



**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES
CHILD WELFARE SERVICES**

**Transylvania County Division of Social Services
Child Welfare Program Monitoring Report
July 2015**

Background and Purpose

The North Carolina Department of Health and Human Services has the responsibility under General Statute 108A-74, to evaluate and provide technical assistance to county departments of social services to assure child welfare programs are in compliance with state law, rules, and policy. The evaluation entails a review of program protocols and practices, including a review of case records and data sources, to determine the program's level of functioning.

Focus of the Program Evaluation

The North Carolina Department of Health and Human Services, Division of Social Services (NCDSS), in partnership with Transylvania County Department of Social Services (DSS), conducted a program evaluation of the child welfare program in Transylvania County. The focus of the evaluation was on the delivery of child protective services provided by the Transylvania County DSS. In preparation for the evaluation, concerns were identified by Transylvania County DSS and NCDSS regarding decision-making across CPS Intake, CPS Assessment, and CPS In Home services. The evaluation included an examination of records for service delivery to focus on the appropriate use of tools and policy in guiding decision-making, timeliness and transitions across these service areas, contacts, service provision and case planning. Cases for review were specifically selected to provide insight into these identified concerns, and may negatively impact the error rates from the case review portion.

This evaluation provides a baseline of the agency's functioning in these program areas and is a starting point for continual quality improvement planning. A program development plan will be developed by Transylvania County DSS, and NCDSS will provide technical assistance and oversight to ensure plans are implemented and the expected outcomes are achieved.

Program Evaluation

On July 21-24, 2015, the program monitoring team, consisting of four NCDSS staff and six county staff, provided an on-site review of cases; primarily focusing on the CPS Intake, CPS Assessment, and CPS In-Home services programs. The case reviews included a sample of:

- 55 CPS Reports
 - 12 screened out reports
 - 43 screened in reports
- 31 CPS Assessments
- 17 CPS In-Home services cases

The universe for the case review sample was pulled from the Client Services Data Warehouse. The sample included CPS Assessments completed between January 9, 2015 and July 9, 2015 with a finding other than substantiation or need of services, and cases open for CPS In-Home services as of July 9, 2015. The cases selected included CPS Assessments assigned across all child welfare staff, and included CPS Assessments initiating the CPS In-Home services cases reviewed. Screened in CPS Reports were reviewed within the CPS Assessments. A review of CPS Reports that were screened out for CPS Assessment were selected from a universe of all screened out reports in three months prior to the review and were requested onsite.

The review team focused on the required procedures and best practices in child welfare using standardized review tools. The results of the record review are attached to this report showing areas of strength and areas needing program development.

Key Observations/Findings and Recommendations

This report outlines Five key findings/observations and recommendations identified during the monitoring process:

- I. Screening
- II. Safety Resource
- III. Case Transition & Planning
- IV. Contacts
- V. Training

Findings/Observation I: Screening

When a report comes into a county department of social services (DSS) alleging abuse, neglect, or dependency of a child, NCDSS policy requires gathering all information included on the Structured Intake Report form (DSS-1402). Maltreatment Screening Tools and Response Priority Decision Trees are provided in the policy to support consistency and accuracy in making screening decisions. Policy also requires documentation to justify why a report of alleged abuse, neglect, or dependency was screened out. NC DSS policy requires notices be sent to the reporter, unless waived or anonymous, when a CPS Report is screened out. The notice must include information about outreach or other services available for support.

The review of 55 CPS Reports revealed:

- Appropriate screening tools were used for screening all reports 61% the time.
- Intake tools were missing information more often when reports were screened out;
 - Appropriate screening tools were used for screening out a report 45% of the time,
 - Reviewers were able to determine the justification for why reports were screened out in 50% of the reports.
- Ninety percent of screened out reports were referred to community prevention services.
 - In at least six of twelve cases these were referred directly to a specific community program rather than through provision of information on the notice to the reporter.
 - Lack of clarity in documentation indicated in some cases the report was screened out due to the referral, versus based on definition of abuse, neglect, dependency.

Recommendations: I. Screening

- Transylvania County DSS establish and implement agency strategies that ensure reports of alleged abuse, neglect or dependency are screened according to policy for Structured Intake.
- Transylvania County DSS establish and implement agency strategies to ensure documentation on intake reports is comprehensive and includes clear documentation of rationale for the screening decision.

- Transylvania County DSS further assess their agency strategy of referring CPS Reports directly to an outside community agency to ensure they are following appropriate screening and confidentiality procedures found in law and policy.

Finding/Observations II: Safety Resource

NCDSS policy provides for parents to arrange for placement of their children with appropriate relatives or friends at any time it is decided the child must be placed outside of the home to ensure safety, or a parent is seeking treatment or respite care for their children. If it is decided a child will be placed with a safety resource, NCDSS policy requires DSS to assess the Safety Resource and their home. Necessary steps to assessment include CPS Central Registry check on the child, formal Kinship Care Initial Assessment, and appropriate criminal charges and civil action reviews. The Kinship Care Initial Assessment must be completed before the child is left in the care of the Safety Resource, and this includes a home visit to assess the Safety Resource's home environment.

When Safety Resources are used, NCDSS policy indicates they must include a time-limited plan to provide an opportunity for the county DSS to gather information, and determine if the safety concerns can be adequately addressed for the children to return home. The policy suggests a reasonable period for utilizing a safety resource is a few days to as long as 60 days. If the agency is uncomfortable with the child returning home after a reasonably brief period, petitioning the court for custody should be considered. In addition, NCDSS policy requires there be a clear plan developed with the family to mitigate the risk factors for a child to return home. If the Safety Resource continues for more than 90 days a Child & Family Team (CFT) should be held to assess change, set timelines, and discuss court intervention. As long as the issues that cause the abuse or neglect are unresolved and the placement does not have permanence, the agency should stay involved. If a safe permanent plan cannot be determined, the agency should file a petition for non-secure custody of the child.

Case review of 31 CPS Assessments and 17 CPS In Home services cases revealed a Safety Resource was used in 29% of CPS Assessments and 41% of CPS In Home cases; and neither custody nor guardianship was granted in any of the applicable cases reviewed. The following information was gathered on the Safety Resources used:

- Sixty-seven percent of Safety Resources used during Assessment had documentation of appropriate agency assessments of the Safety Resource home.
- Fifty-six percent of Safety Resources used during Assessment included appropriate criminal record checks on the Safety Resource home.
- Fifty-six percent of Safety Resource placements made during Assessments were part of a time-limited, goal-oriented, plan for how the child would return home safely.
- Twenty-nine percent of Safety Resources used during In Home services were part of a time-limited, goal-oriented, plan for how the child would return home safely.
- Of cases in which the Safety Resource remained in place for more than 90 days, in 40% the Safety Resource was reviewed.
- Of cases in which the Safety Resource remained in place for more than 90 days, in 60% court intervention was discussed.

Recommendations: II. Safety Resource

- Transylvania County DSS develop and implement an agency protocol for the effective use of Safety Resources that includes practice elements on when and how to use them, documentation for assessing safety resources, and planning for the child to return home or taking court action.

- Transylvania County DSS ensure all staff have training on the established protocol with plans for periodic review.

Finding/Observations III: Case Transition & Planning

NCDSS policy requires Child & Family Team (CFT) be held within 30 days of the decision to substantiate or a finding of in need of services to develop the initial Family Services Agreement (FSA). The purpose of the FSA is to specify a plan to ameliorate the conditions that placed the child at risk of future harm by building on the family's strengths. Signatures of parents and children are required on the FSA to establish their participation in its development. After initial FSA development, reviews should occur a minimum of every three months to coincide with the Risk Re-assessment (RRA) and Strengths and Needs (SN) reviews. These tools guide decision-making and serve along with the FSA as the forms that guide the CFT. NCDSS policy requires all CFT meetings conducted on cases with a rating of High risk have a facilitator.

A review of 17 CPS In Home services cases provided the following information:

- In 7% of applicable cases a CFT was held within 30 days of case decision.
- None of the applicable cases documented use of facilitators as prescribed in policy.
- Thirty-eight percent of applicable cases had FSA developed within 30 days of case decision.
- Signature of the mother was on FSA in 79% of applicable cases.
- Signature of the father was on FSA in 50% of applicable cases.
- Signature of child(ren) was on FSA in 17% of applicable cases.
- Efforts were made to engage non-residential parents in case planning in 63% of applicable cases.
- Steps the agency will take to facilitate the FSA goal was present in 17% of cases.
- Sixty-four percent of cases had activities/services in FSA that appeared reasonable to prevent repeat maltreatment or foster care.
- Comments from reviewers indicated documentation was absent in regard to how activities in the plan would address safety of the child, specifically in cases where substance abuse was an issue.
- There was an absence of activities on FSA to support a child's return home from a safety resource.
- In 11% of applicable cases, a quarterly CFT was held within 90 days for a review of the FSA.
- In 14% of applicable cases, ongoing quarterly CFTs were held.
- Risk Re-assessment and Strengths and Needs Assessments were used according to policy in 40% of cases.
- In 22% of applicable cases, CFT Documentation Instruments were used to document CFTs.

Recommendations: III. Case Transition & Planning

- Transylvania County DSS establish an agency protocol or other strategy to utilize the CFT model as outlined in policy.
- Transylvania County DSS develop ways and means to ensure Family Service Agreements are developed and reviewed timely.
- Transylvania County DSS develop a system for oversight and support to ensure FSA goals and activities are focused on responding to the conditions that threaten child safety, including time-limited and goal oriented plans for children to return home from safety resource placements.

Finding/Observations IV: Contacts

NCDSS policy requires contact be made with relevant parties for the purpose of gathering information for a thorough assessment. Required relevant parties include reporters, and collaterals identified in the report and during the assessment process. NC DSS policy also requires diligent efforts be made to contact non-custodial parents during assessment to obtain insight into the allegations and ascertain overall safety and risk in the home. DSS should assess the non-custodial parent's level of involvement, and should attempt to engage them in ongoing planning for their child's safety and well-being. Rationale for not contacting a

non-custodial parent should be clearly documented. In addition, NCDSS policy outlines requirements for contact with children and families during the provision of CPS In-Home services.

Case review of 31 CPS Assessments revealed:

- During initiation
 - Victim children were seen and interviewed within response time frames in 86% of cases.
 - When victim children were not seen within time frames, 40% had documentation as to why not and diligent efforts made to see them.
 - Seventy-seven percent of cases there was documentation of a home visit to where the child resides.
 - Seventy-six percent of parents or caretakers who reside in the home were seen and interviewed the same day as the child(ren).
 - Sixty-three percent of cases, in which parents were not seen the same day, there was documentation as to why not and the diligent efforts made to locate them.
- Contact was made with
 - collaterals identified in the CPS report in 67% of cases.
 - individuals discovered to have information during the Assessment in 65% of cases.
 - the reporter in 68% of applicable cases.
- The agency maintained sufficient contact with the child and family during the period between initiation and decision in 53% of cases reviewed.
- Contact with non-residential parents occurred in 57% of applicable cases; and when not seen, justification was documented in 33% of applicable cases.

Case review of 17 CPS In-Home services cases revealed:

- Children were seen as prescribed in policy in 53% of cases.
- Mothers were seen as prescribed in policy in 59% of cases.
- Fathers were seen as prescribed in policy in 47% of cases.

Recommendations: IV. Contacts

- Transylvania County DSS develop and implement a means; through supervisory oversight, tracking, or other social worker accountability; to ensure documentation of compliance with policy around contacts that support child safety and well-being.

Finding/Observations V: Training and Practice

Outcomes during the on-site review indicated a lack of training is impacting practice. During the on-site review staff indicated training has not been a priority, and at some point in the past was discouraged. During the quality assurance phase of the on-site case review it became clear that many staff, regardless of experience, were not familiar with requirements from rule/law/policy related to the work they are currently practicing. Experienced staff also expressed a lack of knowledge on how to access current state forms. State delivered training, required by statute and rule, provide the basic information needed for social workers to perform these functions.

NCDSS policy indicates switching responses from Family Assessment to Investigative Assessment should be done infrequently. The rationale for any decision to change assessment responses must be clearly documented, and reports assigned as abuse must be assigned as an investigative assessment response. The Structured Documentation Instrument for CPS Assessments (DSS-5010) is the means by which CPS Assessment Workers document activities and information gathered during the Assessment. NCDSS Policy requires all information gathered during the CPS Assessment be incorporated into one case decision on the DSS-5104; and only in unusual circumstances should the structured case decision be changed. In cases where this occurs, the supervisor must document the rationale to justify the change. Documentation of case decisions must include a description of the ongoing risk of harm to the child and need for the child's protection.

Investigative Assessments should be completed within 30 days and Family Assessments should be completed within 45 days, according to NCDSS policy. Rationale for extending a CPS Assessment beyond timeframes must be documented in the record.

Case Review of 43 screened in CPS Reports and 31 CPS Assessments provided the following information

- Four cases were assigned as Investigative Assessment. However, seven cases had substantiated or unsubstantiated findings. Reviewer comments indicate there was no documentation the assigned assessment response was changed during CPS Assessment.
- Sixty-nine percent of CPS Assessments were completed within policy time frames.
- In 45% of applicable cases there was documentation to justify the delays.
- CPS Assessments reviewed were open an average of 50 days.
- Although reviewers found rationale for case decisions was supported by the information gathered in 86% of cases, reviewer comments indicate case decisions did not always include how child safety was being impacted by adult factors, such as substance abuse.
- Reviewers were unable to locate the Reports to Central Registry/CPS Applications (5104) in the records, but staff were able to print the form out of the state system in some cases allowing reviewers to determine they were completed within 10 days of case decision in 72% of cases.
- In some records Structured Documentation Instruments for CPS Assessments (DSS-5010) were missing from records, incomplete when in the record, lacking supervisor signature, or were difficult to read.

NCDSS requires all child welfare staff to attend Child Welfare in North Carolina: Pre-Service Curriculum for New Workers and Supervisors, as well as five other mandatory first year trainings. Supervisors must also attend Introduction to Supervision for Child Welfare Services. All staff must then attend 24 hours of training annually, and are required to include trainings related to their job function.

A Review of Training for all Transylvania County DSS child welfare staff, including ten direct-services staff and two supervisors, provided the following information:

- No staff have completed required first year trainings.
- During the on-site review, agency staff explained agency practice has been to alternate intake responsibilities across all child welfare staff. Two of 12 staff have completed intake training.
- During the on-site review staff explained an agency strategy to accommodate workload has been to assign assessments across all staff. Two of 12 staff have completed assessment training.
- One supervisor and two direct-services staff have completed the trainings that provide information on facilitating the CFT model and prepares them to facilitate the model for teams in cases identified as high risk.
- Nine staff have not completed any training preparing them to facilitate the CFT model.
- CPS In-Home Child Welfare training provides training on case planning during the provision of CPS In Home services. Both supervisors and two direct-services staff have completed this training.

Recommendations: V. Training

- Transylvania County DSS develop and implement an agency strategy for staff training that incorporates priorities to meet staff needs. Priorities should include completion of required first year trainings and training events that support activities outlined in the Program Development Plan for Transylvania County DSS.

Additional Information

Leadership and staff of Transylvania County DSS are committed to continuous quality improvement and increasing the safety, permanence, and well-being of children they serve. The agency sees the program monitoring experience as a learning process and an opportunity to establish a baseline to measure

progress. The agency has requested more oversight and technical assistance from NCDSS in order to improve their outcomes for children and families.

Strengths identified during the on-site case review include 100% of screened out CPS Reports had signatures showing two-level decisions at Intake; all CPS Assessments reviewed included a Safety Assessment in the documentation; and 97% of CPS Assessments showed a two level decision of case closure. Although documentation of supervisory oversight during the provision of CPS In Home services was evident in 76% of cases, decisions to close these services was made by supervisors and social workers together in 100% of cases. In 40% of cases closure decisions were made with additional input from team staffings; and in 20% of cases closure decisions were made with additional input from a CFT. There was use of a county form that assessed discipline and other safety in a safety resource home; and the county has a system in place that can assist with gathering background information needed for thorough assessment or assessment of safety resources.

Although the training review showed significant deficits, both supervisors have attended required initial supervisor training. These supervisors have a combined average of 35 hours a year of training over the past three years, and have attended additional training related to supervision.

The case review exposed an issue staff indicated was a consistent concern. There are typically wait times for a youth who needs a mental health placement or hospitalization, costing additional hours of social work time for caring for the youth during the wait. The agency may want to gather additional information to determine if these are isolated incidents or whether collaboration with other service agencies is needed.

Next Steps

The Transylvania County Department of Social Services will develop and submit a plan to NCDSS to address the findings and recommendations identified in this report within 30 days of report receipt. A template is provided that you may use to develop your plan. The NC DSS point of contact for Transylvania County DSS is Children's Program Representative (CPR) Joy Gossett. Ms. Gossett will assist in the development of the Program Development Plan and provide or arrange any technical assistance needed by your agency to implement the plan. Please submit the completed Program Development Plan to Lyn Clarkson Osteen, Child Welfare Program Monitor at lyn.osteen@dhhs.nc.gov and Joy Gossett, CPR at joy.gossett@dhhs.nc.gov.

The Program Development Plan will be reviewed quarterly for the first nine months and Transylvania County DSS will submit quarterly reports detailing the progress made at achieving the plan. After nine months, we will reassess the plan and determine the need for another program monitoring review.

The NCDSS appreciates Transylvania County DSS's commitment to improving outcomes for children and families. We look forward to our work together to continuously improve the quality of child welfare in Transylvania County and in the State of North Carolina.