

Phase 1 Final Report

Social Services Preliminary 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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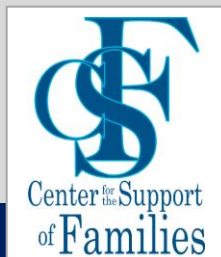


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EXECUTIVE SUMMARY

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. CSF has endeavored to complete an extraordinary amount of work in a brief period of time, and the draft preliminary plan and its recommendations should be understood with that in mind. Phase 2 of this project is intended to be a time to work with the General Assembly, state leaders, county leaders, and stakeholders to finalize these recommendations and begin to provide oversight and monitoring of immediate implementation of those recommendations not requiring legislation or appropriations. The final Social Services Reform Plan and the Child Welfare Reform Plan, due February 28, 2019, will close out Phase 2. Phase 3 provides for continued oversight and monitoring of the implementation activities.

This North Carolina Social Services Preliminary Reform Plan documents the current framework for service delivery, details findings from our assessment of that framework, and provides recommendations for improvement. A companion report, the North Carolina Child Welfare Preliminary Reform Plan, is presented as a separate volume. While the two reports address specific findings and recommendations, they are intended to be read in sequence, beginning with the 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 follows with specific policy and practice recommendations to improve the delivery of child welfare services.

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 Memorandums of Understanding (MOU) with specific performance measures, planning for the Family First Preservation Services Act (FFPSA), and the ongoing implementation and assessment of data systems. The delivery of this Preliminary Report marks

the end of Phase 1, and reflects our in-depth analysis, and development of preliminary recommendations.

North Carolina is unique in that the state recognizes the need for significant change in management of the delivery of social services and provision of child welfare services to families and children. Indeed, this type of assessment and program improvement planning is most often undertaken based on significant findings of program deficiencies from federal or state oversight entities – or even court action as has been the case in many child welfare reforms. It is significant that there is real focus at every level of the system for improvement and commitment to work to make changes to better serve citizens. Through focus groups, individual interviews and site visits, we encountered leaders, line staff and stakeholders who clearly have a passion for the work, a willingness to face challenges and who are excited to explore new ways of doing business and work collaboratively to improve outcomes for the state’s most vulnerable citizens. This willingness to honestly address challenges 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 reductions.

This Preliminary Reform Plan is the culmination of the Center for the Support of Families’ (CSF) work to date on the North Carolina Social Services Reform Plan project and contains documentation of the current framework for service delivery, findings from our assessment of that framework, and recommendations for improvement.

Methodology

Our assessment and recommendations were formulated using a four-phase methodology to collect data:

- ◆ Focus groups and individual interviews with state and county leadership, state and county staff, and stakeholders;
- ◆ Quantitative data review, including a review of best practices and performance data from other jurisdictions;
- ◆ A staffing survey; and
- ◆ Site visits to 15 county offices.

Several of these efforts were conducted concurrently. We also collected a great deal of program performance data that are being used, in part, to create the Social Services System Transparency and Wellness Dashboard. Key findings and related recommendations are based largely on the data gathered through these various activities. Our findings and recommendations are also based on industry best practices, as well as program information and data from other jurisdictions.

While much of that data and approximately 50 percent of the staffing surveys were not received in time for us to use in this report, we are working with the Department of Health and Human Services (DHHS) and the North Carolina Association of Directors of Social Services (NCADSS) to obtain data from all counties. All of these data are needed to prepare the final Reform Plan in February 2019, complete design of the Dashboard, and develop detailed implementation and transition plans for Phases 2 and 3.

State and County Roles in Social Services System

Our research focused on the five largest 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.

Governance

The social services programs in North Carolina are supervised by the DHHS Division of Social Services and administered by 100 county agencies, either in 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 more easily coordinate services with other county agencies and organizations. It provides a central body to develop policy, deploy technology, and obtain the benefit of sharing costs for common services and functions. But there are some challenges inherent to this structure. The structure requires leadership at both the state and county from within the agency, and the governing and funding authorities. The current state-supervised county-administered structure does not provide a single point of authority for critical decisions about program administration and policy. DHHS is governed by the General Assembly with responsibility for the laws and budget for social services and provides oversight of its operation. County social service agencies are governed by local boards have different structures, roles, and membership.

We believe the governance structure could be simplified and strengthened. We recommend that the General Assembly take steps to revise the laws authorizing county boards to strengthen including role, membership, and authority. Further we recommend that funding be provided for training and technical assistance for boards.

Supervision and Leadership

While the roles of the state and county are well-defined, there is clear tension between the two with regard for 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 is difficult to develop consensus among the 100 counties. This challenge increases the time needed to make decisions and impedes the implementation of major changes in the programs. In addition, the current funding methodology increases the tension in that counties are not able or willing to provide adequate funding for staffing, 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 of these issues.

Child Welfare

The companion report to this document, the Child Welfare Preliminary Reform Plan, provides in-depth findings and recommendations for the state’s child welfare program. Based on our data collection in North Carolina and experience in other jurisdictions, the staffing levels and salaries

for central and county offices are insufficient to affect a large-scale, well-planned, integrated system reform effort.

Child Support

There are no such reported systemic challenges in the child support program at the Central Office, but counties do report salaries as a challenge. The Central Office is well-staffed and well-organized, with the one exception being insufficient training resources needed to staff the new regional organization. The counties do need more dedicated court time to process cases in a timely manner and we are recommending the use of quasi-judicial procedures. The child support automated system is so antiquated that it is difficult to find programmers that know the language the system was programmed in, COBOL. We also note that there are a few practices in place that could be streamlined.

Economic and Family Services

The Central Office Economic and Family Services Division supports four programs – Food and Nutrition Services (FNS), Work First, Energy Assistance, and Refugee Resettlement. Staffing shortages in the Division necessitate staff having several responsibilities, such as training, contract administration, and policy development, resulting in an overall lack of expertise, low morale, and reactive program administration. For example, there is one policy consultant, one program manager, and one clerical position for a program that issues over \$2 billion in FNS benefits annually.

Aging and Adult Services

Aging and Adult Services also has a need for additional training and policy support staff. North Carolina is ranked tenth nationally in the proportion of its aged population, and fifth in the country as a destination state for retirement. These two factors have strained the existing resources at both the county and state levels. Though not necessarily related to the aging population, the demand for guardianship services is also rapidly escalating and the growth in the number of Adult Protective Service (APS) reports is stretching existing county resources thin.

County Social Service Agencies and Program Administration

Service provision in accordance with federal and state regulations and law is the primary responsibilities of the counties, and we detail the challenges they face in carrying out that role in Chapters 7 and 8. While there is vast diversity in the governance, funding, organization, and staffing of county social service agencies there are common challenges in staffing and management that if overcome, will enhance the counties' ability to provide the high quality service that North Carolina citizens deserve and counties desire to deliver.

Inventory of Outcomes for Families and Children Served

In order to assess North Carolina's performance, it is necessary to inventory outcomes for the families and children served and evaluate how North Carolina's compares to other states. For Child Welfare, there are existing federal standards against which state performance is measured. North Carolina performs generally as well as other child welfare programs in state supervised, county-administered jurisdictions.

North Carolina's Child Support program ranks just above average on some of the federal performance measures, and just below average on others.

It is not as easy to assess the outcomes for Work First against national standards, since funding to the state comes in the form of a block grant. One common measure is the work participation rate, North Carolina meets the single parent participation rate but not the two-parent rate. For FNS, North Carolina's error rate is 5.25 percent, with 3.78 percent of that error rate coming from overpayments, the balance from underpayments, with a national ranking of 16th.

There are little to no data available nationally measuring the quality of services provided under Aging and Adult Services programs. We will do further analysis and recommendations of these programs as we work in Phase 2.

In a state-supervised, county-administered structure, there is variation among counties in terms of how they deliver social services. Some of the differences reflect the variation in county populations, economics, and available resources. In addition, each county has its own strengths and challenges. Many counties are engaging in best practices tailored to address their county's specific needs. As such, the findings and recommendations in this report may apply to counties to differing degrees.

Assessment of Current State Supervision of Local Social Services Administration

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.

The Memorandum of Understanding process between the state and the counties exacerbated the natural tensions that often exist in a state-supervised, county-administered system. We recommend that the state take the lead in assuring 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 focus be placed on the ability of individual counties 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/DSS 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, recognize serious underperformance and failure to follow law and policy, and intervene effectively.

Current Accountability Measures in Place for Local and State Offices, Recommendations for Regional Offices

The aforementioned Memoranda of Understanding were to be a primary method of ensuring accountability as they contain responsibilities for both the state and counties, but they were met with resistance by some counties. Common concerns were around counties' ability to meet the

performance standards, and whether there was reliable data upon which to measure county performance. It should be noted that the majority of the current measures in the MOU mirror federal and state program requirements currently required by law or regulation. There is a need for stronger data analysis to determine both accuracy and availability of data to correctly measure performance and target improvement strategies.

Staffing

Our assessment of social services staffing needs focused on the counties, the Central Office, and a new regional office structure. The response rate on the staffing surveys and the lack of any central source of county staffing data do not allow us to make final findings on whether county staffing levels are sufficient at this time. We will continue work with counties in Phase 2 of this project to collect the missing data – including job descriptions and minimum requirements – so that we may make more completely-informed recommendations regarding county staffing. Compensation equity is the primary concern with regard to county staffing. We also recommend next steps in terms of determining whether salaries are adequate throughout DHHS/DSS. We make specific proposals for the staffing of seven regional offices, along with salary guidelines. Our staffing recommendations also include the realignment necessary to support the regional offices and a statewide Continuous Quality Improvement (CQI) effort.

There were two important findings from the salary survey we administered to the counties. First, there are severe salary inequities in all of the programs under study, as some higher paying counties have salaries that are more than double the lower paying ones. This inequity results in staff in low paying counties getting the training and experience they need to go to work in a neighboring or nearby county at considerably higher salaries. As a result, lower paying counties experience higher turnover and less productivity, while higher paying counties reap the benefits of a more experienced workforce.

Second, for many counties, salary levels make it difficult to attract and retain qualified staff. Economic and Family Services staff in at least one county are compensated at a level that is so low that some of them are eligible for FNS benefits.

The Central Office staffing will also need to be enhanced in the number, qualifications and expertise of staff as a prerequisite to implementing regional offices. We are recommending that an “Office for County Support” be established at the state Central Office, headed by a Deputy Director who would report to the Division Director for Social Services, or be created as a position in the Secretary’s office and expanded to supervise and coordinate all county support functions. The primary responsibilities of this office would be to ensure that the regions are functioning well and that statewide policies, processes, and priorities are being implemented uniformly throughout the regions.

We are also recommending that DHHS establish a “Deputy Director for CQI” within the Office of County Support, to direct the DSS-wide CQI efforts for Child Welfare, Child Support, Economic and Family Services, and Aging and Adult Services. Fourteen (14) regional CQI specialists would report directly to this position. Additionally, we recommend that each program maintain a Central Office training team to meet the training needs of Central and regional staff.

A top priority should be the development of detailed transition plans to establish and staff the regional structure called for in S.L. 2017-41, and as detailed in the work done by the SSWG. We are proposing that there be seven geographic regional offices. We chose the higher SSWG option of seven regions. The level of effort and depth of knowledge required related to the counties in each region warrants a regional structure with fewer counties within each region. We further recommend that consideration be given to creating one region that is composed of the metropolitan counties. The Metro County region would bring together counties that are so large that they have more in common with one another than they have with their geographic neighbors, allowing the regional office to focus on issues that are unique to these larger jurisdictions. As a precursor to developing specifications for a Model Regional Office, we looked at some states with similar organizational structures that had regional components in their social services agencies. We concluded that North Carolina should consider the models currently in place in Georgia and Pennsylvania, and we incorporated some of their characteristics into the Model Office.

Our proposed regionalization features a matrix organization in which administrative management of all staff comes from a Regional Director, with program policy and practice supervision originating from the appropriate program section in the state office. Each regional office would be staffed with a Regional Director, Administrative Assistant, Human Resource Specialist, Fiscal Monitor, Local Business Liaison, Regional Program Representatives (one for each program, with Child Welfare having additional positions specializing in child safety, child and family support and permanency) Program Monitors, a Training Coordinator, a Trainer for each program, and two CQI Specialists. Matrix organizations require strong management at the regional and Central Office levels. This amplifies the need for a strong Regional Director.

We assume that most regional staff will spend most of their time in the counties, but based on our experience and input received from county and state staff, we propose that each region have an office to support classroom and computer training, and to accommodate meetings; work space for document production, some offices and/or cubicles for occasional use, and technology to support training or meetings conducted via webinar.

Resource Issues Impacting the Service Delivery System

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. We present a set of recommendations for each concern. 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 are 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 resource 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.

Plan for Ongoing Data Collection Analysis, and Use

For data to be useful to a program, it must be available, accessible, accurate and actionable. DSS 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 Child Welfare Preliminary Reform Plan related to the use of data to improve child welfare practice and outcomes for child-welfare involved children and families.

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 2 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 present the requirements and steps for a sustainable CQI plan in this chapter. 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 need 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 the state, 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.

Recommendations

The following is a compendium of the recommendations presented throughout this report. More context about each can be found in the body of this report. The recommendations are grouped by topic or program, and are based on a preliminary implementation timeline: short-term recommendations that can be implemented before the end of Phase 2 (February 28, 2019); mid-term recommendations that can be implemented before the end of Phase 3; and then long-term to be implemented beyond Phase 3.

Key for Recommendations

<i>Short-term = can be implemented before February 28, 2019 (Phase 2)</i>
<i>Mid-term = to be implemented after March 1, 2019 (Phase 3)</i>
<i>Long-term = to be implemented beyond Phase 3</i>
<i>Legislature</i>
<i>DHHS</i>
<i>Counties</i>
<i>Core Implementation Team (CIT)</i>

Although multiple entities (e.g. DHHS, General Assembly, counties, etc.) will need to work together to implement almost every recommendation, we have listed the primary entity that has much of the responsibility for the specific recommendation. Some specific steps will need to be taken in earlier phases to prepare for the implementation of certain recommendations in the mid-term or longer-term. We have also flagged some recommendations as “fundamental.” These changes are needed to meet the requirements under S.L. 2017-41, and/or serve to move the DHHS-DSS program forward in terms of improving the services provided to the public.

Governance

1.	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.	Legislature
	Mid-term	
2.		DHHS

	Provide training resources for county board members, to include training for new members as well as provide annual training updates.	
		Mid-term

Regional Offices

3.		DHHS
	Create a minimum of seven regional offices to support the counties. We also encourage exploring the option for DHHS/DSS to consider grouping the three very large counties into a region of their own. [Fundamental]	
Mid-term		

4.		DHHS
	Develop a Master Transition Plan, with sub-plans that detail staffing, program by program – including fiscal and human resource support.	
	Short-term	

5.	Staff each regional office with the listed positions:	
	Function	Position Title
	Regional Director	Deputy Director for Operations
	Administrative Assistant	Executive Assistant 1
	Human Resource Specialist	Human Services Planner/Evaluator IV
	Fiscal Monitor	SS Regional Program Rep.
	Local Business Liaison	SS Regional Program Rep.
	Child Support Regional Rep.	SS Regional Program Rep.
	SNAP/LIEAP Regional Rep.	SS Regional Program Rep.
	Work First/CDEE Regional Rep.	SS Regional Program Rep.
	DAAS Regional Rep.	SS Regional Program Rep.
	Child Safety Regional Rep.	SS Regional Program Rep.
	Child and Family Support Regional Rep.	SS Regional Program Rep.
	Permanency Regional Rep.	SS Regional Program Rep.
	C/W Performance Improvement Rep.	Human Service Plan/Eval. IV
	C/W Performance Improvement Rep.	Human Service Plan/Eval. IV
	Trainer/Coach for each program	Program Consultant 2
Mid-term		

DHHS

6.		D
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	Establish regional office facilities to provide:	
	▪ Classroom training. ▪ A computer lab to support automated-systems training. ▪ A conference room with space sufficient for 25 – 30 participants. ▪ Production space, to reproduce training or meeting materials, for example. ▪ Offices for the Regional Director and other staff, 2 to 3 “hotel” spaces (offices, cubicles, or some combination) for other regional staff who may temporarily need work space while they are in not in county offices. ▪ Technology to support training or meetings conducted via webinar including video real-time training sessions.	
		Mid-term

7.	Provide community resource development support at the regional level, to assist in meeting program needs.	DHHS
		Mid-term

Central Office

8.	Create a new “Office for County Support” team (OCS) in the Central Office. The Office would be led by a “Director for County Support”, classified as a Deputy Director position. The team would report to the Division Director for Social Services. If DHHS elects to create a position in the Secretary’s Office to supervise all support for county operations, this position should be placed in that office. [Fundamental]	DHHS
		Short-term

9.	Create the following positions in the Central Office, to staff the new Office of County Support:	
	Function	Position Title
	Deputy Director for County Support (OCS)	Deputy Director, Dep't of Social Services
	Admin Support for OCS	Executive Assistant 1
	Deputy Director for the CQI team	Deputy Director, Dep't of Social Services
	Admin Support for CQI	Executive Assistant 1
	Mid-term	

DHHS

Staffing

10.	Create a repository for county salary information across all social services programs, and establish protocols for regular reporting and updating.	DHHS
		Short-term

11.		DHHS
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	Review OSHR's recent compensation review of all DHHS/DSS positions, with an eye toward establishing new or redefining existing DHHS/DSS positions, based on the recommendations in this report	
		Short-term

12.	Ensure competitive salaries for Central Office Division of Social Services to enhance their ability to attract and retain highly-qualified staff.	
		Mid-term
		DHHS

13.	Establish a statewide minimum salary for county social services positions. Devise a process for the state to augment county social service staff salaries, to achieve equity among the counties with regard to their ability to attract and retain highly-qualified staff.	
		Mid-term
		DHHS

14.	Provide matching funds to counties who are not meeting caseload standards, so they can create and staff new positions.	
		Long-term
		DHHS

Policy

15.	Convene a policy council, charged with overseeing coordinated policy development and enhancing dissemination.	
		Short-term
		DHHS

16.	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.	
		Short-term
		DHHS

17.	Charge the policy council with taking the lead on developing a DSS Strategic Plan.	
		Short-term
		DHHS

Performance

18.	Convene individual "Envision Sessions" for county and state staff in Child Support, Aging and Adult Services, Food and Nutrition Services, and the Work First program, to define a shared vision for program improvement and reform.	
		DHHS/C

		Short-term	
19.	With county participation, assess the performance goals included in the 2018-19 MOU, enhance with specific outcome measures that correspond to better client outcomes, establish valid baselines for individual counties and create a process for measuring progress over time in regular intervals.	Short-term	DHHS
20.	Develop a plan detailing Central Office priorities and activities, should they need to intervene in the operation of a county program.	Short-term	DHHS
21.	Charge the regional program representatives for the Economic and Family Services, Child Support, and Aging and Adult Services programs to work together, to determine counties' need for local job development services, and coordinate their efforts to secure needed resources across the programs.	Long-term	DHHS
22.	Translate desired and mandated program outcomes to worker-level activities.	Short-term	Counties
23.	Craft and implement a CQI Plan for the referenced programs.	Mid-term	DHHS

Data

24.	Social services program management should focus on data and how to integrate its routine use into all programs. [Fundamental]	Short-term	DHHS/Counties
25.	Message and model leadership expectations and goals as they relate to using data as a way to improve practice and outcomes. (Fundamental)	Short-term	DHHS
26.			DHHS

	Regional office staff should work with and help counties identify specific data sets and reports they need, to allow county staff to work more proactively, and better monitor and assess outcomes. (Fundamental)	
		Mid-term
27.	Identify data quality concerns and discuss available data alternatives that can be featured in the Wellness Dashboard, while state data improvement strategies are underway.	DHHS
		Short-term

Training

28.	Each program should maintain a Central Office training and professional development team to support regional trainers [Fundamental]	DHHS
		Mid-term
29.	Central Office training staff should identify training needs for central and regional state staff through a training needs assessment, and provide needed training through internal course development and/or identify external sources that can fill the needs.	DHHS
		Mid-term
30.	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.	DHHS
		Mid-term
31.	Central and regional training teams should increase the locations for training delivery to reduce the driving distances for counties to attend training.	DHHS
		Mid-term
32.	Central and regional training teams should increase the number of courses delivered in a classroom setting and via live webinar, to expand the opportunities for trainees to ask questions and gain a more nuanced understanding of the subject at hand.	DHHS
		Mid-term
33.		DHHS

	Develop a methodology for allotting classroom seats on a statewide and/or regional basis, to ensure that all counties have equal access to course registrations. Enhance the course registration process to avoid training slots, already in high demand, not being filled.	
	Short-term	

34.	Training teams should conduct multiple webinars on the same subject matter, and limit the number of participants at each, to ensure that there is a realistic opportunity for interactivity.	DHHS
	Mid-term	

35.	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.	DHHS
	Short-term	

36.	Establish clear criteria for the distribution of state funds allocated for staff education and professional development.	DHHS
	Short-term	

Health Care Concerns

37.	Close the coverage gap to provide needed services for children and adults.	Legislature
	Long-term	

38.	Form partnerships with colleagues in North Carolina's health programs, to help facilitate the identification of community resources available to social services clients.	DHHS
	Short-term	

Child Support

39.	Establish dedicated court officers to hear child support matters, to expedite the establishment and enforcement of child support orders.	Legislature
	Long-term	

40.		DHHS
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	Assess the option of system “replatforming” for the child support automated system, to move away from the mainframe.	
	Mid-term	

41.	Monitor the federal OCSE’s policies and progress with regard to creating a model system, and determine whether it would be a viable option for system modernization.	DHHS
	Short-term	

42.	Re-look at the policy of requiring Custodial Parties (CPs) to attend a face-to-face meeting as part of case opening, and the impact on the expeditious and efficient processing of child support matters.	DHHS
	Short-term	

Aging and Adult Services

43.	Better define Aging and Adult Services data needs, with an eye toward enhancing the Wellness Dashboard metrics and/or producing trending data and reports.	DHHS
	Short-term	

44.	Identify any program statutes and/or regulations that would benefit from updating, and pursue any needed updates.	DHHS
	Short-term	

Child Welfare

45.	Create an Implementation Plan for Child Welfare recommendations, as outlined in the Child Welfare Preliminary Reform Plan. [Fundamental]	DHHS
	Short-term	

46.	Establish and staff a position to manage the implementation of Child Welfare recommendations and support the implementation team. [Fundamental]	DHHS
	Short-term	

47.	Create a core implementation team, responsible for prioritizing the various recommendations from both Preliminary Plans, and making them actionable. [Fundamental]	DHHS
	Short-term	

48.		DH
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Create high-level management positions, to support the realignment of the child welfare programs, and transition to new practice model. [Fundamental]	
Function	Position Title
Director for Office of Child Safety-Child Protective Services	Program Administrator III
Director for Office of Office of Family Support-Prevention and In-Home Services (CPS)	Program Administrator III
Director for Office of Child Permanency	Program Administrator III
Director for Office of Professional Development	Program Administrator III
Director for Office of Program Improvement	Program Administrator III
Short-term	

Next Steps

We believe DHHS should begin the next phase of its work related to S.L. 2017-41 by developing a Transition Plan, needed to put the new regional office structure in place. This will facilitate early identification of staffing needs, which will likely require additional funding to create and staff key positions in both the regions and the Central Office. DHHS is responsible for determining how many regions will be created and their geographic boundaries. These decisions are fundamental to the staffing and facilities decisions that must be made, as well as the request to the General Assembly for the funding needed to support the new organizational structure.

Whether or not a regional structure can be put in place by March 1, 2020 as required by SL 2017-41, program improvement is predicated on easy access to reliable data, and processes informed by robust program data. DHHS should begin the next phase of their work by realistically assessing their internal capacity for integrating the routine use of data into all of the social services programs, and making appropriate organizational changes, to support a data-driven culture.

During Phase 2, we will continue to work with DHHS and the counties to further refine staffing and program outcomes data, so we can further refine the preliminary recommendations contained in this report, and potentially identify additional recommendations based on our additional analysis. Working with DHHS and the counties, we will also develop implementation plans for those recommendations DHHS decides to pursue. The final Reports, due by February 28, 2019, will document progress on the short term recommendations, and will include implementation plans for the mid- and long-term recommendations. Implementation plans will also specify the intended outcomes tied to each recommendation, along with how improvement can be measured.

As noted earlier in the Executive Summary, North Carolina's leadership is to be applauded for its decision to pursue the systemic changes needed to improve outcomes for its most vulnerable citizens. State and county social services professionals alike show their commitment to providing the best services they can, on a daily basis. We believe the preliminary recommendations detailed in this report will help North Carolina's social services programs become "best in class" and we look forward to continuing our work with state and county staff, as they work to improve the services they deliver to the public.

I. METHODOLOGY

To meet the aggressive schedule for the Social Services Reform Plan project, the data collection and analysis process included several data collection efforts simultaneously. After a series of meetings with state staff that provided the CSF team with an overview of what data was available and where it was housed, we began identifying data needs and making requests to the appropriate staff. We received quantitative data that provided us with an overview of the programs under study and, upon review, generated new sets of questions that would require both quantitative and qualitative data to answer them.

We took advantage of existing statewide and regional leadership meetings to collect firsthand information from participants, which also reduced county leaders' need to travel additionally to attend project-specific meetings. We also formulated requests for quantitative administrative data from the Central Office, identified and visited 15 county offices to discuss their operations and administration, and administered a statewide survey of county offices on their staffing. The 15 counties represented each geographical area of the state, all three economic levels, and various sizes. Additional data was collected as part of the Preliminary Child Welfare Reform Plan.

Members of our team participated in a wide range of other meetings, such as those specific to the Child Fatality Prevention workgroup, and the 2019-2023 State Aging Services Plan Aging Policy Listening Session.

Finally, we collected data from other states to inform portions of the Plan related to the administration of other, similar states. We also reviewed a wide range of documents related to program operations, administration, staffing, budgets, training, and policy.

Each of these is discussed below. For a full list of key meetings in which our team participated, please see Appendix A.

The project initiation meeting was held in Raleigh on March 7, 2018. We then met with the Social Services Working Group (SSWG) on March 12. This was followed by the first of two data collection meetings with state staff responsible for the programs under study. These meetings were conducted on March 19 and 20 and on April 2 and 3. These meetings provided the project team with a thorough overview of the programs, as well as an introduction to some of the issues they faced.

We conducted focus groups with members of various state and regional organizations, taking advantage of scheduled meetings whenever possible. We were graciously granted time during these scheduled meetings to receive input from attendees. These participants held leadership positions in the counties they serve – generally the county participant was the County Director. We ensured that there were sufficient opportunities for input from counties representing all geographic areas of the state and all county sizes. The list of focus groups conducted is found in Appendix B.

We followed up with many individuals after these meetings to ask questions, to gain clarifications, and to solicit additional input.

After conducting several focus groups, we decided to visit a sample of county offices to gain more in-depth knowledge of their organization, administration and operations. We collaborated with the NCADCSS executive director, along with DHHS, to identify a cross-section of counties based on county economies and their geographic locations. We conducted site visits in June, 2018. The counties visited are listed in Appendix C.

We developed four staffing surveys in May 2018, one for each program: for FNS, Work First, Child Support and Aging and Adult Services. We did not develop a survey for the Child Welfare program, instead relying on the program's Work Book. (Counties are required to submit data on workload and staffing on a quarterly basis for all child welfare functions. They also report data on staff turnover and education. This data comprises the Child Welfare Workbook.)

One of the challenges related to creating the surveys was how best to describe positions, given that position titles are not consistent from county to county. We collaborated with state staff to develop brief descriptions of the most common responsibilities so that respondents could identify the staffing in those positions without referring to position titles. The Executive Director of NCADCSS distributed the four surveys to county directors, with the expectation that for them to originate from her office would increase the response rate. We completed several follow-up efforts with the Executive Director; we had received responses from 51 counties as of July 13, 2018. The staffing survey provided us with a great deal of information on the characteristics and configuration of staff in the counties' social services programs. Appendix D contains the survey.

Program Data Collection and Analysis

In addition to staffing data, we amassed a large quantity of 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. A full discussion of data collection regarding program performance can be found in Chapters 8 and 9 of this report.

We did not receive all of the needed program staffing data, nor all of the needed program performance data in time to fully analyze and draw conclusions regarding any links between staffing patterns and program performance. Our work in that area will continue into Phase 2 of this project.

II. DOCUMENTATION OF STATE AND COUNTY ROLES IN SOCIAL SERVICES SYSTEM

North Carolina is a “state supervised-county administered” state. It is one of about a dozen states that work within that structure, though there is some variability even within the model. One difference among this group of states is their funding structures, and to what degree counties provide program funding for local service delivery. In North Carolina, the counties contribute a large percentage of their social services program funding. The state passes through some or all of federal program funds, but contributes few state dollars otherwise. North Carolina’s structure has deep historical roots; the University of North Carolina’s book, *Social Services in North Carolina*,¹ provides an excellent overview of the history of both the structure and funding of the state’s social services programs.

The state’s statutory roles are defined in the North Carolina Constitution, Article XI, § 3 and § 4. Under its Constitution, North Carolina’s General Assembly is responsible for “determining the extent and scope of the state’s responsibility for social services and how the state will discharge its responsibility.”²

In June 2017, North Carolina’s Assembly adopted and codified HB630 into SL 2017-41. That law created the Social Services Regional Supervision and Collaboration Working Group (SSWG). The SSWG was charged with developing “recommendations for improving state supervision of the county-administered social services system through the use of a new system of regional state offices.”³ The Stage One work culminated with the issuance of its Stage One Final Report. On pages 9 to 17, the SSWG detailed its vision of the roles they identified for the Central, Regional, and Local (county) staff.⁴ These roles were identified by the SSWG to illustrate how the state, regional, and local offices would work together to provide high quality services to the people of North Carolina. As such, there is an assumption that the local offices would receive the support necessary from the regional and state offices to be able to carry out their responsibilities successfully.

Part of our work in North Carolina focused on assessing the Central Office’s current capacity to meet its existing role, as well as its expanded role in the creation and operation of the Regional Offices. This chapter of our report details our assessment of the state’s current capacity in the social services programs: Child Welfare; Child Support; Economic and Family Services; and Aging and Adult Services. In Chapter 6, we provide our recommendations with regard to the structure and staffing of regional offices.

¹ John L. Saxon, *Social Services in North Carolina*, (UNC School of Government, Chapel Hill, 2008).

² *Ibid*, p. 25.

³ Social Services Regional Supervision and Collaboration Working Group, *Stage One Final Report* (UNC School of Government, Chapel Hill, March 2018), Executive Summary, p. v.

⁴ *Ibid*; pp. 9-17, tables 1A to 1I.

A. State Role and Capacity

Child Welfare

Our companion report, Child Welfare Preliminary Reform Plan, provides an in-depth discussion and analysis of North Carolina's child welfare programs, and details challenges at the state and local level. It, accompanied by Chapter 6 of this report, also proposes a model for staffing regional offices that will provide oversight and support for the local county programs. However, it bears repeating here that the Central Office, regional offices, and county child welfare departments need to realign themselves to support the desired program outcomes.

Based on our interviews, focus group meetings, and the data, coupled with our experiences in other jurisdictions, we believe North Carolina's staffing and salaries are not currently sufficient to attract and retain the staff needed to effect a large-scale, well-planned, integrated system reform effort. Absent increased resources and realignment, recommended strategies to improve service delivery at the local levels are likely to falter, and eventually to devolve back to staff at all levels providing reactive services.

Child Support

Child Support Services operates within the Division of Social Services (DSS). The Central Office child support section is currently structured to provide both direct and indirect support to North Carolina's child support customers. It appears to be adequately staffed to meet its current responsibilities, with the possible exception of training. (See the discussion later in this section for more information.) The agency does not suffer from a high rate of staff turnover. Home-based work provides opportunities for staff to work from locations other than Raleigh.

The Central Office operates a central customer service call center, staffed with 47 state employees: one manager; one administrative support person; four supervisors; and 41 call center representatives. County and state staff agreed that this model works well for the program. This group responds to the majority of customer calls, and customer complaints, resolving the issues it can and forwarding only the most complex on to the appropriate county office for resolution.

Additionally, one home-based and four Raleigh-based staff provide customer service support. They handle public records requests, as well as complaints that come from the Governor's Office, the General Assembly members, and congressional offices, on behalf of their constituents.

As required by federal statute, the Central Office maintains North Carolina's central registry. The central registry is responsible for facilitating all incoming and outgoing intergovernmental child support cases.

The Central Office also supports the State Disbursement Unit (SDU) operated by the private company, SMI, Inc. Central Office staff assist SDU staff with child support payment problems (such as helping resolve payments that are difficult to identify), here also resolving the majority of the problems and forwarding only the most difficult on to the appropriate county as needed. A Central Office team supports the child support automated system. Staff provide help desk

support when needed. They also identify changes and update the automated system as needed. For example, recent changes in intergovernmental child support require states to adopt new forms; the Central Office systems staff are working on creating and deploying the new forms. The Central Office team also supports a performance dashboard, allowing each county to monitor its progress specific performance goals.

The Central Office maintains a policy unit. Its responsibility is to develop and disseminate any new program policies, or clarify any existing policies, as needed. Policy is disseminated to all counties regardless of how they are operated (inside or outside the county DSS structure) or by whom they are operated – county staff or a private company.

The Central Office child support program continued to operate with regional assignments after the state moved away from this model. There are currently nine child support regional representatives, each assigned a set of counties to support. They are home-based workers. Generally, the regions are composed of contiguous counties, with some exceptions. Each regional representative has similar responsibilities:

- ◆ Visit each assigned county at least once a month.
- ◆ Review a certain percentage of a county's child support cases on a monthly basis.
- ◆ Assist a county with any county-specific needs.
- ◆ Help each county develop its performance improvement Action Plan.
- ◆ Share best practices between counties.

With the advent of the changes under SL 2017-41, the agency intends to strengthen the Action Plan process. Regional representatives will continue to help each county develop its plan. They will also be responsible for identifying specific activities the Central Office will provide, to support the counties' action plans. Regional representatives are also supported by three home-based "PMI" (performance management) staff. If a county has performance issues, these PMI staff can be called on to provide additional assistance. They also monitor the various performance reports, and perform eIWO (electronic wage assignment orders) tasks.

The Central Office also maintains a training team. Two home-based trainers provide formal training; one is assigned to the east, one to the west. They are supported by Raleigh-based trainers. The Central Office training and policy teams, along with executive staff, host monthly webinars with county staff. They also host an annual statewide training conference, as well as an annual statewide child support supervisors' meeting. Agency leadership would like to be able to incorporate more technology-based training solutions to support the counties. Currently, they conduct training through face-to-face training sessions across the state and host real-time webinars. They have been converting their computer-based training to web-based training for county staff. They have also developed training materials that the counties can use to train on their own. Their barriers to expanding their training's reach include a lack of training space in the far western corner of the state, and the inability for counties to travel to training sites. They hope their plans for more eLearning will increase the reach of their training. With the implementation of a regional structure, the child support program may need additional training staff to support the regional model.

Issues and Recommendations

Long-Range, Requiring Funding and/or Legislation

Overall, the counties need more dedicated court time. Executive staff members know that in other states, child support matters are frequently heard in dedicated child support tribunals – not necessarily in the family law or other courts. The majority of child support matters that come before a judge are fairly standard. Because of federal statutes and child support guidelines for establishing support orders, most child support matters can be adjudicated relatively quickly. A dedicated child support tribunal with dedicated court officers to hear child support matters (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.

In 2016, the child support leadership, attorney general, and Jo McCants with Administrative Office of the Courts (AOC) discussed this possibility. Chapter 50 of the North Carolina General Statutes do allow clerks, assistant clerks, and magistrates to serve as hearing officers. Anyone outside of that would require a statute change. The question at the time was whether or not the salaries for child support hearing officers could draw down federal funds (FFP). The thought was that if they were eligible for FFP, then there would be a compelling case to modify the statute to allow for hearing officers, if needed, or to encourage the AOC to allow clerks or magistrates to serve as hearing officers. It appears the issue was dropped without determining the answer. We are aware of several other jurisdictions that operate their child support programs using a “quasi-judicial” system (i.e., California and New Jersey, among others). During Phase 2 of this project, we will seek and provide additional information to Child Support Services regarding other jurisdictions’ use of a quasi-judicial structure, as well as how federal claiming works – and how the processes may need to be adapted for a state-directed county-administered program.

The child support automated system is antiquated. Because it is COBOL-based, it becomes more difficult to support as time passes. COBOL programmers are difficult to find, since most systems are moving away from mainframes. System replacement is an expensive option. Several state child support programs (i.e., Utah, Colorado and Washington) are “replatforming” their systems, to move away from a mainframe environment. Child support leadership indicated that IT staff will be evaluating this option in the near future. The federal OCSE is also contemplating developing a “model child support automated system” and providing enhanced funding for any state that adopts the system to meet its system replacement needs. North Carolina should follow OCSE’s policies and progress with regard to the model system and determine whether it would be a viable option for system modernization.

The agency doesn’t feel that it can offer the competitive salaries needed to attract and maintain Raleigh-based staff. It does offer many staff members the option to work from home – especially those who are assigned to regional or training duties supporting the counties. This has helped the organization maintain a fairly stable workforce. Chapter 7 of this report details state staffing and salaries, and related challenges.

Easy to Implement Changes (No Funding or Legislation Required)

The counties have a long-standing practice requiring Custodial Parties (CPs) to attend a face-to-face meeting, as part of case opening. The counties also require a notarized affidavit of paternity declaring who a child's father is. Both practices delay the establishment and enforcement of a child support order – sometimes for months. Federal statutes do not require either of these practices, instead allowing for phone contact with the CP. While some states require notary services for in-hospital paternity establishment, they do not require it when a CP simply identifies the father of her child. In most states, the paternity declarations are usually signed under penalty of perjury. Notary services do not guarantee the CP has been truthful; they simply guarantee that the CP is indeed the person she claims to be. We recommend North Carolina re-examine these policies and their impact on the expeditious and efficient processing of child support matters.

How the Current Central Office of Child Support Compares With Regard to the Proposed “Regional Model Office”

With one possible exception, the Central Office for the child support program is well-staffed and well-organized to meet its needs and to support the counties. The child support division does not currently have sufficient training staff to meet the counties' needs. This is particularly true with regard to supporting smaller counties. While the agency currently delivers some training electronically (web-based or computer-based, more generically known as “eLearning”) they believe more robust eLearning options will provide county staff access to more timely training, especially for newly-hired staff. See the discussion regarding our recommended staffing for regional offices, in Chapter 7 of this report.

Economic and Family Services

The Central Office Economic and Family Services Section covers four programs – Work First, Food and Nutrition Services/FNS, Energy Assistance (Crisis Intervention Program/CIP and Low-Income Energy Assistance Program/LIEAP), and Refugee Resettlement.

At present, the division is not adequately staffed to meet its current responsibilities and several incumbents reported needing to work on tasks outside their normal job duties. Understaffing in the Central Office overburdens staff with disparate responsibilities, resulting in lack of expertise, low morale, and reactive administration of programs. Staff is frequently shifted around to fill gaps and address immediate needs. Yet given the qualifications and pay level for state positions, recruitment is difficult. Recruitment for a recent position vacancy yielded two barely-qualified candidates.

Economic and Family Services is not fully operating under a regionalized structure, as staff are frequently moved from one priority to another due to staffing shortages. Staff are expected to be experts in multiple areas – some outside their job descriptions – including training, contract administration, and policy development. There are four program monitors for the entire section; Georgia, a state with a lower Economic and Family Services caseload than North Carolina, has 14 program monitors.

There is one Manager for Work First; there are two policy consultants, two program monitors, and one corrective action follow-up program consultant, plus field staff on the Operational

Support Team (OST). The Assistant Chief for Work First also manages Refugee Resettlement. Work First was staffed with nine FTEs in the Central Office prior to 2014. All but two of the policy consultants were reassigned to work on the Operational Support Team (OST) leaving two staff to monitor the Work First program. The two current policy consultants must also assist with the development of policy and training, as well as support the Operational Support Team field staff.

The OST is responsible for providing technical assistance to the counties for three programs – Work First, FNS, and Energy. The OST field staff are home-based and centrally-located so they can take on county assignments around the state as needed. Field staff have assigned regions; technical assistance visits are made based on immediate county needs, the team’s schedules, and travel costs.

The OST field staff also delivers training. Training is provided based on an ongoing evaluation of error trends and training needs. Additionally, the Central Office provides supervisor cluster meeting training across the state, twice a year. The two Work First policy consultants assist with the development of policy and training, as well as provide support to the Operational Support Team field staff.

For FNS, there is a single policy consultant and a single program manager for a program that issues over \$2 billion in benefits each year. There is a single clerical position, who reports to the FNS manager, for all four programs. The program is also staffed with an Assistant Chief of Monitoring and four FNS/Energy program monitors, plus one FNS Employment and Training (E&T) Coordinator (reporting to the Economic and Family Services Deputy Director), one contract administrator, one E&T monitor, and one policy consultant for the Employment and Training Program. In addition, a program integrity consultant is responsible for program integrity for FNS, LIEAP, and Work First. There is also one contract administrator/administrative assistant who is responsible for several cross-program contracts and also provides administrative support to the Economic and Family Services Deputy Director.

The customer service call center (EBT Call Center) in Martin County is operated by the Central Office. It handles calls for the FNS program. The Call Center manager reports to the Economic and Family Services Division Director, and three supervisors and administrative staff report to the Call Center manager. There are 25 Call Center customer service representatives working in shifts to cover the 7:30 a.m. to 10:30 p.m. operating hours. Call Center representatives are trained to answer basic questions, such as EBT card balances and how to apply for FNS services; they are not able to respond to policy-related questions.

FNS also has three FTEs working on the Help Desk to answer questions and complaints from the public, as well as legislative inquiries. These same people also respond to questions for the Work First and Energy Assistance programs. Help Desk staff is often called on to do extra tasks and staff are sometimes so busy with additional tasks that they are left with little time to handle Help Desk calls.

The Economic and Family Services Division is responsible for administering seventy-seven contracts/MOAs. Work First contracts are handled by the Work First Administrator, along with

other job duties. FNS contracts are handled by a contract administrator who also has other job duties. SNAP Education has an outreach coordinator and a part-time administrative support person. Employment and Training has a contract administrator who also has other job duties. Energy contracts are handled by the program policy consultant.

Issues and Recommendations

Long-Range, Requiring Funding and/or Legislation

The most pressing issue in the Central Office Economic and Family Services Division is insufficient staffing. Staff is currently overburdened with multiple job responsibilities and is unable to provide proactive support to the counties.

Recruitment for Central Office positions has been difficult, and the division does not offer the competitive salaries needed to attract and maintain Raleigh-based staff.

State staff can provide training for the counties on a limited basis, due to overextended resources.

If state staffing resource issues are addressed through a regional restructuring, the division can focus on more productive and proactive efforts, such as pursuing federal waivers under SNAP to reduce administrative requirements and free county staff to work the cases that really need attention.

How the Current Central Office of Economic and Family Services Compares With Regard to the Proposed “Regional Model Office”

A regional structure would allow the division to strengthen its monitoring activities (county monitoring, follow-up, correction action). This can be done by dedicating one to two program monitors in each region – one for Work First and two for FNS and Energy Assistance. Current monitoring capacity is limited to review in eight to 10 counties per year, and monitoring activity in a single county takes weeks to complete.

A regional structure with two Economic and Family Services field staff based in each region would also bring consistent and regular technical assistance and operational support to the counties through onsite visits, training, and policy consultation. Field staff dedicated to a region would develop in-depth knowledge of the county-specific needs and challenges in the region.

Policy, training development, and contract administration would remain in the central office, with regional staff serving as the policy conduits to the counties and subject matter experts for training development efforts.

Aging and Adult Services

The Division of Aging and Adult Services (DAAS) is part of North Carolina’s Department of Health and Human Services (DHHS). It operates outside of the Division of Social Services (DSS). North Carolina’s General Assembly referenced adult protective services and guardianship specifically, in Session Law 2017-41 (SL 2017-41) for inclusion in this report. These programs include Adult Protective Services (APS), the State/County Special Assistance Program (which includes Special Assistance for the Aged - SAA and Special Assistance for the Disabled - SAD),

and Guardianship. The MOUs between DHHS/DSS and the counties include mandated performance requirements for the APS, and the State/County Special Assistance programs.

The Central Office DAAS Section for Adult Services oversees and supports the APS, State/County Special Assistance, and Guardianship programs. The Section has 24 FTEs, including the Section Chief and two administrative support positions. The Central Office Adult Services Section continued to operate with regional assignments after the state moved away from this model. There are currently eight regional program representatives, each assigned a set of counties to support. They are home-based workers. Each regional representative has similar responsibilities:

- ◆ Visit each assigned county at least once a quarter.
- ◆ Provide training, technical assistance, and coaching.
- ◆ Assist a county with any county-specific needs.
- ◆ Provide program monitoring and initiate Corrective Action Plans, when needed.
- ◆ Share best practices between counties.

These eight regional representatives are periodically reassigned to a new set of counties. This keeps any one regional representative from forming an “alliance” with his or her counties, and allows each set of counties a fresh set of eyes and ideas.

The other 14 program staff – including include four Special Assistance Program Representatives – are responsible for promulgating and disseminating policy, providing training, and supporting the APS, Guardianship, and Special Assistance programs. To varying degrees, these staff also support the Regional Program Representatives in their work with the counties.

The Section appears to be adequately staffed to provide regional support to the counties. However, it is understaffed with regard to training and policy support.

Issues and Recommendations

Long-Range, Requiring Funding and/or Legislation

As a state, North Carolina ranks tenth (number 10 of 50) in terms of its aging population. North Carolina is ranked fifth (number 5 of 50) as a retirement destination state. Program staff are concerned that there is “truly a lack of services for this growing population.”

The Aging Services program is operating under laws that have not been significantly amended or updated since the 1970s. Program leadership expressed that staff need to be able to rely on the statutes to do their jobs effectively, but at times it is difficult. We recommend that in Phase 2 of this project, we work with DAAS to update the appropriate statutes.

North Carolina spends more on institutional care than on in-home supports, largely because many counties have insufficient resources to support in-home care. There are generally waiting lists for adult day care, transportation, and mental health services for the elderly and/or disabled.

As North Carolina’s aging population continues to increase, this will become an even larger problem.

The agency does not suffer from a high rate of staff turnover. Home-based work provides opportunities for staff to work from locations other than Raleigh. However, the agency does have difficulty recruiting qualified Raleigh-based candidates because of the salaries it offers. It recently recruited for a position that would provide training. The minimum qualifications were an MSW degree, and experience training in Adult Protective Services. The pay advertised was in the low \$50,000/year range. They received only two “barely-qualified” applicants. The perception is that much has been done over the years to improve staffing and increase pay for child welfare staff, but not for DAAS staff. Chapter 7 of this report details state staffing and salaries, and related challenges.

Easy to Implement Changes (No Funding or Legislation Required)

The Adult Services regional staff generally identifies counties requiring assistance through its monitoring. Staff members would like to be more proactive and diagnostic – rather than reactive – in their program monitoring role. They know this will take better data. We recommend that in Phase 2 of this project that we work closely with the Adult Services Section to better define its data needs, with an eye toward enhancing the Wellness Dashboard metrics and/or producing trending data and reports the Section can use. See Chapters 8 and 11 for more information about using data to improve outcomes for social services program clients.

As part of our work on this project with regard to Child Welfare, we convened and facilitated an “Envision Session,” so that county and state staff could come to a shared vision for program improvement and reform. We recommend convening a similar session for the Adult Services Section during Phase 2 of this project.

How the Current Central Office of Adult Services Compares With Regard To the Proposed “Regional Model Office”

The Central Office for the Adult Services Section within the Division of Aging and Adult Services is understaffed with regard to providing the needed policy direction and training support for the counties. See the discussion regarding our recommended approach to staffing regional offices, in Chapter 7 of this report.

Child Welfare Services

Child Welfare is part of North Carolina’s Department of Health and Human Services (DHHS). It operates within the Division of Social Services (DSS) and the 100 county DSS. There is a separate full report on child welfare reform; we are not, therefore, repeating information from that report here. However, subsequent chapters in this report do detail recommendations regarding staffing and organizational structure of the state child welfare program.

B. The Role of the Counties

The counties’ primary role in the social services programs is to provide services to the residents of their county in accordance with federal and state regulations and law. In addition to service

provision, however, counties are also responsible for a wide range of activities that support services. The SSWG defined the county role in its Stage One Final Report.⁵

Later in this report, we detail the challenges counties have in fulfilling their roles. In Chapter 7, we focus on staffing and salaries, and related challenges and recommendations. In Chapter 8, we focus on other resource issues impacting local service delivery.

C. Governance

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 the County Board 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, agency clients, or others with a personal interest. Generally social services boards are made up of citizens who care, who are well-meaning, and who want to do the right thing.

Because the boards are diverse, county to county, they do not all operate in the same way. We have, however, identified three core needs for all county boards of social services, regardless of their structure, county size, or board members' experience.

- ◆ There is a need to establish clear direction for the boards, with regard to 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. With responsibilities and accountability mechanisms clearly defined, social services board members will be in a better position to protect their county from financial and legal liability. We urge North Carolina DHHS/DSS to take the lead on developing the needed information and providing the needed direction with regard to the boards' legal and funding responsibilities tied to the DSS programs.
- ◆ There is a need to establish effective training programs for board members. We understand that 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. Additionally, we heard that it is unclear who or how ongoing training for existing board members is being provided. The social services programs can undergo rapid change, based on changes to state and/or federal laws and regulations. Providing for more regular training for experienced board members will help ensure they are operating and making decisions with up-to-date program information at hand. We encourage the North Carolina Association of County Boards of Social Services (NCACBSS) to create a more formal education and training program for its members.

⁵ Social Services Regional Supervision and Collaboration Working Group, *Stage One Final Report* (UNC School of Government, Chapel Hill, March 2018) pp. 9-17, tables 1A – 1I.

- ◆ As related to us, lines of communication between the social services board and other interested parties – such as the county DSS Director or the County Commissioners – have never been mandated. As one county commissioner said “I have no idea what DSS does.” We recommend that the NCACBSS define and adopt formal expectations regarding communication, to minimize the risk of inappropriate actions throughout the DSS county system. Given the size of the county DSS programs and their budgets, and the vulnerability of the citizens served by DSS programs, effective communication between the various entities is essential to improving outcomes for the adults, families, and children served.

As a final recommendation, we believe the county Social Services boards should develop a set of standard criteria to determine whether an interested person has the qualifications needed to serve on the board. We urge the NCACBSS to reinvigorate its efforts to identify a list of desired qualifications as a way to introduce some standardization between the county boards, while retaining the flexibility to determine how best to organize their county DSS programs. The NCABSS should work with its legislative liaison to affect the introduction of legislation. We further recommend that North Carolina’s General Assembly take legislative action to codify the criteria and qualifications.

In Phase 2 of this project, we propose looking in more depth at the various governance issues that exist in the current structure – including giving consideration to the new regional structure – and make further recommendations with regard to ways state and county leadership can better operate the social services programs.

III. INVENTORY OF INTENDED OUTCOMES FOR FAMILIES AND CHILDREN SERVED

In order to review performance data and identify high performing states in each program, we reviewed data that is reported to the federal agencies who provide oversight to these programs. By looking at the federal performance measures, there is consistency in the specific performance metrics, thereby making a more relevant comparison. We gathered data for all 50 states, plus Washington D.C., Guam, Puerto Rico, and the U.S. Virgin Islands. We sought national data for the following programs in an effort to assess program performance and identify high performing states:

- ◆ Child Protective Services (CPS);
- ◆ Child Welfare Services (CWS) In-Home Services;
- ◆ Foster Care;
- ◆ Adoptions;
- ◆ Work First (TANF);
- ◆ Food & Nutrition (SNAP);
- ◆ Aging and Adult Services – Guardianship;
- ◆ Adult Protective Services; and
- ◆ Child Support.

The data available for Energy Assistance (LIHEAP) and Child Care Subsidies was limited to the distribution of funds to qualified recipients. For these programs, there was no data that was related to quality, accuracy, or outcomes.

Overall, performance varies greatly across programs. States that are high performing in one area are not necessarily high performing across the board. We also have not found any direct connection between structure (whether state-administered or county-administered) and program performance. Therefore, comparisons are made by groups of programs. The logical program grouping is:

1. Child Welfare Programs;
2. Child Support Enforcement Program;
3. Family Assistance Programs; and
4. Aging and Adult Services Programs.

A. *Child Welfare Programs*

All of the programs associated with Child Welfare (Child Protective Services, Foster Care, and Adoptions) have data elements reported to the federal Office of the Administration for Children and Families (ACF) through the Children’s Bureau. The CFSR Round 3 Statewide Data Indicators are as follows:

- ◆ Data Indicator 1: Maltreatment in Foster Care
- ◆ Data Indicator 2: Recurrence of Maltreatment
- ◆ Data Indicator 3: Permanency in 12 months for children entering foster care

- ◆ Data Indicator 4: Permanency in 12 months for children in foster care 12 to 23 months on the first day of a 12 month period.
- ◆ Data Indicator 5: Permanency in 12 months for children in foster care 24 months or more on the first day of a 12 month period.
- ◆ Data Indicator 6: Re-entry to foster care within 12 months, for children entering foster care during a 12 month period, and exiting to permanency within 12 months of their entry.
- ◆ Data Indicator 7: Placement stability per 1,000 days of care for children entering care during a 12 month period.

In reviewing the data for these seven performance indicators and additional data points (i.e. entries to foster care), it became clear that while there are some correlations between performance, states do not have either consistently-high or consistently-low performance across all of them. These data do provide a way to compare the performance in North Carolina with other states of similar size and organizational structure.

For the child welfare programs, there is value in making comparisons with other states. The factors in doing this comparison should be related to size of caseload, economic and demographic similarity, and overall population. Based on this, the states that are the most logical to compare to North Carolina include Colorado, Georgia, Ohio, Pennsylvania, Texas, and Virginia.

Figure 1: State Child Welfare Outcomes Comparison

Selected Comparisons, CFSR 3 Measures										
State	State-Admin (State) or State-Supervised/County-Admin (SS-CA)	Recurrence of Abuse/Neglect	Rate of Maltreatment in Care	Unique Victims of Abuse/Neglect*	All Entries to Foster Care	Permanency w/in 12 Mos. of Entry	Of Children in Care 12-23 Mos., Perm. w/in Year	Of Children in Care 24+ Mos., Perm. w/in Year	Of Children Achieving Perm. in 12 Mos., Those Who Reentered w/in 12 Mos.	Of Those Placed in a Year, Rate of Movement
		%	Per 100,000 Days	#	#	%	%	%	%	Per 1,000 Days
CO	SS-CA	4.2	8.48	11,226	4,430	54.3	45.5	27	13.4	
GA	State	6.2	5.78	21,635	5,822	45.6	45.5	34.4	5.7	5.87
NC ^A	SS-CA	10.9	6	7,134	5,882	31.6	44.6	37.6	4.15	4.8
OH	SS-CA	10.2	11.52	23,635	8,700	45.9	44.7	28.2	10	3.52
PA	SS-CA			4,355	9,272	37.6	42.6	38.7	14.3	3.65
TX	State	5.7	5.86	57,374	16,853	38.3	57	30.6	3.4	3.81
VA	SS-CA		1.73	5,941	2,512	28.7	40.2	28.8	4.3	3.97
	Fed. Standard	9	8.5			40.5	43.6	30.3	8.3	4.12

Sources:

CRSR Round 3 Statewide Data Indicators-Workbook, issued May 2015.

Note: All analyses based on AFCARS and NCANDS submissions as of July 10, 2014.

Note: Revisions to the methodology for calculating these metrics were made subsequent to May 2015. Some of these measures may change as a result of U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018). Child maltreatment 2016. Available at <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

^ANC outcome data pulled for UNC website, cited below.

Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y. (2018).

Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2).

Retrieved 7/27/2018 from the University of North Carolina at Chapel Hill Jordan Institute for Families website, available at <http://ssw.unc.edu/ma/>.

Data in *Figure 1* above, for all of the states other than North Carolina, were included in a Child and Family Services Review Statewide Data Indicators workbook the Children's Bureau produced in 2015. Most of these data are based on Federal Fiscal Year 2011-2012. The North Carolina data were derived from the University of North Carolina Jordan Institute information on the management assistance website. North Carolina data reflected in *Figure 1* are from State Fiscal Year 2016- 2017 and match what was reported in the Preliminary Child Welfare Reform Plan. The table permits comparison to the national standards and general comparisons to other states, although the periods reported are not the same.

Maltreatment in Foster Care: Of all children in foster care during a 12-month period, what is the rate of victimization per 100,000 days of foster care?

North Carolina's rate of victimization in foster care (6.0) is lower than the federal standard of 8.50.

Recurrence of Maltreatment: Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month period, what percent were victims of another substantiated or indicated report of maltreatment within 12 months of their initial report?

The percent of children in North Carolina who experienced a second substantiated maltreatment report in the 12 months following an initial substantiated report is higher than most of the other comparison states. North Carolina's rate recurrence of 10.9 percent is slightly higher than the federal standard of 9.0 percent.

All Entries into Foster Care: This is not one of the seven federal data indicators but shows the number of children who entered foster care during the year. In State Fiscal Year 2016-2017, 5,882 children entered foster care.

Permanency in 12 Months for Children Entering Foster Care: Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care? Permanency, for the purposes of this measure, includes reunification with the child's parents or primary caregivers, legal custody to a relative, guardianship, or adoption.

As described in more detail in the Preliminary Child Welfare Reform Plan, the percentage of children in North Carolina who exit to permanency within 12 months of entering foster does not meet the federal standard (40.5%) for this measure. North Carolina in 2016-2017 underperformed in comparison to all of the states in the comparison group except Virginia, although performance on those measures may have changed since then.

Permanency in 12 Months for Children in Foster Care 12 to 23 Months: Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?

As described in more detail in the *Preliminary Child Welfare Reform Plan*, North Carolina is meeting the federal standard (43.6%) for this measure and performance is comparable to the states examined here.

Permanency in 12 Months for Children in Foster Care 24 Months or More: Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?

As described in more detail in the *Preliminary Child Welfare Reform Plan*, North Carolina is meeting the federal standard (30.3%) for this measure and performance is comparable for the states examined here.

Re-Entry to Foster Care in 12 Months: Of all children who enter foster care in a 12-month period who discharged within 12 months to re-unification, live with relative, or guardianship, what percent re-entered foster care within 12 months of their discharge?

As described in more detail in the *Preliminary Child Welfare Reform Plan*, North Carolina's rate of re-entry into foster care (4.15%) has consistently been much lower than the national Round 3 CFSR standard of 8.3 percent.

Placement Stability: Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care? North Carolina is not meeting the federal standard (no more than 4.12 moves per 1,000 days in foster care) for this measure and is underperforming in comparison to all of other comparison states examined here except Georgia.

B. Child Support Enforcement Program

Data for Child Support is reported to the federal Office of Child Support based on five performance measures:

1. Paternity Establishment;
2. Support Order Establishment;
3. Current Support Collections;
4. Arrears Collections; and
5. Cost Effectiveness.

Figure 2: North Carolina Performance Compared to National Average

Performance Measure	National Average	North Carolina Performance
Paternity Establishment IV-D Caseload	102%	99.9%
Support Order Establishment	86%	86%
Current Support Payments	64%	68%
Cases with Payment on Arrears	63%	67%
Cost Effectiveness	\$5.44 collected per dollar spent on the program	\$4.89 collected per dollar spent on the program
Paternity Establishment IV-D Caseload	102%	99.9%

The North Carolina Program performance compares to states like Ohio, Maryland, New Jersey, and West Virginia. The structure of the North Carolina Child Support program is a hybrid of local and privatized child support offices. The majority of states employ a state-administered structure, and performance in these five measures does not appear to have a direct correlation with the chosen state structure. There are many factors that impact performance in this area, including external factors, such as economic and employment opportunities. As displayed in the above chart, North Carolina's Child Support program is performing above average for some of the federal measures, and just below average on others.

C. Family Assistance Programs

The Work First (TANF) program has little federal data on performance because the block grant allows states to design their programs under a set of broad requirements. Therefore, comparisons of the data that is collected does not necessarily indicate the relative success of the programs across states. The work participation rate is one criteria that is tracked nationally and does point to one of the core purposes of the program. The states report both the "All Families" and "Two-Parent Families" work participation rates. While the specifics of work participation may vary from state to state, the highest "All Families" work participation rates for FY 2017 are found in Maine (88.7%), New Hampshire (77.7%), and Oregon (71.5%). North Carolina's "All Families" work participation rate was 19.5%. North Carolina did meet its target with regard to this measure. The rate in North Carolina is similar to states such as Pennsylvania (21.8%), Texas (20.5%), and Arizona (23.6%).⁶ With regard to the Two-Parent Families rate, 28 states are subject to reporting. North Carolina was one of the nine states that failed to meet their target.

As with other programs, the majority of TANF programs are state-administered, with only eight states reporting as "County-Administered." These states are North Carolina, North Dakota, New York, New Jersey, Ohio, California, Colorado, and Minnesota. All-Families work participation rates vary widely among these eight states with a high of 66.8 percent in North Dakota to a low of 25.5 percent in New York.⁷

Nationally, TANF caseloads have been decreasing. We compared TANF caseload size (average monthly caseload) for 2013 and 2017. We chose 2013 as the first year where annual data was available, and 2017 was the most recent year reported. The largest percentage change was in Missouri, where the caseload decreased from 76,997 in 2013 to 25,838 in 2017. The change in North Carolina was from 38,955 to 29,445, or a decrease of 32 percent. Reduction in the caseload is not necessarily an indication of success in the program. There was no correlation between work participation rates and caseload change, and neither of these factors seemed to be more pronounced among county-administered programs.

The SNAP program (food assistance) is administered by the Department of Agriculture under the Food and Nutrition Services agency (FNS). However, benefit determination is done at the state level as part of the Social Services or Children and Family Services agency in each state. We gathered information on the number of persons and number of households participating, but the primary performance indicator for the SNAP program is the payment error rate. In FY2017,

⁶ TANF and Separate State Programs – Maintenance of Effort Work Participation Rates and Engagement in Work Activities Fiscal Year 2017, Table 1A.

⁷ Ibid.

North Carolina had an error rate of 5.25, with 3.78 from over payments, and 1.47 from underpayments. North Carolina's error rate was lower than the national average of 6.30. 39 states had higher error rates than North Carolina.⁸

D. Aging and Adult Services

S.L. 2018-41 addressed State/County Special Assistance (SAA and SAD); Adult Protective Services (APS); and Public Guardianship Services. Nationally, there is little-to-no data available on quality measures for these programs. States organize and operate their programs in very different ways. For Adult Protection, we did find a lot of detailed information on the way staff is organized, on staff experience and education requirements, who is responsible for investigations, the kinds of equipment that investigators are provided, how investigations are handled in various facilities, the process for intake, and methods for contacting victims. While this does not include information on performance or indicate the quality or accuracy of reporting and investigations, the information is useful to understand how states with a similar population and similar demographics organize their adult protection services.

Given the country's aging population, we were surprised to not find more quantitative data regarding how programs measure success and effectiveness. Our data partner, Westat, has begun analyzing North Carolina's DAAS data at the statewide and county levels. During Phase 2 of this project, we plan to look more closely at the Aging and Adult Services programs not only in North Carolina, but in other states. We will attempt to identify jurisdictions with performance measures similar to those reflected in the North Carolina MOUs between DHHS-DSS and the counties, with regard to Aging and Adult Services.

E. Summary

Across all programs, it is useful to review and compare data and outcomes from other states. However, for us to make recommendations and establish a course of action, this data alone does not provide clear direction. The value of this data is to help identify other states with similar performance in specific programs, and to target those programs where best practices can be applicable to North Carolina. Once we are able to analyze North Carolina's performance data, we may be able to make specific recommendations for program improvements.

⁸ Supplemental Nutrition Assistance Program: Payment Error Rates FY 2017, available at <https://fns-prod.azureedge.net/sites/default/files/snap/FY17-QC-Payment-Error-Rates.pdf>.

IV. ASSESSMENTS OF CURRENT STATE SUPERVISION OF LOCAL SOCIAL SERVICES ADMINISTRATION

A critical role for North Carolina's social services state office staff is oversight and supervision of the services being delivered in the counties. As the grantee for federal funds, ultimately the state DHHS is responsible for accurate and timely service delivery, as well as maintaining the data and documentation required by the federal government. The performance standards included in the MOUs between the state and counties by and large reflect federal performance standards. A full discussion of performance measures can be found in Chapter 3 of this report.

With some exceptions (most notably the child support program), state staff do not routinely monitor program outcomes, or the impact of program activities on the adults, children, and families served by the local social services programs. The major impediments are a lack of staff, and a lack of accurate and timely performance data.

The Preliminary Child Welfare Reform Plan recommends 20 performance goals. They are intended to move from only measuring performance based on compliance metrics, to a monitoring strategy that also focuses on program outcomes. Both types of performance monitoring are critical to assessing the successes and challenges in local service delivery accurately.

The following section provides details regarding the current structure for program monitoring in each of the social services programs.

A. Economic and Family Services: Work First and FNS

On an annual basis, the Central Office reviews Work First program performance in six large counties. It reviews medium and small county performance on a three-year cycle. If state monitoring staff finds a county is out of compliance or underperforming, they require the county to create and adhere to a Performance Improvement Plan, or PIP. The state estimated that between 38 and 50 counties were under a PIP during State Fiscal Year 2016-2017. State program staff are responsible for monitoring a county's performance under the PIP. State staff report that with just two monitors and one compliance consultant, they are unable to monitor the small and medium counties more frequently than once every three years, or to provide adequate follow-up on PIP implementation.

In addition to compliance monitoring, the Central Office staffs an Operational Support Team (OST). The OST reviews reports and data from NC FAST and the data warehouse. OST staff does not perform case file reviews. They use a standard tool, the "OST Consultation Summary Report." In addition, they use the "OST Risk Assessment Tool," which examines the past three years of program performance. These reviews and reports are intended to identify trends in the data so that the state's limited technical assistance resources can be used to target the greatest needs. The OST also works with counties to develop needed PIPs, and provide appropriate technical assistance.

Like Work First, the Food and Nutrition Service (FNS) program performance measures focus on the timeliness of service delivery and the accuracy of eligibility decisions. In the state FNS program, a small team of program consultants provide policy and training support for county FNS program staff. These program consultants have varying degrees of responsibility for monitoring county performance. In addition, three help desk program consultants also perform some quality control functions.

B. Child Welfare

Monitoring of the child welfare programs is guided by the federal Children's Bureau, through the Children and Family Services Review (CFSR), using the On-Site Review Instrument (OSRI). Like many states, North Carolina has failed its reviews, largely because of issues with data quality and reliability.

The companion report, Child Welfare Preliminary Reform Plan, provides an in-depth analysis of the child welfare program's performance, and recommends a path forward for the state and counties, for improving the outcomes for the children they serve.

C. Aging and Adult Services (DAAS)

The Department of Social Services, Division of Aging and Adult Services (DAAS), is the supervising entity for aging and adult services. County departments of social services are responsible for providing services in their communities. In addition, DAAS works with 16 Area Agencies on Aging that administer Older Americans Act Programs, primarily through the North Carolina Home and Community Care Block Grant (HCCBG). Forty-eight counties receive funds from the Area Agencies on Aging. The Area Agencies on Aging monitor the funds provided through the HCCBG. DAAS staff monitor each county's performance one every four years.

DAAS is responsible for oversight of Disinterested Public Agent guardians. In North Carolina, the county DSS serve in this capacity. DAAS also contracts with six private corporations to provide guardianship services. Also under the division's supervision are the State/County Special Assistance programs (including SAA for aged adults, and SAD for disabled adults). The division oversees Representative Payee services, where county staff serve as designated payees for benefits to persons unable to manage their finances. The division also oversees the Adult Protective Services program (APS). Program staff at both the county and state level report that aging and adult services caseloads have increased significantly over the past few years.

Eight DAAS field staff regularly visit the counties in their designated regions, providing training, technical assistance, monitoring, and corrective action plan follow-up. There are also Special Assistance Staff who provide technical assistance and monitor the counties' administration of SAA and SAD benefits. In addition to site visits, DAAS relies on data from multiple systems to monitor county performance. These data are housed in a variety of systems, including ARMS (the Aging Resource Management System) the Disinterested Public Guardianship system, the Services Information System (SIS), and NC FAST, all of which contribute data to the DHHS Client Services Data Warehouse.

DAAS assesses a county's APS performance based on five key measures. They are:

- ◆ Timeliness of initiation of APS evaluation;
- ◆ Timeliness and appropriateness of case decision;
- ◆ Timeliness and appropriateness of authorization of services;
- ◆ Confirmation (of mistreatment) versus substantiation (of need for protection) rates; and
- ◆ Recidivism.

DAAS Central Office staff monitor three performance elements for the guardianship program. They are:

- ◆ Whether an individual has proper authorization to serve as a guardian;
- ◆ That adults under guardianship are supported in efforts to have their competency restored where appropriate; have the guardianship limited where appropriate, and non-public guardians such as family are sought out when appropriate; and
- ◆ That service provision is monitored on a regular basis and appropriate treatment and resources are sought as needed.

DAAS is considering "favorable exits from public guardianship" as an additional performance measure.

As discussed in Chapters 3 and 6 of this report, DAAS does not have the FTEs needed to staff both Central Office and regional offices.

D. Child Support

Seventy-five of 100 counties operate the child support program in their departments of social services; eight are housed outside of the county DSS office. Seventeen counties are currently privatized.

The state office supplies nine regional program representatives in the field who provide oversight and support for eight to 12 counties. They visit each county monthly and perform a quality assurance review from a sample of cases.

All state child support programs operate under the same five federal performance measures: paternity establishment; support order establishment; collection of current support owed; collections toward child support arrears; and cost effectiveness. The Central Office sets each county's goals, aligning with the federal measures. The regional program representatives work with their respective counties to develop action plans. A county's action plan is intended to help it meet its annual performance goals.

In addition to an online, interactive performance dashboard, the Central Office also provides monthly, quarterly, and annual performance data to the counties.

Overall, the Central Office child support division provides good direction, oversight, and monitoring for the county programs.

E. Concerns

The state DSS's capacity to provide effective oversight, monitoring, and supervision for the county DSS programs varies across the social services programs. While the state child support program is generally functioning well, other programs are struggling. One recent example is found in Cherokee County, where the Central Office recently took control of the county's child welfare program. Once state staff are able to return operations to the county, we recommend the state perform a comprehensive evaluation of the events leading up to the need for the state to intervene. Without question, state intervention in a county program is difficult for all parties. A comprehensive evaluation can help DHHS/DSS establish protocols to help minimize the disruptions for program staff and the customers they serve, should the state need to intervene in a county program in the future.

At various times during this initial project period, we observed signs of distrust between the Central Office and the county DSS program staff. As we understand it, the MOU process exacerbated the natural tensions in a state-supervised, county-administered system. Unless all 100 counties come to a consensus around improving their working relationship with DSS, the state will need to take the lead in improving relationships between its office/staff and the counties. Simple – but meaningful – recognition of the difficult work county staff do every day, in terms of serving public needs, could help. The Central Office could provide leadership by celebrating program successes.

The Central Office should take the lead on assuring that the programs' priorities are laser-focused on improving outcomes and service delivery for the agency's clients. The Child Welfare Envision session was one way for the state and counties to work together to identify program goals and define positive outcomes for families. The state and counties should be on the same side of the table. They all want the same thing – better outcomes for those served by the social services program. We propose hosting Envision sessions for the other social services programs during Phase 2 of this project.

Central Office staff can also show strong leadership through the establishment and adequate staffing of the regions. It is critical that the staff assigned to the regions are well trained, have excellent interpersonal skills, are creative and thoughtful, and have good judgment and perspective in terms of the acuity of issues they may encounter in a county. The Central Office can also improve its capacity to lead by ensuring that Raleigh- and home-based Central Office staff have opportunities to improve their own knowledge, skills, and abilities, so they can better assist regional and county staff in their job duties.

Moving Central Office staff closer to the counties – through regional staff who will provide direction, oversight, and support for the county programs – can be instrumental in North Carolina's performance improvement if it is done well. If not done well, this regionalization effort may hurt more than it helps, by adding another layer to the reporting structure, without producing meaningful results. Chapter 6 of this report details our recommendations for the regional structure.

Strategic Planning

As DSS works to implement the new organizational structure, make program and management enhancements, and move to a more proactive leadership role, the development of a Strategic Plan includes central, regional, and county office and stakeholder input and agreement on a Vision, Mission, and critical objectives to improve the delivery of social services to families and children is critical. Not only will the Strategic Plan be a common articulation of the agency's future direction, but it will include measurable objectives with clear assignments of responsibility and completion dates for key tasks.

The Strategic Plan will be a separate document from the Transition, Implementation, and CQI Plans detailed in this report, and the Child Welfare Preliminary Reform Plan. CSF will work with DHHS/DSS leadership during Phase 2 of this project, to help prioritize and create these plans, and sequence the various interrelated activities.

- ◆ The Transition Plan will detail the steps and activities associated with creating the new regional offices. It will include program-specific staffing plans, as well as protocols around things like communication with the counties, so that county program leaders receive clear, consistent, and coordinated policy direction across all programs. This plan will be retired when the regions are in place. It will be replaced by Standard Operating Procedures for the central office, regional-county structure. Once DHHS/DSS has identified the number and location of the regions, transition planning should begin.
- ◆ The Implementation Plan is specific to Child Welfare. It will detail the activities needed to successfully adopt a common practice model and associated protocols for child welfare. This plan will be retired when the implementation activities are complete. It will be replaced by Standard Operating Procedures associated with the practice model. See the companion report, Child Welfare Preliminary Reform Plan, for details.
- ◆ The CQI Plan should provide an overarching framework and set of principles that are aligned with DHHS agency values and provide the underpinning to the state's CQI model, as well as a defined systematic CQI improvement cycle and feedback loop. It should be a formal document that delineates how to integrate the people, information, and technology of DHHS into the CQI process. The CQI Plan will be a "living" document, updated regularly to reflect DHHS/DSS's ongoing work in program improvement. We anticipate this plan would be created once the regional structure is in place.
- ◆ The Strategic Plan will provide the DHHS/DSS and county DSS programs with a high-level vision for the program, as well as concrete and measurable objectives. Work to develop the DHHS/DSS Strategic Plan could be initiated at any time; some CQI Plan and Child Welfare Implementation Plan components should be reflected in the Strategic Plan – and vice versa.

Four plans may seem excessive. "Process" is always a necessary evil in system transformation; the natural inclination is to jump into action as soon as a challenge is identified. However, without detailed Transition and Implementation Plans, there is a high likelihood that staff members will have their own understanding of priorities and activities, decreasing the chance for success during the transition, and increasing the amount of work to be done to establish Standard Operating Procedures.

V. CURRENT ACCOUNTABILITY MEASURES IN PLACE FOR LOCAL AND STATE OFFICES, RECOMMENDATIONS FOR REGIONAL OFFICES

As detailed in S.L. 2017-41, county departments are required to enter into annual written agreements for the Child Welfare, Adult Protective Services, Guardianship Services for Adults, Public Assistance, and Child Support Enforcement programs. These written agreements specify mandated performance requirements and administrative responsibilities for these programs. To meet this requirement, the North Carolina Department of Health and Human Services and divisions of Social Services (DHHS/DSS) involved in programs operated by counties, in consultation with county DSS program leadership, developed a Memorandum of Understanding (MOU) for FY 2018-19 detailing performance expectations by program, along with audit and corrective action functions.

Designated county leaders were to sign and return the MOU by July 1, 2018. As of July 1, 2018 98 of the 100 counties have done so. A significant number of counties returned their signed MOUs with a letter expressing concerns. While we have not done an independent analysis of the letters, we have looked at issues raised as part of our focus groups and site visits. One concern expressed by the very small counties is that a single case could result in their being out of compliance. More generally, questions have arisen regarding the counties' ability to meet the goals, and the data the state will use to measure county progress, and the ability of the state to provide technical assistance to the counties. The majority of these comments were specific to the child welfare program.

The intent of S.L. 2017-41 is for the measures to be revisited and refined; given that 2018-19 is the first year the measures will be in place, the state and counties should take the opportunity to revisit the measures systematically throughout the year, with an eye toward refinement. Careful attention should be paid to data accuracy and reliability, and analysis of performance in one reporting period against the next. Analysis of both quantitative and qualitative data will inform recommendations for program improvements and special initiatives.

Through our various interviews, we heard a desire from both Central Office and county staff to expand the measurements from time/compliance-based to include outcomes-based. This was particularly the case for the Aging and Adult Services and Child Welfare programs.

The program-by-program performance expectations are discussed below.

A. Child Welfare

MANDATED PERFORMANCE REQUIREMENTS: Child Welfare – Foster Care	
1.	The County will document permanency goals for 95% of foster youth within 60 days of a child entering custody or for whom the county has placement authority.
2.	The County will ensure that 95% of all foster youth have face-to-face visits by the social worker each month.
The below system performance measures require county and state level system collaboration and improvements to successfully meet targets.	
1.	The County will provide leadership for ensuring that 41% of children who enter foster care in a 12-month period are discharged to permanency within 12 months of entering foster care. DHHS will work with each county to identify growth targets.
2.	The County will provide leadership for ensuring that of children who enter foster care in a 12-month period who were discharged within 12 months to reunification, kinship care, guardianship, or adoption, no more than 8.3% re-enter foster care within 12 months of their discharge. DHHS will work with each county to identify growth targets.
3.	The County will provide leadership for ensuring that of all children who enter foster care in a 12-month period in the county, the rate of placement moves per 1000 days of foster care will not exceed 4.1%. DHHS will work with each county to identify growth targets.

MANDATED PERFORMANCE REQUIREMENTS: Child Welfare – CPS Assessments	
1.	The County will initiate 95% of all screened-in reports within required timeframes.
2.	For all children who were victims of maltreatment during a twelve month period, no more than 9% received a subsequent finding of maltreatment.

The mandated performance requirements for Child Welfare, detailed above, contain a mix of time-based and quasi-outcomes-based goals. A complete discussion of child welfare goals can be found in the companion report to this report, The Child Welfare Preliminary Reform Plan.

B. Aging and Adult Services

MANDATED PERFORMANCE REQUIREMENTS: Adult Protective Services (APS)	
1.	The County will complete 95% of APS evaluations involving allegations of abuse or neglect within 30 days of the report.
2.	The County will complete 85% of APS evaluations involving allegations of exploitation within 45 days of the report.

MANDATED PERFORMANCE REQUIREMENTS: Special Assistance (SA)	
1.	The County will process 85% of Special Assistance for the Aged (SAA) applications within 45 calendar days of the application date.
2.	The County will process 85% of Special Assistance for the Disabled (SAD) applications within 60 calendar days of the application date.

The 2015 to 2019 Aging Services Plan, prepared by the North Carolina Department of Health and Human Services, Division of Aging and Adult Services (DAAS) presents six goals and objectives for the program. They are:

1. Empower older adults and their families to make informed decisions, and easily access existing health and long-term care options.
2. Enable older adults to remain independent and age in the place of their choice with appropriate services and supports.
3. Empower older adults to have optimal health status and to have a healthy lifestyle.
4. Protect the safety and rights of older and vulnerable adults, and prevent their abuse, neglect, and exploitation.
5. Facilitate communities and older adults working together plan and prepare for the future.
6. Ensure public accountability and responsiveness.

The Plan also has specific objectives and strategies tied to each goal that would serve as indicators that the programs are reaching individuals who are in need of services. For example, under Goal 2, Objective 2.2 is “Promote flexibility in publicly funded services and supports to offer older adults and their caregivers more opportunities to choose how and where they receive services.” One strategy under that objective is “Educate providers, older adults and their caregivers on the benefits of consumer-directed options.” The related measurement is “Conduct a minimum of two trainings annually, on consumer-directed options.” These outcomes-based goals, objectives and strategies contrast to the mandated performance requirements for Adult Protective Services and Special Assistance, as detailed above. While timeliness is critical – especially in instances where abuse or neglect are alleged – the mandated performance requirements do not address the quality of staff actions or the desired outcomes in these cases. It is noted that the state has a commitment to work with counties to refine the measures. The recommendation that we make to expand the measure to include outcome measure should in no way be seen as diminish the importance of the current measures. Compliance with federal and state laws and regulations is critical to quality service delivery.

C. Child Support

MANDATED PERFORMANCE REQUIREMENTS: Child Support	
1.	The county will achieve its given annual percentage of paternities established for children born out of wedlock.
2.	The county will achieve its given annual percentage of child support cases that are under an order.
3.	The county will achieve its given annual percentage of current child support paid.
4.	The county will achieve its given annual percentage of cases that received a payment towards arrears.
5.	The county will meet its annual goal of total child support collections.

At the national level, the child support program has operated under a common set of program standards since 2002. Prior to 2002, state child support performance was measured in much the

same way other social services programs were measured: Did the state take a needed action within federally proscribed timeframes? The states and federal government agreed that it would be more useful to measure the program outcomes, and tie supplemental funding federal – through earned incentives – to a state’s performance on the five performance measures. Those five federal performance measures are reflected in North Carolina’s MOU. And as the MOU indicates, each county child support program has an individualized performance goal tied to improving over its previous year’s performance.

At the national level, state child support programs are interested in revisiting the federal performance measures. The program has changed over the years, and child support professionals are being asked to perform activities unrelated to the five measures, but that are in the interest of improving outcomes for the families served by the program. There are also states that are augmenting the federal standards with statewide goals and measurements they believe will help them improve service delivery. For example, California’s IV-D program has adopted a set of specific performance indicators. California leaders at the state and county level believe that if a county performs well according to the indicators, it will see improvement in the five federal performance measures. These indicators include things like decreasing the time between case opening and order establishment, and decreasing the number of orders obtained through default, and increasing the number obtained through stipulations (agreed settlements). California has data indicating a correlation between improvement on the indicators, and improvement on the five federal performance measures. North Carolina’s child support program leadership – at the state and county levels – should to look at California’s and other state models in this area and determine whether adopting performance indicators can help provide a more nuanced understanding of a county’s performance. California’s performance indicator information is included as Appendix F.

D. Energy Programs (LIEAP)

MANDATED PERFORMANCE REQUIREMENTS: Energy Programs	
1.	The County will process 95% of Crisis Intervention Program (CIP) applications within one (1) business day for applicants with no heat or cooling source.
2.	The County will process 95% of Crisis Intervention Program (CIP) applications within two (2) business days of the application date for applicants who have a heat or cooling source.

The Low Income Energy Assistance Program (LIEAP) is a fairly straightforward program, involving the passing through of federal dollars to individuals and families who are eligible for assistance with their home heating and cooling expenses. As with the other social service programs, timeliness is important. We recommend the agency consider adding expectations regarding the accuracy of the eligibility decisions being made by the counties. Such measures must be supported by a plan for data collection, reporting, and monitoring.

E. Work First

MANDATED PERFORMANCE REQUIREMENTS: Work First	
1.	The County will collect documentation from 50% of all Work-Eligible individuals that demonstrates completion of the required number of hours of federally countable work activities.
2.	The County will collect documentation from 90% of two-parent families with Work Eligible individuals that verifies that they have completed the required number of hours of federally countable work activities.
3.	The County will process 100% Work First applications within 45 days of receipt.
4.	The County will process 100% Work First recertifications no later than the last day of the current recertification period.

TANF is a block-granted program, with states allowed to design their programs to best meet the needs of their citizens. However, the federal government does require states to include program components that stress moving individuals from TANF to work. North Carolina's program – Work First – emphasizes the work component of TANF. As discussed in Chapter 3 of this report, North Carolina's performance with regard to employment services is below national averages, for both single-parent and two-parent households. The performance requirements detailed above are reflected in North Carolina's TANF State Plan, effective October 1, 2016 to September 30, 2019.⁹ These are important measures to maintain, given federal program reporting requirements. However, if the program wants to move to a more outcomes-based performance measurement approach, we recommend including some (if not all) of the performance measures identified in the State Plan.¹⁰ Specifically:

- ◆ Participants with hours scheduled with regard to receiving employment services;
- ◆ Participants who complete at least 75 percent of their scheduled hours;
- ◆ Adults entering employment; and
- ◆ Adults remaining employed – and thus no longer receiving cash benefits under Work First – for 12 months.

These measures point to desired program outcomes, and are indicators of participant engagement in the labor market. We recommend that once the regional structure is in place (see Chapter 6), the Economic Services, Child Support, and Aging and Adult Services regional program representatives work together in their region, to determine counties' need for local job development services, and coordinate their efforts across the programs.

F. Food and Nutrition Services (FNS)

MANDATED PERFORMANCE REQUIREMENTS: Food and Nutrition Services	
1.	The County will process 95% of expedited FNS applications within 4 calendar days from the date of application.

⁹ North Carolina Work First State Plan 2016-2019, Appendix A, p. 19.

¹⁰ Ibid. pp. 19-20.

MANDATED PERFORMANCE REQUIREMENTS: Food and Nutrition Services	
2.	The County will process 95% of regular FNS applications within 25 days from the date of application.
3.	The County will ensure that 95% of FNS recertifications are processed on time, each month.
4.	The County will ensure that 90% of Program Integrity claims are established within 180 days of the date of discovery.

At the federal level, SNAP program (FNS in North Carolina) compliance assessments focus primarily on timeliness and accuracy – with state programs facing financial penalties if their performance fails to meet federal standards. As such, North Carolina’s four mandated county performance requirements are necessary to ensure the state remains in compliance. An additional metric that some jurisdictions use – to assess the intended program outcomes – is one that measures the reach of their SNAP program. Using demographic and related program data (LIEAP or Medicaid recipient data, for example), they attempt to assess to what degree potentially eligible individuals are actually applying for FNS services.

G. Child Care Subsidies

MANDATED PERFORMANCE REQUIREMENTS: Child Care Subsidy	
1.	The County will process 95% of Child Care Subsidy applications within 30 calendar days of the application date.

Like the other MOU performance requirements, DHHS/DSS may want to include a quality measurement in the future, with regard to the accuracy of eligibility decisions for subsidized child care. It might also be informative to look at Work First work participation rates through the lens of access to quality, affordable child care, and determine to what degree a lack of access is keeping Work First recipients from moving from assistance to independence.

Summary

Timeliness of actions is obviously critical, especially where abuse or neglect is suspected – and data related to timeliness is easy to track and extract from automated systems. Tracking performance on outcomes-based goals is more difficult, but it is equally important in determining if the agency’s activities are having their intended outcomes.

We recommend the strategic planning endeavor discussed in Chapter 4 focus on defining the desired outcomes-based measurements that will put the customer in the center of each program. This recommendation will require a considerable investment of staff time, but aside from the costs associated with engaging professional facilitators, it would not require any new funding. It also would not require legislation.

H. State DSS and County Responsibilities Under the MOU

The MOU also details the DHHS/DSS responsibilities with regard to the annual agreements. The counties have complementary responsibilities. The details fall under five main program areas:

	DHHS/DSS Responsibilities	County Responsibilities
1	Staff training and workforce development	Staffing requirements and workforce development
2	Compliance monitoring	Compliance
3	Data and system maintenance/functionality	Data maintenance and accuracy
4	Timely communication around policy and law, technical assistance, and corrective action	Timely communication
5	Inter-agency coordination	Inter-agency cooperation

While the state does not have mandated performance requirements, if a DSS state agency fails to provide the support detailed in their responsibilities, the counties will not have the support needed to improve performance to meet their mandated performance requirements. Additionally, if a county fails to meet its complementary responsibilities for the five program areas listed above, it will also struggle to achieve its mandated performance requirements.

In our various focus groups and interviews, we heard themes around blame: the counties feel the state hasn't provided the leadership and support they need; the state feels the counties are not doing what they need to do to improve performance. We could point to specific examples supporting both the state and counties in their assertions. However, what would be more useful is addressing those systemic issues discussed throughout the report as a means for both county and state staff to work together more closely to achieve better outcomes for the adults, children, and families served by North Carolina's social services programs. There was absolute clarity from all parties that program improvement was mission-critical.

In this report, we have made recommendations tied to establishing a state regional structure for program support and oversight, recommendations related to improving training and policy dissemination, and changes to staffing and associated funding. We also recommend that the state and county DSS agencies work together, program by program (and across programs in some instances) and identify specific outcome measures that will lead to better outcomes for those served by the programs. We also recommend the next step be taken with regard to the measures – translating them to the worker level in terms of what workers will do and say when working their cases, to achieve the desirable outcomes. Experience shows it is not enough to advise workers that a goal is to “improve our communications with customers.” Front-line workers need to know what quality and timely customer service means, and what they are expected to do differently than what they currently do. Until the mandated performance requirements and program outcomes are integrated into what staff do every day, the state and counties may not see improvement in program performance or service delivery.

We recommend that in Phase 2 of this project, we work with the social services programs to translate desired and mandated program outcomes to the worker level, and ensure that related training is provided. Ongoing training and technical assistance will help strengthen staff skills. It is also critical that line and supervisory staff understand the importance of accurately documenting case-level activities. This will help ensure that quality data can be captured and presented, so program leaders and staff can make the data-informed decisions needed for program improvement. Relevant, timely reports will help social services professionals both in the county and in the Central Office track progress and identify successes and challenges.

VI. STAFFING

Introduction

This chapter focuses on staffing for state and local offices delivering social services in North Carolina. In three major sections, we present our findings on county staffing and salaries, our proposal for regional office structure and staffing, and our analysis of current staffing at the Central Office.

There are two overarching findings from our investigation on salaries.

- ◆ First, there are significant discrepancies among salaries in the counties, and these have several negative impacts on service delivery, thus making consistent service delivery statewide problematic.
- ◆ Second, state salaries are too low to attract and retain quality candidates, and this situation is perpetuated by state practice to control budget that limits the flexibility in what salaries can be offered.

We begin with a discussion of our findings on county staffing and salaries, including our methodology for data collection and analysis, our findings on the impacts of salary inequities, and a recommendation for further research. We explain in detail about the salary inequities among the counties, how these inequities impact service delivery, and how overall low salaries make it difficult to attract qualified candidates.

We have developed a “Model Regional Office” staffing plan that reflects the priorities set by the SSWG and have identified how those offices will be held accountable. The model was developed, in part, with the information gathered from four states with similarities to North Carolina. The data from those states is presented in Appendix E, as context for the model office discussion

We are recommending that an “Office for County Support” be established at the state Central Office, headed by a Director who would report to the Division Director for Social Services or, a newly created position in the DHHS Secretary’s office to manage and coordinate all county operations. The primary responsibilities of this office would be to ensure that the regions are functioning well, and that statewide policies, processes, and priorities are being implemented uniformly throughout the regions.

We are also recommending that a “Deputy Director for CQI” be established to direct the DHHS/DSS-wide CQI efforts, with the 14 regional CQI specialists reporting directly to this position. Additionally, we recommend that each program maintain a Central Office training and/or professional development team to meet the training needs of Central and regional staff.

There is a need to ensure that both the regional office and Central Office staff have the requisite knowledge, skills, and abilities to excel in their roles. To ensure that the right people are in the right places, we recommend that the first task undertaken in Phase 2 be the development of a Master Transition Plan, with sub-plans that detail staffing, program by program – including fiscal and human resources support. The sub-plans would detail a strategy for filling specific

positions using existing staff, as well as filling any vacant positions. This planning process would also highlight any gaps between existing staff's skills, knowledge and abilities, and the program needs. It would also include a strategy for addressing those gaps, through training, job shadowing, etc.

A. County Staffing

We gathered data on the staffing and operations of county offices through several efforts, including numerous focus groups with County Directors, specialists in program areas, and at regional meetings. We administered a staffing survey to all counties in the state, and we also collected more in-depth information about staffing on our visits to 15 selected counties.

We found two strong, nearly universal, themes emerging from the data. First, there are severe salary inequities in all programs under study. (Examples of the data to support this conclusion are presented in the next section.) These inequities have resulted in a dynamic that perpetuates the inequality. Counties that pay less than their neighboring counties ("donor counties"), for example, hire and train new staff, providing them with experience. With their experience, those staff may go to a nearby county where their compensation is markedly higher.

This phenomenon tends to create differences in counties that then go beyond compensation packages. Counties that pay less than those around them spend a greater proportion of their resources recruiting, selecting, and training staff, resulting in a higher proportion of staff time being unavailable for case processing, and the overall level of staff experience and expertise is lower than in neighboring counties. Staff turnover in these counties would generally be distributed toward extremes, with all other factors being equal (high for lower-paying counties and low for higher-paying counties), but we do not have sufficiently-detailed data to assess migration patterns between the counties. We are not confident, based on the turnover data available, about whether that detailed data is available. As we gather more detailed data to fully extrapolate the impact of raising county staff salaries, we will attempt to gather the migration data as well and to draw conclusions that might apply statewide.

The inequality is present at the top salary for a position as well. This could prompt staff at any given level (line staff, supervisors, managers, and/or administrators) to pursue a job in a county that provided better compensation. Salary discrepancies across counties are perhaps the greatest contributing factor to inconsistent service delivery in the state.

Second, for a majority of counties in the state, salary levels are so low that directors report that it is nearly impossible to attract and retain well-qualified staff. One county director reported that the salaries for his Economic and Family Services line staff were so low that several of them qualified for FNS. And it is likely, based on our examination of county salaries relative to the reporter's county, that this could be true in other counties.

County Staffing Data

Our primary data collection method for quantitative salary information was the administration of a series of four surveys, one each for FNS, Work First, Child Support, and Aging and Adult Services. With the assistance of the Executive Director of the North Carolina Association of County Directors of Social Services (NCACDSS), these surveys were emailed to all county

directors. Each survey requested identifying and contact information, followed by the starting and top salaries by position and the number of Full Time Equivalent (FTE) staff in each position, along with information on staff vacancies and turnover. We created program-specific surveys for the social services programs. The survey instrument we used for Aging and Adult Services is included in Appendix D.

We understood at the time the surveys were drafted that counties had varying titles for the staff who perform the same or similar functions. To gather data that could be compared across counties, we spoke with Central Office staff to develop brief position descriptions for FNS, Work First, and Aging and Adult Services. Position titles, by function, were also identified in Child Support. It should be noted that counties use standard position titles in different ways. For example, a county may not have budget or qualified staff to fill a supervisor's position and may use a lead worker title to perform the supervisory tasks.

CSF worked with NCACDSS to encourage counties to provide the data, offered to provide explanations, and had calls with several county directors and staff. Despite follow-up efforts to increase the number of returned surveys, at the time the submission-of-surveys deadline arrived, we had received useable data from 51 counties. While the information from these surveys was helpful in identifying and learning about some salary issues, especially salary inequities among counties, it was insufficient for developing a complete picture of the salary situation statewide. We attempted to devise ways to extrapolate from the data we had to arrive at statewide figures, but each method required a set of assumptions that raised serious questions regarding the validity of the resulting data. Because we used data from multiple sources and were not able to validate some of the data with the counties, the information in the tables below should be considered draft data, and used for general comparison purposes only. During Phase 2 of this project, we will work with the counties to fill in the gaps in our knowledge regarding county salaries.

For Child Welfare, data on the number of staff statewide was available in the 2017 Master Child Welfare Workforce Data Book, developed and maintained by the Central Office, with data provided by each of the 100 counties. The Workforce Data Book also contained helpful information on the number of additional FTEs needed to meet workload standards, by position. However, the Workforce Data Book contained no information on Child Welfare salaries. We used the entry and high salary information on two Child Welfare positions, Social Services Director and Social Worker II, from the University of North Carolina's County Staffing Report as of 12/31/17. Unfortunately, these two positions were inadequate for us to be able to draw any inferences about statewide county salaries since there are several other staff positions in child welfare programs that are regularly utilized.

We then asked the 15 counties we were visiting, as part of our data collection effort, to provide us with position and salary information for their child welfare staff. We found additional position and salary information on county websites, for a total of 45 counties. As with the social services staffing and salary information, the data collected was inadequate when attempting to draw conclusions about salary levels statewide. We recommend the creation of a repository for county salary information across all social services programs, as well as protocols for regular reporting and updating. This is important data into which to have insight, especially if the state takes on a role in subsidizing county DSS salaries to any degree.

On the following pages, we present tables that display the high and low starting and top salaries for all positions in each county for which we were able to collect information. For each program, there is at least one position where the starting high salary is more than double the starting low salary.

Figure 3: FNS: High/Low Starting, Top Salaries for All Positions in Each County

	High Starting Salary	County	Low Starting Salary	County	High Top Salary	County	Low Top Salary	County
Position 1	30,623	County A	20,176	County E	53,253	County H	25,685	County G
Position 2	33,411	County B	20,176	County E	55,444	County H	28,019	County E
Position 3	37,569	County B	25,583	County E	60,996	County H	27,866	County J
Position 4	37,569	County B	25,620	County F	60,533	County I	27,866	County J
Position 5	43,560	County C	25,620	County F	78,408	County C	34,000	County K
Position 6	64,291	County A	30,683	County F	97,200	County C	36,729	County L
Position 7	75,552	County D	30,474	County G	187,340	County C	41,061	County M

Position 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
Position 2	Performs the same basic functions as the position above, with the exception that they can update limited information in NC FAST. They cannot determine eligibility.
Position 3	Determines eligibility, usually performs only one of the following duties: applications, changes and recertifications
Position 4	May have duties of processing applications, changes, or recertifications, or any combination of the three. They determine eligibility.
Position 5	Trains new and existing staff, completes second party reviews, fills in to process caseloads with a vacancy, monitors timeliness reports
Position 6	Responsible for overall program operations and supervision, planning, reporting, dealing with personnel issues
Position 7	Ultimately responsible for the supervision of all staff, duties include planning, reporting, and personnel issues elevated to their level

Figure 4: Work First: High/Low Starting, Top Salaries for All Positions in Each County

	High Starting Salary	County	Low Starting Salary	County	High Top Salary	County	Low Top Salary	County
Position 1	35,400	County N	20,176	County E	56,638	County N	23,303	County J
Position 2	40,064	County O	20,498	County S	67,113	County H	33,777	County W
Position 3	39,648	County B	27,612	County E	60,996	County H	27,886	County J
Position 4	44,007	County D	27,612	County E	69,274	County V	33,876	County X
Position 5	55,583	County P	27,258	County T	83,374	County P	34,092	County T
Position 6	51,815	County Q	29,865	County E	79,696	County N	42,642	County T
Position 7	77,964	County R	31,580	County U	187,300	County C	33,670	County L

Position 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
Position 2	Takes initial applications for Work First cash assistance, interviews applicants, processes application after determining eligibility
Position 3	Maintains a caseload of ongoing cash assistance cases, reacting to changes in situation and processing recertifications
Position 4	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
Position 5	Trains new and existing staff, fills in to assist with caseloads with a vacancy, monitors reports, deals with personnel issues
Position 6	Supervises a team of front-line staff
Position 7	Ultimately responsible for the supervision of all staff, duties include planning, reporting, and personnel issues elevated to their level

Figure 5: Aging & Adult Services: High/Low Starting, Top Salaries for All Positions in Each County

	High Starting Salary	County	Low Starting Salary	County	High Top Salary	County	Low Top Salary	County
Position 1	52,707	County C	26,468	County Z	94,873	County C	34,429	County J
Position 2	58,363	County B	26,468	County Z	93,382	County B	35,895	County W
Position 3	52,125	County B	26,468	County Z	83,400	County B	34,758	County J
Position 4	52,125	County B	28,337	County J	83,400	County B	32,329	County J
Position 5	49,791	County Y	20,328	County AA	75,697	County CC	27,401	County EE
Position 6	52,707	County C	25,620	County F	83,400	County B	34,758	County J
Position 7	49,791	County Y	25,620	County F	94,873	County C	32,429	County J
Position 8	49,791	County Y	26,468	County Z	75,697	County CC	34,644	County W
Position 9	47,791	County Y	28,337	County J	94,783	County C	34,758	County J
Position 10	47,791	County Y	28,337	County J	73,753	County I	34,644	County W
Position 11	55,583	County P	31,324	County Z	83,449	County DD	37,480	County E
Position 12	77,964	County R	37,835	County BB	123,963	County R	50,400	County E

Position 1	Takes calls from the public regarding adults who may be at risk and in need of Adult Protective Services
Position 2	Evaluates APS intakes, determines next steps in case
Position 3	Performs evaluations, treatments, plans and mobilizes services
Position 4	Performs guardianship services, including case management, arranging and monitoring
Position 5	Visits clients in their homes, oversees the provision of paraprofessional services
Position 6	Monitors adult care facilities
Position 7	Takes calls from the public for non-APS services, including emergency assistance, general assistance related to adults, placement assistance
Position 8	Performs case management for individual and family adjustment
Position 9	Representative Payee for people with Social Security benefits who cannot manage their financial affairs
Position 10	Performs duties under the State-County Special Assistance Program
Position 11	Supervises staff performing APS duties, may provide training, fill in when caseloads have a vacancy
Position 12	Program Manager/Administrator, responsible for overall operations of program, personnel issues, overall supervision of staff

Figure 6: Child Support: High/Low Starting, Top Salaries for All Positions in Each County

	High Starting Salary	County	Low Starting Salary	County	High Top Salary	County	Low Top Salary	County
Intake	39,028	County N	23,744	County GG	62,444	County N	26,922	County T
Establishment	41,728	County B	27,830	County F	67,113	County H	31,548	County JJ
Enforcement	41,728	County B	27,830	County F	67,113	County H	31,548	County JJ
Interstate	41,728	County B	27,830	County F	67,113	County H	31,548	County JJ
Legal	81,214	County O	41,635	County HH	132,929	County H	81,214	County O
Locate	40,979	County N	23,744	County GG	65,566	County N	30,866	County L
Supervisor	49,962	County FF	29,865	County E	77,854	County FF	33,670	County L
Program Mgr./ Admin.	77,964	County R	36,336	County E	170,000	County II	46,499	County E

Figure 7: Child Welfare: High/Low Starting and Top Salaries for All Positions in Each County

	High Starting Salary	County	Low Starting Salary	County	High Top Salary	County	Low Top Salary	County
Social Worker 1	43,296	County V	19,783	County H	67,939	County PP	33,950	County QQ
Social Worker 2	50,061	County KK	29,862	County G	83,700	County KK	35,488	County RR
Social Worker 3	57,249	County LL	37,697	County NN	90,007	County PP	42,456	County QQ
Social Worker 4 or I/A&T	54,005	County II	32,080	County J	98,853	County PP	43,988	County QQ
Social Work Supervisor 1	59,844	County KK	31,811	County GG	101,736	County KK	50,541	County GG
Social Work Supervisor 2	55,129	County Q	35,766	County GG	94,322	County PP	42,784	County SS
Social Work Supervisor 3	58,670	County N	40,228	County GG	108,568	County PP	49,544	County QQ
Program Admin. 1	60,813	County MM	39,011	County NN	119,241	County PP	49,955	County SS
Program Admin. 2*	64,713	County EE	54,098	County OO	108,913	County EE	81,146	County OO
Social Svcs. Director	136,000	County II	49,607	County X	238,000	County II	70,398	County U

*From the data available, only two counties utilize this position.

To address the salary inequities, it would be necessary to level salaries across the state, and, to avoid reducing salaries in some counties, to bring all staff's salaries up to the level of the highest starting salary in the state. This would require state funding in many counties. We recommend establishing a Minimum Level of Effort (MOE) based on current salary structure, with the state providing funding above that amount, to attain the established standard. To determine the potential costs to individual counties and to the state, workload and staffing standards would need to be established for most of the social services programs (similar to what has been established for child welfare programs). From this, it could be determined how many additional staff are required by county, and what the associated county and state costs would be to adequately compensate staff.

While our data collection efforts did not provide us with enough information to calculate an accurate cost estimate, we do know that the modifications to the existing staffing structure will be extensive and leveling salaries will be very costly. As a result, we will complete additional work in Phase 2 with county departments of social services and the Central Office to be able to finalize a cost estimate for leveling salaries and related compensation.

To more accurately estimate the costs associated with leveling salaries and related compensation, we will collaborate the North Carolina Association of County Commissioners, NCACDSS, and DHHS to obtain the required data from all counties. Depending on the data needed from a given county, CSF may develop county-specific questionnaires, conduct telephone or in-person interviews – or some combination of those activities – to gather the remaining data needed. Needed data may include specific position and salary information, number of staff by position, actual salaries being paid by position, and variation of position utilization (i.e., supervisors being paid under a lead worker position category).

These data will provide a more accurate picture of specific situations in counties regarding compensation and will provide insights into how counties use staff positions in relation to the actual work staff do. Counties have reported that they have people in positions with “line staff” titles, when they are supervising other staff. In smaller counties, lead workers may in fact be supervising, if the county is not large enough to have an approved OSHR supervisor classification.

Finally, we will collaborate with Central Office budget and finance experts to develop a formula that would add fringe benefits (such as medical insurance and retirement contributions) to salaries, to estimate an amount of money that would be required to level salaries for key positions throughout North Carolina. The General Assembly would be required to provide DHHS the budget for this additional support for county operations. We will develop actual cost estimates in Phase 2.

B. State Salaries

One of the most common themes in our focus groups, county visits, and section interviews was the inability to attract and retain a qualified workforce in the Central Office. Some observations should be noted as we look at the staffing of the Central Office.

- ◆ DSS and DAAS are not seen as the employer of choice.
- ◆ Central Office salaries and hiring practices make the process of selection and filling positions both complex and long.
- ◆ Central Office salaries are not competitive with those offered by the counties, especially in the Raleigh area.
- ◆ Salaries do not reflect the skills and experience needed to do the complex work.
- ◆ Reports indicate that colleges and universities do not necessarily encourage their graduates to pursue careers in DHHS or county DSS.

State and county leaders not only acknowledged the problem of Central Office staffing issues, but they see it as a major contributor to the ability of the Central Office to lead, develop programs and policy, provide expert advice, and manage the complex organization of DSS and its programs.

CSF looked at salaries for comparable positions in other similar states with the assumption that these states would be natural places, from which to draw leadership and which are most similar to North Carolina's workforce. North Carolina salaries are not out of line. We looked at similar positions in Georgia, South Carolina, Tennessee, and Virginia. While we are not completely certain the positions we selected for comparison are an exact match for the duties and responsibilities of North Carolina's state leadership staff, based on the relative salaries and relationships between job titles (Program Manager 1, 2 and 3, for example), we believe the identified positions are satisfactory for comparison purposes.

Figure 8: State Salary Comparisons

North Carolina	
Director for County Support	\$ 117,055
Deputy Director for CQI	\$ 117,055
Regional Director	\$ 106,650
CW Program Manager	\$ 101,938
Program Monitor	\$ 77,855
CQI Specialist	\$ 81,392
Regional Program Rep	\$ 74,431
Training Manager	\$ 74,431
Fiscal Monitor	\$ 74,431
Trainer/Coach	\$ 68,197

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Georgia		South Carolina	
Social Services Director	\$ 110,209	Program Manager 3	\$ 114,929
Social Services Director	\$ 110,209	Program Manager 3	\$ 114,929
Social Services Director	\$ 110,209	Program Manager 3	\$ 114,929
Manager 3 - Social Services	\$ 84,459	Program Manager 2	\$ 94,500
Compliance Monitor 3	\$ 44,568	Audits Manager 2	\$ 77,611
Manager 1 - Social Services	\$ 67,234	Program Manager 1	\$ 80,504
Manager 1 - Social Services	\$ 67,234	Program Manager 1	\$ 80,504
Manager 1 - Social Services	\$ 67,234	Training & Dev Director 2	\$ 78,000
Budget Analyst 3	\$ 68,659	Acct/Fiscal Analyst 3	\$ 67,280
Manager 1 - Social Services	\$ 67,234	Program Manager 1	\$ 80,504
Tennessee		Virginia	
Exec Director	\$ 109,080	Policy & Planning Mgr 3	\$ 122,905
Exec Director	\$ 109,080	Policy & Planning Mgr 3	\$ 122,905
Regional Administrator	\$ 81,576	Program Admin Specialist 3	\$ 104,030
Program Director 2	\$ 71,028	Program Admin Mngr 2	\$ 83,265
Program Monitor 2	\$ 51,012	Program Admin Mngr 2	\$ 83,265
Program Manager	\$ 58,404	Program Admin Mngr 2	\$ 83,265
Program Manager	\$ 58,404	Program Admin Mngr 2	\$ 83,265
Training & Curric Director 2	\$ 67,320	Program Admin Mngr 2	\$ 83,265
Accountant 3	\$ 49,368	Financial Serv Specialist 2	\$ 57,118
Training officer 2	\$ 50,028	Trainer & Instructor 3	\$ 77,537

A complicating issue for North Carolina's staffing challenges is that counties' salaries are often higher than the state salary scale. This was noted as a reason for not being able to recruit staff with county experience into the Central Office – key to being able to support county operations. We looked at the salary levels of director, program manager, and supervisor, and higher-level Economic and Family Services, Aging and Adult Services, and Child Support county staff for Wake and surrounding counties, assuming that staff from these counties, by virtue of being closest to Raleigh, were the most likely to be attracted to state jobs.

For comparison purposes, we looked at three state Social Services Program Administrator positions, classifications I, II, and III.

Position	Starting Salary	Maximum Salary
Program Administrator I	\$48,195	\$81,392
Program Administrator II	\$52,551	\$89,008
Program Administrator III	\$55,969	\$101,938

For the counties near Raleigh (Chatham, Durham, Harnett, Lee, Orange, and Wake), we calculated average salaries for program managers/administrators. For all programs under study (Aging and Adult Services, Child Support, Child Welfare, FNS and Work First), the average starting salary was above the minimum state Program Administrator III position – the highest paying classification, with the exception of Work First, where the average was about \$500 a year less.

The average starting salary for county Aging and Adult Services was \$63,274, approximately 13 percent higher than the starting salary for state Program Administrator III. For Child Support and FNS, the difference between the average starting county salary and the state Program Administrator III position was just over \$6,000 annually, a difference of almost 11 percent.

There are similar differences for top salaries. County average top salaries in all programs, again with the exception of Work First, exceed the top salary for the state Program Administrator III position. For Aging and Adult Services, the difference is around \$4,000. In Child Support, the difference is about \$2,000, and it is nearly \$6,000 for FNS. The top Work First average salary is \$6,000 less than the Program Administrator III high salary. Social Services Directors in neighboring counties average a high salary of \$143,447, or \$42,000 more than the maximum for Program Administrator III positions.

In sum, it seems very unlikely that the Central Office would be able to attract staff from nearby counties that hold leadership positions at the program or county office level. There is some potential, however, for attracting supervisors, at least in Child Welfare, but only at the Program Administrator II and III levels. The top salary for Program Administrator I positions (\$81,392) is below the average high salary for Social Work Supervisors (\$84,294).

Recommendation

During Phase 2, we propose working with OSHR to review the recent Compensation and Classification Review all DHHS positions. The state policies governing state positions may need to be changed to allow managers to easily fill positions, including being able to offer salaries above the Minimum Rate or Special Minimum Rate.

C. Regional Office Structure and Staffing

The SSWG looked at how the state DHHS Central Office could provide a regional structure to support the county DSS offices. While the SSWG was unable to recommend a definitive number of regions, they did arrive at recommendations and criteria for creating the regions. The SSWG's final report also detailed how they saw the division of responsibilities between the local (county), regional, and Central Office entities.¹¹

When considering the introduction of a regional structure for North Carolina's DSS, the SSWG developed a list of goals for how regions could improve North Carolina's DSS programs. These goals are:

¹¹ Social Services Regional Supervision and Collaboration Working Group, *Stage One Final Report* (UNC School of Government; Chapel Hill, March 2018), pp. 9-17, charts 1A – 1I.

- ◆ Consistent interpretation and application of laws, regulations, and rules.
- ◆ Policy guidance – issuance of policies, technical assistance.
- ◆ Clearly defined roles and responsibilities.
- ◆ Timely and efficient responses, consistent with law and policy.
- ◆ Productive and trusting relationships.
- ◆ Successful innovation/problem-solving/conflict resolution/leadership.
- ◆ Fair enforcement.
- ◆ Accountability.
- ◆ Supporting quality assurance and improvement, informed by data and practice.
- ◆ Fiscal stewardship (control, efficiency, and accountability).
- ◆ Help agencies prioritize among goals.
- ◆ Transparency and accessibility for the counties and the public re: law, policy, and practice; feedback opportunities for the public and counties.
- ◆ Effective technology tools and support.

As our team looked at existing operations at the Central Office and began formulating recommendations around staffing and organization for a regional structure, we did so with the SSWG's goals as our guiding principles.

Our assessment of the organization and management of the social services delivery program led us to add the following considerations, as we identified areas of needs and opportunities for program improvement.

- ◆ Clear definition of state and county roles in a state-supervised/county-administered program.
- ◆ Clear plan and structure of implementation for policy, operations, including roles.
- ◆ Timely and accurate policy guidance.
- ◆ 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.
- ◆ Increased staffing for county and state with appropriate skills, knowledge, and experience.
- ◆ Enhanced communication with the public and the legislature.

As detailed in Chapter 3 of this report, there is no one state that rises to the top, in terms of performing well in all of the social services programs. A jurisdiction that excels in child support, for example, may have significant performance problems in its TANF program. When

comparing organizational models and structures, we asked for information from several states with characteristics similar to North Carolina. We received detailed data from four states – Colorado, Georgia, Pennsylvania, and Virginia. Our review focused on the structure and relative staffing levels. Due to differences in population and caseload size, a direct comparison to the number of FTEs or their role for a particular program is not possible. Rather, we looked at where these states are utilizing resources and how their staffing models impact service delivery.

Colorado

Colorado operates under a state-supervised, county administered model. Perhaps the most distinguishing feature of Colorado’s administration is its emphasis on how many staff it has in each region of the state. This was unique among the states we examined, and it may reflect an emphasis on ensuring that citizens of the state are served where they live. This would be particularly important in Colorado, where large portions of the state are sparsely inhabited.

Additionally, Colorado has centralized cross-cutting functions, such as risk management, technology, audit, budget and policy, and quality assurance, under the Director of Operations. While it may be possible to have expertise in these functions within a single administrative entity, it raises the question of how much program-specific knowledge these staff have about the service agencies in the state.

Georgia

Georgia used to operate under a state-supervised, county-administered model. The social services programs are now state-administered. The child welfare division, DFCS, reports directly to the Governor’s office. Budget and Human Resources functions fall under the Department of Human Resources. Georgia has a very strong regional structure. The majority of staffing resources located in field operations and the Central Office are categorized as “Field Support.” To explain its organization, Georgia provided us with information on the structure and administration of its Division of Aging Services, which has a strong focus on Field Operations. It also has dedicated resources to oversee policy, as well as Adult Guardianship and APS – again showing priority in these areas.

Pennsylvania

Pennsylvania operates under a state-supervised, county-administered model. Pennsylvania has dedicated positions for Quality Management and Program Integrity within its Department of Human Services (also called Program Evaluation). In addition, there is a dedicated bureau for program evaluation under the Deputy Secretary for Income Maintenance. Only the Bureau of Children and Family Services under the Deputy Secretary for Children, Youth and Families has a regional structure. If we assume that having a regional structure equates to better knowledge of the characteristics and service needs of the region, this structure could improve service provider quality, and provide a way to coordinate outreach efforts to find services within the regions.

Virginia

Virginia has a unique regional organization, with five regions under the chief deputy, but only three regions for the child support program. While we were not able to gather information on the rationale behind this structure, it would seem that it has the potential to be confusing for counties

and hinder the ability to establish regional offices that can share resources in support of all programs.

More information about these four states can be found in Appendix E. Based on our review of these states, we believe North Carolina should look to Georgia and/or Pennsylvania for a model that emphasizes a strong program oversight role at the regional level. Based on our direct experience working with Georgia's child welfare program, we know that it has very strong regional directors who are playing essential roles in making program improvements. During Phase 2 of this project, the CSF team anticipates playing a key role in helping North Carolina establish policies, procedures, and protocols for the new local-regional-Central Office structure.

D. Model Regional Office

We are proposing a "Model Regional Office," in terms of staffing and services it would provide both to support the counties and to promote strong leadership and support of county operations. We are proposing 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 SSWG identified the assignment of responsibilities between the local (county), regional, and Central offices. Based on focus groups we held with various county and state groups, as well as our experience working with multiple states and their social services programs, we concur with the division of duties as detailed in the SSWG's Phase One Final Report. The SSWG was charged with recommending how the regional offices would be organized and how many should be established. Because of a variety of still-evolving factors (re-examining judicial districts, changing medical support policies, for example) the SSWG arrived at criteria for choosing which counties comprised a region, but stopped short of identifying the number or boundaries for the regions. The state still needs to determine how many regional offices will be established, and which counties will be assigned to which regions.

After reviewing the SSWG materials and consulting with county and Central Office DSS leadership, we recommend DHHS create a minimum of seven regional offices to support the counties. We generally agree with the criteria the SSWG outlined for how best to group the counties. We would propose one additional option for DHHS/DSS to consider when creating the regions. Three (roughly) central counties' populations – Mecklenburg, Wake, and Guilford – dwarf many of the small counties in a shared region. For example, Wake County has approximately 1,700 staff; its largest contiguous county, Johnston, has approximately 350 staff. With larger counties come larger turnover rates – and a greater need for assistance with human resources and training. Larger counties tend to have better support from their counties for things like IT support and facilities. Best practices that work well in a very large county will not necessarily work in a very small county. Smaller counties' needs could be swallowed up in a region that includes a very large county, and they may not receive the support they need. For these reasons, we encourage DHHS to consider grouping the three very large counties into a region of their own.

Our recommendations below were developed to address regional needs and to support strong management. The regional offices' responsibilities would 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 from other counties.

The following organization charts and position descriptions provide a high-level view of a model regional office.

Figure 9: Central Office Organizational Chart

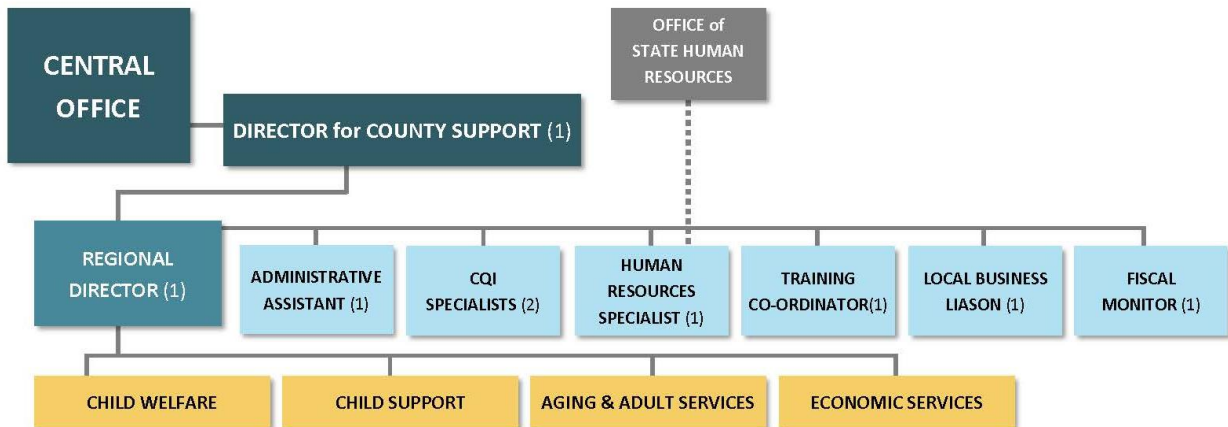


Figure 10: Central Office Organizational Chart/Aging and Adult Services Breakout

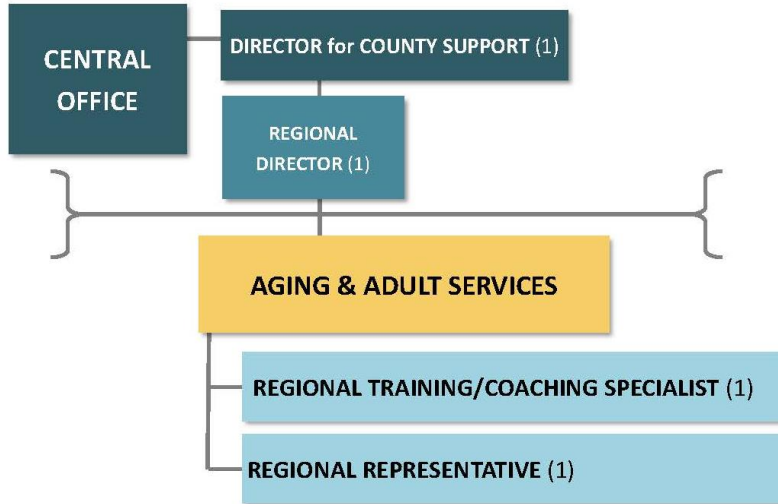


Figure 11: Central Office Organizational Chart/Child Support Breakout

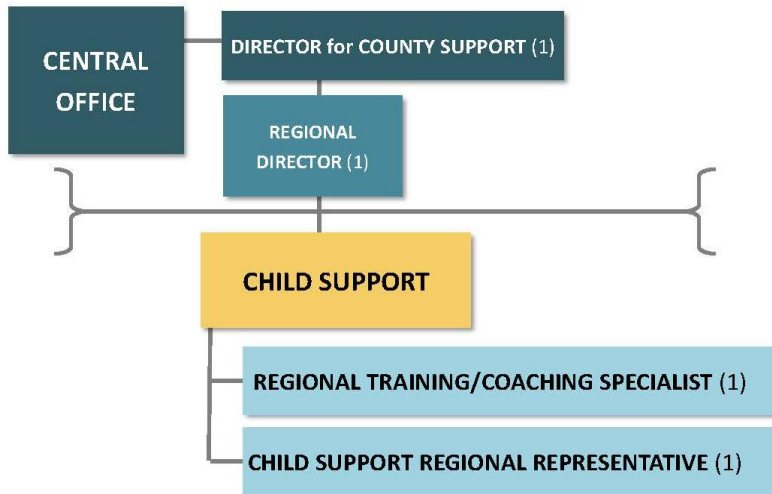


Figure 12: Central Office Organizational Chart/Child Welfare Breakout

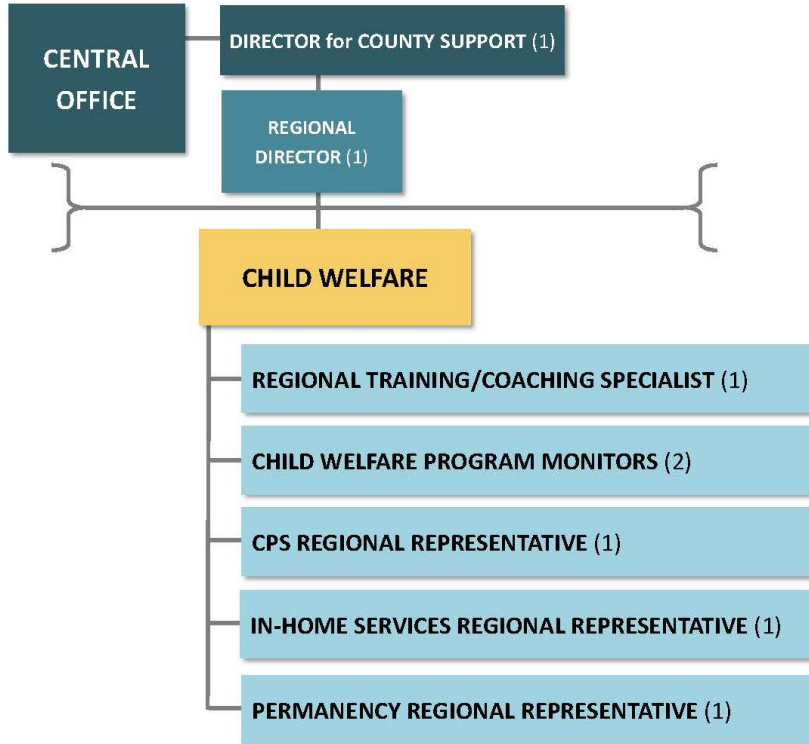
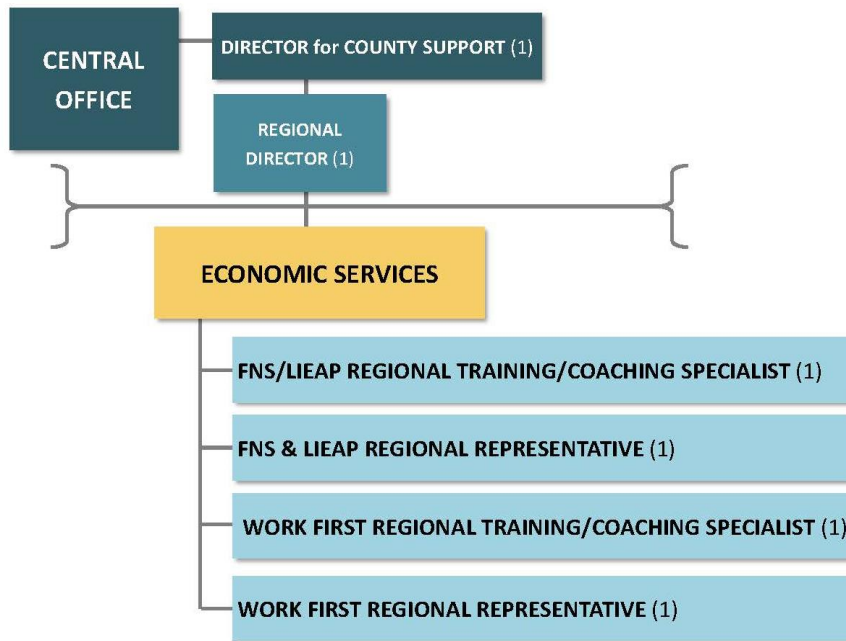


Figure 13: Central Office Organizational Chart/Economic and Family Services Breakout



Regional Director

Each region would be managed by a Regional Director to be responsible for the direction and coordination of complex program execution in the region. This person would work 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 would include development and maintenance of coordinated practices between counties, across their region, as well as across all regions. There would be a lot of “activity” at the regional level, as detailed in the rest of this section. The Regional Director would play a key role in helping coordinate the various activities underway, to ensure counties don’t receive conflicting messages about their priorities.

Regional Directors would need exceptional interpersonal skills so they could 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 would report to a Director of County Support at Central Office. The Regional Director would be supported by fiscal, administrative, training, quality assurance, and program staff. The Regional Director would have direct administrative authority for all the staff in the region including personnel management, planning, and budget. The program staff in the region would be supervised by 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 service 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 program, are highly qualified to provide the program expertise needed to support the counties in their region.

Regional Program Representatives

We recommend a Regional Program Representative be assigned to each region. This person would be the primary point of contact and coordination between the county and the regional office. He or she would be responsible for providing needed technical assistance, assisting with PIPs and other program improvement activities, assisting counties to identify and develop community partnerships, and so on. Child Support, Aging and Adult Services, Economic and Family Services and Child Welfare utilize regional representatives to differing degrees. Our proposal for regional offices strengthens the Program Representatives' roles, and standardizes the kind of support a county should expect from its Regional Program Representative. See the chart at the end of this section, for more information.

Administrative Assistant

An administrative support staff person would support the Regional Director and the other regional staff with tasks such as maintaining facilities and other resources, providing clerical support (reproducing training materials and reports for example), and scheduling county visits and meetings.

Human Resources Specialist

Each region would have one Human Resources Specialist who would work directly with the Office of State Human Resources as well as the Central Office program leadership, to recruit and retain highly qualified regional program staff. The Specialist would also work with the Regional Director to recruit and retain regional support staff, such as their Administrative Assistant. The HR Specialist would also work with county DSS and county HR offices to develop and maintain optimal job descriptions and qualifications; serve as a consultant to the county DSS on HR policy, recruitment, and staff performance assessment; develop a regional system to develop and provide reports to DSS county directors; and support regional office staff with their personnel needs.

Fiscal Monitor

A Fiscal Monitor in each region would be responsible for monitoring county social services budgets and expenditures to ensure that state and federal administrative and program funds are correctly accounted for and spent for the appropriate program functions. The Fiscal Monitor would work with program staff in county assessments but would conduct independent reviews of county fiscal policy and accounting practices. The Fiscal Monitor would work with Central Office audits to provide information and coordinate schedules, and provide technical assistance to county audit and fiscal staff.

Local Business Liaison (LBL)

The LBL in each region would work with the counties to develop sound administrative procedures, county social services budgets, internal controls, and other related processes. A very important function of this position would be to work with the Regional Director and Central Office subject matter experts and to develop processes to maximize federal funds for social service programs.

Trainers

We propose that program trainers be assigned to each regional office. A common cross-program theme we heard involved the need for more training hosted at more locations, so county staff would have more opportunities to attend timely, quality training. The regional trainers would be supported by Central Office program training development staff, as described later in this chapter.

Training Coordinator

We also propose a Regional Training Coordinator to assist with training logistics and scheduling. With support from Central Office training staff, this training coordinator could perform training-related tasks such as maintaining a catalog of training resources in the region, developing and maintaining training schedules in coordination with regional program trainers and the Central Office, developing and providing “soft skills” training on topics that cut across all social services programs, or identifying and securing resources to provide this kind of training (examples: Leadership in the Public Sector; Using MS Word, Excel, and/or PowerPoint; “Training for Trainers” and related topics). The Training Coordinator would also support online training and training logistics for regional state staff and county DSS staff.

Child Welfare Program Monitors

Since our recommendations include numerous enhancements to the child welfare practice, there will be a need for ongoing case reviews and for closer coordination of program monitoring, training, and CQI efforts. By assigning two Child Welfare Program Monitors per region, we hope that any problems that may be identified could more quickly be resolved.

Continuous Quality Improvement Specialists (CQI)

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 the region, provide technical assistance in developing county-specific plans, monitor county plans, and report results for each of the social services programs. Since our recommendations include numerous enhancements to the child welfare practice, 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 actually report to a CQI Deputy Director in Central Office. Please see the next section of this chapter for more information.

Model Office Staffing

The table below reflects our recommendations for staffing a regional office.

We do not know exactly how many or which existing Central Office staff should move to a regional position. This will depend in part on how many regions are established. For example, the state child support program operates with nine regional representatives. DAAS has eight regional representatives. Both programs are in need of trainers. DAAS is also in need of more policy support. If the state decides to establish just five regions, both child support and DAAS

would have existing regional representatives they could potentially shift to become part of a training team, or part of a policy team – depending on their skills versus other Central Office program staff’s skills. Likewise, the Central Office already provides staff such as LBLs and HR specialists to support DSS; again existing staff may be redeployed and/or additional staff may be needed to augment the existing administrative teams (HR, Fiscal) to support the regional structure. More information about the Central Office staffing can be found later in this chapter.

The costs below are not definitively new costs to DHHS/DSS; the final true cost will depend on how and where individual existing staff are redeployed and what vacancies remain after that redeployment.

Figure 14: Recommendations for Staffing a Regional Office

Function	Position Title	Starting Salary	Top Salary
Regional Director	Deputy Director for Operations	\$62,696	\$106,650
Administrative Assistant	Executive Assistant 1	\$31,904	\$50,532
Human Resource Specialist	Human Services Planner/Evaluator IV	\$46,206	\$77,855
Fiscal Monitor	SS Regional Program Rep.	\$44,347	\$74,431
Local Business Liaison	SS Regional Program Rep.	\$44,347	\$74,431
Child Support Regional Program Rep.	SS Regional Program Rep.	\$44,347	\$74,431
SNAP/LIEAP Regional Program Rep.	SS Regional Program Rep.	\$44,347	\$74,431
Work First/CDEE Regional Program Rep.	SS Regional Program Rep.	\$44,347	\$74,431
DAAS Regional Program Rep.	SS Regional Program Rep.	\$44,347	\$74,431
CPS Regional Rep.	SS Regional Program Rep.	\$44,347	\$74,431
In-Home services Regional Program Rep.	SS Regional Program Rep.	\$44,347	\$74,431
Permanency Regional Program Rep.	SS Regional Program Rep.	\$44,347	\$74,431
C/W Program Monitor	Human Service Plan/Eval. IV	\$46,206	\$77,855
C/W Program Monitor	Human Service Plan/Eval. IV	\$46,206	\$77,855
Child Support Trainer/Coach	Program Consultant 2	\$41,125	\$68,197
SNAP/LIEAP Trainer/Coach	Program Consultant 2	\$41,125	\$68,197
Work First/CDEE Trainer/Coach	Program Consultant 2	\$41,125	\$68,197
DAAS Trainer/Coach	Program Consultant 2	\$41,125	\$68,197
C/W Trainer/Coach	Program Consultant 2	\$41,125	\$68,197
Training Coordinator	Program Development Consultant 1	\$39,632	\$65,323
CQI Specialist	Social Services Program Coordinator	\$48,195	\$81,392
CQI Specialist	Social Services Program Coordinator	\$48,195	\$81,392

As mentioned earlier, the social services programs utilize regional representatives to different degrees. Those positions will be better supported through the regional organization proposed here, as well as the Central Office structure outlined in the next section of this chapter.

The Contracts and Monitoring Office currently have eight staff assigned quasi-regionally, to support the counties (five LBLs; three Fiscal Monitors). If DHHS opts to establish five or more regions (as outlined in the SSWG report), the Monitoring Office will need to add staff to support the regional structure.

Depending on the realignment outlined in the Child Welfare Preliminary Reform Plan, Chapter 4, Recommendation 7, some existing staff could be reassigned to regional roles. But realignment may also uncover additional resource needs at the regional and/or Central offices. In Phase 2 of our work, we will partner with the child welfare core implementation team to develop a child welfare staffing plan to effect program changes on the level envisioned.

The regional representatives for each of the Economic and Family Services programs will go a long way toward solving some of their current staffing issues. This will be a good first step in terms of moving them out of a reactive/crisis mode. With the stronger regional representative model (and additional Central Office support as outlined in the next section), Economic and Family Services leadership will be better equipped to work more strategically on things like meeting program goals, and ways to maximize grant funds.

E. Facilities

We presume that most regional staff will spend most of their time in the counties. However, a theme we heard from both county and state staff during our interviews was that each region needed a physical facility. Based on those discussions and our experience, we recommend each regional office have a facility equipped to support:

- ◆ Classroom training.
- ◆ A computer lab to support automated-systems training.
- ◆ A conference room with space sufficient for 25 – 30 participants.
- ◆ Production space, to reproduce training or meeting materials, for example.
- ◆ Two to three “hotel” spaces (offices, cubicles, or some combination), for regional directors or other regional staff who may temporarily need work space while they are in the field.
- ◆ Technology to support training or meetings conducted via webinar with real time, interactive, remote capability.

F. 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.

Throughout this section, we are presuming DHHS will establish seven regions. Looking ahead, state staffing will need to be adequate to support the regional/Central Office structure that S.L. 2017-41 calls for. The adequacy of current staffing at the Central Office varies by program. While the child support program is fairly well-staffed, Economic and Family Services is struggling. However based on the new structure, all social services programs are understaffed at

the Central Office level, to some degree, Staffing shortages may be exacerbated, depending on the number of regions established.

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.

G. Supporting the Regional Offices

We recommend the creation of a new “Office for County Support” team (OCS) in the Central Office. We recommend the job title be “Director for County Support” and that it be classified as a Director position. The team would be led by a strong, high-level manager, and it would ideally report to the Division Director for Social Services unless a function and position is created in the Secretary’s Office.

The new team’s primary responsibilities would be to ensure the regions are functioning efficiently and effectively, and that statewide policies, processes and priorities are being implemented throughout the regions. The Regional Directors would report to this position. The Deputy Director would also be responsible for ensuring good cross-region communication such that promising and best practices could be shared statewide. This individual would also be responsible for redeploying resources from one region to another, should specific and/or urgent needs arise. We recommend the team also be supported by a clerical support person.

H. Supporting CQI

We recommend the creation of a high-level position to direct the DHHS-wide CQI efforts. We recommend the job title be “Deputy Director for CQI” and be classified as a Deputy Director position. The 14 regional CQI Specialists, while assigned regionally, would report directly to this position. In support of developing a DHHS-wide approach to CQI, 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 to 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. See Chapter 10 of this report for more information about our recommendation for CQI for North Carolina’s social services programs.

Figure 15: Recommendations for Supporting CQI

Function	Position Title	Starting Salary	Top Salary
Deputy Director for County Support (OCS)	Deputy Director	\$68,528	\$117,055
Admin Support for OCS	Executive Assistant 1	\$31,904	\$50,532
Deputy Director for the CQI Team	Deputy Director	\$68,528	\$117,055
Admin Support for CQI	Executive Assistant 1	\$31,904	\$50,532

I. Supporting Training

To support the regional trainers, we recommend that each program maintain a Central Office training and professional development team. Each team should be led by a Training Manager within their organizational structure. For example, in child welfare, the Training Manager would report to the director of the newly-created Office of Professional Development. Each program Training Manager should work closely with their respective Central Office policy staff, and each Regional Director, potentially the Regional Representatives, and CQI staff, to ensure that training needs are quickly identified, appropriate training materials are developed as needed, and that they are then deployed. The Central Office training team would also ensure that program policy is consistently disseminated throughout the state.

DHHS Central Office and regional staff also have training needs. Central Office training staff should be equipped to support the training needs of central/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. Training courses could include topics such as leadership, project management, data-driven decision making, and so on.

Most departments currently have training teams, to some extent. However, it appears that when work demands increase, training staff are called on to take responsibilities that divert them from their training roles. We are recommending increases in training staff to meet the regional and Central Office needs. With the creation of Regional Director positions, and strengthening the regional representatives structure, we anticipate training staff will be able to better focus on training-related duties, serving a critical need across the social services programs.

Training development staff could be either home or Raleigh-based. While not necessarily the primary training delivery resource, training development staff should also have sufficient skills to serve as back-up trainers as needed. Program training staff – including the Training Manager - should also be prepared to assist in the event that the Central Office determines there is a need to assume operations in a county, as the state has recently had to do for the Cherokee County Child Welfare program.

Recommended staffing for each program’s training team is detailed below.

Figure 16: Recommendations for Supporting Training

Function	Position Title	Starting Salary	Top Salary
Child Support Training Manager	SS Program Coordinator	\$44,347	\$74,431
Child Support Training Developer	Program Consultant 2	\$41,125	\$68,197
Child Support Training Developer	Program Consultant 2	\$41,125	\$68,197
SNAP/LIEAP Training Manager	SS Program Coordinator	\$44,347	\$74,431
SNAP/LIEAP Training Developer	Program Consultant 2	\$41,125	\$68,197
Work First/CDEE Training Manager	SS Program Coordinator	\$44,347	\$74,431
Work First/CDEE Training Developer	Program Consultant 2	\$41,125	\$68,197
Work First/CDEE Training Developer	Program Consultant 2	\$41,125	\$68,197

Function	Position Title	Starting Salary	Top Salary
DAAS Training Manager	SS Program Coordinator	\$44,347	\$74,431
DAAS Training Developer	Program Consultant 2	\$41,125	\$68,197
DAAS Training Developer	Program Consultant 2	\$41,125	\$68,197
C/W Training Manager	SS Program Coordinator	\$44,347	\$74,431
C/W Training Developer	Program Consultant 2	\$41,125	\$68,197
C/W Training Developer	Program Consultant 2	\$41,125	\$68,197
C/W Training Developer	Program Consultant 2	\$41,125	\$68,197
State DHHS Staff Training Manager/Trainer	SS Program Coordinator	\$44,347	\$74,431
State DHHS Staff Training Developer/Trainer	Program Consultant 2	\$41,125	\$68,197

J. Supporting Child Welfare

In Chapter 4 of the Child Welfare Preliminary Reform Plan, we have articulated a vision and set of recommendations for sustainable improvement for North Carolina’s Child Welfare program. In the section entitled Strong Support and Leadership from State, Regional, and County Offices, we recommend a reorganization of Central Office state staff (Recommendation 6). The teams we recommend align with the regional structure, and support program improvements. Recommendation 7 posits creating five new high-level positions in the Central Office DSS, to help ensure strong leadership for specific practice areas. These positions would lead the:

- ◆ Office of Child Safety-Child Protective Services.
- ◆ Office of Family Support-Prevention and In-Home Services (CPS): Voluntary and Involuntary, Families First.
- ◆ Office of Child Permanency: Extended foster care for youth 18 to 21, Adoption, Guardianship, Reunification.
- ◆ Office of Professional Development: Implementation Support, Training.
- ◆ Office of Program Improvement: OSRI, Program Monitoring, Implementation Support, Performance Improvement, Fidelity, Data Analysis, Monitoring of Provider Performance.

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

Figure 17: Recommendations for Supporting Child Welfare

Function	Position Title	Starting Salary	Top Salary
Manager for Office of Child Safety-Child Protective Services	Program Administrator III	\$59,969	\$101,938
Manager for Office of Office of Family Support-Prevention and In-Home Services (CPS)	Program Administrator III	\$59,969	\$101,938
Manager for Office of Child Permanency	Program Administrator III	\$59,969	\$101,938

Function	Position Title	Starting Salary	Top Salary
Manager for Office of Professional Development	Program Administrator III	\$59,969	\$101,938
Manager for Office of Program Improvement	Program Administrator III	\$59,969	\$101,938

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 Preliminary Report. CSF recommends as a first step the creation of a small, representative core implementation team to be identified and charged in the beginning of Phase 2 with the responsibility for taking these recommendations to the next level – sorting them in priority order, making them actionable, and identifying the resources needed to support and implement them. This would include the creation of a teaming structure to manage the overall implementation of these recommendations.

To lead the implementation team, we recommend DHHS identify from existing staff or recruit and hire a strong leader with implementation experience and expertise to manage the implementation of these recommendations and support the core implementation team. This person would be devoted full-time to the implementation of these recommendations. He or she would support and lead the small, representative implementation team to be identified and charged with the responsibility for taking the recommendations to the next level. This implementation team would be responsible for strategically sequencing and operationalizing the new vision using implementation science, including a focus on readiness goals and activities.

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

Function	Position Title	Starting Salary	Top Salary
Implementation Manager for Child Welfare	Program Administrator III	\$59,969	\$101,938

K. Conclusion and Recommendations

In summary, we agree with the SSWG’s alignment of responsibilities between the local, regional, and Central Office organizations. 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 of the staffing needs for state staff. However, we do believe it represents the structure needed to stand up and support regional offices – which in turn will support social services delivery at the local levels. Since staffing and salaries are such an integral part of our analysis, additional efforts to collect and analyze accurate, representative data is warranted. We will work with the state to complete this task in the months following the submission of this report.

As DHHS makes decisions about priorities both in terms of activities and associated funding, during Phase 2 of this project, our team will be prepared take the lead on creating transition plans and helping the various social services divisions implement the needed changes. A transition plan would include an approach to staffing, as well as developing the regional policies, procedures, and protocols needed to support the county delivery of services.

VII. RESOURCE ISSUES IMPACTING THE SERVICE DELIVERY SYSTEM

Various resource issues impacting staff and their ability to deliver services effectively recurred during our statewide information-gathering, but five themes surfaced:

- ◆ Lack of consistent approach to developing and disseminating policy;
- ◆ Workforce development, and a need for better access to high-quality training;
- ◆ Impact of underserved populations in need of mental health services;
- ◆ Need for better and more community resources; and
- ◆ The lack of 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. 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 – feel they could better serve their clients if more community resources were available.

We address data-related needs in Chapters 8 and 9 of this report, as well as in the companion report, the Child Welfare Preliminary Reform Plan.

A. Policy

As detailed in the SSWG’s Phase One Final Report, 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 issue for nearly all social services programs (child support is an exception), is the state’s inconsistent dissemination of, and interpretive support given for, policy. There is a need for the state to improve its development and communication of clear policy.

Ideally, program policy should be consolidated in a single place -- a single policy manual for each program that integrates NC FAST usage.

Social services program policy is disseminated and maintained in multiple media, and often in a piecemeal fashion. Child welfare program staff, as one example, receive new and updated policy in eight different ways:

- ◆ Dear Director letters;
- ◆ Administrative letters;
- ◆ Terminal message (a listserv with notifications from the state on policy updates);
- ◆ E-Postcards;
- ◆ Integrated Manual;
- ◆ Program specific manual;
- ◆ NC FAST manual; and
- ◆ State program/policy consultants.

It should be noted that often the same policy may be disseminated in multiple ways, to ensure that it reaches its intended audience. Different programs use different dissemination methods. For example, Economic and Family Services and Medicaid use Terminal messages. NC FAST alerts users regarding system updates using postcards. Email is probably the most common method for transmission of policy information. Unfortunately, it frequently does not include implementation guidance, or other pertinent information. Central Office sends updated information about policy, but there is no central repository or indexing of these kinds of policy communications. As such, there is no assurance that all staff in all counties received updated policy information. County and Central Office staff must search numerous sources to identify the most current information.

The current processes for policy dissemination require counties to use their resources to carefully track policy updates from the Central Office. One large county indicated that it has one staff member whose sole job is to organize policy material and to make it accessible to staff. Not all counties can allocate resources for this purpose, so they have to contact the Central Office for policy assistance.

The state routinely provides policy updates via the North Carolina Association of County Directors of Social Services (NCACDSS) meetings. Non-director staff may not be invited nor allowed to attend these meetings, thus limiting the reach of policy updates.

For counties to better understand the context and scope of new or revised policy, the state should provide counties an opportunity to review and comment on new or modified policy before it is finalized. Depending on the nature and complexity of a change, policy updates should also be accompanied by training before the policy becomes effective, and guidance and support for implementing the policy after it becomes effective. Recognizing that while some policy changes are based on an emergency, policy dissemination should generally be timed to allow counties as much time as possible to plan for implementation. Some counties reported receiving policy directives with an effective date prior to the date they received the new or modified policy, eliminating any opportunity to implement it by the effective date. These kinds of delays result in inconsistent adoption of statewide policy, ultimately affecting how social services clients receive services at the local level.

Central Office (and by extension, regional) staff also need support. State staff often have no experience in local service delivery; they have not worked at the county level, and they are often unfamiliar with both case workflow and the challenges involved in working some cases. State staff may be unable to respond fully to county policy questions because they don't fully understand the context for the questions.

The state has had problems with its staffing in various programs, attributable in part to state salaries and benefits being insufficient to attract and retain experienced staff. In addition, through the recession, Central Office staffing was downsized, and it is currently spread too thin to provide the support the counties need.

Recommendations

1. **Convene a policy council, charged with overseeing coordinated policy development and enhancing dissemination.** The policy council should be led by state staff and include state representation. The goals of the council should be to ensure that departmental policy is designed, developed, promulgated, and implemented holistically, taking into account the organizational, operational, and fiscal impacts of not only the program in which policy is being drafted, but also on other DSS programs as well.
2. **Charge the policy council with taking the lead on developing a DSS 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.
3. **Implementing new policy can only be effective when the state provides sufficient background for the change, and provides implementation guidance, based on a collaborative effort between the counties and the state.** While the state may initiate these efforts based on things like changes to laws or regulations, or when they learn about changes in related programs or societal indicators (such as the opioid crisis) that merit a policy response, it is essential that county personnel be involved early in the process of translating policy changes to front-line case work.
4. **The Central Office must 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.** 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.
5. **State program staff must possess the knowledge and experience to answer questions from the field on policy content, implementation, and interpretation as it pertains to a program globally, as well as in specific case circumstances.** Given that the latter may be requested under emergency conditions, rapid response is essential. This may require additional state staff, and more training for Central Office program staff.
6. **DSS and the NCACDSS should work more closely together when convening meetings to discuss policy and related program direction and ensure that appropriate staff are included in the meetings.** Using technology – through live, interactive, and/or recorded webinars can help to remedy issues of timeliness and “reach” of policy briefings.

B. Training

The need for more substantial, timely, hands-on training spanned all social services programs and applies to all types of training, including onboarding, pre-service, in-service, policy updates, and ongoing specialized and refresher training. The strongest training needs are 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.

Training can be delivered in a variety of ways – from traditional instructor-led classroom training, to interactive webinars, to user-driven eLearning. One key to creating and delivering effective training is choosing the training delivery mechanism based on the subject to be trained. eLearning is great for conveying basic and unambiguous content. For more complex topics where learning is enhanced through participant interaction and activities such as role playing, instructor-led training is usually the best option.

All counties, to a greater or lesser degree, are reliant on the state to provide training. While all counties provide some local training, even if only on-the-job training, it is the state they look to for instruction on new and modified policy as well as periodic training for new staff. Unfortunately, the counties are often unable to obtain the necessary training in a timely fashion, at a location requiring reasonable travel, and with instructional methods that are the most effective for the subject matter.

There are not enough training opportunities available for even the most essential instruction – pre-service training for child welfare staff, which must be completed before a staff member can assume a caseload. The same holds true for many other courses. One child welfare supervisor from a small county reported that she waited several years to take a specialized instructor-led course because it was offered so rarely and at a location a great distance away. She felt it was more important for her line staff to attend first since they were directly providing services. Her staff was better trained than she was, which made it difficult for her to provide appropriate guidance for staff. Child support program staff pointed to a need for specialized training for county attorneys who support the IV-D program. Most of these attorneys do not “specialize” in child support. Without uniform training, there is a lack of consistency in how child support policy is reflected in child support orders.

Scheduling training delivery can be difficult and it requires considerable logistical coordination. Counties noted that there were empty seats in many sessions, even though the demand for training had been high. Counties are frequently called on to host training events. The perception is that the host county is able to register more of their own staff for the training events, even though other counties’ staff may have waited longer to attend the training.

The current instructional curriculum provided by the state relies heavily on computer-based training and on webinars. Generally, webinars are offered just once for all 100 counties, making it extremely challenging to provide the time needed for interaction between the trainer(s) and the audience. While distance learning methods are effective when used appropriately, there is a significant need for more classroom training so that trainees can benefit from a higher level of detail and nuance in the instruction, and have more opportunities to ask questions and receive

clarifications. In social services programs, where client interaction is high and often demands delicate communication, the value of classroom training cannot be underestimated. Workers need instructor-led training to understand fully and to practice how to handle personal matters ranging effectively from family relations, financial history, sexual history, and employability to child-rearing, mental health, and substance abuse issues. The “cut and dried” approach of distance learning does not allow for discussion, questioning, and modeling between participants and the trainer, nor among participants themselves, that classroom training affords.

State Central Office program staff do not currently have the capacity to develop and deliver new training for state or local social services staff on topics such as opioid addiction. Counties report having uneven access to local training resources that could help them address these kinds of issues. These societal problems are creating dramatic increases in both the number and complexity of local caseloads, and generally, county staff feel inadequately prepared.

There are also limited training opportunities for both county and state program leaders. Many county directors began their careers as line staff and moved up through the ranks to their current positions. While they may have excelled in their work as line staff or supervisors or managers, their experience did not necessarily prepare them for their responsibilities as a county director. There is a similar concern with Central Office staff. Some were hired from county departments, where they worked as front-line staff, supervisors, or managers. As such, workforce development needs, particularly related to leadership, exist for both county and Central Office staff. County directors report they have few training opportunities to assist with their duties and responsibilities in their leadership positions. For Central Office staff, there is funding available for training, but the criteria on how those funds are allocated are not clear.

The new regional offices should be staffed to provide considerable training support to the county social services program staff. Training staff should be familiar with both policy and program workflows. Basic training curricula for each program should be standardized and available to all counties, but regionally assigned trainers should have the programmatic expertise and county-specific knowledge to address questions posed by each county. The Central Office training teams will need to provide support for their regional counterparts, as well as Central Office staff who need program and/or leadership training opportunities.

Recommendations

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| 1. | Central Office training staff should identify training needs for Central and regional state staff through a training needs assessment. Utilize the findings from the assessment to identify any new courses that need to be developed and delivered, modifications needed to existing course content or delivery methods, and other issues to be addressed that could improve training. |
| 2. | Increase the number of training deliveries available to county staff, especially for those courses that must be completed as part of pre-service instruction. |
| 3. | Increase the locations for training delivery to reduce the driving distances for counties to attend training. |

4.	Increase the number of training staff to ensure that instruction can be delivered in a timely manner. See related recommendations in Chapter 6 of this report, regarding central and regionalized training teams.
5.	Ensure consistency, relevancy, and immediacy of training content across the state. This could be achieved by coordinating training design and development with policy work underway in a particular program.
6.	Increase the number of courses delivered in a classroom setting to expand the opportunities for trainees to ask questions and gain a more nuanced understanding of the subject at hand.
7.	Enhance the course registration process to avoid training slots, already in high demand, not being filled.
8.	Ensure that all counties have equal access to course registrations. Develop a methodology for allotting classroom seats on a statewide and/or regional basis.
9.	Conduct several webinars on the same subject matter, and limit the number of participants at each, to ensure that there is a realistic opportunity for interactivity.
10.	State staff, whether in a regional or Central office, who do not have service provision experience in the program they administer, should be provided meaningful opportunities to learn about the program at the line staff level. This could include conducting informational interviews with line staff and supervisors, shadowing line staff, and any other means to round out their knowledge of program operations.
11.	There is a need to establish clear criteria for the distribution of state funds allocated for staff education.
12.	Each regional office should house a physical training site that is accessible to counties in the region. See Chapter 6 for more details regarding training.

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

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 with regard to identifying community resources that counties can draw on, such as the following examples.

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 easily met. 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 if other services were available.

Child Welfare

The partnership with the court system (juvenile and delinquency courts) needs to be strengthened. For example, 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. Working 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 create training materials and other documentation for court staff around these types of key issues.

Child Support

Child Support is the one social services program where the customers are always both parents, and the parents' 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.

Economic and Family Services

Both the Work First and FNS programs have stringent employment requirements. 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 of cash aid.

- | | |
|----------|---|
| ◆ | We recommend that each region provide resource development support to meet the various program needs. We envision the Regional Director, working with the various program representatives, identifying county needs, and identifying and engaging with community resource providers. Regional Directors should also work together to share information about their region's 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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D. Impact of Underserved Populations in Need of Mental Health/Substance Abuse 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 are in need of clinical help.

This issue hits 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 for both children and adults. 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 AAS – 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. There is no easy solution to the mental health and substance abuse issues facing North Carolina – or the nation, for that matter.

◆ Adult care homes are not an appropriate place for those with mental health issues. Young people end up in assisted living/nursing homes. **There is a need for a resource to help facilitate/coordinate medical care for clients.**

◆ Counties have few options or the requisite funding needed to address the plight of these individuals. **Closing the coverage gap could help alleviate this issue.**

◆ **We recommend that state, regional, and county staff work to form partnerships with their colleagues in North Carolina's health programs.** This would help 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.

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.

VIII. PLAN FOR ONGOING DATA COLLECTION, ANALYSIS, AND USE

There is uneven access to and use of data, both to inform practice and to analyze performance. Some programs do better than others; however there are always ways to improve data usage. Based on our interviews with DHHS/DSS leadership and staff, DHHS/DSS does not currently have a sufficient number of trained staff who can support the Central Office and the 100 counties in using data to make well-informed decisions regarding how best to manage the social services programs.

For data to be useful to a program, it must be:

◆ Available;	◆ Accessible;	◆ Accurate; and	◆ Actionable.
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A. Available Data

Generally speaking, social services programs do not suffer from a dearth of data. Quite the contrary. Some programs are capable of producing so much data that the challenge becomes understanding the data in the context of program goals.

We did encounter issues with data availability, however. For example, for Child Welfare we are not confident that the data needed to measure performance on the 20 recommended performance indicators can be produced. Please see the Child Welfare Preliminary Reform Plan for a complete discussion regarding the use of data to transform the child welfare program.

B. Accessible Data

As documented throughout both Preliminary Plan reports, program data was a challenge for our team. We anticipate that at least in the short term, it will continue being a challenge for Central Office and county staff to access the data they need, to identify and assign work efficiently, and to track performance.

In North Carolina’s social services programs, program data is produced by a number of different automated systems, and it resides in a number of locations. While the Social Services System Transparency and Wellness Dashboard (the “Dashboard”) will make some data more accessible, the various programs will still need customized reports and data sets, both for informing practice and for monitoring outcomes.

Front-line workers need tools to access case-level data easily, so they can manage their caseloads proactively. Developing and working on special projects is a fairly common approach to improving performance or taking proactive steps in managing a caseload.

“

Show me all of the cases where a dependent in a child support case will turn 18 in the next six months.

”

Supervisors and managers also need easy access to case data, in their roles overseeing and coaching staff.

The Data Warehouse currently offers ready access to a lot of program data. However, DHHS/DSS does not have sufficient technical resources to identify, create, and validate detailed case data reports. In addition, county program staff would need training in what data elements could be queried to create meaningful reports, to both prioritize work and to assess outcomes. Some basic reporting features will likely be included in the Transparency and Wellness Dashboard, but without easy access to a robust and flexible reporting structure, data-driven work falls by the wayside.

“

Show me all of the Adult Protective Services cases where the assigned worker hasn't documented actions taken during this three-month period of time.

”

C. Accurate Data

In our various interviews and focus groups – especially with child welfare staff – we heard concerns about the inaccuracy of available data. Some of the inaccuracy comes from the different ways individual workers interpret a data element. For example, in child welfare, there are usually multiple reasons a child enters custody. Some workers may enter all of the factors. Others may enter just the top three. Without consistent inputs, the data will be seen as “inaccurate.” Standardized definitions and agreement on what specific data needs to be entered will help change the perceptions around data inaccuracy.

System implementation introduces another dynamic in terms of data reliability. Based on our experience in system implementation, we know that there are always issues with data mapping from a legacy to a new system. There are always issues with data conversion. There is never a direct correlation between how the data in the legacy system was captured and displayed, and how data will be captured and displayed in the new system. There are generally post-conversion data clean-up activities associated with data conversion. And, as more users exercise the system in more ways, using more and different case scenarios, there are usually work-arounds needed as system changes are identified. All of these dynamics related to system implementation can result in staff viewing the system data as unreliable and inaccurate.

We did *not* undertake a thorough nor critical analysis of the NC FAST system. We heard only anecdotal information from NC FAST users, and are aware that in some instances, child welfare staff are documenting case data outside of the NC FAST system. We are not in a position to comment on the accuracy or reliability of all of NC FAST’s data processing functionalities.

Our recommendations around data accuracy during a large system replacement project are based on our experiences on these kinds of projects.

1. The project lead needs to be as transparent as possible with regard to system implementation, so that users’ expectations align with implementation efforts and progress.
2. Instruction and documentation for system users must be unambiguous in terms of field level descriptions and data definition, so all users are consistently entering the correct data in the correct screen fields. Absent that rigor, system data will be inaccurate.

3. Changes to system data definitions must be documented and disseminated as quickly as possible. Large changes should be accompanied by training so that all users have the same level of understanding about the change.
4. A data audit function needs to be implemented so that user errors can be evaluated. If a data auditor sees similar mistakes being made by a number of people, or persistent confusion about system functionality, the auditor can alert the appropriate team (training, system documentation, etc.) so the issue can be quickly resolved.

Under S.L. 2017-41, §108A-74, county departments are required to enter into annual written agreement for social services programs (except Medicaid) that specify mandated performance requirements. Accordingly, DHHS/DSS and the counties have entered into agreements for FY 2018-19. DHHS/DSS and the counties must have accurate data in order to assess progress according to the performance measures. DSS and the counties will be working together over the next several months to ensure that all parties understand and trust the accuracy of the data that will be used to assess county social services program performance.

D. Actionable

As mentioned earlier, social services programs produce a lot of data. But the data needs to be understood and presented within the context of program goals. *Data needs to be actionable.*

It might be interesting to know that in the child support caseload, noncustodial parents who drive newer cars usually have earned at least a high school diploma, but there is really nothing that a child support worker can *do* with that data. Data that is interesting is just that – interesting. As more data and reporting tools are developed, staff need clear direction on the meaning of the data, and how they should use it to guide their casework. Staff should also understand how to work across data sets to gain a more nuanced understanding of challenges they are working with in their caseload.

Data can help supervisors and managers help their staff identify and focus on the most important activities, and take a more proactive approach to managing their caseloads. If one routine report identifies 10 to 20 cases that need some kind of non-critical action, while another report identifies three or four cases needing critical and immediate attention, supervisors and managers can assign the work based on staff availability, skills, and priorities.

E. Conclusions and Recommendations

Our data partner, Westat, received program data from the social services programs other than Child Welfare, on July 19 – too late to be analyzed for this report. Westat is in the process of assessing its quality and completeness. Generally, the more straightforward the program data is, the more readily available the data is. Westat anticipates the data from the Child Support, FNS, and Work First programs to generally be complete, and generally be accurate. It is unknown to what degree the data related to the DAAS programs will be easy to use. Until they can fully analyze the program data, we are unable to assess its quality, and its potential impact on our recommendations for county caseloads or related staffing. Please see Chapter 9 in this report, for more discussion of program data.

- ◆ **At this juncture, we see a need for North Carolina’s social services programs to focus on data – and how to integrate its routine use into all programs.**

This effort will vary from program to program. For example, Child Support does have a performance dashboard that allows county leadership and staff to see how they are doing on the five federal performance measures, relative to their individual county goals. County staff are able to “drill down” and see which and how many cases they need to work, to meet their goals. However, with its existing automated system, it would be challenging for the child support program to use its data in a more predictive way. For example, many state and large county IV-D programs create caseloads based on what they know about their customers, and what the data (education, employment history, and other) says about their willingness and ability to pay.

Willing and able to pay	Willing but unable to pay
Unwilling but able to pay	Unwilling and unable to pay

This approach allows work to be assigned to workers with specific skill sets and experience, according to the needs of the customers who fall into a specific quadrant. The child support state team is looking at different predictive technology that could help a caseworker know what steps should be taken on a case, based on case demographics.

- ◆ **We recommend that the regional office staff be responsible for working with and helping counties identify specific data sets and reports they need, to allow county staff to work more proactively, and better monitor and assess outcomes.**

During Phase 2 of our work, as we work to help define the regional processes and protocols, and help DHHS/DSS create a CQI structure, we will identify strategies to help DHHS/DSS and the county social services program use data effectively, toward achieving better outcomes for those served by the programs.

IX. DEVELOPMENT OF SOCIAL SERVICES SYSTEM TRANSPARENCY AND WELLNESS DASHBOARD (DASHBOARD) PROTOTYPE

In addition to the Social Services System and the Child Welfare Preliminary Reform Plans, Phase 1 also includes development of the Social Services System Transparency and Wellness Dashboard (Dashboard) prototype. Per SL 2017-41 and the subsequent request for proposals, the Dashboard is defined 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, families receiving social services, and the general public to ensure accountability and transparency about community members' needs and provision of services to communities across the state. Additionally, it is important for dashboard users to understand the effective and efficient use of social services and funds. Finally, the legislation stipulates that the main data source for the Dashboard is the recently implemented NC FAST data system.

These goals and terms guide the team as we complete the steps described below. Our Phase 1 work has included partnering with DHHS staff across departments to begin the development of the Dashboard prototype.

Steps to Achieve the Social Services System Transparency and Wellness Dashboard Prototype in Phase 1

Step 1
Select a technical platform for creating the Dashboard, determining the best option per legislative requirements, needs, and sustainability.
Step 2
Prioritize an initial set of child and family performance outcome indicators that support best practices in monitoring the envisioned reform.
Step 3
Identify data from the NC FAST data system to support accurate and valid measures of the performance outcome indicators.
Step 4
Receive and review data submitted for the Dashboard and assess accuracy, validity, and other quality measures, and the capability of sustained data use.
Step 5
Develop a Dashboard prototype that provides the performance measures and also provides user-friendly capabilities that maximize data usability and facilitate data understanding.

This section provides details about the Dashboard tasks undertaken, progress made, and barriers and challenges met, and our plan to resolve them. To date, the team has completed Steps 1, 2, and 3. The team continues to work to complete Step 4, and will complete Step 5 – present a Dashboard prototype – by November 30, 2018.

Step 1: Select a Technical Platform for Creating the Dashboard, Determining the Best Option per Legislative Requirements, to Meet the Needs of the State Overall, and for Sustainability

To complete Step 1, the team held meetings with DHHS staff that focused on the details and decisions about the Dashboard platform. The team presented several platform options that emphasized flexibility in design and cost, and outlined the strengths, weaknesses, and sustainability requirements for each option. Meeting participants also discussed the public and internal (agency) levels of the Dashboard, the various users, and user access, to ensure we were all in agreement and consistent with the SL 2017-41 legislation. DHHS selected Tableau as the desired platform for the Dashboard. With this decision finalized, the team began planning data visualization strategies (such as graphics and display options) that optimize Tableau's capabilities.

Step 2: Prioritize an Initial Set of Child and Family Performance Outcome Indicators That Support Best Practices in Monitoring the Envisioned Reform

The team began Step 2 with meetings to discuss performance outcome indicators for the Dashboard. These discussions took place with DHHS program and data staff by department; staff provided details on the current state of program practice, challenges, and the main methods and data being used to monitor practice. Special emphasis was given to child welfare practices and data, with the understanding that this program area has the most stringent reform requirements.

The team then applied the information learned to develop a set of initial program-specific measures for tracking child and family outcomes across departments. The measures included four important types of data elements: 1) data currently being used to measure performance, as identified in planning and monitoring documents, manuals, and policies; 2) data regularly reported to federal funders with national comparative data available; 3) data that supports assessment of best practices; and 4) data included in the county MOUs. The team then held department meetings with DHHS program and data department staff to discuss details about each measure and determine what each measure could provide to the department, as well as to stakeholder users. DHHS staff were also asked to provide input on the viability of the measures, data quality, and other measures of interest to add. As a result of this collaborative work, we prioritized a set of initial outcome metrics for each department. The team recognizes that the identification of performance outcome indicators is an iterative process. For example, during the recently-held North Carolina Theory of Change session, child welfare stakeholders articulated a future set of goals. The team plans to engage in ongoing conversations with DHHS stakeholders about future Dashboard measures for sustainability.

Step 3: Identify Data from the NCFAST Data System to Support Accurate and Valid Measures of the Performance Outcome Indicators

To complete Step 3, the team held meetings with DHHS department staff representing each program area, including the data team. During meetings, DHHS data administrators provided critical details about data availability (and gaps) and data quality within the legacy and NC FAST systems, and team and DHHS representatives provided ideas on alternative sources of data not available in DHHS data systems. The team also received updates on NC FAST implementation, testing of NC FAST child welfare data, and continuing issues with linking

legacy and NC FAST data. These details facilitated the team's thorough understanding of the data available by measure and quality of that data. Additionally, the meetings covered information about the MOU metrics being considered for county contracts and finally, procedures for secure data exchange were worked out.

As a result of these meetings, the team gathered information needed to prioritize initial outcome metrics and develop and submit clear data requests for the Dashboard to all of the DHHS departments, with the exception of Child Welfare. *Data Request Exhibits 1-6* in Appendix G provide details regarding our data requests. Through various discussions with various program representatives, we know that not all data elements may currently be available. Additionally, as we continue the iterative work needed to develop the Dashboard, we will gain clarity around data that may not be needed for the Dashboard.

Child welfare data is the largest body of data, and the most complex data, both in terms of developing measures for the Dashboard and understanding the structure, resources, and quality of the data for Dashboard use. The child welfare request required additional meetings about the best data source options. The primary challenges revealed, during completion of this step, are around data availability by department. While some departments have readily-available data across several years, other departments, particularly Child Welfare, are still working out substantial data definition and entry issues. The team has the greatest concern with child welfare data because the legacy system (CSDW) has several shortcomings that were to be remedied with the implementation of NC FAST. However, the transition to NC FAST has been paused for Child Welfare. For all departments, and particularly for Child Welfare, tracking and merging data across the legacy system and NC FAST must be done on an ad hoc basis; standardized procedures are still being planned. Further, there is some data that cannot be linked at all. The linking of data is a complex challenge, given that the two systems have different data fields/items that do not readily match for linking. Yet linkage is necessary for understanding trends and incorporating standardized measures for counties with data in both systems. For child welfare, the quality and usability concerns with both the legacy and NC FAST systems require a closer look at the meaningful data for the Dashboard.

Step 4: Receive and Review Data Submitted for the Dashboard and Assess Accuracy, Validity, and Other Quality Measures, and the Capability of Sustained Data Use

In Step 4 work, the team is directed to assess the current state of existing data for each social services program *and then* to move to the creation of the Dashboard. However, due to the timeline for the reform plans and Dashboard development, the team must simultaneously review data quality and build a prototype.

It is important to note that a meaningful and usable final Dashboard product is heavily dependent on the availability of accurate and quality data. Thus the overall assessment of the data across DHHS departments will focus on data quality, including review of accuracy, validity, thoroughness, timeliness, and missing data elements, and the ability of the team to use the data to develop visualizations for the Dashboard.

Through July, the team has received and begun reviewing the data obtained for the Dashboard from the social service agencies (Adult and Aging Services, Child Support, Child Care, Work First, Food and Nutrition Services, and Energy Services). As part of a separate administrative data review task, the team acquired child welfare data for review and has had, as mentioned in Step 3, several meetings with data administrators to determine usable data for the Dashboard. Examining data quality and sustainability issues required a series of discussions with the Child Welfare Data Manager. These discussions identified data quality concerns (i.e., a lack of standardized data entry procedures and definitions; workers not entering data when they encounter technical issues; potential duplicates in the systems, the inability to link data entered between/among forms, etc.), and confirmed, as previously mentioned, that it is difficult to produce data reports containing information from both NC FAST and the legacy system. This report includes recommendations for remedying data linkage issues (see the Preliminary Child Welfare Reform Plan recommendations regarding the use of data). The team anticipates that similar discussions may be needed after review of other social service program data.

Step 5: Develop a Dashboard Prototype That Provides Not Only the Performance Measures but Also Provides User-Friendly Capabilities That Maximize Data Usability and Facilitate Data Understanding

The Dashboard prototype will focus on visualizations supporting user-friendly capabilities that maximize data usability and facilitate data understanding. During the prototype development process, the team will gather feedback on its capabilities through a series of presentations. These presentations will be planned in coordination with DHHS leadership. Because the team is using its corporate IT resources to build the prototype, prototype presentations will occur via web-based technology, such as WebEx or Zoom.

As mentioned in Steps 3 and 4, the team has identified some significant challenges with data available for Dashboard development. The purpose of the Dashboard is to provide a lasting tool for state leadership, Central Office 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. Adoption of the improvement and use of administrative data recommendations in this report can certainly remedy areas of data weaknesses by building sound methods and processes to improve the data available for performance measures and for the Dashboard. Though the recommendations will require long-range planning and long-term investment beyond the timeframe of this project, they are critical for developing a plan that incorporates the use of data for managing improvements and outcomes, and for a sustainable Dashboard as an effective data tool for that work. The team will work with DHHS staff and stakeholders in Phase 2 to identify data quality concerns and discuss available data alternatives that can be featured while state data improvement strategies are underway.

X. THE CONTINUOUS QUALITY IMPROVEMENT PLAN FOR SOCIAL SERVICES

Introduction

Continuous Quality Improvement, or CQI, is central to improving North Carolina’s social services programs. Though sometimes viewed as “nice to do,” CQI is truly a “must-do” to effect change on the scale envisioned in this project. Done well, CQI can create and sustain a laser-like focus on a program’s intended outcomes, and ensure that staff’s activities and priorities are aligned with those goals. CQI necessitates *effective use of data*, both to drive decisions and consistently evaluate results, so as to fine-tune processes on an ongoing basis. We recommend that, as soon as possible, DHHS/DSS undertake the effort to craft and implement a CQI Plan, as detailed in this chapter.

A. Establish and Implement Core CQI Structural Components

Develop a Formal CQI Plan

A critical first step to DHHS becoming a CQI-receptive organization lies in the development of a CQI plan that all agency staff, as well as key stakeholders, are fully aware of, understand, and embrace. This CQI plan should be comprehensive and provide an overarching framework and set of principles that are aligned with DHHS agency values and provide the underpinning to the state’s CQI model, as well as a defined systematic CQI improvement cycle and feedback loop. The CQI plan should facilitate DHHS staff and stakeholders’ understanding, from the counties to the Central Office, of the purpose and scope of DHHS’s revitalized CQI system, and their roles in the various CQI activities. It is important that counties are given the opportunity early in the process to provide input into the development of the CQI plan. The CQI plan should emphasize the importance of using data to inform agency decision-making and provide guidance detailing the types of data available and how such data is to be used toward making sustainable programmatic improvements.

North Carolina’s CQI plan should be a formal document that delineates how to integrate the people, information, and technology of DHHS into the CQI process and include the following components.

A Defined CQI Logic Model

A defined logic model will provide DHHS leadership, agency staff, and stakeholders, particularly those serving on CQI teams and committees, with a structured framework from which to work collaboratively to identify and understand the underlying issues to presenting problems. That framework will then guide the development of successful improvement efforts.

The Capacity Building Center for States offers the CQI Cycle of Learning and Improvement, a logic model oriented around implementation science principles, that uses a six-step systematic process of problem solving, including:

1. Identify and understand the problem;
2. Research the solution;

3. Develop a theory of change;
4. Adapt or develop the solution;
5. Implement the solution; and
6. Monitor and assess the solution.

While there are various logic models for DHHS to choose from, it is important to delineate clearly a statewide problem-solving approach in the CQI plan from which all county, regional, and the state-level CQI teams can operate and structure organizational improvement initiatives.

A Teaming Structure

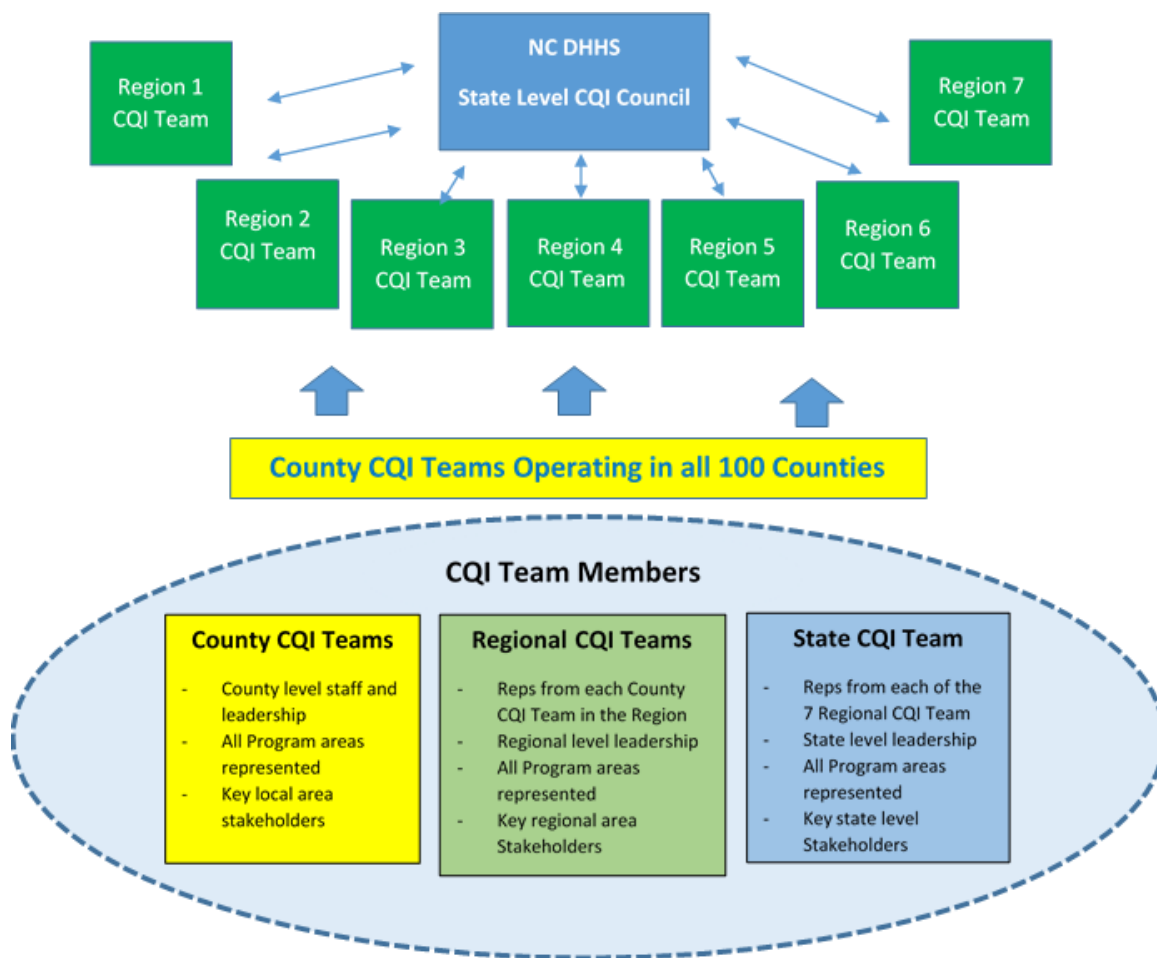
A well-designed and implemented teaming structure is one that will facilitate a shared sense of community throughout DHHS by ensuring that staff and stakeholders have the opportunity to participate actively in the agency's CQI process. This should include the establishment of a state level CQI team, as well as regional and county level CQI teams that include a broad range of staff and stakeholders and represent all program areas. A teaming structure will help facilitate the routine sharing of quality data and information throughout the agency, which will in turn foster meaningful communication and dialogue that can then be acted upon to improve outcomes. This proposed model (*see Figure 18*) utilizes the newly-established regions as a middle tier for structured CQI activities that will connect county level CQI activities up to the state level, as follows.

- ◆ **Foundational Level – Counties:** The County CQI Teams are the foundation of the recommended DHHS CQI Structure, with the goal being ultimately to have County CQI Teams fully functional and operating in each of the 100 North Carolina counties. (As a county option, several smaller counties could elect to merge their CQI functions into a single team that would serve each of the counties' needs.) Representatives on the County CQI Teams should include county agency staff and leadership across all program areas, as well as internal and external stakeholders such as parents, the judiciary, contracted and community service providers, and others.
- ◆ **Middle Level – Regions:** The middle tier of the DHHS CQI Structure will function at the regional level, with each region ultimately supporting a fully functional Regional CQI Team. Representatives on the Regional CQI Teams would be similar to those on the County CQI Teams, with a goal being that each County CQI Team has at least one member serving as a representative on their respective Regional CQI Team. Regional CQI Teams should also be inclusive of agency staff and leadership across all program areas, as well as internal and external stakeholders such as parents, the judiciary, contracted and community service providers, and others.
- ◆ **Top Level – Statewide:** The top level to the DHHS CQI Structure is the State CQI Team. A goal with the implementation of this CQI Structure would be to establish a new State CQI Team that has at least one member from each Regional CQI Team serving as a representative. In this way, North Carolina will have a CQI process that will allow for and support the full participation of staff and stakeholders from every county in the state, with the regions serving as the conduit for effective communication and collaboration. The State CQI Team should also include the DHHS Director and state level leadership across all program

areas, as well as state level internal and external stakeholders such as chairs of any key state advisory committees.

Other structural considerations for DHHS include how to best integrate the work of existing staff, divisions, or committees that already produce valuable information, such as those engaged in OSRIs, into the work of the CQI teams. Establishing a standardized meeting calendar for each of the different levels of the CQI structure is an important detail to include in the CQI plan. For example, having CQI teams formally meet on a quarterly basis might be an option worth considering, while various activities such as collecting and analyzing data, conducting case reviews, etc. are occurring on an ongoing basis between meetings, with that information informing the agendas of CQI meetings.

Figure 18: Proposed North Carolina Statewide CQI Structure (7 Regions)



CQI Team Membership and Defined Roles

Along with a teaming structure, DHHS will want to ensure that membership on CQI teams (state, regional, county) is representative across all program areas and staff levels, and inclusive of external stakeholders such as families, community partners, contracted providers, courts, and tribes. The presence of leadership, particularly those with decision-making authority is also

essential to the makeup of CQI teams. This demonstrates the overall agency commitment to CQI and to leadership playing an active role in the problem solving and program improvement process. Similarly, the active participation by internal and external data experts on CQI teams is also essential to provide technical expertise and support to team members in the use of data to identify and explore agency problems. Other decisions to be made and outlined in the CQI plan include the establishment of specific roles for CQI team members, such as team leaders, facilitators, and scribes in order to document and communicate CQI activities to other agency staff and stakeholders.

A Data Plan

A key ingredient to improving DHHS agency practices and child and family outcomes will be in the investment and ongoing commitment to gathering and producing quality program data, continually sharing and promoting the effective use of data, and ensuring that every step in the CQI problem-solving process is informed by data. This is best operationalized through the use of a clearly articulated data plan, which will help ensure that North Carolina leadership, staff, and stakeholders across all levels of the CQI structure have ongoing accurate information about how the agency programs are operating, understand what data are available and accessible for the success of the improvement efforts, and understand any gaps and needs for additional data. The data plan is a part of the state's CQI plan. Key elements of the DHHS data plan should include and detail the following.

- ◆ Identified key performance indicators, qualitative data measures, and outcomes (at the county, regional and state level as appropriate) – to include state level federal reporting requirements, CFSR PIP goals, newly-established Dashboard metrics per program area, and performance requirements delineated in county contracts.
- ◆ Available data sources and any data limitations – quantitative (state and county administrative data) and qualitative (state and county case review including Program Monitoring Reviews and OSRIs).
- ◆ Development and dissemination of user-friendly data reports for inclusion in CQI activities – Results of reviews as well as extractions and analyses from state administrative systems must be documented and displayed in ways that promote a common understanding of what is being presented. DHHS can promote an agency-wide culture in which staff at all levels become data ambassadors, by investing in resources that allow for data presentations that are engaging and user-friendly (i.e. using graphs, infographics and other types of data visualization) and readily connected to agency practice.
- ◆ Data analyses that will be used as part of the CQI process at the county, regional, and state level – Analyzed, quality data will only play a valuable role in the CQI process if it is understood and used by DHHS staff and stakeholders.
- ◆ Delineation of agency staff and stakeholder responsibilities as it relates to ensuring data quality – Ensuring high-quality data from NC FAST and other DHHS administrative data systems should be a high priority that is communicated in the data plan. Data concerns left unresolved can have a substantial effect on the CQI process. If data is not trustworthy, it is difficult to answer the “what” and “why” questions relevant to the CQI cycle. The lack of access to high-quality data can also have a negative impact on the ability of the agency to

monitor the results of a particular intervention effectively and even undermine the trust of staff, stakeholders, and the general public.

A Communication Plan

A communication plan is a critical component of the CQI plan that will help ensure staff and stakeholders clearly understand the direction in which DHHS is heading, and the connection between practice and outcomes. It should establish formal internal and external communication procedures so that County CQI teams, Regional CQI teams and the state level CQI team have a shared awareness and understanding of what is being learned through the various CQI activities. It should include an agency feedback loop for communicating the results of case reviews and strategic planning efforts.

An effective communication strategy also builds trust. It will demonstrate to North Carolina staff and stakeholders that DHHS values transparency by making the recording and sharing of CQI-related activities, including data analyses and improvement planning efforts, standard practice across the state. Some effective communication strategies might include using web-based or social media platforms to provide ongoing information about CQI activities and CQI team minutes, sharing CQI successes in a newsletter or in online updates that describe recent CQI activities such as problems identified, determination of potential solutions, or improvements in services or outcomes, and “data stories” that describe what has been learned from the CQI process about outcomes experienced by adults, children, and families.

B. Establish an Organizational Culture that Fosters CQI

Leadership Modeling and Support for CQI

The role that DHHS leadership plays at the state, region, and county levels in order to establish a sustainable organizational CQI culture is essential. This will be best exemplified by DHHS leadership being active in supporting a learning environment for CQI and setting clear expectations for the use of data throughout the agency and then modeling the use of data in everyday interactions with staff and stakeholders. This may include issuing explicit directives and/or policies for examining data as a part of agency problem solving, and establishing regular meetings or standing agenda items that are devoted to CQI and data examination. It will be important that DHHS leadership play a visible role in ensuring that both quantitative and qualitative data are distributed across all levels and programs and that there is a shared sense of responsibility regarding the quality of the agency’s data systems. Agency staff and stakeholders should be able to see leadership’s commitment to the CQI process. This can be made further evident by leaders serving as active members on state and local CQI teams and participating in CQI activities such as OSRIs and Program Monitoring reviews.

DHHS leadership can further contribute to creating a supportive organizational culture for CQI by making visible efforts to allocate the necessary resources to the CQI structure and program. This includes advocating for and then filling positions for CQI-dedicated staff that provide adequate coverage and support across the state and also in making needed investments in state and local data systems.

Staff and Stakeholders Engagement and Involvement

CQI depends on the meaningful and active participation of staff and stakeholders at all levels. This requires not only that staff and stakeholders are provided the opportunity to participate actively and assume meaningful roles in CQI activities, but also that they are also fully prepared and supported in their participation in all phases of the CQI process. Central Office leadership can promote this level of inclusion by consistently demonstrating, through its CQI practices, policies, and procedures, that staff and stakeholder participation in the CQI process is a high priority and essential to achieving improved performance and outcomes. Central Office should provide clear messaging as well as ongoing opportunities for staff across the agency, and at all levels, and for stakeholders to participate in various aspects of the CQI process (i.e. serving as members on CQI teams, in Program Monitoring Reviews or OSRIs).

It is also important that staff members feel well-prepared to participate actively and assume meaningful roles in the CQI process. This will necessitate that DHHS commit adequate resources to support the active participation in CQI orientations and training as needed. This is particularly important for agency staff, so they have the skills to be able to use data in their work routinely and to make connections between their practices/actions and measurable outcomes.

Transparency and Communication

In a CQI environment, communication is a structured, strategic support function that ensures a high-quality, sustainable CQI system that is understood, embraced as the way of conducting business, and occurring throughout the social services programs. DHHS should demonstrate, as a part of its CQI plan, that communication is a strategic support function of the CQI system. Key messages that clearly articulate North Carolina's CQI processes and goals, as well as their connection to the DHHS agency vision and values must be shared and understood across all levels of the agency and with stakeholder groups. DHHS should invest in multiple communication strategies to facilitate the most essential information in the most effective formats – among counties, regions, and the Central Office in the sharing of CQI information with one another, stakeholders, and the public whenever possible and appropriate. Communication must also be multi-directional, with continuous opportunities for staff and stakeholders to communicate critical information and share concerns via continuous feedback loops that are facilitated and coordinated by the agency.

C. Invest in Infrastructure and to Support CQI

Provide for Dedicated CQI Staffing

CQI investment includes establishing and funding positions for qualified and trained CQI staff with defined roles at the state, region, and county levels, and who are expressly dedicated to overseeing and providing needed support to all CQI processes and activities. DHHS leadership, with input from the counties, should first conduct a CQI staffing assessment, taking into consideration the size and scope of the agency's services and deliverables and where service recipients are located across the state for all program areas, before determining the exact number and types of allocated positions. In moving to a regional structure, DHHS is advised to make CQI staffing investments at the state, regional, and county levels (*see Figure 19*).

All CQI job descriptions and position requirements should be clearly delineated so that individuals applying for and entering into CQI positions understand the skills required and the key roles they are expected to play.

Figure 19: North Carolina CQI Staffing Options and Considerations (7 Regions)

CQI Staffing Level	Roles and Responsibilities
State CQI Director (1)	TBD
State Program Area Associate Directors (2-4: Could be one position for each program area or a merging across some program areas – reports to State CQI Director) ▪ Child Welfare ▪ Aging and Adult Services ▪ Child Support ▪ Economic and Family Services	TBD
Regional CQI Specialists (7-14: Recommending one to two positions per region, depending on the number and size of the regions, with a merging across some program areas – reports to Associate CQI Director)	TBD
County CQI/Data Analysts (Number TBD depending on size of county and number of cases/clients served – reports to Regional CQI Specialists)	TBD

Invest in Training to CQI Staff and CQI Team Members

Staff and stakeholders must have the knowledge and skills to support their full participation in North Carolina’s CQI process. DHHS should implement a comprehensive CQI training plan that provides all staff, new and existing, with introductory and ongoing training on the agency’s CQI plan, policies, and requirements that provide clarity regarding staff and stakeholder roles in the CQI process. Specific areas to consider for inclusion in the CQI plan are the use of data, action planning, and using the agency’s logic model in order to make evidence-informed decisions. Additionally, staff and stakeholders asked to participate in specific county and state CQI-related activities will need to receive specialized training in order to perform the functions with fidelity.

Provide Access to High Quality and User-Friendly Data

A critical component to a high functioning CQI system is ensuring that staff are afforded access to up-to-date technology and other resources to assist in the use of data/evidence needed to make informed decisions. DHHS should consider technology and staffing investments necessary in order keep information systems up-to-date, and provide staff with ready access to reliable and easy-to-use resources. University partnerships should be leveraged, where appropriate, to support key programs and initiatives through the use of data analytics and specialized program evaluation. Staff should also have access to web-based information clearinghouses and other sites that support evidence-informed problem resolution and decision- making.

D. Recommendations for Implementing an Effective and Sustainable CQI System in North Carolina

1.	Make sure CQI efforts are all-inclusive. CQI efforts, focus, and membership should be inclusive across all social service program areas, multiple levels of staff, and external stakeholders, to include:		
	Program Areas ▪ Child Welfare ▪ Aging and Adult Services ▪ Child Support ▪ Economic and Family Services	Internal Staff ▪ Caseworkers (Direct Service Staff) ▪ Supervisors ▪ Clerical/Support ▪ Managers ▪ Leadership	External Stakeholders ▪ Parents ▪ Families ▪ Youth ▪ Caregivers ▪ Foster/Adoptive Parents ▪ Contracted Providers ▪ Community Providers ▪ Courts ▪ Social Services Commissions
2.	Establish an effective learning structure. The establishment of an effective teaming structure will be key to the success of NC's CQI process. Establishing teams at multiple levels (county teams, regional teams, and a state team) will help ensure there is a structured framework through which staff and stakeholders can actively participate in CQI activities. It will also provide a forum across the various program areas for staff and stakeholder to come together and analyze data in order to identify and resolve common problems, and build organizational consensus on how to implement strategies that improve outcomes for North Carolina children and families. DHHS has the opportunity through this reform effort to build and align a newly envisioned CQI process around the new regional structure.		
3.	Engage the counties and Central Office early (and often) in coming up with an implementation plan for CQI. Include the voices of staff from all program areas. Engage key stakeholder groups. This sets the stage for the active involvement of staff and stakeholders early on in the development of NC's CQI process.		
4.	Learn about state and local/county CQI practices. Find out what state QA/CQI staff have learned from years of implementing program monitoring program performance. Learn from IT staff and other constituency groups across the state about what is or isn't working well with NCFAS in order to anticipate and address potential challenges in the use of data as part of the CQI process. Build on local ideas and strengths.		
5.	Include an implementation plan defining important elements. The CQI plan should include an implementation plan that details the sequencing of key activities and components outlined in the CQI plan. This will require that DHHS determine how best to roll-out the establishment of state, regional, and county level CQI teams, strengthen existing qualitative case review processes and administrative data infrastructure (i.e. NC FAST) and also introduce and integrate new data dashboards and performance expectations outlined in county MOUs into the CQI process. DHHS should consider the potential benefits to a phased roll-out of the proposed CQI Structure, particularly as it relates to the establishment of a State CQI Team, Regional CQI Teams, and County CQI Teams. Investing first in a State CQI team and in Regional CQI teams could be advantageous if it is aligned with the newly established regional structure. A phased roll-out could include establishing one or two Regional CQI Teams, where the various CQI related processes and activities could be tested and adjusted as needed, and the roles of the DHHS CQI staff could be refined before moving to full statewide implementation.		

6.	Hone and transmit goals regarding data usage. Take the time to really message (and model) with staff and stakeholders DHHS leadership expectations and goals as they relate to using data in order to improve practice and outcomes. This includes integrating core provisions of annual MOUs into county CQI plans and local/county oriented CQI activities. It also includes aligning all agency metrics – including new dashboard measures and key performance metrics and outcomes – into the CQI plan. Training on the new dashboard also needs to be fully aligned with CQI processes. Finally, because the accessibility of user-friendly data is essential to a high functioning CQI system, it is essential that DHHS determine, with input from staff and stakeholders at the county level, which existing agency data can best be utilized to identify strengths, challenges, and examine problem areas in order to get to root causes, identify strategies, and monitor solutions.
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XI. SUMMARY

This North Carolina Social Services Preliminary Reform Plan documents the current framework for service delivery, details findings from our assessment of that framework, and provides recommendations for improvement. A companion report, the North Carolina Child Welfare Preliminary Reform Plan, is presented as a separate volume. This Draft Preliminary Reform Plan is the culmination of the Center for the Support of Families' (CSF) work to date on the North Carolina Social Services Reform Plan project and documents the current framework for service delivery, findings from our assessment of that framework, and recommendations for improvement. The final Social Services Reform Plan and the Child Welfare Reform Plan, due February 28, 2019, will close out Phase 2 of this project. Phase 3 provides for continued oversight and monitoring of the implementation activities.

Throughout our work during Phase 1, we met leaders, line staff and stakeholders who clearly have a passion for the work, are willing to face challenges and are excited to explore new ways of doing business and work collaboratively to improve outcomes for the state's most vulnerable citizens.

Looking ahead, we believe DHHS should begin the next phase of its work required under S.L. 2017-41 by developing a Transition Plan, needed to put the new regional office structure in place. DHHS is responsible for determining how many regions will be created and their geographic boundaries. These decisions are fundamental to the staffing and facilities decisions that must be made, as well as the request to the General Assembly for the funding needed to support the new organizational structure. We are proposing that there be seven geographic regional offices. The level of effort and depth of knowledge required related to the counties in each region warrants a regional structure with fewer counties within each region.

Our proposed regionalization features a matrix organization in which administrative management of all staff comes from a Regional Director, with program policy and practice supervision originating from the appropriate program section in the state office. Matrix organizations require strong management at the regional and Central Office levels. This amplifies the need for a strong Regional Director.

Another top priority going forward relates to the use of data. Fundamentally, social services program management should focus on data and how to integrate its routine use into all programs. Program improvement is predicated on easy access to reliable data, and processes informed by robust program data. DHHS should begin the next phase of their work by realistically assessing their internal capacity for integrating the routine use of data into all of the social services programs, and making appropriate organizational changes, to support a data-driven culture. Progress has been made toward developing 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. However, the team has identified some significant challenges with data available for Dashboard development. During Phase 2, we will continue to work with DHHS and the counties to further refine staffing and program outcomes data.

The final Reports, due by February 28, 2019, will document progress on the short-term recommendations, and will include implementation plans for the mid- and long-term recommendations.

As noted in the Executive Summary, North Carolina’s leadership is to be applauded for its decision to pursue the systemic changes needed to improve outcomes for its most vulnerable citizens. We believe the preliminary recommendations detailed in this report will help North Carolina’s social services programs become “best in class” and we look forward to continuing our work with state and county staff, as they work to improve the services they deliver to the public.

XII. APPENDICES

Appendix A: List of Key Meetings

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,

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Date	Meeting	Purpose/Content
		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.
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.

Appendix B: Focus Groups Conducted

Date	Group	Location
April 12, 2018	Child Welfare Focus Group	Greensboro, NC
April 26, 2018	County Directors	Blowing Rock, NC
May 9, 2018	Children Services, Aging and Adult Services, and Economic and Family Services Focus Group	Cary, NC
May 24, 2018	Finance Staff Focus Group	Raleigh, NC
May 25, 2018	Child Support Supervisors	Raleigh, NC
June 6, 2018	Aging and Adult Services, Child Support, Child Welfare, and Energy Program	
June 7, 2018	Child Care and FNS	

The following counties participated in-person or by phone in focus groups or interviews on the assigned date or follow up at another time (note: not all counties participated in all focus groups; there were approximately 6 in each).

Central

- ◆ Guilford (host).
- ◆ Caswell (Karen traveled there and did some interviews).
- ◆ Chatham.
- ◆ Randolph.
- ◆ Yadkin.
- ◆ Moore.

Eastern

- ◆ Carteret (host).
- ◆ Jones.
- ◆ Beaufort.
- ◆ Craven.
- ◆ Perquimans (came for one day).
- ◆ Hyde (came for one day).
- ◆ Pender.

Western

- ◆ Rutherford (host).
- ◆ McDowell.
- ◆ Buncombe.
- ◆ Jackson.

- ◆ Haywood.
- ◆ Burke.

Half-Day Site Visits

- ◆ Orange County.
- ◆ Wilson County.

Appendix C: 15 Counties Selected for Site Visits

- ◆ Alamance.
- ◆ Alleghany.
- ◆ Anson.
- ◆ Caldwell.
- ◆ Camden.
- ◆ Edgecombe.
- ◆ Greene.*
- ◆ Halifax.
- ◆ Johnston.
- ◆ Mecklenburg.
- ◆ Orange.
- ◆ Robeson.
- ◆ Scotland.
- ◆ Swain.
- ◆ Wake.

**Greene County was unavailable for in-person visit the week scheduled, so a telephone interview was conducted.*

Appendix D: Sample Survey Instrument – DAAS

North Carolina Staffing Survey - Aging and Adult Services						
County Name		Point of Contact		Phone	Email	
Overall do you consider staffing levels appropriate for the work required?	What specific resources or positions are needed? (add lines if necessary)			Provide other concerns or comments regarding staffing below.		
Below are groups of functions that typically make up a position in Aging and Adult Services. Please tell us how many Full Time Equivalents (FTE) you have that perform those functions. We realize that staff may perform more than one function, or staff may not spend all of their time on those functions, so please use fractions to provide us with your best estimate.						
Position Functions	Number of FTEs	Starting Salary	Top Salary	Number of Vacant Positions Now	Number Hired in Past 3 Months	Comments
Takes calls from the public regarding adults who may be at risk and in need of Adult Protective Services						
Evaluates APS intakes, determines next steps in case						
Performs evaluations, treatments, plans and mobilizes services						
Performs guardianship services, including case management, arranging and monitoring treatments						
Visits clients in their homes, oversees the provision of paraprofessional services						
Monitors adult care facilities						
Takes calls from the public for non-APS services, including emergency assistance, general assistance related to adults, placement assistance						
Performs case management for individual and family adjustment						
Representative Payee for people with Social Security benefits who cannot manage their financial affairs						
Performs duties under the State-County Special Assistance Program						
Supervises staff performing FNS duties, may provide training, fill in when caseloads have a vacancy						
Program Manager/Administrator, responsible for overall operations of program, personnel issues, overall supervision of staff						

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Turnover				
Thinking about January 1, 2017, through today:				
How many staff have you lost?				
Position Title	# lost	Reason for leaving (if known)		
Were your turn-over rates during this time period fairly typical, higher, or lower than usual?				
If you have a turnover issue in this program, what do you think would help decrease the amount of turnover you suffer from?				

Job Qualifications									
Think about the job classifications for the staff you have in managerial, supervisory, lead, and front line positions. Please list the job classifications, and the minimum qualifications for each position. If it is easier/more readily available, please send us your job position descriptions separately. Examples are listed below - please edit as needed.									
Job Title			Minimum education		Minimum experience			Certification required?	
Program Manager									
Supervisor									
Lead									
Social Worker I									
Social Worker 2									

Appendix E: Comparison of States' Organizational Charts

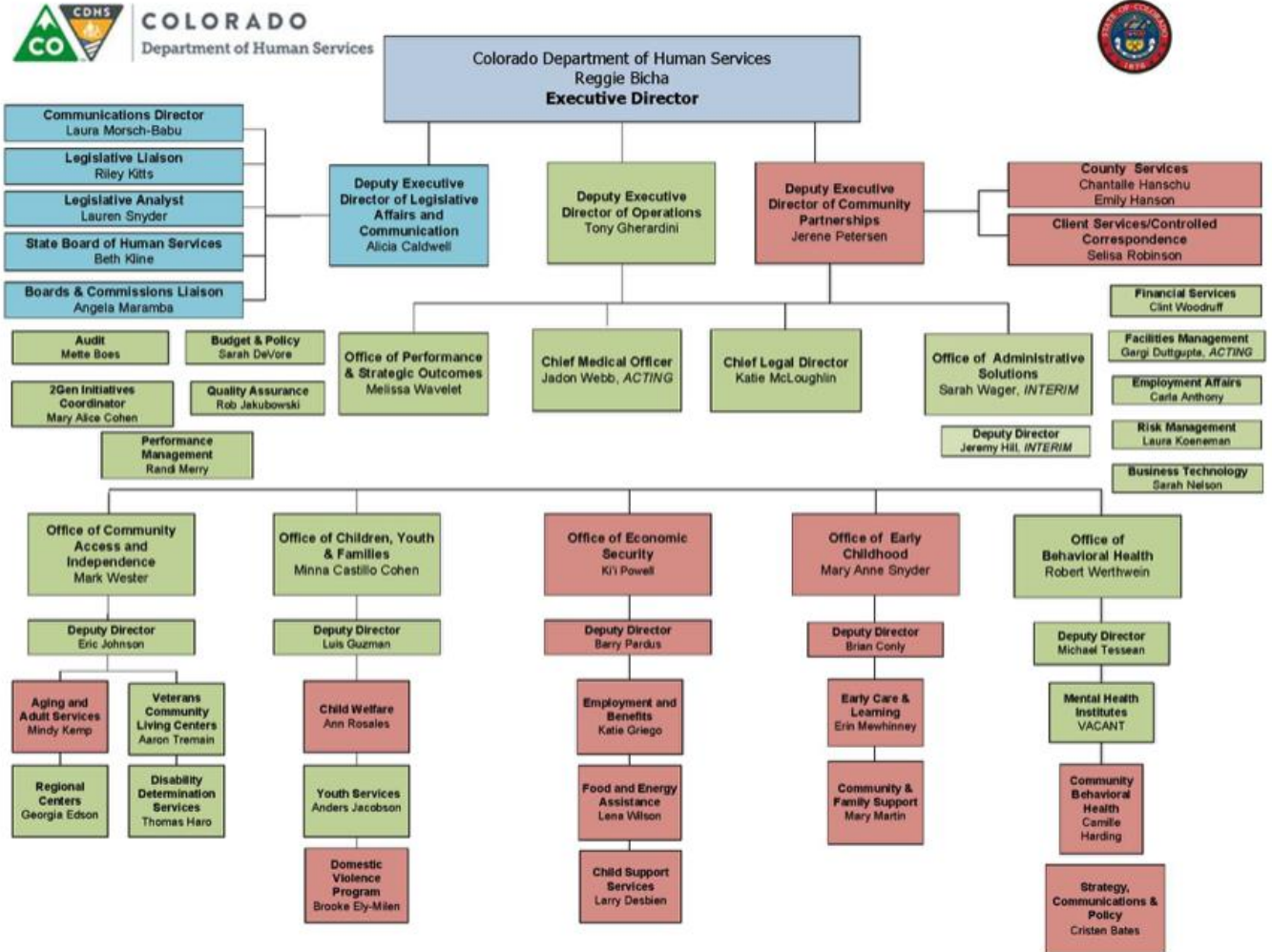
Colorado

Colorado operates under a state-supervised, county administered model. Perhaps the most distinguishing feature of Colorado's administration is their emphasis on how many staff they have in each region of the state. This was unique among the states we examined, and it may reflect an emphasis on ensuring that citizens of the state are served where they live. This would be particularly important in Colorado, where there are large portions of the state that are sparsely inhabited.

Additionally, Colorado has centralized cross-cutting functions, such as risk management, technology, audit, budget and policy and quality assurance, under the Director of Operations. While it may be possible to have expertise in these functions within a single administrative entity, it raises the question of how much program-specific knowledge these staff have about the service agencies in the state.

Figure A-1 below is the organization chart for the Colorado Department of Human Services. The geographic distribution of all state employees is presented in Figure A-2.

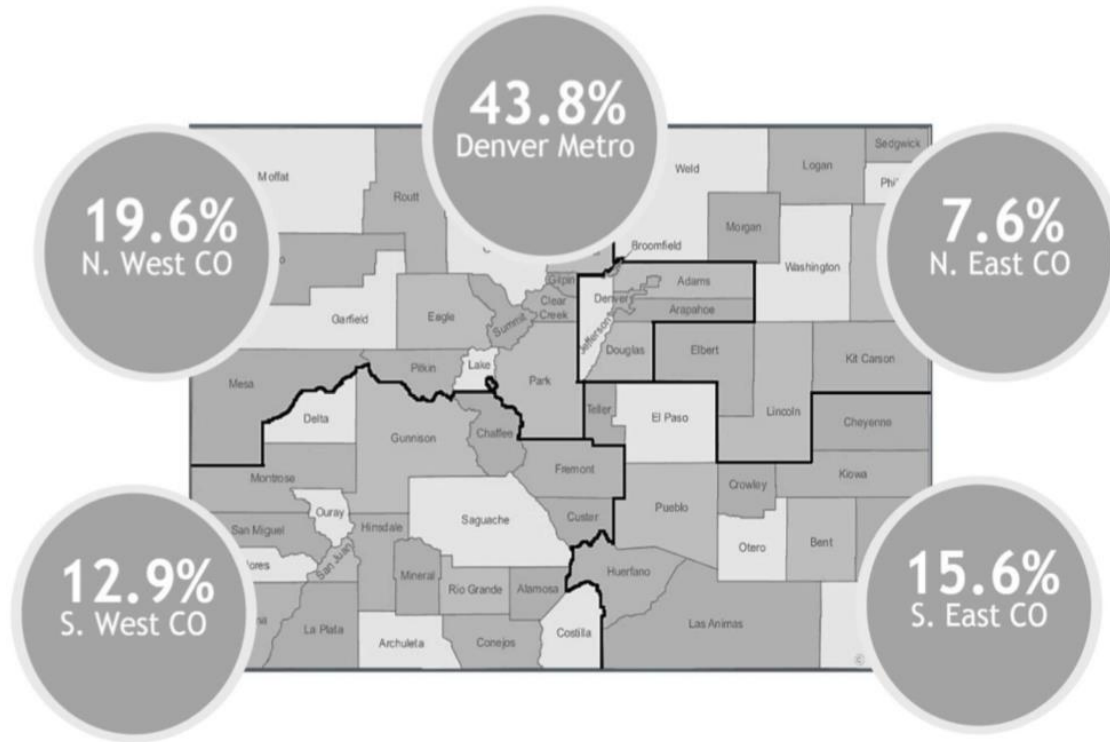
Figure A-1: Colorado Department of Human Services Organization Chart



Excerpts from 2014 – 2015 Workforce Report

<https://www.colorado.gov/pacific/sites/default/files/2014-15%20State%20of%20Colorado%20Workforce%20Report.pdf>

Figure A-2: FY 2014-2015 Employee Distribution by Region



Employee Distribution by Region:		
19.6% Northwest Colorado 6,168 employees	43.8% Denver Metro 13,751 employees	7.6% Northeast Colorado 2,378 employees
12.9% Southwest Colorado 4,053 employees		15.6% Southeast Colorado 4,882 employees

When looking at distribution of staff by department (*Figure A-3*, below), we can see that the areas of Higher Education, Corrections and Human Services have the majority of the State Employee resources with a combined 59.7 percent of the overall workforce. This is partly due to local staff being county employees in some areas – such as Education, which primarily consists of local school district employees. However, this does indicate that State level resources are focused in these three areas. No other departments have staffing levels within 5 percent of the lowest of these three. Many departments’ staff represent less than 1 percent of the total workforce.

Figure A-3: FY 2014-2015 Employee Distribution by Department

Department	# of Employees	% of Classified Workforce	Avg. Age	Avg. Monthly Salary	Retirement Eligible within 1 yr.
Agriculture	273	0.9%	48.6	\$4,600	26.0%
Corrections	6,122	19.6%	44.5	\$4,323	15.2%
Education	137	0.4%	49.2	\$3,940	25.5%
Governor's Office	532	1.7%	51.4	\$6,084	31.8%
Health Care Policy & Financing	420	1.3%	43.2	\$5,269	11.9%
Higher Education	7,562	24.2%	48.8	\$3,515	28.0%
Human Services	4,977	15.9%	46.0	\$4,187	17.7%
Labor & Employment	1,076	3.4%	49.5	\$4,761	28.3%
Law	177	0.6%	48.6	\$5,234	22.6%
Local Affairs	153	0.5%	46.8	\$5,390	18.3%
Military & Veterans Affairs	135	0.4%	48.8	\$4,391	15.6%
Natural Resources	1,441	4.6%	46.0	\$5,381	21.0%
Personnel & Administration	362	1.2%	48.9	\$4,857	24.6%
Public Health & Environment	1,283	4.1%	46.0	\$5,845	19.7%
Public Safety	1,680	5.4%	43.0	\$5,602	10.7%
Regulatory Agencies	527	1.7%	49.8	\$5,425	25.6%
Revenue	1,259	4.0%	48.2	\$4,425	19.8%
State	119	0.4%	45.9	\$5,579	9.2%
State Auditor's Office	63	0.2%	39.7	\$6,133	1.6%
Transportation	2,932	9.4%	47.9	\$4,863	19.8%
Treasury	29	0.1%	52.3	\$4,986	27.6%
Statewide Totals:	31,259	100.0%	46.8	\$4,444	20.7%

Georgia

Georgia used to operate under the state-supervised, county-administered model. Their social services programs are now state-administered. Georgia provided us with information on the structure and administration of their Division of Aging Services, which has a strong focus on Field Operations. Georgia has a very strong regional structure. These examples indicate that the majority of staffing resources are located in field operations and the central office is categorized as “Field Support”. They also have dedicated resources to oversee policy as well as Adult Guardianship and APS – again showing priority in these areas. In the graphic below, APS represents Adult Protective Services and PGO is the Public Guardianship Office.

Figure A-4: APS and PGO Positions by Section and by Position Type

APS/PGO Positions by Section	
<u>Section</u>	<u>Total</u>
Field Operations (SO)	8
Public Guardianship	40
APS/Central Intake	14
APS District B	66
APS District C	64
<u>APS District D</u>	<u>66</u>
Total	258

APS & PGO by Position Type	
<u>APS</u>	<u>Total</u>
Family Service Workers	5
Program Associates	9
Supervisors	27
District Managers	3
State Office	4
SSCMs/Central Intake	12
<u>SSCMs/Investigations</u>	<u>155</u>
Total	215

<u>PGO</u>	<u>Total</u>
Program Associate	1
Supervisors	5
State Office/Dist Mgr	3
<u>SSCMs</u>	<u>34</u>
Total	43

Figure A-5: Georgia Division of Aging Services Organizational Chart 1

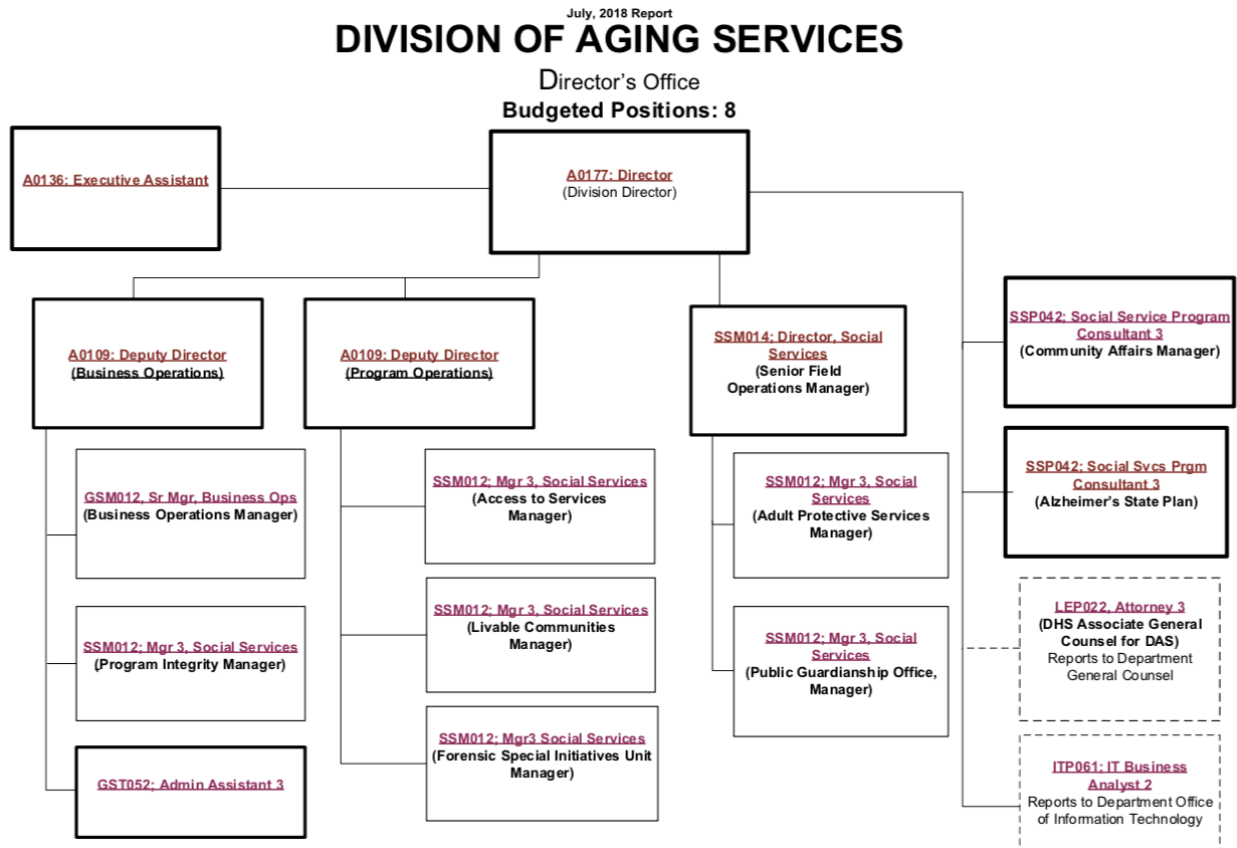


Figure A-6: Georgia Division of Aging Services Organizational Chart 2

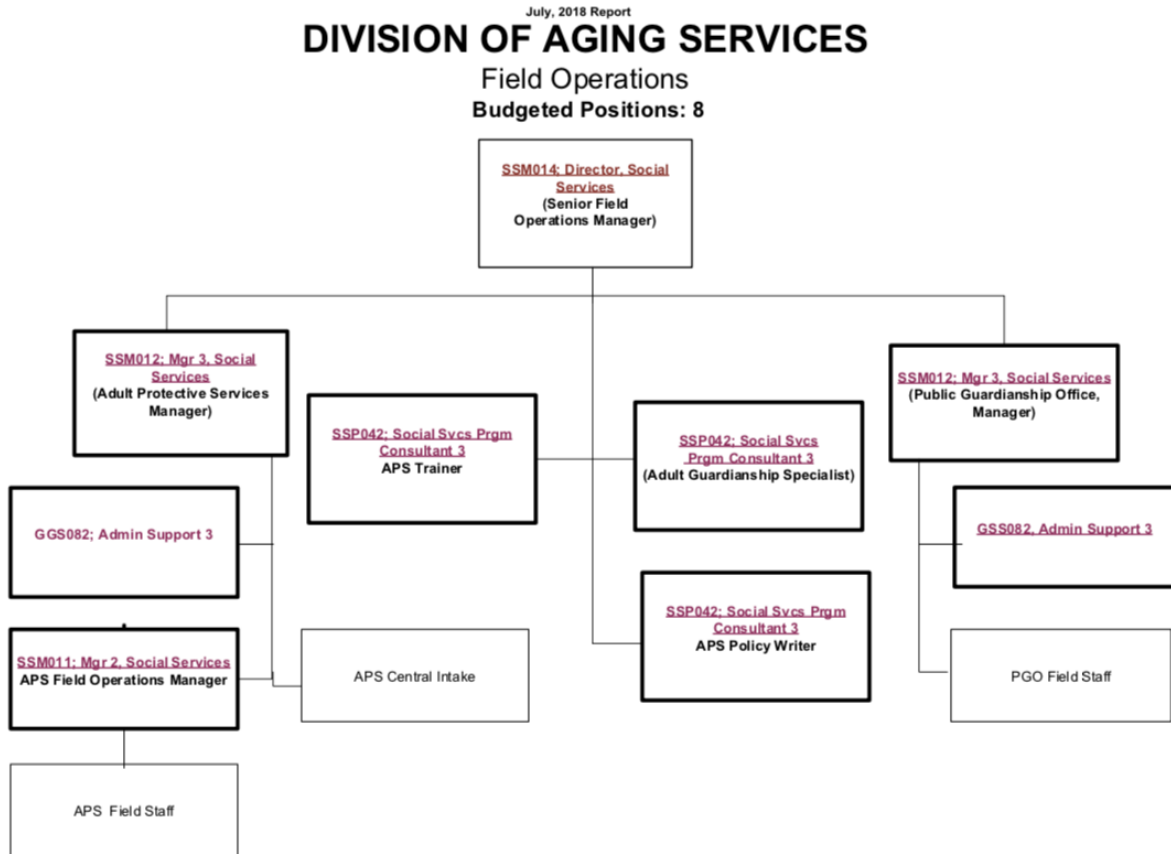


Figure A-7: Georgia Division of Aging Services Organizational Chart 3

July, 2018 Report

Division of Aging Services
Public Guardianship Office Field Staff
 Budgeted Positions: 40

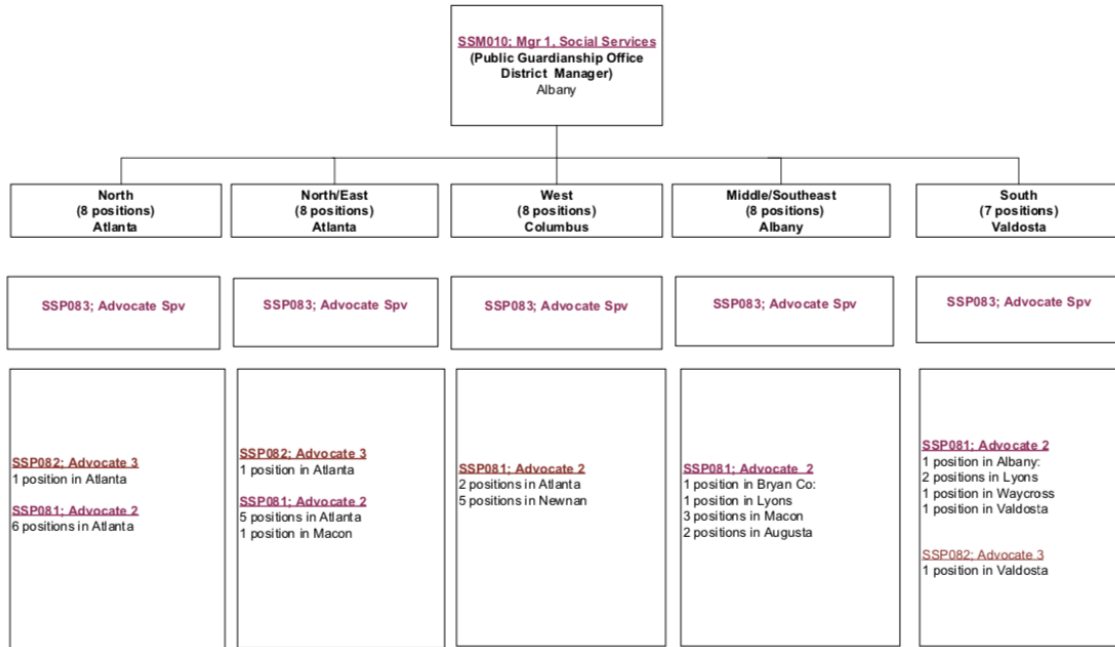


Figure A-8: Georgia Division of Aging Services Organizational Chart 4

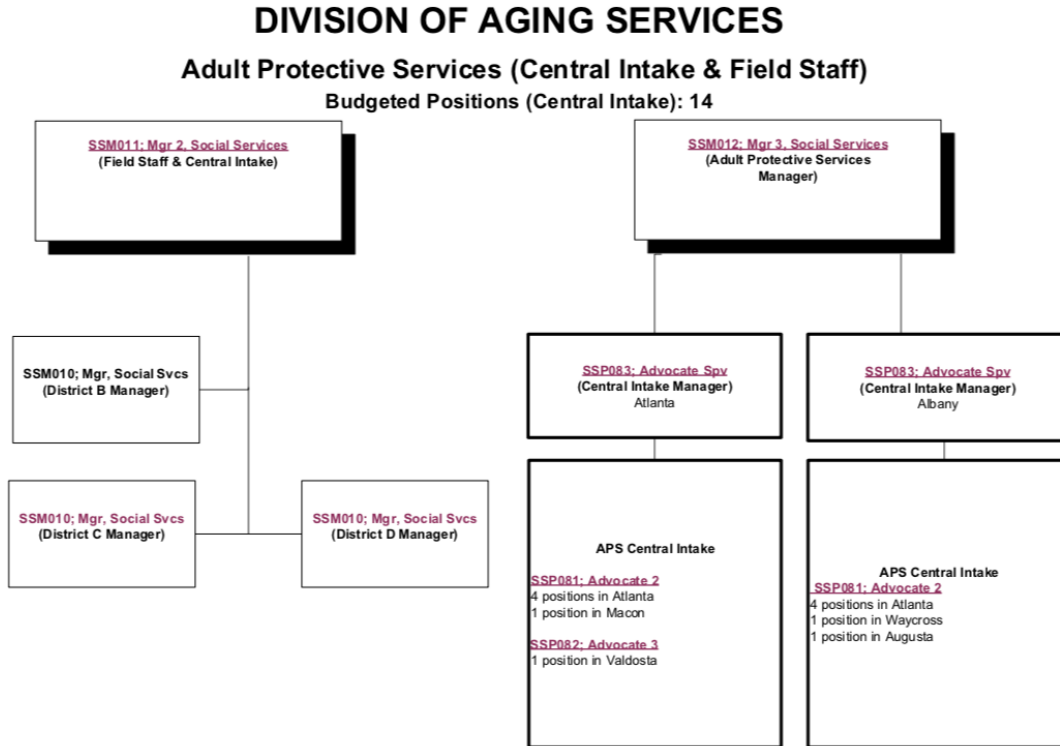


Figure A-9: Georgia Division of Aging Services Organizational Chart 5

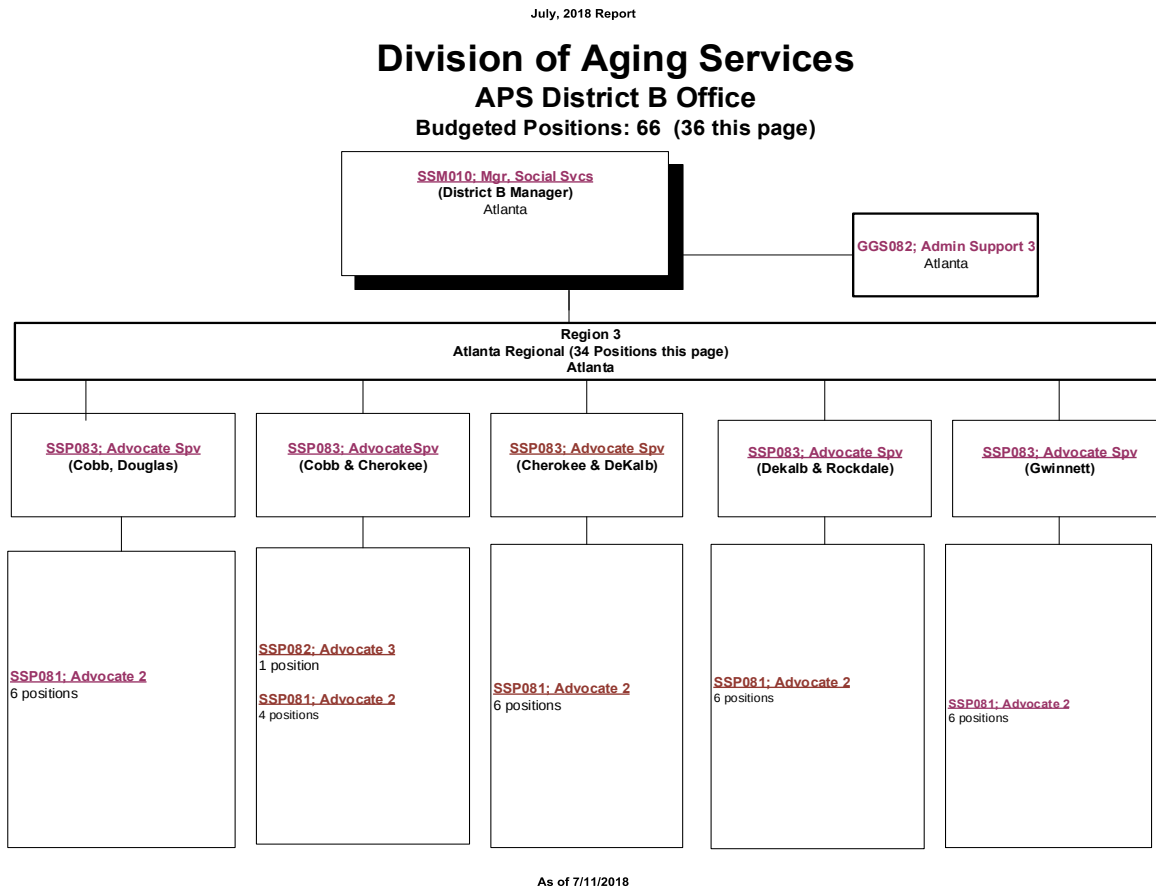
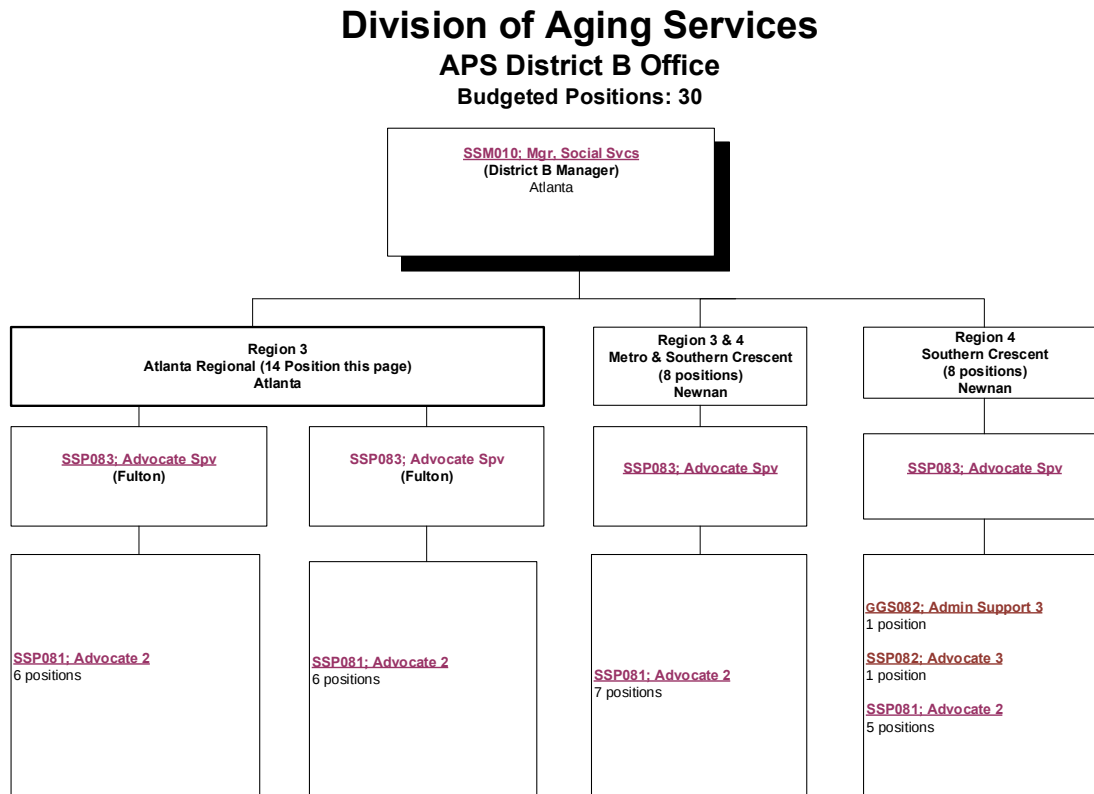


Figure A-10: Georgia Division of Aging Services Organizational Chart 6

July, 2018 Report



As of 7/11/2018

Pennsylvania

Pennsylvania operates under a state-supervised, county-administered model. Pennsylvania has dedicated positions for Quality Management and Program Integrity within their Department of Human Services. (Also called Program Evaluation.) In addition, there is a dedicated bureau for program evaluation under the Deputy Secretary for Income Maintenance. Only the Bureau of Children and Family Services under the Deputy Secretary for Children, Youth and Families has a regional structure. If we assume that having a regional structure equates to better knowledge of the characteristics and service needs of the region, this structure could improve service provider quality, and provide a way to coordinate outreach efforts to find services within the regions.

Figure A-11: Pennsylvania Department of Human Services Organizational Chart 1

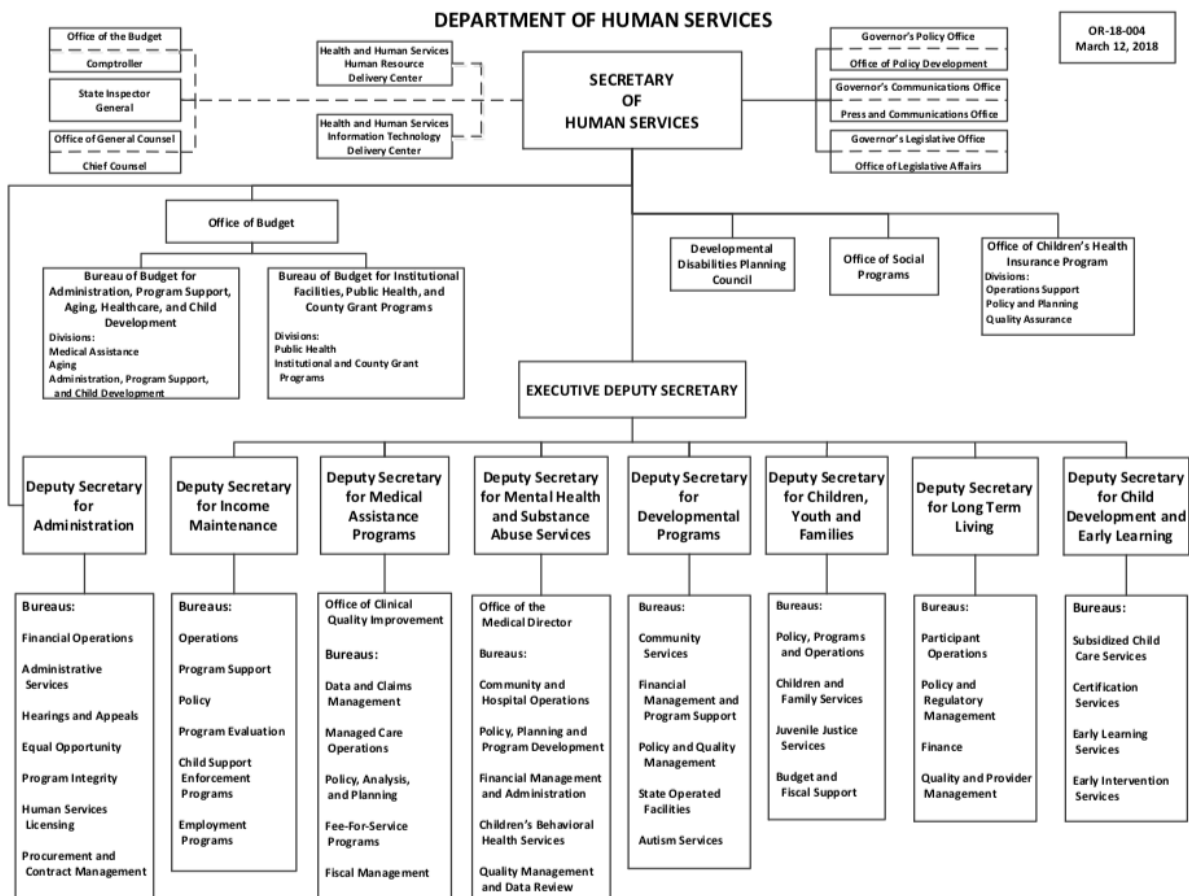


Figure A-12: Pennsylvania Department of Human Services Organizational Chart 2

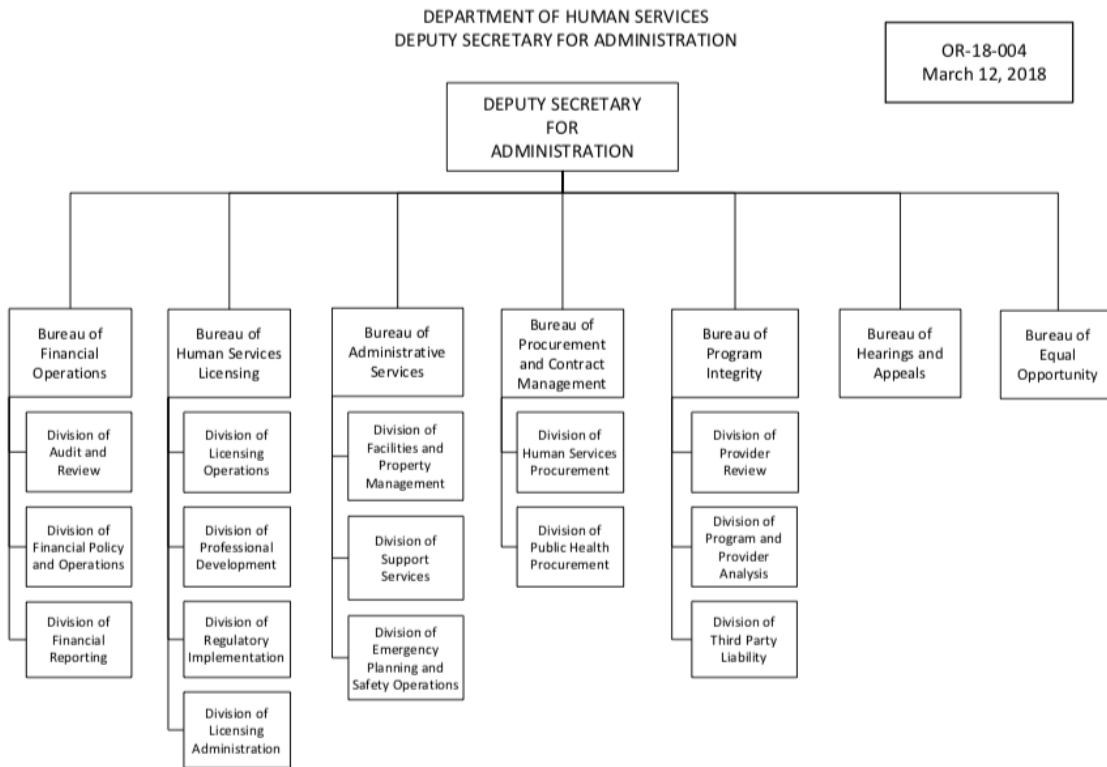


Figure A-13: Pennsylvania Department of Human Services Organizational Chart 3

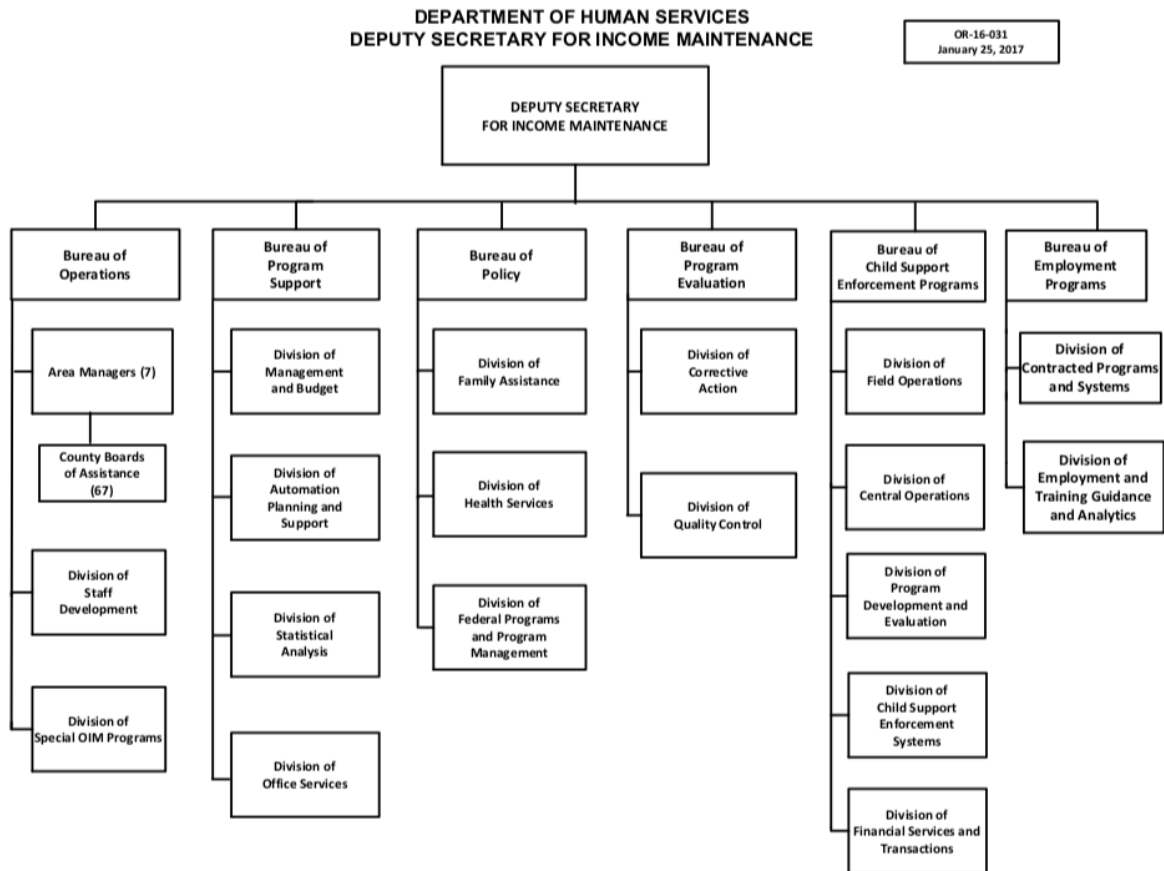


Figure A-14: Pennsylvania Department of Human Services Organizational Chart 4

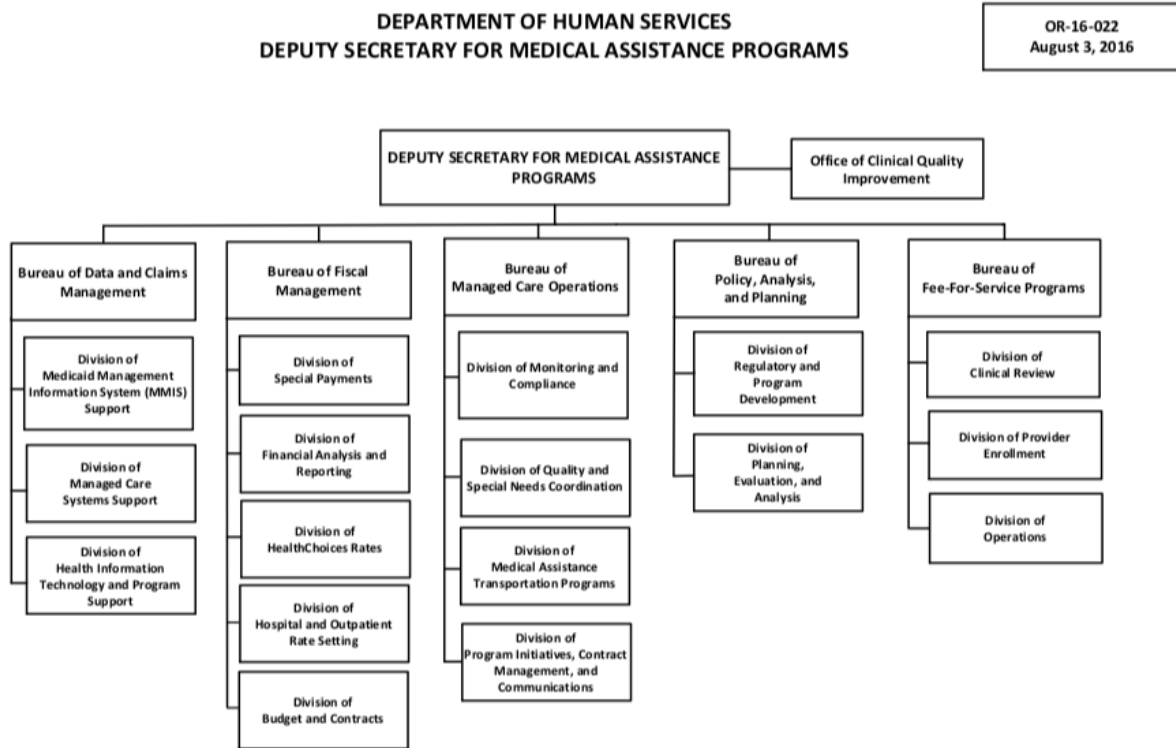


Figure A-15: Pennsylvania Department of Human Services Organizational Chart 5

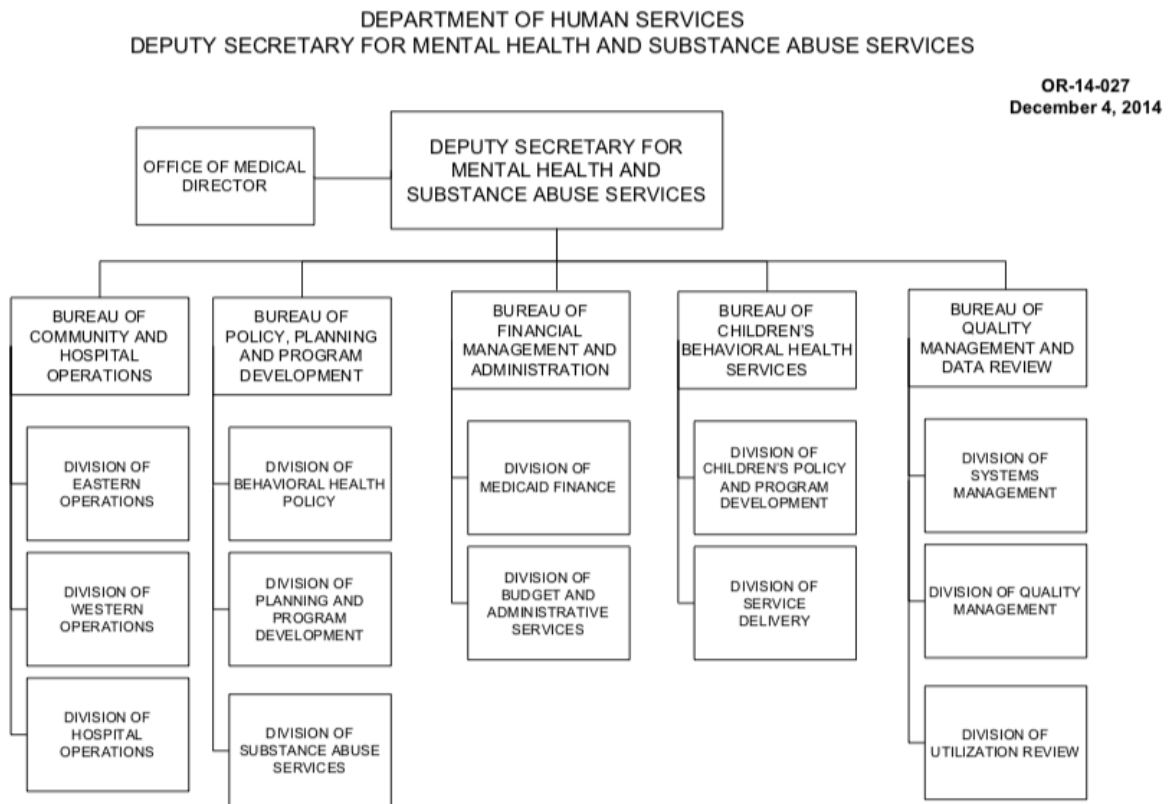


Figure A-16: Pennsylvania Department of Human Services Organizational Chart 6

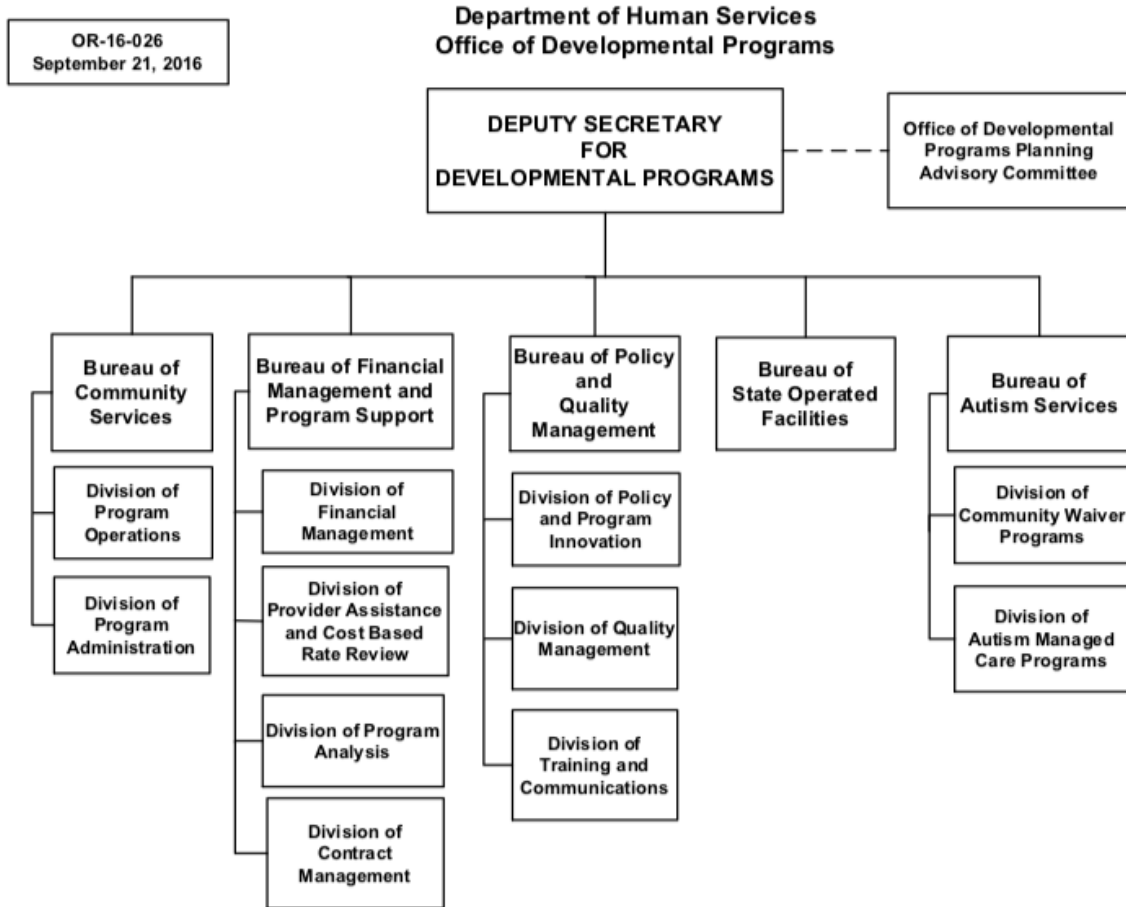


Figure A-17: Pennsylvania Department of Human Services Organizational Chart 7

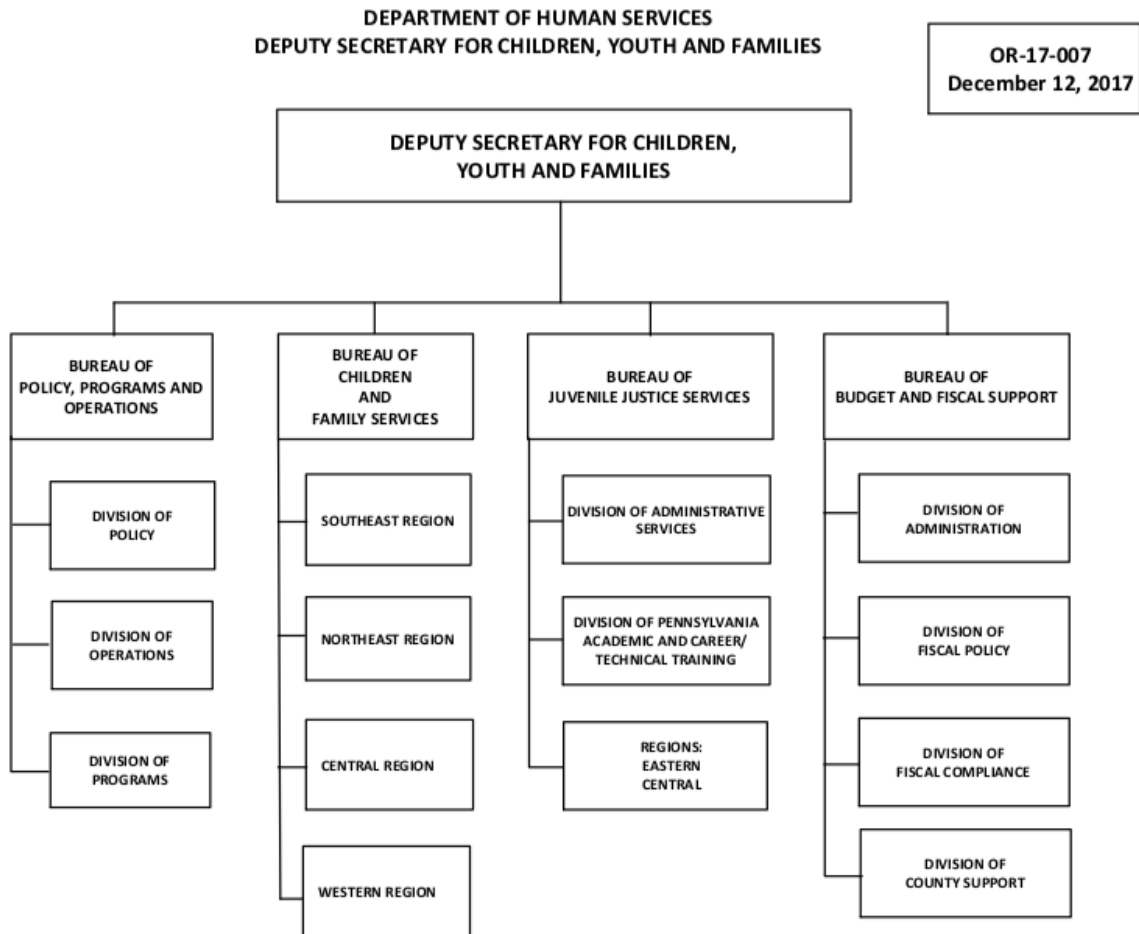


Figure A-18: Pennsylvania Department of Human Services Organizational Chart 8

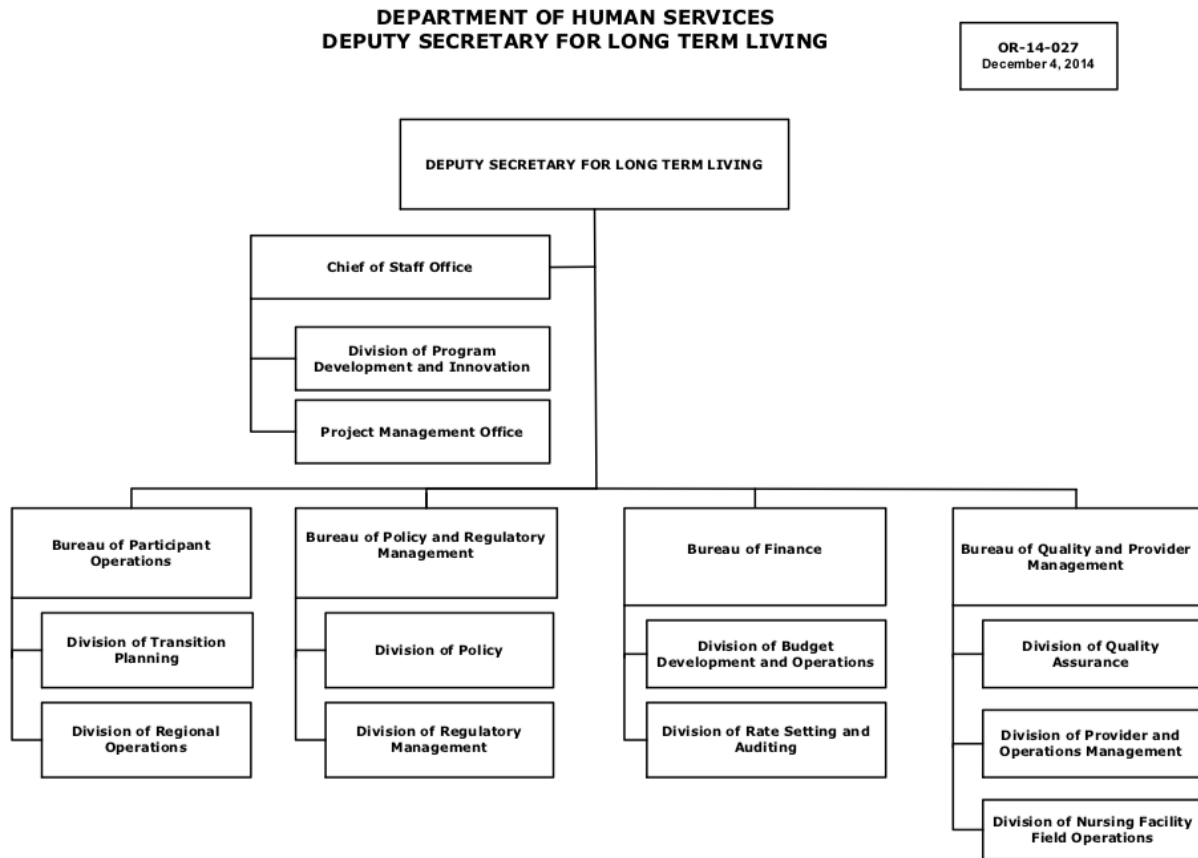
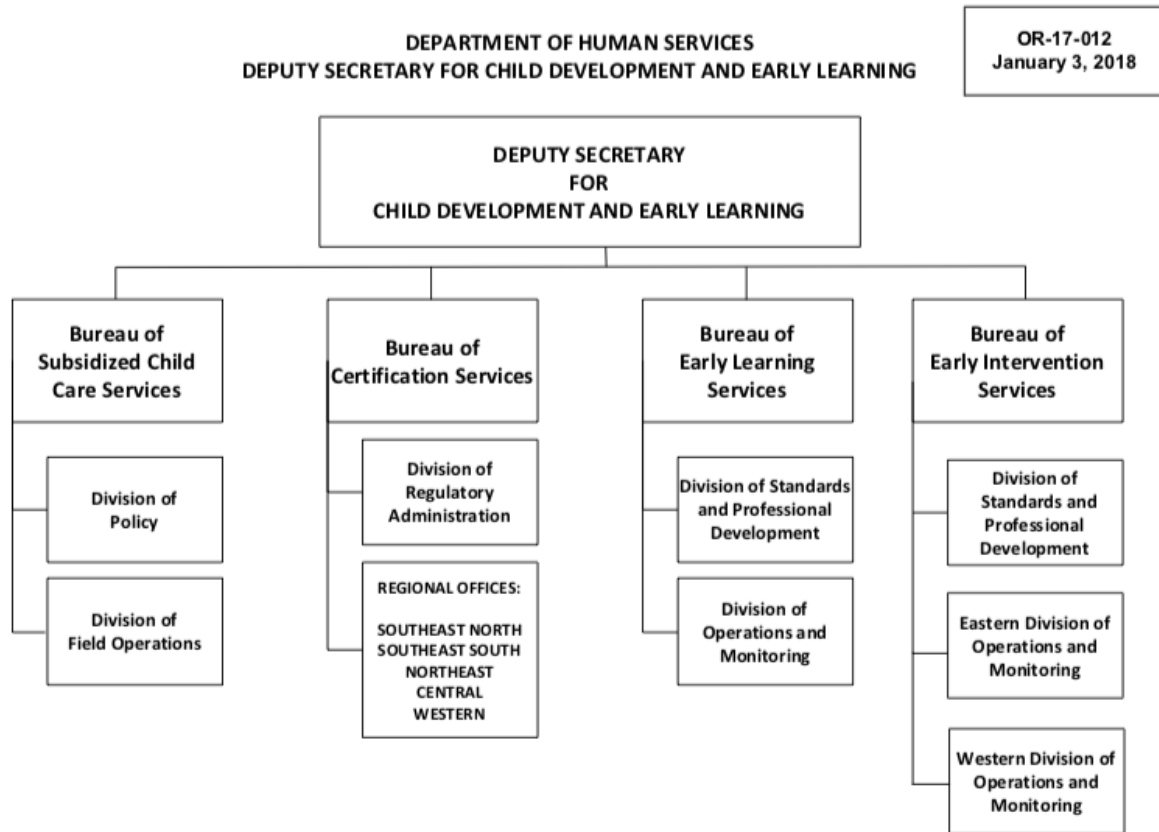


Figure A-19: Pennsylvania Department of Human Services Organizational Chart 9



Virginia

Virginia has a unique regional organization, with five regions under the chief deputy, but only three regions for the child support program. While we were not able to gather information on the rationale behind this structure, it would seem that it has the potential to confuse some levels of program management, and hinder the ability to establish regional offices that can share resources in support of all programs.

Appendix F: California Child Support Performance Indicator Information

In late 2014, the California Department of Child Support Services' (DCSS) provided policy direction to local child support agencies (LCSA) regarding the statutorily mandated annual performance improvement process for FFY 2015. In the policy letter, DCSS outlined the shift from evaluating statewide and local performance improvement efforts exclusively by the five federal performance measures to a more customer-oriented, family-centered approach.

While the five federal performance measures remain significantly important and are the underpinning to the federal program in terms of how the federal Office of Child Support Enforcement (OCSE) evaluates the effectiveness of the national child support program determining incentive payments to states and territories, the five federal performance measures do not provide a detailed, qualitative portrait of child support service delivery to families in our communities. As a result, DCSS, in consultation with the LCSA Directors, and representatives from the Judicial Branch and OCSE representatives, advanced a broader, more holistic approach to measuring program effectiveness through the establishment of *Practice Improvement Indicators* of program operations and improvements that complement the California Department of Child Support Services 5-Year Strategic Plan.

Each year, LCSAs are required to complete an annual Performance Management Plan that addresses each goal in the 2015–2019 Strategic Plan and to select one or more objectives and corresponding strategies that would most effectively lead to improved family outcomes. For example, LCSA strategies may focus on engaging both parents early and frequently in their service delivery approach. LCSAs are to consider the key Practice Indicators and other metrics to measure progress and assess the effectiveness of these tactics.

#4

**Total Distributed Collections
Data Sources**

OCSE-34 - Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)
OCSE-34 - Line 4c - Collections Sent to Other Countries (Cumulative - FFY)
OCSE-34 - Line 8 - Total Distributed Collections (Cumulative - FFY)
OCSE-34 - Line 11 - Fees Retained by Other States (Cumulative - FFY)
Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

#4C

**Total Distributed Collections - Current Assistance
Data Sources**

OCSE-34 - Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)
OCSE-34 - Line 4c - Collections Sent to Other Countries (Cumulative - FFY)
Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

#4F

**Total Distributed Collections - Former Assistance
Data Sources**

OCSE-34 - Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)
OCSE-34 - Line 4c - Collections Sent to Other Countries (Cumulative - FFY)
Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

#4N

**Total Distributed Collections - Never Assistance
Data Sources**

OCSE-34 - Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)
OCSE-34 - Line 4c - Collections Sent to Other Countries (Cumulative - FFY)
Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

#6

**Percent of Current Support Paid by Percentage Band
Conditions of the Data**

BUSINESS QUESTION:

Identify the Assistance Status of the recipient and the percent of current support paid by the obligor.

EXPLANATION OF THE DATA COLUMNS:

Percentage Bands – Each band represents the percent of the obligation that was paid. The 0.00% band represents the percent of a County's Cases that paid less than 0.01% of support towards a current obligation. The 25.01-50.00% band represents the percent of a County's Cases that paid greater than or equal to 25.01% but less than or equal to 50.00% of their current obligation.

CONDITIONS OF THE DATA:

- Line 24 is the sum of all amounts on Line 24 for the report period, regardless of County. The sum of this line must be greater than 0.
- Line 25 is the sum of all amounts on Line 25 for the report period, regardless of County. Cases with null or negative distributions are returned as 0.
- Payments that reported on Line 25 for the report period are considered regardless of the Effective Date.
- Percent paid is calculated by taking the total of Line 25 (Cells 71, 72, 73) – Total Amount of Support Distributed as Current Support During the Federal Fiscal Year for the report period and dividing by the total of Line 24 (Cells 68, 69, 70) – Total Amount of Support Due for the Federal Fiscal Year for the report period.
- Cases are counted in each County where there is a Line 24 amount reported in the report period.
- A Case's statewide sum for Lines 24 and 25 is reported in each County where the Case had an obligation.
- Assistance Status is decided by taking the lowest cell number from Line 24 in the report period. For example, if a Case reported as Currently Assisted (Cell 68) and Formerly Assisted (Cell 69) then the Case is counted as Currently Assisted because 68 is less than 69.
- Percentages are rounded to two decimal places (e.g. 22.13%).
- Case can be OPEN or CLOSED at the end of the report period.
- Case is IV-D.

#7

**Number of Months and Percent of Current Support Paid in the Year
Conditions of the Data**

BUSINESS QUESTION:

Review payment compliance for Cases to identify the reliability of the payments and determine if Orders are set appropriately (i.e. the Non-Custodial Parent has the ability to meet the obligation set).

EXPLANATION OF THE DATA COLUMNS:

Total Cases with Current Support Obligation – Count of Cases with a Line 24a - Total Amount of Current Support Due for the Month amount greater than or equal to \$0.01 for at least one month in the report period.

Percent of Cases Paid Every Month of Obligation – Count of Cases with a Line 25a - Total Amount of Support Distributed as Current Support During the Month amount greater than or equal to \$0.01 for every month there was an obligation divided by the Total Cases with Current Support Obligation column.

Percent of Cases Paid 50% or More Every Month of Obligation – Count of Cases with a Line 25a amount that is at least 50 percent of the Line 24a amount for every month there was an obligation divided by the Total Cases with a Current Support Obligation column.

Percent of Cases Paid 90% or More Every Month of Obligation – Count of Cases with a Line 25a amount that is at least 90 percent of the Line 24a amount every month there was an obligation divided by the Total Cases with a Current Support Obligation column.

CONDITIONS OF THE DATA:

- The county is the managing county of the Case on the last month there is a total obligation greater than or equal to \$0.01.
- Cases that report on Line 24a in multiple Counties during the last month of the obligation are randomly assigned to one of the Counties.
- Per month, Cases where the total obligation for Line 24a is zero, null, or negative are not included.
- If collections are reported on Line 25a for more than one County, the amounts are totaled and reported based on the County of the obligation.
- Total Line 25a amounts that are negative, null, or 0.00 are displayed as zero for the purposes of calculating the amount paid, when the total amount for Line 24a is greater than zero.
- All percentages are rounded to one decimal place (e.g. 40.6%).
- Case can be OPEN or CLOSED at the end of the report period.
- Case is IV-D.

#8

**Percent of Stipulated Orders
Conditions of the Data**

BUSINESS QUESTION:

Identify the Count of all Orders, Count of all Stipulated Orders, Count of all Zero Dollar Orders, Count of all Zero Dollar Stipulated Orders, Percent of Stipulated Orders Compared to all Orders and Percent of Zero Dollar Stipulated Orders Compared to all Stipulated Orders.

EXPLANATION OF THE DATA COLUMNS:

Count of all Orders (a) - Count of all Orders (including Zero Orders) established in the time period (Monthly: discrete, Annual: cumulative). This is not a Case count. Orders for arrears only are excluded from the count.

Count of all Stipulated Orders (b) - Count of all Stipulated Orders (including Zero Orders) established in the time period. This is not a Case count.

Count of all Zero Dollar Orders (c) - Count of all Zero Dollar Orders established in the time period. This is not a Case count.

Count of all Zero Dollar Stipulated Orders (d) - Count of all Zero Dollar Stipulated Orders established in the time period. This is not a Case count.

Percent Stipulated Orders Compared to all Orders (e) - Count of all Stipulated Orders divided by Count of all Orders.

Percent Zero Dollar Stipulated Orders Compared to all Stipulated Orders (f) - Count of all Zero Dollar Stipulated Orders divided by Count of all Stipulated Orders.

CONDITIONS OF THE DATA:

- Issuing State of Order is CALIFORNIA.
- The status of the Order is ACTIVE or HISTORIC.
- The Legal Activity Type is a SUPPORT ORDER.
- The Order Type is STIPULATION FOR JUDGMENT, or STIPULATION AND ORDER, or the Matter Proceeded By on the Order is WRITTEN STIPULATION.
- The Order has a Sign Date (or File Date if no Sign Date) within the specified time period.
- The Support Term on the Order must have one of the following debt types to current support: CHILD SUPPORT, FAMILY SUPPORT, MEDICAL SUPPORT (i.e. CASH MEDICAL), CHILD CARE, TRAVEL EXPENSE/VISITATION, EDUCATIONAL FEES, SPECIAL NEEDS, or GENETIC TEST FEES.
- Zero Dollar Stipulated Orders are identified as Orders where the sum of the terms of the Order for the above debt types is Zero.

#8

**Percent of Stipulated Orders
Conditions of the Data**

- The Court Order Type is not: FAMILY LAW JUDGMENT, REGISTRATION OF FOREIGN ORDER, or REGISTRATION OF FOREIGN ORDER (OUT OF STATE).
- The County is the County that issued the Order.
- Orders with a Support Order Term that sum to a negative amount are not included in the Count of all Zero Dollar Orders.
- Orders have a Sign Date (or File Date if no Sign Date) greater than or equal to the earliest Case opening.
- There may be multiple Cases for one Order, but only the Order is counted.
- Percentages are rounded to one decimal place (e.g. 37.0%).
- The Case(s) for the Order can be OPEN or CLOSED.
- Case is IV-D.

#10

**Percent of Cases with Support Orders Established by Default
Data Sources**

OCSE 157 - Line 17 - Cases with Orders Established During the Fiscal Year
(Unduplicated Aggregate Count - FFY)
CS 1257 - Line 48 - Cases with Support Orders Established by Default During the Federal Fiscal Year
(Unduplicated Aggregate Count - FFY)
Note: The formula for Percent of Cases with Support Orders Established by Default is line 48 divided by line 17.

#22

**Average Number of Days from Case Opening to Order to First Payment
Conditions of the Data**

BUSINESS QUESTION:

Determine the time between Case opening, the establishment of a Monetary Order and the collection of payment.

EXPLANATION OF THE DATA COLUMNS:

Count of All Cases that Opened in Federal Fiscal Year YYYY – Count of all Cases where the most recent Case opening occurred in the Federal Fiscal Year (FFY) indicated on the report and the Case did not have an Order before the opening.

Count of Cases with an Order as of MM/DD/YYYY – Count of Cases where the most recent opening occurred in the FFY, the Case did not have an Order before the Case opening and there was an Order on the Case on or before the date specified in the column header.

Count of Cases without an Order as of MM/DD/YYYY – Count of Cases where the most recent opening occurred in the FFY, the Case did not have an Order before the Case opening and there was not an Order on the Case on or before the date specified in the column header.

Average Days from Case Opening to Any Order as of MM/DD/YYYY – Average number of days from the most recent Case opening date to the Sign (or File) Date of the first Order on the case.

Average Days from Monetary Order to First Payment as of MM/DD/YYYY – Average number of days from the first Sign (or File) Date of a current Monetary Support Order to the first date a payment was received.

CONDITIONS OF THE DATA:

- Case can be OPEN or CLOSED.
- Case is IV-D.
- The Legal Activity Type is a SUPPORT ORDER.
- The Status of the Order is ACTIVE or HISTORIC.
- The County is based on the managing County for the Case on the run date of the query.
- When the Sign Date of an Order is blank the File date is used. Orders must have a Sign or a File Date to be considered.
- Cases with a first Order issued by a State other than California (or where the Issuing State is blank) are excluded from all count columns and Average Days from Case Opening to Any Order.
- Cases with a first Monetary Order issued by a State other than California (or where the Issuing State is blank) are excluded from Average Days from Monetary Order to First Payment.
- Cases that have a first Order Type of FAMILY LAW JUDGMENT, REGISTRATION OF FOREIGN ORDER or REGISTRATION OF FOREIGN ORDER (OUT OF STATE) are excluded from all count columns and Average Days from Case Opening to Any Order.
- Cases that have a first Monetary Order type of FAMILY LAW JUDGMENT, REGISTRATION OF FOREIGN ORDER or REGISTRATION OF FOREIGN ORDER (OUT OF STATE) are excluded from Average Days from Monetary Order to First Payment.

#22

**Average Number of Days from Case Opening to Order to First Payment
Conditions of the Data**

- Cases that have a first order for Spousal Support Only are excluded from all count columns and Average Days from Case Opening to Any Order.
- Cases that have a first Monetary Order for Spousal Support Only are excluded from Average Days from Monetary Order to First Payment.
- The Order may not include all Dependents on the Case.
- Payments are Transactions with a Type of Distribution.
- Payments are Logical Collections that have been Allocated.
- Payments have a Balance Regeneration Status of Active or Pending Inactive.
- Average Days from Case Opening to Any Order and Average Days from Monetary Order to First Payment columns measure calendar days.
- Only Cases that have an Order with Current Support Terms greater than zero are reported in the Average Days from Monetary Order to First Payment.
- The Average Days from Case Opening to Any Order and Average Days from Monetary Order to First Payment columns refer to Cases where the first Order Sign Date is greater than or equal to the latest Case opening date and the first Order Sign Date is less than or equal to the date specified in the column header.
- The Average Days from Monetary Order to First Payment column includes Cases where the first payment date is greater than or equal to 30 days before the Monetary Order Sign Date and less than or equal to the date specified in the column header and excludes Cases without a first payment.
- The graphs depict each County's average days from Case opening to first Order in bands. These bands display what percentage of a County's caseload had an Order established within that time period.
- The Statewide percentages are included in every County's graph for comparison.

#24

Average Days from Summons and Complaint to Default Order
Conditions of the Data

BUSINESS QUESTION:

Identify cases with a summons and complaint (S&C) and default order then determine the number of days from S&C filed date to service date and service date to default order.

EXPLANATION OF THE DATA COLUMNS:

Average Days from Summons and Complaint Filed Date to Service Date – Average number of calendar days from when the S&C was filed until the S&C was served.

Average Days from Summons and Complaint Service Date to Default Date – Average number of calendar days from when the S&C was served until the file date of the associated default order.

CONDITIONS OF THE DATA:

- The file date of the first S&C with a successful service record on the case and the sign date (or file date if no sign date) of the associated default order occurred in the report period.
- The Legal Activity Type of the Order is SUPPORT ORDER.
- The status of the Order is ACTIVE or HISTORIC.
- S&Cs where the associated default order is a spousal support only order have been excluded.
- The Matter Proceeded field on the Support Order Detail page in CSE is JUDGMENT ENTERED BY DEFAULT and the Order Type is not STIPULATION FOR JUDGMENT or STIPULATION AND ORDER.
- Cases where another support order occurred between the first successfully served S&C and the associated default order are excluded.
- Cases where the first S&C with a successful service record entered on the case has a blank file date have been excluded.
- Cases without an order are excluded from all columns.
- S&Cs are identified as having a Legal Activity Type of LEGAL ACTION and one of the following form sets: FS-EST-009, FS-EST-009-BATCH, FS-EST-010, FS-EST-010-BATCH, FS-EST-030, FS-EST-031.
- The S&C and the associated default order must be within two Legal Activity IDs.
- Records are excluded from all columns when the file date of the S&C is less than or equal to the service date of the S&C or the sign date of the default order is less than or equal to the service date of the S&C.
- Average days are rounded to whole numbers (e.g. 21).
- At least one case associated to the order is IV-D with a status of OPEN or CLOSED.

#25

**Average Number of Days from Case Opening
with an Existing Order to First Payment
Conditions of the Data**

BUSINESS QUESTION:

Determine how long before the first payment is received in situations where the custodial party applies for service and has the order in hand.

EXPLANATION OF THE DATA COLUMNS:

Count of Cases with Existing Order at Case Opening – Count of cases that have an existing order when the case is opened.

Average Days from Case Opening to First Payment – Average number of calendar days regarding cases opened with existing orders from the case opening date until the first payment received date.

Number of Cases with a First Payment – Count of cases opened with existing orders that received a payment.

Number of Cases with No Payment – Count of cases opened with existing orders that did not receive a payment.

Percentage of Cases without Payment – The Number of Cases with No Payment column divided by the Count of Cases with Existing Order at Case Opening column.

CONDITIONS OF THE DATA:

- First case opening occurred in the report period.
- The county is based on which county opened the case.
- Any order type is included.
- The status of the order is either ACTIVE or HISTORIC.
- Support term amount is greater than or equal to \$0.01.
- Order can be from in or out of California.
- Average days are rounded to whole numbers (e.g. 21).
- Percentages are rounded to one decimal place (e.g. 40.7%).
- Payments are Transactions with a type of Distribution, Distribution (Non-Standard Allocation), or Non-Standard Distribution (Non-Standard Allocation).
- Payments have a Balance Regeneration Status of Active or Pending Inactive.
- Payments made prior to case opening are considered zero days (e.g. equal to case opening date).
- Case can be OPEN or CLOSED.
- Case is IV-D.

#27

Collections by IWO
Data Sources

OCSE-34 - Line 2e - Collections Received from IV-D & Non IV-D Income Withholding (Cumulative - FFY)
Note: Income Withholding is reduced by Non IV-D Collections. Due to state level adjustments, totals may not match those reported on the OCSE-34.

#28

Percent of Total Collections by IWO
Data Sources

OCSE-34 - Line 2 - Collections Received (Cumulative - FFY)
OCSE-34 - Line 2e - Collections Received from IV-D & Non IV-D Income Withholding (Cumulative - FFY)
Note: Income Withholding is reduced by Non IV-D Collections. Due to state level adjustments, totals may not match those reported on the OCSE-34.

#42

**Percent of Cases with an Order at Case
Opening that Paid Within 60 Days
Conditions of the Data**

BUSINESS QUESTION:

Determine whether the first payment is received in a timely manner in situations where the custodial party applies for service and has the order in hand.

EXPLANATION OF THE DATA COLUMNS:

Count of Cases with Existing Order at Case Opening – Count of cases that have an existing order when the case is opened.

Count of Cases that Paid Within 60 Days – Count of cases that have an existing order when the case is first opened where the first payment of a case occurred on or before 60 calendar days after the first case opening.

Percent of Cases that Paid Within 60 Days – The *Count of Cases that Paid Within 60 Days* column divided by the *Count of Cases with Existing Order at Case Opening* column.

CONDITIONS OF THE DATA:

- First case opening occurred in the report period.
- The county is based on which county opened the case.
- Any order type is included.
- The status of the order is either ACTIVE or HISTORIC.
- Support term amount is greater than or equal to \$0.01.
- Order can be from in or out of California.
- Percentages are rounded to one decimal place (e.g. 40.7%).
- Payments made prior to case opening are included in the count of cases that paid within 60 days.
- Case can be OPEN or CLOSED.
- Case is IV-D.

#43

**Cases with Payments
Conditions of the Data**

BUSINESS QUESTION:

Determine the number of Cases with Current Support or Arrears due and the percentage of those Cases that did not make a payment.

EXPLANATION OF THE DATA COLUMNS:

Count of Cases with Support Due – Count of distinct Cases that had support due during the report period.

Count of Cases with a Payment – The Cases that had support due where a payment was received by the end of the report period.

Percentage of Cases with a Payment – Count of Cases with a Payment column divided by Count of Cases with Support Due column.

Count of Cases without a Payment – The Cases that had support due where a payment was not received by the end of the report period.

Percentage of Cases without a Payment – Count of Cases without a Payment column divided by Count of Cases with Support Due column.

CONDITIONS OF THE DATA:

- Support due is measured by Cases that appear on either Line 28 (Cell 80) – Cases With Arrears Due During the Federal Fiscal Year or Line 44 (Cells 89, 90, 91) – Cases With Current Support Due During the Federal Fiscal Year during the Federal Fiscal Year.
- Payments are measured by Cases that appear on Line 29 (Cell 81) – Cases Paying Toward Arrears During the Federal Fiscal Year or had a net positive for the sum of Line 25 (Cells 71, 72, 73) – Total Amount of Support Distributed as Current Support During the Federal Fiscal Year and Line 27 (Cells 77, 78, 79) – Total Amount of Support Distributed as Arrears and Interest During the Federal Fiscal Year.
- Percentages are rounded to one decimal place (e.g. 40.7).
- Case can be OPEN or CLOSED.
- Case is IV-D.

California Department of Child Support Services
Total Distributed Collections

#4

Federal Fiscal Years	2016	2017	2016 - 2017 Percent Change
STATEWIDE			
Alameda			
Butte			
Central Sierra			
Colusa			
Contra Costa			
Del Norte			
Eastern Sierra			
El Dorado			
Fresno			
Glenn			
Imperial			
Kern			
Kings			
Lake			
Lassen			
Los Angeles			
Madera			
Marin			
Mendocino			
Merced-Mariposa			
Monterey			
Napa			
North Coast			
Orange			
Placer			
Plumas			
Riverside			
Sacramento			
San Bernardino			
San Diego			
San Francisco			
San Joaquin			
San Luis Obispo			
San Mateo			
Santa Barbara			
Santa Clara			
Santa Cruz/San Benito			
Shasta			
Sierra Nevada			
Siskiyou/Modoc			
Solano			
Sonoma			
Stanislaus			
Sutter			
Tehama			
Tulare			
Ventura			
Yolo			
Yuba			
Regionalized LCSAs			
Alpine (Central Sierra)			
Amador (Central Sierra)			
Calaveras (Central Sierra)			
Humboldt (North Coast)			
Inyo (Eastern Sierra)			
Mariposa			
Merced			
Modoc			
Mono (Eastern Sierra)			
Nevada			
San Benito			
Santa Cruz			
Sierra			
Siskiyou			
Trinity (North Coast)			
Tuolumne (Central Sierra)			

SOURCE: OCSE-34

10/31/2018

Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)

Line 4c - Collections Sent to Other Countries (Cumulative - FFY)

Line 8 - Total Distributed Collections (Cumulative - FFY)

Line 11 - Fees Retained by Other States (Cumulative - FFY)

Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

California Department of Child Support Services
Distributed Collections - Current Assistance

#4C

Federal Fiscal Years	2016	2017	2016 - 2017 Percent Change
STATEWIDE			
Alameda			
Butte			
Central Sierra			
Colusa			
Contra Costa			
Del Norte			
Eastern Sierra			
El Dorado			
Fresno			
Glenn			
Imperial			
Kern			
Kings			
Lake			
Lassen			
Los Angeles			
Madera			
Marin			
Mendocino			
Merced-Mariposa			
Monterey			
Napa			
North Coast			
Orange			
Placer			
Plumas			
Riverside			
Sacramento			
San Bernardino			
San Diego			
San Francisco			
San Joaquin			
San Luis Obispo			
San Mateo			
Santa Barbara			
Santa Clara			
Santa Cruz/San Benito			
Shasta			
Sierra Nevada			
Siskiyou/Modoc			
Solano			
Sonoma			
Stanislaus			
Sutter			
Tehama			
Tulare			
Ventura			
Yolo			
Yuba			
Regionalized LCSAs			
Alpine (Central Sierra)			
Amador (Central Sierra)			
Calaveras (Central Sierra)			
Humboldt (North Coast)			
Inyo (Eastern Sierra)			
Mariposa			
Merced			
Modoc			
Mono (Eastern Sierra)			
Nevada			
San Benito			
Santa Cruz			
Sierra			
Siskiyou			
Trinity (North Coast)			
Tuolumne (Central Sierra)			

SOURCE: OCSE-34

10/31/2018

Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)

Line 8 - Total Distributed Collections (Cumulative - FFY)

Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

#4F

California Department of Child Support Services
Distributed Collections - Former Assistance

Federal Fiscal Years	2016	2017	2016 - 2017 Percent Change
STATEWIDE			
Alameda			
Butte			
Central Sierra			
Colusa			
Contra Costa			
Del Norte			
Eastern Sierra			
El Dorado			
Fresno			
Glenn			
Imperial			
Kern			
Kings			
Lake			
Lassen			
Los Angeles			
Madera			
Marin			
Mendocino			
Merced-Mariposa			
Monterey			
Napa			
North Coast			
Orange			
Placer			
Plumas			
Riverside			
Sacramento			
San Bernardino			
San Diego			
San Francisco			
San Joaquin			
San Luis Obispo			
San Mateo			
Santa Barbara			
Santa Clara			
Santa Cruz/San Benito			
Shasta			
Sierra Nevada			
Siskiyou/Modoc			
Solano			
Sonoma			
Stanislaus			
Sutter			
Tehama			
Tulare			
Ventura			
Yolo			
Yuba			
Regionalized LCSAs			
Alpine (Central Sierra)			
Amador (Central Sierra)			
Calaveras (Central Sierra)			
Humboldt (North Coast)			
Inyo (Eastern Sierra)			
Mariposa			
Merced			
Modoc			
Mono (Eastern Sierra)			
Nevada			
San Benito			
Santa Cruz			
Sierra			
Siskiyou			
Trinity (North Coast)			
Tuolumne (Central Sierra)			

SOURCE: OCSE-34

10/31/2018

Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)

Line 8 - Total Distributed Collections (Cumulative - FFY)

Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

California Department of Child Support Services
Distributed Collections - Never Assistance

#4N

Federal Fiscal Years	2016	2017	2016 - 2017 Percent Change
STATEWIDE			
Alameda			
Butte			
Central Sierra			
Colusa			
Contra Costa			
Del Norte			
Eastern Sierra			
El Dorado			
Fresno			
Glenn			
Imperial			
Kern			
Kings			
Lake			
Lassen			
Los Angeles			
Madera			
Marin			
Mendocino			
Merced-Mariposa			
Monterey			
Napa			
North Coast			
Orange			
Placer			
Plumas			
Riverside			
Sacramento			
San Bernardino			
San Diego			
San Francisco			
San Joaquin			
San Luis Obispo			
San Mateo			
Santa Barbara			
Santa Clara			
Santa Cruz/San Benito			
Shasta			
Sierra Nevada			
Siskiyou/Modoc			
Solano			
Sonoma			
Stanislaus			
Sutter			
Tehama			
Tulare			
Ventura			
Yolo			
Yuba			
Regionalized LCSAs			
Alpine (Central Sierra)			
Amador (Central Sierra)			
Calaveras (Central Sierra)			
Humboldt (North Coast)			
Inyo (Eastern Sierra)			
Mariposa			
Merced			
Modoc			
Mono (Eastern Sierra)			
Nevada			
San Benito			
Santa Cruz			
Sierra			
Siskiyou			
Trinity (North Coast)			
Tuolumne (Central Sierra)			

SOURCE: OCSE-34

10/31/2018

Line 4b - Collections Sent to Other States or Tribes (Cumulative - FFY)

Line 8 - Total Distributed Collections (Cumulative - FFY)

Note: Due to state level adjustments, totals may not match those reported on the OCSE-34.

North Carolina Social Services Preliminary Reform Plan

#6

California Department of Child Support Services Percent of Current Support Paid by Percentage Band Federal Fiscal Year 2017

County	Assistance Type	Percentage Bands					
		0.00%	00.01 - 25.00%	25.01 - 50.00%	50.01 - 75.00%	75.01 - 90.00%	90.01% or more
STATEWIDE	Current Former Never Total						
Alameda	Current Former Never Total						
Butte	Current Former Never Total						
Central Sierra	Current Former Never Total						
Colusa	Current Former Never Total						
Contra Costa	Current Former Never Total						
Del Norte	Current Former Never Total						
Eastern Sierra	Current Former Never Total						
El Dorado	Current Former Never Total						
Fresno	Current Former Never Total						
Glenn	Current Former Never Total						
Imperial	Current Former Never Total						
Kern	Current Former Never Total						
Kings	Current Former Never Total						
Lake	Current Former Never Total						
Lassen	Current Former Never Total						
Los Angeles	Current Former Never Total						

SOURCE: CCSAS CSE DA-44 - CS 1257 REPORT DATE 9/30/2017

10/31/2018

Line 24 - Total Amount of Current Support Due for the Federal Fiscal Year (Cumulative - FFY)

Line 25 - Total Amount of Support Distributed as Current Support During the Federal Fiscal Year (Cumulative - FFY)

Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.

Page 1 of 4

North Carolina Social Services Preliminary Reform Plan

#7

California Department of Child Support Services Number of Months and Percent of Current Support Paid in the Year Federal Fiscal Year 2017

County	Total Cases with Current Support Obligation	Percent of Cases Paid Every Month of Obligation	Percent of Cases Paid 50% or More Every Month of Obligation	Percent of Cases Paid 90% or More Every Month of Obligation
STATEWIDE				
Alameda				
Butte				
Central Sierra				
Colusa				
Contra Costa				
Del Norte				
Eastern Sierra				
El Dorado				
Fresno				
Glenn				
Imperial				
Kern				
Kings				
Lake				
Lassen				
Los Angeles				
Madera				
Marin				
Mendocino				
Merced-Mariposa				
Monterey				
Napa				
North Coast				
Orange				
Placer				
Plumas				
Riverside				
Sacramento				
San Bernardino				
San Diego				
San Francisco				
San Joaquin				
San Luis Obispo				
San Mateo				
Santa Barbara				
Santa Clara				
Santa Cruz/San Benito				
Shasta				
Sierra Nevada				
Siskiyou/Modoc				
Solano				
Sonoma				
Stanislaus				
Sutter				
Tehama				
Tulare				
Ventura				
Yolo				
Yuba				
Regionalized LCSAs				
Alpine (Central Sierra)				
Amador (Central Sierra)				
Calaveras (Central Sierra)				
Humboldt (North Coast)				
Inyo (Eastern Sierra)				
Mariposa				
Merced				
Modoc				
Mono (Eastern Sierra)				
Nevada				
San Benito				
Santa Cruz				
Sierra				
Siskiyou				
Trinity (North Coast)				
Tuolumne (Central Sierra)				

SOURCE: CCSAS CSE DA-46 - CS 1257 REPORT DATE 9/30/2017

10/31/2018

Line 24a - Total Amount of Current Support Due for the Month (Discrete 12 months)

Line 25a - Total Amount of Support Distributed as Current Support During the Month (Discrete 12 months)

Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.

North Carolina Social Services Preliminary Reform Plan

#8

California Department of Child Support Services Percent of Stipulated Orders Federal Fiscal Year 2017

County	(a) Count of all Orders	(b) Count of all Stipulated Orders	(c) Count of all Zero Dollar Orders	(d) Count of all Zero Dollar Stipulated Orders	(e) Percent Stipulated Orders Compared to all Orders (b/a)	(f) Percent Zero Dollar Stipulated Orders Compared to all Stipulated Orders (d/b)
STATEWIDE						
Alameda						
Butte						
Central Sierra						
Colusa						
Contra Costa						
Del Norte						
Eastern Sierra						
El Dorado						
Fresno						
Glenn						
Imperial						
Kern						
Kings						
Lake						
Lassen						
Los Angeles						
Madera						
Marin						
Mendocino						
Merced-Mariposa						
Monterey						
Napa						
North Coast						
Orange						
Placer						
Plumas						
Riverside						
Sacramento						
San Bernardino						
San Diego						
San Francisco						
San Joaquin						
San Luis Obispo						
San Mateo						
Santa Barbara						
Santa Clara						
Santa Cruz/San Benito						
Shasta						
Sierra Nevada						
Siskiyou/Modoc						
Solano						
Sonoma						
Stanislaus						
Sutter						
Tehama						
Tulare						
Ventura						
Yolo						
Yuba						
Regionalized LCSAs						
Alpine (Central Sierra)						
Amador (Central Sierra)						
Calaveras (Central Sierra)						
Humboldt (North Coast)						
Inyo (Eastern Sierra)						
Mariposa						
Merced						
Modoc						
Mono (Eastern Sierra)						
Nevada						
San Benito						
Santa Cruz						
Sierra						
Siskiyou						
Trinity (North Coast)						
Tuolumne (Central Sierra)						

SOURCE: CCSAS CSE DA-47 - as of the October 2017 DR refresh

10/31/2018

Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.

* Represents instances where no data met the criteria, therefore this column cannot be calculated.

#10

California Department of Child Support Services
Percent of Cases with Support Orders Established by Default

Federal Fiscal Years	Assistance Type	2016	2017	2016 - 2017 Percent Change
STATEWIDE	Current			
	Former			
	Never			
	Total			
Alameda	Current			
	Former			
	Never			
	Total			
Butte	Current			
	Former			
	Never			
	Total			
Central Sierra	Current			
	Former			
	Never			
	Total			
Colusa	Current			
	Former			
	Never			
	Total			
Contra Costa	Current			
	Former			
	Never			
	Total			
Del Norte	Current			
	Former			
	Never			
	Total			
Eastern Sierra	Current			
	Former			
	Never			
	Total			
El Dorado	Current			
	Former			
	Never			
	Total			
Fresno	Current			
	Former			
	Never			
	Total			
Glenn	Current			
	Former			
	Never			
	Total			
Imperial	Current			
	Former			
	Never			
	Total			
Kern	Current			
	Former			
	Never			
	Total			
Kings	Current			
	Former			
	Never			
	Total			
Lake	Current			
	Former			
	Never			
	Total			
Lassen	Current			
	Former			
	Never			
	Total			
Los Angeles	Current			
	Former			
	Never			
	Total			
Madera	Current			
	Former			
	Never			
	Total			

SOURCE:
OCSE 157 - Line 17 - Cases With Orders Established During the Fiscal Year (Unduplicated Aggregate Count - FFY)
CS 1257 - Line 48 - Cases With Support Orders Established By Default During the Federal Fiscal Year (Unduplicated Aggregate Count - FFY)
Note: The formula for Percent of Cases with Support Orders Established by Default is line 48 divided by line 17.

10/31/2018

#22

California Department of Child Support Services
Average Number of Days from Case Opening to Order to First Payment
Federal Fiscal Year 2017

County	Count of All Cases that Opened in Federal Fiscal Year 2017*	Count of Cases with an Order as of 9/30/2017	Count of Cases without an Order as of 9/30/2017*	Average Days from Case Opening to Any Order	Average Days from Monetary Order to First Payment
STATEWIDE					
Alameda					
Butte					
Central Sierra					
Colusa					
Contra Costa					
Del Norte					
Eastern Sierra					
El Dorado					
Fresno					
Glenn					
Imperial					
Kern					
Kings					
Lake					
Lassen					
Los Angeles					
Madera					
Marin					
Mendocino					
Merced-Mariposa					
Monterey					
Napa					
North Coast					
Orange					
Placer					
Plumas					
Riverside					
Sacramento					
San Bernardino					
San Diego					
San Francisco					
San Joaquin					
San Luis Obispo					
San Mateo					
Santa Barbara					
Santa Clara					
Santa Cruz/San Benito					
Shasta					
Sierra Nevada					
Siskiyou/Modoc					
Solano					
Sonoma					
Stanislaus					
Sutter					
Tehama					
Tulare					
Ventura					
Yolo					
Yuba					
Regionalized LCSAs					
Alpine (Central Sierra)					
Amador (Central Sierra)					
Calaveras (Central Sierra)					
Humboldt (North Coast)					
Inyo (Eastern Sierra)					
Mariposa					
Merced					
Modoc					
Mono (Eastern Sierra)					
Nevada					
San Benito					
Santa Cruz					
Sierra					
Siskiyou					
Trinity (North Coast)					
Tuolumne (Central Sierra)					

SOURCE: CCSAS CSE DA-68 - as of the October 2017 DR refresh

10/31/2018

Note: Data results based on ad hoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.

* Logic for these columns has been changed from prior publications to include cases that do not have court case information. As a result, a year-to-year comparison of these columns is not meaningful.

North Carolina Social Services Preliminary Reform Plan

#24

California Department of Child Support Services Average Days from Summons and Complaint to Default Order Federal Fiscal Year 2017

County	Average Days from Summons and Complaint Filed Date to Service Date	Average Days from Summons and Complaint Service Date to Default Date
STATEWIDE		
Alameda		
Butte		
Central Sierra		
Colusa		
Contra Costa		
Del Norte		
Eastern Sierra		
El Dorado		
Fresno		
Glenn		
Imperial		
Kern		
Kings		
Lake		
Lassen		
Los Angeles		
Madera		
Marin		
Mendocino		
Merced-Mariposa		
Monterey		
Napa		
North Coast		
Orange		
Placer		
Plumas		
Riverside		
Sacramento		
San Bernardino		
San Diego		
San Francisco		
San Joaquin		
San Luis Obispo		
San Mateo		
Santa Barbara		
Santa Clara		
Santa Cruz/San Benito		
Shasta		
Sierra Nevada		
Siskiyou/Modoc		
Solano		
Sonoma		
Stanislaus		
Sutter		
Tehama		
Tulare		
Ventura		
Yolo		
Yuba		
Regionalized LCSA's		
Alpine (Central Sierra)		
Amador (Central Sierra)		
Calaveras (Central Sierra)		
Humboldt (North Coast)		
Inyo (Eastern Sierra)		
Mariposa		
Merced		
Modoc		
Mono (Eastern Sierra)		
Nevada		
San Benito		
Santa Cruz		
Sierra		
Siskiyou		
Trinity (North Coast)		
Tuolumne (Central Sierra)		

SOURCE: CCSAS CSE DA-51 as of the October 2017 DR refresh 10/31/2018
Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.

#25

California Department of Child Support Services
Average Number of Days from Case Opening with an Existing Order to First Payment
Federal Fiscal Year 2017

County	Count of Cases with Existing Order at Case Opening	Average Days from Case Opening to First Payment	Number of Cases with a First Payment	Number of Cases with No Payment	Percent of Cases without Payment
STATEWIDE					
Alameda					
Butte					
Central Sierra					
Colusa					
Contra Costa					
Del Norte					
Eastern Sierra					
El Dorado					
Fresno					
Glenn					
Imperial					
Kern					
Kings					
Lake					
Lassen					
Los Angeles					
Madera					
Marin					
Mendocino					
Merced-Mariposa					
Monterey					
Napa					
North Coast					
Orange					
Placer					
Plumas					
Riverside					
Sacramento					
San Bernardino					
San Diego					
San Francisco					
San Joaquin					
San Luis Obispo					
San Mateo					
Santa Barbara					
Santa Clara					
Santa Cruz/San Benito					
Shasta					
Sierra Nevada					
Siskiyou/Modoc					
Solano					
Sonoma					
Stanislaus					
Sutter					
Tehama					
Tulare					
Ventura					
Yolo					
Yuba					
Regionalized LCSAs					
Alpine (Central Sierra)					
Amador (Central Sierra)					
Calaveras (Central Sierra)					
Humboldt (North Coast)					
Inyo (Eastern Sierra)					
Mariposa					
Merced					
Modoc					
Mono (Eastern Sierra)					
Nevada					
San Benito					
Santa Cruz					
Sierra					
Siskiyou					
Trinity (North Coast)					
Tuolumne (Central Sierra)					

SOURCE: CCSAS CSE DA-52 - as of the October 2017 DR refresh

10/31/2018

Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.

* Represents instances where no data met the criteria, therefore this column cannot be calculated.

California Department of Child Support Services
Collections by IWO

#27

Federal Fiscal Year	2016	2017	2016 - 2017 Percent Change
STATEWIDE			
Alameda			
Butte			
Central Sierra			
Colusa			
Contra Costa			
Del Norte			
Eastern Sierra			
El Dorado			
Fresno			
Glenn			
Imperial			
Kern			
Kings			
Lake			
Lassen			
Los Angeles			
Madera			
Marin			
Mendocino			
Merced-Mariposa			
Monterey			
Napa			
North Coast			
Orange			
Placer			
Plumas			
Riverside			
Sacramento			
San Bernardino			
San Diego			
San Francisco			
San Joaquin			
San Luis Obispo			
San Mateo			
Santa Barbara			
Santa Clara			
Santa Cruz/San Benito			
Shasta			
Sierra Nevada			
Siskiyou/Modoc			
Solano			
Sonoma			
Stanislaus			
Sutter			
Tehama			
Tulare			
Ventura			
Yolo			
Yuba			
Regionalized LCSAs			
Alpine (Central Sierra)			
Amador (Central Sierra)			
Calaveras (Central Sierra)			
Humboldt (North Coast)			
Inyo (Eastern Sierra)			
Mariposa			
Merced			
Modoc			
Mono (Eastern Sierra)			
Nevada			
San Benito			
Santa Cruz			
Sierra			
Siskiyou			
Trinity (North Coast)			
Tuolumne (Central Sierra)			

SOURCE: OCSE-34 (Collections by Source Report)

10/31/2018

Line 2e - Collections Received from IV-D & Non IV-D Income Withholding (Cumulative - FFY)

Note: Income Withholding is reduced by Non IV-D Collections. Due to state level adjustments, totals may not match those reported on the OCSE-34.

California Department of Child Support Services
Percent of Total Collections by IWO

#28

Federal Fiscal Years	2016	2017	2016 - 2017 Percent Change
STATEWIDE			
Alameda			
Butte			
Central Sierra			
Colusa			
Contra Costa			
Del Norte			
Eastern Sierra			
El Dorado			
Fresno			
Glenn			
Imperial			
Kern			
Kings			
Lake			
Lassen			
Los Angeles			
Madera			
Marin			
Mendocino			
Merced-Mariposa			
Monterey			
Napa			
North Coast			
Orange			
Placer			
Plumas			
Riverside			
Sacramento			
San Bernardino			
San Diego			
San Francisco			
San Joaquin			
San Luis Obispo			
San Mateo			
Santa Barbara			
Santa Clara			
Santa Cruz/San Benito			
Shasta			
Sierra Nevada			
Siskiyou/Modoc			
Solano			
Sonoma			
Stanislaus			
Sutter			
Tehama			
Tulare			
Ventura			
Yolo			
Yuba			
Regionalized LCSAs			
Alpine (Central Sierra)			
Amador (Central Sierra)			
Calaveras (Central Sierra)			
Humboldt (North Coast)			
Inyo (Eastern Sierra)			
Mariposa			
Merced			
Modoc			
Mono (Eastern Sierra)			
Nevada			
San Benito			
Santa Cruz			
Sierra			
Siskiyou			
Trinity (North Coast)			
Tuolumne (Central Sierra)			

SOURCE: OCSE-34 (Collections by Source Report)

10/31/2018

Line 2 - Collections Received (Cumulative - FFY)

Line 2a - Collections Received from IV-D & Non IV-D Income Withholding (Cumulative - FFY)

Note: Income Withholding is reduced by Non IV-D Collections. Due to state level adjustments, totals may not match those reported on the OCSE-34.

North Carolina Social Services Preliminary Reform Plan

#42

California Department of Child Support Services Percent of Cases with an Order at Case Opening that Paid Within 60 Days Federal Fiscal Year 2017

County	Count of Cases with an Existing Order at Case Opening	Count of Cases that Paid Within 60 Days	Percent of Cases that Paid Within 60 Days
STATEWIDE			
Alameda			
Butte			
Central Sierra			
Colusa			
Contra Costa			
Del Norte			
Eastern Sierra			
El Dorado			
Fresno			
Glenn			
Imperial			
Kern			
Kings			
Lake			
Lassen			
Los Angeles			
Madera			
Marin			
Mendocino			
Merced-Mariposa			
Monterey			
Napa			
North Coast			
Orange			
Placer			
Plumas			
Riverside			
Sacramento			
San Bernardino			
San Diego			
San Francisco			
San Joaquin			
San Luis Obispo			
San Mateo			
Santa Barbara			
Santa Clara			
Santa Cruz/San Benito			
Shasta			
Sierra Nevada			
Siskiyou/Modoc			
Solano			
Sonoma			
Stanislaus			
Sutter			
Tehama			
Tulare			
Ventura			
Yolo			
Yuba			
Regionalized LCSAs			
Alpine (Central Sierra)			
Amador (Central Sierra)			
Calaveras (Central Sierra)			
Humboldt (North Coast)			
Inyo (Eastern Sierra)			
Mariposa			
Merced			
Modoc			
Mono (Eastern Sierra)			
Nevada			
San Benito			
Santa Cruz			
Sierra			
Siskiyou			
Trinity (North Coast)			
Tuolumne (Central Sierra)			

SOURCE: CCSAS CSE DA-52 - as of the December 2017 DR refresh

10/31/2018

Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.

* Represents instances where no data met the criteria, therefore this column cannot be calculated.

California Department of Child Support Services
Cases with Payments
Federal Fiscal Year 2017

County	Count of Cases with Support Due	Count of Cases with a Payment	Percentage of Cases with a Payment	Count of Cases without a Payment	Percentage of Cases without a Payment
STATEWIDE					
Alameda					
Butte					
Central Sierra					
Colusa					
Contra Costa					
Del Norte					
Eastern Sierra					
El Dorado					
Fresno					
Glenn					
Imperial					
Kern					
Kings					
Lake					
Lassen					
Los Angeles					
Madera					
Marin					
Mendocino					
Merced-Mariposa					
Monterey					
Napa					
North Coast					
Orange					
Placer					
Plumas					
Riverside					
Sacramento					
San Bernardino					
San Diego					
San Francisco					
San Joaquin					
San Luis Obispo					
San Mateo					
Santa Barbara					
Santa Clara					
Santa Cruz/San Benito					
Shasta					
Sierra Nevada					
Siskiyou/Modoc					
Solano					
Sonoma					
Stanislaus					
Sutter					
Tehama					
Tulare					
Ventura					
Yolo					
Yuba					
Regionalized LCSAs					
Alpine (Central Sierra)					
Amador (Central Sierra)					
Calaveras (Central Sierra)					
Humboldt (North Coast)					
Inyo (Eastern Sierra)					
Mariposa					
Merced					
Modoc					
Mono (Eastern Sierra)					
Nevada					
San Benito					
Santa Cruz					
Sierra					
Siskiyou					
Trinity (North Coast)					
Tuolumne (Central Sierra)					

SOURCE: CCSAS CSE DA-13 - CS 1257 REPORT DATE 9/30/2017

10/31/2018

Line 25 - Total Amount of Support Distributed as Current Support During the Federal Fiscal Year (Cumulative - FFY)
Line 27 - Total Amount of Support Distributed as Arrears and Interest During the Federal Fiscal Year (Cumulative - FFY)
Line 28 - Cases with Arrears Due During the Federal Fiscal Year (Unduplicated Aggregate Count - FFY)
Line 29 - Cases Paying Towards Arrears During the Federal Fiscal Year (Unduplicated Aggregate Count - FFY)
Line 44 - Cases with Current Support Due in the Federal Fiscal Year (Unduplicated Aggregate Count - FFY)

Note: Data results based on adhoc query. The results are subject to data entry, system functionality, and program policy and practices. Rounding may cause minor variations when comparing data within or between tables.

Appendix G: Dashboard Data Request Exhibits

Data Request Exhibit 1/Adult and Aging Services

Adult and Aging Services Dashboard Data Request

Data File Guidance

Please send the following data in a SAS file(s), or unformatted CSV or Excel files that are machine readable: We prefer SAS, Excel, or CSV in that order.

- Please send monthly data (as of the last day of each month) for two complete SFYs (2016 and 2017). The exception is when “annual data only” is indicated in the data list below; for those elements please use annual data. If SFYs 2016-2017 are not available, send the latest consecutive SFYs available (e.g., 2015 – 2016).
- If possible, for each data item, please send both a statewide value and a value for each of the 100 counties
- Please send files in “data file structure” (designed to be read by a computer program) rather than “report structure” (designed to be read by human eyes)
- For Excel files, do not include formatting in the file using color or other style attributes (bolding, italicizing, underlining, etc.) to convey information about the data, for example, to distinguish groups.
- Please do not mix both numeric and character values (text/signs) in individual cells or within a column. For example \$500 or 48%. Using only signs (\$, %, #) in place of numeric values consistently in a column is fine. If you plan to transform a combined numeric/character value, for example 48%, to a numeric only value, please be sure the column is labeled % if you use 48, or display the value as .48 so we have the accurate value.
- For Excel and CSV files, please denote missing data values by leaving the cell blank (do not put an “NA” or “Missing” in the cell). However, using a SAS format to represent these values in a SAS data file is fine.
- Please send file documentation, such as data field labels and value labels that allow us to clearly identify items in the file.
- Please upload completed file(s) to the SFTP

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Data

The following are data items for the dashboard. For data items on the list with a * please describe how the item is calculated so we have a more specific understanding of how to describe and present it in the dashboard.

1. The number of APS reports screened in for evaluation
2. The number of APS evaluation closures
3. The percent of APS evaluations involving allegations of abuse or neglect completed within 30 days of the report
4. The percent of APS evaluations involving allegations of exploitations completed within 45 days
5. The percent of adults with an APS report within the 12 month SFY period who experience a repeat APS report within 12 months of the original report (annual data only)
6. The number of adults entering publically funded guardianship within the 12 month SFY period (annual data only)
7. The number of Special Assistance for Aged (SAA) applications received within the 12 month SFY period (annual data only)
8. The percent of Special Assistance for the Aged (SAA) applications processed within 45 calendar days of the application date*
9. The number of Special Assistance for Disabled (SAD) applications received within the 12 month SFY period (annual data only)
10. The percent of Special Assistance for the Disabled (SAD) applications processed within 60 calendar days of the application date*

Data Request Exhibit 2/Child Care Subsidy

Child Care Subsidy Dashboard Data Request

Data File Guidance

Please send the following data in a SAS file(s), or unformatted CSV or Excel files that are machine readable: We prefer SAS, Excel, or CSV in that order.

- Please send monthly data (as of the last day of each month) for two complete SFYs (2016 and 2017). The exception is when “annual data only” is indicated in the data list below; for those elements please use annual data. If SFYs 2016-2017 are not available, send the latest consecutive SFYs available (e.g., 2015 – 2016).
- If possible, for each data item, please send both a statewide value and a value for each of the 100 counties
- Please send files in “data file structure” (designed to be read by a computer program) rather than “report structure” (designed to be read by human eyes)
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- For Excel and CSV files, please denote missing data values by leaving the cell blank (do not put an “NA” or “Missing” in the cell). However, using a SAS format to represent these values in a SAS data file is fine.
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Data

The following are data items for the dashboard. For data items on the list with a * please describe how the item is calculated so we have a more specific understanding of how to describe and present it in the dashboard.

1. The number of providers available
2. Number of children served
3. Percent of child care subsidy applications processed within 30 calendar days of the application date*

Data Request Exhibit 3/Child Support

Child Support Dashboard Data Request

Data File Guidance

Please send the following data in a SAS file(s), or unformatted CSV or Excel files that are machine readable: We prefer SAS, Excel, or CSV in that order.

- Please send monthly data (as of the last day of each month) for two complete SFYs (2016 and 2017). The exception is when “annual data only” is indicated in the data list below; for those elements please use annual data. If SFYs 2016-2017 are not available, send the latest consecutive SFYs available (e.g., 2015 – 2016).
- If possible, for each data item, please send both a statewide value and a value for each of the 100 counties
- Please send files in “data file structure” (designed to be read by a computer program) rather than “report structure” (designed to be read by human eyes)
- For Excel files, do not include formatting in the file using color or other style attributes (bolding, italicizing, underlining, etc.) to convey information about the data, for example, to distinguish groups.
- Please do not mix both numeric and character values (text/signs) in individual cells or within a column. For example \$500 or 48%. Using only signs (\$, %, #) in place of numeric values consistently in a column is fine. If you plan to transform a combined numeric/character value, for example 48%, to a numeric only value, please be sure the column is labeled % if you use 48, or display the value as .48 so we have the accurate value.
- For Excel and CSV files, please denote missing data values by leaving the cell blank (do not put an “NA” or “Missing” in the cell). However, using a SAS format to represent these values in a SAS data file is fine.
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Data

The following are data items for the dashboard. For data items on the list with a * please describe how the item is calculated so we have a more specific understanding of how to describe and present it in the dashboard.

1. Caseload size
2. Number of paternities established for children born out of wedlock
3. Percent of paternities established for children born out of wedlock
4. Annual Goal for paternities established for children born out of wedlock*
5. Number of child support cases that are under an order
6. Percent of child support cases that are under an order
7. Annual goal for child support cases that are under an order*
8. Number of current child support paid
9. Percent of current child support paid
10. Annual goal for current child support paid*
11. Number of cases that received a payment towards arrears
12. Percent of cases that received a payment towards arrears
13. Annual goal for cases that received a payment towards arrears*
14. Number of total child support collections
15. Percent of total child support collections
16. Annual goal for total child support collections*

Data Request Exhibit 4/Energy Assistance

Energy Assistance Dashboard Data Request

Data File Guidance

Please send the following data in a SAS file(s), or unformatted CSV or Excel files that are machine readable: We prefer SAS, Excel, or CSV in that order.

- Please send monthly data (as of the last day of each month) for two complete SFYs (2016 and 2017). The exception is when “annual data only” is indicated in the data list below; for those elements please use annual data. If SFYs 2016-2017 are not available, send the latest consecutive SFYs available (e.g., 2015 – 2016).
- If possible, for each data item, please send both a statewide value and a value for each of the 100 counties
- Please send files in “data file structure” (designed to be read by a computer program) rather than “report structure” (designed to be read by human eyes)
- For Excel files, do not include formatting in the file using color or other style attributes (bolding, italicizing, underlining, etc.) to convey information about the data, for example, to distinguish groups.
- Please do not mix both numeric and character values (text/signs) in individual cells or within a column. For example \$500 or 48%. Using only signs (\$, %, #) in place of numeric values consistently in a column is fine. If you plan to transform a combined numeric/character value, for example 48%, to a numeric only value, please be sure the column is labeled % if you use 48, or display the value as .48 so we have the accurate value.
- For Excel and CSV files, please denote missing data values by leaving the cell blank (do not put an “NA” or “Missing” in the cell). However, using a SAS format to represent these values in a SAS data file is fine.
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Data

The following are data items for the dashboard. For data items on the list with a * please describe how the item is calculated so we have a more specific understanding of how to describe and present it in the dashboard.

1. The number of families served by the Crisis Intervention Program (CIP) with federal funds
2. The number of families served by the Crisis Intervention Program (CIP) with non-federal funds
3. The number of families who have reached the maximum Crisis Intervention Program (CIP) benefit
4. Percent of households assisted by CIP program (fed and non-fed funds) (annual data only)
5. Percent of Crisis Intervention Program (CIP) applications processed within one (1) business day for applications with no heat or cooling source *
6. Percent of Crisis Intervention Program (CIP) applications processed within two (2) business days of the application date for applicants who have a heat or cooling source *

Data Request Exhibit 5/Food and Nutrition Services (FNS)

Food and Nutrition Services Dashboard Data Request

Data File Guidance

Please send the following data in a SAS file(s), or unformatted CSV or Excel files that are machine readable: We prefer SAS, Excel, or CSV in that order.

- Please send monthly data (as of the last day of each month) for two complete SFYs (2016 and 2017). The exception is when “annual data only” is indicated in the data list below; for those elements please use annual data. If SFYs 2016-2017 are not available, send the latest consecutive SFYs available (e.g., 2015 – 2016).
- If possible, for each data item, please send both a statewide value and a value for each of the 100 counties
- Please send files in “data file structure” (designed to be read by a computer program) rather than “report structure” (designed to be read by human eyes)
- For Excel files, do not include formatting in the file using color or other style attributes (bolding, italicizing, underlining, etc.) to convey information about the data, for example, to distinguish groups.
- Please do not mix both numeric and character values (text/signs) in individual cells or within a column. For example \$500 or 48%. Using only signs (\$, %, #) in place of numeric values consistently in a column is fine. If you plan to transform a combined numeric/character value, for example 48%, to a numeric only value, please be sure the column is labeled % if you use 48, or display the value as .48 so we have the accurate value.
- For Excel and CSV files, please denote missing data values by leaving the cell blank (do not put an “NA” or “Missing” in the cell). However, using a SAS format to represent these values in a SAS data file is fine.
- Please send file documentation, such as data field labels and value labels that allow us to clearly identify items in the file.
- Please upload completed file(s) to the SFTP

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Data

The following are data items for the dashboard. For data items on the list with a * please describe how the item is calculated so we have a more specific understanding of how to describe and present it in the dashboard.

1. The Number of households receiving FNS
2. The Number of households receiving FNS by age categories of recipients*
3. The number of able-bodied adults without dependents receiving services
4. The Number of households applying for FNS
5. The Number of households exiting FNS
6. Number of able-bodied adults without dependents exiting FNS
7. Percent of expedited FNS applications processed within 4 calendar days from the date of application
8. Percent of non-expedited FNS applications processed within 25 calendar days from the date of application
9. Percent of FNS re-certifications processed on time*
10. Percent of Program Integrity Claims are established within 180 days of the date of discovery

Data Request Exhibit 6/Work First

Work First Dashboard Data Request

Data File Guidance

Please send the following data in a SAS file(s), or unformatted CSV or Excel files that are machine readable: We prefer SAS, Excel, or CSV in that order.

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- If possible, for each data item, please send both a statewide value and a value for each of the 100 counties
- Please send files in “data file structure” (designed to be read by a computer program) rather than “report structure” (designed to be read by human eyes)
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- Please upload completed file(s) to the SFTP

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Data

The following are data items for the dashboard. For items on the list with a * please provide a description about how the item is calculated so we have a more specific understanding of how to describe and present it in the dashboard.

1. The number of Work First Cash assistance recipients
2. The number of Work First services recipients
3. The number of cash assistance recipient Work First closures
4. The number of services recipient Work First closures
5. The number and percent of the reasons for Work First closures, for recipients receiving cash assistance (annual data only)
6. The number and percent of the reasons for Work First closures, for recipients receiving Services (annual data only)
7. The proportion (percent) of all Work-Eligible individuals who complete the required number of hours of federally countable work activities*
8. The proportion (percent) of all two-parent families with Work Eligible individuals who complete the required number of hours of federally countable work activities*
9. The proportion (percent) of Work First applications processed within 45 days of receipt*
10. The proportion (percent) of Work First Re-certifications processed no later than the last day of the current recertification period*