



North Carolina Department of Health and Human Services
Division of Social Services

325 North Salisbury Street • Raleigh, North Carolina 27699-2406
Courier # 56-20-25

Michael F. Easley, Governor
Carmen Hooker Buell, Secretary

Pheon E. Beal, Director
(919) 733-3055

October 26, 2001

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES

SUBJECT: Child Welfare Staffing Survey

It is time once again to conduct the annual child welfare staffing survey. As you know, we are required by the General Assembly to annually collect staffing data. This data is then available to be shared with the legislature, media, and advocacy groups as requested. Additionally, the data is used for federal reporting requirements and may be used in decisions regarding the distribution of funds.

This year's survey focuses on the delivery of core child welfare services only. A set of definitions/ instructions is included with each page of the survey to aid in completion. Your Children's Program representative (CPR) is available to assist with the survey process as appropriate.

In order to compile the data in a timely manner, please complete the survey and return it to your CPR no later than December 15, 2001. Thank you for your participation in this important endeavor.

Sincerely,

A handwritten signature in cursive script, appearing to read "Charles C. Harris".

Charles C. Harris, Chief
Children's Services Section

CCH/sb
Attachment

cc: Pheon Beal
Paul Lesieur
Children's Services Team Leaders
CPRs

CS-42-2001

County: _____ Date: _____

Contact Person(s): _____

Phone Number(s): _____

PART A- CASE COUNT

Number of Cases by Month	June 2001	July 2001	Aug 2001	Sept 2001	Oct 2001	Nov 2001	6 month totals	Monthly avg.
# of CPS intakes screened out per month								
# of total CPS intakes accepted per month								
# of active CPS-Case Planning/ Case Management cases (families) open last day of month								
# of children in agency custody and placement responsibility last day of month								
# of children in another agency's custody/ placement responsibility for whom you provided case supervision								
# of families provided with Post-adoptive Services per month (not adoption assistance)								
# of licensed Family Foster Homes last day of month								
# of Foster/ Adoptive Parents trained per month								
# of new additional, non fee home studies per month								

Please fill out the survey and return to your Children's Program Rep. before December 21, 2001

Case Count Instructions

- **CPS Intake**- This only includes activities involving the receiving and screening of reports of alleged abuse, neglect or dependency.
 1. **Screened out** - Intake referrals that are never opened or referred to other agencies/services.
 2. **CPS Accepted** - Intake referrals that are opened for 210 services.

- **Active Case Planning/ Case Management cases**- These are substantiated cases which receive CPS CP/CM service provision. Report the number of cases open on the last day of each month which received actual social work services during the given month. Do not include those open for 215 services that did not receive service provision. Do not include other types of case management services (preventive, at risk, etc.) in this area.

- **Children in agency custody and placement responsibility**- Count all children open on the last day of each month for whom the agency has custody and/or placement responsibility through the court system (foster children).

- **Placement supervision**- These are children for whom the agency provides case supervision, although the children are in the legal custody/ placement authority of another agency. These might include ICPC children or children from another NC county. Please provide a total, unduplicated number of children served each month.

- **Post-adoptive Services**- These are social work services provided to adopted children, adoptive parents, or adult adoptees, such as adoption support groups, placement adjustment, etc. This category does not include adoption assistance. Please provide a total, unduplicated number of people served each month.

- **Family Foster Homes**- Report the total number of licensed family foster homes on the last day of each month.

- **Foster/ Adoptive Parents trained**- This refers to the total number of Foster/ Adoptive applicants or parents who receive formal training by county DSS staff (i.e. MAPP, Deciding Together, etc.) Please provide a total, unduplicated number of people served each month.

- **Additional, non-fee home studies**- These are studies that the county performs for customers that are not typically associated with another open service. These cases are opened for the express purpose of completing the home study, such as court ordered home assessments, relative adoptions, etc. Please provide a total, unduplicated number of studies performed each month.

Please fill out the survey and return to your Children's Program Rep. before December 21, 2001

PART B - STAFF POSITIONS

COUNTY: _____

Please report budgeted FTE positions as of **December 1, 2001**, regardless of whether the position is filled or not, in the space beside each question.

_____ How many total child welfare social work positions do you have? (not supervisors)

Of these positions please list the Full Time Equivalents for each area:

_____ CPS Intake

_____ CPS Investigative Assessment

_____ CPS Case Planning and Case Management

_____ Placement Case Management (Foster Care and/or Adoption)

_____ Foster Parent Licensing

_____ Foster/ Adoptive Parent Training

_____ Additional Home Studies

(Note: Please insure your FTE breakouts equal your total FTE count)

_____ How many child welfare social work supervisor positions do you have?

Of these positions please list the Full Time Equivalents for each area:

_____ Intake

_____ CPS Investigative Assessment

_____ CPS Case Planning and Case Management

_____ Placement (Foster Care, Licensing, Adoption, Home Studies)

_____ How many total child welfare management positions do you have? (Program Managers, Administrators, Assistant Directors, etc.)

Please fill out the survey and return to your Children's Program Rep. before December 21, 2001

STAFF POSITION DEFINITIONS

- **FTE (Full Time Equivalent)**- Full Time Equivalent means the number of full time positions allocated to child welfare services. This data is reported in allotted percentages in respective program areas. Turnover or vacancies have no effect on the number of FTEs.
- **Child welfare social work positions**- Positions which provide direct social work services to community members. Do not include in-home aides, transportation aides, or CSSA staff. Also do not list positions providing services not listed on the survey, such as Intensive Family Preservation, Delinquency Prevention, School Social Work, etc. Designated after-hours position(s) should be divided into appropriate service areas.
- **Supervisor positions**- Positions which provide direct supervision to line social workers.
- **Management positions**- This refers to Program Managers, Program Administrators, Assistant Directors, etc. If these positions also manage other service areas, only report the % of FTE dedicated to child welfare services.

Please fill out the survey and return to your Children's Program Rep. before December 21, 2001

PART C – ADDITIONAL STAFFING DATA

COUNTY: _____

Of the total FTE positions you reported, how many of these positions are **vacant as of December 1, 2001** in the following areas:

Social Workers: _____

Supervisors: _____

Administrators: _____

During the **calendar year 2001**, how many of your approved child welfare positions were vacant at any time? For the purposes of this question, please do not count any position more than once, even if it was vacated more than once during the year.

Social Workers: _____

Supervisors: _____

Administrators: _____

The Child Welfare Collaborative through UNC Chapel Hill is seeking to obtain baseline data regarding child welfare practitioners with a bachelor or master's degree in social work. The Collaborative prepares Bachelor of Social Work and Master of Social Work students for careers in child welfare. Please provide the following information regarding your agency to assist in this important initiative. (For this part of the survey, FTE percentages are not important. Simply list each qualifying staff in one area of practice)

Practice Area	# of staff with BSW	# of staff with MSW
Social Work (Direct Practice)		
Supervision		
Program Management		

Please fill out the survey and return to your Children's Program Rep. before December 21, 2001

