Child Welfare Workload Study

North Carolina Division of Social Services

October 2023

PUBLIC
CONSULTING GROUP

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EXECUTIVE SUMMARY

In 2019, the Center for the Support of Families (CSF) completed its work with the North Carolina Department of Health and Human Services (DHHS) to inform Social Services and Child Welfare reform, providing a theory of change to improve outcomes for the state's children and families. One of the root causes found for the lack of positive statewide outcomes was "the difficulties front-line workers experience in a culture that is not consistently focused on staff well-being, unmanageable workloads, and a lack of effective facilitative tools, all leading to high staff turnover and unfilled vacant positions."[1] This finding in turn lead to the inclusion of a "capable and stable state, regional and county child welfare workforce" as one key element of the proposed theory of change.

Through a competitive bid, Public Consulting Group was selected as the contractor to conduct the child welfare workload study on behalf of DHHS Division of Social Services (DSS).

The workload study was designed to determine if the amount of time required by the existing caseload is greater than the time staff have available to complete the work using two types of measurements: the amount of time staff have available for casework and the amount of time each case type takes when policy standards are met using a Random Moment Time Survey and a time study of cases.

This report is the culmination of the child welfare workload study but is just one data set to be examined and used to address North Carolina's child welfare workforce crisis. Ongoing monitoring of workload and caseload is imperative, along with a multi-faceted approach to target the various problems that impact workforce wellbeing.

KEY FINDINGS

The key findings of the workload study are summarized in Tables A-1 to A-6 and show the time staff have available for casework, hours available for casework, calculated time to complete required and other tasks, and project Full Time Equivalents needed to manage caseload volumes in accordance with policy.

Table A-1 shows the percentage of time, translated into average hours per month that caseworkers and supervisors have available for casework among the four broad categories of activities.

Table A-1. Percent of Time Spent on Categories of Tasks, Statewide

Category	Caseworkers	Supervisors
Case Specific	65.1%	47.0%
Administrative	17.7%	36.5%
Training	4.3%	4.2%
Non-work	12.9%	12.2%

Differences were observed in the time caseworkers and supervisors have available to devote to casework based on their county size, with caseworkers from smaller counties spending more time than their counterparts from large and medium size counties on casework. Supervisors in medium counties were found to spend more time on case specific work than their peers in large and small counties.

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[1] Center for the Support of Families. (May 2019). *Child Welfare Reform Plan Final Report.* Silver Spring, MD.

Table A-2. Percent of Time Spent Caseworkers and Supervisors Spent on Tasks by County Size

Category	Large	Medium	Small
Caseworkers			
Case Specific	65.0%	62.5%	68.8%
Administrative	17.2%	19.3%	15.9%
Training	4.0%	4.3%	4.7%
Non-work	13.9%	13.9%	10.6%
Supervisors			
Case Specific	45.8%	49.3%	45.0%
Administrative	38.6%	33.1%	39.4%
Training	4.3%	4.0%	4.5%
Non-work	11.3%	13.7%	11.0%

The critical figure for workload measurement is the number of hours per month staff spend on case specific work. The assumption made in this study was that whatever time workers currently spend on non-case specific activities is the time they generally do not have available for casework. Using this assumption and the average eight-hour days DSS staff are scheduled to work (less time for lunch and scheduled holidays), caseworkers have 108.3 hours per month to work on cases while supervisors have 78.2 hours to devote to casework.

Table A-3. Hours Available for Casework

	Caseworkers	Supervisors
% of Time Available for Casework	65.1%	47.0%
Avg workdays/month	20.8	20.8
Scheduled Hours/day	8.0	8.0
Hours available Overall/month	166.4	166.4
Hours available for Casework/month	108.3	78.3

Differences were observed in the proportion of time caseworkers and supervisors have available for work based on their county size. The formula used to measure the hours available for casework per month may also be applied to caseworkers and supervisors based on the size of the county in which they work. Caseworkers in small counties and supervisors in medium counties have the greater number of hours to devote to casework.

Table A-4. Hours Available for Casework by County Size

	Caseworkers	Supervisors
Statewide	108.3	78.3
Large	108.1	76.2
Medium	104.0	82.0
Small	114.6	75.0

Data from the Time Study, which captured the activities caseworkers complete on a day-to-day basis for different types of cases and the time it takes to perform those activities, was used to measure the average time caseworkers need to spend on cases to manage them in a quality manner. Table A-5 breaks down

the calculated time standards for each case type category into the average time needed to complete each required activity as well as the average time needed to perform all other case tasks.

Table A-5. Calculated Time to Complete Required and Other Tasks

Case Type Category & Task	Task Time (Hours per Month)
CPS Intake and Assessment Approach (Case Type 10)	*2.2*
Task	**Task Time (Hours)**
Receive Report of Allegations	0.88
Obtain Supervisory Review and Approval	0.34
Record Information in System or Document Case in Word Document	0.40
All other activities	0.58
Assessment (Case Types 11 and 12)	*16.8*
Task	**Task Time (Hours)**
Screen for History of Abuse and Neglect	0.56
Screen for Criminal History	0.52
Review and Screen for Service History	0.55
Face to Face in Home Placement Setting – With Child	0.99
Face to Face Contact with Parent OR with Both Parent and Child	2.36
North Carolina Safety Assessment	0.56
North Carolina Family Risk Assessment or Re-Assessment of Abuse / Neglect	0.40
Develop Family Assessment Findings or Determine Investigative Assessment Findings	0.54
Case-related Travel	1.80
Record Information in System OR Document Case in Word Document	3.18
All other activities	5.39
Family In-Home Services / In-home Services (Case Type 20)	*16.2*
Task	**Task Time (Hours)**
Face to Face In-home or Placement Setting – With Child	1.14
Face to Face Contact with Parent OR with Both Parent and Child	2.95
Case-related Travel	2.66
Record Information in System OR Document Case in Word Document	2.86
All other activities	6.54
Foster Care (Case Types 21-34)	*14.2*
Task	**Task Time (Hours)**
Face to Face In-home or Placement Setting – With Child	1.62
Case-related Travel	2.97
Record Information in System OR Document Case in Word Document	2.16
All other activities	7.44
Licensing Application (Case Types 50 and 51)	*15.3*
Task	**Task Time (Hours)**
Case-related Travel	1.12
Record Information in System OR Document Case in Word Document	1.26
Review Mutual Home Study and Reassessment Applications	0.90
Complete Mutual Home Assessment	3.33
Complete / Perform / Contribute to Background Checks	0.76
Conduct Home Studies / Reassessments	3.49
Complete Licensing Activities	3.54
All other Activities	0.91

Case Type Category & Task	Task Time (Hours per Month)
Licensed Foster Home Maintenance (Case Type 52)	***5.0***
Task	**Task Time (Hours)**
Record Information in System OR Document Case in Word Docs	0.71
Conduct Monthly Provider Reviews	1.64
All Other Activities	2.66

The table that follows displays the average number of cases a caseworker could carry monthly if they carried only one type of case. Here, the results of the workload study are used to measure the average number of cases a caseworker can manage at any one time, doing so on a statewide basis and by county size. The more time caseworkers have available for work, the more cases they can manage.

A second approach to measuring resource need is provided in the recommendations section which displays the total number of caseworker full-time equivalents (FTEs) that are needed by county size and case type, dependent on the number of cases active in a given point of time.

Table A-6. Average Caseload Size

Case Types	Time Standards (Hours)	Statewide	Large	Medium	Small
CPS Intake and Assessment Approach	2.2	49.2	49.1	47.3	52.1
Assessments	16.8	6.4	6.4	6.2	6.8
Family In-home Services/ In-home Services	16.2	6.7	6.7	6.4	7.1
Foster Care	14.2	7.6	7.6	7.3	8.1
Licensing*	15.3	7.1	7.1	3.0	4.0
Licensed Foster Home Maintenance	5.0	21.7	21.6	20.8	22.9

RECOMMENDATIONS

The following, abbreviated recommendations have been developed based on the findings and goals of the workload study. The full version of each recommendation can be found in the Recommendations section of the report.

Table A-7. Recommendations

R e c o m m e n d a t i o n s
1. Align child welfare caseloads with workloads to estimate the number of full-time equivalents (FTEs) needed to manage DSS' caseload volume.
2. Increase the percentage of time caseworkers have available to be in contact with children and families by addressing transportation, replacing paper-based day sheets with an electronic Random Moment Time Survey (RMTS) tool, and leverage technology assisted case documentation tools to improve case documentation practices and improve overall efficiency.

> 3. Enhance supports and resources for staff to address worker wellbeing by conducting a pay study or market wage analysis, continue investing in and leveraging technology resources, and support the implementation of a robust wellbeing and psychological safety supportive services for state and county staff.
>
> 4. Expand the Child Welfare Education Collaborative to develop a formalized apprenticeship program, such as a Registered Apprenticeship Program, to build a sustainable workforce pipeline.

Whichever considerations and recommendations DSS choose to use, the long-term utility of the workload study is not to give DSS an estimate of its current staffing needs, but to provide a means for it to make estimates of workload over time. A tool allowing the agency to make those calculations is being given to DSS separately, to facilitate those calculations. The tool will permit DSS to estimate not only the statewide numbers, but also county-specific numbers. This is important as caseloads change over time, allowing the department to demonstrate the need for additional staff when that occurs. The tool is also designed to make adjustments in the time staff have available for casework and the time needed to handle cases as new policies and initiatives are implemented. Because caseloads and workloads shift over time and even season to season, it is imperative that DSS and county leadership use the analytic workload tool regularly to establish valid trends over time rather than point in time measurements. This is a critical component of successful workforce management because it establishes resource need based on an empirically based defensible methodology, one which other states have been successful in using to acquire legislative funding for increased resources.

I. INTRODUCTION

OVERVIEW

The child welfare workforce historically has experienced challenges with recruiting and retaining professionals. Recent research shows that a caseworker handles a median of 55 cases annually and maintains their position with an agency for approximately 1.8 years.[2] The median annual turnover rate for caseworkers is between 14–22% and approximately 20% for supervisors.[2] The Coronavirus pandemic (COVID) exacerbated workforce challenges in the United States and reached an all-time high for the number of individuals that separated from their employment in November 2021; social assistance services had one of the largest increases.[3]

Compounding the challenges with the child welfare workforce crisis is the complexity of work with families and the effects it has on caseworkers such as compassion fatigue, burnout, and secondary trauma. These effects influence staff retention which impacts caseworkers' caseload size and workload. In addition, caseworkers must also manage the rise in administrative requirements as policy changes are implemented and the intensive interventions that complex cases require in addition to time required for documentation, coordination of services and travel, that further contribute to caseworker workloads.[4]

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[2] Edwards, F., & Wildeman, C. (2018). Characteristics of the front-line child welfare workforce. *Children and Youth Services Review*, *89*, 13–26. Retrieved from Characteristics of the front-line child welfare workforce.
[3] Bureau of Labor Statistics. (2021). TED: The Economic Daily. *Number of quits at all-time high in November 2021.* [Web Publication]. Retrieved from Number of quits at all-time high in November 2021.
[4] Collins-Camargo, C., Collins, J., & Wilfong, J. (2018). Caseload and Workload: A synthesis of the evidence base, current trends, and future directions. CWLA Press.

Round three of national Child and Family Service Reviews (CFSR)[5] indicated having high caseloads and workloads negatively affected:

- Timely acceptance of child maltreatment reports,
- Achievement of permanency goals for families,
- Ability for caseworkers to attend professional development opportunities, and
- Timely termination of parental rights (TPR) filing.

These results show a correlation between a caseworker's caseload size and workload and the safety, permanency, and well-being outcomes for families. Maintaining reasonable caseload and workload standards jointly benefits the caseworker and families according to the Children's Bureau.[6] Benefits may include:

- Improved family engagement and higher-quality services,
- Improved safety, permanency, and well-being outcomes for children and families,
- Improved caseworker retention rates,
- Improved caseworker mind-set and well-being,
- Enhanced performance on the CFSR, and
- Improved compliance with state mandates.[7]

While some national organizations, such as the Child Welfare League of America (CWLA), have established benchmarks for child welfare agencies, those standards do not consider state and local nuances, nor do they account for changes in practice with many of the standards having been developed decades ago. While national performance indicators or outcomes have been established by the Children's Bureau, the policy and practice requirements of states and their counties differ and thus the workload and caseload sizes must be adjusted to provide staff with sufficient time to handle their cases, taking a state's nuances into account.

A universal staff-to-program workload standard is not feasible. Each organization must set effective workload standards through continuous, systematic examination of how key workload variables drive staffing needs, according to the Best Practices for Human Care Regulation study by the National Association for Regulatory Administration (NARA).[8] Variability in workload demands can be impacted by a number of case characteristics including where the child is placed, how many children are involved, what phase the case is in, if there is court involvement, and how many tasks need to be completed to manage a case or make a case determination, among other case nuances and complexities.

This report is the culmination of the child welfare workload study
and is just one data set to be examined and used to address

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[5] JBS International, Inc. *Child and Family Service Reviews Aggregate Report Round 3: Fiscal Years 2015-2018*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, 2020, https://www.acf.hhs.gov/media/13907.

[6] Child Welfare Information Gateway. (2022). *Caseload and workload management.* U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Retrieved from Caseload and workload management Issue Brief.

[7] Child Welfare Information Gateway. (2022). *Caseload and workload management.* U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Retrieved from Caseload and workload management Issue Brief.

[8] National Association for Regulatory Administration (NARA). (2017). Best Practices for Human Care Regulation. Retrieved from Best Practices for Human Care Regulation

North Carolina's child welfare workforce crisis. Ongoing monitoring of workload and caseload is imperative, along with a multi-faceted approach targeting the various problems that impact workforce wellbeing.

BACKGROUND IN NORTH CAROLINA

In 2019, the Center for the Support of Families (CSF) completed its work with the North Carolina Department of Health and Human Services (DHHS) to inform Social Services and Child Welfare reform, providing a theory of change to improve outcomes for the state's children and families. One of the root causes found for the lack of positive statewide outcomes was "the difficulties front-line workers experience in a culture that is not consistently focused on staff well-being, unmanageable workloads, and a lack of effective facilitative tools, all leading to high staff turnover and unfilled vacant positions."[9] This finding in turn lead to the inclusion of a "capable and stable state, regional and county child welfare workforce" as one key element of the proposed theory of change.

Through a competitive bid, Public Consulting Group was selected as the contractor to conduct the child welfare workload study.

II. METHODOLOGY

GENERAL APPROACH: WORKLOAD VS. CASELOAD

Most child welfare staff would agree that not all cases require the same amount of effort. With a county administered state, there can also be differences in local practice expectations that require more or less time to work on a case. Thinking of the full workload, or the time staff need to spend working on cases, the question that the study aimed to answer was, "Is the amount of time required of the existing caseload greater than the time staff have available to handle the cases?" Two types of time measurements were required to answer this question:

Measuring Workload

Is the amount of time required by the existing caseload greater than the time staff have available to handle cases?

1. The amount of time staff have available for casework, and
2. The amount of time each case type takes when monthly or event-based policy standards are met.

A workload study was commissioned by DSS to answer the research questions, how much time do county caseworkers and supervisors have available for casework and how much time does it take caseworkers to manage each type of case in accordance with DSS policy. A workload study examines and determines average times available for work and average times to complete different types of work. This workload study utilized two statistically valid data collection methodologies, a random moment time survey and a time study of cases.

A **random moment time survey (RMTS)** was used to measure how time is spent by a group of workers. Surveys were sent to participants via email over a sample period and staff responded by indicating the type of work they were completing when they received the RMTS. The results of the RMTS were used to

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[9] Center for the Support of Families. (May 2019). *Child Welfare Reform Plan Final Report.* Silver Spring, MD.

measure how much time staff have available for casework and how much time is spent on non-casework activities, such as training and administrative tasks.

A **time study of cases (time study)** was used to determine the average time that it takes staff to perform a particular type of task for a particular case type, *e.g.,* the amount of time it takes to conduct face-to-face visits with families for a family assessment response case. To collect this data, staff were asked to record all the activities that they complete for a sample of cases that were selected into the time study over a six to eight-week data collection period. The results of the time study were used to determine how much time it takes on average to work on a particular type of case and thereby develop a standard for the average time it takes to carry out casework according to policy monthly for different types of cases.

Over the data collection period, data was reported and collected for a total of 1,655 of the 3,121 cases selected into the time study sample. The table below shows the number of cases that had time reported by case type.

Table 1. Number of Cases with at Least 1 Minute of Time Reported in the Time Study

Case Type Number	Case Type	Number of Cases with at Least 1 Minute of Time Reported
10	CPS Intake and Assessment Approach	237
11	Family Assessment	194
12	Investigative Assessment	116
20	Family In-Home Services/In-Home Services	71
21	Licensed Family Foster Care	86
22	Unlicensed Family Care Home	11
23	Therapeutic Foster Care	77
24	Licensed Relative/Fictive Kin	63
25	Unlicensed Relative/Fictive Kin	93
26	Trial Home Placement	47
27	Parent/Legal Guardian	27
28	Hospitalization	52
29	Runaway	30
30	Residential Facility (includes Juvenile Detention or Incarceration)	59
31	Treatment Facility	71
32	Other	52
33	Adoption	95
34	Extended Foster Care/Independent Living	86
50	Foster Home Licensing Application	80
51	Kinship Home Licensing Application	32
52	Licensed Foster Home Maintenance	76
	Total Cases Reported	*1,655*

CASE TYPES AND TASKS DEFINED
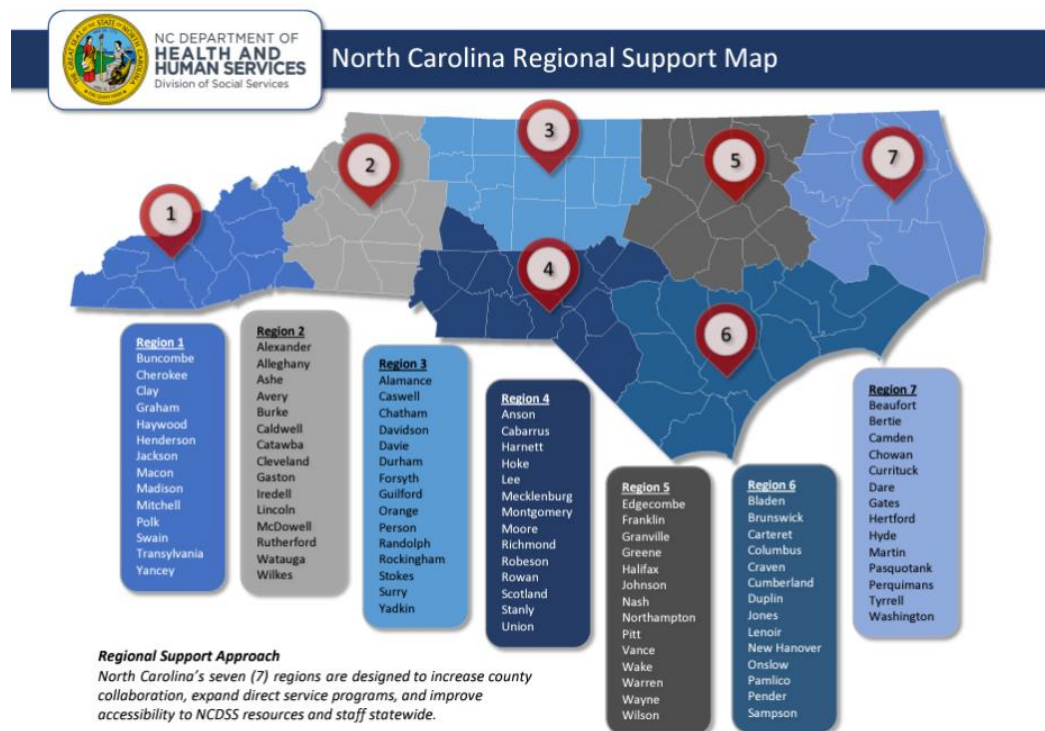
Focus Groups

To accurately calculate time available for casework and the time that it takes to manage particular types of cases, North Carolina's child welfare case types must first be discretely defined and be identifiable in the case management system. Additionally, it is critical to capture the full range of activities and tasks that caseworkers complete on a day-to-day basis. The definitions of case types and case activities and tasks serve as the foundation for data entry for the RMTS and time study.

To start, a comprehensive review of DSS's policies was conducted in February 2023, along with an extract of case data from the state's case management system. Twenty-one case types were identified along with 21 categories of case specific tasks and 9 categories of non-case specific tasks. After completing the policy review PCG facilitated a series of focus groups to refine the list of case types and tasks. First, PCG conducted seven in-person, regional focus groups during the week of March 27, 2023. One focus group was conducted for each of DSS's seven child welfare regions and included a stratified participant group including representatives from large, medium, and small counties; new and seasoned staff; and, various caseworker and supervisory positions that engage in casework. Feedback from a couple of the sessions indicated that additional input would be needed to fully understand local case practice. PCG hosted two additional focus groups virtually with staff in April 2023.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES Division of Social Services — **North Carolina Regional Support Map**

Region 1
Buncombe
Cherokee
Clay
Graham
Haywood
Henderson
Jackson
Macon
Madison
Mitchell
Polk
Swain
Transylvania
Yancey

Region 2
Alexander
Alleghany
Ashe
Avery
Burke
Caldwell
Catawba
Cleveland
Gaston
Iredell
Lincoln
McDowell
Rutherford
Watauga
Wilkes

Region 3
Alamance
Caswell
Chatham
Davidson
Davie
Durham
Forsyth
Guilford
Orange
Person
Randolph
Rockingham
Stokes
Surry
Yadkin

Region 4
Anson
Cabarrus
Harnett
Hoke
Lee
Mecklenburg
Montgomery
Moore
Richmond
Robeson
Rowan
Scotland
Stanly
Union

Region 5
Edgecombe
Franklin
Granville
Greene
Halifax
Johnson
Nash
Northampton
Pitt
Vance
Wake
Warren
Wayne
Wilson

Region 6
Bladen
Brunswick
Carteret
Columbus
Craven
Cumberland
Duplin
Jones
Lenoir
New Hanover
Onslow
Pamlico
Pender
Sampson

Region 7
Beaufort
Bertie
Camden
Chowan
Currituck
Dare
Gates
Hertford
Hyde
Martin
Pasquotank
Perquimans
Tyrrell
Washington

Regional Support Approach
North Carolina's seven (7) regions are designed to increase county collaboration, expand direct service programs, and improve accessibility to NCDSS resources and staff statewide.

To ensure that study terminology was clear and accurate, PCG utilized focus group feedback to identify and define the 21 case types, including various placement settings, and a list of tasks that county staff complete on a day-to-day basis. A comprehensive list of case types and tasks can be found in Appendices A and B, respectively.

DATA COLLECTION

Prior to the start of data collection, PCG recorded training videos to prepare caseworkers and supervisors to respond to the RMTS emails and caseworkers to report the activities they engage in for a sample of cases and the time it takes to complete those activities. The training videos were made available to staff via DSS's Learning Management System on May 22, 2023, and were also disseminated via electronic mail.

After training was completed PCG facilitated three live question and answer sessions between May 30, 2023, and June 2, 2023. PCG also developed a list of Frequently Asked Questions (FAQ), case sample guidance documents, participation guides for the RMTS and time study, and several other support materials for staff to reference via PCG's online data collection tool. These materials were also distributed throughout the data collection period by DSS's Regional Child Welfare Consultant Managers and Central Office leadership.

Random Moment Time Survey

The RMTS was designed to determine how staff spend their time, including how much of that time is available for casework versus spent on activities other than working with cases (*e.g.,* training, staff meetings, other administrative tasks, etc.). Though the focus of this study is the caseworker's workload, the time spent by supervisors helps give a more complete picture of how casework gets done and the support that caseworkers receive from supervisors.

RMTS Response Rate

A response rate of **63%** was achieved overall, **54%** for caseworkers, and **72%** for supervisors.

A total of 4,955 random moments were selected in proportion to staff type and county size using lists provided by DSS. The sample was collected from June 12 to July 28, 2023. While PCG anticipated an oversample would be necessary, based on concerns that caseworker and supervisory lists were outdated, a subsequent sample was selected using an updated list of valid email addresses. This resulted in a total sample size of 4,210 random moments after removing confirmed undeliverable surveys. Table 2 shows the number of sampled moments and participation rate by staff role.

Table 2. RMTS Participation

Staff Type Name	Total Moments	Completed Moments	Response Rate
Caseworker	2,132	1,153	54%
Supervisor	2,078	1,495	72%
Total	*4,210*	*2,648*	*63%*

Time Study

The Time Study was designed to determine how much time is needed to handle cases in accordance with policy. Time spent on case specific activities was gathered on a sample basis rather than for all cases managed by workers to reduce the time burden of participating in data collection. Case types were classified into five general categories: Intake; Assessment; In-Home Services; Foster Care; and Licensing. The time study was designed to capture the activities that are completed in the average month for ongoing status cases, as well as the activities that are completed for event cases that require a decision to be made, such as Assessments and Licensing Applications.

- An **event case** is one in which one or more specific actions must take place before the case either closes or passes to a new stage.

- A **status case** is one in which there is no specific activity occurring and any requirements attached to the case are defined in terms of frequency, *e.g.,* the family must be visited once a month. Status cases represent the ongoing stage of a case.

Using a data extract of cases provided by DSS, PCG selected a sample of 2,055 status type cases which was supplemented with an additional 233 cases selected by North Carolina caseworkers. To the extent

possible, cases were selected in a manner which would minimize the burden of reporting by any one office, unit, or worker. Cases added to the study by DSS generally represented changes in case status over the data collection period.

During the first few weeks of the study, DSS staff were asked to select event cases into the time study case sample. PCG staff monitored the entry of these event cases and notified DSS when staff should stop adding cases of each type. These case types are listed below:

- *CPS Intake and Assessment Approach* cases were selected into the sample as calls of alleged maltreatment were received. Counties were asked to select the first five CPS Intake and Assessment Approach cases that they received on a given day during the data collection period.

- *Assessment* cases included any new Family Assessment or Investigative Assessment that opened during the data collection period. Assessment cases were selected by staff into the time study sample for the first several weeks of data collection.

- *Foster Home* and *Kinship Home Licensing Applications*: five cases per county for each licensing type were selected into the time study sample by workers at the start of data collection. If any new Licensing Assessments were opened during data collection, they were also selected into the sample.

In total, 833 event cases were selected into the sample by DSS staff.

Staff reported the time they worked on each sampled case using a web-based tool developed by PCG. While PCG placed the information about the sampled status cases on the website in advance, staff had to record some information about the cases on the website, along with the time it took to complete case specific activities. This information included items such as when the case moved from one stage to the next (*e.g.,* Intake Decision to Assessment as the report of maltreatment went from receipt of the call to assessment of the allegations and then, to the opening of a services case or placement change or removal from the home).

Data collection took place over an eight-week period, with collection extended for an additional week to give staff an opportunity to finalize data entry. Of the 3,121 sampled cases, a total of 1,655 (53%) had time recorded. To measure the time needed to handle different types of cases, cases with zero time reported were excluded from the analysis. An average of 9.5 hours of case activity was reported per case.

Workload Study

The measure of time needed to handle a case requires "model building." Activities were categorized as tasks that are required each month by policy, tasks that are required for an event, and all other tasks. For status or ongoing cases, required tasks were those tasks required to be completed monthly, without exception, for a case to be considered to have been handled appropriately. Time to travel to conduct face-to-face contact with the child and his or her family outside the office was added to the list of required tasks under the assumption that some travel time must take place if contact is to be made outside the office. For events, required tasks were those tasks which were required for the event to be completed. Appendix C lists the required actions or standards for each case type.

Tasks categorized as "all other activities" are those which are not required for every single case of a given case type, although they may be required for specific clients or for less frequent periods than monthly, *e.g.,* every 90 days, and are integral to performing quality casework.

For each required task, the time needed was calculated by dividing the total time spent on cases of that type when staff reported performing that activity by the number of cases for which that activity was actually completed. If there were not sufficient cases of a given type completing one or more of the required tasks, the estimate of the time required for that task was calculated by combining the same information from different types of related cases.

Time Needed for a Required Task =

Total hours recorded for a specific task

—————————————————————————

Total number of cases for which task was completed

The calculation of the time spent on all other activities involved totaling the time spent on "other" tasks for the case type(s) in question and dividing by the total number of cases for which some time was spent on the case. Cases for which no time was reported were excluded from the analysis.

Time Needed for All Other Tasks =

Total hours recorded spent on other tasks

—————————————————————————

Total number of cases for which time was reported

The time required to be spent on a case, *i.e.,* the standard to emerge from the time study, is the sum of the "all other activities" time and the calculated time spent on all the monthly or event-required tasks for that case type. When measuring the time to be spent on the number of cases, it is assumed that all monthly or event-required tasks will be

Time Needed to Handle a Case =

Sum of hours needed to complete all required tasks
+
Hours spent on other tasks

completed for each given case type. As a result, the more required tasks there are and the longer they take, the more time the case type will require. Below is an example of the Family In-home Services case type time standard calculation.

Table 3. Methodology to Calculate Time Standards

Family In-Home Services	
Task	**Average Time Per Task (hours)**
Face-to-face contact with child	1.1
Face-to-face contact with parent	3.0
Record information in case management system	2.9
Travel	2.7
All other activities	6.5
Total Time	*16.2*

PROJECT LIMITATIONS

Before the results of the study are examined, it may be mindful to examine the limitations of the study. All studies have limitations. Strategies are employed to address those limitations such as: using evaluators with expertise in the topic and methodology; defining all terms; employing adequate sample sizes, random sampling and standardized tools; training participants prior to the start of data collection; ensuring an adequate length of time for data collection; using appropriate statistical tests; having champions to answer questions and encourage active participation; and having evaluation support during the data collection period. Each of these methods were employed throughout the workload study conducted for DSS.

Nevertheless, factors—both internal and external to the organization—can impact a study. Some are expected, *e.g.,* worker transfers within the agency and departures during data collection, which may impact sampling. Unplanned events may also cause limitations in executing a workload study, such as removing barriers to firewalls preventing random moment surveys from reaching study participants. The limitations which may have had an impact on the workload study conducted for DSS are examined below.

Documentation of All Tasks

The work of child welfare staff is complex; documenting all tasks associated with the job can be a challenge. Despite the training that was provided prior to the start of the workload study and the support provided by DSS and PCG during data collection to ensure staff were prepared to participate in the full range of data collection, some staff did not understand how to successfully participate in and/or the importance of participating in the RMTS and the time study. Part of the challenge with documentation for staff was case selection and correctly knowing when to select event cases into the study. To address these risks, several steps were taken.

1. The case sample list of ongoing cases was distributed by Central Office staff to local county directors prior to the start of data collection.

2. Additional training and question and answer sessions were held for workload study champions and participants to receive additional guidance and clarification as well as ask specific questions to the project team.

3. Several reference documents were created to supplement training materials including how-to guides for logging into the online data collection tool and entering data, as well as how and when to select event cases into the study.

4. A Frequently Asked Questions document was created and updated weekly to provide guidance to time study participants throughout the course of the data collection period.

5. An additional two weeks were added to the time study data collection period to accommodate staff who sought more training to participate meaningfully.

6. Help Desk support was provided by PCG to county caseworkers and supervisors throughout the data collection period to provide access support to the online time study tool.

Consistency & Clarity of Study Communication

With staff from 100 counties across the state of North Carolina participating in the study, relaying clear, concise, and consistent communication was a significant study challenge. Reference documents and FAQ on the online data collection tool and DSS learning management system were the primary mode of communication with support provided via the Q&A sessions and via NCWorkload@pcgus.com email account. As PCG provided updates and DSS asked questions, the FAQ was updated and posted periodically to the reference documents tab of the website. Furthermore, DSS leadership and Regional Child Welfare Consultant Managers regularly drafted and shared communications with workload study participants via management meetings and email.

Current Caseload and Email Files

The proposed workload study approach was dependent on having accurate and complete lists of active cases as well as current and valid email addresses of county caseworkers and supervisors. Somewhat outdated caseload data files and email addresses necessitated PCG to take additional steps, along with county staff, to ensure sufficient numbers of cases were selected into the time study sample and responses to the random moment survey were received. PCG provided guidance to county staff when it was learned that cases were closed prior to the start of the study, when a disproportionate number of cases were selected for a given caseworker to report time, and when counties were slow to begin data reporting. After observing a high rate of bounce-backs of emails that were not making it through to caseworkers and

supervisors, PCG worked with the Regional Child Welfare Consultant Managers to obtain updated email addresses of supervisors, notified DSS of counties whose firewalls were preventing emails from getting through to local staff, and created accounts within the online study instrument. These efforts were monitored carefully to track rates of participation.

Barriers were noted as they arose and PCG staff worked with NC DSS to address them (*e.g.,* workers did not receive the original email providing them access to the online time study tool, workers were advised if multi-tasking to take the total time and divide it by the number of tasks done and allot equal time to each task). In sum, study limitations were adequately offset by the numerous strategies put in place to maximize accuracy.

III. WORKLOAD STUDY RESULTS

While the primary purpose of the random moment survey was to determine how much time staff have available to devote to case work, it also provided an opportunity to look at how staff typically spend their time. This can be done at various levels. At the broadest level, all activities were sorted into four categories:

- **Case-specific**—which includes tasks such as conducting face-to-face contacts, recording information in case notes, searching on and updating case specific information in computer systems, preparing for and participating in team meetings, developing assessments and providing or arranging for services;

- **Administrative**—which includes, among other tasks, reviewing policy manuals, developing resources, attending non-case specific supervisory meetings and carrying out other non-case specific clerical functions;

- **Training**—which includes both delivering and receiving training; and

- **Non-work**—which includes breaks, vacations, sick time, and any other time spent not working during normal work hours.

TIME AVAILABLE FOR CASE-SPECIFIC ACTIVITIES

The table below shows how caseworkers, supervisors and support staff distribute their time among the four broad categories of activities.

Table 4. Percent of Time Spent on Categories of Tasks

Category	Caseworkers	Supervisors
Case Specific	65.1%	47.0%
Administrative	17.7%	36.5%
Training	4.3%	4.2%
Non-work	12.9%	12.2%

Differences were observed in the time caseworkers and supervisors have available to devote to casework based on their county size, with caseworkers from smaller counties spending more time than their counterparts from large and medium size counties on casework. Supervisors in medium counties were found to spend more time on case specific work than their peers in large and small counties.

Table 5. Percent of Time Spent Caseworkers and Supervisors Spent on Tasks by County Size

Category	Large	Medium	Small
Caseworkers			
Case Specific	65.0%	62.5%	68.8%
Administrative	17.2%	19.3%	15.9%
Training	4.0%	4.3%	4.7%
Non-work	13.9%	13.9%	10.6%
Supervisors			
Case Specific	45.8%	49.3%	45.0%
Administrative	38.6%	33.1%	39.4%
Training	4.3%	4.0%	4.5%
Non-work	11.3%	13.7%	11.0%

When the time North Carolina's caseworkers spend on the four categories of activities, case specific and non-case specific, are compared to other jurisdictions where PCG has recently conducted a workload study, the state's caseworkers overall spend less time engaged in case specific work than those in other jurisdictions. The selection of comparison jurisdictions includes those that have a similar structure to North Carolina, including county administered systems.

Table 6. Comparison of Time Available Across Multiple Recently Completed Jurisdictions

Category	NC DSS	Jurisdiction A	Jurisdiction B	Jurisdiction C	Jurisdiction D
Case Specific	**65.1%**	70.0%	69.9%	69.9%	70.6%
General Administration	**17.7%**	16.6%	17.5%	8.1%	7.1%
Training	**4.3%**	1.7%	3.6%	6.8%	4.1%
Non-Work	**12.9%**	11.7%	9.0%	15.2%	18.2%
Total	**100%**	100%	100%	100%	100%

The critical figure for workload measurement is the number of hours per month staff spend on case specific work. To be able to address the purpose of the study, *i.e.,* how many caseworkers are needed to handle a given month's workload, one must know both how many hours the current caseload requires and how many hours workers have available to them to work on cases, the latter of which the RMTS data provide. The assumption made in this study was that whatever time workers currently spend on non-case specific activities is not available for casework. Stated another way, whatever time they spend on casework is the time they have available for casework.

Using this assumption and the average eight-hour days DSS staff are scheduled to work (less time for lunch and breaks as well as scheduled holidays), caseworkers have 108.3 hours per month to work on cases while supervisors have 78.2 hours to devote to casework.

Table 7. Hours Available for Casework

	Caseworkers	Supervisors
% of Time Available for Casework	65.1%	47.0%
Avg workdays/month	20.8	20.8
Scheduled Hours/day	8.0	8.0
Hours available Overall/month	166.4	166.4

	Caseworkers	Supervisors
Hours available for Casework/month	108.3	78.3

The formula used to measure the hours available for casework per month may also be applied to caseworkers and supervisors based on the size of the county in which they work. Caseworkers in small counties and supervisors in medium counties have the greater number of hours to devote to casework.

Table 8. Hours Available for Casework by County Size

	Caseworkers	Supervisors
Statewide	108.3	78.3
Large	108.1	76.2
Medium	104.0	82.0
Small	114.6	75.0

HOW WORKERS SPEND THEIR TIME

The table below shows how caseworkers and supervisors spend their time in terms of the percentages of time they are engaged in case and non-case specific activities during an average month. Caseworkers spend the single greatest proportion of their time documenting their case work in the agency's case management system (14.7%). Overall, caseworkers spend 11.4 percent of their time in contact with families and children. A total of 4.2 percent of their time contact time is spent face-to-face with children and/or their parents. Supervisors spend the greatest proportion of their time engaging in case-related supervision, i.e., 17.3 percent of their time.

Table 9. Frequency of Activities by Staff Position

Task Group	Caseworkers	Supervisors
Case-Specific Subtotal	*65.0%*	*47.9%*
Intake Activities	2.5%	2.1%
Review, Screening, and File Review/CPS Agency History	2.4%	2.1%
Contacts	11.4%	3.6%
Safety Decision/Safety Planning/Assessment Findings	1.2%	1.6%
Assessment Tools and Activities	3.6%	0.7%
Service Plans	0.7%	0.3%
Team Meetings	4.0%	4.0%
Case Consultation and Case Reviews	3.3%	5.2%
Service Referral, Coordination or Provision	3.6%	2.1%
Travel	4.0%	0.6%
Transportation of Client	2.3%	0.1%
Arranging Visitation	1.7%	0.6%
Case Documentation	14.8%	2.1%
Eligibility Determinations	0.2%	0.6%
Prepare for Court Hearings	2.8%	2.2%
Participate in Court Hearings	1.5%	1.5%
Social Work Supervisory Tasks	2.9%	17.3%

Task Group	Caseworkers	Supervisors
Adoption/Guardianship Processing	0.7%	0.1%
Licensing and Monitoring	1.6%	0.4%
Non-Case-Specific Subtotal	*35.0%*	
General Administration	7.7%	10.3%
Community Outreach	1.2%	0.5%
Travel (non-case specific)	2.1%	0.9%
Clerical, Reception, Telephones	1.9%	0.5%
Supervisory Tasks (non-case specific)	4.0%	23.5%
Federal and State Reviews and Communication	0.5%	0.8%
Special Studies	0.3%	0.1%
Training and Staff Development	4.3%	4.2%
Non-work Activities	12.9%	12.2%
Total	*100.0%*	*100.0%*

When the measurement of how North Carolina's caseworkers spend their time is compared to caseworkers in other jurisdictions in which PCG has recently conducted workload studies, a similar pattern appears—contacts and case documentation emerge as the leading activities caseworkers engage. Where DSS differs in comparison to other jurisdictions is that caseworkers in other jurisdictions spend a greater proportion of their time in contact with families and other stakeholders as compared to documenting case activities.

Table 10. Comparison of Time Engaged in Contact and Documentation Across Recently Completed Studies

Category	NC DSS	Jurisdiction A	Jurisdiction B	Jurisdiction C
Contact	**11.4%**	16.7%	23.9%	15.8%
Case Documentation	**14.8%**	10.5%	6.7%	13.6%

North Carolina's supervisors also appear to spend less time performing case-specific supervisory activities as compared to that of other jurisdictions. The proportion of time supervisors engage in case-related supervision in other jurisdictions ranges from 23 percent to 30 percent, compared to the 17 percent reported by DSS county supervisors.

With North Carolina being a county-administered state and given its geographic make-up of having both metropolitan and small rural areas, it can be helpful to explore the differences in how caseworkers spend their time. While caseworkers in general spend the greatest percentage of their time documenting their case activity, differences emerge when examined by county size. Caseworkers in small and large counties spend 17.1 percent and 16.4 percent, respectively, documenting case activity while those in medium size counties spend 12.2 percent of their time engaged in that same activity. Differences were also observed in the percentage of time caseworkers were engaged in travel-related activities with caseworkers in small counties spending considerably more time traveling to conduct in-person meetings. The table that follows illustrates the differences in how caseworkers spend their case specific time based on the size of their county.

Table 11. Percent of Time Spent Caseworkers Spent on Tasks by County Size

Case Specific Activity	Large	Medium	Small
Intake	2.2%	2.6%	2.8%
Review, Screen and File Review/CPS History	3.3%	1.7%	2.8%
Contacts	10.6%	12.0%	11.2%
Safety Decision/Safety Planning/Assessment Findings	13.9%	13.9%	10.6%
Assessment Tools and Activities	2.9%	4.9%	2.2%
Service Plans	1.1%	0.2%	0.9%
Team Meetings	5.5%	3.4%	3.4%
Case Consultation and Reviews	1.1%	3.6%	4.7%
Service Referral, Coordination or Provision	4.7%	2.6%	4.0%
Travel	2.6%	3.6%	5.6%
Transportation of Client	1.1%	2.6%	2.8%
Arranging Visitation	1.1%	1.7%	2.2%
Case Documentation	16.4%	12.2%	17.1%
Eligibility Determinations	0.0%	0.2%	0.3%
Prepare for Court Hearings	4.0%	2.8%	1.0%
Participate in Court Hearings	1.1%	2.1%	0.9%
Social Work Supervisory Tasks	2.6%	2.6%	3.7%
Adoption/Guardianship Processing	0.4%	0.6%	0.9%
Licensing and Monitoring	2.2%	1.9%	0.6%

CALCULATED TIME NEEDED FOR CASES

While staff have just so many hours in the average month for casework, the amount of time required for each case type provides the next critical element in measuring workload. Time, expressed in hours, related to event-driven case types, or those in which a conclusion must be made, *e.g.,* Assessments, represent the amount of time needed to complete the event. It should also be noted that the times for cases involving children who are placed out of the home are based on the child, rather than the family. Thus, when two or more children from the same family are in placement, each one counts separately in the workload measurement.

The measurement of the time needed to complete activities that are required in policy are limited to those cases in which the activity was documented as having been completed. The time needed to complete all other activities is measured by the average amount of time spent on those activities across the cases which were sampled and time was reported. Because the measure of time to complete required activities is limited to only those in which the activity occurred for a given case type, the time standard for each of the case types will increase as more activities are considered to be required; required activities are those which *must* be completed every month or for a decision to be made on a case, *e.g.,* complete a Family Assessment. The table below summarizes the total time needed each month to work on different categories of cases.

Statewide Results

Table 9. Summary of Hours Needed by Caseworkers by Case Type Category

Case Type Category	Calculated Hours per Month
CPS Intake and Assessment Approach	2.2
Assessments	16.8
Family In-home Services/ In-home Services	16.2
Foster Care	14.2
Licensing	15.3
Licensed Foster Home Maintenance	5.0

These time standards include both the time spent on tasks that are required in policy and the time spent on all other activities needed to adequately serve a case.

The table below breaks down the calculated time standards for each case type category into the time for each required activity as well as the time needed for other tasks.

Table 10. Calculated Time to Complete Required and Other Tasks

Case Type Category & Task	Task Time (Hours per Month)
CPS Intake and Assessment Approach (Case Type 10)	*2.2*
Task	**Task Time (Hours)**
Receive Report of Allegations	0.88
Obtain Supervisory Review and Approval	0.34
Record Information in System or Document Case in Word Document	0.40
All other activities	0.58
Assessment (Case Types 11 and 12)	*16.8*
Task	**Task Time (Hours)**
Screen for History of Abuse and Neglect	0.56
Screen for Criminal History	0.52
Review and Screen for Service History	0.55
Face to Face in Home Placement Setting – With Child	0.99
Face to Face Contact with Parent OR with Both Parent and Child	2.36
North Carolina Safety Assessment	0.56
North Carolina Family Risk Assessment or Re-Assessment of Abuse / Neglect	0.40
Develop Family Assessment Findings or Determine Investigative Assessment Findings	0.54
Case-related Travel	1.80
Record Information in System OR Document Case in Word Document	3.18
All other activities	5.39
Family In-Home Services / In-home Services (Case Type 20)	*16.2*
Task	**Task Time (Hours)**
Face to Face In-home or Placement Setting – With Child	1.14
Face to Face Contact with Parent OR with Both Parent and Child	2.95
Case-related Travel	2.66
Record Information in System OR Document Case in Word Document	2.86
All other activities	6.54

Case Type Category & Task	Task Time (Hours per Month)
Foster Care (Case Types 21-34)	*14.2*
Task	**Task Time (Hours)**
Face to Face In-home or Placement Setting – With Child	1.62
Case-related Travel	2.97
Record Information in System OR Document Case in Word Document	2.16
All other activities	7.44
Licensing Application (Case Types 50 and 51)	*15.3*
Task	**Task Time (Hours)**
Case-related Travel	1.12
Record Information in System OR Document Case in Word Document	1.26
Review Mutual Home Study and Reassessment Applications	0.90
Complete Mutual Home Assessment	3.33
Complete / Perform / Contribute to Background Checks	0.76
Conduct Home Studies / Reassessments	3.49
Complete Licensing Activities	3.54
All other Activities	0.91
Licensed Foster Home Maintenance (Case Type 52)	*5.0*
Task	**Task Time (Hours)**
Record Information in System OR Document Case in Word Docs	0.71
Conduct Monthly Provider Reviews	1.64
All Other Activities	2.66

The time standards developed for DSS trend higher than those found in other studies, where there are similar case types to draw comparisons. More in-depth examination of the tasks contributing to the higher-than-average time standards revealed that the time spent completing case-related travel and time spent completing case documentation overall, i.e., regardless of case category or type, are considerably higher in North Carolina than in other jurisdictions, including those that are similar in structure to DSS as visualized in Table 11, below.

Table 11. Comparison of Travel and Case Documentation Tasks between Jurisdictions

Task Name	North Carolina	Jurisdiction A	Jurisdiction B
Case-Related Travel	2.54	1.61	1.6
Case Documentation	**2.70**	-	1.4

County Size Results

The time it takes to handle different types of cases vary based on county size, as displayed in the table below. The most notable difference is evidenced across the time needed to handle Family In-Home Services/In-Home Services cases. The time standards for this case type ranged from 12.6 hours for large size counties to 19.7 hours for small size counties.

Table 12. Comparison of Monthly Time Standards by County Size

Case Type	Statewide	Large	Medium	Small
CPS Intake & Assessment Approach	2.2	2.2	2.1	2.0
Assessments	16.8	17.3	16.5	16.7
Family In-Home Services	16.2	12.6	15.8	19.7
Foster Care	14.2	13.4	15.2	13.7
Licensing Applications	15.3	16.5	15.9	14.8
Licensing Foster Care Maintenance	5.0	5.0	4.8	5.5

The table below illustrates the differences in the average time it takes caseworkers to carry out tasks for Family In-Home Services cases across the county size groupings, with the exception of conducting face to face visits in the home solely with the child. For this specific task, insufficient number of cases were available to measure the average time to complete this required task for some of the size groupings; as a result, the statewide average is applied for all county groupings. In general, as the county size decreases it takes caseworkers more time to complete both required and all other activities for In-Home Services cases.

Table 13. Comparison to Complete Tasks for Family In-Home Services Cases by County Size

Family In-Home Services Cases	Statewide	Large	Medium	Small
Face to Face In Home – with Child	1.14	1.14	1.14	1.14
Face to Face In Home – with Parent or with Parent and Child	2.95	2.55	2.71	3.52
Case-related Travel	2.66	2.33	3.29	2.30
Record Information in System/Word	2.86	2.16	2.46	3.89
All Other Activities	6.54	4.44	6.14	8.81
Total Time	16.2	12.6	15.8	19.7

Appendix C provides a comparison of the time to complete required tasks and all other activities for each of the case types by county size.

IV. RECOMMENDATIONS

1. ALIGN CHILD WELFARE CASELOADS WITH WORKLOADS.

Align child welfare caseloads with workloads based on the time standard calculations to estimate the number of full-time equivalents (FTE) needed. Results of the workload study may be applied in two ways to measure the extent to which counties have the resources they need to manage their caseloads. The first is to **measure workload, using time to calculate resource need.** The second is to **compare the number of cases a caseworker could carry in the average month if they carried only one type of case** to the cases they currently carry. Each option is described below.

Application 1: Using Time to Assess Resource Need

Using time to assess resource need can be calculated using the following calculation: number of cases multiplied by the time standard, divided by the number of hours available for case work. The table below shows estimated FTE need based on the number of cases active as of October 4, 2023 for Family In-Home Services, Foster Care and Licensed Foster Home Maintenance cases; and the average monthly number of CPS Intake and Assessment Approach referrals received during the first six months of the calendar year. A count of Licensing Application cases has yet to be received to project the need for FTEs or caseworkers. Of the case type categories for which case counts have been received, 2,921.8 FTEs are required statewide to manage DSS' current caseload volume, without taking account of county size differences.

Table 14. Full-Time Equivalent Allocation Estimates, by CPS Intake and Assessment Approach, Assessments, Family In-home Services / In-home Services, Foster Care, Licensing, and Licensed Foster Home Maintenance

Case Types	6/23 Case Counts	Time Standards (Hours)	Workload (Total Hours)	Hours Available for Work in a Month	Calculated FTE Need**
CPS Intake and Assessment Approach	6,198	2.2	13,635.6	108.3	125.9
Assessments	5,114	16.8	85,915.2	108.3	793.3
Family In-home Services/ In-home Services	3,053	16.2	49,458.6	108.3	456.7
Foster Care	10,954	14.2	155,546.8	108.3	1,436.3
Licensing*		15.3		108.3	
Licensed Foster Home Maintenance	2,375	5.0	11,875.0	108.3	109.6
Total	*27,694*		*316,431.2*		*2,921.8*

*The case data extract does not provide a count of licensing cases. This calculation will be updated upon receipt of a case count or case average for a one-month period.

**The calculated FTE need column does not account for the current number of filled or allocated positions within the state.

The count of FTEs needed increases slightly to 2,940.9 when differences in the time available for casework and time needed to handle cases based on county size are considered.

Table 15. Full-Time Equivalent Allocation Estimates by County Size

	Large	Medium	Small
CPS Intake and Assessment Approach	51.0	60.7	13.6
Assessment	338.7	356.9	108.7
Family In-Home/In-Home Services	113.8	250.5	72.6
Foster Care	471.4	751.7	241.0
Licensing Application	To be determined		
Licensed Foster Home Maintenance	32.8	53.1	24.6
Total	1,007.6	1,472.9	460.4

A breakout of FTE need by county is included in Appendix D for additional detail.

Application 2: Comparing the Number of Cases a Caseworker Could Carry if They Carried Only One Type of Case

The second approach to calculating how many resources counties need to manage their caseloads compares the average number of cases a caseworker could carry monthly if they carried only one type of case. Here, the results of the workload study are used to measure the average number of cases a caseworker can manage at any one time. The table below provides the average caseload size for a caseworker overall, and by county size. The more time caseworkers have available for work, the more cases they can manage.

Table 16. Average Caseload Size

Case Types	Time Standards (Hours)	Statewide	Large	Medium	Small
CPS Intake and Assessment Approach	2.2	49.2	49.1	47.3	52.1
Assessments	16.8	6.4	6.4	6.2	6.8
Family In-home Services/ In-home Services	16.2	6.7	6.7	6.4	7.1
Foster Care	14.2	7.6	7.6	7.3	8.1
Licensing*	15.3	7.1	7.1	3.0	4.0
Licensed Foster Home Maintenance	5.0	21.7	21.6	20.8	22.9

2. INCREASE THE PERCENTAGE OF TIME CASEWORKERS HAVE AVAILABLE TO BE IN CONTACT WITH CHILDREN AND FAMILIES.

Increasing the percentage of time caseworkers have available to be in contact with children and families can be accomplished by shifting administrative tasks from caseworkers to case support staff and implementing an electronic Random Moment Time Survey (RMTS) tool to streamline processes. Opportunities exist to increase the percentage of time caseworkers have available to be in contact with children and families.

Reduce Time Spent Providing Transportation and Other Supportive Services

Caseworkers spend 2.3 percent of their time or 2.5 hours per month providing transportation for clients. This is a task that might be delegated to support staff, at least to the extent that they exist. **DSS should consider leveraging community social services assistants, apprentices, interns, and other case support staff** to complete tasks such as collateral contacts, obtaining medical and criminal records, conducting background checks, and conducting other case related and administrative tasks that will allow case workers to spend more time on other critical case-related tasks.

Replace Day Sheets with a Random Moment Time Study Tool

Caseworkers spend 1.7 percent of their time or an average of 2.8 hours a month completing paper-based day sheets. The number of hours caseworkers would need to document their daily activities would decrease substantially, down to minutes, if DSS were to implement Random Moment Time Surveys to document the extent to which staff are engaged in Title IV-E eligible case management activities. DSS should consider implementing an electronic RMTS tool to replace the paper-based day sheet system of tracking time to more efficiently track and allocate the costs of the sampled workers. It should be noted that it will be necessary for DSS to maintain a complete and accurate list of staff email addresses, statewide, to administer random moment time surveys that will satisfy federal reporting requirements. There are numerous tools and programs available in the marketplace that can support DSS with an RMTS solution, including PCG's EasyRMTS software program.[10]

Leverage Technology Assisted Case Documentation Tools to Document Case Management

Caseworkers were also found to spend close to 8 percent or 8.7 hours per month of their time documenting their case work in Word and then an additional 2 percent or 2.16 hours per month of their time uploading that documentation to the child welfare system. A more seamless process would help to reduce the proportion of time staff are engaged in case documentation activities. One option for improving documentation efficiency is to use a technology enabled voice to text tool such as Dragon Speech Recognition. Dragon's program has proven success with social services clients and has the ability to complete case files and form-based reports with cloud-enabled, professional grade speech recognition. It has transcription speeds three times faster than typing and 99% accuracy.[11] DSS can support the counties with implementation of a voice to text technology tool by contracting with the vendor organization to expedite rollout and implementation throughout all 100 counties.

3. ENHANCE SUPPORTS AND RESOURCES FOR STAFF.

Enhance Supports and Resources for Staff. To improve morale and help prevent burnout DSS should consider enhancing supports for staff including but not limited to improved compensation in the form of pay, training, improved mental health supports, and enhanced technology resources that will improve well-being and align compensation packages with other emergency response workers facing burnout and safety risks while doing their jobs and meeting the needs of the children and families they serve. Caseworkers are required to make potentially life or death recommendations and decisions every day with every telephone call, visit, and activity they complete. It is, without exaggeration, one of the most important positions in government and in society and is now regularly recognized by state agencies across the country as an

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[10] Public Consulting Group. (January 5, 2020). Retrieved from
https://www.publicconsultinggroup.com/products/easyrmts-random-moment-sampling-software/
[11] Nuance. (October 1, 2023). Retrieved from https://www.nuance.com/dragon/industry/social-services.html

emergency or first responder profession.[12] As such, attrition is high,[13] job vacancies are high, and worker morale is low.[14] To address these problems, DSS should consider:

Conduct a Pay Study or Market Wage Analysis

It may benefit DSS to conduct a pay study or market wage analysis to determine a baseline pay structure for social work staff that compares and considers the pay of other emergency personnel that can guide counties in their compensation framework. In a white paper titled "*Beyond Quick Fixes: What Will it Really Take to Improve Child Welfare in America?,"* Judge James Payne, a Senior Advisor to PCG and former Juvenile Court Judge in Marion County, Indiana and former Director of Indiana Department of Child Services, explores the decisions caseworkers must make on a daily basis. When comparing the activities a caseworker does to those of first responders, he finds "a caseworker is required to make potentially life or death recommendations and decisions every day with every telephone call, visit, and activity. It is, without exaggeration, one of the most important positions in government and in society." Judge Payne further explores how casework is often viewed by "college graduates as a 'stepping-stone' to obtain experience and build their resumes rather than a long term professional career." With the experience they gain, they are able to explore employment opportunities "that require less time, energy, and stress." Among his recommendations, Judge Payne includes addressing the pay of government agencies' professional staff, including caseworkers. He offers, "agencies must encourage, recognize, and reward a career ladder for caseworkers." He also encourages agencies to evaluate and consider opportunities to improve the pay of caseworkers that is "consistent and commensurate with the pay received by other first responders," recognizing "caseworkers should be compensated to a point where there is clear recognition for their responsibility and efforts."

Continue Investing in and Leveraging Technology Resources

As have other states, North Carolina should consider enhancing its technology resources to maximize the efficiency and functionality of DSS' case management systems and digitizing documents and improving tools and systems accessible to DSS caseworkers working in the community. Described in the Children's Bureau September 2022 Child Welfare Information Gateway Issue Brief "Caseload and Workload Management," mobile devices "allow caseworkers to readily access information that supports decision-making; document casework more efficiently; communicate with supervisors, providers and families; and make more efficient use of waiting time."[15] The Brief further examines the shift to a virtual environment during the early stages of the COVID-19 pandemic finding "as agencies have adjusted and established new policies and procedures to support virtual work, many caseworkers have reported benefits, such as greater family participation and increased time spent with and focusing on families (He et al., 2020)." While child welfare practice has largely returned to an in-person environment, continued use and expansion of technology resources will enable caseworkers to work more efficiently, increase client contact, and further support valuable case documentation.

Support the Implementation of Robust Wellbeing and Psychological Safety Programming and Services for State and County Staff

Child welfare agencies across the country are exploring and increasing their supportive services to improve workers' mental health and well-being and address secondary traumatic stress and psychological safety.

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[12] North Carolina Department of Health and Human Services. (June 8, 2020). North Carolina Designates Child Protective Services Workers as Emergency First Responders. [Press Release]. Retrieved from NC Designates CPS Workers as Emergency First Responders Press Release

[13] WBTV. (February 13, 2023). A Look Into a Broken Child Welfare System. Retrieved from: https://www.wbtv.com/2023/02/14/wbtv-investigates-look-into-broken-child-welfare-system/

[14] North Carolina Health News. (June 16, 2016). NC Child Welfare System Failing Children, Families, Reports Say. Retrieved from: https://www.northcarolinahealthnews.org/2016/06/16/nc-child-welfare-system-failing-children-families-reports-say/

[15] Caseload and Workload Management (childwelfare.gov)

A few examples are provided below, including what is currently being considered by some counties in North Carolina and may be replicable to others.

Buncombe County, North Carolina, implemented a new crisis intervention program titled, Communications About Recent Events (CARE Tyme). The model is based on the Assisting Individuals in Crisis & Group Crisis Intervention training and philosophies through the International Critical Incident Stress Foundation, Inc. (ICISF). The CARE Tyme Model is used with staff from the same unit or department on a regular or intermittent basis to provide them with support to help minimize distress (*i.e.,* reoccurring emotional, cognitive, or physical affects), provide a healthy avenue to process second-hand trauma, decompress, and increase resiliency. Groups use trained facilitators, include group rules, and follow a structured format. Staff choose to be active or silent participants of the group.

The Crisis Intervention Model provides a rapid response to staff who encounter critical incidents on active cases. Examples of critical incidents include serious injury to a child (*e.g.,* child under the age of three with allegations of physical abuse or who has injuries of undetermined origin, failure to thrive or severe medical neglect, fracture or inflicted/unexplained injury that is deemed by a physical as "non-accidental"); death of a child (including a child that has died for any reason and the family received services within 12 months preceding the fatality); and violent act that results in a death of another, high profile case that is receiving media attention, victim in case where allegations are against the current foster parent or non-relative placement provider. A trauma-informed process is activated to initiate the referral to the Crisis Intervention team within two to eight hours of the incident and the responding Resiliency Coordinator(s) uses a trauma informed approach to initiate contact with involved staff. Resiliency Coordinator(s) then provides acute mental health intervention or "first aid" to staff, resources are provided as appropriate, and follow-up is completed as needed. Coordinators will also conduct crisis debriefings and check-ins with staff as needed for appropriate follow-up.

In Solano County, California, the Department of Child Welfare Services set out to "grow a restorative agency" in 2019 after acknowledging the problems the Department had with poor staff retention and low worker morale. They implemented a multi-faceted approach to addressing their workforce crisis centered on creating a trauma-informed workplace. With the support of an external consultant, Solano County developed strategies to grow their restorative agency. Strategies implemented included establishing baseline statistics of retention and attrition and ongoing monitoring to measure success, regularly surveying staff to measure and monitor morale, conducting exit interviews to identify the reasons staff were choosing to leave, and training all Department staff in trauma and reflective supervision. Trauma 101 was rolled out to all Department staff, clerical through executive leadership, and training in reflective supervision was kicked off with leadership and supervisors.

Reflective supervision is a form of supervision that uses regular, collaborative reflection between a supervisor and supervisee that helps develop critical competencies and manage powerful emotions that often accompany the work of child welfare. It uses the supervisee's thoughts, feelings and values as the foundation of the supervision session. Sessions focus on the complexity and importance of all relationships (e.g., supervisor-supervisee; provider-client; parent-child) over administrative compliance or performance evaluation. Quality reflective supervision delivered over time may lead to improvements in service quality, staff retention, and positive family outcomes according to the Administration for Children and Families.[16]

Simultaneously, Solano County rolled out their change vision and focus area that helped to guide their organizational change process. This process also included enhanced staff appreciation, transparency and clear and consistent communication, and staffing recommendations that provided flexibility to staff and supported an agile workforce (e.g., dividing 1 FTE into two 0.5 FTEs and reclassifying social worker III

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[16] Administration for Children and Families. (July 12, 2022). Reflective Supervision: What We Know and What We Need to Know to Support and Strengthen the Home Visiting Workforce. Retrieved from: https://www.acf.hhs.gov/opre/report/reflective-supervision-what-we-know-and-what-we-need-know-support-and-strengthen-home

positions to social work II positions to help fill vacant positions). Since the inception of Solano County's restorative agency building process began in 2019 through to the end of 2022, the Department has reduced its turnover rates, increased the number of new hires, and significantly improved employee reported satisfaction ratings as measured through their ongoing surveys and employee feedback loops.

Another model DSS may choose to consider is the Center for Child and Family Health program. The Center for Child and Family Health offers a customizable training program based on each child welfare agencies' needs and desired outcomes with consideration of workers' and agency capacity.[17] A spectrum of trainings are available for inclusion from individual therapies like TF-CBT to broader organization change that includes trauma-informed leadership trainings that support worker wellbeing through acknowledgement of the impact of secondary trauma that workers.

DSS can support its county DSS agencies by expanding upon existing contracts or contracting with a vendor that offers wellbeing programming, psychological safety resources, or organizational change to provide an easily accessible resource for counties and support an enhanced, trauma-informed work environment across the state.

Develop Respite Programming to Address Burnout and Work-Related Trauma

Developing respite programming for workers to address burnout and work-related trauma. Respite programming can look different depending on how it is designed.

Job rotation programs regularly transition employees between different jobs to ensure they gain exposure to various departments, divisions, or units or an organization while learning and improving skill sets. It encourages employee flexibility, lower turnover rates, and helps alleviate stress. Job rotation can also boost new ideas and perspectives on an organization and increase job satisfaction.[18]

DSS may also consider approaches to building social connections and community at work by encouraging "prosocial" behavior by improving trust among and between leaders and workers. Examples include listening to worker concerns and explaining why key decisions are made within an organization. Leaders can build trust through small, everyday interactions, for example, by modeling and inviting others to share small moments of their life with them.[19]

The U.S. Surgeon General's office authored a 2022 report that showcased a framework for worker mental health and well-being that identifies five essentials, centered on worker voice, that can help organizations create an environment that prioritizes well-being which is shown to improve productivity and organizational performance. The figure below illustrates five essentials for workplace mental health and well-being.

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[17] The Center for Child and Family Health Program. Retrieved from https://www.ccfhnc.org.
[18] Valamis. (2022). *Job Rotation: Advantages, Examples, Best Practices.* [Web Page]. Retrieved from Job Rotation: Advantages, Examples, Best practices [2022] (valamis.com)
[19] Office of the US Surgeon General. The US Surgeon General's Framework for Workplace Mental Health and Well-Being. (2022). Retrieved from The US Surgeon General's Framework for Workplace Mental Health and Well-Being.

4. CONTINUE GROWING CAREER PIPELINES THROUGH THE DEVELOPMENT OF A FORMALIZED APPRENTICESHIP PROGRAM, SUCH AS THE REGISTERED APPRENTICESHIP PROGRAM.

DSS should consider expanding its career pipelines for social work through the development of a formalized apprenticeship program, such as the Registered Apprenticeship Program (RAP), to cultivate talent and build a more sustainable workforce pipeline. RAPs are a proven model of job preparation, validated by the Department of Labor or a recognized State Apprenticeship Agency, which **combine paid on-the-job learning with related instruction to progressively increase workers' skill levels and wages**. RAPs are also a business-driven model that provide an effective way for employers to recruit, train, and retain workers. RAPs allow workforce partners, educators, and employers to develop and apply industry standards to training programs, thereby increasing the quality and productivity of the workforce. RAPs offer job seekers immediate employment opportunities that pay sustainable wages and offer advancement along a career path as they complete their training. The key elements of all RAPs include:

- **Industry Led** – Programs are industry-vetted and approved to ensure alignment with industry standards and that apprentices are trained for highly skilled, high-demand occupations.
- **Paid Job** – Apprenticeships are jobs. Apprentices earn progressive wages as their skills and productivity increase.

- **Structured on-the-job learning/mentorship** – Programs provide structured on-the-job training to prepare for a successful career, which includes instruction from an experienced mentor.
- **Supplemental Education** – Apprenticeships are provided supplemental classroom education based on the employer's unique training needs to ensure quality and success.
- **Diversity** – Programs are designed to reflect the communities in which they operate through strong non-discrimination, anti-harassment, and recruitment practices to ensure access, equity, and inclusion.
- **Quality and Safety** – Apprenticeships are afforded worker protections while receiving rigorous training to equip them with the skills they need to succeed and the proper training and supervision they need to be safe.
- **Credentials** – Apprenticeships earn a portable, nationally recognized credential within their industry.

There are five core building blocks involved in creating and operating a Registered Apprenticeship Program as illustrated in the figure below.

EXPLORE
Get to know apprenticeship, its benefits, and how different employers and sponsors are creating programs across industry and geography.

BUILD
Understand your options, the steps involved in building an apprenticeship program, and the tools we offer to help you get started.

PARTNER
Collaborate with apprenticeship representatives, workforce organizations, educators, and others to build your program.

REGISTER
Take advantage of benefits such as funding opportunities, tax credits, and no-cost technical assistance when you register your program

LAUNCH
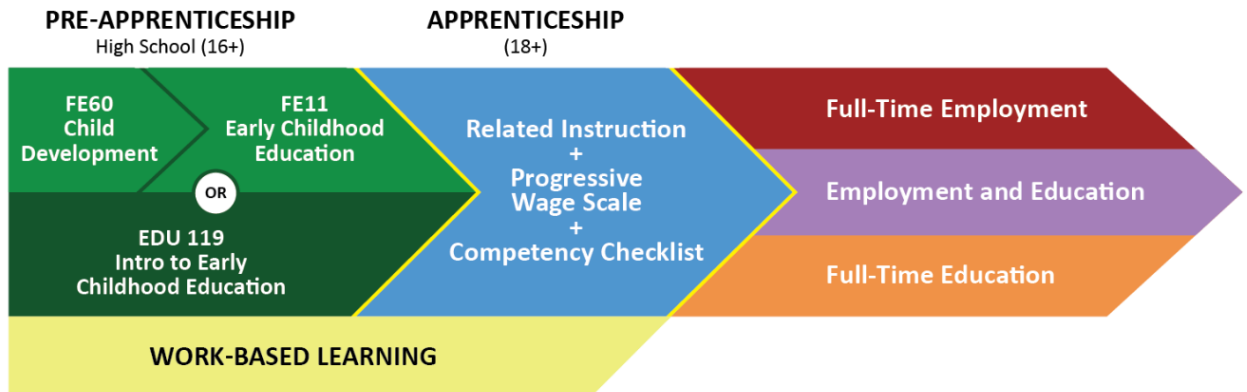Recruit prospective apprentices, measure and monitor your program, and share your program success.

With more than 27,000 active RAPs with over 600,000 apprentices there are myriad of examples of programs operating in the U.S. including in North Carolina and Florida where apprenticeship pathways are being developed to address the workforce crisis in child care, teaching and education.

In North Carolina this year, Governor Cooper announced the pilot program, Building Bright Futures (BBF) early childhood education pre-apprenticeship-to-apprenticeship program. This program is a partnership between the North Carolina Business Committee for Education and the North Carolina Department of Health and Human Services Division of Child Development and Early Education to pilot new pathways to entering the early childhood profession. BBF will create supportive pathways for high school and postsecondary students to earn credentials, while also obtaining hands-on, work-based learning experiences.[20]

BBF pre-apprenticeships are designed for high school students interested in exploring the field. To start as a pre-apprentice in early childhood education, a participant needs to be signed up for, enrolled in, or have completed FE11: Early Childhood Education (high school class) or EDU 119: Introduction to Early Childhood Education (community college). The figure below illustrates the progression pathway of the BBF program.

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[20] State of North Carolina, Office of the Governor. (May 14, 2023). Retrieved from: https://governor.nc.gov/news/press-releases/2023/05/14/governor-cooper-announces-building-bright-futures-apprenticeship-program-and-recognizes-child-care

Pre-Apprenticeship includes required coursework, work-based learning hours, and opportunities to complete health and safety trainings. Once pre-apprenticeship is complete, participants will have earned:

- Academic and pre-apprenticeship course credit
- Work-based learning hours
- Key requirements for earning the NC Early Childhood Credential
- Tuition waiver for community college
- Receive stipends for performance, completion, and transportation.

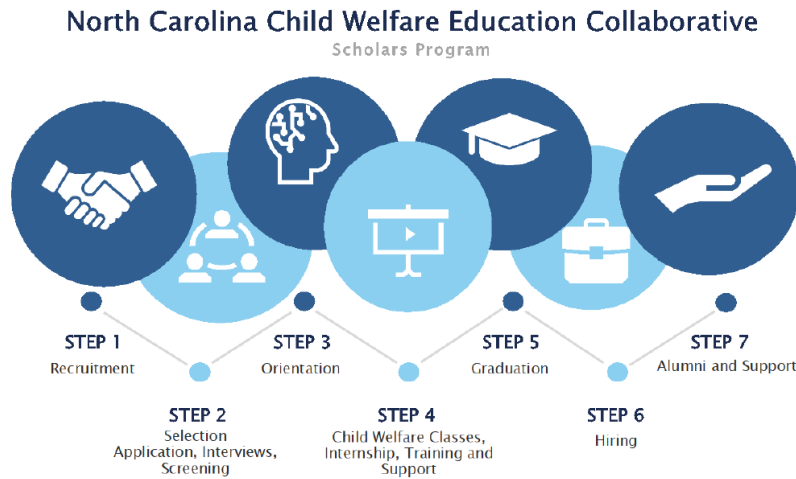Participants can then move on to a paid apprenticeship where they receive:

- Paid on-site training based on a progressive pay scale
- Related coursework for earning certificates or an associate's degree
- College credit that can be used toward a 4-year bachelor's degree[21]

North Carolina Department of Health and Human Services Division of Social Services is currently working on re-implementing the Child Welfare Education Collaborative. This initiative is a collaborative effort between DSS and three local schools, East Carolina, Appalachian State, and North Carolina Agricultural and Technical State University to prepare undergraduate and graduate students to enter the public child welfare workforce. The program provides a tuition waiver and stipend to Bachelor of Social Work (BSW) students who are selected through an application and interview process who also commit to working for a county DSS agency for at least two years post-graduation. The program will offer supportive financial assistance and allow BSW and MSW students to complete the requirements for DSS pre-service training while enrolled in school. Below is a visual overview of the Child Welfare Education Collaborative.[22]

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[21]North Carolina Business Committee for Education. Retrieved from: https://ncbce.org/
[22] State of North Carolina Department of Health and Human Services Division of Social Services. Child Welfare Educational Collaborative Manual. July 2023.

Overview of the Steps in the Child Welfare Education Collaborative Program

North Carolina Child Welfare Education Collaborative
Scholars Program

STEP 1 Recruitment

STEP 2 Selection Application, Interviews, Screening

STEP 3 Orientation

STEP 4 Child Welfare Classes, Internship, Training and Support

STEP 5 Graduation

STEP 6 Hiring

STEP 7 Alumni and Support

This program provides a solid foundation for building a more robust apprenticeship program that has the potential to expand beyond only BSW and MSW students to reach youth as early as high school that may have an interest in human services and social work. DSS should continue to build its workforce pipeline by implementing the Child Welfare Education Collaborative and consider expanding beyond tuition waiver and pre-service training for BSW and MSW students to include immediate employment opportunities that pay progressive wages as skills and productivity increase with on-the-job mentoring and training. DSS has the opportunity to work in partnership with its sister agency, the Division of Child Development and Early Education, to collectively build apprenticeship programs that address their collective workforce needs and leverage efficiencies across the two divisions.

> **DSS should continue to build its workforce pipeline through the Child Welfare Education Collaborative and expand the program to include immediate employment opportunities that pay progressive wages as skills and productivity increase with on-the-job mentoring and training.**

For comparison purposes, last year Florida rolled out an apprenticeship program for veterans, veterans' spouses, and first responders who do not need to have a 4-year degree but have an interest in becoming teachers. It is made up of three major components, a bonus program, an apprenticeship program, and a dual enrollment educator scholarship program. The apprenticeship program,

- Establishes an additional pathway to becoming an educator. It will be the 13th different teaching pathway offered in Florida.
- Requires applicants to have an associate degree from an accredited postsecondary institution, a 3.0 cumulative grade point average, and a successful passage of a background check.
- Necessitates, once receiving a temporary certificate, the apprentice spend the first two years in the classroom of a mentor teacher using team teaching requirements to further develop pedagogy skills. This component would fulfill the on-the-job training component of the apprenticeship and its associated standards, allowing individuals to earn a paycheck while working toward their bachelor's degree.
- Requires mentor teachers to have at least seven years of teaching experience and highly effective ratings on Value Added Models scores or district performance reviews.
- Provides mentor teachers to be eligible for a bonus payable half after the first successful year of the apprenticeship and half after the second year.

The value and impact of career pathways and learning opportunities are well established. A 2018 report produced by LinkedIn found that 94% of employees surveyed said they would *stay* at a company longer if

the company invested in their career development while 40% of respondents stated that they would or had *left* a place of employment because of the lack of career development.[23] These findings underscore the value of investing in a long-term solution career development pipeline.

V. NEXT STEPS

The final step of this workload study is the transfer of a workload analytic tool to DSS. PCG will provide DSS with a tool developed in Microsoft Excel that will allow DSS to conduct ongoing oversight of time and resources needed across North Carolina. With consistent use, the workload tool will allow DSS to strategically assess and reallocate workloads and caseloads as needed based on the time standards resulting from this study. The tool is designed to enable DSS to make updates to the time standards as new policies are put in place that will impact the amount of time required to complete casework. Because caseloads and workloads shift over time and even season to season, it is imperative that DSS and county leadership use the analytic workload tool regularly to establish valid trends over time rather than point in time measurements. This is a critical component of successful workforce management because it establishes resource need based on an empirically based defensible methodology, one which other states have been successful in using to acquire legislative funding for increased resources. The PCG team will provide a training session and guidance to DSS that will enable the DSS team to seamlessly put the workload analytic tool into use.

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[23] LinkedIn. Workforce Learning Report 2018. [Web Page]. Retrieved from: LinkedIn Workforce Learning Report 2018

APPENDIX A. CASE TYPES AND DEFINITIONS

CASE TYPES

10-12. INTAKE

10. CPS Intake and Assessment Approach
Begins with the receipt of a maltreatment report by a person who has cause to suspect a child is being maltreated (abused or neglected, or is dependent), alleging a caretaker is unable or unwilling to protect their child(ren) from present and impending danger and ends with a decision that the allegation should be screened-in for an investigative assessment or family assessment or screened out due to no present risk or harm.

11. Family Assessment
Begins with an assignment of a worker to complete the Family Assessment and ends when a family has been referred for services or a decision is made the family can support themselves independently of the agency.

12. Investigative Assessment
Begins with an assignment of a worker to respond to selected reports of child abuse or serious neglect and selected reports of abuse, neglected physical abuse, sexual abuse using a formal information gathering process to determine whether allegations of abuse or serious neglect are substantiated or unsubstantiated.

20-34. SERVICE DELIVERY DEFINITIONS

20. Family In-Home Services/ In-Home Services
Begins with an assignment of a worker to coordinate services to address safety and risk concerns and prevent the removal of a child from the home. Ends when the parents or caretakers are able to provide a safe home and demonstrate their ability to do so, and the threat of out-of-home placement has decreased, or a relative/kinship provider obtains legal custody or placement authority.

Out-of-Home Placement / Foster Care Cases

Begins with the decision to remove a child and place him or her into out-of-home placement and ends when the child is reunified, exits from care, becomes legally free, obtains guardianship, or adoption is finalized.

21. Licensed Family Foster Care
22. Unlicensed Family Care Home
23. Therapeutic Foster Care
24. Licensed Relative/ Fictive Kin
25. Unlicensed Relative/ Fictive Kin
26. Trial Home Placement (THP)
27. Parent/Legal Guardian
28. Hospitalization (e.g., emergency room, short-term, long-term, or psychiatric)

29.   Runaway
30.   Residential Facility (includes Juvenile Detention or Incarceration)
31.   Treatment Facility
32.   Other Out of Home Placement (only if nothing else applies)

33.   Adoption
Begins when parental rights have been terminated and ends when the child is legally adopted.

34.   Extended Foster Care/Independent Living
Youth aged 18-21 who have already been in department's custody by the 18th birthday can legally live on their own but voluntarily remain in DSS custody.

50-52.   LICENSING

50.   Foster Home Licensing Application
Begins when a family/individual applies to be a foster parent and ends when a decision has been made regarding licensing the family/individual. Family Foster home recruitment and ongoing MAPP training.

51.   Kinship Home Licensing Application
Begins when a family/ individual applies to become a licensed placement. MAPP, Caring for Our Own, Kinship

52.   Licensed Foster Home Maintenance
Begins when a family/individual has been licensed to be a foster home including renewal process and ends when a decision is made to terminate the license. Ongoing quarterly home visits, placements, and ongoing training.

CASE SPECIFIC TASK CODES AND DEFINITIONS

100-105.   INTAKE ACTIVITIES

100. Receive Report of Allegation
Receiving, gathering, and reviewing information about allegations of abuse, neglect, and dependency, assessing the information and determining if the report meets the NCGS definition of abuse, neglect or dependency and informing the reporter of rights.

101. Subsequent Review of Alleged Maltreatment
Conducting a subsequent review of a complaint. The review may be based on receiving additional information collected, confirming sufficient evidence exists to refer the report, determining the county responsible for completing the CPS Assessment, consulting the Response Priority Decision Tree and determining if the report will be referred for an CPS Investigation or Family Assessment or if the report should be screened in or screened out.

102. Complete Care Management for At Risk Children Referral (CMARC)

103. Complete Substance Affected Infant Screening Tool

104. Obtain Child Supervisory Review and Approval
Meeting with and/or obtaining supervisor's review and approval of intake and initial decision to either refer the Intake for an Investigative Assessment or Family Assessment or screen out the report.

105. Assign Report for Assessment
Assigning a Child Welfare Worker to the Investigation or Family Assessment.

106-109. REVIEW, SCREENING, AND FILE REVIEW / CPS AGENCY HISTORY

106. Screen for History of Abuse and Neglect
Conducting a Central Registry (CR) check for any previous reports of abuse, neglect, or dependency.

107. Screen for Criminal History
Conducting a check of criminal records for all case participants who are 16 years of age or older and living in the home to determine prior criminal history for case participants.

108. Review and Screen for Service History
Gathering and assessing information through a review of the household's history that includes prior intakes, service interventions, interviews, and observations.

109. Review Other Program Data Sources
Gathering collateral information regarding benefits, child support, medical information, existing relatives, etc.

110-166.   CONTACTS

110. Attempted Contact and/or Unable to Locate
Includes attempting face-to-face contact, sending certified letters, and completing the diligent efforts checklist.

111-122.   *Face-to-Face Contact in the Home or Placement Setting*

Includes in-person contacts with clients and other key stakeholders in their home, including the placement setting for children removed from the home.

111. With child
112. With parent, legal guardian, or American Indian custodian
113. With both parent and child
114. With tribal representative
115. With caretaker (e.g., foster parent, relative, or kinship)
116. With law enforcement (e.g., including city/township police, sheriff's department, adult probation officers, and jail)
117. With juvenile probation officer
118. With legal parties – (e.g., DSS attorney, Contracted attorney, child or parent attorney)
119. With medical provider (e.g., physician, dentist, psychiatrist, counselor)
120. With service providers (e.g., residential counselors, day care providers, behavioralists)
121. With schools/ education providers
122. With personal collaterals (e.g., siblings, adult children, neighbors, other)
123. With child advocates (e.g., Guardian Ad Litem (GAL))
124. With others (e.g., CAC's, Family Justice Centers, other DSS agencies)

123-136.   *Face-to-Face Contact Not in the Home or Placement Setting*

Includes in-person contacts in the office or any place other than the person's home, foster home or placement setting.

125. With child
126. With parent, legal guardian, or American Indian custodian
127. With both parent and child
128. With tribal representative
129. With caretaker (e.g., foster parent, relative, or kinship)
130. With law enforcement (e.g., including city/township police, sheriff's department, adult probation officers, and jail)
131. With juvenile probation officer
132. With legal parties – (e.g., DSS attorney, Contracted attorney, child or parent attorney))

133. With medical provider (e.g., physician, dentist, psychiatrist, counselor)
134. With service providers (e.g., residential counselors, day care providers, behavioralists)
135. With schools/ education providers
136. With personal collaterals (e.g., siblings, adult children, neighbors, other)
137. With child advocates (e.g., Guardian Ad Litem)
138. With others (e.g., CAC's, Family Justice Centers)

137-150.   *Face-to-Face Contact While Traveling (e.g., car, plane, train)*

Includes engaging in a substantive discussion, e.g., case management, while transporting the child, family, or provider.

139. With child
140. With parent, legal guardian, or American Indian custodian
141. With both parent and child
142. With tribal representative
143. With caretaker (e.g., foster parent, relative, or kinship)
144. With law enforcement (e.g., including city/township police, sheriff's department, adult probation officers, and jail)
145. With juvenile probation officer
146. With legal parties – (e.g., DSS attorney, Contracted attorney, child or parent attorney))
147. With medical provider (e.g., physician, dentist, psychiatrist, counselor)
148. With service providers (e.g., residential counselors, day care providers, behavioralists)
149. With schools/ education providers
150. With personal collaterals (e.g., siblings, adult children, neighbors, other)
151. With child advocates (e.g., Guardian Ad Litem)
152. With others (e.g., CAC's, Family Justice Centers)

151-164.   *Non-Face-to-Face Contact*

Includes make contact via telephone, text, email, mail, social media messages, and fax as well as time spent attempting to make contacts via telephone and retrieving voice mail messages.

153. With child
154. With parent, legal guardian, or American Indian custodian
155. With both parent and child
156. With tribal representative
157. With caretaker (e.g., foster parent, relative, or kinship)
158. With law enforcement (e.g., including city/township police, sheriff's department, adult probation officers, and jail)
159. With juvenile probation officer
160. With legal parties – (e.g., DSS attorney, Contracted attorney, child or parent attorney))
161. With medical provider (e.g., physician, dentist, psychiatrist, counselor)
162. With service providers (e.g., residential counselors, day care providers, behavioralists)

163.   With schools/ education providers
164.   With personal collaterals (e.g., siblings, adult children, neighbors, other)
165.   With child advocates (e.g., Guardian Ad Litem)
166.   With others (e.g., CAC's, Family Justice Centers)

167-174.   SAFETY DECISION/SAFETY PLANNING/ ASSESSMENT FINDINGS

Includes developing and updating safety plans and assessments, as well as recording information.

169.   North Carolina Safety Assessment
Assessing whether a child(ren) is likely to be in immediate danger of serious harm or in imminent risk of future harm which may require initiating a protective intervention and determining what safety interventions should be maintained or initiated to provide appropriate protection.

170.   North Carolina Family Risk Assessment or Re-Assessment of Abuse / Neglect
Identifying common risk factors associated with the likelihood of future maltreatment of a child.

171.   Develop Safety Agreement/Plan
Developing and modifying a plan that defines the time to set goals, tasks, and objectives for the family to mitigate the safety threat. Includes identifying resources and social supports to achieve goals, tasks and objectives; updating the plan as well as presenting or reviewing the plan with the client.

172.   Determine Family Assessment Findings - Determining if services are recommended, should be provided, or services are not recommended at the end of the assessment.

173.   Determine Investigative Assessment Findings - Making a determination of allegations of maltreatment to either be substantiated or unsubstantiated at the end of the assessment.

174.   Conduct Supervisory Review - Conducting supervisory review of the assessment decision and justification, including meeting and emailing with the case worker to review the assessment documentation, decision and/or justification.

175-189.   ASSESSMENT TOOLS AND ACTIVITIES

Includes time spent conducting the assessment and recording information on completed assessments.

175. Plan of Safe Care
176. Safe Sleep or Nighttime Parenting
177. SDM Assessment Tools (e.g., safety plan, risk assessment, strengths and needs assessment)
178. CPS Assessment Documentation Tool (5010)
179. Independent Living Assessment/ Casey Life Skills Assessment
180. Family Risk Assessment
181. Family Reunification Assessment
182. DV Assessment and/or Specialized DV Assessment
183. Preplacement Checklist (prospective adoptive parents)
184. Foster Home Inspection Checklist DSS form
185. Trauma Assessment
186. Initial Provider Assessment (IPA)
187. Comprehensive Provider Assessment
188. Other county specific assessments (e.g., 3 houses, 3 column mapping, the wizard, the family)
189. Signs of Safety

190-195. SERVICE PLANS

Includes developing case plans and recording information.

190. Develop Initial Case Plan - Setting goals, tasks, and objectives; identifying needed services, potential service providers, goals, and time frames; and preparing a written plan document. This includes the time spent creating and reviewing the plan with the family, obtaining all participant signatures, and providing a copy to the family.

191. Update Case Plan - Modifying goals, tasks, and objectives; identifying needed services, potential service providers, goals, and time frames; and preparing a modified written plan document.

192. Review Case Plan with Social Work Supervisor - Meeting with a social work supervisor to discuss and review the plan, either in a one-on-one or a group session.

193. Develop a Transitional Living Plan (TLP) - Engaging in strategic planning with the youth and caregiver to help the youth live independently, including areas of education, employment, health management, family and community connections and enrichment activities.

194. Update the Transitional Living Plan (TLP) - Updating strategic planning to continue to help youth live independently, including areas of education, employment, health management, family and community connections and enrichment activities.

195. Review Transitional Living Plan (TLP) with Social Work Supervisor - Meeting with a social work supervisor to discuss and review the plan, either in a one-on-one or a group session.

196-211. TEAM MEETINGS

Includes case-specific team meetings at all phases of the case for the purpose of decision-making or review, including, but not limited to CFT Meetings, PPR Meetings, Permanency Plan Review (PPR) Meetings, Transfer Meetings, Tribal Reviews, Administrative Reviews, and any other scheduled team meetings.

196-198. Child and Family Team Meeting

196. Prepare for Child and Family Team Meeting – Contacting people to attend a meeting; arranging for space; securing an interpreter; preparing documents; and reviewing the case alone, with the social work supervisor, family members or professionals.

197. Participate in Child and Family Team Meeting – Participating in the CFT meeting, regardless of who attends.

198. Complete the Child and Family Team Meeting Report– Preparing summary report, identifying who attended the meeting and the items discussed and distributing to relevant parties.

199-201. Permanency Planning Review (PPR) Meeting

199. Prepare for PPR – Contacting people to attend a meeting; arranging for space; securing an interpreter; preparing documents; and reviewing the case alone, with the social work supervisor, family members or professionals.

200. Participate in the PPR – Participating in a meeting, regardless of if family members are present.

201. Complete the PPR Report – Preparing summary report, identifying who attended the meeting and the items discussed and distributing to relevant parties.

202-204. Multi-Disciplinary Team (MDT) Meeting

202. Prepare for MDT – Contacting people to attend a meeting; arranging for space;

securing an interpreter; preparing documents; and reviewing the case alone, with the social work supervisor, family members or professionals.

203. Participate in the MDT – Participating in a meeting, regardless of if family members are present.

204. Complete the MDT Report – Preparing summary report, identifying who attended the meeting and the items discussed and distributing to relevant parties.

205-210.   Other Meetings

205. Prepare for Staffing – Includes time spent completing staffing form

206. Participate in Staffing – Participating in meetings with staff to identify strengths, needs and next steps for a family. Can also be completed to resolve emergency or crisis issues. Could be done as a group or 1:1.

207. Prepare for Other Formal Meeting – Preparing documents and reviewing the case alone, with the social work supervisor, family members or professionals, (e.g., IEPs, refusal staffing or SUD, DV, BID, Child Protection Team, placement, Bridge staffing)

208. Participate in Other Formal Meeting – Participating in other formal meetings

209. Prepare for Transfer Meeting – Preparing the case for transfer.

210. Participate in Transfer Meeting – Participating in the case transfer meeting.

211. Meeting Wait Time - Time spent waiting for meeting to being when no other case activity is completed.

212-215.   MEPA, ICWA, MEXICAN HERITAGE

212. Complete ICW Checklist (DDS-5291) – Completing the checklist if any American Indian ancestry is indicated.

213. Prepare Notification to Tribal Representatives – Completing initial Tribal notifications for a case.

214. Conduct Case Consultation with Tribe - Seeking and/or obtaining guidance on a case at any time throughout the life of the case. May include additional inquiries

and discussions regarding family lineage.

215.   Notify Consulate – Notifying the consulate when a Mexican minor is in custody or when a parent or custodian of a Mexican minor has requested that they be notified.

216-226.   CASE CONSULTATION AND CASE REVIEWS

Includes time for staff to seek and/or obtain guidance on a case at any time throughout the life of the case, including when transferring a case to another unit. Consultation is coded according to either whom you are consulting with or the purpose, as follows:

216.   With Management – Program Administrator, Assistant Program Administrator, QPS, or other upper management

217.   With Social Work Supervisor

218.   With Co-worker

219.   With Provider – Includes foster placement, family aide, community specialist, services provider, counselor, physician, day care provider and/or transportation provider.

220.   With Others – Includes attorneys and law enforcement, Regional Child Welfare Consultant.

221.   Title IV-E – Preparing the case for a Title IV-E audit and responding to case specific questions.

222.   Child and Family Services Review/Quality Services Review – Preparing the case for the review and responding to case specific questions.

223.   Other Case Specific Reviews – Preparing the case for all other case specific reviews and responding to case specific questions, including fatality reviews, BEST practice meetings.

224.   Regional Abuse Medical Specialists (RAMS) Consultation – Participating in RAMS to review medical and/or abuse cases. Part of an ongoing forensic case or medically fragile children.

225.   Community Child Protection Team (CCPT) – Presenting case information for group to problem solve case circumstances (may include CME, judge, community members, as well as others).

226. Adoption Committee – Participating in committee meetings with GAL, supervisors, social workers and others as appropriate to present child(ren) who are eligible for adoption and have identified families. Used to evaluate/ confirm the placement fit.

227-243. SERVICE REFERRAL, COORDINATION OR PROVISION

Includes searching, arranging for or directly providing services to children and families.

227. Locate Placement Provider – Searching for a temporary or more permanent placement for a child and completing contacts, applications, or paperwork for admission.

228. Conduct Relative/Kinship Search – Engaging family and children in the search for placement alternatives with absent parents, family, friends, or tribes.

229. Help Client Obtain Financial Services – Searching and/or helping clients to apply for and access services such as Medical Assistance, TANF, SSI, low-income housing including identifying resources, making contacts, and helping with applications.

230. Refer to or Arrange for Medical Services – Locating and arranging for services such as physician visits, counseling, therapy, and substance abuse treatment and completing referrals and applications for services.

231. Refer to or Arrange for Social Services – Searching for, making referrals to, and arranging transportation for day care, and other evidence-based programs.

232. Refer for Concrete Goods – Arranging for housing referrals, diapers, wipes, clothing, hygiene items, food, etc.

233. Resolve Conflicts – Helping to resolve conflicts between the provider and client.

234. Referral for ICPC Placement – Completing referral packet and compiling required documentation.

235. Provide Services – Providing direct services to the child, adult, or family that is the primary focus of the case. Includes crisis services, mediation between family members, completion of social service applications (e.g., housing applications, SSI paperwork) helping a parent prepare a house for a child's return, support services and adoption assistance, or any other services provided to a client.

236.   Provide Supervision of Child – Providing supervision for child or children in the office that is unrelated to family time, visitation, interviewing, or other case-related duties. Includes time spent supervising children on a co-worker's caseload.

237.   Arrange for Forensic Interviews or Safety Interviews – Making preparations for forensic interviews including arranging for space to conduct the interviews.

238.   Referrals to Law Enforcement – Providing information about a potential crime for a report that could be screened in or out for an assessment.

239.   Attend Forensic Interview/ Child Evaluation – Attending, emailing or consulting for conduct of a forensic interview.

240.   Prepare and Send Notifications for Services – Writing email or hard copy letter to inform family/ caretakers of referral to service.

241.   Complete Runaway/ Missing Child Activities – Filing a missing person's report, calling the National Center for Missing and Exploited Children, and notifying a social work supervisor and management. Also includes time spent actively looking for a child.

242.   Arrange for Interpreter or Translation Services – Searching for and arranging interpreter or translation services.

243.   Provide Interpreter/Translation Services – Providing interpreting or translation services.

244-246.   TRAVEL

Includes travel conducted by local staff, not arranging for a client's transportation.

244.   Arrange Travel – Arranging and preparing to travel to the contact site.

245.   Case-related Travel – Travelling to make contacts with a family, provider, or collateral, or attend case-related meetings or court.

246.   Complete Post-travel Documentation – Completing paperwork associated with travel and reimbursement.

247.   TRANSPORTATION OF CLIENT

247.   Provide Transportation of a Client – Transporting a client when no substantive conversation regarding the case occurs. Waiting time between dropping the client off at the appointment and providing the return ride should be coded here (e.g., visitation, appointments for parent or child(ren).

248-250.   ARRANGING VISITATION

Includes activities associated with preparing for and supervising visits between parents and children and between siblings.

248.   Create Family Time/ Visitation Plan – Coordinating with parents to create a Family Time/Visitation Plan.

249.   Arrange for Visits – Arranging logistics of the visit.

250.   Supervise Visits – Supervising visits while case manager or other agency staff person is observing.

251-258.   CASE DOCUMENTATION

Includes all case documentation in the case file, NC CWS, or other case management program/system (e.g., AS 400, Word Documentation) and other computer systems.

251.   Record Information in NC Child Welfare System (ISSI or other county systems) – Recording information on a case (including case assignment, case notes, all forms such as social profile, histories and updating legal/educational/medical/etc. correspondence, and incoming communications) directly into the computer system.

252.   Document Case in Word Docs – Writing case notes in a Word document.

253.   Upload Case Documentation in Child Welfare System – Uploading case notes created in Word to child welfare system.

254.   Conduct Inquiries on the Computer – Obtaining information from systems and sources to determine case status or for other information needs related to a case, but not including initial screening.

255.   Complete Service Authorizations – Authorizing services (e.g., approving department to pay for substance use treatment or parenting program for parents)

256.   Provide or Receive Computer Mentoring – Requesting or providing guidance on computer systems or NC CWS or other case management program/system.

257.   Record Case Documentation in Electronic Device (laptop, tablet, or phone) – Recording information in a tablet or other electronic device while in the field. Includes time spent emailing the content for upload to NC CWS or another database.

258.   Record Service Codes and Monthly Invoices – Recording service codes and monthly invoices for client/family services (e.g., 5027, 5094).

259.   ELIGIBILITY DETERMINATIONS

Includes determining eligibility for Title IV-E and other state financial programs.

259.   Obtain Supporting Documentation – Gathering documentation to determine eligibility for Title IV-E Eligibility Documentation Forms and other assistance programs.

260-270.   PREPARE FOR COURT HEARINGS

Includes preparation activities including preparing legal documents.

260.   Consult with DSS Attorney/ Contracted Attorney/GAL – Briefing attorney, being briefed by an attorney, obtaining information, or providing information for court hearings.

261.   Consult with Provider, Specialist or Social Work Supervisor

262.   Prepare Information – Reviewing case records, e-files, , and any other data collection or analysis needed for court documents and court participation.

263.   Prepare and/or Complete Report to Court – Preparing, completing, and/or e-filing motions, orders, e.g., petition, legal summary, including the Court Report, dependency petitions, visit reports, or APPLA tracking.

264.   Develop Another Planned Permanent Living Arrangement (APPLA) – Developing a plan for youth aged 16 or older, the option of continuing in extended foster care

through the Foster Care 18 to 21 program, and its eligibility requirements.

265. Conduct Paternity/Maternity Search – Performing activities involved in establishing paternity and searching for missing and unknown parents. Activities may include requesting and assisting with a paternity test (DNA test).

266. Complete Guardianship/TPR Referral – Completing referral to have parents' rights terminated and compiling required documentation, guardianship referrals.

267. Prepare Parties for Court – Meeting with families and collaterals to prepare for court, e.g., meeting with guardian ad litem, foster parents, relatives, families, and children.

268. Perform Discovery – Gathering, purging, copying, and redacting documentation for other parties for court hearings.

269. Respond to Subpoenas for Closed Cases – Reviewing closed case documentation and preparing a response to a subpoena for a closed case.

270. Responsible Individual List (RIL) Hearings – Preparing for and participating in the procedural due process for adding a person to the responsible individual's list.

271-274. PARTICIPATE IN COURT HEARINGS

Includes time going to court, participating in hearings and recording results.

271. Attend Pre–court Meeting/ Trial Preparation – Discussing the case with participants including family members, service providers, Guardian Ad Litems, tribal representatives and legal counsel, before the court hearing starts.

272. Attend Court Hearings, Administrative Reviews, Judicial Reviews, Mediation, and Court–related Meetings – Participating, including testifying, while hearing is in progress.

273. Engage in Mediation – Negotiating and/or mediating with family, attorneys, GAL, guardians, etc.

274. Wait Time – Waiting for court event to begin when no other work is done while waiting. When using waiting time to perform other tasks such as writing case notes, use the activity's task code for the case.

275-283.   SOCIAL WORK SUPERVISORY TASKS

Includes the time spent on case-specific activities by a social work supervisor

275.   Approve/Authorize Case Action (including case closure)

276.   Consult with Case Worker/ Specialist

277.   Confer with Client/Confer with Tribal Representative

278.   Consult with County Regional Representative, DHHS Board, or Commissioners

279.   Consult with Others (e.g., parents, caretakers, providers)

280.   Field Observations – Includes the time spent shadowing case managers.

281.   Conduct Quality Analysis of Case Documentation.

282.   Review Foster Care Payments and Reimbursements

283.   Arrange Supervision for Children Without Placement (e.g., coverage for office or hotel stays)

284-298.   ADOPTION / GUARDIANSHIP PROCESSING

Includes activities associated with searching for a pre-adoptive placement, recruitment when case specific and completing forms and documentation as part of the adoption process.

284.   Complete Adoption / Guardianship Referral - Completing referral form and compiling required documentation for referral packet.

285.   Locate Adoptive Placement – Reviewing home studies, identifying homes and referring a case to the Selection Committee. Also includes providing forms and information to the committee and attending the selection committee meetings.

286.   Complete Child Profile – Collecting information on child and writing the profile.

287.   Complete Case Specific Recruitment or Recruitment Support Activities –

Developing a recruitment plan that also reflects the ethnic and racial diversity of child(ren) and documenting it on the Out of Home Family Services Agreement.

288.   Pre-placement Assessment – Preparing a written report of the reassessment of the information completed as part of the visit with the prospective adoptive placement.

289.   Complete Application to Add Child to NC Kids Registry Website.

290.   Complete Adoption Assisted Checklist – Gathering documentation, determining eligibility, and obtaining authorization/ signature.

291.   Complete Adoption Paperwork and Forms – Providing comprehensive information to a prospective adoptive parent about a child as required, compiling child and identified parent information in the child's legally free hard file or electronic file. Also includes time spent completing the Adoption Checklists for Clerk.

292.   Complete Kin GAP Guardianship or Adoption Home Study and/or Renewal (Update) – Preparing and completing a home study.

293.   Complete Kin GAP Guardianship or Adoption Agreement – Gathering documentation, determining eligibility, and obtaining authorization/signature. Also includes time spent completing the Inter-Agency Adoption Agreement or the Purchase of Adoption Services Agreement.

294.   Complete Kin GAP Guardianship Paperwork and Forms – Completing the Guardianship Approval Checklist, Signed Declaration of Proposed Guardian court document.

295.   Develop Reimbursement Request – Preparing requests for reimbursement of non-recurring expenses and assistance.

296.   Prepare Child for Adoption – Preparing the child to transition to their adoptive family.

297.   Create Adoption Record – Creating the adoption record prior to finalization.

298.   Create Guardian or Adoption Disclosure - Compiling information and creating the disclosure document.

299-303. CONFLICTS, APPEALS AND GRIEVANCES

299. Review Cases and Evidence – Reviewing intake and eligibility, gathering case file information, reviewing case information and evidence related to a conflict, appeal, or grievance.

300. Write Legal Analyses – Writing the formal legal analysis related to a conflict, appeal, or grievance.

301. Conduct Supervisory/Peer Review – Meeting with a peer or child welfare supervisor to review the case information, evidence, and legal analysis.

302. Participate in Administrative Appeal Hearing – Participating in the hearing.

303. Communicate with Constituent Concerns Office to Resolve Complaints.

304-316. LICENSING AND MONITORING

Includes assessing, licensing, and monitoring resource families, licensed and unlicensed, and adoptive homes.

304. Review Mutual Home Study and Reassessment Applications – Reviewing a completed application, supporting documentation, and forms to confirm all information is complete.

305. Complete Mutual Home Assessment – Completing the assessment as part of a home study, or as a standalone process for adoptive homes.

306. Complete/Perform/Contribute to Background Checks - Conducting background checks on individuals aged 16 and older, including those living on the premises, and other requirements in the Background Checks policy to include the Civil Case Processing system (VCAP) and CPS Central Registry check, healthcare registry, sex-offender registry, and Responsible Individual List.

307. Conduct Home Studies/Reassessments – Conducting all visits required for a home study and related activities such as assessing home for compliance with standards, interviewing family members, obtaining references and other documentation, and writing up the results. May include visits held in the home or another location. This task applies to foster homes, unlicensed relatives and suitable persons.

308. Conduct Private Home Study, Step-parent Adoptions, and ICPC Home Studies – Completing the 1808 for step-parent and private adoptions.

309. Complete Licensing Activities – Verifying that CPAs, and child foster homes meet licensing requirements, reviewing and completing documentation, and issuing licenses.

310. Develop a Training Plan – Developing a training plan with the licensee based on the licensee's level of skill, education, age of the child(ren), and behaviors of the child(ren) the caretaker will serve.

311. Conduct Monthly Provider Reviews – Meeting with a social work supervisor to review pending new license applications, unlicensed home studies, and renewals. Includes time spent reviewing the application and documentation to determine eligibility for licensure.

312. Conduct Staffing with Child Welfare Supervisor - Meeting with a child welfare supervisor, including to address parenting concerns or barriers to the home study or if the applicant is being required to provide additional information or complete evaluations.

313. Conduct Licensing Complaint Investigations – Performing activities in response to a complaint of a licensing violation to determine if a violation of the state's licensing regulations has occurred in a licensed facility.

314. Determine and Develop Adverse Actions – Determining the adverse action, issuing a probationary license, developing a plan to correct the area of noncompliance, and consulting with DSS or contracted attorney on license denials, suspensions, or revocations.

315. Resolve Conflicts – Helping to resolve conflicts between families and providers and providing follow-up to reported conflicts.

316. Update Information for Renewal of Foster Home Licenses – Providing a reapplication packet to the licensee, updating information initially collected during the licensing process, and approving or denying the license.

NON-CASE SPECIFIC TASK CODES AND DEFINITIONS

1000-1007. GENERAL ADMINISTRATION

1000. Review Policy Manual/ Manual Updates – Examining agency manuals and other standards to determine which statutes or policies apply to a specific case.

1001. Attend Supervisory or Other Administrative Meetings – Attending meetings that are not related to a specific case including any activities related to periodic worker evaluation processes. This includes unit, departmental and committee meetings.

1002. Complete Reports – Completing mileage reports, or other reports of an administrative nature that are not related to a specific case.

1003. Complete Day Sheets – Completing Day Sheets to record daily activities.

1004. Review of Internal/ External Mail – Reviewing non-case-related email and voice mail.

1005. Participate in Planning, Caseload Management, Scheduling and Time Management Activities

1006. Participate in HR Consultations – Participating in discussions about special accommodations, FMLA, continuing education consultation, etc. not disciplinary related.

1007. Receive or Provide Technology Consultation – Addressing VPN or internet, computer, cell phone, or Wi-Fi issues, and/or printer and phone issues.

1008-1011. COMMUNITY OUTREACH

Includes the time spent on non-case related community contacts, such as time devoted to community presentations, advisory boards, and multidisciplinary committees.

1008. Provide Community Training and Education – Meeting with educators, steering committees, advisory committees, and boards as well as law enforcement and hospitals.

1009. Facilitate Monthly Training Group and Support Groups for Licensed Foster Families.

1010. Conduct Non-Case Specific Recruitment Activities – Participating in general recruitment of resource homes, including adoptive families.

1011. Participate in Other Non-case Specific Meetings – Participating in other meetings, including with JCPC, Drug Courts, and community meetings to spend funds.

1016-1018. TRAVEL

Includes all out-of-office travel time for any work-related purpose that is not related to a specific case (e. g., attending meetings, training). Includes time arranging, preparing for and traveling.

1016. Arrange Non-Case Specific Travel – Arranging and preparing for traveling to the contact site.

1017. Conduct Non-Case Specific Travel – Engaging in actual travel time, including time spent waiting for buses, trains, or planes.

1018. Complete Post-travel Non-Case Specific Documentation – Completing paperwork associated with travel and reimbursement.

1020-1024. CLERICAL, RECEPTION, TELEPHONES

1020. Triage Calls, Provide Information, and Complete Referrals – Transferring calls to appropriate department/ person, providing information, and completing referrals for services, including to law enforcement, marijuana-positive newborn program, etc.

1021. Clerical – Typing, filing, mail handling, photocopying, and scanning not related to a specific case.

1022. Reception – Logging arriving clients and visitors, answering non-case specific telephone calls and transferring calls to the appropriate personnel.

1023. Schedule Worker Time and Leave – Calling and scheduling worker child welfare supervisor appointments which are not case specific, updating the worker's schedule to reflect changes and communicating the schedule to the worker.

1024. Process Time Sheets, Expense Vouchers, and Similar Records – Includes clerical activities to help case workers, child welfare supervisors and other staff process time sheets, non-case specific expense vouchers and other administrative records.

1025-1033. SUPERVISORY TASKS

Includes time spent on non-case specific activities by the supervisor or by a worker filling in for a supervisor.

1025. Perform Group Supervision – Reviewing new policies and case practice initiatives.

1026. Conduct Meetings – Conducting administrative meetings, unit meetings, meetings with management or other DHHS meetings.

1027. Monitor Time Sheets, Day Sheets, Expense Vouchers, and Similar Records

1028. Conduct Performance Evaluations

1029. Screen and Interview Job Applicants

1030. Counsel Staff (e. g., personnel problems, conflicts, and complaints)

1031. Process Grievances

1032. Conduct Disciplinary Action

1033. Run/ Review Unit Statistics - Setting quantifiable goals, developing or examining unit statistics and non-case specific quality assurance.

1034-1037. FEDERAL AND STATE REVIEWS AND COMMUNICATION

1034. Federal, State and Local Reviews – Contacting state, federal, or local government agencies to collect or provide information for purposes of policy clarification (other than regarding a specific case, where the appropriate contact code should be used instead). Includes work for or with legislative committees. Also includes PIP or AFCARS reviews.

1035. Quality Assurance – Preparing for an internal Quality Services Review, Clinical Case File Review (CCFR), Medical Provider Audit or the federal Child and Family Services Review.

1036. Title IV-E Audit Reviews – Preparing for an internal Title IV-E audit or the federal review of Title IV-E eligibility determinations or reviewing rate tracking and monitoring.

1037. Other Special Program Reviews – Preparing to participate in all other special program or case reviews, as well as participating in the reviews.

1038. SPECIAL STUDIES

1038. Special Studies - Participating in special projects or surveys (e.g., time study, moments in time, and other projects).

1039-1046. TRAINING AND STAFF DEVELOPMENT

1039. Train Staff – Preparing for and providing formal training programs, including new and on-going worker training and coaching of staff.

1040. Train and Supervise Interns

1041. Train Providers (foster care, adoptive parents and other care providers) – Delivering training programs to current and potential providers, including mandated reporters.

1042. Receive Training or Interview for New DHHS Position – Training for job upgrades or interviewing for new positions within the agency.

1043. Receive Training (other than for new DHHS positions) – Receiving formal training programs (whether related to policies, procedures, or job specific skills). On the job training should not be included but instead should be coded under the appropriate case-related task.

1044. Receive Training on NC CWS or another DHHS System.

1045. Complete Professional Reading – Reading background materials from journals and other professional literature.

1046. Interact with Professional Organizations – Renewing social work credentials, professional certifications, etc.

1047-1057. NON-WORK ACTIVITIES

1047. Sick Leave – Authorized time taken off due to illness.

1048. Vacation and Other Leave – Includes leave such as annual vacation, FMLA, administrative, emergency, holiday, military service, weather related closing and jury duty.

1049. Schedule Adjustments – Includes official time taken off to compensate for overtime worked.

1050. Lunch

1051. Breaks

1052. Personal Time – Time (other than breaks or lunch) not otherwise classified.

1053. Unauthorized or Disciplinary Leave

1054. Safety or Security Issues - Include time spent negotiating, handling, and or documenting safety/ security concerns within the facility/building.

1055. Medical Updates – Include obtaining vaccinations or agency-required shots or reviews to reduce illnesses, such as flu shots, COVID vaccines, etc.

1056. Not Scheduled to Work

1057. Emergency Shelter Duty in Disaster – Includes time spent arranging, setting up, and providing coverage for disaster relief community shelters.

APPENDIX B. COMPARISON OF TIME STANDARDS TO OTHER JURISDICTIONS

Appendix B provides a comparison of the time standards resulting from the workload study conducted for DSS to those resulting from other workload studies of jurisdictions that are similar in structure and geographic composition to that of North Carolina.

Case Type	DSS Caseworkers			Jurisdiction A			Jurisdiction B			Jurisdiction C		
	Tasks Required Monthly	All Other Tasks	Total Time	Tasks Required Monthly	All Other Tasks	Total Time	Tasks Required Monthly	All Other Tasks	Total Time	Tasks Required Monthly	All Other Tasks	Total Time
CPS Intake and Assessment Approach	1.6	0.6	2.2	1.5		1.5	0.9	0.1	1.0	3.1	0.5	3.6
Assessment	11.5	5.4	16.9									
Investigative Assessment	11.3	6.0	17.3	7.1	4.2	11.3	11.0	6.6	17.6	12.0	0.4	12.4
Family Assessment	11.5	5.0	16.5	4.9	2.5	7.4	11.0	6.6	17.6	-	-	-
Family In-Home Services	9.6	6.5	16.2	1.8	2.4	4.2	4.5	3.0	7.5	5.9	1.8	7.7
Foster Care	6.8	7.4	16.2									
Licensed Family Foster Home	6.2	7.8	14.0	3.1	6.5	9.6	6.2	4.4	10.6	4.4	2.5	6.9
Therapeutic Foster Care	7.8	8.5	16.2	3.1	3.1	6.2	6.2	4.4	10.6	-	-	-
Licensed Relative/Fictive Kin	4.4	6.3	10.7	2.4	5.2	7.6	4.1	1.6	5.7	4.1	1.6	5.7
Unlicensed Relative/Fictive Kin	6.9	10.4	17.3	-	-	-	6.1	3.7	9.8	4.5	3.7	8.2
Hospitalization	12.7	9.9	22.6	-	-	-	6.2	5.6	11.8	3.1	1.9	5.0
Residential Facility	7.4	5.2	12.6	4.0	5.0	9.0	6.2	5.6	11.8	3.7	2.3	6.0
Treatment Facility	8.2	8.1	16.2	-	-	-	6.2	5.6	11.8	-	-	-
Other	5.1	10.2	15.3	-	-	-	-	-	-	-	-	-
Extended Foster Care/Independent Living	5.5	4.8	10.3	2.2	1.3	3.5	4.8	2.4	7.2	5.9	1.6	7.5
Runaway	6.1	5.0	11.2	-	-	-	3.9	3.0	6.9	4.5	3.5	8.0
Adoption	5.7	5.5	11.2	3.1	4.4	7.5	4.8	3.7	8.5	-	-	-
Parent/Legal Guardian	4.7	8.2	12.9	2.2	1.3	3.5	-	-	-	-	-	-
Trial Home Placement	6.0	5.8	11.8	-	-	-	3.9	3.0	6.9	5.8	1.7	7.5
Foster Home Licensing Assessment	14.3	0.6	15.0	-	-	-	11.3	2.3	13.6	7.8	1.6	9.4

Case Type	DSS Caseworkers			Jurisdiction A			Jurisdiction B			Jurisdiction C		
	Tasks Required Monthly	All Other Tasks	Total Time	Tasks Required Monthly	All Other Tasks	Total Time	Tasks Required Monthly	All Other Tasks	Total Time	Tasks Required Monthly	All Other Tasks	Total Time
Licensed Foster Home Maintenance	2.3	2.7	5.0	-	-	-	-	-	-	-	4.1	4.1

APPENDIX C. REQUIRED AND ALL OTHER TASK TIME COMPARISONS ACROSS COUNTY SIZE GROUPINGS

Case Types and Tasks	Statewide	Large Counties	Medium Counties	Small Counties
CPS Intake and Assessment Approach				
Receive Report of Allegations	0.88	0.80	0.92	0.87
Obtain Supervisory Review and Approval	0.34	0.46	0.35	0.24
Record Information in System/ Word	0.40	0.40*[24]	0.40*	0.18
All Other Activities	0.58	0.56	0.47	0.74
Total Time	2.2	2.2	2.1	2.0
Assessments				
Screen for History of Abuse and Neglect	0.56	0.62	0.63	0.33
Screen for Criminal History	0.52	0.40	0.49	0.76
Review and Screen for Service History	0.55	0.49	0.55	0.57
Face to Face in Home – with Child	0.99	1.12	0.96	0.99
Face to Face with Parent	2.36	2.68	2.33	2.22
North Carolina Safety Assessment	0.56	0.52	0.59	0.52
Family Risk Assessment	0.40	0.40*	0.40*	0.40*
Develop Findings	0.54	0.54*	0.29	0.54*
Case-related Travel	1.80	1.56	2.04	1.46
Record Information in System/ Word	3.18	3.40	2.68	3.90
All Other Activities	5.39	5.53	5.56	4.99
Total Time	16.8	17.3	16.5	16.7
Family In-Home Services				
Face to Face in Home – with Child	1.14	1.14*	1.14*	1.14*
Face to Face in Home – with Parent	2.95	2.55	2.71	3.52
Case-related Travel	2.66	2.33	3.29	2.30
Record Information in System/ Word	2.86	2.16	2.46	3.89
All Other Activities	6.54	2.16	2.46	8.81
Total Time	16.2	12.6	15.8	19.7
Foster Care				
Face to Face in Home – with Child	1.62	1.62	1.86	1.31
Case-related Travel	2.97	2.71	3.17	3.04
Record Information in System/ Word	2.16	2.20	1.92	2.38
All Other Activities	7.44	6.90	8.23	7.01

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[24] An asterisk indicates insufficient numbers of cases were available to develop a county size time standard. The statewide time standard was applied when enough cases were not available to measure the time it takes to complete a required activity.

Case Types and Tasks	Statewide	Large Counties	Medium Counties	Small Counties
Total Time	14.2	13.4	15.2	13.7
Licensing Application				
Case-related Travel	1.12	1.12*	1.09	1.12*
Record Information in System / Word	1.26	1.26*	1.26*	1.26*
Review Mutual Home Study Application	0.90	0.90*	0.90*	0.90*
Complete Mutual Home Assessment	3.33	3.33*	4.70	2.09
Complete Background Checks	0.76	0.76*	0.58	0.76*
Conduct Home Studies	3.49	3.49*	3.69	3.49*
Complete Licensing Activities	3.54	4.20	2.80	4.67
All Other Activities	0.91	1.43	0.86	0.53
Total Time	15.3	16.5	15.9	14.8
Licensed Foster Care Maintenance				
Record Information in System/ Word	0.71	0.71*	0.71*	0.71*
Conduct Monthly Provider Review	1.64	1.64*	1.64*	1.64*
All Other Activities	2.66	2.63	2.46	3.13
Total Time	5.0	5.0	4.8	5.5