



Wilson County Department of Social Services

J. Glenn Osborne
Director

Post Office Box 459 Wilson, North Carolina 27894-0459

Phone (252) 206-4000
Fax (252) 206-4198

MEMORANDUM

To: Vernon Drew, President
Center for Support of Families

Elizabeth Black, Director for Child Welfare Practice
Center for Support of Families

CC: Social Services Regional Supervision and Collaboration Working Group

From: Glenn Osborne, Director / *GO*
Wilson County Department of Social Services

Date: October 11, 2018

Conducting an in-depth study of North Carolina's social services system, including a deeper dive into the state's child welfare system, and providing a preliminary report outlining system reform recommendations is truly an ambitious endeavor. To complete and submit both preliminary reports with qualitative recommendations in just over five months is exceptional. The Center for Support of Families has done a remarkable job of developing these highly qualitative reports in such a short period of time. Congratulations to CSF on this achievement!

The findings in the reports present tremendous challenges to system reform while the recommendations provide a wealth of opportunity for system-wide improvement. To cite all the recommendations fully endorsed by this Director would require summarizing the majority of recommendations contained in both reports. Instead, feedback will be provided on the reports with the intent of helping to enhance, expand and strengthen specific recommendations. The following is feedback outlined by report and report sections. This feedback is from the Director of the Wilson County Department of Social Services (WCDSS) and includes input from WCDSS staff.

Social Services Preliminary Reform Plan

Governance of County Social Services Departments:

Report Recommendation: *Governance structure be simplified and strengthened. That the General Assembly take steps to revise the laws authorizing county boards to strengthen including role membership and authority. And that funding be provided for training and technical assistance.*

The Wilson County Department of Social Services promotes safety, self-determination and self-sufficiency for families, children and adults through the delivery of services in a professional and caring manner.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Visit our website at www.wilsoncountydss.org

In support of the recommendation of CSF that *minimum requirements and minimum qualifications for serving on a social services board should be established* below are some recommendations for bringing clarity to the role, purpose, scope and responsibility of Boards of Social Services.

- That the governance role and function of the boards of social services be clarified and focused on overall outcome performance of the department they govern.
- That boards receive training on performance dashboard analysis and dashboard performance evaluation techniques.
- That boards receive training on effective executive director supervision including the context and scope of their supervision role versus the Director's role and versus the staff's role.
- That boards receive training that provides an overview of the programs and funding administered by the Department of Social Services
- That boards receive training on their budgeting responsibilities provided they maintain responsibility for submitting an annual budget to the Board of County Commissioners.

The following are recommendations for strengthening of Social Services Boards.

- Consider increasing the number of members on social services boards to seven members with the following required stakeholder representatives:
 - ~ Local public schools
 - ~ Local court system
 - ~ Local faith community
 - ~ Local business community
 - ~ County Commissioner
 - ~ Community degreed social worker
 - ~ Community non-profit
- Boards of social services be required by law to present an annual agency performance report to the County Commissioners based on the department's performance outcomes/dashboard.
- The county commissioner's representative on the social services board receive training on reporting to other county commissioners as to the performance and functioning of the county's department of social services on an on-going basis.
- Since the county commissioners play such a vital role in appropriating funding and personnel to the departments of social services that an orientation to their county department of social services, presented by their DSS Director and DSS Board, be provided for new county commissioners within 90 days of the new county commissioner taking office.
- To foster effective communication between Boards of Social Services and state regional offices that the state Regional Director meet with the DSS Boards at least once per year and more often as needed to discuss the Performance of the Social Services Department.
- That citizens selected to serve on Boards of Social Services have a genuine interest and support the mission and role of the Social Services Department within the county.

Feedback on Other Recommendations:

- It was positive to read the CSF finding that *NC performed generally as well as other child welfare programs in state supervised county administered jurisdictions around the country*. Hopefully, through current reform efforts NC can rise to the top for all states.
- The statement in the report on page 9 that states *the findings and recommendations in this report may apply to counties in different degrees* is appreciated. The point was made that in a state

supervised county administered structure there is variation among counties in terms of how they deliver social services.

- It was good to hear that *throughout CSF's work with program staff at all levels that you heard a desire to move from a time compliance based to an outcomes based system for measuring the program's impacts on those served.* It is hoped that both state and counties channel that desire into a joint commitment to bring an outcomes based system to reality. One model, called Leading by Results (LBR), practiced in Wilson County, may provide valuable insight on how to make this desire a reality for NC. It is recommended CSF examine LBR for its potential benefit as an outcomes based CQI performance model.
- The CSF statement that *the state must have the tools and authority to monitor counties, recognize serious underperformance and failure to follow law/policy and intervene effectively* is very true. To that end it is recommended that both central and regional offices build professional relationships with their counties and through those relationships deliver highly effective consultation, technical assistance and training to move counties forward in their performance prior to moving to more formal corrective action approaches. It is this Director's opinion that Regional Directors must build professional working relationships with County Managers and DSS Board Chairs as well as with the DSS Director.
- It is this Director's impression this report focuses on top down versus bottom up approaches/recommendations for improvement of the social services system. It is highly recommended that CSF take another look to incorporate best practices from counties that could positively impact other counties and perhaps even be suitable for statewide implementation. It is also recommended that CSF consider a recommendation on a process for capturing county best practices and how those best practices can be effectively communicated from one county to another and potentially for statewide benefit.
- It is noted there are no references made to NCFAST and the impact NCFAST has had on the administration of social services at the local level in NC. There was an abundant amount of feedback on NCFAST provided by county directors and county staff at numerous focus group meetings this Director attended. The fact that none of this feedback is reflected in the reports is a somewhat puzzling. NCFAST has had a profound impact on county administration of the programs that have been implemented thus far into the NCFAST system. While the potential of NCFAST to create critically needed data and system reporting across programs is a goal of which all within the system share and continue to work toward, much work remains to make this system a user friendly system and a system that creates efficiencies versus creating significant amounts of additional workload at the county level. While many system defects have been corrected over the years many defects remain and many work arounds and job aids to address those defects remain in place. For a NC social services system to truly become optimally effective, NCFAST must one day function well for both counties and the state. It is recommended CSF examine the role of NCFAST to DSS operations and explore constructive recommendations to improve NCFAST since it so closely impacts the social services delivery system and impacts many of the recommendations contained in both reports.

Regional Offices:

In respect to CSF's recommendation regarding seven regional offices, seven may be an ideal number if sufficient resources including funding and highly knowledgeable and competent staff can be recruited within the regional office structure. However, it is questionable as to the capacity of our state at this time to adequately staff and fund seven regional offices with the level of high quality, highly competent talented leadership staff needed to support counties. It is recommended that quality over quantity be the priority if

resources become an issue. It is recommended that a lower number of regional offices (4-5) be considered if necessary to gain higher quality leadership and competence in the regional office staff. It is critical that regional office staff have the experience, education and leadership skills to earn the immediate respect and confidence from their counties so they can provide high quality training, consultation and technical assistance.

- As to the regional office staffing, it appears CSF has identified the key positions required for a regional office to provide comprehensive supervision to county departments of social services.
- Since social services programs administered by the department of social services are spread across multiple NCDHHS divisions it is recommended the deputy director for county support position (supervisor of regional directors) be an assistant secretary position within NCDHHS and not assigned to report to a specific division director within DHHS such as the social services division director.
- It is highly recommended that state regional directors be extended statutory authority to formally notify and place counties under corrective action when insufficient staffing or insufficient fiscal resources are causing the DSS to be out of compliance with program performance standards. In these situations, the regional directors must have the statutory authority to work directly with county managers and boards of county commissioners when staffing and other resource needs are impeding program performance. **One of the fundamental weaknesses of the former regional offices is they held no authority and assumed no responsibility to engage with county government leadership (County Managers and County Commission Board Chairs) to adequately provide resources** to administer mandated programs at a satisfactory level.

Salaries & Staffing:

In regard to CSF's recommendation to *establishing a minimal statewide salary level based on current salary structure, with the state providing funding to equalize the funding load across counties*, the following feedback is offered:

- While this is an excellent recommendation it will be a significant challenge to our state to make it a reality. It is recommended CSF consider a standardized funding formula for staffing that both state and counties could participate in for the non-federal share of county DSS positions administering mandated programs as a possible alternative to this recommendation.
- It is recommended that standardized evidence based staffing workload standards for all DSS programs be established. This recommendation is consistent with CSF's recommendation regarding minimum workload and staffing standards.

Adult Protective Services and Employment Programs Practice Model:

- It is recommended that a social work theory based practice model be implemented statewide for both Adult Protective Services and Employment Programs Social Work.
- Wilson County Department of Social Services (WCDSS) is currently adapting its integrated practice model in Child Welfare (Signs of Safety and Trauma Informed Practice) for its Adult Protective Services (APS) Social Workers and Supervisors. APS referrals in Wilson County are actually increasing at a faster rate than CPS referrals. This practice model, Signs of Safety for APS, is being enthusiastically embraced by the department's APS staff.
- WCDSS is also implementing a practice model for its employment programs social workers and rather than calling it Signs of Safety, it is called Signs of Success. The agency is integrating Signs of Success with Trauma Informed Practice to form an integrated practice model in

employment programs. The goal is to utilize the solution focused techniques of mapping, scaling, appreciative inquiry, strengths building, etc. to empower employment program participants to overcome barriers to employment (including personal and family trauma), build upon their strengths and fully utilize what has worked for them in the past to get a job and maintain it over time. Again, it is remarkable to see how the employment social workers are embracing this practice model.

Child Welfare Preliminary Reform Plan

Child Welfare Practice Model:

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

- Having implemented a child welfare practice model over the past six years, Signs of Safety, (SOS) this Director was left wondering how and why the Safety Organized Practice (SOP) model became CSF's recommendation for NC. The SOP model originated from the SOS model and is a very good model. As is the SOS model, the parent model of SOP. The SOS model has already been implemented in Wilson County, and to some degree in both Catawba and Buncombe Counties over the past seven years. It would seem having three counties with history and experience with SOS provides the state some degree of in-state experience to draw upon if the SOS practice was selected. However, Wilson County has evolved its practice model from SOS to an integrated model. It incorporates SOS and trauma informed practice. It is recommended that consideration be given to SOS in addition to SOP and whichever practice model is selected, SOS or SOP, it be integrated with trauma informed practice. It is also recommended that counties like Wilson, with a well-established practice model in place, that is helping obtain excellent outcomes, be supported to continue their practice models as it is currently developed and implemented. It is also recommended that the practice model (SOS or SOP) be utilized all across child welfare (CPS, Foster Care, Adoptions, Prevention and Clinical Services).

Feedback on Other Recommendations:

- In the preliminary report on page 9 it is stated: *Many counties are engaging in best practices tailored to address their county's specific needs. As such the findings in this report may apply to counties to differing degrees.* It is pleasing that acknowledgement is made here in this statement regarding best practices in counties. It is recommended that CSF and the state consider the potential for implementation of these best practices for multiple counties and in some cases statewide. It is recommended that a structured process be developed to profile these best practices and strategically roll them out to other counties where desired and needed.
- On page 10 of the child welfare preliminary report it is stated "*only about 70% of CPS assessments (investigative and family) are being completed within 45 days, and caseworkers are indicating this timeline is difficult.*" The 45 day time frame for assessments is a time frame that was established by the counties and the state many years ago when the assessment track/dual response system was being implemented. No one knew at that time if 45 days was an appropriate time frame for conducting assessments. Given there is nothing magic about the 45 day time frame, it is recommended this time frame be revisited, restudied and consideration be given to

changing it to a 60 day time frame. A 60 day time frame would allow counties to provide up-front services to families and children to resolve issues in meeting needs and prevent some families from having to be transferred from one worker to another (assessment worker to in-home worker) which reduces child and family trauma.

- On page 13 of the preliminary report implementation of the Family First Prevention Services Act (FFPSA) is referenced. This Director wholeheartedly agrees with the statement in the report that *NC is poised to jump start this process*. It is recommended that as NC implements FFPSA that our state use the guiding principal that “one size does not fit all” and incorporate approaches that have been successfully implemented in NC counties to date and encourage those successful approaches to be expanded to other counties and potentially statewide. In other words adopting not only a top-down approach but also a bottom-up approach to implementation of FFPSA. Some NC counties already have established prevention programs and behavioral health treatment services. These counties stand ready to capitalize on the funding opportunities of FFPSA by expanding their programs and services to meet more needs. Other counties do not have a prevention program or behavioral health services and will be starting FFPSA at a different implementation stage. It is recommended our state begin with the counties that are ready to implement now and utilize those counties’ experience for future implementation across the state. This bottom up approach can be highly effective and lead to a successful implementation of FFPSA in NC.
- In reference to recommendations 16 and 24 that *streamlining the foster parent licensure process for relatives and kin caretakers should be a high priority and a critical need within our child welfare system*, it is recommended this be a high priority and be completed as soon as possible.
- In respect to recommendation 33 it should be noted that in Wilson County’s integrated practice model qualitative case review processes are developed based upon the practice model that has been implemented (SOS/TIP). This may be of some benefit to the state as a whole in developing a statewide model for case review processes that support the practice framework.
- It is this Director’s belief that recommendation 35 regarding the financing structure of the child welfare system is in serious need of evaluation and that a joint funding commitment between the state and counties to fund the non-federal share of administrative costs for child welfare be developed. It is recommended that an evaluation be conducted to maximize the use of available federal dollars to support child welfare across the state. Finally, it is recommended that staffing appropriations to counties be rebased (reformulated) every five years based on fair and consistent funding criteria that levels the funding playing field across the state.
- This Director could not agree more with recommendation 36. “*Take concrete steps to reduce paperwork and streamline requirements (create a stop doing list to increase the time caseworkers have available to work with families)*” It is my experience that this is one of the most important short term recommendations that CSF has made regarding the child welfare workforce. It is recommended this include reducing the number of forms, the length of forms, the number of optional tasks, consolidating various tools, eliminating some of the checklists, eliminating unnecessary processes, combining mandatory meetings into multi-purpose meetings, streamlining policy, etc. of which are currently required of child welfare social workers. It is also recommended that NCFAS P4 be streamlined such that non-required processes are eliminated. This recommendation also relates to CSF’s findings referenced on page 187 relating to the *child welfare staff feeling overwhelmed and the resulting staff burn out, staff trauma, staff turnover and the lack of time to practice social work in the field*.
- In the child welfare preliminary report there was no mention of the upcoming NCFAS P4 (child welfare) implementation and the potential impact it may have on the child welfare system. While we all hope P4 will eventually lead to a system that provides more reliable data and helps improve state reporting, it is important that it not unintentionally pull social workers away from their work with families and children. Each of the previous program implementations of

NCFAST has required major adaptation of the program staff to NCFAST functionality including dramatically increasing data entry responsibilities and requiring astute system navigation skills and abilities. This particular skill set does not often match the skill set required of social workers. It is recommended that CSF explore this further and possibly speak to this challenge, especially regarding the contrasting skill sets, and offer recommendations on how this challenge can be met in its final report.

- In this report strengths in NC's child welfare system such as a lower entry rate into foster care and a lower re-entry rate, in comparison to other states, are cited. However, there are no recommendations on how these strengths (using a strengths based system approach) could be built upon to make them even greater strengths for NC's system. Some CSF recommendations for building upon existing system strengths is recommended.

Child Welfare Work Force Development:

- Recommendations 39, 41, 44 and the next to last bullet on page 188, all speak to training and educational development of the child welfare work force. To effectively address these workforce development recommendations it is this Director's recommendation that a new child welfare education collaborative be developed between NCDHHS and State University System Schools of Social Work whereby the required social worker training and practice model be integrated into an MSW degree program whereby the child welfare worker over a 2-3 year course of study could not only complete their state required mandated training but could also receive their masters in social work degree (MSW). Establishing this new collaborative will require a redirection of some current child welfare training funding administered by the NCDHHS and additional funding from the NC General Assembly to the NC Schools of Social Work. The NC Schools of Social Work are best equipped to teach and develop the social work theory based practice model that North Carolina aspires to implement. This initiative will dramatically increase the skill level and competency of North Carolina's child welfare work force over time. The courses could be primarily taught on-line reducing travel expenses and time for child welfare worker participation and include remote simulation of real scenarios to deepen learning. If the ultimate goal is to raise the level of social work practice within the child welfare work force to achieve better outcomes for children and families then the workforce must master the practices of effective engagement, empowerment and relationship building. It must practice social work ethics and understand behavioral theory to help families bring about change from within. The partnership described above is a pathway to developing a work force with a high level of practice skills and knowledge.

Salaries:

- On page 165 in the discussion on salaries, it is recommended CSF contact the NC Office of State Human Resources (NCOSHR) to inquire if county pay plan information can be obtained on the county DSSs. Counties are required to submit the county pay plans to NCSOHR on an annual basis. If this information can be obtained it could provide a wealth of information regarding salaries across counties.

Behavioral Health Services Needed in Child Welfare:

- On page 10 of the report it is referenced that public funding for mental health and substance abuse services for uninsured parents is very limited. On page 11 it is noted that children in North Carolina, as well as their families and care givers, are not receiving the appropriate level of trauma informed services and supports to facilitate timely reunification. On page 175

recommendation 12 states *strengthen partnership between the State Division of Social Services and the Divisions of Medical Assistance, and MH/DD/SAS to make sure behavioral health services are available to parents and ensure appropriate placements for children in foster care.* These findings and recommendation underscore the critical need for qualitative customized mental health services for NCs children and families in child welfare. Wilson County DSS has implemented an extremely successful county based clinical services program which has proven to be highly effective in treating childhood trauma and addressing other behavioral health needs of the children and families in Wilson County's child protective services and foster care system. It is recommended CSF take another look at Wilson County's services and consider how similar county based or regionally based clinical delivery models could be developed that are customized to meet the needs of the children and families in child welfare. The current mental health delivery system is not structured to meet the specific treatment needs of children or their parents in child welfare. Customized child welfare mental health services must include the practice of evidence based trauma treatment therapies that are well coordinated with the child welfare social workers. While better coordination between the two systems is commendable it may be synonymous with an attempt to put a band aide on a wound that will not heal. It has been our experience that customized on-site behavioral health services where the clinical, CPS, foster care and prevention staff work together as a team to meet the child and families' needs, works extremely well at achieving positive outcomes for children and families. Children and families in child welfare do not just need mental health services, they need mental health services that lead them to heal from trauma, build resiliency in their lives, and effectively bring about changed behavior around safety and wellbeing. They need treatment services that lead to positive outcomes.

Thank you for the opportunity to provide feedback on the preliminary reform plan reports for Social Services and Child Welfare.