

Mandatory Evaluation Components

Report 2019-10: Child Protective Services Intake Screening Lacks Consistency

N.C. Gen. § 120-36.14 requires the Program Evaluation Division to include certain components in each of its evaluation reports, unless exempted by the Joint Legislative Program Evaluation Oversight Committee. The table below fulfills this requirement and, when applicable, provides a reference to the page numbers(s) where the component is discussed in the report.

N.C. Gen. § 120-36.14 Specific Provision	Component	Program Evaluation Division Determination	Report Page
(b)(1)	Findings concerning the merits of the program or activity based on whether the program or activity		
(b)(1)(a)	Is efficient	This evaluation was not able to determine if county Child Protective Services (CPS) intake screening is efficient. The Department of Health and Human Services (DHHS) was unable to provide data regarding the amount of funding devoted to intake screening activities by county. Lacking county-specific activity information, the Program Evaluation Division was unable to calculate a unit cost for comparing counties.	p. 4
(b)(1)(b)	Is effective	Ideally, county intake screening procedures would consistently identify allegations that meet state criteria for potential maltreatment while rejecting claims that do not meet these criteria. When given a survey containing 12 hypothetical scenarios of maltreatment, county workers screened allegations correctly 71% of the time.	p. 10, pp. 18-20
(b)(1)(c)	Aligns with entity mission	Maltreatment screening is a responsibility of county departments of social services as described in N.C. Gen. Stat. § 7B-300. DHHS is the single administrative agency that provides supervision to counties. Maltreatment screening aligns with DHHS's mission to provide essential services to improve the health, safety, and well-being of all North Carolinians.	pp. 4-10
(b)(1)(d)	Operates in accordance with law	DHHS operates in accordance with N.C. Gen. Stat. § 108A-71.	
(b)(1)(e)	Does not duplicate another program or activity	This evaluation did not find any evidence of duplication.	
(b)(1a)	Quantitative indicators used to determine whether the program or activity		
(b)(1a)(a)	Is efficient	This evaluation was not able to determine if county CPS intake screening is efficient. DHHS was unable to provide data regarding the amount of funding devoted to intake screening activities by county. Lacking county-specific activity information, the Program Evaluation Division was unable to calculate a unit cost for comparing counties.	p. 4
(b)(1a)(b)	Is effective	Intake screening is routinely performed in county departments of social services. Barriers to effective screening identified in Findings 1 and 2 include use of local policies in addition to state policy, ineffective training and lack of retraining requirements, inconsistent and untimely state guidance, and a lack of worker skill assessment. Structural factors that negatively impact program effectiveness include use of an outdated structured decision-making intake tool and the lack	p. 5, pp. 12-18, pp. 21-32

		of a uniform case management system such as NC FAST for recording allegations (Findings 3 and 5). Unless changes are made to the current data system and measurable performance benchmarks, effective oversight of county activities cannot occur.	
(b)(1b)	Cost of the program or activity broken out by activities performed	In total, the federal, state, and local governments spent \$94 million on child welfare activities in Fiscal Year 2019–20. These activities include intake and assessment of abuse, neglect, and dependency reports; initiation of and participation in court proceedings; and provision of reunification and permanency planning services. DHHS was unable to differentiate expenses by specific activities. In total, the State spent \$14 million on Child Welfare programs in Fiscal Year 2019–20.	pp. 4–5
(b)(2)	Recommendations for making the program or activity more efficient or effective	The General Assembly should disallow use of local intake screening policies and direct DHHS to: <ul style="list-style-type: none"> • improve consistency and timeliness of state advice on difficult screening cases by creating a rapid response telephone line; • use hypothetical vignettes to assess worker policy comprehension and training needs and require periodic and additional retraining in intake screening; • revise the structured decision-making intake tool with assistance from the Children’s Research Center and recertify this tool every five years; and • establish measurable intake screening benchmarks and implement more robust program monitoring. 	pp. 32–35
(b)(2a)	Recommendations for eliminating any duplication	None	
(b)(4)	Estimated costs or savings from implementing recommendations	None	