## GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2021

S SENATE BILL 200

Short Title:	CPS Intake Screening/PED Study.	(Public)
Sponsors:	Senators Edwards, Ford, and Burgin (Primary Sponsors).	
Referred to:	Rules and Operations of the Senate	

## March 9, 2021

A BILL TO BE ENTITLED

AN ACT TO PROHIBIT 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 TO DIRECT 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.

The General Assembly of North Carolina enacts:

 **SECTION 1.** Prohibit County Supplementation of State Policy. – Article 3 of Chapter 7B of the General Statutes is amended by adding a new section to read:

## "§ 7B-300.1. No county supplementation of certain State policy.

Notwithstanding any other provision of law to the contrary, a county department of social services may not supplement child protective services intake screening criteria with county policy that is more stringent than, or in addition to, State policy."

**SECTION 2.(a)** Rapid Consultation System. – As a means of improving State child protective services intake screening guidance to county departments of social services, the Department of Health and Human Services, Division of Social Services (Division), shall implement a rapid consultation system to provide consultation to counties when making decisions regarding the safety of children. Specifically, the rapid consultation system shall consist of a telephone line that a county worker or supervisor can access at any time when the county worker or supervisor has concerns regarding the correct screening decision, assessment track, or applicable response time frame for a specific case. Upon receiving a request, Division staff shall consult with the county department of social services within 24 hours of receipt of the request and at least two Division staff workers shall consult on each call to ensure the advice conveyed is consistent.

**SECTION 2.(b)** Report. – The Division of Social Services shall implement the rapid consultation system required by this section no later than June 30, 2022, and submit a report on its implementation to the Joint Legislative Oversight Committee on Health and Human Services by December 31, 2022.

**SECTION 3.(a)** Assessment of Worker Comprehension and Training Needs. – The Department of Health and Human Services, Division of Social Services (Division), shall 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 maltreatment. The Division shall assess comprehension and training needs by use of hypothetical vignettes or other assessment tools the Division deems appropriate



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1 and, when necessary, require retraining for workers to ensure proper application of State policies 2 regarding the screening of reports of alleged child maltreatment. Additionally, the Division shall 3 do the following: 4

- Increase the frequency of intake training. (1)
- (2) Develop an intermediate intake screening course that bridges the gap between newer workers and those that are more experienced.
- Require county social services workers and supervisors to complete an intake (3) screening training at least every three years.

**SECTION 3.(b)** Report. – The Division of Social Services shall implement the assessment and training requirements of this section by June 30, 2022, and submit a report on its use of those training requirements to the Joint Legislative Oversight Committee on Health and Human Services by December 31, 2022.

**SECTION 4.(a)** Structured Intake Form Revisions. – The Department of Health and Human Services, Division of Social Services (Division), in consultation with the Children's Research Center or a similar organization, shall revise the child protective services structured intake form, which is a tool county departments of social services use to screen reports of alleged child maltreatment. The Division shall revise the form to ensure, at a minimum, it (i) continues to meet federal and State requirements and (ii) provides consistency for use statewide. The Division shall further ensure the structured intake form is recertified every five years and shall 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)** Report. – Beginning January 1, 2022, the Division of Social Services shall report to the Joint Legislative Oversight Committee on Health and Human Services (Committee) on its process of revising the structured intake form in accordance with this section and continue reporting to the Committee every six months thereafter until revisions are complete.

**SECTION 5.(a)** Program Monitoring. – For purposes of better evaluating individual county departments of social services, the Department of Health and Human Services, Division of Social Services (Division), shall implement statistically valid program monitoring for county intake screening procedures, as well as establish measurable performance benchmarks. The Division shall establish measurable and consistent intake screening benchmarks that can be applied to all counties, with the Division performing county data reviews for intake screening at least once each year beginning no later than December 31, 2024. The Division shall 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)** Report. – Beginning June 30, 2022, and continuing each year thereafter until December 31, 2024, the Division of Social Services shall 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.

**SECTION 6.** Effective Date. – This act is effective when it becomes law.