

Factors Influencing Family Reunification in Guilford County

A Model Approach for Change in Child Welfare: Phase I



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Division of Social Services

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Southeastern Workforce Strategies, LLC



A Model Approach for Change in Child Welfare (AMAC-CW) was created in partnership with Cumberland County Department of Social Services in Fayetteville, NC, Southeastern Workforce Strategies, LLC and Chapin Hall at the University of Chicago. The replication of AMAC-CW is part of larger child welfare system change initiative supported by local and grant funding through Casey Family Programs and The Duke Endowment.

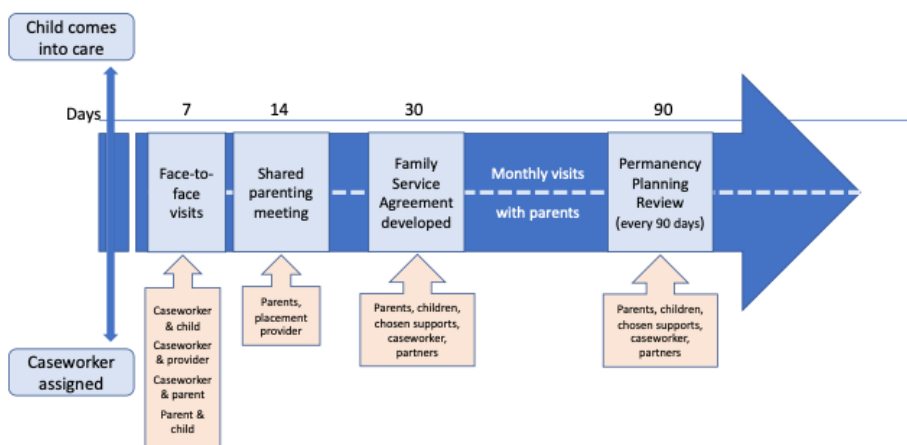
A Model Approach for Change in Child Welfare: Overview

While all states are responsible for meeting federal mandates and complying with policy, there is variation in the delivery of child welfare services across states. The majority of states administer their child welfare programs at the state level.¹ North Carolina is one of only nine states in which child welfare services are administered at the county level, and one of 12 states without a unified, state administered system.² In addition to the differences in administration, there are wide variations in other factors such as per capita spending and the numbers and demographics of children in care.³ It is possible to identify national trends, however: the majority of children enter the child welfare system due to neglect, the majority of children entering foster care are under the age of six, and states across the U.S. struggle to ensure that children entering the system achieve the three primary child welfare goals: safety, permanency, and well-being.⁴

When children must be removed from their home due to safety concerns, the first goal is always reunification with their family of origin. Every state requires that child welfare agencies make “reasonable efforts” to address and ameliorate the safety concerns that caused entry into foster care.⁵ These reasonable efforts can include services such as substance abuse treatment, family therapy, as well as linkages to concrete supports such as housing and food.

North Carolina requires county departments of social service to make reasonable efforts to achieve reunification within 12 months from when a child enters care and to continue with reunification planning until a court determines reunification no longer meets a child’s safety, permanency, and well-being needs.⁶ North Carolina policy dictates timeframes in which social workers assigned to a child’s case must meet with children, parents, and foster care providers, as well as timeframes to develop and review the reunification plan/Family Service Agreement. According to North Carolina Division of Social Services Family Services Manual, “We believe the family is the fundamental resource for the nurturing of children and that children have a right to their own families.”⁷

The following graphic illustrates the timeline according to current policy:⁸



In 2017, the North Carolina General Assembly passed [Rylan's Law](#) to reform the child welfare and social services systems. Preliminary recommendations include the implementation of a statewide practice model and the establishment of seven regional hubs across the state.⁹ If recommendations are successfully implemented, the system could experience a more unified approach and interpretation of policy, as well as increased infrastructure for service delivery. A critical component of success will be the incorporation of learning from counties, as well as the ability to bring multiple perspectives into the approach. The success of child welfare relies not only on those public agencies charged with response and intervention but also on the broader community's commitment to children's safety, well-being, and connection to a permanent home.

A Model Approach for Change in Child Welfare (AMAC-CW) is a hybrid collective impact, systems-change approach designed to target a specific hallmark issue conceptualized and initially implemented by Cumberland County Department of Social Services (CCDSS), Southeastern Workforce Strategies, LLC (SWS), and Chapin Hall at the University of Chicago.

Some problems are simple and require a simple solution: someone who has never made a cake before can do so with a recipe: a simple set of instructions. Some problems are complicated and might require a more extensive and complicated set of instructions. For example, a rocket can be constructed using a standard set of (very complicated) instructions. Problems like child maltreatment, however, are complex and require more than a standard set of instructions to achieve results. Collective impact is based on the understanding that no single entity or policy can single-handedly tackle such deeply entrenched social problems.¹⁰

Because community, family, and organizational factors are unique in each instance of child maltreatment, standard protocols are useful and necessary, but insufficient to ensure that children and youth enter adulthood as healthy and productive citizens. A hybrid collective impact approach allows for the DSS agency to first align internally, using the collective impact framework and principles, before gradually bringing in external partners to work together towards a common goal. In addition to child and family level outcomes, collective impact projects can successfully achieve systems-level impacts, as well. The collective impact approach allows for private sector engagement and partnership with a public system, as well as a robust return on public investment.

In Guilford County, approximately 20% of children and youth entering the child welfare system are successfully reunified with their birth parents, compared to more than 50% of children in other communities.¹¹ In response, Guilford County Department of Health and Human Services, Division of Social Services (GCDSS) has joined the AMAC-CW initiative and learning community created by Cumberland County Department of Social Services, SWS and Chapin Hall to initiate AMAC-CW. Guilford County Division of Social Services will target its AMAC-CW focus on achieving timely and successful reunification for children.

The first phase of this initiative sought to answer the following questions:

1. What does the quantitative data tell us about reunification? What factors increase or decrease the likelihood of reunification?
2. What does the qualitative data tell us about reunification? What can families and social workers tell us about successful and unsuccessful reunifications?
3. What organizational structures and processes promote or inhibit successful reunification?
4. What community factors promote or inhibit successful reunification?
5. What processes can move the organization and community partners towards successfully achieving reunification for more children?

Methodology

SWS employed a number of strategies to investigate the guiding questions.

1. What does the quantitative data tell us about reunification? What factors increase or decrease the likelihood of reunification?

Chapin Hall at the University of Chicago analyzed child welfare data available through the University of North Carolina at Chapel Hill Jordan Institute for Families Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina database. Data analysts examined data to determine entries by race, age and gender over time and reunification by length of stay in care.

2. What does the qualitative data tell us about reunification? What can families and social workers tell us about successful and unsuccessful reunifications? What community factors promote or inhibit successful reunification?

SWS facilitated a series of 29 focus groups with 151 GCDSS staff and four foster youth, conducted 9 telephone interviews with 7 community partners and 2 parents, participated in 9 meetings with 13 core stakeholders, and distributed a community partner survey which garnered 118 responses. Findings were organized by systemic, community, and family factors with potential to influence permanency outcomes. In addition, SWS analyzed community data available through sources such as the U.S. Census Bureau, Housing and Urban Development, Robert Wood Johnson Foundation, and the North Carolina Department of Health and Human Services.

3. What organizational structures and processes promote or inhibit successful reunification?

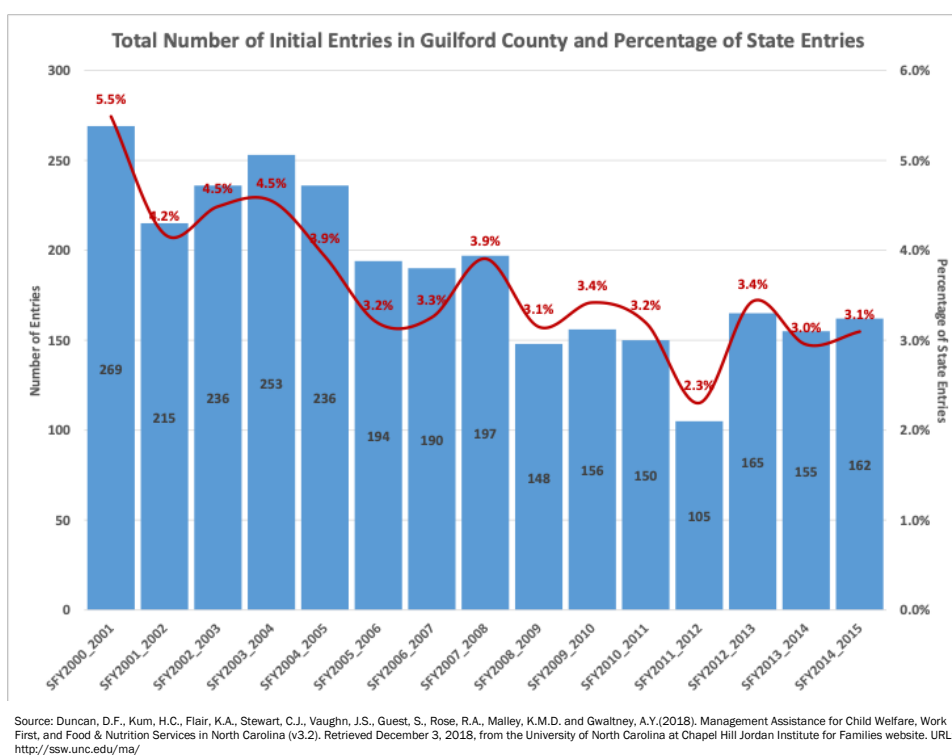
SWS examined organizational documentation, including Children's Services structure, social worker caseloads, and state policies. Focus group findings related to organizational structures and processes were included in the analysis.

Findings

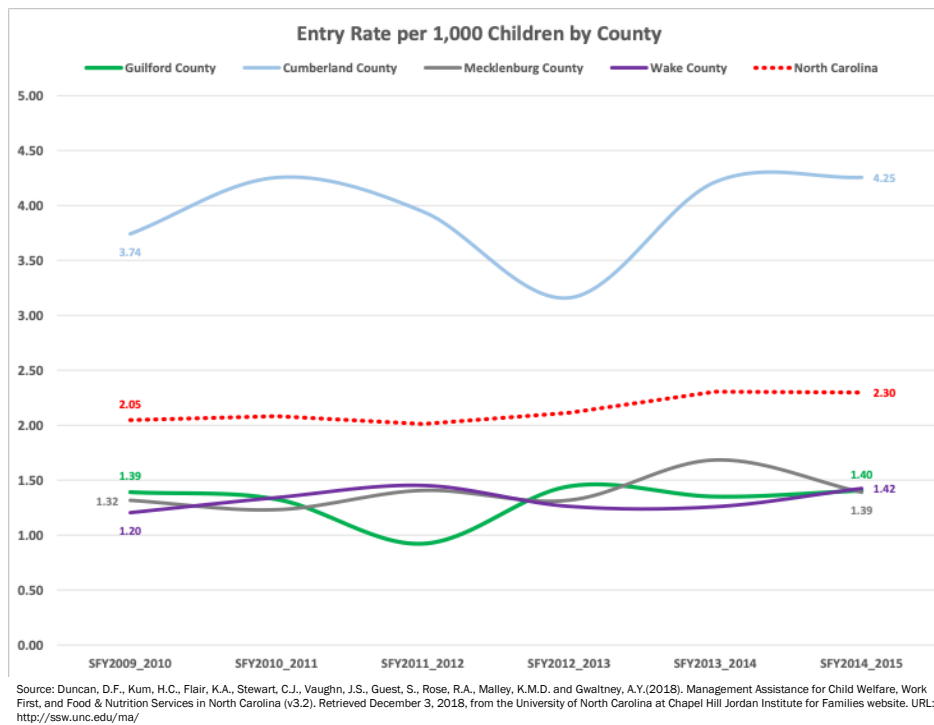
Guilford County, North Carolina is home to 517,197 individuals, the majority of whom live in the greater Greensboro (290,222) or High Point (111,513) areas.¹² Guilford County includes a slightly lower percentage of white, non-Hispanic residents and a higher than average percentage of African American residents when compared to the state.¹³

Administrative Data Analysis

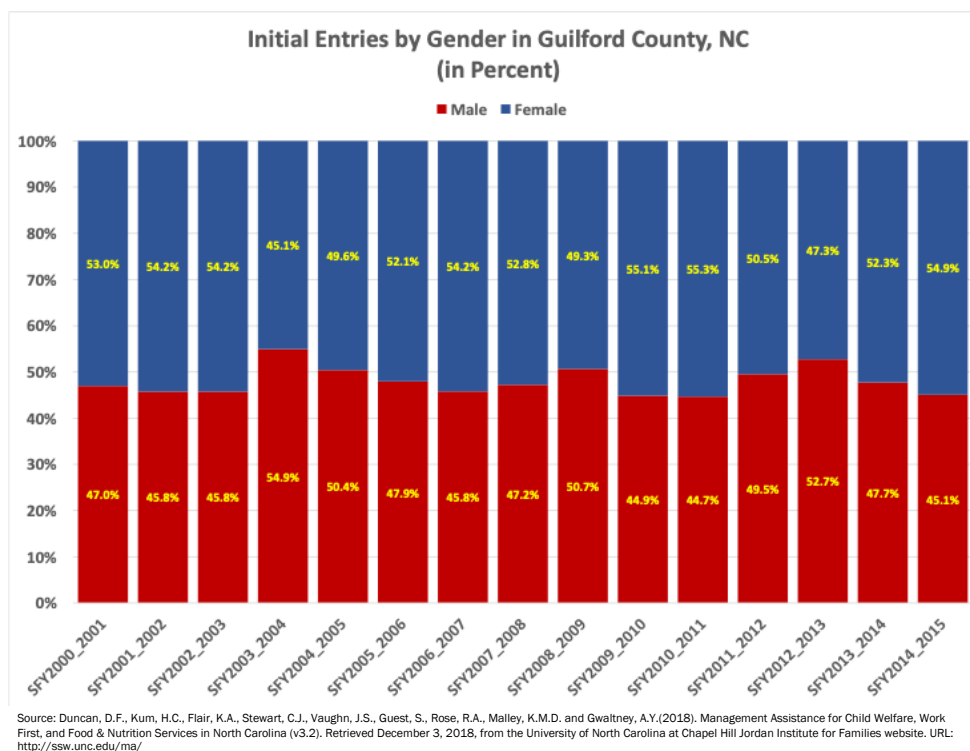
The number of Guilford County children entering into foster care experienced a fairly steady decline since 2000, with slight upticks beginning in 2012. Entries in Guilford County have consistently remained under 5% of the total state entries into care since 2002.



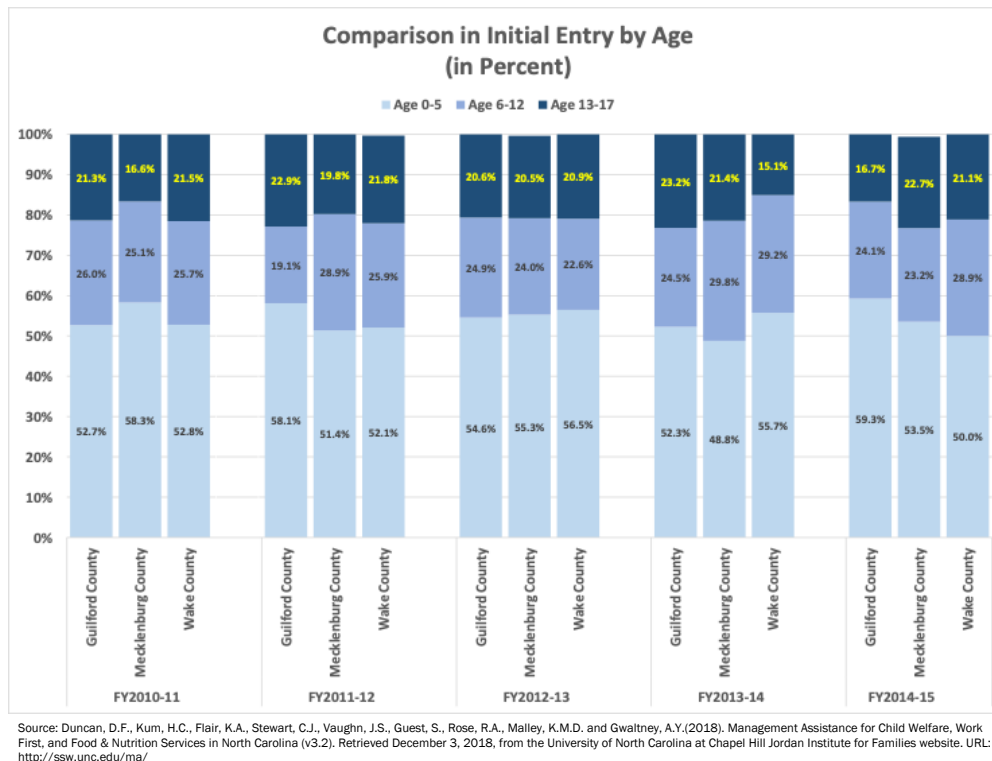
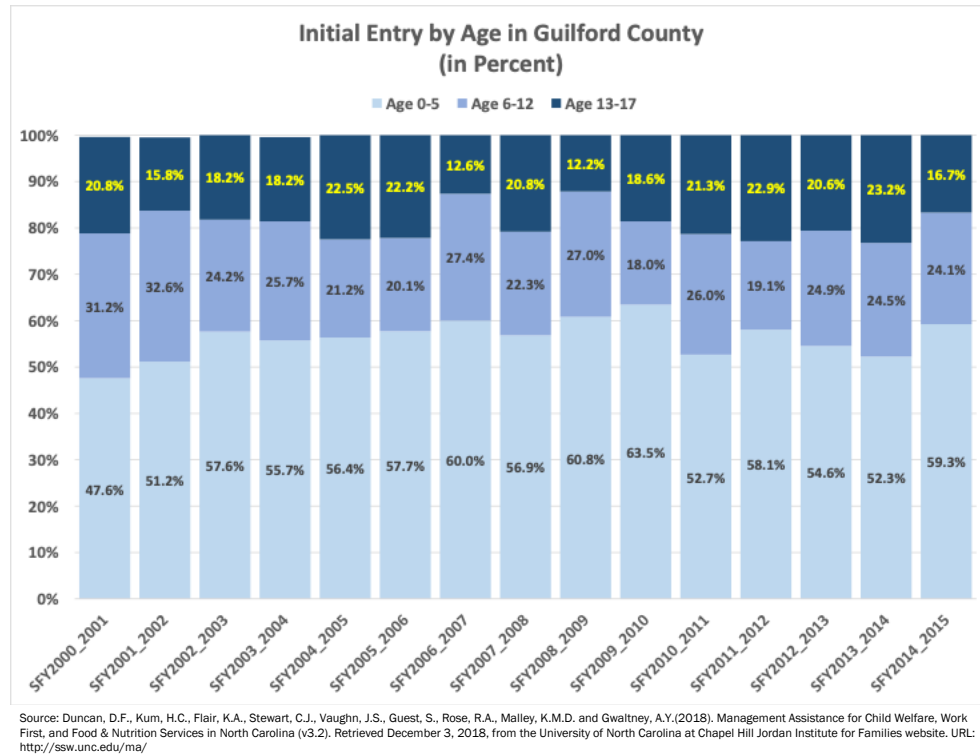
The rate of children entering care (the number of foster care entries per 1,000 children in Guilford County) is comparable to other urban counties and similarly sized judicial districts, and is slightly lower than the state. The Guilford County rate is less than half of the Cumberland County rate.

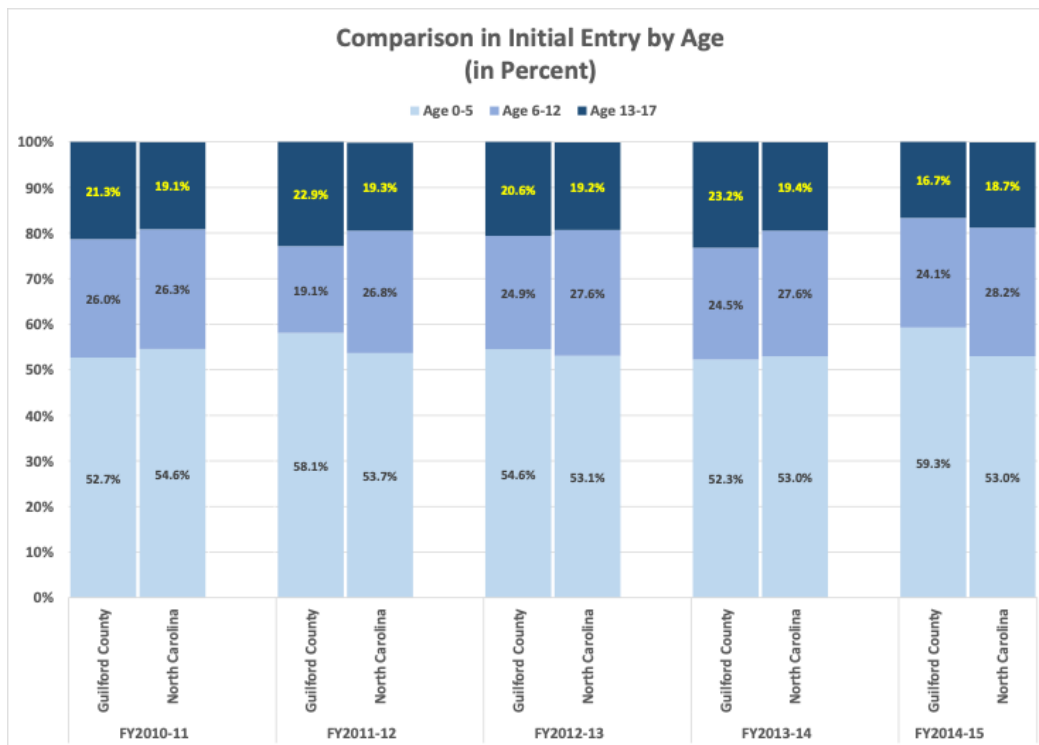


More Guilford County females entered into care than males although the difference is not substantial. The percentage of male children in the county is slightly higher than female children (51% to 49% respectively).¹⁴ It may be worth examining permanence outcomes by gender to determine if there are disproportionate outcomes over time.



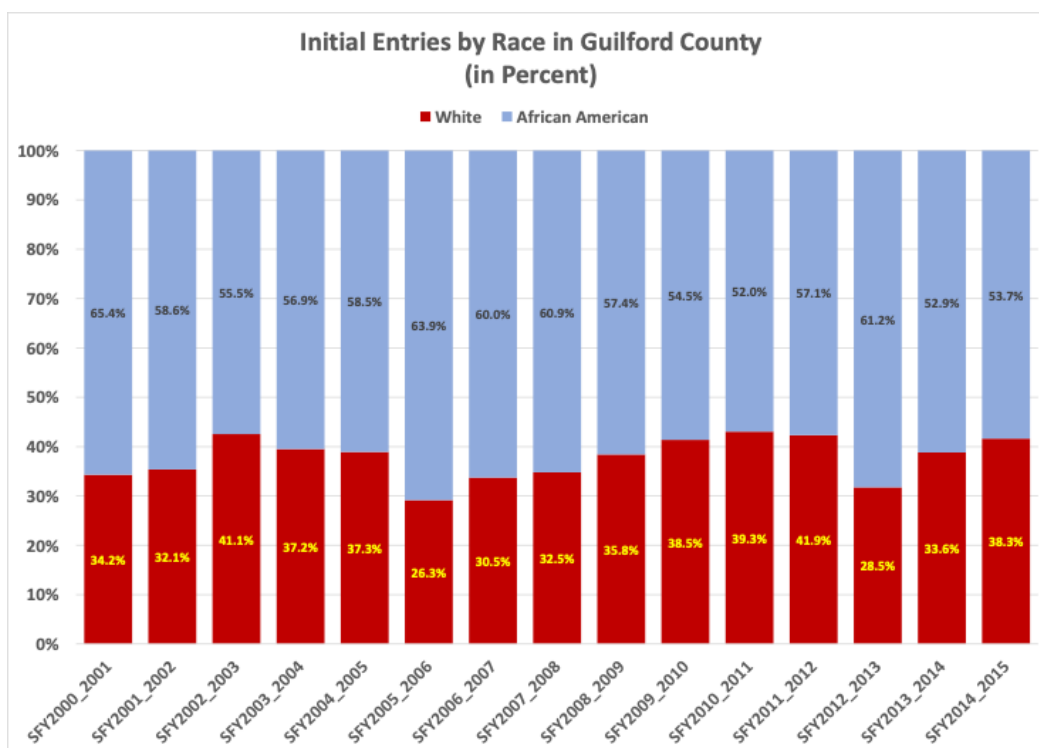
The majority of entries are children under the age of five. Although age at entry has some impact on permanency outcomes, including adoption rates, the Guilford rate is comparable to other large NC counties/judicial districts, as well as the state.



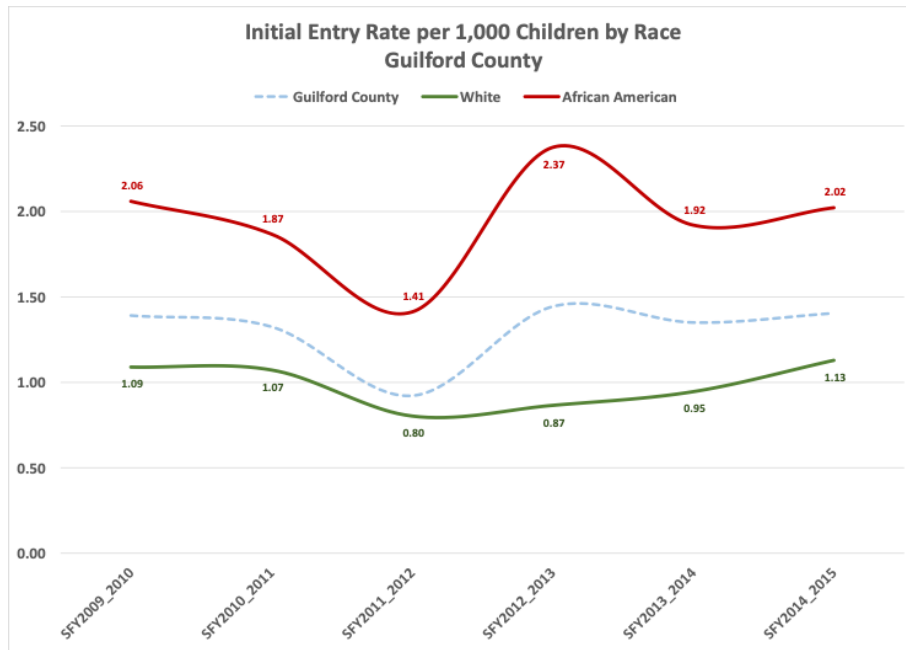


Source: Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved December 3, 2018, from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: <http://ssw.unc.edu/ma/>

The vast majority of children entering into foster care in Guilford County are African American and the rate of entry is disproportionate when compared to white children. This is true across other comparable child welfare and judicial jurisdictions in NC, as well.

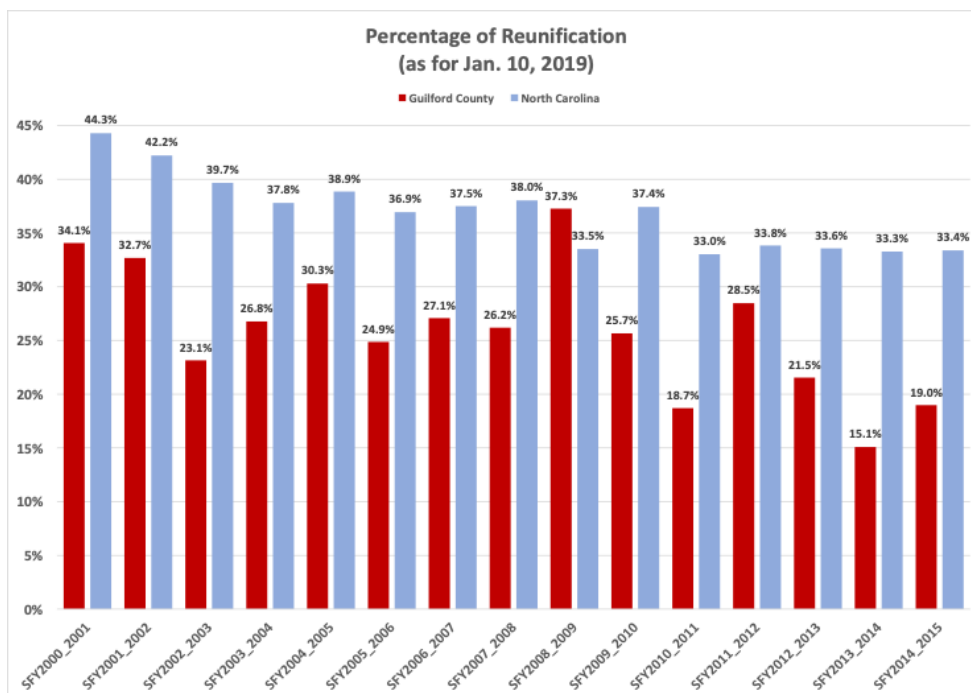


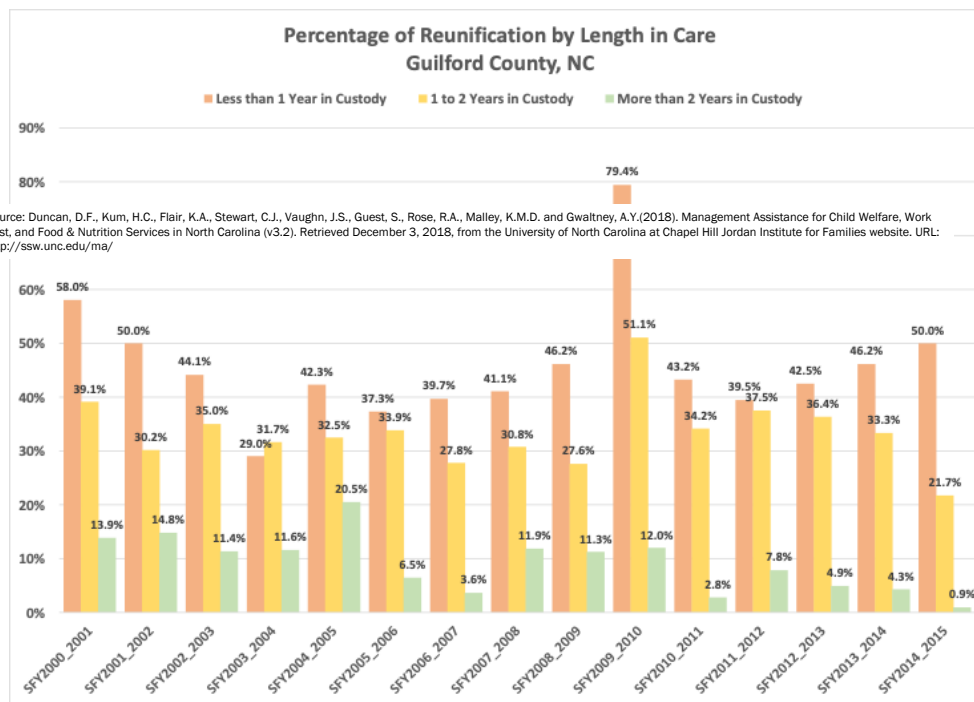
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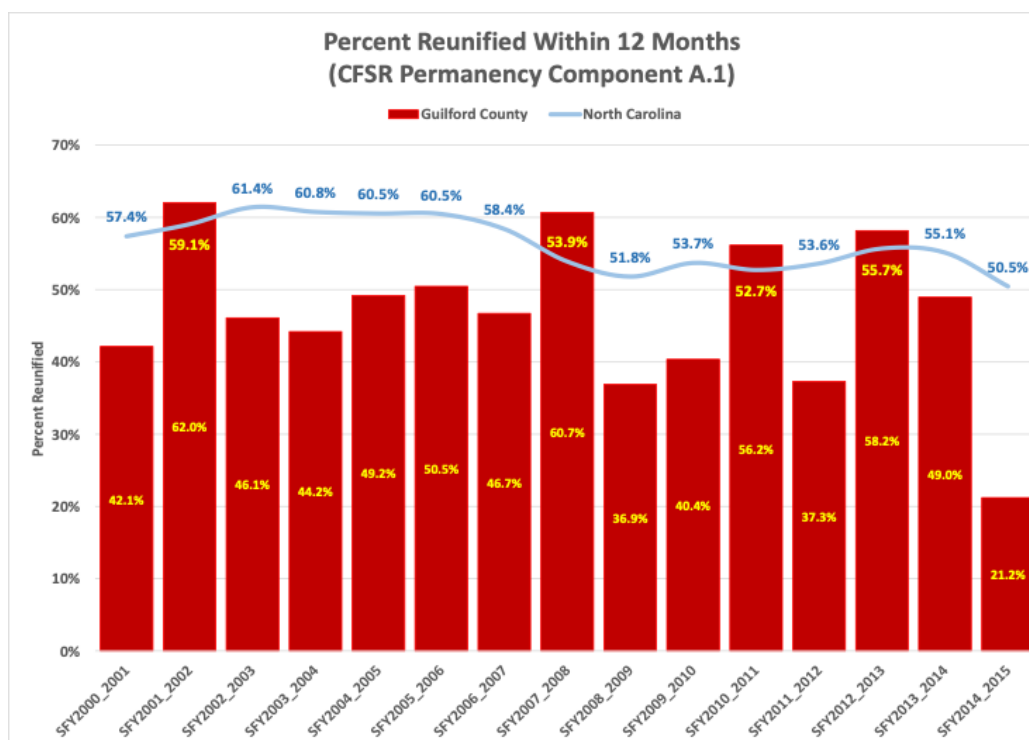
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The percentage of reunification in Guilford County has consistently fallen below that of the state. The longer a Guilford County child remains in foster care, the less likely they are to reunify. In fact, children who reunify after 24 months in care make up less than 10% of all types of exits. The federal Child and Family Services Review (CFSR) includes a permanency component measuring the percent of children reunified within 12 months out of all children who reunify. In Guilford County, that percentage has fallen below the state average for seven of the past 10 years and is lower than other comparable counties/judicial districts.





Source: Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved December 3, 2018, from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: <http://ssw.unc.edu/ma/>



Qualitative Data Analysis

Success in the System: What's Working Well

All sources of qualitative data, including staff, parents, community partners, core stakeholders, and youth, noted successes and positive aspects of the Guilford County child welfare system. The following summary highlights some of the most commonly mentioned aspects.

- The DSS workforce is **hardworking, dedicated, and genuinely cares** about the children and families they serve. Social workers play a critical role in children's lives.
- **Individual teams are a source of support** for workers, where they work together to cover cases and encourage each other. Some participants spoke passionately and emotionally about how the support of their teammates and supervisors was critical to them staying at DSS.
- The agency emphasizes **frontloading services** to prevent the need for children to come into care.
- The **Family Visitation Center** is an important resource where supervised visits, parenting classes, as well as clinical services take place. It is a centralized location for families to receive services, including during evenings and weekends, and is housed outside of the DSS office.
- Utilizing a **family-centered approach** by holding frequent **Child Family Team (CFT) meetings** and encouraging the participation of a **family's support system** in meetings helps to keep parents informed, supported, and motivated.
- Using **facilitators** in meetings helps to ensure all parties, particularly parents, understand what is taking place and have the space to share their views.
- Outside of visitation, **shared parenting** is a powerful tool to keep biological parents engaged in their children's day to day lives while the child is in foster care. It provides the opportunity to stay emotionally connected and to maintain awareness of the child's changing needs, whether they be medical, behavioral, or otherwise. Foster families play a critical and supportive role in a family's life.
- Having a **clinical unit** in house that can provide some of the necessary substance abuse and mental health screenings is helpful in streamlining services for families.
- The **Family Law Facilitator Program** is a new program recently implemented to help with temporary (potentially permanent) custody transfers to other family members or caregivers prior to the removal of a child. It does not require a petition to be filed or for the parent to start a case plan.
- The agency **reacts and adjusts to changing needs** and issues that arise, developing policies and procedures to address them.

Factors Impacting Reunification

In order to understand why Guilford County's reunification rates are so much lower than other jurisdictions, internal and external barriers need to be examined, as well. These barriers can be broadly grouped into the following categories: Systemic Factors, Community Factors, and Family Factors.

Systemic Factors Impacting Reunification

Child Welfare System: Agency Policy and Protocol

When describing agency policy and protocol, staff described confusion, various and inconsistent interpretations and application of policies, as well as a variety of unwritten rules or expectations. Staff and community members consistently highlighted the existence of "Guilfordisms," a term which was broadly defined as agency policy that is inconsistently applied and sometimes perceived as unnecessary. While differences between the High Point and Greensboro offices were noted, differences within teams were also identified. Workers described the ripple effect of inconsistent application and communication of policy, noting that child and family outcomes are impacted as a result. Overall, participant responses suggested a system that experiences frequent policy changes and struggles to provide clear, helpful, and timely communication to frontline workers about those changes. A variation in policy interpretation and application is an issue that has plagued the North Carolina system and is, in part, rooted in the state system for disseminating and communicating policy.

The internal use of data was described as punitive and/or reactive. While data input takes a significant amount of staff time and was described as redundant, the accessibility of data and its use in driving outcomes was described as limited and inconsistent. Data is used at a basic level to track numbers of children in care, caseloads, and basic demographics, staff described limited to no access to additional data. In particular, staff noted no access to current reunification rates. There was consensus among staff and community partners that data is frequently used in reaction to poor or undesirable outcomes (as opposed to proactively to promote desired outcomes), and to incentivize a change in numbers as opposed to a change in outcomes. For example, staff may be rewarded for increasing the number of children exiting care, as opposed to for good social work practice.

A particular challenge cited by both staff and community partners was the defined workday. Following a shift from exempt to non-exempt employment status, workers are now required to take additional steps before extending their workday. Community partners described difficulty accessing a child's social worker, decreased communication, and heightened worker stress. Staff described difficulty completing assignments, meeting court orders, and accessing timely permission to work outside designated hours. It is important to note the focus groups were conducted during the early stages of the policy change, and that the shift from exempt to non-exempt status follows legal guidelines and definitions.

Child Welfare System: Internal Communication

While communication about policy is described as challenging, this appears symptomatic of agency-wide communication in general. In particular, staff describe limited opportunities for communication between frontline staff and agency management. When staff are able to provide feedback or information to internal policymakers, there is a sense that change does not result from input and suggestions for improvement are not incorporated. Agency silos are apparent; there are differences in how staff perceive their own and other teams.

Child Welfare System: Workload

High caseloads were mentioned in every internal focus group and throughout the community partner survey and interviews. Staff feel unable to meet case demands and engage in social work due to paperwork and travel requirements, especially involving out-of-county child placements. Staff noted significantly increased workload due to piloting the state's emerging child welfare case management and data system, NC FAST.

While turnover and shortages in one area or team might be addressed by moving staff from another area or team, staff have difficulty describing an intentional decision-making process guiding those moves. Workers describe the impact of case transitions through many hands, including adverse effect on court testimony, parent faith in the system, partner perceptions of competency, and child permanency outcomes. Many staff perceive that turnover is a result of inadequate training and preparation before workers are expected to handle a full caseload and testify in court, exacerbated by a perception among potential employees that the agency is a difficult place to work.

Staff described being encouraged to engage in self-care by their supervisors and management. Even when emphasized, workers find it difficult to balance self-care with job requirements. Participants noted the resulting implications, including high levels of stress impacting job performance as well as physical health complications. Community partners described the impact of workload and stress on decision-making, clarifying that, in their experience, social workers who have a manageable workload are able to make sound, confident decisions and work more effectively in partnership with families and external agencies, resulting in better child outcomes.

SWS examined caseload data from 2017 and 2018. The highest caseload among Assessments, Foster Care, and Adoption Services workers was consistently far above state standards. In-Home was the only area in which the highest caseload was at or below state standards for several months. Because there are routinely several workers carrying low caseloads (below five), the average caseload might appear in range of the state standard. When the percentage of staff over caseload is examined, it becomes clear that the agency has worked to increase adequate staffing in services where caseload standards are present. (See Appendix A)

Internal data indicates that In-Home staffing reached 100% in 2018 after only meeting 87.5% of the need in 2017. This data appears to indicate an administrative response to understaffing, which would align with staff descriptions of moving staff internally to meet need. Foster Care remains just over 91%, currently the least sufficiently staffed area in Children's Services, which also aligns with staff descriptions of challenges hiring and retaining Foster Care staff.

The staff needed to cover workload for services with caseload standards has increased from 91% in 2017 to 98% in 2018, again indicating an administrative response to staffing concerns. A deeper analysis of turnover data and staffing structure could shed additional light on challenges and opportunities for recruiting and retaining a high-quality workforce.

Child Welfare System: Staff Morale

Internal perceptions of staff morale differ based on position within the agency. These differing perceptions highlight a divide between management and frontline staff. Workers describe limited engagement between frontline staff and management, citing an environment in which workers at different levels of the hierarchy do not interact until there is a performance issue. In contrast, participants at higher levels of the agency described a receptive and responsive management structure.

A few key themes related to morale emerged throughout the focus groups. In addition to the primary issue of workload described above, these included court testimony, teambuilding as a strategy to address morale, and worker safety.

Court testimony: Workers describe inadequate preparation for court testimony, a lack of backup from attorneys and management, and high stakes with limited to no support. It is clear that management understands what is happening within the courtroom but may not understand the direct and significant impact on the individual workers and staff morale.

Teambuilding: The majority of staff described teambuilding opportunities positively. While frontline staff generally appreciated the effort, they noted that teambuilding was not addressing their immediate concerns and stressors.

Worker safety: Staff working directly with families in the community voiced concerns for their own and their co-workers safety. This is an area that appears to suffer from inconsistently applied rules, as some workers described supervisors who encourage them to pair up on visits, while others were penalized or discouraged from doing so. The majority of frontline respondents expressed concern that their own safety and security was not prioritized.

There were striking differences in responses between hierarchical levels. While frontline staff and community partners consistently described low staff morale, employees at

higher levels of the agency described agency morale as predominantly high, while acknowledging some of the same challenges that staff describe (workload, stress, paperwork and data input demands).

Child Welfare System: Social Work Practice

Staff and partners identified some specific areas for growth, including:

- **A need for increased partnership and transparent communication:** several community survey respondents expressed a desire for inclusion and increased communication. Partners stated they have difficulty reaching social workers when they have information to share or are interested in playing a supportive role. When partners are working directly with children and families, there were concerns that necessary information was not always shared to the detriment of the case. Several respondents specifically noted that social worker workload and required work hours were creating barriers to partnership.
- **A need for increased cultural competence:** internal and external participants frequently expressed concern about a lack of cultural competence that impacts social work practice. There is an identified need for improved language resources to assist clients with limited English proficiency, as well as training and policy that take cultural differences into account.
- **A need to decrease the use of inappropriate, inadequate, or “cookie cutter” case plans** (Family Service Agreements): frequently case plans are perceived as inadequately addressing the safety concerns that brought a child into care. At times they may set the bar too high, at times they aren’t adequately tailored to a specific family’s needs, and at times they might be easily completed without increasing a child’s safety.
- **A need for increased preparation and/or training prior to handling a full caseload and testifying in court:** both internal and external respondents expressed significant concern with pre-court preparation. Staff describe a cycle in which workers are unprepared, frightened, and then reprimanded, and even yelled at, by judges. The impact of this cycle on morale cannot be overstated. Turnover appears to be exacerbating this issue as cases move through many workers.
- **A need for a more effective response prior to petition:** concerns were expressed about the many interactions with the child welfare system that a family may have prior to a petition for custody. Some expressed concern that the original findings were not sufficient and/or referrals to services were not made or adequate services were not provided.

Child Welfare System: Internal Resources

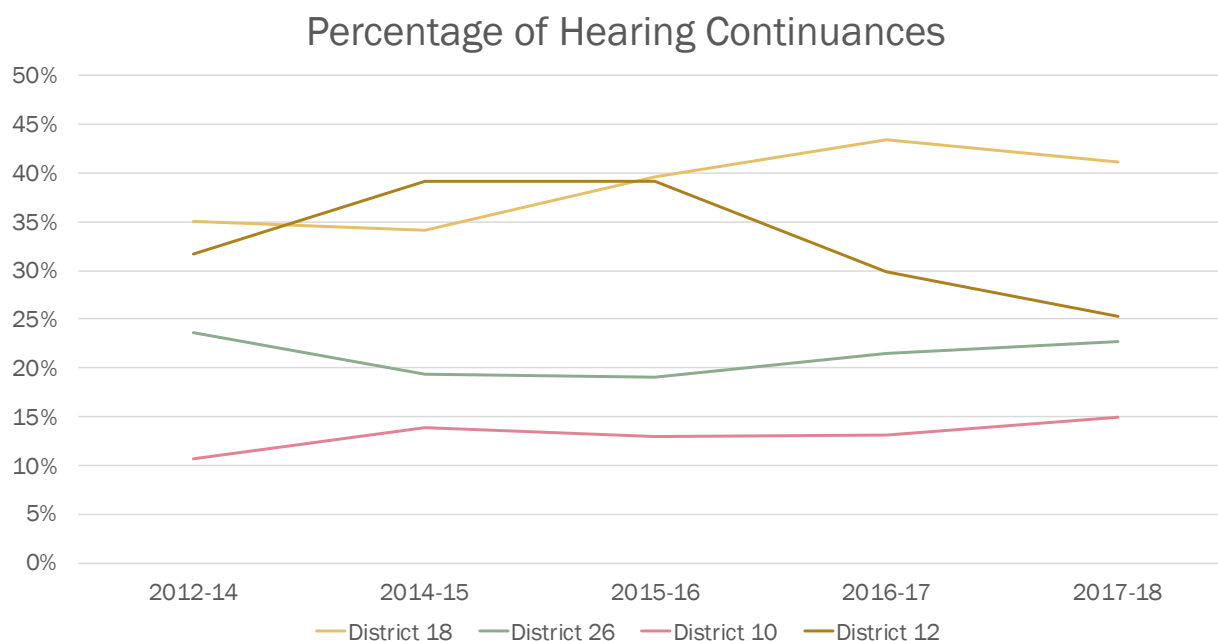
Workers and partners described some specific resources that could support increased family reunification. These included resources to support workers, as well as resources to support families.

Resources for staff: Staff describe lacking the resources necessary to complete their work, including adequate technology, access to NC FAST, increased space and resources for visitation, and even basic supplies like pens and paper. Staff describe difficulty taking the time for beneficial training due to the demands of the job. In addition, staff express a desire for data to be shared more frequently to guide agency practice, as opposed to being used punitively.

Resources for families: The need for post-reunification services was highlighted by staff at every level, as well as by community partners. In addition, staff and partners expressed frustration with the lack of funds available to support families' direct needs. For example, staff described families coming into the system solely due to a lack of resources to meet their basic needs. If DSS could provide some support to help with these needs, children would be less likely to enter into care. Partners describe situations in which children in care did not have access to basic clothing needs, for example, and workers could not access funds to meet those needs. These instances appear to fuel tension between GCDSS and partners.

Justice System: Court Continuances and Delays

Families, community partners, and staff all report that continuances and delays in the court system create a major barrier to family reunification. Data shared by the Guardian ad Litem program supports this finding. The chart below illustrates the significant disparity in Judicial District 18 continuances compared to other similarly sized judicial districts.



Source: Administrative Office of the Courts/Guardian ad Litem Five-Year Continuance Report

Justice System: Guardian ad Litem Program

There is a strained relationship between GCDSS and the Judicial District 18 Guardian ad Litem program. Several issues were highlighted, including:

- **Philosophical and programmatic differences:** while the child welfare system holds reunification as the primary goal, GAL will oppose if they believe it does not support a child's well-being. DSS mandates require that once safety issues in the home are ameliorated, children should be able to reunify with their family of origin. GAL, on the other hand, may still oppose the reunification once safety issues are resolved.
- **GAL practice:** workers and families identify high GAL turnover and a volunteer workforce as contributors to a lack of consistent visits with children and last minute reports.
- **Judicial rulings that consistently align with GAL recommendations as opposed to DSS:** it was reported that a particular cohort of judges are closely aligned with, and have greater trust in, the GAL program. Staff report judicial alignment with GAL recommendations regardless of social worker, clinician, and other expert testimony.
- **Reports that GAL will actively oppose any reunification:** staff gave examples of GAL statements that families have been given enough chances and should not be reunified. Workers are concerned that this preconceived idea leads to a lack of support for reunification no matter the circumstances of the case.
- **A perception that DSS is not sharing pertinent information:** some GAL staff and volunteers report concern that social workers do not always share pertinent information about a case because of the strained relationship. They identify this as an issue that reinforces the divide between the two programs.
- **A lack of shared understanding of roles:** both DSS and GAL representatives expressed confusion about the other's roles and responsibilities.

Justice System: Judicial Rulings

Judges are responsible for ruling on permanency decisions, as well as case decisions throughout the permanency process. The following issues were raised during the qualitative data collection process:

- There is concern that judges may be making permanency decisions based on the child's perceived well-being (or even sometimes comfort) as opposed to safety. This concern was associated with additional perceptions that rulings could align with a sense of what was best for a child from a "middle-class, white American" perspective without attention to cultural differences or the trauma of permanent removal from the family home.
- There were multiple descriptions of social workers being required to provide unnecessary services, such as ensuring a child's participation in extracurricular activities or entertainment events.
- Workers described the court frequently "raising the bar," requiring families to meet additional requirements not related to safety and requiring families to receive services from specified providers, as opposed to family-selected providers.

- Staff and community partners described a requirement for non-resident parents to complete a case plan prior to a custody award, even when that parent has not maltreated the child.

Community Factors Impacting Reunification

Community Factors: Community Services

Nearly all participants mentioned that access to more high-quality community services is needed both for frontloading services to prevent petitions and for parents to successfully complete their case plans towards reunification. The following were issues raised consistently by internal and external participants:

- **Waiting lists:** parents might need to wait two to three months to be seen by a provider, cutting deeply into the reunification timeline.
- **Access:** parents lose their Medicaid benefits when children enter foster care, potentially requiring them to pay for treatment necessary prior to reunification. Some other providers may charge for services, as well, making them out of reach for many families. Services located in difficult to access parts of the community (not on the bus line, for example) or only open during the workday can limit access for parents without transportation or who work during the day.
- **Quality:** participants report an increase in “pop-up” substance abuse treatment programs, in particular, to meet the increased local demand. Culturally and linguistically appropriate services are difficult to access. When parents do not have access to high-quality treatment and effective providers, there is little hope of successfully completing their case plans.

All participants noted the significant community need for high-quality, affordable, and accessible mental health treatment, substance abuse treatment, and parenting classes.

Community Factors: Provider Understanding of DSS Mandate and Commitment to Reunification

Workers describe a lack of community understanding of child welfare, federal and state mandates, and appropriate reports. In addition, workers feel, and community partners reinforce, that some partners are not committed to reunification as the primary goal following entry into foster care. Some partners believe that children are better off removed from their families permanently and do not fully understand the trauma that may result from removal.

Community Factors: Mutual Communication

Both community partners and DSS staff feel that mutual communication is inadequate. Some community partners noted that they could potentially provide needed supports if they are aware a child or family needs them. They expressed difficulty reaching social workers in a timely fashion, as well as a lack of outreach by social workers. Social workers, in turn, expressed difficulty accessing information from providers that could

help them adequately track a parent's progress. The Health Insurance Portability and Accountability Act (HIPAA) and provider privacy policies may create additional hurdles; participants noted a need for a streamlined process to obtain parental consent to share information.

Community Factors: Foster Care Placements

Staff, families, and partners spoke highly of foster care providers, in particular those who engage in shared parenting with families. In fact, it appears as if foster parents are sometimes a parent's greatest support and advocate for reunification. A lack of available Guilford County foster placements, however, results in a substantial number of children housed in out-of-county placements, which in turn creates additional workload for social workers and significant visitation barriers for parents. An additional concern was raised about the assessment process to identify the appropriate placement level for children.

Community Factors: Housing

Multiple staff and partners raised the lack of affordable housing as a significant barrier to reunification. According to the University of North Carolina Greensboro, the city of Greensboro has the highest eviction rate among comparable NC communities and the seventh highest in the nation.¹⁵ While there is a countywide occupancy rate of 89%,¹⁶ public and Section 8 housing is difficult to access. The average resident of Guilford County public housing waited 29 months to access a home¹⁷, while Greensboro Section 8 applications have not been accepted since 2015.¹⁸

Community Factors: Employment/Financial Resources

Unemployment is cited as a challenge facing many families engaged with the child welfare system. Parents may face barriers to employment, such as a criminal record, and it becomes increasingly difficult for parents to maintain employment and successfully complete their case plans, which frequently require multiple appointments, typically during work hours.

In addition, there is a critical need for community resources to provide financial and concrete support in times of need, such as funding to help cover the cost of utilities and rent.

Community Factors: Public Transportation

Many families rely on public transportation to commute to work and attend appointments required by their case plans. While most Greensboro bus routes tend to run almost 19 hours per day, High Point bus routes stop running as early as 5:15 pm on weekdays.¹⁹ While supportive services such as the Employment Transportation Mobility Program exist to help transport residents to and from areas of the county with no bus service, these can be limited in scope, logistically difficult to use, and especially challenging when schedules are inconsistent or unpredictable.

Community Factors: Neighborhood Safety

Many respondents mentioned the safety challenges families and workers face. The Guilford violent crime rate is 419 per 100,000, higher than both North Carolina and the nation²⁰, although it has decreased significantly over time.²¹ Some neighborhoods are at greater risk than others, however. Greensboro Police Department crime data indicates an enormous disparity in crime rate by location, ranging from 54 crimes committed to 364 crimes committed between September and December 2018.²²

Community Factors: Community Perceptions and Beliefs

There is a sense from DSS staff and some community providers that other partners and the community at large may perceive families negatively and unfit to reunify with their children. This sense is reinforced by some of the responses from community partners, indicating a belief that parents have been given enough or too many chances already, that they do not truly want to reunify with their children, and that they are just unwilling to complete their case plans.

Family Factors Impacting Reunification

Staff, families, and partners identified a number of family factors that impact reunification, including social determinants of health, family history, a lack of informal supports, and an inability or unwillingness to complete case plans.

The Centers for Disease Control and Prevention (CDC) describes Social Determinants of Health (SDOH) as the “economic and social conditions that influence the health of people and communities. These conditions are shaped by the amount of money, power, and resources that people have, all of which are influenced by policy choices.”²³ SDOH include economic status, education status, race/ethnicity and other indicators.

Family Factors: Economic Status

Poverty was the most frequently mentioned family factor impacting family reunification. Poverty and economic insecurity are significant barriers to family reunification, as well as influencing the likelihood of entry into the child welfare system. Once a child comes into care, financial barriers may impede a family’s ability to successfully complete their case plan.

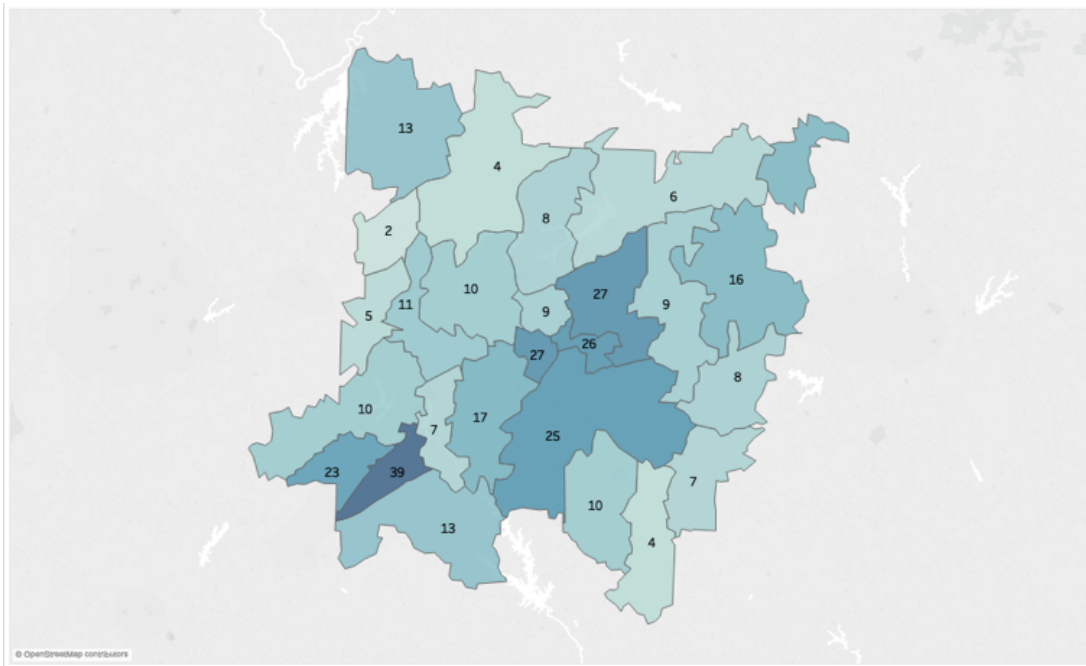
Poverty can impact a family’s ability to nurture their child due to toxic stress and competing priorities, including survival.²⁴ Conversely, parental nurturing can buffer the negative effects of poverty on a child’s development.²⁵

Economic data indicates that 24% of Guilford County children live in poverty.²⁶ Twenty percent of Guilford County families with children live in poverty and certain family structures are at increased risk: for example, a full 56% of families with a single female

head of household and children under the age of five live in poverty.²⁷ While 14% of families qualify for the Supplemental Nutrition Assistance Program, only 2% of families are eligible for cash public assistance.²⁸

Poverty rates differ substantially across Guilford County zip codes. One High Point zip code nearly meets the definition of concentrated poverty: 40% of residents living at or below the poverty level.²⁹

Percent of Guilford Residents at or below the Poverty Level by Zip Code



Source: U.S. Census Bureau (2018). 2013-2017 American Community Survey 5-Year Estimates.
Retrieved from: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Family Factors: Education Status

Participants described the impact of a family's lack of education on their employment, income, ability to navigate services, and other factors influencing their completion of their case plan.

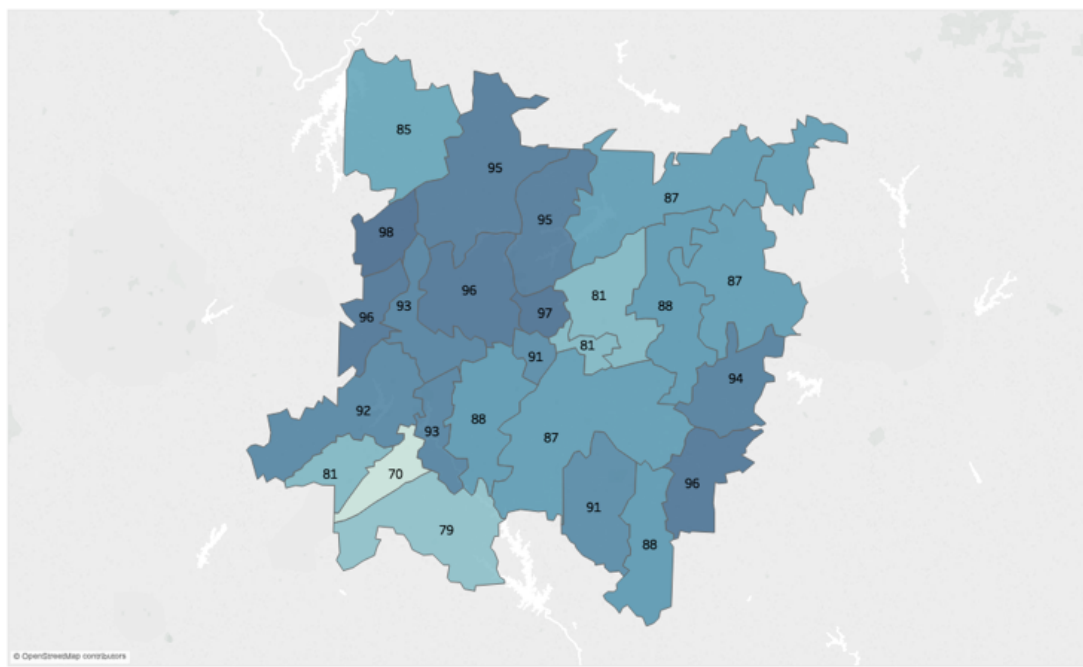
Low education is linked to other risk factors such as teen pregnancy, poverty, unemployment/underemployment, housing insecurity, and more. It can also impact a family's ability to navigate the system, read necessary documents, and other critical requirements for reunification.

While each family's circumstances are unique and individual, data shows a disproportionate impact of suspensions and expulsions on the education status among youth of color. While no children were reported expelled from Guilford County schools during the 2017-2018 school year, a total of 6,932 children experienced short-term

suspensions.³⁰ Seventy-six percent of those children were African American; only 11% were white.³¹

Low education is directly linked to a family's ability to earn. Average income for Guilford County men and women with a high school diploma (and no additional education) is \$30,066 and \$24,363 respectively, while average income for men and women with no high school diploma is \$23,598 and \$15,809 respectively.³² Income potential rises steadily with increased education.³³

Percent of Guilford Residents (25 years and older) with a High School Diploma



Source: U.S. Census Bureau (2018). 2013-2017 American Community Survey 5-Year Estimates.
Retrieved from: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Family Factors: Health

Participants from each category described the health challenges facing families in the system, primarily mental illness and substance use disorder. These are two of the primary reasons families enter the child welfare system across North Carolina and they are issues that require lengthy and sometimes expensive treatment.

Substance use, in particular opioid addiction, is an issue that has long plagued Guilford County. According to Guilford County Solutions to the Opioid Program (GCSTOP), a legislatively funded opioid prevention and treatment initiative³⁴:

- Emergency department visits for medication and drug overdose increased over 1000% in eight years,
- 90% of people with substance use disorder do not receive treatment, and

- 44% of removals to foster care involved parental substance use.

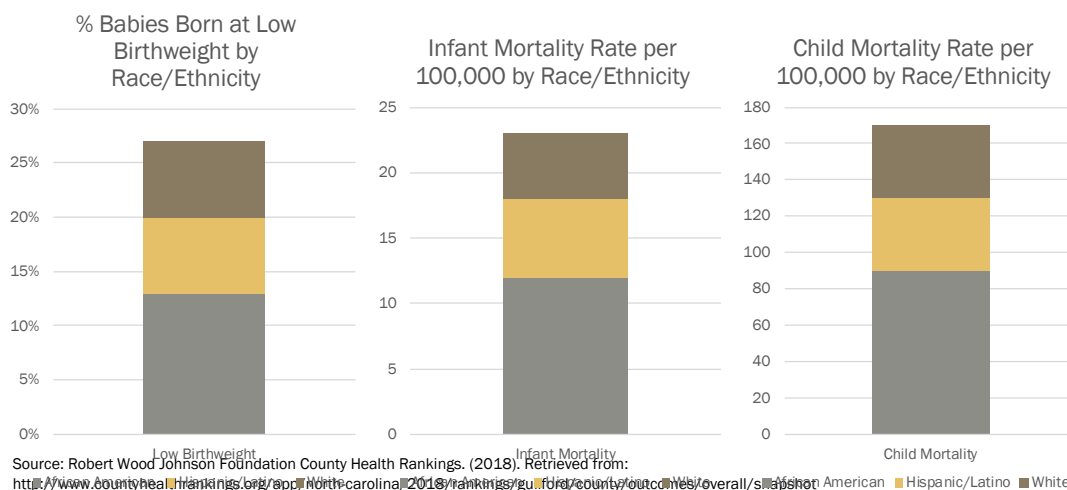
In addition, Guilford County's rate of drug overdose deaths, 14 per 100,000 people, is higher than average.³⁵

Preliminary GCSTOP results are promising, including increased linkages to treatment.³⁶

Food access is another issue of concern in Guilford County, with higher than average percentages of people experiencing food insecurity (19%) and having limited access to food (8%).³⁷

Children with special needs, including physical and behavioral health issues, are at higher risk of entering the child welfare system.³⁸ Sometimes these special needs can cause foster care placements to disrupt and adequate placements may be limited. At times, children's behavioral health is directly related to the impact of removal from the home and the resulting trauma. One focus group participant expressed concern that children may be diagnosed as a result of entry into care and that diagnosis might impact decision makers' perceptions of a parent's ability to care for the child.

Infant and child health is disproportionate. African American residents of Guilford County are more than twice as likely to die in infancy or childhood than white or Hispanic/Latino residents, and almost twice as likely to be born at a low birthweight.³⁹

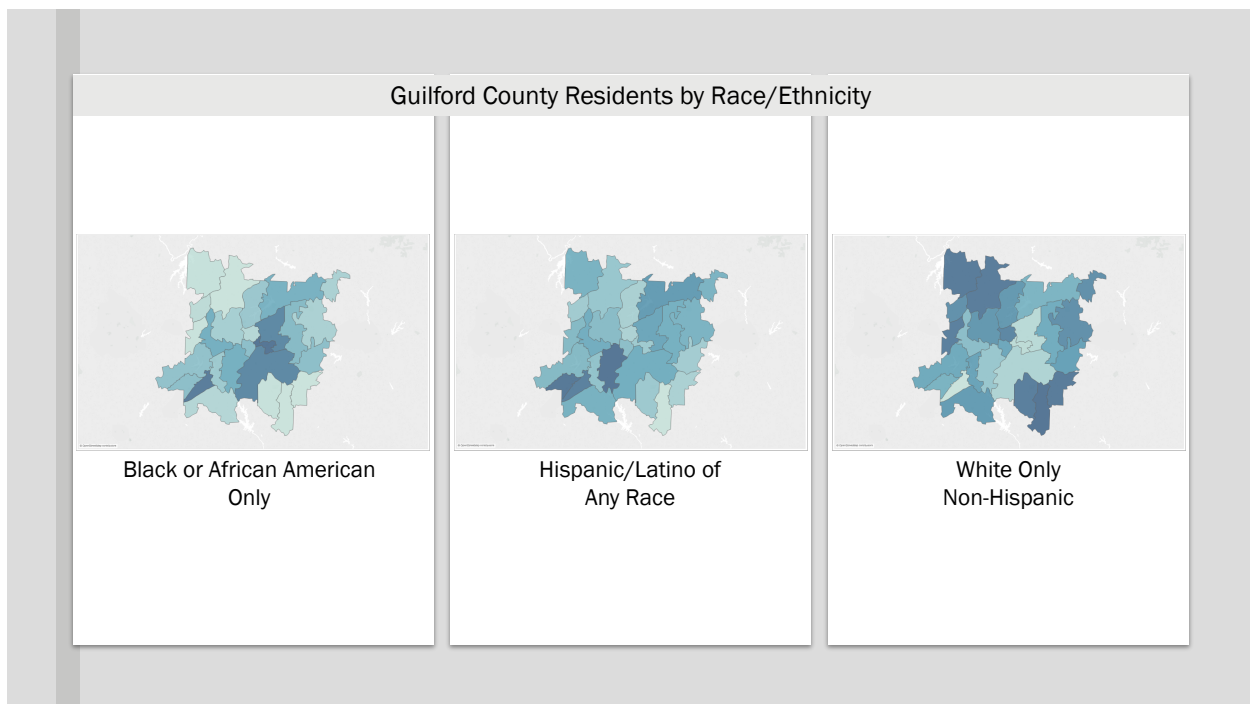


Family Factors: Race and Ethnicity

Multiple respondents shared that clients with limited English proficiency have difficulty accessing services in their home language, creating a significant barrier to completing their case plan.

Other factors, such as poverty, unemployment, and incarceration, impact people of color disproportionately. In addition, systemic and individual bias has direct impact on a family's ability to reunify.

Maps of Guilford County residents by race and ethnicity indicate that people of color are more likely to live in low wealth zip codes and high crime areas.⁴⁰



Source: U.S. Census Bureau (2018). 2013-2017 American Community Survey 5-Year Estimates.
Retrieved from: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Family Factors: Family History

Staff and community partners report that children come into care after a significant history of engagement with the child welfare system, including multiple reports and assessments prior to a petition for custody. Participants also reported generational involvement in the child welfare system, which at times was described as a failure of the system, including North Carolina's Multiple Response System, to adequately address child maltreatment.

Families frequently enter the system with a history of domestic violence, substance use disorder, incarceration or arrest, and mental illness. Multiple participants noted the difficulty of overcoming some of these deeply entrenched family issues.

Family Factors: Informal Support Systems

Staff and partners noted families' limited access to healthy, informal support networks that can provide support through the life of a case.

Many individuals described promising approaches such as 'mentor parent' programs in which families who have successfully navigated the child welfare system provide direct support and assistance to families newly entering the system. Successful models pair families with a mentor parent to provide support, expertise, and assistance with navigating court, case plans, and Child and Family Team meetings, as well as ensuring parents know their children's and their own rights, such as a parent's right to attend a child's medical appointments.

Family Factors: Case Plan Completion

There are a significant number of community respondents who believe that reunification rates are low because parents are unwilling to follow through, they do not believe there will be repercussions if they fail to complete the plan, they are unable to follow through and are therefore unable to provide a safe home, or they successfully complete the plan but not meaningfully (they complete parenting classes, for example, but their parenting style does not change).

Recommendations

SWS recommends that Guilford County DSS take action in three areas: further research and data, internal alignment, and external alignment.

Recommendation 1: Research and Data

1.1: District Court Improvement Collaborative

Guilford County DSS should implement a Judicial District 18 Court Improvement Collaborative. Court improvement is included in North Carolina's Program Improvement Plan submitted in response to the federal Child and Family Services Review. A primary strategy to meet federal standards is the development of local collaborative approaches to address permanency outcomes, with a specific focus on jurisdictions that are not achieving expected outcomes. Major tasks of the Collaborative will include:

- Quarterly meetings facilitated by a neutral party,
- Sharing and reviewing relevant data, including the case file analysis and the indicators included in Guilford County's Permanency Performance Profile,
- Developing Collaborative goals and a timeline to achieve them.

1.2: Case File Review

Guilford County DSS should conduct a case file review to answer the following questions:

- What is the profile of children entering care?
- What is the child's and family's prior history with Child Protective Services/DSS?
- What internal and external factors are present in each case?
- Are there common factors in the cases of children who: a) reunify successfully, b) exit to other permanent placements, and c) remain in care for more than two years?

1.3: Policy and Procedure Analysis

Guilford County DSS should conduct a policy and procedure analysis, to include:

- Reviewing comparative analysis of local and state policy,
- Dissemination and analysis of an internal survey to assess how policies and procedures are applied in practice,

- Tracking of state and federal policies that impact child welfare and the Phase I findings, including but not limited to:
 - *Rylan's Law*: state child welfare reform which will directly affect the functioning of state and county child welfare systems, including regionalization and the selection and implementation of a statewide practice model.
 - *Medicaid transformation*: North Carolina is in the process of privatizing Medicaid into a managed care model. Through transformation, beneficiaries will be covered through a managed care provider for their medical care. Foster children may be part of a single tailored plan or access coverage through regional providers. Over time, behavioral health (currently managed through regional Local Management Entities/Managed Care Organizations: LME/MCOs) will be integrated. Dental is carved out and will remain fee for service, managed by the state Department of Health and Human Services, although it will likely be carved back in over time.
 - *Medicaid expansion*: North Carolina elected not to expand Medicaid coverage following passage of the Affordable Care and Patient Protection Act (ACA). Legislators are currently debating several bills which would expand coverage to individuals between 45% and 138% of the federal poverty level. If legislation passes, more individuals in the coverage gap, including parents, could access health insurance.
 - *Other Medicaid policy*: parents currently lose their Medicaid benefits once a child enters into foster care. Advocates have been working with state leaders to address this issue through administrative and legislative policy.
 - *Family First Prevention Services Act*: Family First Prevention Services Act (FFPSA) is federal child welfare legislation which requires state participation. North Carolina will begin implementation in 2021. Among other systemic changes, FFPSA will increase available funding for front loading preventive services and dis-incentivize the use of congregate care facilities.
 - *Ban the Box*: communities in North Carolina and across the United States have been passing "Ban the Box" policies which eliminate the requirement for job applicants to disclose criminal history. Wake County, Durham, and Charlotte have passed local Ban the Box initiatives. Private industries, including WalMart, Home Depot, and Koch Industries have eliminated this requirement on their employment applications, as well.
 - *Raise the Age*: North Carolina recently passed legislation to raise the age of juvenile jurisdiction from age 16 to age 18. This legislation requires funding for successful implementation. This will directly impact individuals' ability to access education, housing, and employment as adults.

[Recommendation 2: Internal Alignment](#)

[2.1: Internal Review of Phase I Findings and Recommendations](#)

Guilford County DSS should convene an internal meeting to review findings and recommendations, providing an opportunity for staff feedback.

[2.2: A Model Approach for Change in Child Welfare/Phase II](#)

Guilford County DSS should embark on Phase II of A Model Approach for Change in Child Welfare, including working with SWS to establish an AMAC-CW governance structure with an internal Steering Committee. The Steering Committee should:

- Review Phase I findings and recommendations,
- Establish workgroups focused on critical outcomes,
- Ensure the governance structure includes staff ingredients for success,
- Determine opportunities for immediate action.

[Recommendation 3: External Alignment](#)

[3.1: A Model Approach for Change in Child Welfare/Phase II](#)

Guilford County DSS should embark on Phase II of A Model Approach for Change in Child Welfare, including working with SWS to establish an AMAC-CW governance structure with an external Advisory Council. The Advisory Council should:

- Review Phase II findings and recommendations,
- Develop shared goals and vision for participation.

[3.2: Strengthen the Relationship between Guilford County DSS and the Guardian ad Litem Program](#)

Guilford County DSS should convene a series of facilitated discussions with the Guardian ad Litem program. Topics should include:

- Program philosophies
- State and federal mandates
- Program and staff roles and responsibilities
- Social worker best practice
- Shared goals and collaborative opportunities

End Notes

¹ Child Welfare Information Gateway. (2018). State vs. county administration of child welfare services. U.S. Department of Health and Human Services, Washington, D.C.

² Ibid

³ National Conference of State Legislatures. (2010). State Progress Toward Child Welfare Improvement: Findings from Fiscal Years 2007 and 2008 of the Child and Family Service Reviews. National Conference of State Legislatures, Washington, D.C.

⁴ Ibid

⁵ Child Welfare Information Gateway. (2016). Reasonable Efforts to Preserve or Reunify Families and Achieve Permanence for Children. U.S. Department of Health and Human Services, Washington, D.C.

⁶ Center for the Support of Families. (2018). Phase 1 Final Report: Child Welfare Preliminary Reform Plan. Retrieved from: https://files.nc.gov/ncosbm/documents/files/ChildWelfareReform_PreliminaryPlan.pdf

⁷ North Carolina Department of Health and Human Services. (2017). Family Services Manual, Volume 1: Children's Services, 1201 - Child Placement Services/Change #04-2017. Retrieved from: <https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-10/man/1201sl.pdf>

⁸ North Carolina Department of Health and Human Services. North Carolina Child Welfare Manual for Intake, Assessments, In-Home, & Permanency Planning. (Retrieved January 30, 2019 from: <https://nccwta.org/index.php?/Knowledgebase/List/Index/12/policy-manual>

⁹ Center for the Support of Families. (2018). Phase 1 Final Report: Child Welfare Preliminary Reform Plan. Retrieved from: https://files.nc.gov/ncosbm/documents/files/ChildWelfareReform_PreliminaryPlan.pdf

¹⁰ Kania, J. & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*. Retrieved from: https://ssir.org/articles/entry/collective_impact

¹¹ Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y. (2018). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved March 10, 2018 from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: <http://ssw.unc.edu/ma/> .

¹² United States Census Bureau/American FactFinder. (2018). *DP05: ACS Demographic and Housing Estimates. 2013-2017 American Community Survey Five-Year Estimates*. Retrieved from: <https://factfinder.census.gov>

¹³ Ibid

¹⁴ United States Census Bureau/American FactFinder. (2018). *S0101: Age and Sex. 2013-2017 American Community Survey Five-Year Estimates*. Retrieved from: <https://factfinder.census.gov>

¹⁵ Sills, S.J., Sheldon, P. & Hobbs, K. (2018). Greensboro's Eviction Crisis: A research brief from the Center for Housing and Community Studies. University of North Carolina Greensboro.

¹⁶ United States Census Bureau/American FactFinder. (2018). *DP04: Selected Housing Characteristics. 2013-2017 American Community Survey Five-Year Estimates*. Retrieved from: <https://factfinder.census.gov>

¹⁷ Housing and Urban Development Office of Policy Development and Research, Assisted Housing: National and Local, Picture of Subsidized Households. Retrieved from: <https://www.huduser.gov/portal/datasets/assthsg.html>

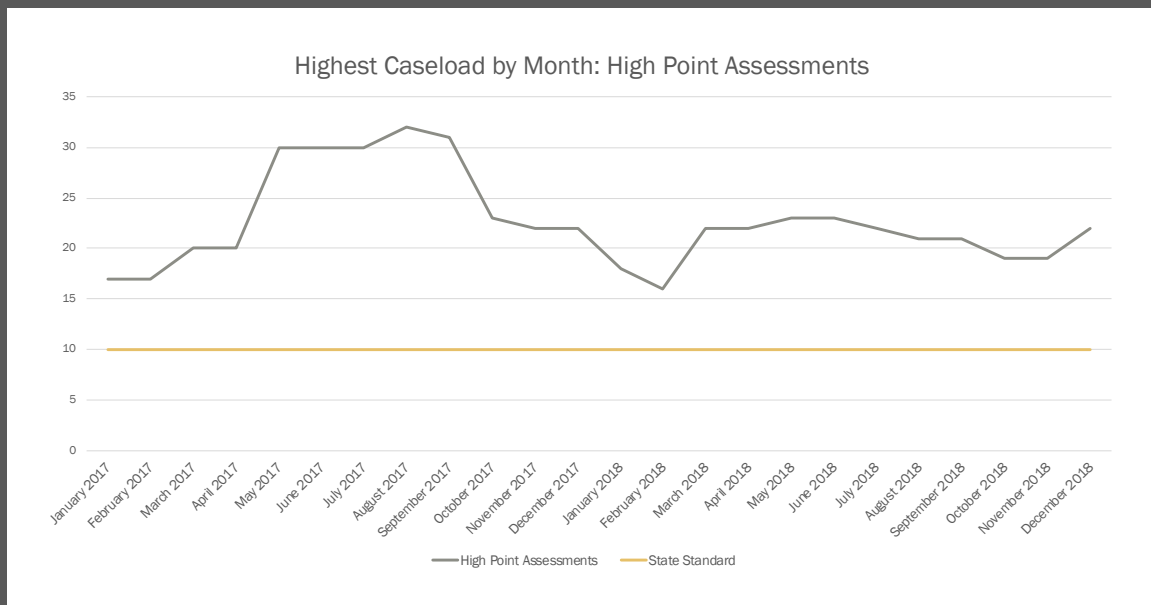
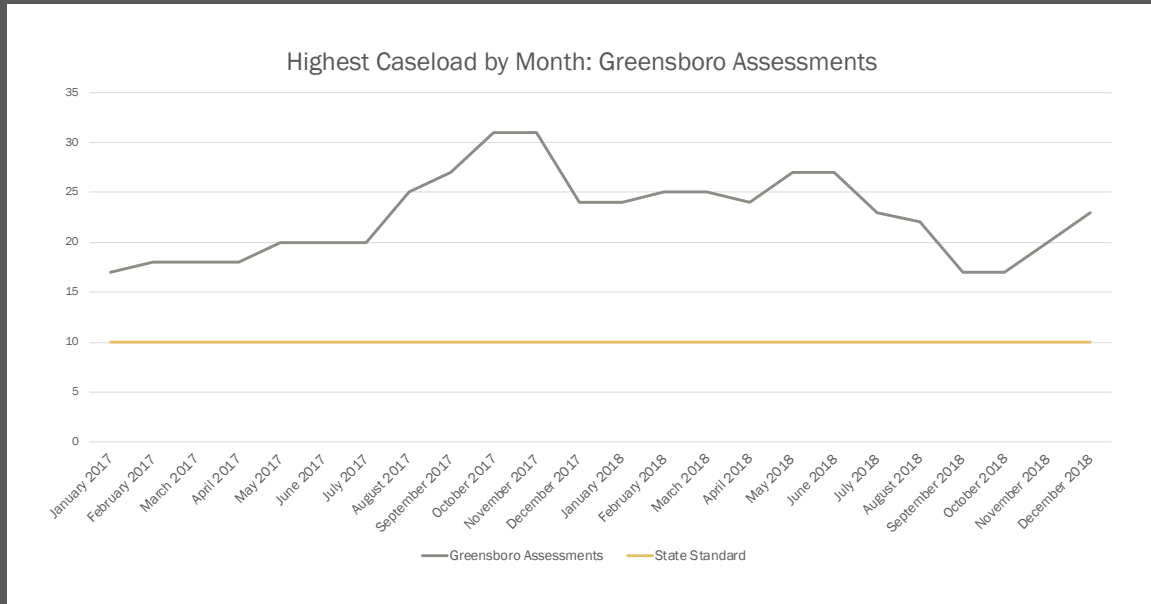
- ¹⁸ Greensboro Housing Authority. Retrieved from: <http://www.gha-nc.org/housing-programs/housing-choice-voucher-program/how-to-apply.aspx>
- ¹⁹ Public Transportation/GTA | Greensboro, NC. (nd). City of Greensboro. Retrieved from: www.greensboro-nc.gov/departments/transportation/gdot-divisions/greensboro-transit-authority-public-transportation-division.
- ²⁰ County Health Rankings: Guilford County. Robert Wood Johnson Foundation. Retrieved from <http://www.countyhealthrankings.org/app/north-carolina/2018/rankings/guilford/county/outcomes/overall/snapshot>
- ²¹ NC State Bureau of Investigation. Crime in North Carolina. Retrieved from: <http://crimereporting.ncsbi.gov/Reports.aspx>
- ²² Greensboro Police Department crime dataset. Retrieved from: <https://www.crimemapping.com>
- ²³ Centers for Disease Control and Prevention [CDC]. NCHHSTP Social Determinants of Health: What are social determinants of health? Retrieved from: <https://www.cdc.gov/nchhstp/socialdeterminants/faq.html#what-are-social-determinants>
- ²⁴ La Placa, V. & Corlyon, J. (2016). Unpacking the Relationship between Parenting and Poverty: Theory, Evidence and Policy. *Social Policy and Society* 15(1), 11–28. doi:10.1017/S1474746415000111.
- ²⁵ Luby, J, et al. (2013). The Effects of Poverty on Childhood Brain Development: The Mediating Effect of Caregiving and Stressful Life Events. *JAMA Pediatr.* 167(12):1135–1142. doi:10.1001/jamapediatrics.2013.3139
- ²⁶ United States Census Bureau/American FactFinder. (2018). *DP03: Selected Economic Characteristics, 2013-2017 American Community Survey Five-Year Estimates*. Retrieved from: <https://factfinder.census.gov>
- ²⁷ Ibid.
- ²⁸ Ibid.
- ²⁹ Shapiro, I. et. al. (2015). Basic Facts on Concentrated Policy. Center on Budget and Policy Priorities. Retrieved from: <https://www.cbpp.org/sites/default/files/atoms/files/11-3-15hous2.pdf>
- ³⁰ North Carolina Department of Public Instruction. (2018). Report to the North Carolina General Assembly: Consolidated Data Report 2017-2018. Retrieved from: <http://www.ncpublicschools.org/docs/research/discipline/reports/consolidated/2017-18/consolidated-report.pdf>
- ³¹ Ibid.
- ³² United States Census Bureau/American FactFinder. (2018). *S2001: Earnings in the Past 12 Months (in 2017 Inflation Adjusted Dollars), 2013-2017 American Community Survey Five-Year Estimates*. Retrieved from: <https://factfinder.census.gov>
- ³³ Ibid.
- ³⁴ Guilford County Solution to the Opioid Problem, Evaluation Outcomes. Retrieved from: <https://gcstop.uncg.edu/evaluation-outcomes/>
- ³⁵ County Health Rankings: Guilford County. Robert Wood Johnson Foundation. Retrieved from <http://www.countyhealthrankings.org/app/north-carolina/2018/rankings/guilford/county/outcomes/overall/snapshot>
- ³⁶ Guilford County Solution to the Opioid Problem, Evaluation Outcomes. Retrieved from: <https://gcstop.uncg.edu/evaluation-outcomes/>
- ³⁷ County Health Rankings: Guilford County. Robert Wood Johnson Foundation. Retrieved from <http://www.countyhealthrankings.org/app/north-carolina/2018/rankings/guilford/county/outcomes/overall/snapshot>

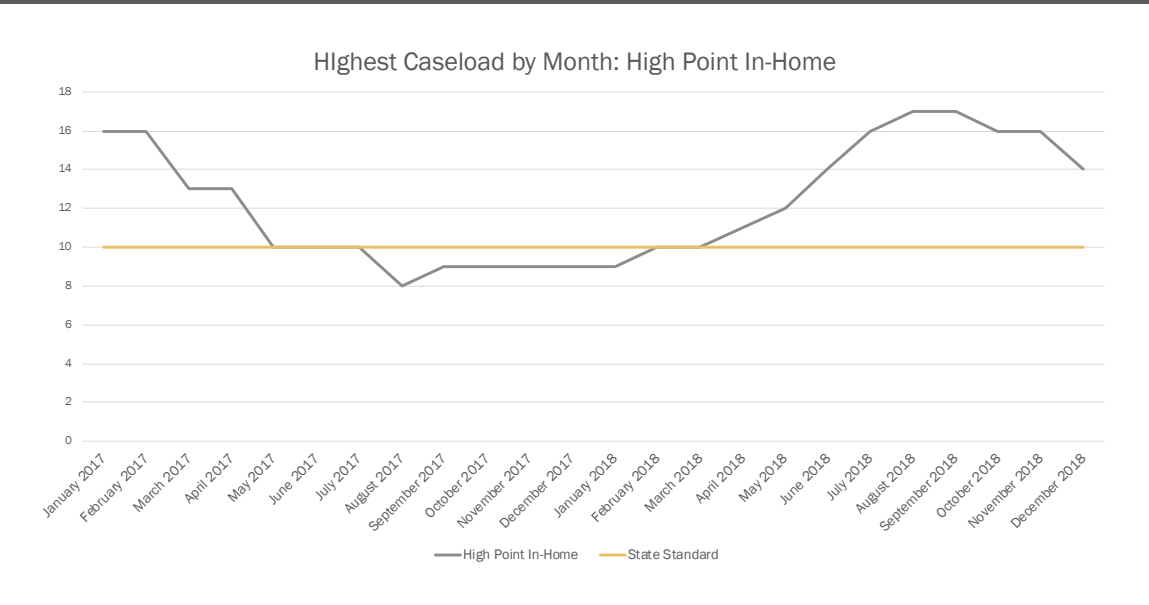
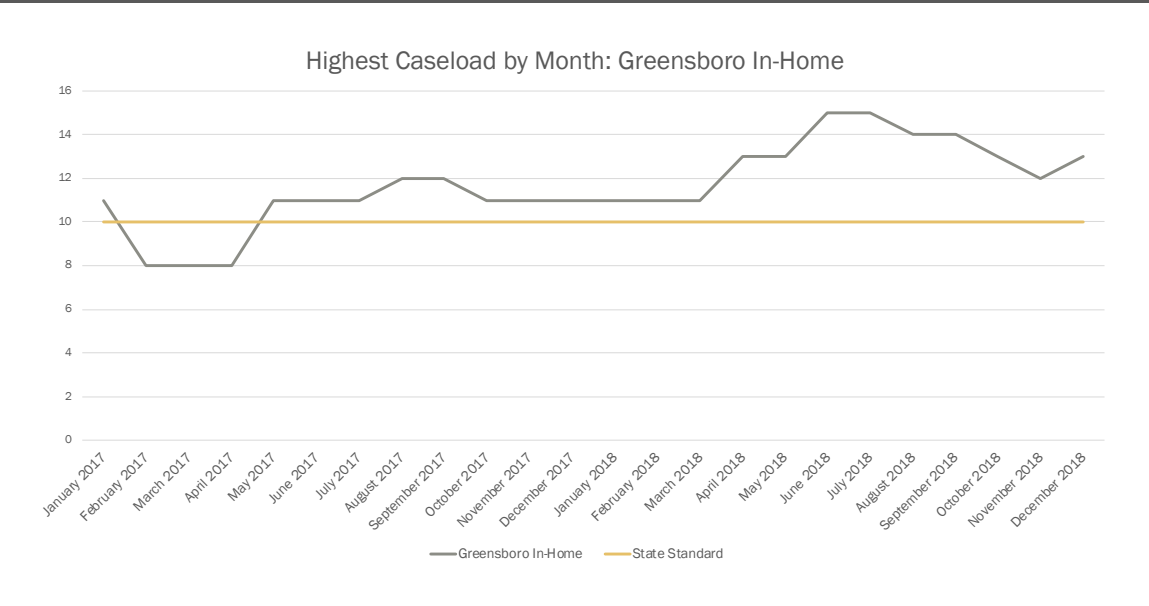
³⁸ Maclean, M., et. al. (2017). Maltreatment Risk Among Children with Disabilities. *Pediatrics*, 139(4) doi: [10.1542/peds.2016-1817](https://doi.org/10.1542/peds.2016-1817)

³⁹ County Health Rankings: Guilford County. Robert Wood Johnson Foundation. Retrieved from <http://www.countyhealthrankings.org/app/north-carolina/2018/rankings/guilford/county/outcomes/overall/snapshot>

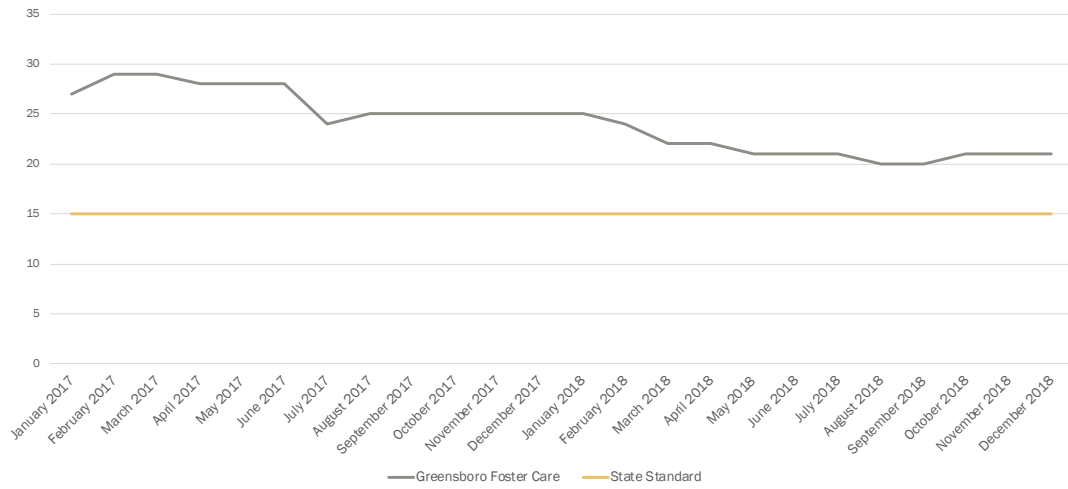
⁴⁰ United States Census Bureau/American FactFinder. (2018). *Community Facts: Race and Hispanic Origin 2013-2017 American Community Survey Five-Year Estimates*. Retrieved from: <https://factfinder.census.gov>

Appendix A: Caseload Data

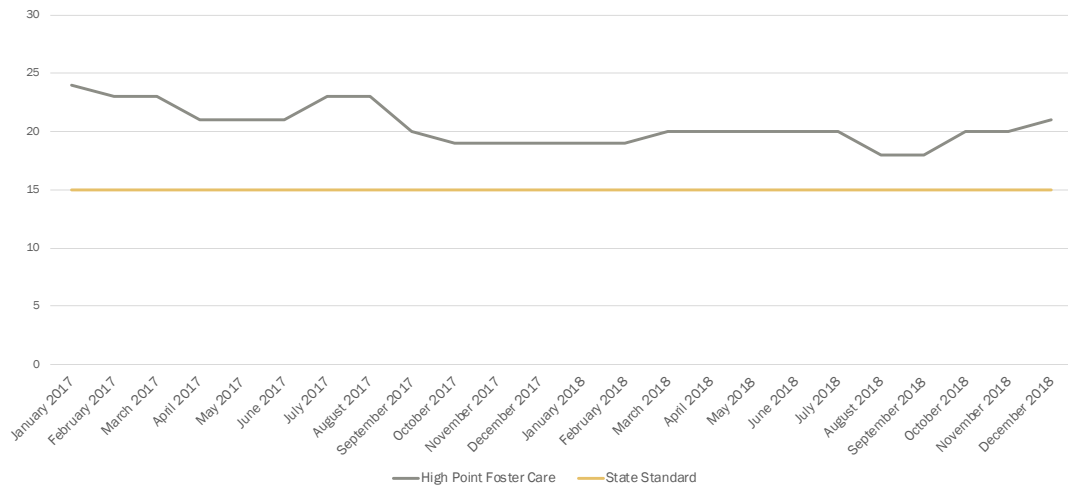


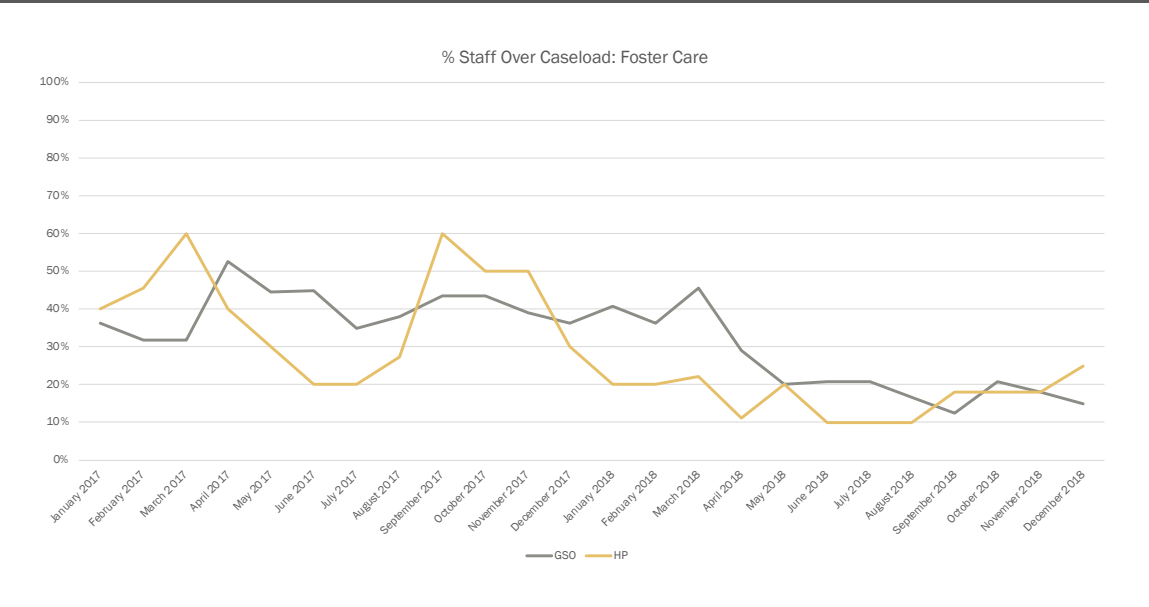
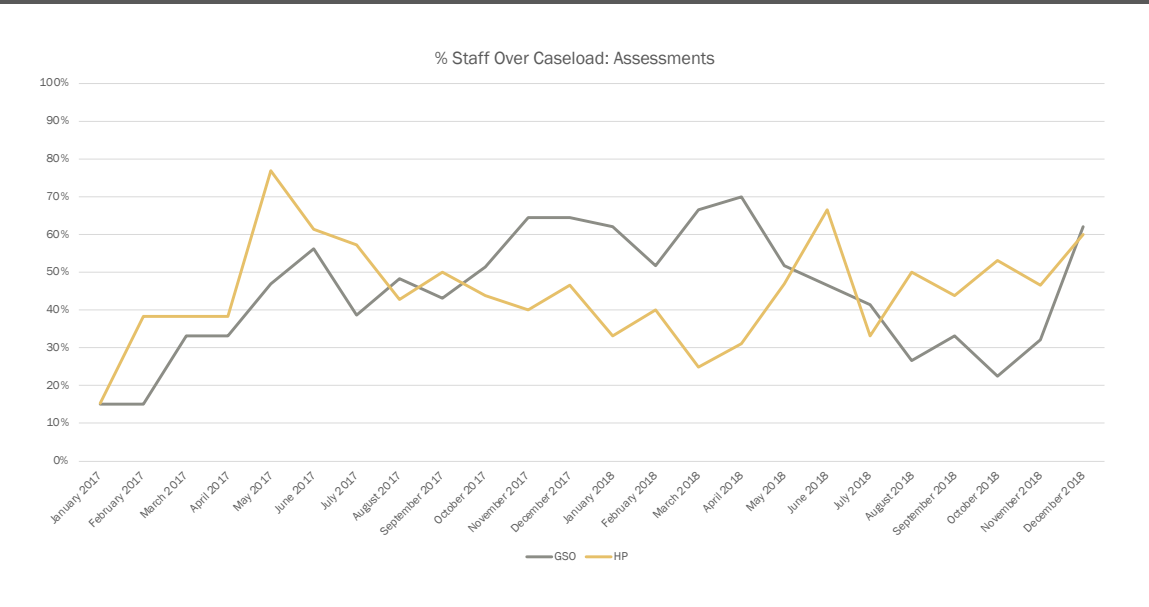


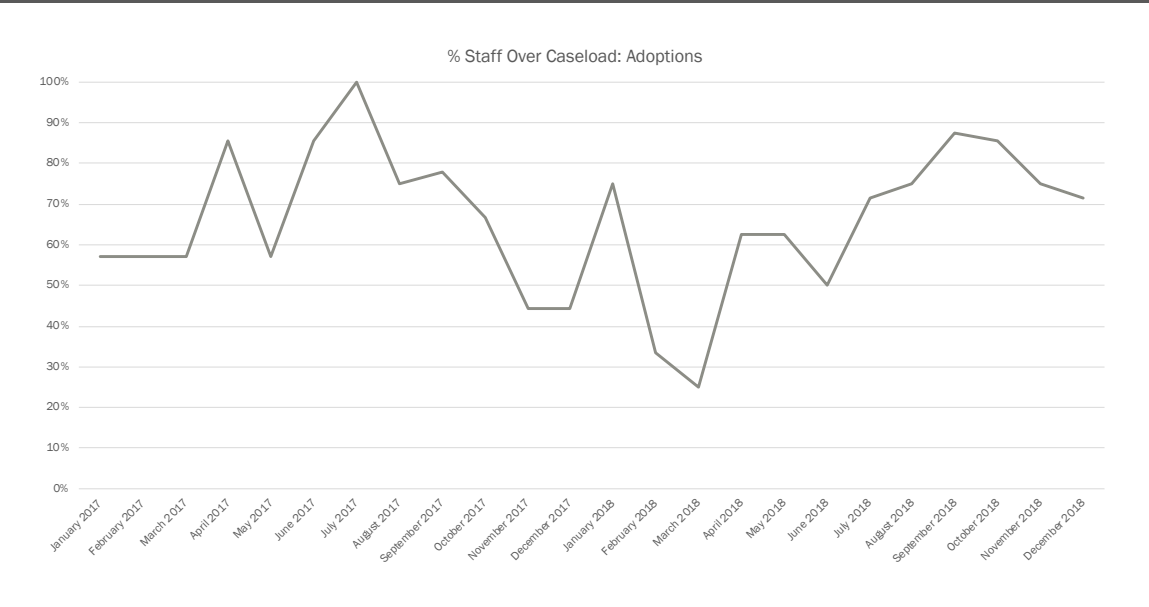
Highest Caseload by Month: Greensboro Foster Care



Highest Caseload by Month: High Point Foster Care







Appendix B: GCDSS Staff Recommendations

Staffing Structure for Reunification

- Reduce foster care caseload size and increase foster care staff
- Consider staffing in-home supports for parents whose children are in custody
- Develop a parent advocate /mentor program
- Reassess the process and timeline for new employees to staff a full caseload
- Implement trauma training for social workers to help them understand trauma-informed service delivery and the impact of trauma on child development and behaviors
- Implement motivational interviewing training with all frontline workers
- Conduct an internal study of caseloads to determine high volume patterns and plan/staff accordingly

Policy and Procedure

- Create support and an expectation for tailoring case plans; eliminate “cookie cutter” case plans. Focus on safety issues that brought the child into care.
- Ensure that services are actually frontloaded, do everything possible to support families before a petition becomes necessary.
- Conduct an assessment of the process for case assignment; include staff input in the assessment
- Support early, frequent family visitation, including both supervised and unsupervised, in preparation for earlier trial home placements. Ensure that visits are meaningful and incorporate teachable moments. Make unannounced visits during unsupervised visitation times.
- Consider the use of compliance petitions instead of removal.
- Create a transitional position who reviews cases before adoption planning to assess whether DSS has done everything possible for family reunification.
- Partner with others in advocacy for parental retention of Medicaid.
- Eliminate the requirement for non-resident parents to complete a case plan.

Post-Reunification Services

- Provide in-home services to a family prior to closing a case; continue services post-reunification just as adoptive families receive post-adoption supports.
- Consider a family mentoring program (“Fostering Parents”).
- Hold reunification celebrations with families.

Foster Care Placements

- Focus on Guilford County foster home recruitment, using data to make the case.
- Develop a Guilford County residential facility for kids.
- Examine whether more efforts can be made to place children with family members or people close to a child. Create a simple kinship care “how-to” package that could be shared with family members.

Collective Impact Model Implementation

- Set aside a group of people to work on implementing the model, give people the time to participate.
- Make sure to keep the ground level work force involved in making changes /implementing the model and include clients who are most directly impacted.
- Do not move forward without preparation to ensure engagement of frontline staff is possible without adding to workload.

Community Partnerships

- Create PSAs for the community to better understand the role of DSS.
- Create positions dedicated to creating and maintaining community partnerships.
- Support workers in developing partnerships.
- Include the housing authority or other housing partner at permanency planning meetings to get direct, on the spot information about what's available.
- Have joint trainings with GALs and foster parents – talk about the shared parenting concept, why reunification is important so they get same message at the same time.
- Provide GALs, judges, and workers with training on opioid treatments, such as methadone and other replacement drugs; help them understand that these treatments should not prevent reunification.
- Combine resources, develop co-located resources/one-stop shop for families
- Consider relocating attorneys to DSS (minimally consider office hours onsite)

Worker Burn Out

- Offer “relief days/mental health days”
- Provide off campus team building / morale building time.