



Health and
Human Services

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Secretary

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Deputy Secretary for Human Services

March 1, 2016

The Honorable Marilyn Avila, Co-Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
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Raleigh, NC 27601

The Honorable Josh Dobson, Co-Chair
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The Honorable Louis Pate
Joint Legislative Oversight Committee on
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North Carolina General Assembly
1028 Legislative Building
Raleigh, NC 27601

Dear Chairmen:

Per Session Law 2015-241, Section 12C.8, the Department of Health and Human Services, Division of Social Services, shall submit to the Joint Legislative Oversight Committee on Health and Human Services, the findings and recommendations from the comprehensive, statewide evaluation of the State's child protective services system required by Section 12C.1(f) of S.L. 2014-100. This report is due no later than March 1, 2016. Pursuant to the provisions of law, I am pleased to submit the attached report.

Please direct all questions concerning this report to Wayne Black, Director of the Division of Social Services, at 919-527-6335 or Wayne.Black@dhhs.nc.gov.

Sincerely,

Sherry Bradsher
Deputy Secretary for Human Services

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North Carolina Statewide Child Protective Services Evaluation

North Carolina Department of Health and Human Services
Division of Social Services

March 1, 2016

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I. Executive Summary

In Section 12C.1.(f) of N.C. Session Law 2014-100, the North Carolina General Assembly (NCGA) authorized an evaluation of the state's child protective services system. In October 2015, the Division of Social Services (Division) contracted with Public Consulting Group, Inc. (PCG) following a competitive bid process to perform the evaluation, due to the Legislature on March 1, 2016. The law states that the evaluation should include recommendations on the following:

- The performance of county departments of social services as related to child protective services;
- Caseload sizes;
- The administrative structure of the child protective services system in the state;
- Adequacy of funding;
- Child protective services' social worker turnover; and
- Monitoring and oversight of county departments of social services.

This report presents strengths, challenges, and recommendations based on PCG's expertise, national best practices, and an evaluation of what works well in North Carolina. Through this, PCG strives to support the state's reform effort to ensure a high functioning, high-quality child protective services system dedicated to child safety and well-being.

The Division leadership and staff have, with available resources, managed to develop innovative initiatives that address problems in counties. Similarly, counties described that they are able to be resourceful and strategic while operating in a system that is under intense public scrutiny and, at times, underappreciated and misunderstood.

To inform this evaluation, PCG reviewed a variety of data sources and solicited feedback regarding the strengths and challenges of child protective services (CPS) from hundreds of people throughout the state. In addition to visiting and talking to county staff at all levels, PCG interviewed CPS stakeholders, including Department of Health and Human Services (DHHS) and Division leadership, county leadership and their staff, and community partners who have direct involvement with the CPS system. In an effort to validate and support this qualitative research, PCG analyzed quantitative data from the counties and the state Client Services Data Warehouse as available. Some analyses in this report, including caseload sizes, are incomplete due to a low number of county responses and lack of administrative data. The report rests largely on qualitative information gained from site visits, interviews, surveys, and meetings and is supplemented wherever possible with quantitative data from the Client Services Data Warehouse, federal, state, and county reports, Division surveys, and the statewide survey conducted by PCG.

The following list provides a summary of observations and recommendations regarding the provision of CPS across the state. The lack of quantitative data is common barrier throughout the report. Therefore, to address the broad array of observations highlighted in this report, some recommendations indicate the need for further study, some present options for the state to consider, and others direct a clear course of action.

- **County Performance:** In the absence of a statewide data information system, the Division cannot consistently or adequately collect and analyze data on key issues that may affect county performance in CPS. While the implementation of NC FAST (Project 4) should resolve the current data limitations, the following recommendations warrant further attention by the Division:
 - evaluate if the counties are following the dual response protocol within Multiple Response System;
 - re-examine the recommended timeframes for CPS assessments; and

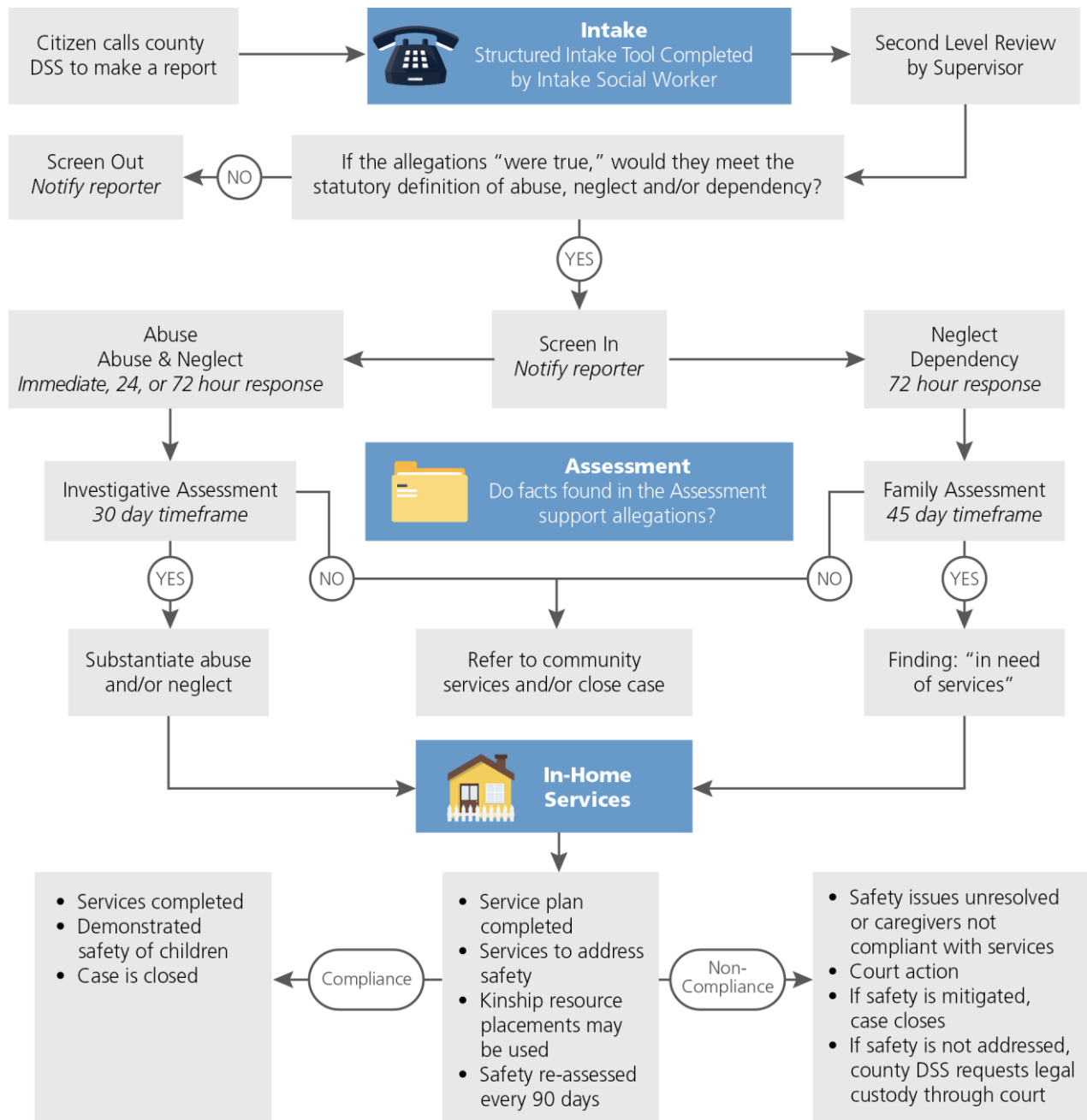
- implement a quality assurance review process for in-home cases.
- **Caseload Sizes:** While county DSS self-reported CPS caseloads as high, the state lacks administrative data on actual caseload sizes. Additionally, counties all apply different processes to capture caseload size and may define “caseload” in various ways. The state should conduct a workload study to develop a methodology to calculate caseload size that considers case complexity, family size, required tasks, time required for documentation, and special county attributes significantly impacting service delivery. The Division should also establish a uniform definition for “caseload” across CPS.
- **Administrative Structure:** The current state-supervised county-administered CPS structure provides a great deal of autonomy to county DSS; however, the Division has limited capacity and tools to ensure consistency. The Division lacks a formal statewide practice framework to guide the delivery of services, must manage competing priorities, and struggles to hire and retain qualified staff. Additionally, the experience and qualifications of county DSS directors and social workers varies across counties.
 - The Division and the county DSS should work together to develop a statewide practice framework in tandem with NC FAST so that the practices, forms, and processes developed can be supported by the centralized data system rather than present conflicting guidance.
 - The Division should support improved CPS social worker effectiveness and performance through new training practices, revisions to the technical assistance framework, and the development of a supervisor academy.
 - The Division and counties should develop a joint plan to identify the strengths and challenges of the current CPS workforces as well as recommendations to address educational requirements, licensing standards, and relationships with university partners.
 - The state should invest in leadership development among Division staff, establish salaries that commensurate with experience and job requirements, and examine the initial and ongoing professional development of Division staff.
 - The state should prioritize CPS and institutionalize the protection of children as a state priority by considering options to establish a separate Division of Child Welfare and/or creating an Advisory Council on Child Welfare at the legislative level.
- **Adequacy of Funding:** CPS relies on federal and county sources for 87 percent of funding. Current federal funding from Temporary Assistance for Needy Families (TANF) and the Social Services Block Grant (SSBG) is at risk and the level of county funding for CPS varies. The adequacy of funding for CPS cannot be compared to similar states and the funding methodology for CPS is outdated. The Division should update the funding methodology and consider pay-for-performance county allocations.
- **Social Worker Turnover:** Social worker turnover is steadily increasing from 22 percent in 2013 to 28 percent in 2014. On average, rural counties have more turnover than the larger urban counties. The state should address key issues contributing to turnover including salary disparity, secondary traumatic stress, and the effectiveness of the Child Welfare Collaborative.
- **Monitoring and Oversight:** The Division struggles to ensure consistency across counties due to constrained resources. DHHS and the Division should review its current structure and determine whether efficiencies can be gained by centralizing specific tasks at the statewide level, while leveraging county innovation. In addition, many counties use various quality assurance tools. The Division should develop and require a single statewide quality assurance review tool in conjunction with continued program monitoring and oversight.

These recommendations should be integrated into a statewide strategic plan for CPS that complements the requirements of the Program Improvement Plan under the federal Child and Family Services Review for foster care and other child welfare services.

II. Introduction

This report is in response to a legislative requirement by the NCGA to evaluate CPS.

At the request of the Legislature, this project focuses on CPS and does not address other child welfare services provided by county DSS, such as foster care and adoption. For a review of the essential functions of CPS, see Appendix 1. Below is a diagram of how CPS operates in the counties.¹



This assessment is solely an evaluation of statewide trends and not an audit of state or individual county performance. Given the timing and data constraints, a full evaluation of all counties was not possible, so a sample

¹ This flowchart may not accurately capture the assessment process for every allegation such as family foster home investigations.

of counties was examined when deeper analysis was warranted. Additionally, the federal Child and Family Services Review (CFSR) conducted in 2015, shares similar findings for CPS in-home cases. The CFSR also indicated that North Carolina was not in conformity with a systemic requirement for a statewide information system and thusly was unable to analyze performance data. Division leadership, with financial support from the NCGA, has set CPS on a path to having a statewide case management system utilizing NC FAST. There are many potential gains from an integrated social services case management system along with challenges for development, implementation, and support for NC FAST in CPS. Even with full funding for NC FAST (Project 4), it will be several years before quality data is available.

To inform this evaluation, PCG reviewed a variety of data sources, including national best practices, and solicited feedback regarding the strengths and challenges of CPS from hundreds of professionals throughout the state. A summary of the evaluation methodology is provided in Appendix 2. The list below is a description of the key stakeholders and services related to CPS.

Local DSS Stakeholders

Core CPS Services/Personnel	Secondary/Wraparound CPS Services
<ul style="list-style-type: none"> • DSS/DHHS Directors • CPS Program Administrators/Managers • CPS Supervisors • CPS Intake/Assessment/In-Home Social Workers • Administrative Support • Finance • Human Resources 	<ul style="list-style-type: none"> • Child Care • Child Support • Emergency services/benefits (utility bills, energy assistance, etc.) • Food and Nutrition Services • Foster Care, Adoptions, LINKS • Medicaid (Adult, Children & Families) • NEMT – Non-Emergency Medicaid Transportation • Work First

Community Stakeholders

<ul style="list-style-type: none"> • Children and Families • Advocacy and prevention organizations • Case Management and Service Coordination Providers • Child Advocacy Centers • County Commissioners and County Managers • Court System • Domestic and Sexual Violence Providers • Early Intervention Programs (CDSAs, Head Start, etc.) • Faith Community • Guardian ad Litem Programs • Hospitals • Housing Agencies/homelessness organizations • Law Enforcement and Forensic Services 	<ul style="list-style-type: none"> • LME-MCOs (Local Management Entity-Managed Care Organizations) • Local support providers (parenting classes, etc.) • Mental Health Providers • Multidisciplinary Teams • Pediatricians/Community Care of North Carolina/ NC Pediatric Society • School System (public, private, charters) • Substance Use Disorder Treatment Providers • Transportation Providers • Tribes • United States Military • University partners (training, education, data management, pilots)
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State Stakeholders

- North Carolina General Assembly
- Department of Health and Human Services
- Division Social Services
- Division of MH/SA/DD
- Division of Medical Assistance
- Division of Public Health
- Division of Child Development and Early Education
- Department of Public Instruction
- Department of Public Safety (Juvenile Justice)
- Juvenile Crime and Prevention Councils
- North Carolina Child Fatality Task Force

The evaluation recognizes the wide variety of CPS processes from county to county but does not highlight or address challenges in any single county. Instead, these recommendations aim to drive statewide reform that builds on crosscutting strengths and addresses critical challenges.

Acceptance and implementation of these recommendations should minimize disruption to current CPS work. Stronger legislative support would allow the Division more authority and oversight in standardizing processes and procedures, and it would raise the level of consistency and quality of CPS statewide. Done correctly, and as part of a larger CPS transformation effort outlined in this report, NC can reduce social worker turnover and case transfers, and provide a funding base for counties to offer the most appropriate services to families without basing decisions on what money is available. Financial investments and greater accountability will be necessary to move the system forward.

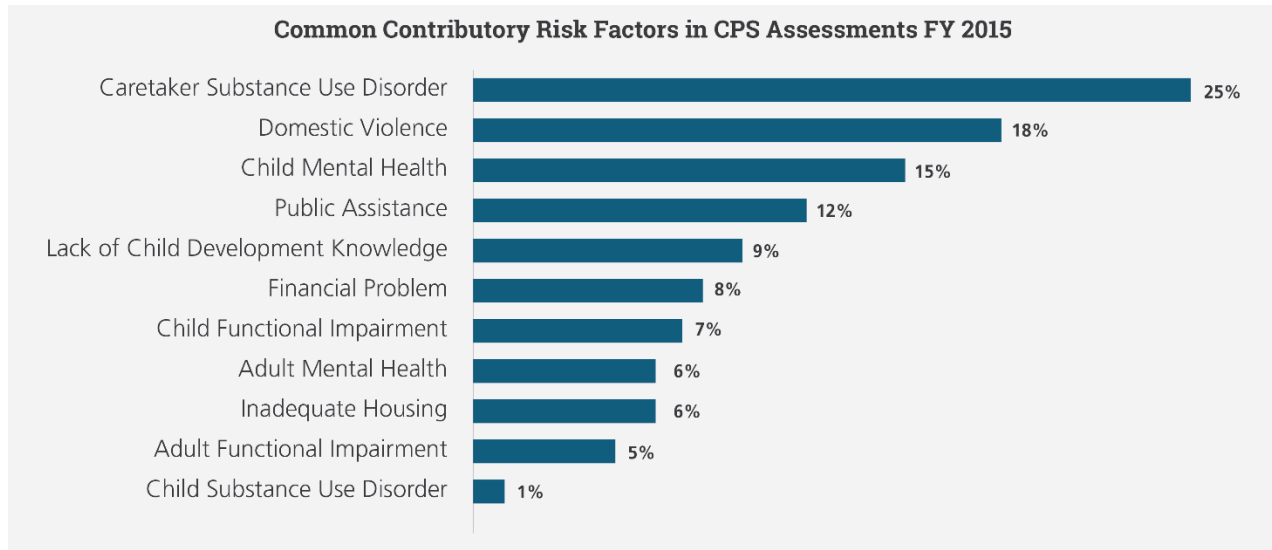
In each section, a brief overview and a summary of observations and recommendations that corresponds to each legislative requirement is provided:

- The performance of county departments of social services as related to child protective services;
- Caseload sizes;
- The administrative structure of the child protective services system in the state;
- Adequacy of funding;
- Child protective services' social worker turnover; and
- Monitoring and oversight of county departments of social services.

Additional recommendations related to information requested in the RFP can be found in Appendix 3.

III. County Performance

Families come to the attention of CPS for a variety of reasons. The most common contributing factors found in a review of CPS assessments conducted by county DSS in FY 2015 are shown in the chart below.² These factors were also frequently cited during site visits and often provided as rationale for why CPS assessments have become more complex and take longer to complete.



In the absence of a statewide data information system, the Division cannot consistently or adequately collect and analyze data on key issues including those that impact child safety. The Division uses the quarterly and annual Child Welfare Staffing Surveys to obtain self-reports from the counties on a number of issues, but this does not ensure accurate, timely, or comprehensive information. Case transfers and malicious reports are two areas where the lack of data could have an impact on county performance.

Case Transfers: Without consistent data, it is difficult for counties or the Division to understand the impact of case transfers on case outcomes or the correlation with caseload sizes and turnover. This information is critical to understanding the impact of caseload sizes and turnover, but also as part of a robust continuous quality improvement (CQI) system aimed at limiting case transfers whenever possible. Continuity of case management is an important factor for positive child and family outcomes within the child protection system.³ When high levels of turnover are present, caseload sizes can surge, and cases start to pass through multiple social workers with increasing levels of care for the child, and cost.⁴

Malicious Reports: In NC, counties cannot prosecute reporters making false allegations. Twenty-nine states have civil penalties for knowingly submitting a false report of abuse.⁵ These false allegations can keep staff from working with families who are in need of services. In the statewide survey, 79 percent of intake social workers and 62 percent of county leadership reported that false or malicious reports were “significantly contributing to

² CPS assessments may include more than one contributory factor.

³ Flower, C., McDonald, J., & Sumski, M. (2005). Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff. Retrieved from: <http://www.uh.edu/socialwork/docs/cwep/national-iv-e/turnoverstudy.pdf>

⁴ For a discussion of case transfers, see Payne, J.: “Beyond Quick Fixes: How to Improve Child Welfare in America, Paper One: Want to Improve Child Outcomes? Reduce Case Transfers!”

http://www.publicconsultinggroup.com/humanservices/library/white_papers/documents/Reduce_case_transfers_whitepaper2_fs.pdf

⁵ Child Welfare Information Gateway. (2014). “Penalties for failure to report and false reporting of child abuse and neglect”. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau.

caseloads.”⁶ Furthermore, more than half of all respondents reported that their county lacked an adequate process for handling false or malicious reports. Between 2011 and 2014, only 70 instances of malicious reports were documented by 12 counties on the Child Welfare Staffing Survey. The current process to document these malicious reports appears to be inaccurate and may underestimate the prevalence of this problem.

Observation 1: CPS cases progress quickly from report to assessment initiation.

The timeframe from when a report is received, a screening decision is made, and a case is assigned to an assessment social worker is based on the level of risk present. Cases with an immediate risk must be initiated as quickly as possible. Cases of reported abuse must be initiated within 24 hours and neglect within 72 hours. The data⁷ below verifies that, on average, cases move from report to assessment initiation quickly and that this process is even faster for higher risk investigative assessments. Statewide, counties appear to be improving in the timeliness of assessment initiation for both more critical immediate, 24, or 72 hour Investigative Assessments (IA) and 72 hour Family Assessments (FA). However, the federal reviewers conducting CFSR Round 3 found that counties initiated timely investigations into reports of maltreatment in only 75 percent of the sample cases reviewed.

Average Intake Duration by Assessment Type in Hours	2013			2014			2015		
	FA (72 hours)	IA Abuse (24 hours)	IA Neglect (72 hours)	FA (72 hours)	IA Abuse (24 hours)	IA Neglect (72 hours)	FA (72 hours)	IA Abuse (24 hours)	IA Neglect (72 hours)
	55.2	26.53	36.50	50.4	20.97	62.57	43.2	16.26	27.09

While analyzing this data from the Central Registry, it was determined that some counties are not following the dual response protocol of the Multiple Response System (MRS). Per policy, all cases with abuse reported should be directed to the investigative assessment track. However, in 2015, 814 family assessments (2 percent of all family assessments) were conducted when abuse, or abuse and neglect combined, were reported. Additionally, 345 family assessments and 143 investigative assessments were conducted when no allegation of maltreatment was reported. These patterns were present in data for 2013 and 2014 and may impact the validity of the assumptions about intake timeliness described above.

Recommendation 1: Examine whether MRS is being appropriately followed in the counties.

Counties may have interpreted policy in such a way – or case practice may have drifted from what was intended by the MRS – so that cases are not always assigned to the appropriate track. The Division should study the data on assessments by type of maltreatment reported and investigate if specific counties require policy clarification or training to realign with MRS principles.

Observation 2: CPS assessment timeliness varies depending on type and external factors.

The timeframe for CPS assessments depends on the track selected at screening — 30 days for investigative assessments for abuse or serious neglect, or 45 days for family assessments for other types of neglect and dependency. Although the average duration of investigative

Average Investigative Assessment Duration in Days	2013	2014	2015
	53.2	56.4	45.6

⁶ Malicious reports are defined as when the reporter knowingly and willfully made untrue statements that a child was abused, neglected, or dependent.
⁷ This data was calculated using 5104 (assessments) from fiscal years 2013-2015. Average intake duration is derived from the time elapsed between date of initial report and date of CPS initiation. The exact date or time of a screening decision is not captured on the 5104.

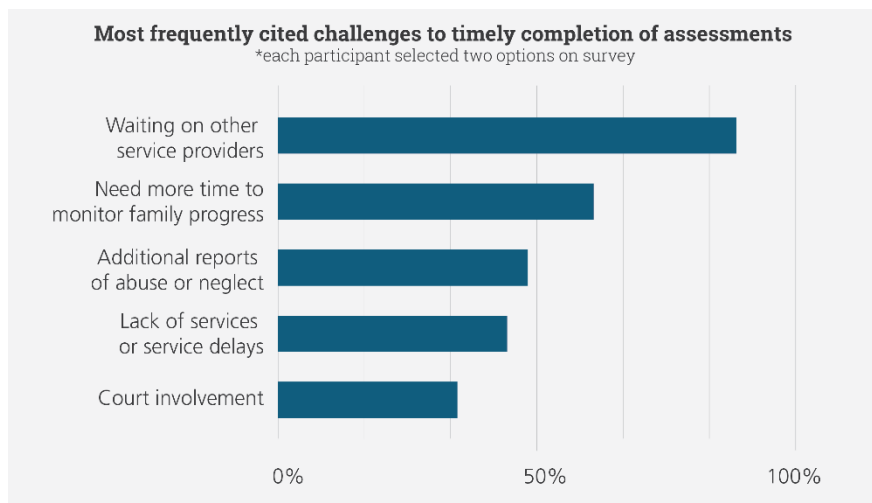
assessments is declining across the state, they still remain open an average of 15 days longer than the policy standard of 30 days, as shown in the table above.⁸

The second table reveals that most counties, on average, are able to conduct family assessments within the state required 45 day timeframe.

CPS frontline social workers surveyed reported that there are major challenges that can delay assessments and lead to bottlenecks in caseloads, documented in the graph below.

These delays occur as the social worker must balance ongoing and new cases. Frontline social workers also described in interviews and focus groups that the extensive requirements for case documentation, the complexity of CPS cases, and the lack of technology to improve efficiency in casework leads to challenges with timeliness. Additionally, while investigative assessments have a 30-day timeframe, these cases often require more collateral contacts and coordination with outside agencies, such as law enforcement, or the completion of child medical examinations, which may result in delays.

Average Family Assessment Duration in Days	2013	2014	2015
	47.5	50.2	42.9



Recommendation 2: Re-evaluate recommended timeframes for CPS assessments.

The existing guidelines for assessment duration may be unrealistic given the growing complexity of CPS cases and strains on the larger CPS system. Due to the changing nature of CPS cases, the Division should re-evaluate whether the timeframes established for investigative and family assessments are realistic or if they impose a challenge to a thorough assessment of child safety and family needs.

Observation 3: The duration of in-home services cases is declining statewide.

According to the NC Child Welfare Policy Manual, when CPS in-home cases have been open for 90 days, or when no progress has occurred and risk remains high or intensive, the Child and Family Team (CFT) should explore the following options:

- Accepted referral to Intensive Family Preservation Services if available
- Petition the court for adjudication and family compliance
- Petition for Non-Secure Custody
- Due to exceptional situations, extend CPS In-Home Intensive/High Services
- Family initiated placement as a result of the Child and Family Team

⁸ The average duration of CPS assessments was calculated as the days elapsed between the initiations of the CPS assessment to the case decision date reported on the 5104 for fiscal years 2013-2015.

The average duration of in-home services⁹ is provided in the table to the right for FY 2013 through 2015. The duration of in-home services is decreasing each year with the average duration under 180 days in fiscal year 2015. In practice, many counties take a close look at in-home cases once they have reached 180 days and social workers reported that they experience pressure to close the case or escalate legal proceedings at that point.

Average In-Home Services Duration in Days	2013	2014	2015
	168	154	110
Number of Counties Exceeding 90 Days on Average	96	99	78
Number of Counties Exceeding 180 Days on Average	28	20	0

In the future when quality data is available in NC FAST, the Division will be able to determine how many cases proceed from assessment directly to foster care, and if families are being appropriately served by in-home services.

PCG did not conduct case reviews to evaluate quality of service; however, case reviews conducted during the CFSR indicate that quality of service is not sufficient. Additionally, administrative data was not available on the services that families were referred to following an assessment because the data field used to collect this information has historically had a vague definition that could encompass services received prior to or during an assessment, or referral to additional services.

Recommendation 3: Conduct quality assurance reviews on CPS in-home cases.

Division child welfare staff, in coordination with county DSS, should conduct a thorough quality assurance assessment of CPS in-home cases in regards to the services delivered, length of cases, and outcomes associated with these services. This assessment should use data to examine the relationship between cases not referred to in-home services and subsequent CPS reports, as well as outcomes from families served by in-home services and later CPS involvement or out-of-home placement.

⁹ Services Information System Code 215 - CPS In-Home Services (Child Defined as reasonable Candidate for Foster Care)

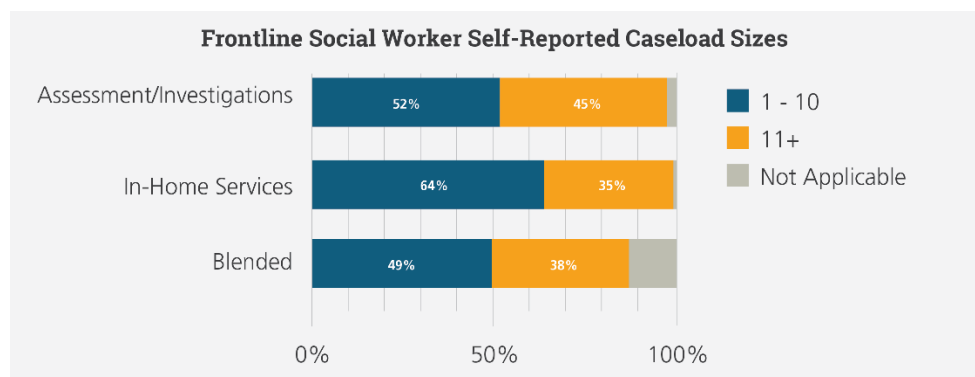
IV. Caseload Sizes

Large caseloads and excessive workloads make it difficult for CPS social workers to serve families effectively and can contribute to burnout and turnover. The complexity of cases requiring intensive intervention, as well as administrative requirements, further adds to a social worker's workload. Manageable caseloads and workloads can make a real difference in a social worker's ability to spend adequate time with children and families, improve staff retention, and ultimately have a positive impact on outcomes for children and families. The NCGA recently appropriated funding to reduce caseload sizes and in addition counties have responded with financial support.

Observation 4: Self-reported caseload sizes are often too high.

State policy recommends a caseload size for CPS assessments and in-home services of 1 to 10 where cases are defined as a family, not a single child as they are in foster care ratios.¹⁰ According to *self-reported* caseload sizes in the graph below, about half of all CPS assessment, in-home, and blended¹¹ social workers are within the Division's 2006 recommended caseload size of 1 to 10, which was confirmed during site visits and interviews with counties.

Counties apply different processes to capture caseload sizes and may define "caseload" in various ways depending on the practices and social worker categorization in their county. The lack of a consistent statewide definition of "caseload" makes it difficult to



determine how many of the self-reported caseload sizes are actually open, active assessments or CPS in-home cases versus those that require additional casework activities to close. In CPS, caseload sizes are also based on a family unit, rather than the number of children involved, as they are in foster care or adoption. The current system also does not allow for an accurate representation of workload because it does not account for social workers who have blended caseloads or other responsibilities.

Caseload sizes are interconnected with a variety of factors both within, and outside of, the individual social worker or county's control. For example, caseload sizes fluctuate over the course of the year. Counties report that typically September or October are busy months for CPS reports because schools are back in session and more concerns are brought to the attention of school personnel. Systemic factors such as services available in the community or the judicial system can also affect workload.

The length of time between a new social worker starting and the assumption of a full caseload varies depending on the caseload sizes of other social workers and the demand for capacity within a county at that time. Some counties describe gradually onboarding new social workers with a training supervisor and graduated caseload. Per state law, social workers cannot assume direct client contact responsibilities until they have completed pre-service training.¹² However, according to the Child Welfare Staffing Survey, increasing numbers of cases coupled with increased turnover has decreased the average length of time between hiring and when a new social worker

¹⁰ Family Services Manual. North Carolina Division of Social Services, June 2008. Web.

¹¹ Blended social workers may have multiple responsibilities within CPS or child welfare including non-CPS cases.

¹² NCGA § 131D-10.6A.

must assume a full caseload; statewide this has decreased from 11 weeks in 2011 to 8 weeks in 2014. This decrease in preparation time is most significant among urban counties, which dropped from 14 weeks to 8 weeks.

Recommendation 4: Conduct a study on current workloads in CPS.

The Division needs to understand the typical and appropriate duration for each phase of CPS (intake, assessment, and in-home) and the required tasks under each phase. A statewide workload study should inform a methodology to determine caseload sizes that considers case complexity, family size, required tasks, time required for documentation, and special county attributes that significantly impact service delivery. The Division should also establish a universal definition for caseload across child welfare. This should be defined as the number of children in a case and provide clarification as to what constitutes an active CPS case. This will result in increased transparency about the workload associated with CPS assessments and in-home services.

Due to the lack of data, PCG was unable to provide a plan to address the caseload sizes of CPS social workers. The implementation of NC FAST should provide a valid method to measure current caseload sizes and case duration. Counties themselves will be able to use this data to conduct their own analysis.

A clear definition of a caseload should also be established, and administrative data must be captured accurately across the state. With this accurate information the Division will have better information to hold counties accountable for maintaining appropriate caseload sizes. Caseload sizes are only one indicator of county performance, and should be considered along with other factors including child and family outcomes.

To assist social workers with managing caseloads, the counties and Division should also consider tools and technologies to reduce administrative burden for social workers. Providing technology such as tablets and smartphones that can be used in the field, decreasing duplicative forms, and streamlining administrative processes in NC FAST can help social workers make more effective use of their time.

V. Administrative Structure

The Division of Social Services Child Welfare Section develops policy that is reflective of federal law, provides training, consultation, and technical assistance to county DSS, conducts reviews of county performance, and assist in the development and implementation of program improvement plans for CPS. As a recipient of federal funds, the Division must establish timeframes, tools, and mandates for the delivery of child protective services and conduct regular monitoring of the sub-recipient county DSS.¹³ State statute outlines the legal authority and role of the county director of social services.¹⁴ As a state-supervised, county-administered system, counties have administrative autonomy.¹⁵

In the case that the Secretary of DHHS determines that a county is not providing child protective services in accordance with law and rules, there are two options: the state may intervene in the service provision, or if the failure to provide services poses a substantial threat, they may withhold funding and ensure service provision through public or private agencies or by direct operation.¹⁶

This evaluation uncovered many Division and county level strengths and innovative practices in CPS. Several innovative state initiatives that drive the CPS infrastructure toward excellence include:

- **Multiple Response System:** Since 2001, counties have used a dual response protocol at the investigation/assessment phase of their casework, which has influenced the number of children able to safely remain in the home.
- **CPS Pilot:** This project will allow county DSS to link basic demographic and service information from multiple state data sources (NC FAST, CJLEADS, and Central Registry, Child Placement Payment System, child care subsidies) to give a dashboard of person demographics, history of event, related associations, and address history. The NCGA appropriated \$300,000 to support the development and implementation of this project.
- **Trauma-Informed Practices:** Project Broadcast has raised awareness in 15 counties of the impact of trauma not only on children and families, but also on staff themselves. Research on the negative impacts of Adverse Childhood Experiences (ACE) demonstrates that children who experience adverse childhood events including abuse and neglect have higher rates of adult incarceration, substance use disorders, mental health issues, and/or significant physical health issues as a direct result of childhood trauma.¹⁷ Adults who suffered abuse and neglect as children also are disproportionately more likely to struggle as parents, creating multi-generational cycles of trauma that have significant societal and economic costs.
- **Community Child Protection Teams.** CCPTs are a means for the state and local communities to form a partnership to strengthen child protection.¹⁸ CCPTs identify systematic issues within the child welfare system and report to the state issues that need state action. Comprised of members specified in the law, CCPTs review child welfare cases to identify gaps in the system and recommendations to improve law,

¹³ See NC DHHS Division of Social Services Subrecipient Monitoring Plan.

http://qa.dhhs.state.nc.us/dss/Monitoring/docs/NC%20DSS%20Monitoring%20Plan-SFY%2014-15_Nov.pdf

¹⁴ N.C.S.G § 7B-302

¹⁵ Per NCGA § 108A-14 the county DSS director has the responsibility "to assess reports of child abuse and neglect and to take appropriate action to protect such children."

¹⁶ N.C.S.G § 108A-74

¹⁷ Felitti, Vincent J., et al. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study." *American journal of preventive medicine* 14.4 (1998): 245-258.

¹⁸ CCPTs were established in response to Executive Order 142 in May 1991. The duties and responsibilities of the CCPT are contained in 10A NCAC 70A.0201. The original purpose and composition of the team was further formalized and expanded by N.C.G.S. §7B-1406 (formerly N.C.G.S. §7A 143-576.1), effective July 1, 1993.

policy, and practice. The reviews may include substantiated cases of abuse or sexual abuse, neglect cases that are serious and have a medical component, families with multiple substantiations or reports, or cases requested by a CCPT member. In many counties, CCPTs also function as the Child Fatality Review Team. Well-developed CCPTs across the state have strengthened the safety net for children through community engagement and education.

Observation 5: The Division lacks a formalized statewide practice framework for CPS.

The absence of a practice framework for CPS and child welfare creates variation in case practice between counties, resulting in challenges for the Division to ensure consistency between counties, provide support and technical assistance, and train new social workers on universal practices and performance measures.

A practice framework is a conceptual map and organizational ideology of how the child welfare agency – including child protective services, families, and stakeholders – should collaborate and how services should be provided. A practice framework also contains the values, culture, and approaches to the practice of child welfare work. In some states, this framework is a prescribed set of practices developed by academic researchers and validated through empirical studies to become an evidence-informed or evidenced-based practice with expected outcomes. However, not all states adhere to this level of rigor and instead develop a customized set of practices that form a broad framework for how the child welfare agency will work with families.

In 2012, the Division led a state-county workgroup to explore options to procure an evidence-based practice model for CPS in-home services, but these efforts were halted due to the development and implementation of NC FAST. Despite the lack of an officially designed practice framework, many of the core elements have already been implemented to some extent. For example, the Multiple Response System, structured decision-making tools at intake, and the development of trauma informed agencies are all steps toward a more cohesive practice framework for child welfare. Additionally, some counties¹⁹ have implemented their own evidenced based practice model based on Signs of Safety²⁰ and report favorable changes in practice.

Recommendation 5: Develop a statewide practice framework in conjunction with NC FAST Child Services (Project 4) implementation.

The Division and the counties should work together to develop a statewide practice framework in tandem with NC FAST so that the practices, forms, and processes developed can be supported by the centralized data system rather than present conflicting guidance.

The practice framework should also build on the strengths of the current system, in particular, family-centered practice, MRS, and trauma informed agencies. The framework should be designed to address gaps in current guidance for counties, social workers, and supervisors. A statewide practice framework should provide structure and specific practices for CPS and child welfare, while still allowing the counties to adopt evidence-based practice (EBPs) models to support the state-defined framework – with the Division’s approval. This framework should guide county DSS in choosing and implementing the EBPs that would best fit each county’s needs, available resources, and organizational goals. Adopting the framework and implementing the critical components will require increased Division capacity, consultation with experts familiar with developing practice frameworks, and funding to ensure successful implementation and sustainability.

As part of a strategic plan for CPS, the Division should first research existing statewide practice frameworks in other states for examples of key components and tools. Following this, a gap analysis can identify areas where the Division has sufficient practice guidance or tools to build upon, and areas where new guidance must be developed.

¹⁹ Catawba, Buncombe, and Wilson counties

²⁰ <http://www.signsofsafety.net/>

Observation 6: Pre-service and ongoing training does not consistently meet the needs of the workforce.

Most new social workers must complete three weeks of pre-service training prior to being responsible for any cases, and they are required to complete 24 hours of annual training.²¹ However, the timeliness, access, and quality of training varies depending on county resources, location, and social worker caseload. Some state training locations around the state have been closed following budget cuts. The CFSR site visit interviews, and the statewide web survey indicate the following concerns with training:

- **Training capacity:** 34 percent of frontline social workers reported that trainings are often too full to register.
- **Training location:** 54 percent of frontline social workers reported that training locations were inconvenient.
- **Time to attend trainings:** 65 percent of frontline social workers reported they are too busy with cases to attend trainings.

It is incumbent on the Division to ensure that it can provide training that meets the needs of the CPS workforce and ensures a basic level of understanding and skill in frontline social workers. While pre-service training was rated favorably among 71 percent of frontline CPS social workers surveyed, during interviews supervisors and county leadership reported that pre-service training was not adequately preparing new social workers for the challenges of CPS. On the statewide survey, 53 percent of leadership surveyed reported that pre-service did not prepare social workers for CPS. Focus groups and interviewees elaborated that pre-service training is structured as an introduction to child welfare, but does not provide knowledge on how to do CPS work. Focus group participants indicated trainers often tell participants to talk to their county about specific case policy and practice because of the variation in interpretation. Social workers also reported that there are inconsistencies between pre-services and actual practice because supervisors do not attend trainings.

Recommendation 6: Improve the training system to meet the needs of counties.

- **Train on topics that address case complexity:** Given the increased case complexity and challenges facing the CPS system, CPS social workers find themselves needing increased skills to address mental health, substance use disorders, trauma informed care, evidenced based practices, assessment tools, and family violence in the home. The Division should consider ways to build additional required topics into annual trainings for all child welfare social workers and supervisors on:
 - ✓ the effects of trauma on children, families, and social workers;
 - ✓ forensic interviewing; and
 - ✓ motivational interviewing.

Additionally, counties reported cross-discipline training with medical, judiciary, or law enforcement personnel was particularly helpful. The Division should explore state-level training courses with other CPS system partners and encourage counties to do the same.

- **Maximize use of technology.** The Division could also explore the use of video conferencing software such as Skype and other distance learning tools to conduct remote ongoing trainings with one or more counties simultaneously.
- **Utilize universities and community colleges.** The Division should explore other ways to have training provided in part, or entirely, by universities and community colleges. Universities already play a major role in training the next generation of child welfare professionals and have access to highly qualified educators. Some private universities in NC have demonstrated a commitment to working with the Division to explore ways to support the child welfare system. Other states including Wisconsin, Indiana,

²¹ Family Services Manual. NC Division of Social Services, June 2008. Web.

Pennsylvania, Colorado, California, and Nebraska have been successful at utilizing universities to deliver pre-service and/or ongoing training to child welfare staff.

Observation 7: The state lacks comprehensive supervisor training and supervisor to staff ratios may be too high.

High quality and consistent supervision is a major factor in the effectiveness of the CPS workforce, and the success of cases that enter CPS. Supervisors, whether frontline or higher administrators and managers, establish the standards of practice, train, support, advise, and lead through example. In particular, frontline CPS supervisors are a safety net for the child welfare system.²² They provide direct supervision and support to frontline social workers and help make two-level case decisions every day. They also support the emotional well-being and address secondary traumatic stress in their team. Supervisors walk a very difficult line between supporting the social worker and accountability for ensuring legal and policy mandates are met.

Supervisors have to be competent at their job and have the skills to supervise, mentor, coach, manage workload, and lead their team. Research indicates that retention has more to do with supervision and a positive organizational climate than anything else, including individual social worker characteristics.²³ Specifically, the quality of supervision, including support and consultative abilities, as well as caring about the social worker and the ability to build strong team cohesion are “stay” factors.

Successful social workers tend to be promoted to supervisor, but these staff may lack the skills of leadership and supervision necessary to be effective in making critical case decisions regarding child safety. There are currently no guidelines set forth by the Division as to what skills are necessary to supervise CPS social workers. The Division recommends supervision ratios of 1 to 5²⁴, but accepts ratios up to 1 to 8 as still in compliance. In the statewide PCG survey 44 percent of CPS supervisors reported, they supervise six or more social workers.²⁵ High ratios make it difficult to spend the time with social workers staffing individual cases, conducting field observations, evaluating performance, and using data to inform decisions.

Recommendation 7: Develop and require a leadership academy for CPS frontline supervisors and managers.

The Division, in collaboration with the counties and university partners including community colleges, should develop and require a leadership academy to enhance leadership and supervisory skills amongst newly promoted and ongoing CPS supervisors. The National Child Welfare Resource Center for Organizational Improvement sets out specific steps organizations can take in order to strengthen frontline supervision.²⁶ One of those is training and professional development, including introductory courses for those who have never been a supervisor, including developing a peer community network.

The Division, with the voluntary support of a private university, has begun work to develop a child welfare supervisor academy that promotes a supervisor model of evidence informed and promising practices that allows for consistency across counties. The Division should continue to build upon this work to ensure that CPS supervisors and managers have skills to conduct team staffing and field observations. The Division should implement a supervision track related to both supervision skills, as well as day-to-day management and data skills. Supervisors should attend ongoing training to ensure that they are up to date on policy changes and best

²² Salus, M.K. “Supervising child protective services caseworkers.” 2004. Children’s Bureau. <https://www.childwelfare.gov/pubPDFs/supercps.pdf>

²³ Landsman, Miriam. “Supporting child welfare supervisors to improve worker retention.” *Child welfare* 86.2 (2007): 105.

²⁴ Family Services Manual. NC Division of Social Services, June 2008. Web.

²⁵ Due to the PCG survey question format we are unable to determine what percent of supervisors are out of compliance and have ratios of 1 to 8 or greater.

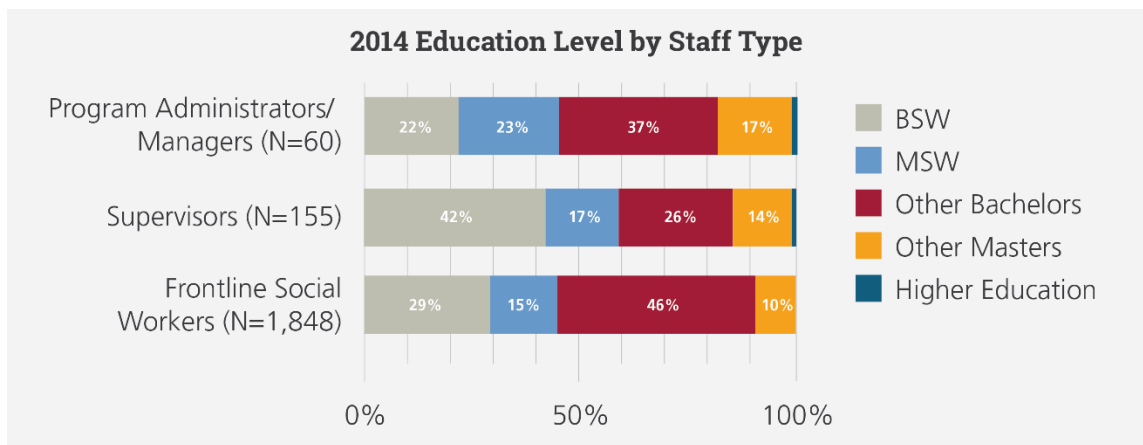
²⁶ National Child Welfare Resource Center for Organizational Improvement. “Strengthening child welfare supervision.” Fall 2007. <http://muskie.usm.maine.edu/helpkids/rcpdfs/cwmatters6.pdf>

practices. Finally, supervisors need skills to identify and help address secondary traumatic stress in their team and themselves.

Observation 8: Experience and qualifications for DSS directors and social workers vary greatly across counties.

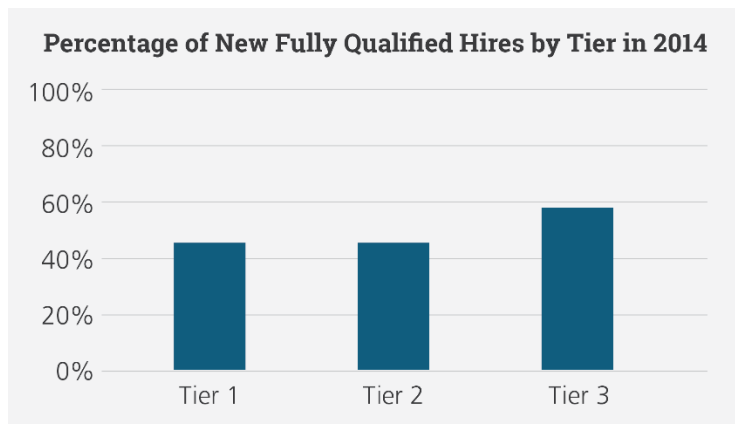
NCGA § 108A-14 requires the county DSS “to assess reports of child abuse and neglect and to take appropriate action to protect such children.” The county DSS director must be qualified to make critical decisions related to child safety. As child welfare practice and CPS have become more complex, the importance of child welfare and child protection experience in leadership has also increased. The Office of State Human Resources job classification requirements do not align with this responsibility in county DSS directors. The results of a statewide survey of counties indicates that of the 65 county DSS directors or deputy directors who took the survey, 25 percent held a Master of Social Work (MSW) and 14 percent held a Bachelor of Social Work (BSW). An undergraduate or graduate degree in social work indicates that DSS directors understand the complex issues facing families involved in child protection.

Based on data obtained from the 2014 Child Welfare Staffing Survey, 15 percent of frontline social workers across child welfare held an MSW and 29 percent a BSW, as reflected in the graphic below.



The variation in social worker education is largely due to the inability for smaller counties to attract and retain highly qualified applicants because of their geographical location, salaries, and distance to universities, or a combination of factors.

The Child Welfare Staffing Survey also asks counties to report how many hired staff are fully qualified. The candidate pool for counties to hire fully qualified social workers varies. In 2014, the state average of new fully qualified hires was 51 percent. The graph to the right shows the percent of fully qualified hires according to the NC Department of Commerce tiers.²⁷ This indicates that smaller, more rural Tier 1 and 2 counties, have to make tradeoffs to hire social workers who are not fully qualified. This puts a larger emphasis on needing to have robust training models for



²⁷ NC Department of Commerce County Tier Designations. <https://www.nccommerce.com/research-publications/incentive-reports/county-tier-designations>

staff who are not qualified when they begin their career in CPS. While being fully qualified can and should include experience from other counties or jurisdictions, it is clear the standard training must provide support to those candidates who are not hired the preferred degrees.

Recommendation 8: Develop a plan to address the requirements for a high quality CPS workforce.

CPS is not a singular job function, but rather a series of interconnected tasks that can be performed by a variety of well-trained professions. Furthermore, the workforce challenges facing CPS cannot be examined in a silo, but rather require further study of the entire child welfare workforce, including staff who work in foster care, licensing, adoption, and other services. There may be some efficiencies gained by stratifying the responsibilities of the workforce into administrative, investigative, and clinical functions and hiring and training professionals to perform different job functions with different levels of education or experience. This approach may be particularly useful for areas of the state that have difficulty recruiting and retaining fully qualified social workers.

The Division and counties should develop a joint plan to understand the strengths and challenges of the current CPS workforce, as well as the relationship with university partners and professional licensing bodies, and the practical applications of the Child Welfare Collaborative. This plan should factor case complexity into case assignment rotation as well as adjustments in caseload sizes. Furthermore, this plan could explore incentivizing rural or underserved areas by offering stipends or loan repayment to recent graduates who agree to work in these locations similar to the provider incentives program offered to physicians and other medical providers by the Office of Rural Health.²⁸ The Division may also want to explore whether decreasing the requirements for retirement may incentivize some social workers to remain in the field longer.

Observation 9: State government employment opportunities are not competitive in the current job market.

Interviews with Division leadership and some county directors indicated the following were areas where state staff felt inadequate support affected both their performance and desire to enter and stay in state government service:

- *Inadequate investment in workforce at the state level:* Division staff interviewed reported that lower pay, especially relative to county DSS agencies, other states, similar markets, and other government jobs is a barrier to attracting highly qualified candidates for state jobs. There is inequity in county DSS director salary at the local level as well as among state leadership positions. In addition, state staff raises lagged far behind inflation (10 percent) over the last five years with only a 1.2 percent increase in state fiscal year 2012-2013.²⁹
- *Limited opportunities for professional growth:* Division staff described that budget cuts have resulted in decreased opportunities for professional development including training and conferences.
- *Outdated and inflexible job classification system:* In some cases, Division staff have to rely on job classifications that limit potential applicants based on training, education, or experience and do not accurately reflect the work and skills required for a particular state level position. This results in difficulty recruiting and retaining applicants who are the right fit for the job. For example, a job classification may require a Masters of Social Work (MSW) to be hired, but what is required is a staff member with more quantitative, business, or project management skills, which are developed in other fields such as business or public policy.

²⁸ NC Office of Rural Health. NC rural practice incentive programs (2015). https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/2015-incentive-sheet-11-15_0.pdf

²⁹ NC Fiscal Research Division, Salaries and Benefits Team. Salary changes for employees support by the state. http://www.ncleg.net/fiscalresearch/Statistics_and_Data/statistics_and_data_pdfs/salaries_benefits/2014-15%20Historical_LSI.pdf

Recommendation 9: Enhance support for Division leadership to promote excellence.

In order to promote excellence and retain a talented workforce several high level actions should be considered:

- **Adopt a consistent framework or “leadership platform” that articulates what effective leadership is:** A framework³⁰ can guide leadership development at state and county levels and provide a common language for determining what works and what qualities leaders need to demonstrate to work effectively in the CPS system. A typical leadership framework consists of a competency model for effective leadership that includes a key skills and concrete behaviors (e.g. data-driven decision making, communication with a wide range of audiences) and a short set of values (e.g. innovation, collaboration, empowerment within boundaries).
- **Establish Division salaries commensurate with experience and job requirements:** An updated market analysis of salaries that includes comparable state and county level leadership positions could help bring salaries in line with the responsibilities of Division staff. While people enter child welfare because they are driven by a passion and commitment to help children and families, they will not stay if working conditions, particularly pay and benefits, are not commensurate with their responsibilities. During interviews with both Division and county staff, salary was frequently cited as a reason why they fail to attract and retain highly qualified employees. In addition, the state must support workforce development efforts to raise the capacity and level of expertise of the full workforce.
- **Examine initial and ongoing professional development of state staff:** The state should revisit the recruitment, hiring, and onboarding processes of staff to aid in the retention of highly qualified and experienced employees. The state should also provide mentoring, coaching, and professional development for Division staff and require professional development goals on their performance evaluation.
- **Foster and support a culture of excellence from staff at both the state and county level:** The Division should develop a culture driven by continuous quality improvement (CQI) and data-driven decision making and engage in its own CQI process that parallels the structure developed for county DSS. As state leaders, it is critical to support, through the addition of staff, technology, and/or training, the use of data to make decisions and identify areas for improvement. An important part of CQI is employing a team that understands the context of the data and can translate the data into actionable steps to enhance child and family outcomes. Additional resources at the state and county level will likely be required to implement.
- **Develop clear, measurable staff performance expectations driven by outcomes:** The state is in the process of implementing NC VIP as a new performance management approach. This approach should outline expectations and competencies for each team within the Division and institute performance expectations in employee hiring, performance evaluations, and professional development. These expectations should include: being fully engaged in the work, constantly seeking to address ongoing and emerging challenges in creative and effective ways, never being satisfied with simply "good enough," asking the tough questions, and seeking out new ideas—especially ones that challenge current assumptions. Leadership should evaluate and message their methods and models through constant and consistent communication and behaviors, to create a new culture on a state level and, by extension, at a

³⁰ Oftelie, A.M., Booth, J., & Wareing, T. “The art of possible. Leading change in human services.” June 2012.

<http://www.aphsa.org/content/dam/aphsa/pdfs/Innovation%20Center/2012-06-Art-of-Possible-Adaptive-Leadership-PolicyPractice.pdf>

Rodale, M. “What is a ‘leadership platform,’ and why is it important?” December 21, 2015. http://www.huffingtonpost.com/maria-rodale/what-is-a-leadership-plat_b_8853530.html

Smallwood, N. “Define your personal leadership brand in five steps.” March 29, 2010. <https://hbr.org/2010/03/define-your-personal-leadershi>

county level. The Division will require support to develop and require a similar performance management approach in all counties.

County and state performance evaluations should tie to CPS outcomes for children and families. For example, one county utilizes a results based performance appraisal system where mutually agreed, measurable, and concrete outcomes tie the individual social worker's performance to overall agency goals. These goals move beyond simple processing outcomes and include factors like repeat rates of maltreatment, success of prevention programs, and progress towards timely permanency. If social workers do not meet these performance goals, there is a deeper analysis of factors within the social worker or agency's control to improve.

Observation 10: Child protective services can lose state attention due to competing priorities.

Social services is a large division within DHHS, and the director of the Division has the responsible for more than seven significant federal programs in addition to child welfare. Child protective services, and child welfare more broadly, can lose attention due to competing priorities. While the NCGA has made significant investments in child welfare over the past two years, CPS should continue to be one of the top priorities.

In the last ten years, the state has embarked on a number of direction-changing initiatives in CPS. Counties reported that the Division is very good at identifying a problem and pinpointing a solution, but they lack coordinated efforts to implement these initiatives in a sustainable manner statewide. Counties and Division staff reported that they feel that the Division is pulled in too many directions and counties are left with the responsibility to carry forward initiatives with limited support from the state.

Recommendation 10: Highlight the critical importance of child safety and protection.

The state must prioritize CPS and institutionalize the protection of children as a state priority to prevent child abuse and neglect to the greatest extent possible. A few options for institutionalizing CPS as a high state priority are as follows:

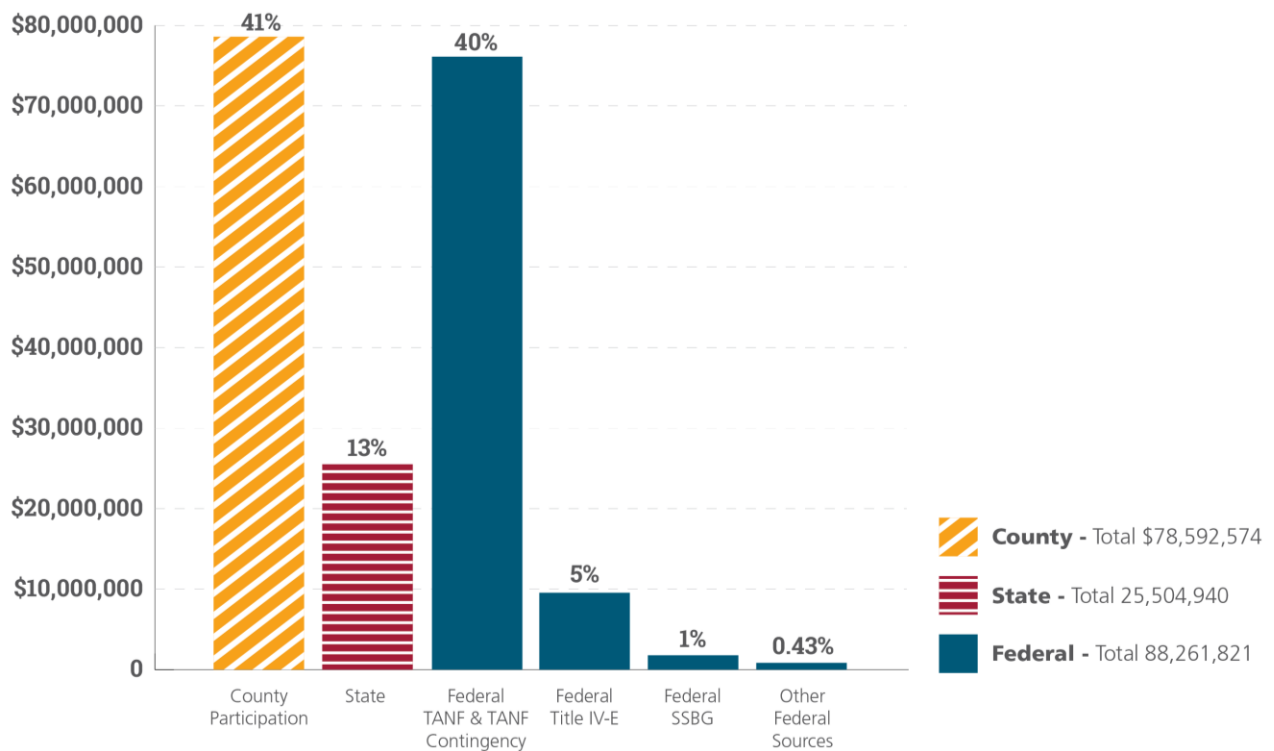
- **Establish a Division of Child Welfare.** CPS exists within a larger system of child welfare programs and services. To increase visibility and accountability of CPS, NC could establish a separate Division of Child Welfare. Examples of other states that have done this include Wisconsin, Massachusetts, Maine, and most recently Washington, which is currently considering legislative changes to develop an independent child welfare agency.³¹ Child welfare standing alone allows for a high-level leadership focus on child welfare.
- **Develop an Advisory Council on Child Welfare.** In other states, elevating child welfare takes the shape of an advisory council on child welfare that convenes with state leadership at the highest levels. In Wisconsin, a state council convenes key child welfare leadership from across the state to provide advice, advocacy, and information to the Department of Children and Families Secretary. This type of council may also sit at a legislative level, similar to the NC Governor's Working Group on Veterans, or councils in Arizona and Georgia. These advisory groups highlight for key state leadership — legislators, the Governor, the DHHS Secretary — issues around policy, budget, and service delivery that impact children. In NC, such a body could provide counsel regarding policy, budget, and program issues.

³¹ Partners for Our Children. "A separate children's department in Washington state." January, 2016. <https://partnersforourchildren.org/sites/default/files/POC%20BRIEF%20Separate%20Children's%20Department%20-%20FINAL%201-25-16.pdf>

VI. Adequacy of Funding

Federal, state, and county funds support CPS. The chart below depicts total expenditures in CPS for state fiscal year (SFY) 2014-15 as \$192,359,335. As one of the largest funding streams, federal dollars for CPS come from a variety of sources, some exclusively for child welfare activities, including Title IV-B and Title IV-E of the Social Security Act. Federal funding also includes Temporary Assistance for Needy Families (TANF) and the Social Services Block Grant (SSBG) that are designed for broader activities or populations.

North Carolina CPS Expenditures for SFY 2014-15



Reliance on federal funding from TANF and SSBG to support CPS presents a significant risk for the state. While in December 2015 Congress extended TANF and SSBG funding for states at the same levels as FFY 2015³², congressional priorities continually put these sources at risk of reduction or elimination. Congressional leaders often debate the necessity of SSBG, and was subject to reductions during federal sequestration. In addition, SSBG and TANF funds are not restricted for CPS specifically, and they support a wide range of services and programs provided by the state and counties. Title IV-E provides an open-ended entitlement grant contingent upon identifying allowable costs for reimbursement for some CPS in-home cases. The next largest funding stream is county dollars, which is determined by individual county budgets. These budgets have various levels of funding from local tax revenue and priorities established by county leadership.

Observation 11: The methodology used to calculate county allocations for CPS funding is antiquated.

³² P.L. 114-113 (The Consolidated Appropriations Act, 2016) extends TANF funding through September 30, 2016.

The current county allocations are derived from multiple funding streams using multiple formulas. Division interviews indicated that baselines for county allocation have not been revised since 1996. County interviews indicated that funding uncertainty and unpredictability year to year affects staffing and programmatic decisions and limits their ability to budget for the next year.

Recommendation 11: Review and update the county funding allocation methodology.

The Division recognizes the need to update this methodology and should work with the County Directors Association (NCACDSS) and County Commissioners Association to re-base county allocations around identifiable criteria and update these criteria each year to respond to changing demographics and needs. Revisiting the funding allocation methodology should include a consideration of a funding formula and budgeting process that is predictable and that assures minimum standards.

The state should consider tying performance and/or outcome metrics to funding. Colorado developed the Collaborative Management Program (CMP) in 2005.³³ Participating CMP counties receive bonus allocations for systematic collaboration across an array of local government agencies who all have impact on child and family well-being as well as for strong performance outcomes in child welfare, juvenile justice, education, and health. This model would allow the state to incentivize those outcomes it values and drive an increased level of performance in counties. For example, if a county can reach a particular outcome and/or show a sustained level of improvement, it could receive an incentive grant from the state. No federal waivers were required for the CMP in Colorado, and the fund is supported by a surcharge on civil action docket fees.

³³ APHSA. "Collaborative Management Program in Colorado." <http://www.aphsa.org/content/dam/aphsa/pdfs/RaiseTheLocalVoice/Colorado-Collaborative-Management-Program.pdf>

VII. Social Worker Turnover

The causes of turnover among CPS workers are as varied as the counties in which they work. Although there may be some common challenges such as low pay, heavy workloads, and ineffective supervision, the reasons for turnover in each county are very different.

Observation 12: Turnover is a challenge in many counties.

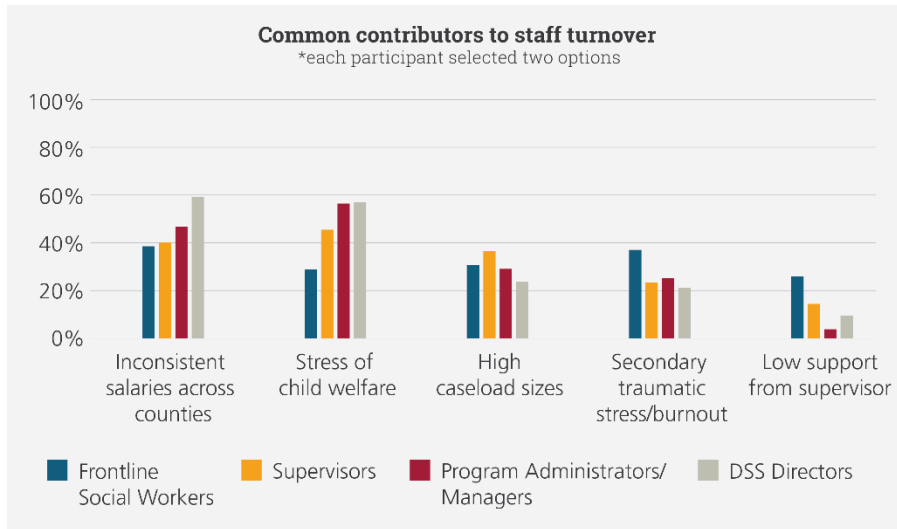
The best data available to analyze turnover comes from the annual Child Welfare Staffing Surveys (2011-2014) completed by each county DSS and submitted to the Division.³⁴ Rural counties have, on average, more turnover than larger urban counties. Overall turnover in frontline child welfare social work appears to be increasing in recent years, rising from 22 percent in 2013 to 28 percent in 2014. While over a quarter of the workforce is turning over each year, there is a great deal of tenure and dedication, which may exist because the workforce moves to another county DSS. In a statewide survey of 821 respondents, 53 percent of frontline social workers surveyed have worked in county DSS six years or longer, which increased to at least 90 percent when CPS supervisors, program administrators and managers, and DSS directors were surveyed.



Child Welfare Staffing Survey data was utilized to analyze the reasons for turnover among frontline social workers. Not all turnover is negative in nature, as there may be positive turnover for reasons such as lateral moves, promotions, or retirements. Data from the staff survey presented in the graph above indicates that overall, turnover among social workers is mostly negative including involuntary dismissals, resignations, and reductions in workforce. Turnover due to resignation may represent social workers moving to another county, or leaving DSS entirely. In the case of the former, this turnover is not a net negative to the system, but is a challenge for the county that experiences the turnover.

The reasons for social worker turnover, particularly the negative type, were explored in the statewide survey. The graph below illustrates assumptions about the top five most frequently selected reasons for why CPS social workers leave. It also highlights differences in understanding about why social workers leave CPS.

³⁴ It is important to note that this data is self-reported by counties, is not drawn from administrative data, and that it encompasses all child welfare positions, not just child protective services. However, given that research shows CPS tends to have the highest levels of turnover due to the stress inherent in their particular responsibilities, the information presented can be considered an underestimate of the true turnover in CPS.



Nearly 40 percent of frontline social workers and 61 percent of DSS directors surveyed reported that inconsistent salaries were a common contributing factor to turnover. During focus groups, social workers reported moving from smaller to larger counties for a higher salary, even at the expense of a longer commute. As the table to the right illustrates, the starting salary for CPS assessment social workers (SW IA&T) varies across counties. The highest paying Tier 3 county hires CPS assessment social workers at 57 percent higher salary than the lowest paying Tier 1 county.³⁶

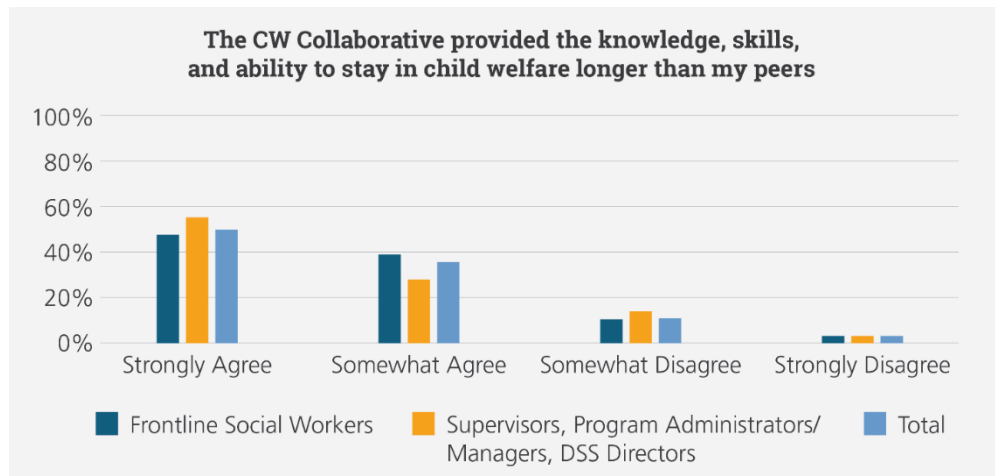
Social Worker IA&T Salary	Minimum Reported Starting Salary	Maximum Reported Starting Salary
Tier 1	\$34,957	\$45,783
Tier 2	\$32,935	\$45,793
Tier 3	\$40,161	\$54,973
State Average³⁵	\$41,838	

Staff also reported the stress of child protection, and the secondary trauma and burnout of CPS leads to greater turnover, which may be an underappreciated cause by leadership. During interviews and focus groups, frontline social workers discussed instances of compassion fatigue, feelings of failure, and the belief that the system is unlikely to change. During PCG’s focus groups, social workers reported that stress, in particular secondary traumatic stress, leads to burnout and turnover. Furthermore, when surveyed, 34 percent of social workers reported their county did not give them access to counseling or other supports to manage work related or personal stress, or they did not know if such supports were available.

National research indicates that for entry-level employees, it costs between 30 and 50 percent of their annual salary to replace them. For mid-level employees, it costs upwards of 150 percent of their annual salary to replace them. For high-level or highly specialized employees, it can be as much as 400 percent of their annual salary.³⁷ It takes approximately nine months for a newly hired social worker to carry a caseload and to fulfill the requirements of their job.³⁸ When one social worker departs, particularly if it is sudden (illness, injury, resignation, etc.), the counties must scramble to fill their position and in the meantime, the responsibilities for the cases are assumed by other social workers with full caseloads themselves.

³⁵ 35 counties responded to an information request for CPS salaries.
³⁶ NC Department of Commerce Tiers
³⁷ Borysenko, K. The cost of employee turnover. July 1, 2014. <https://www.linkedin.com/pulse/20140701121556-17497251-the-cost-of-employee-turnover>
³⁸ Payne, J. (2014). Beyond quick fixes: What will it really take to improve child welfare in America? http://www.publicconsultinggroup.com/humanservices/library/white_papers/documents/Reduce_case_transfers_whitepaper.pdf

The Child Welfare Collaborative is one strategy to drive at increasing retention in child welfare, however it does not have the capacity to provide the workforce necessary statewide. This program provides training to social workers through university stipend programs. Although there is not adequate data to draw connections with confidence between counties with Collaborative graduates and turnover, based on the survey results shown in the graph above, staff at all levels believe the Child Welfare Collaborative provided the knowledge, skills, and tools to stay in the child welfare workforce longer than their peers.



Although survey results show that social workers value the Collaborative and believe it reduces turnover, the data is not available to confirm this.

Recommendation 12: Address key issues contributing to social worker turnover including salary disparity, secondary traumatic stress, and the effectiveness of the Collaborative.

- Establish baseline salary for CPS social workers:** Salary disparity, according to the statewide survey, is the most frequently cited belief for why turnover occurs in the counties and contributes to social worker transition from rural to urban, higher paying counties. The state should explore ways to establish a base salary for all county CPS workers. While CPS primarily relies on county funding, the Division is ultimately responsible for the protection of children, and the state should consider how to assure adequate funding for a minimum base salary for social workers who provide a federally mandated service. An investment in a base salary for CPS social workers can help reduce the cost of associated case transfers and turnover in the counties.
- Foster trauma-informed agencies:** As indicated by survey results, social workers report that secondary traumatic stress and burnout are reasons for turnover. Through Project Broadcast, launched in 2011, the Division is making strides toward developing trauma-informed child welfare agencies. This initiative includes staff development to understand the effects of trauma not only on families and children, but also on social workers themselves. The Division should fully develop and support an implementation plan to bring Project Broadcast to all counties and ensure the sustainability of trauma informed agencies with strong county leadership. The state will need to provide adequate funding to support statewide implementation of Project Broadcast in all 100 counties. Child fatality reviews are also an opportunity for the Division to assist counties to identify the impact of the fatality on staff and provide or facilitate services and support to help staff in the immediate aftermath and long-term.
- Further study the effectiveness of the Child Welfare Collaborative:** Without data on all current CPS staff and their tenure at county DSS, PCG was unable to determine how effectively the Child Welfare Collaborative supports stability within the workforce. Further study is required to determine if the Collaborative is meeting its objectives, if it is an effective tool to reduce social worker turnover, or if it has a positive return on the investment by the state.

VIII. Monitoring and Oversight

As a state-supervised, county-administered system, the Division has a responsibility to provide county DSS with adequate policy guidance, technical assistance, and monitoring and oversight to ensure consistency and compliance. The services delivered by CPS are federally mandated; however, the specific policies and practices are set by the Division and often subject to interpretation by county DSS.

Observation 13: The Division struggles to ensure consistency across counties due to constrained resources.

The Division's resources and priorities have focused on compliance with limited capacity to support counties on implementation of policy. The current administrative structure provides counties with autonomy to interpret policy, provide and fund services, and make decisions for their communities. As a result, it is challenging for the Division to maintain oversight and provide accountability and technical assistance to 100 different counties equitably. This challenge is exacerbated by diminished state capacity and limited administrative data.

Not all counties have the same capacity and infrastructure; they each present their own challenges, strengths, resources, and cultures. While it is a difficult task to develop policies or practices that are a singular, statewide solution, consistency can benefit children and families served through CPS – especially as children move around the state, whether it is two miles across county lines or two hundred. The variation between counties in the demand for CPS and the county's capacity to meet the need is one of the most critical, but important, challenges for the state.

Recommendation 13: Establish a workgroup to explore moving to an updated model of oversight.

The state should review its current structure and determine efficiencies by centralizing specific tasks at the state level, while leveraging the counties unique knowledge about their communities. The state should consider changing its oversight model to provide more consistency, control, and responsiveness over county practices. There are several enhanced models of oversight to consider: 1) state-administered system with completely centralized services; 2) regionalized system with either local or state administration; 3) encourage and support adjacent counties to regionalize specific CPS or child welfare functions (for example, intake, licensing, foster care, LINKS, or adoption services); or 4) move some functions within CPS to state control such as the intake hotline³⁹ to capitalize on efficiencies and to exercise more consistency (note, this would require the complete rollout of NC FAST).

Observation 14: The Division and the majority of counties lack a consistent QA system to identify the strengths and needs of the CPS delivery system or evaluate performance on a broad scale and make adaptive changes.

Neither the Division nor the majority of the counties have consistent QA measures to ensure timely, high-quality services and appropriate case documentation.⁴⁰ The Division is aware of this gap and has leveraged the nine new positions to conduct specific on-site case file reviews for compliance with legal requirements and state policy in collaboration with county DSS. As of December approximately 33 of these reviews have been conducted. Counties reported that these visits assisted them to identify areas of non-compliance and that the chart review tool developed by the Division was useful, particularly for counties without an existing QA process. While the

³⁹ For a state example see Colorado: The Denver Post. "Colorado launches child abuse prevention campaign to publicize hotline." April 7, 2015. http://www.denverpost.com/news/ci_27862130/colorado-launches-child-abuse-prevention-campaign-publicize-hotline

⁴⁰ This is consistent with the finding during the CFSR Round 3.

reviews conducted by these Division child welfare staff are more compliance-oriented by nature, they also provide a venue to provide technical assistance and share best practices with county DSS.

Recommendation 14: Establish a statewide standard for quality assurance reviews.

The Division should develop a set of standardized tools in conjunction with county DSS staff for QA. The QA review tools should measure the counties' compliance with federal regulations and state law, rule, and policy. The approved tools from the Division will provide county DSS with clear and consistent requirements and expectations. Such tools also proactively give counties the measures they must adhere to, and ample time to change local practices to comply. Further, the Division should establish a plan on a regular review of the counties and expectations for county-led internal reviews. With 100 counties, the Division should provide criteria for regular, self-reviews and a clear timeline for reviews by Division child welfare staff. County led review results should be shared with the Division preferably through an electronic system. The Division should also establish a protocol for addressing the issues identified in results, which provides supports rather than penalizes counties. This will require that the Division have greater capacity to develop, deliver, train, and support a statewide quality assurance process.

Observation 15: The Division does not provide adequate practice guidance to implement issued policy.

During site visits and at meetings, county leadership described that the Division does not provide adequate support and practice guidance to implement the issued policy. As a result, counties implement the same policy in different ways resulting in inconsistent practice across the state.

Reductions in Division staff have impacted its ability to provide timely and regular technical assistance to the counties. On the statewide survey, 67 percent of county DSS leadership reported they would like more state assistance with policy interpretation, and 52 percent reported they would like support understanding best practices.

Counties reported and the Division acknowledged that the Division lacks capacity to conduct timely child fatality reviews and the final report and recommendations can take up to two years to complete.

Division staff confirmed that due to capacity and demanding responsibilities, they are not able to provide timely and efficient policy guidance to counties in all cases and that updates to the policy manual can lag behind policy changes.

Recommendation 15: Develop a plan, with the assistance of national experts, to redesign the technical assistance system.

- **Determine the best way to deliver technical assistance:** The Division should focus on a business process redesign that defines the best way to provide technical assistance and implements new processes, positions and structure that improve the current delivery of technical assistance. The Division requires additional resources to improve the timeliness of child fatality reviews.
- **Develop specialized technical assistance positions to support child welfare social workers:** The Division's delivery of technical assistance need not be limited to child welfare policy and practices only. Indiana developed specialized technical assistance positions to counties for case-specific support, consultation, and training. Technical assistance (TA) specialists can work in tandem with CPRs, Program Monitors, or other state supports to ensure that TA is aligned with state policy and may be particularly helpful for rural or underserved areas of the state. Examples of these TA specialists include the following:
 - **Education Specialists:** Educational professionals can assist social workers in understanding and addressing the educational needs of children who come to the attention of CPS for truancy or

school related behaviors and academic challenges. They can also consult on the educational rights of children in state custody, transportation supports, special education, attendance, academic performance, and testing.

- **Behavioral Health Specialists:** Under the supervision of a child psychologist, these specialists should be licensed by the state and have experience in providing clinical care to children and families. They should be able to deliver training on evidenced-informed and evidenced-based practices and support social workers to understand the behavioral health needs of children and families, treatment options including residential care, and foster communication between county DSS and the LME-MCOs.
- **Family Locators:** In CPS, social workers are required to locate absent parents, often fathers, and other family members who may provide support to a family, which can be a challenge due to resources and capacity. New York City addressed this issue by hiring retired detectives resulting in increased placement options and supports for children who come to the attention of child welfare.
- **Medical Professionals:** On occasion safety concerns rise to the attention of CPS that stem from underlying medical conditions of the child or parent. Medical professionals can play a vital role in bridging the connection between social workers and physicians to understand the requirements of a child's medical care, capacity of a caregiver, and treatment options. This highly specialized support can help ensure that case plans address the medical needs of children and are achievable for parents.

IX. Conclusion

This evaluation follows on recent investments in CPS. In 2014, the NCGA passed legislation under the *Child Protective Services Improvement Initiative* including \$7.4 million for county DSS, \$4.5 million of which replaced lost federal block grant revenue. The remaining \$2.9 million went directly to CPS to reduce average caseloads to below 10 families per social worker. That same year, the NCGA also appropriated \$4.5 million for CPS in-home services and funded nine positions to monitor county DSS.

The first step toward implementing these recommendations is to develop a statewide strategic plan for CPS. A strategic plan will allow the state to plan for costs, resources, and prioritization of recommendations in this report. This plan should complement the strategies to improve foster care and other child welfare services required in the Program Improvement Plan resulting from the federal CFSR.

For strategic planning to be successful, the Division will require time and resources to commit to this planning process. The benefits of a strategic plan include:

- Articulate a compelling, inspiring, and ambitious future state vision for child welfare and child protection;
- Provide clear expectations to the Division, counties, and other private and public stakeholders regarding the approach to CPS;
- Serve as a roadmap over the next five years to improve outcomes for families and children;
- Set an agenda for increasing the capacity and ability of the CPS workforce at the Division and all county levels; and
- Drive realignment, as necessary, of key Division staff in order to coach and assist counties in achieving the vision and strategic plan and provide more concrete support for additional staff.

Implementing recommendations may require legislation, funding and resources to support sustainable improvements. These recommendations vary in funding requirements and resources, and while some can be addressed immediately, others require long-term planning.

X. Appendix

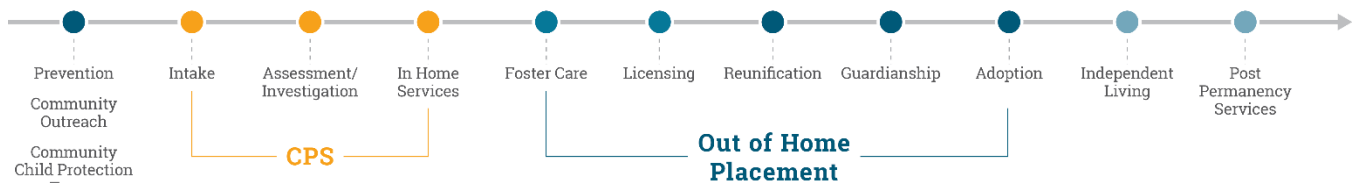
Appendix 1. Essential Functions of Child Protective Services

Child Protective Services is a legally mandated program whose purpose is to protect children from abuse, neglect and dependency.⁴¹ North Carolina’s state-supervised, county-administered system was created in the first public welfare law enacted in 1917, with additions in 1919 that organized the system in which child welfare now operates.⁴² Present day, N.C.S.G. § 108A, Article 3 designates DHHS as the single state agency responsible for supervising the administration of programs established within Social Services. The Division of Social Services – Child Welfare Section develops policy that is reflective of federal policy, provides training to county staff, provides consultation and technical assistance, conducts reviews of county performance, and develops program improvement plans. State statute outlines the legal authority and role of the County Director of Social Services in ensuring that child protective services for all children who are abused, neglected, or dependent.⁴³

The responsibilities of county DSS include direct administration of the child welfare programs, developing county DSS service delivery models, building and maintaining relationships with community partners, and administering benefits, compensation, and job expectations for staff. As defined in the Family Services Manual, each county DSS has a purpose *“to receive reports of suspected child abuse, neglect, or dependency; to identify and protect children who have been abused, neglected, or are dependent or are at imminent risk; and to provide or arrange for services to help families meet their children’s basic needs and to help families reduce the likelihood of maltreatment occurring in the future.”*⁴⁴

It is important to note that CPS is part of the entire continuum of child welfare and is just one piece of each county’s child welfare system. CPS services address safety needs of children who remain either in their homes or in safety resource placements while the parents/caregivers are addressing issues that impact safety. In addition, the continuum includes foster care, which focuses on achieving a plan of reunification, guardianship or adoption for children in foster care as well as the role of recruitment and retention of licensed foster parents. Providing independent living services to children who are in foster care and those services can serve children who have been in foster care until they are 21, if they are working on specific goals. The graphic below illustrates the continuum of child welfare.

The Continuum of Child Welfare



Every individual in the state is required by law to report a suspected case of child abuse or neglect to the county DSS. Reports to CPS can be made anonymously. Reports cannot be screened in for assessment unless the report meets the standards of child abuse, neglect, or dependence as defined in statute. Furthermore, CPS is involved only when the child’s caregiver has perpetrated the allegation of maltreatment. Maltreatment by individuals who are not caregivers falls under the purview of law enforcement.

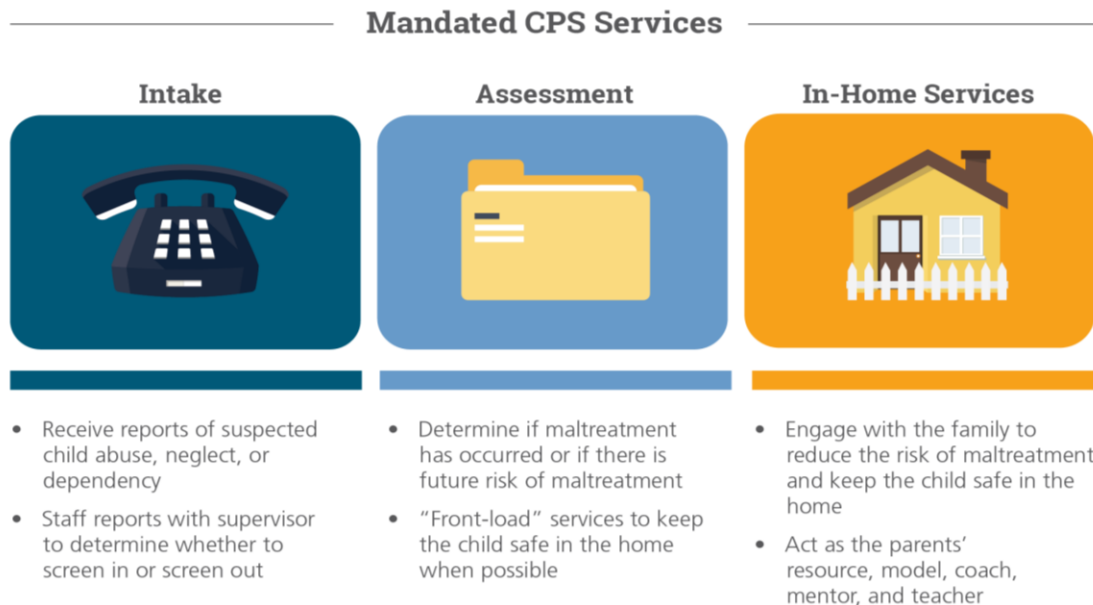
⁴¹ N.C.S.G § 7B-300

⁴² Mason, J. & Saxon J. *State-local government relations in social services*. Social Services Law Bulletin, 21, 1-19. 1995. Web.

⁴³ N.C.S.G § 7B-302

⁴⁴ "Family Services Manual." NC Division of Social Services, June 2008. Web.

Maltreatment of children includes abuse (physical, sexual, or emotional nature), neglect (failure to provide for basic needs, failure to provide necessary medical or remedial care, abandonment, living in an environment injurious to the welfare of children, inadequate supervision, or inappropriate discipline) and dependency (youth does not have an able parent or caretaker). There are three mandated CPS services at county DSS: Intake, Assessment, and In-Home Services highlighted in the graphic that follows and described in detail below.



Each county DSS must provide all three services to families when required.⁴⁵ In larger counties, social workers may specialize in one CPS service (e.g. work as an Assessor). In smaller counties, a social worker may have a combined caseload of all three roles. In addition to frontline social workers with mixed caseloads, there are workers throughout the state that manage CPS caseloads, as well as other social services programs administered through county DSS.

The Progression of a CPS Case



When an individual wishes to report suspected maltreatment, the reporter will speak (by phone or in-person) with a CPS intake social worker at the county DSS where the child resides. The intake social worker completes the structured state intake form and then will “staff” the report with a supervisor to determine if the report meets the criteria for child abuse, neglect, or dependency. Intake staff are not permitted to make collateral contacts and must make a screening decision, in conjunction with their supervisor, based solely on the information provided. Decisions using a series of structured decision-making tools and decision trees is provided by the state. If the report does not meet the criteria for maltreatment, the case is “screened out,” the report is closed, and CPS is no longer involved. If the report meets the criteria for maltreatment, the report is “screened in” and becomes an assessment case. Intake will assign an assessment case to be reviewed by an assessment social worker within 24 hours for abuse and 72 hours for neglect and dependency. Cases can also be designated as immediate if the danger to the child is significant.⁴⁶

⁴⁵ N.C.S.G § 7B-108A

⁴⁶ N.C.S.G § 7B-302

The Division began implementing the Multiple Response System (MRS) statewide in 2001 to assign accepted cases as either a Family Assessment (FA) response or an Investigative Assessment (IA) response. All abuse cases are assigned as IA and neglect cases are most often assigned to FA.⁴⁷



Social workers will initiate their assessment within the required period established at intake. The assessor's role in both FA and IA cases is to investigate the complaint, and to refer to services to ensure that a child can live safely in the home whenever possible. Assessors must visit the child's home, and will check county records and the Central Registry to determine if previous maltreatment has occurred.⁴⁸ Assessors will utilize state structured decision-making assessment tools to assess standards of safety and risk for maltreatment. State guidelines require that FA cases must close within 45 days of initiation and IA cases should be closed within 30 days.⁴⁹ In all cases, there is a mandate for two level decision-making. Assessors will determine with their supervisor if the information gathered supports the allegations in the complaint. In FA, if maltreatment exists there is a finding of in need of services and does not go into the central registry system. In IA if maltreatment exists, the allegations are their substantiated or unsubstantiated within the required timeframe.

When a report is substantiated, the assessor is responsible for determining if the child is safe in the home. If the maltreatment is severe, or the child is at significant risk of harm, assessors will work with the court system to request that a child be removed from the home. If the situation does not warrant removal at the beginning of the report investigation, the assessor will work with the family to "front-load" services to ensure safety. Services can include, but are not limited to, referrals to medical providers, substance use disorder treatment, mental health services, and parenting classes. The assessor will determine if the services provided are sufficient to close the case because the child is no longer at risk. If the child is at imminent risk of removal from the home, the case is transferred to in-home services for additional CPS support for the family and child.



Substantiated reports are referred to in-home services and the children are considered at risk of being removed from the home absent CPS services. In-home services social workers will meet frequently with the family, based on the risk level, to help provide and monitor the services that are required to keep the child safely in the home. In-home services follow a family-centered approach, and focus around the development of a Family Services Agreement with the parents.⁵⁰ In-home services often utilize Child and Family Teams (CFTs) to bring the family together with a neutral facilitator to discuss the family's goals and progress. Similar to Intake and Assessment, In-Home Services social workers will utilize structured decision-making tools to evaluate risk and the family's strengths and needs at designated points throughout the duration of the case. If the family's attempt to address the safety issues cannot occur while the child is in the home, the parents may choose to place the child in safety resource placement (usually home of kin or a close relative/friend), for the maximum length of six months, while they are addressing the issues impacting safety. In many counties, the filing of a petition pursues court action, if no progress to address the safety issues and the child is still at risk of harm. Court action does not always result in a child coming into foster care, rather, the court orders the parents to complete the necessary steps to address the issues affecting safety. The primary role of the social worker continues to be assessing child safety at every point of contact with the child and the family – this point cannot be overemphasized. The case closes when the parents can provide a safe home for the child or the agency decides to pursue legal custody.

⁴⁷ Family Services Manual. NC Division of Social Services, June 2008. Web.

⁴⁸ N.C.S.G § 7B-302

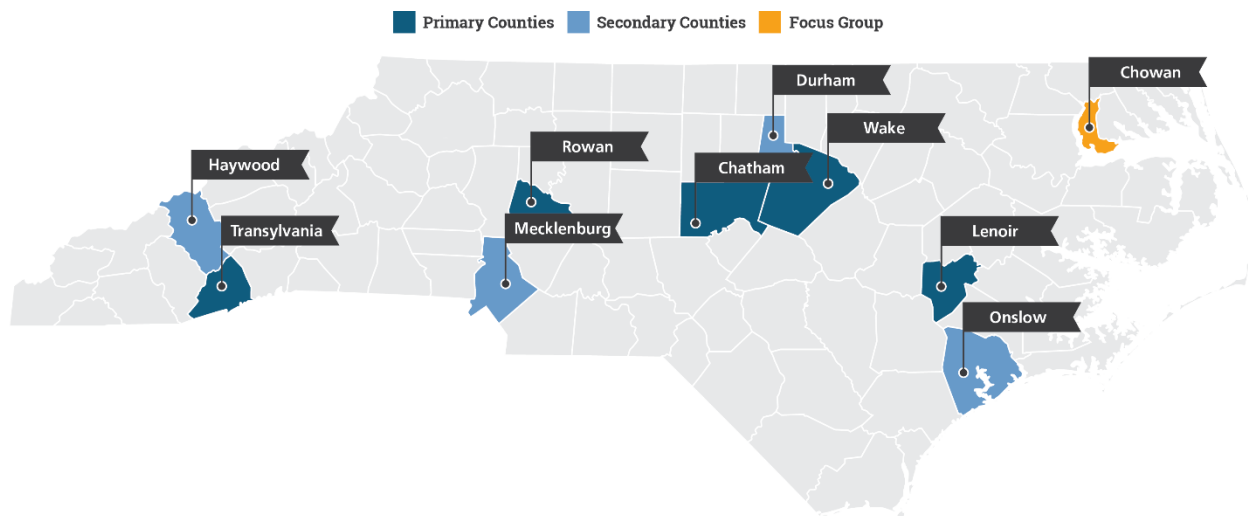
⁴⁹ Family Services Manual. NC Division of Social Services, June 2008. Web.

⁵⁰ Family Services Manual. NC Division of Social Services, June 2008. Web.

Appendix 2. Evaluation Methodology

Site Visits

PCG visited ten county DSS in November and December 2015: Transylvania, Haywood, Chatham, Durham, Wake, Lenoir, Onslow, Chowan, Rowan, and Mecklenburg. The map below indicates ‘primary counties’ that hosted a focus group discussion, and ‘secondary counties’ that PCG traveled to for interviews with staff. Chowan County also hosted a focus group discussion in order to capture input from staff in the Northeastern part of the state. For examples of site visit and focus group, questions see Appendix 4.



County Interviews

At each site visit, PCG conducted interviews with all levels of county CPS staff, from frontline CPS social workers to county directors, as well human resources, finance, quality assurance, and training staff where available. PCG interviewed 139 county staff one-on-one. County staff responses remained anonymous throughout the discovery process. Interview questions focused on job specific roles and responsibilities, state/county relationship, performance, caseloads/turnover, community, supervision, training, and funding.

County DSS Focus Groups

In an effort to capture input from additional counties, PCG held ten frontline social worker focus groups as well as supervisor, program administrator/manager and county DSS director focus groups over the course of the site visits to allow staff from surrounding counties the opportunity to participate. Focus groups were located in the following counties: Transylvania, Chatham, Lenoir, Chowan, Wake, and Rowan. Focus groups were approximately two and a half hours long and separated by job title to promote open and honest communication. Discussions with frontline staff explored the following subjects: job satisfaction, workload and caseload, training, supervision, and working with families with 89 CPS frontline social workers from 48 counties. Discussions with 81 supervisors, program administrators/managers, and county DSS directors from 53 counties included topics: challenges, caseload sizes, turnover, state and county relationship, community relationships, and funding.

County Participation

In all, PCG discussed CPS with 64 counties in the course of our interviews and focus group discussions.

Counties PCG had Direct Contact with During Site Visits		
Alamance	Forsyth	New Hanover
Alexander	Franklin	Northampton
Ashe	Gaston	Onslow
Beaufort	Gates	Orange
Buncombe	Granville	Pender
Cabarrus	Guilford	Perquimans
Carteret	Harnett	Person
Caswell	Haywood	Pitt
Catawba	Henderson	Polk
Chatham	Johnston	Randolph
Cherokee	Lee	Rowan
Chowan	Lenoir	Rutherford
Cleveland	Lincoln	Scotland
Craven	Macon	Stokes
Cumberland	Madison	Surry
Currituck	Martin	Transylvania
Dare	McDowell	Union
Durham	Mecklenburg	Vance
Davidson	Montgomery	Wake
Duplin	Moore	Wayne
Edgecombe	Nash	Yadkin
		Yancey

County Data Review

PCG requested from all counties and received data from 34 counties including data on caseload size, salary, education level, and tenure. PCG cross-referenced this data with the NC Department of Commerce tier system to assess salary by county tier.

PCG conducted an environmental scan of CPS best practices research including innovative practices within individual counties, and well as at the Division level. Research included documents related to CQI initiatives, QA initiatives, strategic plans, trauma-centered initiatives, practice models, community partnerships, and methodology behind internal organizational structure.

Stakeholder Focus Groups

PCG conducted two stakeholder focus groups, one with foster parents and former foster care youth and one with university partners, providers, courts and medical professionals. While this evaluation focus solely on CPS, it was important that PCG hear the perspective of stakeholders who work in partnership with CPS and stakeholders who have experienced the CPS system first-hand. Focus groups were located at the PCG office in Raleigh, NC and were two and a half hours long.

Questions included:

- What would a robust and successful Child Protective Services system look like in NC?
- What have been your experiences as a child entering the child welfare system or as a foster parent caring for children?
- What have been your experiences with CPS as a community partner or provider?
- What are the strengths of the current system?
- What are some of the greatest challenges to providing high quality CPS services in the counties?
- What innovative practices, in NC or elsewhere, do you think would improve CPS?

Group One: University partners, providers, court professionals, and medical professionals

- Molly Berkoff, UNC Child Medical Program
- Cindy Bizzell, Guardian ad Litem Program
- Elaine Cabinum-Foeller, Child Fatality Task Force
- Dean Duncan, UNC School of Social Work (interviewed separately)
- Meggan Goodpasture, NC Pediatric Society
- Sharon Hirsch, Prevent Child Abuse NC
- Deana Joy, Child Advocacy Centers (provided written feedback)
- Catherine Joyner, Division of Public Health
- McKinley Wooten, Administrative Office of the Courts

Group Two: Foster parents, Guardian ad Litem, and former foster youth

- Carmelita Coleman, Strong Able Youth Speaking Out (SAYSO)
- Six former foster youth
- Five foster parents and one GAL

Statewide Web Survey

PCG provided an online survey to the Division, who forwarded the survey to the County Director listserv, the DHHS child welfare listserv, and the DHHS MRS listserv. The email instructions to distribute to DSS CPS county employees. County CPS staff had 13 business days to respond to the online survey. The survey asks different questions based on worker type. Survey question topics included quantitative questions such as years of experience and caseload size, as well as qualitative questions regarding the quality of CPS training, perceptions about county and state relationships, supervision, and overall job satisfaction. A total 821 CPS staff from 98 counties responded.

Through this anonymous web survey, PCG hoped to:

1. Allow social workers, supervisors, and senior leadership to detail their experience and views on various aspects of CPS at both the county and state level.
2. Validate findings and other observations from site visits and focus groups.

PCG asked questions about the following topics:

- **Demographics:** including tenure, education level, age, and position.
- **Frontline Social Workers:** including utilization of state tools for all CPS functions (Intake, IA/FA, and In-Home), screening decision process, compliance with state timelines, malicious reports, time spent on cases,

time spent on case documentation, time spent on day sheets, collateral contacts, reasons for overtime, utilization of child and family teams, and access to community resources.

- **Supervisors/Senior Leadership:** including unit/team size, consistency of supervisor interpretation of policy, recognition of good work, approachability of supervisors/leadership, case staffing, performance evaluations, and overall satisfaction with supervisor/leadership.
- **County Performance:** including use of a family-centered approach, access to tools and technology, number of cases social workers are behind on documentation, CQI tools, QA tools, self-care support, practice model, staff turnover and vacancies, alignment of state and county policy, and public-awareness activities.
- **State Supervision:** including county participation in state pilots, state representatives, Children’s Program Representatives, Child Welfare Program Monitors, level of state support, and how the state adapts policy to different best practices across the state.
- **Training:** including pre-service training, the NC Child Welfare Collaborative, in-service/ongoing training, trainings that would improve job performance, and training concerns.

Interviews with DHHS and DSS Leadership and Staff

The table below lists the names and titles of DHHS and DSS staff that PCG interviewed throughout our evaluation.

Name	Title
Sherry Bradsher	DHHS Deputy Secretary
Wayne Black	DSS Director
Kevin Kelley	Child Welfare Section Chief
Kristin O’Connor	Child Welfare Assistant Section Chief
Rita Bland	Licensing and Regulatory Team Leader
Hank Bowers	Performance Management
Erin Connor	Policy Team Member
Kathy Dobbs	Staff Development Team Lead
Alycia Gaither	Budget Analyst
Jeff Olson	Program Monitor Team Leader (former Local Operations Support Team Leader)
Terri Reichert	Program Coordinator
Jim Slate	Budget Director
Teresa Strom	Local Operations Support Team Leader (former Policy Team Member)
Crystalle Williams	Staff Development Trainer for CPS Curriculum
Rick Zechman	Policy Team Lead (Interim), Community Based Programs Team Lead

Data Analysis from Client Services Data Warehouse and DSS

PCG evaluated, in consultation with MindShare Consulting Group, the following quantitative data sources provided by the Division:

Data Source	Description
Central Registry	All data based on the 5104 form on all Investigative and Family Assessments conducted and concluded between FY 2013 and FY 2015
Services Information System (SIS)	All data on cases where relevant CPS service codes appeared between

Data Source	Description
	FY 2013 and FY 2015.
Day sheets	All day sheet entries for social workers who performed CPS job functions between FY 2013 and FY 2015.
Child Welfare Staffing Survey	Survey results from 2011-2014, however some years had incomplete or inconsistent data

These data sources had limitations that impeded the ability to conduct a thorough analysis and may affect the validity of the conclusions drawn. The data from the Central Registry on 5104 CPS Assessment form is limited due to the lack of a unique identifier for each child that can impact the calculations of repeat assessments. Additionally, the data does not link between assessments and case outcomes or open CPS in-home or foster care cases. Finally, social worker assignments are not captured in this data, which prevents an accurate count of caseload sizes. The inconsistency of the Child Welfare Staffing Survey spreadsheets across years and changes in the structure and format of this data required extensive manual manipulation. Additionally, some of this data was missing counties and the survey detail changed from year to year.

NCACDSS Meetings

PCG attended five North Carolina Association of County Directors of Social Services (NCACDSS) meetings below. PCG presented project updates and solicited feedback from county directors.

NCACDSS Meeting	Meeting Date
Central	November 5, 2015
Eastern	November 19, 2015
Western	December 3, 2015
Children’s Services Committee Meeting	December 9, 2015
Executive Committee Meeting	December 10, 2015

Mental Health Task Force Children, Youth, and Families Workgroup

PCG attended the Governor’s Task Force on Mental Health and Substance Use workgroup on children, youth, and families on January 12, 2016, to discuss preliminary recommendations to reform the mental health and substance use disorder system, an essential stakeholder in the child protective services system.

NC Child and Family Services Review Meeting

PCG attended the NC CFSR Round 3 Report Meeting on January 11, 2016, to review the findings from the federal evaluation of NC’s child welfare system.

Appendix 3. Additional Observations and Recommendations

The North Carolina Child Protective Services System

Families rarely interface with one government agency at a time, but rather engage with multiple systems simultaneously. Many diverse agencies, providers, and community stakeholders committed to child safety comprise the *Child Protective Services System*. Some of these stakeholders include schools, other local governmental agencies/services, the court system, law enforcement, behavioral health providers, community agencies, transportation entities, and other supports. The federal government, through laws and regulations, has required these agencies to work together to strengthen child safety in communities. Families and children who come to the attention of CPS are at the center this system, comprised of dozens of organizations and individuals who support the safety and protection of children.

System partners include the following:⁵¹

- 1. County Departments of Social Services:** The county Departments of Social Services have the primary responsibility for addressing child abuse, neglect, and dependency in communities. County DSS provides CPS intake, investigation/assessment, and in-home services. Additional resources including TANF, Medicaid, Food and Nutrition Services, child support enforcement, and childcare services also support families involved with CPS.
- 2. Community Stakeholders:** Community stakeholders include, but are not limited to: county officials; behavioral health providers; school systems; law enforcement; Child Advocacy Centers (CACs); the United States military; tribes; and the judicial system. While not directly held responsible for child protective outcomes, these agencies and individuals impact outcomes for children and families by providing supportive services or approving local funding.
- 3. State Stakeholders:** State-level agencies and organizations include the North Carolina General Assembly, DHHS and its Divisions, the NC Child Fatality Task Force, Administrative Office of the Courts, the Juvenile Crime Prevention Council, and the Department of Public Safety. State-level agencies and organizations have multiple responsibilities impacting the local delivery of child protective services and help ensure the safety of children. Key stakeholders work together to establish the state laws that govern the child protective services system, develop the policies and criteria for the delivery of child protective services, determine eligibility for benefits that support families, provide access to supportive services, conduct monitoring and oversight, and provide and allocate funding to support many aspects of the CPS System.

North Carolina serves many unique populations such as young families living on military bases, and families belonging to Native American tribes.

Military Families: The state has several military bases. In some counties, such as Cumberland County, DSS describes a good working relationship with military officials and staff. However, relationships are not consistently strong across the state. In focus groups, the local DSS staff who serve counties with a large military presence reported that military families are often transitory and have young children. They describe needing specific services to address issues of substance use disorders and post-traumatic stress disorder (PTSD) for parents returning to the states from deployment. Staff reported there has not been a concentrated focus on this population, and this has led to a lack of understanding regarding their unique needs, particularly the impact of PTSD on parenting.

⁵¹ For a full description of CPS System partners see Appendix 6.

Native American Tribes: There are eight state-recognized tribes and one federally recognized tribe, the Eastern Band of Cherokee Indians. When CPS becomes involved with families with tribal connections, they can face additional challenges in terms of cultural competency, different service needs, and a history of mistrust with government organizations. County DSS staff must work diligently to bridge these differences and build upon the many strengths and resources available within tribal communities.

Community Partnerships

Communities and counties with strong coordination across the CPS system reported that services are more accessible for families and children, leading to better CPS outcomes. For example, Mecklenburg County reports having a number of innovative practices and coordinated services in their county, including meetings with the Juvenile Court Judges, a fatherhood initiative, and case staffing with the Local Management Entity-Managed Care Organization (LME-MCO) leading to improved services for families. In Rowan County, the local DSS has collaborated with Cardinal Innovations Health Care, the LME-MCO, and community behavioral health providers to assess children who have experienced trauma, which encompasses nearly all CPS cases. Children experiencing trauma are referred for a comprehensive clinical assessment and evidenced-based treatment, if warranted. Staff in Rowan County report this system enhancement of assessment, referral, and appropriate services helps meet the needs of children and families. Rowan County DSS has also established protocols to coordinate investigations with the local police and hospitals. The Division has also been involved in a number of statewide prevention and intervention efforts to improve service delivery systems to children and families, including the Essential for Childhood initiative with Public Health, and Project Broadcast.

Law enforcement involvement is critical to the success of child protective services, and to social worker safety. During focus groups social workers reported that well established relationships with law enforcement can help them gain valuable insight into a family's history, potential perpetrators, and the safety of the home environment. Law enforcement can provide criminal history and background information as well as accompany social workers during their assessment.

County Innovation

Given the flexibility of the administrative structure, counties have implemented innovative practices based on their community's needs and the county's resources. While this is not an exhaustive list of the innovations in the counties, some highlights are below:

- *Buncombe County* has developed a dashboard that allows supervisors, managers, and administrators to see real time data of caseload sizes, assignment, and performance on a number of data points. This has provided management with tools that directly affect child safety, and it helps to manage workload business process.
- *Cabarrus County* has developed a summary report of their CPS program that includes a list of measurable performance outcomes. This has provided them with a baseline of data from which to improve.
- *Catawba County* has in-home mental health specialists on staff, and a robust, high functioning, continuous quality improvement (CQI) system.
- *Clay County* developed a specialized program in conjunction with mental health and the local sheriff's department to deliver substance abuse counseling and referrals to mental health for incarcerated, high-risk families.
- *Durham County* has a prevention program within the school system to provide services prior to CPS involvement with the family.
- *Lincoln County* utilizes three levels of review for all "screened out" reports.
- *Orange County* utilizes a Community Response Social Worker to review "screen outs" and determine if additional prevention services could be offered to prevent future reports to CPS.

- *Rowan County* has implemented universal trauma screening. The staff also work very closely with their mental health and behavioral health partners in the community.
- *Rutherford County* has implemented a supervisory protocol to help ensure that social workers receive adequate and consistent supervision across the agency.
- *Wake County* has a specialized sexual abuse and serious injury assessment team. This team has extensive training in these specific issues and related services.

Observation 16: The CPS system has become a “catch all” system for families.

During focus groups and interviews, staff describe today’s families as increasingly complex. County staff cited the complexity is often due to a variety of mental health issues, domestic violence, poverty, chronic substance use disorders, and family conflict. These increased psychosocial problems, both in NC and across the country, coupled with a shortage of state and community resources, increases the reliance on the CPS system. As one county DSS program manager described, *“When mental health fails, families enter CPS just to receive mental health services. We see it all the time.”* CPS system partners provide critical services to families to address these complex issues. The challenge for the counties is that services provided by system partners vary greatly in their accessibility, capacity, and quality, resulting in very different experiences for families, who are oftentimes restricted by transportation and financial barriers.

Results from the statewide survey indicated that 75 percent of the CPS assessment social workers reported waiting on other service providers delays CPS assessments. In the same survey, 62 percent of in-home social workers reported that in-home cases remain open longer than six months because of a lack of services or delays in accessing services. Multiple focus groups staff reported that local mental health agencies lack the same urgency to secure services to meet parents’ mental health needs. Fifty-two percent of in-home social workers surveyed reported LME-MCOs, responsible for local mental health, substance use disorders, and developmental disability services, were a challenge for their county.

It is imperative that the Division, in collaboration with the counties, work systemically to address the challenges facing the entire child protective services system. One county DSS director described the urgency of the system to address these issues with the following quote:

“Until our society puts children first above all else, there will never be a calculated and unified effort to develop policies that put children first. There should never be waiting lists for a child to receive counseling...Our state needs to step up and pay attention to the needs of North Carolina’s children. They are our future.”

Recommendation 16: Innovate to improve behavioral health services and enhance relationships with state and local community partners.

- ***Continue to build upon cross-agency efforts to increase access to behavioral health services for CPS children and families:*** The Division should build upon recommendations to improve behavioral health from stakeholder groups including the Governor’s Task Force on Mental Health and Substance Use, the North Carolina Institute of Medicine Task Force on Mental Health and Substance Abuse, and the Department of Public Instruction School Mental Health Initiative. One solution may be the increased use of specialized behavioral health providers within county DSS. Catawba, Guilford, and Wilson counties have been able to develop behavioral health resources in-house and bill Medicaid directly, allowing them to conduct assessments and deliver evidence based treatments. Counties report this practice results in improved access to services for families. Furthermore, the use of performance-based contracts with behavioral health providers may help enforce these expectations and drive the behavioral health system

towards the use of evidenced informed and evidence based services that will result in positive outcomes for children and families.⁵²

- **Identify methods to ensure parents and caregivers have access to behavioral health services:** Many families who come to the attention of CPS lack insurance or financial means to pay for treatment. The state should require the LME-MCOs to use the state funds provided to CPS involved parents/caregivers who do not have insurance or Medicaid to pay for services.
- **Support and expand current efforts to implement high-quality care coordination for children involved with child protection services:** Similar efforts are already underway with the NC System of Care to use NC Wraparound with children exiting Psychiatric Residential Treatment Centers. This model could be expanded to serve other high-risk, high-needs populations such as children in foster care, or children identified as having experienced trauma at the point of entry into the child protective services system. This model has strong potential to prevent out of home or residential placements.
- **Provide education on the role and practices of CPS:** Community misunderstanding about the responsibilities of CPS can lead to both over- and under-reporting of child maltreatment. Counties have found innovative methods to train partners on working with child welfare. For example, Durham County has developed a video that explains the role of CPS and disseminates it to local partners for training purposes on a USB drive. This type of training may reduce unnecessary reports while ensuring that everyone understands their responsibilities. The Division should create or adopt a similar video so that all counties can provide similar training.

Observation 17: The judicial system has a significant role and impact on CPS cases.

The courts have the authority to make findings of child abuse and neglect and decide disposition or cases. Counties reported variation in practice as to whether courts are involved with CPS in-home cases prior to adjudication with some counties using court involvement as a measure to encourage family compliance with the case plan. In these counties, informal case proceedings can continue for months or longer without adjudication, which can affect case outcomes and have funding implications if the child eventually enters the legal custody of DSS. Interviews also indicated that for other counties once adjudication occurs, the court process could be overly time intensive for social workers.

Recommendation 17: Commission a study on how the judicial system impacts outcomes in child welfare.

The apparent judicial system barriers should be further explored in a study along with the communication, training, and coordination between state and county DSS and judiciary partners. During this study, data related to court timeliness, in addition to qualitative interviews, will illuminate barriers in the current family court process and inform the recommendation of state and local strategies to improve the judicial process in child welfare. The study should determine when and how courts can be used appropriately in CPS in-home cases and make recommendations to improve consistency in this practice across counties.

⁵² For more information on performance based contracting in child welfare see: Lester, P. "Building performance systems in child welfare." February 8, 2016. <http://socialinnovationcenter.org/wp-content/uploads/2016/02/building-performance.pdf>

CPS Quality Initiatives

This section details some of the essential quality initiatives of the child protective services system including quality assurance, continuous quality improvement, and the development of a statewide data and case management system.

As noted in the graphic to the right, quality assurance (QA) and continuous quality improvement (CQI) are related, but not the same. QA is an essential part of CQI, but not the only component. QA is reactive and emphasizes compliance with state or federal regulations, while CQI is the complete process of identifying, describing, and analyzing strengths and feedback to problems and then testing, implementing, learning from, and revising solutions.^{53 54}

PCG's assessment revealed that some counties with dedicated resources have been able to devote a single person or an entire team to quality assurance. These individuals or teams often function as the county trainer on case documentation, data systems, and other quality assurance initiatives. Below are some QA practices used by counties:

- **Case File Reviews:** Multiple counties have regular case file reviews that are done by randomly selecting and reviewing case documentation against state regulations and timelines or using county-developed rubrics.
- **Peer-to-Peer File Reviews:** Other counties assign fellow staff members to review their peers' work for quality control. For example, Rowan County utilizes a team composed of CPS social workers, a supervisor, and a general attorney, that reviews random cases weekly to ensure proper documentation.
- **Data Analysis:** A limited number of counties reported using data as a tool for conducting performance reviews, identifying areas of improvement, informing agency decisions, and demonstrating results for County Commissioners. There are large variations amongst counties in their capacity to utilize data meaningfully to inform agency performance. Counties that successfully utilized data had these elements in common: leadership buy-in; technical resources (county-based data system); strong internal training; messaging about the value of data in practice and decision making; a QA process that is embraced and not viewed as punitive; and data is used frequently and by all levels of staff (not just program administrators and managers).
- **County Guides or Tools:** Other counties also developed their own manuals, instructions, guidebooks, and tools for staff to use in performing their day-to-day work. For example, Catawba County has practice profiles that define day-to-day core responsibilities of each CPS position and how each aligns with state and county policy and practices. Chatham County developed a checklist that highlights key timelines such as documentation due dates and frequency of home visits.
- **Benchmarking:** Some county DSS have established benchmarks above their current performance and sometimes beyond state minimum standards. All DSS staff then strive to meet these benchmarks in a



Quality Assurance

- Separate activity
- Reactive
- Improves areas of cases reviewed
- Focuses on compliance and outcome criteria
- Event based



Continuous Quality Assurance

- Integrated activity
- Proactive
- Improves performance agency-wide
- Focuses on improving multiple processes/outcomes
- Based on an ongoing process

⁵³ U.S Department of Health & Human Services, ACF, Children's Bureau, Child Welfare Information Gateway

⁵⁴ Dever, GE Alan. "Improving outcomes in public health practice: strategy and methods." Jones & Bartlett Learning, 1997.

specific time period. For example, while the Division requires case dictation to be completed within seven days, some counties have set their benchmarks for shorter turnarounds. In Catawba County, these aggressive benchmarks are a tool to drive performance incentives to the county, which can, in turn, invest those funds in other programming.

Observation 18: The CQI system for child welfare, REAP, has not reached its full potential.

Since 2011 the Division has relied on REAP (Reaching for Accountability and Excellence in Practice) to drive continuous quality improvement in child welfare. REAP is currently in its second phase across 17 counties. REAP was created to provide county agencies with more community-centered and strengths-based assistance to improve their child welfare practice. The Division's goal was to focus on child welfare outcomes and better understand and track data available at the county level to inform practice. However, plans to expand the data captured stalled when the state began preparing for the CFSR Round 3 and support to individual counties also declined. As a result, many counties have slipped from incorporating regular CQI in their agency or given up entirely, while others (e.g. Catawba County) have continued and developed even more robust CQI systems without state support.

The Division, in partnership with the UNC School of Social Work, has recently begun developing an online REAP Guide to be completed in June 2016. This tool will provide county DSS staff with information and resources to implement CQI in child welfare through coaching with Division staff or independently.

Recommendation 18: Develop a culture of continuous quality improvement (CQI) at both the Division and county DSS level.

For the state to fully utilize a CQI system there needs to be a strong commitment and active participation from staff at all levels – Division resources, county support, family input, and community stakeholder responsiveness. CQI is not intended to serve as an auditing tool or a method to punish county DSS for non-compliance. However, it should be used as a process to actively capture input from every level of the service agency, as well as feedback from the service recipients (children/families) and community stakeholders. This feedback is then infused into changes to produce desired outcomes. Families and community stakeholders involved with child welfare play a valuable role in providing feedback on the successes, and failures, of the child protective services system. Implementing statewide CQI will allow the Division to design compliance requirements for all CPS levels and address non-compliance issues that Children's Program Representatives (CPRs) and Program Monitors report. In order for REAP to be successful in all 100 counties, the process should be state-supported but county-driven. To accomplish this the Division and county DSS should consider the following:

- **Utilize CQI best practices from other states.** Multiple states (e.g. Wisconsin, Louisiana, and Illinois) have successfully implemented CQI systems to assess and improve child welfare practice, processes, and outcomes. Wisconsin's Department of Children and Families (DCF) (a state-supervised, county-administered system) implemented its revised CQI process in 2014.⁵⁵ DCF shifted its focus to a protocol that centers on quality improvement through an analysis of both quantitative and qualitative data. Below are some principles that should drive the development of a CPS CQI system:
 - *Paradigm shift from quality assurance to quality improvement.* The child welfare CQI process should help the state and local agencies fully engage in collaborative improvement efforts with a variety of key stakeholders and partners. The Division should incorporate CQI efforts throughout the state-provided trainings for CPS staff. This effort will help enforce the importance of CQI, create consistency in CQI efforts throughout the counties, and foster a

⁵⁵ Wisconsin's Child Welfare Continuous Quality Improvement System General Information. Wisconsin Department of Children and Families, 2014. Web. 13 Jan. 2016.

culture of CQI among staff starting in pre-service training that is reinforced with ongoing trainings.

- *The child welfare CQI system is more than a case record review process.* CQI includes multiple sources of data, information, and knowledge that are aligned and analyzed collectively. Examples include case record review; other specialized case reviews; annual or quarterly reports using performance data (e.g. KidStat in Wisconsin⁵⁶); and SACWIS or data dashboards for real-time use.
 - *Data from a variety of sources is transformed into information and knowledge and is used to make informed decisions about improving policy and practice.* The system relies on facilitated sharing with local child welfare agencies and ongoing analysis to improve outcomes, practice, and processes at the local and state level.
 - *Collaborative identification and implementation of improvement projects, grounded in meaningful collection and analysis of information.* CQI should be a jumping pad from which innovative pilots and small tests of change can emerge.
 - *Child welfare CQI tools and processes are available for local use (“inside out” application).* CQI should be state supported, but driven by the local counties. The counties have the ultimate responsibility for their performance and should take ownership over the CQI process.
 - *Child welfare CQI system relies on a strong partnership and joint commitment between the state and local child welfare agencies, law enforcement, courts, families, and other key stakeholders.* The greater the involvement of these key partners, the greater the potential for a robust CQI system to have a real impact on child welfare practice.
- **Refocus and recommit to REAP for statewide CQI.** The outcome measures used in the REAP initiative should reflect priorities in the statewide practice framework and measures outlined in a new statewide strategic plan. While the state CQI system must include data points to be measured by the federal entities for compliance through CFSR reviews, a robust CQI system breaks those data points into specific and measurable practice outcomes that affect the ultimate goals of the state for the CPS system. DSS should refocus REAP efforts to incorporate themes like strong leadership, resource utilization, and communication planning.
 - **Fully utilize existing web portal.** The Division has a useful, but underutilized tool through REAP to support technical assistance. The UNC School of Social Work developed a technical assistance gateway for electronic ticketing and triage of technical assistance and frequently asked questions for REAP counties. This system serves the dual purpose of providing data on the quality and timeliness of technical assistance and allowing the Division to engage in continuous quality improvement as to their own technical assistance capabilities. The Division should ensure that all counties have secure access to this web portal, are trained to use it, and can easily access frequently asked questions and policy guidance issued to other counties. This practice will strengthen policy interpretation, create a repository for critical time sensitive information, and decrease the number of calls the counties make to the CPRs on similar issues.

⁵⁶ Wisconsin KidStat Annual Reports. <http://dcf.wi.gov/cqireview/kidstat.htm>

Day Sheets

Social workers spend extensive time documenting efforts for funding purposes in the 100 percent time reporting process. The federal government has only approved one other methodology, Random Moment Time Studies (RMTS), to determine the appropriate allocations of costs to federal funds. While 49 other states use this methodology, NC would have difficulty untangling the county contributions to TANF MOE in ways that ensure an equitable return to the counties. Using day sheets to track this time is labor intensive due to numerous and extensive service and funding codes. Social workers surveyed reported on average spending approximately two hours per week on day sheets. Furthermore, social workers are expected to understand nuances of federal funding and reimbursements and may misrepresent their work when trying to match it to funding codes. There are inconsistent data and interpretations across the state because the day sheet process is managed by individual counties. Lastly, interviews and focus groups indicated that day sheets are often used as a compliance tool in counties, and that documentation was geared toward reflecting activities that match funding codes, rather than allowing documentation to reflect actual case practice.



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