

SOCIAL SERVICES

General Information

Department Head: Beth Whitley Duncan (since January 1, 2007)
 Location: 1528 N. Fayetteville Street, Asheboro, NC 27203
 Phone Numbers: Main Number: 683-8000
Beth Whitley Duncan, Director: 683-8027
 Richard Park, Assistant Director/Business Officer: 683-8029

Income Maintenance Administrators (IMA)

IMA-DSS Programs, Leah Harris: 683-8109

Archdale Office: 318-6404
 Energy Programs (CIP and LIEAP): 683-8059
 Food and Nutrition Services: 683-8094
 Fraud Hotline: 683-8198
 Work First Employment Services: 683-8009
 Work First Family Assistance: 683-8009

IMA-DMA Programs, Michelle Hinshaw: 683-8105

Medicaid (Adult): 693-8080
 Medicaid (Family & Children): 683-8068
 Medicaid (Long Term Care): 683-8091

Social Work Program Administrators (SWPA)

SWPA-Child Placement & Adult Services, Toni Welch: 683-8015

Adoption & Foster Home Licensing Hot Line: 683-8062
 Adult Abuse Hotline: 683-8300 (After Hours Call 911)
 Foster Care: 683-8016
 Social Worker for the Blind (State Position): 683-8107

SWPA-Child Protection & Family Services, Jaynetta Butler: 683-8196

Child Abuse Hotline: 683-8200 (After Hours Call 911)
 Child Care Subsidy: 683-8010
 Non-Emergency Medicaid Transportation: 683-8003

Vision

Being Great – Whatever it ethically takes!

Purpose

Serving by empowering, protecting, educating, and promoting stability.

Mission

The Randolph County Department of Social Services provides residents of Randolph County access to programs that promote economic independence and family stability. We seek to preserve the dignity of the family/individual and to provide good customer service in an efficient, cost-effective, timely and professional manner.

Values

Commitment – We accept 100% responsibility.
Confidentiality – We value the trust in us.
Excellence – We give our best every day.
Focus – We start and finish everything on-time.
Improvement – We do it better and better.
Integrity – We do the right thing truthfully.
Respect – We value people.
Teamwork – We value each other.

Summary

Services are provided to the citizens of Randolph County that will assist families and individuals to live in safe environments and to remain self-sufficient. The programs administered by this department are funded by a combination of federal, state, and county funds. Federally mandated programs include Income Maintenance programs such as Medicaid, Food and Nutrition Services (a.k.a. Food Stamps), Work First, and Crisis Assistance. These programs are open-ended and eligibility is based on a variety of factors that may include income, reserve, and household size.

Other service programs that are federally mandated are Child Welfare Services, including Child Protective Services, Foster Care, Adoptions, and Adult and Family Services, which include Child and Adult Day Care, Work First Employment Services, and Adult Protective Services.

The department is also involved in a variety of other related services and coordinates with many community agencies to provide the most appropriate services to citizens in Randolph County.

The department benefits from the guidance of an advisory board consisting of five members: two appointed by the North Carolina Social Services Association, two appointed by the County Commissioners, and one appointed by the first four.

Overview

On August 15, 1935, the Social Security Act was passed, which had an impact on family welfare and the welfare of the poor people. It created public responsibility for the people and assisted state child welfare programs. It also established government responsibility at some point of the individual's well-being.

Prior to 1937, the Welfare program at the county level consisted primarily of operating a county home for the aged and infirm, providing cash and services to the needy, and a limited public assistance program to women and children, called Mother's Aid. Families were still the most responsible party for caring for their sick and invalid relatives and their deprived children. Each county did not have a full-time welfare department, but due to such a large number of people becoming eligible for benefits with the passage of the Social Security Act, thirty-one North Carolina counties had to set up departments with full-time superintendents rather than using the same superintendent as for public schools.

Public assistance actually began July 1, 1937 and made it necessary to create a special division of casework training and family rehabilitation to take care of the certifying services. Thus, a Division of Public Assistance was created in the state of North Carolina. This legislation provided a structure for state supervision of county administration through a county welfare board in each of the 100 counties.

The Randolph County Department of Public Welfare began July 1, 1937. The agency's first location was in the basement of the courthouse (which is the vacant building now known as the Historic Courthouse). The staff consisted of the superintendent and two other workers. During this first year the County allotted \$9,000 for the Old Age Assistance Program and also funded another program called Aid to Dependent Children (ADC), both of which were mandatory programs. By the fiscal year 1949-50, the County was offering Old Age Assistance, ADC, Aid to the Blind, General Assistance, and Other Financial Assistance (which included Hospitalization, Medical Care, Tuberculosis Sanatorium Care, Pauper Burial, and Boarding Home Care of Dependent Children). In the next fiscal year the Aid to the Permanently and Totally Disabled Program came into existence.

On July 30, 1965, Congress passed Public Law 89-97, enacting the Medicare and Medicaid Programs. In 1969, the N.C. General Assembly enacted a recodification of the basic laws governing the legal authority for the programs administered by the Department of Public Welfare. Along with this recodification was a change in the name of the department to the Department of Social Services (DSS).

The agency changed location in May of 1970, when the Central School building was renovated to house DSS. That same year the County began the Food Commodities Program, which eventually turned into the Food Stamp Program.

The seventies brought many major changes in welfare programs. In 1975, the Social Security Administration took over payments for Old Age Assistance and Aid to the Permanently and Totally Disabled Programs, as well as implementing the new Supplemental Security Insurance Program, known as SSI. This left DSS with Medicaid, Food Stamps, and ADC to administer.

The seventies also brought the creation of block grants to states for the funding of the service programs administered by the agency. These monies allowed DSS to provide such services as Transportation, Adult Protective Services, Rest Home and Nursing Home Placement, Family Planning, Day Care for Adults and Children, Chore Services, and Problem Pregnancy Counseling. Through other Child Welfare funds, the agency provided Foster Care Services to children, Adoption, and Child Protective Services.

The Recession of 1974-75 had a great impact on Social Services and caused caseloads to skyrocket. Volunteers were used to meet the demands that staff could not provide. It was during this phase that the County created a Volunteer Director's position. (Child Support Enforcement Offices were established – but separate from DSS. In July 2010, Randolph County Child Support Enforcement will move from state-operated to a local county-operated department.)

The eighties and nineties brought more changes in DSS funding and more moves for the agency. In 1981 the department moved to its first building that was built specifically for them at the Ira McDowell Governmental Complex, located at 2222 S. Fayetteville St. in Asheboro. Programs were geared more toward prevention and maintenance. Expanded Medicaid programs were implemented to help the growing elderly population as well as to help in the state's high infant mortality rate. Title XX funds were replaced with Social Services Block Grant funds and fewer federal dollars to help with the growing social concerns. A sharp rise in Child Protective Services cases occurred in the eighties due to more public awareness of this problem. There were also changes in foster care philosophy to assure that all children in DSS care had a permanent plan in place. During the eighties the agency hired its first agency attorney to help meet the growing legal needs of the Child Welfare caseload.

DSS moved again in December 1989 due to the lack of adequate space at the McDowell Center. The new location was the County Office Building located at 725 McDowell Road, which was the former Stedman Building.

The Family Service Act passed by Congress in 1990 created the JOBS (Job Opportunities and Basic Skills) Program in North Carolina. This program concentrated on education and training for AFDC (Aid to Families with Dependent Children) recipients to help them obtain employment and remain employed and be self-sufficient. In 1995 the JOBS program became the Work First Program, and the emphasis focused more on employment and less on education and training.

DSS moved once more in August 1996, having outgrown their space in the County Office Building. They moved into a vacant shopping center located at 1528 N. Fayetteville Street, which the County had purchased in 1993 and renovated specifically to accommodate DSS's needs. Space continues to be challenge as programs and services change.

Child Welfare issues have continued to be in the forefront of DSS endeavors, with the growing substance abuse problems. The increasing elderly population has continued to present other problems for the agency in its efforts to help the disabled and elderly remain self-sufficient and in their own homes. Medicaid costs for nursing home care have consumed the largest part of the agency's Medicaid budget.

The Directors of the Public Welfare System in Randolph County since 1937 have been:

- Robert T. Lloyd, 1937-1938
- Lilly Bulla, 1938-1940
- W. F. Henderson, 1940-1942
- James E. Burgess, 1942-1962
- Marion S. Smith, 1962-1992
- Martha C. Sheriff, 1994-2006
- Beth Whitley Duncan 2007-Present

Department Strategic Objectives

- Maximize efficiency through the effective use of funds and by attracting and retaining a positively engaged well-trained team committed to excellence.
- Improve the safety and well-being of children, adults, and families by providing focused, and timely access to quality services that legally and ethically address the diverse needs of clients.
- Promote economic independence by providing timely and accurate determination of eligibility for economic programs.
- Enhance credibility within our community by completing operations timely with respect and integrity toward those we encounter...each other, those we serve, our partners, and our leaders.

Department Goals

Organize, equip, train, and lead staff in a manner that enables them to accurately:

1. Attract and retain a positively engaged staff sufficient to maintain staff work hour capacity at 98%.
2. Establish capability and train excellence to maintain productive work hours at 80% or above.
3. Effectively budget, expend, and maximize revenues to ensure a budget performance ratio of 66%.
4. Process 95% of FNS transactions (applications, recertifications, and fraud referrals) before the maximum allowed timeframe.
5. Process 90% of Medicaid transactions (applications and recertifications) before the maximum allowed timeframe.
6. Process 93% of Work First transactions (applications and recertifications) 5 days before the maximum allowed timeframe; schedule 50% of WFES participants in activities each month; and achieve a 60% client completion rate in Job Readiness Class.
7. Process Energy Assistance Program transactions within 48 hours.
8. Process and submit paperwork on 90% of adoptive cases within 180 days for children placed in a pre-adoptive placement; and register 100% of cases with NC KIDS within 30 days, where recruitment is required.
9. Recruit, train and submit completed paperwork to State on 90% of eligible foster/adoptive families within 180 days following completion of Trauma Informed

Safety and Permanence: Model Approach to Partnership and Parenting (TIPS/MAPP) classes; complete and submit 95% foster families re-licensure paperwork to State 60 days prior to license expiration; and maintain a retention rate of 90% of current licensed homes..

10. Complete 93% of APS evaluations 3 days before the maximum allowed timeframe.
11. Establish 80% of permanent plans for foster children 1 month prior to the maximum allowed timeframe.
12. Complete Child Protective Services assessments and investigations an average of 1 day before the maximum allowed timeframe.
13. Initiate In-Home services within 1-week of receiving a case and complete services for 60% of In-Home cases (with no court involvement) within 9 months of the services being opened.
14. Complete child care subsidy applications 10 days prior to the maximum allowed timeframe and all recertification's completed on or before the maximum allowed timeframe and use 99.5% of annually allocated funds for eligible children.
15. Process 95% of Non-Emergency Medical Transportation applications; and complete 100% of recertification's no later than the required completion date.

Income Maintenance Operations: Income Maintenance Operations function under two divisions responsible for administering applications and reviews for Federal and/or State-mandated, means-tested programs.

Income Maintenance –Division of Social Services Programs: Responsible for administering applications and reviews for Federal and/or State-mandated, means-tested programs managed by the North Carolina Division of Social Services including Food and Nutrition Services, Work First, Energy Programs, and Program Integrity. This division is also responsible for the intake functions in all eligibility programs including Medicaid and Special Assistance, for both Asheboro and Archdale locations.

Crisis Intervention Program: One of the Energy Programs, the Crisis Intervention Program (CIP) is a Federally-funded program that provides assistance to eligible households that are in a heating or cooling related emergency. The purpose of the CIP program is to help families stay warm in the winter and cool in the summer. By doing so, this reduces the risk of health and safety problems such as illness, fire, or eviction.

Food and Nutrition Services Program: Food and Nutrition Services is an entitlement program, so all eligible individuals and households can receive assistance. Benefits may be used to purchase most foods at participating stores. They may not be used to purchase tobacco, pet food, paper products, soap products, or alcoholic beverages. The Food and Nutrition Services staff provides eligible households with timely and accurate benefits. Food and Nutrition

Services (FNS) is a federal food assistance program that helps low-income families. In North Carolina monthly allotments of FNS benefits are issued via Electronic Benefit Transfer (EBT) card.

Low Income Energy Assistance Program: Another one of the Energy Programs, the Low Income Energy Assistance Program (LIEAP) is a Federally-funded program that provides for a one-time vendor payment to help eligible households pay their heating bills. Priority in eligibility is given to disabled persons receiving services through the Division of Aging and Adult Services, or households which include a member age 60 and older. Applications for those households are taken December 1st through March 31st or until funds are exhausted. Applications for all other households are taken from January 1st through March 31st of each year or until funds are exhausted.

Program Integrity: Program Integrity (PI) is devoted to ensuring that payments in the income maintenance programs are accurate and that fraud, waste, or program abuse are identified and prevented. The program integrity investigators accept referrals from the community, outside agencies, and caseworkers about suspected fraud in DSS programs. The county DSS must determine, based on verified facts, whether fraud may have been committed. A clear distinction must be made between misrepresentation with intent to defraud and misstatements due to the misunderstanding of eligibility requirements or of the responsibility for providing the county DSS with information. The consequences differ between misrepresentation and misunderstanding. After the investigation is complete the investigator will establish claims as appropriate.

Work First: North Carolina's Temporary Assistance for Needy Families (TANF) program, called Work First is based on the premise that parents have a responsibility to support themselves and their children. Through Work First, parents can get short-term training and other services to help them become employed and self-sufficient, but the responsibility is theirs, and most families have two years to move off Work First Family Assistance. Under 200% poverty benefits are available to support ongoing employment during the transition period from receiving assistance to self-sufficiency. Certain other relatives or non-relatives of a child may apply for Work First Family Assistance on the child's behalf but cannot be included in the payment for the family. There are no work requirements for these situations. Families who meet Work First Family Assistance eligibility criteria and are experiencing a financial emergency may be eligible for financial help to pay for housing and utilities.

Income Maintenance –Division of Medical Assistance Programs: Responsible for administering applications and reviews for Federal and/or State-mandated, means-tested programs managed by the North Carolina Division of Medical Assistance including Adult Medicaid, Family and Children's Medicaid, and Long Term Care.

Adult Medicaid: Persons served by the Adult Medicaid Program must meet financial and non-financial criteria to be eligible for assistance. Non-financial criteria include an eligibility requirement to be 65 years of age or older, blind, or deemed disabled by the Social Security Administration or Disability Determination Services. Recipients receive medical services at a low cost as well as assistance with Medicare premiums, deductibles and co-

insurance. Eligibility for these programs is based on monthly income limits as well as resources available to the household. The Community Alternatives Program (CAP) allows North Carolina to use Medicaid funds to provide home and community based services to Medicaid beneficiaries who require institutional care (placement in a nursing facility) but for whom care can be provided cost-effectively and safely in the community with CAP services. CAP participants must meet all Medicaid eligibility requirements.

Family and Children's Medicaid: These programs provide medical services (including dental treatment and vision needs) for parents, step parents, and caretakers of children, as well as services for children under the age of 21. There are no co-payments for children under 21. Programs also cover pregnant women, foster children, family planning services, and breast and cervical cancer screening and treatment. Recipients must be below allowable income limits and also meet non-financial criteria. Family and Children's Medicaid also includes the North Carolina Health Choice Program (NCHC) for children ages 6-18 who are uninsured with low income.

Long Term Care Medicaid: Long Term Care Medicaid programs assist recipients with paying their cost of extended care in a hospital or medical facility. Special Assistance (SA) is a Supplemental Security Income (SSI) state supplement that pays cash benefits to eligible recipients who reside in licensed facilities authorized to accept SA payments. The SA payment is funded by 50% county dollars and 50% state dollars. SA recipients are automatically eligible for Medicaid.

Social Work Program Operations: Social Work Operations function under two divisions responsible for administering social work services to families in need. Social work services can be non-voluntary, voluntary, or need and income based depending on the program and service being provided.

Child Placement and Adult Services Division: Responsible for administering the Foster Home Licensing, Foster Care, Adoptions, Adult Services, and social work continuous quality improvement operations.

Foster Care: Foster Care is temporary substitute care provided to a child who must be separated from their parent(s), guardian(s), or caretaker(s) due to abuse, neglect, or dependency. A child placed in foster care is in the legal custody of the county Department of Social Service whom is acting as the parent on behalf of the minor child. A child may be placed in the county Department of Social Services custody by way of a court order or voluntary relinquishment of parental rights by the child's parents.

Adoptions: The primary purpose of adoption is to help children whose parents are incapable of providing parental care responsibilities to legally become free for adoption through termination of the parents parental rights, or through a voluntary relinquishment of parental rights by the parents.

Adult Protective Services: Protective Services for Adults is a multifaceted service developed to assist adults with disabilities which has incapacitated them to the point they are

unable to care for themselves, have no one available to assist them in their care, and are subject to abuse, neglect, or exploitation. Article 6, Chapter 108A of North Carolina General Statutes requires that county departments of social services perform certain activities for disabled adults who are alleged to be abused, neglected or exploited and in need of protective services.

Child Protection and Family Services Division: Responsible for administering the Child Protective Services and Family Services Operations.

Child Protective Services: Child Protective Services are legally mandated, non-voluntary, non-income based services for families that are geared for children who have been exposed to abuse, neglect, and/or dependency and for those children who are at imminent risk of harm due to the actions of, or lack of protection by their parent, guardian, or caretaker. These specialized services are designed to protect children from future harm or risk associated with abuse, neglect, and/or dependency and helps improve the parent, guardian, or caretaker's ability to provide proper care, supervision and a safe home for the children. DSS is required to provide protective services 24 hours a day/7 days a week.

Family Services: Family service operations encompass Child Care, General Services Intake, and transportation services. Using a combination of state and federal funds, subsidized child care services means that families with poverty level incomes can afford child care services which offer a quality early childhood education and therefore, will increase the chances for children to be healthy and succeed socially and academically. In General Services Intake applications are taken for services such as general assistance, eye care, and Medicaid transportation. Clients are often referred to various community resources for their requested needs to include, but not limited to, Christians United Outreach Center and Salvation Army. Family service operations are also responsible for scheduling and providing requested Medicaid transportation, scheduling and providing transportation for foster children and their parents to court ordered supervised visitation at DSS, to medical and mental health therapy appointments for children and their parents, and to any other court ordered services needed to support reunification between the foster child and their parent, guardian, or caretaker. Staff also supervises and documents court ordered visitations requested by the families' social worker.

Service Area: Administrative – Managerial

Program Objectives

The purpose of the administrative and managerial service area is serving by empowering, protecting, educating, and promoting stability. DSS management objectives are to:

- Maximize efficiency through the effective use of funds and by attracting and retaining a positively engaged well-trained team committed to excellence.
- Improve the safety and well-being of children, adults, and families by providing focused, and timely access to quality services that legally and ethically address the diverse needs of clients.
- Promote economic independence by providing timely and accurate determination of eligibility for economic programs.
- Enhance credibility within our community by completing operations timely with respect and integrity toward those we encounter...each other, those we serve, our partners, and our leaders.

Summary

The managerial staff provides the agency with a safe, well-equipped, and organized working environment.

Operations

The DSS Director and management staff are responsible for: analyzing and reviewing financial data; reporting financial performance; preparing budgets and monitoring expenditures; determining technology needed for operations; leading Abuse/Neglect/Dependency legal operations in the District Court; safety and crisis management; compliance reporting management; public affairs; organizational structure and alignment; personnel management; sourcing, procurement, and supply management; revenue generation processes; defining strategies and strategic planning; and learning management.

Performance Measurements

Goal: *Attract and retain a positively engaged staff sufficient to maintain staff work hour capacity at 98%.*

Capacity usage ratio: Actual hours worked divided by budgeted hours x 100.

Goal: *Establish capability and train excellence to maintain productive work hours at 80% or above.*

Productivity index: $1 - (\text{total indirect hours} / \text{total hours worked} \times 100)$

Goal: *Effectively budget, expend, and maximize revenues to ensure a budget performance ratio of 66%.*

Budget Performance Ratio: Revenues divided by expenses x 100

Service Area: Administrative – Support

Program Objective

The purpose of the Administrative Support Unit (ASU) is to manage ancillary programs and provide administrative support to the operational divisions within Randolph County Department of Social Services (DSS). Support areas include initial public contact for programs, records management, information storage, mail processing and preparation, physical and operational security, and housekeeping. ASU operates from a customer-oriented and service-based perspective incorporating the eight Randolph County DSS Core Values – Focus, Integrity, Teamwork, Confidentiality, Respect, Commitment, Excellence, & Improvement.

Summary

There are several functions included within the Administrative Support Unit. Each provides unique and specialized services to clients and staff at DSS.

Operations

- Receptionists are the “first impression specialists” for Randolph County DSS.
- Records Management: The majority of files are now created and maintained in a digital format. Case support documents received via mail or by reception are scanned. Documents are processed on a daily basis to ensure workers receive them in a timely fashion.
- Call Center: Answering in-bound calls and assist callers with simple questions or transfer them to their worker or a supervisor when applicable.
- Mail Processing and Preparation: Processes and distributes inbound and outgoing mail.
- Security: Ensuring a safe, secure environment for clients and staff. Safety inspections are conducted monthly and safety drills are conducted periodically throughout the year.
- Housekeeping: Responsible for cleaning over 28,000 square feet (offices, public spaces, and parking lots) on a daily basis.
- Other areas of responsibility include information security, civil rights and Title VI compliance, emergency shelter operation management, and training DSS staff in Financial Resource Report/Beneficiary Earning Exchange Reports compliance.

Performance Measurements

Administrative support contributes to the accomplishment of agency goals listed throughout the operational divisions of the agency.

Service Area: Income Maintenance-DMA – Medicaid

Program Objective

The program objective is to provide eligible individuals with the most advantageous and timely medical assistance benefits.

Summary

The Medicaid Units are responsible for taking and processing applications and completing re-certifications for a wide variety of different levels of medical assistance. This service area has 51.65 allocated positions.

Operations

Medicaid is divided into three types of Units. The two Adult Medicaid Units (Adult Medicaid and Long Term Care) assist the elderly, disabled or blind who are living in their own home, nursing home or adult care home. The three Family and Children's Medicaid Units assist low-income families with their medical costs. One Medicaid caseworker is stationed at Randolph Hospital and there are Medicaid Income Maintenance Caseworkers stationed at the Archdale Outstation.

The N.C. Department of Health and Human Services, Division of Medical Assistance, has primary responsibility for establishing procedures in accordance with the state Medicaid plan. The Division develops procedures applicable to federal and state program requirements and provides these policies to counties in the form of various Medicaid manuals, which are available on the DHHS website. Different requirements exist between Adult and Family & Children's Medicaid eligibility, therefore, policy manuals are different, and separate staff members manage the caseload for each program. At unit meetings and through email messages, Supervisors review with the staff the changes from the prior month. Every potential Medicaid applicant has a choice of either completing an application on-site or taking an application to mail or drop off at the front desk later. Online application options are also available.

Adult Medicaid and Long Term Care

DSS administers the Adult Medicaid program with two Supervisors and twelve IMCs, with one of those IMCs stationed at the Archdale Outstation. The Long Term Care Unit handles Nursing Home Care and the Community Alternatives Program. Caseworkers will see walk in clients to complete applications, processes applications, and complete re-certifications.

The Universal Intake Unit sees walk in clients that wish to apply for Private Living Adult Medicaid for individuals or couples that still live in their homes. Experienced IMCs are responsible for making the determination regarding eligibility. The Supervisor, however, does a second-party review for all long-term care applications. These are the individuals residing in a nursing home or rest home. Errors by caseworkers are generally caught before processing; however, if it is discovered that a client received benefits he shouldn't have, benefits can be ceased at any time. If the client received benefits due to fraud on his part, the client is responsible for repaying the money.

Supervisors and Trainers train new caseworkers and conduct second-party reviews. New caseworkers are trained to key client information into the (North Carolina Families Accessing Services through Technology) NC FAST System at application.

When a potential Adult Medicaid client enters the DSS office, the Receptionist enters their information in the NC FAST Reception Software. The next person to receive the client is either a Universal Intake Unit IMC or an intake staff member from the Long Term Care Unit. These staff members will greet the client and bring the client to their office for the intake interview. It is the IMC's responsibility to evaluate every client for any program for which the client **may** be eligible. Therefore s/he will make proper referrals if needed. If the client wants to apply for Medicaid, the IMC completes a guided interview application in NC FAST. The IMC records all client reserve and income. Liabilities are not listed except for unpaid medical bills. The client is informed of their rights and responsibilities, must sign the application, various consent forms, and a warning about fraud.

Verification is not required if the reserve is below the threshold established by NC Division of Medical Assistance. Randolph County has a policy to verify all reserve and income for everyone. Clients are required to sign information consent forms. The information verified includes bank account balances, life insurance policies, previous employers' retirement plans, real estate holdings and rental income (if out of county, DSS contacts other county DSS offices for verification), and ESC employee records by social security number. DSS also receives records from the IRS that are tied to social security numbers. These records give all bank account, savings bonds, and stock holding information for the past two years. On the day the application is signed, the IMC gives the client a form indicating what information is needed. The client has thirteen days to return the information. If it is not received in thirteen days, the IMC sends out a second request. If the information is not received in the appropriate time period, the application is denied.

Notification of eligibility must be communicated to the client within 90 days of initial application if the client is under 65 and applying for Medicaid for the disabled, and in 45 days if the client is 65 or older or a Medicare Qualified recipient. Once a client is certified as a recipient, s/he will receive a Medicaid card each year as s/he remains eligible for the program, to be presented whenever he visits a doctor or hospital. (Medicare B and E recipients do not receive a card.) The health care provider claims the service to the state for payment. The Division of Medical Assistance reimburses doctors, hospitals and other health care providers for allowable services to eligible participants. The County has its portion drafted from the bank monthly. If the client moves and doesn't report the change of address to DSS, the card will not be forwarded to a new address. It is returned to DSS.

All Medicaid recipients must have their eligibility status redetermined every six to twelve months, depending on the type of benefit that they are receiving. Long-term care recipients must have their eligibility redetermined every six months. The majority of private living clients have their eligibility redetermined every twelve months. Eligibility workers make every attempt to use records available to the agency to determine continued eligibility. The Medicaid Qualified Beneficiaries report is sent to the supervisors in November or December. This report lists current recipients and which ones are approaching re-enrollment in December.

Reports (updated daily) are available in NC FAST to show applications and recertifications due for each IMC.

Family & Children Medicaid

DSS administers the Family & Children's Medicaid program with three Supervisors and twenty-three IMCs with two of those IMCs stationed at the Archdale outstation. Family & Children's Medicaid cases are subject to Quality Control review by state and federal control analysts. Additionally, the state completes a quarterly monitoring of cases to determine if compliance is met.

Once a client is certified as a recipient, s/he will receive a Medicaid card to be presented whenever he visits a doctor or hospital. The health care provider claims the service to the state for payment. The Division of Medical Assistance reimburses doctors, hospitals and other health care providers for allowable services to eligible participants. The County has its portion drafted from the bank monthly.

New IMCs undergo training for at least six weeks and begin to do certain aspects of the job of an IMC during that time. For the first three months of training, the IMC reads manuals pertaining to the program. Online training is completed for the NC FAST program. During the first three months, after the initial training, the new worker spends time completing the redetermination of cases, reacting to changes in cases, etc. Generally it takes a year or more to complete training, but it is entirely dependent on the progress of the individual employee.

New workers have their work reviewed and approved for a period of at least six months and up to a year. IMCs complete the eligibility procedures and key information into the NC FAST system. Experienced IMCs are responsible for making the determination regarding eligibility; however, the Medicaid trainer does a second-party review for application withdrawals/denials. If it is discovered that a client received benefits he shouldn't have, benefits can be ceased at any time. If the client received benefits due to fraud on his part, the client is responsible for repaying the money.

NC FAST reports are updated daily with pending applications and recertifications listed for each worker.

In October 1998 the North Carolina Health Choice (NCHC) program was implemented. This is a program created to provide health coverage for uninsured low-income children from birth through age eighteen. (NCHC is not a Medicaid program.) In order to qualify for NCHC, the child must be ineligible for full Medicaid benefits under any category and not be covered by comprehensive health insurance. The maximum income limits for NCHC is 200% of the federal poverty level. If the income exceeds 150% of the poverty level, the family must pay a \$50 enrollment fee for each child (not to exceed \$100 for each family). There is no reserve requirement. The enrollment period is twelve months.

To assist with instilling public confidence, a Fraud Hotline (336-683-8198) was established in 2009 for citizens to make fraud reports for investigation. Referrals of potential fraud come from IMCs and citizens who call in about those who are allegedly receiving benefits fraudulently. The County may force reimbursement of Medicaid overpayments through intercepting NC income tax refunds from clients.

Performance Measurements

Goal: *Organize, equip, train, and lead staff in a manner that enables them to accurately process 90% of Medicaid transactions (applications and re-certifications) before the maximum allowed timeframe.*

Percent of applications processed timely

of applications taken
of applications processed
of applications processed timely

Percent of recertifications processed before last day of the certification end date

of re-certifications due
processed before the last day of the certification end date
overdue
terminated

Service Area: Income Maintenance - DSS – Energy Programs and Intake

Program Objective

To streamline the intake process for clients by letting them tell their story one time, to one worker and apply for all applicable benefits at that time.

Summary

The universal intake unit was put in place to align with the state’s vision of the client telling their story only one time to one person. This also reduces the time citizens must wait in the lobby. The universal caseworkers take applications for Food and Nutrition Services, Medicaid Programs, and Energy Programs.

Energy Programs benefits are paid directly to the vendor. They consist of:

- *Crisis Intervention Program (CIP)* provides financial assistance for low-income families who are faced with a heating- or cooling-related crisis.
- The *Low-Income Energy Assistance Program (LIEAP)* is a one-time benefit to assist eligible low-income families with the cost of their heating expense.
- The *Energy Neighbor Program* provides assistance to Duke Progress Energy customers for heating and/or cooling related crises.

Operations

Individuals requesting assistance are given the opportunity to be evaluated on the day they request assistance. The intake staff completes the application and gives them to the appropriate eligibility area for processing. The intake staff completes all Energy Program applications and the approvals are processed and sent to County Finance for payment directly to the vendor.

- Energy Neighbor is funded 100% from monies contributed by Duke Progress Energy customers and employees and from corporate donations. It is used for heating and cooling emergencies. Benefits cannot exceed \$300 per application and \$600 per fiscal year per family. Recipients must be Duke Progress Energy customers.
- Crisis Intervention Program (CIP) – federal funding for heating and cooling, with a cap of \$600 per year per family. This program is on-line.
- The Low-Income Energy Assistance Program (LIEAP) is a federally funded program that provides one-time cash payments to families to help pay their heating bill. Applications are taken for a limited time each year. December 1 – 31 for households containing persons over 60 or receiving services through Division of Adult and Aging Services (DAAS), January 1 – March 31 for all other households.

DSS maintains data for programs including a record of how much money has been paid out. When an individual/family has received the maximum allowed from the Energy Programs, DSS refers them to Christian United Outreach Center, Salvation Army, Charities of Archdale Trinity, etc.

DSS can usually help their clients the same day they request assistance. However, assistance cannot be provided until certain information is verified.

The state does a management evaluation every two years for Food and Nutrition Services Program, Program Integrity and the Energy Assistance Programs.

Performance Measures

Goal: *Organize, equip, train, and lead staff in a manner that enables them to accurately process Energy Assistance Program transactions within 48 hours.*

Percent of applications processed with 48 hours

- # of Crisis applications taken*
- # of LIEAP applications taken*
- # of applications processed timely*
- # of cases read for 2nd party review*
- # of cases found correct in 2nd party review*

Percentage of cases determined correctly by supervisor review

- # cases read for 2nd party review*
- # cases found correct in 2nd party review*

Service Area: Income Maintenance - DSS – Food and Nutrition Services (FNS)

Program Objective

The Food and Nutrition Service Units provide eligible households with timely and accurate food and nutrition benefits.

Summary

The Food and Nutrition Services program, formerly known as food stamps, is designed to promote general welfare and to safeguard the health and well being of low-income households by raising the levels of nutrition among these families. An eligible FNS recipient receives benefits by using an electronic benefit transfer card (EBT Card).

Operations

Actual eligibility is determined by the state computer system (called NCFAST) based on the information keyed into the system. Eligibility requirements, policy and procedures are available in online web based program manuals. Caseworkers are responsible for the total process of determining/re-determining applicant/client eligibility.

A potential food and nutrition services applicant enters the Department of Social Services (DSS) and registers with the receptionist. They are then assigned to an intake staff member and an application is taken. Numerous verifications are required before eligibility can be determined. This is called “processing” the application. This “process” is to verify and/or obtain all pertinent data concerning information such as financial, household composition, residence, employment and monthly obligations. All Applicants must mail or bring in the necessary documentation to the caseworker. Applications must be processed within 4 days of the date of application if deemed emergency and within 25 days if not deemed to be emergency. The system software of NC FAST determines if the household is eligible, and if so, the amount of benefits the household is entitled to receive, called an allotment. The state officially notifies applicants of their eligibility status, approval or denial, with a notice by mail once the application is completed. For approvals, the notice also includes the allotment amount and certification period. For denials, the notice gives the reason for denial.

Several outside agencies such as the Social Security Office, JobLink Center at Randolph Community College, and H&R Block offer their customers an opportunity to apply for FNS benefits by having FNS applications readily available for completion. These applications may be either mailed, faxed, dropped off or hand delivered to DSS for processing.

Some caseworkers are also assigned to primarily manage ongoing caseloads. They handle changes as well as a periodic redetermination of the household’s eligibility, re-verifying all evidence, and assigning a new certification period if they remain eligible.

Performance Measurements

Goal: *Organize, equip, train, and lead staff in a manner that enables them to accurately process 95% of FNS transactions (applications, recertifications, and fraud referrals) before the maximum allowed timeframe.*

Percentage of all applications processed by day 25

of applications taken
processed by day 25

Percentage of emergency applications processed by day 4

of applications taken
of emergency applications taken
processed by day 4

Percent of recertifications processed before last day of the certification end date

of recertifications due
processed before last day of the month

Service Area: Income Maintenance - DSS – Program Integrity

Program Objective

To recover overpayments in a respectful manner. Program Integrity is devoted to ensuring that payments in the income maintenance programs are accurate and that fraud, waste, or program abuse are identified and prevented.

Summary

The Program Integrity staff determines overpayments in the Food and Nutrition Services, Energy Programs, Child Day Care, Medicaid, and Work First Cash Assistance Programs and seeks reimbursement through administrative procedures or legal action.

The program integrity investigators accept referrals from the community, outside agencies, and caseworkers about suspected fraud in DSS programs. The county DSS must determine, based on verified facts, whether fraud may have been committed. A clear distinction must be made between misrepresentation with intent to defraud and misstatements due to the misunderstanding of eligibility requirements or of the responsibility for providing the county DSS with information. The consequences differ between misrepresentation and misunderstanding. After the investigation is complete the investigator will establish claims as deemed appropriate.

Operations

Program Integrity in DSS is under the supervision of an IMS II in the Food and Nutrition Services Area. There are 2 Income Maintenance Investigators (IMI).

Performance Measurements

Goal: Organize, equip, train, and lead staff in a manner that enables them to accurately process 95% of FNS transactions (applications, recertifications, and fraud referrals) before the maximum allowed timeframe.

Percent of fraud referrals processed timely (by the 180th day)

referrals received

referrals processed

Service Area: Income Maintenance (DSS) – Work First Family Assistance (WFFA)

Program Objective

To assist families with job training and support services needed to achieve economic self-sufficiency; to reduce or eliminate families' reliance on public assistance.

Summary

Work First Family Assistance (WFFA) is a comprehensive array of services designed to provide temporary financial assistance, job training, and support services to families. Work First is a time-limited service. The department assists the family in finding other means to support themselves besides reliance on public assistance.

Operations

The Work First Program, originally known as the JOBS Program (also formerly AFDC), began in 1995 with an emphasis on education. The program changed to Work First Family Assistance in 1997 and the emphasis shifted from education to employment. This service area consists of 8 positions.

To qualify for Work First, applicants must have children under the age of 18 in the home, who are either their own, their relatives, or for whom they have court ordered custody or guardianship. They must also meet: income, resource, and citizenship requirements. In addition, there is a work requirement that applies to most able-bodied parents.

Individuals who wish to apply for Work First are interviewed and contacted for an appointment with their worker. At the time of that appointment, they also meet with their Work First Employment Services Social Worker (if they are required to be involved with Employment Services), for the first time. The amount of the monthly check is based on the state poverty income limit and is determined by the family size and income. (Example: the monthly income limit for a family of two is \$472. If eligible, that family could receive a monthly check for a *maximum* of \$236.)

Applicants and recipients of Work First are subject to the substance use screening and testing requirement. (This does not apply to children, non-parent caretakers of children on Work First, or parents who receive Supplemental Security Income (SSI) for themselves.)

A redetermination of eligibility is conducted each year during a face-to-face interview.

Able-bodied parents are required to participate in the Work First Employment Services Program and must be engaged in work or work-related activities for up to 40 hours a week. DSS offers a 2-week job readiness class, which meets every workday, Monday – Friday. The focus of the class is on job search and job retention. Upon completion of this class, most participants are ready for job search or other Employment Service activities.

Employment Services activities include: job search; education (GED classes and vocational training); volunteer work with an agency that is approved by DSS (such as Christian United Outreach Center, Goodwill Industries, Habitat for Humanity, and Hospice); and

employment. The client must maintain documentation of their activities and turn in the documentation at the beginning of the following month to be used in determining whether they are eligible to receive a Work First payment for the month in which they completed the activities.

Supportive services that may be provided to Employment Services clients include: day care assistance, transportation assistance, assistance in purchasing special clothing or tools that are required for employment, and referrals to other community agencies.

Families that are subject to the work requirement are eligible (by federal regulation) to receive up to 60 Work First monthly checks in their lifetime from any DSS in the United States. In North Carolina after a family has received 24 Work First checks during months in which they were engaged in Work First Employment Services activities, the family becomes ineligible to receive a Work First check for a period of 36 months. After that they can continue receiving Work First. Parents who receive Supplemental Security Income (SSI) for themselves are not subject to either of these time limits. Adults, who receive Work First for a child that is not their own, are not subject to these time limits.

When a parent becomes employed, if their income puts the family over the income limit to receive Work First, they can receive a Job Bonus. A Job Bonus is a monthly payment of \$100 for three consecutive months after the Work First case terminates. A client can only receive one Job Bonus during their lifetime.

As part of the Job Retention program, DSS provides transitional services to families whose earnings are less than 200% of the poverty level. This means the family could continue to receive employment services and financial assistance for such items as transportation, uniforms, etc. for up to one year after their Work First check stops.

Emergency Assistance may be provided to any family that is experiencing a short term, non-recurring need that was caused by something outside their control. The family must meet the eligibility requirements for Work First except that their income must be below 200% of the federal poverty level. The most common assistance provided in this area is rent and water bill.

Performance Measurements

Goal: *Organize, equip, train, and lead staff in a manner that enables them to accurately process 93% of Work First transactions (applications and recertifications) 5 days before the maximum allowed timeframe; schedule 50% of WFES participants in activities each month; and achieve a 60% client completion rate in Job Readiness Class.*

Percent of applications processed within 40 days

of applications taken

of applications processed by 40 days

of applications processed by 5 days before the max allowed timeframe

Percent of recertifications processed 5 days before last day of the certification end date

of redeterminations due
of redeterminations processed 5 days before the last day of the certification end date

Percent of WFES participants scheduled for work activity

of adults in WFES
of adults scheduled for work activities

Percentage of participants completing Job Readiness Class

of participants enrolled in Job Readiness Class
of participants completing Job Readiness Class

Service Area: Child Placement and Adult Services – Adoption and Home Finding

Program Objective

The primary purpose of adoption is to help children whose parents are incapable of providing parental care responsibilities to legally become free for adoption through termination of the parent's parental rights, or through a voluntary relinquishment of parental rights by the parents. Home Finding service is the recruitment, training and licensing of temporary family foster homes for children in need of such placement.

Summary

Adoption services include the recruitment and training of appropriate adoptive parents for children who become available for adoption. These children become available for adoption when parental rights are terminated, due to serious abuse or neglect, or when parents voluntarily sign relinquishments placing their children for adoption.

Home Finding is the recruitment, training and licensing of foster and adoptive families. All foster and adoptive parents must complete 30 hours of classroom training. In addition to the classroom training, the licensing process also includes home inspections, reference checks, criminal history checks, background checks for child abuse and neglect, and health examinations of all household members. Foster homes are relicensed every two years and all requirements must be met. Foster parents must complete at least 10 hours of continuing education annually.

Operations

There are three types of adoptions that DSS is involved with:

1. *Agency Adoption* – These children, who are in the custody of DSS, are eligible for adoption either because parental rights have been terminated by a judge's court order or because the birth parent or parents have voluntarily relinquished parental rights. Each child's case is assigned to a social worker. All prospective adoptive parents (agency adoptions only), as well as foster parents, must complete 30 hours of training at DSS.

Cases are reviewed by the Adoption Committee, made up of the Social Work Program Administrator, supervisor, and three social workers. A Guardian ad Litem volunteer and Social Services Director may also be involved. There may be more than one family interested in adopting a particular child. The Committee determines which one, if any, of the families interested in adopting will be recommended for adoption.

DSS provides post-adoptive services at the family's request. The social worker assists the family with securing services needed to support the family (counseling, specialized treatment or therapy, etc.).

2. *Step-parent/Relative Adoption* – DSS does not have custody of these children. The family hires an attorney, who sends an Adoption Petition to the Clerk of Court. The Clerk of Court orders a report from DSS. There is no adoption assistance available for these type of adoptions.

3. *Independent Adoption* – DSS does not have custody of these children. They are usually infants whose mother has specific non-relative individuals identified for adoption. DSS must complete a home study, which goes before the Adoption Committee and to the adoptive parents' attorney. The attorney completes all the paperwork and submits the documents to the Clerk of Court, who then orders a report from DSS.

Often foster children who are free for adoption are adopted by their foster parents. For those who are not, DSS recruits for potential adoptive families. One such method is the NC Kids Program, a state program that publishes information on adoptable children across North Carolina. DSS completes a child specific profile that is submitted to NC Kids.

Children age twelve years or older must give his/her consent for adoption.

Until an adoption is finalized, regular court reviews are held every 6 months. The agency conducts and schedules Permanency Planning Action Team (PPAT) meetings. These meetings are held when a child is placed in the custody of DSS, within 60 days and again within 90 days, and then every six months afterward until the case is closed. The Team monitors each child's progress toward permanency and makes recommendations toward a permanent plan.

A court review of every foster care case is conducted by a district court judge every six months until a petition for adoption is filed, the child is reunited with his family, or custody or guardianship is awarded to another approved caregiver.

To be licensed as foster parents, both spouses must complete the required 30-hour training class. Potential families are assigned a Social Worker for the licensing process. Once the process has been completed the Social Worker submits the license application and recommendation to the state for approval. If approved, families are licensed for a two-year period and must be re-licensed every 2 years. For relicensing, some items, such as fire inspections and medical exams, must be repeated.

Once the family is licensed as a foster home, the Social Worker must conduct a minimum of quarterly visits with the family, and at least twice a year those visits must be in the home with both parents present. Foster parents must complete ten hours of continuing education each year. DSS offers one-hour training sessions monthly. Foster parents are required to complete CPR and medication management training.

Performance measurements:

Goal: *Organize, equip, train, and lead staff in a manner that enables them to accurately process and submit paperwork on 90% of adoptions within 180 days for children placed in a pre-adoptive placement; and register 100% of cases with NC KIDS within 30 days, where recruitment is required*

Percentage of Adoptions paperwork completed/submitted timely (Pre-Adopt Placement)

- # Adoptions due (Pre-Adopt)
- # Adoptions paperwork completed/submitted in 180 days

Percentage of cases registered with NC KIDS (Recruitment Required)

- # Adoptions due (recruitment)
- # Adoptions registered with NC KIDS

Goal: *Organize, equip, train, and lead staff in a manner that enables them to accurately recruit, train and submit completed paperwork to State on 90% of eligible foster/adoptive families within 180 days following completion of Trauma Informed Safety and Permanence: Model Approach to Partnership and Parenting (TIPS/MAPP) classes; complete and submit 95% foster families re-licensure paperwork to State 60 days prior to license expiration; and maintain a retention rate of 90% of current licensed homes.*

Percent of eligible foster/adoptive homes submitted for licensure within 180 days

- # Families due for licensure
- # Families licensure paperwork submitted within 180 days of completion of TIPPS/MAPPS

Percentage of foster homes re-licensure paperwork submitted 60 days prior

- # licensed foster homes due for re-licensure
- # licensed foster homes paperwork to state 60 days prior to expiration

Percent of licensed foster/adoptive homes retained

- # licensed foster/adoptive homes
- # licensed foster/adoptive homes retained

Service Area: Child Placement and Adult Services - Foster Care

Program Objective

To provide temporary substitute care to a child who must be separated from their parent(s), guardian(s), or caretaker(s) due to abuse, neglect, or dependency. A child placed in foster care is in the legal custody of the county Department of Social Service whom is acting as the parent on behalf of the minor child. A child may be placed in the county Department of Social Services custody by way of a court order or voluntary relinquishment of parental rights by the child's parents.

Summary

Children that are considered to be abused, neglected, or dependent are placed in foster care once a petition is filed and the Judge grants the Department of Social Services custody. Children in foster care can be placed with relatives, fictive kin, family foster homes, therapeutic foster homes, group homes, residential placements and/or locked facilities. Case plans are developed with the family identifying issues that need to be corrected for the child to safely return home. All foster care cases are court involved and each case has regular court hearings throughout the life of the case. Permanent plans for children must be court established within one year of the child(ren) entering foster care.

Operations

Most foster care cases come from Child Protective Services (CPS). When CPS files a custody petition and the court grants custody to DSS, that case is assigned to a Social Worker in Foster Care. The child is typically placed in a licensed foster home or may be placed with an approved relative. Children who have significant behavioral issues or special needs and need a higher level of care may be placed in a therapeutic foster home, residential group care, or a locked facility, depending on the level of care needed. Some children, especially teenagers, may go to a regular group home if they are in need of more structure, independent living skills, or if no family foster homes are available. The Social Worker makes immediate contact with the child, parents, and foster parents or caregiver. The Social Worker must make at least monthly face-to-face contact with all children in foster care as well as the parents (unless a cease of reunification efforts has been ordered) and must make home visits to the parents and the foster home. Monthly contact is also made with collaterals (those who might know the situation, such as a teacher, doctor, juvenile court counselor, or Guardian ad Litem volunteer).

If either the father or mother is not in the home or has not been actively involved with the child, DSS must make diligent efforts to locate the absent parent. Absent parents must be given the opportunity to be considered for placement of their children or to assist with making alternate plans for their children. In cases of abandonment, DSS must search for both parents. Even when one or both parents are in prison, DSS is still required to make contact with the parents and consider their wishes when making permanent plans for the children.

A court hearing is required to be held within seven days of DSS's filing of the custody petition. Another hearing must be held within seven days of the first hearing unless all the involved parties waive this hearing. A placement hearing is held within thirty days from the initial hearing if no adjudication hearing has been held by then. Placement hearings are held

every thirty days thereafter until adjudication, unless the parents waive their rights to the placement hearings. An adjudication hearing should be held within sixty days of the child entering DSS custody. Subsequent court reviews are held regularly—at least every six months. On or before the one-year mark, there will be a Permanency Planning Hearing. At this hearing DSS recommends, and the court orders a permanent plan for the child. Permanent plan options are: reunification, guardianship or custody with a relative or court approved caregiver, adoption, and APPLA. The Social Worker prepares and submits a detailed court report to the Court prior to the hearing. The report contains DSS's recommendations regarding treatment and services for the parents and the child.

For the period of time DSS has custody, the social worker provides and arranges community services (substance abuse, mental health, parenting, domestic violence, etc.) for the parents and children. DSS provides regular visitations for parents and children. When the parents make progress in completing the goals of their family services case plan and has demonstrated positive change, DSS requests permission from the Court to allow a trial home placement. If this trial home placement goes well, DSS recommends to the Court that custody be returned to the parents. However, if parents do not make sufficient progress within twelve months, an alternative permanent plan may be recommended for the child. If the plan is adoption, DSS must file termination of parental rights (TPR) petitions to terminate the parent's parental rights. At the TPR if the Court finds grounds and that it is in the child's best interest to terminate the parent's parental rights the child becomes legally free for adoption and the case is transferred to the adoptions unit.

DSS also offers LINKS services to children in foster care who are thirteen and older. These services help to prepare teens for independent living in order to become self-sufficient when they go out on their own. Those still in foster care at eighteen and in school full-time can sign a Contractual Agreement for Continuing Residential Support (CARS) to continue in foster care until they are twenty-one. Otherwise, they leave foster care but are still eligible for LINKS services and may be eligible to receive financial assistance for housing, tuition and books, help with car insurance payments, computers, etc., until they are twenty-one. The youth must be in an educational or job training program and be making sufficient progress in order to receive this assistance. Additionally, if a child that ages out of foster care at eighteen wishes to re-enter DSS placement authority under a CARS agreement they may be allowed to do so under certain conditions.

Randolph County DSS assists other county DSS agencies that have children placed in foster care in Randolph County by completing home studies and monitoring placement of foster children in an approved placement. DSS provides services to Randolph County parents who have children placed in foster care in another county upon the request of the parents or the specified DSS that has custody of the minor children.

Performance Measurements

Goal: *Organize, equip, train, and lead staff in a manner that enables them to accurately establish 80% of permanent plans for foster children 1 month prior to the maximum allowed timeframe.*

Percent of permanent plans for children established 1 month prior than maximum allowed timeframe

of foster children plans due

of plans established in 11 months or less

Service Area: Services - Foster Care

Program Objective

To provide a safe, temporary place for children to live that must be separated from their own parents or caretaker when they are unwilling or unable to provide adequate protection and care and to assist the family in providing services to correct the behaviors that led to out of home placement and ensure the children have a permanent home in the event reunification does not occur.

Summary

Children that are considered to be abused, neglected, or dependent are placed in foster care once a petition is filed and the Judge grants the Department of Social Services custody. Children in foster care can be placed with relatives, fictive kin, family foster homes, therapeutic foster homes, group homes, residential placements and/or locked facilities. Case plans are developed with the family identifying issues that need to be corrected for the child to return home. All foster care cases are court involved and each case has regular court hearings throughout the life of the case. If a child remains in DSS custody for one year, a permanent plan must be established by the court prior to the year mark.

Operations

Most foster care cases come from Child Protective Services (CPS). When CPS files a custody petition and the court grants custody to DSS, that case is assigned to a Social Worker in Foster Care. The child is typically placed in a licensed foster home or may be placed with an approved relative. Children who have significant behavioral issues or special needs and need a higher level of care may be placed in a therapeutic foster home, residential group care, or a locked facility, depending on the level of care needed. Some children, especially teenagers, may go to a regular group home if they are in need of more structure, independent living skills, or if no family foster homes are available. The Social Worker makes immediate contact with the child, parents, and foster parents or caregiver. The Social Worker must make at least monthly face-to-face contact with all children in foster care as well as the parents (unless a cease of reunification efforts has been ordered) and must make home visits to the parents and the foster home. Monthly contact is also made with collaterals (those who might know the situation, such as a teacher, doctor, juvenile court counselor, or Guardian ad Litem volunteer).

If either the father or mother is not in the home or has not been actively involved with the child, DSS must make diligent efforts to locate the absent parent. Absent parents must be given the opportunity to be considered for placement of their children or to assist with making alternate plans for their children. In cases of abandonment, DSS must search for both parents. Even when one or both parents are in prison, DSS is still required to make contact with the parents and consider their wishes when making permanent plans for the children.

A court hearing is required to be held within seven days of DSS's filing of the custody petition. Another hearing must be held within seven days of the first hearing unless all the involved parties waive this hearing. A placement hearing is held within thirty days from the initial hearing if no adjudication hearing has been held by then. Placement hearings are held every thirty days thereafter until adjudication, unless the parents waive their rights to the

placement hearings. An adjudication hearing should be held within sixty days of the child entering DSS custody. Subsequent court reviews are held regularly—at least every six months. On or before the one-year mark, there will be a Permanency Planning Hearing. At this hearing DSS recommends, and the court orders a permanent plan for the child. Permanent plan options are: reunification, guardianship or custody with a relative or court approved caregiver, adoption, and APPLA. The Social Worker prepares and submits a detailed court report to the Court prior to the hearing. The report contains DSS's recommendations regarding treatment and services for the parents and the child.

For the period of time DSS has custody, the Social Worker provides and arranges community services (substance abuse, mental health, parenting, domestic violence, etc.) for the parents and children. DSS provides regular visitations for parents and children. When the parents make progress in completing the goals of their family services case plan and has demonstrated positive change, DSS requests permission from the Court to allow a trial home placement. If this trial home placement goes well, DSS recommends to the Court that custody be returned to the parents. However, if parents do not make sufficient progress within twelve months, an alternative permanent plan may be recommended for the child. If the plan is adoption, DSS must file termination of parental rights (TPR) petitions to terminate the parent's parental rights. At the TPR if the Court finds grounds and that it is in the child's best interest to terminate the parent's parental rights the child becomes legally free for adoption and the case is transferred to the adoptions unit.

DSS also offers LINKS services to children in foster care who are thirteen and older. These services help to prepare teens for independent living in order to become self-sufficient when they go out on their own. Those still in foster care at eighteen and in school full-time can sign a Contractual Agreement for Continuing Residential Support (CARS) to continue in foster care until they are twenty-one. Otherwise, they leave foster care but are still eligible for LINKS services and may be eligible to receive financial assistance for housing, tuition and books, help with car insurance payments, computers, etc., until they are twenty-one. The youth must be in an educational or job training program and be making sufficient progress in order to receive this assistance. Additionally if a child that ages out of foster care at eighteen wishes to re-enter DSS placement authority under a CARS agreement they may be allowed to do so under certain conditions.

Randolph County DSS assists other county DSS agencies that have children placed in foster care in Randolph County by completing home studies and monitoring placement of foster children in an approved placement. DSS provides services to Randolph County parents who have children placed in foster care in another county upon the request of the parents or the specified DSS that has custody of the minor children.

Performance Measurements

Goal: *Organize, equip, train, and lead staff in a manner that enables them to accurately establish 80% of permanent plans for foster children 1 month prior to the maximum allowed timeframe.*

Percent of permanent plans for children established 1 month prior than maximum allowed timeframe

of foster children

of plans established in 11 months or less

of plans due

Service Area: Child Protection and Family Services – Child Protective Services

Program Objective

Protective services are legally mandated, non-voluntary services for families that encompass specialized services for maltreated children (abused, neglected, and/or dependent) and those who are at imminent risk of harm due to the actions of, or lack of protection by, the child's parent or caregiver.

Summary

Child Protective Services, provided by Randolph County DSS, are designed to protect children from further harm and to support and improve parental/caregiver abilities in order to assure a safe and nurturing home for each child. The Department must provide protective services twenty-four hours a day, seven day per week. DSS has a Child Abuse Hot Line, 336-683-8200, to receive reports of abuse, neglect or dependency and uses the 911 system after normal hours.

Operations

DSS receives reports of alleged abuse, neglect, or dependency from individuals in the community. In North Carolina, any person who has cause to suspect that a child is being abused or neglected, or is dependent is required by law to report their concerns to the DSS. If the conditions described in the report meet the legal definition of child abuse, neglect, or dependency and the alleged perpetrator is a parent, guardian, or caretaker by statutory definition, and if the alleged victim is a child under 18 years of age, the DSS where the child resides or is found shall initiate an assessment of all children residing in the home in order to determine if protective services are needed. The provision of services is based solely on the child's immediate or continuing need of protection.

When DSS moves from receiving reports into the assessment of those reports, a standard of fact-finding is carried out. The facts are documented within the parameters of legal definitions of abuse, neglect, or dependency and the level of child well-being. Information is evaluated against risk factors. The task of the assessment is to determine if the child(ren) is/are abused, neglected, or dependent or if the family is in need of services and what level of intervention is necessary to assure safety. Each report is evaluated (screened) to determine the risk to the child and the urgency of the situation. Should a report meet the definition, it is "screened-in" and assigned to a social worker. All reports shall be assessed and assigned promptly in order to ensure that face-to-face contact is initiated within the timeframes mandated by law. Social workers must "initiate" or respond immediately, within 24 hours, or within 72 hours depending on the situations detailed in the referral. Social workers use two types of approach, or tracks, to respond to screened-in reports of child abuse, neglect and dependency. The term "CPS Assessment" refers to all CPS Assessments, regardless of which track is used.

- *Investigative Assessment* track is used in cases where physical abuse, sexual abuse and severe or more high-risk allegations are reported. This approach often requires more immediate and intense involvement to ensure protection of children is achieved.

- *Family Assessment* track is used more often used in cases of alleged neglect and dependency. This approach uses the most family centered practice and works towards engaging families in services that could enable them to better parent their children and focuses on the family's strength, supports and motivation to change.

Social workers are responsible for completing timely, efficient, fact-finding assessments to determine the safety of children. All children in the family must be interviewed. Parents, guardians and caretakers are also interviewed face-to-face regarding the allegations. Further home visits and contacts with family members, community partners and any other individuals connected to the child must be conducted as a part of the assessment. The Department is required to gather sufficient information through interviews, observations and when appropriate, analyze reports, medical records and photographs in order to assess safety and determine the need for ongoing service. Indicators of imminent risk of future harm to the child must be immediately addressed by putting safety plans in place and in some cases using relatives as a means to assist in the protection of children. The Department works to identify and locate resources to support and improve parents, guardians or caretaker's skills in an effort to reduce the risk and impending safety threats. In cases where domestic violence is a risk factor a specified protocol is followed whereby interviews are conducted in a sequence least likely to cause further harm to the alleged victim and children. The maximum allowable timeframe to complete a CPS Assessment and make a case decision is 45 days.

At the conclusion of a CPS Assessment, outcomes can vary from "unsubstantiated" with no services required to "substantiated." If abuse, neglect or dependency are not discovered at the conclusion of an assessment, the case decision shall be unsubstantiated and the case closed. There are various services for cases that are substantiated and these services follow one of two main venues.

- *In-Home Services*: Often, services begin during the assessment phase, but due to the limited timeframe to complete assessments, services must continue to ensure safety of the child(ren). Families in this situation will have their case forwarded to the In-Home Services Unit where social workers work with families to maintain children safely in their own home while parents, guardians or caretakers work through services to lower the risks identified.
- *Foster Care*: In cases where the risk level is too great for children to remain in their home; the department will file a petition to invoke the jurisdiction of the Court for protection of the child and placed them in licensed foster care.

The provision of child protective services involves the responsibility to manage sensitive confidential information. CPS records contain detailed information from reporters, children, photos, graphic documentation and other information collected during the Department's involvement. The Department is bound by stringent confidentiality laws whereby no information shall be released except by order of Court or other conditions established by North Carolina General Statutes.

Performance Measures

Goals: *Organize, equip, train, and lead staff in a manner that enables them to accurately:*

- *Complete Child Protective Services assessments and investigations an average of 1 day before the maximum allowed timeframe.*

Average number of days from date of referral to case decision for assessments and investigations

- # Average number of days to complete an assessment (44 days)
- # Average number of days to complete an investigation (29 days)

- *Initiate all cases forwarded for In-Home services within the first seven days following the case decision.*

Percentage of In-Home Cases initiated by day 7

- # Number of In-Home cases received
- # Number of In-Home cases initiated by day 7

- *Close a minimum of 60% of In-Home Services cases (with no court involvement) within nine months of the case decision.*

Percentage of In-Home cases closed within nine months (no court involvement)

- # Number of In-Home Cases closed (no court involvement)
- # Number of In-Home cases closed within nine months (no court involvement)

Service Area: Services - Family Services

Program Objective

To determine eligibility for childcare assistance and the non-emergency medical transportation program administered by the department and provide services to the agency and clients of the agency through the use of volunteers.

Summary

Family Services staff determines eligibility for working families in need of assistance with paying child care expenses. Depending on funding, childcare assistance may also be available to parents in school or training programs. Family Services staff determines eligibility for medical transportation services and is responsible for transporting foster children to visitation with their parents and monitoring that contact under supervised conditions. There are 10 positions allocated to this service area. The unit also recruits and trains volunteers to provide services to the agency staff and to clients of the agency. Volunteers provide services that enhance the mission of DSS and can be administrative such as making copies and distributing mail to physical in nature such as transportation of children or clients.

Operations

This service area includes one Supervisor, one Social Worker, three Income Maintenance Caseworkers, and five Processing Assistance positions. Services include Childcare, Medicaid Transportation, Work Release, Information and Referral, and Volunteer Services. The Social Worker and Income Maintenance Caseworkers see clients to provide information on services and to help determine what services the clients need and may be eligible to receive.

- *Childcare* – State guidelines dictate eligibility for this service. Applicants must have a need for childcare assistance based on one of the following areas: to support employment, to support education/job training, entrance education and socialization of developmentally delayed children, children receiving Child Protective Services (CPS), or family crisis creating the need for Child Welfare Services (CWS). Eligibility is also determined by income, except for CPS and CWS. Both state and federal money fund this program. The families also pay fees, based on a percentage of their income and family size. Families receiving CPS, CWS, Work First, and those in school without income are not required to pay a fee. Post-high school education is covered for 20 months per parent.

After DSS determines eligibility, they issue a voucher for the parents to take to the childcare facility of their choice. The facility accepts the voucher and sends it back to DSS. DSS then enters this information into the reimbursement system and the County Finance Office sends a monthly check to the facility. DSS can pay only 3-5 star licensed facilities who are enrolled with DSS. Religious-sponsored programs don't have to be licensed by the state, but they must have a letter of compliance from the state.

The facility sends attendance records for these children to DSS every month. The childcare caseload for SYF 2015-2016 averaged 1, 041 children per month. Children can receive this service until they are thirteen, unless they are special needs children (developmentally

disabled, can't be left alone because of seizures, etc.), in which case they may be covered until the age of 18.

DSS recertifies families once a year. Families must report any change that affects their eligibility status.

- *Non-Emergency Medicaid Transportation* – The Family Services Unit determines eligibility and need for Medicaid transportation. Medicaid-eligible clients are certified for one year to receive this service. Trips must be for Medicaid-reimbursable services, such as visits to the doctor, hospital, dentist, pharmacy, chiropractor, or mental health provider. The transportation can be provided by Randolph County Area Transportation System (RCATS), a neighbor or relative, or by the client themselves. The Department contracts with RCATS for transportation. The Department forwards the client's eligibility information to RCATS; then it is the client's responsibility to arrange the transportation. Other modes of transportation may include taxi and ambulance. In addition, the Department may reimburse Medicaid clients who drive themselves to medical appointments. The client remits to DSS a mileage form per trip, with a doctor's statement or some other form of verification attached to it. DSS authorizes the County Finance Office to issue a monthly check to the transportation provider.
- *Work Release* – The NC Department of Corrections sends a notice to DSS when a prisoner who has dependent children in Randolph County is put on work release. A Social Worker meets with the children's care provider to see if that individual is interested in receiving financial support. DSS notifies DOC of the amount of money to be sent to the care provider.
- *Volunteer Services* - Volunteers may be used to transport Medicaid clients to medical appointments. Volunteers may also transport foster children. These trips may be for parental visits, therapy sessions, doctor visits, or mental health visits. Some foster care trips must be made after hours, on weekends, and on holidays. For purposes of volunteer transportation statistics, foster parents are considered volunteers. Volunteers may also be used in other areas of the agency such as the mail room.

Performance Measures

Goal: *Organize, equip, train, and lead staff in a manner that enables them to accurately complete child care subsidy applications 10 days prior to the maximum allowed timeframe and all recertification's completed on or before the maximum allowed timeframe and use 99.5% of annually allocated funds for eligible children.*

Percent of childcare subsidy applications completed in 20 days.

of childcare subsidy applications taken
of childcare applications completed in 20 days

Percent of childcare subsidy recertification's completed on or before the maximum allowed timeframe.

of childcare re-certifications due
of childcare re-certifications processed on or before the last day of the certification end date

Percent of annual allocated funds used for eligible children.

\$ Target dollars
\$ Actual Spent

Goal: *Organize, equip, train, and lead staff in a manner that enables them to accurately process 95% of Non-Emergency Medical Transportation applications and complete 100% of recertification's no later than the required completion date.*

Percent of Non-Emergency Medical applications completed 10 days prior than the maximum allowed timeframe

of NEMT applications taken
of NEMT applications processed 10 days prior to the maximum allowed timeframe

Percent of Non-Emergency Medical Transportation recertification completed no later than the maximum allowed timeframe

of NEMT recertifications due
of recertifications processed no later than the maximum allowed timeframe