



This Bill Analysis reflects the contents of the bill as it was presented in committee.

SENATE BILL 708: CPS Intake Screening/PED Recommendations.

2019-2020 General Assembly

Committee:	Senate Health Care. If favorable, re-refer to Rules and Operations of the Senate	Date:	June 17, 2020
Introduced by:	Sens. Edwards, Krawiec, Burgin	Prepared by:	Tawanda F. Artis Staff Attorney
Analysis of:	First Edition		

OVERVIEW: Senate Bill 708 prohibits county departments of social services from implementing child protective services intake screening criteria that is more stringent than, or in addition to State policy and directs the Department of Health and Human Services to make various policy changes as a means to improve the child protective services intake screening process, as recommended by the Joint Legislative Program Evaluation Oversight Committee.

[As introduced, this bill was identical to S708, as introduced by Sens. Edwards, Krawiec, Burgin, which is currently in Senate Judiciary.]

BACKGROUND: The Program Evaluation Division (PED), as a part of its 2018-2019 Work Plan, studied the effectiveness of the child protective screening process used by county departments of social services to determine whether there are differences in how counties screen the need for a child protection response. Generally, county social services workers screen allegations of child abuse, neglect, and dependency and decide if a more in-depth assessment should be conducted. County social services offices in North Carolina vary substantially in the rates of initial referrals that are screened in or out. DSS directors surveyed by PED attributed this variation to differing local policies, lack of staff familiarity with intake screening procedures, and an absence of consistent and timely central guidance by the Department of Health and Human Services (DHHS). PED's study concluded that the current structured intake tool makes the reporting process lengthy and redundant and may also contribute to screening inconsistency. Senate Bill 708 reflects the recommendations from this study. The full study may be found online here: https://www.ncleg.gov/PED/Reports/documents/CPS/CPS_Report.pdf

CURRENT LAW: Article 3 of Chapter 7B of the General Statutes governs the screening of abuse, neglect, and dependency complaints. G.S. 7B-300 requires the director of the department of social services in each county of the State to establish protective services for juveniles alleged to be abused, neglected, or dependent.

Protective services must include the screening of reports, the performance of an assessment using either a family assessment response or an investigative assessment response, casework, or other counseling services to parents, guardians, or other caretakers as provided by the director to help the parents, guardians, or other caretakers and the court to prevent abuse or neglect, to improve the quality of child care, to be more adequate parents, guardians, or caretakers, and to preserve and stabilize family life.

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BILL ANALYSIS:

Section 1 adds a new section to current law on the screening of abuse and neglect complaints to clarify county social services departments cannot supplement child protective services intake screening criteria with county policy that is more stringent than, or in addition to, State policy.

Section 2(a) requires DHHS to implement a rapid consultation system to provide consultation to counties when making decisions regarding the safety of children.

- The rapid consultation system will consist of a telephone line that can be accessed at any time when the county has concerns regarding the correct screening decision, assessment track, or applicable response time frame for a specific case.
- DHHS staff will consult with the county department of social services within 24 hours of the call.
- At least two DHHS staff persons will consult on each call to ensure the advice conveyed is consistent.

Section 2(b) requires DHHS, Division of Social Services to implement the rapid consultation system no later than June 30, 2021, and submit a report on its implementation to the Joint Legislative Oversight Committee on Health and Human Services by December 31, 2021.

Section 3(a) requires the Division to periodically assess county department of social services workers' and supervisors' comprehension and correct implementation of State policy and their training needs regarding the screening of reports of alleged child abuse, neglect and dependency.

Section 3(b) requires the Division implement the assessment and training requirements of this section by December 31, 2020, and submit a report on its use of those training requirements to the Joint Legislative Oversight Committee on Health and Human Services by June 30, 2021.

Section 4(a) requires the Division to revise the child protective services structured intake form (a tool used by county departments of social services to screen reports of alleged child abuse, neglect, and dependency) to ensure the following:

- 1) It continues to meet federal and State requirements, and
- 2) It provides consistency for use statewide.

DHHS must recertify the structured intake form every five years and must continue to consult with the Children's Research Center or a similar organization when State policy changes require modifications to the structured intake form.

Section 4(b) requires the Division to begin reporting to the Joint Legislative Oversight Committee on Health and Human Services on its process of revising the structured intake form by July 30, 2020 and continue reporting to the Committee every six months thereafter until revisions are complete.

Section 5(a) requires the Division to implement statistically valid program monitoring for county intake screening procedures, as well as establish measurable performance benchmarks that can be applied to all counties. The Division must do the following:

- Begin performing county data reviews for intake screening at least once each year beginning no later than December 31, 2024.

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- Oversee intake screening by performing valid sampling and ensure program monitoring intake screening reviews collect sample sizes large enough to achieve a county confidence level of at least ninety percent (90%), with a margin of error of plus or minus five percent (5%).

Section 5(b) requires the Division, beginning June 30, 2021, and continuing each year thereafter until December 31, 2024, to report to the Joint Legislative Oversight Committee on Health and Human Services on its progress towards improved program monitoring and continuous quality improvement in accordance with this section.

EFFECTIVE DATE: This act would become effective when it becomes law.