
Recommendations

Recommendation 1. The General Assembly should modify state law to specify that counties are not permitted to use county intake screening policies in addition to state policy.

As discussed in Finding 1, some counties supplement formal state policy with internal policies when screening reports of child maltreatment. These policies tend to arise from location-specific situations and problems that counties are eager to address, such as findings from child fatality reports. Given that North Carolina maintains a county-administered, state-supervised system for child welfare services, the Department of Health and Human Services (DHHS) has a responsibility to ensure that all counties are using consistent intake screening policies and processes. For this reason, the General Assembly should specify in law that counties may not use any policies other than those contained in the Child Welfare Policy Manual.

Recommendation 2. The General Assembly should direct the Department of Health and Human Services to adopt a rapid response line to improve the timeliness and consistency of state-level advising provided to counties.

As detailed in Finding 1, some county directors of social services believe that state guidance for specific intake screening cases is inconsistent and not sufficiently timely. To improve the State's intake screening guidance to counties, the General Assembly should direct the Department of Health and Human Services (DHHS) to implement a Rapid Consultation system to provide consultation to county welfare agency staff when making decisions regarding the safety of children, especially in challenging situations. Currently, this type of system is being used in Minnesota to support county staff decision making during the intake screening process. The Rapid Consultation system should consist of a telephone line that county workers or supervisors could call at any time when they are uncertain about the correct screening decision, assessment track, and/or response time frame for a specific case. At least two state workers should consult on each call so that advice is consistent. In addition, consultations should be performed within 24 hours of a request.

Although counties are ultimately responsible for intake screening decisions, DHHS has a responsibility as the State's supervisory entity to provide accurate, consistent, and timely advice to counties to help them make the best decisions possible. The Rapid Consultation system should be implemented by December 31, 2020. DHHS should report to the Joint Legislative Oversight Committee for Health and Human Services on progress in implementing the Rapid Consultation system by June 30, 2021.

Recommendation 3. The General Assembly should direct the Department of Health and Human Services to periodically assess county workers' policy comprehension and training needs through the use of hypothetical vignettes, provide more intake training opportunities for county workers, and require periodic worker retraining.

As presented in Finding 3, hypothetical vignettes such as those used in the Program Evaluation Division's worker survey can provide useful information to the Department of Health and Human Services (DHHS) regarding how well county workers and supervisors are following statewide child protective services policies to screen reports of alleged child maltreatment. Each aspect of the screening process—screening decision making, assignment of assessment track, and selection of response time frame—can be measured with vignettes.

In particular, using vignettes can help the State measure how well CPS workers are comprehending and correctly implementing new state policies. By incorporating vignettes, training sessions can measure competency in addition to disseminating information. Further, cross-referencing vignette performance by county could help assess specific training needs. For example, if entire county staffs are performing poorly on specific vignettes or types of vignettes, the State should be trying to actively engage the entire staff, including workers and supervisors, in additional training.

In addition to strengthening its assessment of worker skills with vignettes in addition to other assessment tools, DHHS should increase the frequency of intake training, develop an intermediate intake screening course, and require county social workers and supervisors to complete intake screening training at least every three years.

DHHS's implementation of hypothetical training vignettes and changes to training offerings and requirements should be completed by December 31, 2020. DHHS should report to the Joint Legislative Oversight Committee for Health and Human Services on the use of vignettes by June 30, 2021.

Recommendation 4. The General Assembly should direct the Department of Health and Human Services to revise the structured intake screening tool with assistance from the Children's Research Center and require the tool to be recertified every five years.

Finding 3 describes existing deficiencies with the current structured intake screening tool used by county workers. The Department of Health and Human Services (DHHS) is currently in the process of securing a new contract with the Children's Research Center to redesign the tool. The General Assembly should direct DHHS to report to the Joint Legislative Oversight Committee for Health and Human Services on this process every six months, starting by January 30, 2020, until completion. In addition, the General Assembly should require DHHS to recertify the structured intake screening tool every five years and to consult with the Children's Research Center in any instance in which legislative or policy changes require modifications to the tool.

Recommendation 5. The General Assembly should direct the Department of Health and Human Services to establish measurable performance benchmarks and implement statistically valid program monitoring for county intake screening. As discussed in Finding 4, the

Department of Health and Human Services has not established any measurable intake screening performance benchmarks. Because the federal Child and Family Services Review does not measure intake screening, the State should be overseeing intake screening by performing valid sampling and performance monitoring at the county level. The current program monitoring system is statistically unsound for the purposes of evaluating individual counties.

DHHS is currently undertaking revisions to its program monitoring system. As part of this process, the General Assembly should direct DHHS to establish measurable and consistent intake screening benchmarks that are applied to all counties. In addition, the General Assembly should direct DHHS to ensure that program monitoring intake screening reviews collect large-enough sample sizes to achieve a county confidence level of 90% with a margin of error of +/- 5%. County data reviews for intake screening should be performed no less frequently than once per year starting by December 31, 2024. DHHS should report to the Joint Legislative Oversight Committee for Health and Human Services at least annually on progress toward improved program monitoring and continuous quality improvement starting by June 30, 2021.

Appendices

Appendix A: Child Welfare Screening by County for 2018

Appendix B: Answers to the Vignette Survey Questions

Appendix C: Child Protective Services Structured Intake Form

Agency Response

A draft of this report was submitted to the Department of Health and Human Services to review and respond. Their responses are provided following the appendices.

Program Evaluation Division Contact and Acknowledgments

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