



# PROGRAM EVALUATION DIVISION

## NORTH CAROLINA GENERAL ASSEMBLY

November 2019

Report No. 2019-10

### Child Protective Services Intake Screening Lacks Consistency

#### Highlights

**IN BRIEF:** County social services workers receive referrals of potential child maltreatment at the community level. Workers screen each allegation to decide if a more in-depth assessment should be conducted. County offices vary substantially in the rates of initial referrals that are screened in or out. County Division of Social Services (DSS) directors surveyed by PED attributed this variation to differing local policies, lack of staff familiarity with intake screening procedures, and an absence of consistent and timely central guidance by the Department of Health and Human Services (DHHS). The Program Evaluation Division (PED) found that the current structured intake tool makes the reporting process lengthy and redundant and may also contribute to screening inconsistency.

**Background:** The Joint Legislative Program Evaluation Oversight Committee directed PED to determine whether there are differences in how county departments of social services screen maltreatment allegations for assessment. Child maltreatment has profound and often lasting negative effects on psychological and physical health and risk behaviors, which lead to long-term maladies at taxpayer expense. County DSS workers receive referrals of potential child maltreatment at the community level. These workers, along with their supervisors, must determine if reports should be forwarded for an assessment (screened in) or screened out, which means that child protective services (CPS) will not investigate the allegation.

**The state average for screened-out reports is 36%, yet individual county screen-out rates range from 12% to more than 60%.** Reasons for inconsistency may include use of local supplemental policies, a lack of worker assessment and training, and inconsistent statewide guidance by DHHS.

#### Counties Rely on a Variety of Resources in Making Screening Decisions

Source	Yes	No	Don't Know
North Carolina Statutes	86%	13%	1%
Written County Guidance	15%	82%	2%
Other Policies, Guidelines, or Criteria	23%	70%	6%

#### Recommendation:

The General Assembly should disallow use of local intake screening policies and direct DHHS to improve consistency and timeliness of state advice on difficult screening cases by creating a rapid response telephone line.

## Highlights

**When PED presented county workers with 12 hypothetical vignettes of child maltreatment created by DHHS, workers correctly screened cases 71% of the time.** A vignette is a hypothetical report of potential child abuse. First, workers had to determine if a report should be screened in for assessment. Next, workers had to assign any screened-in reports to the correct assessment track, either investigative or family. An investigative assessment occurs in response to a report of abuse or serious neglect whereas a family response focuses on engaging the family in efforts to better provide care for the affected child or children. Finally, workers had to select the correct response time frame. Cases of reported abuse must be initiated immediately or within 24 hours, and cases of neglect must be initiated within 72 hours.

### County Workers Correctly Accepted or Rejected Maltreatment Allegations 71% of the Time

	Accept or Reject Report	Assessment Track	Response Time Frame	Total Correct
County social workers (n=226)	71.1%	65.9%	61.4%	66.1%
County social work supervisors (n=162)	76.5%	70.6%	66.0%	71.1%
DHHS workers (n=4)	87.5%	85.4%	68.8%	81.0%

PED found attendance at intake screening training sessions did not improve vignette scores. After workers and supervisors meet the initial screening training requirement, there is no requirement to re-attend training. Further, DHHS does not routinely test workers to determine how well they are implementing state intake screening policies.

#### **Recommendation:**

The General Assembly should direct DHHS to use hypothetical vignettes to assess worker policy comprehension and training needs, provide more intake training opportunities for county workers, and require periodic worker retraining.

**PED identified deficiencies in the structured intake tool used by county workers to screen allegations and with state monitoring of the screening process.** DHHS revisions to accommodate changes in state and federal law have weakened the effectiveness of the form-based screening tool by making it long and redundant.

#### **Recommendation:**

The General Assembly should direct DHHS to revise the structured intake screening tool with assistance from the Children's Research Center and recertify the tool every five years.

**In addition, PED found other issues with how DHHS performs oversight of county child welfare programs.** DHHS uses insufficient sample sizes when conducting program monitoring, increasing the likelihood problems will not be identified. The absence of accurate county-level data also hinders statewide monitoring.

#### **Recommendation:**

The General Assembly should direct DHHS to establish measurable intake screening benchmarks and implement more robust program monitoring.