Child Protective Services Intake Screening Lacks Consistency

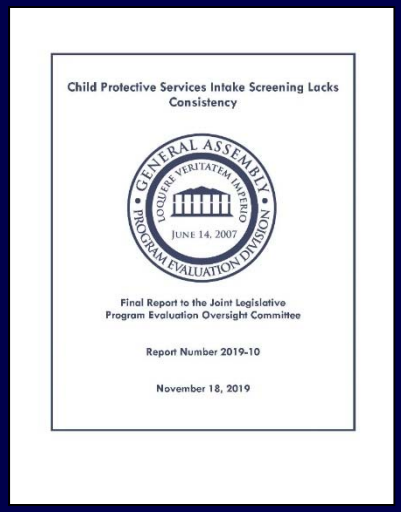
A presentation to the
Joint Legislative Program Evaluation Oversight Committee

November 20, 2019

Sara Nienow, Principal Program Evaluator

Handouts

Full Report


Child Protective Services Intake Screening Lacks Consistency

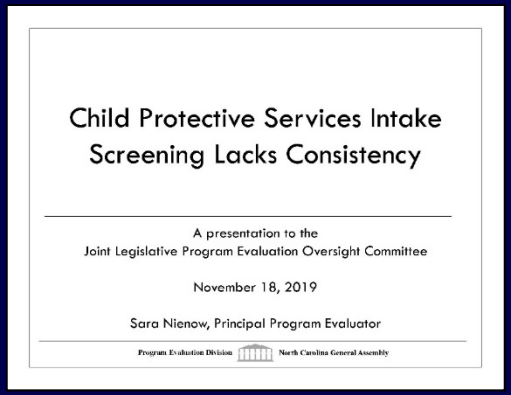
GENERAL ASSEMBLY · LOQUERE VERITATEM IMPERIO · PROGRAM EVALUATION DIVISION · JUNE 14, 2007

Final Report to the Joint Legislative Program Evaluation Oversight Committee

Report Number 2019-10

November 18, 2019

Slides


Child Protective Services Intake Screening Lacks Consistency

A presentation to the
Joint Legislative Program Evaluation Oversight Committee

November 18, 2019

Sara Nienow, Principal Program Evaluator

Program Evaluation Division · North Carolina General Assembly

Handout

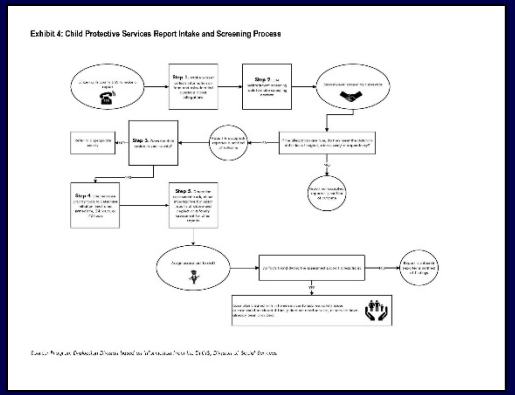


Exhibit 4: Child Protective Services Report Intake and Screening Process

Our Charge

- Directed to examine
  - Effectiveness of the intake screening process used by county departments of social services
  - Whether there are differences in how counties screen the need for a child protection response
- Team: Jim Horne, Sidney Thomas, and Carol Shaw

Report p. 2

Overview: Highlighted Findings

1. Substantial variation exists among counties in screening reports
2. Worker performance in screening hypothetical maltreatment vignettes is mixed
3. Deficiencies with the structured intake tool make the reporting process lengthy and redundant and contribute to screening inconsistency

Overview: Other Findings

4. Program monitoring lacks statistical validity and fails to measure intake screening quality
5. Absence of accurate program data compromises DHHS's ability to oversee county CPS offices

Overview: Recommendations

- The General Assembly should disallow use of local intake screening policies and direct DHHS to
  - Create a rapid response telephone line
  - Assess policy comprehension and training needs with hypothetical vignettes
  - Revise the intake tool and recertify the tool every five years
  - Establish benchmarks and implement more robust program monitoring

Background

Child Maltreatment

- Abuse, neglect, and dependency are all forms of child maltreatment
- Severe and long-lasting effects on psychological and physical health
  - CDC estimates cost per victim is more than $210,000
- Identifying, preventing, and treating victims of child maltreatment is a national goal

Report pp. 3-5

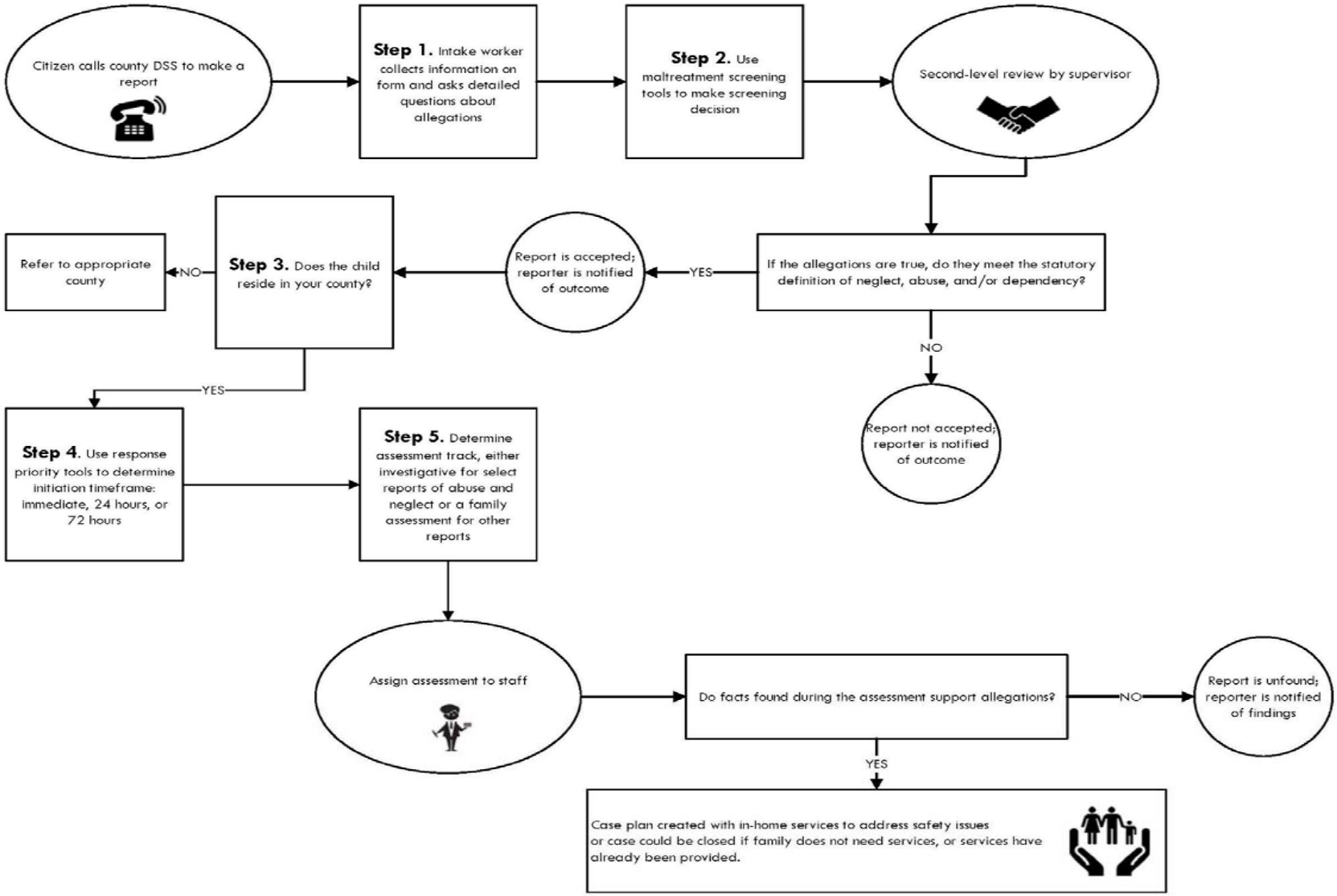
Maltreatment Intake Screening

- Intake is the process of accepting reports and asking questions to determine if an assessment should be conducted
- Intake is critical for ensuring child safety
- As the oversight agency, DHHS must ensure:
  - Decisions are made according to policy
  - Policy is consistently applied between workers and offices

– in 2018, more than 130,000 allegations were made, 83,579 screened in

Report pp. 7-9

CPS Report Intake Screening Process



County-Administered, State-Supervised

- North Carolina is one of 10 states using a county-administered, state-supervised CPS structure
  - 38 states have a centralized state-administered system, 2 states have hybrid systems
- Counties run the program, State provides oversight, training, and technical assistance
- 100 counties with different business practices and resources

Report p. 5-6

Changing Landscape

- S.L. 2017-41 directed:
  - Plan to establish regional offices
  - Study to reform state supervision and accountability for child welfare
  - County service agreements and performance standards
  - Child Well-Being Transformation Council
- Implementation of NC FAST P4

Report p.11

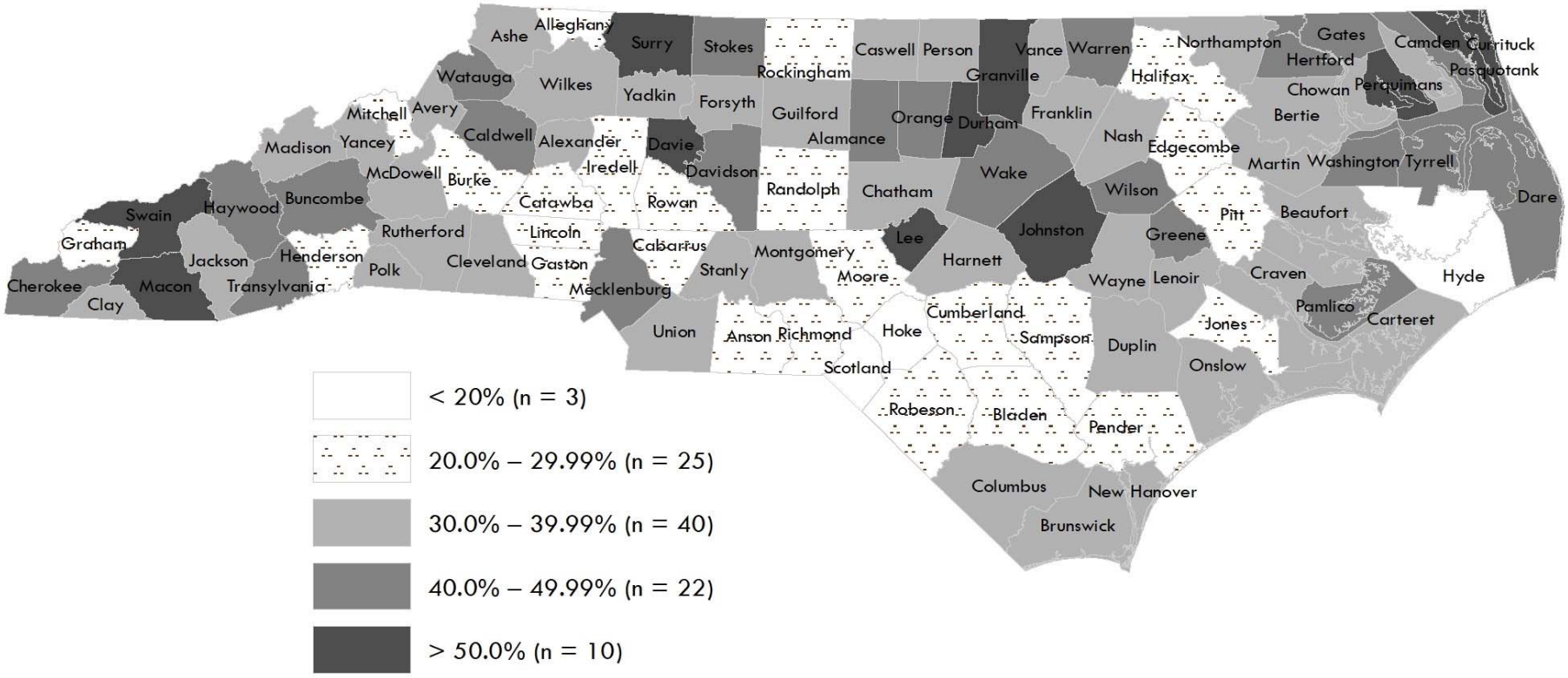
Findings

Finding 1

There is substantial variation among Child Protective Services offices in screening child maltreatment reports

Report p. 12-14

Screen-out Rates by County



Use of Local Policies

- 22 counties use other policies, guidelines, or criteria in addition to state policies
- DHHS does not track use of these local policies or have copies
- Local policies attempt to address specific issues but may reduce overall screening consistency

Report pp. 15

Training and Guidance Deficiencies

- Lack of staff familiarity with CPS procedures and inconsistent state guidance are other factors contributing to variation
- Intake training is required in first year
  - 66% of DSS directors do not think intake training is offered frequently enough
- DHHS provides accurate policy advice in general
  - Guidance about intake is inconsistent and untimely

Report pp. 15-17

Finding 2

County worker performance on hypothetical vignettes was mixed; training deficiencies and a lack of worker skill assessments were identified as factors affecting intake screening

Report p. 18

Measuring Worker Knowledge with Hypothetical Scenarios

- PED survey included 12 vignettes of potential child maltreatment
- Each question had three measurements
  - Screening decision
  - Assessment track
  - Response time

Report pp. 19-20

Vignette Survey Results by Worker Type

	Accept or Reject Report	Assessment Track	Response Time Frame	Total Correct
County workers	71.1%	65.9%	61.4%	66.1%
County supervisors	76.5%	70.6%	66.0%	71.1%
DHHS workers	87.5%	85.4%	68.8%	81.0%

Training Does Not Lead to Better Performance

- Attending training had no impact on performance
- No requirements for additional intake training despite ongoing policy changes
- DHHS does not routinely test county workers' intake screening skills

Report pp. 20-21

Finding 3

Deficiencies with the current structured intake tool make the reporting process lengthy and redundant and may contribute to a lack of screening consistency

Report p. 21

Structured Decision-Making Intake Tool

- The form used to record reports of alleged maltreatment is a structured decision-making tool
- Revisions to the tool have made it less effective
  - Increase potential for inconsistency
  - Divergent decision making

Report p. 22

Intake Tool: Lengthy, Repetitive, and Unclear

- Tool is now 18 pages long
- Contains 17 types of maltreatment
  - Four times more than similar tools
- Overly reliant on 24-hour response times
- Unclear definitions

Report pp. 22-23

Unclear Definitions Result in Different Intake Process

Home with 3 Families

County A: Receives Report on Family 1

Report and assessment for Family 1

County B: Receives Report on Family 1

Report and assessment for Family 1

Report and assessment for Family 2

Report and assessment for Family 3

Tool Redesign

- DHHS is contracting with CRC to redesign decision-making tools including intake screening tool
- Update may improve consistency
  - Shorter
  - Clearer terms
  - Reduce reliance on 24-hour response time

Report pp. 23-26

Finding 4

Child Protective Services program monitoring lack statistical validity and fails to ascertain the quality of county-level intake

Report p. 26

Program Monitoring: No Benchmarks and Small Samples

- No federal or state standards for intake screening
  - –Makes performance subjective
- Small samples mean that actual problems may not be identified
- Sampling intervals are up to 4.5 years

Report pp. 26-28

Program Monitoring: Better Oversight in Similar States

- Intake screening every six months to two years
- Use samples that have higher levels of statistical confidence
  - 80% versus 90-95%
- Review screened-out reports for each county
  - Sometimes as often as monthly

Report pp. 29

Finding 5

The absence of accurate program data compromises DHHS's ability to oversee county Child Protective Services

Report p. 30

NC FAST Challenges

- P4 is the NC FAST module for child welfare services and case management
  - Used by 29 counties
  - Implementation has been delayed
  - Includes outdated intake screening tool

Report pp. 30-32

Lack of Data Mangagement

- Without Data Management System
  - NC submits less data
  - Difficulty conducting program monitoring
  - Operating in a "data desert"
    - Counties do not trust state data
    - Do not use data for management

Report pp. 31-33

Recommendations

Recommendation 1

Modify state law to specify that counties are not permitted to use county intake screening policies in addition to state policy

Report p. 33

Recommendation 2

Direct DHHS to adopt a rapid response telephone line to improve the timeliness and consistency of state-level advising provided to counties

Report pp. 34

Recommendation 3

Direct DHHS to periodically assess county workers' policy comprehension and training needs using hypothetical vignettes, provide more intake screening training opportunities, and require retraining

Report p. 34

Recommendation 4

Direct DHHS to revise the structured decision-making intake tool with assistance from the Children's Research Center and require the tool to be recertified every five years

Report pp. 35

Recommendation 5

Direct DHHS to establish measurable performance benchmarks and implement statistically valid program monitoring for county intake screening

Report pp. 35

Overview: Highlighted Findings

1. Substantial variation exists among counties in screening reports
2. Worker performance in screening hypothetical maltreatment vignettes is mixed
3. Deficiencies with the structured intake tool make the reporting process lengthy and redundant and contribute to screening inconsistency

Overview: Other Findings

4. Program monitoring lacks statistical validity and fails to measure intake screening quality
5. Absence of accurate program data compromises DHHS's ability to oversee county CPS offices

Summary: Recommendations

- The General Assembly should disallow use of local intake screening policies and direct DHHS to
  - create a rapid response telephone line
  - assess policy comprehension and training needs with hypothetical vignettes
  - revise the structured intake tool and revalidate the tool every five years
  - establish benchmarks and implement more robust program monitoring

Summary: Response

The Department of Health and Human Services's formal response to this evaluation can be found at the end of the report

Report available online at www.ncleg.net/PED/Reports/reports.html