May 2011

**REAP: NC’s New Approach to Delivering Technical Assistance**

In the past several years, the Multiple Response System reforms have focused on making child welfare practice in our state more family-centered and strengths-based. Now, through REAP (Reaching for Excellence and Accountability in Practice), the NC Division of Social Services is working to make the technical assistance (TA) it provides to county DSS agencies more community-centered and strengths-based as well. This new approach to technical assistance is currently being piloted by the Division with eight of its county DSS agency partners.

**What Is REAP?**

REAP is a new model for child welfare technical assistance. REAP’s goals are to:
- Measure and improve family and child outcomes
- Ensure the state provides consistent assistance to county DSS agencies
- Partner with local community stakeholders
- Promote best practices in child welfare

**How Was REAP Developed?**

REAP began in conversations between the Division of Social Services’ leadership and the NC Association of County Directors of Social Services about improving outcomes for children and families and providing more effective, consistent technical assistance. Counties were concerned they did not always receive the same messages or have timely access to information from the Division. DSS directors reported that because counties’ TA needs differ, “one size doesn’t fit all.” For its part, the Division was concerned about variability in outcomes among counties, as well as variability in its level of communication and partnership with county staff.

**Technical Assistance:** Delivery of expert policy, programmatic, and technical support in the design, implementation, and evaluation of child welfare services. Frequently takes forms such as consultation, training, legal advice, and management assistance.

**REAP is . . .**
- Focused on outcomes in child welfare
- System of Care principles made real
- Understanding our data and the story behind the data
- Working smarter with currently available resources

**REAP is not . . .**
- Strategic planning
- Driven by fiscal concerns
- A secret plan
- Reorganization of staff
- A request for additional funding

**MRS Meetings**

REAP and System of Care meetings take place three times monthly via conference call. Dates and call-in information are listed below.

**June 20, 29, & 30**

Call times: 10-11:30 a.m.
Call-in number: (218) 936-4141
Access code: 956303

**MRS Questions?**

If you have questions regarding the implementation of any aspect of MRS, please contact Holly McNeill
828/757-5672
holly.mcneill@dhhs.nc.gov

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Training Dates

Step-by-Step: An Introduction to Child and Family Teams

May 11-12
Charlotte

May 18-19
Jacksonville

May 25-26
Carthage

July 28-29
TBA

To learn about these courses or to register, go to http://www.ncswLearn.org

In 2009, the Division obtained a grant from the federally-funded Atlantic Coast Child Welfare Implementation Center (ACCWIC) to develop a new model of technical assistance. To begin, the Division brought together work groups in September 2009. Work groups included administrators and frontline staff from county DSS agencies, as well as university and community partners. In fall 2010, a team was formed to implement the new model. This team currently has 58 members and is comprised of 43% county DSS staff, 38% Division staff, and 19% community/university partners. Together, the work groups and Implementation Team made preparations for a pilot and developed the following three components of the REAP model:

1. A new self-assessment tool for counties that uses child welfare achievement measures chosen by county, state, and community partners; this self-assessment drives a new county Achievement Plan
2. Customized, outcome-driven technical assistance, which will be provided after goals and achievements are identified through the self-assessment process
3. A centralized, web-based technical assistance system

REAP Component 1: Self-assessment and Achievement Plan

REAP asks counties to use a new self-assessment tool to evaluate their strengths and areas of need in providing child welfare services. This tool replaces North Carolina’s CFSR Agency Self Survey. The self-assessment provides a structure for counties to look at their performance on NC Child Welfare Achievement Measures (for a list of these, see page 3) and then gather input from community partners and stakeholders, including families who have been served by DSS.

These participants then work together to develop an Achievement Plan, laying out in concrete terms how the county DSS and others in the community will make measurable improvements in selected achievement measures. The Achievement Plan replaces North Carolina’s Agency CFSR Program Improvement Plan (PIP).

To test and refine this process, eight county DSS agencies have been selected to pilot the self-assessment process this spring. For list of pilot counties, see sidebar above. To help pilot counties as they undertake this new way of doing business, the Division and its university partners are providing training and ongoing assistance with community stakeholder engagement, working with outcome data, and coaching staff through the process of self-assessment and potential changes in practice.

REAP Component 2: Outcome-driven Technical Assistance

The second component of REAP is the provision of technical assistance through a coordinated, consistent approach using data and outcome measures as a guide. The Division will base its guidance on each county’s self-assessment and Achievement Plan, and will track over time whether the TA provided helps improve outcomes. The Division will continue to offer technical assistance to the entire state (e.g., monthly MRS calls, letters, training, etc.), but this assistance will also be informed by Achievement Plans statewide.
## North Carolina’s Child Welfare Achievements*

### Core Child Welfare Achievements

**Prevention**

1. Annual rate of reports of child maltreatment (per 1,000 children)
2. Annual rate of child victimization (per 1,000 children)

**Child Protective Services**

3. Annual % of maltreated children who are not repeat victims of indicated maltreatment
4. Annual % of CPS reports screened out
5. Annual % nonwhite children who enter foster care

**Foster Care**

6. Annual % of children in foster care who have not been maltreated by their foster home
7. Annual % of foster youth with 2 or fewer placements who are in care for 12 months or less
8. Annual % of foster youth with 2 or fewer placements who are in care for 12 months but less than 24 months
9. Annual % of foster youth with 2 or fewer placements who are in care for more than 24 months
10. Achieving permanency for children in foster care (Permanency Composite 3)  
   a. Achieving Permanency for children in foster care for extended periods of time  
   b. Children growing up in foster care
11. Annual % of nonwhite children in foster care
12. North Carolina passing the federal IV-E audit

**Permanency**

13. Annual % of children experiencing re-entries into foster care within 12 months of their discharge

**Reunification**

14. Percentage of youth who achieve permanency through reunification within 12 months (assuming in care 8 days)

**Adoption**

15. Annual percentage of children who left foster care through adoption in last 12 months who were adopted within 24 months of their last entry into foster care
16. Annual % of adoptions that disrupt or dissolve
17. Annual % of nonwhite children free for adoption who are adopted
18. Annual % of TPRs that are finalized timely

### Links

- Annual % of youth who left the foster care system who:
  19. Had sufficient economic resources to meet their daily needs from age 18-21
  20. Had a safe and stable place to live from age 18-21
  21. Attained academic or vocational/educational goals that were in keeping with the youth’s abilities and interests from age 18-21
  22. Had, upon exiting foster care, a personal support network of at least five responsible adults who remained supportive of the young adult over time from age 18-21
  23. Left the foster care system who left the foster care system who avoided illegal/high-risk behaviors from age 18-21
  24. Postponed parenthood until financially established and emotionally mature from age 18-21
  25. Had access to physical and mental health services, as well as a means to pay for those services from age 18-21
  26. Annual % of youth (age 18-21) eligible to sign a CARS agreement who did sign a CARS agreement

### Well-Being

27. Fostering Connections outcomes (TBD)

### Systemic Factors

28. Annual social worker departure rate (excluding retirements, deaths, and promotions)
29. Child welfare staffing gap or surplus

* Additional Achievement may be added in the future
Training Dates

Methamphetamine: What a Social Worker Needs to know
This self-paced online course is always available. To take it, simply log on to http://ww.ncswLearn.org and access this course via the Personalized Learning Portfolio (PLP) / Online Courses section of the website.

Medical Aspects of Child Abuse and Neglect for Non-Medical Professionals

May 11-12
Gastonia

May 16-17
Candler

May 24-25
Fayetteville

June 1-2
Greenville

Fostering and Adopting the Child Who Has Been Sexually Abused (CSA/MAPP)
June 6-9
Charlotte

To learn about these courses or to register, go to http://www.ncswLearn.org

REAP Component 3: Web-based Technical Assistance Gateway

REAP will provide an online portal of entry that county DSS agencies can use to request child welfare technical assistance. This “TA Gateway” will improve the efficiency and consistency with which the Division provides customer service to the counties. In addition, the gateway will allow the Division and county partners to track the technical assistance provided over time, which will guide decisions about training, communication, and resource allocation. The system will also track county satisfaction with the assistance provided, to allow the Division to engage in the same type of self-assessment and practice improvement it asks of county agencies.

How Does REAP Build on MRS and System of Care?

REAP is not a new “flavor of the month” in child welfare. Rather, it builds on the foundation established by MRS and System of Care (SOC). The self-assessment provides a tool for collaboration across boundaries by establishing Achievement Teams that represent different units of DSS, community partners, and perhaps most importantly, families and youth who have received services. The process doesn’t just call for gathering people for a one-time meeting, but instead brings them together to identify common goals and to work over time on a plan for achieving them.

In many communities, SOC has already created cross-agency partnerships that will aid in this effort. In other communities, the DSS self-assessment may help re-energize Systems of Care that are not actively working together on a regular basis. The problems faced by families in the child welfare system are too complex to be solved by a single agency. Every family is part of its community; the community needs to share responsibility for helping families and children make positive changes.

Along with a focus on collaboration, REAP builds on the strengths-based, solution-focused approach of MRS. Progress will only occur when county agencies can share their strengths and needs without fear of being judged or left alone to come up with solutions. In examining and sharing their achievement measures, county DSS agencies are being encouraged to share not only the data, but also the story behind the data. It takes the combined insight and expertise of agency staff and the families they serve to make sense of the data, and to understand the story it tells about conditions in the agency and the larger community.

As DSS agencies and their community stakeholders decide on their vision for making things better, the Division will provide technical assistance with challenges that may arise. Just as agencies start where the client is, the Division’s assistance can take place based largely on county-identified needs and priorities, rather than on pressure or decisions by an outside authority. Communities and families know themselves best. And the end everyone can agree on is not simply “better numbers,” but happier endings for the families and children behind the numbers.

For More Information
Contact the Division’s Rita Bland (919/334-1167; Rita.Bland@dhhs.nc.gov).