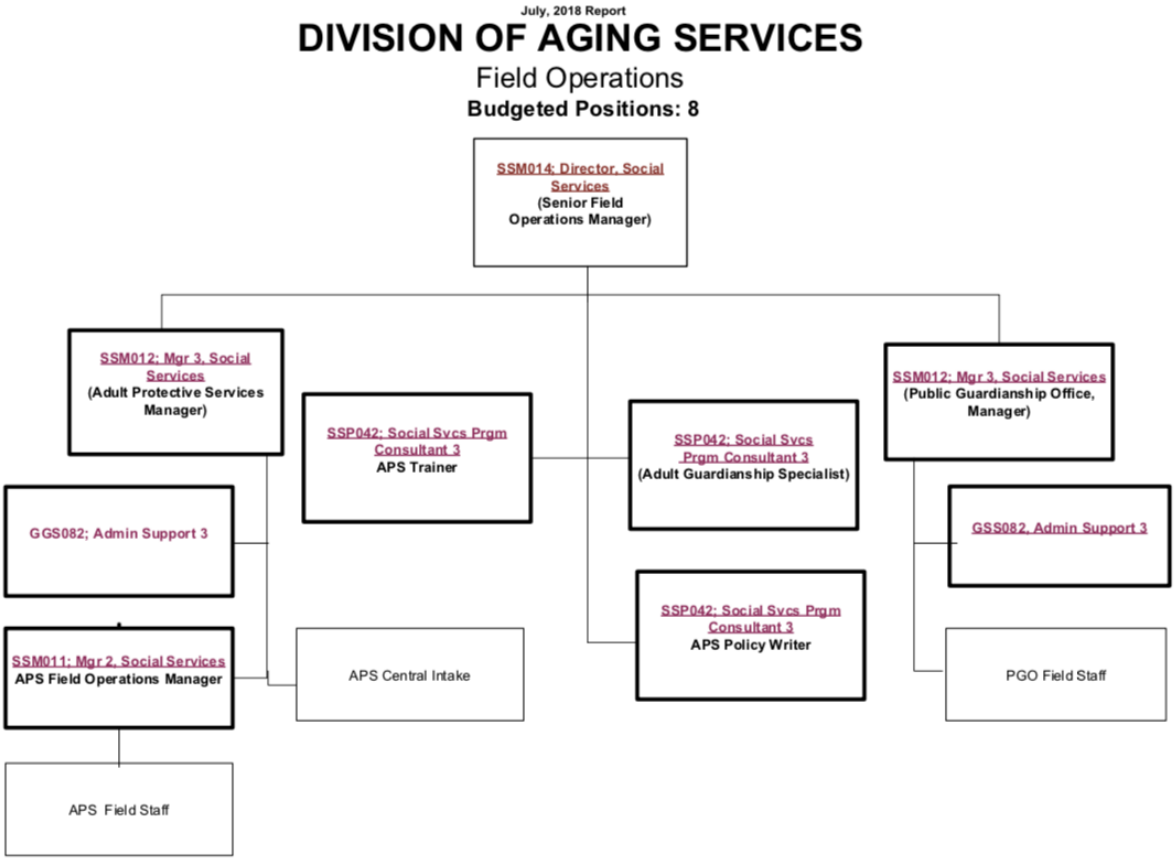


Figure A-7: Georgia Division of Aging Services Organizational Chart 3

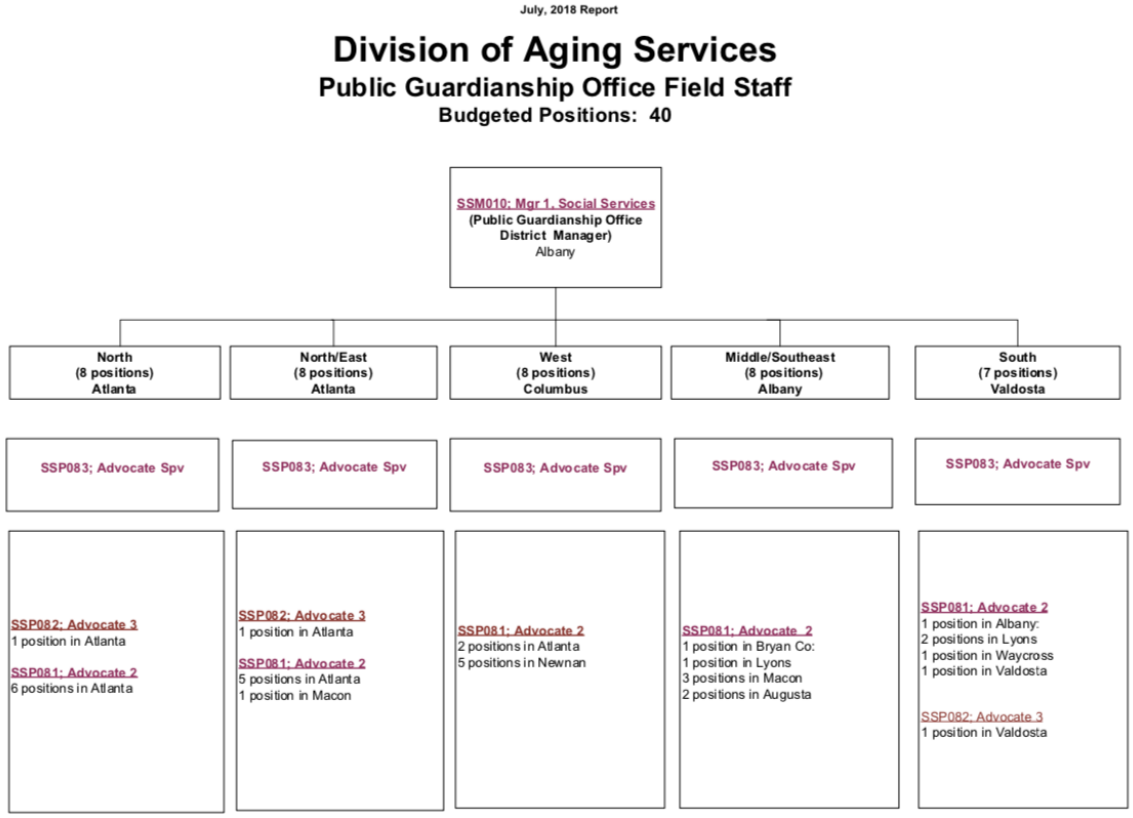


Figure A-8: Georgia Division of Aging Services Organizational Chart 4

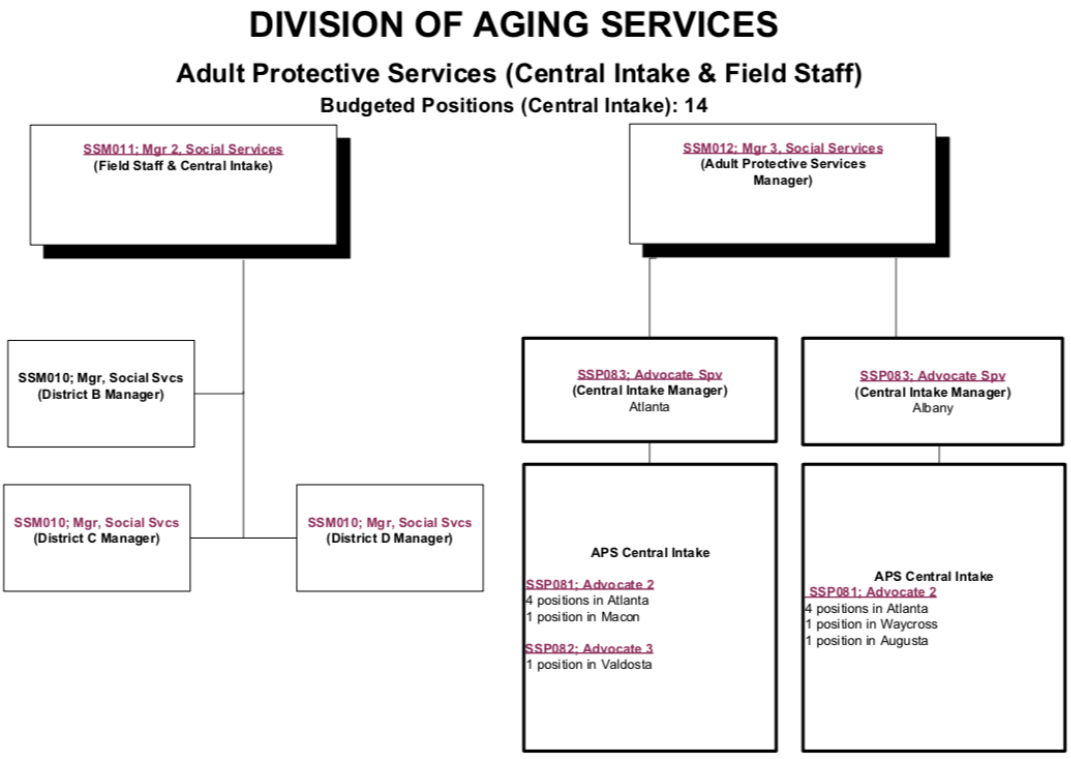


Figure A-9: Georgia Division of Aging Services Organizational Chart 5

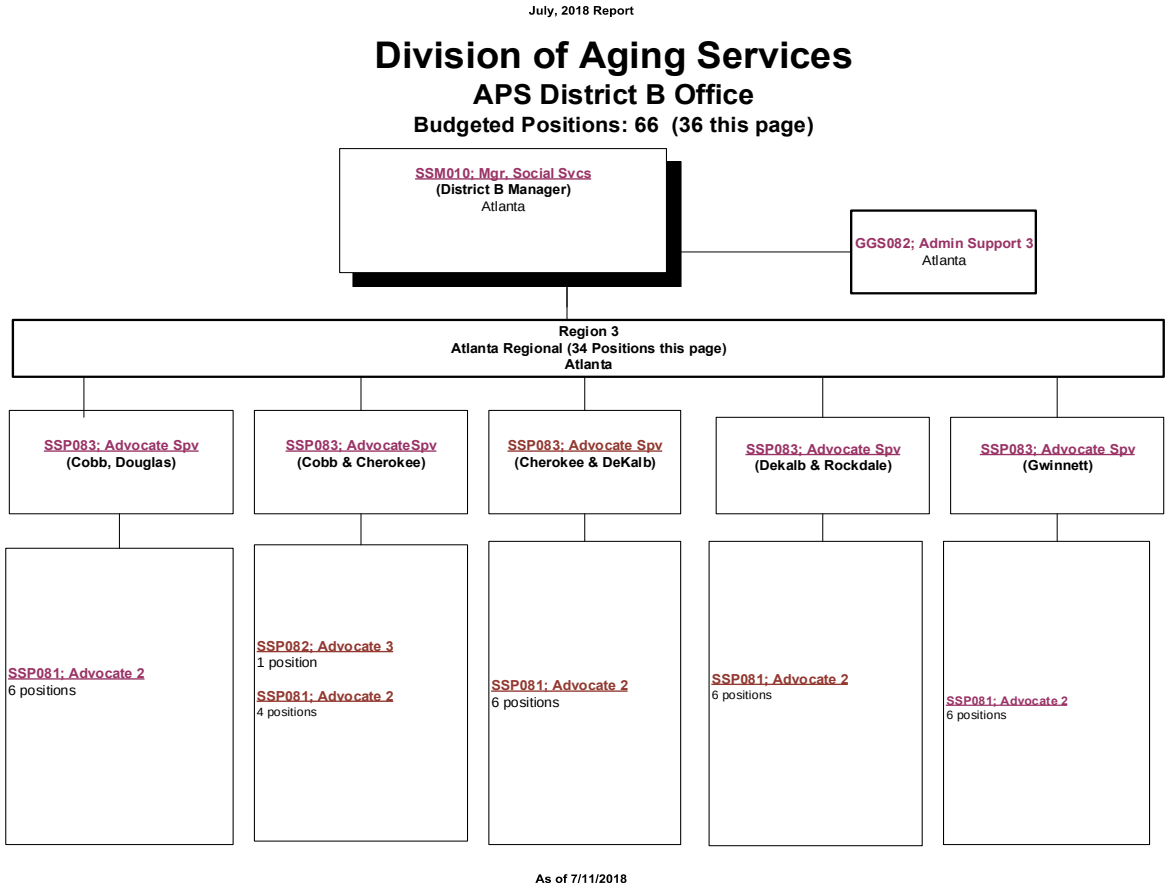
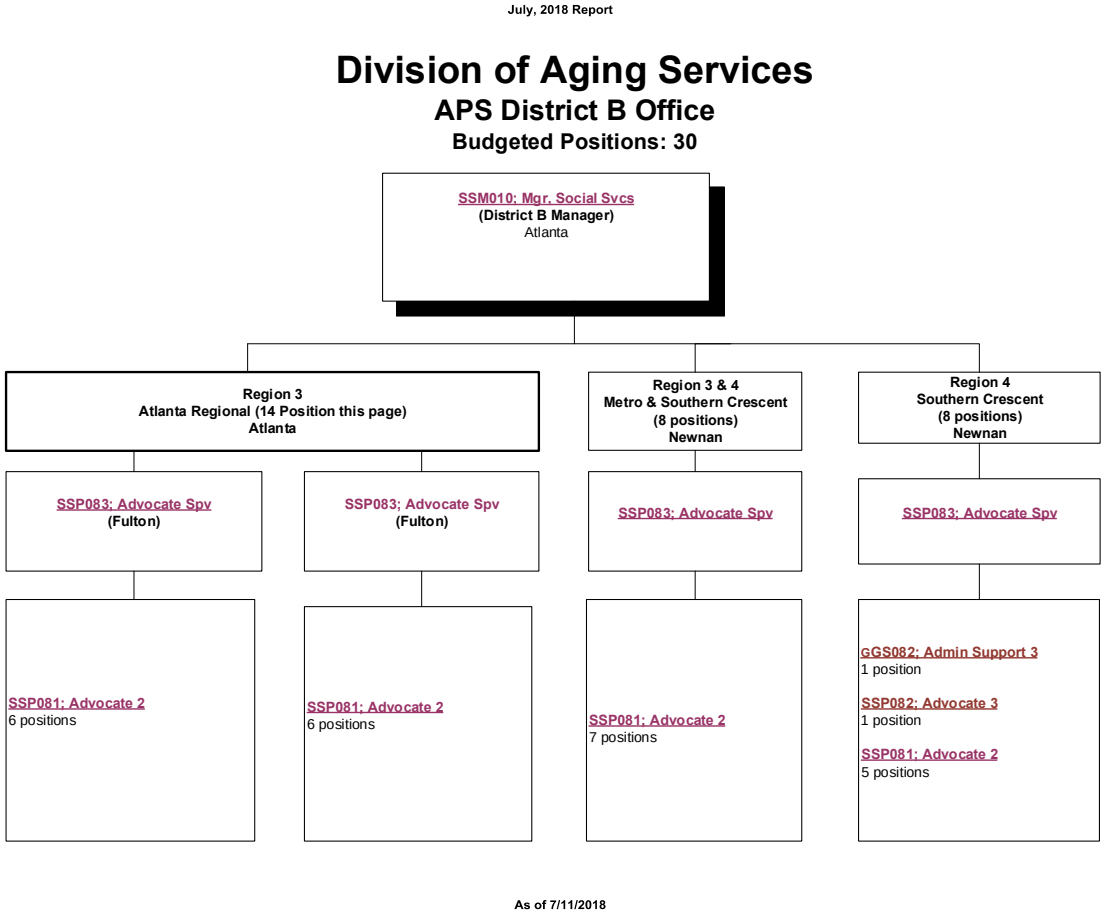


Figure A-10: Georgia Division of Aging Services Organizational Chart 6



Pennsylvania

Pennsylvania operates under a state-supervised, county-administered model. Pennsylvania has dedicated positions for Quality Management and Program Integrity within their Department of Human Services. (Also called Program Evaluation.) In addition, there is a dedicated bureau for program evaluation under the Deputy Secretary for Income Maintenance. Only the Bureau of Children and Family Services under the Deputy Secretary for Children, Youth and Families has a regional structure. If we assume that having a regional structure equates to better knowledge of the characteristics and service needs of the region, this structure could improve service provider quality, and provide a way to coordinate outreach efforts to find services within the regions.

Figure A-11: Pennsylvania Department of Human Services Organizational Chart 1

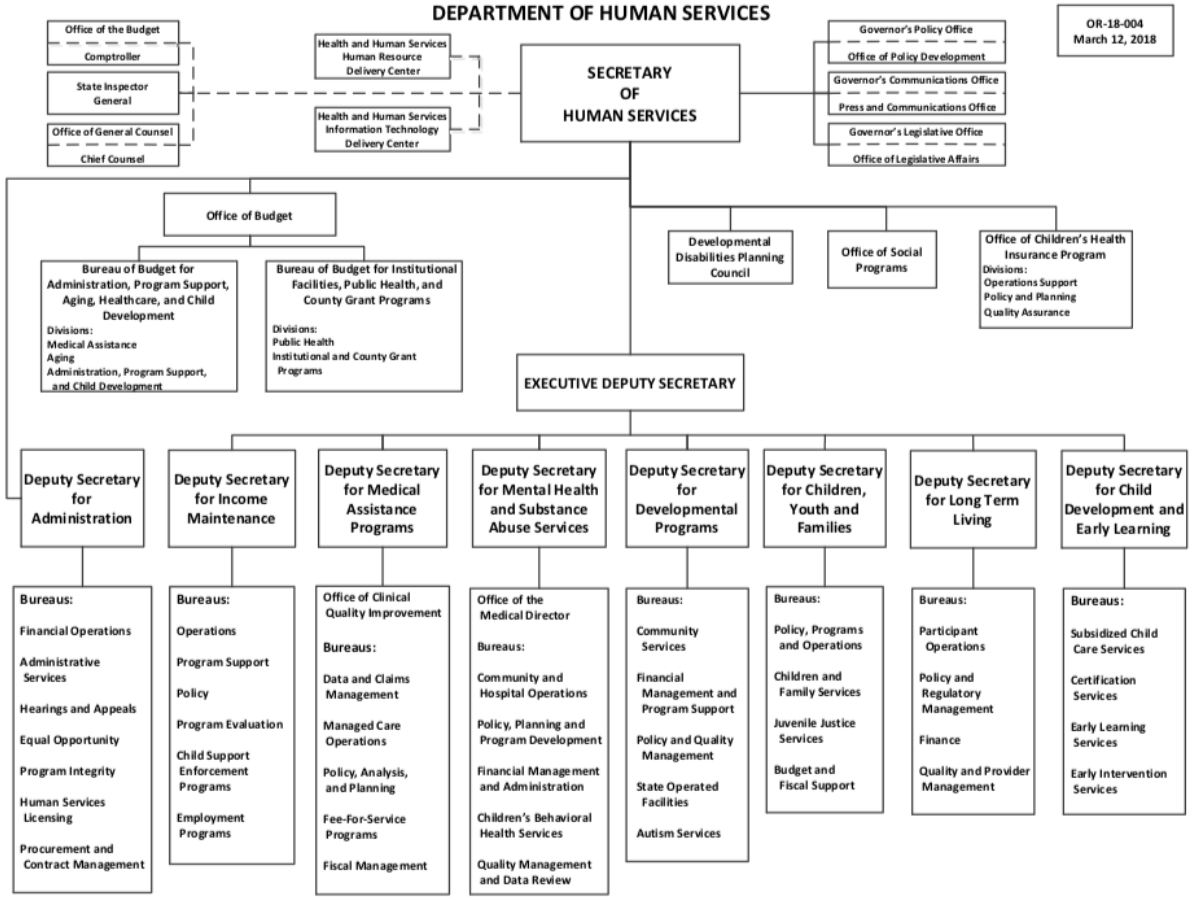


Figure A-12: Pennsylvania Department of Human Services Organizational Chart 2

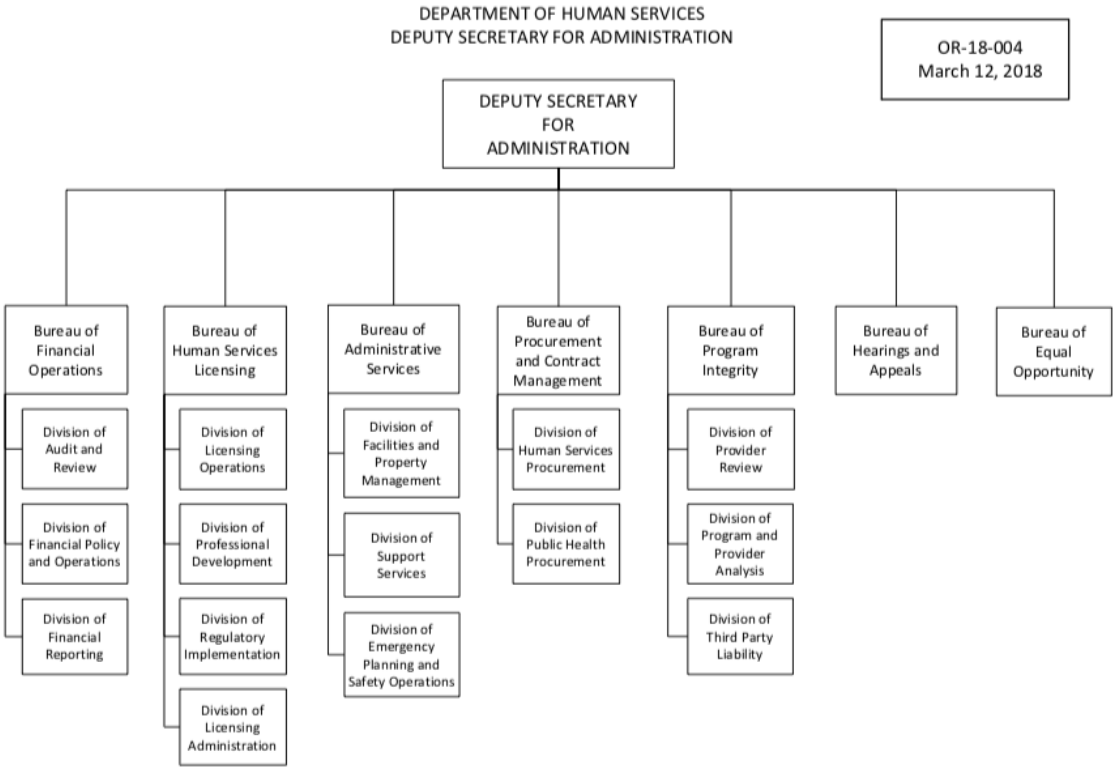


Figure A-13: Pennsylvania Department of Human Services Organizational Chart 3

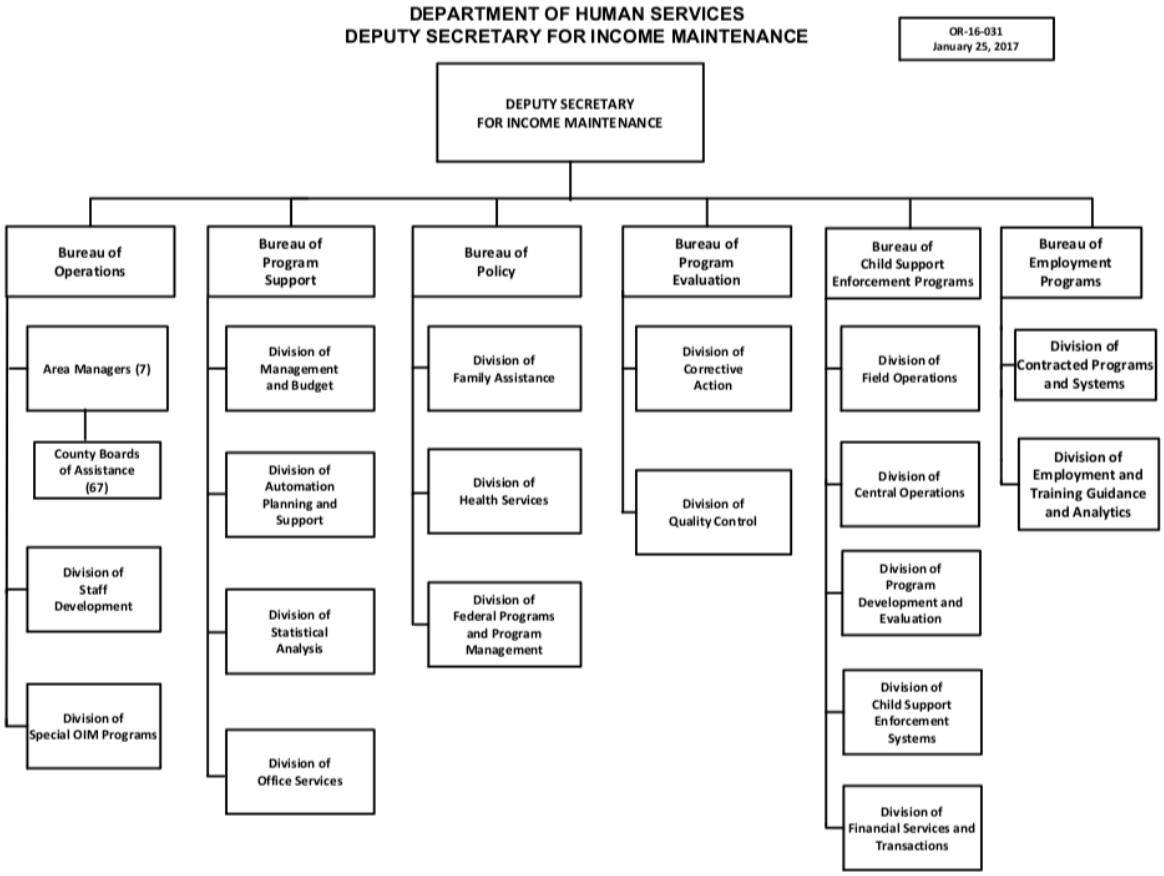


Figure A-14: Pennsylvania Department of Human Services Organizational Chart 4

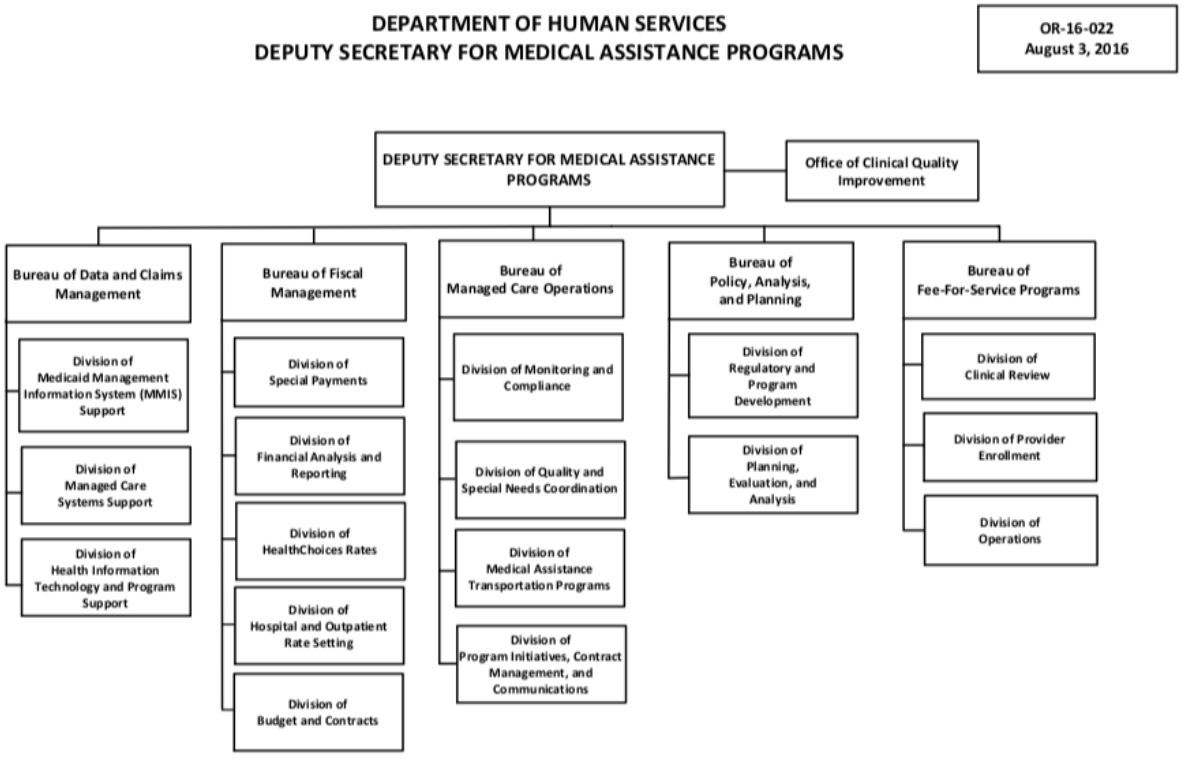


Figure A-15: Pennsylvania Department of Human Services Organizational Chart 5

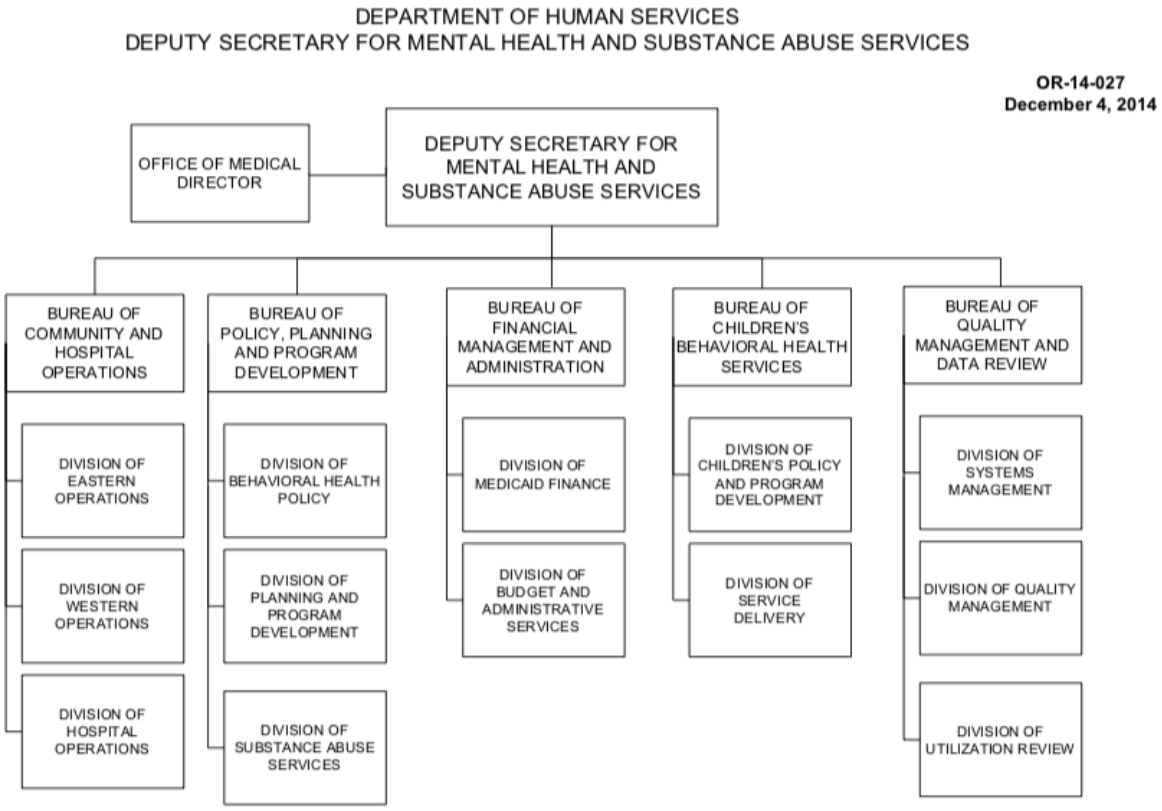


Figure A-16: Pennsylvania Department of Human Services Organizational Chart 6

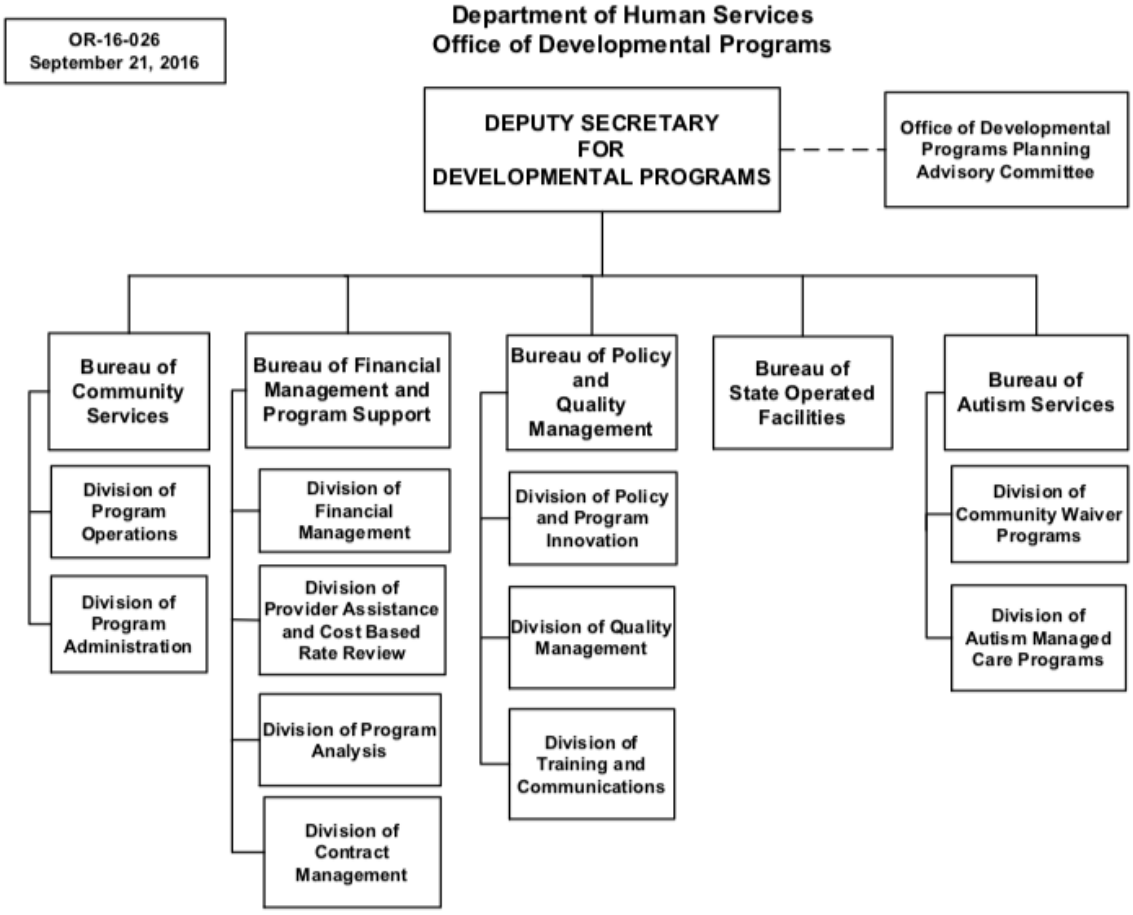


Figure A-17: Pennsylvania Department of Human Services Organizational Chart 7

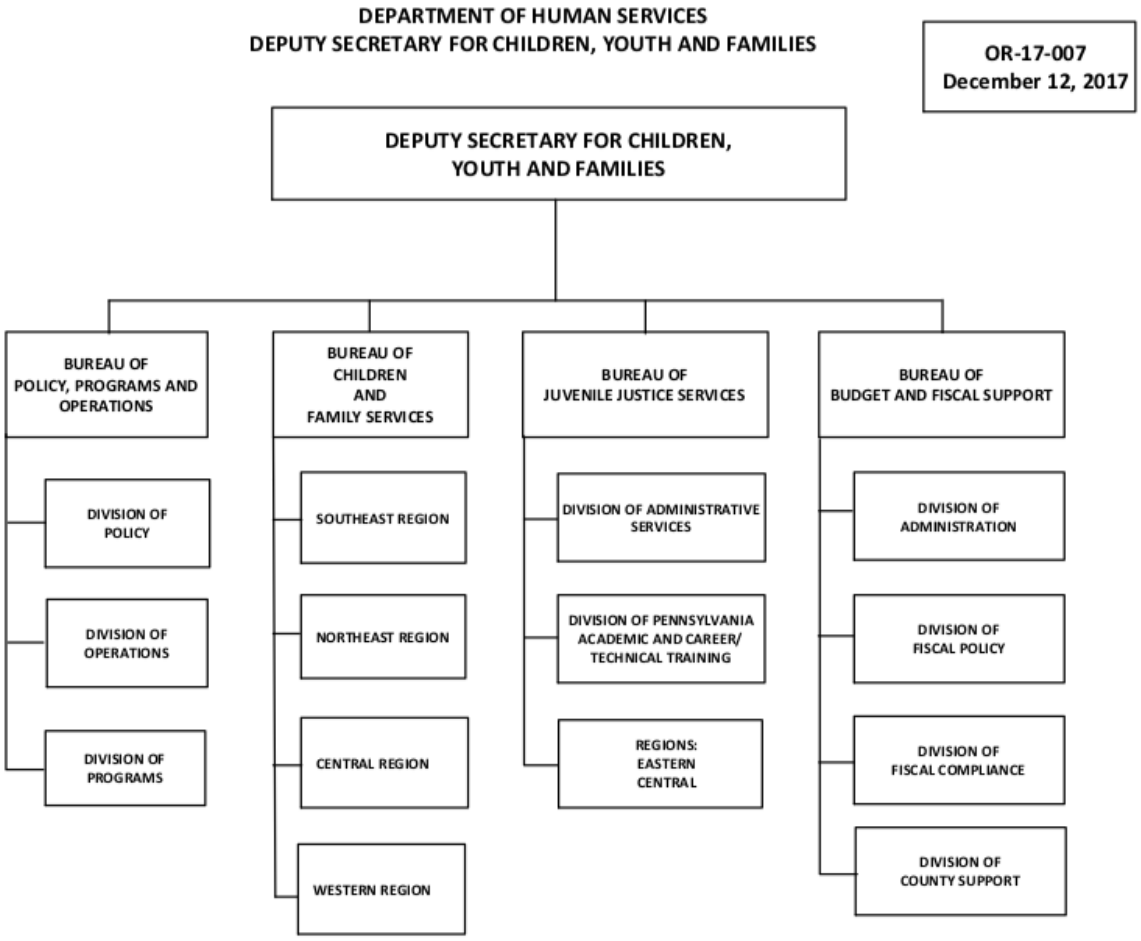


Figure A-18: Pennsylvania Department of Human Services Organizational Chart 8

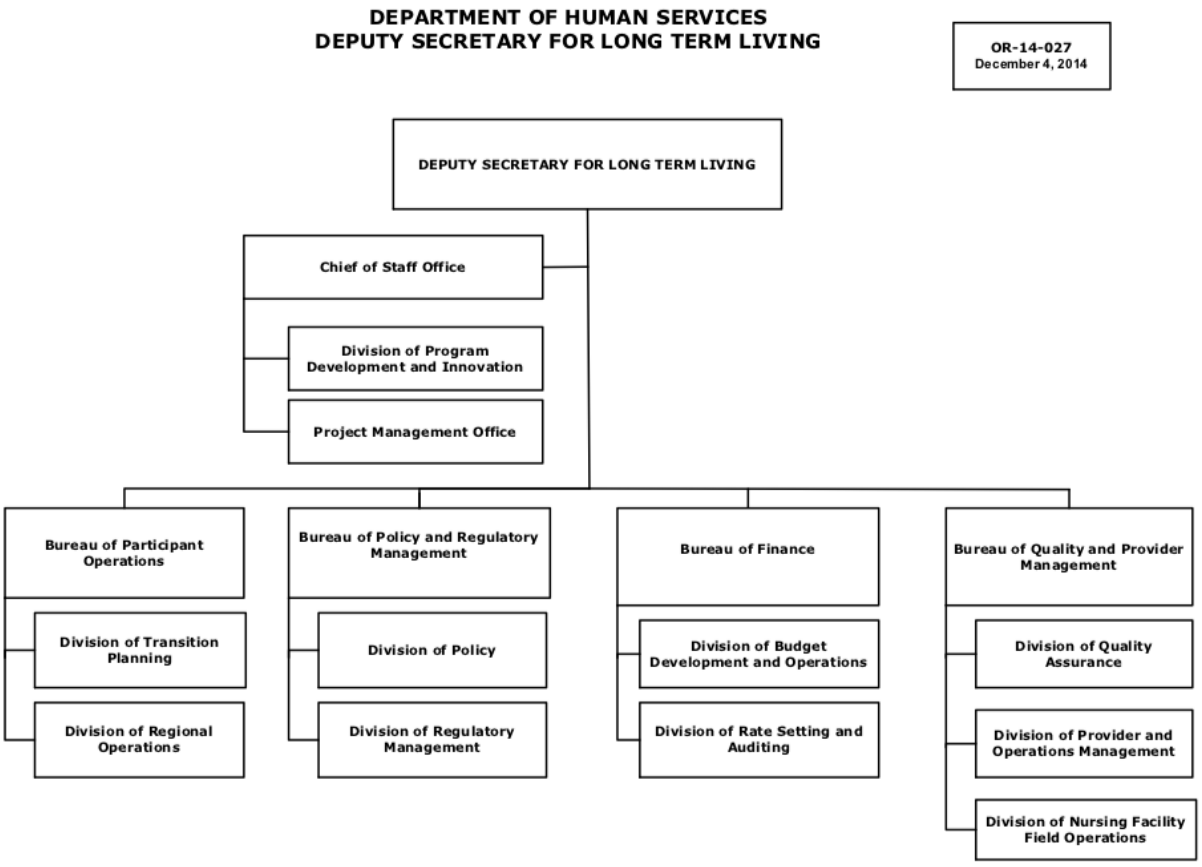
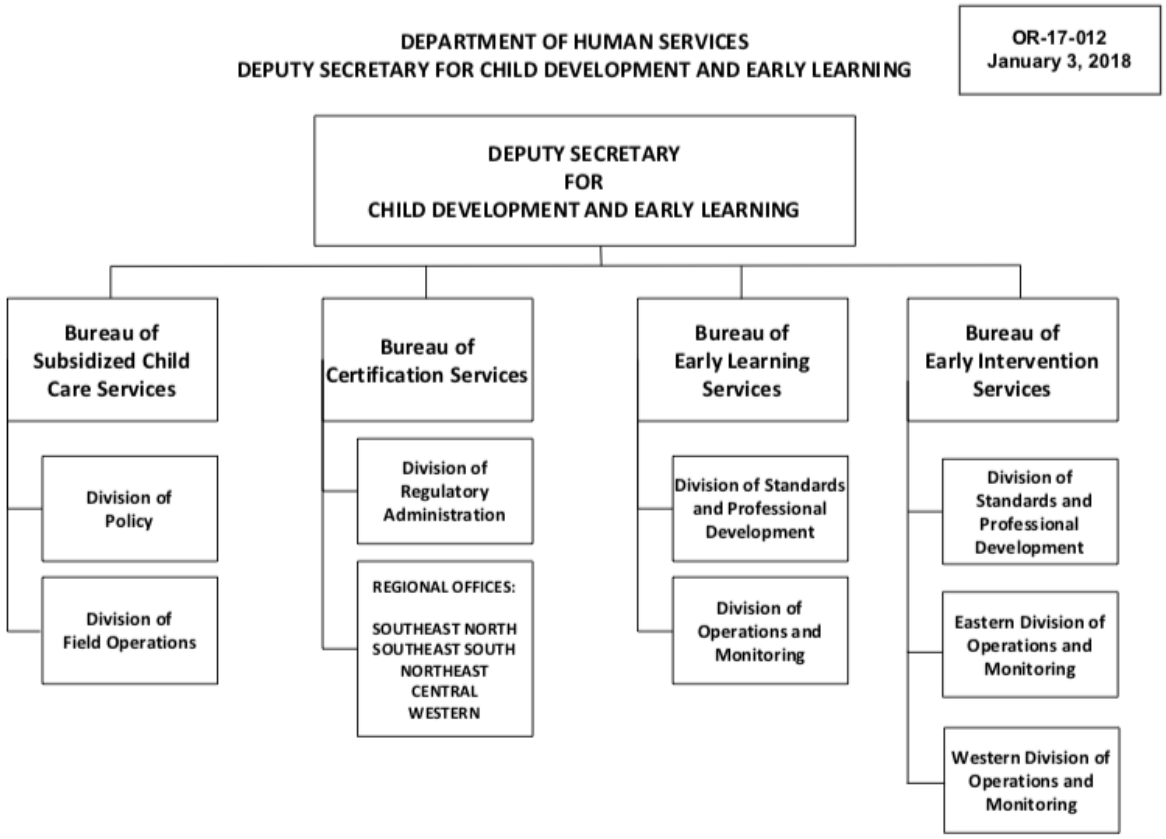


Figure A-19: Pennsylvania Department of Human Services Organizational Chart 9



Virginia

Virginia has a unique regional organization, with five regions under the chief deputy, but only three regions for the child support program. While we were not able to gather information on the rationale behind this structure, it would seem that it has the potential to confuse some levels of program management, and hinder the ability to establish regional offices that can share resources in support of all programs.

Appendix F: California Child Support Performance Indicator Information

In late 2014, the California Department of Child Support Services' (DCSS) provided policy direction to local child support agencies (LCSA) regarding the statutorily mandated annual performance improvement process for FFY 2015. In the policy letter, DCSS outlined the shift from evaluating statewide and local performance improvement efforts exclusively by the five federal performance measures to a more customer-oriented, family-centered approach.

While the five federal performance measures remain significantly important and are the underpinning to the federal program in terms of how the federal Office of Child Support Enforcement (OCSE) evaluates the effectiveness of the national child support program determining incentive payments to states and territories, the five federal performance measures do not provide a detailed, qualitative portrait of child support service delivery to families in our communities. As a result, DCSS, in consultation with the LCSA Directors, and representatives from the Judicial Branch and OCSE representatives, advanced a broader, more holistic approach to measuring program effectiveness through the establishment of *Practice Improvement Indicators* of program operations and improvements that complement the California Department of Child Support Services 5-Year Strategic Plan.

Each year, LCSAs are required to complete an annual Performance Management Plan that addresses each goal in the 2015–2019 Strategic Plan and to select one or more objectives and corresponding strategies that would most effectively lead to improved family outcomes. For example, LCSA strategies may focus on engaging both parents early and frequently in their service delivery approach. LCSAs are to consider the key Practice Indicators and other metrics to measure progress and assess the effectiveness of these tactics.

#4

Total Distributed Collections
Data Sources

OCSE-34 - Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)
OCSE-34 - Line 4c - Collections Sent to Other Countries (Cumulative - FFY)
OCSE-34 - Line 8 - Total Distributed Collections (Cumulative - FFY)
OCSE-34 - Line 11 - Fees Retained by Other States (Cumulative - FFY)
Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

#4C

Total Distributed Collections - Current Assistance
Data Sources

OCSE-34 - Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)
OCSE-34 - Line 4c - Collections Sent to Other Countries (Cumulative - FFY)
Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

#4F

Total Distributed Collections - Former Assistance
Data Sources

OCSE-34 - Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)
OCSE-34 - Line 4c - Collections Sent to Other Countries (Cumulative - FFY)
Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

#4N

Total Distributed Collections - Never Assistance
Data Sources

OCSE-34 - Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)
OCSE-34 - Line 4c - Collections Sent to Other Countries (Cumulative - FFY)
Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

#6

Percent of Current Support Paid by Percentage Band
Conditions of the Data

BUSINESS QUESTION:

Identify the Assistance Status of the recipient and the percent of current support paid by the obligor.

EXPLANATION OF THE DATA COLUMNS:

Percentage Bands – Each band represents the percent of the obligation that was paid. The 0.00% band represents the percent of a County's Cases that paid less than 0.01% of support towards a current obligation. The 25.01-50.00% band represents the percent of a County's Cases that paid greater than or equal to 25.01% but less than or equal to 50.00% of their current obligation.

CONDITIONS OF THE DATA:

- Line 24 is the sum of all amounts on Line 24 for the report period, regardless of County. The sum of this line must be greater than 0.
- Line 25 is the sum of all amounts on Line 25 for the report period, regardless of County. Cases with null or negative distributions are returned as 0.
- Payments that reported on Line 25 for the report period are considered regardless of the Effective Date.
- Percent paid is calculated by taking the total of Line 25 (Cells 71, 72, 73) – Total Amount of Support Distributed as Current Support During the Federal Fiscal Year for the report period and dividing by the total of Line 24 (Cells 68, 69, 70) – Total Amount of Support Due for the Federal Fiscal Year for the report period.
- Cases are counted in each County where there is a Line 24 amount reported in the report period.
- A Case's statewide sum for Lines 24 and 25 is reported in each County where the Case had an obligation.
- Assistance Status is decided by taking the lowest cell number from Line 24 in the report period. For example, if a Case reported as Currently Assisted (Cell 68) and Formerly Assisted (Cell 69) then the Case is counted as Currently Assisted because 68 is less than 69.
- Percentages are rounded to two decimal places (e.g. 22.13%).
- Case can be OPEN or CLOSED at the end of the report period.
- Case is IV-D.

#7

Number of Months and Percent of Current Support Paid in the Year
Conditions of the Data

BUSINESS QUESTION:

Review payment compliance for Cases to identify the reliability of the payments and determine if Orders are set appropriately (i.e. the Non-Custodial Parent has the ability to meet the obligation set).

EXPLANATION OF THE DATA COLUMNS:

Total Cases with Current Support Obligation – Count of Cases with a Line 24a - Total Amount of Current Support Due for the Month amount greater than or equal to $0.01 for at least one month in the report period.

Percent of Cases Paid Every Month of Obligation – Count of Cases with a Line 25a - Total Amount of Support Distributed as Current Support During the Month amount greater than or equal to $0.01 for every month there was an obligation divided by the Total Cases with Current Support Obligation column.

Percent of Cases Paid 50% or More Every Month of Obligation – Count of Cases with a Line 25a amount that is at least 50 percent of the Line 24a amount for every month there was an obligation divided by the Total Cases with a Current Support Obligation column.

Percent of Cases Paid 90% or More Every Month of Obligation – Count of Cases with a Line 25a amount that is at least 90 percent of the Line 24a amount every month there was an obligation divided by the Total Cases with a Current Support Obligation column.

CONDITIONS OF THE DATA:

- The county is the managing county of the Case on the last month there is a total obligation greater than or equal to $0.01.
- Cases that report on Line 24a in multiple Counties during the last month of the obligation are randomly assigned to one of the Counties.
- Per month, Cases where the total obligation for Line 24a is zero, null, or negative are not included.
- If collections are reported on Line 25a for more than one County, the amounts are totaled and reported based on the County of the obligation.
- Total Line 25a amounts that are negative, null, or 0.00 are displayed as zero for the purposes of calculating the amount paid, when the total amount for Line 24a is greater than zero.
- All percentages are rounded to one decimal place (e.g. 40.6%).
- Case can be OPEN or CLOSED at the end of the report period.
- Case is IV-D.

#8

Percent of Stipulated Orders
Conditions of the Data

BUSINESS QUESTION:

Identify the Count of all Orders, Count of all Stipulated Orders, Count of all Zero Dollar Orders, Count of all Zero Dollar Stipulated Orders, Percent of Stipulated Orders Compared to all Orders and Percent of Zero Dollar Stipulated Orders Compared to all Stipulated Orders.

EXPLANATION OF THE DATA COLUMNS:

Count of all Orders (a) - Count of all Orders (including Zero Orders) established in the time period (Monthly: discrete, Annual: cumulative). This is not a Case count. Orders for arrears only are excluded from the count.

Count of all Stipulated Orders (b) - Count of all Stipulated Orders (including Zero Orders) established in the time period. This is not a Case count.

Count of all Zero Dollar Orders (c) – Count of all Zero Dollar Orders established in the time period. This is not a Case count.

Count of all Zero Dollar Stipulated Orders (d) – Count of all Zero Dollar Stipulated Orders established in the time period. This is not a Case count.

Percent Stipulated Orders Compared to all Orders (e) – Count of all Stipulated Orders divided by Count of all Orders.

Percent Zero Dollar Stipulated Orders Compared to all Stipulated Orders (f) – Count of all Zero Dollar Stipulated Orders divided by Count of all Stipulated Orders.

CONDITIONS OF THE DATA:

- Issuing State of Order is CALIFORNIA.
- The status of the Order is ACTIVE or HISTORIC.
- The Legal Activity Type is a SUPPORT ORDER.
- The Order Type is STIPULATION FOR JUDGMENT, or STIPULATION AND ORDER, or the Matter Proceeded By on the Order is WRITTEN STIPULATION.
- The Order has a Sign Date (or File Date if no Sign Date) within the specified time period.
- The Support Term on the Order must have one of the following debt types to current support: CHILD SUPPORT, FAMILY SUPPORT, MEDICAL SUPPORT (i.e. CASH MEDICAL), CHILD CARE, TRAVEL EXPENSE/VISITATION, EDUCATIONAL FEES, SPECIAL NEEDS, or GENETIC TEST FEES.
- Zero Dollar Stipulated Orders are identified as Orders where the sum of the terms of the Order for the above debt types is Zero.

#8

Percent of Stipulated Orders
Conditions of the Data

- The Court Order Type is not: FAMILY LAW JUDGMENT, REGISTRATION OF FOREIGN ORDER, or REGISTRATION OF FOREIGN ORDER (OUT OF STATE).
- The County is the County that issued the Order.
- Orders with a Support Order Term that sum to a negative amount are not included in the Count of all Zero Dollar Orders.
- Orders have a Sign Date (or File Date if no Sign Date) greater than or equal to the earliest Case opening.
- There may be multiple Cases for one Order, but only the Order is counted.
- Percentages are rounded to one decimal place (e.g. 37.0%).
- The Case(s) for the Order can be OPEN or CLOSED.
- Case is IV-D.

#10

Percent of Cases with Support Orders Established by Default
Data Sources

OCSE 157 - Line 17 - Cases with Orders Established During the Fiscal Year
(Unduplicated Aggregate Count - FFY)
CS 1257 - Line 48 - Cases with Support Orders Established by Default During the Federal Fiscal Year
(Unduplicated Aggregate Count - FFY)
Note: The formula for Percent of Cases with Support Orders Established by Default is line 48 divided by line 17.

#22

Average Number of Days from Case Opening to Order to First Payment
Conditions of the Data

BUSINESS QUESTION:

Determine the time between Case opening, the establishment of a Monetary Order and the collection of payment.

EXPLANATION OF THE DATA COLUMNS:

Count of All Cases that Opened in Federal Fiscal Year YYYY – Count of all Cases where the most recent Case opening occurred in the Federal Fiscal Year (FFY) indicated on the report and the Case did not have an Order before the opening.

Count of Cases with an Order as of MM/DD/YYYY – Count of Cases where the most recent opening occurred in the FFY, the Case did not have an Order before the Case opening and there was an Order on the Case on or before the date specified in the column header.

Count of Cases without an Order as of MM/DD/YYYY – Count of Cases where the most recent opening occurred in the FFY, the Case did not have an Order before the Case opening and there was not an Order on the Case on or before the date specified in the column header.

Average Days from Case Opening to Any Order as of MM/DD/YYYY – Average number of days from the most recent Case opening date to the Sign (or File) Date of the first Order on the case.

Average Days from Monetary Order to First Payment as of MM/DD/YYYY – Average number of days from the first Sign (or File) Date of a current Monetary Support Order to the first date a payment was received.

CONDITIONS OF THE DATA:

- Case can be OPEN or CLOSED.
- Case is IV-D.
- The Legal Activity Type is a SUPPORT ORDER.
- The Status of the Order is ACTIVE or HISTORIC.
- The County is based on the managing County for the Case on the run date of the query.
- When the Sign Date of an Order is blank the File date is used. Orders must have a Sign or a File Date to be considered.
- Cases with a first Order issued by a State other than California (or where the Issuing State is blank) are excluded from all count columns and Average Days from Case Opening to Any Order.
- Cases with a first Monetary Order issued by a State other than California (or where the Issuing State is blank) are excluded from Average Days from Monetary Order to First Payment.
- Cases that have a first Order Type of FAMILY LAW JUDGMENT, REGISTRATION OF FOREIGN ORDER or REGISTRATION OF FOREIGN ORDER (OUT OF STATE) are excluded from all count columns and Average Days from Case Opening to Any Order.
- Cases that have a first Monetary Order type of FAMILY LAW JUDGMENT, REGISTRATION OF FOREIGN ORDER or REGISTRATION OF FOREIGN ORDER (OUT OF STATE) are excluded from Average Days from Monetary Order to First Payment.

#22

Average Number of Days from Case Opening to Order to First Payment
Conditions of the Data

- Cases that have a first order for Spousal Support Only are excluded from all count columns and Average Days from Case Opening to Any Order.
- Cases that have a first Monetary Order for Spousal Support Only are excluded from Average Days from Monetary Order to First Payment.
- The Order may not include all Dependents on the Case.
- Payments are Transactions with a Type of Distribution.
- Payments are Logical Collections that have been Allocated.
- Payments have a Balance Regeneration Status of Active or Pending Inactive.
- Average Days from Case Opening to Any Order and Average Days from Monetary Order to First Payment columns measure calendar days.
- Only Cases that have an Order with Current Support Terms greater than zero are reported in the Average Days from Monetary Order to First Payment.
- The Average Days from Case Opening to Any Order and Average Days from Monetary Order to First Payment columns refer to Cases where the first Order Sign Date is greater than or equal to the latest Case opening date and the first Order Sign Date is less than or equal to the date specified in the column header.
- The Average Days from Monetary Order to First Payment column includes Cases where the first payment date is greater than or equal to 30 days before the Monetary Order Sign Date and less than or equal to the date specified in the column header and excludes Cases without a first payment.
- The graphs depict each County's average days from Case opening to first Order in bands. These bands display what percentage of a County's caseload had an Order established within that time period.
- The Statewide percentages are included in every County's graph for comparison.

#24

Average Days from Summons and Complaint to Default Order
Conditions of the Data

BUSINESS QUESTION:

Identify cases with a summons and complaint (S&C) and default order then determine the number of days from S&C filed date to service date and service date to default order.

EXPLANATION OF THE DATA COLUMNS:

Average Days from Summons and Complaint Filed Date to Service Date – Average number of calendar days from when the S&C was filed until the S&C was served.

Average Days from Summons and Complaint Service Date to Default Date – Average number of calendar days from when the S&C was served until the file date of the associated default order.

CONDITIONS OF THE DATA:

- The file date of the first S&C with a successful service record on the case and the sign date (or file date if no sign date) of the associated default order occurred in the report period.
- The Legal Activity Type of the Order is SUPPORT ORDER.
- The status of the Order is ACTIVE or HISTORIC.
- S&Cs where the associated default order is a spousal support only order have been excluded.
- The Matter Proceeded field on the Support Order Detail page in CSE is JUDGMENT ENTERED BY DEFAULT and the Order Type is not STIPULATION FOR JUDGMENT or STIPULATION AND ORDER.
- Cases where another support order occurred between the first successfully served S&C and the associated default order are excluded.
- Cases where the first S&C with a successful service record entered on the case has a blank file date have been excluded.
- Cases without an order are excluded from all columns.
- S&Cs are identified as having a Legal Activity Type of LEGAL ACTION and one of the following form sets: FS-EST-009, FS-EST-009-BATCH, FS-EST-010, FS-EST-010-BATCH, FS-EST-030, FS-EST-031.
- The S&C and the associated default order must be within two Legal Activity IDs.
- Records are excluded from all columns when the file date of the S&C is less than or equal to the service date of the S&C or the sign date of the default order is less than or equal to the service date of the S&C.
- Average days are rounded to whole numbers (e.g. 21).
- At least one case associated to the order is IV-D with a status of OPEN or CLOSED.

#25

Average Number of Days from Case Opening with an Existing Order to First Payment Conditions of the Data

BUSINESS QUESTION:

Determine how long before the first payment is received in situations where the custodial party applies for service and has the order in hand.

EXPLANATION OF THE DATA COLUMNS:

Count of Cases with Existing Order at Case Opening – Count of cases that have an existing order when the case is opened.

Average Days from Case Opening to First Payment – Average number of calendar days regarding cases opened with existing orders from the case opening date until the first payment received date.

Number of Cases with a First Payment – Count of cases opened with existing orders that received a payment.

Number of Cases with No Payment – Count of cases opened with existing orders that did not receive a payment.

Percentage of Cases without Payment – The Number of Cases with No Payment column divided by the Count of Cases with Existing Order at Case Opening column.

CONDITIONS OF THE DATA:

- First case opening occurred in the report period.
- The county is based on which county opened the case.
- Any order type is included.
- The status of the order is either ACTIVE or HISTORIC.
- Support term amount is greater than or equal to $0.01.
- Order can be from in or out of California.
- Average days are rounded to whole numbers (e.g. 21).
- Percentages are rounded to one decimal place (e.g. 40.7%).
- Payments are Transactions with a type of Distribution, Distribution (Non-Standard Allocation), or Non-Standard Distribution (Non-Standard Allocation).
- Payments have a Balance Regeneration Status of Active or Pending Inactive.
- Payments made prior to case opening are considered zero days (e.g. equal to case opening date).
- Case can be OPEN or CLOSED.
- Case is IV-D.

#27

Collections by IWO
Data Sources

OCSE-34 - Line 2e - Collections Received from IV-D & Non IV-D Income Withholding (Cumulative - FFY)
Note: Income Withholding is reduced by Non IV-D Collections. Due to state level adjustments, totals may not match those reported on the OCSE-34.

#28

Percent of Total Collections by IWO
Data Sources

OCSE-34 - Line 2 - Collections Received (Cumulative - FFY)
OCSE-34 - Line 2e - Collections Received from IV-D & Non IV-D Income Withholding (Cumulative - FFY)
Note: Income Withholding is reduced by Non IV-D Collections. Due to state level adjustments, totals may not match those reported on the OCSE-34.

#42

Percent of Cases with an Order at Case Opening that Paid Within 60 Days Conditions of the Data

BUSINESS QUESTION:

Determine whether the first payment is received in a timely manner in situations where the custodial party applies for service and has the order in hand.

EXPLANATION OF THE DATA COLUMNS:

Count of Cases with Existing Order at Case Opening – Count of cases that have an existing order when the case is opened.

Count of Cases that Paid Within 60 Days – Count of cases that have an existing order when the case is first opened where the first payment of a case occurred on or before 60 calendar days after the first case opening.

Percent of Cases that Paid Within 60 Days – The *Count of Cases that Paid Within 60 Days* column divided by the *Count of Cases with Existing Order at Case Opening* column.

CONDITIONS OF THE DATA:

- First case opening occurred in the report period.
- The county is based on which county opened the case.
- Any order type is included.
- The status of the order is either ACTIVE or HISTORIC.
- Support term amount is greater than or equal to $0.01.
- Order can be from in or out of California.
- Percentages are rounded to one decimal place (e.g. 40.7%).
- Payments made prior to case opening are included in the count of cases that paid within 60 days.
- Case can be OPEN or CLOSED.
- Case is IV-D.

#43

Cases with Payments
Conditions of the Data

BUSINESS QUESTION:

Determine the number of Cases with Current Support or Arrears due and the percentage of those Cases that did not make a payment.

EXPLANATION OF THE DATA COLUMNS:

Count of Cases with Support Due – Count of distinct Cases that had support due during the report period.

Count of Cases with a Payment – The Cases that had support due where a payment was received by the end of the report period.

Percentage of Cases with a Payment – Count of Cases with a Payment column divided by Count of Cases with Support Due column.

Count of Cases without a Payment – The Cases that had support due where a payment was not received by the end of the report period.

Percentage of Cases without a Payment – Count of Cases without a Payment column divided by Count of Cases with Support Due column.

CONDITIONS OF THE DATA:

- Support due is measured by Cases that appear on either Line 28 (Cell 80) – Cases With Arrears Due During the Federal Fiscal Year or Line 44 (Cells 89, 90, 91) – Cases With Current Support Due During the Federal Fiscal Year during the Fedral Fiscal Year.
- Payments are measured by Cases that appear on Line 29 (Cell 81) – Cases Paying Toward Arrears During the Federal Fiscal Year or had a net positive for the sum of Line 25 (Cells 71, 72, 73) – Total Amount of Support Distributed as Current Support During the Federal Fiscal Year and Line 27 (Cells 77, 78, 79) – Total Amount of Support Distributed as Arrears and Interest During the Federal Fiscal Year.
- Percentages are rounded to one decimal place (e.g. 40.7).
- Case can be OPEN or CLOSED.
- Case is IV-D.

California Department of Child Support Services
Total Distributed Collections

#4

Federal Fiscal Years		2016	2017	2016 - 2017 Percent Change
STATEWIDE				
Alameda				
Butte				
Central Sierra				
Colusa				
Contra Costa				
Del Norte				
Eastern Sierra				
El Dorado				
Fresno				
Glenn				
Imperial				
Kern				
Kings				
Lake				
Lassen				
Los Angeles				
Madera				
Marin				
Mendocino				
Merced-Mariposa				
Monterey				
Napa				
North Coast				
Orange				
Placer				
Plumas				
Riverside				
Sacramento				
San Bernardino				
San Diego				
San Francisco				
San Joaquin				
San Luis Obispo				
San Mateo				
Santa Barbara				
Santa Clara				
Santa Cruz/San Benito				
Shasta				
Sierra Nevada				
Siskiyou/Modoc				
Solano				
Sonoma				
Stanislaus				
Sutter				
Tehama				
Tulare				
Ventura				
Yolo				
Yuba				
Regionalized LCSAs				
Alpine	(Central Sierra)			
Amador	(Central Sierra)			
Calaveras	(Central Sierra)			
Humboldt	(North Coast)			
Inyo	(Eastern Sierra)			
Mariposa				
Merced				
Modoc				
Mono	(Eastern Sierra)			
Nevada				
San Benito				
Santa Cruz				
Sierra				
Siskiyou				
Trinity	(North Coast)			
Tuolumne	(Central Sierra)			

SOURCE: OCSE-34 10/31/2018

Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)
Line 4c - Collections Sent to Other Countries (Cumulative - FFY)
Line 8 - Total Distributed Collections (Cumulative - FFY)
Line 11 - Fees Retained by Other States (Cumulative - FFY)

Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

#4C

California Department of Child Support Services
Distributed Collections - Current Assistance

Federal Fiscal Years	2016	2017	2016 - 2017 Percent Change
STATEWIDE			
Alameda			
Butte			
Central Sierra			
Colusa			
Contra Costa			
Del Norte			
Eastern Sierra			
El Dorado			
Fresno			
Glenn			
Imperial			
Kern			
Kings			
Lake			
Lassen			
Los Angeles			
Madera			
Marin			
Mendocino			
Merced-Mariposa			
Monterey			
Napa			
North Coast			
Orange			
Placer			
Plumas			
Riverside			
Sacramento			
San Bernardino			
San Diego			
San Francisco			
San Joaquin			
San Luis Obispo			
San Mateo			
Santa Barbara			
Santa Clara			
Santa Cruz/San Benito			
Shasta			
Sierra Nevada			
Siskiyou/Modoc			
Solano			
Sonoma			
Stanislaus			
Sutter			
Tehama			
Tulare			
Ventura			
Yolo			
Yuba			
Regionalized LCSAs			
Alpine (Central Sierra)			
Amador (Central Sierra)			
Calaveras (Central Sierra)			
Humboldt (North Coast)			
Inyo (Eastern Sierra)			
Mariposa			
Merced			
Modoc			
Mono (Eastern Sierra)			
Nevada			
San Benito			
Santa Cruz			
Sierra			
Siskiyou			
Trinity (North Coast)			
Tuolumne (Central Sierra)			

SOURCE: OCSE-34 10/31/2018

Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)
Line 8 - Total Distributed Collections (Cumulative - FFY)

Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

#4F

California Department of Child Support Services
Distributed Collections - Former Assistance

Federal Fiscal Years	2016	2017	2016 - 2017 Percent Change
STATEWIDE			
Alameda			
Butte			
Central Sierra			
Colusa			
Contra Costa			
Del Norte			
Eastern Sierra			
El Dorado			
Fresno			
Glenn			
Imperial			
Kern			
Kings			
Lake			
Lassen			
Los Angeles			
Madera			
Marin			
Mendocino			
Merced-Mariposa			
Monterey			
Napa			
North Coast			
Orange			
Placer			
Plumas			
Riverside			
Sacramento			
San Bernardino			
San Diego			
San Francisco			
San Joaquin			
San Luis Obispo			
San Mateo			
Santa Barbara			
Santa Clara			
Santa Cruz/San Benito			
Shasta			
Sierra Nevada			
Siskiyou/Modoc			
Solano			
Sonoma			
Stanislaus			
Sutter			
Tehama			
Tulare			
Ventura			
Yolo			
Yuba			
Regionalized LCSAs			
Alpine (Central Sierra)			
Amador (Central Sierra)			
Calaveras (Central Sierra)			
Humboldt (North Coast)			
Inyo (Eastern Sierra)			
Mariposa			
Merced			
Modoc			
Mono (Eastern Sierra)			
Nevada			
San Benito			
Santa Cruz			
Sierra			
Siskiyou			
Trinity (North Coast)			
Tuolumne (Central Sierra)			

SOURCE: OCSE-34 10/31/2018
Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)
Line 8 - Total Distributed Collections (Cumulative - FFY)
Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

#4N

California Department of Child Support Services
Distributed Collections - Never Assistance

Federal Fiscal Years	2016	2017	2016 - 2017 Percent Change
STATEWIDE			
Alameda			
Butte			
Central Sierra			
Colusa			
Contra Costa			
Del Norte			
Eastern Sierra			
El Dorado			
Fresno			
Glenn			
Imperial			
Kern			
Kings			
Lake			
Lassen			
Los Angeles			
Madera			
Marin			
Mendocino			
Merced-Mariposa			
Monterey			
Napa			
North Coast			
Orange			
Placer			
Plumas			
Riverside			
Sacramento			
San Bernardino			
San Diego			
San Francisco			
San Joaquin			
San Luis Obispo			
San Mateo			
Santa Barbara			
Santa Clara			
Santa Cruz/San Benito			
Shasta			
Sierra Nevada			
Siskiyou/Modoc			
Solano			
Sonoma			
Stanislaus			
Sutter			
Tehama			
Tulare			
Ventura			
Yolo			
Yuba			
Regionalized LCSAs			
Alpine (Central Sierra)			
Amador (Central Sierra)			
Calaveras (Central Sierra)			
Humboldt (North Coast)			
Inyo (Eastern Sierra)			
Mariposa			
Merced			
Modoc			
Mono (Eastern Sierra)			
Nevada			
San Benito			
Santa Cruz			
Sierra			
Siskiyou			
Trinity (North Coast)			
Tuolumne (Central Sierra)			

SOURCE: OCSE-34 10/31/2018
Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)
Line 8 - Total Distributed Collections (Cumulative - FFY)
Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

#6

California Department of Child Support Services
Percent of Current Support Paid by Percentage Band
Federal Fiscal Year 2017

		Percentage Bands					
County	Assistance Type	0.00%	00.01 - 25.00%	25.01 - 50.00%	50.01 - 75.00%	75.01 - 90.00%	90.01% or more
STATEWIDE	Current						
	Former						
	Never						
	Total						
Alameda	Current						
	Former						
	Never						
	Total						
Butte	Current						
	Former						
	Never						
	Total						
Central Sierra	Current						
	Former						
	Never						
	Total						
Colusa	Current						
	Former						
	Never						
	Total						
Contra Costa	Current						
	Former						
	Never						
	Total						
Del Norte	Current						
	Former						
	Never						
	Total						
Eastern Sierra	Current						
	Former						
	Never						
	Total						
El Dorado	Current						
	Former						
	Never						
	Total						
Fresno	Current						
	Former						
	Never						
	Total						
Glenn	Current						
	Former						
	Never						
	Total						
Imperial	Current						
	Former						
	Never						
	Total						
Kern	Current						
	Former						
	Never						
	Total						
Kings	Current						
	Former						
	Never						
	Total						
Lake	Current						
	Former						
	Never						
	Total						
Lassen	Current						
	Former						
	Never						
	Total						
Los Angeles	Current						
	Former						
	Never						
	Total						

SOURCE: CCSAS CSE DA-44 - CS 1257 REPORT DATE 9/30/2017 10/31/2018

Line 24 - Total Amount of Current Support Due for the Federal Fiscal Year (Cumulative - FFY)

Line 25 - Total Amount of Support Distributed as Current Support During the Federal Fiscal Year (Cumulative - FFY)

Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.

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#7

California Department of Child Support Services
Number of Months and Percent of Current Support Paid in the Year
Federal Fiscal Year 2017

County	Total Cases with Current Support Obligation	Percent of Cases Paid Every Month of Obligation	Percent of Cases Paid 50% or More Every Month of Obligation	Percent of Cases Paid 90% or More Every Month of Obligation
STATEWIDE				
Alameda				
Butte				
Central Sierra				
Colusa				
Contra Costa				
Del Norte				
Eastern Sierra				
El Dorado				
Fresno				
Glenn				
Imperial				
Kern				
Kings				
Lake				
Lassen				
Los Angeles				
Madera				
Marin				
Mendocino				
Merced-Mariposa				
Monterey				
Napa				
North Coast				
Orange				
Placer				
Plumas				
Riverside				
Sacramento				
San Bernardino				
San Diego				
San Francisco				
San Joaquin				
San Luis Obispo				
San Mateo				
Santa Barbara				
Santa Clara				
Santa Cruz/San Benito				
Shasta				
Sierra Nevada				
Siskiyou/Modoc				
Solano				
Sonoma				
Stanislaus				
Sutter				
Tehama				
Tulare				
Ventura				
Yolo				
Yuba				
Regionalized LCSAs				
Alpine (Central Sierra)				
Amador (Central Sierra)				
Calaveras (Central Sierra)				
Humboldt (North Coast)				
Inyo (Eastern Sierra)				
Mariposa				
Merced				
Modoc				
Mono (Eastern Sierra)				
Nevada				
San Benito				
Santa Cruz				
Sierra				
Siskiyou				
Trinity (North Coast)				
Tuolumne (Central Sierra)				

SOURCE: CCSAS CSE DA-46 - CS 1257 REPORT DATE 9/30/2017 10/31/2018
Line 24a - Total Amount of Current Support Due for the Month (Discrete 12 months)
Line 25a - Total Amount of Support Distributed as Current Support During the Month (Discrete 12 months)
Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.

#8

California Department of Child Support Services
Percent of Stipulated Orders
Federal Fiscal Year 2017

County	(a) Count of all Orders	(b) Count of all Stipulated Orders	(c) Count of all Zero Dollar Orders	(d) Count of all Zero Dollar Stipulated Orders	(e) Percent Stipulated Orders Compared to all Orders (b/a)	(f) Percent Zero Dollar Stipulated Orders Compared to all Stipulated Orders (d/b)
STATEWIDE						
Alameda						
Butte						
Central Sierra						
Colusa						
Contra Costa						
Del Norte						
Eastern Sierra						
El Dorado						
Fresno						
Glenn						
Imperial						
Kern						
Kings						
Lake						
Lassen						
Los Angeles						
Madera						
Marin						
Mendocino						
Merced-Mariposa						
Monterey						
Napa						
North Coast						
Orange						
Placer						
Plumas						
Riverside						
Sacramento						
San Bernardino						
San Diego						
San Francisco						
San Joaquin						
San Luis Obispo						
San Mateo						
Santa Barbara						
Santa Clara						
Santa Cruz/San Benito						
Shasta						
Sierra Nevada						
Siskiyou/Modoc						
Solano						
Sonoma						
Stanislaus						
Sutter						
Tehama						
Tulare						
Ventura						
Yolo						
Yuba						
Regionalized LCSAs						
Alpine (Central Sierra)						
Amador (Central Sierra)						
Calaveras (Central Sierra)						
Humboldt (North Coast)						
Inyo (Eastern Sierra)						
Mariposa						
Merced						
Modoc						
Mono (Eastern Sierra)						
Nevada						
San Benito						
Santa Cruz						
Sierra						
Siskiyou						
Trinity (North Coast)						
Tuolumne (Central Sierra)						

SOURCE: CCSAS CSE DA-47 - as of the October 2017 DR refresh 10/31/2018
Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices.
Rounding may cause minor variations when comparing data within or between tables.
* Represents instances where no data met the criteria, therefore this column cannot be calculated.

#10

California Department of Child Support Services
Percent of Cases with Support Orders Established by Default

Federal Fiscal Years	Assistance Type	2016	2017	2016 - 2017 Percent Change
STATEWIDE	Current			
	Former			
	Never			
	Total			
Alameda	Current			
	Former			
	Never			
	Total			
Butte	Current			
	Former			
	Never			
	Total			
Central Sierra	Current			
	Former			
	Never			
	Total			
Colusa	Current			
	Former			
	Never			
	Total			
Contra Costa	Current			
	Former			
	Never			
	Total			
Del Norte	Current			
	Former			
	Never			
	Total			
Eastern Sierra	Current			
	Former			
	Never			
	Total			
El Dorado	Current			
	Former			
	Never			
	Total			
Fresno	Current			
	Former			
	Never			
	Total			
Glenn	Current			
	Former			
	Never			
	Total			
Imperial	Current			
	Former			
	Never			
	Total			
Kern	Current			
	Former			
	Never			
	Total			
Kings	Current			
	Former			
	Never			
	Total			
Lake	Current			
	Former			
	Never			
	Total			
Lassen	Current			
	Former			
	Never			
	Total			
Los Angeles	Current			
	Former			
	Never			
	Total			
Madera	Current			
	Former			
	Never			
	Total			

SOURCE: 10/31/2018
OCSE 157 - Line 17 - Cases With Orders Established During the Fiscal Year (Unduplicated Aggregate Count - FFY)
CS 1257 - Line 48 - Cases With Support Orders Established By Default During the Federal Fiscal Year (Unduplicated Aggregate Count - FFY)
Note: The formula for Percent of Cases with Support Orders Established by Default is line 48 divided by line 17.

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#22

California Department of Child Support Services
Average Number of Days from Case Opening to Order to First Payment
Federal Fiscal Year 2017

County	Count of All Cases that Opened in Federal Fiscal Year 2017*	Count of Cases with an Order as of 9/30/2017	Count of Cases without an Order as of 9/30/2017*	Average Days from Case Opening to Any Order	Average Days from Monetary Order to First Payment
STATEWIDE					
Alameda					
Butte					
Central Sierra					
Colusa					
Contra Costa					
Del Norte					
Eastern Sierra					
El Dorado					
Fresno					
Glenn					
Imperial					
Kern					
Kings					
Lake					
Lassen					
Los Angeles					
Madera					
Marin					
Mendocino					
Merced-Mariposa					
Monterey					
Napa					
North Coast					
Orange					
Placer					
Plumas					
Riverside					
Sacramento					
San Bernardino					
San Diego					
San Francisco					
San Joaquin					
San Luis Obispo					
San Mateo					
Santa Barbara					
Santa Clara					
Santa Cruz/San Benito					
Shasta					
Sierra Nevada					
Siskiyou/Modoc					
Solano					
Sonoma					
Stanislaus					
Sutter					
Tehama					
Tulare					
Ventura					
Yolo					
Yuba					
Regionalized LCSAs					
Alpine (Central Sierra)					
Amador (Central Sierra)					
Calaveras (Central Sierra)					
Humboldt (North Coast)					
Inyo (Eastern Sierra)					
Mariposa					
Merced					
Modoc					
Mono (Eastern Sierra)					
Nevada					
San Benito					
Santa Cruz					
Sierra					
Siskiyou					
Trinity (North Coast)					
Tuolumne (Central Sierra)					

SOURCE: CCSAS CSE DA-68 - as of the October 2017 DR refresh 10/31/2018

Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.

* Logic for these columns has been changed from prior publications to include cases that do not have court case information. As a result, a year-to-year comparison of these columns is not meaningful.

#24

California Department of Child Support Services
Average Days from Summons and Complaint to Default Order
Federal Fiscal Year 2017

County	Average Days from Summons and Complaint Filed Date to Service Date	Average Days from Summons and Complaint Service Date to Default Date
STATEWIDE		
Alameda		
Butte		
Central Sierra		
Colusa		
Contra Costa		
Del Norte		
Eastern Sierra		
El Dorado		
Fresno		
Glenn		
Imperial		
Kern		
Kings		
Lake		
Lassen		
Los Angeles		
Madera		
Marin		
Mendocino		
Merced-Mariposa		
Monterey		
Napa		
North Coast		
Orange		
Placer		
Plumas		
Riverside		
Sacramento		
San Bernardino		
San Diego		
San Francisco		
San Joaquin		
San Luis Obispo		
San Mateo		
Santa Barbara		
Santa Clara		
Santa Cruz/San Benito		
Shasta		
Sierra Nevada		
Siskiyou/Modoc		
Solano		
Sonoma		
Stanislaus		
Sutter		
Tehama		
Tulare		
Ventura		
Yolo		
Yuba		
Regionalized LCSA's		
Alpine (Central Sierra)		
Amador (Central Sierra)		
Calaveras (Central Sierra)		
Humboldt (North Coast)		
Inyo (Eastern Sierra)		
Mariposa		
Merced		
Modoc		
Mono (Eastern Sierra)		
Nevada		
San Benito		
Santa Cruz		
Sierra		
Siskiyou		
Trinity (North Coast)		
Tuolumne (Central Sierra)		

SOURCE: CCSAS CSE DA-51 as of the October 2017 DR refresh 10/31/2018

Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.

#25

California Department of Child Support Services
Average Number of Days from Case Opening with an Existing Order to First Payment
Federal Fiscal Year 2017

County	Count of Cases with Existing Order at Case Opening	Average Days from Case Opening to First Payment	Number of Cases with a First Payment	Number of Cases with No Payment	Percent of Cases without Payment
STATEWIDE					
Alameda					
Butte					
Central Sierra					
Colusa					
Contra Costa					
Del Norte					
Eastern Sierra					
El Dorado					
Fresno					
Glenn					
Imperial					
Kern					
Kings					
Lake					
Lassen					
Los Angeles					
Madera					
Marin					
Mendocino					
Merced-Mariposa					
Monterey					
Napa					
North Coast					
Orange					
Placer					
Plumas					
Riverside					
Sacramento					
San Bernardino					
San Diego					
San Francisco					
San Joaquin					
San Luis Obispo					
San Mateo					
Santa Barbara					
Santa Clara					
Santa Cruz/San Benito					
Shasta					
Sierra Nevada					
Siskiyou/Modoc					
Solano					
Sonoma					
Stanislaus					
Sutter					
Tehama					
Tulare					
Ventura					
Yolo					
Yuba					
Regionalized LCSAs					
Alpine (Central Sierra)					
Amador (Central Sierra)					
Calaveras (Central Sierra)					
Humboldt (North Coast)					
Inyo (Eastern Sierra)					
Mariposa					
Merced					
Modoc					
Mono (Eastern Sierra)					
Nevada					
San Benito					
Santa Cruz					
Sierra					
Siskiyou					
Trinity (North Coast)					
Tuolumne (Central Sierra)					

SOURCE: CCSAS CSE DA-52 - as of the October 2017 DR refresh 10/31/2018
Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.
* Represents instances where no data met the criteria, therefore this column cannot be calculated.

California Department of Child Support Services
Collections by IWO

#27

Federal Fiscal Year		2016	2017	2016 - 2017 Percent Change
STATEWIDE				
Alameda				
Butte				
Central Sierra				
Colusa				
Contra Costa				
Del Norte				
Eastern Sierra				
El Dorado				
Fresno				
Glenn				
Imperial				
Kern				
Kings				
Lake				
Lassen				
Los Angeles				
Madera				
Marin				
Mendocino				
Merced-Mariposa				
Monterey				
Napa				
North Coast				
Orange				
Placer				
Plumas				
Riverside				
Sacramento				
San Bernardino				
San Diego				
San Francisco				
San Joaquin				
San Luis Obispo				
San Mateo				
Santa Barbara				
Santa Clara				
Santa Cruz/San Benito				
Shasta				
Sierra Nevada				
Siskiyou/Modoc				
Solano				
Sonoma				
Stanislaus				
Sutter				
Tehama				
Tulare				
Ventura				
Yolo				
Yuba				
Regionalized LCSAs				
Alpine	(Central Sierra)			
Amador	(Central Sierra)			
Calaveras	(Central Sierra)			
Humboldt	(North Coast)			
Inyo	(Eastern Sierra)			
Mariposa				
Merced				
Modoc				
Mono	(Eastern Sierra)			
Nevada				
San Benito				
Santa Cruz				
Sierra				
Siskiyou				
Trinity	(North Coast)			
Tuolumne	(Central Sierra)			

SOURCE: OCSE-34 (Collections by Source Report) 10/31/2018
Line 2e - Collections Received from IV-D & Non IV-D Income Withholding (Cumulative - FFY)
Note: Income Withholding is reduced by Non IV-D Collections. Due to state level adjustments, totals may not match those reported on the OCSE-34.

California Department of Child Support Services
Percent of Total Collections by IWO

#28

Federal Fiscal Years		2016	2017	2016 - 2017 Percent Change
STATEWIDE				
Alameda				
Butte				
Central Sierra				
Colusa				
Contra Costa				
Del Norte				
Eastern Sierra				
El Dorado				
Fresno				
Glenn				
Imperial				
Kern				
Kings				
Lake				
Lassen				
Los Angeles				
Madera				
Marin				
Mendocino				
Merced-Mariposa				
Monterey				
Napa				
North Coast				
Orange				
Placer				
Plumas				
Riverside				
Sacramento				
San Bernardino				
San Diego				
San Francisco				
San Joaquin				
San Luis Obispo				
San Mateo				
Santa Barbara				
Santa Clara				
Santa Cruz/San Benito				
Shasta				
Sierra Nevada				
Siskiyou/Modoc				
Solano				
Sonoma				
Stanislaus				
Sutter				
Tehama				
Tulare				
Ventura				
Yolo				
Yuba				
Regionalized LCSAs				
Alpine	(Central Sierra)			
Amador	(Central Sierra)			
Calaveras	(Central Sierra)			
Humboldt	(North Coast)			
Inyo	(Eastern Sierra)			
Mariposa				
Merced				
Modoc				
Mono	(Eastern Sierra)			
Nevada				
San Benito				
Santa Cruz				
Sierra				
Siskiyou				
Trinity	(North Coast)			
Tuolumne	(Central Sierra)			

SOURCE: OCSE-34 (Collections by Source Report) 10/31/2018
Line 2 - Collections Received (Cumulative - FFY)
Line 2e - Collections Received from IV-D & Non IV-D Income Withholding (Cumulative - FFY)
Note: Income Withholding is reduced by Non IV-D Collections. Due to state level adjustments, totals may not match those reported on the OCSE-34.

#42

California Department of Child Support Services
Percent of Cases with an Order at Case Opening that Paid Within 60 Days
Federal Fiscal Year 2017

County	Count of Cases with an Existing Order at Case Opening	Count of Cases that Paid Within 60 Days	Percent of Cases that Paid Within 60 Days
STATEWIDE			
Alameda			
Butte			
Central Sierra			
Colusa			
Contra Costa			
Del Norte			
Eastern Sierra			
El Dorado			
Fresno			
Glenn			
Imperial			
Kern			
Kings			
Lake			
Lassen			
Los Angeles			
Madera			
Marin			
Mendocino			
Merced-Mariposa			
Monterey			
Napa			
North Coast			
Orange			
Placer			
Plumas			
Riverside			
Sacramento			
San Bernardino			
San Diego			
San Francisco			
San Joaquin			
San Luis Obispo			
San Mateo			
Santa Barbara			
Santa Clara			
Santa Cruz/San Benito			
Shasta			
Sierra Nevada			
Siskiyou/Modoc			
Solano			
Sonoma			
Stanislaus			
Sutter			
Tehama			
Tulare			
Ventura			
Yolo			
Yuba			
Regionalized LCSAs			
Alpine (Central Sierra)			
Amador (Central Sierra)			
Calaveras (Central Sierra)			
Humboldt (North Coast)			
Inyo (Eastern Sierra)			
Mariposa			
Merced			
Modoc			
Mono (Eastern Sierra)			
Nevada			
San Benito			
Santa Cruz			
Sierra			
Siskiyou			
Trinity (North Coast)			
Tuolumne (Central Sierra)			

SOURCE: CCSAS CSE DA-52 - as of the December 2017 DR refresh 10/31/2018

Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.

* Represents instances where no data met the criteria, therefore this column cannot be calculated.

#43

California Department of Child Support Services
Cases with Payments
Federal Fiscal Year 2017

County	Count of Cases with Support Due	Count of Cases with a Payment	Percentage of Cases with a Payment	Count of Cases without a Payment	Percentage of Cases without a Payment
STATEWIDE					
Alameda					
Butte					
Central Sierra					
Colusa					
Contra Costa					
Del Norte					
Eastern Sierra					
El Dorado					
Fresno					
Glenn					
Imperial					
Kern					
Kings					
Lake					
Lassen					
Los Angeles					
Madera					
Marin					
Mendocino					
Merced-Mariposa					
Monterey					
Napa					
North Coast					
Orange					
Placer					
Plumas					
Riverside					
Sacramento					
San Bernardino					
San Diego					
San Francisco					
San Joaquin					
San Luis Obispo					
San Mateo					
Santa Barbara					
Santa Clara					
Santa Cruz/San Benito					
Shasta					
Sierra Nevada					
Siskiyou/Modoc					
Solano					
Sonoma					
Stanislaus					
Sutter					
Tehama					
Tulare					
Ventura					
Yolo					
Yuba					
Regionalized LCSAs					
Alpine (Central Sierra)					
Amador (Central Sierra)					
Calaveras (Central Sierra)					
Humboldt (North Coast)					
Inyo (Eastern Sierra)					
Mariposa					
Merced					
Modoc					
Mono (Eastern Sierra)					
Nevada					
San Benito					
Santa Cruz					
Sierra					
Siskiyou					
Trinity (North Coast)					
Tuolumne (Central Sierra)					

SOURCE: CCSAS CSE DA-13 - CS 1257 REPORT DATE 9/30/2017 10/31/2018

Line 25 - Total Amount of Support Distributed as Current Support During the Federal Fiscal Year (Cumulative - FFY)
Line 27 - Total Amount of Support Distributed as Arrears and Interest During the Federal Fiscal Year (Cumulative - FFY)
Line 28 - Cases with Arrears Due During the Federal Fiscal Year (Unduplicated Aggregate Count - FFY)
Line 29 - Cases Paying Towards Arrears During the Federal Fiscal Year (Unduplicated Aggregate Count - FFY)
Line 44 - Cases with Current Support Due in the Federal Fiscal Year (Unduplicated Aggregate Count - FFY)

Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.

Appendix G: Dashboard Data Request Exhibits

Data Request Exhibit 1/Adult and Aging Services

Adult and Aging Services Dashboard Data Request

Data File Guidance

Please send the following data in a SAS file(s), or unformatted CSV or Excel files that are machine readable: We prefer SAS, Excel, or CSV in that order.

- Please send monthly data (as of the last day of each month) for two complete SFYs (2016 and 2017). The exception is when "annual data only" is indicated in the data list below; for those elements please use annual data. If SFYs 2016-2017 are not available, send the latest consecutive SFYs available (e.g., 2015 – 2016).
- If possible, for each data item, please send both a statewide value and a value for each of the 100 counties
- Please send files in "data file structure" (designed to be read by a computer program) rather than "report structure" (designed to be read by human eyes)
- For Excel files, do not include formatting in the file using color or other style attributes (bolding, italicizing, underlining, etc.) to convey information about the data, for example, to distinguish groups.
- Please do not mix both numeric and character values (text/signs) in individual cells or within a column. For example $500 or 48%. Using only signs ($, %, #) in place of numeric values consistently in a column is fine. If you plan to transform a combined numeric/character value, for example 48%, to a numeric only value, please be sure the column is labeled % if you use 48, or display the value as .48 so we have the accurate value.
- For Excel and CSV files, please denote missing data values by leaving the cell blank (do not put an "NA" or "Missing" in the cell). However, using a SAS format to represent these values in a SAS data file is fine.
- Please send file documentation, such as data field labels and value labels that allow us to clearly identify items in the file.
- Please upload completed file(s) to the SFTP

We greatly appreciate your help in following this guidance. If you have any technical questions regarding file type or structure, please contact Kristin Madden (kristinmadden@westat.com). Otherwise, general questions about the data request can be directed to Janet Ciarico (janetciarico@westat.com).

1

Data

The following are data items for the dashboard. For data items on the list with a * please describe how the item is calculated so we have a more specific understanding of how to describe and present it in the dashboard.

1. The number of APS reports screened in for evaluation
2. The number of APS evaluation closures
3. The percent of APS evaluations involving allegations of abuse or neglect completed within 30 days of the report
4. The percent of APS evaluations involving allegations of exploitations completed within 45 days
5. The percent of adults with an APS report within the 12 month SFY period who experience a repeat APS report within 12 months of the original report (annual data only)
6. The number of adults entering publically funded guardianship within the 12 month SFY period (annual data only)
7. The number of Special Assistance for Aged (SAA) applications received within the 12 month SFY period (annual data only)
8. The percent of Special Assistance for the Aged (SAA) applications processed within 45 calendar days of the application date*
9. The number of Special Assistance for Disabled (SAD) applications received within the 12 month SFY period (annual data only)
10. The percent of Special Assistance for the Disabled (SAD) applications processed within 60 calendar days of the application date*

Data Request Exhibit 2/Child Care Subsidy

Child Care Subsidy Dashboard Data Request

Data File Guidance

Please send the following data in a SAS file(s), or unformatted CSV or Excel files that are machine readable: We prefer SAS, Excel, or CSV in that order.

- Please send monthly data (as of the last day of each month) for two complete SFYs (2016 and 2017). The exception is when "annual data only" is indicated in the data list below; for those elements please use annual data. If SFYs 2016-2017 are not available, send the latest consecutive SFYs available (e.g., 2015 – 2016).
- If possible, for each data item, please send both a statewide value and a value for each of the 100 counties
- Please send files in "data file structure" (designed to be read by a computer program) rather than "report structure" (designed to be read by human eyes)
- For Excel files, do not include formatting in the file using color or other style attributes (bolding, italicizing, underlining, etc.) to convey information about the data, for example, to distinguish groups.
- Please do not mix both numeric and character values (text/signs) in individual cells or within a column. For example $500 or 48%. Using only signs ($, %, #) in place of numeric values consistently in a column is fine. If you plan to transform a combined numeric/character value, for example 48%, to a numeric only value, please be sure the column is labeled % if you use 48, or display the value as .48 so we have the accurate value.
- For Excel and CSV files, please denote missing data values by leaving the cell blank (do not put an "NA" or "Missing" in the cell). However, using a SAS format to represent these values in a SAS data file is fine.
- Please send file documentation, such as data field labels and value labels that allow us to clearly identify items in the file.
- Please upload completed file(s) to the SFTP

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1

Data

The following are data items for the dashboard. For data items on the list with a * please describe how the item is calculated so we have a more specific understanding of how to describe and present it in the dashboard.

1. The number of providers available
2. Number of children served
3. Percent of child care subsidy applications processed within 30 calendar days of the application date*

Data Request Exhibit 3/Child Support

Child Support Dashboard Data Request

Data File Guidance

Please send the following data in a SAS file(s), or unformatted CSV or Excel files that are machine readable: We prefer SAS, Excel, or CSV in that order.

- Please send monthly data (as of the last day of each month) for two complete SFYs (2016 and 2017). The exception is when "annual data only" is indicated in the data list below; for those elements please use annual data. If SFYs 2016-2017 are not available, send the latest consecutive SFYs available (e.g., 2015 – 2016).
- If possible, for each data item, please send both a statewide value and a value for each of the 100 counties
- Please send files in "data file structure" (designed to be read by a computer program) rather than "report structure" (designed to be read by human eyes)
- For Excel files, do not include formatting in the file using color or other style attributes (bolding, italicizing, underlining, etc.) to convey information about the data, for example, to distinguish groups.
- Please do not mix both numeric and character values (text/signs) in individual cells or within a column. For example $500 or 48%. Using only signs ($, %, #) in place of numeric values consistently in a column is fine. If you plan to transform a combined numeric/character value, for example 48%, to a numeric only value, please be sure the column is labeled % if you use 48, or display the value as .48 so we have the accurate value.
- For Excel and CSV files, please denote missing data values by leaving the cell blank (do not put an "NA" or "Missing" in the cell). However, using a SAS format to represent these values in a SAS data file is fine.
- Please send file documentation, such as data field labels and value labels that allow us to clearly identify items in the file.
- Please upload completed file(s) to the SFTP

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1

Data

The following are data items for the dashboard. For data items on the list with a * please describe how the item is calculated so we have a more specific understanding of how to describe and present it in the dashboard.

1. Caseload size

2. Number of paternities established for children born out of wedlock
3. Percent of paternities established for children born out of wedlock
4. Annual Goal for paternities established for children born out of wedlock*

5. Number of child support cases that are under an order
6. Percent of child support cases that are under an order
7. Annual goal for child support cases that are under an order*

8. Number of current child support paid
9. Percent of current child support paid
10. Annual goal for current child support paid*

11. Number of cases that received a payment towards arrears
12. Percent of cases that received a payment towards arrears
13. Annual goal for cases that received a payment towards arrears*

14. Number of total child support collections
15. Percent of total child support collections
16. Annual goal for total child support collections*

Data Request Exhibit 4/Energy Assistance

Energy Assistance Dashboard Data Request

Data File Guidance

Please send the following data in a SAS file(s), or unformatted CSV or Excel files that are machine readable: We prefer SAS, Excel, or CSV in that order.

- Please send monthly data (as of the last day of each month) for two complete SFYs (2016 and 2017). The exception is when "annual data only" is indicated in the data list below; for those elements please use annual data. If SFYs 2016-2017 are not available, send the latest consecutive SFYs available (e.g., 2015 – 2016).
- If possible, for each data item, please send both a statewide value and a value for each of the 100 counties
- Please send files in "data file structure" (designed to be read by a computer program) rather than "report structure" (designed to be read by human eyes)
- For Excel files, do not include formatting in the file using color or other style attributes (bolding, italicizing, underlining, etc.) to convey information about the data, for example, to distinguish groups.
- Please do not mix both numeric and character values (text/signs) in individual cells or within a column. For example $500 or 48%. Using only signs ($, %, #) in place of numeric values consistently in a column is fine. If you plan to transform a combined numeric/character value, for example 48%, to a numeric only value, please be sure the column is labeled % if you use 48, or display the value as .48 so we have the accurate value.
- For Excel and CSV files, please denote missing data values by leaving the cell blank (do not put an "NA" or "Missing" in the cell). However, using a SAS format to represent these values in a SAS data file is fine.
- Please send file documentation, such as data field labels and value labels that allow us to clearly identify items in the file.
- Please upload completed file(s) to the SFTP

We greatly appreciate your help in following this guidance. If you have any technical questions regarding file type or structure, please contact Kristin Madden (kristinmadden@westat.com). Otherwise, general questions about the data request can be directed to Janet Ciarico (janetciarico@westat.com).

1

Data

The following are data items for the dashboard. For data items on the list with a * please describe how the item is calculated so we have a more specific understanding of how to describe and present it in the dashboard.

1. The number of families served by the Crisis Intervention Program (CIP) with federal funds
2. The number of families served by the Crisis Intervention Program (CIP) with non-federal funds
3. The number of families who have reached the maximum Crisis Intervention Program (CIP) benefit
4. Percent of households assisted by CIP program (fed and non-fed funds) (annual data only)
5. Percent of Crisis Intervention Program (CIP) applications processed within one (1) business day for applications with no heat or cooling source*
6. Percent of Crisis Intervention Program (CIP) applications processed within two (2) business days of the application date for applicants who have a heat or cooling source*

Data Request Exhibit 5/Food and Nutrition Services (FNS)

Food and Nutrition Services Dashboard Data Request

Data File Guidance

Please send the following data in a SAS file(s), or unformatted CSV or Excel files that are machine readable: We prefer SAS, Excel, or CSV in that order.

- Please send monthly data (as of the last day of each month) for two complete SFYs (2016 and 2017). The exception is when "annual data only" is indicated in the data list below; for those elements please use annual data. If SFYs 2016-2017 are not available, send the latest consecutive SFYs available (e.g., 2015 – 2016).
- If possible, for each data item, please send both a statewide value and a value for each of the 100 counties
- Please send files in "data file structure" (designed to be read by a computer program) rather than "report structure" (designed to be read by human eyes)
- For Excel files, do not include formatting in the file using color or other style attributes (bolding, italicizing, underlining, etc.) to convey information about the data, for example, to distinguish groups.
- Please do not mix both numeric and character values (text/signs) in individual cells or within a column. For example $500 or 48%. Using only signs ($, %, #) in place of numeric values consistently in a column is fine. If you plan to transform a combined numeric/character value, for example 48%, to a numeric only value, please be sure the column is labeled % if you use 48, or display the value as .48 so we have the accurate value.
- For Excel and CSV files, please denote missing data values by leaving the cell blank (do not put an "NA" or "Missing" in the cell). However, using a SAS format to represent these values in a SAS data file is fine.
- Please send file documentation, such as data field labels and value labels that allow us to clearly identify items in the file.
- Please upload completed file(s) to the SFTP

We greatly appreciate your help in following this guidance. If you have any technical questions regarding file type or structure, please contact Kristin Madden (kristinmadden@westat.com). Otherwise, general questions about the data request can be directed to Janet Ciarico (janetciarico@westat.com).

1

Data

The following are data items for the dashboard. For data items on the list with a * please describe how the item is calculated so we have a more specific understanding of how to describe and present it in the dashboard.

1. The Number of households receiving FNS
2. The Number of households receiving FNS by age categories of recipients*
3. The number of able-bodied adults without dependents receiving services
4. The Number of households applying for FNS
5. The Number of households exiting FNS
6. Number of able-bodied adults without dependents exiting FNS
7. Percent of expedited FNS applications processed within 4 calendar days from the date of application
8. Percent of non-expedited FNS applications processed within 25 calendar days from the date of application
9. Percent of FNS re-certifications processed on time*
10. Percent of Program Integrity Claims are established within 180 days of the date of discovery

Data Request Exhibit 6/Work First

Work First Dashboard Data Request

Data File Guidance

Please send the following data in a SAS file(s), or unformatted CSV or Excel files that are machine readable: We prefer SAS, Excel, or CSV in that order.

- Please send monthly data (as of the last day of each month) for two complete SFYs (2016 and 2017). The exception is when "annual data only" is indicated in the data list below; for those elements please use annual data. If SFYs 2016-2017 are not available, send the latest consecutive SFYs available (e.g., 2015 – 2016).
- If possible, for each data item, please send both a statewide value and a value for each of the 100 counties
- Please send files in "data file structure" (designed to be read by a computer program) rather than "report structure" (designed to be read by human eyes)
- For Excel files, do not include formatting in the file using color or other style attributes (bolding, italicizing, underlining, etc.) to convey information about the data, for example, to distinguish groups.
- Please do not mix both numeric and character values (text/signs) in individual cells or within a column. For example $500 or 48%. Using only signs ($, %, #) in place of numeric values consistently in a column is fine. If you plan to transform a combined numeric/character value, for example 48%, to a numeric only value, please be sure the column is labeled % if you use 48, or display the value as .48 so we have the accurate value.
- For Excel and CSV files, please denote missing data values by leaving the cell blank (do not put an "NA" or "Missing" in the cell). However, using a SAS format to represent these values in a SAS data file is fine.
- Please send file documentation, such as data field labels and value labels that allow us to clearly identify items in the file.
- Please upload completed file(s) to the SFTP

We greatly appreciate your help in following this guidance. If you have any technical questions regarding file type or structure, please contact Kristin Madden (kristinmadden@westat.com). Otherwise, general questions about the data request can be directed to Janet Ciarico (janetciarico@westat.com).

1

Data

The following are data items for the dashboard. For items on the list with a * please provide a description about how the item is calculated so we have a more specific understanding of how to describe and present it in the dashboard.

1. The number of Work First Cash assistance recipients
2. The number of Work First services recipients
3. The number of cash assistance recipient Work First closures
4. The number of services recipient Work First closures
5. The number and percent of the reasons for Work First closures, for recipients receiving cash assistance (annual data only)
6. The number and percent of the reasons for Work First closures, for recipients receiving Services (annual data only)
7. The proportion (percent) of all Work-Eligible individuals who complete the required number of hours of federally countable work activities*
8. The proportion (percent) of all two-parent families with Work Eligible individuals who complete the required number of hours of federally countable work activities*
9. The proportion (percent) of Work First applications processed within 45 days of receipt*
10. The proportion (percent) of Work First Re-certifications processed no later than the last day of the current recertification period*