

Readers' Forum

To The Editor:

As Chief of the North Carolina Division of Social Services' (DSS) Family Support and Child Welfare Section, I value the commitment and efforts of our university and medical partners and sister agencies in the North Carolina Department of Health and Human Services. We all diligently strive to achieve the safety, permanence, and well-being of children and their families. The commentary written by Dr. Adam J. Zolotor, Dr. Desmond K. Runyan, Ms. Brenda Motsinger, and Ms. Catherine Sanford published in the September/October 2005 volume of your Journal, entitled "Building an Effective Maltreatment Surveillance System in North Carolina" had several points that I agree with and support. One of these is that "coordinated efforts and a variety of data sources from multiple sectors" are critical to developing a child maltreatment surveillance system. The North Carolina Division of Social Services supports this endeavor through participation in the Families Accessing Services through Technology (NC FAST) program. When fully implemented, it will provide for efficient, effective assessment; comprehensive case management; and better evaluation information through its comprehensive outcomes data and capacity to ensure accountability across programs. As a result, I agree that this system will "improve the consistency of data collection and allow data to be compared more easily among counties."

The commentary continues to state that "for each report that is accepted to the department of social services for a family or investigative assessment, the family's needs are now assessed using a standardized risk assessment tool," which leads the reader to believe the use of standardized assessment tools is a new development. The Division implemented the use of Structured Decision Making tools in the county Departments of Social Services on April 1, 2002. These tools were adopted to achieve greater consistency among our child welfare staff in providing on-going safety and permanence for children and families. Our use of those tools over almost four years has guided our case decision-making and helped us better achieve the outcomes of safety, permanence, and well-being of children.

The authors are correct that domestic violence is a risk factor for child abuse. Their statement that "...DSS has recently implemented a policy to accept all reports of witnessed domestic



violence for investigation" seems to infer this is new to our system. Our Structured Intake policy guides our intake and screening decisions and became effective June 1, 2003.

We believe that child maltreatment and adult domestic violence often occur together. In September 2004, we established a separate section of our Child Protective Services (CPS) policy manual to provide the specific information and protocol that addresses the intersection of child safety, permanence, and well-being and domestic violence. This policy was developed in collaboration with the state's domestic violence community. It establishes the

primary focus of child protection intervention in cases involving domestic violence as the ongoing assessment of the risk posed to children due to the presence of violence in their families. It, in combination with our Structured Intake policy, establishes that the DSS does not accept all reported cases involving domestic violence. A CPS report in which the *only* allegation is domestic violence does not meet the statutory criteria for child abuse, neglect, and dependency.

This article's statement also leads one to believe that workers make CPS assessment case decisions independently. This is not accurate or supported by policy that has guided CPS practice for many years. Policy clearly states, "the CPS assessment case decision must be a shared decision, including at a minimum, the worker and the workers' supervisor or supervisor's designee or staffing team."

I appreciate the authors' efforts in serving children and their families. Without them, and others like them, North Carolina's children would be much less safe than they are today. I am honored to partner with them in our continued collaborative efforts. Thank you for the opportunity to offer some insight on some of our policy and practice points. I am available to answer questions or further explain our CPS system.

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