



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES
CHILD WELFARE SERVICES

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GOVERNOR

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SECRETARY

WAYNE E. BLACK
DIRECTOR

October 13, 2017

Dear PIP Pilot County Directors and PIP Policy County Contacts;

Subject: Pilot of the Modified Child Welfare Manual in the 10 Pilot Counties

The Program Improvement Plan (PIP) Policy workgroup continues to work to improve and implement North Carolina's Child Welfare policy, protocol, and guidance to improve performance on safety, permanence and well-being outcomes on the Child and Family Services Review (CFSR). This letter is a follow up to the Sept. 12, 2017 letter to provide ongoing communication about the:

- Implementation plan for the pilot of this modified manual and
- Specific changes in protocol and practice required by this pilot.

Pilot Implementation

As of Sept. 29, 2017, the modified manual pilot for the functions of Intake, Assessments, In-Home, Permanency Planning and some Cross Function topics related to these functions was published on the Knowledgebase page of the TA Gateway for use in the 10 OSRI counties.

To support clarity regarding policy and protocol, a required timeframes page has been added to the modified manual in the functional areas of Assessments, In-Home and Permanency Planning. In addition, all changes made to address identified content gaps in each functional area of the modified manual are tracked in a document named: "New protocol, policy and guidance". The document is posted on the TA Gateway in the Knowledgebase (<https://nccwta.org/index.php?/Knowledgebase/Article/View/2/12/nc-cw-modified-manual-for-nc-cw-pilot>) along with the NC CW Modified Manual.

An overview of the most critical changes to protocol and/or guidance follows:

Function	Protocol or Guidance	New Requirements
Assessments	Protocol	Initiation of all assessments, including CPS Family Assessments, must include individual interviews with each child. Interviews with children must include questions regarding the allegations, and be separate from the parent, caretaker or alleged perpetrator.
	Protocol	A home visit where the alleged victim resides must occur the same day the victim child is seen. Assessment of the physical home environment must include a tour of the entire home and other building on the family property.

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	Protocol & Guidance	Two Level Decision Making & The Role of the Supervisor. This is a new section that includes the requirement for twice monthly staffing of each case.
In-Home	Protocol	Every contact with the family must include an individual interview with each child, separate from the parent/caretaker.
	Protocol	At least one contact per month with each child must be in the home in which the child resides. The (new) In-Home Visit Record must be completed for every home visit. At least one contact per month with each child must be with the child and his or her parent/caretaker to observe the interaction and relationship between the child(ren) and the parent/caretaker.
	Protocol	For high risk cases, all children substantiated as abused, neglected, and/or dependent, or identified as "Services Needed", their parents or primary caretakers, and all maltreating parent(s) or caretaker(s) must be seen face to face once a week. Frequency of other contacts are specifically defined. Contacts with the maltreating parent(s)/caretaker(s) must emphasize the behavior change addressed in the Family Services Agreement.
	Protocol & Guidance	Two Level Decision Making & The Role of the Supervisor. This is a new section that defines the required frequency of staffing of each case.
Assessments, In-Home and Permanency Planning	Protocol	<p>Within 72 hours of initial out of home placement or a placement change, face to face contact with child(ren) must occur. This contact is in addition to the any contact at the time of placement.</p> <p>Initial contact with the parents must occur within 7 days of initial placement.</p> <p>Face-to-face, in home contact with all placement providers must occur within 7 days of initial placement or placement change. This contact is in addition to the any contact at the time of placement.</p>
Permanency Planning	Protocol	If reunification is the primary plan, face-to-face contact with the parent(s) must occur at least monthly, and the majority (4 out of every 6) of these contacts must be held in the parent's residence. If the parent is not residing in the home in which the child will return if reunification occurs, the above requirement must still be met.
	Protocol	<p>The development of the Family Services Agreement must occur within 30 days of initial placement (no change).</p> <p>Permanency Planning Reviews and Family Services Agreement updates must occur:</p> <ul style="list-style-type: none"> • Within 90 days of initial placement; and • Updated every 3 months thereafter

The modified manual was reorganized to include Cross Function topics: topics that relate to multiple functional areas, i.e., diligent efforts, safety, risk, and more. These Cross Function topics enable the manual to drive consistency across all functional areas and to eliminate redundancy of information in more than one place.

NC CW DSS forms support implementation of policy and good practice. The PIP Policy workgroup reviewed current forms and it became clear that to achieve changes in practice aligned with the

modified protocol, policy and guidance, some forms were inadequate and in some cases, there was no form. With release of the Permanency Planning, several new and/or modified forms were also published. It is expected that as new cases open for services the new or modified forms published on the Knowledgebase (<https://nccwta.org/index.php?/Knowledgebase/Article/View/5/13/pilot-policy-manual-forms>) along with the modified manual will be used during the pilot. The new and/or modified forms include:

- Assessment Documentation Instrument (5010) – Modified
- In-Home Family Services Agreement (FSA) (5239) – Modified
- In-Home Home Visit Record – New
- Permanency Planning Review and Family Services Agreement (PPR & FSA) – modified and combined PPAT (5241) and Out-of-Home FSA (5240)
- Visitation and Contact Form (5242) – Modified
- CFT Documentation Instrument – replaced by:
 - CFT questions were built into the In-Home FSA and the PPR & FSA
 - CFT Planning Form – New
 - CFT Meeting Form – New (for family meetings that are not related to FSAs, for example a pre-petition meeting)

The only exception is to the requirement for immediate implementation of these forms applies to the PPR & FSA form in permanency planning. This form and associated process changes must be implemented by the end of 2017.

Technical support for county staff regarding policy during the pilot of the modified manual will remain as it is now, through their immediate supervisor or manager and with CPRs being the primary DSS CW Section contact for clarification or application of policy. Piloting of technical support through use of the TA Gateway began in October.

Although the pilot and evaluation of the pilot will end in 2017, the expectation is that the pilot counties will continue to utilize the modified manual until the revised manual is implemented statewide.

Pilot Monitoring and Evaluation

A post-pilot evaluation will be administered late in 2017 and the results compared to the pre-pilot evaluation. Collection of feedback forms from staff from July through December 2017 will also occur to capture learnings and to ensure that the modified manual is being used.

In early 2018, the Policy PIP workgroup plans to conduct focus groups. The intent of these focus groups is twofold:

- To gain clarity and understanding regarding feedback received during the pilot and from the post-pilot evaluations, and
- To gather input regarding pilot implementation as the workgroup plans for implementation of the NC CW manual statewide in 2018.

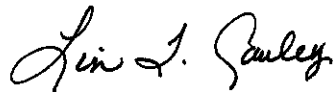
Statewide Implementation

Due to the need for NC to proactively address child safety, some changes to the modified manual will be implemented through an Administrative Letter in November, 2017. In addition, due to the success of this pilot, an accelerated implementation of the modified manual is being developed. The Policy PIP workgroup will be looking to recruit champions from the pilot counties to assist with statewide implementation regarding Intake, Assessments, In-Home and Permanency Planning.

Any questions and feedback are welcome throughout this process. Arlette Lambert (Arlette.Lambert@dhhs.nc.gov) will continue as the point of contact for the Child Welfare Section regarding implementation of the NC PIP. Linda Clements (Linda.Clements@dhhs.nc.gov) will provide support on the specific details of the Policy PIP implementation.

Thank you again for your participation in the modified manual pilot and other aspects of the North Carolina PIP. The dedication of the members of the PIP workgroup, the county contacts, and county staff during this pilot has been inspiring.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa T. Cauley". The signature is written in a cursive, flowing style.

Lisa T. Cauley, Deputy Director

CWS-38-2017