

Final Report

Social Services 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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Submitted by:

Center for the Support of Families (CSF)
A Division of SLI Global Solutions LLC
8555 16th Street, Suite 800
Silver Spring, MD 20910
Phone: 301.587.9622
Fax: 301.587.9620

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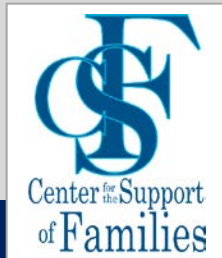


TABLE OF CONTENTS

EXECUTIVE SUMMARY 1

FINAL RECOMMENDATIONS2

State and County Roles in the Social Services System3

Using Data to Manage Program Outcomes3

 Producing Quality Data 4

 Building a Shared Commitment to Using Quality Data 5

 Establishing Outcome Measures and Data Reports 5

Staffing5

Resource Issues Impacting the Service Delivery System5

 Training 6

 Community Resources and Partnerships 7

 Assessment of Technology Needs 7

Development of Social Services System Transparency and Wellness Dashboard7

The Continuous Quality Improvement (CQI) Plan for Social Services7

I. STRUCTURE AND ROLES OF STATE IN LEADERSHIP AND SUPERVISION OF LOCAL AGENCIES 9

 A. STATE AND COUNTY ROLES IN THE SOCIAL SERVICES SYSTEM: PRELIMINARY RECOMMENDATIONS9

Governance9

Supervision and Leadership9

 B. STATE AND COUNTY ROLES IN SOCIAL SERVICES SYSTEM: STATUS REPORT10

 C. STATE AND COUNTY ROLES IN SOCIAL SERVICES SYSTEM: FINAL RECOMMENDATIONS11

County Governance for Social Services Programs11

Regional Office Model12

Central Office14

II. USING DATA TO MANAGE SOCIAL SERVICE OUTCOMES 19

 A. USING DATA: PRELIMINARY RECOMMENDATIONS19

 B. USING DATA: STATUS REPORT19

 C. USING DATA: FINAL RECOMMENDATIONS20

 D. USING DATA: IMPLEMENTATION STRATEGY23

III. STAFFING 27

 A. SURVEYS27

Aging and Adult Services28

 Response Rate 28

 Statewide Data: Small, Medium and Large Counties 28

 Statewide Data: County Tiers 30

 Salaries by Region 30

Work First31

 Response Rate 32

 Statewide Data: Small, Medium and Large Counties 32

 Statewide Data: County Tiers 32

 Salaries by Region 33

Child Support34

 Response Rate 34

 Statewide Averages 35

 Statewide Data: County Tiers 36

 Salaries by Region 36

Food and Nutrition Services (FNS)37

 Response Rate 37

North Carolina Social Services Reform Plan

Statewide Averages.....	37
Minimum and Maximum Salaries	38
County Tier Data	38
Data by Region	39
<i>Child Welfare</i>	39
Completeness of Data in Child Welfare Spreadsheet	39
Observation of Data	39
Salaries, Shortages, and Turnover by County Size and Economic Tier	40
Other Salary Info	41
Salary and Staffing Estimates.....	41
IV. RESOURCE ISSUES IMPACTING THE SERVICE DELIVERY SYSTEM	43
KEY FINDINGS FROM PHASE 1	43
A. POLICY	44
<i>Policy: Preliminary Recommendations</i>	44
<i>Policy: Status Report</i>	44
<i>Policy: Final Recommendations</i>	45
B. TRAINING	45
<i>Training: Preliminary Recommendations and Status Report</i>	45
<i>Training: Final Recommendations</i>	46
Instructor-Led Training (ILT).....	46
Distance Learning – Computer-Based or Web-Based Training (CBT/WBT) and Webinars.....	47
Hybrid or Blended Training Solutions	48
Training Delivery: Space and Technology Needs.....	48
Conclusions and Recommendations	49
C. IDENTIFYING, DEVELOPING, AND SHARING COMMUNITY RESOURCES AND PARTNERSHIPS AND EXPANDING SERVICES	50
<i>Community Resources and Partnerships: Preliminary Recommendations</i>	50
<i>Community Resources and Partnerships: Aging and Adult Services</i>	51
<i>Community Resources and Partnerships: Child Welfare</i>	51
<i>Community Resources and Partnerships: Child Support</i>	51
<i>Community Resources and Partnerships: Economic and Family Services</i>	51
<i>Community Resources and Partnerships: Status Report</i>	52
<i>Community Resources and Partnerships: Final Recommendations</i>	52
D. ASSESSMENT OF TECHNOLOGY NEEDS FOR SOCIAL SERVICES PROGRAMS	53
<i>Assessment of Technology Needs: Preliminary Recommendations</i>	53
<i>Assessment of Technology Needs: Status Report</i>	53
<i>Assessment of Technology Needs: Final Recommendations</i>	53
E. RESOURCE ISSUES: IMPLEMENTATION STRATEGY	53
V. DEVELOPMENT OF SOCIAL SERVICES SYSTEM TRANSPARENCY AND WELLNESS DASHBOARD.....	58
A. DASHBOARD: STATUS REPORT	58
<i>Completion of the Dashboard Prototype</i>	58
<i>Identifying a Final Set of Dashboard Measures</i>	59
<i>Acquiring Data to Support the Final Set of Dashboard Measures</i>	59
B. DASHBOARD: FINAL RECOMMENDATION/ACTION STEPS.....	60
<i>Step 1. DHHS Assignment of Dashboard Decision-Maker</i>	60
<i>Step 2. Finalizing the Dashboard Visual Display and Operation</i>	60
<i>Step 3. Identify the Final Performance Measures for the Dashboard</i>	60
<i>Step 4. Deliver Data That Accurately Measure the Final Set of Dashboard Measures, and Are Sustainable for Dashboard Use</i>	61
<i>Step 5. Usability Testing for Linking the Dashboard to DHHS’ Tableau Server</i>	61
<i>Step 6. Providing Dashboard Presentations and/or Training for Users</i>	61

VI. THE CONTINUOUS QUALITY IMPROVEMENT PLAN FOR SOCIAL SERVICES..... 62

A. CQI PLAN FOR SOCIAL SERVICES: PRELIMINARY RECOMMENDATIONS.....62

B. CQI PLAN FOR SOCIAL SERVICES: STATUS REPORT62

C. CQI PLAN FOR SOCIAL SERVICES: FINAL RECOMMENDATIONS.....63

E. CQI PLAN FOR SOCIAL SERVICES: IMPLEMENTATION STRATEGY64

VII. APPENDICES 66

APPENDIX A: PLAN FOR REGIONAL SUPERVISION AND SUPPORT OF SOCIAL SERVICES AND CHILD WELFARE PROGRAMS67

APPENDIX B: FEEDBACK TO SOCIAL SERVICES PRELIMINARY REFORM PLAN ON SOCIAL SERVICES AND CHILD WELFARE68

APPENDIX C: METHODOLOGY69

Staffing Data Collection and Analysis69

Program Data Collection and Analysis69

Participation in Meetings and Conferences69

EXECUTIVE SUMMARY

North Carolina's SL 2017-41 provides a vision for systemic change in the social services programs. The law created the Social Services Working Group (SSWG) in Section §1.2.(d), charging the SSWG with addressing regional supervision to better direct and support the delivery of services in the counties. In Section §1.2.(d)(1), the SSWG was tasked with "(a) determining the size, number, and location of the regions; (b) specifying the allocation of responsibility between the Central, regional, and local offices, and (c) identifying methods for holding the regional offices accountable for performance and responsiveness." Section § 2.1.(a) provides for "the selection of a third-party organization to develop 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 RFP issued as a result of SL 2017-41 specified that the third-party organization should work closely with the SSWG, aligning efforts, and building on their work.

The Center for the Support of Families (CSF) was awarded the third-party contract on March 1, 2018, to work with North Carolina in its critical Social Services and Child Welfare reform. The work was done with the cooperation and input from county Departments of Social Services (DSS) directors and staff, Central Office leadership, staff, and stakeholders, and was guided in large part by the decisions of the Social Services Working Group. This plan provides final recommendations that are informed by the work done in Phase 2 to monitor and refine the preliminary recommendations and the decisions made by the Department of Health and Human Services (DHHS) and, along with the Child Welfare Reform Plan, closes out the second project phase. These decisions are mostly contained in DHHS's report to the Joint Legislative Committee on Health and Human Services (JLOC), dated February 22, 2019, which is included here in Appendix A.

The North Carolina Social Services Preliminary Reform Plan documented the current framework for service delivery, detailed findings from our assessment of that framework, and provided preliminary recommendations for improvement. The companion report, the North Carolina Child Welfare Preliminary Reform Plan, was 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 Social Services Preliminary Reform Plan, since it addresses organization, staffing, and management of the delivery of services in all programs. The Child Welfare Preliminary Reform Plan followed, with specific policy and practice recommendations to improve the delivery of child welfare services. This report does not repeat all the assessment findings, but instead provides final recommendations and plans to build on the assessment and work in Phase 2. The Preliminary Reform Plans can be found at <https://www.osbm.nc.gov/social-services-and-child-welfare-reform-reports>.

These reports and the actions needed to implement the 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 SSWG, and related state and county departments serving citizens of North

Carolina. These reforms include Medicaid transformation, development, and initial implementation of a Memorandum of Understanding (MOU) with specific performance measures, planning for the Family First Preservation Services Act (FFPSA), and the ongoing implementation and assessment of NC FAST.

North Carolina recognizes the need for significant change in management of the delivery of social services and provision of child welfare services to families and children. 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 work to make changes in order to better serve citizens. Through Phase 1 focus groups, individual interviews, and site visits, we encountered leaders, line staff, and stakeholders who clearly are passionate about the work, willing to face challenges, and are excited to explore new ways to do business and work collaboratively to improve outcomes for the state’s most vulnerable citizens. This willingness to address challenges honestly and 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 crises, coupled with staffing shortages and budget restrictions.

There is an understandable sense of urgency on the part of the General Assembly, DHHS, OSBM, county DSS directors, and the public for real action to improve the delivery of services. The changes envisioned in these recommendations and the DHHS report to JLOC require significant resources, an agreement among all levels of government, and a carefully executed plan to ensure that the intended outcomes are achieved. Indeed, the regional structure itself requires an assessment of staff, the deployment of the correct leaders, and experts to support counties. Finally, the execution of the changes must be carefully monitored, and changes must be made to accommodate systemic changes affecting DHHS and county DSS.

Final Recommendations

Our final recommendations are presented below, organized by category. The recommendations were finalized during Phase 2 of our work, with further data collection especially regarding county staffing. It should be noted that the Department of Health and Human Services has done much work on a final regional structure and staffing. The DHHS report to JLOC includes those recommendations. The DHHS report is included in Appendix A. This Final Social Services Reform Plan only details additional recommendations to enhance or supplement those in the DHHS report.

As these recommendations are evaluated and implemented, DHHS should be mindful of individuals’ and families’ many needs. Care should be taken to ensure that policies and procedures are developed that make determination of eligibility for services and delivery of services match the total needs individuals and families have. Parents cannot provide stable, safe homes for children without income or income support; parents cannot provide child support without employment; families cannot ensure vulnerable adults are provided safety and medical care without the means; and economic services are varied and need to be accessible to eligible citizens.

State and County Roles in the Social Services System

Our research focused on the four largest social services programs supervised by the Department of Health and Human Services (DHHS): Child Welfare; Child Support; Economic and Family Services, including Food and Nutrition Services (FNS) and Work First; and Aging and Adult Services. For each of these programs, we documented the roles of the Central Office and county offices and identified strengths, challenges, and recommendations. This plan focuses on organization and management of the social services delivery system. It includes recommendations on governance, supervision, and leadership, with a focus on a regional structure, staffing of Central, regional, and county offices, use of data to monitor and measure outcomes, and the required Transparency and Wellness Dashboard.

1.	Enhance statutes to ensure that there is consistency of mission and authority of the county boards governing social services agencies. Establish minimum qualifications for board members, and clearly delineate their duties and responsibilities. Establish duties and reporting structure.
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2.	Fully staff the Regional Offices to the maximum extent possible under budget constraints to provide full supervision and support for county DSS.
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3.	<p>Create the following positions in the Central Office to staff the new Office for County Operations to fully support the regional structure and the supervision of the child welfare, child support, and economic services divisions now under the leadership of the Assistant Secretary for County Operations:</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 60%;">Function</th> <th style="width: 40%;">Position Title</th> </tr> </thead> <tbody> <tr> <td>Deputy Assistant Secretary for County Operations for Regions</td> <td>Deputy Director, Dep't of Social Services</td> </tr> <tr> <td>Admin. Support for OCO</td> <td>Executive Assistant 1</td> </tr> <tr> <td>Deputy Assistant Secretary for County Operations for the CQI Team</td> <td>Deputy Director, Dep't of Social Services</td> </tr> <tr> <td>Admin. Support for CQI</td> <td>Executive Assistant 1</td> </tr> </tbody> </table>	Function	Position Title	Deputy Assistant Secretary for County Operations for Regions	Deputy Director, Dep't of Social Services	Admin. Support for OCO	Executive Assistant 1	Deputy Assistant Secretary for County Operations for the CQI Team	Deputy Director, Dep't of Social Services	Admin. Support for CQI	Executive Assistant 1
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Admin. Support for CQI	Executive Assistant 1										

4.	<p>Establish key positions to guide the Child Welfare Reform.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 60%;">Function</th> <th style="width: 40%;">Position Title</th> </tr> </thead> <tbody> <tr> <td>Manager for Office of Child Safety-Child Protective Services</td> <td>Program Administrator III</td> </tr> <tr> <td>Manager for Office of Office of Family Support-Prevention and In-Home Services (CPS)</td> <td>Program Administrator III</td> </tr> <tr> <td>Manager for Office of Child Permanency</td> <td>Program Administrator III</td> </tr> </tbody> </table>	Function	Position Title	Manager for Office of Child Safety-Child Protective Services	Program Administrator III	Manager for Office of Office of Family Support-Prevention and In-Home Services (CPS)	Program Administrator III	Manager for Office of Child Permanency	Program Administrator III
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Using Data to Manage Program Outcomes

One of the Central Office’s primary responsibilities is the supervision and oversight of county service delivery. Throughout our work with program staff at all levels, we heard a desire to move from a time/compliance-based to an outcomes-based system for measuring the programs’ impacts on those served.

We recommend that the state take the lead to ensure that program priorities focus on improving outcomes and service delivery. We recommend a collaborative process, within and among

programs, to identify specific outcome measures that correspond to better client outcomes and to develop methodologies for tracking progress on these outcomes over time at regular intervals. We also recommend that Central Office focus on individual counties' ability to demonstrate progress in relation to their own historical performance and to account for variables that could impact performance (e.g., substantial increase in the number of teenagers in foster care). These measures should be defined so that line staff understand, specifically, what they need to do to improve outcomes. DHHS staff need to demonstrate leadership and commitment to the goals by providing timely policy, training, and technical assistance. The state must have the tools and authority to monitor counties, to recognize serious underperformance and failure to follow law and policy, and to be able to intervene effectively.

For data to be useful to a program, it must be available, accessible, accurate, and actionable. DHHS has room for improvement in each of these areas, as data is produced by several automated systems and resides in several locations. While some data are available, particularly for the Child Support program, complete and accurate data are not always available to administer programs.

There are two primary recommendations to address data issues. First, social services program management should focus on data and how to integrate its routine use into all programs. Second, the new regional offices will play an important role in helping counties identify data sets and reports they need, to allow county staff to work more proactively, and better monitor and assess outcomes. There are specific recommendations in the Final Child Welfare Reform Plan related to the use of data to improve child welfare practice and outcomes for child-welfare involved children and families.

Producing Quality Data

5.	Once the Business Information Officer position is filled, DHHS should assess the staffing and external resources needed to lead and support the data-related reforms.
6.	Create a working group of state, county, and NC FAST staff to identify data elements in forms that are used, where common errors occur, why data inconsistency exists between the state and the counties, and determine how these inconsistencies can be reduced and data quality will be increased with full conversion to NC FAST, or if enhanced protocols or training would be beneficial to improve.
7.	Make investments in existing qualitative case review processes, since they are so essential to monitoring and supporting efforts towards improving case practice and outcomes for children and families.
8.	Create an analytic data file that can be periodically updated, and that links NC FAST data with data from the legacy systems.

Building a Shared Commitment to Using Quality Data

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| 9. | Develop and implement a strategy that messages and models ongoing leadership expectations and goals that staff use data to improve outcomes. |
| 10. | Train county, regional, and state level staff in the effective use of administrative data to support program monitoring and decision-making. |

Establishing Outcome Measures and Data Reports

- | | |
|-----|--|
| 11. | Create ongoing access to standard data and reports that not only provide data on statewide, regional, and individual county client and system outcomes, but also include client and service data that can inform a CQI process to improve performance and outcomes. |
| 12. | When regional offices are established, regional staff should work with and help counties identify specific data sets and reports, so counties understand their performance and choose and plan improvement strategies. |
| 13. | Performance goals across programs should be chosen by DHHS together with counties and reflect performance issues critical to client outcomes. Valid baselines should be established for individual counties and progress should be measured at regular intervals over time. |
| 14. | Assessment of county performance should take into account the number of different goals counties are being held accountable for and their overall level of achievement. Counties that are not meeting a statewide standard should be responsible for implementing strategies to make realistic improvements over their baseline. |

Staffing

Our assessment of social services staffing needs focused on the counties, the Central Office, and a new regional office structure. We continued work with counties in Phase 2 of this project to collect job descriptions and minimum requirements so that we could make more completely-informed recommendations regarding county staffing. Compensation equity is the primary concern regarding county staffing. We also recommend next steps in terms of determining whether salaries are adequate throughout DHHS.

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| 15. | We support the recommendation of DHHS to “conduct a feasibility and cost study and report to the General Assembly on establishing caseload range guidelines, pay scales, a funding equity formula and salary pool for county child welfare and social service staff.” |
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Resource Issues Impacting the Service Delivery System

There are five primary resource issues that must be addressed in order to reform the current social services system: successfully

- ◆ 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
- ◆ lack of easy access to reliable program and performance data.

To address policy issues, we recommend that a policy council be developed to oversee policy development and enhance dissemination quality. This council would also be responsible for leading the development of a DSS Strategic Plan.

A set of recommendations for training includes administration of a needs assessment to specifically identify training needs, and to increase the number of training deliveries. The consistency, relevancy, and immediacy of training should be ensured across the state. There is a specific set of recommendations related to building the capabilities of the child welfare workforce in the Child Welfare Preliminary Reform Plan.

We recommend that each region provide community resources development support to counties to assist in meeting program needs. To address the shrinking level of resources available for mental health that increase demand on other social services, we are recommending that state, regional, and county staff partner with colleagues in health programs to facilitate identifying community resources available to social services clients, that the state close the coverage gap to provide more services to adults and children, and that local offices develop resources to coordinate medical care for clients in coordination with the current Medicaid transformation. A specific example is related to parents of children who enter foster care in North Carolina who do not have coverage for needed mental health or health services.

16.	DHHS should develop a Strategic Plan. The plan should be a synthesis of the department's vision for future service provision with the steps required to achieve the vision. Milestones for each year of the plan should be articulated to establish accountability for the plan's implementation. The Plan should be developed in collaboration with county DSS leadership.
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17.	The Central Office should overhaul the current process for policy maintenance and dissemination, including developing a single source for policy information that can be accessed by all county and state staff. This should be a collaborative process with county DSS leadership.
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Training

18.	Implementation plans for the Central Office Policy and Workforce Division should include input from the specific social services program regarding the program's training priorities and training content.
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19.	A comprehensive training needs assessment and catalog of existing training at the Central and county level should guide training development. This should include external training resources and training staff should develop detailed workforce development plans.
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20.	Central and regional training teams should increase the number of training deliveries available to county staff, especially for those courses that must be completed as part of pre-service instruction.
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21.	Central and regional office staff who do not have direct services provision experience in the program they administer should be provided meaningful opportunities to learn about the program.
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22.	Establish clear criteria for the distribution of state funds allocated for staff education and professional development.
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Community Resources and Partnerships

23.	Each region should provide resource development support to meet the various program needs. Regional Directors should work with the various program representatives, identifying county needs and corresponding community resources, and assist with engaging those resources. They should work with their counterparts in other regions to share information about available community resources, engagement strategies, and so on. While the regions will have geographical boundaries, the families they serve may cross those boundaries, necessitating cross-regional collaboration.
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24.	Counties should have options and funding needed to provide services to medically fragile individuals. Closing the medical coverage gap could help alleviate this issue.
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25.	State, regional, and county staff should form partnerships with their colleagues in North Carolina's health programs. This would help facilitate the identification of community health resources available to social services clients. These resources could also be tapped to help train DSS staff at all levels to help build staff skills in recognizing and referring clients to appropriate services.
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Assessment of Technology Needs

26.	DHHS should engage in a social services-wide technology assessment and create a Technology Plan for DHHS social services programs.
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Finally, to address the issue of access to reliable program and performance data, a performance dashboard is under development, as described below.

Development of Social Services System Transparency and Wellness Dashboard

One project goal is to develop a dashboard structure that can be a lasting tool for state leadership, state and county agency staff, families receiving social services, and the general public to ensure accountability and transparency about the needs and provision of services to communities across the state. Progress has been made, but the team has identified some significant challenges with data available for Dashboard development. The team will work with DHHS staff and stakeholders in Phase 3 to identify data quality concerns and discuss available data alternatives that can be featured while state data improvement strategies are underway.

The Continuous Quality Improvement (CQI) Plan for Social Services

We recommended that DHHS develop, staff, and utilize a CQI process governed by a plan and supported by CQI specific staff at the Central, regional, and county levels. The first step is to establish and implement core CQI structural components, including developing a formal CQI plan, defining the CQI logic model, establishing a teaming structure, defining roles, and developing data and communication plans.

The second step is the establishment of an organizational culture that fosters CQI. Responsibility for this step starts at the top of the organization, as leadership needs to be active in supporting a learning environment for CQI, setting expectations for use of data and then modeling its use. Staff and stakeholders at all levels of the organization must be engaged, and this is best accomplished through providing them with opportunities to participate and assume meaningful roles in CQI activities. Finally, there must be high levels of transparency and structured communication to facilitate comprehensive acceptance of the CQI processes.

Investing in infrastructure to support CQI is the third step. This includes establishing and funding positions for qualified and trained CQI staff with defined roles at Central, regional, and county levels. Providing introductory and ongoing training for CQI staff is essential, as is providing access to high quality and user-friendly data.

27.	Develop and implement an effective and sustainable statewide CQI system for all social services and child welfare programs in North Carolina.
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Next Steps

We believe DHHS should begin the next phase of its work related to S.L. 2017-41 by developing a Transition Plan that includes strategies for Central Office staff being deployed to regions and counties.

Program improvement is predicated on ready access to reliable data and processes informed by robust program data. DHHS should begin the next phase of its work by assessing, realistically, its internal capacity for integrating routine use of data into all the social services programs, and then making appropriate organizational changes to support a data-driven culture.

During Phase 2, we continued to work with DHHS and the counties to further refine staffing and program outcomes data and to further refine the preliminary recommendations. We urge DHHS to engage in a comprehensive staffing assessment as a continuation of the work started in Phases 1 and 2 of this project.

I. STRUCTURE AND ROLES OF STATE IN LEADERSHIP AND SUPERVISION OF LOCAL AGENCIES

A. State and County Roles in the Social Services System: Preliminary Recommendations

Our research focused on four of the social services programs supervised by the Department of Health and Human Services (DHHS): Child Welfare; Child Support; Economic and Family Services, including Food and Nutrition Services (FNS) and Work First; and Aging and Adult Services. We documented the roles of the Central Office and county offices and identified strengths, challenges, and recommendations. Our preliminary recommendations focused on key features of the state-supervised/county-administered delivery system.

The social services programs in North Carolina are supervised by DHHS administered by 100 county agencies, either in the Department of Social Services, consolidated DHHS agencies, or, in a few counties, stand-alone agencies for specific programs. This “state-supervised/county-administered” structure has both benefits and challenges. The structure allows local governments the flexibility to tailor services to the population of the county and to coordinate services with other county agencies and organizations more easily. It provides a central body to develop policy, deploy technology, and realize the benefit of sharing costs for common services and functions. There are, however, some challenges inherent to this structure. It requires leadership at both the state and county level from within the agency and the governing and funding authorities, but it does not provide a single point of authority for critical decisions about program administration and policy. While there is a recognition of the need to improve management and delivery of services, there is not a consensus on exactly how that can be accomplished. Even though Central and county leadership hold frequent meetings, there are consistent challenges on agreeing to priorities and action plans.

Governance

General Assembly has responsibility for the laws and budget for social services and provides oversight of its operation. County social services agencies are governed by local boards that have different structures, roles, and membership.

We recommended the governance structure be simplified and strengthened. We also recommended that the General Assembly take steps to revise the laws to strengthen county boards, including clear definition of role, membership, and authority. Further, we support DHHS action to provide funding for training and technical assistance for boards.

Supervision and Leadership

There is lack of clear definition of roles between DHHS and the county DSS with regard to decision-making on policy, funding, oversight, and control. There is a concerted effort to ensure all parties have an opportunity to provide input into major decisions, but it has proven difficult to develop consensus among the 100 counties. This challenge increases the time needed to make decisions and impedes the efficient implementation of major changes in the programs. In

addition, the current funding methodology increases the tension, in that counties are unable or unwilling to provide adequate funding for staffing, or other resources or services required by state policy. Similarly, the state operations are not adequately funded to provide supervision of the 100 counties, creating both compliance issues with state and federal laws and proper support of counties.

We recommend increases in staffing at the state and county, strengthened by a new regional structure, to alleviate both issues. Further, we recommended a management structure in the Central Office to manage the regions: seven regions with an organizational structure and staffing to supervise counties, and specific enhancements to Central Office staffing to align with the reform and ongoing management of the social services delivery system. Our preliminary report did acknowledge that the regional structure would have impact on Central Office roles and staffing. We recommend that decisions on regional structure be made and then Central Office structures be further assessed. We make recommendations on options for additional funding for program staff in Chapter 5.

B. State and County Roles in Social Services System: Status Report

During Phase 2, the DHHS senior leadership team assessed the recommendations of the Social Services Working Group and the Social Services Preliminary Reform Plan regarding the number of regions, regional office organization and staffing, Central Office structure to manage regions, the Central Office staffing that could be assigned to the regions, and the required additional staffing for regions. This work was done in concert with the Administration's budget request.

The DHHS report to JLOC is included as Appendix A. Our Final Social Services Reform Plan only highlights major decisions made, as the DHHS report speaks to the decision-making process, the decisions made, and the rationale for those decisions.

DHHS concurs with the SSWG and CSF recommendation to create seven regions based on the guiding principles of the SSWG. DHHS also recommends that the General Assembly allow flexibility and management authority of the Secretary to adjust the regional composition as necessary based on changes in judicial districts, population, and caseload changes, etc. The DHHS report, in like manner, assessed the SSWG and CSF recommendations on the roles of the regions and again agreed with the SSWG recommendations. This structure and responsibility provide a management structure, as well as program-specific monitoring and guidance, training, and fiscal staff to support county DSS programs. Working with the seven Regional Directors, an Assistant Secretary for County Support has been hired, and will manage and coordinate the work of the regions.

In its report to JLOC, DHHS states that some of the functions detailed and the positions recommended in our Preliminary Social Services Reform Plan will be centralized. DHHS identified additional staff positions for quality and program integrity, curriculum development including a distance learning manager, business analysis to support effective use of technology for child welfare, technical writers to support policy staff, trainers for DAAS and Economic Services, fiscal monitors, data analysts to provide technical assistance to counties and identify needs for continuous quality improvement (CQI) and accountability, and policy consultants to provide higher-level policy consultation to counties. DHHS has requested additional staffing for

these functions. The exact organizational placement of these functions is being determined. A position of Assistant Secretary for County Operations has been created and filled with a former DSS County Director, and the Senior Director within the Office of the Secretary has been assigned for policy, planning, and training.

Finally, DHHS plans to repurpose 104 positions in the Central Office and phase in 43 additional positions to implement the regional structure by March 2020, with full implementation beginning March 2022. The plan is to create virtual regional offices working from the Central Office, and utilizing community spaces for trainings and meetings, pending acquisition of physical space. The creation of physical regional offices is expected to begin in March 2021.

Addressing the recommendation in the Social Services Preliminary Reform Plan, DHHS includes a recommendation for an Amendment to N.C.G.S 108A to provide training to county Social Services Boards twice a year.

C. State and County Roles in Social Services System: Final Recommendations

In addition to what is detailed in DHHS's JLOC Report, there are other areas and functions that, if strengthened, could positively impact the management of the Social Services programs and system.

County Governance for Social Services Programs

Social Services boards vary widely from county to county, and there are no standard requirements for what qualifies an individual to become a Social Services board member. Depending on the county, some board membership may be composed of professionals in areas that impact social services, while others may be composed of previous agency employees, agency clients, or community members with a personal interest. This contrasts with the County Board of Public Health, for example, 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. Generally, social services boards are made up of citizens who care, who are well-meaning, and who want to do the right thing, but who may not have the skills or experience to serve effectively on their county social services boards.

There is a need to establish clear direction for the boards about Social Services program fiscal requirements. The various social services programs operate with a wide range and mix of program funding, including federal and state grants. Without a detailed and specific understanding of funding streams and limitations, social service boards may be unknowingly exposed to legal liabilities related to erroneous expenditure of county, state, and federal funds. With responsibilities and accountability mechanisms clearly defined, social services board members will be in a better position to protect their county from potential financial and legal liability. We recommended that statutes regarding county social services boards be enhanced to address these issues. The North Carolina Association of County Directors of Social Services (NCACDSS) has endorsed this recommendation. See Appendix B, page 1 of their response.

1.	Enhance statutes to ensure that there is consistency of mission and authority of the county boards governing social services agencies. Establish minimum qualifications for board members, and clearly delineate their duties and responsibilities. Establish duties and reporting structure.
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Regional Office Model

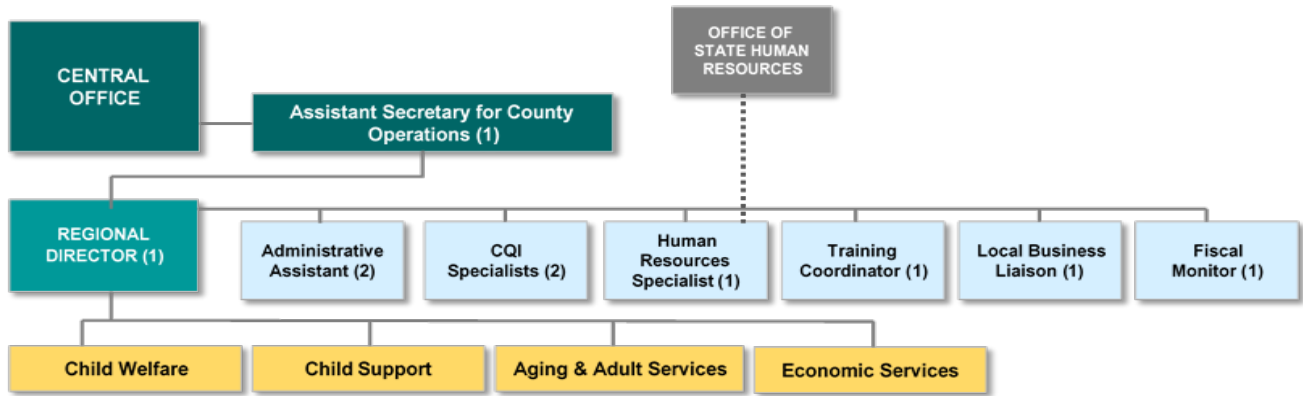
Our proposed “Model Regional Office,” in terms of staffing and services, would promote strong leadership and support for county operations. We proposed a matrix organization in which administrative management of all staff comes from the Regional Director, with program, policy, and practice supervision coming from the appropriate program section in the Central Office. The regional offices’ responsibilities should include:

- ◆ Leadership focused on county operations.
- ◆ Support for County Directors in human resources, budgeting, and business operations.
- ◆ Development and implementation of county and regional CQI plans.
- ◆ Monitoring of county strategic plans.
- ◆ Regular monitoring of county service delivery.
- ◆ Timely and accurate guidance for policy and practice.
- ◆ Development and execution of targeted technical assistance (policy, practice, fiscal, administration).
- ◆ Training needs assessment, training delivery, and training assessment.
- ◆ Coordination of services across counties.

While the DHHS JLOC report included most of our recommendations, some positions, notably training, human resources, and CQI continue to be Central Office positions for the immediate future. In addition, the CQI position in the Office of County Operations was not included. We recommend that, as the plan is implemented, steps be taken to ensure strong regional management is put into place and that Central Office structure support the regions. Care should be taken that the Regional Directors have authority to develop regionally focused plans and the ability to bring the appropriate skills and experience to implementing the plans in concert with the County Directors. We recommend an annual assessment of the staffing of regional program and administrative staff.

The chart below displays our recommended structure for the Central Office and regions.

Figure 1: Central Office Organizational Chart



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| 2. | Fully staff the Regional Offices to the maximum extent possible under budget constraints to provide full supervision and support for county DSS. |
|----|--|

A Regional Director is a critical position in the reform of both child welfare and social services. The Regional Director is responsible for the direction and coordination of complex program execution in the region. This person works with the county directors, DSS governing Boards, County Managers, and County Commissioners to strengthen and maintain high quality social services delivery in each county in the region. These responsibilities include development and maintenance of coordinated practices among counties in their regions, as well as across all regions. The Regional Director plays a key role in helping coordinate the various activities underway, to ensure counties maintain clear priorities.

Regional Directors need exceptional interpersonal skills to be able to work effectively with Central Office staff, county directors, private providers, other state and county agencies, county supervisors and delivery staff, courts, and other regional office staff.

The Regional Director reports to an Assistant Secretary for County Operations at the Central Office and is supported by fiscal, administrative, training, quality assurance, and program staff. The Regional Director has direct authority for all the state staff in the region, including personnel management, planning, and budget. The program staff in the region would receive program and technical directions from the appropriate Central Office section for policy and practice guidance, training, program fiscal policy, and any other function specifically related to the management of social services programs (Economic Services, Child Support, Child Welfare, Aging and Adult Services). Central Office program staff, in consultation with the Regional Directors, would be responsible for ensuring that staff selected for and/or assigned to a regional office for their specific programs are highly qualified to provide the program expertise needed to support the counties in their region.

Specifically, we are concerned that the DHHS model does not have designated CQI staffing. Instead, that function is integrated into the individual program staffs' responsibilities. During the transition to the regional structure and implementation of reforms in policy and practice, there will need to be strong support for the state CQI program in each region. Two proposed regional

CQI Specialists would develop plans for each region, provide technical assistance in developing county-specific plans, monitor county plans, and report results for each of the social services programs. We propose two CQI Specialists per region to ensure *all* programs' CQI needs are addressed. CQI Specialists would also be charged with helping move North Carolina's social services programs toward more data-informed decision and policy-making. While these CQI Specialists would be identified as regional staff, they would report to a CQI Deputy Director in Central Office.

Central Office

Effective Central Office leadership is critical for the success of the regions (and ultimately, the counties). Central Office staff will not only support the regional staff, but they will also ensure the development of consistent policies, procedures, and priorities that will be disseminated throughout the regions.

Developing detailed transition plans to establish and staff the regions should be a top priority. Transition details around moving existing positions and staff from Central Office to a region will need to be determined program by program, team by team, and incumbent by incumbent. DHHS has undertaken much of this work in developing its report to JLOC, but details have not been announced to Central Office staff.

Our assessment of the organization and management of the social services delivery program led us to add the following considerations for roles and responsibilities.

- ◆ Clear definition of state, regional, and county roles in a state-supervised/county-administered program.
- ◆ Clear decision-making authority for policy, operations, and supporting functions.
- ◆ Clear plan for the structure for policy, operations, and including roles of staff.
- ◆ Timely, accurate, and coordinated policy guidance.
- ◆ Timely data reporting to measure performance and outcomes.
- ◆ Support for county directors in non-program areas (fiscal, management, human resources, and leadership).
- ◆ Enhanced training for both county and state staff.
- ◆ Timely monitoring and corrective action plans.
- ◆ Enhanced technical assistance strategies.
- ◆ Increased staffing for county and state with appropriate skills, knowledge, and experience.
- ◆ Enhanced communication with the public and the legislature.

DHHS is currently working to realign the Central Office to support regions and enhance its ability to fulfill the responsibilities. DHHS has created an Office for County Operations. We recommend that the final staffing include administrative support, a Deputy Assistant Secretary for County Operations for Regions and a Deputy Assistant Secretary for County Operations for the CQI Team as below.

3.	Create the following positions in the Central Office to staff the new Office for County Operations to fully support the regional structure and the supervision of the child welfare, child support and economic services divisions now under the leadership of the Assistant Secretary for County Operations:	
	Function	Position Title
	Deputy Assistant Secretary for County Operations for Regions	Deputy Director, Dep't of Social Services
	Admin. Support for OCO	Executive Assistant 1
	Deputy Assistant Secretary for County Operations for the CQI Team	Deputy Director, Dep't of Social Services
Admin. Support for CQI	Executive Assistant 1	

Since the Office for County Operations now includes programs (child welfare, child support, and economic services), we recommend that a position of Deputy Assistant Secretary for County Operations for Regions be established to provide supervision for the seven regional directions.

We also recommend the creation of a high-level position to direct the DHHS-wide CQI efforts. We recommend the job title be “Deputy Assistant Secretary for County Operations for the CQI Team” and that it be classified as a Deputy Director position and be a part of the Office for County Operations to ensure that the regional CQI functions are provided the proper leadership. The 14 regional CQI Specialists, while assigned regionally, would report directly to this position. This team would be charged with establishing a statewide CQI approach. Each Central Office program division (Child Support, Aging and Adult Services, Economic and Family Services, and Child Welfare) would still be responsible for developing program-specific CQI plans. The CQI Specialists would work with each program to assist them in crafting their program CQI plans, aligning with the statewide approach. As noted in the previous section regarding regional offices, the regional CQI Specialists, working with the Regional Program Representatives, would be responsible for ensuring the CQI “circle” was complete. They would work closely with the counties in their region to track progress and provide technical assistance as needs were identified. We also recommend appropriate administrative support for the CQI effort.

Currently, DHHS plans include a section in Human Services for Policy, Planning, and Workforce Development, in which all training development and some training delivery would be assigned. The goal of this structure is to enhance policy development, to coordinate policy more formally to ensure that program policy supports all DHHS goals and is clear to counties, and to provide training with skilled curriculum developers, including distance learning specialists and delivery staff. In implementing this structure, program sections’ roles and responsibilities should be clearly defined, and program performance data be used to set priorities for policy development/enhancement and training. It is important that staff developing and delivering policy and practice training understand the laws, regulations, policy, and practice of the specific program for which the training is being developed. Both the policy and training staff should work closely with the respective Central Office program staff, Regional Director, Regional Representatives, and CQI staff, to ensure that training needs are quickly identified, and appropriate training materials are developed and deployed as needed. Additionally, a clear plan for policy dissemination, including methods of release, and that recognizes both complex policy changes and simple changes or updates, needs to be developed.

DHHS Central Office and regional staff also have training needs. Central Office training staff should be equipped to support the training needs of Central and regional state staff. We recommend a team of at least two staff be charged with identifying training needs for state staff and providing needed training through internal course development and/or identifying external sources that could fill the need.

Finally, it is important to note the need for management training for Central, regional, and county managers. County DSS Directors specifically have requested ongoing management training.

In Chapter 5 of the Final Child Welfare Reform Plan, we have articulated a vision and set of recommendations for sustainable improvement for North Carolina’s Child Welfare program. The major reform in the recommendations that DHHS has accepted and is indeed beginning to implement requires strong leadership from child welfare experts deeply grounded in policy and practice. We recommend a reorganization of Central Office Child Welfare state staff. The teams we recommend align with the regional structure, and support program improvements. The teams at a minimum would include:

- ◆ Office of Child Safety-Child Protective Services.
- ◆ Office of Family Support and Well-Being-Prevention and In-Home Services (CPS): Voluntary and Involuntary, Families First Prevention Services Act, foster care.
- ◆ Office of Child Permanency: Extended foster care for youth 18 to 21, Adoption, Guardianship, Reunification.

We recommend these positions report to the Deputy Director for Child Welfare. We recommend each position be classified as a Program Administrator 3.

4.	Establish key positions to guide the Child Welfare Reform.	
	Function	Position Title
	Manager for Office of Child Safety-Child Protective Services	Program Administrator III
	Manager for Office of Office of Family Support-Prevention and In-Home Services (CPS)	Program Administrator III
	Manager for Office of Child Permanency	Program Administrator III

Establishing these positions and reassigning staff to these teams, along with establishing the regions as described earlier in this chapter, will be critical to the overall success of the Child Welfare program improvements detailed throughout the Final Report. CSF recommends as a first step the creation of a small, representative core implementation team, led by the Implementation Manager, that operates in the Teaming Structure described in the Final Child Welfare Reform Plan.

In summary, we agree with the general alignment of responsibilities between the local, regional, and Central Office organizations as detailed in the SSWG report and DHHS’ report to JLOC. We believe that establishing a strong regional structure is a priority. We recognize that both the regional and Central Office staff as outlined here does not necessarily address all the staffing needs for state staff. However, we do believe it represents the structure needed to support regional offices – which in turn will support social services delivery at the local levels.

Table 1: Implementation Strategy – Central and Regional Structure and Staffing

Recommendation	Implementation Strategy	Phased Timeline	Expected Outcome	Estimated Costs or Resources Needed
Enhance statutes to ensure that there is consistency of mission and authority of the county boards governing social services agencies.	Develop consensus with County Directors, Commissioners, and draft legislations with General Assembly.	March 2019 – March 2020	Statute Drafted.	Staff resources
Fully staff the Regional Offices to the maximum extent possible to provide full supervision and support for County DSS.	Examine organizational structure and consider budget to provide full staffing. Work with Administration and General Assembly to secure funding.	March 2022	Fully staffed regional offices.	TBD based upon final assessment.
Fully staff Office of County Operations with Deputy and CQI staff.	Examine organizational structure and consider budget to provide full staffing. Work with Administration and General Assembly to secure funding.	May 2022	Fully staffed Office of County Operations.	TBD based on assessment.
Conduct training needs assessment.	Determine the persons or team who will be responsible for operationalizing the practice model.	June 2019 – January 2020	Training Needs Identified.	Staff resources.
Increase the number, accessibility, and modes of training delivery.	Identify community spaces for training accessible to counties.	March 2020	Increase in training.	Minimal if using community spaces.
Provide training staff with meaningful opportunities to learn about programs.	In concert with Central Office reorganization assess trainer's knowledge of programs and implement a plan for increase of knowledge.	June 2019 – March 2020	Knowledgeable and skilled training staff.	Staff resources.
Establish clear criteria for the distribution of state funds allocated for	Clarify policy and communicate to all staff.	June 2019 – September 2019	Equitable access to training and professional development.	Staff resources.

North Carolina Social Services Reform Plan

Recommendation	Implementation Strategy	Phased Timeline	Expected Outcome	Estimated Costs or Resources Needed
staff education and professional development.				
Fill four critical positions in child welfare key to guiding the reform.	Complete classification, advertise, and fill positions.	April 2019 – May 2019	Ensure leadership of child welfare reform.	\$400,000 plus benefits.

II. USING DATA TO MANAGE SOCIAL SERVICE OUTCOMES

A. *Using Data: Preliminary Recommendations*

This chapter includes updated information and recommendations regarding the use of data from both the North Carolina Social Services Preliminary Reform Plan Report and the Child Welfare Preliminary Reform Plan Report. These findings and recommendations also align with the findings and activities related to the development and implementation of a state CQI plan, which is addressed in Chapter 6 of this final report.

For data to be useful to a social services delivery system, it must be available, accessible, accurate, and actionable. As noted in the preliminary reports, access to and use of quality data to inform practice and analyze and improve performance is currently inconsistent at Central and county offices. CSF recommends that DHHS and county leadership implement strategies to integrate the routine use of data by state and county staff at all levels and program areas by producing quality outcome data, building a shared commitment to using data, and by choosing outcome measures and user-friendly data reports aligned with client outcomes. This strategy must include regions when they are established.

The Preliminary Reform Plans contained 14 recommendations focused on the generation and use of quality data. These included:

- ◆ Training of staff on data entry and extraction.
- ◆ Strengthened protocols and procedures for data entry.
- ◆ Streamlined methods to ensure data accuracy and consistency used in reports including the Wellness and Transparency Dashboard.
- ◆ Creation of an analytic file that links data from multiple systems.
- ◆ Investments in qualitative case review processes and use of administrative data at county, Central, and regional level for monitoring performance and decision-making.
- ◆ Development and use of standard reports.
- ◆ Development of outcome measures.
- ◆ Working with county social services program leaders, development of performance goals based on an established baseline.

Our preliminary reports also stressed the need for a communication strategy that clearly articulates expectations and includes regular updates on progress.

B. *Using Data: Status Report*

While progress in terms of advancing specific recommendations has been somewhat limited, DHHS has been doing foundational work intended to prepare itself to implement many of the specific recommendations.

DHHS has done extensive planning work on the development, staffing, and functions of regional offices. It has also worked on a plan to reorganize its Central Office in a way that will support both regions and counties and provide a structure to align data production with program needs more effectively moving forward. This reorganization includes establishing a high-level data and evaluation position and bringing IT, NC FAST, data, and program evaluation staff into a single unit under program leadership. DHHS has worked to improve the functionality and usability of NC FAST for child welfare intake and assessment, though county leaders and staff still report concern about the functionality and stability of the system. It also is noted that three bills have been introduced to modify the rollout of NC FAST. As of this date S 212, H 320 and H 292 are pending in various committees.

DHHS has completed additional consolidation of key program monitoring, case review, and local CQI functions within the Child Welfare Division.

Finally, the child welfare program monitoring tools were updated in December 2018 to reflect the modified policy manual. Other changes to the program monitoring process include reviews to directly follow the rollout of NC FAST, using the results of the review to identify and address data entry concerns to improve accuracy. This new process would also provide a way to help identify counties/staff who may need additional support in accurately entering information into the system.

C. Using Data: Final Recommendations

CSF has reviewed, refined, and consolidated the 14 preliminary recommendations into a set of 10 recommendations that are grouped into the following three key categories.

- ◆ **Producing quality data:** The ability to routinely produce quality data is critical to North Carolina’s successful implementation of reform efforts.
- ◆ **Having a shared commitment to using quality data (making data actionable):** This includes clear and continual messaging and modeling from leadership as to the importance of using data to improve practice with positive impacts for children and families.
- ◆ **Outcome measures and data reports:** This refers to developing outcome measures that are equitable and aligned with system goals and providing counties with user-friendly quality data reports.

When implementing system-wide reform aimed at improving outcomes for children and their families, quality data plays a critical role in understanding where change is needed, monitoring how reform efforts are being implemented, and measuring the impact on children and their families. Having protocols and mechanisms in place to ensure not only that data exists, but that the data, both quantitative and qualitative, is of high quality, reliable, and accessible is paramount to success. The ability to produce quality data will be critical to North Carolina’s successful implementation of reform efforts. Key to the effective use of data is the common understanding of the source and reliability of data used to measure performance.

We recommend the creation of a workgroup of Central and county management and line staff who understand data needs, the use of the various case-related forms, and the data generated and the current challenges being faced. Once initial decisions are made, staff should be trained on the

use of the data in case reviews. The workgroup should continue to be involved in the work regarding linkages of data from current systems.

Since the Dashboard is required by law and could be a useful tool for monitoring performance, key decisions need to be made on the metrics and source of data for use in the Dashboard.

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| 5. | Once the Business Information Officer position is filled, DHHS should assess the staffing and external resources needed to lead and support the data-related reforms. |
| 6. | Create a working group of state, county, and NC FAST staff to identify data elements in forms that are used, where common errors occur, why data inconsistency exists between the state and the counties, and determine how these inconsistencies can be reduced and data quality will be increased with full conversion to NC FAST, or if enhanced protocols or training would be beneficial to improve. |
| 7. | Make investments in existing qualitative case review processes, since they are so essential to monitoring and supporting efforts towards improving case practice and outcomes for children and families. |
| 8. | Create an analytic data file that can be periodically updated, and that links NC FAST data with data from the legacy systems. |

There are several ways North Carolina will be able to track the progress in producing quality data over time. First, developing and monitoring data reports relating to consistent and timely data entry, capturing missing data elements, and following through at the local level based on results, will help ensure data in the information system is available as well as reliable. Second, routinely receiving feedback from training evaluations will facilitate implementing identified modifications. Finally, tracking utility of longitudinal data from the analytic file by staff and leadership provides the information needed to assess program improvement.

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| 9. | Develop and implement a strategy that messages and models ongoing leadership expectations and goals that staff use data to improve outcomes. |
| 10. | Train county, regional, and state level staff in the effective use of administrative data to support program monitoring and decision-making. |

CSF recommends DHHS work in close partnership with counties on the further development, planning, and implementation of communication and training strategies regarding creating a shared commitment to effectively using program data. This should include the active involvement of both state and county leaders and the potential role the implementation teaming structure for child welfare reform efforts might play in the process.

The communication plan is a part of the broader communication strategy. It should be implemented at the start of the change process and be updated as DHHS efforts evolve over time and the types of available data and methods of sharing change. The plan should include the vision for the communication strategy, detailing what specific types of data-related information will be provided to staff and stakeholders, the timing and frequency with which updates will be

shared, and the methods by which data related information will be communicated (i.e., posted on website, email, integrated into regularly scheduled administrative functions). Regular updates to state and county staff on progress being made on efforts to improve data quality, progress with the implementation of NC FAST, the development and refinement of MOU measures, and the development of the Dashboard are key to the plan. The plan should result in a strategy specific for communicating to state and county staff and to stakeholders when the Dashboard is ready to go live, including:

- ◆ North Carolina’s commitment to using data to track progress, establish goals, and support problem-solving at both the micro- and macro-levels.
- ◆ North Carolina’s commitment to data transparency.
- ◆ Information on how to access the Dashboard, what information can be found there, how it can be used, and what resources (i.e., training, technical assistance) will be available to provide support.
- ◆ Information about other available sources of data.

DHHS must monitor ongoing implementation as part of the communication strategy. This includes ensuring the plan is updated on an ongoing basis and that new information regarding ongoing system enhancements to NC FAST, the Dashboard and other data systems are being disseminated to staff and stakeholders in a timely manner.

The training of county, regional, and state level staff in the effective use of data should focus on three broad topic areas, including:

- ◆ How to understand and interpret client, program, and outcome data in social services programs.
- ◆ How to use the Dashboard and other data sources to find social services client, program, and outcome data.
- ◆ How to use available data in continuous quality improvement processes to identify problems and to choose and evaluate strategies to improve services and outcomes.

It is essential that training on the use of data follow (not precede) the rollout of the Dashboard. The curricula cannot be adequately developed without knowing fully what data is available in the Dashboard and its functionality in terms of accessing and manipulating data for use in day-to-day practice. DHHS should also ensure consensus from state and county leaders regarding the phased rollout of the training based on the assessed organizational readiness at the state and local levels, both for delivering as well as for ensuring staff’s successful participation in the training.

Our final recommendations focus on identifying outcome measures that are equitable and aligned with system goals and provide counties with user-friendly quality data reports.

11.	Create ongoing access to standard data and reports that not only provide data on statewide, regional, and individual county client and system outcomes, but also include client and service data that can inform a CQI process to improve performance and outcomes.
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Counties currently get these reports from a combination of the UNC Management Assistance website and internally-generated reports.

12.	When regional offices are established, regional staff should work with and help counties identify specific data sets and reports, so counties understand their performance and choose and plan improvement strategies.
13.	Performance goals across programs should be chosen by DHHS together with counties and reflect performance issues critical to client outcomes. Valid baselines should be established for individual counties and progress should be measured at regular intervals over time.
14.	Assessment of county performance should take into account the number of different goals counties are being held accountable for and their overall level of achievement. Counties that are not meeting a statewide standard should be responsible for implementing strategies to make realistic improvements over their baseline.

Progress should be tracked over time regarding:

- ◆ The choice of outcome measures and availability of user-friendly reports.
- ◆ The system and client outcomes reflected in the reports themselves.

D. Using Data: Implementation Strategy

Table 2: Beginning Implementation Strategy – Using Data

Recommendation	Implementation Strategy	Phased Timeline	Expected Outcome	Estimated Costs or Resources Needed
Create a working group to identify data elements in forms, common errors occur, causes of data inconsistency exists between the state and the counties, and approaches to improving data consistency and quality. (Working group to identify common data errors)	Determine members of the working group, obtain commitments, review forms and data including source and use, and document the cause of inconsistencies. Develop options for solutions and DHHS leadership make decisions. Implement solutions.	<u>April 2019 – April 2024</u>	Increased data entry consistency.	Staff planning time.
		Development.	Increased confidence in data. Clear plan for action.	
		Planning.	Training curriculum.	
		Initial Implementation.		

North Carolina Social Services Reform Plan

Recommendation	Implementation Strategy	Phased Timeline	Expected Outcome	Estimated Costs or Resources Needed
Make investments in existing qualitative case review processes	Develop training curriculum and provide ongoing training to staff for conducting case reviews.	<u>April 2019-December 2024</u> Development.	Improved confidence in use of qualitative case review data.	Staff planning time.
Create an analytic data file, that can be periodically updated, that links NC FAST data with data from the legacy systems. (Analytic data file for longitudinal analysis)	Dedicate technical staff to identify data fields and create methods for linkages.	Planning.	Improved understanding of performance over time.	\$50,000 plus
Develop and implement a communication strategy.	Designate responsibility for development and updates of a communication plan. Provide regular updates to Central, regional and county staff that includes efforts to improve data quality, system implementation, enhancement of MOUs and Dashboard development.	<u>April 2019 – March 2024</u> Development. Initial Implementation.	Central, region, and county staff view of the transparency of the system.	Staff planning time.
Train county, regional, and state level staff in the effective use of administrative data to support program monitoring and decision-making. (Effective use of data training)	Develop training curriculum. Provide training.	Planning Full Implementation	Improved monitoring and decision-making.	Staff planning time.
Provide DHHS and counties ongoing access to standard data and reports that not only provide data on statewide, regional, and individual county client and system outcomes, but also include client and service data to inform CQI. (Ongoing access	Assess what data reports are most being used in central office and counties; determine if there are any barriers to access. Once Dashboard measures are finalized, assess whether reports to support county understanding of their	April 2019 – March 2024 Development. Readiness.	Focus on achieving outcomes at the system and client level.	Staff planning time.

North Carolina Social Services Reform Plan

Recommendation	Implementation Strategy	Phased Timeline	Expected Outcome	Estimated Costs or Resources Needed
to standard data reports)	<p>outcomes are accessible through the Dashboard.</p> <p>Develop additional data reports, if necessary, that mirror the dashboard reports and support county understanding of measures.</p>	Planning.		
<p>Regional staff should work with and help counties to identify specific data sets and reports, so counties understand their performance and choose and plan improvement strategies. (County specific data sets and reports)</p>	<p>Once regional offices become operational, regional staff should assess the individual data needs of the counties within their purview.</p>	Planning.	<p>Provide state and county staff with reliable information on their performance levels and trends.</p>	Staff resources
<p>Performance goals across programs should be chosen by DHHS together with counties and reflect performance issues critical to client outcomes. Child Welfare outcome measures should additionally be consistent with a safety-focused, trauma-informed, family-centered, and culturally-competent system. Valid baselines should be established for individual counties and progress should be measured at regular intervals over time. (performance goals tied to critical client outcomes)</p>	<p>Convene group with DHHS, county leaders, IT staff, and Chief Data Officer to determine appropriate performance measures consistent with child and family outcomes.</p>	<p>In concert with 2019-2024 performance measure development.</p> <p>Planning.</p>	<p>Improved system performance and child and family outcomes.</p>	Staff resources

North Carolina Social Services Reform Plan

Recommendation	Implementation Strategy	Phased Timeline	Expected Outcome	Estimated Costs or Resources Needed
developed with counties)				
<p>Judgments of the adequacy of county performance should take into account the number of different goals counties are being held accountable for and their overall level of achievement. Counties that are not meeting a statewide standard should be responsible for implementing strategies to make realistic improvements over their baseline. (Number of performance measures accounting for overall level of achievement)</p>	<p>Review performance measures to distinguish between a level of performance the system aspires to achieve through a CQI process and a level of performance below which corrective action or sanctions are triggered.</p> <p>In the context of the difficulty of meeting established standards, determine how many standards must be exceeded before a county is considered to be performing adequately.</p> <p>Establish a process for working with counties not performing well to establish and work towards required goals for improvement over their baseline.</p>	<p>In concert with 2019-2020 performance measure development.</p> <p>Planning.</p> <p>Full Implementation.</p>		<p>Staff resources</p>

III. STAFFING

Adequate staffing for the social services programs is critical for the delivery of services to citizens. Simply put, staff drive service delivery regardless of the technology deployed and the infrastructure in place. It is the staff interacting with adults, children, and families that is the most critical ingredient to success. The requirement and retention of a workforce is in large part governed by the compensation for complex work.

In this chapter we provide information on the current staffing of local DSS offices in each of the four program areas. It should be noted that this information is “point in time” information and is based on the best information that CSF was able to gather with the assistance of county DSS Directors, Office of State Human Resources, and DHHS. We also obtained some information directly from county human resources websites.

A. Surveys

CSF developed surveys to collect county staffing data in consultation with Central Office staff for each corresponding program, excluding child support enforcement. Child support has a set of universal program functions that were used to develop the survey. For child welfare, we were able to gather much of the needed information from a workbook that counties update and is maintained by DHHS.

The decision was made to use brief descriptions of positions instead of position titles due to the broad range of position titles that exist in the counties. As a result, counties may have mapped their position titles to the survey position descriptions, with some compromises in accuracy since it is unlikely that every county’s positions correlated directly to the position descriptions.

We requested a limited amount of data in each program’s survey. Of greatest importance was the salary data, where we asked for the starting salary and the top salary for each position in a program, child welfare excluded, in order to obtain a universe of possible salaries. With this universe, we would be able to determine the average starting salary and the average top salary, by position, as well as the deviations from this average, by county.

After surveys were transmitted to counties, we made several follow-up efforts to remind counties to return completed surveys by the deadline. After the deadline, additional communications were sent to counties that had not returned surveys, asking for their participation. A few counties responded with surveys after each attempt, with the number decreasing over time. As a result, we determined that it was not going to be possible to obtain surveys from all counties, which required a change in our data analysis strategy.

We received at least one program survey from 80 counties, and most counties that responded completing surveys for all of their social services programs.

Aging and Adult Services

Aging and Adult Services staff at the Central Office provided position descriptions, as detailed below. The numbers in parentheses are the number of counties that responded to the survey that have the position staffed.

1. APS Evaluation: Evaluates APS intakes, determines next steps in case. (60 of 69)
2. Adult Care Monitor: Monitors adult care facilities. (55 of 69)
3. Case Management: Performs case management for individual and family adjustment. (51 of 69)
4. Special Assistance: Performs duties under the state-county Special Assistance Program. (53 of 69)
5. Service Provider: Performs evaluations, treatments, plans, and mobilizes services. (55 of 69)
6. Guardianship: Performs guardianship services, including case management, arranging and monitoring treatments. (57 of 69)
7. Program Manager/Administrator: Responsible for overall operations of program, personnel issues, overall supervision of staff. (51 of 69)
8. Representative Payee: Representative payee for people with Social Security benefits who cannot manage their financial affairs. (48 of 69)
9. Supervisor: Supervises staff performing Aging and Adult Services duties, may provide training, fill in when caseloads have a vacancy. (30 of 69)
10. Non-APS Telephone: Takes calls from the public for non-APS services, including emergency assistance, general assistance related to adults, placement assistance. (50 of 69)
11. APS Telephone: Takes calls from the public regarding adults who may be at risk and in need of adult protective services. (63 of 69)
12. In-Home: Visits clients in their homes, oversees the provision of paraprofessional services. (45 of 69)

Response Rate

We received completed surveys from 69 counties. Five of 10 large counties responded, 28 of 38 medium-sized counties responded, and 36 of 52 small counties responded. Not all counties had staff in positions that correlated to all survey position descriptions, which reduces the response rate for some positions.

Statewide Data: Small, Medium and Large Counties

Several patterns exist in the statewide data that are consistent across all positions in Aging and Adult Services, and there are very few exceptions. When examining the average, minimum, and maximum starting and top salaries, these averages decrease moving from large to medium to small counties. That is, almost without exception, large counties pay higher starting and top salaries than medium sized counties, and medium-sized counties pay more than small counties at starting and top salaries. Across 216 data points, there were only 10 exceptions.

North Carolina Social Services Reform Plan

The differences in salaries across the three county sizes can be great, as the tables below illustrate.

APS Evaluation	Large	Medium	Small
Average Starting Salary (in thousands)	54.7	44.7	39.6
Average Top Salary (in thousands)	83	68.7	57.4
Adult Care Monitor			
Average Starting Salary (in thousands)	48.7	42.3	38.3
Average Top Salary (in thousands)	75	63.3	56.2
Case Management			
Average Starting Salary (in thousands)	42.8	39.6	37.4
Average Top Salary (in thousands)	67.8	61.1	53.9
Special Assistance			
Average Starting Salary (in thousands)	42	39	37.4
Average Top Salary (in thousands)	67.7	58.4	54.1
Service Provider			
Average Starting Salary (in thousands)	48.3	42.3	37.9
Average Top Salary (in thousands)	72.9	63.9	54.9
Guardianship			
Average Starting Salary (in thousands)	48.7	46.7	37.6
Average Top Salary (in thousands)	75.5	63.2	54.3
Program Manager/Administrator			
Average Starting Salary (in thousands)	64	53.6	51.9
Average Top Salary (in thousands)	98.4	83.1	73.6
Representative Payee			
Average Starting Salary (in thousands)	42.1	40.2	37.4
Average Top Salary (in thousands)	67.6	59.5	55.3
Aging and Adult Services Supervisor			
Average Starting Salary (in thousands)	NA	45.6	42.1
Average Top Salary (in thousands)	NA	72.8	61.7
Non APS Phone			
Average Starting Salary (in thousands)	45.5	39.6	36.9
Average Top Salary (in thousands)	73.6	62.1	54.8
APS Phone			
Average Starting Salary (in thousands)	47.7	39.5	37.3
Average Top Salary (in thousands)	74.3	61.2	54.8
In Home			
Average Starting Salary (in thousands)	38.5	39.2	36.7
Average Top Salary (in thousands)	65.3	60.1	53.1

With only two exceptions across 12 positions, large and medium-sized counties pay more than the statewide average for both starting and top salaries while small counties pay less than the statewide average. It should be noted that only half of the large counties responded to the survey, so the data from those counties is somewhat skewed.

Perhaps the best illustration of salary discrepancy across the state is the finding that, for several positions in Aging and Adult Services, the minimum *starting* salary in large counties is greater than the minimum *top* salary in both medium and small counties. For APS Evaluation, Adult Care Monitor, Guardianship, Program Manager/Administrator and APS Phone positions, it is

possible to start in a large county earning more than a counterpart in some small and medium counties will earn at the top of their salary scale.

This finding supports the long-held contention in the state that persons migrate from small and medium counties to larger counties because of the financial gains to be realized. The phenomenon may be more widespread than previously thought, given that the minimum starting salary in large counties is higher than the top minimum salaries in both small and medium counties for almost half of the positions in Aging and Adult Services. It is possible, in several small and medium-sized counties, that a staff person in one of the positions above could maximize their salary, move to a large county and start at the bottom of the salary structure in the same position, and receive an increase in salary.

Statewide Data: County Tiers

North Carolina counties are grouped according to economic status using Tier designations 1, 2, and 3. Tiers relate to the economic status of counties. Counties with smaller populations are more likely to be in Tier 1 (economically-most-distressed), while counties with larger populations are more likely to be in Tier 3 (economically-least-distressed). Similar patterns exist when examining the salary data across tiers. For all Aging and Adult Services positions, Tier 3 counties have higher average starting salaries and top salaries than Tier 1 and Tier 2 counties, with no exceptions. The minimum starting salary in Tier 3 counties is higher than the minimum top salary for Tier 1 and 2 counties for six positions: APS Evaluation, Adult Care Monitor, Case Management, Service Provider, Guardianship, and Non-APS Phone.

The differences among the three tiers regarding average annual starting and top salaries is more pronounced than the differences among small, medium, and large counties. The difference between Tier 3 and Tier 2 starting annual salaries ranges from \$2,700 to \$5,500, but the difference between Tier 3 and Tier 1 starting salaries is much greater, with the smallest annual salary difference being \$3,600, and the highest \$10,700.

The differences among the three tiers are very pronounced when comparing average annual top salaries. The differences between Tier 3 and Tier 2 average annual top salaries ranges from \$7,200 to \$15,800, with only two positions having differences of less than \$10,000. The smallest difference in annual average top salaries between Tier 3 and Tier 1 counties is \$7,800, but the largest difference is \$23,600 for Program Manager/Administrator positions.

These data show that there are greater differences among the tiers in average top salaries than average starting salaries. This indicates that the salaries in the Tier 1 counties are more attractive not just for staff just starting their careers, but also for staff who have county work experience and have worked their way up the pay scale.

Salaries by Region

We also analyzed the salary data by the three regions in the state: Coastal Plain, Piedmont, and Mountains. The average starting and top salaries were highest in the Piedmont region, with two exceptions. The average starting salary for Supervisors and In-Home positions are highest in the Mountain region. With only two exceptions, the Piedmont region is the only region paying more than the statewide average for both starting and top salaries.

Average starting salaries showed many similarities across positions. The average starting salary for the Coastal Plain and Mountain regions were very similar, often with less than \$500 a year separating them, and the difference was never more than \$1,800 annually. Piedmont average annual starting salaries were between \$2,000 and \$5,000 more than the other two regions.

As was the case with the analysis of Tiers, the differences are much greater when examining annual averages for top salaries, and this is true across all three regions, with the Coastal Plain having higher averages than the Mountains generally. For the Supervisor position, the difference between the Piedmont and Coastal Plain was \$1,900, and the difference between the Piedmont and the Mountains was \$1000. For all other positions, the differences between the Piedmont region and the Coastal Plain are between \$7,600 (Representative Payee) and \$16,600 (Program Manager/Administrator). Between the Piedmont and the Mountains, the differences range from a low of \$6,600 (Case Management) to \$19,900 (Program Manager/Administrator).

The average annual top salaries in the Mountain region lag behind those of the Coastal Plain in all but two positions, but the biggest difference for any single position is less than \$6,000. Similar to our findings comparing counties by size, there are two positions where the minimum Piedmont starting salary is greater than the minimum Mountain top salary: Representative Payees and Non-APS Phone positions. In addition, between APS phone positions in these two regions, the maximum in the Mountain region is only \$1,600 greater than the average in the Piedmont.

Work First

Work First staff at the Central Office provided position descriptions, presented below. The numbers in parentheses are the number of counties that responded to the survey that have the position staffed.

1. Cash Assistance Case Management: Maintains a caseload of ongoing cash assistance cases, reacting to changes in situation and processing recertifications. (54 of 73)
2. Administrative Support: May perform a variety of tasks such as working at the front desk, mail room activities, processing address changes, switchboard operations, and taking written and verbal information from clients to be given to a caseworker for action. (41 of 73)
3. Team Supervisor: Supervises a team of front-line staff. (49 of 73)
4. Cash Assistance Application: Takes initial applications for Work First cash assistance, interviews applicants, and processes application after determining eligibility. (58 of 73)
5. Training/Personnel: Trains new and existing staff, fills in to assist with caseloads with a vacancy, monitors reports, and deals with personnel issues. (50 of 73)
6. Supervisor: Ultimately responsible for the supervision of all staff, duties include planning, reporting, and personnel issues elevated to their level. (50 of 73)
7. Work First Case Manager: Works with work eligible parents in active Work First cases providing social work case management and arranging for services to move the Work First family to self-sufficiency. (51 of 73)

Response Rate

Seventy-three counties responded to the Work First survey. Five of 10 large counties responded, 21 of 38 medium-sized counties responded, and 28 of 52 small counties responded. Not all counties had staff in positions that correlated to all survey position descriptions, which reduces the response rate for some positions.

Statewide Data: Small, Medium and Large Counties

Salary discrepancies among small, medium, and large counties are much smaller than in the Aging and Adult Services programs. For four positions, medium counties had starting and top salaries above the statewide average, and the average starting and top salary for the Cash Assistance Case Manager position in large counties was below the statewide average.

The most frequent pattern was for the large counties to have the highest starting and top salaries, with medium counties second and small counties third. Small counties had no starting or top salaries that were above the statewide average with the sole exception of the starting salary for Team Supervisors. Small counties consistently had the smallest difference between average starting and top salaries. The table below summarizes the findings.

Cash Assistance Case Manager	Large	Medium	Small
Average Starting Salary (in thousands)	31	33.8	31.9
Average Top Salary (in thousands)	48	52.1	45.1
Administrative Support			
Average Starting Salary (in thousands)	29.3	27.5	27.3
Average Top Salary (in thousands)	41.6	41.3	38.4
Team Supervisor			
Average Starting Salary (in thousands)	40.4	39.2	40.6
Average Top Salary (in thousands)	64.3	59.1	56
Cash Assistance Application			
Average Starting Salary (in thousands)	32.9	32.5	31.1
Average Top Salary (in thousands)	52.1	48.2	44.9
Training/Personnel			
Average Starting Salary (in thousands)	41	38.5	39.7
Average Top Salary (in thousands)	65	56.6	56.9
Supervisor			
Average Starting Salary (in thousands)	55.3	48.5	45.4
Average Top Salary (in thousands)	105.6	76.4	66.7
Work First Case Manager			
Average Starting Salary (in thousands)	40.1	37.8	34.4
Average Top Salary (in thousands)	60.6	56.8	50

Statewide Data: County Tiers

The salary discrepancies among the three economic tiers in the state are even smaller than they were for the small, medium, and large categories. Tiers relate to the economic status of counties. Counties with smaller populations are more likely to be in Tier 1 (economically-most-distressed), while counties with larger populations are more likely to be in Tier 3 (economically-least-distressed). Both Tier 1 and Tier 3 counties had at least one position where they had the highest salary and one with the lowest salary. Tier 2 counties were usually second in starting and

top salaries, but they also had two third place ranks. The differences between starting and top salaries, by position, are overall very similar across the tiers.

The table below presents specific data on the inconsistencies of starting and top salaries that exist among the tiers.

Cash Assistance Case Manager	Tier 1	Tier 2	Tier 3
Average Starting Salary (in thousands)	32.4	32.1	33.4
Average Top Salary (in thousands)	47.6	46.7	51.1
Administrative Support			
Average Starting Salary (in thousands)	29.2	27.2	26.5
Average Top Salary (in thousands)	41.4	38.4	41.5
Team Supervisor			
Average Starting Salary (in thousands)	44.7	38.1	38
Average Top Salary (in thousands)	61.5	56	59.2
Cash Assistance Application			
Average Starting Salary (in thousands)	32.4	31.8	31
Average Top Salary (in thousands)	46.8	46.2	49.6
Training/Personnel			
Average Starting Salary (in thousands)	42.2	39.1	36.9
Average Top Salary (in thousands)	61.3	55.6	57.5
Supervisor			
Average Starting Salary (in thousands)	39.9	49	53.1
Average Top Salary (in thousands)	60.5	71.8	95.9
Work First Case Manager			
Average Starting Salary (in thousands)	33.4	37.4	37.6
Average Top Salary (in thousands)	47.7	54.7	58.8

Salaries by Region

Our analysis of the data on salaries by region found that, with one exception, the Mountain region had the lowest annual average starting and top salaries across all positions. The Piedmont region had the mid-range of average annual salaries, having the highest annual starting salary for two positions and the highest annual top salary for four. The Coastal Plain averaged the highest starting annual salary for five positions, and three highest average annual top salaries.

The differences between the highest paying region and the lowest are much less than we found in Aging and Adult Services. The greatest disparities are found in the annual average top salaries, with one exception. While the Mountain region was almost always the lowest paying region, the differences between the Mountain region and the highest paying region averaged \$4,250 for starting salaries (the second column in the table below), \$9,733 for top salaries (third column in the table). The top salary differences are inflated primarily by the two supervisory positions and the case manager position.

Position	Difference between High & Low Annual Average Starting Salary (in thousands)	Difference between High & Low Annual Average Top Salary (in thousands)
Cash Assistance Case Mgr.	2.9	7.7
Administrative Support	8.0	7.6

Position	Difference between High & Low Annual Average Starting Salary (in thousands)	Difference between High & Low Annual Average Top Salary (in thousands)
Team Supervisor	5.2	12.4
Cash Assistance Application	1.4	5.9
Training/Personnel	3.9	7.1
Supervisor	4.1	17.7
Work First Case Manager	5.5	11.0

Child Support

There are functional position titles that are used almost universally in the child support community, so we did not solicit help from state staff to identify positions for child support. Numbers in parentheses indicate the number of counties that responded to the survey that have that position. The positions are:

- ◆ Enforcement. (47 of 59)
- ◆ Establishment. (46 of 59)
- ◆ Intake. (42 of 59)
- ◆ Interstate. (39 of 59)
- ◆ Legal. (14 of 59)
- ◆ Locate. (27 of 59)
- ◆ Program Manager/Administrator. (23 of 59)
- ◆ Supervisor. (39 of 59)

Response Rate

We received 59 surveys from the universe of publicly-operated county child support programs, which is a better response rate than for other programs. However, for most positions, we received fewer than 50 total responses, which equates to less than half of the counties being represented in the data. For some of the more specialized positions, such as Interstate and Locate, the number of responses was fewer than 30. This is most likely the result of smaller county programs organizing their caseload such that one worker handles all activities for their part of the caseload. In larger counties, there is generally more specialization – and specialized teams assigned discrete parts of the child support process, such as Enforcement, or Interstate cases. It should also be noted that 18 of the counties (Beaufort, Bertie, Buncombe, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Martin, New Hanover, Onslow, Pasquotank, Perquimans, Polk, and Union) have privatized their child support programs. We did not seek salary information from those counties, as the private firms consider staff salaries to be proprietary information. We received only 14 responses from counties with Legal positions. Finally, we received only one or two responses from large counties, which means that the statewide averages largely reflect the averages for small and medium-sized counties. Given the few responses from large counties, we focused our analysis on Tiers and Regions.

Statewide Averages

Statewide averages for the child support program are similar to those of the other programs studied. Similar positions have averages that are close to one another, and there are significant increases from the average starting salary to the average top salary. Averages in the table below are expressed in thousands.

Position	Average Starting Salary	Average Top Salary
Enforcement	34.0	51.3
Establishment	34.0	51.3
Intake	31.1	47.4
Interstate	33.6	49.8
Legal	59.8	102.4
Locate	32.2	47.9
Program Mgr/Admin	51.3	77.4
Supervisor	38.5	56.6

The most striking finding from the surveys that were returned is the wide variance in minimum and maximum salaries from the statewide averages in many child support positions in both starting and top salaries. All salaries in the table are expressed in thousands. Figures in parentheses represent the deviation from the average, in dollars.

Position	Average Starting Salary	Minimum Starting Salary	Maximum Starting Salary	Average Top Salary	Minimum Top Salary	Maximum Top Salary
Enforcement	34.0	27.8 (6.2)	41.7 (7.7)	51.3	31.5 (19.8)	67.1 (15.8)
Establishment*	34.0	27.8 (6.2)	41.7 (7.7)	51.3	31.5 (19.8)	67.1 (15.8)
Intake	31.1	22.8 (8.3)	39.0 (7.9)	47.4	26.9 (20.5)	62.4 (15.0)
Interstate	33.6	24.3 (9.3)	41.7 (8.1)	49.8	31.5 (18.3)	67.1 (17.3)
Locate	32.2	23.7 (8.5)	41.0 (7.8)	47.9	30.9 (17.0)	65.6 (15.7)
Program Mgr./ Admin	51.3	34.4 (16.9)	81.5 (30.2)	77.4	46.5 (30.9)	130.3 (52.9)
Supervisor	38.5	29.9 (8.6)	50.0 (11.5)	56.6	33.7 (19.9)	77.9 (21.3)

*Establishment and Enforcement summary and average numbers are so close that when rounded they are the same.

Variations from the average are more pronounced in supervisory and administrative positions, and with top salaries overall. If we examine the differences between the minimum and maximum salaries by position, the differences range from \$13,900 for the starting salary for Enforcement staff to \$83,800 for the top salary for Program Manager/Administrators, with the differences between the maximum and minimum for seven salaries (six of them top salaries) exceeding \$30,000. If child support salary trends are like other programs, we can anticipate that the deviations from the average for maximum salaries could increase with additional data from large counties.

Statewide Data: County Tiers

The distribution of responses is more even among the county tiers than for the small/medium/large categorization. Tiers relate to the economic status of counties. Counties with smaller populations are more likely to be in Tier 1 (economically-most-distressed), while counties with larger populations are more likely to be in Tier 3 (economically-least-distressed). Still, the overall low response rate means that, for a few positions, the total number of county responses for a given tier is in the single digits. Information on Legal salaries is included here, but it should be kept in mind that the data are based on four responses from Tier 1 and five each from Tiers 2 and 3. As such, the data on Legal salaries should be considered a very general indicator of what the characteristics might be statewide.

Enforcement	Tier 1	Tier 2	Tier 3
Average Starting Salary (in thousands)	32.9	33.6	36.5
Average Top Salary (in thousands)	48.9	50.4	55.9
Establishment			
Average Starting Salary (in thousands)	32.9	33.6	36.5
Average Top Salary (in thousands)	48.9	50.4	55.9
Intake			
Average Starting Salary (in thousands)	31.9	29.8	32.2
Average Top Salary (in thousands)	50.0	45.3	47.4
Interstate			
Average Starting Salary (in thousands)	36.5	32.7	31.8
Average Top Salary (in thousands)	57.6	46.6	46.3
Legal			
Average Starting Salary (in thousands)	56.2	62.9	59.5
Average Top Salary (in thousands)	102.9	105.4	98.8
Locate			
Average Starting Salary (in thousands)	34.0	31.9	30.5
Average Top Salary (in thousands)	54.6	45.4	35.1
Program Manager/Administrator			
Average Starting Salary (in thousands)	53.2	49.6	53.8
Average Top Salary (in thousands)	85.5	73.4	74.3
Supervisor			
Average Starting Salary (in thousands)	39.8	37.2	38.8
Average Top Salary (in thousands)	62.4	53.6	51.8

With only a few exceptions, and those occur at the higher paying positions, the difference among the tiers for any position’s average starting or top salary is below \$10,000. When considered with the extreme differences between the average position salary and the minimum and maximum (illustrated in the first table in this section) and the low response rate, more data would be required in order to develop a more complete understanding of the current salary situation in the child support program.

Salaries by Region

The low response rate adversely impacts the ability to analyze salary data by regions, as less than 10 responses were received from each region for eight salary ranges. For those positions where the total responses were greater than 40 (Enforcement, Establishment, Intake), the Piedmont

region generally had the highest annual average salary. The sole exception is the Supervisor position, where the average annual starting salary is nearly the same in the Coastal Plain and Mountains, with the Piedmont paying the least. The Piedmont and Mountain regions pay virtually the same top salary, but the Coastal Plain is higher than both.

Food and Nutrition Services (FNS)

Position titles and descriptions for the FNS program were provided by Central Office staff. Numbers in parentheses indicate the number of counties that responded to our survey that also have that position. The positions are:

1. Eligibility 1: Determines eligibility, usually performs only one of the following duties – applications, changes, and recertifications. (37 of 69)
2. Eligibility 2: May have duties of processing applications, changes, or recertifications, or any combination of the three. They determine eligibility. (56 of 69)
3. Administrative Support 1: May perform a variety of tasks such as working at the front desk, mail room activities, processing address changes, switchboard operations, and taking written and verbal information from clients to be given to a caseworker for action. (38 of 69)
4. Administrative Support 2: Performs the same basic functions as Administrative Support above, with the exception that they can update limited information in NC FAST. They cannot determine eligibility. (30 of 69)
5. Program Manager: Responsible for overall program operations and supervision, planning, reporting, dealing with personnel issues. (58 of 69)
6. Trainer: Trains new and existing staff, completes second party reviews, fills in to process caseloads with a vacancy, monitors timeliness reports. (55 of 69)
7. Supervisor: Ultimately responsible for the supervision of all staff, duties include planning, reporting, and personnel issues elevated to their level. (57 of 69)

Response Rate

We received surveys from 69 counties. However, since many counties do not have all the staff positions in the survey, the number of responses for some of the data points is very low. We have either four or five responses from large counties for all positions, and fewer than half of the medium counties have an Eligibility 1 position. In our analysis of tiers, less than half of Tier 1 counties have an Eligibility 1 or Administrative Support 2 position. Less than half of Tier 2 counties has an Administrative Support 2 position, and the percentage of Tier 3 counties having an Eligibility 1 position is under 50 percent.

Statewide Averages

FNS average annual starting and top salaries are the lowest of the programs examined. The salaries in the table are expressed in thousands.

Position	Average Starting Salary	Average Top Salary
Eligibility 1	30.0	45.2
Eligibility 2	30.7	46.1
Administrative Support 1	26.5	38.1

North Carolina Social Services Reform Plan

Position	Average Starting Salary	Average Top Salary
Administrative Support 2	28	42.4
Program Manager	39.1	59.5
Trainer	35.5	51.4
Supervisor	47.0	72.2

Minimum and Maximum Salaries

Twenty-three of the 42 data points for minimum and maximum salaries among the small, medium and large counties have differences of more than \$20,000 for the same salary range and county size, with most of these occurring in the top salary range. The greatest differences are found in the Supervisor position. None of the other programs have as many instances of this large of a discrepancy within the same salary range and county size. Salaries expressed in the table below are in thousands.

Position	County Size	Starting or Top?	Minimum	Maximum	Difference
Eligibility 1	Large	Top	35.4	61	25.6
Eligibility 1	Medium	Top	30.9	60.1	29.2
Eligibility 1	Small	Top	27.9	51.2	23.3
Eligibility 2	Large	Top	35.7	65.4	29.7
Eligibility 2	Medium	Top	35.6	60.5	24.9
Eligibility 2	Small	Top	27.9	54.6	26.7
Admin Support 1	Large	Top	30.9	53.3	22.4
Admin Support 1	Medium	Top	27.7	50.6	22.8
Admin Support 1	Small	Top	23.3	46.6	23.3
Admin Support 2	Large	Top	30.1	55.4	25.3
Admin Support 2	Medium	Top	38.1	59.8	21.7
Admin Support 2	Small	Top	28.0	49.5	21.5
Program Manager	Medium	Top	36.7	80.0	43.3
Program Manager	Small	Top	38.7	69.7	31.0
Trainer	Large	Top	34.9	82.2	47.3
Trainer	Medium	Top	36.7	72.3	35.6
Trainer	Small	Top	34.0	60.2	26.2
Supervisor	Large	Starting	42.0	94.4	52.4
Supervisor	Large	Top	48.4	187.3	138.9
Supervisor	Medium	Starting	28.7	68.8	41.1
Supervisor	Medium	Top	45.9	115.0	69.1
Supervisor	Small	Starting	27.3	78.0	50.7
Supervisor	Small	Top	34.1	124.0	89.9

Since these figures represent the minimum and maximum annual salaries received from respondents, it is possible that the differences are greater in the state than displayed here, as counties that did not respond could have lower minimums or higher maximums.

County Tier Data

In the county tier data, these large discrepancies are only found in the Program Manager, Trainer and Supervisor positions. Generally, Tier 3 counties have the highest average starting and top salaries, followed by Tier 2 counties, with Tier 1 counties having the lowest averages. Tiers

relate to the economic status of counties. Counties with smaller populations are more likely to be in Tier 1 (economically-most-distressed), while counties with larger populations are more likely to be in Tier 3 (economically-least-distressed).

Data by Region

Salaries paid by region for FNS follow the general pattern found in the other programs. With only one exception, Piedmont counties pay the highest average starting and top salaries, followed by Coastal Plain counties. Mountain counties have the lowest average salaries.

Child Welfare

No survey was administered to the counties to collect child welfare salary data, as there was sufficiently detailed information to analyze salaries in the program from existing sources.

Completeness of Data in Child Welfare Spreadsheet

The most recent data available was from the 2017 Child Welfare workbook (source), which contains 12-month averages on staffing and caseloads for all 100 counties in the state. Staff categories include CPS assessment, CPS In-Home, combined foster care and adoptions, and supervision. Staff turnover data was also available for all programs for 99 counties.

The Office of State Human Resources (OSHR) salary plan data was also available for 73 counties, including 70 of 74 non-consolidated counties, the two consolidated counties and for Tyrell county but not Washington) for the Tyrell-Washington consolidated operations. With few exceptions, the OSHR data includes the minimum, maximum and average salaries for child welfare line staff, supervisor, program manager, and attorney positions. Salary data for attorneys and program managers is limited, with the data being skewed for those positions as a result. Salary data from websites, including minimums and maximums, was collected from three consolidated counties (Cabarrus, Guilford, and Wake).

Salary comparisons across counties tend to be similar irrespective of the position under examination. Although each county determines its own salary plan, the relationships between positions within a county tend to follow the state salary grade system and tend to be similar.

Observation of Data

Full Time Equivalents

North Carolina counties had 2,834 budgeted child welfare full time equivalents (FTEs) with caseload standards in 2017, according to the Child Welfare staffing workbook. Staffing shortages were concentrated in CPS assessment services, with an average monthly shortfall of 248.2 positions. In order to meet the 10 assessments per worker standards, 1,139.6 assessment workers were needed. 1,086.2 positions were budgeted, and 891.5 were available for duty.

Over 80 percent of the net shortfall in CPS assessment positions was concentrated in 14 counties (six large, eight medium), with a range of nine to 26 fewer FTEs available than needed. These 14 counties had both a shortage of budgeted positions and a lower percentage of budgeted positions available to work than the rest of the state. The data suggest a snowballing effect: not having enough positions budgeted for CPS assessments resulted in higher caseloads, resulting in higher turnover, resulting in still higher caseloads.

The 14 counties were budgeted at 75 percent of need with 27 percent of budgeted staff unavailable, whereas the other 86 counties were budgeted at 108 percent of need with only 14 of budgeted staff unavailable. The average caseload for CPS assessments in the 14 counties in 2017 was 18.2, compared with an average of 10.7 in the rest of the state.

Supervisory positions were also an area where a staffing shortage existed, with an average monthly shortfall of 48.5 staff. At one supervisor for every five workers, 620.6 supervisors are needed. 609.1 supervisor positions were budgeted, and 572.1 were available for duty.

Other staff positions had modest surpluses of staff when compared with standards for each position. Statewide average annual turnover from all causes was 32 percent for social work FTEs and 19 percent for supervisor FTEs. Statewide, only seven percent of supervisory FTEs were unavailable for work each month.

Salaries, Shortages, and Turnover by County Size and Economic Tier

County size and economic tier are highly correlated. Tiers relate to the economic status of counties. Counties with smaller populations are more likely to be in Tier 1 (economically-most-distressed), while counties with larger populations are more likely to be in Tier 3 (economically-least-distressed). The data show the predicted relationship between small and Tier 1 counties paying lower salaries and larger and Tier 3 counties paying higher salaries. There is, however, a great deal of overlap between and within size and tier groupings, making average differences less stark than might be expected.

Small and economically-distressed counties had fewer staffing shortages than larger and more affluent counties, but staffing shortages were greatest in the Tier 2 counties. Data for CPS assessment positions illustrate the point. By county size:

- ◆ Fifty-two (52) small counties needed 146.1 FTEs, had 158 FTEs budgeted, and 141.3 FTEs available, for a net shortage of 4.8 FTEs.
- ◆ Thirty-eight (38) medium counties needed 514.9 FTEs, had 481.8 budgeted, and 381.7 available, for a net shortage of 133.2 FTEs.
- ◆ Ten (10) large counties needed 478.6 FTEs, had 446.3 budgeted, and 368.5 available, for a net shortage of 110.1 FTEs.

By tier:

- ◆ Forty (40) Tier 1 counties needed 131.4 FTEs, had 154 budgeted, and 133.6 available for a net shortage of 2.3 FTEs.
- ◆ Forty (40) Tier 2 counties needed 598.3 FTEs, had 511.7 budgeted, and 415.3 available for a net shortage of 183 FTEs.
- ◆ Twenty (20) Tier 3 counties needed 409.9 FTEs, had 420.5 budgeted, and 342.5 available for a net shortage of 67.4 FTEs.

The relationship between county size and tier with turnover was different from what might be expected from the narrative of smaller, poorer counties being “feeder” counties for the larger,

wealthier counties. Small and Tier 1 (economically-distressed) counties did not have higher turnover rates than the state average of 31.8 percent (rate in staffing survey is 32.1 percent).

Small counties averaged a 29.1 percent turnover annually for social work positions. The percentage was 34.9 for medium-sized counties and 34 percent for large counties. For county tiers, the turnover rate was 30.8 percent for Tier 1 counties, 35 percent for Tier 2 counties, and 27.6 percent for Tier 3 counties.

Other Salary Info

For the 73 counties for which minimum salaries are available for staff who provide CPS assessments, the lowest minimum salary is 33,811 in Madison County, the median is about 43,000, and the highest is 51,933 in Ashe County (oddly, a small Tier 1 county). Two counties pay their CPS assessment staff less than \$35,000 annually, 17 pay between \$35,000 and \$40,000, 32 pay between \$40,000 and \$45,000, 17 pay between \$45,000 and \$50,000, and five pay over \$50,000.

Salary and Staffing Estimates

Using the data from the surveys and other data sources, we have done an estimate of the cost of increasing and equalizing staffing level and salaries. We have conducted an analysis and have included the child welfare data as an example.

CSF has completed an analysis of these data in order to estimate potential state and county costs associated with ensuring a statewide minimum salary for key county child welfare positions in all 100 counties. These are point-in-time projections.

Cost Estimate for Option One – Bring all budgeted child welfare worker and supervisor positions to a statewide minimum average salary.

CSF estimates that the state would incur a cost of \$1,233,400 to bring all budgeted child welfare case manager and supervisory positions to statewide minimum average salary. The federal share would be \$150,200.

CSF first calculated a weighted average minimum salary average for counties for key positions. This estimate was weighted to include all positions in the state rather than the average for 100 counties.

- ◆ Foster care and adoption case managers \$43,000
- ◆ CPS assessment/in-home case managers \$44,600
- ◆ Supervisors \$51,200

If the county average salary was available, we determined if it was below this weighted average amount. If below the average, we then multiplied the average by the total budgeted positions for the individual county. The federal amount was calculated based on current projected funding for these positions. For Option One, we projected that the state would fund 100 percent of the non-federal share. Since we did not have salary data for all counties, the final amount was a grossed-up projection by the number of staff positions where salary information was available to total positions.

Cost Estimate for Option Two – Bring all budgeted child welfare case manager and supervisor positions to a statewide minimum average salary and ensure there are enough positions to meet a caseload standard of 15:1 and supervision standard of 5:1.

The federal share of these costs would be \$2,891,200. The remaining balance to be funded would be \$35,592,500. If the state funded 50 percent of the non-federal share, the state cost would be \$18,413,200. The counties would be responsible for the remaining \$17,179,700.

To determine the number of case managers needed to meet the caseload staffing standard, CSF used the total number of open cases or assessment cases per month and divided this by the associated caseload standard. We used the same weighted average salaries from Option One. The federal amount percentage was calculated based on current projected funding for these positions. We projected state would fund 50 percent of non-federal share.

Cost Estimate for Option Three – Bring all budgeted child welfare case manager and supervisor positions to a statewide minimum average salary and ensure there are enough positions to meet a caseload standard of 15:1 and supervision standard of 5:1. Create a financing model to incentivize county maximization of federal funding.

The total cost would be \$38,484,800. The state would cover 50 percent of the total cost, which would be \$19,242,400. Based on current claiming levels, the federal share would be \$2,949,700 and remaining costs to the counties would be \$16,292,700. The amount for the counties would decrease commensurate with additional federal claiming.

15. We support the recommendation of DHHS to “conduct a feasibility and cost study and report to the General Assembly on establishing caseload range guidelines, pay scales, a funding equity formula and salary pool for county child welfare and social service staff.”

IV. RESOURCE ISSUES IMPACTING THE SERVICE DELIVERY SYSTEM

Key Findings from Phase 1

As we detailed in the North Carolina Social Services Preliminary Reform Plan, dated August 31, 2018, five themes surfaced regarding resource issues that impact staff and their ability to deliver services effectively.

There is a need for a consistent approach to developing and disseminating policy.

Counties are responsible for implementing statewide policy, developing and maintaining internal policies that are consistent with federal policy, requesting assistance when clarifications are needed or issues arise, and providing feedback throughout the policy implementation process.

The most commonly-voiced concern for nearly all social services programs is the state's inconsistent dissemination of and interpretive support given for policy. The state needs to improve its development and communication of clear policy.

There is a need for better access to high-quality training.

The need for more substantive, timely, hands-on training spanned all social services programs. The greatest training needs include 1) new hire training in all programs; 2) regional training sites that are easily accessible to most counties in a region, equipped with the technology needed for hands-on access to automated systems; and 3) timely training deliveries to meet county demand.

All counties, to some degree, rely on the state to provide training. While all counties provide some training to their staff, they look to the state for training on new and modified policy, as well as periodic training for new staff.

Similarly, there are limited training opportunities for county and state program leaders. Many began their careers as line staff and moved up through the ranks to their current positions. That experience did not necessarily prepare them for their current responsibilities. As such, workforce development needs, particularly related to leadership, exist for both county and Central Office staff.

County social services programs need better and more community resources.

In the Social Services Preliminary Reform Plan, we detailed ways in which state and county DSS programs serve as “pointer” systems for clients who need assistance beyond what the social services programs can provide. Across all the social services programs, we see a role for the regional office staff in identifying community resources that counties can draw upon.

Social service programs are impacted by adults and children in need of mental health services.

A significant issue for all of North Carolina's social services programs is providing adequate help for their clients who have significant mental health and/or substance abuse issues. Staff are

ill-equipped to deal with mental health issues; they are neither trained nor qualified to be clinicians. But many of social services' clients need clinical help.

The opioid crisis has exacerbated these problems, and existing community resources are over-taxed. There is no easy solution to the mental health and substance abuse issues facing North Carolina – or the nation, for that matter. The Child Welfare and Adult and Aging Services programs have been hit hard by unaddressed mental health and addiction issues in the populations they serve. All social services programs – but again, especially child welfare and adult services – could better serve their clients if more community resources were available.

There is a lack of easy access to reliable program and performance data.

At every level, from line staff delivering services to senior level management, a lack of accessible, accurate, and timely data is seen as a deterrent to effective management of social services in North Carolina. Specific recommendations are found in Chapter 2.

There is a need to assess system and technology needs of many of the social services programs.

While Economic Services utilizes NC FAST to support its case management and processes and a comprehensive analysis of the continued rollout of NC FAST for Child Welfare is underway, both the Child Support and Aging and Adult Services programs would benefit from an assessment regarding their technology needs for case management.

A. Policy

Policy: Preliminary Recommendations

Our Social Services Preliminary Reform Plan report detailed four recommendations to improve policy development and implementation. Those recommendations included:

- ◆ the need to provide background on the policy change and implementation guidance that was developed in collaboration with counties,
- ◆ an overhaul of policy maintenance and dissemination to have a single source of policy information accessible for Central, regional, and county staff, and
- ◆ closer coordination with NCACDSS regarding policy discussions.

Policy: Status Report

DHHS leadership concurred with our underlying concerns regarding policy development and dissemination. To address these concerns, in their Plan for Regional Supervision and Support of Social Services and Child Welfare Programs, Report to The Joint Legislative Oversight Committee on Health and Human Services (see Appendix A), DHHS defined enhanced roles for its Central and regional office staff. Recognizing that currently there is an inadequate number of policy consultants to support counties, DHHS has requested four policy consultants to provide higher-level policy consultation and information to counties – two for Child Welfare, and one each for Aging and Adult Services and Economic Services. DHHS has also requested two technical writers to support policy staff. DHHS is also planning to include in each regional office Continuous Quality Improvement (CQI) Specialists for each program. These CQI Specialists will be charged with providing policy interpretation and technical assistance for the counties in their given region.

While DHHS did not completely adopt our recommendations regarding standardizing policy, we believe their plans for creating policy specialists in both Central Office and the regions are critical first steps in terms of standardizing social services policy statewide and providing support for the counties. We encourage DHHS and county leaders to work together to assess social services policy needs on an ongoing basis, and adjust plans as needed. We also encourage DHHS and NCADSS to work together to structure focused discussion on policy.

Policy: Final Recommendations

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| 16. | DHHS should develop a Strategic Plan. The plan should be a synthesis of the department's vision for future service provision with the steps required to achieve the vision. Milestones for each year of the plan should be articulated to establish accountability for the plan's implementation. The Plan should be developed with county DSS leadership. |
| 17. | The Central Office should overhaul the current process for policy maintenance and dissemination, including developing a single source for policy information that can be accessed by all county and state staff. This should be a collaborative process with county DSS leadership. |

As the Central Office and regions add staff and structure for policy dissemination, there are several actions DHHS leadership could take to improve the development and implementation of standard policies statewide. Currently, the state initiates policy updates based on things like changes to laws or regulations and when they learn about changes in related programs or societal indicators (such as the opioid crisis) that merit a policy response. However, it is essential that county personnel be involved early in the process of translating policy changes to front-line case work.

Policy documents should be online, indexed, and searchable. Notification of new policies and updates to existing policies should be communicated to counties well in advance of their effective dates and should reference citations to existing policy, to facilitate ease of review. If the new policy warrants staff training, the Central Office needs to provide clear instruction in terms of when, how, and where training will take place.

B. Training

Training: Preliminary Recommendations and Status Report

DHHS leadership concurred with our underlying concerns regarding county and state staff training needs. To address these concerns, in the DHHS JLOC Report, DHHS proposed adding training staff at both the Central Office and regional offices. Specifically, DHHS has requested a distance learning manager and four curriculum specialists (two for Child Welfare, and one each for Economic Services and Aging and Adult Services) to develop high quality, easily accessible training across North Carolina. In addition, DHHS has requested two trainers for Aging and Adult Services and three trainers for Economic Services. Currently, there are no trainers for either program.

DHHS has indicated they plan to establish physical offices within each region beginning in March 2021. Given the challenges associated with identifying, securing, and equipping office space, we believe a 2021 start date provides the necessary planning time for DHHS.

Training: Final Recommendations

Chapter 7 of the Final Child Welfare Reform Plan details our recommendations regarding training for Child Welfare program staff. The overarching recommendation is germane to all of North Carolina's social services programs. Specifically, training should be integrated into a larger strategy for professional development. Through establishing Central Office training positions, as well as staffing each region with program-specific training staff, we believe DHHS is positioning itself to make significant improvements to the training opportunities available to both county and state social services staff.

Advancements in technology provide an array of options for training delivery. In the past, the most prevalent training delivery mode was traditional classroom or instructor-led training. With the advent of computer-based/web-based training (distance learning) and the availability of easy-to-use software packages to create eLearning courses, public sector agencies – including North Carolina's Department of Health and Human Services – are including distance learning in their employee training programs. Where developing eLearning courses used to be an expensive proposition, the increased ease of creating and deploying eLearning courses has resulted in eLearning frequently being more cost-effective than instructor-led training. Similarly, delivering training via webinar has become more popular, with the availability of increased bandwidth coupled with the increase in the number of technology companies offering webinar hosting services. However, distance learning is not necessarily the most effective way to deliver some training content. Based on our experience and research, we encourage North Carolina's DHHS to assess the training content to be developed and delivered carefully before determining what training modality should be used to deliver the training in the most effective way.

Blended learning capabilities could be hosted on-site in pre-existing conference room settings with basic audiovisual capabilities and high-speed internet. If designated spaces are being planned, a digital audiovisual consulting company can be sourced to design blended learning/training space and provide support specific to the location. Also, UNC and NC State University have online resources for digital training enabled facilities, and venues can provide space and technical support for large audiovisual digital training events. See <https://www.ncswlearn.org/> and <https://cface.chass.ncsu.edu/resources/>.

Instructor-Led Training (ILT)

Instructor-Led Training (ILT), also known as traditional classroom training, is frequently the appropriate training delivery mode, depending on the training content and the intended audience.

- ◆ When part of the goal of training is to build relationships among participants, arguably the most effective delivery methodology is traditional classroom training. While webinars provide for a degree of interactivity, depending on the technology, the ease of participant-to-participant (rather than instructor-to-participant) interaction is generally not easily supported through a webinar. For relationship building, nothing beats being in the same location at the same time.
- ◆ When the main training goal is for participants to learn *and practice* skills such as effective interviewing or negotiating techniques, ILT is generally the training delivery method of choice. In these experiential training courses, participants rely heavily on expert feedback from an instructor and/or other participants, to improve their skills. There are sophisticated

eLearning products, such as virtual reality, that closely simulate the work environments in which participants will use those skills. However, developing experiential courses for virtual reality can be expensive, and it requires the use of more sophisticated software development tools that are normally beyond a public agency's capacity.

- ◆ Generally speaking, the more complex or advanced the subject matter, the more it lends itself to instructor-led training. Likewise, the more controversial or challenging the training concepts, the greater need for training delivery via ILT.

Distance Learning – Computer-Based or Web-Based Training (CBT/WBT) and Webinars

As discussed earlier, the cost of producing and deploying professional training courses via distance learning has decreased significantly, with the increase in the availability of easy-to-use authoring software packages and ubiquity of webinar hosting. Providing training via distance learning can be a very effective way to provide training – but it also has limitations.

- ◆ Where the training content is stable and not likely to change, CBT/WBT is a cost-effective option. Where training content is likely to change frequently, ILT may be a better option, based simply on the relative ease and costs of updating the training materials.
- ◆ Where the intended audience is geographically dispersed, distance learning can be more cost-effective than ILT. This is especially true if there are a limited number of participants at the various remote locations. If the content is static, CBT/WBT works well. If the content is fluid, or relies on some degree of interactivity between the instructor and participants, delivery via webinar may be the most efficient method for training delivery.
- ◆ CBT/WBT provides a level of consistency that ILT and webinars do not necessarily provide. With CBT/WBT, the content is static and thus every participant receives the same level of information with the same level of detail. CBT/WBT can also include knowledge test components. As such, CBT/WBT work well where participants will be receiving some kind of certification for having successfully completed the course.
- ◆ CBT/WBT work well for new hire training, where new employees are hired sporadically. For example, if a jurisdiction hires new staff infrequently, it is not often the case that ILT can be made available in a timely manner in a cost-effective way. With CBT/WBT courses, a new employee can begin the needed training for their position immediately.
- ◆ Using built-in technology, webinars can easily be recorded and packaged for later access and viewing on-demand by participants who were unable to attend the live webinar event. While ILT can be recorded, the editing and packaging process is much more labor-intensive than is recording a webinar.
- ◆ Webinars are ideal for conveying urgent content – such as a critical change in policy or practice that must be quickly implemented.
- ◆ CBT/WBT and webinars (and by extension, webinar recordings) can provide “refresher” training, for the skills and knowledge that staff use infrequently.
- ◆ The success of webinars and WBT rely heavily on the availability of easy and fast connectivity to the web. Some locations may not have reliable access to fast internet.

Hybrid or Blended Training Solutions

Sometimes, effective training delivery is not a matter of “either/or,” but “and.” Effective training delivery frequently utilizes both distance learning and instructor-led training.

- ◆ CBT/WBT is very effective as a means for delivering prerequisite course material. Delivering training on basic concepts via distance learning ensures all participants have a common understanding of baseline information before participating in an advanced class that is delivered via ILT.
- ◆ CBT/WBT can provide ILT participants with additional practice opportunities after the classroom training has ended. CBT/WBT provides an opportunity for exercises that reinforce the classroom materials. It also provides on-demand remedial content for participants who may have struggled with the content during ILT.

Training Delivery: Space and Technology Needs

Generally speaking, instructor-led training (ILT) or classroom training requires less technology than does distance learning. For ILT, the most critical need is an adequately-sized training space, with tables that can be rearranged as needed, to support the delivery of the training content as designed. Most classroom trainers use a software package like Microsoft PowerPoint to display parts of the content, thus necessitating the use of a computer connected to an LCD projector, and the availability of a projection screen. With the popularity and easy availability of multimedia content – through TED Talks, for example – ILT frequently requires internet connectivity for training delivery. Dry-erase boards and/or flipcharts complete the list of equipment needed to support ILT.

Computer-based training (CBT) requires specialized software packages for development, and CD- or DVD-ROM equipped computers for deployment. As noted earlier, eLearning development software has become easier and easier to use. For most, no programming skills are required. For many, the training developer can easily convert PowerPoint materials to eLearning, and provide for some degree of user interactivity, knowledge testing, and record keeping. The training developer needs a PC with adequate space to load the software locally and also create and store content. The developer also needs access to a DVD/CD-ROM read/write drive in order to package and create CDs/DVDs to deploy the training courses. The end user needs a computer with a CD/DVD read drive, to run the course locally, and usually speakers or a headset, to listen to the audio portion of the course. Alternatively, if the trainees’ agency utilizes a local server, the training materials can be installed on the local server, for all staff to easily access.

Web-based training (WBT) presents similar equipment and software needs for the training developer. However, for WBT, trainees access the content via the web rather than through a local server or via CD/DVD. As such, more critical than a particular size of computer, users need fast and reliable connectivity to the internet. WBT is generally more popular than CBT, given the easy access to the web most agencies enjoy. It is also easier to deploy updated materials when needed, when users access content via the web, as there is no need to create and deploy new CDs/DVDs. Ensuring users are accessing the most current WBT content is practically foolproof, as compared to maintaining version control for physical media.

Live webinars provide more technological challenges than do ILT, CBT, or WBT. Generally speaking, the more people participating, and the more locations they are participating from, the less effective the webinar is going to be. While many companies offer webinar services (for a wide range of prices), webinars require a great deal of coordination and support to make them as effective as possible. Generally, all participants will need to install the webinar software on their individual computers, and most webinar providers update their software frequently, requiring users to update their software accordingly. Webinar participants and presenters alike also need to know how to use the various capabilities of the webinar software – such as how to raise their hands to ask questions or participate electronically in a conversation during the webinar. Depending on the webinar package selected, and participants' telephone systems, some participants may need to phone into the webinar for the audio portion of the webinar. This provides another layer of technology that can present problems for an effective webinar session – including ensuring participants' phones can be muted. It is not uncommon to spend the first 10 to 15 minutes of a webinar working out individual connectivity and software compatibility problems, while the other participants (impatiently) wait. Some organizations have circumvented some of these problems by investing in a large-screen option for the presenter and for each location participating in webinars. This allows the presenter to see the participants at each location, and allows each location to gather their participants into one room, and participate as a group (rather than from individual work stations). While this approach decreases many of the technological issues, these systems can be expensive. And they also necessitate each location to have space sufficient to gather their participants.

Conclusions and Recommendations

In the past, training professionals stressed the importance of “learning styles” with regard to adult learners – auditory, visual, kinesthetic learners, and so on. Current thinking around job-related learning focuses on three critical components: the relevancy of the content to an individual's job; the immediacy of need; and the use of an appropriate training delivery method, determined by the training content. We encourage North Carolina's DHHS to keep all three components at the forefront while looking for ways to improve its training programs for all social services programs.

As training positions and structures are established in both the Central and regional offices, Central Office training staff should identify training needs for Central and regional state staff through a training needs assessment. The new training structure and positions should also provide an opportunity for each program to determine the best training modalities for the various training opportunities to be offered.

With more training available through a regional structure, counties should have better access to needed training. We encourage each region, working with its counties, to create a training structure that best meets the needs of the counties.

Finally, the need for management training has been identified at all levels with county DSS directors specifically requesting training for new directors and ongoing training specific to the duties and responsibilities of managing social service delivery.

18.	Implementation plans for the Central Office Policy and Workforce Division should include input from the specific social services program regarding the program's training priorities and training content.
19.	A comprehensive training needs assessment and catalog of existing training at the Central and county level should guide training development. This should include external training resources and training staff should develop detailed workforce development plans.
20.	Central and regional training teams should increase the number of training deliveries available to county staff, especially for those courses that must be completed as part of pre-service instruction.
21.	Central and regional office staff who do not have direct services provision experience in the program they administer should be provided meaningful opportunities to learn about the program.
22.	Establish clear criteria for the distribution of state funds allocated for staff education and professional development.

C. Identifying, Developing, and Sharing Community Resources and Partnerships and Expanding Services

Community Resources and Partnerships: Preliminary Recommendations

In our preliminary report, we identified resource development as a key role of the regional staff. While counties need to continue the effective work that is currently being done to develop relationships with local service partners, both public and private, regions can and should play a role. This is especially true since many resources can cross county lines and indeed be regional in nature.

There is a need for a resource to help facilitate and coordinate medical care for clients. We recommend that state, regional, and county staff work to form partnerships with their colleagues in North Carolina's health programs. This would facilitate the identification of community resources available to social services clients. These resources could also be tapped to help train DSS staff at all levels to help build staff skills in recognizing and referring clients to appropriate services.

In many ways, state and county DSS serve as "pointer" systems for clients who need assistance. Without significantly expanding their mission and scope, the social services programs cannot provide direct services that meet all of their clients' needs. For example, in the course of their work, child support staff identify parents who are domestic violence survivors, but they do not provide the counseling or shelter services a survivor needs. Instead, child support professionals refer their customers to local established domestic violence programs for help. Across all the social services programs, we see a role for the regional office staff to play in identifying community resources that counties can draw on, such as the following examples note.

Community Resources and Partnerships: Aging and Adult Services

County staff are responsible for creating service plans for the adults in their DAAS caseloads. A frequent issue is that the available community services do not align with the service plan. If clients need basic services – Meals on Wheels, for example – their needs can be met easily. But if they need even a slightly higher level of support – some degree of in-home care – often the county’s only option is out-of-home placement. There are generally long waiting lists for services like adult day care and transportation. Courts are quick to order guardianship that might not be necessary were other services available.

Community Resources and Partnerships: Child Welfare

The partnership with the court system (juvenile and delinquency courts) needs to be strengthened. In some counties there are issues regarding working with the juvenile court on permanency and with the delinquency court on the large numbers of children ordered directly into foster care. Collaborating with the courts is an area where regional representatives and training staff would be in a good position to share strategies and best practices – and perhaps to create training materials and other documentation for court staff around these types of key issues.

Community Resources and Partnerships: Child Support

Child support customers are almost always both parents along with their children. Child support staff frequently identify needs, such as a parent’s literacy issues or need for steady employment, and rely heavily on referring parents to other social services programs or community resources for help. Access to appropriate resources could help a noncustodial parent move from non-paying to paying, which could bring needed funds into a financially-fragile family.

Community Resources and Partnerships: Economic and Family Services

Both the Work First and FNS programs have stringent employment requirements. However, not all counties can provide robust employment opportunities. A regional effort to identify job supports – such as job readiness classes or clothing and tools banks – could help Economic and Family Services workers in their struggle to move families off cash aid.

A significant issue for all of North Carolina’s social services programs is providing adequate help for their clients who have significant mental health and/or substance abuse issues. Staff are ill-equipped to deal with mental health issues; they are neither trained nor qualified to be clinicians. But many of social services’ clients need clinical help.

This issue impacts the Child Welfare and Aging and Adult Services programs, in particular. These two programs are frustrated with their ability to access timely and appropriate mental health and substance abuse services. Child welfare professionals see great variability in the quality of relationships with the LME/MCOs in different regions. One county reports that over half its Aging and Adult Services caseload is made up of younger adults with mental health issues, and most counties noted growth in this population.

Individuals with behavioral or substance abuse issues who have been placed in family care homes and other facilities frequently end up in the emergency room or county jail. Upon release, they are barred from returning to the prior placement. The opioid crisis has exacerbated these problems, and existing community resources are over-taxed.

All of DSS’s clients deserve to be treated in a way that recognizes their dignity as human beings. We know that DSS staff at all levels are committed to this core tenet. Addressing issues that impact staff’s ability to do the best job they can will help improve outcomes for North Carolina’s most fragile citizens.

Community Resources and Partnerships: Status Report

These recommendations depend on the establishment of the regional structure.

Community Resources and Partnerships: Final Recommendations

We envision the Regional Director, working with the various program representatives, identifying county needs and corresponding community resources, and then engaging with those resources.

Each region should establish a Community Resources and Partnership Plan that recognizes current activities and strategies successfully being used in the individual counties. The Plan should also identify priorities for future resource and partnership development. By establishing a regional plan, counties may learn of resources and partnerships in other counties of which they may take advantage. There is also an improved opportunity for sharing resources and partnerships across the social services programs.

Regional Directors should also work with one another to share information about their regions’ community resources, engagement strategies, and so on. While the regions will have geographical boundaries, the families they serve may cross those boundaries (e.g., mother and child in one county/region, father in a different county/region), necessitating cross-regional collaboration.

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| 23. | Each region should provide resource development support to meet the various program needs. Regional Directors should work with the various program representatives, identifying county needs and corresponding community resources, and assist with engaging those resources. They should work with their counterparts in other regions to share information about available community resources, engagement strategies, and so on. While the regions will have geographical boundaries, the families they serve may cross those boundaries, necessitating cross-regional collaboration. |
| 24. | Counties should have options and funding needed to provide services to medically fragile individuals. Closing the medical coverage gap could help alleviate this issue. |
| 25. | State, regional, and county staff should form partnerships with their colleagues in North Carolina’s health programs. This would help facilitate the identification of community health resources available to social services clients. These resources could also be tapped to help train DSS staff at all levels to help build staff skills in recognizing and referring clients to appropriate services. |

D. Assessment of Technology Needs for Social Services Programs

Assessment of Technology Needs: Preliminary Recommendations

In our preliminary report, we recommended that the child support program consider options to modernize, re-platform, or replace its existing automated system.

Assessment of Technology Needs: Status Report

DHHS has worked diligently with the NC FAST system to improve its capability to provide both case management and management data for the child welfare program. While there is still much concern in the counties about NC FAST and legislation has changed the rollout schedule, improvements have been made to the Intake and Assessment functions. No technology enhancements have been made to support other programs.

Assessment of Technology Needs: Final Recommendations

Given the age of the current system, and its COBOL-base, we again put forth this recommendation. We also note that Aging and Adult Services operates using several different systems, resulting in inefficiencies in case and program management.

26.	DHHS should engage in a social services-wide technology assessment and create a Technology Plan for DHHS social services programs.
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E. Resource Issues: Implementation Strategy

Table 3: Implementation Strategy – Resource Issues Impacting Service Delivery System

Recommendation	Implementation Strategy	Phased Timeline	Expected Outcome	Estimated Costs or Resources Needed
DHHS should develop a Strategic Plan. The plan should be a synthesis of the department’s vision for future service provision with the steps required to achieve the vision. Milestones for each year of the plan should be articulated to establish accountability for the plan’s implementation. The Plan should be developed with	<p>Select a representative group of leaders to guide the process.</p> <p>Select a staff person to manage the collection of data and facilitate the planning sessions.</p> <p>Include a communication plan to solicit ideas, receive input and feedback and engage Central, regional, and county staff.</p>	September 2019 – September 2020	Clear Vision, Mission and Values to guide the delivery of social services.	Staff time and possible outside facilitator.

North Carolina Social Services Reform Plan

Recommendation	Implementation Strategy	Phased Timeline	Expected Outcome	Estimated Costs or Resources Needed
county DSS leadership.				
<p>The Central Office should overhaul the current process for policy maintenance and dissemination, including developing a single source for policy information that can be accessed by all county and state staff. This should be a collaborative process with county DSS leaders.</p>	<p>Convene a workgroup of Central, regional, and county staff</p> <p>Assign a staff person responsible for the management of the process</p> <p>Assess alternatives and select methods for policy maintenance and dissemination.</p> <p>Finalize, obtain approval, and communicate the new processes.</p>	<p>May 2019 – December 2019</p>	<p>Clear policy directives with easy access for staff at all levels.</p>	<p>Staff time and possible software costs, depending on selected processes to organize, store, and disseminate policy.</p>
<p>Implementation plans for the Central Office Policy and Workforce Division should include input from the specific social services program regarding the program’s training priorities and training content.</p>	<p>Develop a written plan between each social services program, and the Policy and Workforce Division, to identify training priorities and course content.</p>	<p>May and June 2019</p>	<p>Effective training.</p>	<p>Staff time.</p>
<p>A comprehensive training needs assessment and catalog of existing training at the Central and county level should guide training development.</p>	<p>Assign staff to develop needs assessment.</p> <p>Create and administer needs assessment.</p> <p>Catalog existing training.</p> <p>Map needs to existing training.</p> <p>Develop a plan for filling the gaps, including the use of outside resources (universities, etc.).</p>	<p>September 2019 – January 2020</p>	<p>Training Needs Identified and comprehensive training plans developed.</p>	<p>Staff time.</p>
<p>Central and regional training teams should increase the number of training deliveries</p>	<p>Identify community spaces for training accessible to counties.</p>	<p>March 2020</p>	<p>Increased access to timely training.</p>	<p>Minimal if using community spaces.</p>

North Carolina Social Services Reform Plan

Recommendation	Implementation Strategy	Phased Timeline	Expected Outcome	Estimated Costs or Resources Needed
available to county staff, especially for those courses that must be completed as part of pre-service instruction.				
Central and regional office staff who do not have experience providing direct services in the program they administer should be provided meaningful opportunities to learn about the program.	In concert with Central Office reorganization assess staff's knowledge of program operations and service provision and develop and implement a plan to increase their knowledge through appropriate training opportunities.	June 2019 – March 2020	Knowledgeable and skilled Central and regional DHHS staff who will be better able to support counties in providing services to the public.	Staff time.
Establish clear criteria for the distribution of state funds allocated for staff education and professional development.	Clarify policy and communicate to all staff.	June 2019 – September 2019	Equitable access to training and professional development.	Staff time.
Each region should provide resource development support to meet the various program needs. Regional Directors should work with the various program representatives, identifying county needs and corresponding community resources, and assist with engaging those resources. They should work with their counterparts in other regions to share information about available community resources, engagement	<p>As part of regional rollout Regional Director and staff should work with counties to identify gaps in service and community resources that could potentially fill those gaps.</p> <p>Working with their counties, facilitate entering into formal agreements with community resources as needed.</p> <p>Catalog community resources and publish. Train staff on methods to identify and access services.</p>	In concert with regional office rollout.	Expanded resources for individuals and families served by county DSS programs.	Staff time.

North Carolina Social Services Reform Plan

Recommendation	Implementation Strategy	Phased Timeline	Expected Outcome	Estimated Costs or Resources Needed
strategies, and so on. While the regions will have geographical boundaries, the families they serve may cross those boundaries, necessitating cross-regional collaboration.				
Counties should have options and funding needed to provide services to medically fragile individuals. Closing the medical coverage gap could help alleviate this issue.	As part of Medicaid Transformation, ensure that all NC citizens in need of medical services are included in the plan.	May 2019 – December 2020	Ability to make services available for medically fragile individuals.	TBD.
State, regional, and county staff should form partnerships with their colleagues in North Carolina’s health programs. This would help facilitate the identification of community health resources available to social services clients. These resources could also be tapped to help train DSS staff at all levels to help build staff skills in recognizing and referring clients to appropriate services.	<p>Regional Directors and staff should work with counties to identify gaps in health service and potential resources to fill those gaps.</p> <p>Working with their counties, facilitate entering into formal agreements with community health resources as needed.</p> <p>Catalog community health resources and publish. Train staff on methods to identify and access services.</p>	In concert with regional office rollout.	Expanded resources for individuals and families served by county DSS programs.	Staff time.
DHHS should engage in a social services-wide technology assessment, and create a Technology Plan for DHHS social services programs.	<p>Procure an expert to assess current systems in DAAS and Child Support.</p> <p>Include in the assessment the available technology</p>	January 2020 – December 2020	A Technology Plan, detailing and prioritizing specific program needs, is foundational to DHHS planning and budgeting.	Possible consultant and staff time.

North Carolina Social Services Reform Plan

Recommendation	Implementation Strategy	Phased Timeline	Expected Outcome	Estimated Costs or Resources Needed
	especially the availability of technology to support practice in the field and courts. Develop a plan for system upgrades and a budget request for the General Assembly.			

V. DEVELOPMENT OF SOCIAL SERVICES SYSTEM TRANSPARENCY AND WELLNESS DASHBOARD

In addition to the Social Services System and the Child Welfare Preliminary Reform Plans, Phase 2 of this project also included ongoing development of the Social Services System Transparency and Wellness Dashboard (Dashboard). HB630 defines the Dashboard as a standard set of performance and outcome metrics that indicate how effectively the components of the social services system are working. The stated overall goal is to develop a dashboard structure that can be a lasting tool for state leadership, state and county agency staff, community stakeholders, families receiving social services, and the general public, to ensure accountability and transparency about the needs and provision of services to communities across the state. It is also important to facilitate Dashboard users' understanding of the effective and efficient use of social services and funds. Finally, HB630 stipulates that the main data source for the Dashboard is the partially-implemented NC FAST data system.

These goals and terms guide our team as we complete the Dashboard work. Our Phase 2 efforts included consulting and working closely with DHHS staff, across departments, to accomplish the design and development of the Dashboard. While the team made significant progress toward Dashboard development and design, the final product requires additional input and decisions from DHHS, including a final set of dashboard context and performance metrics to populate the Dashboard, and the data to support the chosen metrics. Following these decisions, our team, in consultation with DHHS, can finalize the operationalization and visual display of the Dashboard. DHHS has proposed completing the Dashboard work in Phase 3, to end April 2020. With that in mind, this section of the report presents details about the Dashboard tasks and the progress made in Phase 2 of the project, the barriers and challenges met, the status of the Dashboard at the end of Phase 2, and our plan for completing the Dashboard in Phase 3.

A. *Dashboard: Status Report*

Completion of the Dashboard Prototype

The Dashboard prototype focuses on visualizations supporting user-friendly capabilities that maximize data usability and facilitate data understanding. In Phase 2, the team completed the prototype, which consists of three pages – a state performance overview page, a county performance overview page, and an Adult and Aging Services page. Once this was completed, the team gave a series of presentations to DHHS leadership and IT and data staff to gather feedback on its look, usability, capabilities, and compatibility with the DHHS website.

In addition to the presentations, the team provided online access to the Prototype so that DHHS leadership and IT staff could get a feel for and work with the Prototype product. The team also conducted an internal test of the Prototype's adherence to 508 guidelines that govern the access to online resources by persons with disabilities. The test, conducted by Westat's Testing Services accessibility task group, used a manual, code-based approach supported by accessibility tools, such as screen readers. Testing identified elements of the Prototype that could be altered as needed (such as the color contrast in graphs) in comparison to elements that cannot be altered because they are Tableau defaults (such as the size or color of the text in Tableau's widgets).

After receiving feedback from DHHS staff and accessibility testing results, the team has further refined and continues to develop the remaining Dashboard pages including:

- ◆ State performance overview page.
- ◆ County performance overview page.
- ◆ Service area performance pages.
- ◆ Performance metric overview page (displaying performance metrics by county, with state comparative data).
- ◆ Performance metric comparison page (comparing up to three counties).

Identifying a Final Set of Dashboard Measures

Identifying Dashboard measures that support transparency with the public and that the state, counties, and stakeholders can use to assess progress and achievement of the performance metrics is key to HB630. In Phase 2, the team held multiple meetings with DHHS leadership to identify a final set of contextual and performance outcome measures. Additionally, during Phase 2, DHHS leadership began a process to address data verification issues for the MOU performance measures. This process impacts Dashboard development, as it is expected to result in a final set of performance outcome measures across DHHS departments for which the state and counties will be held accountable. We understand that the process is ongoing and is expected to be completed soon after the submission of this report.

DHHS leadership revisited the initial Dashboard measures developed and presented by the study team in Phase 1 to get more insight into the needs of the program sections. In December and January 2019, the team attended meetings held by DHHS leadership and staff in each service area to discuss the proposed Dashboard contextual and performance measures and to identify needed measures and whether data is available to support them. The team awaits the final outcomes of these meetings.

Acquiring Data to Support the Final Set of Dashboard Measures

During the meetings held by DHHS leadership with department staff, data administrators provided critical details about data availability, gaps and quality within their service area, including whether the data is held in the DHHS legacy and/or NC FAST systems. Meeting participants also discussed data for Dashboard contextual measures, including population and poverty levels that are available through public data sources. The details facilitated an update on the team's thorough understanding of the data available, by measure, and quality of that data.

As mentioned in the previous section of this report, the team awaits both the final outcomes of the data meetings with DHHS leadership and department staff as well as the completion of DHHS's process to address data verification issues for the MOU performance measures. The team expects these processes will provide a number of final decisions, including the final contextual and performance measures, the availability and quality of the data for those measures, how data will be extracted from one or both systems for use in the Dashboard, the data file structure that DHHS plans to use to support the Dashboard, and how DHHS plans to sustain the use of data for the Dashboard. Moreover, the team recognizes that linking data from the legacy and NC FAST systems is a complex challenge, though critical for understanding performance

trends and incorporating standardized measures in the Dashboard. Following the final DHHS decisions, the team can submit a data request to populate the final Dashboard.

B. Dashboard: Final Recommendation/Action Steps

The successful completion of the North Carolina Social Services System Transparency and Wellness Dashboard is dependent on a close coordination between the team and DHHS leadership and staff and relies on six action steps presented below.

Step 1. DHHS Assignment of Dashboard Decision-Maker

A close and cooperative working relationship between DHHS and our team has been essential to Dashboard success. Understandably, the statewide emergency response to the Hurricane and ongoing DHHS reorganization made it challenging in Phases 1 and 2 to receive coordinated feedback and decisions from DHHS. The Phase 3 tasks and completion of the Dashboard depend upon DHHS identifying an accessible staff person(s), by April 5, 2019, with the authority to provide Westat with feedback and make decisions about the Dashboard visualizations and metrics.

Step 2. Finalizing the Dashboard Visual Display and Operation

The purpose of the Dashboard is to provide a lasting tool for state leadership, state and county department staff, families receiving social services, and the general public to ensure accountability and transparency about the needs and provision of services to communities across the state. A functional, serviceable tool that is sustainable requires readily available, high-quality data. The team will work closely with the DHHS assigned staff person(s) identified in Step 1 to finalize the visualizations within the agreed upon Dashboard pages:

- ◆ State performance overview page.
- ◆ County performance overview page.
- ◆ Service area performance pages.
- ◆ Performance metric overview page (displaying performance metrics by county, with state comparative data).
- ◆ Performance metric comparison page (comparing up to three counties).

Additionally, the team will discuss adding public and private page options into the Dashboard and ensure the ability to print Dashboard pages as well as download the data supporting the visualization. If Action Step 1 is achieved on time, the team anticipates completing the final Dashboard visual display by September 2019.

Step 3. Identify the Final Performance Measures for the Dashboard

The Dashboard measures fulfill the HB630 requirement to provide social service information to the public, and provide essential knowledge to the state, counties, and stakeholders to assess improvement and achievement toward state and federal standards and goals.

Step 4. Deliver Data That Accurately Measure the Final Set of Dashboard Measures, and Are Sustainable for Dashboard Use

The final Dashboard product is dependent on the availability of accurate and quality data, produced and maintained efficiently, for Dashboard sustainability. The team expects that the processes from Steps 2 and 3 will provide a number of final decisions including:

- ◆ the final contextual and performance measures,
- ◆ the availability and quality of the data for those measures,
- ◆ how data will be extracted from one or both systems for use in the Dashboard,
- ◆ the data file structure that DHHS plans to use to support the Dashboard, and
- ◆ how DHHS plans to sustain the use of data for the Dashboard.

Following these decisions, the team will develop data requests and work with DHHS staff on the submission of data for each metric that is at the appropriate level (e.g., case or aggregate level) and in the appropriate format (e.g., already calculated to reflect the metric, no raw data) for reporting within the Dashboard. Working with DHHS to establish a data preparation process will create a sustainable in-house procedure to support updating of the Dashboard and help ensure sustainability.

Step 5. Usability Testing for Linking the Dashboard to DHHS' Tableau Server

An important final step of the Dashboard process is ensuring that the Dashboard can run from DHHS' Tableau Server. A DHHS staff person will be the Server Administrator. The team will provide the Administrator with a Dashboard workbook, allowing the Administrator to test connection configurations, explore potential server capacity and process workflow issues, and identify potential issues with updating data.

Step 6. Providing Dashboard Presentations and/or Training for Users

The Dashboard will incorporate built-in features to assist the user, such as resource pages, tool tips, and a video that walks the user through navigation. These features will provide:

- ◆ An introduction to the Dashboard.
- ◆ Information about Dashboard navigation.
- ◆ Additional data and information about the measures with the point of the mouse.
- ◆ Details on the data sources.
- ◆ Definitions of social services and metric terms.
- ◆ The frequency of data updates.
- ◆ Explanations of the measures.

The team understands the importance of providing training for Dashboard users such as state and local managers, and stakeholders to familiarize them with the organization and functions of the Dashboard. Team members can provide direct training to users and help DHHS develop a plan for sustainability. DHHS staff who are trained will be capable of providing ongoing support for additional internal and external users.

VI. THE CONTINUOUS QUALITY IMPROVEMENT PLAN FOR SOCIAL SERVICES

A. CQI Plan for Social Services: Preliminary Recommendations

Our Phase 1 recommendation regarding implementing an effective and sustainable Continuous Quality Improvement (CQI) system focused on three key areas – developing a comprehensive and formal CQI plan, establishing an organizational culture to foster and support CQI activities, and making needed investments in agency infrastructure, including staffing, to support CQI activities. CSF also recommended that CQI efforts be inclusive of both state and county staff, as well as external stakeholders, and that efforts be made to learn about both state and county promising CQI practices.

CSF further recommended that DHHS establish an effective CQI teaming structure and develop an implementation plan that details the rollout of the key activities and components of the CQI plan. A phased rollout of the CQI teaming structure and key CQI activities based on regional readiness (once the regional supervision structure has been established) was also suggested to test and adjust processes and activities to provide the necessary level of support to staff before moving to statewide implementation.

This chapter includes updated information and recommendations relative to the development and implementation of a state CQI plan for all social services areas from the Social Services Preliminary Reform Plan Report. The findings and recommendations in this chapter should be considered in tandem with the findings and recommended implementation strategies regarding improving the state's use of data, which is addressed in Chapter 2 of this final report.

This chapter includes:

- ◆ A status update on work completed during Phase 2; and
- ◆ CSF's final recommendations as to the development and implementation of a state CQI plan across all program areas.

The Preliminary Social Services Reform Plan recommended that DHHS craft and implement a CQI plan for each of the social services programs, Adult and Aging Services, Child Welfare, Economic Services, and Child Support.

B. CQI Plan for Social Services: Status Report

The preliminary recommendation for the development and implementation of a state CQI plan was presented as a mid-term recommendation. Decisions in February 2019 by DHHS regarding implementing a regional plan for supervision of the counties as well as other organizational restructuring and staffing suggests the agency is laying the foundation to support the implementation of this recommendation as part of its regional office structure. See Chapter 3 regarding staffing of CQI positions.

DHHS continues to invest in various qualitative case review processes that provide a steady stream of performance data and structured improvement activities to state and county leaders that will support future CQI planning efforts. This includes the current program monitoring review and OSRI processes for child welfare. Interviews conducted during Phase 2 indicated that all nine existing programs monitor positions within DSS are currently filled as are the five Onsite Review Instrument and Instructions (OSRI) positions, with plans to add two additional positions. The agency also has a total of 11 Children’s Program Representative (CPR) positions that are currently filled and who work closely with the counties to support program improvement activities.

All three of these functions reside together in the DSS. Discussions with DHHS during Phase 2 indicate plans for possibly combining the CPR and Program Monitor positions for a total of 21 positions statewide, with three positions ultimately being assigned to each of the seven proposed regions to provide support for local CQI activities. Fourteen of the 21 positions would be CPR’s who would continue to work closely with the 100 counties. The remaining seven positions would serve as CQI leads for each of the seven regions with a focus on supporting staff in how to use data, develop program improvement or CQI plans and meet with regional administration in order to monitor improvements.

Other social service programs continue to have a number of dedicated positions for staff that perform various training, monitoring, technical assistance, and corrective action follow-up activities that could also potentially support CQI planning efforts.

- ◆ The DHHS Report to JLOC, included here as Appendix A, outlines DHHS’s plan for implementing regional supervision of local child welfare and social services programs. The plan includes support for a SSWG Phase I proposal to establish seven regions for regional supervision of county-administered child welfare and other social services. One of the nine key functions outlined in the SSWG report that regional offices would be responsible for is strengthening support and providing supervision to quality improvement efforts to counties. *The phased approach proposed by CSF for developing and implementing a statewide CQI system aligns well with this regional supervision plan.*
- ◆ The state’s challenges as well as recent progress made in the production and accessibility of quality administrative data are addressed in other chapters of both final reports. Agency leadership appears to have made progress on some key data related deliverables, most notably on developing an analytic data file, which is essential to building the level of data capacity that will be needed to support a fully functional state CQI system.

C. CQI Plan for Social Services: Final Recommendations

Factoring in the findings of CSF’s assessment and consideration of current status and progress being made in the area of CQI related processes, please see the final recommendation listed below.

27.	Develop and implement an effective and sustainable statewide CQI system for all social services and child welfare programs in North Carolina.
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E. CQI Plan for Social Services: Implementation Strategy

CSF recommends that DHHS build upon its current staffing capacity and decisions made during Phase 2 of this project, in terms of the utilization of program monitoring staff operating in each program, as well as OSRI, and CPR staff currently serving in child welfare and begin the process of taking more formalized steps towards the development of its CQI plan. The essential components for a comprehensive and effective CQI system are outlined in the Social Services Preliminary Reform Plan where CSF also suggested that DHHS consider taking a phased regional approach for implementing its CQI model.

The decisions DHHS outlined in the February 22, 2019 Plan for Regional Supervision and Support of Social Services and Child Welfare Programs regarding the establishment of seven regions beginning in March 2020, align well with a phased regional approach for CQI implementation, particularly for establishing a regional CQI teaming structure and provision of data-related training.

CSF recommends that the teaming structure that is in the process of being finalized to facilitate support for implementation of the child welfare recommendations in the Child Welfare Preliminary Reform Plan Report, be used as a guide to the CQI planning activities outlined below. Finally, CSF also suggests that DHHS make efforts where appropriate to align the CQI activities outlined below with the rollout of the various implementation activities outlined in Chapter 2 of this report related to the use of data.

Table 4: Implementation Strategy – CQI Plan

Recommendation	Implementation Strategy	Phased Timeline	Expected Outcome	Estimated Costs or Resources Needed
Develop and Implement Statewide CQI System	Establish a CQI steering committee to facilitate statewide planning efforts and communication plan. Decide CQI logic model and teaming structure. Develop a data plan.	Development.	DHHS has a comprehensive state CQI plan and functional CQI teaming structure that guides CQI activities at state, regional, and county levels.	
	Formalize, share and communicate next steps for implementing the CQI plan. Assess state and county readiness by engaging leaders.	Readiness.		
	Identify primary areas of identified CQI strengths and challenges. Begin implementing strategies identified to address areas of need and	Planning.	DHHS staff across all program areas and stakeholders are provided with needed resources to support state, regional, and county CQI activities.	

North Carolina Social Services Reform Plan

Recommendation	Implementation Strategy	Phased Timeline	Expected Outcome	Estimated Costs or Resources Needed
	<p>capacity for CQI.</p> <p>Develop implementation plans to guide CQI rollout.</p>			
	<p>Begin a phased rollout of the state CQI plan and implementation of the State CQI council.</p> <p>Assess progress of implementation and make adjustments to the plan as needed.</p> <p>Continue regional rollout towards full statewide implementation.</p>	<p>Initial Implementation.</p>	<p>Performance is improved at state, regional, and county levels as indicated by established performance indicators and child and family outcome measures.</p>	

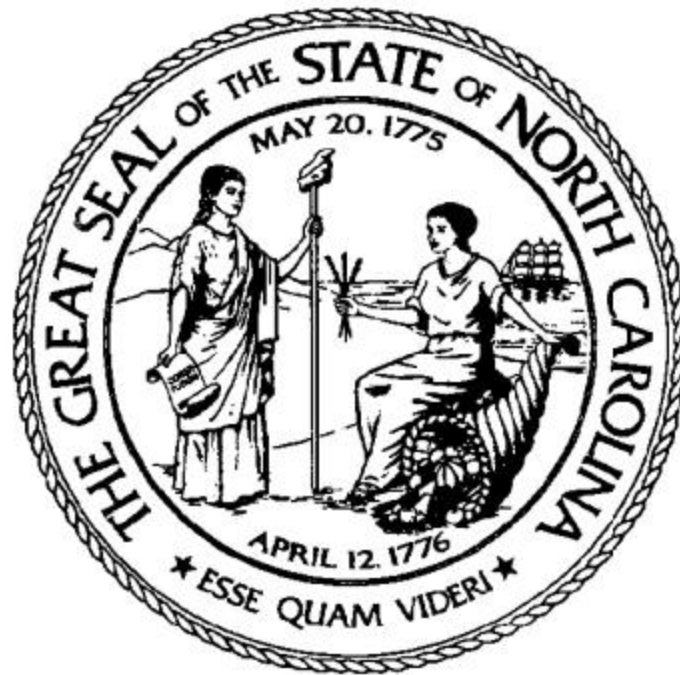
VII. APPENDICES

- ◆ 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: Methodology

*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

Table of Contents

Overview	2
Summary	2
Background	2
Process for Developing DHHS Recommendations	3
Goals	3
SECTION I: IMPLEMENTING REGIONAL SUPERVISION OF LOCAL SOCIAL SERVICES AND CHILD WELFARE PROGRAMS	4
A. Geographic Regions	4
B. Roles and Responsibilities	5
C. Staffing	8
D. Operational Needs	13
SECTION II: RECOMMENDED LEGISLATIVE CHANGES.....	14
A. Child Fatality Review Process	15
B. Family First Prevention Services Act - Criminal Record and Registry Checks for Adults working in Group Homes and Residential Facilities	15
C. Multi-Ethnic Placement Act Compliance	16
D. Modification to the NC Reach Program	16
E. Social Services Board Training	16
F. Child Support Court Reform	17
G. Conflicts of Interest	18
H. Publicly Funded Guardians	18
SECTION III: OTHER KEY ENABLERS OF IMPROVED CHILD WELFARE AND SOCIAL SERVICES	19
A. County Staffing Capacity	19
B. Child Welfare and Social Services Workforce Development, Recruitment and Retention	20
SECTION IV: SUMMARY OF RECOMMENDATIONS FOR CHILD WELFARE AND SOCIAL SERVICES REFORM ...	20

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

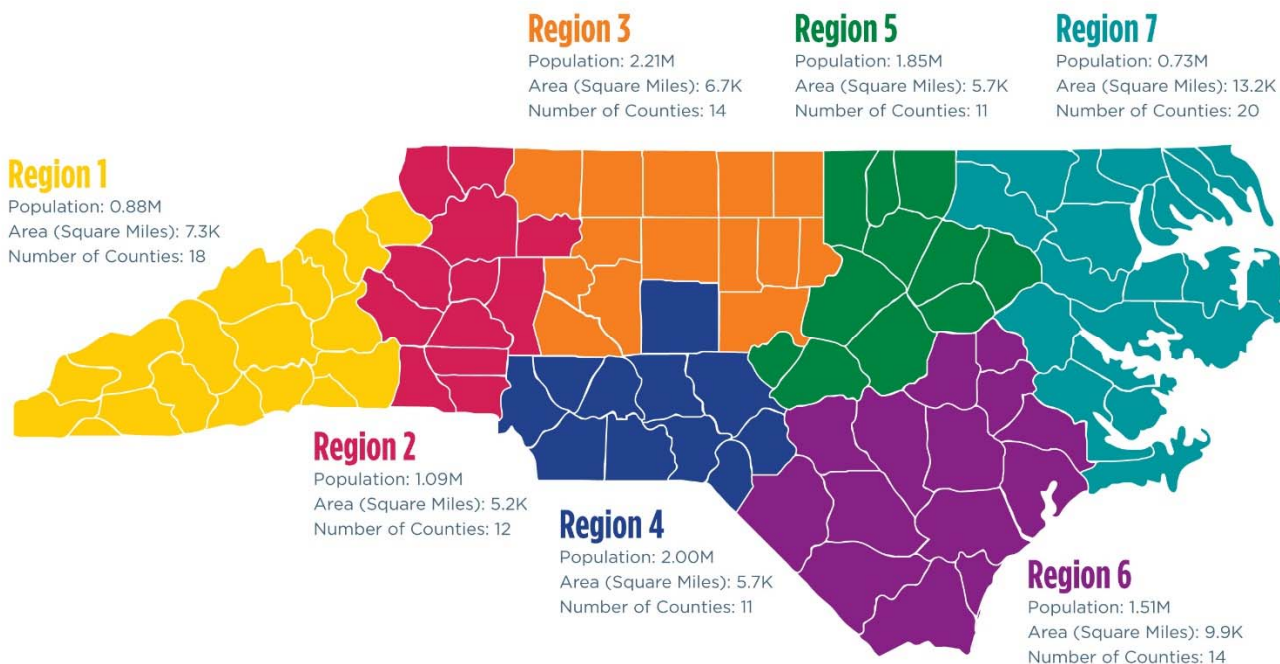
A. Geographic Regions

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

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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

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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.

Contact persons: Kim Harrell (kharrell@yadkincountync.gov)
 Sharnese Ransome (sransome@ncacdss.org)

Appendix C: Methodology

Our North Carolina Social Services Preliminary Reform Plan dated August 31, 2018, details activities undertaken during Phase 1 of this project. Much of our methodology for Phase 2 of this project was determined based on the priorities identified by the Department of Health and Human Services (DHHS), for our Phase 2 work. During Phase 2, members of our team participated in a wide range of meetings, such as those specific to the Family First Prevention Services Act (FFPSA), and a Teaming Structure for Child Welfare. We also participated in numerous meetings regarding the creation of the Social Services System Transparency and Wellness Dashboard. For a full list of key meetings in which our team participated, please see Appendix A. Also, please see Chapter 5 in this report regarding the Wellness Dashboard, and the Final Child Welfare Reform Plan Report, for more information about methodologies and activities undertaken during Phase 2 of this project.

Staffing Data Collection and Analysis

We continued our collection and analysis of staffing data during Phase 2 of this project. Our task was to provide DHHS with insight into and recommendations related to staffing and salary structures at both the county and state levels. Chapters 2 and 4 of this report detail the approach we used to formulate our recommendations and determine the associated costs.

In any staffing study of this kind, data can only provide a “point in time” snapshot. Between when we gathered staffing data and the release of this report, counties will have hired staff, and some individuals will have left their jobs. Our analysis and findings are limited to the data we were able to secure and are discussed as background to support the need for a comprehensive staffing analysis of the county DSS operations. We support the recommendation of DHHS to “conduct a feasibility and cost study and report to the General Assembly on establishing caseload range guidelines, pay scales, a funding equity formula a salary pool for county child welfare and social service staff.”

Program Data Collection and Analysis

During Phase 2, in addition to staffing data, we continued amassing program performance data. This data is being used, in part, to create the Social Services System Transparency and Wellness Dashboard. It is also being used to understand county and state performance on a number of performance measures, especially with regard to Child Welfare performance.

Participation in Meetings and Conferences

In addition to the interviews, focus groups, and site visits that CSF scheduled with the county staff and stakeholders to better understand the social services system and the strengths and barriers they face. CSF was invited to participate in additional meetings and conferences from the beginning of the contract in March 2018 at both county and state levels. CSF learned further about issues facing North Carolina as the result of participation in these meetings, observations about which are incorporated throughout the report. Below is a list of some of those meetings and conferences we have attended.

North Carolina Social Services Reform Plan

Date	Meeting	Purpose/Content
March 2018		
3/12	Social Services Working Group (SSWG) Meeting	Presented an overview of the CSF project.
3/19 & 3/20	DSS Staff	Identifying data needs and potential data sources for the child welfare programs.
3/26	Cumberland County's Child Welfare Project conference call	Participated.
3/28	Monthly "100 Directors" Call, Hosted by DHHS	Presented an overview of the CSF project.
April 2018		
4/2 & 4/3	In-Depth Program Review Meetings	Participated.
4/9-10	Child Fatality Conference, in Raleigh	Participated.
4/12	Meeting for the 16 Urban Counties in Guilford County	Focus groups.
4/25 & 4/26	NCSDSS Annual Meeting, in Blowing Rock	Focus groups.
May 2018		
5/4	Central Office Child Welfare Division Leadership	Discuss the Families First Services and Prevention Act.
5/9	NCACDSS Central Regional Meeting	Input from representative Child Welfare, Aging and Adult Services and Economic and Family Services stakeholders.
5/10	NCACDSS Executive Board Meeting	Briefing.
5/11	Central Office Child Welfare Employees and Leaders	Listening session.
5/14	DHHS Secretary and Her Leadership Team	Briefed on both of our <i>Preliminary Reform Plans</i> and project timeline.
5/15 & 5/16	Representatives from: Guilford, Randolph, Caswell, Yadkin, Chatham, Moore	Focus groups and interviews in High Point.
5/17	Lincoln County	Meeting related to rolling out new child welfare policy.
5/18	Orange County Social Services	Site visit.
5/22	Social Services Aging Policy Listening Session in Kernersville	Listening session.
5/22 & 5/23	Representatives from: Carteret, Pender, Hyde, Jones, Beaufort, Craven	Focus groups and interviews in Morehead City.
5/24	NCACDSS Eastern Regional Meeting	Met with DSS Directors, program supervisors and administrators, line staff, fiscal/budget officers.
5/25	Child Support Supervisors Annual Meeting	Project overview at general session; three focus groups.
5/25	Wilson County Social Services	Site visit.
5/30 & 5/31	Representatives from: Rutherford, McDowell, Jackson, Burke, Buncombe, Haywood	Focus groups and interviews in Spindale.
June 2018		
6/5	Various Stakeholders	Families First Services and Prevention Act.
6/6 & 6/7	DHHS Program and Data Staff Across Social Service Areas	Administrative data and dashboard data requests.
6/13	Social Services Commission	Presentation.
6/14	Family Advisory Council in Raleigh	Focus group with members.

North Carolina Social Services Reform Plan

Date	Meeting	Purpose/Content
6/15	Duke Endowment	Interview with two project officers, Tamika Williams and Phil Redmond.
6/15	Administrative Office of the Courts	Interview.
6/25	Third Sector	Linking financing with outcomes in Guilford County and to promote adoptions.
6/25	DHHS Data Management Staff	Clarify data request.
6/29	DHHS Data Management Staff	Clarify child welfare data received and additional data requested.
August 2018		
8/8	SSWG	Project update via webinar.
8/8	NC Association of County Commissioners	Project briefing.
September 2018		
	Because of Hurricane Florence, there were no project-related meetings scheduled or held with DHHS or the counties, during the month.	
October 2018		
10/2	Met with Accenture staff	Briefed on our Phase 1 work, as input into their work on the DHHS report to the Assembly.
10/4	Met with the SSWG	Discuss our Phase 1 reports and receive feedback.
10/9	Met by phone with OSHR staff	Strategy to obtain additional county staffing and salary information.
10/19	Met by phone with DHHS and OSBM	Reviewed DHHS comments on Phase 1 Reports; identified work for Phase 2.
10/19	Provided walk-through of Dashboard prototype	Showing look and feel, and how data will be portrayed in Dashboard
10/19	Met with DHHS leads regarding Medicaid Transformation in North Carolina	To brief CSF and discuss in relation to the recommendation on health care coverage for adults and children
10/24	Met with Kristin O'Connor about the practice framework. Also participated in a meeting related to North Carolina's Child Fatality Prevention System.	Discussion.
November 2018		
11/2	We submitted the list of proposed dashboard metrics and a video of the dashboard demonstration.	Briefing.
11/7	Monthly meeting in Raleigh.	Discussions regarding envision sessions for economic services, child support, aging and adult services; child welfare financing analysis; child welfare teaming structure; and training support needed.
11/8	Met with the SSWG.	Participation in meeting.
11/9	Participated in a facilitated discussion by Casey Family Programs with top child welfare and DHHS leaders.	Compression Planning Meeting
11/15	Met via phone with Chapin Hall, the Duke Endowment, and DHHS leaders	Discussion re: readiness for FFPSA.

North Carolina Social Services Reform Plan

Date	Meeting	Purpose/Content
11/16	Dashboard team met with staff from the IT and Communications Departments.	Discussed integration of the Dashboard into DHHS' website.
11/26	Dashboard team met with Danielle Brady, DHHS IT Dashboard project manager	Briefing
December 2018		
12/4	Presented the dashboard prototype to DHHS leadership.	Briefing
12/4	Met with DHHS leaders	Discussion re: the envision sessions for economic services, child support and aging; child welfare financing analysis; and the proposed child welfare teaming structure.
12/5	Met with leadership from Adult and Aging Services, and Child Support,	Discuss plans for Envisioning Workshops for their programs and staff.
12/6	Met with the county directors	Discuss preliminary recommendations.
12/7	Attended the Division of Child Development and Early Education meeting	Data discussions
12/14	Met with the DHHS IT Project Manager	Discuss coordination with DHHS' Communications Department and the status of DHHS' Tableau servers.
12/17	Met with Child Support leadership	Discuss dashboard metrics
12/18	Met with Economic Services and Child Welfare leadership	Discuss dashboard metrics
January 2019		
1/4	Met with the Division of Aging and Adult Services	Discuss contextual data.
1/12	Reviewed the dashboard prototype with Susan Perry-Manning and the DHHS IT Project Manager.	Receive feedback for the data display.
February 2019		
2/5	Met with DHHS leaders	Discuss CSF recommendations regarding the teaming structure, Education Collaborative, child welfare financing analysis, and administrative data and CQI.
2/26 & 2/27	Met with DHHS and OSBM leadership	DHHS briefed CSF on DHHS report to the General Assembly; discussed potential Phase 3 activities; CSF briefed DHHS and OSBM on Phase 2 final reports outlines.
March 2019		
3/20	Briefing for Joint House and Senate Appropriations Committees on Health and Human Services	Overview of project to date

In addition, CSF set up an email address, which was distributed at meetings at the county and state level for people to email any feedback, questions, or concerns that they were not able to share, or did not feel comfortable sharing, in the sessions CSF attended. This feedback is also incorporated throughout the document.