

Final Report

Child Welfare Reform Plan

***State of North Carolina
Office of State Budget and Management (OSBM) with
Department of Health and Human Services (DHHS)***

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EXECUTIVE SUMMARY

The Center for the Support of Families (CSF) was awarded the third-party contract on March 1, 2018, to work with North Carolina on its critical Social Services and Child Welfare reform. CSF has endeavored to complete an extraordinary amount of work in a brief period of time. With the assistance and input from state and county leaders, their staff, and stakeholders from other governmental and nonprofit agencies, as well as children, youth, families, and caregivers who have experienced the social services system, CSF assessed North Carolina's child welfare system and researched best national practices. We submit these final recommendations as a blueprint for improving outcomes for North Carolina's families. This Final Child Welfare Reform Plan concludes the second phase of CSF's work in North Carolina.

During Phase 1, CSF analyzed systemic factors, quantitative data reports, and existing state case record reviews. The CSF team also conducted interviews, focus groups, site visits, and electronic surveys with internal and external stakeholders and leaders, and attended key meetings and conferences related to operations and reform efforts. Finally, in July 2018, CSF facilitated a two-day theory of change session with state and county child welfare leaders to review preliminary findings and participate in developing a logical set of recommendations to accomplish a shared vision of change. The Phase 1 work resulted in the Social Services Preliminary Reform Plan and Child Welfare Preliminary Reform Plan submitted on August 31, which included recommendations for consideration. The Preliminary Reform Plans can be found at <https://www.osbm.nc.gov/social-services-and-child-welfare-reform-reports>.

Phase 2 of the project was a time to work with the General Assembly, state leaders, county leaders, and stakeholders to finalize the preliminary recommendations from Phase 1 and to begin to provide oversight and monitoring of immediate implementation of the recommendations accepted by state leaders that did not require legislation or appropriations. This North Carolina Final Child Welfare Reform Plan briefly summarizes the findings and accepted preliminary recommendations from Phase 1. Detailed information about the findings, the methodology used to develop the findings, and dynamics of the child welfare system in North Carolina can all be found in the Child Welfare Preliminary Reform Plan submitted at the end of Phase 1.

Chapters 2 through 8 of the Final Child Welfare Reform Plan present CSF's final recommendations, organized around the seven necessary conditions in the theory of change CSF proposed for North Carolina. Chapter 9 presents CSF's final recommendations for North Carolina's child fatality review process. As much as possible, CSF has outlined implementation strategies, timelines for implementation, estimated costs, projected outcomes, and how progress can be tracked over time. Implementation strategies, timelines and estimated costs are provided to assist the North Carolina legislature, Department of Health and Human Services (DHHS), counties, and stakeholders in planning what is truly a large-scale reform effort. With any job of this size, estimates and projections will need to be refined and revised as planning and implementation proceeds. CSF has also linked implementation strategies to specific phases of implementation – development, readiness, planning, initial implementation, and full, statewide implementation. These beginning implementation strategies can be found in Appendix F.

AT DHHS's request, CSF undertook three additional tasks in Phase 2:

- ◆ An analysis of how the child welfare system is financed and opportunities for enhancing federal revenues.
- ◆ A study of child welfare training in North Carolina.
- ◆ A study of options for re-establishing a Child Welfare Education Collaborative stipend program that would be financially sustainable and benefit all counties.

The financial analysis, which informed CSF's final recommendations in Chapter 6, Financing and Data Are Used to Improve Practice and Outcomes, is attached to this report as Appendix C. The study of child welfare training is included in Chapter 7, Capable and Stable Child Welfare Workforce, and informed the training and workforce development recommendations in that chapter. The study of possibly reinstating a stipend program in the Child Welfare Education Collaborative is attached to this report as Appendix D; it informed recommendations related to the collaborative in Chapter 7.

A companion report, the Final North Carolina Social Services Reform Plan, is presented as a separate volume. While the two reports address specific findings and recommendations, they are intended to be read in sequence, beginning with the Final Social Services Reform Plan, since it addresses organization, staffing, and management of the delivery of services in all programs. This Final Child Welfare Reform Plan follows, with specific policy and practice recommendations to improve the delivery of child welfare services.

The actions needed to implement the final recommendations are but one part of a dynamic and complex program improvement process being undertaken by the North Carolina General Assembly, the Department of Health and Human Services, the 100 county Departments of Social Services, the Social Services Working Group (SSWG), Child Well-Being Transformation Council, and related state and county departments serving citizens of North Carolina. These reforms include Medicaid transformation, development and initial implementation of Memoranda of Understanding (MOU) with specific performance measures, planning for the Family First Prevention Services Act (Family First), an ongoing assessment of data systems, and court reform in light of a new law that will raise the age of juvenile jurisdiction for certain low-level crimes from age 15 to age 18, beginning December 1, 2019. Moreover, successful implementation will require leaders to make vital decisions related to authority and responsibility for making statewide decisions, create needed leadership and teaming structures, choose a statewide practice model, and build consensus related to NC FAST.

North Carolina is unique in that the state recognizes the need for significant change in management of the delivery of social services and provision of child welfare services to families and children. Indeed, this type of assessment and program improvement planning is most often undertaken based on significant findings of program deficiencies from federal or state oversight entities – or even court action, as has been the case in many child welfare reforms. It is significant that there is real focus at every level of the system for improvement and commitment to working toward changes to better serve families. Through focus groups, individual interviews, and site visits, CSF encountered leaders, line staff, and stakeholders who clearly are passionate about the work, willing to face challenges, and excited to explore new ways of doing business

and to work collaboratively to improve outcomes for the state’s most vulnerable citizens. This willingness to address challenges honestly and to build on strengths is evident, even as state and county staff work under the stress of dealing with complex societal problems, such as the expanding opioid crisis, coupled with staffing shortages and budget reductions.

Rylan’s Law makes clear that “transforming the child welfare system to better ensure safety, permanency, and well-being of children and families is the right thing to do.”¹ The legislation cited two recent reviews – the federal Child and Family Services Review (CFSR) and the North Carolina Statewide Child Protective Services Evaluation of the State’s Child Protective Services (CPS) – that “identified troubling gaps and flaws in North Carolina’s child welfare system that are allowing too many ... vulnerable children and fragile families to fall through the cracks.”² Although North Carolina’s CFSR scores on the seven outcomes in its 2015 CFSR were slightly better than the average scores of other states, the state’s performance had slipped significantly from the previous CFSR in 2007.

Current Child Welfare System in North Carolina

In an average month, county Departments of Social Services (DSS) throughout North Carolina receive just over 11,000 reports of suspected child abuse, neglect, or dependency.³ Approximately 7,000, or 65 percent, of those reports are screened-in as meeting legal criteria to be accepted for a CPS investigative or family assessment.⁴ Those numbers translated to statewide annual totals of 133,771 CPS reports screened and 87,336 accepted in 2017.⁵ While the total number of reports accepted for CPS assessment has recently been relatively stable, the proportion assigned to the more formal investigative assessment track has decreased by 15 percent in the past five years (15,981 to 13,658), while the number of reports assigned to the family assessment track has increased slightly (50,105 to 51,504).⁶

The number of families open to CPS In-Home Services – the goal of which is to help families in which maltreatment has occurred to remain safely together – has decreased 13 percent from 4,760 families in January 2015 to 4,118 families in November 2017.⁷ The number of children entering foster care for the first time each year has risen 9 percent from 5,252 children in State Fiscal Year 2014 to 5,707 children in SFY 2017.⁸ North Carolina does not meet federal standards for achieving permanency quickly for new enterers into foster care, though the state does meet federal permanency measures for children who have been in foster care for longer

¹ S.L. 2017-41 (HB630)

² Ibid.

³ 2017 Master Child Welfare Workforce Data Book.

⁴ Ibid.

⁵ Ibid.

⁶ Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018).Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2).

Retrieved [4/17/18], from the University of North Carolina at Chapel Hill Jordan Institute for Families website.

URL: <http://ssw.unc.edu/ma/>

⁷ 2017 Master Child Welfare Workforce Data Book

⁸ Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018).Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved [6/30/18], from the University of North Carolina at Chapel Hill Jordan Institute for Families website.

URL: <http://ssw.unc.edu/ma/>.

periods of time.⁹ North Carolina's rate of re-entry into foster care continues to be lower than the national federal standard.¹⁰

These dynamics, coupled with the complex societal problems mentioned above, have contributed to a child welfare system with an increasing number of children in foster care. On June 30, 2015, North Carolina had 10,288 children in foster care. On June 30, 2017, the number of children in care had risen 8 percent to 11,113.¹¹

Final Recommendations

Transforming North Carolina's child welfare system so that it is consistently experienced by children and families in all 100 counties as being culturally-competent, trauma-informed, family-centered, and safety-focused will require a shift in organizational culture and mindset systemwide. Associated practices will need to be defined in behaviorally-specific terms and be easily understood. It will also require a reliance upon proven and effective approaches to change and implementation – a unified vision, theory of change, stakeholder engagement in a teaming structure, implementation supports, and a phased approach to implementation.

Successful implementation efforts that have an impact on practice with children and families must be carefully planned and sequenced. The phased approach to implementation recommended in this report may take a bit more time early on, however taking the time to do things correctly initially will help to compensate for backtracking later in the reform. This will provide an opportunity to build consensus among stakeholders about what the reform is and what it will mean for children and their families, staff, agencies, and courts. This incremental approach will give stakeholders time to carefully consider how to test critical components of the reform in initial counties, and then to use lessons learned from these counties before implementing statewide. The process will also permit leaders and stakeholders to identify systemic barriers to effective implementation in a smaller setting where these barriers will potentially be easier to address. It will afford time to refine and build Central, regional, and county leaders' implementation capabilities.

It should also be noted that implementation will not be entirely linear. We expect that lessons will be learned along the way, which will then require leaders and stakeholders to revisit the content of what is being implemented and the implementation process itself to improve outcomes for children and families.

Also, there are certain recommendations that can be implemented easily and quickly, that do not require a prolonged planning process. There are opportunities now, for example, to promote permanency for children who have been in foster care for a long time, implement evidence-based practices designed to strengthen families such as Triple P (Positive Parenting Program is an evidence-based parenting program), begin claims for IV-E related training and other case management activities, reduce workloads for front-line staff and create opportunities to identify and support relative and kin caregivers. This is a time to collect positive stories about progress

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

that is happening now and to disseminate lessons learned. We have noted these more immediate activities in the beginning implementation strategies in Appendix F.

The graphic below illustrates our theory of change and how we project the interventions and strategies we propose will lead to the outcomes North Carolina aims to achieve for its children and families.

This theory of change is grounded in our current assessment of North Carolina's child welfare system and previous reviews of other child welfare systems have pointed to as root causes for the lack of consistently positive statewide outcomes.

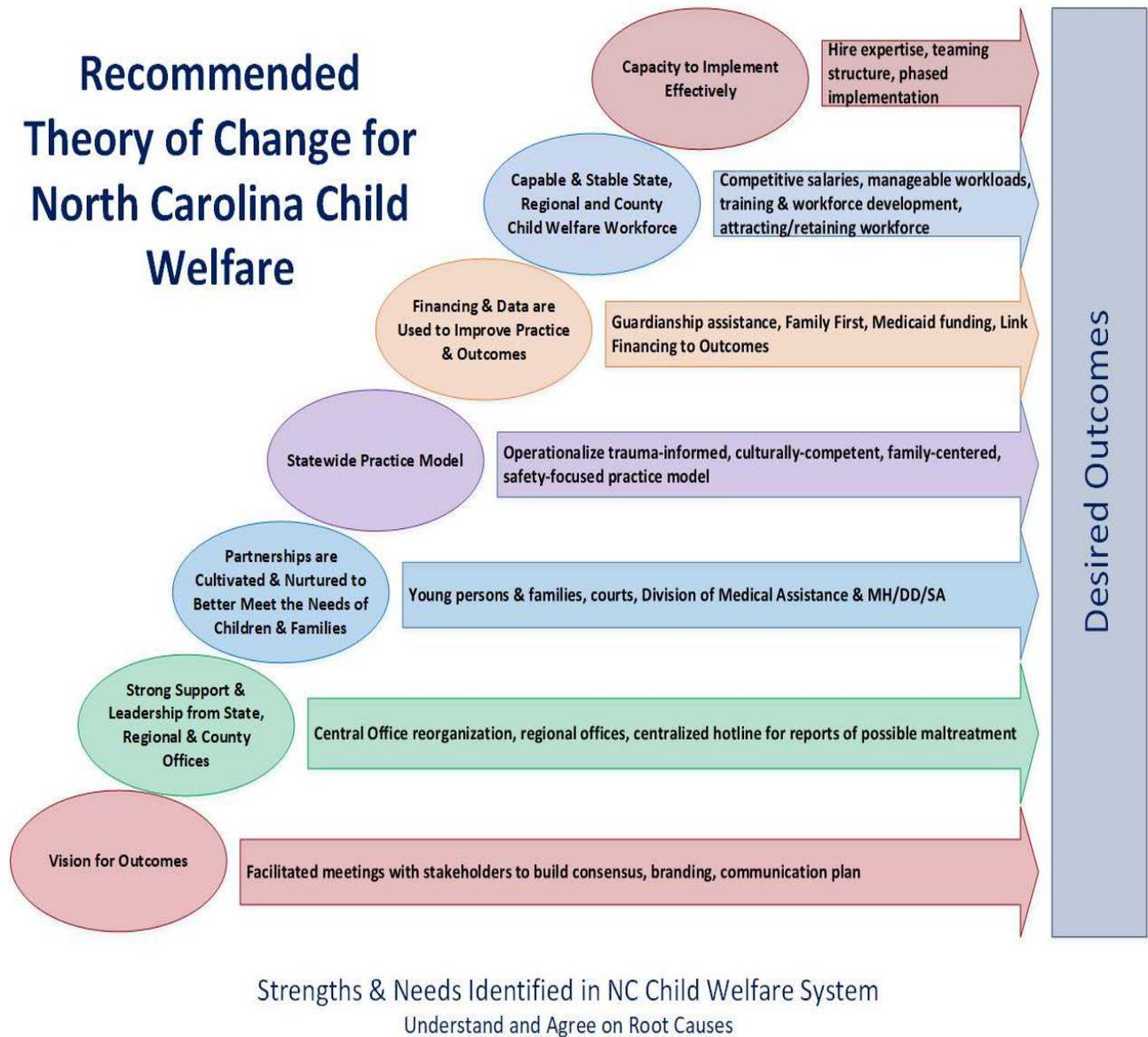
- ◆ The challenges of leadership to move the state toward consistently effective practice with children and families, grounded in a unified vision and collaborative approach to decision-making.
- ◆ The lack of consistently-available evidence-supported interventions.
- ◆ The lack of consistently-available practices, services, and supports designed to support parents and strengthen families.
- ◆ The struggle to partner effectively with communities to better meet the needs of children and families and ensure these partners have needed support.
- ◆ The difficulties front-line workers experience in a culture that is not consistently focused on staff well-being, unmanageable workloads, and a lack of effective facilitative tools, all leading to high staff turnover and unfilled vacant positions.
- ◆ Financing for the child welfare system that is bifurcated and not aligned with a unified vision or desired outcomes.
- ◆ The lack of access to reliable data or the proper use of data evidence in the effort to monitor and strategize for continuous performance improvement.
- ◆ The lack of modern technology to support staff.

The overall desired outcome of this theory of change is to achieve a sustainable, accountable statewide child welfare system in North Carolina where children and families experience consistent culturally-competent, trauma-informed, family-centered, and safety-focused practices and demonstrate improvement on critical outcomes and performance indicators related to child safety, permanency, and well-being.

Leadership from DHHS and county departments of social services identified seven basic conditions that would need to exist within North Carolina's child welfare system to address root causes and improve desired outcomes over time. These basic conditions served as the foundation for CSF's preliminary recommendations. This final report provides a status update on accepted preliminary recommendations and final recommendations in each of these areas. North Carolina leaders and stakeholders have a vision for improving outcomes.

- ◆ There is strong support and leadership from the Central, regional, and county offices.
- ◆ Partnerships are cultivated and nurtured to better meet the needs of children and families.
- ◆ There is a well-defined or operationalized statewide practice model.
- ◆ Financing and data are used to improve practice and outcomes.
- ◆ There is a capable and stable Central, regional, and county child welfare workforce.
- ◆ North Carolina has the capacity and support to implement effectively.

Figure A: Recommended Theory of Change for North Carolina Child Welfare



The 36 final recommendations outline the major steps required to ensure these conditions exist in North Carolina.

Vision for Outcomes

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| 1. | DHHS should develop, in conjunction with county departments of social services directors and a broad group of stakeholders, a consensus for North Carolina’s approach to child welfare reform. |
| 2. | DHHS should develop and implement a communication plan to ensure consistency of messages on the vision for outcomes among leaders at all levels as well as outside stakeholders. |

Strong Support and Leadership

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| 3. | DHHS should work with the counties to create a centralized hotline for all reports of suspected abuse and neglect of children and adults in North Carolina. |
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Partnerships: Court System

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| 4. | DHHS should explore with the Administrative Office of the Courts (AOC) increasing the number of judges available for child abuse and neglect cases and develop plans to access IV-E funding to increase the number of guardian ad litem and parent attorneys. |
| 5. | DHHS, together with AOC, should continue exploring and implementing new and joint state funding opportunities and pilot trauma-informed courts, such as Zero to Three, and enhance the quality of the child dependency process by seeking funding for the Evidence-Based Child Welfare Improvement Project (ECWIP). |
| 6. | DHHS should continue engagement with the AOC through the Interagency Collaborative and strengthen support for Local District Permanency Collaboratives, through DHHS’s newly designed regional structure. |

Partnerships: Health Benefits and MH/DD/SAS

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| 7. | North Carolina should seek to amend its Medicaid plan to allow parents eligible for coverage based on children in the home to keep coverage when children enter foster care as long as the parents are working toward reunification. |
| 8. | DHHS should explore leveraging IV-E funding as identified in Family First for behavioral health services to prevent removal and prioritize state behavioral health funding for services needed to allow uninsured parents to safely reunify with children. |
| 9. | DHHS should incorporate LME/MCOs into the teaming structure that implements child welfare reform to engage them regarding the needs of children and families involved with DSS, as well as the new practice model, Family First, and other reforms. |
| 10. | DHHS should assign each new regional DSS office responsibility for building and sustaining a strong partnership with the LME/MCO that works within its region. Since the new DHHS regions are not the same as designated LME/MCO regions, staff from different regions served by the same LME/MCO will need to work together to form partnerships. |

Partnerships: Engaging Families

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| 11. | DHHS should review evaluations of the Family Advisory Council and the pilot Family Engagement Committees to improve and enhance the models and to determine if Family Engagement Committees should be scaled statewide at the county level or within each newly-formed DHHS region. If the assessment determines these should be scaled statewide, DHHS should ensure ongoing and needed funding for technical assistance, stakeholder support, and evaluation services. DHHS should develop a plan for statewide rollout that is based on the evidence related to effective implementation. |
| 12. | DHHS should assign a full-time employee (FTE) dedicated to family engagement to ensure ownership and leadership within DHHS for the Family Advisory Council and other efforts to engage youth and families to assure their voice and input. |
| 13. | DHHS should fully integrate the Family Advisory Council into the finalized DHHS teaming structure to ensure that stakeholders with lived experience are engaged in all child welfare reforms, including implementation of Family First, and involve the Family Engagement Committees in planning and practice within each new regional office. |
| 14. | DHHS should evaluate current supports to assure stakeholders with lived experience have a voice in the child welfare system by partnering with organizations such as SAYSO, Foster Parents' Associations, and organizations working with grandparents raising grandchildren; assess whether and how to enhance levels of support; and determine how to involve these organizations in child welfare reform and the work of the Family Advisory Council and Family Engagement Committees. |

Statewide Practice Model

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| 15. | <p>Develop clear and well-defined practice standards for Safety Organized Practice (SOP) in North Carolina:</p> <ul style="list-style-type: none"> ▪ These practice standards should include, but not be limited to, expectations for the provision of in-home services, placing more children with relative and kin caregivers, streamlining the licensure process for relative caregivers, engaging birth families in case planning, supporting older youth in foster care, the child and family team process, and making determinations that to ensure the physical and psychological safety of children. ▪ DHHS should define data measures and monitoring processes to assess the extent to which the practice model is being implemented as envisioned and its impact on children and families. ▪ DHHS should implement the practice model using a phased approach to implementation (see Appendix F). |
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Financing

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| 16. | <p>DHHS should strengthen the state child welfare office's capacity to manage IV-E claiming effectively, including planning and monitoring IV-E claiming and giving technical assistance to counties and potential university partners. Specifically, fill the Child Welfare sections IV-E coordinator position and add additional Central Office programmatic staff focused on IV-E, giving consideration to recommendations made by the state's most recent IV-E coordinator (see Appendix C). DHHS should make teaming and joint attendance at training a priority for child welfare IV-E staff and DHHS fiscal staff assigned to child welfare. DHHS has secured technical assistance and support from the Annie E. Casey Foundation to help address these issues.</p> |
| 17. | <p>With improved capacity to manage IV-E claiming, DHHS should:</p> <ul style="list-style-type: none"> ▪ Improve IV-E claiming for child welfare training. ▪ Expand the use of title IV-E funding to support legal services to parents and children in the |

	<p>child welfare system.</p> <ul style="list-style-type: none"> ▪ Increase IV-E penetration rates for foster care and adoption assistance by assuring that all children who meet criteria are appropriately categorized and reported as IV-E. ▪ Expand the provision of and improve current IV-E claiming for CPS case management services to help keep candidates for foster care safely at home, which will lay the groundwork for future Family First claims. ▪ Expand use of IV-E for paraprofessionals who provide visitation services.
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18.	<p>Expand use of the Guardianship Assistance program to help children in foster care leave care for permanent homes with relatives more quickly</p> <ul style="list-style-type: none"> ▪ Make statutory changes to the cost neutrality provisions of its guardianship statute ▪ Help relatives become licensed by expediting the licensure process for kinship caregivers, allowing child specific licensure for kinship caregivers, and by offering licensure training that is specifically relevant to the needs of relatives already caring for a child. Assist them to take advantage of kinship navigator programs allowable under Family First Prevention Services Act. ▪ Lower the age at which children are eligible for its guardianship assistance program.
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19.	<p>With planned support from Chapin Hall, prior to September 2021, DHHS and county departments of social services should begin implementing the evidence-based prevention services and claiming federal funding as allowed through the Family First Prevention Services Act.</p>
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20.	<p>North Carolina should eliminate the use of day sheets to document 100 percent accountability for time and switch to Random Moment Time sampling.</p>
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21.	<p>DHHS should explore options for optimizing Title XIX (Medicaid) for child welfare services.</p>
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22.	<p>North Carolina should explore how to implement performance-based contracting to achieve agreed-upon outcomes for children and families using blended federal IV-E and Medicaid funding.</p>
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23.	<p>DHHS should continue planning with the Administrative Office of the Courts (AOC) and other relevant stakeholders to claim IV-E for costs associated with legal representation of parents as allowed by a January 7, 2019 amendment to the federal Child Welfare Policy Manual.</p>
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Capable and Stable Workforce: Manageable Workloads

24.	<p>DHHS and counties should explore having one or more social work positions, such as Social Work aides, that specialize in assisting the primary foster care worker complete tasks during the first 30 to 60 days of when a child enters foster care.</p>
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25.	<p>DHHS should work together with county staff and leadership to assure manageable workloads by eliminating unessential work and documentation requirements, giving workers effective automation and other tools to do their jobs, conducting time studies, and adjusting caseload standards when necessary.</p>
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Capable and Stable Workforce: Training and Workforce Development

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| 26. | DHHS should develop a new set of core competencies that are skill-based and directly aligned with the practice model. |
| 27. | DHHS should revise and develop learning programs that focus on building skills. |
| 28. | DHHS should use diverse design teams for future design of learning programs. |
| 29. | DHHS should implement a CQI process for the design, revision, and strengthening of learning programs. |
| 30. | DHHS should strengthen the transfer of learning with all trainings. |

Capable and Stable Workforce: Attracting and Retaining Workers

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| 31. | DHHS and county departments of social services should collaborate to develop and implement a recruitment and retention strategy for child welfare workers that: <ul style="list-style-type: none">▪ Includes positive and realistic messaging about child welfare caseworkers and the role of child welfare supporting children and families.▪ Addresses core needs of workers including manageable workloads, supportive and trauma informed leadership and supervisors, commitment to staff well-being and effective tools to do their jobs. |
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Capable and Stable Workforce: Child Welfare Education Collaborative

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| 32. | North Carolina should re-institute a stipend support program for both MSW and BSW students into its child welfare collaborative roughly equivalent to the cost of in-state tuition and fees and possibly books, or about \$10,000 a year. CSF sees value in continuing to have both scholar (students who receive a financial stipend in exchange for a requirement to work at a local DSS) and waiver tracks (students who engage in the educational and internship component but do not receive a stipend and have no work payback requirement) for students whose education will prepare them to work in public child welfare. <ul style="list-style-type: none">▪ DHHS should begin the new stipend program with a small number of universities to allow a focus on quality and effective implementation with set criteria. Ultimately, the program should grow to serve all regions.▪ The state, counties and universities should jointly establish targets of key outcomes that should be reviewed and discussed among relevant parties on an ongoing basis (monthly or quarterly) and measured annually.▪ DHHS should explore whether to administer the program through the Central Office.▪ DHHS, its collaborative partners and the counties should consider structuring post-employment support for new collaborative graduates. |
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Capacity to Implement Effectively

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| 33. | DHHS should recruit and hire an experienced person to guide the team charged with managing the child welfare reform implementation process. |
| 34. | DHHS should rely on the evidence related to core components of effective teaming to finalize an integrated teaming and leadership structure to manage the reform. |

35.	DHHS should use a well-defined and supported phased approach to implementation that includes: <ul style="list-style-type: none">▪ Development Phase (Six to 12 months).▪ Readiness Phase (Six to 12 months).▪ Planning Phase (Six months).▪ Initial Implementation (12 to 18 months).▪ Full, Statewide Implementation (Two years).
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Child Fatality Review Process

36.	North Carolina should implement recommendations made by the Child Fatality Taskforce in its 2019 Action Agenda and detailed further in its Child Fatality Prevention System Recommendations for 2019.
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Next Steps

With support from the Duke Endowment and the Chapin Hall Center for Children, North Carolina has already begun to create an integrated child welfare teaming structure charged with facilitating the consistent, successful and sustainable implementation of Family First and ensuring alignment with other ongoing system transformation efforts. The teaming structure is comprised of an Executive Leadership Team (ELT), Leadership Advisory Team (LAT) and initially, two working groups; one focused on prevention and the other focused on congregate care.

CSF recommends the immediate creation of a small, representative core implementation team to be identified and charged with the responsibility for taking the recommendations in this report and implementation strategies to the next level – sorting them in priority order, making them actionable and identifying the resources needed to support and implement them. This team would be responsible for making critical decisions related to North Carolina’s federal five-year strategic plan, the Child and Family Service Plan (CFSP). We also recommend that DHHS recruit and select one person to be devoted to this full-time, to lead this team and manage the implementation of these recommendations and the change and improvement effort overall.

This core implementation team would be responsible for strategically sequencing and operationalizing these recommendations, using the phased approach to implementation. The team could use the beginning implementation strategies in Appendix F to guide and focus the decision-making process. This team would be part of the integrated child welfare teaming structure. It is essential that this small team be comprised of a handful of people who have some time to devote to the work – such as a 10 or 20 percent FTE for a couple of weeks at the beginning. Team members need to own, understand and agree on the approach to broadscale reform in North Carolina at a sufficient level of detail to effectively manage the process.

CSF was also asked to make recommendations for how progress on final recommendations could be tracked over time. In order to integrate child welfare and social services reforms and seeing that one of the responsibilities of North Carolina’s Child Well-Being Transformation Council is to “monitor changes in social services and child welfare system associated with reform and regional supervision,” one option would be for this Council to oversee and report on progress on

the recommendations set forth in this Final Child Welfare Reform Plan and the Final Social Services Reform Plan.¹² Another option would be to consider this as a critical responsibility for the Social Services Working Group (SSWG), if reconvened in North Carolina.

¹² Go to this website to learn more about the responsibilities of the Child Well-Being Transformation Council.
<https://www.ncleg.gov/documentsites/committees/BCCI-6724/Homepage/index.html>

I. KEY FINDINGS

Below is a summary of the key findings from CSF's assessment of the child welfare system in North Carolina, which was conducted in Phase 1 of the project. For full findings from the assessment, please see the Child Welfare Preliminary Reform Plan Report, submitted to the Joint Committee on August 31, 2018. The key findings are divided into two sections. The first section includes key findings from the eight areas of practice required for review as part of Rylan's Law. For each area of practice, the primary research question that guides CSF's assessment is listed. The second section represents key findings related to the conditions that will need to be in place for broadscale reform to be successful.

A. *Areas of Practice*

Child Protective Services

Are children and their household members who come to the attention of the child welfare system through reports of maltreatment receiving a response that ensures children are safe from immediate threats to their health, safety, and future risk of harm?

- ◆ Children and families in North Carolina who come to the attention of the child welfare system through a report of maltreatment are not consistently receiving a response that ensures the immediate safety of children and protects them from risk of future harm.
- ◆ The majority of CPS caseworkers indicated they meet regularly with their supervisors to staff cases and that their supervisors are always available, knowledgeable, and provide guidance.
- ◆ Substantial variation exists among individual counties in the frequency with which they screen-out reports of child abuse or neglect.

Prevention and In-Home Services

Are children and their household family members who are in open CPS In-Home Services cases receiving services that ensure children are protected from immediate threats to their health, safety, and future risk of harm?

- ◆ Children and parents receiving In-Home Services are not being consistently served and supported in a way that ensures child health, safety, and protects against future risk of harm.
- ◆ The array, availability, and quality of services to children and families varies across the state.
- ◆ Public funding for mental health and substance abuse services for uninsured parents is very limited. Staff cited transportation challenges, families' refusal to participate, followed by issues such as extended waitlists, a lack of providers in the area, and providers not accepting Medicaid as additional reasons services are not received.

Child Fatality Reviews

Are findings from North Carolina's fatality reviews being used effectively to take actions to prevent other fatalities and improve the health and safety of children?

- ◆ Together with state and county stakeholders, North Carolina has begun a process to review and strengthen its child fatality review system.
- ◆ The State Child Fatality Task Force is active and many of its recommendations to improve child safety have been adopted by the legislature.
- ◆ Findings from state-led intensive reviews, local team reviews, and internal agency reviews are more likely to lead to local than state action to prevent other fatalities and improve the health and safety of children than state actions.
- ◆ North Carolina fatality review processes include recommended practices, such as taking a comprehensive, multi-disciplinary approach that engages the community in efforts to keep children safe.
- ◆ North Carolina has an unusual number of review processes and a more complicated system than other states.
- ◆ The state-led intensive fatality review team recently resolved a large backlog. It is time to revisit how the state and local teams work together.
- ◆ Review processes have engaged communities in fatality prevention and led to local and statewide public information campaigns designed to improve child safety.

Placement into Foster Care

Are reasonable efforts made to support families prior to removing children and effective efforts made after removal to promote stable placements?

- ◆ North Carolina has a lower rate of children entering foster care than most states. However, room for improvement exists in efforts to safely preserve families and ensure placement stability of children in foster care.
- ◆ North Carolina meets the federal 95 percent standard of seeing every child in foster care face-to-face every month.
- ◆ Efforts are needed to locate and engage relatives earlier in the case planning process to mitigate child and family trauma and promote placement stability.

Reunification Services

Are children in foster care, their families, and caregivers receiving trauma-informed services and supports that facilitate timely reunification?

- ◆ Children in North Carolina, as well as their families and caregivers, are not receiving the appropriate level of trauma-informed services and supports to facilitate timely reunification.
- ◆ North Carolina's foster care re-entry rate is low compared to other states.
- ◆ Monthly caseworker face-to-face contact with parents is not occurring with required frequency.

- ◆ In the majority of cases, state program monitors found that initial Child and Family Team (CFTs) meetings were not held within 30 days of removal and did not appropriately involve the child.

Permanency Services

Are children and youth in foster care receiving trauma-informed services and supports that facilitate timely permanency?

- ◆ Children and youth in foster care in North Carolina are not receiving an appropriate level of trauma-informed services and supports to facilitate timely permanency.
- ◆ Only 56 percent of foster care workers responding to CSF's survey reported looking diligently for relatives throughout the life of a case.
- ◆ Challenges to permanency include a lack of court time and differing perspectives on what is best for children between the court system and county departments of social services.
- ◆ Most relatives and kin providing placements for children in foster care do not complete the licensure process and, therefore, do not receive the financial support available to them through a foster parent board payment.

Health, Mental Health, and Educational Services

Are the needs of children in foster care being appropriately assessed, including exploring the history of trauma, and services being provided to address those needs and achieve case goals?

- ◆ Some appropriate services do exist to address the needs of children being served in foster care, but significant barriers remain for these services to be provided timely and appropriately to achieve case goals.
- ◆ About three-quarters of youth receive annual well-child checkups.
- ◆ Parents are not consistently provided with the opportunity to participate in medical appointments with their children in foster care.
- ◆ Too many barriers exist to the timely provision of needed mental health services for children in foster care in North Carolina.
- ◆ DSS has some consistent trauma-informed practices occurring in some counties. Triple P and Project Broadcast are being implemented in multiple counties with some success.

Services to Older Youth

Are older youth in foster care being prepared for adulthood?

- ◆ Older youth served in foster care are not consistently being prepared for adulthood.
- ◆ Youth report favorable engagement through LINKS but report less engagement in other key meetings and planning sessions and have mixed opinions about involvement in Child and Family Team (CFT) meetings.
- ◆ While there is evidence that some youth are being supported in building relationships, relatives are not being regularly assessed for placement or involvement in the young person's life.

B. Conditions Needed to Reform Child Welfare System

Strong Support and Leadership from State, Regional and County Offices

- ◆ North Carolina's leadership made the decision to pursue systemic changes needed to improve outcomes for its most vulnerable citizens.
- ◆ State and county social services professionals alike show their commitment to providing the best services they can, on a daily basis.
- ◆ There needs to be a clear definition of state and county roles in a state-supervised/county administered program.
- ◆ There needs to be enhanced training for both county and state staff.
- ◆ There needs to be enhanced technical assistance from the state tailored to the needs of individual counties.

Partnerships are Cultivated and Nurtured to Better Meet the Needs of Children & Families

- ◆ Many county departments of social services report that accessing services for both children and parents has become more difficult.
- ◆ Public funding for mental health and substance abuse services for uninsured parents is very limited.
- ◆ Challenges were found regarding the monitoring and adjusting of services.
- ◆ Challenges include lack of court time and differing perspectives on what is best for children.
- ◆ DSS has existing collaborative partnerships and initiatives that must be further nurtured and expanded.

Statewide Practice Model

- ◆ DSS has been considering and analyzing possible practice models to develop a statewide, standardized approach.
- ◆ The modified manual improves North Carolina's CFT policy, but it still needs development.

Financing and Data Are Used to Improve Practice and Outcomes

Financing

- ◆ State contracts are funded with federal, special state, or foundation funds. Some contracts are bid on competitively (i.e., family preservation), while others are structured to incentivize outcomes (i.e., adoption promotion).
- ◆ Although the percentage of child welfare funding that comes from counties statewide is 41 percent, the proportion of county funding varies from county to county. Counties essentially pay the difference between their cost and the reimbursement they receive from federal and state sources.

- ◆ Although federal and state dollars fund 59 percent of child welfare expenditures overall in North Carolina, the cost of adding new positions to meet rising caseloads or of increasing salaries to be competitive are borne primarily by the counties.
- ◆ North Carolina counties have no specific way of claiming IV-E for training.
- ◆ North Carolina is the only state in the country in which front-line workers account for 100 percent of their time every day on day sheets.

Use of Data

- ◆ DHHS leaders understand the value of using data to improve outcomes and have been investing substantial time and resources into improving its availability and use.
- ◆ County and state staff and leaders do not regularly or consistently incorporate the use of data resources into their daily work.
- ◆ North Carolina has neither a widespread reliance on data evidence nor a culture that embraces the proper use of data evidence in the effort to monitor and strategize for continuous performance improvement.
- ◆ Concerns with data that extend beyond the known problems with NC FAST and the NC FAST rollout to the child welfare system. One primary concern is the lack of consistency across counties in how some data is entered into the system.
- ◆ The concern that data are inconsistently entered coupled with little regular access to standardized data reports means that managers are neither confident in the quality of the data nor are they in the habit of consulting or relying on data resources.
- ◆ Counties have different protocols for completing forms and entering them into the legacy and NC FAST systems, and instructions are complicated for how data should be captured, particularly in instances where multiple factors apply (e.g., reasons for children coming into custody).
- ◆ While data and data reports currently exist or can be developed, they are not produced and disseminated regularly, and the reports used have limited rigor and flexibility.
- ◆ Currently there is limited access to flexible, dynamic, statewide child welfare outcome data. And, because the legacy and NC FAST data systems are currently not linked to one another, statewide reports on core child welfare outcomes over time cannot easily be generated.

Capable and Stable State, Regional, and County Child Welfare Workforce

- ◆ Although the North Carolina Child Welfare Education Collaborative continues to prepare BSWs and MSWs for child welfare employment, the stipends which provided significant financial assistance to students in exchange for a county child welfare employment service commitment, have been phased out in recent years.
- ◆ The state has significant financial contracts with both UNC and North Carolina State University (NC State) for development of training, including online training modules.

- ◆ In North Carolina, the great majority of child welfare caseworkers have bachelor's degrees, with about 40 percent of those workers having bachelor's degrees in social work, and 60 percent having a bachelor's degree in another related field. A clear majority of supervisors also have bachelor's degrees, though supervisors are slightly more likely to have a master's degree.
- ◆ Many counties argue strongly that it is not possible for caseworkers with caseloads at the current standards to meet the current expectations for their positions.
- ◆ The aggregate annual turnover rate for front-line social work positions in child welfare in 2017 was 32.1 percent. The turnover rate for social work supervisors (19.2 percent) was substantially lower than the turnover rate for workers.
- ◆ Over the past 10 years, multiple new requirements for activities and documentation have been added for workers providing CPS assessments, CPS In-Home Services and Foster Care. Many of the add-ons have a solid rationale as part of program improvement plans, in response to adverse events, or in response to external factors such as changes in the behavioral health system.
- ◆ Although North Carolina has clear requirements for pre-service and ongoing training and the descriptions of the training seem the description of the approach to learning and the content offered sound effective and useful, the quality of the training programs described and the participants experience with these trainings are greatly disconnected.
- ◆ Although the description of the training is often described as 'skill-based,' feedback from participants and a review by the federal Child Welfare Capacity Building Center for States¹³ suggests the training provides information rather than skills and lacks a CQI process for evaluating whether the training is effective, whether learning is transferred into practice, and whether training results in improved outcomes for children and families. The state recognizes the need for changes to training.
- ◆ Trainings appear too often to be implemented as stand-alone activities rather than being implemented into a process where participants are supported to practice over time.

¹³ Capacity Building Center for States, "Review of Preservice Online Training Modules."

II. VISION FOR OUTCOMES

A. Vision for Outcomes: Preliminary Recommendations

A clearly articulated vision for the child welfare system in North Carolina is necessary to realize positive, sustainable improvement to achieve desired outcomes. For the vision to achieve desired outcomes, it needs to be operationalized within DHHS and among external stakeholders and reinforced by enhanced infrastructure. As such, CSF made a recommendation to recruit and hire an experienced person to guide the team managing the implementation process. To guide the work of the implementation team, CSF made recommendations to convene a broad group of stakeholders to more fully refine and develop the vision for outcomes and ensure that the articulated vision supports shifting organizational culture to be culturally-competent, trauma-informed, family-centered, and safety-focused. To additionally support this work, CSF recommended that DHHS develop and implement a communication plan to ensure consistency of message on the vision for outcomes among leaders at all levels as well as outside stakeholders.

B. Vision for Outcomes: Status Report

State DHHS leaders have made some progress since CSF's preliminary recommendations were submitted on August 31, 2018.

As a first step, in **November 2018**, DHHS leaders asked Casey Family Programs to facilitate a session with top DHHS leaders designed to develop a roadmap for aligning all work in child welfare reform, including Rylan's Law and Family First Prevention Services Act. Leaders entered this session recognizing that there is no collective vision for statewide child welfare reform in North Carolina and that broader reform would need to take place while managing ongoing, daily operations. Leaders began to envision a North Carolina where every child and family is safe, healthy, and well. These same persons also identified several guiding principles for the reform, such as a commitment to keep children and families at the forefront of decisions.¹⁴ Clear next steps were identified to develop an agreed-upon way to organize the work or teaming structure, ensure consistent messaging, ensure collective ownership, and secure needed resources to support implementation. A beginning communication plan was also developed during this session.

In **January 2019**, DHHS leaders made a formal request to the Duke Endowment to provide needed resources to support child welfare reform in North Carolina through the Chapin Hall Center for Children. Funding has subsequently been secured. Chapin Hall's specific focus will be to help North Carolina meet the prevention and group care provisions in the Family First Prevention Services Act, and at the same time, build the capacity of DHHS to plan and initiate

¹⁴ Other possible guiding principles are to: 1) base decisions on evidence-informed practice and research; 2) ensure there is mutual and shared accountability; 3) be good stewards (people-focused, transparent, proactive, communicative, teamwork and joy); 4) be collaborative; 5) ensure timely communication; 6) be data-driven; 7) dedicated to continuous quality improvement; and 8) ensure consistent oversight, training, CQI and technical assistance throughout North Carolina.

implementation. The plan is to ensure there is an identified strategic direction and priority outcomes; data and evidence drive decision-making; strong governance structures support outcome attainment; administrative and fiscal policies are aligned; progress is monitored and ongoing system learning is encouraged; and implemented strategies and evidence-based practice are meeting the need of children and families. Chapin Hall will provide guidance, facilitation, and technical expertise to identified teams and working groups. Integrated throughout will be an intentional focus on managing the change process, sequencing the effort, and ensuring mutual accountability for achieving the defined outcomes.

DHHS leaders submitted an additional proposal in **January 2019** to Casey Family Programs to help strengthen the state’s capacity to support counties in achieving better outcomes for children. The state seeks to capitalize on the innovation and work that is happening in Catawba, Cumberland, Guilford, Mecklenburg, New Hanover, Pitt, and Wake counties to improve outcomes for children and families, especially permanency. With the help of a statewide permanency coordinator, the state also hopes to disseminate information about promising practices, explore statewide expansion, convene a summit of stakeholders on permanency, and bring additional support to the overall effort. The state has also added a contract position to focus on improving strategies related to child safety.

The state has asked the Annie E. Casey Foundation to help child welfare leaders maximize federal funding and help assess fiscal readiness for Family First implementation.

C. Vision for Outcomes: Final Recommendations

The recommendations below were in large part developed by state child welfare leaders during the session described above that was designed to align Rylan’s Law and Family First preparations in North Carolina. We recommend that a strong consensus vision for reform be developed with stakeholders, which would include agreement on root causes, a theory of change, team and leadership structures to manage the reform, and a phased approach to implementation. These should be considered in the context of juvenile court reforms, Medicaid Transformation, social services reforms, creation of the regional office structure, and reorganization of the state office.

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| 1. | DHHS should develop, in conjunction with county departments of social services directors and a broad group of stakeholders, a consensus for North Carolina’s approach to child welfare reform. |
| 2. | DHHS should develop and implement a communication plan to ensure consistency of messages on the vision for outcomes among leaders at all levels as well as outside stakeholders. |

III. STRONG SUPPORT AND LEADERSHIP FROM STATE, REGIONAL, AND COUNTY OFFICES

A. Strong Support and Leadership: Preliminary Recommendations

[Note: Please see the Final Social Services Reform Plan for a status report and final recommendations related to recommendations in the Preliminary Child Welfare Reform Report concerning staffing and salaries for state and regional office child welfare staff.]

We recommended in our preliminary report that the state create a centralized hotline for reports of all suspected abuse and neglect for children and adults in North Carolina to ensure needed consistency and quality. We noted that this hotline would need to be effectively managed, preferably by someone with experience managing a call center or hotline. The person would need to be able to use data effectively to ensure calls are answered in a timely manner and that intake workers are meeting expectations for gathering needed information, making appropriate screening decisions, and determining next steps to ensure children are physically and psychologically safe. Intake workers would need to have immediate access to information about any history of county DSS involvement with the child and his or her family.

B. Strong Support and Leadership: Status Report

Creating a centralized intake hotline was listed as a long-term recommendation in recognition of state policy and court decisions that a county's CPS history with a family is a relevant factor to consider when screening a report. It will not be possible for a centralized intake hotline to have real time access to county CPS history until after the conversion to NC FAST is complete in child welfare.

During the first part of Phase 2, the phased expansion of NC FAST to additional counties was on hold as the state worked to address county concerns with functionality. The process of adding new counties to NC FAST restarted during Phase 2 and was being debated by the legislature as this report was being completed.

C. Strong Support and Leadership: Final Recommendation

3.	DHHS should work with the counties to create a centralized hotline for all reports of suspected abuse and neglect of children and adults in North Carolina.
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The large range in report screen-out rates in North Carolina makes clear that screening criteria are not being applied the same way across counties. Some counties are much more likely to screen-out reports than others.

A centralized intake hotline, effectively managed with standardized training, supervision, and effective data use, can assure that needed information is being gathered to make screening decisions and that decision criteria are being applied consistently across reports. Adult protective services reports should be included in the 24-hour statewide hotline since most counties already

combine child and adult protective intake functions during non-business hours for efficiency reasons. The General Assembly is conducting a program evaluation on the need for a CPS hotline to inform decision-making about this recommendation.

IV. PARTNERSHIPS ARE CULTIVATED TO BETTER MEET THE NEEDS OF CHILDREN AND FAMILIES

In order to achieve positive outcomes for children and families, DHHS and county departments of social services must engage external stakeholders on a regular and ongoing basis as North Carolina develops a culturally-competent, trauma-informed, family-centered, and safety-focused child welfare system.

Key external stakeholders include the court system, the Division of Health Benefits (NC Medicaid), Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS), as well as birth families, youth, relatives, fictive kin, and foster parents. In addition to partnering to achieve better outcomes for children, youth, and families, DHHS and county departments of social services must engage these stakeholders, child placing agencies, and community-based service providers to implement Family First in coordination with the recommendations in this final report. In addition, DHHS must also develop closer coordination and partnerships among its divisions, such as DSS, Child Support, and Adult and Aging Services to serve children, youth, and families holistically and strengthen families.

This chapter is divided into three main sections: 1) partnering with the court system; 2) partnering with NC Medicaid and MH/DD/SAS; and 3) birth families, youth, relatives, fictive kin, and foster parents. Each section includes a status report on preliminary recommendations and final recommendations with a proposed implementation strategy.

A. Partnering with the Courts

Partnering With the Courts: Status Report

Following Phase 1, DHHS accepted the CSF recommendation to engage, collaborate, and coordinate with courts to address and remedy existing barriers, while creating buy-in for the new vision and jointly tracking key outcomes for children, youth, and families. For the past 10 years, DHHS has an ongoing partnership with the court system through the Administrative Office of the Courts' Court Improvement Project, referred to as the Interagency Collaborative. This collaborative meets quarterly, and the meetings are specifically designed to improve permanency outcomes for children in foster care. This collaborative also has had direct involvement in North Carolina's Program Improvement Plan (PIP) that contains strategies to improve permanency outcomes and decrease the time children spend in foster care. During the meetings, the team also discusses issues such as: what is happening within each agency/program; pending/draft/ratified legislation; and training opportunities. In addition to improving permanency outcomes for children in foster care, there may also be opportunities to focus court partnerships on keeping families safely together.

Partnering With the Courts: Final Recommendations

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| 4. | DHHS should explore with the Administrative Office of the Courts (AOC) increasing the number of judges available for child abuse and neglect cases and develop plans to access IV-E funding to increase the number of guardian ad litem and parent attorneys. |
| 5. | DHHS, together with AOC, should continue exploring and implementing new and joint state funding opportunities and pilot trauma-informed courts, such as Zero to Three, and enhance the quality of the child dependency process by seeking funding for the Evidence-Based Child Welfare Improvement Project (ECWIP). |
| 6. | DHHS should continue engagement with the AOC through the Interagency Collaborative and strengthen support for Local District Permanency Collaboratives, through DHHS's newly-designed regional structure. |

B. Partnering with the Divisions of Health Benefits and MH/DD/SAS

Partnering With Health Benefits and MH/DD/SAS: Status Report

Following Phase 1, DHHS accepted the CSF recommendation to strengthen the partnerships between the DHHS divisions of Social Services, Health Benefits, and MH/DD/SAS to make sure behavioral health services are available to parents and ensure appropriate placements for children in foster care.

Since North Carolina is currently undergoing Medicaid transformation, it is vital that the transformation include an infrastructure that will meet the unique needs of children in foster care and their families. Without access to quality services, it is difficult to prevent children from coming into foster care and to assist children to exit foster care to positive permanency. DHHS has created a strong teaming structure to support Medicaid transformation and DSS is included in that structure.

Partnering With Health Benefits and MH/DD/SAS: Final Recommendations

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| 7. | North Carolina should seek to amend its Medicaid plan to allow parents eligible for coverage based on children in the home to keep coverage when children enter foster care as long as the parents are working toward reunification. |
| 8. | DHHS should explore leveraging IV-E funding as identified in Family First for behavioral health services to prevent removal and prioritize state behavioral health funding for services needed to allow uninsured parents to safely reunify with children. |
| 9. | DHHS should incorporate LME/MCOs into the teaming structure that implements child welfare reform to engage them regarding the needs of children and families involved with DSS, as well as the new practice model, Family First, and other reforms. |
| 10. | DHHS should assign each new regional DSS office responsibility for building and sustaining a strong partnership with the LME/MCO that works within its region. Since the new DHHS regions are not the same as designated LME/MCO regions, staff from different regions served by the same LME/MCO will need to work together to form partnerships. |

C. Engaging Birth Families, Youth, Relatives, Fictive Kin, and Foster Parents

Engaging Families: Status Report

Following Phase 1, DHHS accepted the CSF recommendation to engage, collaborate, and coordinate with birth families, youth, relatives, fictive kin, and foster parents to improve outcomes and effectively implement system reforms. North Carolina has developed a strong foundation for engagement with these stakeholders through its Family Advisory Council, Family Engagement Committees, Foster Parents’ Associations, SAYSO, and grandparents support organizations. These groups have continued to meet throughout Phase 2. While CSF engaged several of these groups during the assessment phase to gather input, the Phase 2 plan involved engaging these stakeholders through the teaming structure to present preliminary findings and obtain their input prior to final recommendations. The teaming structure is not yet in place, but CSF was able to review the focus groups and interview notes collected during Phase 1 and interviewed key DSS staff working with the Family Advisory Council and Family Engagement Committees during Phase 2.

There are also nonprofit organizations and associations that support and engage these same stakeholders across North Carolina, such as SAYSO, Foster Parents’ Associations, and organizations that work with grandparents raising grandchildren. DSS has some level of engagement with all these groups at the state level and within some local jurisdictions. However, the work with the Family Advisory Council and the pilot Family Engagement Committees appears to be the only systematic feedback loop that DSS has developed for stakeholders with lived experience. DSS leaders have begun exploring how to scale the Family Engagement Committees statewide, and how to ensure that financial and other supports are dedicated to this engagement initiative.

Engaging Families: Final Recommendations

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| 11. | DHHS should review evaluations of the Family Advisory Council and the pilot Family Engagement Committees to improve and enhance the models and to determine if Family Engagement Committees should be scaled statewide at the county level or within each newly-formed DHHS region. If the assessment determines these should be scaled statewide, DHHS should ensure ongoing and needed funding for technical assistance, stakeholder support, and evaluation services. DHHS should develop a plan for statewide rollout that is based on the evidence related to effective implementation. |
| 12. | DHHS should assign a full-time employee (FTE) dedicated to family engagement to ensure ownership and leadership within DHHS for the Family Advisory Council and other efforts to engage youth and families to assure their voice and input. |
| 13. | DHHS should fully integrate the Family Advisory Council into the finalized DHHS teaming structure to ensure that stakeholders with lived experience are engaged in all child welfare reforms, including implementation of Family First, and involve the Family Engagement Committees in planning and practice within each new regional office. |
| 14. | DHHS should evaluate current supports to assure stakeholders with lived experience have a voice in the child welfare system by partnering with organizations such as SAYSO, Foster Parents’ Associations, and organizations working with grandparents raising grandchildren; assess whether and how to enhance levels of support; and determine how to involve these organizations in child welfare reform and the work of the Family Advisory Council and Family Engagement Committees. |

V. STATEWIDE PRACTICE MODEL

One way to create consistency and accountability in child welfare practice throughout North Carolina is to develop or adopt a practice model. In an effective practice model, the practices are grounded in the values, principles, relationships, approaches, and techniques used at the system and caseworker level to enable children and families to achieve safety, permanency, and well-being goals. Organizing these practices into a trauma-informed, safety-focused, family-centered, and culturally-competent model provides a standard for imitation or comparison; a structure that holds them together based on an underlying set of common ideas, agreements, or policies.¹⁵ Additionally, the Family First Prevention Services Act of 2018 provides an opportunity to develop clear and consistent practice expectations for keeping children safely with their own families and ensuring needed community-based supports and services to strengthen families. Moreover, some counties have already established practice models. Thus, creating buy-in and utilization of strong implementation science will be vital toward this effort.

We propose that North Carolina adapt or develop a practice model based on identified best practices designed to positively impact everyday practice with children and families. We would encourage North Carolina to use best practice evidence to develop or adapt a practice model for working with children and families, which consists of building networks of support and connection; addressing grief, loss, and trauma; and using approaches to healing from trauma and wellness.

A. Statewide Practice Model: Preliminary Recommendations

To create consistency in North Carolina's child welfare practice that is trauma-informed, culturally-competent, family-centered, and safety-focused, it was recommended that key stakeholders and leaders in North Carolina engage in a formal process to assess the fit and feasibility of adapting and effectively implementing Safety Organized Practice (SOP) as the statewide practice model.

We recommended that key practices related to the provision of in-home services, placing more children with relative and kin caregivers, streamlining the licensure process for relative caregivers, engaging birth families in case planning, supporting older youth in foster care, the child and family team process, and making safety determinations all be included in the practice model.

B. Statewide Practice Model: Status Report

DHHS has identified the implementation of a statewide, trauma-informed, culturally-competent child welfare practice model as a top priority in the 2019 APSR and believes that this will improve the outcomes of safety, permanency, and well-being through the establishment of clear performance expectations for practice in CPS assessments, in-home services, and foster care services.

¹⁵ See CSF's White Paper at <https://sligov.com/white-papers/designing-implementing-child-welfare-practice-model/>.

During Phase 2, counties provided feedback on the preliminary recommendations related to assessing the fit and feasibility of SOP as a statewide practice model. Counties stressed the importance that all 100 counties in North Carolina engage in the same practice model across child welfare, including CPS, foster care, adoption, prevention, and clinical services, and that this model should be evidence-based. It was also recommended that whichever practice model was selected, that it be integrated with trauma-informed practice and that counties that have well-established practice models already in place with positive outcomes be supported to continue certain practices during the development and implementation phases of the newly-adopted statewide model. CSF also provided DHHS with the Innovation Developer Interview Tool¹⁶ that could be used by the right team of staff and stakeholders to assess the fit and feasibility of a practice model, including Safety Organized Practice. The tool outlines basic questions to ask when completing a fit and feasibility assessment to help determine if an innovation is the right one for an organization.

Additionally, DHHS requested that the National Council on Crime and Delinquency (NCCD) Children's Research Center (CRC) provide a proposal for updating Structured Decision-Making assessment language and supporting the implementation of Safety Organized Practice. This was provided in December 2018. DHHS leaders also identified funding that could be used to support the implementation of a statewide practice model. The decision has been made to proceed with Safety Organized Practice in North Carolina. DHHS leaders are working with the Children's Research Center to develop a plan that includes the revalidation of North Carolina's safety and risk tools and support for practice model adaptation and implementation.

The following fit and feasibility issues were considered to inform the decision to proceed with Safety Organized Practice:

- ◆ North Carolina's values;
- ◆ Alignment with current initiatives in the state;
- ◆ The extent to which the target population aligns with the child welfare population in North Carolina;
- ◆ Where and how it could be delivered;
- ◆ The extent to which model is trauma-informed;
- ◆ Whether the theoretical framework meets expectations;
- ◆ Evidence that it is likely to have desired impact on children and families;
- ◆ If there are well-defined and observable actions and skills;
- ◆ Support available for implementation;
- ◆ Whether the model has a CQI component;

¹⁶ Guide To Developing, Implementing, and Assessing An Innovation, Volume 2. Developed on Behalf of the Children's Bureau by the Permanency Innovations Initiative Training and Technical Assistance Project.

- ◆ Feasibility of the approach to building the capabilities of the child welfare workforce in North Carolina;
- ◆ The qualifications staff would need;
- ◆ How long it would take for staff to practice with fidelity;
- ◆ The changes that would be required in NC FAST or another case management system; and
- ◆ Estimated costs.

C. Statewide Practice Model: Final Recommendations

15.	<p>Develop clear and well-defined practice standards for Safety Organized Practice (SOP) in North Carolina.</p> <ul style="list-style-type: none"> ▪ These practice standards must include, but not limited to, expectations for the provision of in-home services, placing more children with relative and kin caregivers, streamlining the licensure process for relative caregivers, engaging birth families in case planning, supporting older youth in foster care, the child and family team process, and making determinations that ensure the physical and psychological safety of children. ▪ DHHS should define data measures and monitoring processes to assess the extent to which the practice model is being implemented as envisioned and its impact on children and families. ▪ DHHS should implement the practice model using a phased approach to implementation (see Appendix F).
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Developing practice standards requires defining the core activities in the practice model. Defining fidelity to the standards and a process for measuring fidelity and providing feedback requires the following sequence of activities: identify **essential functions** from the practice model; identify **core activities** associated with the essential functions; develop **practice standards** per core activity; define **fidelity measures** from the practice standards; and create a **fidelity assessment process**. It cannot be overstated how important this step in the process will be for North Carolina. It may require technical assistance support to complete this process in a reasonable amount of time and in a manner that is inclusive of stakeholders throughout North Carolina.

See Appendix E for an example of the process used to proceed from operationalizing the practice model to developing standards and fidelity measures. The process of determining the appropriate practice standards and fidelity measures will involve identifying with North Carolina those behaviors that align most closely with the theory of change and that reflect the values and principles underlying the practice model. Given the different functions of work units across the county, the most appropriate practice standards for the particular units, e.g., those essential functions for child protection workers and supervisors, foster care workers and supervisors, CPS in-home workers and supervisors, etc. will need to be identified. Practice standards will also be needed for leaders at the county, regional, and Central Office levels.

See Appendix F for a more detailed description of a possible phased approach to implementation that could be used in North Carolina. These well-defined and understood practice standards are central to this broadscale reform in North Carolina.

Throughout implementation it is realistic to expect measurable improvements in the practice and outcomes for children and families. Developing meaningful metrics requires collaboration and data-sharing across systems so that a process for regularly sharing relevant data can be developed and maintained. These would be determined once the North Carolina's practice model has been developed, examples of data measures needed were included in our preliminary report.

The monitoring of practice fidelity could be carried out by various individuals, including practice model coaches, supervisors, and independent external observers. Knowing that determining whether a worker is practicing in fidelity to the standards often must occur through direct observation of interactions and, at times, through review of case documentation, standards may be developed for supervisors to build their capacity to observe/identify the desired practices and to provide feedback to social workers on their work. In this way, the use of fidelity measures has a greater opportunity to become institutionalized into ongoing supervision and worker development.

This process should include evaluating the implementation of the practice standards in real time as implementation is occurring (are we doing it and what is the impact on children and families), as opposed to at the end when full implementation has been achieved (did we do it and what was the impact on children and families). In this manner, counties will be able to gauge progress all along the way and make adjustments to the implementation and design activities as needed.

VI. FINANCING AND DATA ARE USED TO IMPROVE PRACTICE AND OUTCOMES

Note: This chapter focuses on recommendations from a finance analysis on maximizing federal funds and contracting for services. Recommendations in the Child Welfare Preliminary Reform Plan Report related to the use of data have been integrated into the social services reform plan as these recommendations are cross cutting for the social services system.

A. *Financing: Preliminary Recommendations*

We recommended that North Carolina conduct an analysis of how state and county child welfare contract for services and make recommendations on how to maximize the effectiveness of contracting to achieve child and family outcomes. We also recommended that the state conduct an analysis of the financing structure of the child welfare system and make recommendations of how to maximize federal dollars, including tying performance to financing in order to support improvements.

B. *Financing: Status Report*

The recommendation to maximize the effectiveness of contracts to achieve child and family outcomes was a mid-term recommendation, and work on that recommendation was not anticipated in Phase 2. Some DHHS activities have potentially laid a foundation for some of this work, including involving child welfare leaders in planning for Medicaid transformation and including an interdivisional integration team to provide guidance to the child welfare reform and Family First implementation teaming structures. This is important because many vital services for children and families involved with child welfare are contracted through the Medicaid system. It also is potentially helpful for recommendations involving Medicaid resulting from the financial analysis.

Although initially envisioned as a long-term activity, DHHS requested that CSF conduct a financing analysis in Phase 2 to position DHHS to use the analysis to evaluate its options moving forward and begin work to optimize revenues sooner. A detailed analysis of North Carolina’s financing structure and options for opportunities for enhanced federal claiming was conducted and is included as Appendix C of this report.

C. *Financing: Final Reform Plan Recommendations*

The recommendations below are derived from and discussed more fully in the Finance Analysis in Appendix C.

16.	DHHS should strengthen the state child welfare office’s capacity to manage IV-E claiming effectively, including planning and monitoring IV-E claiming and giving technical assistance to counties and potential university partners. Specifically, fill the Child Welfare sections IV-E coordinator position and add additional Central Office programmatic staff focused on IV-E, giving consideration to recommendations made by the state’s most recent IV-E coordinator (see Appendix C). DHHS should make teaming and joint attendance at training a priority for child welfare IV-E staff and DHHS fiscal staff assigned to child welfare. DHHS has secured technical assistance and support from the Annie E. Casey Foundation to help address these issues.
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17	<p>With improved capacity to manage IV-E claiming, DSS should:</p> <ul style="list-style-type: none">▪ Improve IV-E claiming for child welfare training.▪ Expand the use of title IV-E funding to support legal services to parents and children in the child welfare system.▪ Increase IV-E penetration rates for foster care and adoption assistance by assuring that all children who meet criteria are appropriately categorized and reported as IV-E.▪ Expand the provision of and improve current IV-E claiming for CPS case management services to help keep candidates for foster care safely at home, which will lay the groundwork for future Family First claims.▪ Expand use of IV-E for paraprofessionals who provide visitation services.
18.	<p>Expand use of the Guardianship Assistance program to help children in foster care leave care for permanent homes with relatives more quickly</p> <ul style="list-style-type: none">▪ Make statutory changes to the cost neutrality provisions of its guardianship statute▪ Help relatives become licensed by expediting the licensure process for kinship caregivers, allowing child-specific licensure for kinship caregivers, and by offering licensure training that is specifically relevant to the needs of relatives already caring for a child. Assist them to take advantage of kinship navigator programs allowable under Family First Prevention Services Act.▪ Lower the age at which children are eligible for its guardianship assistance program.
19.	<p>With planned support from Chapin Hall, prior to September 2021, DHHS and county departments of social services should begin implementing the evidence-based prevention services and claiming federal funding as allowed through the Family First Prevention Services Act.</p>
20.	<p>North Carolina should eliminate the use of day sheets to document 100 percent accountability for time and switch to Random Moment Time sampling.</p>
21.	<p>DHHS should explore options for optimizing Title XIX (Medicaid) for child welfare services.</p>
22.	<p>North Carolina should explore how to implement performance-based contracting to achieve agreed-upon outcomes for children and families using blended federal IV-E and Medicaid funding.</p>
23.	<p>DHHS should continue planning with the Administrative Office of the Courts (AOC) and other relevant stakeholders to claim IV-E for costs associated with legal representation of parents as allowed by a January 7, 2019 amendment to the federal Child Welfare Policy Manual.</p>

VII. CAPABLE AND STABLE CHILD WELFARE WORKFORCE

This section focuses on what it is going to take to build a capable and stable child welfare workforce in North Carolina at the state, region, and within the counties. Recommendations related to assuring that workloads are manageable, recruiting and retaining staff, and training and workforce development are included in this chapter. Recommendations and discussion of competitive salaries for state, regional, and county employees can be found in the Final Social Services Reform Plan, as well as findings and recommendations related to whether counties have sufficient staff to meet existing caseload standards.

Creating a capable and stable child welfare workforce was one of the key conditions in the theory of change presented in the Child Welfare Preliminary Reform Plan. The plan grouped recommendations for how to create a capable and stable workforce into four clusters:

- ◆ Manageable workloads.
- ◆ Training and Workforce Development.
- ◆ Attracting and retaining workers.
- ◆ Child Welfare Education Collaborative.

A. *Manageable Workloads*

Manageable Workloads: Preliminary Recommendations

Recommendations regarding manageable workloads for staff included steps to reduce paperwork and streamline requirements while considering strategies for the organization of staffing or workloads. Both efforts would increase available time for caseworkers to work with families and allow for more intensive effort during the early days of foster care. Changes to allow staff to meet job expectations when caseloads are at standard levels were also a prioritized recommendation.

Manageable Workloads: Status Report

CSF recommended DHHS establish a teaming structure to work together with county workers and other stakeholders to implement these recommendations, but that structure has not yet been established. Responding to concerns received from the counties, DHHS delayed statewide implementation of both NC FAST and the modified manual and has worked intensively to make improvements in their usability. DHHS reports that the functionality of NC FAST for CPS Intake and Assessments has been improved. Pending action from the General Assembly, timelines for the implementation of NC FAST may be revisited.¹⁷ In January 2019, DHHS posted a revised version of the modified manual that eliminates some worker activity and documentation requirements, clarifies other requirements, and continues progress in the first manual to make policy clearer, more straightforward, and easier to read.

¹⁷ North Carolina General Assembly Session 2019, HOUSE BILL DRH30143-LU-85.

In its written feedback to the Child Welfare Preliminary Reform Plan, the county directors' association emphasized the importance of recommendations to make workloads manageable. That feedback is included in Appendix B.

CSF has reviewed the tasks required in the revised modified manual of a foster care worker during the first 30 days a child is in care, and this review has reinforced CSF's conclusions specific to that time period in our preliminary assessment:

- ◆ The tasks with respect to the child, the placement provider, the parents, visitation, shared parenting, relative search and notification, school continuity, court, and preparation of participants in Child and Family Team meetings are all important. The first weeks of foster care are a critical time for placement stability, engaging parents in reunification, and reducing child and family trauma. Performing the required social work functions promptly and well during the early weeks a child is in care should greatly increase chances of children achieving permanence quickly.
- ◆ A foster care social worker with a standard caseload is unlikely to be able to complete the required tasks for new entries into care within the manual's timeframes, even if forms are streamlined.

Manageable Workloads: Final Recommendations

24.	DHHS and counties should explore having one or more social work positions, such as Social Work aides, that specialize in assisting the primary foster care worker complete tasks during the first 30 to 60 days of when a child enters foster care.
25.	DHHS should work together with county staff and leadership to assure manageable workloads by eliminating unessential work and documentation requirements, giving workers effective automation and other tools to do their jobs, conducting time studies, and adjusting caseload standards when necessary.

B. Training and Workforce Development

Training and Workforce Development: Preliminary Recommendations

Recommendations regarding the redesign of pre-service training were identified as a priority to ensure a better prepared workforce. The need for an integrated professional development strategy with a diverse, representative design team was also recommended with the charge of co-creating an approach for designing and developing learning programs as opposed to stand-alone training modules.

Training and Workforce Development: Status Report

In Phase 2, CSF implemented a range of strategies to gather and analyze the current training programs (pre-service and in-service) that support the workforce development for DHHS workers, supervisors, and managers. We conducted in-person and telephone interviews with key stakeholders; reviewed and evaluated several curricula; participated in online and on-demand learning modules; attended an orientation and review of North Carolina's Learning Management

System (www.ncswlearn.org) and technology requirements; and reviewed various newsletters and materials designed to support workforce development.

CSF's review of the training and workforce development materials and supporting learning management system (North Carolina's www.ncswlearn.org) focused on four essential components of an effective training and workforce development program.

1. **Outcome-Based Design (Content).** A review of a variety of materials was conducted with the following findings.
 - a. **Quantity of Topics Offered:** CSF notes that NC DHHS offers a wide range of relevant topics for child welfare workers, both basic casework process (e.g., Family-Centered Practice in Family Preservation Programs) and specific topics for today's work with families (e.g., Learning to Support, Include, and Empower Lesbian, Gay, Bisexual, Trans, and Questioning Youth in Substitute Care). There are some courses designed for supervisors and very few for managers or upper leadership.
 - b. **Building Core Competencies:** Curricula, participant materials and training announcements consistently state the training objectives, activities are developed to meet the learning objectives and the objectives build the core competencies that were established in 2008. This process is a foundation for effective outcome-based design. A dominant challenge within all the courses is the quality of the core competencies. Currently, the core competencies are information-based rather than skill-based, thus the learner leaves a learning program 'knowing' and not able 'to do.' Knowledge-based core competencies and corresponding objectives and policy are a disproportionately large part of the learning programs in all programs.
 - c. **Usefulness of a Learning Program:** For an outcome-based design to be effective with the end-user, it is essential for a design team to be involved in each step of the design, development, and implementation of the program. Design team members need to be diverse in perspective and include the end-user's voice. DHHS's two main training vendors state they use a design team in the design and development phase, thus are experienced in this approach. Diversity of team members, especially family and staff representation, and involvement of team members throughout the development and implementation process needs to be strengthened. NC State's design team for the LGBTQ program is an example of including youth and family members in the design, development, and implementation process.
 - d. **A CQI Process for Evaluation:** A common CQI process (used in the design, development, implementation, and evaluation of training and workforce development programs) is Kirkpatrick's Four Levels of Evaluation.¹⁸ Currently, Level 1: Reaction (did participants enjoy the training and find it useful) is consistently used in all training programs via a participant feedback form. Level 2: Learning (what knowledge



¹⁸ Kirkpatrick, D.L. (1996). Evaluation. In R.L. Craig, & L.R. Bittel (Eds.), Training & Development Handbook. American Society for Training and Development, New York: McGraw-Hill Book Co.

and skills were learned) is periodically used in some of the training; Level 2 is commonly gathered with pre-post test, observation of demonstrated skills in the classroom, self-assessments or question/answer facilitation. Level 3: Behavior (what learned behaviors are transferred and being demonstrated in the workplace) is sporadically captured at present; common tools include coaching or mentoring of participants, observation of the skills/behavior, surveys, fidelity tools, or 360-degree feedback. Level 4: Results (is there a change in outcomes) was not seen in CSF's review.

2. **Implementation** of the learning programs and workforce development strategies were examined. CSF notes the following:
 - a. Variety: There is a solid variety of learning modalities used for North Carolina workforce development, including online, on-demand, classroom, outlines for supervisors to use with staff in unit meetings, newsletters, and job aides (tools that simply tell a person what to do, as in infographics, one-pagers, safety cards). A variety of modalities is essential to strengthening workforce development.
 - b. Preparation and Transfer of Learning: Effective learning programs are bookended by pre-program learner preparation and post-program application of the learning in the workplace. We note that some programs have a pre-assessment and/or establishing learning goals for the program. Consistently having the learners' preparation defined and supported by their supervisors will strengthen the impact and the results of the learning program. As well, transfer of learning and application of learning in the workplace are more important. North Carolina DHHS has a generic transfer of learning tool that is being used in some programs, for example pre-service. We did not note individualized transfer of learning tools nor a variety of tools.
3. **User Access and Tracking.**
 - a. North Carolina's Learning Management System (LMS), produced and managed by UNC-CH School of Social Work and available at www.ncswlearn.org, has the capabilities needed to offer and implement learning programs across all 100 counties. The infrastructure is there, upgrades are being implemented to enhance ease for the end user, and a range of guides (e.g., helpdesk, pdf tips, video/eLearning) are available to assist the user with technology questions.
 - b. The LMS offers both worker and supervisor access and ability to monitor their professional development through the years. The LMS upgrade will address the current challenge of counties adding by hand their trainings to each user's Personalized Learning Portfolio (PLP).
4. **Management/Leadership for a coordinated comprehensive workforce development program.** Coordination of workforce development seems to be a challenge.
 - a. Comprehensive learning programs that meet the learners' needs: The two main vendors state that they work with the state liaison to determine learning needs, gaps in performance, and decision-making about new programs. How this information is used and shared with counties is unclear. Counties fill in the gaps for their respective staff's

learning needs, yet the connectedness of state, county, and the main vendors is not captured in one place.

- b. Coordinated: The inconsistency in offerings for workforce development is experienced by county staff. Stakeholders share the frustration that offerings are full, or staff must commute long distances to attend the classroom training. Hiring and onboarding of staff in a planful way to be connected with pre-service offering is not happening.
- c. In addition, a strong workforce development program relies on a continuous quality improvement process, as described previously in the design and evaluation of a program. Connecting training evaluations to revisions and outcome data to defining learning needs are foundational to a quality workforce development program. An article in the Training Matters newsletter references using CQI to determine areas for revisions and additions to the professional development courses, yet stakeholder responses convey that there are gaps in meeting learner needs as well as participant displeasure with the trainings that are offered (e.g., ‘too policy heavy’). County training directors note the need and their commitment to meet their staff’s needs by offering additional learning programs that are not contracted by the state as their effort to strengthen workforce development for their staff.

Training and Workforce Development: Final Recommendations

CSF’s Phase 2 Status Report noted the state’s experience and expertise in many key areas of workforce development. With this foundation, the following recommendations would greatly move NC DHHS workforce to a higher level of competence.

26.	DHHS should develop a new set of core competencies that are skill-based and directly aligned with the practice model.
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Current competencies are information-based and can be labeled as low-level learning, thus learners leave the training ‘knowing’ without the building of the skill, ‘doing or applying’ best practice.

27.	DHHS should revise and develop learning programs that focus on building skills.
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Eighty percent of learning programs need to be practice and feedback. Use simulation and other real application activities to practice the skill in a variety of ways in pre-service and in-service, for staff and supervisors. Neuroscience of learning emphasizes the necessity of using complex thought process to strengthen learning.

28.	DHHS should use diverse design teams for future design of learning programs.
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Involving line staff, supervisors and family members will greatly strengthen the learning program as diverse perspectives build ownership and clarity to the barriers to ‘doing’ the essential skill -- is it a training need or systems barrier to doing? A diverse design team’s active involvement in the design, development and implementation of the program will assure a level of quality to each product.

29.	DHHS should implement a CQI process for the design, revision and strengthening of learning programs.
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Assure that each new training begins with using data (Kirkpatrick’s Level 4 Results)¹⁹, followed by an analysis of the skill-deficiencies that cause the gap in performance, which defines the key behaviors (Level 3 Behaviors). The key behaviors become the focus on the training. During the design process, evaluation tools are developed to assure there is a connectedness of all four levels throughout the development and implementation of the program. The tools need to include stronger emphasis on Level 3 Behaviors in the workplace and evaluation of the impact of the program on Level 4 Outcomes/Results. The CQI process continues through the implementation of the learning program and measures its impact on the outcomes for families.

30.	DHHS should strengthen the transfer of learning with all trainings.
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Build a learning community in each county so there is purposeful workforce development of staff available in the day-to-day work with staff and families. Kirkpatrick’s Level 3 and 4 evaluation²⁰ can take place when transfer of learning supports are developed and implemented. It is essential for learning to ‘stick’ that participants are both prepared and supported to practice outside of the learning program. Additional coaching, practice/feedback and opportunities to practice the key behaviors (Level 3) will impact outcomes for families (Level 4).

C. Attracting and Retaining Workers

Attracting and Retaining Workers: Preliminary Recommendations

The North Carolina Child Welfare Preliminary Reform Plan recommended developing a recruitment and retention strategy for child welfare caseworkers as a priority. It suggested that this strategy include both positive and realistic messaging regarding the role of child welfare caseworkers alongside strategies for the retention of staff.

Attracting and Retaining Workers: Status Report

Although the teaming structure CSF recommended DHHS create to work on these recommendations has not yet been implemented, DHHS’ efforts during Phase 2 to improve the usability of NC FAST and to streamline the modified manual have potential relevance to multiple recommendations including helping retain workers by making work less stressful and more manageable. With respect to realistic and positive messaging about child welfare, CSF notes that DHHS has entered into a contract with the county directors’ association that includes efforts to communicate with high school students and college social work students realistically and positively about child welfare as a career and that the Child Welfare Education Collaborative website includes a video of a child welfare worker talking about what child welfare work is really like.

¹⁹ Kirkpatrick, D.L. (1996). Evaluation. In R.L. Craig, & L.R. Bittel (Eds.), Training & Development Handbook. American Society for Training and Development, New York: McGraw-Hill Book Co.

²⁰ Ibid.

Attracting and Retaining Workers: Final Recommendations

31.	DHHS and county departments of social services should collaborate to develop and implement a recruitment and retention strategy for child welfare workers that: <ul style="list-style-type: none">▪ Includes positive and realistic messaging about child welfare caseworkers and the role of child welfare supporting children and families.▪ Addresses core needs of workers including manageable workloads, supportive and trauma informed leadership and supervisors, commitment to staff well-being and effective tools to do their jobs.
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Attracting and Retaining Workers: Implementation Strategy

The implementation of this recommendation should be in close coordination with other recommendations in this chapter. Manageable workloads, the quality of training and support for workers and their supervisors and having effective automation and other tools with which to work all impact both worker retention and the content for realistic recruitment messaging. CSF recommends the team working on this recommendation include county staff at multiple levels and NCACDSS.

CSF believes this recommendation will benefit from a phased approach that includes development, planning, and initial implementation. For example, the development phase related to positive messaging would include consideration of the targets of messaging (e.g., general public, prospective students, or applicants), the content of the messaging, and the methods of communication.

D. Child Welfare Education Collaborative

Child Welfare Education Collaborative: Preliminary Recommendations

Recommendations regarding the existing Child Welfare Education Collaborative included the need to revive and retool the collaborative with an emphasis placed on the need to ensure that it provided benefits to all counties, including rural and small counties, and focusing on the possible use of federal IV-E funds. When the collaborative included stipends, it was an extremely valuable tool for attracting and preparing well-trained child welfare workers.

Child Welfare Education Collaborative: Status Report

During Phase 2, CSF began to assess the current landscape of Title IV-E claiming for the Collaborative, to identify strengths and weaknesses of the current system, and to identify a model that would meet the needs of the system. During Phase 2, DHHS requested that CSF prioritize studying how a stipend program could be reinstated into the child welfare education collaborative in a manner that was fiscally sustainable and benefited not only larger counties close to universities but also small, rural counties.

In conducting its analysis, CSF interviewed multiple state and county leaders, university leaders, and collaborative alumni; reviewed past North Carolina Education Collaborative annual reports and evaluations; researched practices in other states and interviewed other state leaders and national experts. A report containing structural and funding options for North Carolina, along

with initial recommendations for the future of the collaborative, was presented to DHHS leaders February 5, 2019 (see Appendix D).

Child Welfare Education Collaborative: Final Recommendations

CSF is recommending that DHHS reinstate a program that is equitable by working with universities in each region, working with all counties in that region for field placements, and choosing students committed to remaining in the region after graduation. CSF's recommendations are summarized below.

32.	<p>North Carolina should re-institute a stipend support program for both MSW and BSW students into its child welfare education collaborative roughly equivalent to the cost of in-state tuition and fees and possibly books, or about \$10,000 a year. CSF sees value in continuing to have both scholar (students who receive a financial stipend in exchange for a requirement to work at a local DSS) and waiver tracks (students who engage in the educational and internship component but do not receive a stipend) for students whose education will prepare them to work in public child welfare.</p> <ul style="list-style-type: none">▪ DHHS should begin the new stipend program with a small number of universities to allow a focus on quality and effective implementation with set criteria.▪ The state, counties and universities should jointly establish targets of key outcomes that should be reviewed and discussed among relevant parties on an ongoing basis (monthly or quarterly) and measured annually.▪ DHHS should explore whether to administer the program through the Central Office.▪ DHHS, its collaborative partners and the counties should consider structuring post-employment support for new collaborative graduates.
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VIII. CAPACITY TO IMPLEMENT EFFECTIVELY

A. *Capacity to Implement Effectively: Preliminary Recommendations*

CSF recommended the immediate creation of a small, representative core implementation team to be identified and charged with the responsibility for taking these recommendations to the next level – sorting them in priority order, making them actionable and identifying the resources needed to support and implement them. We also recommended that DHHS recruit and select one person to be devoted to this full-time, to lead this team and manage the implementation of these recommendations and the improvement effort overall.

This core implementation team would be responsible for strategically sequencing and operationalizing these recommendations, using the evidence that is available about effective approaches to broad-scale implementation, including a focus on readiness, goals, and activities. This team would be responsible for creating a well-defined teaming structure to regularly engage a broader group of stakeholders in the implementation process.

Working with DHHS and the counties, we recommended that implementation plans be developed for those recommendations DHHS decided to pursue.

B. *Capacity to Implement Effectively: Status Report*

DHHS is in the process of developing an integrated teaming structure to guide and manage critical components of child welfare reform in North Carolina specific to Rylan’s Law and the Family First Prevention Services Act. This structure is intended to be inclusive of all stakeholders, expedite state-level decision-making and be relatively simple to explain and understand.

C. *Capacity to Implement Effectively: Final Recommendations*

The implementation process itself is critical to ensuring that the improvement initiatives are executed with fidelity to the desired improvement, that the groundwork and planning to support the initiatives are in place, and that the process of implementation occurs at a pace that allows for monitoring and adjustments along the way. These recommendations are designed to ensure the next phase of work in North Carolina is aligned with the evidence that exists about effective implementation.

33.	DHHS should recruit and hire an experienced person to guide the team charged with managing the child welfare reform implementation process.
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34.	DHHS should rely on the evidence related to core components of effective teaming to finalize an integrated teaming and leadership structure to manage the reform.
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These components include, but are not limited to, the following: core team; size and composition of core team; team purpose; diversity of perspectives; clear roles and responsibilities; leadership; and linked teams. The Child Welfare Capacity Building Center has synthesized much of the

research of effective teaming for change and improvement in child welfare. Some relevant components are described here.²¹

Creating a small core team of persons who have time and resources is critical. This team needs to be a team of ‘doers’ who will be responsible for operationalizing the work – defining *what* will be implemented and *how* it will be implemented. While there is no right number of members, the core team typically should have approximately five to seven members who have appropriate decision-making authority and oversight of the major functions of the sub-teams. Research indicates that these persons need to have time allocated to be effective members. The research also indicates that this team needs to be nimble and have direct access to top leaders who can approve or authorize decisions in real time.

Implementation efforts are more effective when decisions are made about the problem and the goal or outcome that each team is to address. Research indicates that teams are most effective when there is diversity of perspective. Membership for each of the teams should be based on who can best help to address the identified problem and achieve the desired outcome(s). This means considering the organizational levels and roles, skills, and competencies (i.e., data analysis, project management, public speaking, change management) and perspectives (i.e., lived experience as a parent or relative caregiver, front-line worker) that will be needed. Each team needs a team charter that defines its purpose; goals, and objectives; team membership; scope, boundaries and timelines; expected deliverables; and decision-making authority. Top leaders must be linked to the core team so real time decisions can be made. Leaders will need to champion, message, and support the change and implementation effort.

Multiple teams are generally required for large-scale, comprehensive change and implementation efforts. There may need to be teams that serve as a sounding board and persons who know the community. A communication plan is needed ensure teams are linked.

35.	DHHS should use a well-defined and supported phased approach to implementation that includes: <ul style="list-style-type: none">▪ Development Phase (Six to 12 months).▪ Readiness Phase (Six to 12 months).▪ Planning Phase (Six months).▪ Initial Implementation (12 to 18 months).▪ Full, Statewide Implementation (Two years).
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See Appendix F, Approach to Change and Implementation in North Carolina and Beginning Implementation Strategies for a comprehensive and detailed description of these recommended phases.

²¹ Capacity Building Center for States. (2018) *Change and Implementation in Practice: Teaming*. Washington, DC: Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

IX. CHILD FATALITY REVIEW PROCESS

A. Child Fatality Review Process: Preliminary Recommendations

North Carolina has multiple teams and processes to review fatalities at the local and state level involving the social services and public health systems. In accordance with North Carolina’s goal of assuring that fatality reviews lead to actions to improve child safety and health, CSF made recommendations that the state Child Fatality Task Force (CFTF) continue to work closely with DHHS and other stakeholders to simplify the review structure, improve the use of data, and improve the support and collaboration among the teams. It was also recommended that, concurrently, responsibility for the state team reviews be consolidated with a central point of accountability for review processes and a simplified reporting process that included feedback. Additionally, it was recommended that the state-led intensive and local team reviews be consolidated and streamlined with input from local teams.

B. Child Fatality Review Process: Status Report

In Phase 2, the CFTF, a standing task force of the North Carolina General Assembly, worked to develop recommendations that can be found as part of the CFTF’s legislative agenda be found in three documents on the CFTF website (2019 Action Agenda, Child Fatality Prevention System Recommendations for 2019, and 2019 Annual Report), with the latter two documents including more detail on the recommendations and on the process to reach them. All three documents are available at: <https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/Homepage/>

C. Child Fatality Review Process: Final Recommendation

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| 36. | North Carolina should implement recommendations made by the Child Fatality Taskforce in its 2019 Action Agenda and detailed further in its Child Fatality Prevention System Recommendations for 2019. |
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X. APPENDICES

Appendices A through F are included on the pages that follow:

- ◆ Appendix A: Plan for Regional Supervision and Support of Social Services and Child Welfare Programs
- ◆ Appendix B: Feedback to Social Services Preliminary Reform Plan on Social Services and Child Welfare
- ◆ Appendix C: Analysis of North Carolina’s Child Welfare Financing Structure
- ◆ Appendix D: Child Welfare Education Collaborative Analysis
- ◆ Appendix E: Aligning Practice Standards with the Practice Model – Defining Core Activities
- ◆ Appendix F: Approach to Change and Implementation in North Carolina and Beginning Implementation Strategies

*Appendix A: Plan for Regional Supervision and Support of Social Services and
Child Welfare Programs*

Plan for Regional Supervision and Support of Social Services and Child Welfare Programs

Session Law 2017-41



Report to

The Joint Legislative Oversight Committee on Health and
Human Services

By

Department of Health and Human Services

February 22, 2019

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Overview

Summary

NC Session Law 2017-41, Rylan’s Law¹ requires the Department of Health and Human Services (DHHS) to submit “a plan [to the Joint Legislative Oversight Committee on Health and Human Services] that outlines regional supervision of and collaboration by local social services programs,” by November 15, 2018 and also requires DHHS to submit “preliminary recommendations to the Committee no later than October 1, 2018, regarding legislative changes necessary to implement ...a plan to reform the State supervision and accountability for the social services system, including child welfare, adult protective services and guardianship, public assistance, and child support enforcement.”

This report is organized in four sections. Section I presents a proposed plan for implementing regional supervision of local child welfare and social services programs. Section II describes recommended legislative changes to support implementation of select recommendations prepared by the Center for Support of Families. Section III includes additional recommendations that, if addressed, would be key enablers for improving the state’s social services and child welfare systems – including addressing county staffing capacity needs. Section IV summarizes the report’s recommendations.

Background

NC Session Law 2017-41, Rylan’s Law², Part I, Section 1.1 requires the Department of Health and Human Services (DHHS) to submit “a plan [to the Joint Legislative Oversight Committee on Health and Human Services] that outlines regional supervision of and collaboration by local social services programs.”

Rylan’s Law, Section 2.1(e), also requires DHHS to submit “preliminary recommendations to the Committee, regarding legislative changes necessary to implement the reform plan” prepared by a third-party organization, the Center for Support of Families (CSF). CSF was selected through a bidding process led by the Office of State Budget and Management in consultation with DHHS as directed by Ryan’s Law, and was charged with developing “a plan to reform the State supervision and accountability for the social services system, including child welfare, adult protective services and guardianship, public assistance, and child support enforcement.”

Rylan’s Law prescribed a timeline of activities to inform the development of this report. First, the law created the Social Services Regional Supervision and Collaboration Working Group (SSWG), an eighteen-member committee consisting of legislators, Department officials, county commissioners, members of the judiciary, social services directors, and other key stakeholders. The University of North Carolina School of Government was required to convene the SSWG. Specifically, Rylan’s Law directed the SSWG to prepare two reports, the first of which was submitted to the General Assembly in April 2018 and is publicly available.³ In it, the SSWG drafted recommendations on the size, number, and location of regional state offices; the allocation of responsibility between and among the central State office, new regional offices, and local/county offices; and methods by which the regional offices might share information with county

¹ NC Session Law 2017-41, Rylan’s Law: <https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H630v6.pdf>

² NC Session Law 2017-41, Rylan’s Law: <https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H630v6.pdf>

³ SSWG reports: <https://www.sog.unc.edu/resources/microsites/social-services/reports>

offices. The SSWG's second report⁴ to the General Assembly was completed in December 2018 and focuses on inter-county collaboration and regional administration.

Second, Rylan's Law directed *"a third-party organization to develop a plan to reform the State supervision and accountability for the social services system."* This third-party organization was to evaluate DHHS' current capacity to oversee and support the state's overall social services system; develop a strategic vision for the system with a specific emphasis on state and regional leadership and governance; create a plan for data collection, analysis, and use; and detail a reform plan that would *"improve outcomes for children and families, enhance State supervision of local social services administration, [and] improve accountability for outcomes in social services at the local, regional, and State levels."* Concomitantly, the third-party organization was required to evaluate and submit additional recommendations to specifically reform the State's child welfare system.

The Office of State Budget and Management, in consultation with DHHS, selected the Center for the Support of Families (CSF) to fill this role. CSF began to develop a plan of action in March 2018. CSF submitted its preliminary report on August 31, 2018⁵. CSF will complete its second report, which will expand on its recommendations, no later than March 31, 2019.

Process for Developing DHHS Recommendations

The recommendations presented by both the SSWG and CSF included significant external stakeholder input gathered through both surveys and focus groups held across the state. DHHS senior leadership (Principal Deputy Secretary, Assistant Secretary for Human Services, and Child Welfare Director) actively participated as members of the SSWG. Further, the Secretary's leadership team, as well as various division directors and section chiefs within social services and a variety of DHHS subject matter experts across enterprise functions (e.g., budget, business operations, human resources, information technology, legal) engaged in informing the CSF report. The recommendations in the CSF and SSWG reports were carefully analyzed by DHHS and have significantly informed the recommendations presented in this report.

Goals

DHHS also considered the following goals in developing recommendations:

- All North Carolina citizens should have equal access to whole person-centered, high-quality social services that:
 - Protect the safety, security, and well-being of children and vulnerable adults.
 - Ensure children get a healthy start and develop to their full potential in safe and nurturing families, schools, and communities.
 - Promote family economic independence and self-sufficiency.
 - Support individuals with disabilities and older adults in leading healthy and fulfilling lives.
- North Carolina's social services system should produce better outcomes for the citizens it serves and deliver maximum value to its customers, communities, and tax-payers by:
 - Providing high-quality training and professional development to support a well-qualified social services workforce.

⁴ SSWG reports: <https://www.sog.unc.edu/resources/microsites/social-services/reports>

⁵ CSF report: <https://www.osbm.nc.gov/social-services-and-child-welfare-reform-reports>

- Leveraging existing resources and partnerships.
- Implementing processes to ensure effective, ongoing communication and feedback among stakeholders.
- Implementing systems to ensure transparency, accountability, strong fiscal stewardship, and continuous quality improvement.

SECTION I: IMPLEMENTING REGIONAL SUPERVISION OF LOCAL SOCIAL SERVICES AND CHILD WELFARE PROGRAMS

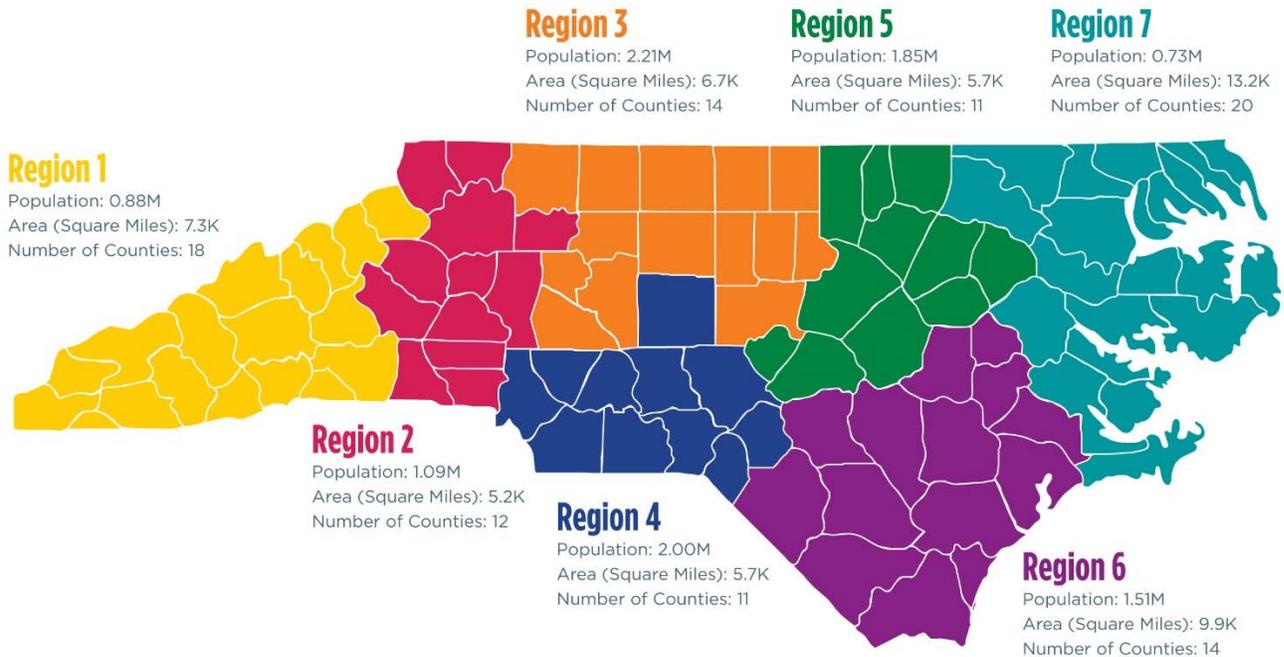
A. Geographic Regions

The Department reviewed the recommendations for regions from CSF and SSWG, reviewed existing regional constructs, and assessed current caseloads and performance improvement plans for county delivered social services and child welfare. Based on that review, the Department concurs with the recommendations from the SSWG regarding the following guiding principles related to how regional offices are ultimately established.

- No county should be split into different regions.
- Regions should be contiguous.
- Total county population and population served by each region should be comparable.
- Total geographic size should be comparable. This will allow the State to set up offices in naturally centralized locations and make it easier for staff to travel to their constituent counties.
- To the extent possible, judicial districts should not be disrupted. The child welfare system is inextricably linked to the court system.
- Regions should strive to preserve natural networks that have developed over time. Under our present system, many practitioners have built long-term professional relationships across county lines. A regional map should allow support for those networks to the extent possible.

The SSWG Phase I report offered two options – one with seven (7) regions and the second with (5) regions. Fewer regions would require that each region be larger in land area. For example, five regions would create a region of twenty-seven (27) counties encompassing 15,300 square miles, a more significant territory for regional representatives to cover. Since one of the purposes of regions is to place State personnel in more proximate locations to the counties that they serve, we instead recommend the alternate SSWG proposal of seven (7) regions. Five regions would result in some cost savings, but the level of on-site support and monitoring and in-person training would be reduced based on region size and travel times. Further, local Department of Social Services (DSS) directors and staff would also have to spend more time traveling to a central location for meetings and trainings and have less time with the regional staff. Many of the DSS directors have expressed a need to be able to develop strong relationships with DHHS staff through frequent interaction. The seven (7) region map, as developed by the SSWG, is depicted in Figure 1.

Figure 1. Proposed Seven Region Map



Recommendation 1: Establish seven (7) regions for regional supervision of county-administered child welfare and other social services. Counties within each region should be contiguous. DHHS further recommends that any legislation directing the establishment of regions allow for flexibility in determining which counties fall within each of the regions. This will allow DHHS to make small adjustments as needed based on changes to judicial districts, new county level partnerships, significant population caseload changes, etc.

B. Roles and Responsibilities

The SSWG report tasks regional offices with nine (9) functions to strengthen support and supervision to counties:

- 1) best practice dissemination,
- 2) compliance monitoring,
- 3) fiscal monitoring,
- 4) integrated data systems and recordkeeping,
- 5) interagency coordination,
- 6) policy guidance and technical assistance,
- 7) quality improvement,
- 8) staffing standards and support, and
- 9) training.

Across these nine functions, a total of forty (40) duties are assigned to the central office and forty-five (45) duties are assigned to the regional offices. The Department concurs with the SSWG's general designation of key functions and responsibilities, as described in Table 1. The Secretary holds general

organizational and executive authority to set these expectations and responsibilities as a matter of departmental policy⁶.

Table 1. SSWG Key Functions and Responsibilities

Category	Central Office	Regional Office
Best Practice Dissemination	<ul style="list-style-type: none"> • Identify and select best practices that can be implemented statewide • Facilitate the implementation of best practices statewide through resource provision and guidance • Respond to feedback regarding best practices and make final determination regarding statewide applicability • Promote a culture of innovation that allows for improvement on practice models and strategies 	<ul style="list-style-type: none"> • Support local agencies in the implementation of best practices through training and resource provision • Assess innovative practice strategies developed by local agencies for region-wide or statewide applicability • Facilitate sharing of best practices at the regional and local levels when appropriate • Share information with central office regarding best practice implementation at the regional and local levels
Compliance Monitoring	<ul style="list-style-type: none"> • Establish statewide plan for routine compliance monitoring • Provide tools that facilitate/support compliance monitoring and risk assessment • Oversee regional offices to ensure timely, coordinated, and consistent monitoring across regions • Make final determination regarding corrective action and state intervention in local administration 	<ul style="list-style-type: none"> • Perform compliance monitoring as provided in statewide plan and in accordance with the written agreement required by G.S. 108A-74; coordinate scheduling of compliance monitoring activities across programs for local social services agencies (“local agencies”) within the region • Work with local agencies to develop corrective action plans and oversee implementation of those plans • Support local agencies in their efforts to monitor compliance internally • Share, interpret, and discuss monitoring results and dashboard data with agency directors • Maintain open communication with local agencies and others in the county regarding compliance duties, challenges, and successes
Fiscal Monitoring	<ul style="list-style-type: none"> • Steward federal and state funds and manage reporting obligations • Establish statewide plan for routine fiscal monitoring • Oversee regional offices to ensure timely, coordinated, and consistent fiscal monitoring across regions • Make final determination regarding corrective action and state intervention in local administration 	<ul style="list-style-type: none"> • Perform fiscal monitoring • Coordinate scheduling of fiscal monitoring activities across programs for local agencies across region • Support local offices in their efforts to effectively develop and manage their budgets internally • Maintain open communication with local agencies and others in the county regarding fiscal condition • Work with the local agencies to identify resource gaps or a need for re-basing at the local level; communicate those needs to the central office
Integrated Data Systems and Record-Keeping	<ul style="list-style-type: none"> • Establish and maintain statewide, dependable, electronic, program-specific data systems to support service provision and recordkeeping • Ensure that systems comply with applicable federal and state laws • Provide regional offices and local agencies with regular reports that are timely and accurate • Support regional staff with effective data analytics 	<ul style="list-style-type: none"> • Provide technical assistance to local agencies to support accurate data collection, proper recordkeeping, and timeliness • Gather feedback from local agencies as issues arise to recommend improvements and updates to data systems • Provide support for pilot counties involved with implementing changes to data systems

⁶ See, generally, provisions of G.S. 143B, the Executive Organization Act of 1973.

Category	Central Office	Regional Office
	<ul style="list-style-type: none"> • Provide training and technical support to regions and local agencies related to data systems and recordkeeping • Respond to feedback received from local agencies and regional offices regarding data systems • When data systems must be replaced or modified, coordinate and stage pilot projects and roll-outs on a regional basis 	
Interagency Coordination	<ul style="list-style-type: none"> • Establish policies to outline when and how interagency and inter-region coordination is required; examples include the management of conflict of interest (COI) cases and coordination of resource deployment in emergencies • Develop protocols for coordinating with state agencies other than DHHS, such as emergency management, and help manage efforts that involve other agencies • Assist with coordination efforts that involve multiple regions or are being implemented statewide • Establish system to track assets and staff available to be deployed or shared with other local agencies in emergencies 	<ul style="list-style-type: none"> • Provide support to a local agency that is in need of assistance from other agencies • If local agencies are not able to reach a resolution related to the provision of assistance or resource-sharing, make decisions as necessary to ensure that service needs are met; for example, this may involve (1) assigning COI cases to agencies consistent with state policy or (2) assigning responsibility for processing County A's economic services applications to County B if County A's information technology system is temporarily compromised and unavailable • Coordinate with other regions when additional resources or support are needed • Monitor local policies or plans related to coordination, such as emergency management plans and COI policies • Track assets and staff available to be deployed to other local agencies in emergencies
Policy Guidance and Technical Assistance	<ul style="list-style-type: none"> • Establish and maintain statewide program policies that are consistent with state and federal law • Crosswalk policy with other departments (Division of Aging and Adult Services, Division of Medical Assistance, Division of Health Service Regulation, Administrative Office of the Courts, etc.) to ensure consistency • Provide support and guidance to regional offices in the implementation of statewide policy and the supervision of local agencies • Provide policy updates to regional offices in a timely manner to ensure consistency in implementation • Review and react to feedback from regional offices and local agencies; update policy accordingly 	<ul style="list-style-type: none"> • Provide policy guidance and technical assistance that is both directed by regional/central office and requested by the local agency • Support local agencies in the consistent implementation of policy with training and technical assistance • Promote the consistent implementation and interpretation of policy between and within regions through policy expertise • Use data analytics and other sources of information to identify situations or challenges that may stem from inappropriate interpretation and application of law or policy and work with the local agency to evaluate and align practices when necessary • Maintain a proactive relationship with central office that increases timeliness and consistency of implementation • Receive and respond to feedback from local agencies about policy guidance • Provide feedback to central office regarding any disconnect between law, policy, and/or practice • If policy questions or concerns arise and are addressed at the local level, share relevant information across county or regional lines when appropriate
Quality Improvement	<ul style="list-style-type: none"> • Develop policies regarding continuous quality improvement (CQI) expectations • Provide tools that facilitate CQI activities 	<ul style="list-style-type: none"> • Monitor quality of service delivery in local agencies using dashboard data and other available information sources

Category	Central Office	Regional Office
	<ul style="list-style-type: none"> Utilize the statewide performance dashboard to develop CQI activities Evaluate data from the statewide performance dashboard for trends and best practices relevant to statewide performance 	<ul style="list-style-type: none"> Provide training, technical assistance, and support to local agencies for CQI activities, such as assisting with the interpretation and use of available statewide data and CQI tools Utilize regional and local performance dashboards (subsets of the statewide dashboard) to assist local agencies in developing CQI activities Evaluate data relevant to regional and local performance dashboards for trends and best practices relevant to regional and agency-specific performance
Staffing Standards and Support	<ul style="list-style-type: none"> Establish and maintain statewide minimum qualifications requirements for all central, regional, and local positions Provide support, guidance, and oversight in unresolved human resource (HR) conflicts Identify workforce gaps and possible solutions Recruit and retain high-quality staff at the central and regional levels 	<ul style="list-style-type: none"> Participate in development and revision of minimum qualifications requirements to ensure that they adequately account for local needs and challenges Monitor local agencies for compliance with minimum qualifications requirements Provide HR expertise to local agencies upon request Provide feedback to directors and supervisory staff at the local level regarding staff performance based on data analytics, monitoring, and other interactions Recruit and retain high-quality staff at the regional level
Training	<ul style="list-style-type: none"> Establish and maintain statewide curriculum and training standards Establish and maintain “train the trainer” curriculum and support for regional staff Ensure consistent training across regions Ensure that training is timely, accessible, and able to accommodate all regional and local staff 	<ul style="list-style-type: none"> Provide “train the trainer” curriculum and support to directors and supervisory-level staff at the local level Provide training related to root-cause analysis and budgeting Provide training to local staff directly when appropriate Maintain a “bank” of training resources accessible to local agencies Monitor compliance with training mandates at the local level to ensure competency and consistency Identify training needs within the region using data analytics and respond accordingly

C. Staffing

Approach:

Moving to a model of regional supervision of county social services agencies requires both staffing for the regions and adjustments to the current central office structure to ensure clear lines of supervision, responsibility, accountability and effective use of resources. The Department began its process of evaluating staffing needs by reviewing the current organizational structures and positions for all social services and child welfare services and identifying which positions could be redeployed or realigned to support an improved, regional structure of supervision and support to counties.

Regional Staffing Structure:

Both the CSF and SSWG Stage 1 reports recommended that each region be staffed with positions to cover all social services and child welfare areas, which are:

1. *Aging and Adult Services*: adult protective services, direct guardianship services and oversight of county guardianship, State and County Special Assistance cash supplement program for residential services, and administration of Social Services Block Grant funds which support an array of services including congregate and home-delivered meals and transportation.
2. *Child Support Services*: location, establishment of paternity, establishment or modifying of child support orders, enforcement of child support orders, and collection and processing of child support ordered payments.
3. *Child Welfare Services*: child protective services, prevention and in-home services, foster care, adoption, kinship care, and financial administration, including federal Title IV-E funds.
4. *Economic Services*: Food and Nutrition Services (FNS, formerly known as Food Stamps), Disaster Supplemental Nutrition Assistance Program (DSNAP), low-income energy programs, Work First cash assistance, and refugee assistance.

The CSF report recommended a total of 22 positions per region. While the SWG Stage 1 Report did not specify the total number of positions recommended for each region, the following positions were identified and illustrated in Table 2.

Table 2. Proposed Staffing Model

Position	Description
Regional Director	<ul style="list-style-type: none"> • Serve as liaison between assigned counties and central office staff • Monitor counties in region to identify areas of concern • Facilitate central office supervision of counties within region, which may include activities such as coordinating monitoring visits, scheduling needed training for county directors or staff, or providing local support for state oversight of a corrective action plan
Administrative Staff	<ul style="list-style-type: none"> • Office support • Human resources (HR) support • Other duties as assigned
General Technical Assistance	<ul style="list-style-type: none"> • Staff with expertise to provide support and training in generalized fields, such as HR, budget, and information technology • Depending on needs and resources, staff may be assigned to a region or may rotate between regions
Program Consultants	<ul style="list-style-type: none"> • Staff with program-specific knowledge (e.g., child welfare, adult services, Medicaid, food and nutrition, child support) • Each region would have some program consultants assigned to the region, but the mix and number would vary from region to region • Regions may permanently share a program consultant in some instances • Regions may temporarily share program consultants with another region to assist when there is a vacancy or an intensive need for support in the other region • If a region does not have a program consultant for a program, central and regional directors would have flexibility to provide program consultant support from the central office or to make other arrangements as appropriate to ensure that local social services agencies have access to adequate support and supervision

DHHS concurs with the approach recommended by the SSWG and has identified a proposed staffing structure for the regions based on caseloads, complexity of the program, and current staffing and performance.

Below is a chart of the proposed staffing structure for each region. The regional offices will be managed by directors who will report directly to the Assistant Secretary for County Operations to ensure a strong link to DHHS leadership, consistency in decision-making, and application of policy across regions.

Table 3. Proposed Regional Office Structure

Role	Number of Positions	Function
Leadership		
Regional Director	1	Provide administrative direction and oversight to each regional staff member and function, develop strong relationships with county leaders, and liaise with the central office
Administrative Assistant	1	Provide clerical support for each regional office
Aging and Adult Services		
Continuous Quality Improvement Specialist	3	Provide technical assistance, policy interpretation, and monitoring of county performance in the areas of 1) Adult Protective Services/Guardianship, 2) Social Services Block Grant services, and 3) State-County Special Assistance Program
Child Support		
Continuous Quality Improvement Specialist/Trainer	2	Provide technical assistance, policy interpretation, training and monitoring of county performance in the areas of Adult Protective Services/Guardianship, Social Services Block Grant services, and State-County Special Assistance Program
Child Welfare		
Continuous Quality Improvement Specialist	3	Provide technical assistance, policy interpretation, and monitoring of program performance for child protective services and prevention and in-home services, foster care, adoption, and kinship care
Trainer	2	Deliver regional/onsite training sessions for 1) child protective services and prevention and in-home services policy and best practices, and 2) foster care, adoption, and kinship care policy and best practices
Economic Services		
Continuous Quality Improvement Specialist	3	Provide technical assistance, policy interpretation, and monitoring of county performance in the areas of 1) Food and Nutrition Services, 2) Work First, 3) Energy Programs, and 4) Refugee Services
Fiscal Support		
Local Business Liaison	2	Help counties maximize federal funds for social services, establish sound administrative procedures, and develop their social services budgets

Additional Staffing Needs:

In addition to the regionally based positions described in the section above, DHHS also carefully analyzed the SSWG and CSF reports and current central office staffing to determine its capacity to support a new regional structure and an improved child welfare and social services system.

The CSF report identified the following resource deficiencies that DHHS has sought to address in its additional proposed staffing needs:

*“There are five primary resource issues that must be addressed in order to successfully reform the current social services system: **inconsistent policy development and dissemination; deficiencies in workforce development in the form of staff training; a lack of high quality community resources; underserved populations in need of mental health services; and no easy access to reliable program and performance data...The need for clear, consistent, accessible and timely policy and training was raised during focus groups, stakeholder interviews and calls, document reviews, and county and state-level conferences and meetings. The need for improved access to high-quality training cut across social services programs and was strongly voiced by counties of all sizes, types, and tier ranking.**”*

DHHS has determined that with appropriate restructuring, central office staffing is adequate with the following important exceptions:

- Two (2) additional quality control and program integrity staff for completing the federally required On Site Review Instrument (OSRI) process for all 100 counties.

Rationale: States are required to use the OSRI on a percentage of all child welfare cases as part of the federal monitoring process. Currently, DHHS currently has 5 OSRI Quality Control/Program Integrity staff who conduct the review for some counties, while other counties conduct their own self-reviews. Previously, DHHS delegated this responsibility to certain counties due to resource constraints. DHHS should assume the role of quality control/program integrity for all counties to reduce this burden on counties and ensure equitable treatment and accountability.

- One (1) distance learning manager and four (4) curriculum specialists (2 child welfare, 1 economic services, and 1 aging and adult services curriculum specialist) to support a modernized approach to delivering child welfare and social services training that will ensure greater access to high-quality, interactive, in-depth training for county staff.

Rationale: County departments of social services experience turnover of a full third of their staff each year in many cases, and the demand for well-qualified and trained staff is high. At the same time, child welfare and social services policy and service delivery is increasingly complex due to continuous changes in best practices, federal and state policy and laws, technology, and accountability for outcomes. High-quality training must be accessible across the state and available with sufficient frequency to meet demand. The state has not capitalized on new approaches to training that allows high-touch, interactive training and coaching that is delivered remotely.

- Four (4) business analyst liaisons to work within each program area to identify and create requirements for improvements or replacements for current technology programs supporting county implementation of child welfare and social services.

Rationale: Technology products used to support child welfare and social service delivery require well-developed business requirements that specify what the product needs to do, how, and for what purpose. Further, technology must be continuously improved to increase productivity and

remain current with new practices and requirements. Currently, there are no business analyst liaisons embedded in the program areas.

- Two (2) technical writers to support policy staff in writing and updating policy manuals, guidance, and other communications to support counties in implementing high-quality child welfare and social services. Currently, there are no technical writers.

Rationale: Counties need easy-to-read, updated policy manuals, guidance and ongoing communications to stay current on federal and state requirements and best practices.

- Two (2) Trainers for Aging and Adult Services: Deliver regional/onsite training sessions for: 1) Adult Protective Services/Guardianship, 2) Social Services Block Grant services, and 3) State-County Special Assistance Program. Rather than put a trainer for Aging and Adult Services in every region, DHHS believes that two trainers can cover all regions, in combination with new distance learning modalities. Currently there are no trainers for Aging and Adult Services.
- Three (3) Trainers for Economic Services: Deliver regional/onsite training sessions on: 1) Food and Nutrition Services, 2) Work First, 3) Energy Programs, and 4) Refugee Services. Rather than put a trainer for Economic Services in every region, DHHS believes that three trainers can cover all regions, in combination with new distance learning modalities. Currently there are no trainers for Economic Services.
- Two (2) Fiscal Monitors: Audit county compliance with federal and state reporting rules, appropriate separation of duties, and internal controls. In addition, Fiscal Monitors communicate and coordinate audit findings, responses, follow-up, and resolution with Office of the Controller, DHHS Office of Internal Audit, and Office of the State Auditor. Currently there are two fiscal monitors who are not able to cover all counties well.
- Four (4) Data Analysts to both provide technical assistance to counties in analyzing and using data to improve practice and identify needs and conduct state level data analysis for continuous quality improvement and accountability in the areas of child welfare, child support, economic services, and aging and adult services. Currently there are no data analysts to support counties.
- Four (4) Policy Consultants to provide higher-level policy consultation and information to counties – two (2) for child welfare, and one each for aging and adult services, and economic services. Currently there are policy consultants to support counties.

Positions Repurposed/Needed:

Maximizing efficient use of existing personnel was a top priority in developing the reorganization plan. DHHS conducted extensive analyses which resulted in recommendations to repurpose/redeploy exiting central and home-based staff and identify the number of new positions needed. We have determined that one-hundred and four (104) positions can be repurposed/redeployed from existing positions and forty-three (43) new positions are needed.

While DHHS recognizes that counties also need support and consultation in human resources, we do not recommend establishing human resources consultants outside of the Office of State Human Resources (OSHR). OSHR provides support to counties through its Local Government Support Office. This small team is dedicated to providing consultation on human resources for counties. If additional support is needed, expanding this team could be explored.

DHHS recommends moving forward with repurposing/redeploying one-hundred and four (104) positions to support regionalization, repurposing/redeploying all managerial staff needed to support

regionalization in the central office, and phasing in funding and positions to support forty-three (43) new regional and central office staff described above. DHHS further recommends prioritizing staffing to improve the child welfare system and moving to full implementation of a regional model (with offices) by March 2022.

Recommendation 2: Appropriate funding and positions in fiscal year 2019-20 to support 11 new staff to improve regional supervision and support of child welfare services, and direct DHHS to establish seven regions for regional supervision of child welfare and begin providing oversight and support within those regions beginning in March 2020 as required by Rylan’s Law.

Recommendation 3: Appropriate funding and positions in fiscal years 2020-2021 and 2021-2022 to support 32 new staff to improve regional supervision and support of social services, and direct DHHS to begin providing oversight and support for all social services within those regions beginning in 2022 with periodic review of regional staffing needs and functions.

D. Operational Needs

Most of work done regionally should occur inside county agencies, providing direct support and monitoring activities tailored to the needs of the individual agencies. Further, as is current practice, field staff will have home offices or set up temporary work space as needed within local DSS agencies.

However, DHHS concurs with the recommendations from the SSWG that regional “bricks and mortar” offices would be optimal to facilitating high-quality regional supervision to support: 1) on-site trainings and other educational events in-person or via distance-learning technologies; 2) meetings with counties, stakeholders, partners, and staff; and 3) coordination and appropriate supervision among the staff for each region. DHHS recommends that regional offices include:

- a training/meeting space large enough to accommodate fifty (50) persons;
- a conference room with space to accommodate up to thirty (30) participants;
- four (4) to six (6) private offices and an area of cubicles or communal space to house other regional staff who may, from time to time, need remote work space in the office;
- An appropriate workspace and other appropriate technologies, particularly video and teleconferencing platforms, necessary to fulfill the role.

Existing State properties – including those occupied by DHHS, other agencies, or technical colleges – may have appropriate existing space, while some locations may require build-to-suit office space due to market availability. Locations, once determined, would be subject to leasing option discussions and standard procurement processes for renovations to ensure compliance with state procurement laws, rules, and regulations. The Department’s Division of Property and Construction (DPC) made a general estimate of the space necessary to satisfy these requirements, approximately 4,831 square feet per regional office. Table 4 provides a sample of space and costs estimates, and is only for illustration purposes.

Table 4. Sample Space Analysis and Cost Estimate

DIVISION OF PROPERTY AND CONSTRUCTION

Office Space Analysis and Cost Estimates

Region	County	Area of Focus	Cost Per SF	Annual Cost	Other Comments
1	Buncombe County	Asheville	\$22.00	\$106,282.00	High likelihood of leasing existing office space through bid process
2	Iredell County	Statesville	\$17.00	\$82,127.00	High likelihood of leasing existing office space through bid process
3	Guilford County	Greensboro	\$18.00	\$86,958.00	High likelihood of leasing existing office space through bid process
4	Montgomery County	Troy	\$22.50	\$108,697.50	High likelihood of requiring build-to-suit office space due to market size and lack of available office space
5	Wake County	Raleigh	\$23.50	\$113,528.50	High likelihood of leasing existing office space through bid process
6	Duplin County	Kenansville	\$22.50	\$108,697.50	High likelihood of requiring build-to-suit office space due to market size and lack of available office space
7	Martin County	Williamston	\$22.50	\$108,697.50	High likelihood of requiring build-to-suit office space due to market size and lack of available office space

The offices would require the standard complement of desks, tables, chairs, telephones, copiers, printers, computers, etc., commensurate with an office that size. DHHS also recommends that each office be equipped with video and teleconferencing technologies that allow for virtual meetings, the broadcast and/or recording of on-demand or real-time trainings, and other similar activities.

While DHHS supports establishing physical offices for regional supervision of child welfare and social services, it will take significant time and cost to procure and renovate or build appropriate space. Therefore, DHHS recommends phasing in regional supervision by first establishing virtual regions and using existing community spaces for shared trainings and meetings, while the procurement of physical office space is pursued concurrently.

Recommendation 4: a) Direct DHHS to establish seven regions for regional supervision of child welfare and social services and begin providing oversight and support within those regions beginning in March 2020 as required by Rylan’s Law; b) Appropriate physical offices within each of the seven regions beginning in March 2021, and appropriate funds necessary to support the full costs of the offices.

SECTION II: RECOMMENDED LEGISLATIVE CHANGES

Pursuant to Rylan’s Law, the Department is “required to submit legislative changes necessary to implement the reform plan.” The proposed legislative actions in this section address preliminary key changes needed to transform our social services and child welfare systems and are responsive to the preliminary recommendations identified in the CSF report and Stage Two of the SSWG report. Legislative changes, such as those specifically impacting child welfare, child support, and adult services are also listed here. These changes are important to ensure that our restructuring is responsive to the legislative intent

of Rylan's Law to enhance accountability and transparency, and improve outcomes for adults, children and families.

A. Child Fatality Review Process

North Carolina has multiple teams and processes to review child fatalities at the local and state level which involve both the social services and public health systems. The teams and processes have complex relationships with each other, each system performs varying types of fatality reviews, and there is not a centralized electronic data system. Streamlining these processes will serve to help collect and use statewide child fatality data to improve system efficiency and prevent child fatalities. The CSF report made recommendations to streamline the process, and the Child Fatality Task Force is submitting recommended legislative changes to the General Assembly to strengthen prevention of child fatalities and enhance system efficiency.

Recommendation 5: Adopt the child fatality review process recommendations made by the Child Fatality Task Force. Initial recommendations can be found at

<https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/in%20the%20spotlight/CFTF%20Child%20Fatality%20Prevention%20System%20Recommendations%20for%202019.pdf> .

B. Family First Prevention Services Act - Criminal Record and Registry Checks for Adults working in Group Homes and Residential Facilities

The Family First Prevention Services Act is federal legislation which (among other changes) amends title IV-E requirements of the Social Security Act, requiring enhanced criminal record and registry checks. Specifically, the state must have a plan for all child-caring institutions (i.e. group homes and residential facilities for children) to include procedures for fingerprint-based criminal records checks of national crime information databases, and child abuse and neglect and sex offender registry checks on any adult working in a child caring institution (defined as a group home, residential treatment center, shelter, or other congregate care setting.)

Currently, North Carolina only requires background checks on employees of these facilities who have direct contact with children, and fingerprint background checks are only required for applicants who have resided outside of North Carolina for the previous 5 years. These legislative changes serve to protect children by enhancing the scope and depth of background checks for employees of these child caring institutions. This modification to title IV-E of the Social Security Act requires changes to the North Carolina statutes that govern criminal background checks for employees of facilities licensed by the Division of Health Services Regulation and the Division of Social Services.

Recommendation 6: Modify N.C.G.S. § 122C-80(b), N.C.G.S. § 143B-932 and N.C.G.S. § 131D-10.3A to require fingerprint background checks as well as checks of the abuse and neglect, and sex offender registries for *all* employees of licensed child caring institutions. DHHS further recommends the issuance of guidance related to appropriate evaluation and decision-making based on criminal record results.

C. Multi-Ethnic Placement Act Compliance

The federal Multi-Ethnic Placement Act (MEPA) prohibits race from being assessed when making placement decisions and evaluating prospective adoptive placements. Subsection (c) of NCGS § 48-3-303 states, *“The preplacement assessment shall, after a reasonable investigation, report on the following about the individual being assessed...age and date of birth, nationality, race, or ethnicity and any religious preference...”* However, subsection (e) of the statute requires that all the items in subsection (c), including race, nationality, ethnicity and religious preference, be used to determine the strengths and weaknesses of the individual to determine whether the individual is suitable to be an adoptive parent. Administrative rule 10A NCAC 70H .0405, which further elaborates on preplacement assessment requires in part that *“The agency shall assess the following areas and shall record the information in the adoptive applicant’s record...the applicant’s age, date of birth, nationality, race or ethnicity...”*

Recommendation 7: Modify N.C.G.S. §48-3.303(e) to comply with the Multi-Ethnic Placement Act and require the Division of Social Services to work with the Social Services Commission to modify 10A NCAC 70H .0405 to remove language inconsistent with MEPA.

D. Modification to the NC Reach Program

NC Reach, authorized by NC Session Law 2007-323 as the North Carolina Child Welfare Postsecondary Educational Support Program and established by section 10.34(a) of Session Law, is a state-funded scholarship that offers up to four (4) years of undergraduate study at NC public universities and community colleges for certain former foster youth. NC Reach provides comprehensive student support to help students navigate their post-secondary education. To be eligible for this program the youth must have been adopted from foster care after the age of 12, or, aged out of foster care from a North Carolina county department of social services at age 18. Available funding is awarded to students, after all other financial aid, public funds and scholarships have been processed.

The current structure of this program excludes youth who exit foster care through guardianship. Session Law 2015-241 provided for the development of a Guardianship Assistance Program. Guardianship assistance provides an alternative route to permanence when reunification and adoption has been ruled out as appropriate plans for youth. As more youth exit foster care through guardianship, former foster youth are not able to benefit from the NC Reach program.

Recommendation 8: Modify session law 2007-323 Section 10.34(a) to include youth who exit foster care to a permanent home through the Guardianship Assistance Program.

E. Social Services Board Training

Social Services boards vary widely, from county to county. There are no standard requirements for what qualifies an individual to become a Social Services board member. This is in contrast to County Boards of Public Health, where interested individuals must meet specific minimum qualifications to be considered for a board position and must be appointed to the Board by the County Commissioners. Depending on county size, some board membership may be composed of professionals in areas that impact social services, while others may be composed of previous agency employees, former agency clients, or others with a personal interest.

Most new board members receive training at the annual association meeting. Depending on when a new board member joins a county social services board, there may be significant lag time between his or her joining the board, and the opportunity to receive training. Given the diverse backgrounds that board members bring, some members may not receive orientation to the complexities of social services structures and the needs of populations served well into their tenures. Additionally, it is unclear how ongoing training for existing board members is being provided.

Social services programs can undergo rapid change, based on changes to state and/or federal laws and regulations. Social Services Board Members have a fiduciary duty to the county and to municipal authorities for responsibilities such as selecting the county director; advising on policies and plans to improve the social conditions of the community; preparing budgets and other duties and responsibilities as the General Assembly, the Department of Health and Human Services, the Social Services Commission or the board of county commissioners may assign to it.⁷ Providing more regular training for new and experienced board members will enhance competency and proficiency in their decision making processes.

Recommendation 9: Amend N.C.G.S § 108A to include a provision that training for Social Services Boards be provided no less than twice annually and direct DHHS to work with key stakeholders, including the North Carolina Association of County Boards of Social Services, DSS Directors Association, Association of County Commissioners, and the UNC School of Government, to create a formal education and training program.

F. Child Support Court Reform

CSF's preliminary recommendations illustrate the need for improvements related to enhancing engagement and collaboration between DHHS and the Administrative Office of the Courts (AOC) to improve outcomes for children and families served at the county level, particularly those in the child welfare system. Timeliness in court proceedings is essential to ensure children achieve stability and that parents receive due process.

The majority of child support matters that come before courts are standard. Because of federal statutes and child support guidelines for establishing support orders, most child support matters can be adjudicated relatively quickly. However, increasing the number of judicial officers that hear these matters is a critical step in achieving timeliness. Chapter 50 of the North Carolina General Statutes allows clerks, assistant clerks, and magistrates to serve as hearing officers. Anyone outside of that would require a statute change. Child support magistrates, court commissioners, or administrative law judges, for example, would expedite the establishment and enforcement of child support matters, at the same time freeing up precious court time for other matters. While expanding the scope of hearing officers is a statutory option, cross-agency collaboration is needed to determine potential funding and staffing strategies to support such a shift to improve timeliness in child support hearings.

Recommendation 10: Direct the Administrative Office of the Courts to conduct a feasibility and cost study and report to the General Assembly by April 1, 2020 of a proposed child support tribunal with dedicated court officers to hear child support matters using quasi-judicial procedures. The study should include strategies to address funding, staffing, and a plan for how the proposed changes would be implemented.

⁷ See § 108A-9. Duties and responsibilities.

G. Conflicts of Interest

Conflicts of Interest (COI) in casework related to services provided by county departments of social services frequently occur in the provision of social services. Current state policy governing COIs relies on the discretion and professionalism of and the relationships among county directors. For example, county directors of social services determine whether a COI exists based on state policy direction, decide whether to accept a COI case from another county, and allocate financial responsibility between counties involved in a COI case.

The current system works well for some counties but not for all. Challenges involve policy interpretation and equitable case distribution. Because state statutes currently do not address COI management, counties rely heavily on DHHS policy for direction. A general statutory framework would be helpful, as well as promulgating regulations, and conforming existing policy.

Recommendation 11: Amend state law to provide a general framework for management of COIs. At a minimum, the law should: (1) define *conflict of interest*; (2) direct counties to resolve COIs as quickly as possible consistent with applicable law and policy; (3) require counties to notify DHHS (central or regional staff) when a COI is identified; (4) grant DHHS the authority to make final decisions regarding COI assignments when disagreements arise (i.e., regional staff have initial authority when the disagreement is between counties, central office staff when the disagreement is between regions); (5) outline county financial and practice responsibilities associated with COIs; (6) grant the Social Services Commission rule-making authority related to COI management including establishing reasonable and specific timelines for resolving COIs; and (7) require the Social Services Commission to report back to the Joint Legislative Oversight Committee on Health and Human Services regarding the regulations adopted.

H. Publicly Funded Guardians

When a clerk of superior court determines that an adult is incompetent and must have a guardian appointed, the clerk will try to find a family member or friend to serve as guardian. If no one is available or willing to serve, the clerk may appoint a corporation or a director or assistant director of social services to serve.⁸ If the incompetent adult has assets, those assets may be used to pay for a corporate guardian. If not, the state or the county may pay for a corporate guardian.

In 2012, the state decided that it would fund a certain number of “slots” for corporate guardianships. This happened because the federal government concluded that all incompetent adults who had previously had a public mental health agency (e.g., a Local Management Entity / Managed Care Organization (LME/MCO) serving as a guardian would need to change guardians.⁹ At that time, county social services agencies were not prepared to assume responsibility for over one-thousand wards, so the legislature allowed DHHS to temporarily procure the services of corporate guardians to manage the increased workload. These slots were assigned to counties based on where the adults were living.

⁸ See G.S. 35A-1214 (outlining the priorities for appointment and stating that “[n]o public agent shall be appointed guardian until diligent efforts have been made to find an appropriate individual or corporation to serve as guardian, but in every instance the clerk shall base the appointment of a guardian or guardians on the best interest of the ward.”).

⁹ For more background on the reasons for this transition, see Aimee Wall, *Changes in Store for Public Guardians? Coates’ Canons*: NC Loc. Gov’t L., UNC Sch. of Gov’t Blog (June 26, 2012), <https://canons.sog.unc.edu/changes-in-store-for-public-guardians/>.

Since that time, some of the adults have passed away, but operationally, slots have remained assigned to those counties and refilled. Therefore, the “temporary plan” has thus become more permanent. This approach creates inequities among counties, and inequity in the way the state supports individuals entering into guardianship arrangements.

Recommendation 12: Direct DHHS to conduct a feasibility study and make recommendations to the General Assembly by April 1, 2020 for transferring adult guardianship cases from the Department to counties. The study and recommendations should address equitable distribution of slots and funds, capacity needs of counties to manage the cases, as well as any necessary legislative changes.

SECTION III: OTHER KEY ENABLERS OF IMPROVED CHILD WELFARE AND SOCIAL SERVICES

A. County Staffing Capacity

Many county departments of social services have significant staff challenges that negatively impact the provision of quality, timely services to their citizens. Primarily those issues center on staffing: 1) having enough authorized FTEs necessary to meet the demand in any given county; 2) recruiting, hiring, and training enough qualified individuals into those positions; and 3) once hired, retaining them by offering competitive, fair salaries.

While all counties do not face an FTE deficit, the CSF report provides data that demonstrates shortages across multiple divisions and sections of social services. Child Protective Services faces significant staffing shortages. Its staffing survey indicates that the number of available FTEs was approximately 250 fewer than the number needed to meet statewide standards. Counties face a 21% shortage between available FTEs compared to the number of FTEs assessors deem as required.

Even when positions are authorized and filled, turnover among caseworkers remains high. In that same staffing survey, CSF reported that in any given year, Child Welfare Services across counties must recruit, hire, and train more than one-third (1/3) of their frontline social worker staff. Focus groups and interviews indicated that the primary reason for such upheaval was “caseworker burnout exacerbated by stressful work [and] workloads that are perceived as impossible to complete within a 40-hour workweek.”¹⁰

Additionally, many entry-level caseworkers spend their formative professional years under the employ of smaller counties only to leave for a better salary in a different (often larger) county. This adds to the high levels of caseworker turnover and can foster tension between counties. CSF comprehensively documented this disparity across counties in their Social Services Preliminary Reform Plan. This discrepancy results in high turnover and decreased productivity for lower paying counties – typically rural and lower-resourced counties – as they continuously must find and train new staff.

High turnover and competition among counties for staff results in inconsistent quality of services across counties, and in more severe cases puts children and adults at greater risk.

¹⁰ Center for Support of Families, *Child Welfare Preliminary Reform Plan*, p. 161-165, <https://www.osbm.nc.gov/social-services-and-child-welfare-reform-reports>, September 2018.

Recommendation 13: Direct DHHS to conduct a feasibility and cost study and report to the General Assembly by April 1, 2020 on establishing caseload range guidelines, pay scales, a funding equity formula and salary pool for county child welfare and social services staff.

B. Child Welfare and Social Services Workforce Development, Recruitment and Retention

A competent workforce provides a foundation that is essential for improving outcomes for children and families. The National Child Welfare Workforce Institute has outlined an approach for leadership and workforce development that includes several critical components including, but not limited to: creating minimum standards for positions; preparing the workforce through the formal educational opportunities; effective recruitment and selection processes; creating monetary and non-monetary incentives to retain employees, promoting a healthy organizational culture and climate; engaging in strong community partnerships; providing effective supervision; and offering ongoing professional development.

Counties are facing significant challenges with recruiting, training, and retaining qualified employees at all levels in the organization. To achieve a high-quality social services system with consistent practices across the state, counties need strong leaders committed to developing relationships across county lines, building and supporting excellent staff, and following law and policy closely. The state should invest in workforce development for social services and child welfare services to ensure a pipeline of competent and qualified people are employed and equipped to effectively manage the work in this complex system.

Recommendation 14: Direct DHHS, in collaboration with community colleges, a state public university partner, and key stakeholder groups, to study and recommend to the General Assembly by January 15, 2021 a workforce development model for key positions in county departments of social services, regional offices, and the central offices.

SECTION IV: SUMMARY OF RECOMMENDATIONS FOR CHILD WELFARE AND SOCIAL SERVICES REFORM

NC Session Law 2017-41, Rylan's Law¹¹ requires the Department of Health and Human Services (DHHS) to submit *"a plan [to the Joint Legislative Oversight Committee on Health and Human Services] that outlines regional supervision of and collaboration by local social services programs,"* and also requires DHHS to submit *"preliminary recommendations to the Committee...regarding legislative changes necessary to implement ...a plan to reform the State supervision and accountability for the social services system, including child welfare, adult protective services and guardianship, public assistance, and child support enforcement."*

The recommendations presented by both the Social Services Working Group (SSWG) and the Center for Support of Families (CSF) were carefully analyzed by DHHS and have significantly informed the recommendations presented in this report. SSWG and CSF included significant external stakeholder input gathered through both surveys and focus groups held across the state in developing their reports. DHHS senior leadership actively participated as members of the SSWG, and the Secretary's leadership team, as well as various division directors and section chiefs engaged in informing the CSF report.

¹¹ NC Session Law 2017-41, Rylan's Law: <https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H630v6.pdf>

DHHS also considered the following goals in developing recommendations:

- All North Carolina citizens should have equal access to whole person-centered, high-quality social services that:
 - Protect the safety, security, and well-being of children and vulnerable adults.
 - Ensure children get a healthy start and develop to their full potential in safe and nurturing families, schools, and communities.
 - Promote family economic independence and self-sufficiency.
 - Support individuals with disabilities and older adults in leading healthy and fulfilling lives.
- North Carolina's social services system should produce better outcomes for the citizens it serves and deliver maximum value to its customers, communities, and tax-payers by:
 - Providing high-quality training and professional development to support a well-qualified social services workforce.
 - Leveraging existing resources and partnerships.
 - Implementing processes to ensure effective, ongoing communication and feedback among stakeholders.
 - Implementing systems to ensure transparency, accountability, strong fiscal stewardship, and continuous quality improvement.

Detailed background and justifications for the fourteen (14) recommendations summarized below are contained in the full report.

A. GEOGRAPHIC REGIONS

The Department concurs with the recommendations from the SSWG regarding the following guiding principles related to how regional offices are ultimately established.

- No county should be split into different regions.
- Regions should be contiguous.
- Total county population and population served by each region should be comparable.
- Total geographic size should be comparable. This will allow the State to set up offices in naturally centralized locations and make it easier for staff to travel to their constituent counties.
- To the extent possible, judicial districts should not be disrupted. The child welfare system is inextricably linked to the court system.
- Regions should strive to preserve natural networks that have developed over time. Under our present system, many practitioners have built long-term professional relationships across county lines. A regional map should allow support for those networks to the extent possible.

Recommendation 1: Establish seven (7) regions for regional supervision of county-administered child welfare and other social services. Counties within each region should be contiguous. DHHS further recommends that any legislation directing the establishment of regions allow for flexibility in determining which counties fall within each of the regions. This will allow DHHS to make small adjustments as needed based on changes to judicial districts, new county level partnerships, significant population caseload changes, etc.

B. ROLES, RESPONSIBILITIES, AND STAFFING FOR REGIONAL SUPERVISION

Both the CSF and SSWG Stage 1 reports recommended that each region be staffed with positions to cover all social services and child welfare areas, which are:

1. *Aging and Adult Services*: adult protective services, direct guardianship services and oversight of county guardianship, State and County Special Assistance cash supplement program for residential services, and administration of Social Services Block Grant funds which support an array of services including congregate and home-delivered meals and transportation.
2. *Child Support Services*: location, establishment of paternity, establishment or modifying of child support orders, enforcement of child support orders, and collection and processing of child support ordered payments.
3. *Child Welfare Services*: child protective services, prevention and in-home services, foster care, adoption, kinship care, and financial administration, including federal Title IV-E funds.
4. *Economic Services*: Food and Nutrition Services (FNS, formerly known as Food Stamps), Disaster Supplemental Nutrition Assistance Program (DSNAP), low-income energy programs, Work First cash assistance, and refugee assistance.

The Department concurs with the SSWG’s general designation of key functions and responsibilities, as described below and in detail in Table 1 of this report. The Secretary holds general organizational and executive authority to set these expectations and responsibilities as a matter of departmental policy¹². The SSWG report tasks regional offices with nine (9) functions to strengthen support and supervision to counties:

- 1) best practice dissemination,
- 2) compliance monitoring,
- 3) fiscal monitoring,
- 4) integrated data systems and recordkeeping,
- 5) interagency coordination,
- 6) policy guidance and technical assistance,
- 7) quality improvement,
- 8) staffing standards and support, and
- 9) training.

DHHS has identified a proposed staffing structure for the regions based on caseloads, complexity of the program, and current staffing and performance as illustrated in Table 1:

Table 1. Proposed Regional Office Structure

Role	Number of Positions	Function
Leadership		
Regional Director	1	Provide administrative direction and oversight to each regional staff member and function, develop strong relationships with county leaders, and liaise with the central office
Administrative Assistant	1	Provide clerical support for each regional office

¹² See, generally, provisions of G.S. 143B, the Executive Organization Act of 1973.

Role	Number of Positions	Function
Aging and Adult Services		
Continuous Quality Improvement Specialist	3	Provide technical assistance, policy interpretation, and monitoring of county performance in the areas of 1) Adult Protective Services/Guardianship, 2) Social Services Block Grant services, and 3) State-County Special Assistance Program
Child Support		
Continuous Quality Improvement Specialist/Trainer	2	Provide technical assistance, policy interpretation, training and monitoring of county performance in the areas of Adult Protective Services/Guardianship, Social Services Block Grant services, and State-County Special Assistance Program
Child Welfare		
Continuous Quality Improvement Specialist	3	Provide technical assistance, policy interpretation, and monitoring of program performance for child protective services and prevention and in-home services, foster care, adoption, and kinship care
Trainer	2	Deliver regional/onsite training sessions for 1) child protective services and prevention and in-home services policy and best practices, and 2) foster care, adoption, and kinship care policy and best practices
Economic Services		
Continuous Quality Improvement Specialist	3	Provide technical assistance, policy interpretation, and monitoring of county performance in the areas of 1) Food and Nutrition Services, 2) Work First, 3) Energy Programs, and 4) Refugee Services
Fiscal Support		
Local Business Liaison	2	Help counties maximize federal funds for social services, establish sound administrative procedures, and develop their social services budgets

In addition to the regionally based positions described in the section above, DHHS has sought to address the following resource deficiencies identified by CSF:

*“There are five primary resource issues that must be addressed in order to successfully reform the current social services system: **inconsistent policy development and dissemination; deficiencies in workforce development in the form of staff training; a lack of high quality community resources; underserved populations in need of mental health services; and no easy access to reliable program and performance data...The need for clear, consistent, accessible and timely policy and training was raised during focus groups, stakeholder interviews and calls, document reviews, and county and state-level conferences and meetings. The need for improved access to high-quality training cut across social services programs and was strongly voiced by counties of all sizes, types, and tier ranking.**”*

DHHS has determined that with appropriate restructuring, central office staffing is adequate with the following important exceptions:

- Two (2) additional quality control and program integrity staff for completing the federally required On Site Review Instrument (OSRI) process for all 100 counties.

Rationale: States are required to use the OSRI on a percentage of all child welfare cases as part of the federal monitoring process. Currently, DHHS currently has 5 OSRI Quality Control/Program Integrity staff who conduct the review for some counties, while other counties conduct their own

self-reviews. Previously, DHHS delegated this responsibility to certain counties due to resource constraints. DHHS should assume the role of quality control/program integrity for all counties to reduce this burden on counties and ensure equitable treatment and accountability.

- One (1) distance learning manager and four (4) curriculum specialists (2 child welfare, 1 economic services, and 1 aging and adult services curriculum specialist) to support a modernized approach to delivering child welfare and social services training that will ensure greater access to high-quality, interactive, in-depth training for county staff.

Rationale: County departments of social services experience turnover of a full third of their staff each year in many cases, and the demand for well-qualified and trained staff is high. At the same time, child welfare and social services policy and service delivery is increasingly complex due to continuous changes in best practices, federal and state policy and laws, technology, and accountability for outcomes. High-quality training must be accessible across the state and available with sufficient frequency to meet demand. The state has not capitalized on new approaches to training that allows high-touch, interactive training and coaching that is delivered remotely.

- Four (4) business analyst liaisons to work within each program area to identify and create requirements for improvements or replacements for current technology programs supporting county implementation of child welfare and social services.

Rationale: Technology products used to support child welfare and social service delivery require well-developed business requirements that specify what the product needs to do, how, and for what purpose. Further, technology must be continuously improved to increase productivity and remain current with new practices and requirements. Currently, there are no business analyst liaisons embedded in the program areas.

- Two (2) technical writers to support policy staff in writing and updating policy manuals, guidance, and other communications to support counties in implementing high-quality child welfare and social services. Currently, there are no technical writers.

Rationale: Counties need easy-to-read, updated policy manuals, guidance and ongoing communications to stay current on federal and state requirements and best practices.

- Two (2) Trainers for Aging and Adult Services: Deliver regional/onsite training sessions for: 1) Adult Protective Services/Guardianship, 2) Social Services Block Grant services, and 3) State-County Special Assistance Program. Rather than put a trainer for Aging and Adult Services in every region, DHHS believes that two trainers can cover all regions, in combination with new distance learning modalities. Currently there are no trainers for Aging and Adult Services.
- Three (3) Trainers for Economic Services: Deliver regional/onsite training sessions on: 1) Food and Nutrition Services, 2) Work First, 3) Energy Programs, and 4) Refugee Services. Rather than put a trainer for Economic Services in every region, DHHS believes that three trainers can cover all regions, in combination with new distance learning modalities. Currently there are no trainers for Economic Services.
- Two (2) Fiscal Monitors: Audit county compliance with federal and state reporting rules, appropriate separation of duties, and internal controls. In addition, Fiscal Monitors communicate and coordinate audit findings, responses, follow-up, and resolution with Office of the Controller, DHHS Office of Internal Audit, and Office of the State Auditor. Currently there are two fiscal monitors who are not able to cover all counties well.

- Four (4) Data Analysts to both provide technical assistance to counties in analyzing and using data to improve practice and identify needs and conduct state level data analysis for continuous quality improvement and accountability in the areas of child welfare, child support, economic services, and aging and adult services. Currently there are no data analysts to support counties.
- Four (4) Policy Consultants to provide higher-level policy consultation and information to counties – two (2) for child welfare and one each for aging and adult services and economic services. Currently there are policy consultants to support counties.

Maximizing efficient use of existing personnel was a top priority in developing the reorganization plan. DHHS conducted extensive analyses which resulted in recommendations to repurpose/redeploy exiting central and home-based staff and identify the number of new positions needed. We have determined that one-hundred and four (104) positions can be repurposed/redeployed from existing positions and forty-three (43) new positions are needed.

DHHS recommends moving forward with repurposing/redeploying one-hundred and four (104) positions to support regionalization, repurposing/redeploying all managerial staff needed to support regionalization in the central office, and phasing in funding and positions to support forty-three (43) new regional and central office staff described above. DHHS further recommends prioritizing staffing to improve the child welfare system and moving to full implementation of a regional model (with offices) by March 2022.

Recommendation 2: Appropriate funding and positions in fiscal year 2019-20 to support 11 new staff to improve regional supervision and support of child welfare services, and direct DHHS to establish seven regions for regional supervision of child welfare and begin providing oversight and support within those regions beginning in March 2020 as required by Rylan’s Law.

Recommendation 3: Appropriate funding and positions in fiscal years 2020-2021 and 2021-2022 to support 32 new staff to improve regional supervision and support of social services, and direct DHHS to begin providing oversight and support for all social services within those regions beginning in 2022 with periodic review of regional staffing needs and functions.

C. REGIONAL OFFICES

DHHS supports the SSWG’s recommendation for establishing physical offices for regional supervision of child welfare and social services. However, it will take significant time and cost to procure and renovate or build appropriate space. Therefore, DHHS recommends phasing in regional supervision by first establishing virtual regions and using existing community spaces for shared trainings and meetings, while the procurement of physical office space is pursued concurrently.

Recommendation 4: a) Direct DHHS to establish seven regions for regional supervision of child welfare and social services and begin providing oversight and support within those regions through home-based staff and the central office team beginning in March 2020 as required by Rylan’s Law; b) Appropriate physical offices within each of the seven regions beginning in March 2021, and appropriate funds necessary to support the full costs of the offices.

D. LEGISLATIVE CHANGES

The proposed legislative actions in this section address preliminary key changes needed to transform our social services and child welfare systems and are responsive to the preliminary recommendations identified in the CSF report and Stage Two of the SSWG report.

Child Fatality Review Process

North Carolina has multiple teams and processes to review child fatalities at the local and state level which involve both the social services and public health systems. The teams and processes have complex relationships with each other, each system performs varying types of fatality reviews, and there is not a centralized electronic data system. Streamlining these processes will serve to help collect and use statewide child fatality data to improve system efficiency and prevent child fatalities.

Recommendation 5: Adopt the child fatality review process recommendations made by the Child Fatality Task Force. Initial recommendations can be found at

<https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/in%20the%20spotlight/CFTF%20Child%20Fatality%20Prevention%20System%20Recommendations%20for%202019.pdf>

Family First Prevention Services Act - Criminal Record and Registry Checks for Adults working in Group Homes and Residential Facilities

The Family First Prevention Services Act is federal legislation which (among other changes) amends title IV-E requirements of the Social Security Act, requiring enhanced criminal record and registry checks. Specifically, the state must have a plan for all child-caring institutions (i.e. group homes and residential facilities for children) to include procedures for fingerprint-based criminal records checks of national crime information databases, and child abuse and neglect and sex offender registry checks on any adult working in a child caring institution. Currently, North Carolina only requires background checks on employees of these facilities who have direct contact with children, and fingerprint background checks are only required for applicants who have resided outside of North Carolina for the previous 5 years. These legislative changes serve to protect children by enhancing the scope and depth of background checks for employees of these child caring institutions.

Recommendation 6: Modify N.C.G.S. § 122C-80(b), N.C.G.S. § 131D-10.3A and N.C.G.S. § 143B-932 to require fingerprint background checks as well as checks of the abuse and neglect, and sex offender registries for *all* employees of licensed child caring institutions. DHHS further recommends the issuance of guidance related to appropriate evaluation and decision-making based on criminal record results.

Multi-Ethnic Placement Act Compliance

The federal Multi-Ethnic Placement Act (MEPA) prohibits race from being assessed when making placement decisions and evaluating prospective adoptive placements. Subsection (c) of NCGS § 48-3-303 states, "*The preplacement assessment shall, after a reasonable investigation, report on the following about the individual being assessed...age and date of birth, nationality, race, or ethnicity and any religious preference...*" However, subsection (e) of the statute requires that all the items in subsection (c), including race, nationality, ethnicity and religious preference, be used to determine the strengths and weaknesses of the individual to determine whether the individual is suitable to be an adoptive parent. Administrative

rule 10A NCAC 70H .0405, which further elaborates on preplacement assessment requires in part that *“The agency shall assess the following areas and shall record the information in the adoptive applicant’s record...the applicant’s age, date of birth, nationality, race or ethnicity...”*

Recommendation 7: Modify N.C.G.S. §48-3.303(e) to comply with the Multi-Ethnic Placement Act and require the Division of Social Services to work with the Social Services Commission to modify 10A NCAC 70H .0405 to remove language inconsistent with MEPA.

Modification to the NC Reach Program

NC Reach, authorized by NC Session Law 2007-323 as the North Carolina Child Welfare Postsecondary Educational Support Program and established by section 10.34(a) of Session Law, is a state-funded scholarship that offers up to four (4) years of undergraduate study at NC public universities and community colleges for certain former foster youth. NC Reach provides comprehensive student support to help students navigate their post-secondary education. The current structure of this program excludes youth who exit foster care through guardianship. Session Law 2015-241 provided for the development of a Guardianship Assistance Program. Guardianship assistance provides an alternative route to permanence when reunification and adoption has been ruled out as appropriate plans for youth.

Recommendation 8: Modify session law 2007-323 Section 10.34(a) to include youth who exit foster care to a permanent home through the Guardianship Assistance Program.

Social Services Board Training

Social Services boards vary widely, from county to county. There are no standard requirements for what qualifies an individual to become a Social Services board member. Social services programs can undergo rapid change, based on changes to state and/or federal laws and regulations. Board Members have a fiduciary duty to the county and to municipal authorities for responsibilities such as selecting the county director; advising on policies and plans to improve the social conditions of the community; preparing budgets and other duties and responsibilities as the General Assembly, the Department of Health and Human Services or the Social Services Commission or the board of county commissioners may assign to it.¹³ Providing more regular training for new and experienced board members will enhance competency and proficiency in their decision making processes.

Recommendation 9: Amend N.C.G.S § 108A to include a provision that training for Social Services Boards be provided no less than twice annually and direct DHHS to work with key stakeholders, including the North Carolina Association of County Boards of Social Services, DSS Directors Association, Association of County Commissioners, and the UNC School of Government, to create a formal education and training program.

Child Support Court Reform

The majority of child support matters that come before courts are standard. Because of federal statutes and child support guidelines for establishing support orders, most child support matters can be

¹³ See § 108A-9. Duties and responsibilities.

adjudicated relatively quickly. However, increasing the number of judicial officers that hear these matters is a critical step in achieving timeliness. Chapter 50 of the North Carolina General Statutes allows clerks, assistant clerks, and magistrates to serve as hearing officers. Anyone outside of that would require a statute change. Child support magistrates, court commissioners, or administrative law judges, for example, would expedite the establishment and enforcement of child support matters, at the same time freeing up precious court time for other matters. While expanding the scope of hearing officers is a statutory option, cross-agency collaboration is needed to determine potential funding and staffing strategies to support such a shift to improve timeliness in child support hearings.

Recommendation 10: Direct the Administrative Office of the Courts to conduct a feasibility and cost study and report to the General Assembly by April 1, 2020 of a proposed child support tribunal with dedicated court officers to hear child support matters using quasi-judicial procedures. The study should include strategies to address funding, staffing, and a plan for how the proposed changes would be implemented.

Conflicts of Interest

Conflicts of Interest (COI) in casework related to services provided by county departments of social services frequently occur in the provision of social services. Current state policy governing COIs relies on the discretion and professionalism of and the relationships among county directors. For example, county directors of social services determine whether a COI exists based on state policy direction, decide whether to accept a COI case from another county, and allocate financial responsibility between counties involved in a COI case. The current system works well for some counties but not for all. Challenges involve policy interpretation and equitable case distribution. Because state statutes currently do not address COI management, counties rely heavily on DHHS policy for direction. A general statutory framework would be helpful, as well as promulgating regulations, and conforming existing policy.

Recommendation 11: Amend state law to provide a general framework for management of COIs. At a minimum, the law should: (1) define *conflict of interest*; (2) direct counties to resolve COIs as quickly as possible consistent with applicable law and policy; (3) require counties to notify DHHS (central or regional staff) when a COI is identified; (4) grant DHHS the authority to make final decisions regarding COI assignments when disagreements arise (i.e., regional staff have initial authority when the disagreement is between counties, central office staff when the disagreement is between regions); (5) outline county financial and practice responsibilities associated with COIs; (6) grant the Social Services Commission rule-making authority related to COI management including establishing reasonable and specific timelines for resolving COIs; and (7) require the Social Services Commission to report back to the Joint Legislative Oversight Committee on Health and Human Services regarding the regulations adopted.

Publicly Funded Guardians

When a clerk of superior court determines that an adult is incompetent and must have a guardian appointed, the clerk will try to find a family member or friend to serve as guardian. If no one is available or willing to serve, the clerk may appoint a corporation or a director or assistant director of social services to serve.¹⁴ If the incompetent adult has assets, those assets may be used to pay for a corporate guardian. If not, the state or the county may pay for a corporate guardian. In 2012, the state began funding and

¹⁴ See G.S. 35A-1214 (outlining the priorities for appointment and stating that “[n]o public agent shall be appointed guardian until diligent efforts have been made to find an appropriate individual or corporation to serve as guardian, but in every instance the clerk shall base the appointment of a guardian or guardians on the best interest of the ward.”).

directly overseeing a certain number of “slots” for corporate guardianships. This happened because the federal government concluded that all incompetent adults who had previously had a public mental health agency (e.g., a Local Management Entity / Managed Care Organization (LME/MCO) serving as a guardian would need to change guardians.¹⁵ At that time, county social services agencies were not prepared to assume responsibility for over one-thousand wards, so the legislature allowed DHHS to temporarily procure the services of corporate guardians to manage the increased workload. These slots were assigned to counties based on where the adults were living. Since that time, some of the adults have passed away, but operationally, slots have remained assigned to those counties and refilled. Therefore, the “temporary plan” has thus become more permanent. This approach creates inequities among counties, and inequity in the way the state supports individuals entering into guardianship arrangements.

Recommendation 12: Direct DHHS to conduct a feasibility study and make recommendations to the General Assembly by April 1, 2020 for transferring adult guardianship cases from the Department to counties. The study and recommendations should address equitable distribution of slots and funds, capacity needs of counties to manage the cases, as well as any necessary legislative changes.

E. OTHER KEY ENABLERS OF IMPROVED CHILD WELFARE AND SOCIAL SERVICES

County Staffing Capacity

Many county departments of social services have significant staff challenges that negatively impact the provision of quality, timely services to their citizens. Primarily those issues center on staffing: 1) having enough authorized FTEs necessary to meet the demand in any given county; 2) recruiting, hiring, and training enough qualified individuals into those positions; and 3) once hired, retaining them by offering competitive, fair salaries. High turnover and competition among counties for staff results in inconsistent quality of services across counties, and in more severe cases puts children and adults at greater risk.

Recommendation 13: Direct DHHS to conduct a feasibility and cost study and report to the General Assembly by April 1, 2020 on establishing caseload range guidelines, pay scales, a funding equity formula and salary pool for county child welfare and social services staff.

Child Welfare and Social Services Workforce Development, Recruitment and Retention

A competent workforce provides a foundation that is essential for improving outcomes for children and families. Counties are facing significant challenges with recruiting, training, and retaining qualified employees at all levels in the organization. To achieve a high-quality social services system with consistent practices across the state, counties need strong leaders committed to developing relationships across county lines, building and supporting excellent staff, and following law and policy closely. The state should invest in workforce development for social services and child welfare services to ensure a pipeline of competent and qualified people are employed and equipped to effectively manage the work in this complex system.

Recommendation 14: Direct DHHS, in collaboration with community colleges, a state public university partner, and key stakeholder groups, to study and recommend to the General Assembly by January 15, 2021 a workforce development model for key positions in county departments of social services, regional offices, and the central offices.

¹⁵ For more background on the reasons for this transition, see Aimee Wall, *Changes in Store for Public Guardians? Coates' Canons*: NC Loc. Gov't L., UNC Sch. of Gov't Blog (June 26, 2012), <https://canons.sog.unc.edu/changes-in-store-for-public-guardians/>.

Appendix B: Feedback to Social Services Preliminary Reform Plan on Social Services and Child Welfare



A Future Oriented Source of Leadership

**FEEDBACK TO SOCIAL SERVICES PRELIMINARY REFORM PLAN
ON SOCIAL SERVICES AND CHILD WELFARE
AUTHORED BY THE CENTER FOR THE SUPPORT OF FAMILIES**

February 6, 2019

GOVERNANCE

- Enhance statutes to ensure that there is consistency of mission and authority of the county boards governing social service agencies. Establish minimum qualification for board members, and clearly delineate their duties and responsibilities.
 - Consider increasing the number of members on social services with required stakeholder representatives similar to the Public Health Board model.
 - Boards of social services should work with DSS Director on annual presentation on agency performance report to the County Commissioners based on the department's performance outcomes/dashboard particular to the MOU goals and outcomes.
 - Foster effective communication between Boards of Social Services and state regional offices by ensuring that the state Regional Director meet with the DSS Boards at least once per year and more often as needed to discuss the Performance of the Social Services Department.
- Provide training resources for county board members, to include training for new members as well as provide annual training updates.
 - Encourage DHHS to provide Boards training that includes an overview of the programs and funding administered by the Department of Social Services (DSS) based on the annual budget estimates that DHHS is statutorily required to provide to county dss as well information on agencies that have direct relationships with the DSS agency for which DHHS allocate funding.
 - Additional support from UNC School of Government to update current materials and additional training materials via electronic methods for DSS Boards and consolidated counties governing boards would be very beneficial.

REGIONAL OFFICES

- Regional Directors must build professional working relationships with County Managers and DSS Board Chairs as well as with the DSS Director.
- Regional support would greatly enhance the ability of the counties to do better and more consistent work. Regional experts could concentrate and consistently monitor progress on PIP and MOU.

CENTRAL OFFICE

- Regional Directors must build professional working relationships with County Managers and DSS Board Chairs as well as with the DSS Director.

STAFFING

- It is recommended that DHHS consider a standardized funding formula for staffing that both state and counties with participation from both for the non-federal share of county DSS positions administering mandated programs.
- It is recommended that standardized evidence based staffing workload standards for all DSS programs be established. This recommendation is consistent with CSF's recommendation regarding minimum workload and staffing standards.

POLICY

- Incorporate best practices from counties that could positively impact other counties and perhaps even be suitable for statewide implementation. It is also recommended that CSF consider a recommendation on a process for capturing county best practices and how those best practices can be effectively communicated from one county to another and potentially for statewide benefit.
- CSF recommends creating a process to help the state and counties review potential policy and offer feedback. We would suggest there is a structure already in place with Director Association committees that can be used effectively if the state chooses to do so.

PERFORMANCE

- We endorse a move from a time compliance based to an outcomes based system for measuring the program's impacts on those served. It is hoped that both state and counties channel that desire into a joint commitment to bring an outcomes based system to reality.
- Strongly recommend that both central and regional offices build professional relationships with their counties and through those relationships deliver highly effective consultation, technical assistance and training to move counties forward in their performance prior to moving to more formal corrective action approaches.

AUTOMATION

- No references made to NCFAST and the impact NCFAST has had on the administration of social services at the local level in NC in the CSF Report. There was an abundant amount of feedback on NCFAST provided by county directors and county staff at numerous focus group meetings this Director attended. NCFAST has had a profound impact on county administration of the programs that have been implemented thus far into the NCFAST system.

ECONOMIC PROGRAM

- **NCFAST**

The exclusion of NCFAST from the reform plan is probably one of the biggest oversights and concerns we have. Although the plan correctly cited the state's lack of adequate staffing and expertise in all Economic Program functions, it failed to mention the inadequacies of the NCFAST system and how they exacerbate the lack of capacity at the state level. The NCFAST system has been around for over five years in Economic Programs, and yet, it remains one of the main focal points of frustration for counties inhibiting our ability to get work done efficiently and effectively. There are many seemingly simple system changes that could be addressed that would save counties massive amounts of staff time and allow us to focus more time on accuracy, timeliness, and customer service.

- **Economic Programs Lite**

Although the study does key in on several significant Economic Program needs, it does seem as though the Economic Programs piece has been done as an afterthought with the main focus being on Child Welfare. This is not a critique of the time that was focused on Child Welfare, as it is sorely needed, but on the lack of emphasis focused on Economic Programs. Economic benefits programs provide significant assistance to families in every county. In addition, the revenue provided to counties by these programs is significant. There is a tremendous responsibility and liability in administering the benefits provided by FNS, Medicaid, Work First, Special Assistance, and Child Care. The performance goals defined in the State County MOU's should not only reflect federally mandated goals but also should correspond to the achievement of positive outcomes for families. A clearly defined process for measuring progress should be established and should be consistent across all counties. Statewide Program Sessions should be held in the areas of Child Support, FNS, SA, and WFFA to determine and define shared vision for program improvement and enhancement.

- **Child Support**

There are some counties that do not administer the Child Support Program, but for counties that do there is a very clear picture of how Child Support and Economic Services should be run in a much more interwoven manner. The lack of communication between ACTS and NCFAST is a major issue, but also the lack of coordination in policies between Child Support and Economic Programs. Consideration should be given to the option of system replatforming for the automated child support system moving away from the mainframe. In addition, consideration should be given to establishing dedicated court officers to hear child support cases in order to expedite the establishment and enforcement of child support orders.

- **Policy Review Council**

P.67 recommends creating a process to help the state and counties review potential policy and offer feedback. We would suggest there is a structure already in place with Director Association committees that can be used effectively if the state chooses to do so. In partnership with the already established NCACDSS Economic Programs Committee the state should ensure a process to coordinate and oversee policy development, dissemination, and alignment when possible. All updates should be put in the body of policy at the effective date and not sent in the form of administrative letter, Dear County Director Letter, or Terminal Message. Thus, ensuring that all policy for each program would be current and in one location.

AGING AND ADULT SERVICES

- The CSF noted in the report that Aging and Adult Services focuses on programs that includes APS, State/County Special Assistance, which include Special Assistance for the Aged (SAA) and Special Assistance for Disabled (SAD) and Guardianship. The MOUs include mandated performance requirements for APS and the State County Special Assistance Programs.
- Adult Service units also provide assistance with placement, community case management (previously call at-risk case management now MAC), Special Assistance In-Home services, In Home Aid Services (I-IV), Adult Day Care and Day Health, CAP-DA, Counseling Services, Home and Community Care-Care Management Program, adult care home monitoring and complaint investigation under DHSR Adult Care Home Licensure. These services are not mentioned in the report though staff performs these duties and responsibilities in their respective day-to-day contacts. CSF does need to include this in their report as it impacts the workload our staff have in the Departments.
- Each county has an Adult Regional Program representative who visits quarterly, providing TA and training, as well as county specific needs and monitoring. Some counties are experiencing good support from their APRs. Others do not see their APRs quarterly as stated nor have they received updated training. However, we agree this area under NC DAAS is understaffed to provide the needed support.
- We agree with the CSF report that the State needs to review the current statutes and operating policies to reflect current situations and issues occurring in our communities. Additionally, we also agree with CSF there is truly a need for the State to invest in services for older adults and look at funding opportunities to building in much needed resources in communities where our older and disabled adults can have community inclusion.
- We also agree with CSF the need to have data that are more meaningful in the work completed in Adult Services, including Wellness Dashboard metrics and identifying trends. This would assist NC DHHS to apply for federal funding opportunities to help building in community resources for this population.
- Though we agree the central office staff is understaffed in regard to providing training and policy direction, we also feel there is a need to combine staffing with experts in behavioral health. As Mental Health Transformation continues, services once provided by local area programs were shifted to the last safety net, Social Services, in most communities. County adult services programs struggle to locate and provide needed resources to consumers with complex

needs; including getting access to immediate resources from MCO/LMEs during APS or Guardianship urgent situations.

- It is recommended that a social work theory based practice model be implemented statewide for both Adult Protective Services and Employment Programs Social Work.
- A recommendation would be to convene individual "Envision Sessions" for county and state staff in Child Support, Aging and Adult Services, FNS, and WF, to define a shared vision for program improvement and reform.

Section III Inventory of Intended Outcomes for Families and Children Served

- Counties do want more meaningful data to identify ways to help build in more appropriate resources for consumer inclusion and independence and look forward to seeing what Westat will quantify from NC DAAS data system for counties to utilize in the near future.
- Counties do want a more readily accessible dashboard and tracking system to assist with APS reports, evaluations with meaningful outcome data. Included is the need for a readily accessible dashboard to assist with recognizing trends and develop program specific responses.
- Additionally, we feel access to needed data and reports is imperative to assist with the development of community based programming; including supportive and inclusionary services. An example of how this data could be useful is in disaster planning for special populations. During the last hurricane season, it is well documented that North Carolina as a state had difficulty supporting individuals with disabilities, particularly with transitioning them out of Shelters.

Assessments of Current State Supervision of Local Social Services Administration

- It is noted that NC DAAS is the entity for supervising local DSS adult service units. However, please note DHSR has an important role in supervision and support of Adult Service units at local Social Service programs. This needs to be addressed as DSS feels there needs to be input on the type of funding and support received to perform the monitoring of adult and family care homes in the counties.
- It is mentioned there are 16 AOA organizations in the State in which NC DAAS works with for providing services in communities. Some counties receive HCCBG, others do not. CSF needs to review how well this model is working to see if there are any disparities due to funding or programming. A review of how funds are appropriated to agencies and what they are utilized for in 100 counties could assist with the broader understanding of why there is a limitation in resources in some areas in our state.
- Guardianship has greatly changed in the past 7 years; with younger individuals with complex behavioral health needs being required to have a guardian, which have impacted caseloads at DSS agencies. This was not a trend when compared to data during services through Area Programs. We recommend CSF review guardianship statistics 30 years ago versus the past 5 years and compare those demographics. This data review is imperative to understand how some of the behavioral health services have shifted to Social Services without the appropriate needed funding for these adults with complex needs. Though corporations have been developed to meet some of these needs, counties are only allocated a number of slots; and the slots are not consistently kept due to the location of the Wards. EX. If Rockingham County decides to

transfer a ward to the Corporation and that Ward is in Granville County, then the slot shifts to Granville County DSS. There are concerns on how corporations are funded (are they funded to truly support the slots they have and the complexity of cases).

- Many DSS's are the only providers of representative payee services locally in their community. There is very little oversight or support given for this much needed service. Though private or non-profit organizations help to provide these services, there is very little oversight for these services, resulting in unfortunate outcomes for consumers who need this service. We would recommend the state look at developing a policy and regular monitoring schedule with SSA to help provide better protections to this population. Additionally, there needs to be appropriate development of these organizations in communities.
- Though the DAAS staffs are required to have regular contacts with counties, some counties report this is not happening regularly. Additionally, there is concern with the questions only being addressed on the listserv. The listserv has a different staff member each day to answer questions; generally turns are taken with the APRs. The concern is there is no access to an individual for immediate concerns or questions and the same question asked can have different responses, depending on who is responding to the issues or question.
- Data concerns include recidivism under APS. Though the goal is to not have an individual have repeated episodes of abuse, neglect or exploitation, without the appropriate local resources available, this is a measure a local APS may not be able to impact due to lack of community resources or inability to get authorization for needed behavioral health services (Eg. Wait list for Innovations Waiver).
- It is noted CSF has concluded DAAS does not have the needed FTEs to support both central and regional offices. We would also concur with the system changes that occurred in mental health, local adult service units, including adult home specialists, have lacked the necessary resources, staff and training to adequately address the needs of the aging and adult services populations.
- We are concerned that the Division of Health Services Regulation was not considered in the CSF report; as adult home specialist have an integral component in the adult services units. Many times, they work in tandem with APS social work staff concerning abuse or neglect allegations in family care and adult care homes. Additionally, the type of supervisory support offered by DHR comes in the way of 1068 trainings and quarterly conference calls to APS supervisors to see if you meeting the monitoring standards expected. We would like CSF to review this component in adult services.

Current Accountability Measures in Place for Local and State Offices; Recommendations for Regional Offices as it relates to Aging and Adult Services

Aging and Adult mandated performance measures concerns?

We agree with CSF that the quality of what the staff is able to do does not measure if a desired outcome was achieved; but in order to achieve those quality supports and services, those resources have to be readily available for workers to access and arrange for neglected, abuse or exploited adults. Too often, workers are scrambling to find even the most basic resources for individuals who are just slightly over the income to qualify for Medicaid to receive Personal Care Services, but there is a substantial waiting list for PCS under HCCBG. Counties cannot be held to a quality standard when much needed community resources haven't been funded or made

available for the ever increasing population of older and disabled adults living in communities. The qualitative and quantitative data needs to be analyzed and then compared to the availability of qualify resources in community specifically needed for this population.

Staffing as it related to Aging and Adult Services

We agree that staffing disparities and salary disparities contribute to the inconsistent service delivery in the state. Adult service programs in each county perform differently; some have APS and guardianship social workers positions, as well as case management and placement. **Some counties have just an APS social worker and a guardianship social worker. This can have an impact on the quality of not only the work but also on how staff is able to keep up providing complex services with mixed caseloads. There is a need to have a caseload standard established by NC DHHS.**

Staff continues to voice concerns on training. CSF report doesn't address the issues of training for adult services to be reflective of the complex social and community issues being experienced at the local level. When compared to CPS training requirements and ongoing, updated training availability; adult services has very little new or updated training for workers as it relates to the work they are doing or situations they are experiencing.

- We agree there needs to be a repository system concerning salary and positions. There needs to be consideration concerning State salaries for Division positions adjustments, and then many counties will lose trained, vetted staff, impacting staffing concerns. When reviewing salary recommendations, there needs to be consideration made on what minimal requirements are for both county and state staff; with appropriate funding to correspond with those recommendations.
- We also recommend if there is a regional state office, then in addition to the DAAS individual being included on the team, a behavioral health division staff person needs to be provided due to the increased needs concerning not only older and disabled adult needs but with child welfare case concerns as well. This provides a way to help receive resources from MCOs.
- We agree with the development of a supportive trainer and manager for DAAS. The training developed must meet the needs on issues and challenges in communities to help support and empower our social work staff.

Resource Issues Impacting the Services Delivery System—Aging and Adult Services

We agree with the five themes addressed in the CSF report but would include that NC DAAS's ability to provide timely information and then respective training on policy or process changes is significantly lacking. An example is the recent changes to the PASRR process, moving to the RSVP for admissions to an assisted living facility. NC DAAS sent out notifications of what would be transpiring, but provided little or no meaningful information to local departments until the date the program was implemented. A site was provided, with a basic web based tutorial, but little information on how RSVP would work with the respective LME/MCOs. Agencies were expected to ensure they understood the information and perform the required assessment with little or no direct support from NC DAAS. This is a common theme seen when new requirements are mandated, such as when keying FL2s or PASRRs.

We also agree there needs to be more comprehensive new hire training, with updated trainings provided that is reflective of current issues or events.

Dashboard and CQI—Aging and Adult Services

Adult services are in need of meaningful data, which in turn would help develop much needed resources in communities.

CHILD WELFARE

- **Collaboration with the courts and DMA and Mental Health**

CSF Recommendations:

11. Engage, collaborate and coordinate with courts to address and remedy existing barriers, while creating buy-in for the new vision and jointly tracking key outcomes for children, youth, and families.

Feedback: Adequate court time, reduction of continuances by parent attorneys due to court conflicts, and mediation process for juvenile petitions are needed in each county to streamline the juvenile judicial processes and expedite efforts toward reunification and other permanency outcomes. Further, there must be some leverage provided to the court system to hold parents accountable when they fail to comply with orders. Frequently required training for district court judges should be instituted.

12. Strengthen partnership between the State Division of Social Services and the Divisions of Medical Assistance and MH/DD/SAS to make sure behavioral health services are available to parents and ensure appropriate placements for children in foster care.

Feedback: Medicaid waiver requesting that Medicaid coverage be extended to parents when their children have been placed into foster care is a critical element of ensuring appropriate services are available to parents. This waiver needs to be aggressively pursued. DSS and MH/DD/SAS could improve services to foster youth if they had a joint taskforce/team whose primary focus is upon serving those youth in the child welfare system.

- **Child Welfare Staff**

CSF Recommendations:

38. Changes are necessary to allow CPS assessors, CPS In-Home caseworkers, and foster care caseworkers to meet job expectations when caseloads are at standard levels. CSF recommends establishing a minimal statewide salary level based on current salary structure, with the state providing funding to equalize the funding load across counties.

Feedback: The financing structure of the child welfare system is in serious need of evaluation. It is recommended that CSF consider a standardized funding formula for staffing that both state and counties could participate in for the non-federal share of county DSS positions administering mandated programs. It is recommended that an evaluation be conducted to

maximize the use of available federal dollars to support child welfare across the state. Staffing appropriations to counties are recommended to be reformulated every five years based on fair and consistent a funding criterion that levels the funding playing field across the state. It is further recommended that standardized evidence based staffing workload standards for all DSS programs be established.

40. Training should be integrated into a larger strategy for professional development and a diverse, representative design team should be charged with co-creating an approach for designing and developing learning programs (preparation, training, coaching, transfer of learning and support) as opposed to stand-alone training modules.

Feedback: One of the most important aspects of child welfare is the quality of supervision provided to caseworkers. While there is great turnover at the caseworker level, supervisors have longevity. They are responsible for teaching, guiding and overseeing the work of caseworkers. More emphasis should be placed upon developing supervisors in the use of data, analytics, social work practice, clinical knowledge, family engagement, etc. This development needs to occur in an immersion environment when newly promoted to supervision. The Supervisor Academy developed with DHHS, counties and the university partners is a good start. This Academy needs to be reviewed periodically by attendees and revisions made based upon the feedback. Training for supervisors needs to be on-going and provide curriculum for the new supervisor as well as veteran supervisors. In social work training after a worker has completed all that's offered there is very little training offered by the state for a veteran social worker. We don't need this same practice repeated at the supervision level.

42. A process for continuous evaluation and revisions of learning programs should be integrated into professional development to determine what is needed, how well it is working, and to make improvements.

43. The state needs to develop a recruitment and retention strategy for child welfare caseworkers that includes positive and realistic messaging about child welfare caseworkers and the role of child welfare supporting children and families.

44. The Child Welfare Collaborative should be revived and retooled so that it benefits all counties, not just those neighboring state universities with collaborative programs.

45. Strategies should be implemented to retain child welfare caseworkers.

- **Child Fatalities**

CSF Recommendations:

47. CSF endorses the process that the state Child Fatality Prevention Task, with the full involvement of DHHS, is taking to work with participants and stakeholders of the child fatality review and prevention system to:

- Simplify the structure and processes of the system.
- Improve the use of the data.
- Improve support of and collaboration between review teams.

48. Consider consolidating state-level responsibility for child fatality reviews within a single entity of DHHS to create a central point of accountability for review processes and to simplify review reporting and feedback expectations.

49. Consolidate into a single review the state-led intensive and local team reviews required when children brought to the attention of the Child Welfare system within the previous 12 months die of suspected abuse or neglect.

Feedback: This would be a simple process given that the make-up of a state intensive review panel contains many of the same participants as the local review team.

- **Practice Model**

CSF Recommendations:

15. The state and CSF should begin immediately to further explore the fit and feasibility of adapting and effectively implementing Safety Organized Practice (SOP) as the comprehensive statewide practice framework to create consistency in child welfare practice that is trauma-informed, culturally-competent, family-centered, and safety-focused throughout North Carolina.

Feedback: Has Safety Organized Practice (SOP) been identified as the model that DHHS plans to implement? If so, it will be important for all 100 counties to engage in the same evidence based practice model. Currently, there are different models being used in counties. While these models have provided a foundation of practice, it is important that as an Association representing all 100 counties, we advocate for an evidence based model to be implemented for all 100 counties. This will create more consistent practice and heighten outcomes for our youth. All 100 Counties need to be using the same evidence based practice model.

- **Manageable Workloads**

CSF Recommendations:

36. Take concrete steps to reduce paperwork and streamline requirements (create a stop-doing list) to increase the time caseworkers have available to work with families.

37. Consider strategies for organizing staffing or workloads to allow more intensive effort during the first 30 days of foster care.

38. Changes are necessary to allow CPS assessors, CPS In-Home caseworkers, and foster care caseworkers to meet job expectations when caseloads are at standard levels.

Feedback: This is one of the most important short term recommendations that CSF has made regarding the child welfare workforce. We recommend this effort include reducing the number of forms, the length of forms, the number of optional tasks, consolidating various tools, eliminating some of the checklists, eliminating unnecessary processes, combining mandatory meetings into multi-purpose meetings (CFTs and PPATs), streamlining policy, etc. of which are currently required of child welfare social workers. Much of this work was previously completed by a Simplification Committee but their recommendations were not implemented.

NCFAST P4 should also be streamlined to eliminate non-required processes and to enhance pre-population of demographic and other redundant information.

Timeframes for CPS case completion are currently 45 days. This was established when the Multiple Response system was implemented. It is recommended that this time frame be revisited, restudied and consideration be given to changing it to a 60 day time frame. A 60 day time frame would allow counties to provide up-front services to families and children to resolve issues in meeting needs and prevent some families from moving further into the child welfare system. A secondary benefit would be reduction of transfers of a family from one social worker to another which reduces trauma and enhances outcome achievement.

- **Statewide Case Management System**

It is noted there are no references made to NCFAST and the impact NCFAST has had on the administration of social services at the local level in NC. There was an abundant amount of feedback on NCFAST provided by county directors and county staff at numerous focus group meetings. The fact that none of this feedback is reflected in the reports is a somewhat puzzling. NCFAST has had a profound impact on county administration of the programs that have been implemented thus far into the NCFAST system. While the potential of NCFAST to create critically needed data and system reporting across programs is a goal of which all within the system share and continue to work toward, much work remains to make this system a user friendly system and a system that creates efficiencies versus creating significant amounts of additional workload at the county level. While many system defects have been corrected over the years many defects remain and many work arounds and job aids to address those defects remain in place. For a NC social services system to truly become optimally effective, NCFAST must one day function well for both counties and the state. It is recommended CSF examine the role of NCFAST to DSS operations and explore constructive recommendations to improve NCFAST since it so closely impacts the social services delivery system and impacts many of the recommendations contained in both reports.

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Appendix C: Analysis of North Carolina’s Child Welfare Financing Structure

High Level Analysis of Current Funding

Child Welfare expenditures reported by the North Carolina Department of Health and Human Services (DHHS) totaled \$633,443,645 in FY 2017. This figure includes both state and county expenditures and state contracted child welfare services. It does not include expenditures for treatment placements and other treatment services to children and families funded through Medicaid.

Programmatically, total spending broke down as follows:

◆ Foster care (including costs of staff and both county and private placements)	252,665,061
◆ Adoptions (primarily adoption assistance but also program services)	138,177,699
◆ Child Protective Services (intake, assessment, and CPS in-Home services)	205,190,888
◆ Family Preservation and Support (including Family support, IFPS contracts)	37,409,998
◆ Total Spending	633,443,645

Major sources of revenue for Child Welfare spending were as follows:

◆ Federal funds	(40.9%)	259,391,150
◆ State funds	(17.7%)	112,123,573
◆ County funds	(41.1%)	260,101,604

Federal Funds

The major sources of federal funding were as follows:

◆ Title IV-E	(48.8% of federal funds; 20% of total funds)	126,498,113
◆ TANF	(39.3% of federal funds; 16.1% of total funds)	102,058,665
◆ IV-B1 & B2	(7.5% of federal funds; 3.1% of total funds)	19,434,393
◆ SSBG	(2.4% of federal funds; 1% of total funds)	6,292,064 ²²

Title IV-E is a critical funding source to understand because unlike other federal funding sources in Child Welfare it is uncapped entitlement. Determining whether a service is eligible for IVE-E reimbursement is critical because the amount of reimbursement increases proportionately with the allowable costs incurred. Through Title IV-E, the state and counties can receive reimbursement for the following allowable costs:

- ◆ Foster care maintenance including room and board for IV-E eligible foster children in IV-E eligible placements.
- ◆ Foster care administration including:
 - The cost of foster care case management staff working on behalf of foster IV-E eligible foster children.
 - The cost of foster care licensing staff multiplied by the percentage of foster children eligible for IV-E administrative payments.

²² Spending totals and percentages are from NC Department of Health and Human Services Division of Social Services CHILD WELFARE SERVICES - Expenditures Report As of 6/29/2017 (Provided to CSF by DHHS).

- The cost of case management for candidates for foster care receiving CPS In-Home Services multiplied by the percentage of foster children IV-E foster care penetration rate.
- The cost of determining eligibility for IV-E reimbursements.
- ◆ Adoption assistance payments, services, and administration for IV-E eligible adoptees.
- ◆ Guardianship assistance payments and administration for IV-E eligible children in North Carolina's new guardianship assistance program.

Reimbursement for foster care maintenance, adoption assistance, and guardianship assistance is at the FMAP rate (currently about 67 percent).²³ Reimbursement for foster care administration, adoption assistance administration, and guardianship assistance administration is 50 percent of allowable costs.

Additionally, IV-E reimburses for eligible training costs (many of which are reimbursed at an enhanced 75 percent rate). In general, training costs related to child welfare generally and foster care, candidates for foster care, and adoption are eligible for reimbursement. Training specific to child protective services intake and assessment is not eligible. Eligible costs for most trainings must first be multiplied by the percentage of children eligible for IV-E foster care administrative payments; eligible costs for training specific to adoption is multiplied by the percentage of adopted children eligible for IV-E adoption assistance.

Finally, the Family First Prevention Services Act places new limitations on IV-E maintenance reimbursement for congregate care placements, but for the first time allows states to claim IV-E reimbursement for the cost of mental health, substance abuse and parenting services intended to prevent candidates for foster care from needing to be removed from their homes. Preparing to operate under the provisions of the Family First Act is a major undertaking, and North Carolina has exercised the option of delaying implementation until 2021. An application has been submitted to The Duke Endowment for assistance in preparing for implementation. This application has been funded and support is being provided to North Carolina.

Determining which children are eligible for IV-E is a labor intensive but necessary process. The percentage of service recipients who are found eligible for IV-E reimbursement is called the IV-E penetration rate. North Carolina's penetration rates taken from a recent quarterly financial report (CB 496) are:

- ◆ Forty-one (41) percent for foster care maintenance.
- ◆ Fifty-one (51) percent for foster care administration.
- ◆ Seventy-point-six (70.6) percent for adoption assistance.²⁴

TANF is a more flexible funding source but it is capped, which means that providing additional TANF eligible services does not result in additional funding. North Carolina allocates almost \$70 million of TANF funding to child protective services, with \$22 million used to fund foster care. Smaller amounts of TANF are used to fund family preservation and support services and adoptions.

Title IV-B and SSBG are much smaller funding sources and are also capped. North Carolina uses some of its IV-B funds for state contracts including contracts for intensive family preservation services.²⁵

²³ Form CB-496: Title IV-E Programs Quarterly Financial Report for Quarter ended 9/30/2018 (Provided to CSF by DHHS).

²⁴ Form CB-496: Title IV-E Programs Quarterly Financial Report for Quarter ended 9/30/2018 (Provided to CSF by DHHS).

State Funds

In general, the state participates 50-50 with counties in paying the non-federal share of foster care maintenance up to approved state rates. For IV-E eligible children, the federal government pays the FMAP percentage (currently about 67 percent). For non-IV-E eligible children, the state splits the full cost of placements 50-50 with the county up to the state-approved rates. This is an uncapped state source of state funding for counties meaning the state shares with the counties the cost of additional children entering foster care.

The state participates with counties in paying the non-federal share of adoption assistance payments. For IV-E eligible children, the federal government pays the FMAP percentage (currently about 67 percent) and the state and the counties split the remainder (currently about 16.5 percent each). For non-IV-E eligible children, the state pays 75 percent and the counties pay 25 percent.²⁶ The state contribution to adoption assistance is uncapped state source of funding for counties meaning the state shares with counties, the cost of additional children receiving adoption assistance.

The state has multiple fixed pots of money that it allocates to counties for staffing and other purposes. Some represent continuing funding from when the state allocated funds for new positions more than 10 years ago based on the annual caseload survey. One pot is related to funding granted by the legislature when the federal administrative cost study in the early 2010s was resulting in large reductions in IV-E administrative funding for candidates for foster care. Because these pots of money are capped, counties do not receive any additional state funds when they add new positions or raise salaries unless the legislature makes a special appropriation.

County Funds

Although the percentage of child welfare funding that comes from counties statewide is 41 percent, the proportion of county funding varies from county to county. Counties essentially pay the difference between their cost and the reimbursement they receive from federal and state sources.

Counties pull down funds for staff costs by having front-line staff complete day sheets in which they account for 100 percent of their time every day using codes found in the Child Welfare funding manual (<https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-78/man/>).

Many staff activities can be coded to multiple funding sources. The basic strategy followed by most counties to maximize reimbursements is to code all IV-E eligible activities to IV-E because most counties will exhaust all the smaller fixed pots of funding before the end of the year. Counties have to monitor their drawing down of the fixed pots of money and adjust coding instructions to staff as needed to assure all fixed funding sources are fully pulled down.

The cost of supervisors, administrators, support staff and attorneys as well as the costs of office space, supplies and equipment are considered overhead. These costs are calculated into the cost of staff positions and are reimbursed when the state or federal funding source reimburses the allowable share of staff costs.

²⁵ Allocations from TANF and IV-B from NC Department of Health and Human Services Division of Social Services CHILD WELFARE SERVICES - Expenditures Report As of 6/29/2017 (Provided to CSF by DHHS).

²⁶ Information on state participation in foster care maintenance and adoption assistance is from personal communication from Susan Thigpen.

Counties pull down the costs of foster care maintenance through completion of the 5094 (<https://www2.ncdhhs.gov/info/olm/forms/dss/dss-5094.pdf>).

Funding for New County Positions or County Salary Increases

Although federal and state dollars fund 59% of child welfare expenditures overall in North Carolina, the cost of adding new positions to meet rising caseloads or of increasing salaries to be competitive are borne primarily by the counties. Because state funding to support county positions comes in fixed pots that are already completely spent, a county receives no state match for adding positions or raising salaries unless the legislature makes a specific expansion allocation. Counties do receive about a 25 percent match from federal IV-E funds when they add foster care or in-home positions or when they raise foster care or in-home salaries. (The federal match is calculated as follows: 50 percent of the cost multiplied by the foster care administration penetration rate = .5 x .51 = .255).

The cost of adding CPS intake and assessment positions or increasing the salaries of those workers is a 100% county cost.

The shares borne by counties in funding new positions and salary increases significantly contributes to two major findings in CSF's analysis of staffing and salary:

- ◆ Staffing shortages as documented in the Child Welfare staffing workbook are concentrated in CPS assessment, where the cost of adding new positions is a 100 percent county expense.
- ◆ Counties vary significantly in the salaries they pay, a contributing factor to system turnover.

The Role of Medicaid

NC uses Medicaid to fund the cost of treatment placements. Medicaid is also the primary funder for behavioral and physical health services for foster children and for behavioral health services to Medicaid eligible children at risk of entering foster care and their Medicaid eligible parents. These funds do not show up in Child Welfare budgets.

Placements in North Carolina are funded as follows:

- ◆ Foster care board rate varies by age, averages less than \$20 a day (CW funded).
- ◆ Private child care agencies receive an additional \$30+ a day for administrative costs (CW funded).
- ◆ Non-treatment group home rate is just over \$130 a day (CW funded).
- ◆ Level 2 Therapeutic homes: board rate of \$20 a day (CW funded), plus treatment rate of \$88.58 a day (Medicaid funded).
- ◆ Level 3 Group Homes: board rate of \$43 a day (CW funded), plus treatment rate of \$232.88 a day (Medicaid funded).
- ◆ Level 4 Group homes: board rate \$40-43 a day (CW funded), plus treatment rate of \$315.71 a day (Medicaid funded)
- ◆ Psychiatric Residential Treatment Centers (PRTFs): no CW funding, higher treatment rates (Medicaid funded).²⁷

²⁷ July 17, 2017 Dear County Director of Social Services letter from Wayne Black.

CSF did not receive data from DHHS in time to calculate the current federal Medicaid spending and state match for residential treatment for foster children in North Carolina. CSF believes this spending, which includes paying the treatment rate for therapeutic care, group homes, and PRTFs, is very substantial.

North Carolina county departments of social services do not bill Medicaid for targeted case management, an option exercised in some states.

Possible Opportunities for Enhanced Federal Claiming

IV-E Eligibility and Penetration Rates for Foster Care and Adoption Assistance

Each county is responsible for determining IV-E eligibility and for completing the Child Placement and Payment Report (5094) which further impacts eligibility. IV-E eligibility determination is based on archaic rules including whether the home a child was removed from met 1996 North Carolina AFDC poverty guidelines, the circumstances of the removal, and the court findings, and finding documentation to support IV-E eligibility can be a labor intensive process. The impact of these determinations on IV-E reimbursement is substantial. The potential impact of even small changes in IV-E penetration rates is examined below for both counties and the state:

- ◆ **Foster Care Maintenance.** An increase in the penetration rate from 41 to 42 percent would result in increasing IV-E maintenance payments by almost \$800,000 (from \$32,454,000 to \$33,245,000). (Increase = Current reimbursement x 42/41 – current reimbursement) = 32,454,000 x 42/41 – 32,454,000 = \$791,600). Increased revenue would be split evenly between the state and the counties.
- ◆ **Foster Care Administration.** An increase in the penetration rate from 51 to 52 percent would increase reimbursement for staff providing foster care and CPS in-home case management services and foster care licensing services by about 780,000 (from \$39,743,000 to \$40,522,000). (Increase = current reimbursement x 52/51 – current reimbursement = 39,743,000 x 52/51 – 39,743,000 = \$779,000) Increased revenue would accrue to the counties.
- ◆ **Adoption Assistance.** An increase in the penetration rate from 70.6 to 71.6 percent would increase reimbursement for adoption assistance payments by \$700,000 (from \$49,527,000 to \$50,229,000). (Increase = current reimbursement x 71.6/70.6 – current reimbursement = \$49,527,000 x 71.6/70.6 - \$49,527,000 = 702,000). The great majority of increased revenue (approximately 87 percent or over \$600,000) would go to the state because of how the state shares the non-federal share of adoption assistance with counties. For children who are not found to be IV-E eligible, the state pays 75 percent and the counties pay 25 percent of the total cost. For IV-E eligible children, the federal government pays the FMAP rate (about 67 percent) and the state and counties split the remaining cost equally (each paying 16.5 percent of the total cost). The result is that determining that a child is IV-E eligible reduces the state share of the total cost from 75 percent to 16.5 percent while the county share is reduced from 25 percent to 16.5 percent.

Foster care eligibility recommendations: CSF understands the state has invested substantial effort in providing training and technical assistance to counties to improve their skills and processes for determining whether foster children are IV-E eligible in recent years and believes the counties currently are currently performing accurate eligibility determinations. However, considering staff turnover, the fading effects of any training, and the level of effort required to properly determine eligibility, CSF recommends the state provide the following ongoing support to counties to assure processes are consistently maintained:

- ◆ Training and technical assistance on IV-E eligibility determination.
- ◆ Systematic ongoing monitoring that includes:
 - Reviewing regular reports with each county on their penetration rates, trends in their rates, and how their rates and trends compare with other counties.
 - Discussing with counties possible causes for variances in rates.
 - Pulling cases for review with counties.

CSF also understands that the foster care administrative penetration rate may be hurt by county staff not consistently completing the 5094 form accurately at least with respect to a box on the form that can be checked to maintain administrative eligibility for specific children not in IV-E eligible placements. Examples include IV-E eligible children in court ordered placements with specified relatives pursuing licensure and IV-E eligible children on trial home placements. The box is inconspicuous on the form and may be poorly understood and often neglected by county staff. CSF recommends the state explore this possible issue and take steps, if needed, to raise awareness of this issue.

Adoption assistance eligibility recommendations. CSF is concerned that the current IV-E Adoption Penetration rate of 70.6 percent is much lower than it should be based on the phasing out of the income eligibility rules for IV-E eligibility for adoptees that began in FFY 2010. For example, the current adoption assistance penetration rate in Tennessee is in the mid-80s. CSF understands that current and former state officials, knowledgeable about adoption assistance determinations in North Carolina, believe the North Carolina's rate is close to accurate. CSF recommends the state review with counties a substantial representative sample of files of children not currently eligible for adoption assistance and proceed to a full case-by-case review if significant numbers of cases are found.

As with foster care eligibility determination, CSF recommends the state provide the following ongoing support to counties to assure processes are consistently maintained:

- ◆ Training and technical assistance on IV-E eligibility determination.
- ◆ Systematic ongoing monitoring that includes:
 - Reviewing regular reports with each county on their penetration rates, trends in their rates, and how their rates and trends compare with other counties.
 - Discussing with counties possible causes for variances in rates.
 - Pulling cases for review with counties.

With respect to IV-E eligibility for adoption assistance, CSF is concerned that the counties are responsible for determining whether adoptees are IV-E eligible but have limited fiscal incentives to expend the effort that may be required. This is especially problematic because counties may perceive erring on the side of finding a child ineligible to be prudent. The state – which has a substantial financial interest in children being correctly classified as IV-E eligible – should stop paying a higher rate (75 percent of the federal share) for non-eligible children and a lower rate (only 50 percent of the non-federal share) for eligible children. CSF recommends the state pay the same rate of the non-federal share irrespective of IV-E eligibility, establishing a single rate that would be cost neutral overall. For example, if the state paid approximately 64 percent of the non-federal share irrespective of IV-E eligibility, the state's overall share of the adoption assistance would remain the same but the county share of the cost for IV-E eligible children would decrease to about 12 percent while its share of the cost for non-eligible children would increase to 36 percent.

IV-E Claiming for Training

North Carolina counties have no specific way of claiming IV-E for training. Social work staff are limited to claiming 990 time (general administration) on their day sheets which: a) does not allow capture of the enhanced 75 percent rate and b) does not increase the percentage of their time billable to IV-E. The latter problem is especially problematic during pre-service. Counties also have no way of specifically capturing their expenses for providing training or for time their supervisors, administrative staff or attorneys spend in training. This time is captured through overhead, but that is less advantageous than billing specifically to IV-E.

CSF recommends the state create specific codes that allow counties to claim for staff time and expenses involved with receiving and providing training.

CSF cannot provide a reliable estimate on how much additional revenues counties can expect to realize from being able to claim for the costs of their staff receiving and providing training because it does not have good data on current claiming. CSF would expect that some staff in pre-service may not have any billable time during their first month employed, while having a code for training should allow close to 38 percent of the salary cost and a significant percentage of lodging and travel costs for those staff to be recouped during pre-service (costs eligible for enhanced rate would be reimbursed at 75 percent of the foster care administration penetration rate).

According to data from North Carolina's CB-396 forms provided to CSF, North Carolina's claiming for IV-E training in the 12 months ending in September 2018 resulted in reimbursements totaling \$1.1 million. CSF does not have good data on North Carolina's statewide training costs. However, CSF believes North Carolina can improve substantially the revenue it is receiving in the context of the reimbursement rates available for training, the percentage of training that should be eligible for IV-E reimbursement, and the size of the state's current training expenditures (over \$4 million in contracts and approximately 20 internal training staff).

CSF believes close to 90 percent of state expenditures for child welfare training (with the exception of training that is specific to CPS intake or assessment) should be claimable to IV-E, with most of the claimable expense reimbursable at the enhanced 75 percent rate multiplied by the applicable penetration rate (foster care administration for most training but adoption assistance for training focused on adoption assistance). For state level staff provided and contracted training expenses, total cost should be approximately the cost x .90 x .75 x .51 or 34 percent of the total.

CSF was also informed that the state is concerned that allowing employees of non-county entities that provide child welfare related services would hurt their IV-E reimbursement, when this concern is not consistent with current IV-E rules. CSF recommends the state review its current claiming and procedures against IV-E guidelines employees to determine if increased claiming and increased access is possible.

IV-E Funded Services to Candidates for Foster Care

Claiming for candidate administrative costs – pre-placement activities totaled \$4 million on a recent Title IV-E Financial Report. CSF believes this total (which corresponds to \$16 million annually²⁸ seems low in the context of North Carolina's other claiming. More analysis together with the state is needed to assess:

²⁸ Form CB-496: Title IV-E Programs Quarterly Financial Report for Quarter ended 9/30/2018 (Provided to CSF by DHHS).

- ◆ Whether North Carolina is providing more services to candidates for foster care than it is claiming either because:
 - It is failing to accurately determine who is a candidate for foster care.
 - The timing of NC's candidacy determinations results in services being provided before they can be claimed.
- ◆ Whether North Carolina is currently providing less in-home services than would benefit families by helping children stay safely at home and would be claimable to IV-E.

Examination of North Carolina's 2017 Child Welfare Workforce Data Book suggests wide variation in the size of county's in-home services staff in proportion to other child welfare staff and in the percentages of families referred to CPS in-home services.

CSF recommends the state and counties look at its practice and claiming with respect to providing services to candidates for foster care to support families keeping children safely at home. CSF believes that North Carolina can provide more services and increase its IV-E claiming to improve outcomes for children and families by optimizing its use of traditional IV-E administrative funding.

Guardianship Assistance

The NC legislature authorized the development of a guardianship assistance program in 2013 with Senate Bill 402-Ratified Session Law 2013-360 (Page 146-147). Here is the language in the statute:

USE OF FOSTER CARE BUDGET FOR GUARDIANSHIP ASSISTANCE PROGRAM
SECTION 12C.4. Of the funds available for the provision of foster care services, the Department of Health and Human Services, Division of Social Services, may provide for the financial support of children who are deemed to be (i) in a permanent family placement setting, (ii) eligible for legal guardianship, and (iii) otherwise unlikely to receive permanency. The Division of Social Services shall design the Guardianship Assistance Program (GAP) in such a manner that no additional expenses are incurred beyond the funds budgeted for foster care. The Guardianship Assistance Program rates shall reimburse the legal guardian for room and board and be set at the same rate as the foster care room and board rates in accordance with rates established under G.S. 108A-49.1.

CSF understands that state Child Welfare leadership interpreted the bill as requiring guardianship assistance to be cost neutral within the foster care budget, meaning that the cost of guardianship assistance payments must be offset by savings specifically within the foster care budget such as reduced foster care staff costs. The statute as written does not appear to allow consideration of offsetting savings in adoption assistance if a relative chose guardianship over adoption in order to spare the children and parents the trauma and delay of Termination of Parental Rights (TPR) proceedings. The statute also does not allow consideration of savings realized in Medicaid and other programs for youth and young adults resulting from the well-gains of children who achieve permanence with relatives. Those children, for example, are less likely to need expensive residential treatment funded by Medicaid than children who languish in foster care.

The eligibility criteria for the guardianship program that North Carolina began in 2017 are indeed restrictive. To be eligible for guardianship assistance, a child must be at least 14 years of age but not older than 18 years of age or not yet 14 years of age and must have been placed in the licensed home of the prospective

legal guardian for at least six months.²⁹ Like North Carolina's adoption assistance program, the program claims IV-E funding for IV-E eligible children but children are eligible regardless of IV-E status. The Child Welfare Funding manual also includes a requirement for an independent audit of the guardianship assistance program every three years.

Another limiting factor to North Carolina's use of guardianship assistance is its very low rate of licensing for kinship caregivers. According to numbers provided by DHHS, of the 2839 foster children in North Carolina placed with relatives, only 134 (5%) are placed with relatives who are licensed as foster parents. Of the 421 foster youth aged 14-17 placed with relatives, only 11 (3%) are licensed. This severely limits the use of guardianship assistance as a tool to achieve permanence because only youth aged 14 to 17 and their siblings staying with licensed relatives are eligible under North Carolina policy.

CSF believes this is unfortunate. A well-controlled random controlled trial of guardianship assistance in three states (Illinois, Tennessee, and Wisconsin) published in 2008 replicated previous findings in Illinois that offering subsidized guardianship as a permanency option to licensed relatives improved overall permanency rates for children and reduced overall costs.³⁰ This study, which assessed cost neutrality from the perspective of the child welfare budget as a whole, found that initiating a guardianship assistance program both improved permanency outcomes and saved money. It should be noted that the federal Fostering Connections Act that was passed in 2008 has altered somewhat the financial considerations by beginning a phase out of the old AFDC poverty standards for IV-E eligibility for adoption assistance but not for foster care or for guardianship assistance. Although children living with a licensed relative are still more likely to achieve permanence through guardianship because TPR is not necessary, the IV-E penetration rate is now higher for adoption assistance.

CSF recommends state leadership explore options to expand the use of guardianship assistance to help children in foster care achieve permanence more quickly with family members. Specifically, CSF recommends North Carolina:

- ◆ Make statutory changes to the cost neutrality provisions of its guardianship statute to at least allow consideration of the impact of guardianship assistance on the child welfare budget as a whole and preferable to allow consideration of savings in other budgets such as Medicaid that are related to improved permanency outcomes for children.
- ◆ Help relatives become licensed by expediting the licensure process for kinship caregivers, allowing child specific licensure for kinship caregivers, and by offering licensure training that is specifically relevant to the needs of relatives already caring for a child.
 - The licensure process for relatives should be expedited because a barrier to relative caregivers initiating the licensure process is the length of the process compared to the time the relative thinks the child will be in the home;
 - DHHS should explore allowing relative caregivers to apply for child specific licensure. If the county and the court determine that it is in a foster child's best interest to live with a kinship caregiver, DHHS should explore changing state licensure rules and statutes to the extent allowed by federal law to enable the kinship caregivers to apply for child-specific licenses. In developing a child

²⁹ CW Policy Manual; Chapter XIII; Section 1700.

³⁰ Testa, M. *Subsidized Guardianship: Testing the Effectiveness of an Idea Whose Time has Finally Come*. Children and Family Research Center, The University of Illinois at Urbana-Champaign, May, 2008.

specific licensure, the state should consult new federal licensure guidelines posted in February on the Children's Bureau website pursuant to the Family First Prevention Services Act.

- Training specific to relatives needs is important because relatives who are already caring for a child in their home and who already have a relationship with the child's parents have specific training needs that are very different from the needs of volunteers preparing to have children placed with them from unknown families in the future. The state should work with counties and vendors to provide specialized training that addresses those needs.
- Lower the age of that children are eligible for its guardianship assistance program. How low the age can be lowered and still be cost neutral depends on the legislature's willingness to amend the current cost neutrality provisions. Broader definitions of savings that can be considered will allow greater lowering of the age. CSF also recommends DHHS and the legislature consider that allowing relatives to choose between adoption and guardianship assistance is consistent with trauma informed, family centered practice. Law and policy in North Carolina require that relatives receive first consideration for placement when children are removed from their parents' home and that relatives be assessed as a permanency option if reunification is contrary to a child's best interest. Relatives can receive adoption assistance if they adopt but will not receive ongoing support if they refuse to adopt but are willing to be guardians until a child is 14. CSF recognizes that adoption is preferred in policy and by many caregivers because it provides the greatest legal security. However, CSF believes that allowing a relative to choose between adoption and guardianship and still receive needed financial assistance is a more trauma informed because it allows relatives to avoid a legal process to terminate parental rights that may be traumatizing to both themselves and the children and often prolongs the time a child is in legal limbo. Additionally, allowing relatives caring for young foster children to become legal guardians and receive guardianship assistance would eliminate the need for the current practice of removing children from relatives who are unwilling to adopt and unable to accept guardianship without assistance.

DHHS Capacity to Effectively Manage IV-E Claiming Internally and to Monitor and Give Technical Assistance Related To IV-E to Counties

Title IV-E funding accounts for over \$126 million (20%) of the revenue for child welfare in North Carolina. The state needs internal expertise to

- ◆ Provide technical assistance and monitoring to counties for eligibility determination.
- ◆ Assure claiming for current expenditures (e.g., In-Home Services case management, training) are maximized.
- ◆ Plan how to respond to new statutes and rules (e.g., the Family First Act and the opportunity to claim for legal services to parents).
- ◆ Explore, implement and monitor potentially more advantageous claiming strategies allowed by IV-E (e.g., guardianship assistance, university claiming for educating current and future child welfare employees).

Specifically, CSF recommends that state DHHS:

- a) Fill its child welfare IV-E coordinator position.
- b) Create a team of staff focused on IV-E issues and IV-E claiming by adding at least two positions, giving consideration to recommendations made by Susan Thigpen when she was IV-E coordinator.
- c) Make teaming and joint attendance at training a priority for child welfare IV-E staff and DHHS fiscal staff assigned to child welfare.

CSF believes that North Carolina will experience a significant net financial benefit from investing sufficiently in its internal capacity to manage the IV-E entitlement benefit.

Medicaid Issues Including Targeted Case Management and State Level Strategies to Improve Coordination Between DCSS and MCOS

Targeted Case Management. North Carolina currently does not utilize targeted case management within its child welfare system. Targeted case management is an option some states utilize to allow child welfare workers to provide and be reimbursed through Medicaid for case management services targeted to the population served by the child welfare system. Preparing to provide targeted case management within child welfare requires complicated administrative preparation and changes. However, some states have achieved very substantial benefits. In Tennessee, Medicaid claiming for targeted case management by child welfare has exceeded \$100 million in federal financial participation.

CSF recommends that North Carolina explore whether targeted case management would be a good fit in the context of its Medicaid transformation and Medicaid waivers. If the timing is not right, CSF recommends North Carolina keep targeted case management as an option on its radar.

Coordination Between DSSs and MCOs. DHHS recently sponsored the Building Local Systems project, a series of summit meetings between the leadership of the regional LME/MCOs that manage public behavioral health services and the county departments of social services in their catchment areas. The summit meetings made progress promoting understanding and collaboration within regions but also identified conflicts between the expectations and performance measures for the two systems. For example, although DSS must look to the behavioral health system for treatment placements for foster children with serious behavioral health issues, DSS and the MCOs have different mandates with respect to speed of decision making and the value of stability versus lowest level of care. Another example is the different priorities the two systems place on treatment services to parents whose behavioral health issues interfere with their ability to safely care for their children.

CSF agrees with the recommendation of summit participants that state level leadership across DHHS divisions work together with local and regional partners to better align expectations in the two systems for working with shared populations. CSF believes planning efforts for Medicaid transformation and Family First readiness may provide an opportunity for these discussions and improved alignment.

Random Moment Time Sampling

North Carolina is the only state in the country in which front-line workers account for 100% of their time every day on day sheets. CSF has been told that previous state analyses have concluded 100% time accounting improves reimbursement, but other states and CSF do not believe that it does. The problem with having every front-line worker in the state account for 100% of their time every day is the very significant statewide loss of productivity. CSF recommends North Carolina consider switching to random moment time sampling not because claiming will increase but because freeing every member of the workforce from coding every minute of every day will free up time to provide services to children and families.

Maximizing SSBG TANF Transfer

States are allowed to transfer up to 10% of their TANF award to SSBG, allowing the state greater financial flexibility. State officials have informed CSF that this transfer is currently being maximized. CSF recommends the state monitor the status of the transfer periodically.

Family First Prevention Services Act

CSF enthusiastically endorses North Carolina's proposed plan to partner with The Duke Endowment and Chapin Hall to prepare for implementation of the Family First Prevention Services Act. CSF believes Family First provides exciting opportunities to strengthen safety focused, trauma informed, culturally competent, and family centered services to help families safely parent their children.

Linking Financing to Outcomes

CSF recommends that North Carolina continue to explore opportunities for improved linking of financing to outcomes. As a first step, North Carolina should continue its process of identifying, refining, measuring and reporting on outcomes for services provided both by counties and contractors. Careful consideration should be given to relationships between outcomes of interest (e.g., safety and permanence) to avoid inadvertently creating incentives to pursue one outcome at the expense of another. Opportunities for linking financing and outcomes exist in the state DSS contracts, behavioral health contracts, and in the Family First and Medicaid transformation process. DHHS should carefully consider measuring and including child welfare outcomes when relevant in contracts with behavioral health providers.

Legal Representation for Parents

On January 7, 2019, the federal Children's Bureau officially amended the Child Welfare Manual³¹ to allow states to claim administrative costs reimbursements for the "independent legal representation" of parents and children. While states are still grappling with how/if to implement this change, here is what we know:

- ◆ The child welfare agency is the only state entity that can claim Title IV-E funding. Thus, agreements must be developed between the child welfare agency and the courts or other public entities that represent parents and children in child welfare proceedings;
- ◆ There is precedent for allowable costs, since states have already been claiming administrative costs for child welfare agency attorneys;
- ◆ Legal representation must remain "independent." Thus, the child welfare agency cannot limit the time or scope of legal representation for parents and children;
- ◆ Claiming is based on the state's penetration rate;
- ◆ The other factor is the state's administrative costs match; and
- ◆ IV-E funds were already available for training of agency, parent, and child attorneys at 75 percent.

North Carolina pays for the cost of legal representation for parents who cannot afford attorneys through the Administrative Office of the Courts (AOC). Claiming for the costs of state funded legal representation for parents would need to be done in partnership with the AOC. The availability of new federal reimbursement provides an opportunity for DHHS to explore opportunities to use the funds in partnership for partnership with AOC to support parents working towards reunification including enhancing the quality of legal representation and parent advocate programs.

³¹ [1] U.S. Department of Health & Human Services [Administration for Children & Families, Children's Bureau. "[8.1B TITLE IV-E, Administrative Functions/Costs, Allowable Costs - Foster Care Maintenance Payments Program](#)" *Child Welfare Policy Manual*.

Appendix D: Child Welfare Education Collaborative Analysis

The North Carolina Child Welfare Education Collaborative Analysis is included beginning on the following page.

NC Child Welfare Education Collaborative Analysis and Initial Recommendations

Recommendation #44 in the North Carolina Child Welfare Preliminary Reform Plan calls for North Carolina to revive and retool the Child Welfare Education Collaborative so that it benefits all counties, not just those neighboring state universities with collaborative programs. During Phase 1, stakeholders indicated that the collaborative, when it included stipends, was an extremely valuable tool for attracting and preparing well-trained child welfare workers. The recommendation included an emphasis on the benefits for rural and small counties and focusing federal IV-E funds in this direction.

The following report provides CSF's initial analysis and recommendations. The document is designed to accommodate additional information that CSF is continuing to gather and analyze. The information gathered and ongoing analysis includes a review of past NC education collaborative annual reports and evaluations; interviews with NC and national stakeholders; research regarding practices in other states; and a fiscal analysis of the various options for NC to consider. This information can be found in the appendices. While the recommendations reflect CSF's current analysis, as additional information is gathered, CSF will augment this report and notify DHHS of any potential impact on its current proposals.

Section I. Structural and Funding Options for North Carolina

CSF looked at the costs, benefits, transition issues and fit for multiple options for structuring and funding a Title IV-E collaborative program in North Carolina. Here is a brief summary.

What were the differences between Collaborative Scholars Program (stipend program and pre-service waived) and Waiver Program (only pre-service waived based meeting criteria, no service commitment)?

CSF found that participation in the collaborative decreased with the elimination of stipend support, especially at some schools, although the program's success attracting more waiver students has made the overall decrease in students less than one might expect. Program data, however, indicate the numbers of collaborative graduates accepting employment with county child welfare agencies has decreased dramatically.

Program data suggested that close to 95 percent of students in the Collaborative Scholars Program who had service commitments accepted child welfare employment, with about 80 percent completing their service commitment. Data on students in the Waiver Program for last year found less than 35 percent took county child welfare jobs after graduation. Data from a 2007 evaluation found impressive percentages of students in the Collaborative Scholars Program remained working for counties several years after the end of their commitments. CSF has not seen recent data but understands effort is ongoing now to collect it.

What are considerations related to offering stipends for graduate versus undergraduate students?

For most of its history, the North Carolina collaborative program offered stipends to both M.S.W. and B.S.W. students. The overwhelming majority of stakeholders interviewed by CSF value both and want a stipend program, if renewed, to be available to both. B.S.W. graduates are perhaps more highly valued as a source of new workers with child welfare specific training and field placements, and this is especially in more rural counties. M.S.W. programs are more highly valued by urban counties seeking to have most of

their workforce have M.S.Ws and to educate future leaders and provide opportunities for the current workforce to increase their skills and capabilities.

Is it more important for the Education Collaborative to prepare new workers or to improve the skills and capabilities of the existing workforce?

Stakeholders expressed a slight priority for a stipend program to prepare new workers, but overwhelmingly wanted a program that allowed stipends for both new workers and current workers seeking to improve their skills and capabilities. Throughout its history, North Carolina's stipend program did both though it appears significantly more collaborative scholars were new entries into the field (almost all BSW graduates and many MSW graduates), consistent with the priority.

Are there benefits to one-year program versus a two-year stipend program?

Stakeholders wanted the program, if renewed, to again offer both. In the abstract, some preferred a longer stipend with a longer service commitment as they felt two years was of more benefit to an agency and gave graduates more time to become committed to continuing in the child welfare field. As structured previously, however, most B.S.Ws did not join the program until their senior year and had only one year of stipend and one year of service commitment. Lengthening the stipend and service commitment for B.S.W. students would require structural changes at several schools on when undergraduates apply for and enter the collaborative program.

What is the level of financial support that provides the best balance of affordability, incentivizing students to enroll, and making the program financially accessible?

Stakeholders were consistent in believing the stipend or support should cover at least in-state tuition plus fees and/or books. Currently, this amount would be no more than \$10,000 a year and would be significantly less in a handful of lower tuition schools and would be less for part-time students. This amount is less generous than the support offered to M.S.W. students at the beginning of North Carolina's collaborative stipend program, but perhaps slightly more generous than the last stipends offered. Historically, North Carolina's program offered more support per year for M.S.W. students than for B.S.W. students. Given the value North Carolina places on B.S.W. collaborative students, the rationale for a higher yearly stipend for MSW students is not clear.

What form should student support take?

Nationally, some states offer stipends or tuition waivers while students are in school, some base the stipend on the field placement, and some pay graduates as they complete their service requirements (which can be direct payments or tied in some way to loan payments or forgiveness). The overwhelming majority of stakeholders interviewed want North Carolina to continue to offer stipends while students are in school, believing to do otherwise would hurt access because students do not want to take on debt in exchange for a future promise. Some NCACDSS stakeholders felt differently and preferred payment after service commitments are met using a rural health or Teach for America model. It should be noted their preference was based partly on anecdotal reports of large numbers of students defaulting on their service commitments and trouble recovering paybacks.

Some alumnae, especially alumnae from the part-time M.S.W. program, would like to explore options for having the support received by collaborative students not be taxable.

The option of linking stipends specifically to field placements opens the possibility of assuring that the desired proportion of field placements with associated stipends are located in rural counties. Because many M.S.W. students currently have four semesters of field placement while B.S.W. students only have one semester, basing stipends on field placements might tilt stipends towards M.S.W. students more than would be consistent with the value the state places on the two programs. The pros and cons of stipends for field placements is also discussed in the section on assuring the collaborative benefits underserved or rural counties.

How many schools should host collaborative stipend programs?

The states CSF reviewed locate their collaborative stipend programs in a limited number of universities. North Carolina currently is operating its waiver program in 18 schools with four others in the process of potentially joining. One argument for including more schools is to promote geographic dispersion through the state. A second argument is that graduates from all the state's schools are applying for child welfare jobs and the state should seek to have as many schools as possible benefit from the collaborative program. The disadvantage of a large cohort of schools in a collaborative stipend program is the increasing administrative challenges and costs of assuring high quality programs that are compliant with state and federal law as the number of participating schools increases.

How should collaborative funds be drawn down?

State leaders are clear that they want options for appropriately optimizing federal IV-E funding that can be claimed. This process requires appropriately identifying the federally allowable portion of all costs related to providing a Title IV-E collaborative program, including costs associated with stipends (or other financial support), program administration, and the university costs associated with teaching classes and educating students. Some states, Georgia as an example, have chosen to put the university in charge of administering the collaborative. The Georgia Department of Families and Children Services maintains responsibility for claiming IV-E funds. This approach both incentivizes the university to capture and report all allowable costs of providing a collaborative education. For North Carolina, it would require a negotiation between DHHS and a university to take on this role and would perhaps also dictate the choice of the entity to be responsible for the administration of the collaborative.

What entity should administer the collaborative?

Some NCACDSS stakeholders provided strong feedback that DHHS should administer the collaborative itself rather than asking a university to be the administrator. The state will need to weigh multiple issues including the possible claiming advantages of housing the collaborative administration within a university, DHHS's relationship with the university system, and DHHS's relative capacities to administer the collaborative versus its capacity to structure and manage the contract to assure alignment with public system goals.

What steps should be taken to assure the collaborative benefits all counties including previously underserved counties?

An important strategy is to build a collaborative that includes a geographically balanced group of universities associated with field placements in counties in their regions including rural or underserved counties.

Assigning counties employment slots that would count for payback is generally seen as difficult in North Carolina especially as the rural counties who are underserved would have difficulty holding slots open.

Some states (especially in state-supervised and state-administered systems) require collaborative graduates to accept a job anywhere across the state as it is offered or to pick from a group of locations and accept the first job offered from that group. This might be an option in NC if it were clarified in the application process. Potential disadvantages in North Carolina of this approach would be applicants for stipends needing to commit to giving up some autonomy in their choice of post graduate employment. A loss to both graduates and counties might be that fewer graduates would be employed in the county where they interned. Finally, graduates who were forced to take jobs in counties not of their choosing might be less likely to stay after their service commitment ended.

The approach of incentivizing students to accept work in underserved or rural counties avoids some of the potential disadvantages of requiring candidates to accept specific jobs. Financial incentives could include a bonus for completing a service commitment in specified underserved counties. Such incentives could be added on to the current stipend system. Incentives for completing service commitments in underserved counties could also be built into a model in which students are compensated after completing their service commitment rather than with stipends at the time.

The alternate approach of incentivizing collaborative students to complete a field placement in a rural county has the advantage of introducing students to working in those counties and perhaps increasing the likelihood they would choose post-graduate employment there. Incentives could take the form of a stipend or enhanced stipend for certain county field placements or transportation subsidies. This approach avoids the disadvantages described above that may be associated with forcing a graduate to accept employment in a county.

Strategies currently undertaken by NCACDSS to work with rural counties to create field placements, to build county-university relationships within regions are consistent with and complementary to strategies to incentivize students to accept field placements in underserved or rural counties.

Finally, options exist for reaching out and/or giving preference to stipend applicants who are from underserved counties and are more likely to return there after completing the collaborative program. This could include the NCACDSS strategy of reaching out to prospective students in high schools or universities. It also could include reaching out or giving preference to applicants who already have tenure within a social services department in a rural county but do not meet the educational requirements for child welfare jobs.

What are strategies for lengthening the time collaborative graduates work in public child welfare?

Multiple stakeholders emphasized that the collaborative programs already increase tenure in child welfare positions because graduates have been specifically prepared for the work and because field placements have already given them direct exposure and that the service commitment associated with stipends further ensures an important minimum stay. Multiple stakeholders suggested that being assigned an agency mentor would additionally be helpful. At least one state (Alabama) included providing a post graduate coach as part of the collaborative program.

Section II: CSF Initial Recommendations

CSF's initial recommendations are summarized below. CSF is continuing to gather information and input which will inform the recommendations the final reform plan.

1. **North Carolina should re-institute a stipend support program into its child welfare education collaborative.** The collaborative program has been very valuable over the years both for producing well-trained and prepared new workers and future leaders for public child welfare. Although the number of students enrolled in collaborative programs has only decreased modestly since stipends were eliminated, the number of collaborative graduates who accept work in county child welfare agencies appears to have dropped by about two-thirds.
2. **The collaborative should offer stipends for both MSW and BSW students.**
3. **The amount of the stipend should be roughly equivalent to the cost of in-state tuition and fees and possibly books, or about \$10,000 a year.**
4. **The state should seek to provide stipends for at least 100 collaborative students each year.**³² If North Carolina, were to support 100 students a year at a cost of \$10,000 per student per academic year, the cost would be \$1,000,000. CSF estimates that almost \$400,000 could come from claiming IV-E federal funds. (cost of stipends x foster care administrative penetration rate x enhanced training rate = \$1,000,000 x .51 x .75 = 382,500). If the state follows the previous structure of offering either one or two years of support with most BSW students having one year of support and one year of service commitment, approximately 75 new graduates annually who would have service commitments or one or two years. If the state structured the program for all students including BSW students to receive two years of support and a two-year service commitment, approximately 50 new stipend students, all with two-year commitments, would graduate annually.
5. **The state should explore whether to administer the program through the central office.** The state will need to weigh multiple issues including:
 - the relative cost of administering it through the state agency versus a university;
 - the possible claiming advantages of housing the collaborative administration within a university;
 - DHHS's relationship with the university system; and

³² In 2017, of the 3,042 social worker FTEs in child welfare, 977 (32 percent) of them turned over. Each year there is a substantial need for incoming social workers in small, medium and large counties.

- DHHS's relative capacities to administer the collaborative versus its capacity to structure and manage the contract to assure alignment with public system goals.
6. **CSF recommends DHHS together with the counties and its university partners agree upon annual goals for the collaborative including:**
 - The numbers of students graduating with BSWs and MSWs.
 - The percentage of graduates who accept county child welfare employment within 6 months.
 - The percentage of graduates who complete their service commitments.
 - The percentage of graduates completing their service commitment who continue to work in their county one, two, and three years after completing their service requirement.
 - The percentage of graduates who fail to complete their service requirements who repay their collaborative support.

Measures also need to be agreed upon to assess whether the collaborative is meeting the goal of benefitting the entire public system including previously underserved rural counties. These measures should be set in the context of system need and the child welfare client populations in big, medium, and small counties.
 7. **CSF recommends that DHHS measure and report outcome data for these goals annually and that the data be used as part of a continuous quality improvement process to inform changes needed to assure the collaborative continues to meet its goals for the public system.**
 8. **CSF recommends that DHHS begin establishing stipends in four to eight school programs in order to assure a manageable and successful process.** Initial decisions should be based on school interest, geographical representation, and readiness to implement a stipend program with excellence. CSF does not recommend paying universities to hire dedicated child welfare faculty but does recommend that a university's willingness and ability to have faculty with child welfare practice expertise with dedicated time to the collaborative program should be a consideration for choosing universities to participate in the stipend program.
 9. **CSF recommends DHHS choose among the strategies for assuring a collaborative stipend program benefits the entire child welfare workforce including previously underserved rural counties.** CSF recommends giving first preference to approaches that do not require forced acceptance of positions in counties, closely monitoring results, and adjusting strategies if needed.
 10. **CSF sees value in continuing to have both scholar and waiver tracks for students whose education will prepare them to work in public child welfare.**
 11. **CSF recommends the state consider structuring post-employment support for new collaborative graduates.** That support could come from a combination of strategies including mentors within county agencies, post graduate mentoring or support from the collaborative itself, or organized efforts to maintain the supportive networks of relationships that form between students in the collaborative after graduation.

North Carolina's Education Collaborative Past and Present

In order to develop a strong Education Collaborative program for North Carolina, it is important to build upon the state's previous iterations of the program, both when it offered stipends and the current program, which does not. For over two decades, North Carolina has embraced the collaborative as an opportunity to enhance its workforce across the state.

North Carolina began its IV-E Education Collaborative stipend program by partnering with three state universities: Appalachian State; North Carolina State and University of North Carolina Chapel Hill. The number of schools offering collaborative programs grew through the years to a total of 17 public and private colleges and universities. Students receiving financial support were called Collaborative Scholars and received training curricula specifically reviewed and approved as meeting state Child Welfare pre-service requirements. The initial scholars were in M.S.W programs with the first two graduating in 1999. B.S.W. scholar programs were added in 2001-2002. Although the collaborative was originally focused on M.S.W. students, it appears that the proportion of B.S.W. students increased over time to become the majority, though the percentage of M.S.W. students remained significant. In 2001-02, 56 collaborative scholars graduated. The number of scholar graduates remained above 50 (reaching a high of 83 in 2009-10) for at least the next 10 years. (See Table 1 below).

Participating universities had some freedom in how to structure their own collaborative program. However, to ensure compliance with federal regulations each university had to submit their curricula to the central administrator (UNC-CH SSW) which was responsible for reviewing curricula to determine if they satisfy state pre-service requirements. All programs required field placements in county child welfare agencies.

Types of Programs

Although specifics varied across universities, four basic programs have existed over the past 20 years:

- ◆ A B.S.W. program with a one-semester field placement. Students typically were enrolled in the collaborative program for one year (although sometimes one semester or three semesters).
- ◆ A two-year M.S.W. program with two nine-month field placements.
- ◆ A one-year M.S.W. program with for advanced standing students who entered the program with a B.S.W. degree.
- ◆ A three-year, part-time M.S.W. program for students who maintained employment while in school.

In 2006-2007, the collaborative expanded by accepting and graduating "waiver" students who completed the required curricula to have pre-service waived, but who did not receive support and, therefore, had no post-graduate service requirement. The addition of waiver students increased the number of students in the collaborative by about one third.

Stipends and Levels of Support

During the years in which North Carolina offered stipends to students, the programs have offered:

- ◆ B.S.W. collaborative scholars one year or one semester of support.
- ◆ Most M.S.W. students received two years of support.
- ◆ Exceptions included:
 - M.S.W. students who entered from B.S.W. programs as advanced standing students typically received one year of support; and
 - M.S.W. students in part-time programs, received three years of support (tuition waiver or stipend related to tuition only).

The level of support for collaborative scholars changed several times during the program's history, becoming progressively less generous as the program received budget cuts. The initial support for M.S.W. students was an in-state tuition waiver plus a \$10,000 or \$15,000 per year stipend (respondents gave different numbers). The stipend was somewhat lower for B.S.W. students. Part-time students received tuition waivers (or a stipend related to tuition costs). Over time, the tuition waivers were eliminated, and stipends were reduced. By 2011-12, stipends for B.S.W. students had been decreased to \$3,000 per semester, and M.S.W. students received \$4,000 per semester plus limited book reimbursement (2011-12 annual report). By 2015 or 2016, stipends for new students entering the collaborative were eliminated.

Employment Commitments and Tenure

Consistent with IV-E requirements, collaborative scholars had post-graduation service commitments equal to the number of years they received support. A reportedly successful collection program was set up for those collaborative students that did not complete their service requirement. The monetary amount of a student's payback was determined by the dollar amount of support received and the proportion of service commitment not completed.

According to the 2007-08 annual report, a 2007 evaluation of the Collaborative Scholars Program found:

- ◆ Ninety-five (95) percent of graduates began employment in county child welfare with 80 percent of graduates completing their service requirement
- ◆ Most graduates continued working in county child welfare after completion of their service requirement. Follow-up of 200 graduates who completed their service requirement found that:
 - Ninety-five (95) percent continued child welfare employment for an additional year;
 - Ninety-one (91) percent continued child welfare employment for two more years;
 - Eighty-six (86) percent continued child welfare employment for three more years;
 - Seventy-four (74) percent continued child welfare employment for four more years; and
 - Forty-nine (49) percent continued child welfare employment for five more years.
- ◆ CSF does not have complete employment data since the 2007 evaluation. The 2011-12 annual report shows that percentage of graduates beginning employment in child welfare remained over 95 percent through 2009-10 but then decreased to 70 and 76 percent in 2010-2011 and 2011-12. That decrease was attributed to agencies doing less hiring during the recession, and it was reported some students

sought deferrals. The last significant cohort of scholars (21) graduated in 2016, and 19 of those had begun employment with a county by the time of the 2016-17 annual report.

While the collaborative program formally monitored employment for scholars with work commitments, similar tracking was not done for waiver students, though waiver students have been invited to voluntarily report their employment.

Costs, Components, and Structure of the Stipend Program

When it was fully operative, the collaborative had three primary expenses:

- ◆ Administration at UNC responsible for overall coordination, selection and orientation of students, review and approval of curricula at participating schools, putting on collaborative wide events such as a mock court and job fairs, monitoring and evaluation, and other tasks.
- ◆ A faculty coordinator at each participating school.
- ◆ Support for students including stipends.

Funding for collaborative specific faculty was eliminated in early budget cuts, but some schools continued to have a designated faculty coordinator, so long as the stipends were still available.

Multiple strategies were employed through the years to assure that collaborative students had field placements and were subsequently employed in counties across the state. These efforts included:

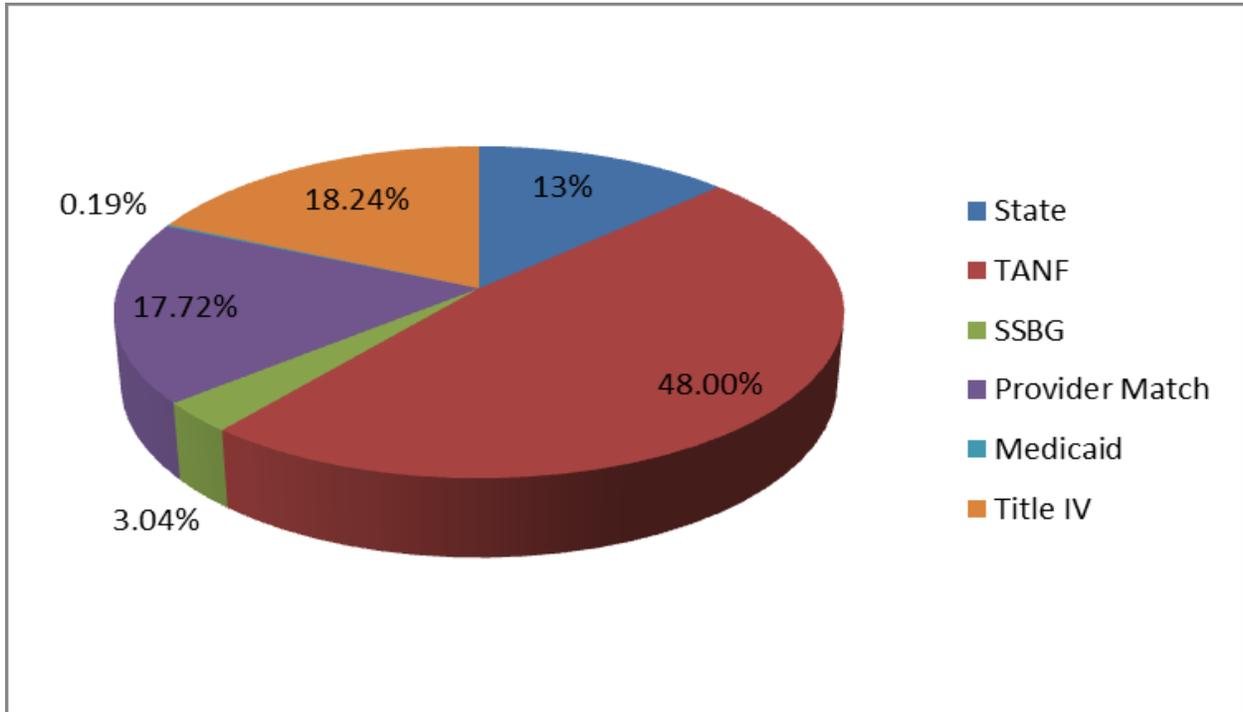
- ◆ ensuring geographic dispersion of schools offering the collaborative program;
- ◆ providing incentives to students who would take internships in rural counties including paying mileage for traveling to field placements and occasionally higher stipends; or
- ◆ tracking and mapping internships and employment placements.

Although more populous counties have received more graduate employees, CSF has not seen an analysis that looked at the extent to which employment of collaborative graduates was disproportionate to the size of the child welfare workforces in counties.

Sources of Funding

Information about the funding sources used for the collaborative is available in the 2011-12 annual report. The percentage of IV-E funding was only 18.24 percent. Another 48 percent came from TANF, and 17.72 percent was university match. State funding was listed as 13 percent. Figure 1 below illustrates this point.

Figure 1: Education Collaborative Funding Sources



Source: 2011-2012 Annual Report

Numbers of Students

Table 1 below from the 2011-12 Annual Report shows the numbers of participants in the collaborative up to that point.

Table 1: Numbers of Scholars, Waiver Students, and Graduates

	# of Scholars	# of Scholar Graduates	# of Waiver Graduates	Total Graduates
Fiscal Year 1999-2000	31	2	NA	2
Fiscal Year 2000-2001	88	36	NA	36
Fiscal Year 2001-2002 (BSW Program added)	118	56	NA	56
Fiscal Year 2002-2003	106	58	NA	58
Fiscal Year 2003-2004	112	64	NA	64
Fiscal Year 2004-2005	114	58	NA	58
Fiscal Year 2005-2006	129	58	NA	58
Fiscal Year 2006-2007	119	74	28	102
Fiscal Year 2007-2008	108	64	42	106
Fiscal Year 2008-2009 (WCU, UNCP, UNCC & FSU added)	132	60	28	88
Fiscal Year 2009-2010	149	83	24	107
Fiscal Year 2010-2011*	82	53	33	88
Fiscal year 2011-2012	88	57	22	79
Total:	1376	723	177	902

*First year of significant cuts to the program resulted in a drop in overall student enrollment.

Recent Changes

As the stipend program ended, the number of waiver students in the collaborative has increased. In 2017, two major changes were made in how the collaborative was administered.

- ◆ The roughly \$600,000 of funding was split between UNC and the North Carolina Association of County Departments of Social Services (NCACDSS).
- ◆ The scope of work for the NCACDSS included:
 - building relationships between participating universities and the collaborative schools in their regions;
 - working with both universities and county departments to facilitate field placements in county departments, especially those who previously had not provided field placements; and
 - looking for ways to reach prospective students with positive messaging about child welfare as a career.
- ◆ According to the 2017-18 annual report, 102 waiver students graduated from the collaborative in 2017-18 (75 B.S.W. graduates and 27 M.S.W. graduates). The percentage of B.S.W. and M.S.W. waiver graduates who had become county child welfare employees was 35 percent and 33 percent, respectively.
- ◆ Administrative responsibility for the collaborative within UNC was transferred to the Family Child Resource Program (FCRP) in 2017. FCRP, as one of its contract deliverables, is working on a history of the collaborative program. Each university partner has been contacted to get as much information as possible on all students in their collaborative programs including where and how long they were employed after graduation.

National Practices in Title IV-E Education Collaborative Programs

CSF has reviewed a variety of Title IV-E Education Collaborative programs throughout the country in both state and county administered systems. These states include both urban and rural counties with strong IV-E educational partnerships. A special emphasis was also placed on practices in other southern states.

Each state has the flexibility of structuring IV-E educational program in the way that best addresses the needs of their workforce. North Carolina leaders and stakeholders expressed a desire to redevelop the program to include some level of stipends for participating students. Thus, CSF reviewed states that provide funding for participating students. Although there are no national “model” program designations, CSF focused on states that were featured at the 2018 National IV-E Roundtable for Child Welfare Training and Education, other southern states, and states that have some feature of their program that may correlate to the needs that North Carolina seeks to address through its newly designed program. Outlined below are more details on state and county administered programs and lessons learned from Mississippi and Georgia.

County Administered Programs

CSF reviewed education consortiums/collaboratives in three states with county administered child welfare programs: Colorado; Pennsylvania; and Virginia.

Similarities and Differences:

- ◆ Number of Schools of Social Work Involved in the Program:
 - Colorado – 4.
 - Pennsylvania – 14.
 - Virginia – 5.
- ◆ All three states provide stipends for students in differing amounts:
 - Colorado: M.S.W. students \$8,000-\$10,100, B.S.W. students \$4,000- \$6,100 – applied directly to tuition each quarter (range is due to different tuition rates at each university) throughout the program. Each academic year after acceptance.
 - Pennsylvania: B.S.W. students receive full tuition and fees at the in-state rate, a fellowship, and a book allowance. This is only for their senior year.
 - Virginia: M.S.W. and B.S.W. students receive \$10,000 each academic year after acceptance into the program.
- ◆ Employment commitment upon graduation in each state is one year for every academic year in which the student received funding.
- ◆ Place of employment:
 - Pennsylvania and Virginia allow students to apply for open positions in any county.
 - Colorado gives preference to students who are bilingual and committed to working in rural counties.
- ◆ Default in employment commitment: In all three states if the student does not accept employment with the agency, they must repay in cash the value of all funds paid to them or on their behalf. If they begin

the commitment, but do not complete it, they must repay in cash an amount proportional to the uncompleted commitment.

State Administered Programs

CSF also reviewed IV-E education consortiums/collaboratives in six states with state administered child welfare programs: Alabama, Arizona, Georgia, Louisiana, Mississippi, and Oregon.

Similarities and Differences:

- ◆ Number of Schools of Social Work involved in the program:
 - Alabama – 16 universities.
 - Colorado – 4 universities.
 - Georgia – 8 universities.
 - Louisiana – 7 universities.
 - Mississippi – 8 universities in previous consortium.
- ◆ Each state provides stipends for students in differing amounts:
 - Alabama – B.S.W. and M.S.W. students receive \$5,000 for field placement upon graduation.
 - Arizona – B.S.W. students receive in-state tuition and fees; M.S.W. students are offered three packages that all include tuition and mandatory fees; one package offers \$600 per month for rent; differing amount of time.
 - Georgia – B.S.W. and M.S.W. students receive \$10,000 per academic year for tuition, some universities also offer up to \$750 stipend.
 - Louisiana – receive \$6500 for field placement.
 - Oregon - No more than \$6,000 for M.S.W. or B.S.W. per academic year or \$10,000 for Culturally Responsive Leadership Program. Not to exceed a total of \$6,000 for B.S.W., \$18,000 for M.S.W., and \$30,000 for Leadership program. This is for tuition, but no books or fees are covered.
- ◆ Employment Commitment upon Graduation:
 - Alabama – 18 months.
 - Arizona – M.S.W. is 18-24 months depending on the package.
 - Colorado, Georgia and Oregon – one year for each year of academic funding.
- ◆ Place of employment upon graduating:
 - Arizona – students placed in the county with the greatest need.
 - Colorado – most students go to work in the county where they completed their field placement.
 - Georgia – students pick three counties of preference.
- ◆ Default in employment commitment: In each state if the student does not accept employment with the agency, they must repay in cash the value of all funds paid to them or on their behalf. If they begin the commitment, but do not complete it, they must repay in cash an amount proportional to the uncompleted commitment. Georgia utilizes the Office of the Inspector General to process stipend repayments.

Lessons Learned from Georgia and Mississippi

Georgia and Mississippi are two states that have experienced major changes in their Title IV-E Education Programs. Unfortunately, Mississippi does not currently have a functioning program. Georgia has redesigned and implemented a new program, after several years of suspending its program. Both states offer insights into the structural changes they made to the programs, the reasons for those changes, and whether there is evidence of strong outcomes.

Georgia

In 2003, Georgia expanded its IV-E program to include ten universities. State DFCS administered the program. DFCS held monthly consortium meetings to develop more uniform education programs that included: course requirements; internships with DFCS with required tasks; an orientation each fall; a stipend selection committee of DFCS administrators and faculty; and a standard evaluation for all programs. While the program targeted B.S.W. and M.S.W. students, some universities placed a greater emphasis on one or the other. Early indications suggested that the programs were successfully increasing the number of highly-skilled social workers in the DFCS workforce. DFCS provided the state funding for the match in order to draw federal funding to support the university programs.

Unfortunately, the recession that began in 2007 resulted in severe budget cuts and furloughs making it difficult for DFCS to provide the required state match. At the same time, state universities were also absorbing budget cuts and increasing the cost of tuition for students. This decreased the number of stipends available for students. DFCS worked with the universities to change the method for drawing down federal money. However, in 2011, the Administration for Children and Families disallowed the new methodology and DFCS decided to suspend the program in August, just as the semester was beginning.

In 2014, DFCS began discussions with the universities about reinitiating the program with a different structure. They asked the Board of Regents to choose one university to serve as the coordinating institution for the consortium to start a new IV-E program. This new IV-E program involves eight state universities with the Georgia State University (GSU) School of Social Work serving as the administrative partner. Key structural components of the new program include:

- ◆ All of the universities are state institutions.
- ◆ DFCS contracts with GSU and GSU subcontracts with the other seven institutions.
- ◆ The university partners must identify Certified Public Expenditures as match to support their program and they use DFCS as the pass through for reimbursement.
- ◆ The seven subcontracting universities must identify surplus in their budgets to pay for the administrative support at GSU.
- ◆ The universities are not allowed to charge overhead for the program.
- ◆ DFCS provides no funding for the program.
- ◆ Annual contract budget \$4.1 million in year 3, \$4.8 million in year 2, and \$3.2 million in Year 1.
- ◆ B.S.W. and M.S.W. students receive \$10,000 per year and some universities also provide a stipend for other expenses. This is easier at the larger universities, because they have more faculty and students.

Some were offering an additional \$2500 per semester. The state has now capped additional stipends at \$750 per semester.

- ◆ Students are obligated to work one year for every year of academic funding for DFCS.
- ◆ If students fail to complete the employment commitment, they must repay the remaining portion to the state. The Office of the Inspector General handles this process for DFCS. DFCS works with the Department of Human Resources to track employment commitments.
- ◆ It is a very complicated formula and has been a challenge to the schools as they are used to making a little bit of money for supporting the program. Right now, they do not.

Mississippi

Mississippi has had two different versions of a IV-E collaborative over the years. With both, the state requested the federal funds.

The first version was a university-administered Consortium Program that relied on the lead university (Jackson State University) to send the billing information for all participating universities (both public and private universities) to the agency so the agency could request the federal funds. There were significant issues with the invoicing and timeliness of requesting funds, which resulted in universities having to pay back money and ultimately, the dissolution of the consortium.

Outlined below are some features of this Consortium Program.

- ◆ Eight universities had programs for B.S.W. and M.S.W. students.
- ◆ The goal was to recruit new workers to the agency.
- ◆ A lot of clerical support was required.
- ◆ The state provided a 25 percent match. This was sold to legislators and leadership after demonstrating the cost of turnover and training.
- ◆ Students applied prior to beginning their junior year for BSW, application included a written essay and joint interviews with agency and university staff. They were eligible to receive tuition payment junior and senior year and a paid field placement. They had to agree to work in specific counties with identified staffing needs and accept a position following graduation. Payback was one or two years depending on how long they received the tuition payment.
- ◆ The legislature gave a one time “seed money” allotment to the lead university to begin the program.

The second version was a child welfare agency administered Scholarship Reimbursement Program. The child welfare agency would contract directly with the participating universities. **When significant budget difficulties arose, the money was no longer available for the state portion of these contracts.** Mississippi currently does not have an active IV-E educational collaborative.

Here are some features of this Scholarship Reimbursement Program.

- ◆ First four universities and then two universities served MSWs only.
- ◆ The goal was to enhance the existing workforce and allow current staff to pursue their M.S.W. while working for the agency.
- ◆ The agency entered into contracts with universities willing to develop part-time M.S.W. cohorts that would meet the needs of current agency employees. This was an effort to improve the capabilities of existing employees due to the need for MSW's to fill supervisory positions. Employees had to apply and have demonstrated satisfactory performance and be recommended by a supervisor. Employees had to sign a new contract with the agency each semester agreeing to certain requirements. Payment was through blended funding that included IV-E and state funds.
- ◆ Employees had to pay tuition and fees (including books) up front and were reimbursed following successful completion of each class/semester.
- ◆ The required payback depended on total amount borrowed.
- ◆ Universities received funds from the agency through their contracts and received tuition from the students. Many employees elected to participate in the part-time cohorts, but didn't take any money from the agency so, therefore, there was no required payback.

Stakeholder Feedback

CSF conducted interviews with state DHHS leadership and staff, DSS County leaders and staff, NCACDSS staff and members, past and present collaborative staff, university faculty and staff who have been involved in the collaborative at UNC and NC State, and alumnae of the collaborative programs. Participants were asked to reflect on the strengths and weaknesses of North Carolina's past stipend program; priorities for a redeveloped program; ideas to optimize IV-E reimbursements; and ideas to ensure that all counties benefit from the program. Below is a summary of feedback received.

Strengths of the Past NC IV-E Education Stipend Program:

- ◆ Overwhelmingly, stakeholders perceived that the stipend program attracted students who might not otherwise have considered a child welfare career, made getting child welfare specific education more financially accessible, and improved the number of well-prepared new applicants for child welfare positions. Stakeholders valued that collaborative graduates had specific training to do child welfare work and were ready to start because they did not need pre-service.
- ◆ County leaders and collaborative alumnae both valued the field placements in child welfare agencies. The field placements gave both students and employers a chance to determine if the student would be a good fit as an employee and assured collaborative graduates would already know what a child welfare job was like before starting work.
- ◆ The collaborative stipend program produced future child welfare leaders and provided a path to potential advancement for child welfare frontline staff.

- ◆ Alumnae valued the support and relationships among collaborative students that endured after graduation.
- ◆ The collaborative provided important connections between child welfare and universities.
- ◆ Collaborative-wide events such as mock court and job fairs were highly valued. Some university stakeholders felt the dedicated faculty positions were a strength.

Weaknesses of the Past NC IV-E Education Stipend Program:

- ◆ Some students did not fulfil their employment commitment and others left shortly after completing the commitment. The most frequently cited example had to do with M.S.W. graduates leaving after completing their commitment and achieving requirements for clinical licensure, though not all respondents saw this as a clear weakness.
- ◆ The collaborative appeared to provide more benefit to counties close to universities where graduates wanted to work. Collaborative graduates were less likely to work and stay in smaller, rural counties.
- ◆ Both the stipends and the administration of the program were viewed as expensive and frequently were targeted for budget cuts. Some stakeholders expressed concerns that too much was spent on administration.
- ◆ Housing the program administratively within a single university was problematic for some stakeholders who perceived the university's priorities as insufficiently aligned with the interests of the public system.

Priorities for a New Program:

- ◆ Overall, stakeholders expressed value in offering stipends to both B.S.W. and M.S.W. students. Stakeholders felt BSW students were critical to building a skilled workforce, particularly in smaller counties. M.S.W. students were valued especially by larger counties and as a source of future leaders. Although stakeholders saw value in the longer service commitment associated with a two-year stipend, they wanted both one- and two-year stipend options to again be offered.
- ◆ Stakeholders wanted stipends to be offered both to train new workers and to enhance the skills of current workers.
- ◆ Asked to balance affordability with effectiveness, most stakeholders recommended a level of support lower than the program's initial level of support but higher than the last level before the stipends were eliminated. The consensus was that support should cover in-state tuition, fees and maybe books. This would total close to \$10,000, less in low tuition schools and less for part-time students.
- ◆ Stakeholders were split on how to structure support for students with the majority favoring stipends while students attended school. Some stakeholders from NCACDSS strongly favored a loan payback as students completed service commitments, recommending the state look at Teach for America and rural health models.

Ideas for increasing the tenure of IV-E Stipend graduates beyond the employment commitment:

- ◆ Consider offering post-graduate support such as coaching and cohort gatherings through the collaborative.
- ◆ Encourage counties to pair new collaborative graduates with mentors.
- ◆ Take steps to ensure strong supportive supervisors or lead workers.
- ◆ Ensure that frontline positions in child welfare are focused on providing and arranging services that are helpful to families so that the work will be rewarding.
- ◆ Focus on creating positive community perceptions and messaging about child welfare work.

Ideas for ensuring that the new program benefits small, medium and large counties:

- ◆ Consider selecting a smaller number of regional universities that are equitably placed geographically across the state and are associated with field placements representative of the counties in their regions.
- ◆ Assign employee slots eligible for service commitment repayment to regions rather than counties, because it is more difficult for rural counties to hold positions open.

Alumnae did not want to be told where they would need to take a job. They expressed preferences for incentives for taking a job in underserved areas or a system in which they at least had an opportunity to choose among counties in which they might be placed. One county director suggested offering stipends to tenured income maintenance employees who had a demonstrated commitment to live and work in a rural county.

Appendix E: Aligning Practice Standards with the Practice Model – Defining Core Activities

As an *example* of the process used to proceed from operationalizing the practice model to developing practice standards and fidelity measures, the figure below takes one essential function of a practice model, identifies the core activities associated with that function, defines a relevant practice standard, and identifies the expected behavior that will be monitored to determine fidelity to the standard. The essential functions are those core components of the practice model that practitioners need to engage in to deliver the intervention as intended.³³

Essential Function: Build Protective Capacity			
Research-Informed Operationalized Definition: There is evidence that helping parents – become more resilient, build social connections, better understand normal child development, increase knowledge about parenting, access concrete support, and be more capable of helping their own children develop social and emotional skills – and having staff that understand this role of building protective factors will support healthy development and counter-balance the negative effects of stress and trauma.			
Associated Core Activities: <ul style="list-style-type: none"> • Screen children and families for significant stress/trauma exposure and its effect on protective capacity. • Use family team meetings to identify parental protective factors in relation to the child’s development. • Help caregivers understand behaviors that are symptomatic of trauma and how to help them heal • Maintained an environment of support for parents that addresses and mediates secondary traumatic stress and increases parents’ resilience 			
CFS Social Worker Practice Standard	Expected	Needs Development	Unacceptable
1. Make sure parents understand normal child development through the family team meeting process.	The stages of normal child development are discussed clearly in family team meetings and incorporated into planning with the family to strengthen the parents’ protective capacity.	Engaged in some discussion of normal child development, but did not use the information in developing plans to strengthen parents’ protective capacity.	Did not engage in a clear discussion of normal child development and did not address the issue in planning to strengthen parents’ protective capacity.

The example above illustrates the relationship between establishing the practice standards and identifying the measures of the fidelity to the standard. The standard and fidelity measures in this example are sufficiently behaviorally specific in order to be practiced, observed and measured, and so as to determine linkages between the behaviors and the outcomes for children and

³³ Permanency Innovations Initiative Training and Technical Assistance Project & Permanency Innovations Initiative Evaluation Team. (2013). *The PII approach: Building implementation and evaluation capacity in child welfare*. Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau & Office of Planning, Research and Evaluation.

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families. The following *example* illustrates how the fidelity measures will be monitored from both adherence (did it happen?) and a competence (how well did it happen) perspectives.

	Fidelity Measure			
Expected Behavior: The stages of normal child development are discussed clearly in family team meetings and incorporated into planning with the family to strengthen the parents' protective capacity.	Adherence Measure: the activity is happening	Potential Data Sources	Competence Measure: how well the activity is happening	Potential Data Sources
	References in case plans that issues were discussed and included	Case reviews Minutes of FTMs Observations	Parental controls included in the case plan reflect the child's level of development	Case review

Appendix F: Approach to Change and Implementation in North Carolina and Beginning Implementation Strategies

This section serves as a set of guiding steps that North Carolina can use to begin transforming its child welfare system so that it is consistently experienced by children and families in all 100 counties as being culturally-competent, trauma-informed, family-centered, and safety-focused. This approach will require a shift in organizational culture and mindset systemwide. Associated practices will need to be defined in behaviorally-specific terms and be easily understood. It will also require a reliance upon proven and effective approaches to change and implementation – a unified vision, theory of change, stakeholder engagement in a teaming structure, implementation supports, and a phased approach to implementation.

Successful implementation efforts that have an impact on practice with children and families must be carefully planned and sequenced. The phased approach to implementation recommended in this report may take a bit more time early on, however taking the time to do things correctly initially will help to compensate for backtracking later in the reform. This will provide an opportunity to build consensus among stakeholders about what the reform is and what it will mean for children and their families, staff, agencies, and courts. This incremental approach will give stakeholders time to carefully consider how to test critical components of the reform in initial counties, and then to use lessons learned from these counties before implementing statewide. The process will also permit leaders and stakeholders to identify systemic barriers to effective implementation in a smaller setting where these barriers will potentially be easier to address. It will afford time to refine and build Central, regional, and county leaders' implementation capabilities.

It should also be noted that implementation will not be entirely linear. We expect that lessons will be learned along the way, which will then require leaders and stakeholders to revisit the content of what is being implemented and the implementation process itself to improve outcomes for children and families.

Also, there are certain recommendations that can be implemented easily and quickly, that do not require a prolonged planning process. There are opportunities now, for example, to promote permanency for children who have been in foster care for a long time, implement evidence-based practices designed to strengthen families, such as Triple P, begin claims for IV-E-related training and other case management activities, reduce workloads for front-line staff, and create opportunities to identify and support relative and kin caregivers. This is a time to collect positive stories about progress that is happening now and to disseminate lessons learned.

Theory of Change

The graphic below illustrates our theory of change and how we project the interventions and strategies we propose will lead to the outcomes North Carolina aims to achieve for its children and families.

This theory of change is grounded in our current assessment of North Carolina's child welfare system and previous reviews of other child welfare systems have pointed to as root causes for the lack of consistently positive statewide outcomes.

- ◆ The challenges of leadership to move the state toward consistently-effective practice with children and families, grounded in a unified vision and collaborative approach to decision-making.
- ◆ The lack of consistently-available evidence-supported interventions.
- ◆ The lack of consistently-available practices, services, and supports designed to support parents and strengthen families.
- ◆ The struggle to partner effectively with communities to better meet the needs of children and families and ensure these partners have needed support.
- ◆ The difficulties front-line workers experience in a culture that is not consistently focused on staff well-being, unmanageable workloads, and a lack of effective facilitative tools, all leading to high staff turnover and unfilled vacant positions.
- ◆ Financing for the child welfare system that is bifurcated and not aligned with a unified vision or desired outcomes.
- ◆ The lack of access to reliable data or the proper use of data evidence in the effort to monitor and strategize for continuous performance improvement.
- ◆ The lack of modern technology to support staff.

The overall desired outcome of this theory of change is to achieve a sustainable, accountable statewide child welfare system in North Carolina where children and families experience consistent culturally-competent, trauma-informed, family-centered, and safety-focused practices and demonstrate improvement on critical outcomes and performance indicators related to child safety, permanency, and well-being.

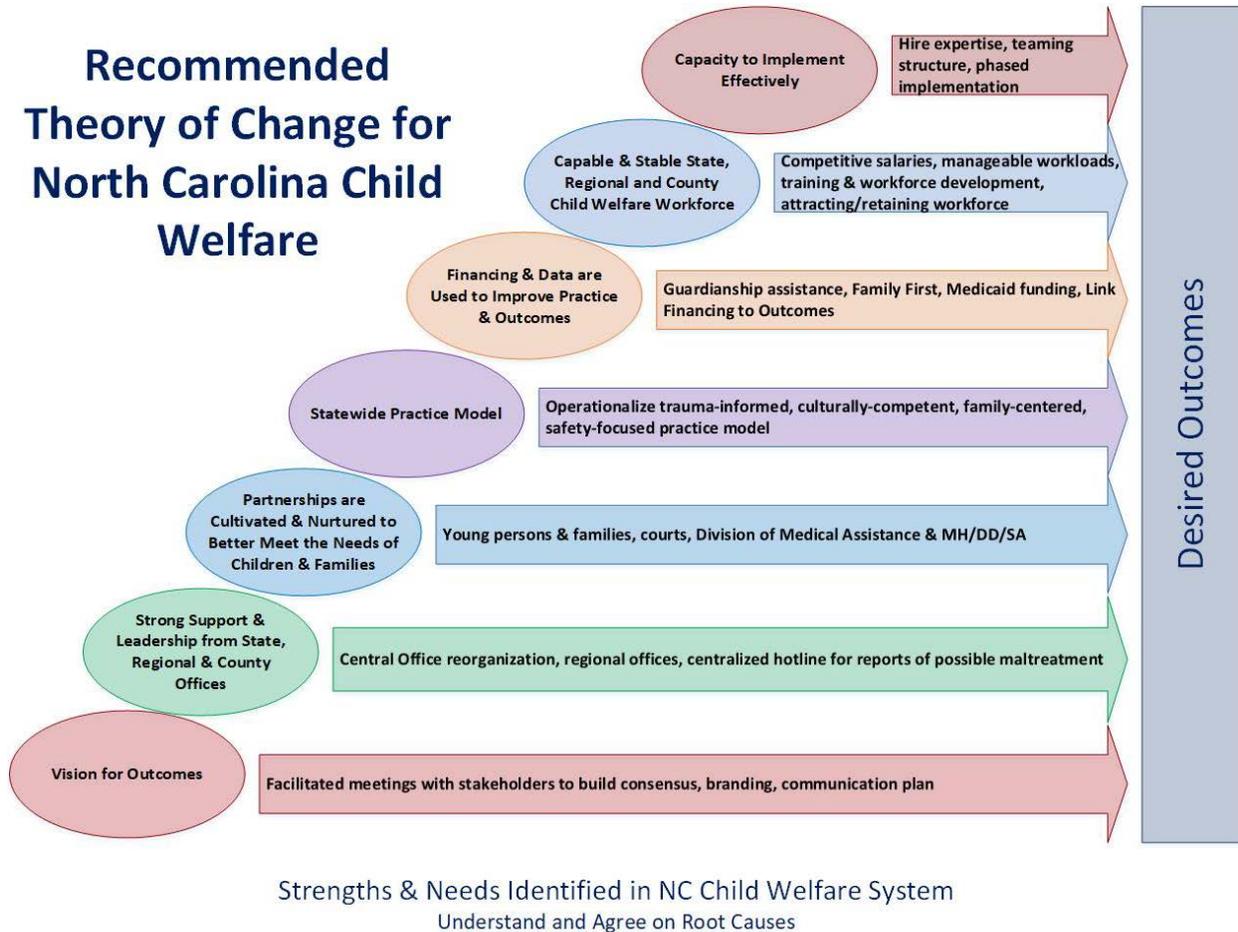
DSS and DHHS leaders identified seven basic conditions that would need to exist within North Carolina's child welfare system to address root causes and improve desired outcomes over time. These basic conditions served as the foundation for CSF's preliminary recommendations. This final report provides a status update on accepted preliminary recommendations and final recommendations in each of these areas.

- ◆ North Carolina leaders and stakeholders have a vision for improving outcomes.
- ◆ There is strong support and leadership from the Central, regional, and county offices.
- ◆ Partnerships are cultivated and nurtured to better meet the needs of children and families.
- ◆ There is a well-defined or operationalized statewide practice model.
- ◆ Financing and data are used to improve practice and outcomes.

- ◆ There is a capable and stable Central, regional, and county child welfare workforce.
- ◆ North Carolina has the capacity and support to implement effectively.

Figure 1 depicts the theory of change recommended in CSF’s Preliminary Child Welfare Reform Plan. The plan included recommendations to create each of the seven basic conditions.

Figure 1: Recommended Theory of Change for North Carolina Child Welfare



Phased Implementation

Successful implementation of a statewide child welfare reform process of the scope and magnitude envisioned in Rylan’s Law and the Family First Prevention Services Act requires a phased implementation process that fully engages stakeholders. During Phase 2 of this project, CSF worked with DHHS leaders to begin mapping out a phased implementation approach tailored to the reform envisioned in North Carolina. The first phase, or Development phase, will involve getting very specific about (operationalizing) the reforms to be implemented as well as acting on some recommendations that can be implemented quickly.

Development Phase – 6 Months to 1 Year

Operationalize *what* is to be implemented statewide through practice model, using data for linking financing to outcomes & building the capabilities of the child welfare workforce.

In this phase, DHHS will partner with county DSSs and other key stakeholders to determine what is to be implemented and how it will fit into the existing system and align with Family First.

As the Development Phase is being completed, North Carolina can begin assessing its readiness to implement the operationalized reforms.

The Development Phase includes:

- Reaching agreement on the strengths and needs in North Carolina's child welfare system, including root causes impacting child and family outcomes.
- Defining one teaming structure needed to engage and convene key stakeholders.
- Laying out a vision for reform in North Carolina.
- Adopting or developing statewide practice model.
- Developing a plan for using data to link financing to outcomes.
- Revising North Carolina's approach to building the capabilities of the workforce.

Based on decisions and information from the development phase, North Carolina can continue to assess readiness for broadscale reform and planning *how* the improvements will be implemented. In the Planning Phase, North Carolina can develop an implementation plan, establish baseline measures of performance, identify counties ready for initial implementation, and prepare trainers and coaches who will be responsible for building the capabilities of the workforce.

Readiness Phase – 6 Months to 1 Year

Assess readiness at the state, regional & county levels to lead and implement the broad-scale change operationalized in the Development Phase.

In this phase, DHHS will partner with county DSSs and other key stakeholders to assess readiness at all levels to implement the operationalized reforms successfully and to identify gaps or barriers to readiness.

The Readiness Phase includes:

- Assessing leadership commitment, training, and support needs and capacity at state office, regions, and the counties to implement the reforms.
- Assessing staff commitment, training, and support needs and capacity at the state office, regions, and the counties to implement the reforms.
- Assessing IT and data needs to implement the reforms.
- Understanding the overall human and financial resources needed from the state and counties and the supports counties will need from the state.

Planning Phase – 6 Months

Develop plan for *how* to implement practice model, and use data to link financing to outcomes and to build the capabilities of the child welfare workforce.

In this phase, North Carolina should determine *how* to proceed with implementation and ensure needed supports are in place for that implementation to succeed.

North Carolina should move into the planning phase with clear agreement among DHHS, the counties and key stakeholders on what is to be implemented and what needs to be accomplished to assure readiness.

The Planning Phase includes:

- Revising master statewide implementation plan (five-year federal plan)
- Developing Family First prevention plan.
- Preparing trainers and coaches to build the capabilities of the workforce.
- Revising policy.
- Preparing stakeholders for implementation.
- Ensuring that workload backlogs that may affect the ability of the initial implementing counties to move forward are eliminated.
- Ensuring manageable workloads.
- Establishing baseline measures of performance in initial implementing counties.
- Aligning financing with plans for implementation and desired outcomes.

After readiness has been assessed and plans for implementation have been completed, we recommend that North Carolina begin initial implementation of core components of the reform, such as the practice model and CQI activities, on a limited scale. Initial implementation in selected counties provides an opportunity to assure the major components of the reform can be implemented as operationalized and appear to be working as envisioned. The initial implementation phase allows adjustments to be made prior to statewide implementation.

Initial Implementation – 12 to 18 Months

Begin implementation of child welfare reform in identified counties.

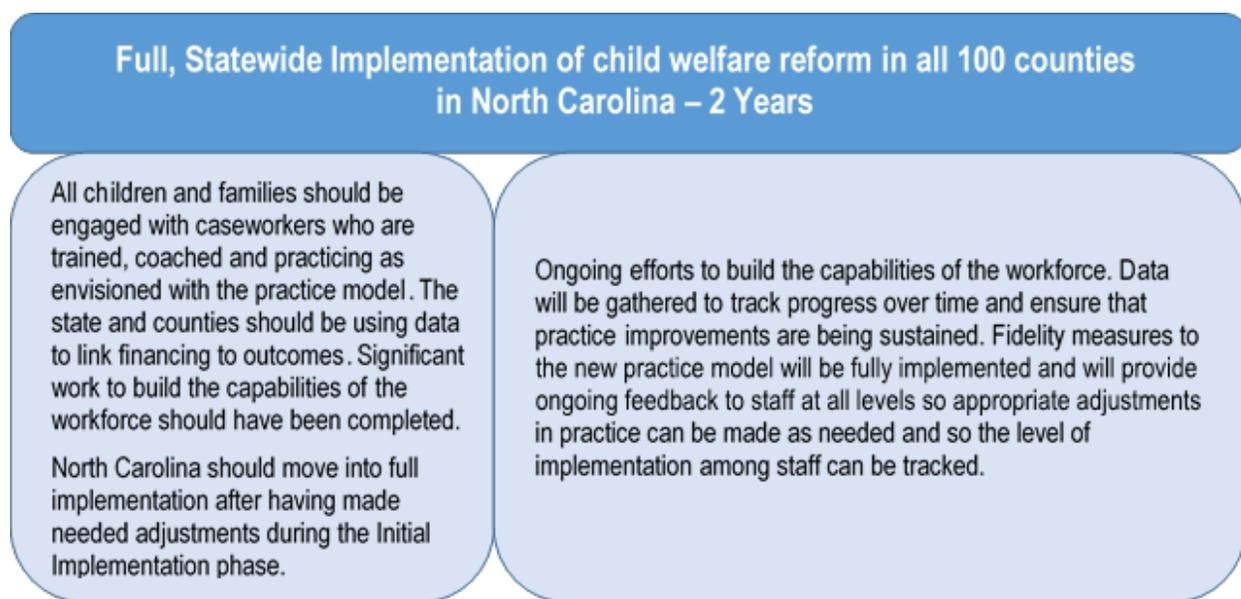
In this phase, identified counties should be working in close collaboration with the central and regional offices to implement agreed upon practice model, CQI, learning program and financing reforms.

North Carolina should move into this initial implementation phase of with clear agreement among the public agency and key stakeholders on *what* is to be implemented and *how* it will be implemented.

The Initial Implementation Phase includes:

- Agreeing on strengths and needs in implementing counties, including root causes.
- Defining county and regional teaming structures needed to engage and convene key stakeholders.
- Training and coaching provided to identified county staff related to practice model and use of data.
- Implementing practice model, use of data, financing reforms.
- Using data to assess effectiveness of implementation and impact on children and families.
- Making needed adjustments prior to full, statewide implementation.

The idea would then be to evaluate, through CQI, the effectiveness of the initial implementation phase and to make adjustments in what is being implemented and/or the implementation process itself as needed. In bringing the practice model and CQI activities to scale in all 100 counties, we recommend the use of coaching and other supports to help all staff to practice as expected and envisioned.



All children and families should be engaged with caseworkers who are trained, coached and practicing as envisioned with the practice model. The state and counties should be using data to link financing to outcomes. Significant work to build the capabilities of the workforce should have been completed.

North Carolina should move into full implementation after having made needed adjustments during the Initial Implementation phase.

Ongoing efforts to build the capabilities of the workforce. Data will be gathered to track progress over time and ensure that practice improvements are being sustained. Fidelity measures to the new practice model will be fully implemented and will provide ongoing feedback to staff at all levels so appropriate adjustments in practice can be made as needed and so the level of implementation among staff can be tracked.

CSF would like to emphasize that the phases outlined are not always discrete: they sometimes overlap and can be mutually dependent. Certain activities from earlier phases may need to be revisited. For example, plans may have been developed to use distance learning as a primary modality in order to build the capabilities of the workforce to implement the state’s practice model, but data gathered during initial implementation could indicate that is not working sufficiently and needs to be reconsidered. Additionally, the time needed to proceed through the phases will be shorter for some recommendations than for others. CSF believes, however, that the chances of reform being successful are greatly increased when a state attends systematically to the elements in each phase.

Beginning Implementation Strategies for Final Recommendations

In the report, CSF presents its Final Child Welfare Reform plan recommendations.

In this section, we consider the following questions for each of our final recommendations:

- ◆ What is the implementation strategy?
- ◆ What is the timeline for implementation?
- ◆ What are expected outcomes for the state, regions, and counties?
- ◆ What are estimated implementation costs for the state and for local governments? Are these costs start-up or ongoing costs?
- ◆ What are the supportive resources that may be needed?

The charts that follow outline some beginning ideas about how the implementation strategies for each recommendation might fit within the phased implementation approach CSF has developed in consultation with DHHS. The chart is intended to serve as a guide, and sections of the chart that are currently blank may be completed as the implementation process progresses. A blank box is not intended to indicate limited cost, for example.

Vision for Outcomes

Table 1: Vision for Outcomes – Beginning Implementation Strategy

Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
Build consensus vision for reform	Facilitate meetings based on plan that will result in one vision, theory of change and phased approach to implementation. There should not be one vision for Family First and a separate one for the broader reform.	Development	Plan for facilitated sessions.	Preparation time, facilitator time, meeting space, travel costs Chapin Hall could assist. Chapin Hall is already helping to facilitate a Family First readiness assessment process with the ELT and LAT that begins with identifying NCs transformative vision and theory of change, sequencing and interdependencies and unique jurisdictional factors.	Core Implementation Team
Build consensus vision for reform	Facilitate meetings based on plan.	Development	Consensus on a vision, root causes, theory of change and phased approach to implementation.		Core Implementation Team
Build consensus vision for reform	Revise vision for reform, including desired outcomes, root causes, theory of change and phased approach to implementation based on feedback from these sessions.	Development	Well-documented approach to child welfare reform with buy-in from stakeholders.		Core Implementation Team
Build consensus vision for reform	Develop communication materials and target audiences, including ideas for sharing updates regularly.	Planning	Stakeholders are informed regularly about what child welfare reform in North Carolina is, how it is going to be	Chapin Hall could assist. Chapin Hall is already supporting North Carolina in the development of a Family First communication plan that will address the initial and sustained engagement of key	Core Implementation Team

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
			implemented, progress along the way and lessons learned.	constituencies and audiences that need to understand FFPSA and the opportunities it presents as part of NC transformation efforts.	

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
	share purpose of and plans for the move to centralized intake.				
Central Hotline	Determining issues of cost and savings.	Readiness	Better understand costs and potential savings.		
Central Hotline	Evaluate the volume of reports statewide at different times of the day and week in order to assure the statewide hotline is staffed adequately to handle reports.	Readiness			
Central Hotline	Develop implementation plan that includes ongoing communication plan for staff, stakeholders, and mandated reporters	Planning	Implementation plan developed.		
Central Hotline	Begin implementation in identified counties and make necessary adjustments based on ongoing feedback from staff, stakeholders, and mandated reporters.	Initial Implementation	Revise implementation plan based on lessons learned.		
Central Hotline	Implement central intake for all 100 counties.				

Partnerships Are Cultivated to Better Meet the Needs of Children and Families

Table 3: Partnerships – Beginning Implementation Strategy

Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
Partnering with the Courts	Determine the persons who or team that will be responsible for court-related improvements.	Development	Participants identified.	Staff planning time.	
Partnering with the Courts	Exploring joint support for current legislative proposals and/or the possibility of new legislation to support the recommendations and well-developed appropriation request.	Development	Needed legislation agreed upon.	The AOC will need to take the lead to identify how many additional judges and supporting staff are needed in order to prepare a well-developed legislative appropriation request, as well as to determine how current statutes governing the use of magistrates can be used to allow magistrates to hear some dependency actions.	
Partnering with the Courts	Determining if/how to use the current Interagency Collaborative and Local District Permanency Collaboratives as vehicles to implement reform efforts and evaluate progress across the state.	Development			
Partnering with the Courts	Determine what will be jointly implemented with the Administrative Office of the Courts and how this may or may not be part of the practice model.	Development			
Partnering with the Courts	Use the persons or team responsible to develop the strategies for implementing	Planning			

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
	each recommendation and coordinating with efforts to implement Families First.				
Partnering with the Courts	Developing new MOUs with the AOC if needed.	Planning			
Partnering with the Courts	Determine resources needed to acquire, share, or repurpose to implement the recommendations.	Planning			
Partnering with the Courts	Implement and then evaluate.	Initial Implementation	Keep more children safely with their families and improve permanency outcomes for children by eliminating excess continuances; providing more access to quality representation; creating more court time to process dependency actions; and tracking outcomes and reform efforts through regular stakeholder meetings at the county, region and state levels.		
Partnering with the Courts	Collaborate with courts to allow North Carolina to access federal funding that	Initial Implementation		Chapin Hall	

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
	<p>will be available through Family First.³⁴</p> <p>As part of FF planning and implementation, judges, court personnel will need to be engaged to understand their role and the implications of their decision making related to the prevention and congregate care provisions of FF.</p> <p>NC will need to assess documentation and processes that will support and inform the decisions made in court.</p>				
<p>Partnering with Divisions of Health Benefits (NC Medicaid) and MH/DD/SAS</p>	<p>Determine the team that will be focused on partnering with the Divisions of Medical Assistance and MH/DD/SAS, as well as LME/MCOs to ensure needed health care and behavioral health care for child welfare involved children and families.</p>	<p>Development</p>	<p>Participants identified.</p>	<p>Central Office staff planning time.</p>	
<p>Partnering with Divisions of Health Benefits (NC Medicaid) and MH/DD/SAS</p>	<p>Complete research on best practices with effective partnership in other states, including state-wide</p>	<p>Development</p>			

³⁴ Within 30 days of placement an age appropriate and evidenced review must be performed to determine if a qualified residential treatment program is the best resource for the youth. Next within 60 days of placement and each subsequent review, the court must review that the placement is beneficial to the youth and that progress is being made.

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
	specialized plans for children in foster care and modifications for parents when children enter foster care.				
Partnering with Divisions of Health Benefits (NC Medicaid) and MH/DD/SAS	Determine what is to be implemented and how may or may not be part of the practice model.	Development	Participants identified.		
Partnering with Divisions of Health Benefits (NC Medicaid) and MH/DD/SAS	Assess Managed Care Organization contracts, managing Medicaid transformation in North Carolina in a manner that keeps the needs of child welfare-involved children and families in the forefront, scaling up of trauma-informed CCA process for children and parents to drive service delivery.	Planning			
Partnering with Divisions of Health Benefits (NC Medicaid) and MH/DD/SAS	Identify preferred, quality, two-generation services and providers with a mechanism to pay them.	Planning			
Partnering with Divisions of Health Benefits (NC Medicaid) and MH/DD/SAS	Share results of promising practices across counties.	Planning			
Partnering with Divisions of Health Benefits (NC Medicaid) and MH/DD/SAS	Determine how these reforms will be implemented and included in the master statewide implementation plan.	Planning			
Partnering with Divisions of Health Benefits (NC Medicaid) and MH/DD/SAS	Begin initial implementation.	Initial Implementation	Behavioral health services are available to parents and		

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
			ensure appropriate placements for children in foster care. ³⁵		
Engaging Families	Review evaluations and current infrastructure in place to support the Family Advisory Council and the Family Engagement Committees and make decisions as to model, (including whether the Family Engagement Committees should be county or regionally based).	Development			
Engaging Families	Recommend enhanced financial and personnel support based on the research and evaluations conducted by NC State and best practices from other states.	Development		Potential staffing costs, to be determined.	
Engaging Families	Develop opportunities to intentionally address and assist staff and stakeholders to shift mindsets toward the importance of engaging children, youth, and families at all levels within the organization. This should be modeled at the highest levels within DSS.	Development			

³⁵ As the state transitions its work under FFSPA, this partnership will be a key factor in providing a more robust array of community-based services to prevent children from entering foster care and providing better placements for those children who must be in out-of-home placements.

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
Engaging Families	Meet with the Family Advisory Council and SAYSO to discuss the teaming structure and recommended reforms, including Family First.	Development			
Engaging Families	Engage the current Family Advisory Council, Family Engagement Committees, SAYSO, Foster Parents' Associations, and grandparents/ relatives in the teaming structure and statewide convenings regarding child welfare reforms, including Families First.	Development			
Engaging Families	Review evaluations and current infrastructure in place to support the Family Advisory Council and the Family Engagement Committees and make decisions as to model, (including whether the Family Engagement Committees should be county or regionally based).	Development			
Engaging Families	Reach agreement on what the Family Advisory Council, Family Engagement Committees, SAYSO, Foster Parent Associations, grandparents and other relatives will be doing to	Planning			

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
	support the development of the what will be implemented and how these groups will support implementation.				

Statewide Practice Model

Table 4: Statewide Practice Model – Beginning Implementation Strategy

Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
Develop practice standards	Determine the process that will be used to operationalize the practice model, including the use of a technical assistance provider and the stakeholder voices that will contribute.	Development	Stakeholders agree on a process to be used to develop or adapt practice model.	Will need to engage identified purveyors; staff time required. This will require time and expertise to do this well and with a high level of quality.	
Develop practice standards	Follow the agreed upon process to operationalize the practice model. Process will need to include implications and needs related to the prevention and congregate care provisions of Family First.	Development	Practice Model for North Carolina developed that includes behaviorally-specific practice expectations and associated fidelity measures.		
Agree on measures to assess the extent to which practice model is being implemented as envisioned and impact on children and families.					
Use phased approach to implementation	Give identified persons or team the charge to develop an implementation plan, including a communication plan, and the expectations for what will be in it.	Development	Team charter.	Will need to engage the purveyor of SOP; staff time required.	
Use phased approach to implementation	Develop implementation plan to include a plan for aligning operations,	Planning	Implementation Plan.		

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
	strengthening the implementation drivers such as staff selection and competency, the leadership needed to implement and the teaming and governance structures to support initial implementation, full-implementation and sustain progress over time.				
Use phased approach to implementation	Implementation in small number of counties.	Initial Implementation	Child and family outcomes identified in the development phase. Fidelity measures identified in the development phase.		
Use phased approach to implementation		Full, statewide implementation			

Financing and Data Are Used to Improve Practice and Outcomes

CSF believes DHHS can and should move quickly within the next six to 12 months to implement recommendations related to strengthening the Central Office’s capacity to manage IV-E claiming effectively, improving IV-E claiming for child welfare training, and increasing IV-E penetration rates for foster care and adoption assistance. CSF believes these recommendations:

- a) can be developed, planned, and implemented relatively quickly.
- b) have a high potential to substantially increase federal reimbursement to help fund other parts of the reform effort.

More detail on these recommendations is included in the Finance Analysis (Appendix C).

Most other recommendations in the finance analysis involve significant initiatives that would benefit from a phased implementation approach as suggested in the chart below.

Table 5: Child Welfare Financing – Beginning Implementation Strategy

Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
Expand Guardianship Assistance program	Operationalize how to expedite the licensure process for kinship caregivers, allow child specific licensure, and offer licensure training tailored to relatives’ needs.	Development	More kinship caregivers who are licensed and eligible for guardianship.	Staff planning time.	
Expand Guardianship Assistance program	Explore options for expanding cost neutrality rules to include the full child welfare budget and potential Medicaid savings.	Development	Greater flexibility to use guardianship assistance to help children achieve permanency.	Staff planning time.	
Expand Guardianship Assistance program	Explore making statutory changes to the cost neutrality provisions of its guardianship statute.	Planning			
Expand Guardianship Assistance program	Develop a plan to evaluate the licensure process for relatives, including exploration of an expedited	Planning			

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
	process, training available, child-specific licensure.				
Expand Guardianship Assistance program	Implement plan for improving licensure process for relatives in initial counties.	Initial Implementation			
Expand Guardianship Assistance program	Determine (and execute) if revisions are necessary to the licensure process for relatives plan based on initial implementation	Initial Implementation			
Expand Guardianship Assistance program	Implement the plan for the licensure process for relatives statewide.	Full Implementation	Help children achieve permanency more quickly with kin or keep children safe at home.	Dependent on state and county match requirements; substantial staff time.	
Expand provision and improve IV-E claiming for CPS in-home case management services.	<p>Conduct further analysis to determine if NC is providing more services to candidates for FC than claiming and if providing less in-home services than would benefit families staying intact.</p> <p>Identify and address changes needed to financial tracking systems, including changes needed to federal reporting, modifications to accounting systems, eligibility determination processes and infrastructure. Plan modifications needed to the Cost Allocation Plan, identify new cost pools or activities that need to be defined.</p>	Development	More supports and services to keep children safely at home.	Chapin Hall	

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
Expand provision and improve IV-E claiming for CPS in-home case management services.	Assess readiness including costs and barriers to increasing IV-E claiming and case management services to candidates for foster care.	Readiness			
Expand provision and improve IV-E claiming for CPS in-home case management services.	Plan how to address issues identified in readiness phase and determine whether to choose counties for initial implementation.	Planning			
Expand provision and improve IV-E claiming for CPS in-home case management services.	Implementation plan in selected counties or statewide.	Initial or full implementation	Lower foster care entry rates because children remain safely at home.		
Implement robust prevention services through the Families First Act.	Chapin Hall will support NC in conducting a comprehensive assessment of the existing service array (in-home parenting skills training, substance abuse treatment services, mental health services, kinship navigator services) to ensure a match between service availability and the needs of the FF target population.	Development			
Implement robust prevention services through the Families First Act.	Assess current network of providers to provide services to keep children in their own homes. Chapin Hall will conduct a provider readiness assessment to identify gaps in trauma informed services, who's implementing EBPs,	Development		Chapin Hall	

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
	what residential facilities are Q RTP ready.				
Implement robust prevention services through the Families First Act.	Provide Chapin Hall results of analysis for their work on Family First.	Readiness			
Implement robust prevention services through the Families First Act.	Meet with provider network to determine their readiness to meet the service needs for Family First.	Readiness			
Switch to Random Moment Time Sampling	Operationalize how NC would switch from accounting for all time to random moment sampling.	Development	Increased caseworker time to work with families.		
Switch to Random Moment Time Sampling	Conduct a pilot RMT sample in select regions to determine time saved for caseworkers.	Initial implementation			
Switch to Random Moment Time Sampling	Implement RMT statewide.	Full Implementation	Free up staff from daily record keeping to doing more work with families.		
Performance Based Contracting	Develop written strategy for performance-based contracting/continuum contracting to align with North Carolina's vision, practice model and desired outcomes for children and families.	Development			
Performance Based Contracting	Determine whether North Carolina will: blend Medicaid and IV-E funding; and 2) bill Medicaid for targeted case management for children in foster care.	Development			
Performance Based Contracting	Develop charter with identified state leaders and	Development			

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
	local and regional partners with the goal of improving relationship and alignment between DHHS and LME/MCOs.				
Performance Based Contracting	Continue planning meetings with AOC and other key stakeholders to determine how best to use funds generated by claiming costs for parents' legal representation to support reunification, and quality of parent advocate programs.	Development			
Performance Based Contracting	Conduct culture and climate activities across the state, including surveys, to identify opportunities to better align work between DHHS and LME/MCOs.	Readiness			
Performance Based Contracting	Develop an implementation plan for performance-based contracting/continuum contracting.	Planning	Better evaluate outcomes and ROI to structure contracts to improve outcomes for children and families.		
Performance Based Contracting	Develop plan for regional committees between local LME/MCOs and county DHHS to explore opportunities for alignment of work, including a charter of purpose and frequency of meetings	Planning			
Performance Based Contracting	Establish two regional committees (with local LME/MCOs and DHHS) begin	Initial Implementation			

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
	meeting monthly (or quarterly) to better align their work, reporting back to the Child Welfare Services Integration Team.				
Performance Based Contracting	Implement regional committee structure statewide to meet regularly and explore issues related to Medicaid transformation and alignment of services.	Full Implementation	Increased federal revenues, improved coordination between child welfare and behavioral health.		

Capable and Stable Workforce

Table 6: Capable and Stable Child Welfare Workforce – Beginning Implementation Strategy

Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
Manageable workloads for workers and supervisors	Identify with county staff tasks and documentation mandates for possible elimination that are not truly necessary to providing safety-focused, trauma-informed, family-centered, and culturally-competent services. Emphasis should be placed on eliminating burdensome documentation requirements to allow workers to spend more time with families.	Readiness			
Manageable workloads for workers and supervisors	Continue efforts to improve the usability of NC FAST and exploring tools with potential to help workers do their jobs more efficiently.	Ongoing			
Manageable workloads for workers and supervisors	Specifically explore possible supports or restructuring to enable child welfare workers to complete critical tasks during a child's first 30 days in foster care. Consider the possibility of specialists who could assist the primary social	Readiness		Modest. ³⁶	

³⁶ The cost of finding and dedicating staff time to assist the primary social worker during the first 30 days in care would be relatively modest and proportional in each county to the average number of new foster care entries per month. It would be a fraction of an FTE in small counties; no more than five FTEs in the largest counties. This would be both an initial and ongoing cost, about 25 percent of which would be reimbursed by IV-E. CSF believes that the strategy would result in children achieving permanence more quickly, and that the resulting cost savings should equal or exceed the ongoing cost.

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
	worker in the first 30 to 60 days in care. The FF Prevention Plan will describe how caseload size and type for prevention caseworkers will be determined, managed, and overseen.				
Manageable workloads for workers and supervisors	Review, approve, and implement recommendations.	Planning and Initial Implementation			
Manageable workloads for workers and supervisors	Conduct a time study to assess how many hours a competent, diligent social worker would need to complete required tasks with a standard caseload with the tools available.	Initial Implementation			
Manageable workloads for workers and supervisors	If time study indicates that competent, diligent workers cannot complete required tasks, DHHS has some difficult decisions to make: 1) further reduce policy requirements to conform to what a worker can reasonably do with a standard caseload; 2) improve the tools available to workers so that policy requirements can be completed with standard caseloads; 3) reduce worker caseload standards.	Initial Implementation		Possible costs of improving technology and or supports to support workers would be dependent on the specific recommendations made.	
Manageable workloads for workers and supervisors	Provide funding to ensure there are enough workers and		Decreased job stress, and reduced turnover	Staff planning costs.	

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
	<p>supervisors in all 100 counties to meet caseload standards and meet minimum salary standards. See staffing recommendations in Social Services Report for more information.</p>		<p>for counties. Improved performance against standards, services that are more trauma-informed and family-centered, and improved decision-making. Improved outcomes for children and families.</p>		
<p>Training and workforce development</p>	<p>Define skill-based core competencies based on practice model once it has been operationalized.</p> <p>The FF Prevention Plan will describe the provision of training and support for caseworkers in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, and overseeing and evaluating continued appropriateness of the service.</p> <p>Consider modifications needed to training and coaching for workers, supervisors, resource parents, or other partners and stakeholder groups.</p>	<p>Development</p>			

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
Training and workforce development	Assure teaming structure includes diverse representation of families, staff, and community providers, to conceptualize and operationalize a learning community that supports a capable and stable workforce.	Development			
Training and workforce development	Design and develop a new pre-service program that builds the basic, introductory behaviors of the practice model.	Planning			
Training and workforce development	To design an effective pre-service, identify a design team that include subject matter expertise (new and experienced line staff, supervisors and best practice voices) and an instructional designer. Questions to explore: What is the realistic goal for What do workers need to be doing on the job that assures they reach the goal? What are the barriers that interfere with achieving the goal? Pre-service will include group learning (classroom), individual learning (online and on-the-job activities), and cohort distance learning. Simulations and learner-centered-practice will be the sole learning for the classroom portion.	Planning			

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
	Outlining the first year of onboarding can categorize what learning comes first, and then add skills to strengthen their success with families.				
Training and workforce development	Assess the degree of usefulness and connectiveness of the other trainings (supervisory, in-service) to the newly defined core competencies. Triage the learning programs for minor revision and delete the programs with major revision. What percentage of change would be required for content? Implementation? Base the newly-designed and revised learning programs on outcome data (Level 4 Kirkpatrick) and the behaviors to operationalize the practice model.	Readiness			
Training and workforce development	Align contracts with the learning needs and revamping of professional development based on the analysis and timeline.	Planning			
Training and workforce development	Pilot the pre-service program and evaluation tools.	Initial Implementation			
Training and workforce development	Revise and update pre-service based on the pilot.	Initial Implementation			
Training and workforce development	Build out year-one onboarding supports with the pilot group.	Initial Implementation			

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
Training and workforce development	Assure CQI process is integral to evaluating current learning programs and design of future programs that fill the gap in performance.	Initial Implementation			
Training and workforce development	Revise and update 25 percent of the current learning programs based on the assessment and corresponding work plan completed in the Planning Phase.	Initial Implementation	Increase in staff skills that are directly related to the practice model for workers and effective leadership for supervisors/ managers. Improved outcomes with Level 4 evaluation – outcomes for families. Competent and efficient workforce. Staff satisfaction is higher. Learning programs tied to outcomes for families. Learning programs that build worker's behaviors.		
Attracting and retaining workers	Develop workforce recruitment and retention strategy.	Development			
Attracting and retaining workers	Implement recruitment and retention strategy.	Initial Implementation	Sufficient numbers of applicants for child welfare positions who have realistic expectations of child		

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
			welfare work. Increased tenure and reduced turnover in the workforce.		
Child Welfare Education Collaborative	Reach agreement on a project plan that includes a target semester for the MSW and BSW students to begin taking classes.	Immediate		Center for the Support of Families (CSF)	
Child Welfare Education Collaborative	Conduct additional research on states that claim university educational expenses.	Immediate		Center for the Support of Families (CSF)	
Child Welfare Education Collaborative	Partner with agreed-upon universities to define core competencies for students, better understand allowable costs for identified curricula, and determine the likely percentage of IV-E eligible students in order to make recommendations for a revised Title IV-E traineeship program.	Immediate		Center for the Support of Families (CSF)	
Child Welfare Education Collaborative	Make recommendations for a revised funding structure, stipend component, and reporting and claiming structure.	Immediate		Center for the Support of Families (CSF)	
Child Welfare Education Collaborative		Immediate	Attract students who might not otherwise have considered a child welfare career. Make getting child welfare specific education more financially accessible.	Providing stipends for 100 collaborative students each year would result in an estimated cost of \$1,000,000. It is estimated that almost \$400,000 could come from claiming IV-E federal funds. As continued work occurs to analyze claims for IV-E training and to	

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
			<p>Improve the number of well-prepared new applicants for child welfare positions.</p> <p>Provide specific training for students to do child welfare work that are ready to start because they achieved pre-service competencies while earning their BSW and/or MSW.</p> <p>Provide field placement opportunities that give both students and employers a chance to determine if the student would be a good fit and assure that collaborative graduates know what a child welfare job is like before starting work.</p> <p>Produce future child welfare leaders and provide a path to potential advancement for child welfare front-line staff.</p>	<p>identify potential for revenue maximization where general funds are currently utilized, these estimates may change considerably. A fiscal analysis will provide a clearer picture of the possibilities in this area.</p>	

Capacity to Implement Effectively

Table 7: Capacity to Implement Effectively – Beginning Implementation Strategy

Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
Recruit and hire an experienced person to guide the team managing the implementation process.		Development			
DHHS should rely on the evidence related to core components of effective teaming to finalize an integrated teaming and leadership structure to manage the reform.	North Carolina has already begun implementing this recommendation. CH is implementing an integrated child welfare teaming structure charged with facilitating the consistent, successful and sustainable implementation of Family First and ensuring alignment with other ongoing system transformation efforts. The teaming structure is comprised of an Executive Leadership Team (ELT), Leadership Advisory Team (LAT) and initially, two working groups; one focused on Prevention and the other focused on congregate care.	Development			
DHHS should rely on the evidence related to core components of effective teaming to finalize an integrated teaming and leadership structure to	Establish a core team responsible for implementing these recommendations and the federal five-year plan.	Development			

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Recommendation	Activities	Phased Timeline	Expected Outcome	Estimated Costs or Supportive Resources Needed	Person or Team Responsible
manage the reform.					
DHHS should rely on the evidence related to core components of effective teaming to finalize an integrated teaming and leadership structure to manage the reform.	Determine additional teams that may be needed.	Development, Readiness, Planning, Initial Implementation, Full implementation			
Use a well-defined and support phased approach to implementation.	Reach agreement on the activities that need to happen in each phase of implementation, person or team responsible, expected outcomes, costs and supportive resources that may be needed.	Development			