

# NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

Division of Social Services  
Child Welfare Services

2022 Annual Progress and Services Report for the  
North Carolina Child and Family Services Plan  
2020–2024

**North Carolina Child and Family Services Plan**  
**FFY 2020-2024**  
**2022 Annual Progress and Services Report**  
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# Introduction

The North Carolina Department of Health and Human Services (DHHS), Division of Social Services (DSS) welcomes the opportunity to submit its 2022 Annual Progress and Services Report (APSR), as the second update to its 2020–2024 Child and Family Services Plan (CFSP). This 2022 APSR includes updates and information on North Carolina’s performance and progress towards achieving specific child welfare targets, benchmarks and metrics that serve as the nucleus of its statewide Child Welfare Transformation work and that are outlined in its CFSP.

North Carolina utilized preparation of this 2022 APSR as a process to assess its progress in transformation and system improvements, in general. The 2022 APSR includes information regarding North Carolina’s achievements since the submission of its 2021 APSR and 2020–2024 CFSP. It also includes strategies planned for future improved performance and enhanced outcomes and experiences for children, youth and families.

During this past year, North Carolina’s Child Welfare System has continued to work within an ever-evolving COVID–19 pandemic to ensure that services and supports have been available, accessible, responsive and provided continuously to children, families and those who serve them. Also, North Carolina’s Child Welfare System has leaned into initial phases of its transformation work through development and planning for initial implementation of the Family First Prevention Services Act (FFPSA) and a statewide Practice Model.

North Carolina has approached the development of this year’s APSR with a true CQI spirit and has focused on and further defined its Continuous Quality Improvement (CQI) system. NC DHHS / DSS will continue to move forward towards a statewide CQI system at the state, regional, and local levels in the coming months, including through utilization of a regional support model, with legislative and departmental support.

Lastly, North Carolina has made progress towards the creation and implementation of a uniform, statewide Child Welfare Information (Data) System (CWIS). North Carolina has formed a joint state–county Child Welfare System Governance Committee (CWSGC) and a Child Welfare Practice and Technology Leadership Team that are working together towards an implemented system that will enhance North Carolina’s capacity to apply CQI processes to services and outcomes for children and families.

North Carolina’s final 2022 APSR will be accessible via the following link, along with additional North Carolina DHHS/DSS reports, including but not limited to the 2021 APSR, 2020–2024 Child and Family Services Plan (CFSP) and the 2015 Child and Family Services Review (CFSR):

[https://www.ncdhhs.gov/divisions/social-services/program-statistics-and-reviews/child-welfare-statistics#other-key-reportsplans.](https://www.ncdhhs.gov/divisions/social-services/program-statistics-and-reviews/child-welfare-statistics#other-key-reportsplans)

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### **State Agency Administering the Programs**

North Carolina is a state-supervised, county-administered child welfare system. North Carolina General Statute § 7B-302 specifically states that county directors of social services are responsible for the provision of protective services for all children for whom allegations of abuse, neglect, or dependency are made. NC DHHS / DSS is, however, the designated state agency with authority to prepare and submit the APSR and is the sole state agency responsible for administering or supervising the administration of the Child Welfare Services Program in North Carolina.

# 1 Collaboration

The North Carolina Department of Health and Human Services (NC DHHS) partnered with counties and sought extensive input from stakeholders in writing the 2020–2024 CFSP. The 2021 APSR outlined steps NC DHHS took during the first year of the five-year plan implementation to make its commitment to partnership and robust stakeholder input a reality including:

- Forming the United Public Agency Leadership Team (ULT) to provide overall leadership, sequencing, and monitoring of Child Welfare Transformation;
- Forming the Leadership Advisory Team (LAT) to provide ongoing input into implementation of the Family First Prevention Services Act (FFPSA); and,
- Recruiting a broad spectrum of partners and stakeholders to form five design teams to provide input into the implementation of each of the strategic priorities of the CFSP (safety, permanency, well-being, continuous quality improvement, and workforce development). These teams both provide input into the development and implementation of strategies, and review and provide feedback on progress and possible revisions needed.

Throughout this second year of CFSP implementation, the above three groups have held regular virtual meetings and have had their intended powerful impact on how North Carolina has implemented the CFSP and reviewed its progress. Also this year, two new important groups have been formed to promote collaboration and shared ownership:

- The Child Welfare System Governance Committee was formed to assure that decisions made on the implementation and augmentation of NC FAST in child welfare were made jointly between the state and counties and would reflect shared values for how the system needed to enhance the provision of effective services to children and families; and,
- The North Carolina Implementation Team (for Structured Decision Making [SDM] and Safety Organized Practice [SOP]) was formed to provide stakeholder input and build broad ownership for the revalidation and implementation of structured decision-making tools and the implementation of SOP. Moreover, the decision was made to build on the existing ULT and design team structure to achieve more in-depth stakeholder input throughout SDM and SOP implementation.

In addition, NCDSS continued to engage in standing meetings with other governmental and agency partners and held focus groups when additional input was needed. (*For additional*

information, see Section 2, Systemic Factors, [Item #31 Agency Responsiveness](#).) NCDSS Child Welfare Services also worked directly with state DHHS Divisions of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS), Health Benefits (aka NC Medicaid), Social Services Economic Services, and Child Support; Local Management Entities/Managed Care Organizations (LME/MCOs), and other state public and private organizations to ensure that our population of children and families are included in efforts to provide health (medical and behavioral), economic, and social services statewide.

The table below summarizes key stakeholder groups and forums that provided substantive and meaningful input to NCDSS and NC DHHS in the past year.

**Table 1. Key Stakeholders**

<b>Stakeholder Collaboration Forums</b>	<b>Membership</b>	<b>Focus</b>	<b>Frequency of Meetings</b>
<b>Unified Public Agency Leadership Team (ULT)</b>	Comprised of NCACDSS County DSS Directors, and NCDSS leadership	Leading, sequencing, and monitoring implementation of system transformation	Bi-monthly
<b>CFSP Design Teams</b>	Multidisciplinary teams comprised of family, youth, county DSS, private provider, state, and local child-serving agency representatives, etc.	Providing input into the implementation of the 5 CFSP strategic priorities	Monthly
<b>Leadership Advisory Team (LAT)</b>	Multidisciplinary team comprised of family, youth, county DSS, private provider, state, and local child-serving agency representatives, etc.	FFPSA implementation	Monthly
<b>Child Welfare System Governance Committee (CWSGC)</b>	Multidisciplinary team of state and county child welfare leaders	NC FAST implementation, including enhancements and augmentations	Monthly

Stakeholder Collaboration Forums	Membership	Focus	Frequency of Meetings
<b>North Carolina SDM and SOP Implementation Team</b>	Broad group of stakeholders inclusive of ULT and design team members	Revalidation and implementation of SDM tools; implementation of SOP	Quarterly as a large group, with more frequent meetings with established subgroups
<b>NC DHHS Inter-Departmental Collaboratives</b>	Interdepartmental teams and groups comprised of representatives from DMH/DD/SAS, DHB, DPH, DSS, etc. that include children and families	Improving collaboration across systems	Varies
<b>Ad Hoc Workgroups and Focus Groups</b>	Focus groups for development of Child Welfare Practice Standards and statewide Practice Model (CWFAC, SAYSO, county frontline staff, NCDSS staff); focus groups for county child welfare In-Home Services; Practice Standards development	Time-limited groups to provide input on specific projects	Varies
<b>NC Child Welfare Joint Planning – DSS</b>	Multidisciplinary sessions comprised of family, youth, county DSS, service providers, state and local child-serving agency, tribal, court, juvenile justice, tribe, etc. representatives	APSR development, especially state service array and services to older youth	Two (2), 3-hour joint planning sessions in April 2021

The sections below update North Carolina’s ongoing, meaningful, and substantive collaboration with four (4) key groups: families, youth, tribes, and court partners.

Families

NCDSS continued to engage, consult, and collaborate with a statewide Child Welfare Family Advisory Council (CWFAC) comprised of birth parents, kinship parents, adoptive parents, and youth partners. During FFY 2020–2021, an additional four (4) members were added to the CWFAC, including two (2) birth parents, one (1) adoptive parent, and one (1) youth partner. Additionally, one (1) youth partner and one (1) foster parent transitioned off the CWFAC in October 2020 and December 2020, respectively. While the family-type listed identifies the role members play on the Council, four (4) members have dual experience as foster/adoptive parents and as a birth/kinship parent.

Including the two transitioning members, a total of ten (10) family partners served on the CWFAC from October 1, 2020 to the present, as follows:

**Table 2. CWFAC Membership**

<b>Representation</b>	<b>Membership Percentage</b>	<b>Number of Members</b>
Birth Parents	40%	4
Adoptive Parents	20%	2
Kinship Parents	10%	1
Youth Partners	20%	2
Foster Parents	10%	1
<b>Total</b>	<b>100%</b>	<b>10</b>

The CWFAC hosted bi-monthly meetings, for a total of twenty-four (24) meetings during this reporting period. NCDSS Child Welfare leadership and staff attended ninety-six percent (96%) of the total meetings (23 out of 24 meetings) and provided information and updates regarding North Carolina’s programs and services in connection with the 2020–2024 CFSP. (The one event during which NCDSS team members were not present was used by the CWFAC for membership development.)

Commitment and engagement of the members of CWFAC continued to be extraordinarily high (90% of members participated in each bi-monthly meeting, a very slight increase from

an already impressive 87.5% attendance during the last reporting period). When members did not attend a meeting they reviewed the recording of the meeting, as is outlined in the expectations section of the CWFAC charter.

NCDSS values the input and perspectives of family partners and sought to consult and partner with them towards developing, implementing, and evaluating effective strategies for enhancing outcomes for and experiences of children, youth, and families through frequent and diverse engagement this past year. In particular, NCDSS intentionally sought and included the input and experiences of individuals with lived experience towards the assessment of agency strengths and areas needing improvement, including as related to preparing an update on the assessment of performance regarding child and family outcomes and systemic factors affecting the functionality of North Carolina's system. Members of the CWFAC, for instance, bring their perspectives on and experiences of the child welfare system; they also bring views and experiences with other systems and services provided to, for, and on behalf of children and families. Their multi-dimensional perspectives help NCDSS evaluate and consider system functionality in a more informed, comprehensive way. Members of CWFAC were very active attending and providing input into multiple stakeholder forums, including:

- The five (5) CFSP design teams—CWFAC members provided input into the development of practice standards and the major initiatives within each strategic priority of the CFSP;
- LAT meetings—CWFAC members provided input into the development of the FFPSA prevention services plan and steps to respond to changes in congregate care rules and funding;
- Joint Planning; and,
- Ad hoc focus groups, including focus groups, to give more detailed input on what family members wanted to see in the practice standards.

In the above forums, the input from CWFAC has been substantive and meaningful. CWFAC members come to meetings having read the pre-meeting materials, prepared to give input. Their contributions have been especially powerful in the development of statewide child welfare practice standards, where their firsthand reports of how they have experienced child welfare workers and what they would like to see have been very persuasive. Additionally, CWFAC members who participated on the Design Teams provided feedback regarding their experiences with and participation in the five Design Teams, including that their involvement, "...while challenging at first, helped them stay engaged and truly involved while also helping leadership understand how families can support change and partnership." (Design Team Feedback notes from May 26, 2021 CWFAC meeting). The same has been true for other projects, for example when CWFAC members have advocated for inclusion of family voice in training and system assessment, and towards a family peer

support model for implementation at the county level. (*For additional information, see [Section 5, MaryLee Allen Promoting Safe and Stable Families \(PSSF\), Title IVB, subpart 2.](#)*)

### Children and Youth

This year, NCDSS continued its collaboration with North Carolina’s active and vibrant organization SAYSO (Strong Able Youth Speaking Out). Their input has been substantive and meaningful.

SAYSO representatives participate actively in and provide substantive input for the five (5) design teams and the LAT. SAYSO members provided important input into the development of the practice standards through their participation on the design teams and on focus groups held specifically to promote youth voice in the development of the standards.

SAYSO members were especially active in the planning and leadership of the Joint Planning Session held in April 2021 that focused on the needs of older youth. NCDSS will continue to use a more structured process and format for future Joint Planning events, at which SAYSO members will play a lead partnership role. (*For additional information, see [Section 5, John H. Chafee Foster Care Program for Successful Transition to Adulthood.](#)*)

### Tribes

This year, NCDSS continued its collaboration with tribes through participation in the Indian Child Welfare Committee of the NC Commission of Indian Affairs, which is comprised of representatives of North Carolina’s federally recognized tribe, the Eastern Band of Cherokee Indians Nation (EBCI), and additional tribes recognized by the state, including the Lumbee, Haliwa–Saponi, Meherrin, Waccamaw, and Sappony Tribes. (*For additional information see [Section 6, Consultation and Coordination between States and Tribes.](#)*) Work has continued with the ECBI on an administrative letter to outline ongoing relationships and responsibilities of ECBI with county child welfare agencies and NCDSS.

Additional examples of collaboration with tribes include:

- Representatives from ECBI participated in a focus group held to provide input into the updating of the child welfare intake tool;
- Representatives of NCDSS and ECBI met multiple times about the availability of programs and services for ECBI youth in foster care regardless of whether they were in the custody of ECBI or a county department of social services; and,
- Representatives from ECBI and NCDSS attended and participated in each other’s Joint Planning sessions this year.

During NCDSS’ Joint Planning session in April 2021, representatives from the ECBI and the NC Commission of Indian Affairs participated in breakout sessions to discuss and plan for

NCDSS' development and implementation of an accessible, statewide service array, including services for older and transition-age youth, forwarding North Carolina's CFSP Safety and Permanency Strategic Priorities, Targets #3 and #3, respectively. (*For additional information, see Section 2, [System Factor Services Array and Resource Development, Items #29-30](#), and [Section 5, Chafee Program](#).*) EBCI participation in such efforts toward monitoring of CFSP progress and improving outcomes identified in the CFSP provided for valuable contributions and insight.

In FFY 2021-2022, NCDSS will seek to engage in additional collaboration and consultation efforts with federal and state tribes, including contacting the EBCI for information regarding foster and kinship resource parent training.

### Courts

This year, NCDSS and the NC Administrative Office of the Courts (AOC) engaged in a collaboration-enhancement effort guided by the Children's Bureau, with the assistance of the Capacity Building Center for Courts, towards developing and engaging in partnership building, joint strategic planning efforts, and towards co-ownership of enhanced outcomes and experiences for children, youth, and families, especially related to permanency. NCDSS is committed to leading and partnering in efforts that result in better permanency outcomes for children and families, and that support high quality legal representation at all stages of child welfare proceedings, including the use of available IV-E funding for attorneys to work with parents via the Office of Indigent Defense Services (IDS) and for the representation of children through the Guardian ad Litem office.

Court partners were also recruited for and are participating in the five CFSP design teams. Representatives from the Juvenile Court Improvement Project (CIP) and additional members of the Interagency (Court) Collaborative attended NCDSS' Joint Planning session and routinely attend LAT meetings. NCDSS representatives also attend bi-monthly meetings of the Interagency (Court) Collaborative.

In FFY 2021-2022, NCDSS and AOC will work to identify and coordinate joint efforts towards identifying, collecting, sharing, and applying data that are relevant to ensuring that children and families have positive experiences with and enhanced outcomes produced by involvement with the child welfare and legal systems. Data and progress updates on the NCDSS CFSP will be shared as a standing agenda item during the bi-monthly Interagency (Court) Collaborative meetings, and input and feedback will be solicited during the meetings, towards modification of the CFSP goals, objectives and interventions that necessitate collaboration with court and legal partners. NCDSS will also utilize its internal child welfare court team for identifying and sharing performance strengths and needs with leadership, and as part of NCDSS' internal CQI efforts.

## 2 Update to Assessment of Current Performance Improving Outcomes

### 2.1 Child and Family Outcomes (Items 1–18)

NC DHHS recognizes the importance of collecting, sharing and effectively using quality data to guide the development of strategies and improve outcomes in safety, permanency and well-being for the children and families of NC.

NC utilizes the On-Site Review Instrument (OSRI) record reviews to assess performance, both strengths and issues for performance deficits, as well as strategy development to improve outcomes. North Carolina’s non-overlapping measurement period ended December 31, 2020. NC is continuing to work on improvements in all areas of Safety, Permanency and Wellbeing Outcomes in preparation for Round 4 Child and Family Services Review (CFSR).

NCDSS engages in a Continuous Quality Improvement process to improve its child and family outcomes by assessing its performance and identifying root causes. The section below briefly describes each OSRI outcome, displays the trend in North Carolina’s performance and briefly assesses the trend in the context of the goal of making substantial progress towards the 95% standard. Factors contributing to performance and root causes are briefly reviewed, strategies in North Carolina’s strategic plan intended to improve performance are noted, and additional efforts North Carolina is taking or plans to take to address the root causes are outlined.

As is noted in the discussion of individual outcomes below, North Carolina believes that the implementation of its practice model—inclusive of practice standards and SOP—is an overarching initiative that will improve performance across safety, permanency and well-being outcomes.

#### 2.1.1 Safety Outcomes

##### Safety Outcome 1

Safety Outcome 1 states that children are, first and foremost, protected from abuse and neglect, and that children are safely maintained in their homes whenever possible and appropriate. NC was not in substantial conformity with Safety Outcome 1 during the 2015 CFSR.

Safety Outcome 1, Item 1 assesses if NCDSS responded to all accepted maltreatment reports initiated and made face to face contacts with children in the established

timeframes. NC received an overall rating of Area Needing Improvement for Item 1 during the 2015 CFSR. NCDSS assessed Safety Outcome 1 and Item 1 by using the OSRI.

Because Item 1 is the only item for Safety Item 1, the outcome and item scores are displayed in a single table below.

**Table 1. Safety Outcome 1 and Item 1**

	Performance				Trend
	Oct 2018- Mar 2019	Apr 2019- Sep 2019	Oct 2019- Mar 2020	Apr 2020- Sep 2020	
<b>Outcome S1</b>					
<b>Children are, first and foremost, protected from abuse and neglect</b>	<b>77.36%</b>	<b>78.43%</b>	<b>79.59%</b>	<b>85.00%</b>	
S1 Item 1					
Timeliness of initiation	<b>(n=53)</b>	<b>(n=51)</b>	<b>(n=49)</b>	<b>(n=60)</b>	

\*Scale is from 0% – 100% – National Standard for all items is 95% “n” is the number of applicable cases

Performance over time for Safety Outcome 1 and Item 1 shows a slow progression of improvement towards the national standard of 95%. North Carolina’s performance has averaged about 85% over the last two review periods.

Timeliness of initiation and safety performance generally has been a focus of state work with counties the past couple years. Regional Child Welfare Consultants share county specific data during their visits with local child welfare agencies. When outcomes do not meet federal or state standards, the RCWC engages the local agency in developing county specific strategies to improve outcomes.

Information gathered through case reviews inclusive of case record information and interviews have identified factors that contribute to challenges to meet the 95% goal for timely initiation.

Timely initiation of CPS reports in which family members live or are currently found in more than one county have been associated with less timely initiations. Contributing factors have included time spent between the two counties agreeing on jurisdiction, occasional issues of timeliness when one county requests a courtesy interview from another county, and the challenge of completing a timely initiation when a county discovers when initiating an assessment that one of the children subject to the report is temporarily not at the residence.

Other factors that have been identified as contributing to initiations that were not timely have been lack of training of staff, staff not properly interpreting the policy expectations of timely and appropriate initiation, and inability to determine appropriate initiation based on record review and interviews.

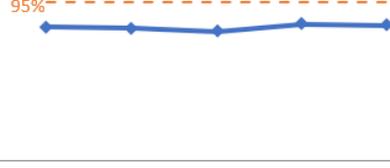
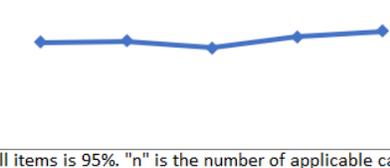
NC will continue to implement strategies identified in the CFSP, [Safety Priority 1](#), Targets 1, 2, and 3 to improve Safety Outcome 1. NC is implementing a Practice Model as identified in Strategic Priority 1, Targets 1 and 2. Work on North Carolina's validation of structured decision-making tools and practice model has begun. The CPS Intake Tool is being revised and streamlined. This will assist staff with making more accurate decisions related to response time for screened in reports. Training will be provided to staff regarding the changes for the CPS Intake Tool.

- Additional strategies for improving performance for Safety Outcome 1 include:
  - CPS Assessment training will be revised to include a specific focus on the critical need for timely initiation as it relates to child safety. Improvement will be measured by tracking the monthly data from the counties.
  - Initiation data will be reviewed monthly by the Regional Child Welfare Consultants counties below 95% will engage in a plan for improvement.
  - A process for managing inter-county referrals has been established and has been reviewed. Monitoring will occur to determine if this process is effective.
  - A request for 100 additional CPS workers throughout the state was made to the NC General Assembly to ensure NCDSS has the appropriate number of staff in order to timely respond to allegations of child maltreatment.

### Safety Outcome 2

Safety Outcome 2 states children are safely maintained in their homes whenever possible and appropriate. 2015 CFSR results indicated NC was not in substantial conformity with Safety Outcome 2. Safety Outcome 2, Item 2 solely focuses on the provision of appropriate safety-related services in response to safety concerns. Based on the case circumstances, the item looks at the activities the agency engaged in with the family to provide appropriate services to prevent foster care entry or re-entry and whether these activities were appropriate, regardless of whether the child(ren) eventually entered or re-entered foster care. NC received an overall rating of Area Needing Improvement for Item 2 in the 2015 CFSR. Safety Outcome 2, Item 3 examines whether NC's efforts throughout the period under review were made to assess risk and safety. Based on North Carolina's performance during the 2015 CFSR, North Carolina received an ANI for Item 3.

**Table 2. Safety Outcome 2, Items 2 and 3**

	Performance					Trend
	Oct 2018- Mar 2019	Apr 2019- Sep 2019	Oct 2019- Mar 2020	Apr 2020- Sep 2020	Oct 2020- Mar 2021	
<b>Outcome</b> Children are safely maintained in their homes whenever possible and appropriate	64.54% (n=104)	64.86% (n=111)	56.30% (n=119)	65.35% (n=127)	67.44% (n=58)	
<b>Item 2</b> Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry	79.41% (n=34)	79.07% (n=43)	76.59% (n=33)	81.48% (n=27)	80.65% (n=25)	
<b>Item 3</b> Risk and Safety Assessment and Management	61.54% (n=104)	62.27% (n=111)	58.47% (n=119)	65.35% (n=127)	68.60% (n=59)	

\*Scale is from 0% - 100%. National Standard for all items is 95%. "n" is the number of applicable cases.

Performance in Safety Outcome 2 and Items 2 and 3 has remained consistent over the past three years but lacks significant improvement in meeting the 95% federal standards.

North Carolina has identified several factors contributing to weak performance on Safety Outcome 2. They include:

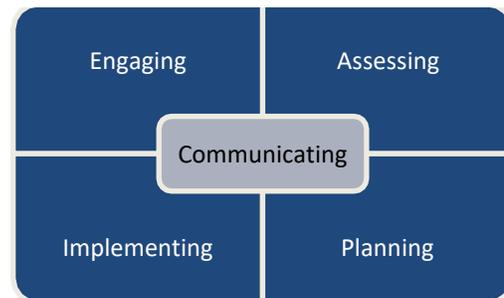
1. Lack of initial parental engagement from the beginning of the assessment process
2. Inconsistent documentation in the assessment process of information critical to assess safety and risk;
3. Inconsistent tracking of identified safety issues in follow visits with families.

Additionally, North Carolina has identified through both OSRI and fatality reviews a need specifically to improve the assessment and planning in cases requiring medical consultation, especially cases involving injuries to young children.

Two major strategies in the strategic plan in North Carolina’s CFSP are intended to improve North Carolina’s assessment and management of safety and risk:

- NC is completing work to create and implement Practice Standards (Safety Priority 1, Target 2). Practice Standards include guidance on how workers, supervisors, and leaders engage, assess, communicate, implement, and plan as a part of their job functions. For example, the Practice Standards for workers focuses on how to engage, assess, communicate, plan, and implement as a part of their work with families. The engagement standard will assist staff in improving their engagement behaviors with families and provide coaching tools for supervisors to assist their staff in increasing their engagement skills with families.

**Figure 1. NC Practice Standards**



- North Carolina has begun work with Evident Change to revalidate its structured decision-making tools (including safety and risk assessments) and to train workers on the use of the new tools. Additionally, North Carolina will be working with Evident Change to implement Safety Organized Practice, which has several tools that will structure and transform how workers assess safety and plan services together with families and safety networks.
- DSS extensively re-drafted policy on Child Medical Evaluations (CME), improving guidance on obtaining the evaluation and specifically outlining circumstances when evaluations must be completed on children with a focus on sentinel injuries and serious injuries under the age of three. NC worked with the CME program to revise the CME report that is completed by the provider to make it more user friendly for child welfare staff; the revision also aligns with child welfare practice to improve reader clarity on findings and the usability of the report in assessing the safety of the child.
- A new Narrative Interviewing training has been developed and will be implemented this year. The training focuses on how to gather quality information from children and adults. The information gathered can be used to create quality safety plans for families and allow for workers a mechanism for quality contacts and visits with families. Staff making a thorough assessment of safety and risk issues while engaging parents in the assessment process identifies check points for ongoing follow-ups.
- NC will introduce a practice of a pre-planning conference before every assessment. This conference will take place with the worker and supervisor. The intent of the conference is to address any questions the worker may have, plan for a complete and thorough assessment, and plan for how the worker will consult with the supervisor during the safety planning part of the initiation. Topics covered in this

meeting can include disclosure type, barriers to disclosure, alternate hypothesis, possible safety concerns, a plan to complete the initiation, discussion about the potential need for a CME and taking a consent form, strategies for difficult topics, and any other relevant topics for preparation for the assessment. In addition, staff will be encouraged to call their supervisor before leaving the home to review the proposed safety assessment. During that call, the supervisor will determine if all allegations have been assessed on the safety assessment, that the safety assessment will in fact address the safety concerns and will also make sure that the initiation has been completed and if not, will plan for it to be completed within the timeframe.

## 2.1.2 Permanency Outcomes

### Permanency Outcome 1

Permanency Outcome 1 states that children have permanency and stability in their living situations. NC was not in substantial conformity for Permanency Outcome 1 during the 2015 CFSR. Permanency Outcome 1, Item 4 assesses stability in foster care; Item 6 assesses whether appropriate permanency goals were established in a timely manner for children in foster care; Item 6 looks at whether concerted efforts were made during the period under review to achieve reunification, guardianship, adoption, or another planned permanent living arrangement for children in foster care. NC received ANIs for all three items from the 2015 CFSR.

NCDSS assessed Permanency Outcome 1 using data from the OSRI.

**Table 3. Permanency Outcome 1 and Items 4–6**

	Performance					Trend
	Oct 2018- Mar 2019	Apr 2019- Sep 2019	Oct 2019- Mar 2020	Apr 2020- Sep 2020	Oct 2020- Mar 2021	
<b>Outcome</b> Children have permanency and stability in their living situations	21.31% (n=61)	16.13% (n=62)	26.87% (n=67)	22.97% (n=74)	7.02% (n=4)	
<b>Item 4</b> Stability of Foster Care Placement	77.05% (n=61)	72.13% (n=62)	76.12% (n=67)	78.38% (n=74)	64.91% (n=37)	
<b>Item 5</b> Permanency Goal for Child	57.38% (n=61)	62.30% (n=62)	52.24% (n=67)	55.41% (n=74)	45.61% (n=26)	
<b>Item 6</b> Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	32.79% (n=61)	27.80% (n=62)	43.28% (n=67)	37.48% (n=74)	26.32% (n=15)	

\*Scale is from 0% - 100%. National Standard for all items is 95%. "n" is the number of applicable cases.

NC shows Permanency Outcome 1, Items 4–6 as trending down. Substantial improvements have not been made in Permanency Outcome 1.

Below are root causes identified for lack of improvement in Permanency Outcomes 1 and 2:

- Due to a lack of higher levels of residential care, children and youth are placed in placements that are not the best match, leading to unplanned moves;
- Permanent plans are not established timely and do not effectively target families’ needs; concurrent planning needs improvements;
- Delays in court hearings and continuances.

Permanency Targets 1 and 2 in the strategic plan of North Carolina’s CFSP outline strategies improve performance on achieving timely permanency and improving placement stability. Those strategies include:

- Court related strategies such as implementation of district permanency collaboratives and safe babies court

- Strategies to improve enhance kinship licensure and training on guardianship and kinship care

NC has also chosen to utilize its contract with UNC for deeper data analysis of Items 5 and 6, in order to better understand factors contributing to permanency challenges and identify more specific strategies to improve Permanency Outcome 1.

Progress on implementation of these strategies is described in updates to Permanency Target 1 and Permanency Target 2 benchmarks in Section 3 of this APSR and in the update to the Diligent Recruitment and Retention Plan. Additionally, although the implementation of a practice model that includes practice standards and the implementation of SOP are strategies under Safety Target 1 of the strategic plan, they are also expected to have a profound impact on practice leading to permanency.

In addition to strategies outlined in the CFSP, North Carolina has begun implementing or planning other efforts to improve performance on Permanency 1 including:

- Clarify expectations in policy for workers and supervisors on prompts for Child and Family Team meetings in order to provide a forum to identify services to prevention disruptions.
- Identify services available to foster parents, disseminate this information, and ensure foster parents are connected to services.
- Implement Assessment Centers to determine the level of care and supports needed for children with higher levels of care needs.
- Continue planning for implementation of QRTPs through FFPSA.
- Revise NC's Diligent Recruitment and Retention Plan for targeted focus on recruiting and retaining foster parents.
- Add RCWC who specializes in permanency, to provide technical assistance regarding case planning.
- Conduct targeted record reviews on all new entries into foster care, to ensure early establishment of paternity, and timely and appropriate case planning.
- Institute automatic referral process to child-specific recruitment when plan changes to adoption and there is a referral to NCKIDS.
- Seek statutory changes regarding conditions of concurrent goals; develop policy and conduct supervisory regional meetings to train and facilitate these changes; revise training curriculum.
- Institute a joint plan with AOC to improve timely hearings and decrease continuances, including exploration of the use of emergency judges.

- Provide interview tool for inquiring about relatives and community connections to use both with parents and children.
- Provide targeted training on expectations for parent engagement and shared parenting.
- Increase the number of counties utilizing Permanency Roundtables.

### Permanency Outcome 2

Permanency Outcome 2 states that the continuity of family relationships and connections is preserved for children. Permanency Outcome 2, Item 7 assesses if efforts were made to keep siblings together while in foster care; Item 8 identifies if visitation occurred with parents and siblings; Item 9 assesses if a child's connections were maintained while in foster care; Item 10 looks at if children were placed with relatives; and Item 11 assesses if efforts were made to promote, support, and/or maintain child and parent relationships while the child was in foster care. NC received ANIs for Items 7, 8, 9, 10, and 11 from the 2015 CFSR.

Table 4. Permanency Outcome 2 and Items 7-11

Outcome	Performance					Trend
	Oct 2018- Mar 2019	Apr 2019- Sep 2019	Oct 2019- Mar 2020	Apr 2020- Sep 2020	Oct 2020- Mar 2021	
<b>Outcome the continuity of family relationships and connections is preserved for children</b>	68.33% (n=60)	63.93% (n=61)	67.16% (n=67)	62.16% (n=74)	66.67% (n=38)	
Item 7 Placement with Siblings	84.78% (n=46)	80.43% (n=47)	86.54% (n=52)	90.20% (n=51)	85.00% (n=34)	
Item 8 Visiting with Parents and Siblings in Foster Care	69.77% (n=43)	67.00% (n=52)	74.14% (n=58)	60.00% (n=60)	67.35% (n=33)	
Item 9 Preserving Connections	76.33% (n=60)	63.33% (n=61)	76.17% (n=67)	65.75% (n=73)	67.86% (n=38)	
Item 10 Relative Placement	72.88% (n=59)	76.27% (n=60)	72.73% (n=66)	77.03% (n=74)	78.57% (n=44)	
Item 11 Relationship of Child in Care with Parents	65.57% (n=37)	56.10% (n=42)	56.60% (n=53)	63.46% (n=52)	57.14% (n=24)	

\*Scale is from 0% - 100%. National Standard for all items is 95%. "n" is the number of applicable cases.

NC on Permanency Outcome 2 has hovered around 66% and has not made significant progress in Permanency Outcome 2 towards the goal of 95%.

Issues identified in cases that in which NC was not in substantial conformity on Permanency Outcome 2 include:

- Both parents were not engaged in visitations and maintaining connections with the child(ren) in out-of-home placements. The feasibility of visitations with incarcerated parents was not assessed.
- Lack of engagement with the child and family to determine connections with relatives, and insufficient searches for relatives.

- Lack of notice given to parents about attendance at school/medical/dental appointments. Lack of child welfare case workers' understanding the responsibility of the parents to continue to make decisions for their children.
- KinGAP was not pursued.

Strategies in the strategic plan expected to promote the continuity of family relationships and connections including the implementation of the practice standards and SOP and efforts to better promote and support kinship placements. Additionally, the following strategies are in place, or are under development for this upcoming year, in order to improve Permanency Outcome 2:

- Provide interview tool for inquiring about relatives and community connections to use both with parents and children.
- Provide targeted training on expectations for parent engagement and shared parenting.
- Develop communication plan for KinGAP, including expectations for utilizing Caring for Our Own.

### 2.1.3 Well-Being Outcomes

#### Well-Being Outcome 1

Well-Being Outcome 1 states that families have enhanced capacity to provide for their children's needs. North Carolina's performance during the 2015 CFSR was not in substantial conformity. Well-Being Outcome 1, Item 12 measures NC's ability to assess the needs and experiences of the children and families provide appropriate services to address the needs of children, parents, and foster parents throughout the period being reviewed. Well-Being Outcome 1, Item 13 focuses on determining the agency's efforts to effectively engage the child and family in participating in their case planning. Item 14 examines the frequency and quality of visits between caseworkers and the children in foster care or at risk of foster care (children receiving in home services) and whether those contacts are sufficient to promote safety, permanence, and well-being. Item 15 focuses on the frequency and quality of caseworker visits with the parents of children in foster care or in in-home services and whether those contacts were sufficient to promote achievement of case goals. Items 12, 13, 14, and 15 were identified during the 2015 CFSR as Areas Needing Improvement.

Table 5. Well-Being Outcome 1 and Items 12-15

Outcome	Performance					Trend
	Oct 2018- Mar 2019	Apr 2019- Sep 2019	Oct 2019- Mar 2020	Apr 2020- Sep 2020	Oct 2020- Mar 2021	
Families have enhanced capacity to provide for their children's needs.	52.88% (n=104)	43.24% (n=111)	34.45% (n=119)	45.67% (n=127)	44.19% (n=38)	
Item 12 Needs and Services of Child, Parents, and Foster Parents	56.73% (n=104)	46.36% (n=111)	43.33% (n=119)	55.91% (n=127)	53.49% (n=46)	
Item 13 Child and Family Involvement in Case Planning	68.37% (n=98)	56.86% (n=103)	57.02% (n=115)	53.66% (n=123)	61.45% (n=51)	
Item 14 Caseworker Visits with Child	72.12% (n=104)	68.18% (n=111)	68.64% (n=119)	68.50% (n=127)	66.28% (n=57)	
Item 15 Caseworker Visits with Parents	52.44% (n=82)	47.31% (n=94)	44.86% (n=108)	46.73% (n=107)	49.30% (n=35)	

\*Scale is from 0% - 100%. National Standard for all items is 95%. "n" is the number of applicable cases.

NC lacks significant improvement in Well-Being Outcome 1 and Items 12-15, with the overall performance on Well-Being falling well short of the 95% goal.

Several strengths were noted in cases that were reviewed. NC provided appropriate services to address the child’s social/emotional development, such as daycare, recreational services, or mentoring programs. Workers assess the needs of the Temporary Safety Providers and Foster Parents and provide needed services. Supervisors and workers ensure frequent and quality face to face contact with the children and made efforts to see the child/children alone for a portion of each visit that occurred.

An in-depth analysis and observations from case record reviews shows that shortcomings in the assessment of family needs and provision of services for families is the overwhelming reason for poor performance. Potential root causes performance is the lack of accurate and comprehensive assessments of family needs; and lack of concerted and diligent efforts to locate absent parents inclusive of birth fathers to inform them of the status of their child, assess their relationship with the child, and engage them in discussion

of meeting the child’s needs. In addition, lack of quality worker contact with families in order to engage families and assess needs impacts performance in Well-Being Outcome 1.

The implementation of North Carolina’s practice model is expected to address the root causes identified and is the primary strategy for improving performance in Well-Being One. Elements of the practice model expected to impact Well-Being One include the practice standards (especially assessment, planning and implementing), SDM tools for assessing safety, risk and strengths and needs, and Safety Organized Practice (especially tools for behaviorally specific case plans and engaging families and their networks in planning). Although these initiatives are listed in the Safety Strategic Priority of the CFSP strategic plan, their impact is expected to cut across outcomes. They will provide a framework for assessment of needs and a template for what workers should discuss with families during quality visits (contacts) with the family. Closely related is Well-Being Target 4 in the strategic plan, which calls for assuring that the practice model is trauma informed. In addition, the Narrative Interviewing training for staff (as mentioned previously) will assist in engagement, identification of needs, and planning for service provision. Safety Priority 1, Targets 1, 2, and 3 will also contribute to the improvement of Well-Being Outcome 1 by

Well-Being Outcome 2

Well-Being Outcome 2 focuses on efforts to assess children’s educational needs and if appropriate services were provided. 2015 CFSR results showed NC was not in substantial conformity for Well-Being Outcome 2. Well-Being Outcome 2, Item 16 assesses the agency’s efforts to assess children’s educational needs and if appropriate services were provided. NC received an overall rating of Area Needing Improvement for this item during the CFSR.

Because item 16 is the only item for Well-Being Outcome 2, the outcome and the item are displayed in a single table below.

**Table 6. Well-Being Outcome 2 and Item 16**

	Performance					Trend
	Oct 2018- Mar 2019	Apr 2019- Sep 2019	Oct 2019- Mar 2020	Apr 2020- Sep 2020	Oct 2020- Mar 2021	
<b>OutcomeWB2</b>						
<b>Children receive appropriate services to meet their educational needs. Item 16. Educational needs of child</b>	<b>94.03%</b>	<b>92.19%</b>	<b>93.24%</b>	<b>87.34%</b>	<b>94.34%</b>	
	<b>(n=67)</b>	<b>(n=65)</b>	<b>(n=74)</b>	<b>(n=79)</b>	<b>(n=53)</b>	

Scale is from 0% – 100% – National Standard for all items is 95%, “n” is the number of applicable cases.

Well-Being Outcome 2 is a strength for North Carolina. Performance has hovered very close to the 95% standard,

In cases that demonstrated a strength for this item, case record reviews inclusive of case participant interviews reflected a thorough understanding of children's educational and developmental needs and were effective in providing and/or arranging for appropriate services. The educational needs of the child/children were accurately and comprehensively assessed through formal and/or informal means. Appropriate educational services were implemented to address the child/children's educational needs, and the intervention reflected improvement in the academic performance.

Assuring children receive appropriate services to meet their education needs has been a strength in North Carolina's performance. Regional Child Welfare consultants will encourage counties to continue their focus on educational issues.

### *Well-Being Outcome 3*

Well-Being Outcome 3 focuses on efforts to ensure children receive adequate services to meet their physical and mental health needs. NC is not in substantial conformity for this outcome from the 2015 CFSR. Well-Being Outcome 3, Item 17 indicates the efforts to conduct a comprehensive and accurate assessment of the children's physical and dental health needs. It also evaluates whether appropriate services were provided to the children to address identified physical and dental health needs, including provision of appropriate oversight of prescription medications. Item 18 focuses on actions to accurately assess and document the children's mental and behavioral health needs and whether appropriate oversight and monitoring of prescription medications for mental and behavioral health issues of the target child in foster care occurred, as well as assuring that appropriate services were provided to children to address all identified mental and behavioral health needs. During the 2015 CFSR, NC identified Items 17 and 18 as Areas Needing Improvement.

**Table 7. Well-Being Outcome 3 and Items 17 and 18**

	Performance					Trend
	Oct 2018- Mar 2019	Apr 2019- Sep 2019	Oct 2019- Mar 2020	Apr 2020- Sep 2020	Oct 2020- Mar 2021	
<b>Outcome</b> Children receive adequate services to meet their physical and mental health needs.	69.00% (n=100)	64.76% (n=105)	64.86% (n=111)	64.96% (n=117)	55.56% (n=45)	
Item 17 Physical Health of the Child	74.12% (n=85)	74.12% (n=86)	73.91% (n=92)	72.55% (n=102)	68.49% (n=50)	
Item 18 Mental/Behavioral Health of the Child	80.26% (n=76)	72.29% (n=84)	71.08% (n=83)	73.33% (n=75)	67.92% (n=36)	

\*Scale is from 0% - 100%. National Standard for all items is 95%. "n" is the number of applicable cases.

North Carolina’s performance has not improved towards the 95% standard. It held steady at around 65% in the three review periods prior to October 2020 before dipping in the most recent round of reviews, a period that could have been impacted by the disruption caused by COVID-19.

Strengths noted in reviews that found mental/behavioral health needs are assessed formally and informally for older children, . appropriate services were initiated/monitored to address the needs, and improvement was reflected in the child/children’s mental/behavioral health concerns.

North Carolina has healthcare policy in place that provides the structural components necessary to support child welfare workers to identify the well-being needs for the children and youth in foster care. North Carolina is identifying practice improvements for healthcare programming needed for those receiving in-home services. North Carolina has a dedicated position to support the development of and improvements in healthcare programming for child welfare involved families. North Carolina utilizes the resources from the Fostering Health North Carolina Program to support local DSS’s to develop protocols at the agency level to improve coordination between medical providers, local DSS’s and Care Management resources available from Division of Health Benefits/NC Medicaid and Public Health.

Weaknesses were also noted in reviews.

- Care Management Services, available through Medicaid and Public Health, are not utilized to the fullest extent. As noted in the Healthcare Oversight and Coordination Update, 86% of children and youth in foster care are enrolled in a medical home. However, less than 50% of the foster care population utilizes Care Management Services. Workers are not aware of all of the care management services available for families to assist with identified physical and dental health treatment needs.
- Services to meet the well-being needs of families are not available in some counties.
- During the COVID-19 pandemic, an observed shift in some practice to engage parents virtually rather than in person led to poorer quality of the conversations that do not address the items in which the agency is involved with the family.

NC continues to implement strategies identified in Well-Being targets 1, 2 and 3 of the CFSP strategic plan that are focused on improving health and behavioral health services for children in in-home services and foster care.

Additional strategies being implemented to improve [Well-Being Outcome 3](#) include:

- Increased utilization of on-line training modules. about Critical Thinking in child welfare and incorporating these skills into debriefings that follow record reviews.
- Increased utilization of Do It Yourself Toolkits to support staff in addressing practice issues. These include “Engaging Families with Incarcerated Parents,” “Face to Face Contacts: Moving Beyond the Minimum,” and “Medical Decisions for Children and Youth in Care.”
- Create and disseminate webinar trainings specific to health. These include: information on the care management resources available from Medicaid and Public Health, how to access these services, and basic information about the funding streams to understand eligibility
- Increasing the implementation of the Fostering Health Model statewide to ensure counties are aware of and utilizing resources available to support them in improving well-being for families.
- Hiring seven positions for Care Coordinators who will be responsible for the development and implementation of evidence-based practices and services in order to meet physical, mental, and developmental needs for children. This is in conjunction with the Family First Services and Prevention Plan for coordinating prevention services.
- Partnering with Division of Health Care Benefits (Medicaid) and Division of Mental Health. This partnership will allow DSS to ensure the well-being needs of children and youth who receive child welfare services are known to these Divisions and programming reflects the child welfare populations physical, developmental, and behavioral health needs.

## 2.2 Systemic Factors

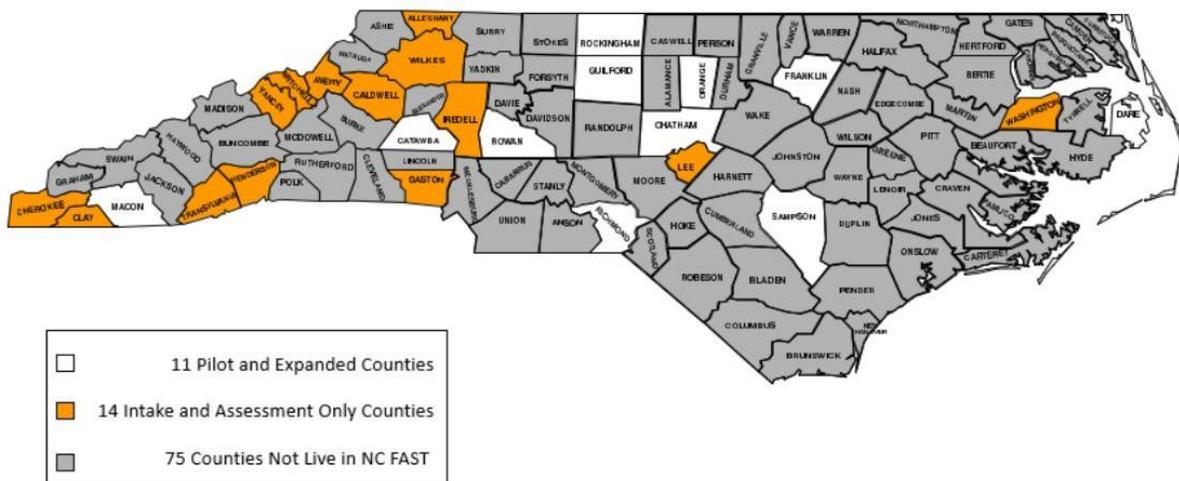
NC DHHS recognizes the importance of having strong systems in place to assist staff in improving the safety, permanency, and well-being outcomes for children, youth and families. A part of having a strong, functional system includes ensuring NC has a statewide information system, case review system, quality assurance system, staff and provider training, service array and resource development systems, agency that is responsive to the community, and having a way to license, recruit, and retain foster and adoptive parents.

## 2.3 Information System (Item 19)

### Child Welfare Case Information System

NC FAST, North Carolina’s statewide Child Welfare Information System has been fully implemented in 11 pilot and expanded counties. An additional 14 counties utilize NC FAST for intake and assessment only. 75 counties continue to maintain the Legacy Systems which captures data based on worker entry. Please see the map below for the information regarding county utilization of NC FAST Child Welfare.

Figure 1. NC Counties Live in NC FAST



NC received an overall rating of Area Needing Improvement for Item 19 for the 2015 CFSR. While 2019 legislative pause on the rollout of NC’s statewide child welfare information system currently remains in place, there have significant planning and strategic re-alignment activities underway during fiscal year 2021. North Carolina attributes the progress that has been made to bringing county representatives to the decision-making table as partners, first to develop a roadmap forward and more recently to be part of a governance committee.

The Joint State/County Roadmap that was finalized in 2020 led to an agreement to pursue a path of both enhancing and augmenting NC FAST Child Welfare in order to achieve a statewide system that provides decision support to county workers, is efficient and user friendly, and includes all required components of a Comprehensive Child Welfare Information System (CCWIS). Driven by child welfare practice, a CWS Blueprint is being developed that will ultimately prioritize what enhancements and augmentations will be implemented into NC's statewide system. While the final blueprint is expected to be completed in Summer of 2021, some examples of possible enhancements and augmentations include, but are not limited to, the incorporation of a mobile case planning application, streamlining system workflows to reduce clicks and increase the intuitiveness of the user interface, integrating an analytics platform to provide tailored data for decision making, wrapping the system with an enhanced user interface that provides robust ticklers, alerts, and policy/process feedback, and integrating artificial intelligence (AI) for case discovery.

NC FAST, in conjunction with the legacy systems, captures up to date demographic characteristics of the child welfare population, along with the location, placement, living arrangement, case outcome data, plan goals, and funding eligibility of children involved with child welfare. The data from legacy systems is combined with data from NC FAST Child Welfare within the Department's Client Services Data Warehouse (CSDW) for consolidated reporting and effective monitoring of trends, areas of concern, and continuous quality improvement (CQI) data. Data from NC FAST Child Welfare and legacy systems is being consolidated within the Department's new Business Intelligence Data Platform (BIDP) that was established during 2020 to assist with the unprecedented data monitoring activities associated with the public health response to the COVID-19 pandemic. The BIDP serves as the backbone for dashboarding and data automation activities that will allow NCDSS to have better, quicker, and easier insights into the experiences of children and families within the child welfare system, and the performance of local child welfare agencies. For example, NC DHHS began piloting the Rylan's Law Dashboard during fiscal year 2021. The dashboard utilizes automated data flows from the NC FAST Child Welfare system and legacy systems to monitor the performance of county agencies across all DSS programs. While more child welfare metrics will be added to this and other dashboards over time, the child welfare component of the Rylan's Law Dashboard currently monitors county performance on required monthly visits for children in foster care, along with context measures about the numbers of children in foster care and the rate of entry per 1,000 children. The dashboard gives users the ability to dynamically compare counties' performance to like-sized counties, DSS support regions, court districts, congressional districts, and other individual counties. Currently, the dashboard is available to NC DHHS staff, County DSS/HHS Directors, and County management/supervisory staff as requested. After the COVID-19 Emergency Declaration is

lifted, the Rylan's Law Dashboard will be published on the NC DHHS website and be available to the public.

For the monitoring of safety, permanency, and well-being outcomes, significant improvements have been made to NC FAST Child Welfare during SFY 2021, driven by CQI activities and active feedback loops between NC DHHS and county DSS staff. For example, after identifying concerns with NC FAST Child Welfare counties' relative performance relating to Safety 1, Item 1 (timely initiation of investigating reports of child maltreatment), a CQI process was initiated to use data, county feedback, and process analysis to identify and prioritize changes to the system that would increase the data quality and reliability of timely initiation metrics. Through this process, several improvements were made to the system, including the simplification and consolidation of the data elements required to initiate a case (named as "simplified initiation"), the addition of diligent efforts tracking, and the roll-forward of the initiation timeliness status to the supervisor approval screen for each assessment. The Human Services Business Information & Analytics Office (HSBIA) will continue to leverage business intelligence to help NCDSS monitor the data quality and overall health of NC's child welfare information system, prioritize improvements, and flag areas of concern that require focused attention and/or targeted interventions.

The delay in deployment of NC FAST Child Welfare statewide continues to cause operational inefficiencies, data collection barriers, and information sharing capacity that is insufficient to meet the needs of child welfare leadership, staff, stakeholders, and children and families. The differences between the level of data collected in NC FAST Child Welfare versus the legacy systems creates challenges in responding to data requests, generating useful reports, and efficiently monitoring trends and performance measures. While business intelligence technology has provided some relief to this challenge, there is some data that is collected within the statewide system that is not collected within the legacy systems. For example, NC FAST Child Welfare collects data on reports of abuse and neglect that were screened out. The legacy systems do not collect screen out data. Another example is that the legacy system currently does not capture a timestamp for when a CPS assessment was initiated, whereas NC FAST Child Welfare does. This creates a challenge in the state effectively monitoring the timeliness CPS investigations with an "immediate" response track.

NC will continue to implement strategies identified in the CFSP Continuous Quality Improvement Strategic Priority 4, Target 3. Continued investments into healthy collaboration between NC DHHS, NCACDSS, and the county agencies will enable the state to move forward with its statewide system within the near future, resolving issues of data consistency and data availability. In 2021, NC DHHS established the Joint State/County Child Welfare System Governance Committee (CWSGC) to achieve consensus on the state's

path forward with its CCWIS system. The CWSGC includes 7 County voting members, 7 State voting members, and multiple non-voting subject matter experts from both NCDSS and local agencies. The CWSGC provides accountability to the state's planning and decision-making process by providing feedback, monitoring progress, escalating concerns, and helping to prioritize investments. Building on the collaborative CWS Roadmap, the CWSGC has helped NC DHHS reestablish a constructive working relationship with NCACDSS leadership and to begin walking together towards a statewide system that supports positive outcomes for children and families. Additionally, NC DHHS is being intentional with its engagement strategy to involve counties in big decisions and transformation efforts that impact technology. Examples of these strategies include small-group listening sessions, user-group walkthroughs and feedback sessions, documentation sharing through a DSS Director's SharePoint Site, and targeted surveys.

### 2.3.1 Case Review System (Items 20–24)

North Carolina's case review system includes the following elements:

- Case plans include the required provisions and are developed with parents/families;
- Periodic reviews of said case plans occur;
- Timely permanency court hearings occur;
- Timely filing of termination of parental rights' petitions occurs; and,
- Notice of hearings and reviews is provided to caregivers.

The 2015 CFR found that North Carolina was not in substantial conformity with this systemic factor and strategies were included in both the state's 2017 Program Improvement Plan (PIP), its 2020–2024 CFSP and subsequent 2021 APSR, to address concerns and improve performance. Item 20 (Written Case Plan), Item 23 (Termination of Parental Rights), and Item 24 (Notice of Hearings and Reviews to Caregivers) all received an overall rating of Areas Needing Improvement, while Item 21 (Periodic Reviews) and Item 22 (Permanency Hearings) were rated as Strengths.

While North Carolina has made significant strides in addressing and reducing some of the identified contributory factors, there are three primary barriers that continue to undermine North Carolina's performance on this systemic factor and its ability to achieve positive permanency outcomes: (1) a continued lack of uniform collection, review, analysis and application of relevant, reliable data both within the child welfare system, and also with and across the courts; (2) a continued concern that county child welfare staff practices are not consistent with policy and do not promote permanency; and, (3) a lack of partnership and shared ownership of permanency outcomes by and between North Carolina's child welfare system and its courts.

North Carolina worked successfully during the past few years to establish case planning requirements and timeframes via state law and administrative policy, to clearly identify what is expected for its case review system, and to promote uniformity and consistent practices, statewide. NCDSS also previously revised practice tools and provided guidance on developing written case plans to county child welfare workers via multiple mandatory training courses, including: (1) Pre-Service, (2) In-Home Services, (3) Permanency Planning, and via an online training course, (4) Collaborative Case Planning.

This year, NCDSS and the NC Administrative Office of the Courts (AOC) are partnering to develop respective five-year plans, identifying and aligning complementary efforts towards shared goals and outcomes for children and families experiencing the child welfare and legal systems. including work to identify and enhance data collection, sharing and syncing towards this end, as possible. (*For additional information, see [Section 1, Collaboration.](#)*)

Since the submission of the 2021 APSR, North Carolina has worked to enhance strengths, identify and address concerns, and develop strategies for planned activities targeted at improving performance on this systemic factor, as identified for each item below.

#### *Item 20. Case Plans*

North Carolina continues to struggle to consistently engage parents in the case planning process according to policy. North Carolina's Child Welfare Policy manual outlines procedures for child and family team meetings that must include parents (both in and outside the children's household) and children and that must be held for the purpose of developing written case plans for children in foster care or receiving in-home services. Policy requires written case plans (called family services agreements) to be completed together with the family within 30 days of the beginning of in-home services or removal into foster care and specifies regular intervals for updates to be completed together with families. Policy also specifies elements that must be included in the family services agreements.

Item 13 in the OSRI reviews assesses whether concerted efforts were made to actively involve the child, mother and father in the case planning process. North Carolina's performance on this item has averaged about 60% over the last several review periods. The most frequent area of difficulty has been with concerted efforts to actively engage fathers.

North Carolina expects the implementation of its practice model (inclusive of practice standards for communicating, engaging, and planning and SOP tools to structure planning with families) will substantially improve the quality of its engagement with children and families in the case planning process. Additionally, the implementation of a statewide case management system—now back on track with a joint state-county governance process—will give North Carolina better ability to track and assure involvement of family members in planning more proactively and to give targeted technical assistance when needed.

Item 21. Periodic Reviews

NC General Statute 7B outlines requirements for court hearings and reviews after a county DSS files a petition alleging that a juvenile is abused, neglected or dependent. The provisions of the statute prescribe an initial court review hearing within 7 calendar days of a county petitioning to take a child into foster care, adjudicatory and dispositional hearings within the first 90 days, an initial post dispositional review within 90 days, and on-going reviews no less frequently than every 6 months.

North Carolina currently has available data on the median length of time from the first permanency planning hearing to all subsequent permanency planning review hearings from the JWIS system. That data for the two most recently completed federal fiscal years is shown in Table 7 below:

**Table 8. Frequency of Permanency Hearings**

	<b>October 2018–September 2019</b>	<b>October 2019–September 2020</b>
CIP Measure 2: Days to All subsequent Permanency Planning Hearings	119	139
Number of Occurrences	15,506	13,558

(Source: JWIS, the NC Administrative Office of the Courts' dependency court data collection system)

The data for CIP Measure 2 from the JWIS system shows that the median time between hearings in FFY 2019 was 4 months, compared to the 6 –month standard. That time increased to about 4 and a half months in FFY 2020, which we attribute to disruption caused by the COVID–19 state of emergency. Overall, NC did well to keep the median length of time between court reviews below 5 months.

Although NC statutes are more stringent with respect to the required intervals between hearings, NC does not have data on the actual intervals between required hearings prior to the first permanency planning hearing (i.e., adjudicatory, dispositional, post dispositional, and review hearings), and data for the median interval between permanency reviews does not specifically address how often required court reviews do not occur on time. North Carolina also currently lacks a statewide data system that could help DSS and the courts proactively assure that required meetings are held timely. North Carolina's Administrative Office of the Courts has plans to replace the outdated JWIS system.

NCDSS will engage in discussions with the AOC this summer and in FFY 2022 to advocate for inclusion of the capacity to track the needed data in the new system and to improve data received from JWISE in the interim if necessary.

Item 22. Permanency Hearings

NCGS 7B-906.1(a) requires a permanency planning hearing to be held within 12 months of the initial order removing a child from the home. The statute requires subsequent permanency planning hearings to be conducted within 6 months, which exceeds the federal requirement of 12 months.

Table 8 below presents CIP Measure 1 data for the median days to the first permanency planning hearing.

**Table 9. Permanency Hearings**

<b>Measures</b>	<b>Target Performance Goal</b>	<b>FFY 2018–2019 Median Days</b>	<b>FFY 2019–2020 Median Days</b>
CIP Measure 1: days to First Permanency Hearing	PPH to be held 365 days (12 months) from the day child entered foster care	260 days	274 days

The CIP data shows that the median length of time to a permanency planning hearing was 260 days (8.5 months) during FFY 2019 and 274 days (9 months) during FFY 2020, well under the 12-month maximum. NC is pleased that it was successful in maintaining this performance during FFY 2020 despite disruption from the COVID-19 state of emergency.

As was reported in Item 21, data from CIP 2 for the last two federal fiscal years showed that the median time to subsequent permanency planning hearings remained under 5 months, which is less than both the 6-month state statute and the 12-month federal requirement.

Although pleased with the data on median performance, NCDSS acknowledges that it does not have data on how frequently initial or subsequent permanency planning reviews occur less frequently than required and does not have a statewide system that helps proactively assure that hearings are timely. As stated above, North Carolina’s Administrative Office of the Courts has plans to replace the outdated JWISE system. NCDSS will include in its discussions with AOC the needed capacity to track permanency hearings to improve performance and reporting on this item.

Item 23. Termination of Parental Rights

NCGS 7B-906 1(f) requires a county DSS to initiate a proceeding to terminate parental rights of any child in placement outside the home for 12 of the most recent 22 months unless the court finds that:

- the primary plan is guardianship;
- specific reasons that termination of parental rights is not in the child’s best interests; and,
- the DSS has not provided the family with services the DSS deems necessary while reasonable efforts to return the child home were still required.

Additionally, NCGS 7B-1111 requires that a petition for termination of parental rights hearing must be filed within 60 calendar days of the hearing that determines the primary permanent plan is adoption unless the court makes other findings.

Table 9 presents CIP Measure 4 data on the median days from the entry into foster care to the filing of the first TPR petition.

**Table 10. TPR**

<b>Measure</b>	<b>FY 2018–2019 Occurrences</b>	<b>FY 2018–2019 Median Days</b>	<b>FY 2019–2020 Occurrences</b>	<b>FY 2019–2020 Median Days</b>
CIP Measure 4: Days to filing of First TPR petition	1,488	524	1115	508

The CIP data shows that the median time to filing the first TPR petition was 524 days (17.5 months) in FFY 2019 and 508 days (17 months) in FFY 2020. Overall, the data suggests that 5 months is the median length of time after a child has been in care 12 months to the filing of a TPR petition. The CIP data does not directly address the question of whether proceedings were filed in accordance with required time frames because court findings in individual cases is not available.

Efforts to improve performance on Item 23 will include:

- Implementation of a child welfare practice model that better assures services needed by families are provided in a timely fashion
- Improved tracking of multiple data points through a statewide case management system and through the AOC data system
- Improved collaboration with court partners through permanency collaboratives in individual judicial districts.

### Item 24. Notification of Caregivers

The NCDSS policy manual requires the clerk of court to give at least a 15-day notice of review hearings to foster parents, the child regardless of age, and any other person specified by the court. The policy manual also requires, in any court hearing or case review, the child must be consulted in an age-appropriate manner about any permanency plans for him/her. The Monthly Permanency Planning Contact Record is a tool that requires county child welfare workers to assess the well-being of the child's placement provider and it is a good tool to document information shared with foster parents, pre-adoptive parents and relative caregivers of children in foster care.

North Carolina will seek to strengthen its performance on this item by reviewing and clarifying state policy. It continues to be a concern that NCDSS lacks a uniform, statewide system for providing notices and for tracking whether notices of court hearings and reviews have been provided. In FY 2021-2022, North Carolina will ensure that all county DSS child welfare agencies and district courts have documented business processes for notifying caregivers of court hearings and reviews. This commitment will be included in the plan for expanding District Permanency Collaboratives, statewide.

### **2.3.2 Quality Assurance System (Item 25)**

NC received an Area Needing Improvement on its Quality Assurance System in its 2015 CFSR. The Quality Assurance System is a focus in the CFSP as it is part of the work on Strategic Priority 4. NC completed its non-overlapping measurement period in December 2020. NC has chosen to continue conducting record reviews utilizing the OSRI and random sampling across the state. In addition, 20 CQI Specialists also conduct targeted reviews on items that NC has determined to effect child and family outcomes. NC is working to develop a record review process that will be implemented regionally and rise to a statistical significance in looking at the issues in a specific region or jurisdiction.

North Carolina is utilizing its OSRI performance as a basis for its CQI focus in preparation for CFSR Round 4. By focusing on the OSRI, NC has built in standards to evaluate the quality of services as set forth in partnership with the Children's Bureau.

As noted in the Assessment of Outcomes section of the APSR, North Carolina is identifying strengths and needs of the service delivery system through the OSRI record reviews, by pulling reports from the OMS system and digging deeper into the qualitative notes from the record reviews. NC wants to ensure that strategies utilized for improvement target the root cause for issues. Additionally, North Carolina utilizes the federal data indicators to assess strengths and areas of improvement. The reports from OMS on OSRI reviews are shared and discussed with NCDSS program leadership, the Unified Leadership Team, and the Design Teams supporting the work of NC's strategic plan.

NC has identified that an area of improvement needed in its quality assurance system is how it evaluates implemented program improvement measures. Work is being done to identify areas that can be evaluated since desired improvement has not occurred. NC is discussing some evaluation steps for items implemented through the Round 3 PIP.

Additionally, NC is implementing a plan to evaluate each new change made to address an issue. For example, NC recently provided additional Plan of Safe Care guidance. In the subsequent months, CQI Specialists will review cases to determine if improvements are occurring that reflect the new guidance. That information will inform, what if any, next steps are needed.

By tying specific outcomes to the CFSP, NC can assess the program improvements. North Carolina is committed to viewing the OSRI through the CQI framework shared in Section 4. Use of this framework has positioned our Child Welfare System to be data driven and outcome focused.

### **2.3.3 Staff and Provider Training (Items 26–28)**

Staff and Provider Training includes CFSR Items 26 (initial training provided to all staff), 27 (ongoing training provided for staff), and 28 (training occurring for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities). 2015 CFSR results showed NC was not in substantial conformity for Staff and Provider Training. Items 26 and 27 were noted as Areas Needing Improvement while Item 28 was noted as a strength.

#### *Initial Training (Item 26)*

From July 1, 2020 to June 14, 2021, there were a total of 11,472 training completions of Division-sponsored child welfare training:

approximately 2,294 child welfare staff in public and private child placing agencies completed one or more pre-scheduled courses, totaling 4,028 completions.

Approximately 2,342 child welfare staff in public and private child placing agencies completed one or more online on-demand child welfare courses (registration not required), totaling 7,444 completion.

This includes data from all 100 county child welfare agencies and private child-placing agencies. NC provides initial training for new employees through *Child Welfare in North Carolina: Pre-Service*. This 3-week, blended course is required of child welfare workers prior to direct client contact.

**Table 11. New Hires and Completion Rates for Pre-Service Training (PST)**

<b>Dates</b>	<b># New hires who were required to complete PST</b>	<b># of PST Completions</b>	<b># of PST Incompletes</b>
January 1, 2020 – December 31, 2020	590	638*	34

Source: [www.ncswlearn.org](http://www.ncswlearn.org) and NC 2020 Child Welfare Staffing Survey

\*Data indicates there were more staff who needed to complete training than were hired.

Once child welfare workers have completed Pre-Service Training, staff are eligible to enroll in courses specific to the role they perform. The following five core courses provide basic knowledge of child welfare practice and policy:

**Table 12. Training Completions for October 1, 2020–March 26, 2021**

<b>Child Welfare in NC: Pre-Service Training</b>	256
<b>Intake in Child Welfare</b>	87
<b>CPS Assessments in Child Welfare</b>	127
<b>In-Home Services in Child Welfare</b>	101
<b>Permanency Planning in Child Welfare</b>	87

COVID-19 provided an opportunity to deliver trainings online, giving staff an opportunity to immediately sign up for and participate in training.

NC continues to implement strategies identified in the CFSP for the Workforce Development Strategic Priority 5, Target 3. Since January 2021, our capacity to train CPS Assessments increased due to hiring of two new trainers with extensive CPS Assessment experience. NCDSS plans to increase the number of courses offered this upcoming year to accommodate for new hires:

- CPS Intake trainings will increase from 17 to 20 sessions.
- CPS In-Home Services trainings will increase from 13 to 14.
- Permanency Planning will increase from 15 to 18 training sessions.
- DSS trainers will assist our UNC partner with delivering trainings.

DSS is exploring solutions to improving data collection for needed trainings based on new hires.

The Data Team, with our partners at UNC, developed and implemented an evaluation that included a pre-survey that is completed before participants begin the course and a post-survey that is completed at the conclusion of the course. Surveys reflect the course

competencies and learning objectives and are designed to assess participants’ growth in knowledge and skills after completing the course. Data was gathered July 1, 2020– March 31, 2021. Participants are asked to complete the survey on the last day of training. The results of those surveys were as follows:

- Response rates to the pre- and post-surveys were high.
- Overall, participants showed positive, significant differences in knowledge and skills from pre-survey to post-survey for most of the competencies.
- Participants who identified themselves as supervisors or having more experience in CPS Assessment Services demonstrated positive, significant changes on fewer knowledge and skill competencies than those who identified themselves as workers or having fewer years of experience in CPS Assessment services.
- Participants’ experiences with the course were positive overall but there is some indication that a lack of other students in the class and having trouble focusing may have been challenging for some participants in this course.

NC continues to work on implementing strategies identified in the CFSP under Workforce Development Priority 5.

Ongoing Training (Item 27)

North Carolina provides ongoing training to the staff of our local DSS and licensed private agencies and we do not provide training directly to providers. Licensing agencies are responsible for ensuring ongoing training is provided to foster and adoptive parents, and the state does not track ongoing training for them at the local level. NC requires workers and supervisors to complete 24 hours of ongoing training each year.

**Table 13. Ongoing Training Requirements  
Workers and Supervisors Ongoing Training Requirements, January 1, 2020–December 31, 2020**

<b>Total Number of Workers and Supervisors with more than 1 year experience</b>	2,544
<b>Number of Workers and Supervisors that completed Year One Training Requirements</b>	955
<b>% of Workers and Supervisors that completed Year One Training Requirements</b>	38%
<b>Number of Workers and Supervisors that completed Job Specific Training</b>	1,577

**Workers and Supervisors Ongoing Training Requirements, January 1, 2020–December 31, 2020**

<b>% of Workers and Supervisors that completed Job Specific Training</b>	62%
<b>Number of Workers and Supervisors that completed the Ongoing Training Requirement</b>	1,580
<b>% of Workers and Supervisors that completed the Ongoing Training Requirement</b>	62%

Data Source: ncswLearn.org

The following ongoing training opportunities were offered this year:

**Table 14. Ongoing Training offered July 1, 2021–May 31, 2021**

	<b>CPS Intake</b>	<b>CPS Assessments</b>	<b>CPS In-Home</b>	<b>Permanency Planning</b>	<b>Totals</b>
Events Held	17	20	13	15	<b>65</b>
Complete	219	274	168	202	<b>863</b>
Incomplete	40	46	23	48	<b>157</b>
Waiting List	57	72	40	38	<b>207</b>
Event Full	141	456	99	91	<b>787</b>
Cancelled	118	155	88	103	<b>464</b>
No Show	16	13	9	15	<b>43</b>

At first glance, the number of staff who were waitlisted or who received event full notifications appears high, especially for CPS Assessments. This data does not tell the full story because individuals submit multiple registrations, therefore they can fall into multiple categories.

Data regarding training is obtained from the ncswLearn.org system managed by UNC. Efforts are underway to improve data collection regarding training attendance and completions. The lack of learning reinforcement and coaching by supervisors when a worker returns from training is of concern and is consistent with root causes identified in the Safety, Permanency, and Well-Being Outcomes sections of the APSR.

The NCDSS Staff Development Team hired three new trainer positions between July 2020–June 2021. All three trainers are hired and will contribute to increase our capacity to offer trainings. NC offered four more assessment trainings and three more CPS In-home trainings this year (over 2019 training event data).

As stated previously, NC continues to work on implementing strategies identified in the CFSP under Workforce Development Priority 5. Additional strategies for the upcoming year include:

- Increasing the number of events offered by increasing the number of trainers to onboard each course.
- Improving accurate data collection by partnering with UNC to extract data for all courses next year and ongoing.
- Creating a new query in the ncswLearn.org system that will help differentiate why staff do not complete courses.

*Training for current or prospective foster parents, adoptive parents and staff of licensed or approved facilities (Item 28)*

North Carolina has not had the capacity or resources to meet the training needs or demand of our public and private licensing agencies, specifically regarding the TIPS–MAPP Leader Certification course. NC has a “train the trainer” model for TIPS–MAPP, TIPS–Deciding Together, and Shared Parenting. DSS provides training to the staff of our local DSSs and licensed private agencies. DSS tracks the number of train–the–trainers offered but currently does not have a process in place to track the number of prospective foster or adoptive parents trained by the local staff.

**Table 15. Participant Completions, July 1–2020–May 31, 2021**

	<b>Foster Home Licensing</b>	<b>Adoptions</b>	<b>TIPS–MAPP (In Person)</b>	<b>TIPS–MAPP/DT (Virtual)</b>	<b>TIPS–Deciding Together (Virtual)</b>
Completed	117	63	0	14	19
Incomplete	3	4	0	0	0
Waiting List	5	14	0	0	0
Event Full	0	60	0	0	0
Cancelled	37	29	0	2	0
No Show	9	5	0	0	0

NC's ability to deliver the suite of TIPS-MAPP trainings was extremely limited during the pandemic. TIPS-MAPP was converted to a virtual platform in February 2021. This was a new course that was developed that combined virtual TIPS-MAPP and virtual TIPS-Deciding Together into one course. Challenges in offering the TIPS-MAPP Leader Certification virtually include:

- The virtual course is more time consuming, as it lasts longer to accommodate virtual learning, with a mixture of self-paced work and live virtual classroom that span over a 15-day period versus the 9 days it takes when the trainings are in-person.
- Participants were only certified to deliver TIPS-MAPP virtually to foster parent groups and are not allowed to lead an in-person class until the new trainers attend a specialized in-person training that certifies them to deliver the program in-person. This course will be an additional three days.
- Course participation and participant engagement were challenging due to the virtual training environment. TIPS-MAPP content is very sensitive in nature as trauma and self-assessment are a part of the program. The virtual platform hindered the trainer's ability to connect with participants, to ensure understanding of the material, and to monitor for when a participant may be triggered by content.
- NC purchases and provides each participant with the TIPS-MAPP and TIPS-Deciding Together trainer manuals, training materials, and content. Virtual offerings have made it necessary to disperse materials to participants across the state.

A strength for NC is our strong, long-standing partnership with the Children's Alliance of Kansas (the Alliance), the purveyors of TIPS-MAPP. Mid to late fall 2020, the Alliance created and dispersed a TIPS-MAPP curriculum via ZOOM for licensing agencies to deliver the training to prospective foster parent groups. NCDSS staff were required to create and deliver a TIPS-MAPP Virtual Update training allowing leaders to deliver it virtually. NC did not have resources create and deliver the additional training, so the Children's Alliance gave NC exclusive permission to forgo the virtual training requirement. Licensing agency staff who were certified TIPS-MAPP Leaders were given immediate access to the training materials online and began to offering TIPS-MAPP to foster parents virtually in February 2021.

NC will engage in the following strategies to improve performance:

- TIPS-MAPP Leader Certification course and TIPS-Deciding Together certification course will be among the first to move back to in-person training; 4 events are scheduled from August-December 2021.
- An aggressive TIPS-MAPP onboarding plan is in place to increase the number of trainers who are certified to deliver this course, which will increase the number of

offerings. The requirements for the trainer certification process are specific, and it typically takes eight to 12 months for an individual to be certified as a TIPS–MAPP Trainer.

- (1) Two temporary staff will continue to be utilized as Master TIPS–MAPP Trainers and are responsible for supervising, coaching, and certifying all the new TIPS–MAPP Leaders.
  - (2) Five staff have been identified to onboard TIPS–MAPP. Four are full–time NCDSS staff and one is a family partner from the NC Family Advisory Council. All are scheduled to participate and/or observe the course in–person from July–December 2021, which means they will be able to co–train the course from January–June 2022.
  - (3) A former foster/adoptive parent who is already certified as a TIPS–MAPP trainer was sought out to assist and will be contracting with NCDSS through a temporary contract in the Fall of 2021 and the Spring of 2022.
- NC will establish a system of tracking the number of foster/adoptive parents who receive TIPS–MAPP and TIPS–Deciding Together from the TIPS–MAPP Leaders who the state certifies.

### **2.3.4 Service Array and Resource Development (Items 29–30)**

The service array and resource development system ensures the following array of services is accessible in all political jurisdictions (statewide) covered by the CFSP.

2015 CFSR results showed North Carolina was not in substantial conformity with the systemic factor of Service Array and Resource Development. None of the items in this systemic factor were rated as a Strength, and rather the overall rating was Area Needing Improvement.

#### **Assessing Strengths and Needs of Children and Families**

Assessing the strengths and needs of children and families occurs throughout the entire course of child welfare services provision and occurs through the utilization of structured assessment tools. The provision of services is based upon these assessments and referrals for assessments completed by community–based services providers.

NCDSS recognizes the need for a statewide services array for children, youth and families involved in child welfare. The implementation of the Families First Prevention Services Act (FFPSA) Prevention Plan will result in the development of a statewide service continuum of evidenced based practices (EBPs) available to all jurisdictions. Homebuilders–Intensive Family Preservation and Reunification Services and Parents as Teachers will be the first FFPSA services to be implemented after October 1, 2021.

Homebuilders provides intensive, in-home counseling, skill building and support services for families who have children under the age of eighteen (18) years and who are at imminent risk of out-of-home placement, or who are in placement and cannot be reunified without intensive in-home services. A core component of Homebuilders is the completion of behaviorally-specific initial and ongoing assessments that identify family strengths, goals, and barriers to meeting those goals. Service plans based on these assessments determine intervention goals and focus on factors directly related to the risk of out-of-home placement or reunification. Throughout the provision of Homebuilders services, safety plans and clinical strategies designed to promote safety are utilized.

### *Services for Children and Families*

Through the use of several federal, state, and county funding streams, North Carolina provides services that address the needs of families and individual children with the goal of creating a safe home environment. Statewide child protective services (CPS) are available in all one hundred counties and this includes investigative and assessment services to determine if maltreatment has occurred and if services are needed for children to remain safely in their homes. Families who are need of further child welfare case management services for children to remain in their homes, are opened to in-home services, and child welfare case management activities include ongoing risk assessment, strengths and needs assessments, and referrals to community-based services that will address the needs of the families and individual children.

NCDSS funds Intensive Family Preservation Services (IFPS). IFPS is provided to families deemed high risk who are open to child welfare in-home services. IFPS is an intensive service delivered in the home and community with the goals of keeping children safely at home, preventing repeat maltreatment, improving family functioning, and increasing protective factors. The IFPS services case plan is individualized to meet the families' and children's needs, and the interventions are developed to mitigate risks that brought the families to the attention of child welfare. For example, interventions may increase protective factors and ensure families are linked to financial and other community-based resources. Outcome data from IFPS services indicate that the service is effective in meeting its objectives of keeping children safely in their homes.

Due to the positive outcomes for families who receive IFPS programs, NCDSS has included Homebuilders, the evidenced based family preservation model in its FFPSA plan. Funding from FFPSA will support the state in developing statewide capacity for this program. Homebuilders' staff work with families to identify needs specific to the families and the individual children, and tailor interventions to meet these needs. In addition, Homebuilders' staff continuously assess for safety and risk and adjust interventions to ameliorate the risk, accordingly.

NCDSS funds additional services that support families and individual children’s needs and allow them to remain safely at home, including Family Support Network of North Carolina (FSN) services, Family Support and Prevention Services, Respite, parenting, community response programs, family reunification services, and post adoption support services. (*For additional information, see [Section 5, Update on the Service Descriptions](#)*).

In North Carolina, DHHS publicly-funded agencies provide services for families, tailored to individual children’s needs. If these services were not available, there would be an increased risk of maltreatment and removals from homes. NCDSS refers families and individual children to other available social services programs that support families in meeting basic needs, keep children safe at home, including food and nutrition services, Work First benefits, Medicaid, and childcare.

The Division of Health Benefits/NC Medicaid funds an array of medically necessary services, however there is geographic disparity in access to services and gaps in the services continuum to meet families and individual children’s needs. For children who present with the most intensive treatment needs, residential treatment services that meet their medical necessity are difficult to access, and this leads some to make a decision to allow local Department of Social Services (DSSs) to assume custody.

The Division of Public Health funds home visiting services and services for children under five years who are at risk for poor health and other outcomes. Additionally, Public Health programs provide safety net services such as pharmacy services, dental, medical, and testing and treatment for communicable disease. Public health services are available statewide.

To support increased collaboration, coordination, accountability and timely access to services, DHHS developed NCCare360. NCCare360 is a statewide services and referral network platform that has expanded statewide. NCCare360 provides a “no wrong door” approach to referrals and electronically connects those with identified needs to community resources.

### *Services to keep Families Together*

As described in the above section (2), In-home child welfare services assess for risk, strengths and needs using standardized assessment tools. The intensity of child welfare intervention and referrals to needed services are based on the outcomes of these tools. Child welfare agencies rely on services listed above section (2).

NCDSS recognizes that there is a need for a statewide services array available to all children, youth and families. FFPSA provides the state the opportunity to build capacity for a statewide services array of evidence-based services. Initial services will be Homebuilders and Parents as Teachers. A description of the Homebuilders program is provided above the

above sections (1&2), in addition to assessing for risk, strengths and needs, provide for families and individual children's needs, Homebuilders provides services that enable children to remain safely with their parents when reasonable by addressing the risk concerns that brought them to the attention of child welfare.

Additional services that allow children to remain safely with their parents when reasonable are available from an array of publicly funded programs. A description of these programs is described in the section (2) above.

### *Services for Children in Care*

The array of services that help children in foster care and adoptive placements achieve permanency in North Carolina are funded by NCDSS and other publicly funded programs.

Local DSS child welfare workers provide services through permanency planning case management and support to adoptive placements prior to the adoption being finalized. Monthly caseworker visits monitor the child's progress in placement and identify needed services to promote optimal emotional and physical well-being. Child Welfare workers develop case plans with families based on individual family member needs, refer to community-based services, and monitor progress in order to support the child or youth's permanent plan.

Public child welfare and Private licensing agencies license foster homes, complete adoption profiles for children and youth, and conduct home studies. These services support potential adoptive parents to learn about the children and youth legally free for adoption and evaluate homes to ensure they are able to meet the needs of these children and youth.

For children and youth who have returned home to their families of origin after receiving foster care services NCDSS funds Family Reunification Services. These services are provided in all 100 county child welfare agencies. Outcome data on the impact of this service is not available for FY2021. NCDSS intends to make programmatic changes during FY2022 that will allow an increased number of families to be provided Family Reunification Services. For additional information see [Section 5, Mary Lee Allen Promoting Safe and Stable Families](#).

The Permanency Innovations Initiative (PII) provides child-specific recruitment services statewide, although not all local child welfare agencies are utilizing this resource. For additional information please see the [update to Foster and Adoptive Parent Diligent Recruitment Plan](#).

NCDSS uses TANF and state funds, supplemented with IVB-1 funds, to incentivize the completion of adoptions among county child welfare agencies and contracted private child-placing agencies. Adoption Promotion services are offered statewide in all one hundred (100) county child welfare agencies and fourteen (14) contracted private licensed

child-placing agencies. For additional information see [Section 5, Mary Lee Allen Promoting Safe and Stable Families Program](#).

There are Permanency Roundtables in five counties. In partnership with the Interagency (Court) Collaborative, NCDSS intends to expand Permanency Roundtables to additional counties/judicial districts. For additional information please see [Section 3, update to permanency strategic priority, target 1](#).

In FY2021, enhancements were made to PASS programs for respite, services for all adoptive families, and for those who completed and out-of-country adoption. For additional information see Section 5, [Mary Lee Allen Promoting Safe and Stable Families Program](#).

An effective and accessible services array available statewide is an essential systemic factor for families to remain safely together and for child welfare to achieve optimal outcomes. NCDSS defines this service array as a range of service options, including methods for coordinating services available to address holistically the individual needs of children, youth, and families, as determined by a thorough assessment, within a geographic area.

Children, youth, and families who are child welfare involved receive services from a continuum of publicly and privately funded systems. Child welfare workers in North Carolina are trained to conduct assessments that determine risk levels and identify strengths and needs. Child welfare workers identify interventions, refer to public and private funded community-based services, and monitor progress towards reducing risk so children and youth can remain with their families when possible. When children and youth are not able to remain in their homes child welfare workers provide case management services that support children and youth to achieve permanency and to have successful adoptions. The service system that child welfare workers refer to must be responsive, accessible, and provide high-quality evidence-based interventions. Services should support families with creating a safe home environment, address trauma, and increase resiliency factors.

North Carolina's prevention services array is a strength as evidenced by the number of available services and the outcome data for these services as referenced in [Section 5](#). NCDSS recognizes the need for a statewide services system with the evidence-based prevention services that will be accessible to all families. To address this need NCDSS is utilizing the resources available through FFPSA to develop a statewide prevention services array for child welfare involved families. NCDSS will be adding the evidence-based Homebuilder and Parents as Teachers programs to its existing prevention services array. To support statewide FFPSA implementation NCDSS is hiring of seven prevention specialists and an FFPSA program manager. The FFPSA positions will be assigned to the seven child welfare regions and will work at the regional level with local DSSs and providers.

NCDSS engages in ongoing evaluation on the services system by utilizing OSRI data, focus groups, provider reports, analysis completed during FFPSA planning, and community child protection team reports. This data informs the state on the services available, experiences with accessing these services, effectiveness of services, and identifies gaps in the services array.

Assessing and ensuring that children and youth in foster care have their educational needs met is an area of strength for North Carolina as evidenced in Well-Being Outcome 2 data in section 2. Findings from this year's OSRI data finds the greatest areas for improvement are needed in for activities that assess the needs of children, parents, and foster parent.

During FY2021–2022 NCDSS will focus on increasing services that engage fathers whose children are child welfare involved. This will support NCDSS in meeting benchmarks related to assessing and engaging, and permanence. Implementation of Safety Organized practice and the practice model improvements will provide child welfare workers the skills and tools needed to improve risk assessments and interventions to mitigate risk. The continued hiring of regional System of Care Specialists who will be responsible for development of a regional networks of community agencies that provide essential services for children and families served or at risk of entering the child welfare system. The hiring of Regional Abuse and Medical Specialists (RAMS) will provide local DSSs with case consultation for children at high risk for future maltreatment. Regional child welfare consultants (RCWCs) will continue to engage local DSS's in CQI efforts focusing on all aspects of Child Welfare services.

Data obtained during FFPSA planning identified the top contributory factors for child welfare involvement in North Carolina, they include parent/caretaker substance use, parent/caretaker and child mental and behavioral health issues, household domestic violence, parent/caretaker lack of childhood development knowledge, and household financial challenges. The contributory factors findings are consistent with data collected from focus groups, and community child protection team surveys.

Community Child Protection Team (CCPT) surveys have continuously identified the need for substance use disorder services for parents and adolescents, mental health, and domestic violence services. CCPTs further report that there are significant systemic barriers to families' accessing services. The most commonly cited barriers were limited services or no available services, transportation to services, and youth having a dual diagnosis of mental health and substance use issues.

Data collected during the in-Home services focus groups conducted in April of 2021 identified systemic issues including, a limited number of available services, poor quality services, accessibility of services, need for individualized and flexible services, lack of insurance, transportation barriers, lack of funding for programs for batterers, waitlists, and

need for housing resources. The services delivery system was profoundly impacted by the COVID-19 pandemic.

A recurring theme across North Carolina is the need for systems collaboration to effectively meet the needs of child welfare involved families. Focus group participants identified a need for improved communication from both state and county leadership about available services and supports; improved communication across government agencies and service providers in order to coordinate services for families; cross training between local DSSs and provider agencies; and better coordination and oversight of the services system is needed.

NCDSS utilizes joint planning sessions with stakeholders who represent providers, advocacy organizations, families, youth, and participants from other publicly funded services systems. Joint planning allows NCDSS to both provide stakeholders information on its progress and obtain feedback from stakeholders on what is going well in the current system, and what improvements are needed. During joint planning NCDSS collaborated with stakeholders on the strengths and needs of the services array, services for adolescents and transition age youth served by foster care, and on the building of a statewide prevention services array. The level of stakeholder engagement is an area of strength as evidenced by the participation in the 2021-2022 joint planning sessions.

Stakeholders identified a number of strengths, including the increase in accessibility to mental health services that occurred due to the telehealth flexibilities during the COVID-19 pandemic; DSS was responsive in addressing policies for services delivery during COVID; innovative strategies by MCO and DSS in collaborating to address complex needs of children have been developed; increased promotion of kinship care; statewide available for some services; increased awareness of the impact of trauma, increased collaboration between state agencies that oversee child welfare, Medicaid, and behavioral health/intellectual and developmental services; and systems level engagement of families and youth.

Stakeholder identified a number of systemic needs including cross agency information sharing and collaboration, disparities in access to services, services for the uninsured, timely access to services, need for a statewide services system to reduce disparities in access; and concerns about the quality of services. The systemic challenges accessing services presents a challenge in meeting well-being needs for children, youth and families.

NCDSS engages in interdepartmental collaboration on workgroups that seek to align services to better meet the needs of child welfare involved families. Addressing systemic issues requires the collaboration and alignment of many funding federal funding streams. During FY 2021-2020 this collaboration resulted in the inclusion of the Sobriety Treatment and Recovery Teams (START) model in the proposed use of Governor's budget, funded by the American Rescue Plan Act (ARPA). This will allow the state to expand capacity for this

child welfare evidence-based substance use disorder model and address a gap identified by a number of stakeholder groups.

Additional collaboration continues on the development of the Statewide Foster Care plan, data sharing projects, Plan of Safe Care implementation, FFPSA planning, and increasing access to medically necessary residential treatment for children and youth who present with complex and high acuity needs.

NCDSS continues to engage in the implementation of Integrated Care for Kids (InCK), a pilot project of a child-centered local service delivery and state payment model aimed at improving the quality of care and reducing expenditures for children insured by Medicaid or CHIP (NC Health Choice). The program acknowledges that children are affected by their health needs, social needs, and parents' need. It aims to integrate services for children, including physical and behavioral health, food, housing, early care and education, Title V, child welfare, mobile crisis response services, juvenile justice, and legal aid.

NCCare360, a collaboration across DHHS divisions and local communities is now available in all jurisdictions in North Carolina. As this platform continues to grow it will support the streamlining of service referrals, increase time access, and improve the knowledge of the child welfare workforce about the services available for the children, youth and families they work with.

Assessing for and understanding the impact of trauma is an essential component of the service system. In FY2021 NCDSS continued to make progress towards a statewide trauma informed child welfare system as evidenced by increased capacity to deliver the Resource Parent Curriculum as described in the Diligent Recruitment and Retention Plan. FFPSA implementation in FY2021–2022 will further this goal by including the requirement that children and youth receive a trauma screening by child welfare staff, and materials to identify and address trauma related to disasters will be included in the Disaster Plan Toolkit being developed by the state.

### **2.3.5 Agency Responsiveness to the Community (Item 31)**

This year, NCDSS engaged in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies, as related to implementation of the 2020–2024 CFSP and APSR provisions, in four primary ways:

- NC DHHS/DSS invited and included community system stakeholders on a myriad of standing, collaborative groups including the Unified Leadership Team (ULT), Leadership Advisory Team (LAT), and CFSP Design Teams (as described in the [Collaboration section](#));

- NC DHHS/DSS was invited to attend and participated in community stakeholders' meetings, trainings/webinars and events;
- NC DHHS/DSS invited and engaged community system stakeholders in an annual Joint Planning event in April 2021; and
- NC DHHS/DSS invited and included community stakeholders on various ad hoc workgroups and in focus groups for targeted input and feedback.

(For additional information, see [Section 1, Collaboration](#).)

While these engagements provided for ongoing, targeted and general involvement of and partnership with various child welfare stakeholder groups throughout the year, there are a few notable, specific examples of NCDSS' engagement of and response to community system stakeholders in implementation of the CFSP provisions, including ongoing consultation with and response to their major concerns, one of which is as follows:

#### *Service Array and FFPSA Statewide Implementation*

During this year, NCDSS has worked to engage and partner with county DSS Directors as members of the ULT and the members of LAT, including public and private service providers, county DSS agencies, and state and local management and services entities, to plan for implementation of FFPSA's prevention plan as part of NCDSS' development of a broader, statewide service array, as outlined in the Safety Strategic Priority, Target 3 of the CFSP. Due to the complexity and circuitous nature of the work, and the heightened interest and involvement of stakeholders during the development and planning process, questions arose and there was a need for additional, enhanced and targeted outreach and communications. NCDSS provided four (4) virtual regional meeting forums to provide updates on and promote discussions about the impact of FFPSA implementation on county DSS agencies, local and state service providers. Additionally, NCDSS attended monthly meetings of the NCACDSS Children's Services Committee, State-County Relations Committee, and attended the NCACDSS Executive Board meeting, to provide updates on NCDSS' development of a statewide service array, including implementation plans for FFPSA. NCDSS also attended and presented at monthly meetings of Benchmarks, North Carolina's providers' association. Additionally, NCDSS designated a three-hours joint planning session to the discussion of and planning towards development of a statewide service array, including a breakout session dedicated to focusing on accessibility issues, and upon receipt of concerns by county DSS agencies, individuals with lived experience and services providers regarding the lack of available, accessible services in some parts of the state. The joint planning's four breakout sessions produced a litany of ideas and suggestions for next steps.

#### *Coordinated with services or benefits of other federal or federally assisted programs*

NCDSS worked to ensure that the state's services included in the CFSP and provided to children and families experiencing the child welfare system are coordinated with other federally-funded assistance programs. This year, NCDSS collaborated with the NC Division of Health Benefits (DHB)/NC Medicaid in initiatives related to the health and well-being of the populations served by child welfare, specifically related to the Well-Being Strategic Priority. This collaboration consisted of:

- NCDSS' membership on the Foster Care Core team whose purpose is to bring subject matter experts together to complete design elements necessary to ensure that the tailored plan is responsive to the needs of children and youth who are in foster care and their families;
- NCDSS' coordination with NC DHB to ensure care management, policies, and programs for children and youth in foster care are available and have the components needed to meet their needs and supports NCDSS in the implementation of the Health Care Oversight and Coordination Plan;
- NCDSS provision of subject matter expertise to NC DHB on child welfare policy and practice, that supports the development of NC DHB policy, programming, and priorities for recipients of child welfare services;
- NCDSS' engagement of and working with NC DHB on teams that identify gaps in the services to individuals, and development of programming recommendations to fill the gaps;
- NCDSS' collaboration with NC DHB to develop processes to share claims' data that will allow NCDSS to measure progress towards meeting the well-being benchmarks for children and youth in foster care; and,
- NCDSS' completion of a joint application to participate in a Center for Medicaid and Medicare Services' Affinity group with NC DHB, to develop business practices and processes that reflect the shared goals of both divisions.

Additionally, NC worked with NCDSS' Supplemental Nutrition Assistance Program (SNAP) and the NC Public Schools towards ensuring that all children in foster care received P-EBT services. The Pandemic Electronic Benefit Transfer (P-EBT) program helped families purchase food for children whose access to free or reduced-priced meals at school had been impacted by COVID-19 because students were learning virtually, outside of brick-and-mortar schools. This year, the school year 2020-2021 extension of P-EBT benefits had some changes to meet the USDA requirements. In addition to P-EBT for students, North Carolina also expanded the P-EBT program to provide benefits to eligible children under 6 years old who are in households receiving Food and Nutrition Services (FNS). The expansion of this program is an expansion of the ongoing P-EBT benefits for students in an eligible school and in certain circumstances may provide similar benefits back to October 2020 to families with young children and infants who need extra help buying food.

Eligibility requirements for this program are based on guidance from the United States Department of Agriculture (USDA). NCDHHS has been approved to continue P-EBT through Summer 2021 within the guidelines provided by USDA. Summer P-EBT is an extension of school year 2020–21 benefits. Eligibility will be determined based on student or child circumstances as of the last full month of the 2020–21 school year (May 2021). Eligibility for the summer period is not determined based on school attendance or learning mode, therefore students attending summer learning programs will be eligible for the full summer P-EBT amount. Eligible children will receive a one-time payment of \$375 that will cover the entire summer period of June through August 2021.

A one-time payment of \$265 per child in an active Temporary Aid to Needy Families (TANF) household was also sent to families starting on July 29, 2020. A second one-time payment of \$160 per child in an active TANF household was sent to families starting on June 28, 2021. This benefit was provided to kinship care providers caring for children in foster care who were receiving TANF benefits, as well.

During this year, NCDSS worked with the National Center for Housing and Child Welfare to deliver a presentation to North Carolina county departments of social services on the U.S. Department of Housing and Urban Development (HUD) Foster Youth to Independence voucher program, including 82 child welfare and youth service workers and supervisors. After the presentation, two county departments of social services received direct technical assistance jointly by NCDSS and the National Center for Housing and Child Welfare to better understand the competitive and non-competitive FYI voucher processes and how to get youth connected to vouchers to ensure safe and stable housing. (*For additional information see [Section 5, Chafee Program](#).*)

### **2.3.6 Foster and Adoptive Parent Licensing, Recruitment, and Retention (Items 33–36)**

Foster and Adoptive Parent Licensing, Recruitment, and Retention includes CFSR Items 33 (application of standards), 34 (requirements for criminal background checks), 35 (diligent recruitment of foster and adoptive homes), and 36 (use of cross-jurisdictional resources). 2015 CFSR results showed NC was not in substantial conformity for Foster and Adoptive Parent Licensing, Recruitment and Retention. Items 34, 35 and 36 were noted as Areas Needing Improvement while Item 33 was noted as a strength.

#### ***Item 33. Standards Applied Equally***

Statewide standards for childcare institutions are established by law in North Carolina and memorialized in Administrative Code, 10A NCAC 70I .0101. NCDSS applies state standards uniformly and consistently to all licensed and approved foster family homes and childcare institutions receiving title IV–B and/or IV–E funding and monitors for compliance as part of

the ongoing licensure process. NCDSS' Regulatory and Licensing section of Child Welfare Services receives and processes all applications and supporting documentation for foster homes' licensure in the state, ensuring that a cohesive team of trained staff are reviewing all applications routinely and equally. For applications that require additional scrutiny, a stepped-up review and consensus decision making process is in place to ensure that standards are applied consistently.

All foster homes in North Carolina and all childcare institutions must have their licenses approved in this manner by NCDSS, and NCDSS issues licenses for foster homes only when all regulations are met. Childcare institutions that have violations at the time of relicensing are subject to corrective action plans to address the violations. Agencies must provide follow up documentation and come into compliance before licenses will be issued. When childcare institutions are determined to be out of compliance, NCDSS takes corrective action and monitoring occurs until compliance is achieved. Licenses are renewed biennially upon a childcare institution's submission of an application and supporting documentation.

In FFY 2021–2022, NCDSS will improve its data collection to track:

- The number of licensure applications received;
- The number of licensure applications approved when received and the number of applications denied;
- The number of licensure applications resubmitted and approved or denied; and
- The number of corrective action plans and the results of those plans.

#### *Item 34. Criminal Background Checks*

Statewide standards and requirements for criminal background clearances for foster home licensing, adoption, and childcare institutions are established by law in North Carolina and memorialized in Administrative Code, in compliance with federal regulations. All applications for foster home licensure must contain verification that criminal background checks have been completed according to North Carolina law and Administrative Code, and all applications are received, reviewed and approved only by NCDSS, to ensure that standards for criminal background clearances are completed for all prospective foster home adult household members, by the only agency authorized to make that determination. Counties do not make a determination regarding criminal background clearances and compliance.

All criminal background clearances for foster and adoptive placements are standardized statewide. The process is electronic, web-based, and the results of criminal background checks are automatically reported to the Child Welfare Information System, reducing the likelihood of data entry errors. Additionally, criminal background clearances are required every two years prior to renewal of licenses.

Item 35. Diligent Recruitment of Foster and Adoptive Parents

North Carolina’s foster care and adoptive parent licensing and retention system’s functioning to ensure that ethnically and racially diverse foster and adoptive families are recruited for children needing homes is still an area needing improvement. Table x and Table Y below display the numbers and percentages of children in care by race and the numbers and percentages of licensed foster parents by race, respectively, as of September 30, 2020.

**Table 16. Race of Children in Foster Care on 9/30/2020**

<b>Race</b>	<b>Count of Children in Care on 09/30/2020</b>	<b>%</b>
White	6,459	56.7%
Black	3,500	30.7%
Bi-Racial/Multi-Racial	836	7.3%
American Indian/Alaskan Native	292	2.6%
Unable to Determine	252	2.2%
Hawaiian or Pacific Islander	34	0.3%
Asian	21	0.2%

Source: NCxCloud Licensed Foster Parent Report–DSS Licensed and Agency Licensed Reports

**Table 17. Race of Licensed Foster Parents on 9/30/2020**

<b>Race</b>	<b>Licensed foster parents</b>	<b>Percent</b>
White	7,256	64.1%
Black	3,770	33.3%
Bi-Racial/Multi-Racial	80	0.7%
American Indian/Alaskan Native	133	1.2%
Unable to Determine	26	0.2%
Hawaiian or Pacific Islander	9	0.1%
Asian	53	0.5%
Total number of Parents	11,327	

Source: NCxCloud Licensed Foster Parent Report–DSS Licensed and Agency Licensed Reports

As seen in the tables, the percentages of foster parents who are licensed who are white and African American closely approximates the percentages of children in foster care who are white and African American, respectively. The percentage of foster parents who identified as bi-racial is lower than the percentage of bi-racial children in foster care. However, the data in Table Y is for individual foster parents rather than for foster homes and it is likely that some two-parent foster homes have one parent who is white and one who is African American. Data on the number of bi-racial couples who are foster parents will be collected next year.

NCDSS conducted a survey of social workers of children placed in congregate care facilities that suggests the total number of licensed foster homes in some counties or regions is not adequate to meet the needs of children. Social worker responses indicated that children are frequently placed in non-treatment group facilities primarily because a family foster home or kinship placement was not available. This data strongly suggests the need for the state to partner with counties and provider agencies to do targeted recruitment in areas where social workers are saying that group placements are being made because family placements are unavailable.

The number of homes being licensed to provide foster care in North Carolina has remained stable during this reporting period, even during the COVID-19 pandemic. New statewide

recruitment and retention activities will be developed in FFY 2021–2022, and implemented in FFY 2022–2023, to include specific outreach to and partnerships with local, predominately Black and American Indian/American Native religious and community organizations. NCDSS' Diversity Equity and Inclusivity Coordinator will inform, provide consultation on and guide this work during the next year, as part of NCDSS' work with the Casey Foundation.

### Item 36. Cross-Jurisdictional Resources

The home study requirement in P.L. 109–239 requires states to reply to requests from other states to complete home studies within sixty (60) days. The parts of a home study involving education and training of prospective foster or adoptive parents do not need to be completed within the sixty (60)–day time frame, but a preliminary home study must be reported. North Carolina does not currently track the completion of home studies requested by other states within sixty (60) days in the way required to address this item.

Unfortunately, North Carolina has been tracking when the entire home study is complete but has not been tracking whether requests have been responded to with at least a preliminary study within sixty (60) days. Data on the completion of the entire home study, retrieved from NC FAST, shows that 38% of requests for home studies from other states were completed within sixty (60) days but does not indicate whether a preliminary study was sent when the entire study was delayed by the need for foster care training to be completed.

North Carolina took steps in FFY 2020–2021 to adapt its process for completing home study requests in the context of executive orders issued to provide flexibility during the COVID–19 pandemic. The length of time to complete a home study was extended as public and private agencies developed safe methods for conducting home visits. Virtual home visits were utilized by public and private agencies and training for licensure was also converted to a virtual platform. The new virtual training platform resulted in reduced class sizes and additional training for the facilitators, causing families to wait longer to complete the licensure process.

Next year, North Carolina will make the changes needed to its data collection method, to track the required data for evaluating the functionality of North Carolina's foster and adoptive parent licensing, recruitment and retention system for ensuring the effective use of cross–jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

# 3 Update to Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes (C3)

## 3.1 Revision to Goals, Objectives, and Interventions

In preparation of the 2022 APSR, North Carolina assessed its progress towards targets and benchmarks included in its 2020–2024 CFSP and updated in its 2021 APSR, and decided to revise and streamline its Strategic Plan to focus on a total of four (4) goals including: two (2) multi-year, cross-cutting initiatives (implementation of a practice model and FFPSA) which are intended to transform the state’s performance towards achieving safety, permanency and well-being outcomes for children and families; and, two (2) multi-year, supportive initiatives (CQI and Workforce Development) that are necessary for successful programmatic implementation.

North Carolina’s revised strategic plan clarifies that the practice model and FFPSA are the two foundational initiatives at the core of its child welfare transformation efforts and are likely to have the most positive impact on safety, permanency, and well-being outcomes. As such, previously separate safety, permanency, and well-being outcomes have now been folded into these two overarching goals. The revised plan also shifts to progress measures that better align with North Carolina’s broader goals, moving from outcome measures.

### Crosswalk of New Strategic Plan Goals and Original Strategic Plan Priorities

The chart below lists our new and previous strategic plan goals.

New Strategic Plan Goals
<p><b><u>NEW Goal 1:</u> Strengthen practice to improve outcomes for children, youth, and families</b></p> <p><b><u>Previous Strategic Priority 1:</u> Safety</b> All children and youth live in safe, stable, and nurturing relationships and environments</p> <p><b><u>Previous Strategic Priority 2:</u> Permanency</b> Children and youth in the foster care program will experience stability in foster care and achieve permanency in a timely manner, and youth who do not achieve permanency will transition successfully into adulthood.</p>

New Strategic Plan Goals
<p><b><u>Previous Strategic Priority 3: Well-Being</u></b></p> <p>Families will have enhanced ability to meet their children and youth’s well-being needs, including physical, social-emotional, behavioral, and educational needs</p>
<p><b><u>NEW Goal 2: Implement the Family First Prevention Services Act Plan</u></b></p>
<p><b><u>NEW Goal 3: Develop and support a stable, competent, and professional workforce in child welfare</u></b></p>
<p><b><u>Previous Strategic Priority 5: Workforce Development</u></b></p> <p>North Carolina will build and support a stable child welfare workforce that is well-qualified, trained, supervised, and supported to promote positive outcomes for children, youth, and families.</p>
<p><b><u>NEW Goal 4: Improve processes for Continuous Quality Improvement</u></b></p>
<p><b><u>Previous Strategic Priority 4: Continuous Quality Improvement</u></b></p> <p>County child welfare agencies will have the supports needed to implement and consistently apply all policies, protocols, practices, and procedures, including the information required to make data-driven decisions.</p>

**New Strategic Plan Goals, Objectives, Strategies, Timeframes, and Progress Measures**

**Goal 1: Strengthen practice to improve outcomes for children, youth, and families**

**Impact:** Safety, permanency, and well-being CFSR outcomes

**Rationale:** North Carolina has committed to implementing a statewide practice model that will transform how child welfare workers and leaders interact with children, families, and stakeholders throughout the delivery of child welfare services, to ensure that practices are culturally competent, trauma-informed, family-centered, and safety-focused. The three primary components of the practice model are practice standards, structured decision-making tools, and Safety Organized Practice.

The **practice standards**, developed with extensive input from the child welfare design teams and stakeholder focus groups, provide behaviorally specific guidance on how workers, supervisors and leaders will conduct five key functions: communicating, engaging, assessing, planning, and implementing. Implementation of the practice standards will occur in SFY 2022 and will be the foundation for implementation of the rest of the model.

Revised and revalidated **structured decision-making (SDM) tools** will provide objective, reliable and empirically validated tools for conducting CPS intakes, making CPS case decisions, and for assessing safety and risk from initial contact through permanency services. Implementing revalidated SDM tools is a first step in implementing Safety Organized practice.

**Safety Organized Practice (SOP)** will give North Carolina concrete, trauma informed tools for engaging children and families in assessments and planning, for building family safety networks, and for developing behaviorally specific case plans throughout the life of a child welfare case.

North Carolina envisions that implementation of the practice model will improve outcomes across safety, permanency, and well-being while bringing a consistent approach to practice across the state.

**1. Objective 1: Implement the practice standards of the NC Practice Model**

<b><u>Strategy 1:</u></b>	Implement the Practice Standards Implementation Plan including providing training, coaching, communications, tools, and supports that will be operationalized throughout the continuum of services for families
<b><u>Timeframe:</u></b>	Year 3
<b><u>Progress Measure:</u></b>	Numbers of leaders, supervisor, and frontline staff participating in training and coaching activities; number of communications sent about the practice standards

**2. Objective 2: Revise and implement Structured Decision-Making (SDM) tools, policies, procedures, and practices**

<b><u>Strategy 1:</u></b>	Assess and revise Intake tools, policies, procedures, and practices
<b><u>Timeframe:</u></b>	Year 3
<b><u>Progress Measure:</u></b>	Revised Intake tools, policies, procedures, and practices

<b><u>Strategy 2:</u></b>	Develop curriculum and train the revised Intake tools, policies, procedures, and practices
<b><u>Timeframe:</u></b>	Year 3
<b><u>Progress Measure:</u></b>	Number of staff completing the training

<b><u>Strategy 3:</u></b>	Assess, revise, and implement Structured Decision-Making Safety and Risk tools to be used throughout the continuum of child welfare services
<b><u>Timeframe:</u></b>	Year 3 – 4
<b><u>Progress Measure:</u></b>	Revised SDM Safety and Risk tools, policies, procedures, and practices being available to and used by all counties

<b><u>Strategy 4:</u></b>	Develop curriculum and train the revised SDM Risk and Safety tools, policies, procedures, and practices.
<b><u>Timeframe:</u></b>	Year 3 – 4
<b><u>Progress Measure:</u></b>	Number of staff completing the training

<b><u>Strategy 5:</u></b>	Assess and revise Structured Decision-Making Family Strengths and Needs Assessment (FSNA), Reunification, and Risk Reassessment tools, policies, procedures, and practices
<b><u>Timeframe:</u></b>	Year 4
<b><u>Progress Measure:</u></b>	Revised SDM FSNA, Reunification, and Risk Reassessment tools, policies, procedures, and practices being available to and used by all counties

<b><u>Strategy 6:</u></b>	Develop curriculum and train the revised SDM FSNA, Reunification, and Risk Reassessment tools, policies, procedures, and practices
<b><u>Timeframe:</u></b>	Year 4
<b><u>Progress Measure:</u></b>	Number of staff completing the training

<b><u>Strategy 7:</u></b>	Make progress towards integration of all new SDM assessments and tools into a child welfare case management information system (see Goal 4)
<b><u>Timeframe:</u></b>	Year 3 – 5
<b><u>Progress Measure:</u></b>	Develop a plan for integration of SDM assessment and tools into a child welfare case management information system

### **3. Objective 3: Implement Safety Organized Practice**

<b><u>Strategy 1:</u></b>	Pre-implementation introduction of the SOP approach and practice skills to the child welfare workforce and stakeholders
<b><u>Timeframe:</u></b>	Years 4 – 5
<b><u>Progress Measure:</u></b>	Number of child welfare workforce members and stakeholders completing orientation sessions

<b><u>Strategy 2:</u></b>	Provide intensive train-the-trainer workshops to NCDSS Workforce Development staff and early adopters from local child welfare agencies
<b><u>Timeframe:</u></b>	Years 4 – 5
<b><u>Progress Measures:</u></b>	Number of trainers and early adopters trained; modules, workbooks, training resources and trainer notes developed

<b><u>Strategy 3:</u></b>	Provide foundational training on SOP practice strategies to the child welfare workforce
<b><u>Timeframe:</u></b>	Years 4 – 5
<b><u>Progress Measure:</u></b>	Number of child welfare staff trained

<b><u>Strategy 4:</u></b>	Provide coaching and training activities to ensure sustainability to ensure SOP is integrated into state policy and infrastructure
<b><u>Timeframe:</u></b>	Year 5
<b><u>Progress Measure:</u></b>	Number of activities provided

**Goal 2: Implement the Family First Prevention Services Act (FFPSA)  
Plan**

**Impact:** Safety, permanency, and well-being CFSR outcomes; Service Array and Resource Development; Foster and Adoptive Parent Licensing, Recruitment, and Retention

**Rationale:** North Carolina envisions using FFPSA funded evidence-based prevention services to dramatically improve its capacity to help families keep children who are candidates for foster care safely at home. It also envisions integrating FFPSA prevention services with services supported by other federal and state funding sources into a comprehensive array of primary, secondary, and tertiary prevention services that will be available throughout each region of the state.

In response to FFPSA restrictions on funding for congregate foster care placements, North Carolina plans to redouble efforts to recruit and support foster and kinship homes and to add procedures to assure that family placement possibilities are fully explored before group placements are made.

Finally, North Carolina will explore the benefits and feasibility of developing Qualified Residential Treatment Programs (QRTPs) fundable through FFPSA to serve children who need residential treatment who are not well served by the current system. Use of Prevention Services and Family-Based Care will reduce the trauma of parent-child separation.

**1. Objective 1: Develop capacity to deliver Evidence Based Practices (EBPs) to children in their homes**

<b><u>Strategy 1:</u></b>	Contract for and implement one to two selected EBPs
<b><u>Timeframe:</u></b>	Year 3
<b><u>Progress Measure:</u></b>	Number of contracts in place and number of families served by EBPs

<b><u>Strategy 2:</u></b>	Expand the Regional Support Model to provide infrastructure for supporting FFPSA implementation
<b><u>Timeframe:</u></b>	Year 3
<b><u>Progress Measure:</u></b>	Infrastructure for the Regional Support Model in place

<b><u>Strategy 3:</u></b>	Continue to increase accessibility of EBPs and the number of EBPs provided statewide
<b><u>Timeframe:</u></b>	Year 4 – 5
<b><u>Progress Measure:</u></b>	Number of EBPs in continuum, number of families receiving FFPSA funded EBPs

<b><u>Strategy 4:</u></b>	Establish and utilize infrastructure (forms, processes, procedures, and other tools) in the regions and counties to create a comprehensive array of prevention services funded by FFPSA and other sources, accessible throughout each region
<b><u>Timeframe:</u></b>	Year 4 – 5
<b><u>Progress Measure:</u></b>	Infrastructure in place; number of private providers with cooperative agreements with NCDSS, and rates of service utilization across regions and within each region

**2. Objective 2: Increase the capacity to provide family-based care**

<b><u>Strategy 1:</u></b>	Use data to identify gaps and needs for family-based care to inform updates to the DRR Plan and for implementation of a new statewide resource family recruitment campaign
<b><u>Timeframe:</u></b>	Year 3 – 4
<b><u>Progress Measure:</u></b>	Updated DRR Plan developed

### 3. Objective3: Reduce use of Congregate Care

<b><u>Strategy 1:</u></b>	Shift organizational culture to enhance appreciation of family-based care
<b><u>Timeframe:</u></b>	Year 3 – 5
<b><u>Progress Measure:</u></b>	Leadership messaging; Organizational Change Management tools used

<b><u>Strategy 2:</u></b>	Increase referral to and optimize use of prevention services
<b><u>Timeframe:</u></b>	Year 3 – 5
<b><u>Progress Measure:</u></b>	Utilization of prevention services

<b><u>Strategy 3:</u></b>	Establish standards of need for referral to Congregate Care facilities when necessary and when all family-based care or other options are exhausted
<b><u>Timeframe:</u></b>	Year 3
<b><u>Progress Measure:</u></b>	Standards established

<b><u>Strategy 4:</u></b>	Continue to explore the need for and feasibility of Qualified Residential Treatment Programs (QRTPs)
<b><u>Timeframe:</u></b>	Year 3
<b><u>Progress Measure:</u></b>	Feasibility Assessment completed

### **Goal 3: Develop and support a stable, competent, and professional workforce in child welfare**

**Impact:** Safety, permanency, and well-being CFSR outcomes; Staff and Provider Training CFSR Systemic Factor

**Rationale:** A qualified, stable workforce that is well-trained, well supported, and highly motivated is critical to successful provision of child welfare services. The objectives for the workforce development goal address findings and recommendations in North Carolina’s strategic plan, from North Carolina’s

2015 CFSR, from the final Child Welfare Report produced in 2019 pursuant to Rylan's Law, and from Child Welfare Capacity Building Center for States.

**1. Objective 1: Complete a caseload/workload study for all child welfare positions**

<b><u>Strategy 1:</u></b>	Select a vendor who will begin a caseload and workload study that will include all county child welfare workers, supervisors, and manager positions
<b><u>Timeframe:</u></b>	Year 3
<b><u>Progress Measure:</u></b>	Vendor is chosen, and the study is initiated

<b><u>Strategy 2:</u></b>	Receive completed caseload/workload study from the vendor, review findings with counties and stakeholders, and agree upon changes in caseload or work structuring to be proposed
<b><u>Timeframe:</u></b>	Year 4
<b><u>Progress Measure:</u></b>	Final report with recommendations completed

<b><u>Strategy 3:</u></b>	Develop and submit concrete proposals based on findings of the caseload/workload study
<b><u>Timeframe:</u></b>	Year 5
<b><u>Progress Measure:</u></b>	Proposal submitted

**2. Objective 2: Reinstigate the stipend support program into the NC Child Welfare Education Collaborative with NC colleges and universities.**

<b><u>Strategy 1:</u></b>	Develop a plan to fund stipends and determine the administration for the NC Child Welfare Education Collaborative inclusive of the stipend program
<b><u>Timeframe:</u></b>	Year 3
<b><u>Progress Measure:</u></b>	Completed funding plan and Collaborative administrator chosen

<b><u>Strategy 2:</u></b>	Develop foundational structures for administering the collaborative program including the application and selection process, the service commitment, and the monitoring of completion of service commitments and any required paybacks.
<b><u>Timeframe:</u></b>	Year 3-4
<b><u>Progress Measure:</u></b>	Collaborative Stipend Support Program Manual completed

<b><u>Strategy 3:</u></b>	Implement the stipend support program for the NC Child Welfare Education Collaborative
<b><u>Timeframe:</u></b>	Year 5
<b><u>Progress Measures:</u></b>	Number of students receiving stipends enrolled in the child welfare collaborative

**3. Objective 3: Implement a new approach to pre-service training for the child welfare workforce**

<b><u>Strategy 1:</u></b>	Redesign NC’s pre-service training to include new modalities of training (e-Learning or online training modules), instructor-led training (virtual or in-person), transfer of learning/on the job training activities, and coaching supports; a trauma-informed training lens and approach; and that will include developed components of NC’s revised Practice Model (as articulated in Goal 1)
<b><u>Timeline:</u></b>	Year 3
<b><u>Progress Measure:</u></b>	Curriculum outline completed

<b><u>Strategy 2:</u></b>	Evaluate the redesigned training curriculum with the first three new employee cohorts
<b><u>Timeline:</u></b>	Year 3-4
<b><u>Progress Measure:</u></b>	Evaluation results from the pilot cohorts

<b><u>Strategy 3:</u></b>	Revise and finalize NC’s pre-service training, based on feedback from the pilot employee cohorts
<b><u>Timeline:</u></b>	Year 4
<b><u>Progress Measure:</u></b>	Finalized curriculum

4. **Objective 4: Implement a new approach to ongoing training for the child welfare workforce**

<b><u>Strategy 1:</u></b>	Evaluate ongoing training required for workers in their first two years of service for adequacy of coverage and focus on competency and skill building; develop plan for needed changes within the framework of an academy model
<b><u>Timeline:</u></b>	Year 4
<b><u>Progress Measure:</u></b>	Evaluation report with recommended changes

<b><u>Strategy 2:</u></b>	Begin revising and implementing new curricula
<b><u>Timeline:</u></b>	Year 5
<b><u>Progress Measure:</u></b>	Courses revised and implemented

5. **Objective 5: Train child welfare staff in a race equity framework as a first step to reduce disproportionality within the NC child welfare system**

<b><u>Strategy 1:</u></b>	State child welfare staff will be trained on a race equity framework
<b><u>Timeline:</u></b>	Year 3
<b><u>Progress measure:</u></b>	Number of state and regional office staff completing race equity framework training

<b><u>Strategy 2:</u></b>	A framework will be developed to address diversity, equity, and inclusion work, to use data to determine where disparities occur, and identify strategies to address.
<b><u>Timeline:</u></b>	Year 3 – 4
<b><u>Progress Measure:</u></b>	Report on disproportionality trends and proposed strategies

<b><u>Strategy 3:</u></b>	Training on the race equity framework will be delivered to county child welfare staff
<b><u>Timeline:</u></b>	Year 4
<b><u>Progress measure:</u></b>	Numbers of county child welfare staff receiving training

<b><u>Strategy 4:</u></b>	Implementation of strategies consistent with the race equity framework to reduce disproportionalities in child welfare outcomes
<b><u>Timeline:</u></b>	Year 5
<b><u>Progress measure:</u></b>	Report on trends in racial disproportionality and strategies implemented

## Goal 4: Improve processes for Continuous Quality Improvement

**Impact:** Safety, permanency, and well-being CFSR outcomes; Quality Assurance System; Statewide Information System; Agency Responsiveness to the Community CFSR Systemic Factors

**Rationale:** North Carolina is committed to implementing an enhanced, consistent, and complementary approach to continuous quality improvement at the state, regional and county level. North Carolina understands that CQI processes are critical not only to the successful implementation of the multi-year statewide initiatives in this strategic plan, but also to future state assessments and plans and to the adoption of a culture of ongoing self-assessment and improvement within every county. Objectives 1 and 2 provide timelines for further assessment and delineation of the four-step model that has been developed and presented in Section 4.

Objective 3 recognizes the importance of quality data that is widely accessible and regularly reviewed towards a system's ability to accurately assess its performance, choose solutions, support their implementation, and assess their impact.

Objective 4 recognizes the importance of moving forward together with the counties with a statewide case management system that supports North Carolina's practice model and that facilitates the availability of accurate,

real-time data required for individual service delivery and assessment of system performance.

**1. Objective 1: Revise current CQI structures and processes**

<b><u>Strategy 1:</u></b>	Reassess current CQI activities conducted at the state, region, and county levels to identify and fill gaps
<b><u>Timeframe:</u></b>	Year 3
<b><u>Progress Measure:</u></b>	Reassessment Report

<b><u>Strategy 2:</u></b>	Revise the CQI Model (if necessary) and processes based on the outcomes and recommendations of the Reassessment Report through the development of a CQI Manual
<b><u>Timeframe:</u></b>	Year 4
<b><u>Progress Measure:</u></b>	CQI Manual

**2. Objective 2: Continued implementation of CQI processes at the state, region, and county levels**

<b><u>Strategy 1:</u></b>	Continue to implement the CQI strategies outlined previously in the CFSP and in the CQI Manual
<b><u>Timeframe:</u></b>	Years 3 – 5
<b><u>Progress Measure:</u></b>	Number of completed CQI activities

<b><u>Strategy 2:</u></b>	Use CQI processes to ensure implementation of and fidelity to the NC Practice Model, FFPSA implementation, and the other goals reflected in this plan
<b><u>Timeframe:</u></b>	Years 3 – 5
<b><u>Progress Measure:</u></b>	Number of completed CQI activities

### 3. Objective 3: Improve access to quality data

<b><u>Strategy 1:</u></b>	Determine what regular data reports are available to leadership (by updating the Data Report list) and a CQI process for regular review, analysis, and interpretation of data (see Objective 2)
<b><u>Timeframe:</u></b>	Year 3 3
<b><u>Progress Measure:</u></b>	Data Report list

<b><u>Strategy 2:</u></b>	Develop data guides for new and current staff
<b><u>Timeframe:</u></b>	Year 3 – 5
<b><u>Progress Measure:</u></b>	Data guides that align with the North Carolina Child Welfare Information System

<b><u>Strategy 3:</u></b>	Develop and implement a quality assurance case review plan inclusive of OSRI and NC’s review tool
<b><u>Timeframe:</u></b>	Year 3
<b><u>Progress Measure:</u></b>	Implementation of the case review plan

### 4. Objective 4: Continue to develop a statewide child welfare information system

<b><u>Strategy 1:</u></b>	Use the State–County Governance Committee (CWSGC), the Child Welfare Practice and Technology Committee (CWP&T), and the Child Welfare Leadership Team (CWLTL) for developing the information system plan
<b><u>Timeframe:</u></b>	Year 3 – 4
<b><u>Progress Measure:</u></b>	Implementation System Plan developed

<b><u>Strategy 2:</u></b>	Develop an Actionable Blueprint that defines the capacities of the child welfare information system, aligned with business priorities, and driven by child welfare program and model of practice
<b><u>Timeframe:</u></b>	Year 3 – 5
<b><u>Progress Measure:</u></b>	Actionable Blueprint developed

<b><u>Strategy 3:</u></b>	Develop and release a Request for Proposal (RFP) to augment (bring in new technologies) to improve the statewide child welfare information system
<b><u>Timeframe:</u></b>	Year 3
<b><u>Progress Measure:</u></b>	RFP release

<b><u>Strategy 4:</u></b>	Select a vendor
<b><u>Timeframe:</u></b>	Year 3
<b><u>Progress Measure:</u></b>	Vendor identified

<b><u>Strategy 5:</u></b>	Full deployment of the statewide child welfare information system
<b><u>Timeframe:</u></b>	Year 5
<b><u>Progress Measure:</u></b>	NC staff are consistently using the information system for documentation and decision support

## 3.2 Implementation and Program Supports

North Carolina developed a thorough working knowledge of implementation science and change management and implementation through its partnerships with the Capacity Building Center for States, Chapin Hall at the University of Chicago, the Duke Endowment, Evident Change, Public Knowledge®, the University of North Carolina at Chapel Hill (UNC-CH), North Carolina State University (NCSU), and others. Implementation drivers and organizational change management processes are embedded throughout the new strategic

plan and include activities such as coaching and training of staff; development of policies, practices, procedures, and guidance; evaluation of progress measures; continuous quality improvement processes; and other implementation supports. North Carolina will participate in technical support from the Capacity Center for Substance Use and Child Welfare to evaluate how the state provides Plans of Safe Care for infants affected by substances and align services to meet CAPTA requirements.

In FFY 2021, NCDSS worked with its partners to assist in implementation of the strategies identified in the strategic plan. NC DHHS/DSS utilized the following implementation supports:

- Hired a child welfare Communications Manager to enhance communications with the counties, stakeholders, and the media about initiatives to improve child welfare practice and child and family outcomes.
- Met regularly with data experts from UNC, NC Human Services Business Information Analytics, and Public Knowledge® to develop reports that can be used by leadership to assess system performance and child welfare outcomes.
- Worked with Evident Change to begin the process of implementing Structured Decision-Making revisions and Safety Organized Practice.
- Worked with the Capacity Building Center for States to develop and utilize a tracking tool and initial process for recording and updating progress made towards the CFSP and in preparation for the APSR, and to begin CQI planning and development efforts.
- Contracted with Public Knowledge® to facilitate the development of the FFPSA Prevention Plan, providing training and other support for the implementation of practice standards, for support to DHHS and the ULT for the overall implementation of the CFSP, and for support optimizing claiming and revenues.
- Contracted with HHS Advisory to lead the process of making enhancements and augmentations to NCFAST and to proceed with a phased plan for statewide implementation.
- Received continued support from Chapin Hall, with funding from the Duke Endowment, towards development and implementation of its FFPSA Prevention Services and Congregate Care plans.
- Maintained ongoing relationships with the University of North Carolina (UNC-CH) and NC State University (NCSU) for the development of training, support for data and CQI, and support for family engagement.
- Worked with Casey Family Programs to enhance permanency through Permanency Roundtables and develop NC's approach to race equity in child welfare.

North Carolina utilized the five Child Welfare Design Teams formed in February 2020 to provide ongoing input and feedback on implementation in each of the five strategic priorities. North Carolina’s Unified Leadership Team met virtually twice a month to provide overall leadership to the transformation process. The Leadership Advisory Committee continued to meet virtually every two months to provide input and guidance on FFPSA implementation. NC DHHS / DSS met regularly with the Children’s Services Committee, the private provider association, and its court partnership to provide updates and receive feedback. References to input and feedback received during the year are included in the updates to many of the strategic plan’s benchmarks below.

### 3.3 Update on Progress Made to Date

Despite the significant impact of COVID-19, North Carolina made progress towards important strategic priorities, targets, and benchmarks. The update for each benchmark below is rated as follows:

- Achieved (on track to be achieved by September 2021)
- In Progress
- Not Achieved
- Revised

#### Strategic Priority 1: Safety

1. **Safety Target 1:** By 2022, the North Carolina child welfare workforce will be able to assess current risk and the potential of future harm to ensure child safety more accurately and objectively.

Benchmark	Status	Update
Validate SDM Tools (2020)	In Progress	Contract with Evident Change began November 2020. Listening sessions, policy reviews for revisions to the intake tool, and updates to the intake tool are underway and will be completed in July 2021. Validation of SDM tools is now on track to be completed in SFY 2022 and 2023.
Eliminate case info inconsistent with risk assessment tools (2020)	In Progress	These four benchmarks relate to implementation of SDM tools that have not been revalidated. The revised strategic plan outlines the strategies

Benchmark	Status	Update
Train staff in validated tools & required documentation (2020) Incorporate expectations into practice model (2021) Develop fidelity measures and a fidelity assessment process to understand the extent to which child welfare workers and supervisors are accurately and objectively assessing current risk and the potential for future harm (2021)		and timelines for implementing SDM tools.

2. **Safety Target 2: Implement Practice Model**

Benchmark	Status	Update
Develop practice standards and assess readiness for implementation (2020)	<b>Achieved</b>	The practice standards were developed and finalized.
Plan for implementation (2021)	<b>In Progress</b>	An implementation plan for implementing the Practice Standards was developed and will begin in SFY 2022. Work is in progress to re-validate the SDM tools. SOP implementation is expected to continue through early 2024.

3. **Safety Target 3: By 2024, North Carolina will create a comprehensive framework to strengthen families and prevent child maltreatment**

Benchmark	Status	Update
Meet with the Child Welfare Family Advisory Council (CWFAC), North Carolina Association of County Directors of Social Services (NCACDSS), FFPSA Leadership Advisory Team, Chapin Hall, The Duke	<b>In Progress</b>	NCDSS met with and engaged all the groups in building the prevention framework.

Benchmark	Status	Update
Endowment, and other stakeholders to identify key considerations in the development of a child maltreatment prevention framework at the state, regional, and local level (2020)		
Finalize the five-year FFPSA Plan (2020)	<b>In Progress</b>	Targeted for submission in August 2021.
Secure resource to expand the FFPSA strategic plan to include primary and secondary prevention and facilitate development of a child maltreatment prevention framework (2020)	<b>Achieved</b>	NCDSS leveraged Transition Act funds to create seven (7) Prevention Specialist positions and a Prevention Manager to build a continuum of care. A funding request for one Family Resource Center per region was included.
Collaborate with DHHS and its Divisions to map alignment between ECAP, Essentials for Childhood, Healthy Opportunities, Opioid Action Plan, Home Visiting, InCK Model, and other state-level strategies designed to promote healthy families and strengthen communities (2020)	<b>Revised</b>	Work on this benchmark was delayed by COVID-19 and will not be included in the revised child welfare strategic plan. NCDHHS is adding a new Office of Family Well-Being that will support achievement of work related to the larger framework of state prevention services.
Begin FFPSA prevention service provisions (2021)	<b>In Progress</b>	This benchmark should be met in SFY 2022.
Develop draft of a comprehensive five-year prevention plan and child maltreatment framework (2021)	<b>In Progress</b>	Engaged in partnership with Prevent Child Abuse North Carolina (PCANC) to align other prevention initiatives with the FFPSA Plan, including the addition of a Prevention Design Team to guide the work.
Issue Request for Applications for NCDSS Family Support,	<b>Achieved</b>	DHHS issued a three-year request for applications (RFA) for evidence-based

Benchmark	Status	Update
Children’s Trust Fund and Community Response programs with aim for an increased number of county child welfare agencies as applicants or partner agencies (2021)		family support programs and selected providers in June 2021.
Begin development and dissemination of prevention toolkits, learning opportunities and communication strategies to inform the state, regional, and county child welfare workforce about prevention science and implementation, available programs and services, community coalition planning, financing strategies and to foster inter-organizational and community coalition building at the local level (ongoing through 2024)	<b>In Progress</b>	NCDSS contracted with PCANC to begin development of prevention toolkits. PCANC conducted community cafés in 2021 to identify priorities for trainings and toolkits.
Partner with NCACDSS, CWFAC, Prevent Child Abuse NC and other partners to hold annual Prevention Summit as kickoff to FFPSA implementation and to secure stakeholder input on the draft comprehensive strategic plan for prevention and child maltreatment prevention framework.	<b>In Progress</b>	NCDSS researched the experiences of other states, including Wisconsin, South Carolina, and Georgia, that have launched a prevention planning process with a summit or group meeting. NCDSS is reconsidering how it wants the summit to contribute to planning efforts including whether to have a summit launch or conclude those efforts. Work will continue on this benchmark in 2022, possibly resulting in a revision of the strategy.

**Strategic Priority 2: Permanency**

1. **Permanency Target 1: Increase Rate of Permanent Exits & Decrease Days in Foster Care**

<b>Benchmark</b>	<b>Status</b>	<b>Update</b>
Begin formal evaluation process on effectiveness of guardianship and kinship educational materials disseminated in SFY 2019–2020 (2020)	<b>Achieved</b>	A webinar was developed, and surveys distributed to assess the webinar’s effectiveness. Final evaluation from UNC–CH is anticipated by September 2021.
Implementation of court training for all child welfare stakeholders (2021)	<b>Achieved</b>	Trainings are available online for completion.
Sustainable implementation of Safe Babies Court Teams to increase reunification of children ages 0–3 (2021)	<b>In Progress</b>	NCDSS hired a Project Manager and began initial conversations and recruitment of counties to participate in the initial implementation of sites. Implementation of Safe Babies Court Teams is now anticipated in SFY 2022.
Completion of formal evaluation regarding guardianship and kinship educational materials and the evaluation of Children’s Home Society of New Jersey’s Kinship Navigator Model for feasibility in North Carolina (2021)	<b>In Progress</b>	Final evaluation from UNC–CH is anticipated by September 2021. An RFP was posted to solicit a vendor to complete a fit and feasibility study of Kinship Navigator programs for North Carolina. This study is to be completed early in FFY 2022.
Sustainable implementation of a training and licensure program specific to kinship caregivers (2021)	<b>In Progress</b>	DHHS contracted with Children’s Home Society to provide Caring for Our Own Training to kinship providers across the state. Seven classes were offered with 80 individual participants completing the classes.
Increase or maintain monthly caseworker visits at no less than 95% (2021)	<b>Achieved</b>	This benchmark was met in FFY 2020 with a rate of 96%.

**2. Permanency Target 2: Increase Placement Stability through Improved Foster Home Recruitment & Retention**

Benchmark	Status	Update
Sustainable implementation of comprehensive localized diligent recruitment and retention plans that are data-driven, and reflective of the needs of children in foster care in all 100 counties (2020)	In Progress	A detailed discussion of North Carolina's efforts to achieve this benchmark is included in the update to the Foster and Adoptive Parent Diligent Recruitment Plan Update for the APSR.
County CW agency staff will have ability to instruct skill-building training for foster, adoptive and kinship families as measured by the number of county staff who have been trained to provide the Resource Parenting Curriculum (a skill building curriculum appropriate for all resource parents) and Caring for Our Own, a skill building curriculum designed for kinship families (2021)	In Progress	Trained Resource Parent Curriculum Providers increased by 34, bringing the the total number of facilitators to 115. Trained RPC Facilitators are now located in 33 counties.

3. **Permanency Target 3:** By 2024, North Carolina will maximize the use of the Foster Care 18–21 Program for eligible youth

Benchmark	Status	Update
Disseminate educational materials among county child welfare professionals, youth, and stakeholders (2021)	Achieved	Educational materials developed in FFY 2020 were disseminated in 2021.
Develop training specific to the Foster Care 18 to 21 program for county and private agency child welfare staff (2021)	In Progress	Revisions to policy were identified, completed, and communicated to counties, stakeholders, and youth. Training will be completed in SFY 2022.
Develop practice guidance to accompany Foster Care 18 to 21 policy (2021)	In Progress	This benchmark will be completed by September 2021.

Benchmark	Status	Update
Develop an assessment process to monitor Foster Care 18 to 21 services (2021)	<b>Not Achieved</b>	Work on this benchmark will move into SFY 2022.

### Strategic Priority 3: Well-Being

1. **Well-Being Target 1:** By 2022, North Carolina will strengthen its health and well-being programming in CPS In-Home Services

Benchmark	Status	Update
Conduct interviews and/or focus groups with in-home service staff to ensure barriers to health programming are known and can be addressed (2020)	<b>Achieved</b>	Seven focus groups were held in April 2021 with approximately 80 participants representing 78 counties.
Develop necessary practice profiles for health programming for in-home services staff (2021)	<b>In Progress</b>	Practice profiles for health programming are now scheduled for completion in SFY 2022.

2. **Well-Being Target 2:** By 2024, North Carolina will ensure all children and youth in foster care will receive an initial health screening by a medical professional to identify health needs and will be referred to medical, dental, and behavioral health services as needed

Benchmark	Status	Update
Establish the necessary data exchange protocols with Community Care of NC (CCNC) to be able to track compliance with child welfare policy that children/youth receive an initial health screening within seven days of entry into foster care (2020)	<b>In Progress</b>	NC is on track to develop and implement a data sharing agreement and protocols in SFY 2022.
Establish a baseline for rate of children/youth receiving initial health visit within seven days of entering foster care and embed	<b>In Progress</b>	NC will incorporate data from Division of Medical Benefits instead of relying on information from program monitoring.

Benchmark	Status	Update
into program monitoring efforts (2021)		

3. **Well-Being Target 3:** By July 2024, North Carolina will ensure the Medicaid Tailored and Specialty Plans are informed by and reflective of the needs of child welfare-involved children and youth

Benchmark	Status	Update
Develop and execute an annual survey to distribute to county child welfare agencies and stakeholder to assess (and establish a baseline) regarding the service array's accessibility and capacity to individualize services (2020)	<b>Revised</b>	NCDSS held focus groups in 2021 in place of an annual survey.
Develop comprehensive data metrics for medication patterns and trends and establish baseline for key metrics (2020)	<b>In Progress</b>	North Carolina contracts with professionals at the University of North Carolina in development of the key metrics identified in the Best Practices for Medication for children and adolescents in Foster Care.
Collaborate with NC Medicaid and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services to strengthen collaboration with the Tailored Plans and the county child welfare agencies (2021)	<b>In Progress</b>	NCDSS worked with the Divisions of MH/DD/SAS and Division of Healthcare Benefits to assure that the tailored plans and foster care specialty plan being developed will address the needs of children and families receiving child welfare services. NCDSS, the Division of MH/DD/SAS, and the Division of Health Care Benefits engaged in regular collaboration to work with local child welfare agencies and the LME/MCOs to facilitate the timely access to behavioral health services for individual children when needed.

4. **Well-Being Target 4:** By 2024, North Carolina will ensure its practice model and workforce development program are trauma informed

Benchmark	Status	Update
Conduct interview and/or focus groups related to the Resource Parent Curriculum efforts; identify strengths and needs as it relates to RPC; and develop a comprehensive strategic plan for statewide scale-up and sustainability (2021)	<b>Achieved</b>	The resource parent curriculum strategic plan has been completed; implementation strategies for the strategic plan are on track to be developed by September 2021.

**Strategic Priority 4: Continuous Quality Improvement**

1. **CQI Target 1:** By 2024, North Carolina will have a statewide continuous quality improvement model that aligns both county and statewide efforts

Benchmark	Status	Update
Begin development of a formal state CQI Plan including engagement with county CW agencies and stakeholders (2020)	<b>Achieved</b>	North Carolina developed an initial, four-step CQI Model that aligns goals and activities at the county, state and regional levels and includes feedback loops. The NC CQI Model is submitted as part of Section 4 of the 2022 APSR.
Formalize, share, and communicate next steps for implementing the new CQI plan with state and county staff as well as key stakeholders (2021)	<b>In Progress</b>	The State CQI Plan was communicated to state and county staff via the Regional Child Welfare Consultants. Statewide communication about the plan and next steps for implementation will occur by September 2021.
Develop a comprehensive CQI training curriculum targeting all levels of state and county leadership and staff as well as key stakeholders (2021)	<b>In Progress</b>	The curriculum for “Using Data Effectively” was revised, using input from the CQI Design Team. There are two new online courses “Managing Change in Child Welfare for Agency Leaders” and

Benchmark	Status	Update
		“Improving Practice and Performance” that cover continuous quality improvement topics. Revisions will continuously be made as the CQI Plan is further developed.
Conduct training on the CQI Model (2021)	<b>In Progress</b>	Staff completed online training courses last year. CQI training will continue to be provided in SFY 2022.
The State CQI plan will be used across NC at county, regional, and state levels (2020)	<b>In Progress</b>	NC began utilizing some tools created for the plan when conducting CQI visits with counties in September 2020 and plans to move forward with statewide implementation in FFY 2022.

2. **CQI Target 2: Ensure Access to Reliable Data**

Benchmark	Status	Update
Develop a data plan (2020)	<b>In Progress</b>	This benchmark is moved to SFY 2022.
Determine the benefits of creating an analytic data file that can be periodically updated, and that links NC FAST data with the legacy systems (2020)	<b>Achieved</b>	The UNC School of Social Work worked with Human Services Business Information and Analytics to resolve issues integrating performance data in the legacy and NCFast systems. Statewide and county performance data is now updated on the UNC management assistance website.
Conduct a training on the key data elements with DHHS and county staff (2020)	<b>In Progress</b>	State staff received data training and will continue to receive training on data on service volume and utilization, staffing and workload, system performance, and child and family outcomes in the CQI training in SFY 2022.

Benchmark	Status	Update
Begin implementing data plan (2021)	In Progress	Although a formal data plan still needs to be adopted, DHHS Performance Management staff and contracted data providers provide quarterly data.
Validate data with county staff, using one-on-one technical assistance explaining the data elements, looking at records, and the data output for validation then addressing any issues with data validation (2021)	In Progress	DHHS and county staff work together to determine what issues exist when the data appears to be incorrect or questionable, and to address these issues and have corrections made.
Make investments in existing qualitative case reviews as outlined in the data plan (2021)	In Progress	DHHS began working with UNC to conduct analysis of data in OMS to dig deeper into root causes for current performance.

3. **CQI Target 3:** By 2024, North Carolina will have a statewide electronic case management system that captures all state and federal required data and increases efficiencies for users

Benchmark	Status	Update
Statewide Child Welfare Information System	In Progress	Progress was made in 2021 to resolve the impasse on moving forward with NCFAST, with NCDHHS, the legislature, and the counties agreeing to a process to move forward with implementing NCFAST with enhancements and augmentations with the guidance of a state-county governance committee.

**Strategic Priority 5: Workforce Development**

1. **Workforce Development Target 1:** Conduct a Caseload and Workload Study

Benchmark	Status	Update
Agree on project plan for caseload and workload study to include some or all these critical components: 1) agree on research questions; 2) create data plan to confirm actual caseloads, supervisory activities and administrator workloads and understand how these persons are spending their time; 3) identify efficiencies that can be created; and 4) support staff that could takeover certain activities (2020)	<b>Achieved</b>	An RFP for a contractor to complete a workload study has been developed and submitted to the contracts team.
Conduct study as agreed upon in the project plan (2021)	<b>Not Achieved</b>	It is estimated that the process of publishing the RFP, receiving, and reviewing bids, and conducting a study could take one year to 18 months. Completion of the study is now anticipated in late FFY 2022 or early FY 2023.

**2. Workforce Development Target 2: Revive and Retool the Child Welfare Education Collaborative**

Benchmark	Status	Update
Partner with agreed-upon universities to define core competencies for students, better understand allowable costs for identified curricula, and determine the likely percentage of IV-E eligible students to make recommendations for a revised Title IV-E traineeship program (2020)	<b>In Progress</b>	The disruption caused by COVID-19 diminished DHHS and the Universities' capacity to engage in a new curriculum initiative. Partnerships with universities to continue the current program, which does not include a stipend, continue. Plans for reviving and retooling the Child Welfare Education Collaborative are moved to the next SFY 2022.

<b>Benchmark</b>	<b>Status</b>	<b>Update</b>
Make recommendations for a revised funding structure, stipend component, and reporting and claiming structure (2020)	<b>In Progress</b>	See above update.

### 3. Workforce Development Target 3: Create a Workforce Development Program

<b>Benchmark</b>	<b>Status</b>	<b>Update</b>
Develop RFP to align training contracts with learning needs and revamp NC's approach to professional development (2020)	<b>Achieved</b>	An RFP to re-design pre-service training was released.
Design team to identify core competencies that are skills-based and align with practice model (2020)	<b>In Progress</b>	The child welfare practice standards have been completed with extensive input from the design teams. The practice standards will form the basis for identification of core competencies, which should be completed early in FY 2022.
Design team to develop a new preservice program that builds the basic, introductory behaviors identified in the practice model (2020)	<b>In Progress</b>	An RFP will be released for a vendor to redesign the curriculum in FFY 2022. The vendor will work closely with and receive input from the Workforce Development Design Team.
Implement redesigned pre-service program and evaluation tools in the counties testing the practice model (2021)	<b>In Progress</b>	The target date for implementing redesigned pre-service training is now FFY 2022 or FY 2023.
Assess degree of usefulness of other trainings (supervisory and in-service) and connectedness to newly defined core competencies (2021)	<b>In Progress</b>	Enhancements were made this year to CPS assessment and other trainings. Establishment of newly defined core competencies will be based on the practice standards that

Benchmark	Status	Update
		are nearing completion, as well as the tools of SOP.

4. **Workforce Development Target 4:** By 2024, North Carolina will have a process in place to identify where and how racial and other disproportionality and disparities are occurring in its child welfare system and implement strategies to reduce these inequities

Benchmark	Status	Update
Develop a process for tracking demographics and other characteristics that identify disparities and analyze related performance data (2020)	<b>In Progress</b>	Work is ongoing with UNC to look at statewide racial disparities and disproportionality that occur at key decision points in the child welfare system. That work is also examining differences in patterns of disproportionality that exist in urban and rural areas and across regions.
Review data and available research to understand disparities that exist and their underlying root causes (2021)	<b>In Progress</b>	

## 4 Quality Assurance System

NCDSS is refining its CQI system as stated in the CFSP Strategic Priority 4, Targets 1 and 3. A CQI Framework to illustrate complementary CQI activities at three distinct levels (county, region, state) was developed as depicted in the chart below. Although the participants and the focus at each level are different, the overarching goals and the 4-step model are the same. Feedback loops between the levels are built into the model. Below is North Carolina's CQI Framework (Foundational Administrative Structure):

### Foundational Administrative Structure

**Table 18. Foundational Administrative Structure, NC CQI Framework**

<p><b>Identify the Problem</b></p>	<p>1. Review multiple types of data:            Administrative data (e.g., data reported to NCANDS and AFCARS, data in the Child Welfare Staffing Workbook)            Record review data including targeted, fatality, OSRI, and full record reviews            Qualitative data including constituent concerns, monthly consults</p> <p>2. Compare data to other relevant jurisdictions and to benchmarks; note positive and negative trends in data</p> <p>3. Discuss root causes of problems and possible theories of change</p>
<p><b>Research and Decide on Solution</b></p>	<p>4. Discuss/research solutions that address the root cause</p> <p>5. Assess capacity to successfully implement identified solutions</p> <p>6. Select one or more solutions that are a good fit; plan how the implementation and the impact of the solution will be measured</p> <p>7. Develop implementation plan for CQI</p>
<p><b>Implement Solution</b></p>	<p>8. Implement solution and implementation supports including:            Leadership direction and support            Training            Technical assistance            Coaching            Written protocols and fidelity assessment</p>

<p><b>Monitor and Evaluate the Solution</b></p>	<p>9. Assess whether implementation is being implemented as intended: Utilization by the target population Fidelity</p> <p>10. Measure the short- and long-term impacts of the solution as planned to evaluate outcome</p> <p>11. Repeat cycle depending on results</p>
<p><b>Overall CQI Goals</b></p>	<p>12. Improve outcomes of safety, permanency, and well-being</p> <p>Ensure fidelity of implementation of reform efforts</p> <p>Ensure desired outcomes from reform efforts</p> <p>Ensure sustainability of reform efforts</p> <p>Identify additional implementation supports or resources needed</p>

Below are the CQI Participants and CQI Focus and at the county, region, and state Levels.

**Table 19. CQI Across NC**

CQI Level	CQI Participants	CQI Focus	Feedback Loops
<p><b>County</b></p>	<p>Local child welfare agency staff CQI Specialists Implementation Specialists</p>	<p>Assessing county trends and comparing county data to regional, state, and national data and to benchmarks</p> <p>Assessing whether the county is implementing state policy and initiatives as intended and using the CQI process to improve implementation</p> <p>Using the CQI process to select and implement county</p>	<p>Reporting and making recommendations to the county agency</p> <p>Reporting and making recommendations to the region and the state</p> <p>Information received from both the state and the region</p>

		<p>initiatives to improve county outcomes</p> <p>Identifying needed resources at the county level</p> <p>Assessing the effectiveness of state policy and initiatives at the county level</p> <p>Providing technical assistance to counties to use CQI processes to address identified problems</p> <p>Ensuring that county leadership is engaged and aware of progress</p>	
<b>Region</b>	<p>CQI Managers</p> <p>State central section chiefs in Safety, Permanency, County Ops, and Licensing &amp; Regulatory</p> <p>Family First Prevention Implementation Manager and Regional Prevention Specialist</p> <p>County directors, upper management, supervisors, etc.</p>	<p>Assessing regional trends and comparing regional data to state, and national data and to benchmarks</p> <p>Assessing counties strengths and needs within the region</p> <p>Assessing whether counties within the region are implementing state policy and initiatives as intended</p> <p>Providing technical assistance to counties to use CQI processes to address identified problems</p>	<p>Reporting and making recommendations to counties within the region</p> <p>Reporting and making recommendations to state DHHS</p> <p>Information received from both the counties in the region and the state</p>

		Identifying needed resources in counties within the region Assessing the effectiveness of state policy and initiatives at the regional level	
<b>State</b>	DHHS Executive Leadership Child Welfare Executive Leadership Team ULT Design Teams Specialty groups such as SAYSO, CWFAC, CFSP Teams	Assessing statewide trends and comparing state data to national data and to benchmarks Reviewing regional reports and providing technical assistance to regions to identify regional solutions Using the CQI process to consider and implement state-level strategies, including policy changes, statewide initiatives, and funding requests or realignment	Communications to all 100 counties Communications to regional offices Information received from all regions

During the last 6 months, NC has revised the job descriptions for its Regional Child Welfare Consultants to reflect the work they do as CQI Specialists. The job description focuses on the oversight of program performance and continuous quality improvement plans with their assigned counties. It incorporates the responsibilities of the role through NC's CQI Framework. For example, the CQI Specialist will assess data and qualitative information and conduct strategy meetings that will identify root causes, then develop a CQI plan that addresses root causes and measurement points for the plan. The CQI Specialist will collaborate with the county on the implementation of the CQI plan and evaluate its success, ensuring a feedback loop. Within the County Operations section of NCDSS Child Welfare there are 20 CQI specialist positions and 2 manager positions. These staff are organized by region to work with the 7 identified regions and all 100 counties. The 20 positions have the greatest interaction with county staff, engaging with individual counties monthly, and often more frequently. This realignment was part of NC's CFSP Priority 4, Target 1.

The CQI Specialists receive regular training from their managers on NC's data reports as well as how to pull them from data warehouse, both legacy and NC FAST. Many of those in the CQI Specialist role have received training from the Capacity Building Center on root cause analysis, change implementation, and strategy selection. As part of the CFSP Strategic Priority 4, Target 1, a CQI training is being developed that will be offered across the state to supervisors and above. CQI Specialists are scheduled to be trained in the use of the OSRI to be able to address desired outcomes in their role as well as to train supervisors across the state in understanding it.

#### Case record review data and process

NC has two sources for case record review and review data. One source is NC's continued use of the federal OSRI to ensure quality services are provided for children and families and to measure progress. NC has a trained and dedicated team to conduct CFSR/OSRI reviews which consists of 5 reviewers. NC hopes to increase this team's capacity with the addition of 2 more positions that have been requested in this year's budget. This would complete realignment for regionalization.

The OSRI/QA team conducts statewide case reviews based on random sampling and completes 1st and 2nd level quality assurance for the entire process. Participant interviews continue to be utilized. Upon completion of a case review, the results are aggregated through the OMS (Online Monitoring System). North Carolina Child Welfare completes quarterly reports to inform practice enhancements to address barriers that are impacting success and inform the level of technical assistance that will be provided. The results of case reviews indicate level of achievement for each of the seven safety, permanency, and well-being outcome areas.

The second source for case record review and is targeted elements that are part of a CQI assessment that impact outcomes for children and families. This provides immediate feedback on practice and a determination as to the effectiveness of the strategies selected on the CQI plan.

The current targeted reviews focus on:

- α. Screened-out CPS Intakes,
- β. Safety assessments and safety planning,
- χ. Appropriate CPS Assessment case decisions,
- δ. Contacts with children and parents in all programs, and
- ε. Family services agreements.

The following quantitative and qualitative data is collected and considered in addition to the OSRI and CQI Assessments:

- φ. 7-day Child Fatality,
- γ. Intensive Child Fatality,
- η. Fiscal Monitoring, and
- ι. Constituent concerns.

This information is also considered as CQI plans are developed.

NC is working through Strategic Priority 4 on a CQI process that will include full record reviews regionally. The current draft of the process is being finalized to put into operation in October 2021. NC's QA/CQI Protocol Manual is being developed, utilizing the CFSP manual NC created in Round 3. NC is working to address gaps and issues identified during Round 3 to ensure all issues are adequately covered. The random sample plan will address both cases for OSRI review and those for review using the CQI Assessment.

#### *Analysis and dissemination of quality data*

In working on Strategic Priority 4, Target 2, NC has identified data to be reviewed on a regular basis by program leadership and ULT. While dashboards are being developed for program leadership that will be regularly updated utilizing SharePoint, review and analysis of data is ongoing. This was the process for developing the 2020–2024 CFSP strategic plan and remains the process for moving the plan forward. A dashboard has been created for DSS Directors on a SharePoint site as well. It is in its early stages, but the plan is for it to include the federal data indicators for child welfare.

These data reports, both administrative and record review, are analyzed with multiple groups at the state level. These include the program section chiefs, managers, CFSP design teams, and the Unified Leadership Team which includes county directors. As part of the work on Strategic Priority 4, Target 2, NC has identified 4 OSRI Items. Through a contract with UNC, NC is having a deeper analysis completed to assist in identifying root causes in Permanency and Well-Being. More will be completed in the future. The CQI Specialists Teams have written protocols and procedures that identify all the data that must be reviewed as well as time frames for their CQI activities with counties. They not only have standard data to look at, but team members work with their supervisors to dig deeper, pulling additional data as needed based on the conversations with the counties or other data elements that stand out. Much of this data comes from reports that are based on county submissions in legacy, NC FAST, and quarterly workbooks they complete. All this data is evaluated quarterly and by state fiscal year (SFY), with comparisons over time to assess progress or concerns in data and a comparison to NC data when available and appropriate.

At a higher level, reports are also reviewed with program section chiefs, including information collected from the County Operations teams, about issues that have been identified. The data and information are also utilized by leadership with the design teams

which include stakeholders who are leading the Strategic Priorities 1, 2, and 3. As part of the work on Strategic Priority 4, Target 2, NC has identified 4 OSRI Items; through a contract with UNC, NC is having a deeper analysis completed to assist in identifying root causes in Permanency and Well-Being. More will be completed in the future.

### *Feedback to stakeholders and decision makers and adjustment of programs and process*

The structure established with NC's 2020–2024 CFSP Strategic Plan has provided a feedback loop for NC and both stakeholders and decision makers. Not only are both qualitative and quantitative data shared with these groups, but decision makers are involved through the Unified Leadership Team. Recommendations from design teams in response to data are made to program section chiefs and the ULT. Subsequent solutions are proposed and funneled through the ULT and potentially other design teams for feedback before implementation.

### *Barriers and Strategies*

NC continues to have a barrier in its administrative structure with the lack of a statewide comprehensive child welfare information system. The work on this is described in [systemic factor 1](#) and is Strategic Priority 4, Target 3.

The CQI Specialists work to validate data on the 15 data reports pulled for each county. If there are deeper problems, the CQI Specialist works with the county and performance management to correct any issues. As work continues on Strategic Priority 4, Target 3, clear guides will be developed to ensure staff are clear on the elements that must be entered and where the entry must occur.

Internally, NCDSS is discussing the possibility of developing an electronic system for collection of the CQI Specialists record review data as well as other data collected via Excel spreadsheets.

NCDSS is currently working on development of a regular cadence in reviewing and analyzing all data tied to the CFSP metrics as well as data related to the outcomes of safety, permanence, and well-being and the federal data indicators. This will include looking at the fidelity of strategies implemented and whether the desired effects are achieved. The purpose is twofold. The overarching purpose is to prepare North Carolina for Round 4 of the CFSR in achieving the outcomes of safety, permanence, and well-being and improving systemic factors. The other is to ensure that shifts in strategies or their implementation can be made as quickly as possible to result in improved outcomes statewide. This process will occur as described above through program Section Chiefs, ULT, and Design Teams, with ULT making decisions on final strategies.

North Carolina’s publicly funded child welfare services continuum includes programming to support essential service functions. (1) Child Abuse and Prevention (2) Child Maltreatment Assessment and Intervention: (3) Child Placement and Reunification and the (5) Preparation and Support of Youth Transitioning out of Foster Care.

## 5 Updates on the Service Descriptions

### 5.1 Stephanie Tubbs Jones Child Welfare Services Program

DSS cost allocates the Stephanie Tubbs Jones Child Welfare Services program (IVB-1) funding in combination with other funding streams to the following essential functions: support county child welfare services, training of paraprofessional staff, staff development and training of child welfare social workers and supervisors, and the recruitment of foster and adoptive parents. In addition, NCDSS uses IVB–1 funds to support the Family Support Network of North Carolina to serve children with special needs and their families. Populations served include children who are medically fragile including those who are substance exposed, HIV positive, medically fragile or developmentally delayed. Services are offered in eleven sites across the state though a contract with the UNC–CH School of Social Work.

The data for FSN services provided and the number of families and individuals served for SFY 2019 – 2020 and the first half of SFY 2020 – 2021 (Q1 & Q2 only) are captured in the table below:

**Table 20. FSN Services**

<b>Service</b>	<b>SFY 2019 – 2020*</b>	<b>SFY 2020 – 2021 (Q1 &amp; Q2 only)</b>
Information and Referral	3,141 families	1,257 families
Training Workshops	566 parents	321 parents
Parent-to-Parent Matches	102 parents	35 parents
Social activities for families	907 parents and children	1,418 parents and children
Intensive one-to-one support	364 parents	150 parents
Support groups and SibShops™	74 parents and children	41 parents and children
Community Collaboration	1,752 agency referrals	808 agency referrals

TOTAL (without collaboration)	5,154 family members	3,222 family members
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In SFY 2022, NCDSS plans to slightly increase the funding for this program to incorporate a twelfth (12th) Family Support Network affiliate that covers Chatham, Durham, Orange, Person, and Wake counties. In the past, there has been a gap in services for children with disabilities and their families in this populous area in central NC.

Additional details are regarding populations served and expenditures is provided in the CSF-101.

## 5.2 Services for Children Adopted from Other Countries

### Services for Children Adopted from Other Countries

Post-Adoption Support Services (PASS) providers continued outreach efforts in SFY 2021 to connect with families who adopted children from other countries including marketing on Facebook and agency websites; contacting adoption attorneys and Guardians ad Litem; and sending program information to all private adoption agencies statewide. There are four Post-Adoption Support Services providers that provide statewide coverage: Catawba Social Services, Children’s Home Society of NC, Children’s Hope Alliance and Center for Child and Family Health.

Between March 2020 and May 2021, PASS providers provided services for seven out of the 13 children newly adopted from other countries. The children were adopted out of the countries of Guatemala (2), China (3), Ukraine (2), Russia (2), Romania (1), Korea (1), Philippines (1), and Africa (1).

Post-Adoption Support Services include the following:

- Parenting education and coaching
- Counseling services for families and children
- Crisis intervention
- Respite services for 89 families
- Promoting awareness of program through quarterly newsletter communications and targeted collaboration with schools that have a high population of adopted children

Services to this population will continue to be provided through PASS in FY22.

Enhancements to PASS are more fully detailed in the description of Adoption Promotion and Support Services that follows.

## 5.3 Services for Children Under the Age of Five

### Activities to Reduce the Length of Care

North Carolina was awarded a two-year Victims of Crime Act (VOCA) grant to support the statewide implementation of its Safe Babies Court Team (SBCT) initiative, which will promote expedited permanency for children ages 0–3 years who come into foster care due primarily to parental substance use disorder. The VOCA grant became effective October 1, 2020 and allowed NCDSS to hire a program supervisor. One initial site for the project has been identified and outreach has been made to seven (7) county DSS Directors and Child Welfare Program Managers and, for two communities, also including key stakeholders such as the District Court Judge(s), GAL administrators and attorneys, DSS agency attorneys, parent attorneys and other child welfare stakeholders, the project is on target to begin stand up activities towards five (5) sites beginning in FFY 2021–2022.

North Carolina also is promoting the use of Permanency Roundtables, while is this model was originally developed for long stayers in foster care, the state’s use of the model has focused on young children in foster care as well. More information about Permanency Roundtables is documented in the update to the Diligent Recruitment and Retention Plan.

### Addressing the Developmental Needs Vulnerable Children

In SFY 2021, NCDSS focused on serving families with children under the age of 5 years old through several community-based prevention programs, the Community Response Program, and Family Support Network. NCDSS funded the following 8 programs that served our youngest children (included in the table below). Programs

Table 21. Programs

Programs	Services	Children and Families Receiving Services	Objectives / Deliverables
<b>Attachment and Biobehavioral Catch-Up (ABC)</b>	Evidence-based treatment model	Caregivers of children 6 months to 4 years old	Improves parent-child relationships Teaches caregivers about child development Parental and child bonding reduces risk of abuse and neglect
<b>SafeCare</b>	Evidence-based, parent training curriculum	Caregivers of children from birth to 5 years,	Reduces risk of child maltreatment, particularly neglect by teaching about child health, environmental safety, and child development
<b>Parent-Child Interaction Therapy (PCIT)</b>	Evidence-based treatment model	Caregivers of children ages 2 to 12 years	Improves parent-child relationships Teaches caregivers about child development Equips caregivers to calmly manage misbehaviors through coaching
<b>Parents As Teachers (PAT)</b>	Evidence-based Provided in 2 counties (Ashe and New Hanover)	Parents of children, prenatal to 5 years	Provides parental capacity and skill building with a focus on developmental screenings and attachment. Parents increased skills lead to a reduction of risk for abuse and neglect

<b>Parents as Teachers (Kaleidoscope Play Groups)</b>	Evidence-Based Provided in 1 county (Iredell)	Parents and other caregivers of children birth to 5 years	Teaches parents child development and builds attachment, provides social support, reduces the risk of child maltreatment by increasing protective factors
<b>Circle of Parents</b>	Group model Evidence Informed	Parents of children 0-18, most groups funded in North Carolina serve preschool children	Enhances families' strengths by allowing caregivers to increase their social support network Teaches problem-solving skills to families Helps families develop new ways to cope with stress
<b>The Nurturing Parenting Program (NPP)</b>	Evidence-based Provided in 2 counties (Johnston and Burke)	Children birth to 5 years, and parents	Providing as home visiting or in groups. Increases knowledge of child development, improve attachment, builds protective factors, and provides social supports which reduces risk of maltreatment

NCDSS staff participated in the North Carolina Infant and Early Childhood Mental Health Consultation (IECMH) cross-sector workgroup which resulted in the development of a proposal for the development of a statewide consultation system, including consultation to local Departments of Social Services. The IECMH program is an evidence-based strategy that promotes youth positive social and emotional development of young children that leads to improved mental health functioning for children and their families.

NCDSS funds the North Carolina Pediatric Society Fostering Health North Carolina program. This program provides support to local Departments of Social Services to implement practices to ensure that children and youth in foster care are linked to the well-being services they need, including linkage to Medicaid funded care management with

Community Care of North Carolina (CCNC) and the Care Management for at Risk Children (CMARC) program through public health. All children who enter foster care receive developmental screenings during their comprehensive medical appointments which occur within 30 days of entering custody.

Children served by child welfare in North Carolina who are determined to need services to support their development are referred to the Children's Developmental Services Agency (CDSA). CDSA early intervention services are supported through the NC Early Intervention Branch of the Division of Public Health and serve children ages birth to three years old.

NCDSS is also serving children under the age of five as part of the activities delineated and described in NCDSS' CAPTA Plan. (*For additional information, see [Section 7, CAPTA.](#)*)

## 5.4 Efforts to Track and Prevent Child Maltreatment Deaths

### *Efforts to Track and Prevent Child Maltreatment Deaths*

NC continues to track maltreatment deaths in accordance with N.C.G.S. §143B-150.20 ([https://www.ncleg.net/enactedlegislation/statutes/html/bysection/chapter\\_143b/gs\\_143b-150.20.html#:~:text=%C2%A7%20143B%2D150.20.,by%20Division%20of%20Social%20Services.&text=The%20Division%20of%20Social%20Services,between%20local%20and%20State%20entities](https://www.ncleg.net/enactedlegislation/statutes/html/bysection/chapter_143b/gs_143b-150.20.html#:~:text=%C2%A7%20143B%2D150.20.,by%20Division%20of%20Social%20Services.&text=The%20Division%20of%20Social%20Services,between%20local%20and%20State%20entities)). This statute mandates reviews of cases where a child fatality occurred in families that were involved with local DSS Child Protective Services in the 12 months. NCDSS has a MOU for data matching with Vital Statistics to ensure NCDSS captures all maltreatment deaths with DSS history in the 12 months prior to the child's death. NCDSS continues to collect baseline information on all fatalities of children in which the agency receives a notification from local child welfare agencies, regardless of whether it occurs within the 12-month criteria. NCDSS works closely with the medical examiner to identify and collect data on cases where a homicide by a parent (identified as the perpetrator) and cases where abuse and neglect was identified as the manner of death.

NCDSS is working to improve and submit data reported in NCANDS for both the child and agency files through the review of data mapping documents to ensure all available data is included and regular reviews of reporting processes occur.

Currently, an Access database collects information related to demographics, areas of contributing maltreatment factors, history, manner and cause of death, whether there were criminal charges, and other information regarding child fatalities. Findings and recommendations from the reviews are compiled in an Excel spreadsheet. While long-term plans include capturing this data in the statewide case management system, a bridge

solution to build a new database is in underway. NCDSS proposed a web-based technology that will significantly ease the record entry by multiple users, decrease the need for record revision, and increase staff's ability to retrieve data for recurring and ad-hoc reporting. The ability to provide real-time data, as well as in tracking activities to ensure reviews occur quickly and efficiently will increase the effectiveness and efficiency of the team and the agency. Staff will also be able to enter, aggregate and analyze data to inform updates to child welfare practices and policies. The new system will additionally allow for collection of a more in-depth data elements about child and parent/caretaker factors, and any findings and recommendations from reviews. This will enable NCDSS to increase its ability to analyze data for root causes and increase the ability to capture and retain data that is required to meet state and federal reporting requirements (NCANDS and CAPTA). Approval of the business concept is imminent, and we anticipate development and implementation to be completed by October 1, 2021.

NCDSS involves public and private agency partners in each fatality review panel at the local level. Local panels include experts in the areas of medicine, prevention specialists, and law enforcement and are statutorily required in each review. Two additional panel members often include those with specific expertise in areas applicable to the presenting problems in each case (such as mental health and substance abuse). The panels produce findings and recommendations in the fatality report at the conclusion of the review. The findings and recommendations are dependent on the case review and not limited to child welfare, but any area deemed by the team to have been an opportunity to mitigate the maltreatment factors which contributed to the death.

NC's initial focus has been on improving our data system to better enable root cause analysis for the development of a comprehensive statewide plan. In FFY 2022, NCDSS will begin a process for developing and implementing a comprehensive statewide plan to prevent child maltreatment fatalities that involves and engages relevant public private partners. This plan will build on the following pieces already in place.

In preparation for our work on a comprehensive plan, in March 2021, NC analyzed the demographics, contributing factors, child welfare history from the past five years, and trends from reviews conducted over the last three years. The data from the prior three years of reviews was examined identified substance use and unsafe sleep practices as contributors in maltreatment deaths reviewed. Substance Affected Infants accounted for approximately 40% of the fatalities. A Safe Sleep Initiative is being developed to guide staff in for how to assess and develop plans to ensure safety to complement the Substance Affected Infant guidance document.

Lessons learned in practice identified in the reviews includes a need to address quality collaterals, behavioral changes in parents, and conducting a complete risk assessment. Decisions regarding services recommended for the family were identified as needing

further attention by DSS. Strategies are being identified or have been identified to address these issues as well and can be seen in other areas of this report.

Fatality Review data was presented by region across the state. A guidance document was provided to staff related to substance affected infant (SAI) plans of safe care (POSC) during these presentations. Presentations were completed for the State Fatality Prevention Team and the State Fatality Taskforce.

For the upcoming year, NCDSS will develop a Safe Sleep guidance document to assist workers in improving practices regarding POSC. Fatality data is being collected to further assess how workers are identifying substance affected infants, if POSC are in place, did the plans meet the required components, did the plans identify the safety needs of the child for cases reviewed between October 2021 through December 2021. The data collected will be summarized by the end of December 2021 and form a baseline for looking at the impact of the new guidance provided by NCDSS to counties in June 2020. NCDSS will continue to collect this data to identify areas needing further guidance or technical assistance and evaluate areas that improved.

With the groundwork laid for connecting fatality data to our CQI and an enhanced database, NC will move forward with utilizing groups such as NC's CCPT Advisory Board and members from NC State Fatality Prevention Team (which include members from Domestic Violence, Law Enforcement, Schools, and Public Health), as well as staff from the Child Welfare areas of prevention, assessments/in-home, permanency, OSRI team, Regional Child Welfare Consultants, and Child Welfare Trainers to begin a framework for the comprehensive statewide plan to prevent child maltreatment fatalities. The comprehensive statewide plan to prevent child maltreatment fatalities will be developed this year.

## **5.5 Supplemental Appropriations for Disaster Relief Act (applicable states only)**

Information regarding this appropriation is detailed in the update to the [Disaster Plan Update](#) for the APSR, Section 7.3.

## **5.6 Supplemental Funding to prevent, prepare for, or respond to, Coronavirus Disease 2019 (COVID-19)**

North Carolina used the CARES Act supplemental title IV-B funds to provide PPE to sixty-three licensed child residential facilities that provide care for children in foster care. These supplies were used to ensure that facilities were able to continue to provide care and services to children. Additionally, this allowed facilities to continue to support parent child

visitation. While the entire award of \$1,593,398 was expected to be needed for this purpose, the actual expenditures are \$326,164.38.

Remaining funds will be allocated to county child welfare agencies to provide emergency assistance that prevents children from entering foster care or provides essential resources so that children can be placed in kinship care.

## **5.7 MaryLee Allen Promoting Safe and Stable Families Program**

### *Family Preservation*

Using IVB-2 and state family preservation funds, NCDSS provided Intensive Family Preservation Services (IFPS) to 1,013 families deemed high risk by the Family Risk Assessment in SFY 2020. The IFPS program is available statewide and supports NCDSS program goals of reducing risk of repeat maltreatment and increasing permanency outcomes.

During the first half of SFY 2021, IFPS agencies served 533 families across North Carolina through a combination of IVB-2 and state funding. In sum, NCDSS provided IFPS services to 1,546 families between July 1, 2019 and December 31, 2020.

The IFPS providers offered the following services to participating families, as planned per the 2020 CFSP: (a) assessing risk and developing a safety plan; (b) teaching parenting skills; (c) family/individual/marital counseling; (d) teaching budgeting skills; (e) aiding the family in meeting medical needs; (f) teaching homemaking skills; (g) linking the family with concrete services and follow-up services; (h) assisting the family with transportation; and, (i) providing flex funds (average \$500/family). The flex funds component helped support families participating in IFPS during the COVID-19 pandemic, when people experienced more difficulty meeting their basic needs.

During the SFY 2019-2020 CFSP, NCDSS achieved the following average outcomes through the IFPS provision:

- 100% of participating families' children were not in foster care at case closure.
- 99% of participating families had improved functioning at case closure.
- 96% of participating families demonstrated some improvement in protective factors at case closure.
- 96% of participating families' children were not in foster care at 6 months after closure.
- 96% of participating families did not have repeat maltreatment at 6 months after closure.

- 95% of participating families' children were not in foster care at 12 months after closure.
- 94% of participating families did not have repeat maltreatment at 12 months after closure.

In SFY 2022, NCDSS anticipates spending approximately 20% of IVB-2 funding on family preservation services.

Support/Prevention

As the Community-Based Child Abuse Prevention (CBCAP) lead agency, NCDSS has used a combination of federal CBCAP and IVB-2 funding, and North Carolina Children’s Trust Fund revenues to support evidenced-based and evidenced-informed parenting education and support programs, as well as respite and Community Response Program services. These programs with the exception of CRP are available statewide.

**Evidence-Based Parenting Programs**

In SFY 2021, NCDSS funded 35 grantees to provide family support programs in the final year of a 5-year grant cycle. The table below lists the number of parents or caregivers and children served through these programs in the past 18 months.

**Table 22. Services Provided**

<b>Evidence-Based Parenting Programs</b>	<b>Parents or Caregivers Served</b>	<b>Children Served</b>	<b>Total Served</b>
July 1, 2019 – June 30, 2020 (12 months)	3,390	3,401	6,791
July 1, 2020 – December 31, 2020 (6 months)	2,391	858	3,249
<b>TOTAL SERVED</b> Between July 1, 2019 – December 31, 2020 (18 months)	5,781	4,259	10,040

NCDSS released an RFA for Family Support Program Services that combines CBCAP and IVB-2 funding to provide primary and secondary child maltreatment prevention activities. In SFY 2022, NCDSS will fund 32 family support agencies for a three-year grant cycle through blended funding. These agencies will implement evidence-based or evidence-informed programs that have proven outcomes in increasing protective factors for the prevention of child abuse. These community-based programs will provide outreach, support, and services to children and their families, participate in implementation support to ensure model fidelity, and engage in qualitative and quantitative evaluation plans.

North Carolina Family Support Program contracted agencies will implement one or more of the following programs:

- Attachment and Biobehavioral Catch-up (ABC)
- Circle of Parents
- Incredible Years Pre-School BASIC Parent Program for parents of children 3–6
- Incredible Years School-Age BASIC Parent Program for parents of children 6–12
- Parent Child Interaction Therapy (PCIT)
- Parents as Teachers (PAT)
- Strengthening Families Program (SFP) for parents of children 6–11
- Stewards of Children– Darkness to Light Child Sexual Abuse Prevention Training
- Triple P, Level 4 Standard and/or Level 4 Group

These primary and secondary prevention programs were selected to complement NC's planned Family First tertiary prevention services as part of a comprehensive prevention service array. The programs support NCDSS in meeting the program goals of reducing abuse and neglect through community interventions and family interventions that increase awareness and increase parental capacity through education and skill building.

### Respite

Respite centers support NCDSS program goals of reducing risk of abuse and neglect by improving family stability and providing temporary relief for families experiencing crisis or in need of additional support.

In SFY 2019–2020, NCDSS served 382 parents / caregivers and 606 children across North Carolina with respite services. In the first half of SFY 2020–2021, NCDSS served 171 parents / caregivers and 238 children across North Carolina with respite services. In sum, NCDSS provided respite services for 553 parents / caregivers and 844 children for a total of 1,397 between July 1, 2019 and December 31, 2020. These outputs are consistent with previous years of the funding cycle since funding amounts remained constant.

In SFY 2021, NCDSS implemented bi-monthly team conference calls with Respite grantees to provide more regular support. NCDSS issued a Respite Program Services RFA in February 2021 for a three-year funding cycle of respite care. In SFY 2022, NCDSS will fund eight agencies to provide a variety of respite services, including voucher-based care, center care, overnight crisis care, and support groups for kinship care parents and mothers who are victims of domestic violence.

### *Positive Parenting Program (Triple P)*

Triple P is an evidence-based parenting and family support system designed to prevent and treat behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school, and community before they arise and to create family environments that encourage children to realize their potential. Triple P supports NCCSS program goals by providing parents with concrete skills to effectively parent their children in positive ways that reduce risk of maltreatment.

During SFY 2021, North Carolina braided federal, state, and private funding from NCDSS, DPH, The Duke Endowment, and the Rex Endowment to invest in the training, implementation support, and evaluation of the Triple P system of interventions statewide. The Triple P Partnership in Strategy and Governance also includes Triple P America, PCANC, and the Impact Center at UNC Frank Porter Graham Child Development Institute. Due to the need to socially distance during the COVID-19 Pandemic, NCDSS encouraged agencies to share online Triple P codes with families. Triple P America adapted the online curriculum to address unique needs caused by the COVID-19 Pandemic. The online codes were available free of charge to parents/caregivers in all 100 counties in North Carolina in a birth to 12-year-old module in English and Spanish, plus the teen module in English. In SFY 2021, NCDSS worked with Triple P America to continue a statewide media campaign to increase awareness of the availability of Triple P Online.

This work increased the evidence-based services available to North Carolina children and their families and strengthened the implementation support available to Triple P practitioners.

In SFY 2022, NCDSS will continue to use state funds to provide implementation support provided by DPH, UNC, PCANC, and the ten (10) local implementing agencies. This systems-level support combined with training of child welfare workers through a VOCA grant will help build capacity in preparation of offering Triple P, Level 4 through the Family First Prevention Services Act in subsequent years.

### **Community Response Program**

Through a competitive request for application, NCDSS awarded eight (8) county social service agencies \$100,000 each to provide a Community Response Program (CRP) using Promoting Safe and Stable Families funding. In SFY 2021, Alamance, Catawba, Durham, Henderson, Orange, Rutherford, Wake, and Wilson counties provided CRP services.

Community Response Programs (CRP) services are intended to fill a gap in the continuum of child maltreatment prevention programming by reaching out to families who have been open to Child Protective Services and closed with a decision of services recommended or with a decision of no services needed, after an initial assessment. CRP grantees are

required to collaborate with community partners, engage parents in a meaningful way, and refer participants to evidence-based or evidence-informed services. One focus of CRP is to provide economic support and education to assist families in crisis. Flex funds are available for families experiencing an economic crisis. This proved even more critical in helping support families participating in CRP during the COVID-19 pandemic, when people experienced more difficulty meeting their basic needs. By meeting a family's unmet food, housing, or transportation needs or by addressing unsafe living environments, North Carolina can mitigate the risks of child maltreatment.

CRP served the following number of parents of caregivers and children during an 18-month period:

- In SFY 2020 NCDSS served 340 parents/caregivers and 471 children across North Carolina.
- In SFY 2021 (July- December) NCDSS served 222 parents / caregivers and 361 children across North Carolina.

In total, NCDSS provided CRP services for 562 parents / caregivers and 832 children for a total of 1,394 between July 1, 2019 and December 31, 2020.

After careful consideration, NCDSS has decided not to expand the community response programming to additional counties as originally planned in the CFSP. NCDSS has determined that it is not realistic to expand this program to all 100 counties and confidentiality barriers exist to providing the service regionally.

Instead, NCDSS will extend the current CRP grants for one year in SFY 2022. Based on feedback from service providers, NCDSS will make the following program changes:

- CRP will increase the edibility age range to birth to eight years old to align with other early childhood initiatives in NC, such as the Early Childhood Action Plan and Pathways to Grade Level Reading.
- CRP will shorten the service time period from 12 to 6 months. This service was designed to be intensive and short-term. With a shorter time period, CRP sites can serve more families.

During this time period, NCDSS will evaluate whether the current CRP services are the most effective way of serving this population and will consider alternative secondary prevention strategies.

### **Family Reunification Services**

The service is family reunification services allocated directly to all 100 county child welfare agencies, using the following formula:

- a base of \$5,000 for each county, and
- a percentage of the remaining funds based on the county's average number of children in out-of-home placement at each quarter's end in the previous fiscal year, regardless of plan goal.

The goal of this service is to help children who are in out-of-home placement reunify safely with their families by providing the following reunification activities:

- Individual, group, and family counseling;
- Inpatient, residential, or outpatient substance abuse treatment services;
- Mental health services;
- Assistance to address domestic violence;
- Services to provide temporary childcare and therapeutic services for families, including crisis nurseries;
- Peer-to-peer mentoring and support groups;
- Facilitation of access to and visitation of children with parents and siblings;
- Transportation to or from any of the services and activities listed above.

County child welfare agencies provided time-limited reunification services to:

- 6,194 children with a 13.87% permanency rate in SFY 2020.
- There is no data available for SFY 2021.

The permanency rate includes reunification with parents, relative guardianship, adoption, and other guardianship.

One ongoing challenge that NC faces is that outcome data, including the number of families served with reunification funds and the number and the percentage that were reunified, is not available until after the fiscal year ends, which makes it difficult to improve programming and determine the program's effectiveness. In addition, outcome data is provided through NC's Data Warehouse, which only captures day sheet data for the number of children receiving reunification services provided by county child welfare staff. It does not include the number of children and their families served through local community-based agencies contracted to provide reunification services. To help resolve this issue, NCDSS has developed and implemented systemic monitoring procedures for family reunification services provided by each county child welfare agency. Starting in SFY 2021, these procedures include an annual report as well as an in-person or virtual monitoring review for each county child welfare agency. This review will occur in coordination with the regular Title IV-E monitoring three-year cycle. Monitoring confirms the eligibility of families served, allowable services provided, supporting fiscal documentation, the number

of children served, and the number of families who received this service and were reunified.

Starting in SFY 2022, NCDSS will require that county child welfare agencies deliberately consider how they will use Title IV-B Family Reunification funds to serve families and submit a written plan. NCDSS will provide the template, so that all county plans will be standardized.

Another challenge is that FFPSA allows for post-reunification services for up to 15 months to further strengthen families. This extension raises questions about whether a county child welfare agency needs to keep the child's case open to provide post-reunification services. In North Carolina, cases are typically closed within ninety (90) days after a child is reunified with their family. This change will require NCDSS to resolve logistical barriers of data management systems, permanency time frames, required paperwork, funding codes, county monitoring and reporting requirements, and policy changes.

In order to communicate FFPSA changes, NCDSS presented a webinar, entitled *Permanency Matters: Safely Achieving Reunification*, to county child welfare agencies and community partners in August 2020. This webinar approached the subject from multiple angles, including legally achieving reunification, safety considerations, reunification funding, policy, and practice. In addition to highlighting FFPSA changes, the webinar reinforced child eligibility criteria, funding codes, and service allowability.

In SFY 2021, NCDSS also issued a Dear County Director Letter (DCDL) and provided presentations to the County Operations Team who work directly with counties and the Children's Services Committee, to share new monitoring requirements.

In SFY 2022, NCDSS will evaluate whether the current services provided under the Family Reunification funding allocation are the most effective ways to support the goal of improving time to permanence. In SFY 2022, NCDSS anticipates spending approximately 20% of IVB-2 funding on family reunification services.

## **5.8 Adoption Promotion and Post Adoption Support Services**

NCDSS uses TANF and state funds, supplemented with IVB-1 funds, to incentivize the completion of adoptions among county child welfare agencies and contracted private child-placing agencies. Adoption Promotion services are offered statewide in all one hundred (100) county child welfare agencies and fourteen (14) contracted private licensed child-placing agencies.

In SFY 2020-2021, reporting procedures for county child welfare agencies were updated requiring all one hundred (100) county child welfare agencies to complete and submit the

DSS-5320 *Monthly Adoption Reporting Workbook* to NCDSS on a quarterly basis. The workbook allows for easy transfer to a master statewide workbook for end-of-year analysis. The updated quarterly reporting workbook improved data collection by gathering data points reflecting age, member of a sibling group of three (3) or more, partnership with private agency, and amount paid to private child placing agency (if applicable).

**Table 23. Adoption Reporting Data**

<b>SFY</b>	<b># Counties Receiving Funding</b>	<b>Total Funding Paid to County Child Welfare Agencies</b>	<b>Total NC Adoptions from Foster Care</b>
2019-2020	70	\$2,901,212	1,529
2020-2021 (Q1 & Q2)	68	\$2,889,020	1,297

Under the new program model, the Adoption Services Agreement (ASA) is revised to reflect only the specific services completed by the private child placing agency. Private child-placing agencies are paid on a fee-for-service basis.

The data for Contracted Private Child Placing agencies shows a marked increase in total partner adoptions with county child welfare agencies, as well as increased expenses.

**Table 24. Contracted Private Agencies Data**

<b>SFY</b>	<b>Total Funding Paid to Contracted Private Agencies</b>	<b>Total Partner Adoptions</b>	<b>Percent of Total Statewide Adoptions</b>
2019-2020	\$1,521,300	212	14%
2020-2021 (Q1 & Q2)	\$1,526,000	222	17%

In 2022, NCDSS will issue an RFA for Adoption Promotion, allowing the opportunity for any agency to apply for funding. The focus will be on improving diligent recruitment and retention efforts across the state to secure stable and permanent homes for children and youth in foster care. NCDSS will concentrate on bolstering the quality rather than quantity of available foster and adoptive parents.

North Carolina's Adoption Call to Action (ACTA) Plan focuses on achieving safe and timely permanency for youth ages 14-17 and their siblings, who are living with an unlicensed relative and quality for the Kinship Guardianship Assistance Program.

Lastly, COVID-19 impacted the timeliness of the finalizations of adoptions in North Carolina. Courts in North Carolina were closed for approximately six (6) to nine (9) months

beginning at the end of March 2020. Many of the adoption petitions that were filed prior to March 2020 were not finalized until September 2020 or later due to court closures. Due to COVID-19, children were not able to exit foster care through adoption because of court closures, as adoption numbers were impacted.

### Post Adoption Support Services

In the SFY 2021 the Post Adoption Support Services (PASS) program served 493 youth and 366 families across the state of NC. There are 4 PASS providers serving 11 regions across the state, including Catawba County Social Services, the Center for Child and Family Health, Children's Home Society of NC and Barium Springs Home for Children / Children's Hope Alliance. In SFY 2022, NCDSS estimates that approximately 400 families and 525 children in all 100 counties will receive post adoption support. These services are available to any North Carolina family of an adopted child.

NCDSS continues to facilitate quarterly PASS Provider calls to build on agency strengths and improve service provision across the state. During these calls, providers engage in conversations regarding effective practices, brainstorm strategies for challenging cases, and collaborate to provide education and awareness for the PASS program statewide.

This current bid cycle saw three significant enhancements to Post Adoption Support Services:

1. **Respite:** These services are mandatory and must be incorporated into the project model. Respite is a critical tool in helping families, following an adoption. Adoptions, especially those involving children who have experienced trauma, often experience periods of stress during different stages of development. Agencies provide crisis out-of-home respite services and case-specific planned services designed to alleviate extreme stress in the household. The intent is to provide short-term relief to families to avoid placement disruptions. As of April 2021, 89 families have received respite services through North Carolina's PASS programs.
2. **Services provided to families regardless of type of adoption:** While PASS have always been available to all adoptive families, the services were not widely marketed or advertised. Previously, the largest number of families served were those who had adopted through foster care. NCDSS believes that any family, regardless of the type of adoption (foster care, relative, international, stepparent, independent, adult) can benefit from access to concrete post adoption support services. PASS providers must provide outreach and education to families who have adopted outside of foster care to inform them they are eligible for services. In SFY 2021, PASS providers continued outreach efforts to this specific population, including marketing on Facebook and agency websites, contacting adoption attorneys, Guardians ad Litem, and sending program information to all private adoption agencies statewide. Some

providers connected with schools that had a high population of adopted children. Another provider issued quarterly newsletters devoted to post adoption services and resources to all families served in their regions, private and public adoption agencies across the state, and professionals on the provider's listserv.

3. **PASS continue to be available for families who completed an out-of-country adoption.** As in previous years, PASS requires each contractor to provide targeted outreach and education to families at risk of an illegal custody transfer and those who completed adoptions separate from the child welfare system. The intent of this requirement is to advertise and educate more broadly about the availability of PASS for families and children adopted through an out-of-country adoption. In SFY 2021, PASS providers served thirteen (13) children adopted from other countries and seven (7) families.

A challenge for the PASS program is North Carolina does not have a statewide practice model for post adoption services. Contractors are required to build their programs around a set of guidelines, however specific services vary from region to region. Families in one region of the state may have access to a greater array of services than those in another region.

The Family First Prevention Services Act (FFPSA) offers an opportunity to address these disparities. The award cycle for PASS was scheduled to end on June 30, 2021. NCDSS elected to extend the current RFA an additional six (6) months to align and implement services with FFPSA, as well as with the state Family/Child Protection and Accountability Act (Rylan's Law).

Along with researching a statewide practice model for post adoption, post guardianship will be added to the service array in 2022. As North Carolina continues to promote and grow KinGAP, the need for quality post guardianship services is recognized. This will ensure kinship families caring for youth exiting foster care through guardianship will also have access to educational resources, support services, crisis management, and counseling services.

Current PASS awards are extended through December 31, 2021 and a new RFA will be issued for services to begin January 1, 2022. In SFY 2022 a RFA for a statewide practice model will be issued. As a part of the new PASS RFA, state contractors will be trained in the new practice model and will implement the new model within the 3-year RFA cycle.

Lastly, COVID-19 impacted many of the activities provided by PASS providers. Most providers schedule "end-of-year" conferences or Adoption Celebrations. Due to social distancing guidelines, these in-person events were canceled. Some providers were able to pivot and provide virtual events that were successful. Others were creative and came up with other ways to celebrate the families. While In-home services were largely

unavailable, providers maintained connections and services virtually with their families, or by phone.

The annual Child Welfare Summit scheduled for May 2020 was canceled as a result of the COVID pandemic. NCDHHS scheduled a half-day workshop on May 25, 2021 for adoption professionals and County DSS agencies.

In SFY 2020–2021, NCDSS anticipates spending approximately 20% of IVB-2 funding on adoption promotion and support.

### *Service Decision-Making Process for Family Support Services*

North Carolina notes that the spending percentages reported on Part III of the CFS–101 for the FFY 2019 IV–B2 grant that closed September 30, 2020, were below the 20% guidelines for both family preservation services and adoption promotion and support. However, North Carolina dedicated significant state and local funds to both family preservation and adoption promotion and support services that resulted in the total spending for both purposes being well above the required thresholds.

## **5.9 Populations at Greatest Risk of Maltreatment**

In the 2020–2024 CFSP, North Carolina identified the following populations at the greatest risk of maltreatment:

- children under the age of 3 years,
- teenagers with mental health and behavioral health concerns,
- children born to young parents with little to no parenting education,
- children born to parent with significant history of abuse and/or neglect, and
- LGBTQ youth.

This population was selected based on national trends and child fatality reviews from 2018.

Services to these populations are provided by staff completing CPS Assessments and CPS In-Home services. In order for staff to be able to complete thorough assessments of safety, risk and well-being and then assist families with identifying services that will meet the needs of the children and families, NCDSS provides a number of training courses for staff to address these at-risk populations. One goal of having staff attend the following training is that they are better prepared to assess appropriate services for families in these at-risk populations. These trainings include:

- Advocating for child and adolescent mental health services
- Child development and the effects of trauma

- Understanding child mental health issues
- Supporting, including, and empowering youth who are LGBTQ

To address the risk to LGBTQ youth, a guidance document for work with the LGBTQ youth was disseminated. Webinars and trainings were also provided to equip the workforce to protect this population of children.

There are specific concerns about the populations at greatest risk of maltreatment during the pandemic. In response to that, NCDSS provided access to online Triple P and Parenting Tools through a network of child service providers who made this information available through social media. Additionally, the NC DHHS website provided information about services and relief programs to alleviate stressors that can lead to maltreatment. Because children under the age of 3 are the most likely to be abused, NCDSS provides target programs for this population. Examples of these include Attachment and Biobehavioral Catch-up (ABC), SafeCare, Parents as Teachers, The Nurturing Program, and Parent Child Interaction Therapy (PCIT).

Targeted services for these population in FY22 will include the following:

1. As stated previously in this document, implementation of the Regional Medical Abuse Specialists.
2. Implementation of evidence-based services through the Family First Prevention Services Act that include Parents as Teachers for young children, Homebuilders and Triple P for all children.
3. Continued strategies as noted in the CAPTA plan to address risk to Substance Affected infants and implement strategies for safe Night Time Parenting.

## 5.10 Kinship Navigator

Kinship Navigator Funding was used to provide supports to kinship families, for resources to build a practice model for kinship care and to support the development of interactive referral data base. Specific expenditures are detailed below:

- Provision of Caring for Our Own through a contract with the Children’s Home Society. This program provides peer support as families are trained to become licensed foster parents.
- A fit and feasibility study to determine which model for kinship care aligns with North Carolina’s practice model that is under development.
- Support for the development of NCCARES360 to statewide resource database.

NC is committed to increasing the numbers of licensed kinship providers who are licensed.

As of March 31, 2021, North Carolina has 10,436 children in regular foster care. Of the 10,436 children, 3,083 (29.5%) children are placed with relatives. Current data does not accurately reflect the number of children who live with licensed kinship care providers as there is no distinction that a licensed family is providing kinship care. This data is now being collected upon a family's initial application for licensure. At this time, it can be determined that 2% of all children are living with licensed kinship care providers.

The accomplishments achieved with the use of the funds appropriated in FY2018–2020 to support or evaluate kinship navigator programs in the state include the following:

- NCCARE360 is a statewide resource database with a referral platform for families, social workers, healthcare providers, care coordinators, and others to connect directly to resources in their communities and track connections and outcomes. It is designed to help families, including kinship families be connected to community-based resources to support health and well-being for children and families.
- Caring For Our Own is established and available to kinship families for the purpose of licensure, support, and networking. The support and training that derives from Caring For Our Own is designed to enhance and increase placement stability with kinship families. As of March 2021, 52 families and 80 individual participants have completed Caring For Our Own classes. 39% of class participants have completed Mutual Home Assessment and are in the pipeline to become licensed and 89% of families participating in Caring For Our Own class reporting improved knowledge about parenting or child wellbeing.
- The Caring For Our Own Program is available statewide.
- KinGAP materials were created and shared to educate both professionals and families regarding KinGAP benefits. Placement with kinship families has been promoted through these materials to increase the number of kinship caregivers and the number of children placed with kinship families.

Plans for FY22, include executing the recommendations from the fit and feasibility study in alignment with the practice model and Regional Support Model, improving data collection regarding the number of families who are licensed as foster parents to provide kinship care and Plans for FY22, include executing the recommendations from the fit and feasibility study in alignment with the practice model and Regional Support Model, improving data collection regarding the number of families who are licensed as foster parents to provide kinship care, implement seven kinship support groups across the regions, comprised of public agencies, private agencies, and key stakeholders, and, continue to expand upon the Caring For Our Own program throughout the regions. Plans for the Caring for Our Own expansion will include additional trainers as well as kinship navigator positions that will focus their work on providing support and resources to ensure the families are successful in permanency planning. North Carolina will collaborate with regional and local agency

staff and/or service providers to promote cross-agency training on issues related to kinship families and ensure that caregivers receive services for which they are eligible.

## **5.11 Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits**

### *Performance Standard for Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits*

NCDSS has achieved compliance with the annual federal target of 95% since 2017. NCDSS provides ongoing monitoring and technical assistance to counties not meeting the target, to ensure performance standards are met. This is accomplished through the Monthly On-site visits conducted by the Regional Child Welfare Consultants. A requirement for these visits is to, quarterly, share with county leadership the most recent data as to progress in making the monthly visit and to discuss barriers to assess the need to any targeted technical assistance.

Federal law requires at least 50% of the total number of monthly visits made by caseworkers to children in foster care during a fiscal year occur in the child's residence. This has also continually been true in North Carolina since 2017, with the most recent year being at 91%.

North Carolina implemented accountability required through the passage of Rylan's Law for the local county departments of social services to meet the 95% requirement for Monthly Foster Care visits. Counties that do not consistently meet the 95% requirement for at least one quarter will be placed on a corrective action plan to detail steps they will take to make improvement over the next quarter. This accountability began January 1, 2021.

NCDSS uses the monthly caseworker visit grant to conduct face to face visits with children in care and coding distinguishes whether that face-to-face visit is in the child's residence or a different location. The allocations are provided to counties based on each county's number of unduplicated children in care divided by the state's total number of unduplicated children according to the prior year. The counties receive their allocation through submission of 1571 monthly invoice based on the actual services documented on caseworker day sheets. The allocation provides funding for the cost of staff to conduct visits.

## **5.12 Adoption and Guardianship Incentive Payment Funds**

NCDSS offers Adoption Assistance and Guardianship Assistance benefits to support eligible children who exit the foster care system to adoption or guardianship.

NCDSS does not anticipate any challenges in timely expenditure of these funds. The chart below indicates a modest increase in the number of children guardianship receiving benefits. There is pending legislation to lower the eligible age for subsidized guardianship, which would increase the number of youth eligible for this benefit.

**Table 25. Youth receiving Guardian Assistance Payments**

FFY 2016–2017*	FFY 2017–2018	FFY 2018–2019	FFY 2019–2020	FFY 2020–21**
24	65	104	158	185

Notes: \*03/2017–09/2017; \*\*10/2020–06/2021 (Data available for these months only) (Data Source: CW CPPS, CSDW)

The chart below shows a decline in the number of youth receiving Adoption Assistance benefits. This is likely due to the decrease of adoption that occurred during the pandemic.

**Table 26. Youth receiving Adoption Assistance Benefits**

FFY 2015–2016	FFY 2016–2017	FFY 2017–2018	FFY 2018–2019	FFY 2019–2020	FFY 2020–2021
16,417	16,513	16,668	16,718	16,757	16,192

Source: Child Placement and Payment System and NCFAS; \*FFY 2020–21 data available for payments issued through June 2021

## 5.13 Adoption Reinvestment Savings

Over the next five years, North Carolina expects to provide the following services to benefit children and families using its Adoption Savings:

- Implementation of a Child Welfare Practice Model which includes a validation of the Risk Assessment Tool;
- Expansion of Triple P Online;
- Special Children’s Incentive Adoption Fund;
- Adoption Promotion Contracts; and,
- Post Adoption and Post Guardianship Services.

Use of these funds in SFY 2021 was consistent with this plan. In SFY 2022, NCDSS will use Adoption Reinvestment Savings for the purposes stated above, primarily focusing on implementation of a practice model and continuing to fund Adoption Promotion Services.

Funds may be used to provide child welfare services that were not funded due to decreased revenues caused by the pandemic. Additionally, funds may be used for the evaluation of the Success Coach model, a program North Carolina would like to add to the approved list of evidence-based programs offered in the FFPSA prevention plan.

While the state experienced an initial delay in the expenditure of funds, the North Carolina is committed to reinvesting these funds to improve our child welfare system. The cost of implementing the practice model and programming in post adoption services will allow the state to spend down the accumulated savings in a real reinvestment in improved services.

## **5.14 Family First Prevention Services Act Transition Grants**

These funds will be used to support the implementation of the Family First Transition Services Act. The following categories of funding will support NC's ability to launch FFPSA provisions:

1. Consultation and Contract Support: Additional resources from Public Knowledge were acquired to provide project management and oversight of FFPSA implementation. This also included a position dedicated to preparation of contracts for evidence-based practices. Additionally, a contract with Human Services Advisory was executed to ensure that technology and data systems were developed and available for FFPSA changes and other transformation work.
2. Family First Prevention Services Team: Funds will be used for a multi-disciplinary team responsible for all aspects of program launch. This includes operational and program supports. The team includes:
  - 2.1. A FFPSA Program Manager: to provide oversight of the implementation and delivery of evidence-based services and supervision of seven Regional Prevention Specialists.
  - 2.2. Regional Prevention Services Specialists (7 FTE's) responsible for implementation of regional evidence-based services.
  - 2.3. A Child Welfare Chief Financial Officer and three direct reports to manage FFPSA fiscal work and the intersect with other funding sources.
  - 2.4. A Practice and Technology Manager officer to ensure the integration with all IT and data systems.
  - 2.5. An administrative assistant to provide supports for communications, data entry and general team support.

3. Funds will also be used for start-up costs for evidence-based services and Qualified Residential Treatment Programs.
4. Bridge funding for the loss of IV-E is a current legislative expansion request. While NCDSS is encouraged that these funds are reflected in the Senate and Governor's budget, if these funds are not allocated, Transition Act funds may be needed to bridge this loss.

## 5.15 PSSF (Additional) Funds

NCDSS will target this fund source to support Family Reunification. The state is considering two options. If the expansion request for additional NCDSS staff to provide technical assistance is not included in the state budget, these funds will be used to provide time limited position to provide these services. NCDSS has impacted timely permanency through intensive technical assistance a county's request or when counties are in corrective action. The current NCDSS staffing is not sufficient to provide this level of assistance statewide therefore the needs these positions to improve timely permanency statewide. If positions in the expansion request are approved in the budget, these funds will be used to provide reunification services with a focus on tailored services to fathers.

## 5.16 Chafee

### Individual-Level Youth Feedback

The Rutherford County LINKS Coordinator spends intentional time on the LINKS program, including time spent with their local SaySo Chapter Young Adult Leadership Council in planning activities and gathering individual feedback from each young person.

Young people in the Rutherford County LINKS Program quarterly with the Rutherford County LINKS Coordinator, Supervisor, and adult mentors to plan meetings, events, and trainings that are most needed for the youth. Young people in the Rutherford County LINKS program and Rutherford SaySo chapter meet monthly to discuss scheduled LINKS meetings and events, think through logistics, as well as specific goals for the year. There is a group text chat that it used to gather consistent feedback after meetings and events, so the young people are always included in decision-making. Discussions with young people after trainings, retreats, and outings reflect on what went well and what could be better.

The Rutherford County chapter of SaySo - called SaySo 828 - also uses social media, flyers, and the Remind app to conduct outreach and engagement from the young people on the SaySo 828 Young Adult Leadership Council and their peers in the LINKS program.

The Wake County LINKS program incorporates several mechanisms to gather feedback from young people - both informally and formally, as well as on individual and systemic levels.

The informal approaches that the Wake County LINKS program uses to gather feedback from young people include discussions in small groups and in one–one–one settings about their ideas for outreach, activities, and what types of independent living skills they think they need to learn and how to include this within programming. In addition, one–on–one conversations also occur in person while transporting young people, before and after LINKS meetings, and during phone calls between the Wake County LINKS Coordinator and young people.

The Wake County LINKS program hosts a town all event annually. This event invites Wake County leadership team members to hear directly from young people in the Wake County LINKS program about their experiences in foster care. During the event attendees break out into smaller group discussions that are led by young people. During the most recent town hall event hosted by the Wake County LINKS Program, young people shared the following:

- Are there any things you feel like you are unable to do because you are in foster care? If so, what are they?
  - Normal teen things like going out, school functions, sleepovers, not allowing me to grow up or be involved in any decision making, not being allowed to stay home alone, driving experiences and purchasing cars
- What would you say are the main things that have cause youth to have to change foster homes? What changes can be made to decrease placement changes?
  - Safety, abuse, attitude of youth and parents, youth’s behavior, youth’s sexual preferences (identifying as being a part of the LGBTQ+ community), the home just not being a good fit, honeymoon stages, a negative home environment, foster parents prioritizing bio–kids over foster kids, poor communication w/ foster parents and youth and foster parents not listening.
  - Youth recommended foster parent training on how to effectively listen to youth in care; specifically, teens/young adults
- Do you feel like you are included in your case planning (meetings and conversations with your social worker and family)? If so, how? If not, how would you like to be included?
  - Some stated yes and others reported not feeling included.
    - Youth desire to have their voices heard at agency meetings/CFTs. Discussed the importance of the facilitators making the youth feel welcome and voice just as important as others invited or else they will likely not engage even if they are present. Youth would also like to feel supported by social workers on how to advocate and communicate as well as included in ALL discussions that are about them.

- Meetings should not be focused on all of the negative things that are happening with the youth and/or case.
- Who have been your biggest supports while being in foster care? What makes that relationship important to you?
  - Bio-family (including siblings), social workers, foster parents, and friends
    - We realize we need to establish more supports
    - Trust with these individuals make us push harder
- What things make you want to attend LINKS meetings and events! What changes would you suggest and why?
  - Fellowship with other youth in foster care and people who have gone through similar experiences, Free stuff, having a social group, learning about managing finances and boredom
  - Our foster parents do not always support our participation; may limit our involvement as a punishment/lesson
- Do you feel like you were being prepared to transition into adulthood successfully? Why or Why not?
  - No, but we feel like some life situations could have been thoroughly walked through with us (guidance and coaching from social workers and caregivers)
  -
- What skills do you feel like you did not receive before turning 18 that you realize are now very important?
  - Housing, money management, college preparation, employment preparation, driving skills and obtaining insurance
- How easy or difficult has it been to remain connected to people who have been supportive to you? What has helped or can be done differently to maintain that connection?
  - LINKS meetings and The Hope Center has helped to remain connected to supportive people
  - Transitioning on our own, losing contacts and not having normalcy in foster care has made it difficult to have supportive people
- What had been the most challenging about being in FC 18–21? What has been the most beneficial about being in 18–21?
  - Challenging: Time management, communication and lack of being prepared for adulthood in general
  - Beneficial: Monthly stipend, check-ins from social workers and having a connection to resources

- What things make you want to attend LINKS meetings and events? What changes would you suggest and why?
  - Food, community, peer support, gifts and socialization

### System-Level Youth Feedback

Youth participated in Virtual County LINKS meetings, which were facilitated as listening sessions on March 17, 23, and 30, 2021. The purpose of the listening sessions was to hear from individual young people about their worries and needs and gather their input on suggested changes to the LINKS program to better serve their needs. This information will be used both to inform implementation of P.L. 116-260 and plans for meeting stated goals of the Child and Family Services Plan and Annual Progress and Services Report.

### Children's Bureau Virtual Roundtables

On July 16, 2020, the state LINKS Coordinator and two young leaders attended the Children's Bureau Virtual Roundtable. The young leaders shared their feedback and thoughts about the overrepresentation of children and youth of color in the foster care system, suggesting that DSS may not have a good relationship or reputation in communities of color and low-income communities. They also emphasized the importance of using Family First Prevention Services Act-approved prevention services in communities of color to prevent removal and placement into the foster care system of children and youth. This feedback will be used to inform the state's implementation of the Family First Prevention Services Act requirements and the provision of prevention services to underserved communities.

Young leaders also shared that housing is an ongoing challenge and need for many young adults, especially college students impacted by the pandemic. In addition, young leaders shared their concern about the mental health of young people during the pandemic. This feedback informed the state's ongoing effort to provide technical assistance to counties and promote the use of LINKS COVID funds, appropriated by the North Carolina General Assembly, and HUD's Foster Youth to Independence housing vouchers to support young adults during the pandemic.

### Region 4 All-In Adoption Challenge

On October 22, 2020, NCDSS staff, representatives from Head Start Programs in North Carolina, and a young person participated in the Region 4 All-In Adoption Challenge call to begin developing ideas on how Head Start and NCDSS could partner to promote permanency and adoption for youth. During this meeting, the young person identified strengths, strategies, and needs of youth. Strengths and strategies that NC is already working on include, but are not limited to:

- Targeted consultation by the Regional Child Welfare Consultants with counties on cases for youth who have not achieved permanency;
- National child-focused recruitment by the NC Kids team;
- Diligent Recruitment and Retention quarterly calls where frontline workers and supervisors receive information, feedback, and resources to assist in engaging youth; and
- Permanency Roundtables, which offer a structured approach by examining the individual youth's situation, identifying challenges, available resources, and brainstorming permanency pathways.

### Activating Youth Engagement Summit

Youth from NC, the state LINKS Program Coordinator, staff and leaders of Strong Able Youth Speaking Out (SaySo), and an NC judge participated in the Activating Youth Engagement Summit (held August 27 and 27, 2020) hosted by Annie E. Casey Foundation's Jim Casey Youth Opportunities Initiative. From the youths' participation in this event, the following strategies or activities were discussed as components of the state's action plan from attending the Activating Youth Engagement Summit:

- Develop and implement a survey or other method to gather the opinions and experiences of young people on how NC is doing on equity and youth engagement;
- Develop a standard presentation or guided discussion around sharing power in other spaces where NCDSS and other stakeholders work jointly with young people—for example, the Child and Family Services Plan Design Teams;
- Work with the SaySo Young Adult Leadership Council to determine whether collaboration with the court system should be a priority for SaySo every year; and
- Work to infuse power-sharing within the District Permanency Collaboratives and include young people in this work.

As a direct result of this work, NCDSS developed a menu of options for District Permanency Collaboratives to engage and include young people in their work. On June 18, 2021, the state LINKS Coordinator presented these opportunities to the District 19C Permanency Collaborative. The state LINKS Coordinator will work with SaySo to co-present to other active District Permanency Collaboratives during the summer and into the fall of calendar year 2021.

### SaySo Young Adult Leadership Council and Events

SaySo Young Adult Leadership Council and the state LINKS Coordinator met on April 9, 2021 to review and gather input on drafted informational materials on the National Youth in Transition Database (NYTD), to discuss their ideal LINKS program, and to receive feedback on the ongoing needs of youth during the pandemic. The input on the National

Youth in Transition Database materials will contribute to the final drafting of the materials and provide ideas for dissemination. Input on youth needs during the pandemic and ideal LINKS programming and supports will be used to inform the implementation of Public Law 116–260 and overall support of the LINKS program.

During SaySo Saturday in 2021, youth participated in a discussion on relational permanence for NC to learn more about what relational permanence means to youth. The information provided from the youth was used to inform an article about relational permanency in the May 2021 issue of *Fostering Perspectives*, which can be found here: <https://fosteringperspectives.org/>. This information will be used to target future educational and engagement efforts with child welfare staff and young people in building supportive relationships. The state plans to continue attending additional SaySo events to gather input and feedback from youth.

### *Design Teams*

Young people participate in each of the five Design Teams. Youth participate in the Safety, Permanency, Well-Being, CQI, and Workforce Design Teams. Design Teams meet every month to provide input and feedback on the work of DSS. This year, the youth participated in discussions to develop Practice Standards for workers, supervisors, and leaders. Youth provided input and feedback to each of the Practice Standards, how the Practice Standards will be implemented, and how NC will measure successful implementation of the Practice Standards.

### *Child Welfare Family Advisory Council*

Youth are members of the Child Welfare Family Advisory Council (CWFAC) and participate in providing feedback to the state regarding policies, procedures, forms, trainings, and any other feedback offered by the Council. There are ongoing efforts to recruit additional young people to be part of the CWFAC. Staff from NCDSS, the Center for Family and Community Engagement at NC State University, and SaySo and CWFAC members are currently planning facilitated youth events as an opportunity to recruit young people to the council and to support county development of local Family Engagement Committees.

### *Fostering Health NC and NC Medicaid*

NCDSS, in coordination with the Transition Age Youth Subcommittee of Fostering Health NC, hosted a focus group in 2020 for youth designed to gather information about their health care experiences, shared decision-making, and knowledge of informed consent. Participants spoke for approximately 60 minutes with two facilitators and answered rating questions which produced several themes that include:

- 33% of focus group participants were never given the chance to ask their worker physical health questions;

- All focus group participants shared a belief in the importance of the ability to voice their opinion on their mental healthcare; and
- Half of focus group participants were familiar with their rights as a minor to grant consent before they attended the focus group.

Focus group participants shared a desire for ownership and adult responsibilities, discussed their experiences with rapport or lack of rapport with doctors and other adults, and voiced concerns about privacy and transparency. The themes and recommendations gathered during this focus group are currently being incorporated into policy updates both to LINKS program policy and Permanency Planning policy.

NCDSS has also worked with the Transition Age Youth Subcommittee of Fostering Health to develop an application and recruitment process to bring on a young adult as a co-chair of the subcommittee. NCDSS and the Transition Age Youth Subcommittee are finalizing the application and recruitment process (late June 2021) and will soon begin searching for a young adult co-chair.

NC Medicaid, in collaboration with NCDSS, developed a plan to engage youth via the Fostering Health North Carolina Transition Age Subcommittee. The youth were provided information on the proposed coverage and specialized care coordination included in the plan. Youth provided feedback on service needs and what services will best support them as they transition to adulthood. Transition age youth will continue to be an important part of this process to inform the new statewide Foster Care Plan updates for 2023.

#### *Plans for Engaging in Future Feedback from Youth*

This year, NC plans to continue to engage youth in providing feedback on the LINKS program and services offered. The following strategies will be utilized:

- Explore new and innovate ways to support counties in engaging youth and including youth in feedback loops and processes. Develop a data collection process to obtain information regarding how counties engage their youth in individual-level feedback.
- Develop a Resource Guide for counties on Authentic Youth Engagement and Positive Youth Development. Disseminate the Resource Guides to staff.
- Develop a plan to increase participation of young people in child welfare program and service design and delivery. Specifically, ongoing recruitment, retention, and succession planning for the participation of youth and young adults on the Child and Family Services Plan Design Teams.
- Ongoing efforts to recruit and retain young people as members of the Child Welfare Family Advisory Council.

- Ongoing involvement of young people in the work of the Fostering Health Transition Age Youth Subcommittee as co-chair of the subcommittee and participants of committee work.
- Participate in incoming SaySo Young Adult Leadership Council Orientation in June 2021 to set joint agenda and plan activities for NCDSS and SaySo to work closely together on system improvements and programming for youth and young adults who have experienced foster care.
- Plan quarterly opportunities for youth listening sessions organized by NCDSS and open to young people from across the state beginning October 2021 and continuing through 2023.
- By December 2021, revisit action plans and strategies developed with NC young leaders during the Annie E. Casey Foundation’s Jim Casey Youth Opportunities Initiative Activating Youth Engagement Summit.
- For strategies not yet implemented, convene young leaders and appropriate CFSP Design Teams to implement or update strategies, as needed.

The following services have been provided to youth since last year’s APSR submission:

LINKS

LINKS serves youth by assessing their needs, skills, and resources, engaging them in planning and implementing services and programming, and connecting them with services to support the accomplishment of their Transitional Living Plan goals. The table below includes the numbers of current and former foster youth served by the LINKS program during SFY 2020–2021, as well as to-date expenditures of LINKS Housing Funds, LINKS Transitional Funds, and LINKS County Allocations.

**Table 27. Current / Former Foster Youth Served by NC LINKS July 1, 2020 – May 1, 2021**

SFY	Youth Served by LINKS age 13 – 21	LINKS Housing Funds Expended	LINKS Transitional Funds Expended	LINKS County Allocations Expended
2020–2021	918	\$140,000 (all funds budgeted)	\$710,047.95 (94% of funds budgeted as of 5/15/2021)	\$1,628,041.99 (80% as of 5/27/2021)

*Note: The number of youth and young adults served is an unduplicated count of a partial service year.*

*Source: SIS Monthly and Budget Tracking Processes*

NCDSS disseminated a survey for county child welfare agencies to provide information about LINKS services provided during the state fiscal year, including information about youth and young adults served who have graduated from high school, college, or earned

other post-secondary education credentials. 90 counties responded to the survey. Counties responded with the following information about LINKS services provided locally:

- Six counties served 28 youth who are members of state or federally recognized tribes. The tribal affiliations of these young people included the Haliwa-Saponi and the Eastern Band of Cherokee Indians. 84 counties stated they did not provide services to youth who are members of a state or federally recognized tribe.
- The services provided to youth across the state included a broad array of important financial, educational, and practical supports to youth and young adults. The primary services provided, as identified by responded counties, were as follows:
  - Independent Living Needs Assessment: 93.3%
  - Academic Support: 84.4%
  - Education Financial Assistance: 80%
  - Supervised Independent Living: 78.9%
  - Other Financial Assistance: 73.3%
- The survey also inquired about goods and services provided to youth and young adults to support them during the COVID-19 pandemic. The primary goods and services provided to assist youth during the pandemic were as follows:
  - Referral or connection to mental or behavioral health services: 64.4%
  - Referral or connection to medical/physical health services: 62.2%
  - Purchase of computers, internet service, Wi-Fi hotspots, cell phones, or other technology: 60%
  - Rent, rent deposits, or room and board arrangements, 57.8%
  - Assistance with basic living needs or costs such as groceries, meal services, transportation, and other services, 50%
- The top three ongoing needs of youth and young adults, according to survey respondents, were:
  - Safe, stable, affordable housing: 57.8% of respondent counties ranked this as the highest priority need
  - Accessible, affordable mental and behavioral health services with providers they trust: 24.4% of respondent counties identified this as the second highest priority need
  - Educational Support such as technology tools, consistent internet connectivity, help applying for college, access to resources, tutoring, etc.: 31.1% of respondent counties identified this as the third highest priority need

Counties were asked to provide information regarding how many young people in foster care or served through LINKS obtained an education credential during the past year. Based

on the survey responses, 232 young people graduated from high school, received a high school completion certificate, or earned a GED; 14 young people earned a vocational or other professional credential; 14 young people earned an associate's degree, and one young person earned a bachelor's degree.

The results of the survey are being used to enhance services, inform the development or revision of policy and training, provide resources to counties, and inform overall program and data collection improvements.

### *Children's Home Society of NC: Strong Able Youth Speaking Out (SaySo) Program*

NCDSS contracts with Children's Home Society for the Strong Able Youth Speaking Out (SaySo) Program. This program provides comprehensive and professional training, leadership opportunities, and life skills activities to transition age youth and young adults involved in the NC LINKS program and SaySo, as well as adults serving those young people in all local child welfare agencies.

Between July 1, 2020 and May 8, 2021, SaySo has provided the following programming and events:

- It's My Transition is a one-day event held twice a year for youth between ages 16 and 21. Activities are led by SaySo alumni and are focused on the LINKS program outcomes of economic self-sufficiency, safe and stable housing, postponing parenthood and avoiding high risk and illegal behavior. The events were held on March 27, 2021 and May 8, 2021 and were led by alumni speakers.
- LINK-Up is a one-day event held twice a year for youth between ages 13 and 16. At these events young people participate in workshops focused on the LINKS program outcomes of academic and vocational/educational goals and building a sense of connectiveness. This event, held on April 17, 2021, included a "Family Feud" style game.
- SaySo Saturday is the full membership conference that includes a range of workshops, facilitates the election of the Young Adult Leadership Council, and provides the opportunity for members to reunite and celebrate. In 2021, SaySo Saturday was held virtually due to COVID-19. Youth workshops included how to start a local SaySo chapter and a facilitated discussion on relational permanency. A workshop for adults was also provided to review supports for transition age youth.
- Young Adult Leadership Council met over 9 times virtually since July 2020. Their work has centered on support and engagement of young people during the pandemic, youth voice in systemic change efforts, and services and supports for undocumented and LGBTQ+ young people.

- Virtual Game Nights and Professional Development are virtual events provided to young people during the pandemic to provide them positive and fun outlets to interact with peers and build skills. The Virtual Game Nights were hosted by SaySo Regional Assistants and Young Adult Leadership Council Members. The Professional Development events were hosted in partnership with Microsoft.
- Annual Make a Difference Day. SaySo engaged in a month-long collection of new duffel bags, personal care items, hats, gloves, and scarves for young people. 1,500 duffel bags were collected and distributed to young people.

LifeSet Program

NCDSS contracts with Youth Villages for their LifeSet program for youth transitioning from foster care between ages 17 and 21. LifeSet is an individualized, evidence-informed community-based program that is highly intensive. LifeSet helps young people stabilize, build healthy relationships, obtain safe housing, and pursue educational and employment goals. Since the submission of the last APSR, the LifeSet program has served 417 youth ages 17 to 21.

**Table 28. LifeSet Services July 1, 2020 – April 15, 2021**

<b>Youth ages 17 – 21 Served (Statewide)</b>	<b>Obtained Sustainable Housing</b>	<b>No Juvenile / Criminal Justice System Involvement</b>	<b>Employed, In School, Graduated High School, College, or Obtained GED</b>
445	85.2%	94.4%	90.2%

*Source: Quarterly Contract Reports*

LifeSet is available in eighty-eight (88) of the state’s one hundred (100) counties. An expansion plan remains in place to increase access of this program to all 100 counties. The recent expansion meeting held on April 15, 2021 yielded three (3) options for increasing access to the program. Those are:

- Expanding the existing territories for the current LifeSet specialists through a hybrid of virtual and in-person approach;
- Hire a staff person to live in the area and provide LifeSet; and
- Have a split position that provides both LifeSet and another Youth Villages service in the area and/or a split position for LifeSet that is partially paid for by DSS contract and partially paid for by Medicaid (Medicaid to pay for services to non-DSS youth).

NCDSS is assessing the capacity regarding these options for the far northeastern NC counties: Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Northampton,

Pasquotank, Perquimans, and Tyrrell. In the prior three years, 15 youth aged out, so while this part of the state is a very small, providing access is essential. Currently, youth aging out would need to access the services at a county that offers the program.

### *SNAP Benefits*

Youth were provided Supplemental Nutritional Assistance Program (SNAP) benefits through Pandemic Electronic Benefit Transfer (P-EBT) to ensure their nutritional needs were met. NC supported more than a million students with P-EBT allocations. Youth were provided supplemental foster care maintenance payments and resources to purchase cell phones and other technology, as needed, to support their remaining in or re-enrolling in school and pursuing employment opportunities.

### *Permanency Outcomes*

During SFY 2020–2021, NCDSS used \$187,000 of the state’s Chafee grant to support Adoption Promotion Contracts with the following providers:

- Children’s Home Society of North Carolina
- The Bair Foundation
- Seven Homes, Inc.
- Ebenezer Christian Children’s Home

Chafee funding was used to support four adoption promotion program providers who specialize in permanency for older youth. The contracts provide adoption readiness activities to families, post-placement support to prospective adoptive families, post-placement support to children and youth to ensure a successful adoption, and assistance to prospective adoptive families in the completion of the legal process to facilitate the adoption.

### *COVID-19 Response*

North Carolina experienced a significant impact due to COVID-19. COVID-19 created opportunities to provide services in innovative ways with a specific emphasis on virtual service delivery. While there were efforts to continue the leadership of the Chafee Plan as originally designed in the CFSP 2020–2024; it is key to share that the pandemic required intense focus to support and provide resources to meet the evolving needs of young people.

In 2020, a small portion of CARES Act funding received by North Carolina was appropriated by the North Carolina General Assembly directly to the LINKS program. Funds were used to support young adults who aged out of foster care, were not receiving foster care assistance payments, and needed assistance with housing or other transitional living services or expenses due to COVID-19. Local county child welfare agencies conducted outreach to

young adults who were no longer in care to assess their needs and provide them with LINKS COVID funds to meet those needs. Local county child welfare agencies identified an array of needs this population had connected to COVID-19 including rent, supplementation of lost income, food, transportation, and other basic needs.

17 counties utilized funding to provide services and supports to 63 young adults. The local county child welfare agencies encountered challenges locating and reaching out to young adults since many of them had been disconnected from services with the county since their departure from foster care. Many young people who the counties were able to contact were receptive to the services and supports being offered and often chose to re-enter Foster Care 18 to 21 as a direct result of the outreach and support provided through the LINKS COVID funds. These funds were used to help these young adults maintain safe housing, supplement income they had lost from layoffs or reduction in hours, obtain goods and other basic needs, and resolve transportation barriers.

Prior to the passage of the Consolidated Appropriations Act in May 2020, NCDSS released COVID-19 guidance regarding Foster Care 18 to 21 and LINKS. This guidance allowed for flexibility in certain program elements, as follows:

#### *Foster Care 18 to 21*

The guidance stated the Foster Care 18 to 21 program should be offered to young adults and no one should be terminated or denied entry because of the unique challenges of COVID-19. Program eligibility is designed to promote employment or remove barriers to employment. Creativity and flexibility were encouraged within the program to assist young adults in meeting or maintaining eligibility during COVID-19 (example: “stacking” eligibility criteria if a young adult’s hours were reduced below the 80 hour/month threshold).

During COVID-19, NCDSS recommended and encouraged monthly contacts with young adults in Foster Care 18 to 21 take place using videoconferencing or other similar technology. Face-to-face contacts could still take place, with appropriate safety measures, based on the young adult’s needs or concern for the young adult’s safety and well-being.

Child welfare agencies were directed to work collaboratively with young adults who experienced displacement or disruption in their living situations during COVID-19 to identify housing options. As of May 29, 2020, and until further notice, the policy prohibiting young adults from living with removal parents is waived if the young adult had to leave college/university housing due to campus closure because of COVID-19. NCDSS will permanently remove the prohibition of young adults in Foster Care 18 to 21 living with removal parents or caregivers, as this is not a requirement for IV-E eligibility. This change will help young people maintain important support systems with family members.

#### *LINKS Funds*

LINKS funds were available to assist eligible youth and young adults during the pandemic in obtaining and maintaining safe and stable housing, acquiring technology needed to support their educational and career goals, assistance with transportation, and other needs. As shared above, 17 counties and 63 young adults were supported with this funding source.

### Outreach

An informational flyer was drafted and shared with county child welfare agencies, SaySo, Foster Care to Success, Youth Villages, and other youth-serving agencies. The flyer was also shared across NC DHHS social media platforms and on the NC DHHS website. The flyer included helpful resources for youth and young adults, including information about LINKS, Foster Care 18 to 21, NC 2-1-1, Pandemic EBT Food and Nutrition benefits, and Assurance Wireless. Additional supports included:

- Letters and guidance were provided to the local county child welfare agencies
- *Fostering Perspectives* newsletter for resource parents
- State and county collaborative meetings

### National Youth in Transition Database

Since the submission of the last APSR, NCDSS has developed and implemented an online option for the completion of the National Youth in Transition Database (NYTD) survey, in addition to paper and phone-based options. Offering the NYTD survey online provides a more convenient method for survey completion and preparation of data for transmission at period closure. This will increase survey participation and allow data submission to be completed more quickly and with fewer errors. DSS recognizes our work on NYTD is addressed in the Youth and Stakeholder Involvement in Program Design and Service Delivery Section above, yet it is important to reiterate due to the significance of youth engagement in the NYTD work. The state LINKS Coordinator met with the SaySo Young Adult Leadership Council to review and gather input on draft informational materials on NYTD on April 9, 2021. Their input will inform revisions to those materials, as well as the process for dissemination of those materials once they are completed. These materials are targeted for release in summer 2021.

NC's plan for NYTD in 2022 and 2023 includes:

- By October 2021, implement full protocol to regularly disseminate NYTD served population and outcome population to NCDSS staff, the CQI Design Team, stakeholders at-large, and youth.
- Regularly share information about NYTD with young people and other stakeholders, including the SaySo Young Adult Leadership Council and the CWFAC.

- Release bi-annual analysis of NCDSS NYTD data on the served and survey populations to county departments of social services and youth serving agencies and youth.

### *Collaboration with Public and Private Agencies*

During the year, NCDSS worked closely with public and private youth-serving agencies to ensure young people remained connected with services, especially during the COVID-19 pandemic. For example, the state LINKS Coordinator conducted outreach to Life Skills Foundation, a non-profit agency providing housing and wraparound support services to young adults in Durham County, to share information about services and supports available to young adults to help them during the pandemic. Life Skills Foundation staff have also been involved in work with the Jim Casey Youth Opportunities Initiative and NCDSS, as well as with the Fostering Health NC Transition Age Youth Subcommittee.

The state LINKS Coordinator also conducted outreach to The Hope Center at Pullen, a non-profit agency connecting young people aging out of foster care in Wake County with resources to support their transition to adulthood, to share information about services available to support youth during the pandemic. Like Life Skills Foundation, staff from The Hope Center at Pullen also participate in the work between the Jim Casey Youth Opportunities Initiative and NCDSS as well as the Fostering Health NC Transition Age Youth Subcommittee. In addition to the contract with Youth Villages for LifeSet services, Youth Villages staff participate regularly on monthly LINK-Up calls with county staff, are members of the Fostering Health NC Transition Age Youth Subcommittee, and are involved in the work between NCDSS and the Jim Casey Youth Opportunities Initiative.

The state LINKS Coordinator provided in-service training for one district of Guardian ad Litem volunteers and is working to organize future in-service trainings and points of connection with the state Guardian ad Litem program and local volunteers. There were no costs associated with this training.

Each of the Design Teams charged with making recommendations and supporting the implementation of the state's Child and Family Services Plan is made up of diverse stakeholders from various sectors including, but not limited to, state and county child welfare staff, state public health and mental health staff, family and youth partners, university partners, and private organizations like The Duke Endowment. Youth partners are full members of the Design Teams and participate in monthly meetings, as well as any off-line assignments that contribute to the work of the design teams. For example, providing input and feedback on practice standards being developed to define expectations and competencies of county child welfare workers, supervisors, and leaders and support the implementation of the state's chosen practice model, Safety Organized Practice.

NCDSS has also been working closely with the Jim Casey Youth Opportunities Initiative. The Jim Casey Youth Opportunities Initiative is a system change effort that works at local, state, and national levels to advance policies and practices to meet the needs of young people transitioning from foster care to adulthood. The work of the Jim Casey Youth Opportunities Initiative is rooted in equity and focused on keeping young people at the center of important policy and practice developments. During 2020, NCDSS, the Jim Casey Youth Opportunities Initiative, and the SaySo program of Children’s Home Society of North Carolina worked together to host stakeholder engagement sessions and small working group sessions.

Since the completion of these sessions, NCDSS began to incorporate the work with the Jim Casey Youth Opportunities Initiative into the work of the Permanency Design Team. To date, this included a presentation to the Permanency Design Team in March regarding the work of the Initiative in North Carolina and plans going forward. The presentation to the Permanency Design Team highlighted areas of alignment between the work of the Initiative, the Permanency Design Team, and goals within the state’s Child and Family Services Plan, such as advancing strategies to improve placement stability and reduce the amount of time young people spend in care.

Plans to engage public and private partners in 2022 and 2023 include:

- By January 2022, plan and implement strategic partnership with NC Division of Public Health Teen Pregnancy Prevention Initiatives to serve youth in foster care throughout the state.
- By April 2022, hold Education Summit for young people, ETV/NC Reach contractor, post-secondary institutions, and post-secondary programs that support young people who are or were in foster care (Johnson C. Smith University Phasing Up to New Possibilities Program, Wake Technical Community College Fostering Bright Future’s Program, Western Carolina University Resilient Independent Student Association, and Home Base).
- By October 2022, explore partnership opportunities with private sector companies to provide employment, training, and career pathways to youth and young adults who are or have been in foster care.
- The work between NCDSS and the Jim Casey Youth Opportunities Initiative will continue to be incorporated into the work of the Permanency Design Team to support achievement of the permanency targets within the Child and Family Services Plan as well as movement toward equitable outcomes for youth of color, including improving placement stability and reducing the length of time in care.

### Juvenile Justice

NCDSS staff continue to participate in the Child Welfare–Juvenile Justice learning collaborative facilitated by the Annie E. Casey Foundation and Casey Family Programs. On March 26, 2021, NCDSS staff met with NC Juvenile Justice staff to identify collaboration opportunities for dual–system youth. During this meeting it was identified that presentations should be scheduled with state Juvenile Justice leaders in court services, social work services, and clinical services on LINKS and Foster Care 18 to 21 and coordination between systems of services for youth who are dually involved. Representatives from NC Juvenile Justice participated in the Joint Planning session on youth and young adults on April 14, 2021.

Plans for engaging the Juvenile Justice system in 2022 and 2023 include:

- By December 2021, NCDSS staff will present information about LINKS, Foster Care 18 to 21, and opportunities for collaboration between NCDSS and Juvenile Justice to Juvenile Justice Leadership, including representatives from their court services, social work services, and clinical services departments. The purpose of this presentation is to ensure Juvenile Justice leaders are aware of child welfare programs designed not only to assist youth and young adults who have experienced foster care, but those who are dually involved with child welfare and juvenile justice systems. These presentations will help guide the next steps of the work between child welfare and juvenile justice in North Carolina to identify areas needing improvement in coordination between systems on behalf of young people.
- By January 2022, NCDSS will work to establish case–specific staffing between NCDSS, NC DJJ, and local service providers to address gaps in services.
- By January 2022, NCDSS will work with NC DJJ to review the “Raise the Age” legislation and requirements and propose adding language to legislation or other procedures to ensure collaboration between systems.

### Housing

NCDSS has worked with the National Center for Housing and Child Welfare to organize and deliver a presentation to county departments of social services on the U.S. Department of Housing and Urban Development (HUD) Foster Youth to Independence voucher program. This presentation, which occurred during the monthly LINK–Up Call on October 9, 2020, included 82 child welfare and youth service workers and supervisors representing 49 county departments of social services, four youth serving agencies, one university, NCDSS staff, and the presenters from the National Center for Housing and Child Welfare.

After this presentation, some local child welfare agencies began to reach out to NCDSS to learn more about the FYI program and request technical assistance as they began to refer

eligible young people to their local housing authorities. As of March 19, 2021, two county departments of social services had been provided direct technical assistance jointly by NCDSS and the National Center for Housing and Child Welfare to better understand the competitive and non-competitive FYI voucher processes and how to get youth connected to vouchers to ensure safe and stable housing. NCDSS recognizes that more outreach and technical assistance must be conducted to local housing authorities and county departments of social services to maximize use of these vouchers and prevent or address homelessness among former foster youth. In addition to efforts to connect counties and young people to the FYI program, child welfare agencies were also directed to work collaboratively with young adults who experienced displacement or disruptions in their living situations during COVID-19 to identify housing options. As of May 29, 2020, the policy prohibiting young adults in Foster Care 18 to 21 from living with removal parents was waived if the young adult had to leave college or university housing due to campus closure because of COVID-19. NCDSS will permanently remove the prohibition of young adults in Foster Care 18 to 21 living with removal parents or caregivers, as this is not a requirement for IV-E eligibility; this change will help young people maintain important support systems with family members.

As noted under the [Education and Training Voucher program section](#), when UNC-Chapel Hill, NC State, and Eastern Carolina University closed campuses, North Carolina's ETV contract agency, Foster Care to Success, contacted students attending these schools and identified those living on campus. 68 students were living on college campuses. 36 of these easily moved into stable, supportive housing. 20 students were ambivalent or unsure of their options and needed guidance on how to make the decision, including navigating rules of host homes, paying rent or contributing to the household, and so on. These schools strongly encouraged students to leave campus; however, students with no viable housing option could remain. ETV assisted 12 students with completing the documentation required to stay in the dorms throughout the fall semester.

Plans for engaging housing partners for 2022 and 2023 include:

- Coordinate multiple training efforts for public child welfare agencies and local housing authorities with HUD and the National Center for Housing and Child Welfare on the FYI program to be delivered by June 2022. This training will help child welfare agencies and local housing authorities understand the FYI program and how to connect eligible young adults who are homeless or at risk of becoming homeless with needed housing support.

### *Disabled Youth and Workforce Initiatives*

Workforce initiatives, programs, and policies are a frequent topic of monthly LINK-Up calls. During the May 2020 LINK-Up call, COVID-19 guidance issued by NCDSS was discussed,

including guidance regarding the Foster Care 18 to 21 program and how programs to promote or remove barriers to employment can support young adults during the pandemic and help them maintain eligibility for the program. Examples discussed in the guidance and on the call included, but are not limited to, Vocational Rehabilitation, Workforce Innovation and Opportunity Act (WIOA) programs, unemployment benefits, internships or apprenticeships, Job Corps, online career exploration, and online skill development training and programs.

During the July 2020 LINK-Up call, information was shared about Finish Line Grants and NC Works Career Centers as resources to connect youth with services and supports to help them finish their post-secondary education and connect them to work. Finish Line Grants are grants of up to \$1,000 awarded to community college students who are on the cusp of completing their education and are faced with an unanticipated financial hardship that may prevent them from doing so. This may include unexpected healthcare costs, childcare expenses, car breakdowns, or other financial emergencies that prevent students from completing their programs. The grant is in addition to assistance youth may already be receiving and paid directly to the vendor, such as a car repair shop, utility company, doctor, etc. NC Works Career Centers continued to operate during the pandemic and were operating both virtually and in-person on a limited basis.

Local child welfare agencies were informed that if a young person approaches the NC Works Career Center prior to enrolling in college they could meet eligibility as a youth under the NexGen program and receive extra wraparound services. NexGen, NC's WIOA program for young adults ages 16 to 24, is a comprehensive education, training, and employment program for young people with one or more barriers to employment, including lived experience in foster care. Participation in WIOA programs does not exclude young people from NC Reach, ETV, or other services.

On November 19, 2020, the state LINKS Coordinator met with the state's NexGen Youth Leads. This initial meeting was to get to know the local leads of NextGen youth programming, discuss the LINKS program, and plan for future opportunities to connect. Ongoing connections between the state LINKS Coordinator, county LINKS Coordinators, and NextGen Youth Leads will improve service coordination for youth and young adults and ensure WIOA providers and LINKS programs understand what each program can provide and how both can support youth and young adults entering and staying the workforce.

Plans to engage partners working with disabled youth and in the workforce for the remainder of 2021 include:

- By July 2021, continue engagement with NexGen Youth Leads and facilitate opportunities for local LINKS staff and NexGen staff to engage with one another and

develop job readiness/job preparation activity plans and explore other appropriate programming to provide to young people in their area.

- By August 2021, disseminate written informational materials to county departments of social services regarding workforce programs for youth available through the NC Division of Workforce Solutions, Community Colleges, and other programs.

Plans for 2022 and 2023 include:

- By November 2021, schedule presentation by NexGen staff on monthly LINK-Up call to review services and supports to youth available through NexGen and other workforce programs.

## 5.17 Additional Chafee Funding (Division X)

### Additional Pandemic Supports

A supplement to the monthly board payment of \$100 per month was provided for each child and youth for April – September 2020. These supplemental payments were also issued to young adults in Foster Care 18 to 21.

In 2020, Food and Nutrition Services through the Pandemic–Electronic Benefit Transfer were issued families with eligible children whose access to meals or buying food was impacted by COVID–19. This included the issuance of the benefit to placement providers to purchase food for children and youth in foster care. The program will continue to aid in the purchasing of food for children and youth impacted by modified school schedules associated with the pandemic and the benefit will follow children and youth in foster care when they change placements. The benefit is also provided to young adults in Foster Care 18 to 21 who are still in high school. This resource will be available through September 2021.

Implementation is underway for the requirements of the Consolidated Appropriations Act, Public Law 116–260. On April 9, 2021, NCDSS issued a Dear County Director Letter and initial guidance regarding the implementation of Division X of the Consolidated Appropriations Act. This guidance included information about the moratorium on young people aging out of foster care and the ability of young adults who turned 21 during the pandemic to re–enter the program. In addition, the guidance included information about the appropriate forms and documentation that must be completed by county departments of social services, as well as information about the increase in the maximum possible Education and Training Voucher (ETV) awards.

Additionally, NCDSS has been engaging in outreach and public awareness activities. A press release regarding the Act and supports available to youth and young adults was issued on May 11, 2021. SaySo also included information about the Act in their most recent

newsletter issued to their membership. NCDSS is in the process of negotiating a contract with Children's Home Society of North Carolina for the provision of outreach, services, and supports to young adults to assist with the expanded foster care provisions. The State LINKS Coordinator and Foster Care 18 to 21 Program Coordinator have engaged in informal listening sessions with youth, as discussed under the Individual-Level Feedback section, to gain a greater understanding of the ongoing needs of young people during the pandemic.

NCDSS will develop an action plan for the use of the additional Chafee funds allotted to the state by the Consolidated Appropriations Act by July 2021 to provide financial supports to youth and young adults with COVID-19 connected needs.

NCDSS submitted a proposal to the Office of State Budget and Management which has been included in the Governor's American Rescue Plan Budget which includes the establishment of two time-limited, full time licensed clinical specialists and eight time-limited, full-time positions to strengthen support and supervision to counties for the NC LINKS program. Seven of these positions will be regionally-based to improve service coordination and deliver in areas with small populations of eligible youth. This plan also includes the recommendation to expand the age of eligibility for NC LINKS services from age 21 to age 23 after the Consolidated Appropriations Act extension of Chafee services to 27 expires at the end of September 2021. In addition, the Governor's American Rescue Budget Plan includes funding to support access to housing for young adults transitioning from foster care, including housing resources and counseling, down-payment assistance, and home improvements for health and safety. During March, April, and May, NCDSS engaged in listening sessions with youth, young adults, local counties, and other community stakeholders to determine needs for youth and young adults during the pandemic. Conversations centered on current, past, and future needs and potential costs for LINKS eligible youth and young adults. These conversations yielded valuable information beneficial to future planning. There were few new needs; rather, circumstances of the pandemic exacerbated ongoing needs and concerns for youth and young adults. The listening sessions resulted in the following funding proposal recommendations for targeted engagement of youth between the ages of 14 to 17 years of age compared to funding available to young adults 18 years of age and not yet 27.

Specific needs for youth between the ages of 14 to 17 included extracurricular activities, car insurance, uniforms/clothing for work and interviews, formal driving school and driver education, computers, wi-fi access, tutoring, therapeutic/supportive services not covered by Medicaid, and other items associated with normalcy.

Youth between the ages of 14 to 17 would qualify for the standard \$3,000 in LINKS Special Funds - Transitional type, in addition to \$1,000 in COVID Supportive Funds for transitional needs, not exceeding \$4,000.

Specific identified needs for young adults who are 18 and not yet 27 include those needs for younger youth, but also include cash to help in covering current and past expenses. Housing expenses include rental assistance, household items, and furniture. Some parenting young adults require funds to help them secure reliable and safe childcare. Transportation costs are associated with vehicle purchases, vehicle repairs, ride share services, and public transportation vouchers. Some young adults may require funding to assist with debts on school accounts, as well as participation in vocational training programs which do not qualify for Pell Grants, Educational Training Vouchers, or NC Reach funding.

Young adults between the ages of 18 and not yet 27 would qualify for the standard \$3,000 in LINKS Special Funds – Transitional type and \$1,500 in Special Funds – Housing type. The young adult would also qualify for an additional \$1,000 in COVID supportive funds, with access to up to \$4,000 for transportation related needs. The total would not exceed \$9,500.

Outreach efforts have included the listening sessions, regional LINKS coordinator meetings, Children’s Services Committee, Joint Planning sessions, the monthly LINK–Up call for local agency and community staff, the Permanency Design Team meeting, and North Carolina’s *Fostering Perspectives* newsletter, which is distributed to resource families, agency staff, and other community members on paper and online. In addition to a formal NCDSS press release and ongoing social media reminders, contents were shared directly and with community service providers surrounding funding and extended foster care services. Community providers include, but are not limited to SaySo, Child Welfare Family Advisory Council, Foster Parent Alliance, Youth Villages, and Foster Care to Success.

## 5.18 Education and Training Vouchers (ETV)

Since the submission of the last APSR, the agency that NCDSS contracts with for ETV, Foster Care to Success, has served 256 young people. Services provided included but were not limited to:

- Identified qualified applicants by processing electronically submitted applications and confirming applicants were enrolled, in good standing if attended prior semesters, under the Cost of Attendance, and required forms were completed
- Reviewed students’ financial aid information and worked directly with students to prevent unnecessary or excessive student loan borrowing
- Trained financial aid officers at public institutions in the use of the Contractors application portal

- Awarded funds to 256 students and counseled students to ensure their understanding of funding they received including non-cash assistance, Pell Grant, work-study, state grants, stipends, scholarships, and other sources of support
- Held individualized budget conversations with students to increase students' financial literacy and enable staff to appropriately allocate ETV funding
- Coordinated funding and services with the NC Reach program to ensure students eligible for both programs received funding and services through both programs
- Conducted monthly phone meetings with students to discuss progress and problems, academic challenges, information gaps, and to reinforce attitudes and behaviors of successful students
- Sent care packages to students
- Conducted virtual ETV information sessions for students

In May 2020, Foster Care to Success administered a survey to students regarding the impact of COVID-19 on their overall well-being. The survey included questions about their living arrangements, whether they were paying rent or getting rental assistance, how long they would be able to stay where they were living, whether they were logging in and participating in their online classes, what they liked or disliked about online classes, whether they would register for online classes in the future, any advice they might need (e.g., about budget, success in online classes, college and career planning life after COVID-19, housing, training for jobs, etc.), whether they are/were parenting, and their current concerns (e.g., finances, child care, online classes, housing). This information was used to connect students with needed resources to ensure they could meet their needs and remain enrolled in school. The unduplicated number of students served across North Carolina's Education and Training Voucher Program and NC Reach for the period was 383. Of those, 189 students responded to the survey. The survey found that many students were struggling with maintaining housing, attending or remaining enrolled in classes, were having trouble concentrating, experienced internet connectivity issues, and needed advice on succeeding in online classes. Some of the most compelling survey findings include:

- 45% of respondents indicated they would need to move from their current living situation within a year or less
- 42% of respondents indicated they were not paying rent, and 13% of respondents indicated they were receiving rental assistance
- 42% of respondents indicated they were struggling to attend classes, dropped one or more classes, stopped attending all classes, or had formally withdrawn from all their classes

- 31% of respondents indicated that they did not like the lack of face-to-face interaction of online classes and found that responses to questions from instructors were delayed
- 32% of respondents expressed a need for advice from their ETV Coordinator on budgeting, 27% on succeeding in online classes, and 22% on career and college planning life after COVID-19
- 57% of respondents shared concerns about finances, 21% about childcare, 14% about online classes, and 7% about housing

The results of the survey helped Foster Care to Success and NCDSS understand and respond to the needs of students during the pandemic. To support students to remain or re-enroll in school during COVID-19, Foster Care to Success conducted outreach via phone, FaceTime, Skype, email, text messaging, and Zoom because on-campus visits could not take place due to COVID-19. During these outreach contacts, staff provided students with information about available community resources, including unemployment, local utility and food assistance, and COVID-19 assistance funds available through colleges and universities. Foster Care to Success staff also worked with students who were having trouble in their classes by offering coaching specific to success in online classes, study and test taking strategies, and time management. Staff assisted students with navigating and accessing campus resources which went virtual due to COVID-19, including community resources and mental health services for over 55% of students who reported experiencing anxiety, fear, and other mental health challenges or unexpected setbacks and emergencies.

When UNC-Chapel Hill, NC State, and Eastern Carolina Universities closed campuses, Foster Care to Success contacted students attending these schools and identified those living on campus. 68 students were living on college campuses. 36 students easily moved into stable, supportive housing. 20 students were ambivalent or unsure of their options and needed guidance on how to make the decision, including navigating rules of host homes, paying rent, or contributing to the household, and so on. The universities strongly encouraged students to leave campus; however, students with no viable housing option could remain. Foster Care to success assisted 12 students with completing the documentation required to stay in the dorms throughout the fall semester. Foster Care to Success also assisted seven students with securing on-campus housing for winter break.

Students who tested positive for COVID-19 were supported with regular phone calls and text messages. Foster Care to Success staff helped these students communicate with instructors and provided information specific to resources and CDC guidelines to students. Twenty-six (26) students reported testing positive for COVID-19, and an additional eighteen (18) said they had symptoms and were living in proximity with a person who tested positive.

There have been no changes to how the ETV Program is administered in North Carolina since the submission of the last APSR. NCDSS continues to contract with Foster Care to Success for the administration of the ETV program.

The table below displays an unduplicated count of ETV awards for the 2019–2020 and 2020–2021 school years.

**Table 29. ETV Awards for 2019–2020 and 2020–2021**

	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
Final Number 2019–2020 (July 1, 2019 – June 30, 2020)	273	120
2020 – 2021 School Year * (July 1, 2020 – June 30, 2021)	256	114

*\*as of March 30, 2021*

*Source: Quarterly Contract Reports*

Plans for ETV for 2022 and 2023 include:

- Provide targeted, ongoing training on ETVs and NC Reach to child welfare staff across the continuum of child welfare services to improve communication and understanding regarding youth eligibility and enhance permanency planning efforts.
- Create a series of short informational videos about North Carolina’s Education and Training Voucher Program and NC Reach scholarship program. These videos will provide information on eligibility and the application process for both programs and will be made available on a wide array of social media platforms, as well as the NC DHHS website. The target audience for these videos will be young people who have been in foster care, foster parents, adoptive parents, kin caregivers, and family members, county child welfare agency staff, and other stakeholders.

## 5.19 Chafee Training

NC provided training in support of the goals and objectives of NC’s Chafee plan.

### Monthly LINK-Up Calls

NCDSS has continued to host monthly LINK-Up calls for county LINKS workers and supervisors, as well as foster care workers, extended foster care workers, foster care supervisors, partner agencies, group care facilities, and other youth-serving agencies to share information and resources, as well as to provide updates about LINKS funding,

policy, programming, and youth events. In addition, these calls often incorporate presentations by guest speakers on issues concerning youth and young adults. Since the submission of the last APSR, call topics have included:

- Self-care techniques for adults and young people
- Regular COVID-19 updates, such as mask and social distancing mandates, eviction moratorium information, and locating vaccine providers
- Updates from Foster Care to Success on ETVs and NC Reach
- Updates from SaySo about youth events, activities, and leadership
- Updates from NCDSS on LINKS funding, Foster Care 18 to 21, National Youth in Transition Database, and practice guidance during the pandemic
- Credit checks for youth and young adults
- Youth engagement in activities during COVID-19
- Hurricane season and emergency preparedness during COVID-19
- COVID-19 and back to school
- Suicide risk prevention and mental health resources
- Foster Youth to Independence Initiative (FYI) Voucher Program – Presentation by the National Center for Housing and Child Welfare Author Panel. The following three authors with connections to NC’s child welfare system presented about their books and answered questions from LINKS workers:
  - Angela Quijada-Banks, NC Foster Youth Alumni, who served on the CWFAC and was formerly involved with SaySo. Her book is called “The Black Foster Youth Handbook.”
  - Miriam Cobb, Director of the Empty Frames Initiative, which works to fill unmet needs of youth and young adults as they leave foster care. Ms. Cobb edited the book “The Story of Foster Care,” a project with photos and stories from youth, social workers, and foster parents in North Carolina about their experiences with the system.
  - Kim Purnell-Moody, a former county child welfare social worker and LINKS Coordinator. Her book “I am a Masterpiece” is a workbook on positive self-esteem for youth and youth at heart.
- Library resources – discussed public libraries, rural libraries, and online resources to assist young people during COVID-19

In December 2020, NCDSS released practice guidance on working with LGBTQ+ youth involved in child welfare. An overview of this guidance was provided on the January LINK-Up call, which also opened participation to county child welfare staff working in other functional areas besides LINKS (e.g., CPS assessments, in-home, foster care, etc.).

### Training Classes / Curricula for Workers

LINKS 101 is a training for county child welfare staff and supervisors. This is typically a classroom-based class. Since the submission of the last APSR, the course has been adapted to be delivered online three times:

- November 17 – 19, 2020
- January 12 – 14, 2021
- April 20 – 22, 2021

### Training Resources for Caregivers

FosteringNC.org is a site funded by NC DHHS/DSS to provide training opportunities and learning resources for foster parents, adoptive parents, and kinship caregivers. The site features on-demand courses, webinars, videos, resource links, and answers to frequently asked questions. Since the submission of the last APSR, NCDSS developed and added the following on-demand courses to FosteringNC.org:

- Guardianship, Pathway to Permanency
- Human Trafficking 101 for Resource Parents

### Training Needs

Training needs include the redesign of the LINKS 101 curriculum for workers and supervisors. This curriculum needs to be redesigned to be provided in a hybrid online and classroom format and to incorporate updates to LINKS policy that are anticipated to be released in summer 2021. In addition, more on-demand courses and other learning materials for resource parents need to be provided on FosteringNC.org. Topics for training for resource parents should include transition-specific topics like helping young people learn to manage their health and make medical appointments. Methods should also be explored to provide additional self-paced training options for resource parents and caregivers regarding supporting and assisting youth in developing life skills and setting and achieving goals, particularly how resource parents and caregivers can support young people in the development and achievement of their Transitional Living Plan goals.

Plans for 2022 and 2023 include:

- In February 2021, a Regional Child Welfare Consultants Manager proposed to the Indian Child Welfare Committee that, as part of their Annual Gathering, it incorporate a presentation on LINKS. If this is approved by the Indian Child Welfare Committee, a presentation will be delivered during the gathering. The date of this event is yet to be determined.

## 6 Consultation and Coordination between States and Tribes

The Indian Child Welfare Committee is a committee of the North Carolina Commission of Indian Affairs. The Commission consists of 21 representatives of the American Indian community committee and is comprised of representatives of Indian groups recognized by the State of North Carolina, principally geographically located as follows: the Coharie Tribe of Sampson and Harnett counties; the Eastern Band of the Cherokee Indian Nation (EBCI); the Haliwa Saponi Tribe of Halifax, Warren, and adjoining counties; the Lumbee Tribe of Robeson, Hoke, and Scotland counties; the Meherrin Tribe of Bertie, Hertford, Gates, and Northampton counties; the Waccamaw-Siouan Tribe from Columbus and Bladen counties; and the Sappony Tribe. Additionally, Native Americans located in Cumberland, Guilford, and Mecklenburg counties also serve on the North Carolina Commission on Indian Affairs. The list of representatives who serve on the Commission's Indian Child Welfare Committee is accessible at: <https://ncadmin.nc.gov/about-doa/divisions/commission-of-indian-affairs/commission-members>.

According to 45 CFR 1357.15(1) and 45 CFR 1357.16(a), North Carolina's plan for ongoing coordination and collaboration with the tribes in the implementation and assessment of the CFSP/APSR is to continue attending the quarterly meetings, as the meetings will continue to serve as the primary means for ongoing collaboration, implementation, and assessment. NCDSS continues to partner with the committee in the development, promotion, and implementation of an Annual Indian Child Welfare Gathering, to be hosted in spring 2022. In addition, virtual Lunch and Learn Sessions will be held in fall 2021. While all topics have not been identified, a decision has been made to provide information about services to Transition Aged Youth and to promote the use of Caring For Our Own with tribal families who are interested in becoming licensed as foster parents. Recordings of these sessions will be made available on the Commission's website.

NCDSS is in the process of evaluating and updating the tool used for CPS intake. NCDSSS has contracted with Evident Change to conduct this evaluation. One step in the process was to conduct focus groups with various people who had encountered the intake process. The EBCI was invited and participated in a focus group on April 21, 2021 facilitated by Evident Change. The EBCI was represented by their Program Manager, Sasha Jumper, and their intake Supervisor, Betty Reagan. (*For additional information, see [Section 1, Collaboration](#).*)

Since the submission of the 2021 APSR and pursuant to section 422(b)(8); section 475(5); 475(5)(C) and 475A(a) of the Act (45 CFR 1357.15(q)), North Carolina – in an effort to coordinate provision of child welfare services and protections for tribal children, and for determining whether the children are under state or tribal jurisdiction – has made

arrangements with the EBCI towards the finalization and implementation of an Administrative Letter that outlines the ongoing work between county child welfare agencies and the EBCI, as well as the working relationship between the EBCI and NCDSS. The plan is to have the letter in County hands by July 30, 2021.

At the meetings between NCDSS and the EBCI, the respective five-year Child and Family Services Plans (CFSPs) and draft Annual Progress and Services Reports (APSRs) are shared. Additionally, NCDSS participated in the May 2021 ECBI Joint Planning sessions.

ICWA Case Reviews

As a part of its ongoing OSRI reviews, NCDSS reviewed fifty (50) child welfare cases during October 2020 – March 2021. NCDSS and determined compliance with ICWA, as follows:

**Table 30. Compliance with ICWA, October 2020 – March 2021**

	Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe?	If the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, during the period under review, was the Tribe provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights?	If the child is a member of, or eligible for membership in, a federally recognized Indian Tribe, was the child placed in foster care in accordance with Indian Child Welfare Act placement preferences or were concerted efforts made to place the child in accordance with the Act's placement preferences?
Yes	49	0	0
No	1	1	1
N/A	0	49	49

As the data indicate, in forty-nine (49) cases a sufficient inquiry was conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe. Conversely, in forty-nine (49) of the same cases, timely notification to the Tribe of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights was determined to be non-applicable, suggesting that in only one (1) of the cases, the child was determined to be a member of or eligible for membership in a federally recognized Indian Tribe. Lastly, for the one (1) case in which the child was determined to be a member of or eligible for membership in a federally recognized Indian Tribe, the child was not placed in foster care in accordance with ICWA placement

preferences and/or concerted efforts to place the child in accordance with the Act's placement preferences were not made.

NCDSS continues to receive annual reports from the EBCI of the number of ICWA referrals from county DSS child welfare agencies. For this reporting period, the EBCI reported that there were 149 ICWA notices received from local county departments of social services, and that of those 149 referrals, 16 were enrolled or eligible to be enrolled in the Tribe. The EBCI is currently working on 16 cases statewide which include 35 children. To promote the appropriate identification and referrals/notice to the EBCI of children who belong to or who are determined to be eligible for membership in a federally recognized Indian Tribe, NCDSS continues to offer Preservice, Legal Aspects, and job-specific trainings to county DSS child welfare staff that includes information about and instructions on ICWA.

NCDSS has requested a meeting with the NC Commission of Indian Affairs leadership to develop specific measures for compliance and to determine their ability to continue administration of a grant that allocates funds for recruitment and licensure of American Indian families to serve as foster parents. The special grant for the recruitment and licensure of American Indian families to serve as foster parents has been on hold due to the Commission not hiring and training the staff grant administrator due to COVID-19. Depending on the outcome of that meeting, NCDSS may consider an interim alternative to provide support or some other avenue to ensure the program continues.

### *Youth Engagement*

On August 31, 2020, the state LINKS Coordinator met with representatives of the EBCI Family Safety Program to plan future efforts for engagement between NCDSS and EBCI Family Safety Program staff. On September 28, 2021, the state LINKS Coordinator met with representatives of the EBCI Family Safety Program, including the supervisor of the tribe's foster care program and foster care workers, to discuss the LINKS program, including the ETV Program and how it can support EBCI youth. Meeting participants also considered future engagement activities between the NC LINKS program and EBCI. These conversations resulted in the planning and completion of a presentation to the EBCI by NCDSS and Foster Care to Success about the ETV program. This presentation occurred on March 30, 2021.

During the March 30, 2021 presentation about ETV, NCDSS, Foster Care to Success, and EBCI discussed programs available through the tribe that are designed to support young people's post-secondary educational attainment. As a next step, NCDSS and EBCI are planning to meet again to discuss the post-secondary educational supports available through the tribe and ETV to determine which program should be applied first to post-secondary educational costs and to draft protocols for determining eligibility of EBCI youth who apply for ETV.

Plans for engaging each Indian Tribe in the state as related to determining eligibility for Chafee/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care for 2021 include:

- No later than June 2021, ensure that eligible young people who are or were in foster care through the EBCI have ability to apply for the NC ETV program and there is a defined protocol implemented for determining eligibility of these youth between NCDSS and EBCI. This is the agreed-upon protocol:
  - When working with a young adult who has been in the custody of EBCI's Family Safety Program on any Transitional Living Plan, Family Safety staff should first ensure that the young adult receives all LINKS, ETV, and other Chafee funding for which the young adult may be entitled. Staff should also research and provide information to the young adult about benefits that may be available to them through EBCI's Education Program.
  - For ETV funds, young adults are required to complete the FAFSA application (<https://studentaid.gov/h/apply-for-aid/fafsa>). After this process is completed, the young adult must then complete the ETV online application through Fostering Connections (<https://www.fc2sprograms.org/north-carolina/>). NCDSS will verify eligibility. Both the young adult and the Family Safety social worker will be notified of the decision. Any funding award is paid directly to the school the young adult is attending.

## 7 CAPTA State Plan Requirements and Updates

North Carolina submitted a CAPTA State Plan in 2012; it remains in effect.

The North Carolina CAPTA Coordinator is Kathy Stone, Section Chief for Child Protective Services and Prevention:

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Phone Number: Office: 919-527-7268  
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### Expenditure of CAPTA Funds

For the reporting period, CAPTA funds were used alone or in combination with other funds in support of the state's approved CAPTA plan. Funds were used to support CPS programming, including CARA. CBCAP funds were also used to support prevention efforts.

NCDSS currently funds two Safety Policy Consultants and two temporary positions through CAPTA funds. These positions ensure that policy is up-to-date and accurately reflects current statute and laws as it relates to child welfare. This includes updating policy, writing new policy, and providing local child welfare agencies with the knowledge and skills to appropriately implement policy. In addition, these positions provide support to the Community Child Protection Team (CCPT) Advisory Board, support North Carolina's response to the Family First Prevention Services Act (FFPSA), and support activities to comply with the Child Abuse Prevention and Treatment Act (CAPTA).

NCDSS utilizes CAPTA to fund the Child Health and Development Coordinator position. This position supports the sections within NCDSS by managing programming related to the well-being needs of children, youth, and families served by child welfare. This position is filled by staff who is a behavioral health and substance use disorder licensed clinician who serves as the subject matter expert for NCDSS initiatives serving populations with these needs. This position collaborates and coordinates interdepartmentally with Divisions under the North Carolina Department of Health and Human Services that fund and manage well-being programs to ensure the needs of child welfare involved families are reflected in their programming.

**Table 31. CAPTA Expenditures**

<b>Contracts</b>	<b>CAPTA Priority</b>	<b>Funds</b>
Family Support Programs Contracts	Prevention of Child Abuse Maltreatment	\$250,000 (braided with other funding streams)
East Carolina University: Darkness to Light: Stewards of Children	Prevention of Sexual Abuse Training	\$100,717
Child Advocacy Centers of North Carolina	Services to Children Suspected of Maltreatment	\$18,000
University of North Carolina: Child Forensic Interviewing	Child Welfare Training	\$154,316

**Legislative Update**

As of May 2021, there is no pending state legislation that will negatively impact North Carolina’s eligibility for CAPTA.

**CAPTA Program Updates**

The following updates and changes were made to CAPTA programming from July 1, 2020– June 14, 2021:

*Training of Child Welfare Social Workers and Supervisors*

NC’s intake training curriculum was reviewed and updated to help workers increase consistency and accuracy of screening decisions through the use of critical thinking. In the updated training more time is spent teaching staff to develop high quality intake questions, establish conversation with the reporter to elicit more information, and process intake decisions using scenarios. This was achieved by changing skills practice scenarios to include less information up front and require the worker to elicit more information from the reporter so that a more accurate screening decision can be made. In the training, learners must screen the scenario based on the information collected to help them better understand that the more quality information they obtain, the better their screening decisions will be. A script was created and recorded to give training participants an example of what taking a report sounds like. Information is intentionally left out of the script to engage participants and spur their critical thinking.

The updated training was completed in January 2021 and began rolling out on February 16, 2021. After the initial updated training was provided in March 2021, the training was altered to add breakout groups, with a trainer in each group to ensure continuity of information being provided to every member of the training. Participants appreciate the intensive practice that is a new part of the training. Further edits in May 2021 and planned for June 2021 will focus on strengthening critical thinking elements.

NCDSS developed an RFP for the re-design of child welfare training. The RFP was released on June 14, 2021. The re-design will include the practice model, embedded trauma-informed practice, evidence-based practices, use of simulation labs, and the creation of an academy model that will better prepare new child welfare social workers for practice.

North Carolina's work with Evident Change has begun with a focus on Child Protective Services. While not funded from CAPTA, this work impacts NCDSS's ability to comply with CAPTA in improving NCDSS's risk assessment tools by conducting systemwide re-validation of tools and protocols, training the child welfare workforce on the new tools, and by implementing the Safety Organized Practice Model (SOP). Evident Change (EC), formerly the National Council on Crime & Delinquency and Children's Research Center, is a nonprofit that uses data and research to improve social systems for children and families. EC has developed the Structured Decision Making® (SDM) model for child protection which assists agencies and workers in promoting the ongoing safety and well-being of children. The evidence- and research-based system identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision. North Carolina currently uses SDM, but the tools it uses have not been re-validated recently. The contract with EC will re-validate the SDM tools while conducting a 100% policy and statutory review to ensure all elements are in alignment. NCDSS's contract with EC also includes implementation of the Safety Organized Practice Model (SOP), including (1) integrating SOP into North Carolina's practice standards, (2) using a collaborative assessment and planning (CAP) framework, (3) strategies for working with children (e.g., the Three Houses tool), and (4) ways of working in partnership with parents/caregivers, children, and their networks to undertake collaborative assessment and planning. SOP training will also incorporate the updated SDM assessments as they align within the practice model.

In February 2021, North Carolina created a SDM/SOP project steering team comprised of 12 members who have electronic meetings monthly with EC to plan policy and practice improvements for implementation planning. Advisory Teams were created by expanding North Carolina's already established Design Teams. The expanded Design/Advisory Teams consist of subject matter experts in the related program area; members examine the current state of North Carolina policy and practice and participate in developing the desired future state of our child welfare system.

A kickoff meeting for NC's work with EC held on February 26, 2021 included internal and external stakeholders. The EC project team members were introduced to other attendees such as the North Carolina Steering Team, Unified Leadership Team members, Design Teams (with expanded members), Child Welfare Family Advisory Council (CWFAC) members, stakeholders and community partners, as well as NC DHHS and NCDSS leadership. During the kickoff, project deliverables were reviewed and the project timeline was discussed. An overview of the SDM system was provided that included principles, assessments, and project activities.

Phase One of the three-year project includes the following deliverables and timelines:

- **Child Protective Services Intake**
  - Listening sessions with the CWFAC, Safety Design Team, and the Eastern Band of the Cherokee Indians. An additional listening session is planned to include representatives from medical, educational, and law enforcement fields who are North Carolina's most frequent reporters. North Carolina has requested an analysis of how reports involving infants affected by substances are received, screened, and assigned. Policy Review (June 30, 2021)
  - Customization work groups, draft manual, inter-rater reliability development, testing and final approval to streamline the intake process while improving accuracy of screening decisions and response time assignment. (December 31, 2021)
- **Safety and Risk**
  - Analytics, risk memo and risk assessment template development (December 22, 2021)
  - Listening Sessions and Policy Review (October, 28, 2021)

### *Improving Skills of Child Welfare Social Workers and Supervisors*

A contract between NCDSS and the Child Medical Evaluation Program (CMEP) is in the process of being executed at the time of the report submission. This contract will be 100% funded from CAPTA. Once executed, it will create eight Regional Abuse Medical Specialist (RAMS) positions. The RAMS are social work positions that will be jointly supervised by NCDSS and the Medical Director for the CMEP. Seven of these positions will provide consultation and assistance to each of the seven regions and county child welfare agencies in the management of high-risk child welfare cases that overlap with medical issues, including physical abuse, sexual abuse, and serious neglect. The eighth position will specifically focus on cases involving substance affected infants. These positions will build capacity within North Carolina to better protect our most vulnerable citizens. The RAMS will be involved with reviewing and consulting with counties during intake and assessment. The RAMS will assist with the following types of cases:

- Injuries in young children less than 3 years old
- Sexual abuse concerns for children less than 3 years old
- Substance affected infants and the development of Plans of Safe Care
- Medical child abuse/Munchausen by Proxy
- Cases involving children with complex medical issues, including children with psychiatric issues, chronic disease, children receiving multiple medications, and children with developmental disabilities
- Cases of sexual abuse involving sexually transmitted infections

Additionally, these positions will help create and disseminate educational materials (e.g., protocols, webinars, in-person training) to county child welfare agencies. These positions will also assist rostered CME clinicians in training the course *Medical Aspects of Child Abuse and Neglect for Non-Medical Professionals*. These positions will assist in relationship building between medical providers and hospital systems to promote more timely reporting, access to medical documents, and interpretation of medical notes/findings. Finally, these positions will be available to testify in court and participate in meetings with NCDSS.

The qualifications for the RAMS positions include:

- Full knowledge of social work techniques and practices
- Full knowledge of population served by child welfare and the needs of the population
- Full knowledge of NC Child Welfare Policy
- Full knowledge of forensic techniques and types of child interview modalities
- Effectively communicates and conveys information with minimal supervision
- Ability to work with individuals representing a variety of disciplines
- Well-developed planning and organizing abilities
- Ability to relate positively in a crisis and in dealing with more complex cases
- Ability to review existing treatment plans and identify areas needing improvement; ability to recommend modifications to those plans
- Ability to identify client needs in more complex cases and to obtain appropriate services required to meet those needs

Additionally, to inform the work the RAMS position dedicated to SAI and POSC, and to make improvements in the POSC, NCDSS and the CMEP have reached out to different states to understand their successful strategies and lessons learned. A meeting with Jennifer Donahue, Esq., CWLS, Trenee Parker, and Dr. Stephanie Deutsch was scheduled for June 2, 2021. Ms. Donahue, Ms. Parker, and Dr. Deutsch are the leads in Delaware for

understanding the unique needs for SAI and engaging community partners in implementing POSC.

While no CAPTA funding was used for this work, additional policy to clarify Child Medical Evaluations was updated in SFY 2021 to align North Carolina policy with CAPTA. Webinars were provided to help staff increase their knowledge and skills in assessing and protecting children under age 3. These policies were developed in the Safety Design Team and approved by the Unified Leadership Team. A Dear County Director letter was sent to all local child welfare agencies on November 10, 2020 regarding the revised Assessment Manual changes and revised consent/authorization form for Child Medical Evaluations; notification of a statewide webinar held on November 16, 2020 was also included, along with a webinar link. This webinar was recorded and placed on NCSWLearn.org, a training portal for child welfare supervisors and staff. Eventually the content of the webinar will be added to required CPS training. The policy was published on December 1, 2020 in the online policy manual and presented at Children's Services Committee on Dec 9, 2020.

Related to the policy updates mentioned above, NCDSS added guidance and enhanced data collection on near fatalities. NCDSS participates on the NC Pediatric Society's Committee on Child Abuse and Neglect. One area of concern has been insuring young children get the appropriate medical assessment when there are allegations of child maltreatment. This group worked to create guidelines for medical providers who work with child welfare to ensure children get the appropriate medical evaluation for their alleged injuries. The committee also has worked to encourage inpatient child abuse teams at major medical facilities to use "near fatality" language in making reports to child protective services and in their medical record documentation. North Carolina General Statute 7B-2902 defines a near fatality as "a case in which a physician determines that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment". NCDSS began collecting data on near fatalities in July 2020 and provided additional policy guidance about near fatalities to local child welfare agencies. Using common language when reporting to local child welfare agencies improves the response to the report and enhances data collection. The committee's ongoing work is to clarify the legal/criminal implications of child maltreatment. It is also working with the North Carolina Conference of District Attorneys and with Child Advocacy Centers to clarify roles of providers on their Multidisciplinary Teams.

### *Representation for Children in Judicial Proceedings*

NCDSS has traditionally invested state funds to support representation of every child involved in child welfare judicial proceedings by Guardian ad Litem (GAL) advocates and attorneys. These services are available in all 100 counties and will continue to be funded. In SFY 2020-21, NCDSS collaborated with our court partners through the District Permanency Collaboratives and is in the process of developing a MOU with Indigent

Defense Services (IDS) and the GAL Program to facilitate partial federal reimbursement for eligible costs incurred to represent parents and children in foster care cases. This reimbursement is provided by ACF to allow for the improvement of services and to improve outcomes for children and families within our court system. It is our expectation that these MOUs, once implemented and approved by ACF, will allow IDS and GAL programs to utilize the funding provided via this reimbursement to help improve services and outcomes for the children and parents they serve.

### *Shared Leadership*

NCDSS contracts with North Carolina State University (NCSU) to promote and support the involvement of families at the practice, policy, and system levels, thereby strengthening family engagement and improving outcomes for children and families. This support enables NCDSS to ensure it maintains ongoing consultation with consumers of services (a requirement of the CFSR Systemic Factor – Agency Responsiveness to the Community) and supports the development of a statewide, trauma-informed, culturally-competent, family-centered child welfare practice framework. By funding pilot Family Engagement Councils (FECs) in three local child welfare agencies, NCDSS is exploring expansion of FECs in each of the seven identified service regions.

NCSU coordinates CWFAC's monthly meetings, Family Feedback Days, and Lunch and Learn events. Activities include:

- Support the three pilot FECs in Durham, Forsyth, and Richmond Counties
- Offer Family Partners professional development opportunities to enhance knowledge and skills through ongoing training, technical assistance, and coaching
- Facilitate evaluation activities and provide evaluation reports
- Facilitate and support CWFAC members' participation in state-level committees, such as Design Teams or the Community Child Protection Team (CCPT) Advisory Board
- Finalize the Family Leadership Model manual and develop user-friendly print and online materials for replication, such as an executive summary, short handouts, topic briefs, infographics, etc.
- Assist NCDSS in deciding the viability of expanding the three pilot FECs to cover all 7 regions and/or 100 counties as well as determining potential next steps
- Document and make accessible to NCDSS the work and activities of the Family Leadership Model
- Provide resources developed for the CWFAC and FECs to NCDSS

### Worker Recruitment and Retention

NCDSS included efforts to address workforce capacity and workload in its 2020–2024 Child and Family Services Plan. Recent feedback from local child welfare agencies indicates that the increased workload on child welfare workers has led to worker turnover and burnout. The Workforce Development Design Team created an RFP in February 2021 which has been approved for a study to examine what caseload sizes and what the workload associated for each case for local child welfare workers and supervisors should be. NCDSS will use this information to inform workload/caseload requirements and supervisor to worker ratios. The release of this RFP is imminent.

The Child Welfare Education Collaborative (CWEC) is currently a waiver program for students pursuing a BSW or MSW and includes approximately 18 North Carolina colleges and universities. CWEC provides the competencies from the statutorily mandated pre-service training for child welfare social workers so that graduates are ready for employment by local child welfare agencies. NCDSS is working toward a Proof of Concept to be completed with 3 or 4 universities that will allow IV–E reimbursement for appropriate courses. The goal is to create a stipend program so students who enroll as a CWEC student can receive a stipend for their education in exchange for working in child welfare upon graduating for a set period of time. Additionally, NCDSS, the universities in CWEC, and the North Carolina Association of County Directors of Social Services (NCACDSS) are working together to ensure internships are available across the state and adequately prepare students for child welfare work. During the upcoming year, NCDSS plans to further streamline the CWEC process and to encourage universities to market CWEC to students by highlighting career opportunities in child welfare.

### Family First Prevention Services Act (FFPSA)

In 2021–2022, NCDSS will continue to partner with The Duke Endowment, Chapin Hall at the University of Chicago, and Public Knowledge to align provisions of Family First and Rylan’s Law, and to develop implementation plans for effective and sustainable change. North Carolina will submit its Family First Prevention Plan to the Administration of Children and Families in SFY 2022. As part of the planning process, NCDSS conducted an environmental scan of existing mental health, substance use disorder, and parenting education services; determined candidacy criteria; and selected five evidence-based programs to implement. In terms of candidacy and services, NC will employ a phased approach that gradually expands eligible groups and the number of programs. In 2021–2022, NCDSS proposes to start by providing the HomeBuilders and Parents as Teachers in-home visiting models to children and their families involved in the child welfare system who are at risk of out-of-home placement. NCDSS developed this plan through various workgroups, committees, and the LAT. NCDSS staff, community partners, prevention

services providers, and family partners/persons with lived experience served on these groups and committees.

In 2021–22, the implementation of FFPSA will include a project team that consists of 1 Program Manager and 7 Prevention Social Workers who are deployed regionally. This team will be responsible for building a continuum of care that includes programs funded by FFPSA, Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF). This team will ensure county child welfare staff are aware of programs, that functional referral processes exist, and program utilization is monitored.

Just as NCDSS used CBCAP as a framework for the Family First Prevention Plan, NCDSS incorporated Family First Prevention Services Act considerations in the development of 2022–2024 RFAs for family support services funded by federal CBCAP and IVB–2 funds. NCDSS selected eligible models based on a review of current primary and secondary prevention services, the Title IV–E Prevention Services Clearinghouse, and the California Evidence–Based Clearinghouse for Child Welfare. In 2021–2022, NCDSS will provide family support services that correspond to and complement Family First prevention planning. In terms of CBCAP, North Carolina will adhere to federal regulations that limit funding to primary and secondary child maltreatment prevention services.

#### Data Collection Efforts

North Carolina recognizes the challenges in providing accurate NCANDS data due to the current partial deployment of an electronic case management system in 25 local child welfare agencies and has taken steps to improve and align data collection by making concurrent changes to both the electronic system and the legacy system. In July 2020, North Carolina improved data collection on diligent efforts to initiate CPS assessments timely through the revision to the NC Child Protective Services Report, Report to the Central Registry/CPS Application (DSS–5104). This information had previously been collected in the electronic case management system; this change enabled North Carolina to improve reporting on the timely initiations in all North Carolina counties. Changes were made in both systems to collect data on when a Plan of Safe Care (POSC) was developed with a family during a CPS assessment for infants affected by substances and on parental substance use factors. The ability to track when children have suffered a near fatality was also added. These changes were distributed to local child welfare agencies through a Dear County Director Letter on July 20, 2020 and are listed below:

- DILIGENT EFFORT REASON was added to strengthen data collection on accepted reports that are initiated within state mandated timeframes and, if not, the diligent efforts that were made. This is a required entry field for performance measures identified as a result of Rylan’s law and is tied to the achievement of safety on the OSRI.

- SERVICES PROVIDED/POST SERVICES was created to identify when a POSC has been developed with the family for children identified as a SAI.
- CONTRIBUTORY FACTORS new instructions are provided for selecting contributory factors related to caretaker–drug abuse and child–drug problem contributory factors, including the requirement to code what type of substance was used. This data will provide counties with more information about the type of substance use occurring in their communities for targeted service provision.
- NEAR FATALITIES was added to the DSS–5104. Capturing this data allows North Carolina to report on near fatalities and has an impact on future work related to child fatality prevention.

The new fields and revised instructions applied to reports received on or after July 1, 2020. Next steps outlined in the DCDL included dates and times for two statewide webinars to provide additional guidance; these were held on July 23, 2020 and July 30, 2020.

NCDSS has proposed a new technology application that will allow efficient record entry, record revision, and retrieval of data for recurring and ad–hoc reporting of child fatality data. Compatibility with NCFAST will be incorporated into the business concept as NCFAST and Performance Management team members are participating in its development. This application is required to capture and retain data needed to complete state child fatality reviews and 7–day review of foster care/in–home services child fatalities and evaluate efficiency of review processes. The new system will allow for collection of additional data elements about child and parent/caretaker factors and any findings and recommendations from reviews. This will enable NCDSS to analyze for root causes and trends and implement services in an effort to prevent future fatalities. The application will also capture and retain data that is required to meet state and federal reporting requirements (NCANDS, CAPTA, etc.). Approval of the business concept is imminent and we anticipate development and implementation to be completed by October 1, 2021.

In addition, the DSS–5094 was updated (effective November 16, 2020) to capture information regarding when a county child welfare agency is ordered to assume responsibility of a juvenile under a non–secure custody order by a Juvenile Delinquency Court Judge. This form update was communicated to local child welfare agencies via Dear County Director letter on November 2, 2020; NCDSS also made a presentation about this change at the December 2020 Children’s Services Committee meeting.

### *Human Trafficking Programming Updates*

NCDSS has partnered with other NC DHHS agencies and the UNC–Chapel Hill School of Social Work to develop policy, training, and technical assistance regarding human trafficking. In 2021–2022, NCDSS will continue to offer a policy webinar called “Human

Trafficking in Child Welfare” to child protective service workers. The training describes the population at risk of being trafficked and provides information on how to engage victims using a trauma-informed, victim-centered, strengths-based approach. This curriculum for child welfare staff is also available online at [www.ncswLEARN](http://www.ncswLEARN). A separate, self-paced online course on this topic has been developed for foster parents and is available at <https://fosteringnc.org/on-demand-courses/>.

In 2021–2022, the Project NO REST (North Carolina Organizing and Responding to the Exploitation and Sex Trafficking of Children) website will provide information and resources on human trafficking to help the public identify children and youth at risk of being trafficked. The website contains text and phone numbers for the National Human Trafficking Hotline. In addition, Project NO REST staff continue to respond to email questions and post information on Twitter and Facebook. During this contract period, a total of 14 Human Trafficking 101 information sessions were delivered in 6 locations across the state.

Legislation pending in the North Carolina General Assembly (SB 539) would require disclosure of a conviction for human trafficking in a child custody proceeding. Failure to disclose would result in perjury and be punishable by law. Patronizing is proposed to be added to the human trafficking classification.

*Comprehensive Addiction and Recovery Act of 2016 (CARA Act) Updates*

In this section we refer to the work North Carolina engages in regarding the CARA Act as Substance Affected Infant (SAI) and Plans of Safe Care (POSC).

**Table 32. Children with Plans of Safe Care July 1, 2020 – June 23, 2021**

<b>Youth with POSC</b>	4160	
<b>Youth with POSC &amp; Service Referrals</b>	2365	56.9%

Source: Central Registry & NCFast data as of 6/24/2021

As stated previously, North Carolina has contracted with Evident Change to re-validate our Structured Decision Making (SDM) tools and implement the Safety Organized Practice model to create consistency and validity at each key decision point in a child welfare case. A part of this work will be to create consistency in identifying, assessing, and planning for substance affected infants (SAI). Activities planned for 2021–2022 include the preliminary risk assessment implementation analysis and validation study and a data analysis of the current state of North Carolina’s use of the SDM tools in preparation for the risk validation study. North Carolina and Evident Change will focus strengthening safety assessment and planning for SAI. The Safety Design Team (with expanded subject matter experts in child

protective services from local child welfare agencies) will serve as the advisory workgroup that will use this analysis to update and customize tools.

NCDSS is evaluating the effectiveness of implementation of policies and practices related to CARA amendments to CAPTA. NCDSS will address the current plan to capture the number of POSC that have been created; NC counts referral to Care Management for At-Risk Children (CMARC–formerly CC4C) as POSC “even though the referral is not a case plan that assesses or engages the family”. NCDSS is engaged with the Capacity Building Center for States to provide technical assistance on updating our current plan. In the interim, NCDSS clarified to local child welfare agencies that development of a POSC that engages and assesses the family for screened-in child protection reports involving SAI and their families is a required part of the assessment. A resource guidance document was created and implemented for how child welfare workers can develop a POSC with families using engagement and effective assessment techniques (*see below for more information*).

NCDSS conducted data analysis of fatalities in children who had an intensive child fatality review. Data from the NCDSS Child Fatality ACCESS Database indicated there were a total of 197 intensive fatality reviews with reports released in FFY 2017–18 (71 reviews), 2018–19 (92 reviews), and 2019–20 (34 reviews). This data was utilized to identify manner and cause of death, demographics, and contributing maltreatment factors. Additionally, child welfare case history spanning the 5 years prior to the death in each case was analyzed.

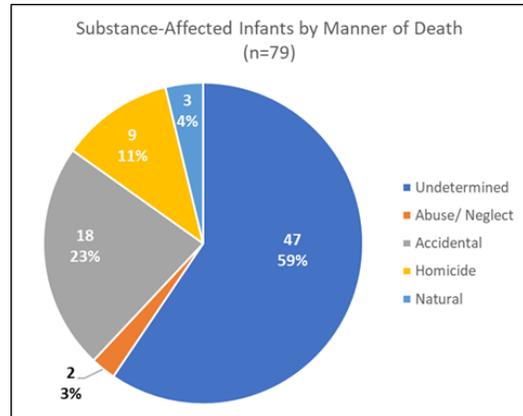
A correlation was discovered between infants born affected by substances and the risk of unsafe sleep fatalities. NCDSS also noted that most of these fatalities included prior child protection assessments of SAI with case findings of Services Recommended (SR), which is an alternative response decision and does not require the family to participate in continued protective services. Further analysis of cases receiving an intensive child fatality review indicated SR decisions were not being made in compliance with the case decision definition. Recognizing the intersection of all of these data elements (SAI, POSC, safe sleep, and SR case decisions), NCDSS developed training for local child welfare agencies in an effort to build the capacity of child welfare assessment social workers to improve safety for SAI, one of North Carolina’s most vulnerable populations. The training included:

- Child Fatality Data (see below)

Of the 197 deaths reviewed, household or parental substance abuse was present in 67%, or 133 deaths.

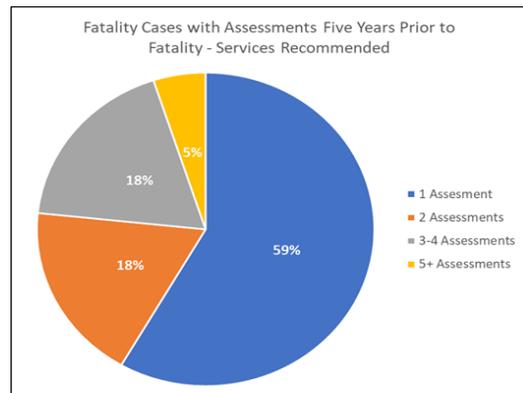
59%, or 47 infant deaths, were undetermined at autopsy. However, co-sleeping or sleeping in unsafe sleep environments were contributing factors in most of these deaths.

23%, or 18 infant deaths, were determined to be accidental. It is important to note that 17 of these were asphyxia due to co-sleeping.

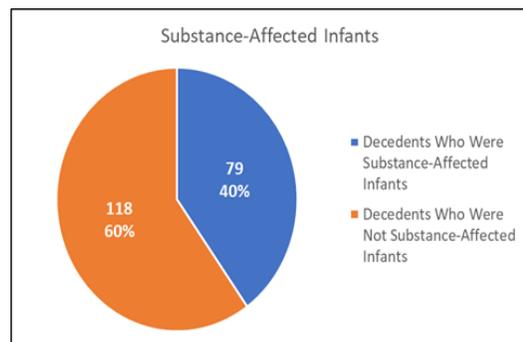


- Safe sleep education and links to materials and videos for child welfare staff to use when engaging families on safe sleep and night time parenting
- A guidance document clarifying the responsibility of the child welfare agency to engage, thoroughly assess, and develop a POSC with families with SAI
- Re-education about case decision definitions, with a focus on appropriate use of the SR case decision in order to reduce infant fatalities

The Division developed a comprehensive resource document that addresses the actions child welfare workers must take from intake through case planning when a report of a SAI is received. This document includes detailed instructions on the creation of a POSC. This document covers how to engage reporters to obtain information during intake and how to develop plans and partnerships that create safety for this special population. The document outlines the differences between safety planning and POSC to ensure both requirements are met. The document details POSC requirements such as:



- Development prior to the child's discharge from the healthcare setting
- Identification of household members, infant caregivers, professional and community supports
- Identification of family strengths and goals
- Address the needs of the infant



- Address services and needs of the mother to include a plan for return to active substance use
- Include service provision and needs
- Parental Agreement

The document provides detailed instructions about screening cases during intake, completing an assessment, and guidance for POSC prior to the infant being discharged from the hospital. The document was presented to local child welfare agencies through an April 23, 2021 Dear County Director Letter and was posted in the online policy manual in a section for resource documents.

The training was delivered via the following:

- Presentation with the Regional Child Welfare Consultant (RCWC) Team on April 15, 2021
- Presentation with Policy to Practice team that includes trainers, workforce development, and RCWCs on May 24, 2021
- Regional Meetings (as described in the chart below):

**Table 33. Regional Meetings on Plans of Safe Care**

April 29, 2021	9:00am	Region 4
May 3, 2021	9:00am	Region 5
May 4, 2021	9:00am	Region 3
May 5, 2021	9:00am	Region 2
May 5, 2021	1:30pm	Region 7
May 6, 2021	9:00am	Region 6
May 6, 2021	1:30pm	Region 1

Case reviews will be conducted in October through December 2021 by the RCWCs. An internal workgroup met and developed data elements to be collected to establish a baseline of performance for POSC for SAI screened in for child protective services; these data elements will be added to the case review master book. Analysis of this measurement data will allow North Carolina to provide targeted technical assistance to local child welfare agencies if it is needed to address effective POSC and proper use of case decisions.

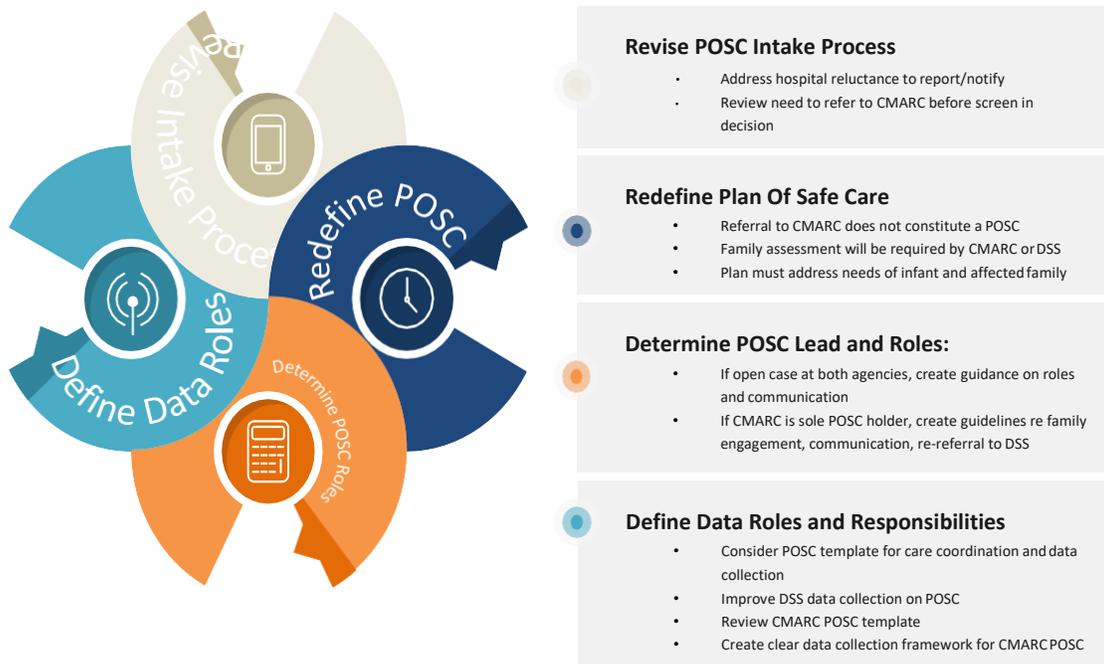
North Carolina’s Plan of Safe Care Interagency Council (POSC–IC) formed in 2017 to design the POSC process in place today. Members include leaders from NC DHHS as well as representatives from the Divisions of Social Services (Child Welfare Section) and Mental Health/Developmental Disabilities/Substance Abuse (Public Health Women’s and Children

Section), the Child Welfare Family Advisory Council, UNC School of Social Work (Behavioral Health Springboard), and local child welfare agencies. Today the POSC-IC continues to work with NC DHHS to coordinate with other public and private agencies impacted by the POSC requirement. NCDSS has also formed an internal work group to improve child welfare practice with substance affected infants. These groups have led North Carolina's growth in developing, implementing, and monitoring POSC for infants.

Through the POSC-IC, NC has worked to address the hesitancy some healthcare professionals experience in making notifications on all infants born substance affected. Steps taken in this area include the following:

- The Maternal Infant and Early Childhood Home Visiting program assists with providing services to substance affected infants and their mothers to continue ensured safety.
- POSC-IC works with NCDHHS to coordinate with public and private agencies impacted by the POSC requirement (e.g., birthing centers, OB/GYN practitioners, Public Health Departments providing pre-natal care, etc.).
- NCDSS formed an internal work group to improve child welfare practice with substance affected infants. The output of this internal group was the creation of a POSC Resource Document. This document provides specific and clear guidance on SAI cases from intake through assessments and into ongoing services. NCDSS released this document to counties via a Dear County Director Letter. This was followed by 7 regional meetings where the document was thoroughly reviewed with all staff in attendance.
- To address ongoing monitoring of POSC, RCWCs will review SAI cases as a part of their ongoing targeted reviews with counties beginning October-December 2021 to develop baseline data. A workgroup met in May of 2021 to develop data collection elements to be added to the case review master book. After the data measures are collected, the workgroup will look for improvements and additional resources. Data will be shared as a part of the technical assistance North Carolina will receive from the Center for Substance Use and Child Welfare.
- In addition, NCDSS will continue to review cases involving a fatality where substance abuse was identified as an issue. The continuous quality improvement process will utilize the information in the reviews to determine if additional intervention and/or training is needed for staff.
- To decrease SAI-related fatalities, NCDSS engaged Children and Family Futures, Inc. with the National Center on Substance Abuse and Child Welfare to improve NCDSS's alignment with CARA Act requirements for SAI with regards to the POSC.
- As a result of the wide variety of allowances that we took on in the previous CAPTA plan we were not able to be as productive. NCDSS engaged the Capacity Building

Center for States to provide TA on our current CAPTA planning update. The initial scope of work is captured in the graphic below:



NCDSS sends a survey to county child welfare agencies monthly to track SAI and POSC for data on the number of notifications received of infants affected by substances. North Carolina is participating in TA from the Center for Substance Abuse and Child Welfare to examine data further and make improvements to POSC development for families when notifications are received whether the report is screened in or screened out. The initial scope of work with the Center is included in the POSC/CARA section of this document.

*Services to Families of Disabled Children*

Between 2020 and 2024, NCDSS committed to utilizing CAPTA funding to contract with the Family Support Network of North Carolina, for carrying out activities to support the work of eleven (11) local affiliates. NCDSS contracts with UNC–Chapel Hill’s Family Support Program to provide the following education, training, and support services:

- Information and referral
- Training workshops
- Parent-to-Parent matches
- Social activities for families
- Intensive one-to-one support
- Support groups and SibShops
- Community collaboration

The following 11 local Family Support Networks will provide training and educational activities for families, including foster and adoptive parents, grandparents, other kin, and legal guardians:

- Family Support Network of Central Carolina
- Family Support Network of Eastern North Carolina
- Family Support Network of Greater Forsyth
- Family Support Network of the High Country
- Family Support Network of Northeastern North Carolina
- Family Support Network of Region A
- Family Support Network of Southeastern North Carolina
- Family Support Network of Southern Piedmont
- Family Support Network of Trusted Parents
- Family Support Network of Western North Carolina
- Family Support Network HOPE

For SFY 2022, NCDSS has decided to expand the Family Support Program to add a 12th affiliate, the Family Support Network of the Greater Triangle. This affiliate provides services in Chatham, Durham, Orange, Person, and Wake counties. This will fill a gap in service provision by serving families of children who are medically fragile or have developmental disabilities and delays or chronic illness in a densely populated area of the state. NCDSS will also increase the annual amount for the other 11 local affiliates from \$13,000 to \$20,000 so that all 12 programs will be funded at \$20,000 in SFY 2022, increasing the CAPTA funding from \$143,000 to \$240,000.

#### *Public Education and Mandatory Reporting*

NCDSS contracts with Prevent Child Abuse North Carolina (PCANC) to help direct and support the networks of coordinated child abuse prevention resources and activities to strengthen families. NCDSS contracts with PCANC included revisions their course for mandated reporters *Recognizing and Responding to Suspicions of Child Maltreatment*, which can be found at <https://www.preventchildabusenc.org/recognizingresponding-online-course/>. From January through March 2021, PCANC conducted the following activities described on the information sheets below:

# PROMOTION STRATEGIES INCLUDE:

## 1. SOCIAL MEDIA POSTS

- a. Shared 4 posts in January, 6 posts in February, and 3 in March = 13 total
- b. Sample Post Content:
  - i. Have you recently completed our FREE, online training: Recognizing + Responding to Suspicions of Child Maltreatment? Anyone who works with children, from teachers to coaches or community group volunteers to child care providers are encouraged to take this important course. Bookmark the training to begin and revisit anytime to complete!
  - ii. ALL adults in NC are mandatory reporters of child maltreatment. So ask yourself: Can I recognize the signs of child maltreatment? And do I know what the difference is between primary prevention of child maltreatment vs. secondary prevention? If you answered “no” or weren’t sure, take our free online trainings “Recognizing & Responding to Suspicions of Child Maltreatment” and “What is Prevention?” today! This course was made available through support from NC Department of Health and Human Services and the generosity of our supporters.
  - iii. We have tools to help you raise awareness for the #KidsFirst License Plates and our free, Online Training Recognizing & Responding to Suspicions of Child Maltreatment. Visit our online toolkits today to empower your communities to support children!
  - iv. April is Child Abuse Prevention Month and it’s a great time for anyone who works with children to commit to taking our free, online trainings: What is Prevention? and Recognizing & Responding to Suspicions of Child Maltreatment.

## 2. BLOG CONTENT

- a. You Can Be A Connection for NC’s Children - [https:// www.preventchildabusenc.org/ child-abuse-prevention-month-2021-you-can-be-a-connection-for-ncs-children/](https://www.preventchildabusenc.org/child-abuse-prevention-month-2021-you-can-be-a-connection-for-ncs-children/)

## 3. WEBSITE

- a. Visits to [R&R Online Course](#) (January 2021-March 2021):
  - 20,766 total visits
  - 14,811 unique visits
- o All PCANC webpages with mention/ link to Recognizing & Responding to Suspicions of Child Maltreatment Course:
  1. Self-Guided Online Courses: [https:// www.preventchildabusenc.org/ recognizing-responding-online-course/](https://www.preventchildabusenc.org/recognizing-responding-online-course/)
  2. Online Trainings [https:// www.preventchildabusenc.org/ online-trainings/](https://www.preventchildabusenc.org/online-trainings/)
  3. Recognizing & Responding to Suspicions of Child Maltreatment Resource Page: [https:// www.preventchildabusenc.org/ resource-hub/ recognizing-responding-to-child-maltreatment/](https://www.preventchildabusenc.org/resource-hub/recognizing-responding-to-child-maltreatment/)
  4. Public Awareness Tools (Houses R&R Promotional Toolkit) [https:// www.preventchildabusenc.org/ what-you-can-do/ advocate/](https://www.preventchildabusenc.org/what-you-can-do/advocate/)
  5. Become a Connections Matter Congregation [https:// www.preventchildabusenc.org/ become-a-connections-matter-congregation/](https://www.preventchildabusenc.org/become-a-connections-matter-congregation/)
  6. Policy Priorities in Response to COVID-19 [https:// www.preventchildabusenc.org/ policy-priorities-in-response-to-covid-19/](https://www.preventchildabusenc.org/policy-priorities-in-response-to-covid-19/)
  7. PCANC FY 19-20 Annual Report [https:// www.preventchildabusenc.org/ fy-2019-2020-annual-report/ ar-public-awareness/](https://www.preventchildabusenc.org/fy-2019-2020-annual-report/ar-public-awareness/)



**4. MOST PCANC PRESENTATIONS AND WEBINARS INCLUDE A SLIDE ON R&R**

**Free Online Courses & Resources**

- Recognizing and Responding to Suspicions of Child Maltreatment
- What is Prevention?
- Resource Hub



Prevent Child Abuse  
North Carolina

**5. IMAGE/ LINK IN ORGANIZATIONAL NEWSLETTERS AND MOST PREVENTION ACTION NETWORK NEWSLETTERS**



Prevent Child Abuse North Carolina is a chapter of [Prevent Child Abuse America](#)



Prevent Child Abuse North Carolina  
3000 Aerial Center Parkway Suite 100 | Morrisville, North Carolina 27560



**6. FLYERS:**

- a. Distributed to schools via NC Department of Public Instruction, etc: <https://www.preventchildabusenc.org/educators-essential-workers-volunteers-help-keep-kids-safe/>

**COURSE DATA JANUARY- MARCH 2021:**

**Course Completion:**

- o Number of individuals who took R&R= **4,348**

**Pass/ Fail:**

- o Number of individuals who passed R&R= **4,335**

**Organization/ Facility Type:**

- o **Most Common** – Childcare
- o **Second Most Common** – Preschool
- o **Third Most Common** – Other

**How they plan to use the knowledge gained from this training**

- o **Most Common** – To better identify children in need
- o **Second Most Common** – To better support families
- o **Third Most Common** – For child advocacy and To decide when to report – tied

**Who they plan on sharing the information gained in this training with**

- o **Most Common** – Co-workers
- o **Second Most Common** – Family
- o **Third Most Common** – Friends

In collaboration with the Child Fatality Task Force (CFTF), NCDSS identified the need to provide targeted education and training for law enforcement (LE) about mandated reporting and how to report child abuse and neglect. This confirmed our selection of LE as a targeted group for listening sessions for the Intake work with Evident Change and has informed continued collaboration with the CFTF to reach this subset of our most frequent reporter group. In 2022, NCDSS plans to work with the CFTF to develop, promote, and present a targeted PowerPoint presentation for LE on how to make a child protective services report.

NC House Bill 205 and NC Senate Bill 199 are currently under consideration at the North Carolina General Assembly. These bills would require schools to provide information about child abuse and neglect to students in grades 6–12. Students would get written information and displays must be placed in schools about child abuse and neglect and how to report it.

NCDSS has voting membership on the Children’s Justice Act (CJA) Task Force, which oversees the appropriation of North Carolina CJA funds to improve the state’s front-end response to child abuse and neglect (i.e., to strengthen intake and CPS assessments). NCDSS provides policy and programmatic updates at each quarterly meeting. In 2021, the CJA Task Force voted to fund trauma-informed education and training for court personnel who serve juvenile justice and child welfare children, youth, and families in one judicial district. This project will begin in July 2021 with funding for three years and plans to spread to other districts.

### *Trauma-Informed Practice*

NC DHHS has been developing a trauma-informed child welfare system since 2011. NCDSS believes that building its capacity as a system to respond to children’s needs through a “trauma lens” will strengthen child safety, permanency, and well-being. NCDSS remains committed to the continued activities that support the ongoing implementation of a trauma-informed, trauma-responsive child serving system which will be leveraged to prevent child maltreatment. In 2021–2022, NCDSS will continue implementing trauma-focused activities designed to influence system change with implications for the prevention of child maltreatment and repeat maltreatment.

North Carolina’s family-centered practice framework provides a strong foundation for preventing and responding to child abuse and neglect. This work will be furthered during the implementation of FFPSA and the Safety Organized Practice model. All child maltreatment prevention providers are learning more about trauma-informed programming and most evidence-based treatments employed in North Carolina are considered trauma-informed.

In 2021–2022, DSS will continue to provide training to county child welfare staff about the impact of trauma on children and youth. During this fiscal year DSS will be requiring

statewide use of the Project Broadcast trauma screening tool, which will be embedded into the candidacy processes child welfare workers use to identify eligibility for evidenced-based programs available once the FFPSA is implemented. The trauma screening tool will help county child welfare agencies identify trauma exposure and inform case work practice, placement decisions, and treatment referrals.

DSS continues to engage in cross sector work to increase the availability of trauma-informed services in all NC communities. This work includes the identification and implementation of trauma-informed, evidence-based practices funded through FFPSA. DSS continues to collaborate with the Division of Health Benefits/NC Medicaid (DHB) and the Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS) and Local Management Entities/Managed Care Organizations (LME/MCO) to strengthen the provision of evidence-based mental health services available from the North Carolina Child Treatment Program (CTP). The goal of CTP is to improve the safety, permanency, and well-being of children and adolescents who have experienced psychological trauma through the provision of evidence-based mental health treatment in the community. The CTP trains clinicians in trauma-informed assessments and trauma-informed, evidence-based models to treat young children. CTP provides training on the following trauma-informed, evidence-based models, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), Child-Parent Psychotherapy (CPP), Parent-Child Interaction Therapy (PCIT), and Problematic Sexual Behavior Cognitive Behavioral Therapy (PSB-CBT).

In 2021-2022, DSS will continue to increase the number of trained facilitators who can deliver the National Child Traumatic Stress Network's *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents for foster, adoptive, and kinship care providers*. This 16-hour curriculum, often referred to as the "RPC," helps parents understand how to better respond to children/youth who have been traumatized and how to work with birth parents to prevent future maltreatment. During 2020-2021, DSS doubled its capacity to train facilitators; this will increase the availability of this training across the state. DSS is in the planning stages to implement strategies in the RPC's strategic plan to ensure the future sustainability of this training by 2024.

DSS continues to promote placing children with people with whom they already have established relationships, as this can help mitigate the traumatic effects of being separated from their parents and improve outcomes. During this reporting year, planning occurred to provide additional access to the *Caring for Our Own* curriculum to kinship caregivers and fictive kin. This curriculum uses a strengths-based approach in identifying resources available to kinship families. The online curriculum became available January 2021.

In 2021-2022, DSS will continue to utilize the expertise from the Center for Child and Family Health, a National Child Traumatic Stress Network (NCTSN) site, to provide technical

assistance, training, and support at the state and county level on the impact of trauma on the child welfare system and how to effectively reduce trauma's impact on children, youth, families, those who provide child welfare services.

In recognition that the COVID-19 pandemic has resulted in unprecedented challenges for child welfare agencies, DSS developed and distributed the *2021 Fact and Resource Sheet for North Carolina Child Welfare Professionals: Child Trauma, and Trauma-Informed Care to local Departments of Social Services*. The document will help agencies provide ongoing support to their staff and the children, youth, and families who receive child welfare services. Additional trauma-informed resources under development this year will be disseminated to local child welfare agencies. In addition, NCDSS provides the opportunity for local child welfare agencies to receive trauma expertise via consultation from the Center for Child and Family Health, North Carolina's NCTSN site.

### Collaborations

North Carolina's Plan of Safe Care Interagency Council (POSC-IC) is a group whose members include leaders from NC DHHS as well as representatives from the Divisions of Social Services (Child Welfare Section) and Mental Health/Developmental Disabilities/Substance Abuse (Public Health Women's and Children Section), the Child Welfare Family Advisory Council, UNC School of Social Work (Behavioral Health Springboard), and local child welfare agencies. The POSC-IC works with NC DHHS to coordinate with other public and private agencies impacted by the POSC requirement. For more on this group, please refer to the [update on POSC and CARA](#) above.

NCDSS collaborated with key informants in Wisconsin to inform NC child welfare policy development. New medical literature shows early involvement of young children with minor injuries (i.e., sentinel injuries) can lead to prevention of more serious injuries. To learn more, NCDSS met with key leaders in Wisconsin to understand their approach to assessments of young children with sentinel injuries. Discussions between NCDSS and Dr. Lynn Sheets, Ms. Connie Klick (formerly of the Wisconsin Department of Children and Families), and Ms. Lauren Krulowski, CPS lead at Brown County, WI, led to changes in NC child welfare policy, which now requires earlier engagement with medical providers and a better understanding at both intake and CPS assessments of the importance of recognizing the significance of minor injuries in young children.

The North Carolina Collaborative for Children, Youth and Families (NC Collaborative) is a platform for collaboration, advocacy, and action among families; public and private child, youth and family serving agencies; and community partners to improve outcomes for all children, youth and families in the state. The NC Collaborative upholds System of Care values and principles for all children, youth, and families as well as the governmental and community partners that serve them. In particular, they:

- Provide a forum to discuss how agencies, youth, and families can work together to produce better outcomes for children, youth and families;
- Promote System of Care principles and values;
- Promote family and youth leadership in decision making;
- Develop recommendations regarding the coordination of services, funding, training and local reporting requirements to eliminate duplication and make the system more consumer friendly;
- Include representatives from various state and local agencies, youth, families, and advocates;
- Provide support for local Collaboratives and Child and Family Teams; and
- Offer support, trainings, and resources to promote mental health.

The NC Collaborative is co-chaired by a family partner and an agency professional to model that families should be full partners in their care. Along with other child-serving agencies and individual stakeholders, NCDSS serves on the NC Collaborative. Reciprocally, the NC Collaborative serves on a NCDSS Design Team for the Child and Family Services Plan.

NCDSS serves on the Home Visiting and Parental Education (HVPE) System Collaborative Board. The goal of this board is to develop a more coordinated home visiting and parent education system in North Carolina that facilitates effective, efficient, family-centered expansion. This activity aligns with several priorities and initiatives listed in this CBCAP plan, including NCCARES 360, Family First, ECAP, NC's Preschool Development Grant, and CBCAP primary and secondary prevention programs.

In 2021–2022, the HVPE Collaborative Board is organizing as the governing body while centering community and family voice to carry out the System Action Plan for a comprehensive, statewide system encompassing both home visiting and parent education in NC. The action plan addresses issues of family choice and access; infrastructure of implementation supports; racial equity; integration with prenatal to five systems; and impact of program and supports. Efforts underway include development of a fiscal modeling tool for communities' use when planning a continuum of parenting supports to meet families' needs, forming a Family Advisory Group and a Community Advisory Group, developing common messaging across sectors and service models, determining core competencies for HVPE professionals, and planning TA to communities engaging in community assessment and local HVPE system planning. The Communications Committee was successful in securing a Governor's proclamation naming March as Parenting Education Month.

In 2021–2022 HVPE System Collaborative Board will:

- Continue implementing priority action plan strategies;
- Establish shared financing strategies and service expansion priorities;
- Advise implementation of Family Connects, a universal nurse newborn home visiting outreach and referral program, in rural counties and evaluate the use of tele-visits; and
- Begin examining data systems including increasing availability and use of data disaggregated by race and ethnicity.

As part of this work, NCDSS will serve on the Collaborative Board and committees.

NC Integrated Care for Kids (NC InCK) is a child-centered local service delivery and state payment model aimed at improving the quality of care and reducing expenditures for children insured by Medicaid or CHIP (NC Health Choice). The program acknowledges that children are affected by their health needs, social needs, and parents' need. It aims to integrate services for children, including physical and behavioral health, food, housing, early care and education, Title V, child welfare, mobile crisis response services, juvenile justice, and legal aid. NC InCK will partner with communities in the five NC counties (Alamance, Orange, Durham, Granville, and Vance) to support and bridge health and social services for children insured by Medicaid and CHIP. An estimated 80,000 to 100,000 children from birth to 21 years old will be served during a 7-year model period that kicked off in January 2020 with a 2-year planning period (2020–2022) and 5-year implementation period (2023–2026). In 2021–2022, NCDSS will house an Integration Consultant in the Community Prevention Teams, including hiring and supervising this position. NCDSS will also connect NC InCK with a county child welfare agency in one of the five pilot counties to house an Integration Consultant. Finally, NCDSS staff will continue to serve on the NC InCK Child Welfare Workgroup in 2021–2022.

### *Citizen Review Panels/Community Child Protection Teams*

North Carolina complies with the requirement to maintain citizen review panels using Community Child Protection Teams (CCPT). North Carolina General Statute § 7B-1406 established a CCPT in each of North Carolina's 100 counties. In addition, a state CCPT Advisory Board regularly meets to examine policies, procedures, and practices of state and local agencies to evaluate the extent to which state and county child protection system agencies are effectively discharging their child protection responsibilities.

For a copy of the annual report from the citizen review panels, see [Appendix C](#), "2020 CCPT Final Report." This annual report was provided to DSS on May 24, 2021. NCDSS submits its written response to the state and local CCPTs no later than 6 months from that date, as outlined in Section 106(c)(6) of CAPTA. Recommendations from the CCPT report and the status of those recommendations are detailed in the report found [here](#).

### *Proposed American Rescue Plan Act Funding*

As a part of North Carolina's proposal for American Rescue Plan Act, a funding request was included to support work towards a statewide CPS Hotline to include:

- Fiscal analysis on the creation and implementation
- Quantify total upfront, one-time costs to implement
- Recommend operational needs, staffing requirements
- Notifications of infants affected by substances and plans of safe care
- Evaluate whether counties can opt out
- Recommend measures, goals of the hotline
- Create a timeline for implementation
- Assess the feasibility of one hotline for CPS / APS

As a part of North Carolina's funding request for American Rescue Act Funds, requests have been made for two Substance Use Disorder Specialists at NCDSS. These positions will engage all systems that touch SAI and POSC and provide training for health care professionals and hospital association (including providing CEUs) about SAI and POSC to enhance North Carolina's service provision to these vulnerable children and their families. The positions would work on development of community handbooks/brochures for providers and parents on the SAI process.

# 8 Updates to Targeted Plans

## 8.1 Foster and Adoptive Parent Diligent Recruitment Plan Update for the APSR

Since the submission of the 2021 APSR and the Child Welfare 2020–2024 Foster and Adoptive Parent Diligent Recruitment Plan, North Carolina has made progress on its commitment and targets, and has identified areas of needed improvements towards increasing and maintaining the number of high-quality, racially reflective, licensed foster and adoptive homes – including kinship care providers – for children and youth in foster care, across the state.

### State Level Data

*Data Regarding NC’s Children in Foster Care and Foster and Adoptive Families*

County child welfare agencies and private child placing agencies submit a completed data profile annually. NCDSS provides a data summary of the statewide characteristics of children in foster care, children legally free for adoption, and licensed foster homes. The table below provides that information in this report, for this reporting period:

**Table 34. Data on NC’s Children in Foster Care and Foster Parents**

<b>Total Children in Care at the End of FFY 19–20 (09/30/2020)</b>	<b>11,394</b>	
<b>Sex</b>	<b>Count of Children in Care on 09/30/2020</b>	<b>%</b>
Male	5708	50.1%
Female	5686	49.9%
<b>Age</b>	<b>Count of Children in Care on 09/30/2020</b>	<b>%</b>
0	663	5.8%
1	935	8.2%
2	789	6.9%
3	699	6.1%

4	631	5.5%
5	553	4.9%
6	508	4.5%
7	546	4.8%
8	496	4.4%
9	483	4.2%
10	482	4.2%
11	496	4.4%
12	522	4.6%
13	508	4.5%
14	512	4.5%
15	532	4.7%
16	585	5.1%
17	573	5.0%
18	294	2.6%
19	285	2.5%
20	302	2.7%
<b>Race</b>	<b>Count of Children in Care on 09/30/2020</b>	<b>%</b>
White	6459	56.7%
Black	3500	30.7%
Bi-Racial/Multi-Racial	836	7.3%
American Indian/Alaskan Native	292	2.6%
Unable to Determine	252	2.2%
Hawaiian or Pacific Islander	34	0.3%
Asian	21	0.2%
<b>Race</b>	<b>Licensed foster parents</b>	<b>Percent</b>

White	7256	64.1%
Black	3770	33.3%
Bi-Racial/Multi-Racial	80	0.7%
American Indian/Alaskan Native	133	1.2%
Unable to Determine	26	0.2%
Hawaiian or Pacific Islander	9	0.1%
Asian	53	0.5%
Total number of Parents	11327	

Source: NCxCloud Licensed Foster Parent Report–DSS Licensed and Agency Licensed Reports

It should be noted that data in the table above is for the parents in licensed foster homes. About two-thirds of North Carolina’s foster homes have two parents listed on the license. As noted in Section 2, Systemic Factor 35, the percentages of white and African American foster parents in North Carolina suggests North Carolina has been successful from a statewide perspective in recruiting foster parents who reflect the racial diversity of children in foster care.

**Updates on Progress and Accomplishments**

This year, North Carolina was able to maintain a steady roster of foster care providers despite challenges experienced due to COVID-19. The ongoing and ever-evolving impact of COVID-19 on children and their foster and adoptive families continued to create challenges for public and private child-placing agencies who worked to provide the type and degree of assistance that was needed to prevent unnecessary placement disruptions during an already stressful and uncertain time. This, coupled with the challenges of providing virtual recruitment, training and support, resulted in agencies focusing most intensely on supporting and retaining existing resource parents.

Additionally, COVID-19 continued to create challenges for licensing new and existing foster and adoptive parents who were recruited and retained. While executive orders remained in place from last year, providing for much needed, continued flexibility for licensure requirements, the strain of COVID-19 was experienced well into this reporting period, and the toll it took is apparent in our performance data for this year.

Still, North Carolina was successful in supporting public (counties) and private child-placing agencies in their efforts to recruit, support, and retain new and existing foster homes. North Carolina provided resources and support to counties towards alleviating

barriers to licensure, especially for kinship providers eligible for training and financial assistance through KinGAP.

North Carolina’s accomplishments, challenges and strategies for FFY 2021–2022, towards implementing its Foster and Adoptive Diligent Recruitment and Retention Plan’s commitment and three (3) respective targets – which continue to be grounded in North Carolina’s commitment to safety, permanency, and well-being for children, are as follows:

**Commitment:** Recruit and Maintain a Sufficient Pool of Diverse Families to Meet the Needs of Children and Youth in Foster Care.

The COVID–19 pandemic significantly affected North Carolina’s ability to recruit, train, and license foster and adoptive families during this reporting period. Prior to COVID–19, many of North Carolina’s recruitment strategies and training sessions relied almost exclusively on in–person connections and events. With the shift towards virtual contacts, North Carolina had to adapt its approach and to explore new and creative means for increasing its roster of foster and adoptive families, including kinship providers.

Recruitment

As evident in the above graph, despite NCDSS’ efforts to support licensure of new foster families, the number of new applications received decreased to a low of eight–three (83) applications in May 2020, a reduction from two hundred (200) in May 2019. On a positive note, data suggests that the number of new applications has steadily increased – NCDSS received one–hundred thirty (130) new applications in/by April 2021.

The total number of licensed foster homes reflects a slight decrease over the past year. As of April 1, 2021, there were 7,007 licensed foster homes statewide, only slightly down from 7,232 at the end of June 2019.

As of April 1, 2021, private child–placing agencies supervised the majority of licensees, as follows:

**Table 35. NC Licensed Foster Homes as of April 1, 2021**

Public Child–Placing Agencies	2,783
Private Child–Placing Agencies	4,224
Total	7,007

As of June 16, 2021, NCDSS recruited adoptive families for a total of 360 children, including 214 youth in active recruitment, 22 children in legal risk status, and 124 children currently on hold with pending adoptive placements.

Although North Carolina did well to experience only a slight dip in the number of licensed foster homes during the pandemic, data on the use of congregate care suggests North Carolina lacks an adequate supply of family foster homes in at least some counties and regions. Administrative data on congregate care indicates that utilization of non-treatment childcare facilities is much heavier in a small number of counties than in the state as a whole. A survey of social workers of children placed in congregate care was conducted in early 2021 to better understand those children's needs and why they were placed in group care. According to their social workers, the most common reason was the lack of an available family foster home. Other common reasons listed was a lack of family foster homes for teens and sibling groups.

### Training

This year, NCDSS continued to work with the Children's Alliance of Kansas – owners of TIPS MAPP and Deciding Together training curricula – to develop options for virtual delivery of the trainings, as these curricula comprise North Carolina's statewide pre-service training for all prospective foster parents. NCDSS secured permission for limited use of a virtual platform for delivering the training to prospective foster and kinship parents and for designing a "train-the-trainers" model in the approved curriculum, to support providers statewide in their abilities to continue engaging and training prospective foster and kinship parents during COVID-19. While these achievements occurred, the initial impact of canceled and delayed trainings resulted in fewer prospective foster and kinship families/parents receiving required training, overall.

### Licensing

When new prospective foster and adoptive families did complete the training, there were still additional obstacles in getting them licensed. For example, home visits are part of the licensing process, as are securing fingerprints for criminal background clearances and obtaining fire inspection certifications.

NCDSS identified the most critical licensing regulation obstacles and addressed them in a manner that promoted both safety of children and prevented placement disruptions, and the temporary flexibility for certain licensure requirements related to fire inspections, use of virtual technology for face-to-face contacts, relaxing maximum capacity thresholds for emergency placements, and extending timeframes and use of telehealth options for required medical and dental examinations, continued during this year. As such, public and private agencies were able to maintain their existing pool of foster families as well as keep new licensing activities moving forward within the limitations that existed.

In FFY 2020-2021, as we emerge from COVID-19, North Carolina will renew its determination to recruit and retain resource families to support the needs of children and

families. North Carolina will take a two-pronged approach towards this end: (1) increase resource families; and (2) achieve timely permanency outcomes. Rather than continuing to take a generalized approach to supporting counties and private agencies, NCDSS will now take a more active role in direct recruitment and retention and will explore needs and opportunities for NCDSS to take a statewide lead role in recruitment and retention of families. NCDSS has created a new position – a Resource Family Coordinator – who will be responsible for these activities, under the direction of the Regulatory and Licensing Services Section Chief.

The Resource Family Coordinator will lead development of a statewide recruitment branding initiative, improve accessibility to foster home licensing information on the NC DHHS/DSS website, conduct targeted statewide outreach, and engage in coordination and collaboration with counties and private child-placing agencies. The branding initiative will be a priority activity as it is an important aspect of statewide recruitment that makes a memorable impression which leads to action.

NCDSS will develop and disseminate branded recruitment materials to counties and private agencies, for use in outreach to and by local community and faith-based organizations. Research is underway to identify recruitment strategies that have proven effective. An additional focus of this work includes changes to the current statewide opportunities for innovative training and technology and the services provided to families towards reducing disruptions and improving permanency outcomes. NCDSS is partnering directly with counties and private agencies on this.

This recruiting effort will also focus on counties in which survey data shows significant numbers of children are being placed in group care due to the lack of available family placements and include targeted strategies to increase the number of families willing to accept teens and siblings.

**Target 1: Family Response and Engagement System** – State, counties, and private child placing agencies will provide quality family experience to prospective, current, and former foster, adoptive, and kinship families from initial inquiry through post-placement services.

Strategies related to this target were revised to align with the state's practice model currently under development. Modifications and a progress update include:

- A subgroup of the Permanency Design Team was identified as the stakeholder body for developing a framework for family engagement. Previous plans were to establish a Family Response and Engagement Team.
- NCDSS did not obtain information needed to evaluate current family engagement. This strategy will be moved to the next reporting period.

- NCDSS did not partner with AdoptUSKids as planned for an evaluation of a family engagement model as this work was delayed due to the pandemic. This strategy will be abandoned and reconsidered as this work may be best completed by using existing vendors who are engaged in developing the practice model.
- More specific timeframes and deliverables will be determined for this work during the next reporting period.

**Target 2: Family Capacity Development and Support** – State, counties, and private child placing agencies will provide ongoing capacity development and support of foster, adoptive, and kinship families to help meet families’ needs and build on their skills.

*Resources for development and support of families, for child placing agencies*

KinGAP educational materials were developed and presented to the Permanency Design Team and during seven (7) regional county DSS child welfare supervisors’ meetings. The materials were shared in order to solicit and receive feedback, and towards Permanency Strategic Priority, Target 1. (For additional information, please see [Section 3, Update to the Strategic Plan.](#))

To increase and improve the use of these materials by counties and private child placing agencies, and to encourage those agencies to have meaningful conversations with children and families about available resources, including the benefits of KinGAP and Caring for Our Own (CFOO) towards licensure, NCDSS will explore development of materials that outline a “road-map” to permanency, for a more comprehensive dialogue about and enhanced optimization of the myriad of resources and pathways towards achieving permanent outcomes for families.

*Increase number of certified Resource Parent Curriculum (RPC) facilitators by at least 25*

NCDSS has continued to increase the focus on trauma-informed training for resource families through partnership with the NC Center for Child and Family Health (CCFH) and via the expanded use of the National Child Traumatic Stress Network’s “Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents,” also known as the Resource Parent Curriculum (RPC). Annually, with the support of state funding, CCFH invites public and private child placing agency professionals to participate in and apply for the Resource Parent Curriculum training, towards becoming trained facilitators of the curriculum.

Trained facilitators spend approximately nine (9) months in training and consult with training faculty to properly deliver this curriculum, to help resource parents understand how to use a trauma-informed approach to parenting. During this reporting period, the number of trained Resource Parent Curriculum providers increased by thirty-four (34), exceeding our minimum target of twenty-five (25). The number trained this year

represents a thirty percent (30%) increase in the total number of trained facilitators. During this fiscal year, 183 resource parents are estimated to have received the RPC workshop trained by CCFH trained facilitators, compared to approximately 129 in FFY 2019–2020. Trained RPC Facilitators are now located in thirty–three (33) counties, including an additional five (5) new counties added this year.

The partnership between NCDSS and CCFH will continue next fiscal year. Plans are also in development to partner with CCFH to provide support and training for private agency management on the importance of trauma–informed training and support for resource families.

*Training and technical assistance plan for county and private child placing agencies’ resources and capacity building to develop and support families*

NCDSS/NC KIDS staff facilitated virtual, at least quarterly “Peer to Peer Diligent Recruitment and Retention” calls aimed at providing a forum for public and private child–placing agencies to share ideas and creative recruitment and retention strategies. Included were suggestions for engaging and partnering with community support agencies and faith–based organizations. Below is information about the calls held and number of attendees:

**Table 36. NCDSS / NC KIDS Peer to Peer Diligent Recruitment and Retention Calls**

<b>Peer to Peer Diligent Recruitment and Retention</b>	<b>Topic</b>	<b>Goals for Meetings</b>	<b>Number of Participants</b>	<b>Presenters</b>
July 2020	NC’s Interstate Compact on the Placement of Children Policies, procedures summarized; cross jurisdictional components of ICPC	Promote inclusion of and compliance with MEPA standards	(Attendance was not recorded for this meeting)	NC DHHS Presented
August 2020	Strategies for Continuing and Adapting Recruitment,	Increase methods for engaging partners, to	123	AdoptUSKids– Alicia Groh

Peer to Peer Diligent Recruitment and Retention	Topic	Goals for Meetings	Number of Participants	Presenters
	Development, and Support in Remote and Online Formats	continue recruitment during the pandemic		
October 2020	Kinship Engagement	Increase support to kinship families by partnering with community and faith-based agencies	93	NC DHHS
December 2020	Permanency Roundtables	Securing resources for youth in foster care by connecting with community and faith-based partners	69	Linear Consultants: Cindy Hamilton
March 2021	LINKS and Foster Care 18-21	Identifying community and faith-based resources to support youth and young adults	95	NC DHHS

During this reporting period, NCDSS provided statewide technical assistance to county DSS agencies and private child placing agencies for recruiting families, including:

- Webinar trainings on topics related to recruitment and retention, including suggestions on recruitment strategies;
- Direct contacts with counties to provide guidance on data profiles and data collection;

- Quarterly DRR calls to provide a forum for cross-county information sharing and communications; and,
- Marketing materials and recruitment brochures.

Diligent Recruitment and Retention (DRR) plans continue to be developed and implemented locally by public and private child-placing agencies. NCDSS received all one hundred (100) counties’ individual DRR plans and reviewed them to ensure utilization of the universal and/or county-level localized templates, and compliance with the Multi-Ethnic Placement Act (MEPA). NCDSS reviewed each county’s plan and made contact with each county to provide technical assistance and support, as needed. Additionally, NCDSS provided a statewide webinar in January 2021 to promote inclusion of and compliance with requirements of MEPA. NCDSS/NC KIDS staff provided training, guidance, and feedback to agencies on the eight (8) components of MEPA as required for inclusion in the plans and towards implementation within their diligent recruitment efforts. During the webinar, counties shared the specific strategies they utilized to engage and partner with diverse communities and partners, including faith-based organizations.

NCDSS also partnered with the Foster Family Alliance of North Carolina (FFA NC), a non-profit organization that supports resource families statewide through recruitment, advocacy, and training. FFA NC received financial and staff support from NCDSS. Despite the challenges of COVID-19, FFA NC increased their work with resource families this year by providing training and information sharing to help build the capacity of foster and kinship families through skill-building and to help meet their needs. FFA NC sponsored the following resource parent activities in FFY 2020-2021 towards that end:

**Table 37. FFA NC Activities in Support of Resource Parents**

<b>Timeframes</b>	<b>Activities Provided</b>	<b>Topics / Resources</b>	<b>Participation</b>
August 2020	Webinar	Self-care, Maurita McCorkle presenting	12
October 2020	Webinar	Collaboration with NC DHHS on Guardianship	78
November 2020	Webinar	Adoption	138
December 2020	Webinar	Black Foster Youth, Angela Quijada-Banks presenting	98
January 2021	Webinar	Taxes while Fostering and Adopting	158
February 2021	Collaboration	Fetal Alcohol Spectrum Disorder, NC FASD informed	142

March 2021	Resource Parent Curriculum	NC Center for Child and Family Health, Tripp Ake presenting	112
May 2021	Webinar	Empty Frames Initiative with SAYSO	29
May 22, 2021	Virtual Summit	Foster Parent Bill of Rights Individual Education Plans (IEPs) Working with Guardians ad Litem Kinship Care NCDSS Policy Updates The Juvenile Justice System Incarcerated Parents Medicaid Transformation	86

*Trainings are available online for 90 days, then available via the FFA NC YouTube page.*

NCDSS will continue its partnership with the FFA NC through staff involvement and financial support in the next reporting period. FFA NC has a contractual commitment to continue training and recruiting resource families. This will include the following deliverables:

- Virtual events for families interested in becoming resource families, to connect them with public and private licensing agencies with allowed time for questions and answers about the foster parenting experience.
- Providing a feedback loop to NCDSS regarding the perspectives of both licensed and prospective foster parents.
- Implementation of regional support groups consistent with NCDSS Regional Support Model lead by experienced foster parents.
- Hosting a statewide Resource Parent Summit to focus on effects of trauma, father engagement, guardianship, education (special needs and ESSA), Medicaid Transformation, and cultural competency.

Target 2 has been expanded to include additional training opportunities for resource families to increase their capacity to provide trauma-informed care for the children and families they serve. Historically, North Carolina has relied almost exclusively on TIPS MAPP as the approved pre-service training curriculum for prospective resource parents. NCDSS is working with Benchmarks, a non-profit association of provider agencies that advocates for improvement in the child welfare system, to identify and implement additional pre-service training options. These options include but are not limited to Pressley Ridge, PRIDE, Caring For Our Own, and CARE.

**Target 3:** Increase the number of licensed kinship placements – State, counties, and private child placing agencies will work in partnership to remove barriers to training and licensing “kin” and increase the number of children and youth who are placed in licensed kinship placements and who exit care to guardianship and receive Kinship Guardianship Assistance Program (KinGAP) benefits.

As of March 31, 2021, North Carolina had 10,436 children in foster care. Of those children, 3,083 (29.5%) were placed with relatives and 202 (1.9%) were placed with licensed relative caregivers (Source: DSS performance management).

*Formal evaluation process of effectiveness of guardianship, kinship educational materials*

KinGAP educational materials have been developed, and the materials were presented to the Permanency Design Team this year, as well as at seven (7) regional county DSS child welfare supervisors’ meetings. The materials were provided to solicit and receive feedback on the materials’ effectiveness. To date, UNC has not conducted a formal evaluation of the KinGAP educational materials; this goal has been shifted to be completed in FFY 2021–2022.

*Completion of a formal evaluation of New Jersey’s Kinship Navigator Model, for feasibility*

North Carolina is currently using FFY 2020–2021 Kinship Navigator funding to conduct a “Fit and Feasibility” study. The purpose of the study is to evaluate and consider Kinship Navigator Program models that align with North Carolina’s strategic transformation and assist in achieving positive permanency outcomes. A Request for Proposal (RFP) was published in April 2021 and closed May 2021. The information and content derived from the study will allow North Carolina to implement a statewide Kinship Navigator service model that will support and serve kinship families. The study will extend into FFY 2021–2022.

Adaptation of the Kinship Navigator model will involve identifying the needs of kinship caregivers and incorporating them into the development of a statewide practice model. NCDSS will utilize findings from the study to inform requirements for the collection of programmatic data on the number, type and cost of personnel, materials, services, and other resources identified during the study phase of the program. The feasibility study will be completed and the vendor selected and engaged in FFY 2021–2022.

*Caring for Our Own (CFFO) Training*

This year, North Carolina used Kinship Navigator funding to partner with Children’s Home Society (CHS) of North Carolina, to expand the number of statewide *Caring For Our Own* (CFFO) pre-service training classes towards increasing the number of licensed kinship caregivers. FFY 2020–2021 Kinship Navigator funding supported two (2) CHS FTEs that

focused on services to families providing kinship care, trainers, and assistance to families to help overcome barriers to licensure, including support groups and associated costs.

Due to COVID-19, CFFO training classes were postponed until fall 2020. In September 2020, CHS provided four (4) CFFO classes, with a total of thirty-one (31) families completing the course. Between September 2020 and March 2021, CHS offered seven (7) CFFO classes with eighty (80) individual class participants attending. Also, Catawba County DSS offered training for kinship care providers. In FFY 2022-2022, NCDSS obtained information for evaluating the effectiveness of the training towards an increase in the number of licensed kinship care providers.

In FFY 2021-2022, NCDSS ensured integration of three key stakeholder groups into the development and operation of the program, as well as into the planning and evaluation of expending services to kinship providers. The key stakeholder groups include Strong Able Youth Speaking Out (SAYSO), the NC Child Welfare Family Advisory Council (CFWAC), and the UNC-CH School of Social Work. NCDSS and CFFO will also contact and work with the Eastern Band of Cherokee Indian Nation (EBCI) to solicit input, information, and feedback regarding their training for kinship care providers, towards licensure. This information and input will be utilized for enhanced implementation of CFFO statewide and specifically towards increasing the number of licensed kinship care providers.

To provide additional and ongoing support for kinship caregivers, two (2) licensed kinship caregivers established a support group for kinship families who completed CFFO training classes. Currently, there are four (4) kinship families who consistently participate in the monthly support group. Although the numbers are small at this time, those who have participated have expressed that the support group has been extremely beneficial as they care for children placed within their home. Next year, NCDSS will work to support and expand such efforts, towards maintaining and increasing the number of licensed kinship care providers.

#### *Kinship Guardianship Assistance (KinGAP)*

North Carolina is seeing an increase in the number of foster care exits of children and youth to guardianship. As of June 4, 2021, there were 208 youth who exited foster care to guardianship during October 2020 and December 2020, and there were 274 youth who exited foster care to guardianship during January 2021 and March 2021, representing a 31.73% increase for the quarter. (Source: CPPS & NCFAST)

This year, North Carolina saw an increase in the number of youth for whom Guardianship Assistance benefits were received, which represents a trend in the right direction. In effort to increase the number of children who benefit from Guardianship Assistance, there is pending legislation that reduces the age children are eligible.

**Table 38. Youth Who Received Guardianship Assistance Payments**

FFY 2016–2017*	FFY 2017–2018	FFY 2018–2019	FFY 2019–2020	FFY 2020–21**
24	65	104	158	185

*Notes: \*03/2017–09/2017; \*\*10/2020–06/2021 (Data available for these months only) (Data Source: CW CPPS, CSDW)*

For additional information about KinGAP, see [Section 5](#).

### Adoption Call to Action

North Carolina’s Adoption Call to Action is incorporated in its Diligent Retention and Recruitment Plan. This year, North Carolina made progress towards the Adoption Call to Action Benchmarks, as follows:

Since the submission of the 2021 APSR, North Carolina has continued its work towards the ALL-IN Foster Adoption Challenge/Adoption Call to Action. NCDSS identified children aged fourteen (14) years and older, including their younger siblings, who were or had been in relative home placements during this reporting period. With this information, NCDSS contacted the respective county child welfare agencies and guided them in ensuring that the children’s families received and understood information about accessing resources such as Caring For Our Own (CFFO) training towards licensing and KinGAP resources. NCDSS identified and designated a position to lead this work.

As a result of these efforts, there was an increase in the number of families who received Guardianship Assistance benefits the last quarter of FFY 2020–2021.

North Carolina continues to provide Permanency Innovation Initiative (PII) through Children’s Home Society. PII works to ensure a permanent home for every child by providing child-specific recruitment services. Children identified in the Adoption Call to Action were referred to PII for child-specific recruitment.

### **Strategies for FFY 2021–2022**

NCDSS will continue to employ the above referenced strategies for identifying children and families eligible for KinGAP and will work with counties to track outcomes and increase the number of children and families who access these services. This work will include NCDSS’ collection and use of data, as a step towards utilization of a CQI model.

Additionally, NCDSS will continue to use and promote CFFO and KinGAP, and utilize expanded, statewide Permanency Roundtables and District Permanency Collaboratives for sharing information and promoting these resources, towards adoption. NCDSS will also partner with CHS to expand the services funded under PII.

In concert with the national expansion of the Adoption Call to Action's embrace of and shift to promotion of all positive permanency outcomes for children and families, NCDSS will continue to participate and engage in ACF Adoption Call to Action regional meetings towards enhanced permanency outcomes for North Carolina's children and families.

## **8.2 Healthcare Oversight and Coordination Plan Update for the APSR**

NCDSS recognizes that current data limitations prevent the state from reporting on several measures that would indicate progress in the implementation of the HealthCare Oversight and Coordination Plan (HOCP) and, in particular, the monitoring and oversight of prescription medications. To address this, NCDSS has a data sharing agreement under development with the Division of Health Benefits/NC Medicaid. The agreement will be completed in the fourth quarter of the APSR reporting period. NCDSS analysis of Medicaid claims data will allow the state to measure compliance with scheduled medical appointments, receipt of dental care services, screenings and referrals to behavioral and developmental services, and the appropriate use and monitoring of psychotropic medication in the foster care population at the statewide aggregate level, the county level, and the individual level.

NCDSS continues to utilize On Site Service Review Instrument (OSRI) data and targeted case reviews by Regional Child Welfare Consultants (RCWC). OSRI data from FY 2021–22 shows a decline in the state's performance in meeting the benchmarks for Well-Being Outcomes in Items 17 and 18, which include meeting the physical, dental, and behavioral healthcare needs of children and youth. Additional data will be collected in the third quarter of FY 2021–22. These targeted case reviews will provide data on the adherence to NC child welfare policy that all children and youth receive a physical screening within seven days of entering foster care. This data will be available in the fourth quarter. North Carolina recognizes the limitations of the available data sources to monitor that children and youth in foster care are receiving the necessary physical health, dental, vision, behavioral health, developmental services and monitoring/oversight of psychotropic medications. To address the need for data, NCDSS will be utilizing Medicaid claims data during FY 2022–23 to monitor adherence to federal and state requirements and to develop a continuous quality improvement process to support the state in meeting well-being related benchmarks.

A statewide strategy outlined in the HOCP is connecting children and youth to medical homes and to Medicaid care management. During this fiscal year, data was obtained from Community Care of North Carolina (CCNC), the Care Management Entity for children/youth who are in foster care, that indicates that eighty-six percent (86%) are connected to a medical home. The medical home model is a component of the HOCP because it ensures children receive consistent care from medical professionals who are aware of their history

and thus able to assess and provide for their physical needs and to identify and address their developmental, social-emotional, and oral health needs. Of the eighty-six percent of children/youth in foster care who are connected a medical home, data from CCNC indicates that on February 28, 2021, 5,606 of these children and youth had been contacted by care management programs; of those, fifty-two percent were receiving care management.

The accomplishments in the implementation of the HOCP during this fiscal year are below.

### *Implementation of the 2020-2024 HOCP Targets*

Target 1: Ensure the process to oversee the healthcare of children and youth in foster care is streamlined across the child welfare workforce and the medical community.

- During this APSR reporting period staff from Fostering Health North Carolina (FHNC) continued to provide implementation supports to local communities to support collaboration at the local level between CCNC, pediatric practices, and local child welfare agencies to: (1) ensure children and youth in foster care are linked to care management and a medical home, (2) to ensure the schedule of appointments in child welfare policy is followed, and (3) to provide information and encourage the use of the enhanced medical appointment schedule recommended by the American Academy of Pediatrics.

Target 2: Strengthen Transition Age Youth Health Programming

- In FY 2021-2022 NCDSS engaged the Transition Age Youth (TAY) workgroup of FHNC to support the state in meeting this target.
  - The TAY workgroup developed a survey for transition age youth to identify their healthcare experiences, needs, and gaps in access. This survey will be disseminated in June 2021 and the results evaluated in July and August of 2021. Changes to protocol, policy, or development of material as the result of this survey will be completed in FY 2022-2023.
  - The TAY workgroup conducted focus groups of transition age youth and providers. Information gathered from these focus groups will be reviewed in June and July 2022 and will support NCDSS in strengthening the informed and shared decision-making protocols and best practices. The activities to support this target will be ongoing in FY 2022-2023.
- NCDSS continues to explore the development of an electronic health passport and is requesting this be embedded in the future Statewide Medicaid Managed Care Plan for children and youth in foster care. Currently, it is required in NCDSS child welfare policy that young adults who emancipate from foster care be provided a copy of their medical records and information on health insurance available to them upon exiting foster care.

### Target 3: Strengthen Protocols for Monitoring of Psychotropic Medications at the Local Agency Level

- In FY 2021–2022 NCDSS developed strategies to strengthen the protocols for the monitoring of psychotropic medications at the local agency level. These policy changes and protocols are included the amended HOCP ([Appendix B](#)) in this year’s APSR.
- To support the policy changes that will strengthen the monitoring of psychotropic medications, NCDSS developed educational materials in the form of webinars to support local child welfare agencies as they implement these changes.
- NCDSS engaged the Division of Health Benefits (NC Medicaid) in the development of data sharing agreements which will support NCDSS in improving the monitoring of psychotropic medication at the state, regional, county, and individual level. The data agreements will be complete in the fourth quarter of FY 2021–2022 APSR reporting period.

#### *Ensure children and youth continue to receive appropriate health care, including through use of telemedicine during COVID-19*

To support the requirement that children and youth in foster care continue to receive appropriate health care during the COVID-19 pandemic, NCDSS provided guidance to local child welfare agencies that allowed for the use of telemedicine to complete the schedule of required medical appointments. This guidance required local agencies to collaborate with the child/youth’s physician to determine if a telemedicine appointment would meet the child/youth’s needs. Local agencies were expected to continue ensuring that immunizations and other medically necessary medical care was provided. Changes to the NC Medicaid and DMH/DD/SAS policy allowed for the expanded use of telehealth for mental health and substance use disorder treatment. Dental care access remained limited during the pandemic due to the number of dentists that closed their offices or were only seeing patients for emergency dental care.

When the COVID-19 vaccination became available, NCDSS issued guidance for local departments of social services and private child placing agencies on COVID-19 vaccination for children and youth in foster care. This guidance prohibited blanket authorization of vaccines for children and youth residing in congregate care facilities and required informed consent, adherence to the state statute on minor’s decisional capacity to consent, and adherence to NCDSS child welfare policy for vaccinations that are not required under state law. Local child welfare agencies are required to communicate with the child/youth’s medical provider to ensure there are no known medical risks to their receiving the vaccination.

Prior to the COVID-19 pandemic, children and youth in foster care were experiencing increased barriers to accessing medically necessary residential treatment for behavioral health and intellectual disabilities. During FY 2021-2022, the COVID-19 pandemic further decreased access to medically necessary residential care for children and youth in foster care. To address this, NCDSS, in collaboration with the Division of Health Benefits/NC Medicaid and Division of Mental Health Developmental Disabilities and Substance Use Services, developed the NC DHHS Interdepartmental Rapid Response Team. The team reviews cases daily and engages local child welfare agencies and Local Management Entities/Managed Care Organizations (LME/MCOs) in problem solving to remove barriers to residential treatment. If a case cannot be resolved, it is reviewed by an Executive Response Team charged with addressing systemic barriers to treatment. These workgroups continue to meet regularly as the pandemic continues to limit access to residential care.

### HOCP Update

Changes to the North Carolina Healthcare Oversight and Coordination Plan 2020-2024 are provided in [Appendix B](#).

In addition to the changes to the psychotropic medication monitoring policy during this reporting year, North Carolina recognizes that there are additional changes and additions needed in the current plan to bring it into alignment with federal policy. North Carolina plans to complete a thorough review of the HOCP to identify and address needed changes in policy next year.

## **8.3 Disaster Plan Update for the APSR**

### **COVID-19 Disaster Declared**

On March 20, 2020, the State of North Carolina declared a state of emergency due to COVID-19. The state of emergency is still in effect as of June 30, 2021. This was the first pandemic emergency ever declared within the State.

On March 10, 2020, Governor Roy Cooper issued Executive Order 116, providing policy guidance for state employees authorizing the State Health Director to monitor areas of concentration of COVID-19 and make recommendations regarding travel restrictions for travel of state employees conducting state business. It provided agencies with the authority to cancel, restrict, or postpone travel of state employees as needed to protect the wellbeing of others. Agencies were further urged in this order to cancel travel to restricted areas (as defined by the Division of Public Health of NCDHHS and the Centers for Disease Control (CDC)). Exceptions to travel restrictions were allowed based on the unique circumstances or job duties of state employees. NCDSS staff were subsequently instructed to work from

home. An assessment of how to ensure all work could be conducted from home was done and a plan put in place for all work activities that could be completed from home.

On April 8<sup>th</sup>, 2020, the Governor signed Executive Order 130, which provided for Child Care Facilities approved by NCDHHS to operate under the Emergency Facility Guidelines to provide childcare only to three groups. Two of these groups were (1) children who were receiving child welfare services and (2) children who were homeless or who are living in unstable or unsafe living arrangements.

Child welfare workers were declared essential/emergency first responders–Level 1 on April 17, 2020 retroactive to March 1, 2020.

The NCDSS responded to this pandemic by issuing guidance congruent with federal waivers. The purpose of the guidance document was to ensure that mandated child welfare services continued to be delivered while maintaining the safety of our children, families, resource parents, and our workforce as much as possible. Updates to the information and guidance were provided as the event evolved. The Unified Leadership team (ULT) guided policy decision making. The guidance document was last updated in May 2021. The guidance document was posted on the DHHS website.

This report will summarize the guidance offered and how the state implemented waivers, partnered with counties and others, and ensured child welfare operations were not interrupted.

### **Effectiveness of the Current Disaster Plan during COVID–19**

The current NC Disaster Plan submitted April 6, 2021 does not adequately address a health crisis and/or pandemic (such as COVID–19) as part of the Disaster Plan response. During the COVID–19 disaster, specific sections of the Disaster Plan were utilized, including:

1. Identify, Locate, and Continue Services for Children

North Carolina county child welfare offices continued to identify, locate, and provide services for children under the supervision or in the custody of NC child welfare agencies, including non–minor dependents, children residing in foster care and in out–of–county placements, ICPC children, and displaced out–of–state non–minor dependents.

2. Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.

North Carolina county child welfare offices continued to respond to new child welfare reports during the COVID–19 disaster. County child welfare offices continued business with regular operations maintained and all job functions covered, with additional guidance

regarding how to operate during COVID-19 provided from NCDSS (as listed below). Online systems were accessible and available to staff working from home during COVID-19.

As previously mentioned, the NC Disaster Plan is currently geared towards natural disasters and does not adequately cover what to do during a health crisis and/or pandemic that may impede or affect day-to-day operations of county child welfare offices and NCDSS.

### **Challenges and Barriers Identified during COVID-19**

Many challenges and barriers to ensuring the safety, permanency, and well-being of children, youth, and families were identified during the COVID-19 pandemic. Examples include technology issues that arise when moving a workforce from an office to a remote location (such as a home office), programmatic issues (including policies and procedures for social distancing during home visits), and other logistical challenges. Other challenges and barriers identified include:

- Ensuring printing, faxing, and scanning capabilities for teleworking staff
- Handling the mail, including receiving and distributing incoming mail and ensuring teleworking staff have a way to send/receive mail
- Provisions for employees who are teleworking include providing employees with postage to mail outgoing mail (meter machines or stamps from a monthly account)
- Ensuring staff have headsets to ensure privacy and maintain confidentiality when working from home
- Offering guidance for providing state services when face-to-face contact and service provision moving to virtual contacts for NCDSS staff
- Ensuring NCDSS staff have adequate equipment to assist the public while teleworking (e.g., cellphones for those who provide customer service to consumers)

The following programmatic areas should be considered when updating the plan:

- State guidance on how counties will maintain a log of youth who exited/aged out of care, their last known address and contact info, as well as someone who knows how to contact the youth
- A plan to have an accessible supply of personal protection items for all employees
- A policy relating to foster children and their personal protection needs and the needs of their caregivers
- Clarified guidance about mandatory face-to-face visits and visits that can be completed virtually and what should be included in documentation in the event that visits are unable to be completed as a result of the disaster
- Guidance on how to handle time-sensitive requirements for permanency planning such as medical appointments and Best Interest Determination meetings

- Expectations of counties to assist each other when courtesy requests are received from another county during a pandemic
- Ensuring counties have in their disaster plans how they will support workers working remotely
- A protocol for testing any children who are picked up after being on the run in a pandemic
- Planning for how to see children who are in facilities that do not allow visits

### **Changes Needed for the Disaster Plan**

North Carolina is planning several changes for its Disaster Plan in 2022. As previously noted, the Disaster Plan is focused on natural disasters and needs updating to include public health crisis/emergencies and pandemics. Even before COVID-19, in 2018 North Carolina experienced major weather events, including Hurricanes Florence and Michael. Having experienced three significant storms in North Carolina within one year, as well as the magnitude of the damage from Florence, the state's child welfare resources were strained responding to these disasters. These three events meant all 100 counties in NC were included in these cumulative disaster declarations.

Never in the state's history had there been this magnitude of impact from natural disasters. Ensuring children's safety became more challenging as child welfare agencies tried to track children and families evacuated across the state. Additionally, several state and local agency staff who provide the services to affected citizens in the state were significantly impacted by the storm.

The following updates are planned for the upcoming year:

1. Development of a Disaster Plan template for counties to complete and submit to NCDSS for approval.
2. Development of a formal review, feedback, update, and approval process for individual county Disaster Plans.
3. Update each section of the components of the Disaster Plan to include information, updates, and recommendations provided as a part of implementing the Disaster Relief Act of 2019 Grant and any lessons learned from COVID-19, including the following:
  - 3.1. Identification, location, and continued availability of services procedures for children under the supervision or in the custody of NC child welfare agencies, including non-minor dependents, children residing in foster care and out-of-county placements, ICPC children, and displaced out-of-state non-minor dependents.

- 3.2. Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.
- 3.3. Remain in communication with caseworkers and other essential child welfare personnel displaced because of a disaster; develop a more formal process for communications between local staff and county directors, as well as between county directors and NCDSS staff.
- 3.4. Preserve essential program records, including in instances of fire, flood, or other natural disasters where essential paper program records could be destroyed.
- 3.5. Coordinate services and share information with other states.
4. Telework and technology considerations for staff who cannot physically be located in offices.
5. Supports and training for foster parents regarding disasters.
6. Establishing feedback loops and an evaluation process for the Disaster Plan when in use.
7. Other updates as needed and identified in the activities listed below in implementing the Disaster Relief Act of 2019 Grant.

### **Disaster Relief Act of 2019 Grant**

NCDSS is working to execute a contract to aid in further developing our Disaster Plan and resources. The Disaster Relief Act of 2019 Grant will aid us in achieving this goal in 2021.

North Carolina was noticeably impacted by Hurricanes Florence and Michael in 2018 and subsequent river flooding for several weeks after the hurricanes. All events meant 100 counties in NC were included in these cumulative disaster declarations. The NC's child welfare resources were strained responding to these disasters.

All counties in NC were impacted by these hurricanes. After Hurricane Florence, NCDSS ordered the suspension of normal meetings and monitoring visits over a 2-week period as counties focused on provision of services in the immediate aftermath of the natural disaster. The Eastern counties had the greatest impact and monitoring efforts were suspended for the remainder of the 6-month period of review. Due to lack of electricity, New Hanover County DSS moved to a new location for approximately a month. Robeson County DSS worked from home in the first days after the disaster due to lack of electricity; it used paper face sheets when making contacts with families.

Mandatory evacuations during Florence forced staff and families from their counties across the state. Some families were moved from shelter to shelter due to flooding. This meant transporting families from Robeson, New Hanover, and Onslow Counties to other parts of the state because so much of the coastal landscape was in jeopardy. This made tracking relocated families difficult.

Robeson County was split by flooding; it was impossible to travel from one side of the county to the other. Agency staff were unable to reach shelters or conduct home visits. Instead, they contacted families via telephone. There were not enough hotels to house displaced families, finding housing outside the county was necessary. Two families' child welfare cases were transferred to the relocation county. Some Robeson County families had to be split up because hotel rooms were not large enough for their families.

After Hurricane Florence, the school districts in Pender, Craven, Pamlico, Carteret, New Hanover, Brunswick, Onslow, and Jones Counties were closed until May 2020. Child welfare agencies in these counties had to work with local school systems to ensure all families receiving In-home and Foster Care services had access to education during this time.

Large disasters placed additional work on staff in local child welfare agencies. Staff aided with sheltering and went door-to-door in hotels to confirm families had adequate food and housing once the hurricane passed. Domestic violence increased because displaced families were living in close quarters for such a long time.

On May 4, 2020, the Division was notified that it had received grant funds related to Public Law 116-20, Additional Supplemental Appropriations for Disaster Relief Act of 2019; Title IV-B, Subpart 1 of the Social Security Act. North Carolina is using the grant to strengthen NCDSS during disasters. The funds from this grant will assist North Carolina in performing an extensive review of these large co-occurring disasters to identify ways we can improve our preparedness for future disasters.

In May 2020, plans were underway to hold a Disaster Conference in October 2020 to utilize the grant funds to assess, revise, and implement the Disaster Plans. The Disaster Conference was planned to collect feedback on the impact of the three disasters on our state's ability to carry out our child protection responsibilities and provide time for counties to work on their individual child welfare disaster plans. COVID-19 impacted our ability to assemble large groups and the Disaster Conference was canceled.

Addressing COVID-19 while continuing the day-to-day workload has impacted NCDSS and county child welfare agencies' resources for the work as initially envisioned. However, NCDSS recognizes that these significant events require reassessing the NC's comprehensive Disaster Plan for ensuring the protection and the well-being of children and families. After much thought, we have reformatted this work to a virtual format broken into

separate pieces to take into consideration that counties were now burdened due to COVID-19.

The new plan consists of breaking the Disaster Conference into two phases. The first phase consists of conducting focus groups with NCDSS and county child welfare agency staff to identify lessons learned from the disasters which will be utilized in updating our Disaster Plan. The second phase will be a webinar for counties and private partner agencies to educate them about our new Disaster Plan and resources. The live webinar will be recorded and can be viewed at any time by county and private partner agency staff. The Disaster Plan, as well as a disaster-related toolkit, will be provided to county and private partner agencies.

Although we have identified initial areas to be addressed in relation to COVID-19, we intend to do further in-depth assessment and planning between May and the end of September 2021. Below is our revised plan for using grant funds to assess and plan for updating and implementing the Disaster Plan for the 2023 APSR.

### **Plans for Implementing the Grant in 2021**

NCDSS executed a contract with the Family and Children's Resource Program (FCRP) to assist the state in gathering (through focus groups) and analyzing information from NC child welfare agencies about recent lessons they have learned about preparing for and responding to natural disasters and the COVID-19 pandemic.

The information gathered will then inform our efforts to update NC's disaster plan for child welfare, provide a webinar to public and private child welfare staff, develop a disaster-related toolkit for child welfare agencies, and develop a course for resource parents about disasters.

The training and technical assistance outlined in this contract aim to support the mission of the Division and those who work with or provide services to at-risk families in all 100 North Carolina counties for the following program areas:

- Child Protective Services
- Foster Care
- Adoption
- Family Support and Family Preservation Services

The training and technical assistance the Division offers to county departments of social services through this Contract aims to improve the competency, collaboration, and effectiveness of those providing services to families and children. A trained workforce is essential to the provision of effective and quality services.

**Audience Served.** The primary target audiences for deliverables in this contract include North Carolina resource parents and all child welfare staff from public and private child welfare agencies in North Carolina.

**Time Frame.** The contractor shall complete all activities and deliverables described in this Contract by September 30, 2021.

The contractor will provide the following services and deliverables:

**1. Collect Lessons Learned from County Local Welfare Agencies:**

Focus groups. Contractor will design and facilitate two (2) online focus groups with child welfare staff members and leaders from a representative sample of North Carolina counties and one (1) online focus group with NCDSS child welfare staff. The purpose of these focus groups will be to identify lessons learned regarding preparation and response to natural disasters and the COVID-19 pandemic.

Interviews. Contractor will conduct targeted interviews with key informants (child welfare staff members and leaders, other stakeholders) from North Carolina counties with the goal of identifying lessons learned regarding preparation and response to natural disasters and the COVID-19 pandemic.

Topics to be addressed in A and B will relate to Hurricanes Florence and Michael and COVID-19 and shall include:

- a. Funding
- b. Communication
- c. Accessing and maintaining information
- d. Displaced children and families
- e. Reunification
- f. Service provision
- g. Family preparedness
- h. Staff support
- i. Other disaster plans

Findings. Contractor shall analyze the information collected through A and B and share findings with NCDSS.

**2. Webinar to Public and Private Child Welfare Staff**

In partnership with NCDSS, Contractor will plan and deliver a 90-minute statewide webinar on disaster preparedness and response for staff and leaders from all NC child welfare agencies, both public and private. The focus will be on expectations

and best practices that promote the safety, permanence, and well-being of children served during a disaster. Content will be drawn from existing resources provided by the U.S. Children's Bureau. Information about the Crisis Counseling Assistance and Training Program (CCP) through the Division of Mental Health will also be provided in this event. Contractor will invite NCDSS and Children's Bureau staff to participate in the development and delivery of this event. County staff attending this webinar shall be eligible to receive 1.5 contact hours of training credit. Contractor shall provide marketing, registration logistics, technical support, webinar hosts, and participant evaluation forms for this event. This webinar will be attended by up to 500 individuals.

### **3. Disaster Preparation and Response: A Toolkit for NC Child Welfare Agencies**

In partnership with NCDSS, Contractor will develop a disaster preparation and response toolkit for public and private child welfare agencies in NC. This toolkit will include resources to support coordinated disaster preparedness, response, and recovery activities and ensure the safety and wellbeing of children, youth, and families affected by disasters. Resources regarding the identification of trauma responses and how to access resources to aid in recovery will be included. North Carolina's Child Welfare Family Advisory Council will be consulted in developing the toolkit. Information about the Crisis Counseling Assistance and Training Program (CCP) through the Division of Mental Health will also be provided in this toolkit. Local agency- and community-specific information will be able to be added to the toolkit to allow for quick access to a comprehensive guide in the event of a disaster. The materials will be reproducible by agencies to distribute among their staff members and to community partners.

### **4. Course for Resource Parents**

In partnership with NCDSS, Contractor will develop a one-hour course for resource parents (i.e., foster, adoptive, and kinship caregivers) that will address expectations and best practices related to disasters, including communication with supervising agencies before and after a disaster, and what to do in mandatory and voluntary evacuations. Information about the Crisis Counseling Assistance and Training Program (CCP) through the Division of Mental Health will also be provided in this course. North Carolina's Child Welfare Family Advisory Council or other individuals with lived experience of the child welfare system will be consulted in developing this training.

### **5. Update NC's Disaster Plan for Child Welfare**

Using the information gathered in the focus groups and interviews with key informants, in partnership with NCDSS, the Contractor will assist in updating the

child welfare portion of the NCDSS disaster plan. This update will include the addition of templates for county agencies to use in disaster planning.

The work on the plan update will include both natural and pandemic disasters. Additionally, work will include strengthening the identification, location, and provision of services to children under NCDSS supervision who are displaced or adversely affected by a disaster.

The NCDSS Disaster Plan will be updated in 2022 and will be submitted as a part of next year’s APSR. Upon completion of the updated NCDSS Disaster Plan, it will be communicated to counties along with the process for annually receiving and housing county disaster plans and the expectation that all Child Welfare disaster plans will be updated annually. This update will include the addition of templates for county agencies to use in disaster planning.

### Disaster Planning Activities for 2022

The following activities are identified for disaster planning for North Carolina for 2022:

**Table 39. Strategies for Disaster Planning**

<b>Activity</b>	<b>Responsible Party</b>	<b>Target Audience</b>	<b>Due Date</b>
NCDSS will further delineate a response structure within Child Welfare and develop a procedure for reviewing and approving local County DSS Disaster Plans.	NCDSS	County Child Welfare Agencies	July 1, 2021
Two online focus groups with child welfare staff members and leaders from a representative sample of North Carolina counties and one online focus group with NCDSS child welfare staff. The focus groups will provide more in-depth information related to lessons learned from both the three major hurricanes and the COVID-19 response. These lessons will be utilized in updating our plan and could possibly inform our webinar training.	NCDSS	NCDSS County Child Welfare Agencies	July 30, 2021
Deliver a 90-minute statewide webinar on disaster preparedness and response for staff and leaders from all NC child welfare	NCDSS	County Child	September 30, 2021

Activity	Responsible Party	Target Audience	Due Date
agencies, both public and private. The focus will be on expectations and best practices that promote the safety, permanence, and well-being of children served during a disaster. The training will be offered to North Carolina resource parents and all child welfare staff from public and private child welfare agencies in North Carolina.		Welfare Agencies Private Agencies	
Develop a disaster preparation and response toolkit for public and private child welfare agencies in NC. This toolkit will include resources to support coordinated disaster preparedness, response, and recovery activities and ensure the safety and wellbeing of children, youth, and families affected by disasters.	NCDSS	County Child Welfare Agencies Private Agencies	December 2021
Develop a one-hour course for resource parents (i.e., foster, adoptive, and kinship caregivers) that will address expectations and best practices related to disasters, including communication with supervising agencies before and after a disaster, and what to do in mandatory and voluntary evacuations.	NCDSS	Foster Parents Adoptive Parents Kinship Caregivers	December 2021
Using the information gathered in the focus groups and interviews with key informants, in partnership with NCDSS, update the child welfare portion of the DSS Disaster Plan. This update will include the addition of templates for county agencies to use in disaster planning.	NCDSS	County Child Welfare Agencies	December 2021

Upon completion, the updated Disaster Plan will be communicated to counties along with the process for annually receiving and housing county disaster plans and the expectation that all county child welfare disaster plans be updated annually. This update will include the addition of templates for county agencies to use in disaster planning.

NCDSS will notify counties of the mandated template for local child welfare plans and the expectation that plans be sent to NCDSS office no later than March 1, 2022 and be approved no later than May 30, 2022.

### **New Guidance to Counties in Response to COVID-19**

- Dear County Director Letters Guidance for COVID-19: NCDSS issued Dear County Director Letters (DCDL) to address changes made during COVID-19 to policies, services, training, and procedures.
- Guidance on Foster Parent Training for COVID-19 (May 2020): NCDSS provided guidance from the Children's Alliance of Kansas on the delivery of TIPS-MAPP programs (TIPS-MAPP, TIPS-Deciding Together, and Caring for Our Own) in North Carolina during the COVID-19 public health crisis. The Alliance temporarily approved a transition to a virtual environment for TIPS-Deciding Together for prospective foster parents. The TIPS-MAPP program and the Caring for Our Own programs were not approved for virtual delivery at this time.
- DCDL COVID-19 TIPS-MAPP Update (September 2020): NCDSS updated guidance on the TIPS-MAPP programs, allowing agencies to provide TIPS-MAPP with prospective foster parent groups in a virtual environment, as preservice training for licensure. Leaders required to complete the TIPS-MAPP virtual update training prior to delivering the program virtually.
- DCDL COVID-19 Vaccination Guidance for Children and Youth in the Custody of Local Departments of Social Services (May 2021): NCDSS provided guidance for counties on the recent approval of vaccinations for COVID-19 in children and youth aged twelve and older. Guidance was provided on vaccinations for children in care.

### **Guidance on the COVID-19 Recovery Act**

- DCDL, Child Welfare Services, 8-20 Federal Cares Act Funding (June 15, 2020): In a letter to Directors, Program Managers and Residential Managers, NCDSS advised that the General Assembly passed Session Law 2020-4, the 2020 COVID-19 Recovery Act, which appropriated federal CARES Act funding to the following program areas: Supplemental Foster Care COVID-19 Payments (\$2.25 million), a supplement of \$100 for each child or youth in foster care (for the months of April, May, and June), and LINKS (\$290,000), retroactive to March 1, 2020.
- DCDL CARES, COVID-19 Funds (July 2020): In a letter to Directors, Program Managers and Residential Managers, NCDSS discussed the 2020 COVID-19 Recovery Act. Agencies were advised that a supplemental payment of \$100 per month for each child or young adult receiving foster care services during the months of April, May, and June was authorized to be paid directly to the foster family or residential care provider who cared for the child or youth during this period, or to the private

child placing agency that supervised the foster family who should, in turn, pay the additional funds to the foster family.

- DCDL CARES, COVID-19 Foster Care Advance Funds (September 2020): In a letter to Directors, Program Managers and Residential Managers, NCDSS provided an update regarding the 2020 COVID-19 Recovery Act, which appropriated federal funding for children receiving foster care services. The funds, originally authorized from April to June 2020, were extended through September 2020.

### **Guidance on Foster Parent Licensure for COVID-19**

- DCDL Child Welfare Services 10-20 Administrative Rule for Licensing Waivers (April 2020): In a letter to Directors, Program Managers and Residential Managers, NCDSS authorized licensure waiver requests specially for post-placement visits using virtual communication and pre-placement assessments to be postponed until face-to-face visits can be safely made in person.
- Fire Inspection Attestation COVID-19 Executive Order (April 2020): NCDSS issued a Fire Inspection Attestation Form to be used for during the public health crisis.
- DCDL Licensing Updates, COVID-19 (May 2020): In a letter to Directors, Program Managers and Residential Managers, NCDSS addressed pre-service training, licensure compliance visits, and fingerprint clearance requirements.

### **Guidance on Residential Care for COVID-19**

- DCDL Residential Child Care Waivers COVID-19 (April 2020): In a letter to Directors, Program Managers and Residential Managers, NCDSS discussed waivers for CPR and first aid training timeframes where residential childcare center staff are unable to complete certification through online learning opportunities and allowance for in-person contacts to take place via virtual technology until the state of emergency has been lifted.

### **Guidance on Child Welfare Training for COVID-19**

- DCDL 11-20 Child Welfare Training (April 2020): In a letter to Directors, Program Managers and Residential Managers, NCDSS addressed the transition to online, remote learning for statutorily required trainings including child welfare in NC: Pre-Service, Legal Aspects in Child Welfare in NC, Medical Aspects of Child Abuse & Neglect for Non-Medical Professionals, Intake in Child Welfare Services, CPS Assessments in Child Welfare in NC, CPS In Home in Child Welfare in NC, and Permanency Planning in Child Welfare Services.

## **Guidance on In-Person Visitation regarding COVID-19**

- DCDL Child Welfare Services Visitation Letter (March 2020): In a letter to Directors, Program Managers and Residential Managers, NCDSS provided guidance recommending child welfare agencies contact parents/caregivers and families with court-ordered visitation and request their consent to temporarily cease in-person visitations due to health and safety concerns caused by COVID-19. NCDSS suggested visitations may be conducted virtually when possible.
- DCDL 15-20 Guidance for In-Person Visitation in Congregate Care Settings (June 8, 2020): In a letter to Directors, Program Managers and Residential Managers, NCDSS updated guidance on in-person visits for children and youth living in congregate care, proposing in-person visitations should resume whenever best-practice safety measures allow and the risk for spreading the virus throughout a congregate care setting can be minimized. Child welfare staff were encouraged to contact facilities prior to scheduling visitation to ensure safety guidelines would be followed.
- DCDL Child Welfare Services 14-20 Guidance on In-Person Visitation for Foster Home Settings (June 2020): In a letter to Directors, Program Managers and Residential Managers, NCDSS updated guidance in-person visitation for foster home settings, proposing in-person visitations should resume whenever best-practice safety measures allow.
- Guidance In-Person Visitation Resource Families (June 2020): NCDSS provided information about the steps that will be taken by child welfare staff, parents, children, and resource providers, and address any known concerns of the participants, before in-person visits. Agencies were encouraged to discuss the importance of in-person visits for children with all participants. Visitation plans adhering to safety measures were recommended prior to the scheduling of in-person visitation.
- Revised Guidance In-Person Visitation Congregate Care (June 2020): NCDSS issued revised guidance to in-person visitation in congregate care settings specifying any alteration in a child's court ordered visitation plan should immediately be communicated to the agency attorney.

## **Guidance to Counties regarding COVID-19**

The following additional guidance was provided to counties regarding COVID-19:

- Executive Order 130: Meeting North Carolina's Health and Human Services' Needs (April 2020): Executive Order issued by Governor Roy Cooper provides more access to health care beds, expands the pool of health care workers and orders essential childcare services for workers responding to COVID-19 pandemic.

- Pandemic–Electronic Benefit Transfer Provider (P–EBT) Letter (June 2020) and PEET Guidance (June 2020): In a letter and guidance documentation provided to Directors, Program Managers and Residential Managers, NCDSS advised that North Carolina has been approved to administer the P–EBT program to help caretakers purchase food for children in their care while schools are closed due to the COVID–19 pandemic. Agencies were advised that children in foster care qualify for the program and were given more information about this resource.

## **Support from Partner Agencies during COVID–19**

NCDSS contracts with [Prevent Child Abuse North Carolina](#) (PCANC) to provide child neglect and abuse awareness and prevention activities in NC. This organization aided the NCDSS’s work during COVID–19 by supporting nonprofits across NC and offering a parent and caregiver guide, social media toolkit, and flyers for essential workers and educators.

As COVID–19 social distancing restrictions tightened, PCANC pivoted from community events recognizing Child Abuse Prevention Month to a virtual platform to ensure that prevention messaging is prioritized during this time of crisis response. In partnership with NC DHHS, PCANC developed a COVID–19 Parent & Caregiver Guide with an accompanying COVID–19 Social Media Toolkit for agencies across NC to share resources with parents. The agency worked to adapt resources on how community members play a role in recognizing and reporting suspicions of child abuse and neglect.

When social distancing restrictions were mandated due to COVID–19, all 51 nonprofit family support partners of PCANC had to close their doors out of concern for the safety of staff and the vulnerable families they serve. PCANC worked with NC and national partners to help these sites implement programs virtually, to ensure families can still access parenting support they need during this stressful time. This includes helping agency staff become familiar with virtual platforms like Zoom and mentoring practitioners through the process of assessing whether a family has the resources to participate virtually or accessing technology when it is unavailable in a home.

## **Communication and Training Provided to Counties**

The NCACDSS Children’s Services Committee (CSC) serves as a resource to NCDSS for review and advocacy for appropriate, clear policy to be disseminated to the 100 county agencies in North Carolina. In addition to letters and ULT meetings on 5/8/20, NCDSS made a presentation to CSC on COVID guidance related to Intake and Permanency Planning. An update about pandemic–related EBT benefits update was also provided.

On 6/10/20 NCDSS gave presentation to CSC to acknowledge that during the COVID–19 pandemic children and families find themselves in isolation or are social distancing and that traditional community supports are limited or restricted, and that because of this local

CCPTs have a heightened responsibility to ensure child protection in their community. Guidance for holding CCPT meetings was provided that addressed NC COVID-19 requirements. Additionally, it was emphasized that all online resources for video meetings must meet confidentiality standards to ensure there is no breach of information.

Dear County Director Letters (DCDL) serve as the official communication with local child welfare agencies. These letters go out through email to county directors of social services and are copied to child welfare supervisors and program managers. NCDSS Regional Child Welfare Consultants are tasked with going over the letters during their regular consultation meetings in counties.

## 8.4 Training Plan Update for the APSR

### Training Plan

The NCDSS Training Plan was submitted on June 30, 2019; it remains in effect. The following courses were updated or added to NC's catalog of child welfare training available:

1. *Virtual Combined TIPS-MAPP and TIPS- DT*: This is a self –paced online and virtual classroom, 15-day training (52 hours). The target audience for the course is child welfare workers and supervisors employed in a NC county child welfare agency or private licensing agency who are responsible for delivering TIPS-MAPP or TIPS-DT to prospective foster families. This course was created to combine the courses *Trauma Informed Partnering for Safety and Permanency: Model Approach to Partnerships in Parenting* and *TIPS- Deciding Together* to accommodate delivery in a virtual format. No change was made to the material; however, a new course had to be created in our training database because of the format change. Title IV-E administrative functions the training addresses are recruitment, licensing of foster/adoptive parents, and placement of child.
2. *CPS Intake* training curriculum was reviewed and updated. The goal of updating the training was to increase consistency and make more accurate screening decisions using critical thinking. The training was changed to increase the amount of time spent during training to develop better questions during intake, creating more of a conversation with the reporter to elicit more information, and to process scenario decisions. This was achieved by changing the design of the scenarios that were provided for practice, to include less information up front, and require the worker to elicit more information from the reporter to make a more accurate screening decision. The group must screen the scenario based on the information collected to help them better understand that the more quality information obtained the better their screening decisions will be. A script was created and recorded for training participants to have an example of what taking a report sounds like. It included

missing information to allow for participants to engage the material from a critical thinking standpoint. The updated training was completed in January 2021 and began roll out on February 16, 2021. After the initial updated training was provided in February 2021, alterations were made to the training to include the trainers infusing more elements of critical thinking in the way that they process the practice activities. The virtual platform GoToWebinar Training was initially used; however, the course was converted to Zoom.gov. The change in virtual platforms will allowed trainers to spend more time in breakout rooms to ensure transfer of learning. During that timeframe, further edits were made to focus on strengthening critical thinking edits. Feedback from participants included appreciation of the intensive practice that is a new part of the training.

3. NCDSS partnered with Prevent Child Abuse North Carolina (PCANC) to update the *Recognizing and Responding to Suspicions of Child Maltreatment Training* for mandated reporters which can be found at <https://www.preventchildabusenc.org/recognizingresponding-online-course/>.
4. NC has a new course, *First Call Narrative Interviewing*, and the developers of this course will offer it to DHHS staff development trainers as a train-the-trainer course. The First Call Interviewing technique has been shown to gather more information from both children and adults. This information can then be used to work with families to create safety plans for children. This will also improve quality ongoing contacts. When staff have made a thorough assessment of safety/risk and engaged parents in that process, it is clear what to follow up on during ongoing contacts. Staff will be more confident and competent in their ongoing contacts with families. As a prerequisite for the train-the-trainer course, NCDSS trainers will attend the Child Forensic Interviewing Training/ RADAR protocol training in fall 2021 and spring 2022. The First Call developers will then offer a series of First Call observations, during which NCDSS staff will train other NCDSS and county staff on the protocol. Elements of the First Call protocol will be added to curricula by July 2022.
5. North Carolina has developed an online training regarding *Critical Thinking* in child welfare and the RCWCs taking this training and coaching staff to think critically when they call to ask questions or upon giving feedback when reviewing records.

NC continues to implement strategies identified in Workforce Development Strategic Priority 5. Target 3 speaks to NC implementing a workforce development program. As a part of meeting Target 3, NCDSS developed an RFP for the re-design of child welfare training. The RFP was released in June 2021. NCDSS seeks a contractor to re-design Pre-Service Training (PST) to include the practice model, embedded trauma-informed practice, evidence-based practices, use of simulation labs, and develop an academy model that will

better prepare new child welfare social workers for practice. It is anticipated that PST will be updated by July 2022. Once PST is updated, NC will submit an updated Training Plan that reflects the changes made.

For 2022, additional strategies to improve the knowledge, skills, and abilities of the child welfare workforce include:

- Developing an Annual Policy Update course that will be mandatory for workers and supervisors and will incorporate information about all statutory/policy changes that occurred the year before and will highlight updates to additional curricula.
- Developing a “bridge” course to accompany the CPS Assessments course that will only include new information and activities that were added when the course was revised in January–July 2020.
- Providing targeted training on expectations for parent engagement and shared parenting and incorporating this content into the Permanency Planning course.
- Creating a webinar training that provides information on the care management resources available from Medicaid and Public Health and provide this information to the counties.
- Creating a webinar training providing information on services available and funding streams to pay for medically necessary services.
- An aggressive TIPS–MAPP onboarding plan is in place to increase the number of trainers certified to deliver this course, which will increase the number of offerings. The requirements for the trainer certification process are specific, and it typically takes 8–12 months to be certified as a TIPS–MAPP Trainer.
  - 2 temporary staff will continue to be utilized as Master TIPS–MAPP Trainers; they are responsible for supervising, coaching, and certifying all the new TIPS–MAPP Leaders.
  - 5 staff have been identified to onboard TIPS–MAPP. Four are full-time NCDSS staff and one is a family partner from the NC Family Advisory Council. All are scheduled to participate and/or observe the course in-person from July–December, which means they will be able to co-train the course from January–June 2022.
  - A former foster/adoptive parent who is already certified as a TIPS–MAPP trainer was sought out to assist and will be contracting with NCDSS through a temporary contract in fall 2021 and spring 2022.
  - The number of staff that can deliver this course will go from 2 to 6, tripling our capacity by June 2022.
- NC will establish a system to track the number of foster/adoptive parents who receive TIPS–MAPP and TIPS–Deciding Together from the TIPS–MAPP Leaders the

state certifies. One idea is to use a Google Form that collects information ongoing; leaders or their agencies will need to report the number of providers they certify in TIPS-MAPP. Internal discussions will continue so that a plan can be put in place. We can begin tracking this information once we begin offering the course again.

- NC will develop strategies to improve data collection of staff participating and completing Pre-Service, Year One, and ongoing trainings.

# 9 Section F: Statistical and Supporting Information

## 9.1 CAPTA Annual State Data Report Items

The CAPTA Annual Data Report is submitted electronically via NCANDS as required.

### Child Protective Services Workforce

There has been no change to the state-mandated educational, qualification, and training requirements for Child Protective Service Professionals. This includes requirements for entry and advancement in the profession, as well as requirements for advancement to supervisory positions. Workforce data in 2020 identified 168 workers as CPS Intake, 1,135 as CPS Assessment, and 470 as CPS In-Home Services.

DSS collects information annually on specific areas by way of an annual survey completed by county staff December-February of each year for the prior calendar year. This information includes:

- The total number of child welfare social worker full time equivalent positions (FTEs)
- The total number of child welfare social work supervisor FTEs
- Academic degrees of social worker staff
- Academic degrees of social work supervisors and program managers
- Total number of FTEs hired during the year
- Reasons for vacancies in social worker, supervisor, and program manager FTEs

Following is an update about North Carolina's child welfare workforce based on the latest Child Welfare Staffing Survey, which ended January 31, 2021.

**Education.** Child Protective Services professionals are classified as Social Worker Investigative and Treatment under the standards set by the NC Office of Human Resources or through a substantially equivalent system. For Social Worker Investigative and Treatment, education requirements include a Master's degree from an accredited school of social work and one year of social work experience; or a Bachelor's degree from an accredited school of social work and two years of social work or counseling experience; or a Master's degree in a counseling field and two years of social work or counseling experience; or a four-year degree in a human services field or related curriculum and three years of social work or counseling experience; or graduation from a four-year college or university and four years of experience in rehabilitation counseling, pastoral counseling, or a related human service field providing experience in the techniques of casework, group

work, or community organization; or an equivalent combination of training and experience. One year of work experience can be credited for completion of the CWEC.

The tables below depict the current educational profile of North Carolina’s child welfare workforce by staff and management positions.

**Table 40. Education, Staff Positions**

Position	FTEs Available	BSW	Other Bachelors	MSW	Other Masters	Higher Degree
Intake	157	53	68	16	19	1
Assessments	950	274	372	149	154	1
In Home	418	122	156	76	64	0
Foster Care	713	229	278	120	86	0
FC 18-21	62	16	23	12	11	0
Adoptions	135	36	58	21	20	1
Other SWs	343	79	157	54	53	0
Total	2,779	809	1,112	448	407	3
		29%	40%	16%	15%	0%

*Source: ncswLearn.org; Data is from: January 1-December 31, 2020*

**Table 41. Education, Management Positions**

Position	FTEs Available	BSW	Other Bachelors	MSW	Other Masters	Higher Degree
SWS	631	125	257	129	118	2
PM	99	14	31	25	27	1
PA	46	7	15	13	9	3
Total	775	146	303	166	154	6
		19%	39%	21%	20%	1%

*Source: ncswLearn.org; Data is from: January 1-December 31, 2020*

**Qualifications.** Qualifications of child welfare staff vary across counties. Child Protective Services professionals are classified as Social Worker Investigative and Treatment under the standards (set by the NC Office of Human Resources as mentioned above). Qualifications under the Social Worker Investigative and Treatment state the following information:

**Knowledges, Skills and Abilities** – Thorough knowledge of social work principles, techniques and practices and their applications to complex casework, treatment, and investigation of abuse or neglect of children; thorough knowledge of policies and procedures as evidenced by the ability to cite the authority of federal and state law; thorough knowledge of individual and group behavior, family dynamics, and medical, behavioral and/or psychosocial problems and their treatment theory. Considerable knowledge of governmental and private organizations and resources in the community.

Ability to interact and motivate a resistant involuntary client population and the public who may not agree with the laws, rules, or policies of the process or the programs; ability to prepare documentation such as written investigative reports for the court, case records, and treatment plans; ability to testify as an expert witness; ability to employ advanced case management interview techniques to establish a supportive relationship and involve families in the initial assessment for the need of services; ability to quickly assess the risks and safety of the client environment during daylight hours, after dark, and in high crime areas; ability to employ expert negotiation skills in the most complex cases; ability to analyze and assess child development safety issues in relation to risk factors; ability to analyze tense family situations and make decisions about removing children when the decision has to be made with limited direct information and limited access to consultation; ability to communicate effectively and establish supportive client relationships. Ability to perform manual work exerting up to 50 pounds of force occasionally and/or up to 10 pounds of force constantly to move objects.

**Training.** In the latest Child Welfare Staffing Survey, counties reported it takes an average of 9.02 weeks to fully prepare a new child welfare worker to carry a caseload.

In collaboration with UNC-Chapel Hill, a website (<https://www.ncswlearn.org/>) for registering and tracking training for county child welfare staff is used to collect training information. Information on all the training requirements for child welfare staff can be found here: <https://www.ncswlearn.org/help/pdf/childrenguidelines.pdf>.

**Demographic Information.** The section below contains demographic information of child protective services personnel:

**Table 42. Race of Child Protective Services Personnel, Staff Positions**

Position	FTEs Available	AI/AN	Asian	AA/Black	NH/PI	White	Bi-Racial
Intake	157	4	3	69	0	76	4
Assessments	950	17	2	491	0	423	18
In Home	418	4	1	222	0	186	6
Foster Care	713	8	3	324	0	366	11
FC 18-21	62	1	0	42	0	19	0
Adoptions	135	1	1	64	1	66	2
Other SWs	343	6	0	162	0	166	8
	2779	41	10	1374	1	1301	49
		1%	0%	49%	0%	47%	2%

*Source: ncsWLearn.org; Data is from: January 1–December 31, 2020*

**Table 43. Race of Child Protective Services Personnel, Management Positions**

Position	FTEs Available	AI/AN	Asian	AA/Black	NH/PI	White	Bi-Racial
SWS	631	12	1	278	0	334	6
PM	99	1	0	41	0	56	1
PA	46	1	0	20	0	25	0
	775	14	1	339	0	414	7
		2%	0%	44%	0%	53%	1%

*Source: ncswLearn.org; Data is from: January 1–December 31, 2020*

**Table 44. Ethnicity of Child Protection Personnel, Staff Positions**

Position	FTEs Available	Hispanic/Latino	Non-Hispanic/Latino
Intake	157	5	152
Assessments	950	42	908
In Home	418	21	398
Foster Care	713	30	682
FC 18–21	62	1	61
Adoptions	135	2	133
Other SWs	343	7	335
	2,779	108	2,669
		4%	96%

*Source: ncswLearn.org; Data is from: January 1–December 31, 2020*

**Table 45. Ethnicity of Child Protection Personnel, Management Positions**

Position	FTEs Available	Hispanic/Latino	Non-Hispanic/Latino
SWS	631	12	619
PM	99	0	99
PA	46	0	46
	775	12	763
		2%	98%

*Source: ncswLearn.org; Data is from: January 1–December 31, 2020*

**Table 46. Age of Child Protection Personnel, Staff Positions**

Position	FTEs Available	18-24	24-34	35-44	45-54	55-64	65-74	75+
Intake	157	2	38	51	44	23	0	0
Assessments	950	56	354	308	170	57	4	0
In Home	418	18	141	132	81	46	0	0
Foster Care	713	50	255	209	148	42	9	0
FC 18-21	62	0	13	24	18	6	1	0
Adoptions	135	1	33	37	45	19	0	0
Other SWs	343	6	78	107	97	51	3	0
	2779	134	911	868	603	244	18	0
		5%	5%	31%	22%	9%	1%	0%

*Source: ncswLearn.org; Data is from: January 1-December 31, 2020*

**Table 47. Age of Child Protection Personnel, Management Positions**

Position	FTEs Available	18-24	24-34	35-44	45-54	55-64	65-74	75+
SWS	631	3	63	252	244	65	5	0
PM	99	0	6	36	45	11	1	0
PA	46	0	1	10	27	8	0	0
	775	3	70	297	316	83	6	0
		0%	9%	38%	41%	11%	1%	0%

*Source: ncswLearn.org; Data is from: January 1-December 31, 2020*

**Caseloads.** Current NC child welfare policy provides guidance on expected caseload sizes:

- CPS Intake shall be no greater than one worker per 100 CPS referrals a month
- CPS Assessments shall be no greater than 10 families at any time per worker
- CPS In-Home Services shall be no greater than 10 families at any time per worker

Compliance with workload standards is evaluated in two ways. The first is through a quarterly county child welfare agency self-report on workloads and staffing patterns. The second is through the semi-annual program evaluations conducted in collaboration with counties. Information provided in the agency self-report is used as a source of data for the program evaluations. This data, however, is not fully vetted and verified.

County child welfare agencies maintain a monthly Child Welfare Workforce Data Workbook; counties submit this data to DSS quarterly. For the December 31, 2020 submission, the average caseload sizes in NC were as shown in the table below.

**Table 48. CPS Intake Referrals Caseload, 2020**

Avg. Number of CPS Reports Screened During the Month	Avg. Number of FTEs Available for More than 2 Weeks in the Month	Caseload Ratio
10191	154	66.18 reports per FTE

**Table 49. CPS In-Home Service Cases Caseload, 2020**

Avg. Number of CPS In-Home Cases Open on the Last Day of the Month	Avg. Number of FTEs Available for More than 2 Weeks in the Month	Caseload Ratio
4034	415	9.72 cases per FTE

**Supervision.** NC child welfare policy provides guidance on expected supervisor/worker ratios. Supervisor/worker ratios shall not exceed an average of one FTE supervisory position to five FTE social work positions. The following information about supervision ratios comes from the December 31, 2020 Child Welfare Workforce Data Workbook.

**Table 50. Supervisor to Worker Ratio, 2020**

Avg. Number of FTEs Available for More than 2 Weeks in the Month for Services with Caseload Standards	Avg. Number of Supervisor FTEs Available to Cover the Workload During the Month	Supervisor to Worker Ratio
2585	627	1 supervisor to 4.12 workers

**Turnover.** The following data tables describes turnover data by staff and management positions.

**Table 51. Turnover, Staff Positions**

Position	Budgeted FTEs	Promotion	Lateral Transfer	Voluntary Resign.	Involuntary Dismissal	Retired	Death	RIF	Other	Total	%
Intake	168	4	1	14	2	4	0	0	0	25	15%
Assessments	1135	21	44	258	33	7	0	5	11	379	33%
In Home	471	11	12	86	7	6	0	0	2	124	26%
Foster Care	802	25	17	163	14	5	0	0	7	230	29%
FC 18-21	68	0	2	4	2	1	0	0	0	8	12%
Adoptions	154	6	3	14	0	7	0	0	1	31	20%
Other	424	6	9	35	4	10	0	0	0	65	15%
Totals	3222	72	87	574	63	40	0	5	21	862	27%

	Budgeted FTEs	Promotion	Lateral Transfer	Voluntary Resignation	Involuntary Dismissal	Retirement	Death	RIF	Other	Total	%
SWS	676	18	6	35	7	14	1	1	4	86	13%
PM	105	5	0	1	1	5	0	0	1	13	13%
PA	48	1	1	6	0	1	0	0	0	8	18%
Totals	829	23	7	42	8	20	1	1	5	108	13%

Juvenile Justice Transfers

North Carolina Counties reported that 31 Juvenile Justice transfers have occurred to date from July 1 to November 30. This includes all children who entered foster care from a juvenile delinquency court proceeding. This information was obtained from a survey of county departments of social services.

North Carolina is considering including youth open to child protective services and juvenile justice as candidates for foster care for prevention services through the Family First Prevention Services Act.

## 9.2 Education and Training Vouchers

Foster Care to Success: Post-Secondary Educational Supports

The North Carolina Education and Training Voucher Program is available to youth eligible for LINKS services and attained 14 years of age and youth after attaining 16 years of age exit foster care to adoption or guardianship or remains in foster care after their 17th birthday. NCDSS contracts with Foster Care to Success for the administration of ETV. Administration activities of the contract include outreach to stakeholders and potentially eligible young people, identification of qualified applicants, processing applications, awarding funding to eligible students, and monitoring student progress. More information about NC’s ETV program can be found in the Education and Training Voucher section.

**Table 53. ETV Services Provided, 2020–2021**

New Students	114
Returning Students	142
Total:	256

*Source: Quarterly Contract Reports*

No changes or updates were made to the ETV Program this year.

## NC Reach

NC Reach is a state-funded scholarship program for former foster youth who are legal residents of North Carolina. NCDSS contracts with Foster Care to Success for the administration of this program. Administration activities under this contract include, but are not limited to, educating, and reaching out to potentially eligible young people and other stakeholders, processing NC Reach applications, and comprehensive case management support to all NC Reach students.

**Table 54. NC Reach, 2020–2021**

New Students	139
Returning Students	178
Total:	317

*Source: Quarterly Contract Reports*

No changes or updates were made to NC Reach.

## 9.3 Intercountry Adoptions

Between March 2020 and May 2021, PASS providers provided services for seven out of the 13 children newly adopted from other countries. The children were adopted out of the countries of Guatemala (2), China (3), Ukraine (2), Russia (2), Romania (1), Korea (1), Philippines (1), and Africa (1) .

## 9.4 Monthly Caseworker Visits Data

A requirement for these visits is to, quarterly, share with county leadership the most recent data as to progress in making the monthly visit and to discuss barriers to assess the need to any targeted technical assistance.

**Table 55. Monthly Caseworker Visits Data**

FFY	MCV Measure	Target	Score	Met Target
2020	Measure 1: Percentage of visits made on a monthly basis by caseworkers to children in foster care	95%	96%	Yes

	Measure 2: Percentage of visits that occurred in the residence of the child	75%	91%	Yes
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Federal law requires at least 50% of the total number of monthly visits made by caseworkers to children in foster care during a fiscal year occur in the child’s residence. In North Carolina in FFY 2019–2020, 91% of monthly caseworker visits with children in foster care occurred in the child’s residence.

# 10 Appendix A: COVID-19 Guidance

## COVID-19 Guidance for TIPS-MAPP Programs in NC (May 2020)

### **Guidance from the Children’s Alliance of Kansas during COVID-19 Public Health Crisis Regarding TIPS-MAPP, TIPS-Deciding Together & Caring for Our Own Programs in North Carolina**

The Children’s Alliance of Kansas owns exclusive rights to all the TIPS-MAPP programs (TIPS-MAPP, TIPS-Deciding Together, and Caring For Our Own) and have provided the following guidance to North Carolina Division of Social Services regarding the impact of COVID-19 on the delivery of their programs. The TIPS-MAPP program and the Caring For Our Own program cannot be delivered virtually.

The Children’s Alliance has approved the use of virtual TIPS-Deciding Together for prospective foster parents. Since TIPS-Deciding Together is designed to be delivered one-on-one and provides bookwork instead of in-person activities, it is better suited to be completed virtually. Permission to do TIPS-Deciding Together virtually is only allowed during the COVID-19 public health crisis.

The following are guidelines and guidance from NCDSS on how to implement virtual TIPS-Deciding Together with families:

#### **TIPS-Deciding Together Leader Qualifications:**

- Leaders must be certified in both TIPS-MAPP and TIPS-Deciding Together to use the program with families. Certification in TIPS-MAPP includes those who completed the 8-day certification (June 2013- Present) and those who completed the TIPS-MAPP 3-day Update (June 2013- December 2015).
- Those who are certified in TIPS-Deciding Together can begin virtual delivery of TIPS-Deciding Together with families immediately.**
- TIPS-Deciding Together certification does not require an update regardless of how long ago the course was taken.
- For those who were previously certified in GPS-MAPP prior to June 2013, and who did not complete the TIPS-MAPP 3-day Update that was offered by the Division from June 2013-February 2014, you must complete the 3-day update to be eligible to do TIPS-Deciding Together with families.

#### **Guidelines for TIPS-Deciding Together Virtual Delivery with Prospective Foster Parents**

- A minimum of 30 hours of preservice training are required for foster home licensure.**
- Leaders must be able to see the prospective foster parents via FaceTime, Zoom, GoToMeeting, WebEx, Skype, Facebook Messenger, etc. Phone calls alone do not meet the requirements.
- TIPS-MAPP parent groups that were already in progress prior COVID-19 can switch to virtual TIPS-Deciding Together as long as the leader is certified in TIPS-Deciding Together. Leaders will need to review the TIPS-Deciding Together books and assess which pages correspond with the meeting and material that needs to be covered with each family.

- It is acceptable to use some material from TIPS-MAPP when delivering TIPS-Deciding Together virtually.
- The Children’s Alliance has approved TIPS-Deciding Together consultations to be temporarily used with small virtual groups with the following parameters:
  - No more than three families in a virtual group.
  - Two leaders are required and must be present during the entire training.
  - Leaders will review all six books with the families during the group consultations and families will not be doing the workbooks independently.
  - During each consultation, it is acceptable for the TIPS-Deciding Together leaders to use the workbook as their leader's guide, presenting the information and leading the families in a discussion as they complete the workbook or take notes.
  - Families attend group meetings virtually without having completed their workbook activities and may work through the homework as a group.
- Although virtual TIPS-Deciding Together with more than one family is allowed by the Children’s Alliance, NC DSS recommends that virtual TIPS-Deciding Together be delivered as designed, with one family and one leader. This recommendation is based on the above-mentioned group parameters. Specifically,
  - The one-on-one option allows for trainers to optimize their training time while meeting the 30-hour requirement.
  - Just like in-person TIPS-Deciding Together, when it is delivered with one leader and one family, the leader will spend approximately 15 hours in consultation with the family while the remainder of the 30 hours are credited when the family completes the workbooks independently.
  - Two leaders could complete TIPS-Deciding Together training with *four* families (two each) in 60 hours of staff time, with the added benefit of one-on-one relationship building.
  - In contrast, given the requirements for virtual TIPS-Deciding Together with groups, two leaders would complete TIPS-Deciding Together with *three* families in the same 60 hours of staff time.
  - With TIPS-Deciding Together one-on-one, the family spends more individual time with the leader, which improves relationship-building and promotes the mutual assessment process.
  - One trainer could work with multiple families at the same time.

TIPS-Deciding Together Leader Certification Trainings Offered by the Division

TIPS-MAPP train-the-trainer certifications offered by the Division will not be offered virtually and are postponed until after the crisis has passed.

To increase the capacity of agencies to move forward with doing virtual TIPS-Deciding Together with families during this time, the North Carolina Division of Social Services has obtained special permission from the Children’s Alliance to offer the TIPS-Deciding Together Leader Certification virtually for a temporary period. The Division will offer several 2-day virtual TIPS-Deciding Together Leader Certification trainings for those who are currently TIPS-MAPP certified (June 2013- Present). Participants must have a

working headset or microphone and must have a webcam that will be utilized periodically during the training.

The Division is also assessing the statewide need for the TIPS-MAPP 3-day certification update that is required of those who were certified in GPS-MAPP (prior to June 2013) and who did not receive the 3-day TIPS-MAPP update between June 2013 and December 2015.

To evaluate and meet these needs, it is requested that all public and private licensing agencies conduct an internal staffing assessment and respond to a survey via the links below. Those agencies with locations in more than one city will complete a separate survey for each location. Only one response per agency location. Please respond by May 13, 2020.

**DSS Agencies beginning with A – I- Please use this link:**

<https://www.surveymonkey.com/r/RLTPPVF>

**Private Agencies beginning with A – F- Please use this link:**

<https://www.surveymonkey.com/r/RLWHPBD>

**DSS Agencies beginning with J – Y- Please use this link:**

<https://www.surveymonkey.com/r/RLCSZ55>

**Private Agencies beginning with G – Z- Please use this link:**

<https://www.surveymonkey.com/r/R8B5TT8>

**If you are unable to access your assigned link above, please use this link:**

<https://www.surveymonkey.com/r/RL9R727>

Please remember that TIPS-Deciding Together is only one part of the licensing process. Questions about licensing requirements amid Covid-19 should be directed to the Regulatory and Licensing office at 828-232-3160. If you have questions about the TIPS-Deciding Together training, please contact Tammy Shook at [tammy.shook@dhhs.nc.gov](mailto:tammy.shook@dhhs.nc.gov).

# DCDL COVID-19 TIPS-MAPP Update (September 2020)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Social Services

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**SUSAN OSBORNE** • Assistant Secretary for County Operations  
for Human Services

September 4, 2020

**DEAR COUNTY DIRECTORS OF SOCIAL SERVICES**

**DEAR EXECUTIVE DIRECTORS OF CHILD PLACING AGENCIES for FOSTER CARE SERVICES**

**ATTENTION: DIRECTORS, CHILD WELFARE PROGRAM ADMINISTRATORS, MANAGERS,  
SUPERVISORS, FOSTER HOME LICENSING AND/OR TRAINING STAFF**

**SUBJECT: VIRTUAL TIPS-MAPP PRE-SERVICE AND REQUIRED TRAINING**

**REQUIRED ACTION:**  Information Only  Time Sensitive  Immediate

The Children's Alliance of Kansas owns all rights to the TIPS-MAPP program, which includes TIPS-Deciding Together and Caring For Our Own. In April 2020, amid the COVID-19 public health crisis, The Children's Alliance did not allow agencies to facilitate TIPS-MAPP virtually but did permit the NC Division of Social Services (NC DSS) to offer a virtual TIPS-Deciding Together certification to our public and private licensing agencies so they could use virtual TIPS-Deciding Together to license foster families.

Due to the ongoing pandemic, the Children's Alliance changed course and has designed a training to teach currently certified TIPS-MAPP Leaders how to deliver the program to prospective foster families virtually. NC DSS has been granted permission to offer that virtual training to certified TIPS-MAPP Leaders in North Carolina. The Staff Development Team will develop a new course for currently certified TIPS-MAPP Leaders titled TIPS-MAPP Virtual Update. Once the virtual classroom design is complete, the course will be available on [www.ncswlearn.org](http://www.ncswlearn.org) and TIPS-MAPP Leaders will be able to register. The TIPS-MAPP Virtual Update will be available by November. This training will be required before a TIPS-MAPP leader may train TIPS-MAPP virtually.

We are aware of the burden this pandemic has put on supervising agencies and the frustration that many are experiencing due to the inability to access the 8-day TIPS-MAPP certification. Unfortunately, NCDSS remains unable to certify new TIPS-MAPP Leaders. The Children's Alliance is developing a virtual TIPS-MAPP Leader Certification course to certify new leaders and plan to have it available towards the end of the year. NCDSS will offer that certification to agencies as soon as possible, hopefully in the Winter/Spring of 2021.

**In summary**

- Agencies will be allowed to do virtual TIPS-MAPP with prospective foster parent groups as preservice training for licensure.
- Before current leaders are allowed to deliver TIPS-MAPP virtually an update to the TIPS-MAPP Leader certification is required.
- Licensing agencies are not allowed to deliver TIPS-MAPP virtually until they have completed the course TIPS-MAPP Virtual Update.
- NC DSS is unable to certify new TIPS-MAPP Leaders at this time but hope to offer it next year.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES**

LOCATION: 820 S. Boylan Avenue, McBryde Building, Raleigh, NC 27603  
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[www.ncdhhs.gov](http://www.ncdhhs.gov) • TEL: 919-527-6390 • FAX: 919-733-3052

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If you have any questions about the TIPS-MAPP program please contact the Interim Program Manager of the Staff Development Team, Tammy Shook at [tammy.shook@dhhs.nc.gov](mailto:tammy.shook@dhhs.nc.gov) .

We appreciate your patience as we work together to continue to address on-going areas of concern and need during this difficult time. As always, thank you for your dedication to serving children and families.

Help protect your family and neighbors from COVID-19. Know the 3 Ws. Wear. Wait. Wash. #StayStrongNC and get the latest at [nc.gov/covid19](http://nc.gov/covid19).

Sincerely,



Linda L Waite  
Section Chief Regulatory and Licensing Services  
Division of Social Services

Cc: Susan Osborne, Assistant Secretary for County Operations for Human Services  
Lisa T Cauley, Deputy Director for Child Welfare Services  
Teresa Strom, Section Chief for County Operations  
Carla McNeill, Section Chief of Permanency  
Kathy Stone, Section Chief for Child Protective Services and Prevention

CWS-26-2020

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES**

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DCDL, Child Welfare Services, 8-20 Federal Cares Act Funding (June 15, 2020)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**SUSAN OSBORNE** • Assistant Secretary for County Operations for  
Human Services

June 15, 2020

**DEAR COUNTY DIRECTORS OF SOCIAL SERVICES**

**ATTENTION: DIRECTORS, CHILD WELFARE AND ADULT PROTECTIVE SERVICES  
PROGRAM ADMINISTRATORS, MANAGERS, SUPERVISORS, AND SOCIAL WORKERS**

**SUBJECT: FEDERAL CARES ACT FUNDING**

**REQUIRED ACTION:**  Information Only  Time Sensitive  **Immediate**

**PURPOSE**

As North Carolina continues to address issues related to the COVID-19 public health crisis, the needs of adults, children, youth, young adults, and families have increased.

To help address these needs, the General Assembly passed Session Law 2020-4, the 2020 COVID-19 Recovery Act, which appropriated federal CARES Act funding to the following program areas, amongst others. These funds are made available effective March 1, 2020 and must be expensed by 12/31/2020.

**Supplemental Foster Care COVID Payments - \$2.25 million**

A supplement of \$100 for each child or youth in foster care for the months of April, May, and June.

***Eligibility***

The amount for each child is \$100 per month, regardless of the number of nights the child was in foster care. If the child lived with multiple licensed placement providers during the month, the funds will be divided between the providers proportional to the number of nights each provided for the child's care.

Young adults in Foster Care 18 to 21 should receive the funds in the same manner their board rate is received.

***Accessing Funds***

Counties must complete the attached Excel form certifying and confirming the data on the PQA-020 report and indicating the children listed will receive supplemental foster care COVID payments. Forms should be completed for each service period of April, May and June and submitted to Tina Bumgarner ([tina.bumgarner@dhhs.nc.gov](mailto:tina.bumgarner@dhhs.nc.gov)). Payments

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES**

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will be processed by EFT direct deposit, designated as *COVID19-FC* after certification is complete.

If you have questions or need clarification about the supplemental foster care maintenance payments, please contact your Regional Child Welfare Consultant.

#### **LINKS - \$290,000**

Funds to the LINKS program shall be used to support youth in the LINKS program who are not receiving foster care assistance payments and need assistance with housing or transitional costs due to COVID-19.

##### ***Eligibility***

All young adults who aged out of foster care who:

- Are between ages 18 and 21 years and are not currently in the Foster Care 18 to 21 program; and,
- Need assistance with housing or transitional living services due to COVID-19

##### ***Use of Funds***

- Transitional Living Services:** These funds are available to support young adults, their successful transition to adulthood, their achievement of one or more of the LINKS program outcomes, and to supplement losses in income or other needs that have arisen related to COVID-19. This includes, but is not limited to, assistance with transportation, access to food, medical and mental healthcare needs not covered by Medicaid or other insurance, utility payments, household goods, items necessary for the care of children, and services to support the young adult's development of life skills.
- Transitional Housing:** This includes rent, rent deposits, room and board, or down payments on dwellings.

##### ***Accessing Funds / Requesting Reimbursement***

1. The local child welfare agency determines eligibility for the various funding sources and documents the basis for that eligibility in the case record.
2. When the county establishes the need for access to LINKS COVID funds, the county advances the funds for the expenditure.
3. After the county has advanced funds for the expenditure, the county then requests reimbursement directly through the LINKS Coordinator using the attached Request for Reimbursement of LINKS COVID-19 Funds form. Funds will be paid via EFT direct deposit, designated as *COVID19-LINKS*.
4. The requests for reimbursement are to be submitted via email to [linksreimbursement@dhhs.nc.gov](mailto:linksreimbursement@dhhs.nc.gov).

If you have questions or need clarification about COVID-19 LINKS funds, please contact the state LINKS Program Coordinator, Erin Conner at 919-527-6351 or [erin.conner@dhhs.nc.gov](mailto:erin.conner@dhhs.nc.gov).

**Child Welfare and Adult Protective Services Essential Worker Pay - \$8.3 million**

Funds allocated to counties to support additional COVID-related expenses associated with Child Welfare and Adult Protective Services activities as workers function as essential personnel.

***Use of Funds***

Examples include hazard pay, emergency pay, overtime, temporary/time-limited workers and associated PPE, supplies, overhead.

***Accessing Funds / Requesting Reimbursement***

Counties will receive a Funding Authorization, budgeted proportional to CPS/APS assessments in 2019. These expenses will be claimed through the NC-CoReLS/1571 system. In order to support the variety of costs that may be claimed for reimbursement, separate Part I and Part II codes will be created for counties to utilize, as most appropriate. Further coding detail will follow. Funds are available retroactive to March 1, 2020 but it is anticipated that the surge of expenses will be in the months to come. Counties must maintain documentation to demonstrate appropriate use and expense.

If you have questions or need clarification about these funds, please contact your Local Business Liaison.

Sincerely,



Richard Stegenga  
Deputy Director, Business Operations  
Division of Social Services

Cc: Susan G. Osborne, Assistant Secretary for County Operations  
Zachary E. Wortman, Chief Operating Officer, Human Services  
Lisa Tucker Cauley, Deputy Director for Child Welfare Services  
Karey Perez, Adult Services Section Chief  
Hank Bowers, Assistant Director for Aging and Adult Services

2 Attachments: COVID Foster Care Stipend Form  
COVID LINKS Reimbursement Form

BG-08-2020

# DCDL COVID-19 Vaccination Guidance for Children and Youth in Custody (May 2021)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Social Services

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
SUSAN OSBORNE • Assistant Secretary for County Operations  
for Human Services

May 25, 2021

**DEAR COUNTY DIRECTORS OF SOCIAL SERVICES  
DEAR EXECUTIVE DIRECTORS OF CHILD PLACING AGENCIES**

**ATTENTION: CHILD WELFARE PROGRAM ADMINISTRATORS, MANAGERS,  
SUPERVISORS, AND/OR TRAINING STAFF**

**SUBJECT: COVID-19 Vaccination Guidance for Children and Youth in the Custody  
of Local Departments of Social Services**

**REQUIRED ACTION:**  Information Only  Time Sensitive  Immediate

The NC Division of Social Services (NC DSS) is committed to providing counties with guidance and resources to support them meeting the healthcare needs of children and youth in foster care. The recent approval of vaccinations for COVID-19 in children and youth age twelve and older has resulted in the need to develop guidance for the counties specific to children and youth in foster care.

The attached *Child Welfare Practice Guidance during COVID-19 Crisis: COVID-19 Vaccination Guidance for Children and Youth in the Custody of Local Departments of Social Services* was developed in collaboration with pediatricians, legal staff, and reviewed by the epidemiological team at the Department of Health and Human Services to ensure it included information needed for local Departments of Social Services determine the legal and health considerations necessary when determining how best to approach the decision to vaccinate a youth in their legal custody.

It is important to note that the attached guidance includes reference to two statutes, NC General Statute 7B-505.1 Consent for Medical Care for a Juvenile placed in Nonsecure Custody of a Department of Social services. and 90-21.5. Minor's Consent Sufficient for Certain Medical Health Services. This is relevant to this guidance as COVID-19 is a reportable disease under NC General Statute 130A-135.5 pursuant to rules of the Public Health Commission (10A NCAC 41A .0107).

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES**

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Therefore, NC General Statute 90-21.5 allows a minor with decisional capacity to give consent to a physician licensed to practice medicine in North Carolina.

In addition, there is specific guidance that local Departments of Social Services do not provide a blanket authorization for the vaccination of children and youth in residential settings.

Lastly, private child placing agencies and residential child care providers should communicate any requests made for the eligible minor to be vaccinated with the child welfare worker assigned to the child from the Department of Social Services to determine the steps necessary before the vaccine can be administered.

Please contact the Regional Child Welfare Consultant assigned to your county with any questions.

Sincerely,



Lisa Tucker Cauley, MSW  
Senior Director for Child, Family and Adult Services  
Division of Social Services  
North Carolina Department of Health and Human Services

Cc: Susan G. Osborne, Assistant Secretary for County Operations  
Teresa Strom, Section Chief for County Operations  
Carla McNeill, Section Chief for Licensing and Regulatory  
Kathy Stone, Section Chief for Child Protective Services and Prevention  
Linda Waite, Section Chief for Regulatory and Licensing

CWS-16-2021

Attachment (1): Child Welfare Practice Guidance during COVID-19 Crisis: COVID-19 Vaccination Guidance for Children and Youth in the Custody of Local Departments of Social Services

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES**

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**Child Welfare Practice Guidance during COVID-19 Crisis- COVID-19 Vaccination Guidance for Children and Youth in the Custody of Local Departments of Social Services**

**Purpose**

The purpose of this document is to ensure that child welfare workers are provided guidance regarding the COVID-19 vaccine as it pertains to vaccine eligible youth in foster care.

Currently (as of May,2021), Pfizer COVID-19 vaccine is available to everyone 12 years and above for free, whether or not they have health insurance. The Pfizer vaccine requires two shots separated by 21 days and is the only vaccine authorized at this time for youth who are 12 years of age and older. Those who receive the vaccine will get a vaccine card and will need to return at least 3 weeks later for the second dose. A person is considered fully vaccinated two weeks after they receive their last dose of a vaccine series.

As of May 15, 2021, CDC has not changed its guidance for schools, even though a vaccine is available to persons aged 12 and above, and continues to recommend use of safety measures related to COVID-19 including wearing a mask, practicing social distancing, avoiding crowds, and washing hands often. Per the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC), it's important for everyone to continue using all the tools available to help stop this pandemic as we learn more about how COVID-19 vaccines work in real-world conditions. It will be some time before everyone receives a vaccine, and more time is needed to fully understand how the vaccine affects the transmission of the virus. Until then, established public health measures should remain. And as not everyone is vaccinated, things are not yet returning to "normal." However, an individual who is fully vaccinated (as above) does not have to quarantine if they have had no symptoms after being a close contact to someone with COVID-19, and they do not live in a congregate setting. Please consult the CDC for updates to guidance as it becomes available

There is not yet a COVID-19 vaccine authorized for children/youth under the age of 12 years. Younger children will only be able to be vaccinated once the vaccine is authorized for their age group.

**Guidance for Permanency Planning**

Currently, youth in foster care age 12 years of age and above are eligible to receive the Pfizer COVID-19 vaccine. The COVID-19 vaccine is not required by state immunization rules or laws for children, youth, or adults.

**Vaccine Consent**

Informed consent must be obtained prior to anyone being vaccinated with any of the COVID-19 vaccines. That consent can be verbal or in writing.

NC General Statute 90-21.5 gives minors who have the decisional capacity to consent the legal authority to consent for the prevention, diagnosis and treatment of reportable communicable disease, and COVID-19 is a reportable disease under NC General Statute 130A-135 pursuant to rules of the Public Health Commission (10A NCAC 41A .0101 and .0107). Therefore, NC General Statute 90-21.5 allows a minor with decisional capacity to give consent for a COVID-19 vaccine. Decisional capacity is a person's ability to understand their health and health care needs and options, and to make decisions about them. As part of normal development most youth are able to make these kinds of decisions like an adult at some point before the age of 18. There is no one age at which this always occurs; it varies from adolescent to adolescent.

**Child Welfare Practice Guidance during COVID-19 Crisis- COVID-19 Vaccination Guidance for Children and Youth in the Custody of Local Departments of Social Services**

As outlined under NC General Statute 90-21.5, a minor may give consent to a physician licensed to practice medicine in North Carolina. Local DSS child welfare staff will need to consult with the minor's medical provider(s) to determine if the minor has decisional capacity to consent and to determine individual health risks associated with the vaccine.

If a Department of Social Services wants to consent to a COVID-19 vaccine or help arrange for the vaccination of a child in its custody then it should review NC General Statute 7B-505.1 and consult with its attorney to determine if any legal action should be taken.

Prior to giving consent for a COVID-19 vaccine for a child in its custody, a Department of Social Services must consult with the child's treating health care provider for medical advice prior to vaccine administration to determine if there are any considerations associated for the youth based upon the youth's individual medical history. Departments of Social Services should provide the Fact Sheet for Recipients and Caregivers, which includes essential information about the vaccine, to the child and caregiver. This required fact sheet for recipients and caregivers is available on the Pfizer and FDA websites: [Fact Sheet for Recipients and Caregivers](#)<sup>1</sup>. North Carolina's [COVID-19 Vaccines: Take your best shot against COVID-19](#)<sup>2</sup> and <https://covid19.ncdhhs.gov/vaccines/frequently-asked-questions-about-covid-19-vaccinations> also contain helpful information about the vaccine for youth and birth parents. A Department of Social Services will need to be prepared to provide the necessary information to complete the [CDC pre-vaccination checklist](#) for the covid-19 vaccine in order to consent to the vaccine.

**For children in residential care settings that are in the custody of a Department of Social Services, a blanket authorization for medical treatment and services should not be executed by a Department of Social Services. A Department of Social Services should only authorize for the arrangement and consent to the administration of a COVID-19 vaccine once it has the legal authority.**

**Accessing the COVID-19 Vaccine**

Here are strategies for how to locate a COVID-19 vaccination;

- The best place is to look at the NC DHHS Find A Vaccine Portal: <https://myspot.nc.gov/> for locations near you.
- You can also call the NC DHHS COVID-19 Vaccine Help Center 1-888-675-4567. It's a free call.
- Another place to contact is the local county health department. There are also vaccines available at local pharmacies and more primary care offices are starting to carry COVID-19 vaccine.
- A local vaccine provider can help a youth get his/her/their shot.
- Please confirm that the vaccination site has Pfizer COVID-19 vaccine available for those individuals under 18 years of age.

**Private child placing agency and Residential Child Care Provider Guidance**

**To ensure all protocols in the Guidance for Permanency Planning section above are followed, private child placing agency and residential child care providers should communicate any requests made for the eligible minor to be vaccinated with the child welfare worker assigned to the child from the Department of Social Services so that it can be determined if the Department of Social Services can consent to the vaccine. Documentation of receipt of consent for the COVID-19 vaccine and discussion with the youth's health care provider must be documented in the youth's (client's)**

<sup>1</sup> <https://www.covidvaccine.com/>

<sup>2</sup> [download \(ncdhhs.gov\)](https://www.ncdhhs.gov)

**Child Welfare Practice Guidance during COVID-19 Crisis- COVID-19 Vaccination Guidance for Children and Youth in the Custody of Local Departments of Social Services**

record.
Resources
<a href="#">COVID-19 Vaccine Information   NC DHHS COVID-19 NC Vaccine Finder</a>
Additional Considerations
It is expected that for most teens, information about vaccination is shared with parents and guardians and parental/guardian consent will be obtained for COVID-19 vaccination for youth under age 18 in cases where the parents retain their parental rights. As above, it is required to communicate with the minor's health care provider for medical advice to determine considerations associated with the vaccine based on the minor's individual medical history. If appropriate, parents should be invited to participate in the COVID-19 vaccination appointment.

# DCDL CARES, COVID-19 Funds (July 2020)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Social Services

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**SUSAN OSBORNE** • Assistant Secretary for County Operations  
for Human Services

July 29, 2020

**DEAR COUNTY DIRECTORS OF SOCIAL SERVICE  
DEAR EXECUTIVE DIRECTORS OF CHILD PLACING AGENCIES  
DEAR EXECUTIVE DIRECTORS OF RESIDENTIAL PROVIDER AGENCIES**

**ATTENTION: Directors, Program Managers, Foster Care Managers and Residential Managers**

**SUBJECT: 2020 COVID-19 Recovery Act Funds**

**REQUIRED ACTION:  Information Only  Time Sensitive  Immediate**

NC DHHS recognizes that the on-going COVID-19 public health crisis has impacted families and children across our state in many ways. The daily needs of children, youth, young adults, and families have increased, and financial resources have been overburdened.

As part of the on-going effort to address these needs, the General Assembly passed Session Law 2020-4, the 2020 COVID-19 Recovery Act, which appropriated federal CARES Act funding for children receiving foster care services. County DSS access to these funds, for children in their custody, has been made available through a process described in a Directors Letter (BG-08-2020) dated June 15, 2020.

These additional funds currently consist of a supplemental payment of \$100 per month for each child or youth receiving foster care services during the months of April, May, and June 2020. The funds are intended to benefit the children and youth directly. Upon receipt by the County DSS, they should be paid directly to the foster family, or residential care provider, who cared for the child or youth during this period, or to the private child placing agency that supervised the foster family who should, in turn, pay the additional funds to the foster family. Young adults in the Foster Care 18 to 21 program should receive the funds in the same manner that their board rate is received. For example, if they receive their board funds directly, they should receive the supplemental payment directly. These funds are not intended to be used in the support of case work activities or administrative costs.

If you have questions or need clarification about the 2020 COVID-19 Recovery Act funds, please contact your Regional Child Welfare Consultant or your assigned Regulatory and Licensing Program Consultant.

Thank you for your anticipated participation and cooperation in this important process and, as always, thank you for your dedication to serving children and families.

Help protect your family and neighbors from COVID-19.

**[Know the 3 Ws. Wear. Wait. Wash.](#) #StayStrongNC and get the latest at [nc.gov/covid19](https://nc.gov/covid19).**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES

LOCATION: 820 S. Boylan Avenue, McBryde Building, Raleigh, NC 27603  
MAILING ADDRESS: 2409 Mail Service Center, Raleigh, NC 27699-2409  
[www.ncdhhs.gov](http://www.ncdhhs.gov) • TEL: 919-527-6390 • FAX: 919-733-3052

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Sincerely,



Linda L Waite  
Section Chief for Regulatory and Licensing Services  
Division of Social Services

Cc: Susan Osborne, Assistant Secretary for County Operations  
Lisa T Cauley, Deputy Director for Child Welfare  
Teresa Strom, Section Chief for County Operations  
Carla McNeill, Section Chief for Permanency Planning  
Kathy Stone, Section Chief for Prevention and Safety

CWS-22-20

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES**

LOCATION: 820 S. Boylan Avenue, McBryde Building, Raleigh, NC 27603

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# DCDL CARES, COVID-19 Foster Care Advance Funds (September 2020)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Social Services

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**SUSAN OSBORNE** • Assistant Secretary for County Operations  
for Human Services

September 22, 2020

**DEAR COUNTY DIRECTORS OF SOCIAL SERVICES  
DEAR EXECUTIVE DIRECTORS OF CHILD PLACING AGENCIES  
DEAR EXECUTIVE DIRECTORS OF RESIDENTIAL PROVIDER AGENCIES**

**ATTENTION: Directors, Program Managers and Residential Managers**

**SUBJECT: 2020 COVID-19 Recovery Act Funds**

**REQUIRED ACTION:  Information Only  Time Sensitive  Immediate**

NC DHHS recognizes that the on-going COVID-19 public health crisis has impacted families and children across our state in many ways. The daily needs of children, youth, young adults, and families have increased, and financial resources have been overburdened.

As part of the on-going effort to address these needs, the General Assembly passed Session Law 2020-4, the 2020 COVID-19 Recovery Act, which appropriated federal CARES Act funding for children receiving foster care services. County DSS access to these funds for children in their custody, has been made available through a process described in a Directors Letter (BG-08-2020) dated June 15, 2020, and updated in Directors Letter (BG-11-2020) dated September 16, 2020.

Initially, these additional funds, consisting of a supplemental stipend payment of \$100 per month, were available for each child or youth receiving foster care services during the months of April, May, and June 2020. **The funding has been increased and will now include the months of July, August, and September 2020.**

The funds are intended to benefit the children and youth directly. Foster Care stipend funds should be paid directly to the **licensed** foster parent, or residential care provider, who cared for the child or youth during the period, or to the private child placing agency that supervised the foster family, who should, in turn, pay the additional funds to the licensed foster family or facility. Young adults in the Foster Care 18 to 21 program should receive the funds in the same manner their board rate is received. For example, if they receive their board funds directly, they should receive the supplemental payment directly. These funds are not intended to be used in the support of case work activities or administrative costs.

Reimbursement of these funds to the counties has been ongoing since the original notification. All completed stipend submissions using the current *Reimbursement Submission form* have been processed up to September 15, 2020. The original form will be replaced with the new reconciliation form (attached) beginning September 16, 2020. As we transition to the new process and submission form, counties will be contacted concerning the status of any interim submissions.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES**

LOCATION: 820 S. Boylan Avenue, McBryde Building, Raleigh, NC 27603  
MAILING ADDRESS: 2409 Mail Service Center, Raleigh, NC 27699-2409  
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As of September 16, 2020, the state has switched to an **advancement payment process**. County DSS agencies will be advanced the Additional Stipend Funding for all service periods not previously processed. These payments will be based on the final PQA020 Foster Care Payment Report, eligible child counts. The advance payment will cover the previously unclaimed service periods of April to July 2020, include the August 2020 closing totals, and will estimate September 2020 based on the final totals from the previous month. After receipt of the advanced funding, **within 30 days**, county agencies must distribute funds, as indicated above, and file the attached *FC Stipend Advance Payment Reconciliation Form*.

If you have questions or need clarification about the 2020 COVID-19 Recovery Act funds, please contact your Regional Child Welfare Consultant or your assigned Regulatory and Licensing Program Consultant.

Thank you for your anticipated participation and cooperation in this important process. As always, thank you for your dedication to serving children and families.

Help protect your family and neighbors from COVID-19.  
[Know the 3 Ws. Wear. Wait. Wash.](#) #StayStrongNC and get the latest at [nc.gov/covid19](https://nc.gov/covid19).

Sincerely,



Linda L Waite  
Section Chief for Regulatory and Licensing Services  
Division of Social Services

Attachment: FC Stipend Advance Payment Reconciliation Form

Cc: Susan Osborne, Assistant Secretary for County Operations  
Lisa T Cauley, Deputy Director for Child Welfare  
Teresa Strom, Section Chief for County Operations  
Carla McNeill, Section Chief for Permanency Planning  
Kathy Stone, Section Chief for Prevention and Safety  
Richard Stegenga, Deputy Director, Business Operations  
Myra Dixon, Public Assistance Unit Manager, Office of the Controller

CWS-28-20

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES**

LOCATION: 820 S. Boylan Avenue, McBryde Building, Raleigh, NC 27603

MAILING ADDRESS: 2409 Mail Service Center, Raleigh, NC 27699-2409

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DCDL Child Welfare Services 10–20 Administrative Rule for Licensing Waivers (April 2020)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** - Governor  
**MANDY COHEN, MD, MPH** - Secretary  
**SUSAN OSBORNE** - Assistant Secretary for County Operations for Human Services

**April 16, 2020**

**DEAR EXECUTIVE DIRECTORS OF PRIVATE LICENSED CHILD PLACING AGENCIES  
providing Adoption Services**

**ATTENTION: Directors, Program Managers and Child Welfare Professionals**

**SUBJECT: ADMINISTRATIVE RULE FOR LICENSING WAIVERS**

**REQUIRED ACTION:**  Information Only  Time Sensitive  Immediate

NC DHHS recognizes that private agencies providing adoption services have been greatly affected by the COVID-19 virus public health crisis. In an attempt to provide guidance and relief wherever possible, NC DHHS will approve the following waiver requests made by licensed private adoption agencies regarding Administrative Rules for licensing.

Post-placement visits as required in NCAC 70H .0407 (d) may be accomplished using virtual communication technology such as skype or facetime visits with documentation in adoptive family record of the date, persons present, type of virtual visit and content with an approved waiver.

Face-to-face in-home visits with all members of a family are a critical part of the initial assessment of a family to adopt a child; therefore, agencies should postpone pre-placement assessment required contacts until face-to-face visits can be made in person safely and within current state mandates for remaining at home. NCAC 70H .0405 (a) requirements for the pre-placement assessment to be completed within 90 days of an approved application maybe be postponed with an approved waiver. Face-to-face interview requirements for pre-placement assessments cannot be waived; however, if your agency provides foster care and adoption services and you are completing a pre-placement assessment with one of the foster families that you supervise and who is well known to your staff, a recently conducted home visit and recent face-to-face contacts may be used to meet Administrative Rule requirements.

Pre-placement assessment updates as required in NCAC 70H .0405 (a) should be completed according to your agency's established policies and procedures. There are no specific Administrative Rule requirements for home visits or face-to-face contacts for pre-placement assessment updates.

A pre-populated waiver request containing the Administrative Rules noted above is attached to this letter and should be used to make the request for waiver of these Administrative Rules to the licensing authority. Please add your agency information to the top section of the form. Submit

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES**

LOCATION: 820 S. Boylan Avenue, McBryde Building, Raleigh, NC 27603

MAILING ADDRESS: 2401 Mail Service Center, Raleigh, NC 27699-2401

www.ncdhhs.gov • TEL: 919-855-6335 • FAX: 919-334-1018

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the waiver request via email to your assigned Program Consultant. The waiver will be approved, and the form returned to you.

We appreciate your patience as we work to provide consistent and comprehensive information.

If you have questions or concerns, please contact your assigned Program Consultant or Linda Waite at [linda.waite@dhhs.nc.gov](mailto:linda.waite@dhhs.nc.gov) or 704-341-7300.

As always, thank you for your dedication to serving children and families.

Sincerely,



Lisa Cauley, Deputy Director Child Welfare Services

Attachment: Pre-populated waiver request form

Cc: Susan G. Osborne, Assistant Secretary for County Operations  
Carla McNeill, Section Chief for Licensing and Regulatory  
Teresa Strom, Section Chief for County Operations  
Linda Waite, Regulatory and Licensing Program Administrator

CWS-10-20

# Fire Inspection Attestation COVID-19 Executive Order (April 2020)

## Fire Safety Attestation

I \_\_\_\_\_ attest to the following:  
(foster parent)

My residence at \_\_\_\_\_ was

last inspected by \_\_\_\_\_ on \_\_\_\_\_  
(local fire inspector's name) (date)

and found to be in compliance with the following fire safety requirements set forth in 10A NCAC .1108

(b) All homes shall be protected from all fire hazards including the following:

- (1) all hallways, doorways, entrances, ramps, steps, and corridors shall be kept clear and unobstructed at all times;
- (2) an evacuation plan shall be developed, and all persons in the home shall be knowledgeable of the plan;
- (3) a mounted "ABC" fire extinguisher with a rating not less than 1-A shall be installed and readily available in the residence;
- (4) homes built prior to July 1975 shall have a battery or electric smoke alarm installed outside every sleeping area. Homes built between July 1975 and June 30, 1999, shall have electric smoke alarms placed outside sleeping areas as required by the NC Residential Code in effect at construction time. Homes built after June 30, 1999 shall have smoke alarms in every sleeping room, outside bedrooms and other areas, interconnected as required in the NC Residential Code;
- (5) a Carbon Monoxide (CO) detector shall be installed in homes that use fuel oil products, coal, wood or gas to heat, cool, cook, operate a hot water heater or gas logs;
- (6) all homes shall have telephone service;
- (7) no egress door shall have a double keyed dead bolt; and
- (8) extension cords shall not be used as a substitute for permanent wiring. Extension cords shall be used only for portable appliances and shall be listed by Underwriters Laboratory (UL).

The conditions listed above have not changed and my home remains in compliance with these requirements.

Supervising Agency Name: \_\_\_\_\_

Foster Parent Names: \_\_\_\_\_

Foster Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Worker Name: \_\_\_\_\_

Social Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DCDL Licensing Updates, COVID-19 (May 2020)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** - Governor  
**MANDY COHEN, MD, MPH** - Secretary  
**SUSAN OSBORNE** - Assistant Secretary for County Operations for  
Human Services

**May 7, 2020**

**DEAR COUNTY DIRECTORS OF SOCIAL SERVICES  
DEAR EXECUTIVE DIRECTORS OF PRIVATE PROVIDER AGENCIES**

**ATTENTION: Directors, Program Managers and Foster Home Licensing Managers**

**SUBJECT: Licensing requirement updates**

**REQUIRED ACTION:**  Information Only  Time Sensitive  Immediate

As we continue to work together to address issues related to licensing under the public health crisis stay-at-home order, we want to take this opportunity to provide the following updates.

### **Foster Home Licensing Pre-Service Training**

The Division recognizes the importance of your ability to continue to engage, train, and assess new foster families. We have been in communication with The Children's Alliance of Kansas, the owners of the TIPS-MAPP, Caring For Our Own, and Deciding Together curriculums, to establish a way forward to provide pre-service training for prospective foster parents using virtual technology.

The Children's Alliance of Kansas has approved the use of virtual technology to deliver Deciding Together for prospective foster parents. Since Deciding Together is designed to be delivered one-on-one and provides bookwork instead of in-person activities, it is better suited to be completed virtually. Permission to provide Deciding Together virtually is only allowed during the public health crisis. At this time, the TIPS-MAPP program and the Caring For Our Own program cannot be delivered virtually. To provide additional support in this endeavor, NC DSS has received special permission to deliver the Deciding Together Leader certification training on a virtual platform.

Additional information and guidance on how to implement virtual Deciding Together and leader certification training are attached. Included in the guidance document is a survey that NCDSS will utilize to assess the statewide demand for Deciding Together Leader certification.

If your agency uses another approved pre-service curriculum and you are seeking to conduct the training virtually, please submit your written proposal for implementation to your assigned agency program consultant for approval.

### **Quarterly visits**

During informational webinars held on April 17, 2020, a question regarding the need for a waiver for county DSS supervising agencies for the quarterly licensing compliance visits to take place

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES**

LOCATION: 820 S. Boylan Avenue, McBryde Building, Raleigh, NC 27603

MAILING ADDRESS: 2401 Mail Service Center, Raleigh, NC 27699-2401

www.ncdhhs.gov • TEL: 919-855-6335 • FAX: 919-334-1018

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virtually, rather than face-to-face, was raised. The decision has been made that all county DSS supervising agencies should complete the waiver request for this requirement, 10A NCAC 70E .1113 LICENSING COMPLIANCE VISITS. The pre-populated waiver request form is attached. The form should be completed and emailed to Jodi Franck at [Jodi.Franck@dhhs.nc.gov](mailto:Jodi.Franck@dhhs.nc.gov) (828-232-3175) for approval. One waiver request covers the agency. A waiver is not required for each foster family.

**Fingerprint requirements**

On April 15, 2020 the Administration for Children and Families provided direction to the states for flexibility regarding the requirement for fingerprint based criminal records checks. This flexibility in the federal requirements allows the use of name based criminal record checks during the public health state of emergency as they apply to the IV-E funding requirements; however, North Carolina requirements for fingerprint based criminal records checks remain a barrier. NC DHHS is currently working to address this issue. Some law enforcement offices are collecting fingerprints. Please contact your local office for current information.

We recognize that barriers to completing foster home licensing requirements persist, but we encourage you to continue to engage prospective foster families to the greatest extent possible.

We appreciate your patience as we work to provide consistent and comprehensive information. If you have questions or concerns, please contact your assigned Program Consultant or Linda Waite at [linda.waite@dhhs.nc.gov](mailto:linda.waite@dhhs.nc.gov) or 704-341-7300.

As always, thank you for your dedication to serving children and families.

Sincerely,



Lisa Cauley, Deputy Director Child Welfare Services

Cc: Susan G. Osborne, Assistant Secretary for County Operations  
Carla McNeill, Section Chief for Licensing and Regulatory  
Teresa Strom, Section Chief for County Operations  
Linda Waite, Regulatory and Licensing Program Administrator  
Jodi Franck, Foster Home Licensing Manager

Attachment: Pre-populated waiver request form – quarterly licensing visit  
TIPS-MAPP training guidance

CWS-12-20

# DCDL Residential Child Care Waivers COVID-19 (April 2020)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** - Governor  
**MANDY COHEN, MD, MPH** - Secretary  
**SUSAN OSBORNE** - Assistant Secretary for County Operations for Human Services

**April 16, 2020**

**DEAR COUNTY DIRECTORS OF SOCIAL SERVICES OPERATING RESIDENTIAL CHILD CARE FACILITIES  
DEAR EXECUTIVE DIRECTORS OF PRIVATE LICENSED RESIDENTIAL CHILD CARE and RESIDENTIAL MATERNITY CARE FACILITIES**

**ATTENTION: Directors, Program Managers and Child Welfare Professionals**

**SUBJECT: WAIVER OF ADMINISTRATIVE RULE for RESIDENTIAL CHILD CARE FACILITIES**

**REQUIRED ACTION:**  Information Only  Time Sensitive  Immediate

NC DHHS recognizes that public and private agencies that are licensed as Residential Child Care Facilities and Residential Maternity Care Homes have been greatly affected by the COVID-19 virus public health crisis. In an attempt to provide guidance and relief wherever possible, NC DHHS will approve waiver requests where allowable by statute or Executive Order regarding the following Administrative Rules for licensing.

The timeframe for completing CPR and first aid classes as defined in 10A NCAC 70I .0405 PERSONNEL POSITIONS (f) (2) (B) may be waived if in-person training is not available. Web-based trainings for certification in first-aid, CPR, or universal precautions cannot be accepted. Staff training as outlined in 10A NCAC 70I .0405 PERSONNEL POSITIONS (f) (2) (C) may be obtained through on-line learning opportunities. If a staff member is unable to complete training requirements a waiver may be requested.

Regarding required in-person contacts as established under 10A NCAC 70I .0502 ADMISSION PROCEDURES, 10A NCAC 70I .0602 FAMILY INVOLVEMENT and 10A NCAC 70K .0204 PROGRAM OF CARE the facility may request a waiver for these contacts to take place by use of virtual technology such as skype or facetime until the state of emergency has been lifted.

Pre-populated waiver request forms containing the Administrative Rules noted above are attached to this letter and should be used to make a request for waiver of these Administrative Rules to the licensing authority. Please add your agency information to the top section of the form. Submit the waiver request for private agency licensing requirements via email to your assigned Program Consultant.

We appreciate your patience as we work to provide consistent and comprehensive information. If you have questions or concerns, please contact your assigned Program Consultant or Linda Waite at [linda.waite@dhhs.nc.gov](mailto:linda.waite@dhhs.nc.gov) or 704-341-7300.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES**

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As always, thank you for your dedication to serving children and families.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Cauley".

Lisa Cauley, Deputy Director Child Welfare Services

Attachment: Pre-populated waiver request forms

Cc: Susan G. Osborne, Assistant Secretary for County Operations  
Carla McNeill, Section Chief for Licensing and Regulatory  
Teresa Strom, Section Chief for County Operations  
Linda Waite, Regulatory and Licensing Program Administrator  
Jodi Franck, Foster Home Licensing Manager

CWS-09-20

# DCDL 11-20 Child Welfare Training (April 2020)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** - Governor  
**MANDY COHEN, MD, MPH** - Secretary  
**SUSAN OSBORNE** - Assistant Secretary for County Operations for Human Services

**April 24, 2020**

**DEAR COUNTY DIRECTOR OF SOCIAL SERVICES**

**ATTENTION: CHILD WELFARE PROGRAM MANAGERS, SUPERVISORS, AND WORKERS**

**SUBJECT: TRAINING**

**REQUIRED ACTION: Information Only**

**Remote/Virtual Classroom Training Information**

The North Carolina Division of Social Services (NC DSS) is statutorily required to offer specific trainings for all 100 county DSS agencies. Due to the unprecedented situation relative to the COVID-19 crisis, NC DSS, in conjunction with our training partners, has worked to transition trainings into online, remote/virtual classroom learning opportunities. The trainings that have transitioned or are in process to be transitioned from classroom to remote/virtual trainings are:

- Child Welfare in NC: Pre-Service*
- Legal Aspects in Child Welfare in NC*
- Medical Aspects of Child Abuse & Neglect for Non-Medical Professionals*
- Intake in Child Welfare Services*
- CPS Assessments in Child Welfare in NC*
- CPS In Home in Child Welfare in NC*
- Permanency Planning in Child Welfare Services*

Please be aware that these courses are offered as remote/virtual classrooms rather than "on demand". That means the participants are participating in a live training environment with a trainer and other participants.

In order for remote/virtual classrooms to be successful, please address the following with training participants:

- Assure that each training participant is equipped with access to a computer, Wi-Fi and any other technological requirements in order to be able to fully participate in the training.
- Assure that training participants are fully engaged in the training. Staff in remote training should not be considered available for work in the office.
- Being a remote/virtual classroom environment means the participants cannot stop and start. They must participate from start to finish.
- Because this modality of training offers less opportunity for processing the course content, additional Transfer of Learning activities are required for participants. It is necessary for supervisors of remote/virtual training participants to spend additional time

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www.ncdhhs.gov • TEL: 919-855-6335 • FAX: 919-334-1018

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with them to process the information and assure that staff have acquired the necessary competencies. NC DSS will provide specific instructions for each training curriculum to the participants registered for each course and to their direct supervisor.

In order to further enhance the remote/virtual learning process, we will request feedback from class participants, county partners and our trainers so that necessary adjustments to further enhance the experience can be made. NC DSS is also actively working to include pre and post test with the remote/virtual trainings.

**Other Recommended Courses Available Online/On-Demand**

NC DSS would also like to take this opportunity to identify additional training resources that are available during this time. These can all be found at <https://www.ncswlearn.org/> unless otherwise noted. All of these courses are available on-demand.

**For Supervisors and Case Workers**

1. Developing and Implementing Family Service Agreements (<http://fcrp.unc.edu/multimedia/>)
2. Documentation in Child Welfare: Effective Practices for County DSS Agencies
3. Introduction to the Monthly Foster Care Contact Record
4. Opioid Misuse and Child Welfare Practice
5. Collaborative Case Planning

**For Supervisors/Managers**

1. Supporting Effective Documentation: A Course for Supervisors
2. Critical Thinking in Child Welfare: A Course for Supervisors
3. Managing change in Child Welfare: A Course for Agency Leaders
4. Welcome to Supervision

NC DSS appreciates the hard work you are doing daily during these challenging times. If you have any training questions, please contact Teresa Strom at [Teresa.strom@dhhs.nc.gov](mailto:Teresa.strom@dhhs.nc.gov).

Sincerely,



Lisa Tucker Cauley,  
Deputy Director for Child Welfare Division of Social Services

Cc: Susan Osborne, Assistant Secretary for County Operations  
Teresa Strom, Section Chief for County Operations  
Carla McNeill, Section Chief for Licensing and Regulatory  
Kathy Stone, Section Chief for Child Protective Services

CWS-11-20

# DCDL Child Welfare Services Visitation Letter (March 2020)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Social Services

**ROY COOPER** - Governor  
**MANDY COHEN, MD, MPH** - Secretary  
**SUSAN OSBORNE** - Assistant Secretary for County Operations  
for Human Services

March 20, 2020

**DEAR COUNTY DIRECTORS OF SOCIAL SERVICES**

**ATTENTION: DIRECTORS, CHILD WELFARE PROGRAM ADMINISTRATORS, MANAGERS,  
SUPERVISORS, AND SOCIAL WORKERS**

**SUBJECT: GUIDANCE FOR COURT ORDERED VISITATION**

**REQUIRED ACTION:**  Information Only  Time Sensitive  Immediate

**PURPOSE**

In recent weeks, North Carolina has been faced with a public health crisis, COVID-19. This virus has presented some unprecedented challenges to our child welfare system. Governor Cooper has declared a state of emergency because of the COVID-19 virus. As a result, guidance that can be implemented immediately is being provided. This guidance will remain valid throughout this public health crisis.

For parents who have court-ordered visitation, it is the Division's recommendation that counties reach out to those parents and request their consent to temporarily cease in-person visitation. Parents may agree to having video (FaceTime, Skype, etc.) or telephone visitation. For those that do not the visitation must continue, unless the director makes a good faith determination that the visitation plan is not consistent with the juvenile's health and safety, the director may temporarily suspend all or part of the visitation plan pursuant to 7B-905.1(b). If the Director suspends visitation under this provision, then they should consult with their attorney to ensure the law is followed with regard to filing a motion if the circumstances warrant.

Directors are encouraged to collaborate with the district court judge presiding over juvenile court and the Guardian ad litem office as decisions to suspend visits for children in foster care are made. Notification to parent attorneys is also recommended.

If you have questions or need clarification, please contact your Regional Child Welfare Consultant.

Sincerely,

Handwritten signature of Susan G. Osborne in cursive.

**Susan G. Osborne**  
Assistant Secretary for County Operations  
Department of Health and Human Services

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF SOCIAL SERVICES**

LOCATION: 820 S. Boylan Avenue, McBryde Building, Raleigh, NC 27603

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**Cc: Lisa T. Cauley, Deputy Director for Child Welfare  
Teresa Strom, Section Chief for County Operations  
Carla McNeill Section Chief for Licensing and Regulatory  
Kathy Stone, Section Chief for Child Protective Services and Prevention**

**CWS-06-2020**

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DCDL 15–20 Guidance for In–Person Visitation in Congregate Care Settings (June 8, 2020)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Social Services

**ROY COOPER** - Governor  
**MANDY COHEN, MD, MPH** - Secretary  
**SUSAN OSBORNE** - Assistant Secretary for County Operations  
for Human Services

**June 08, 2020**

**DEAR COUNTY DIRECTORS OF SOCIAL SERVICES  
DEAR EXECUTIVE DIRECTORS OF RESIDENTIAL PROVIDER AGENCIES**

**ATTENTION: Directors, Program Managers and Residential Managers**

**SUBJECT: Guidance for in-person visitation in congregate care settings**

**REQUIRED ACTION:  Information Only  Time Sensitive  Immediate**

On March 20, 2020, the North Carolina Division of Social Services (NCDSS) issued a Dear County Directors' Letter providing guidance to local Departments of Social Services on court-ordered visitation between parents/caregivers, children and youth receiving foster care services. The guidance recommended that counties contact parents/caregivers and families with court-ordered visitation and request their consent to temporarily cease in-person visitations due to health and safety concerns caused by COVID-19. County child welfare staff worked diligently to transition to virtual visitations, helping children and youth in congregate care placements maintain connections with their parents/caregivers and families while adhering to guidance informed by federal and state health officials.

On May 20, 2020, Governor Roy Cooper signed Executive Order No. 141 to modify the current stay-at-home order and to transition the state into "Safer At Home" Phase 2 of lifting COVID-19 restrictions. As part of this structured, phased approach towards community reintegration, safety precautions are still promoted to support flattening of the curve and slowing the spread of COVID-19.

NCDSS is aware that some agencies have returned to, or are preparing to resume, in-person visitations. NCDSS is providing updated guidance on in-person visits for children and youth living in congregate care in order to promote consistency statewide while maintaining local flexibility to handle exceptional cases and/or localized outbreaks of the virus. It is well known that congregate care living can pose a great risk for transmission of the virus and we encourage you to use every precaution available during this time.

Face-to-face contact between parents/caregivers and children in congregate care is essential to the welfare of both children and their parents, and contributes to timely, positive permanency outcomes for children. While protecting the health and safety of children, youth and families is of paramount importance, so too is ensuring that parents/caregivers and children have time together to maintain and strengthen connections. Towards that end, in-person visitations should resume whenever best-practice safety measures allow and the risk for spreading the virus throughout a congregate care setting can be minimized.

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We are strongly recommending that children should not leave congregate care facilities for overnight or weekend visits with parents, relatives or respite providers. If there are court orders requiring such visits, this should be addressed with a judge.

There are some children and youth with underlying health conditions for whom continuing virtual visits remains in their best interest. In these cases, a consultation with their medical provider prior to resuming in-person visitation will be necessary. We encourage you to develop visitation plans with congregate care providers on a case-by-case basis.

Child welfare agencies need to prepare to facilitate and support families' interactions as community reintegration occurs. When making decisions about in-person visitations, county child welfare agencies and congregate care providers are encouraged to consider all information available to them, including individual

circumstances and any county or local orders that may be in effect. Additional information from the Center for Disease Control (CDC) can be accessed at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and from the North Carolina Department of Health and Human Services at: <https://covid19.ncdhhs.gov/>.

Please refer to the enclosed guidance document for additional information. Should you have questions, please contact your regional child welfare consultant or, for private agencies, your assigned Program Consultant.

Help protect your family and neighbors from COVID-19. ***Know the 3 Ws. Wear. Wait. Wash.*** #StayStrongNC and get the latest at [nc.gov/covid19](https://nc.gov/covid19).

Thank you for your anticipated participation and cooperation in this important process.

Sincerely,



Lisa Tucker Cauley  
Deputy Director for Child Welfare  
Division of Social Services

Cc: Susan Osborne, Assistant Secretary for County Operations  
Teresa Strom, Section Chief for County Operations  
Carla McNeill, Section Chief for Permanency Planning  
Kathy Stone, Section Chief for Prevention and Safety  
Linda Waite, Acting Section Chief for Regulatory and Licensing Services

Attachment: Guidance for In-Person Visitation in congregate care settings  
Sample visitation agreement  
Sample screening tool

CWS-15-20

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# Guidance In-Person Visitation Resource Families (June 2020)

## Guidance on In-Person Visitation for Resource Families

### **Planning In-Person Visits**

Provide information to each participant about the steps that will be taken by child welfare staff, parents, children, and resource providers, and address any known concerns of the participants, **before** in-person visits. Discuss the importance of in-person visits for children with all participants. A signed visitation plan agreeing to adhering to safety measures is recommended prior to the in-person visit being scheduled. A sample visitation plan is attached.

Before scheduling the first in-person visit, child welfare staff should communicate with the parents, child(ren) (if age and developmentally appropriate), and resource providers for the children, to create a plan for in-person visitations, including:

- Considerations for the physical and emotional safety of all participating children, parents, resource providers, including considerations of the parents' living arrangements, and the community's welfare;
- Considerations for the physical and emotional safety of any adult participants deemed "high-risk" per CDC guidelines;
- Considerations for conforming with social distancing recommendations and additional measures aimed at protecting the health and safety of all participants; and,
- Considerations of and determinations about which participants are critical to successful parent-child visitations, in order to reduce unnecessary exposure to other, non-essential parties. This may not be the best time to physically introduce new people to children and families, if such introductions can be postponed.

As stated previously, there are some children and youth with underlying health conditions for whom continuing virtual visits remains in their best interest. In these cases, a consultation with a medical provider prior to resuming in-person visitation will be necessary.

### **Locations of In-Person Visits**

The locations in which in-person visits occur should be clean, safe, and chosen to minimize exposure to others.

1. **Outdoor locations**
  - Encourage conducting visits outside or in other large open spaces whenever possible.
  - State and local authorities will decide whether parks and other recreational facilities will open. Check with the park in advance to be sure you know which areas and/or services are open, such as bathroom facilities, playgrounds and athletic fields, and bring what you need for the visitations with you.
  - The CDC recommends that playground equipment not be used as it can be challenging to keep surfaces clean and disinfected sufficiently.
  - Adult visit participants are expected to maintain appropriate physical distance (at least 6 feet at all times) and take additional steps to prevent COVID-19 as needed. This might make some open areas like trails and paths better to use than other park areas and spaces. Avoid crowded areas.
  - Children are not expected to maintain physical distance when interacting with other children. When possible parents should engage in activities that minimize close physical proximity.

- Participants should stay at least 6 feet away from each other and from other people not in your group (“social distancing”), taking additional steps to prevent COVID-19 as needed. This might make some open areas like trails and paths better to use than other park areas and spaces. Avoid crowded areas.

2. Indoor locations

- Must be disinfected before and after visits.
- Must allow for social distancing of six (6) feet between all participants, including children, parents, resource providers, social workers, etc. Avoid crowded locations.

3. Visitation rooms

- Visitation rooms must be disinfected before and after each visit.
- Toys and items that cannot be easily cleaned and disinfected must be removed, including stuffed animals, toys, books, blankets and throw pillows.

**Participants attending In-Person Visits**

**Staff:**

1. Staff should contact parents and children’s resource providers to screen for exposure to COVID-19 the morning of the scheduled in-person visits. If the parent, caregiver, and/or child meet the CDC criteria and may have COVID-19, the scheduled in-person visit must be rescheduled to a virtual visit. A sample screening tool is attached to this guidance.

According to the Centers for Disease Control:

- Symptoms may appear 2-14 days after exposure to the virus. People with the following symptoms or combinations of symptoms may have COVID-19:
  - o Cough
  - o Shortness of breath or difficulty breathing
- Or at least two of these symptoms:
  - o Fever
  - o Chills
  - o Repeated shaking with chills
  - o Muscle pain
  - o Headache
  - o Sore throat
  - o New loss of taste or smell.

2. All staff conducting or supporting in-person visits must wear a face covering if in a contained space, when cleaning visitation rooms and when interacting with children, parents, and resource providers/parents.

3. Staff should, upon receiving a text message from a parent waiting in a vehicle, verify that he/she has had no changes in his/her symptoms, according to the above symptoms’ checklist

4. Staff should escort parents and children to the visitation room(s).

5. Staff should maintain social distancing by and between themselves, resource providers/parents providing transportation, and parents at all times.

**Parents:**

1. Parents attending in-person visitations must arrive 15 minutes prior to the scheduled visit and they must wait in their vehicles.
2. Parents should text the visitation supervisors to let them know that they have arrived.
3. Parents must leave personal items that will not be needed for the visitation, in their vehicles, including jackets, purses, bags, and backpacks.
4. Parents will be escorted to the visitation room(s) by staff.
5. Parents will follow the CDC guidelines for handwashing and/or the use of hand sanitizing gel, upon arrival and before leaving the visit.
6. Parents must always wear a face covering while inside the building where a visitation occurs, unless there is a need to remove the face covering to address children's fears. If parents do not have face coverings parents should consult with staff on how to obtain one.
7. Parents should avoid touching of faces and any non-sanitized surfaces.

**Resource Providers/Parents:**

1. Resource Providers/parents should provide transportation for children to and from in-person visits whenever safely possible and based on resource parents' availability.
2. Resource Providers/parents transporting children should not enter the buildings. Resource Providers/parents should text staff who are supervising the visits and they should wait in their vehicles. Staff will escort the children inside the building.
3. Resource Providers/parents should be engaged by staff at a safe social distance of six (6) feet. This is an opportunity to share information, updates and build a relationship.

**Child(ren):**

1. Children need to be escorted by staff to enter and while inside the building where visitations occur.
2. Children should follow CDC guidelines for washing hands or use hand sanitizer upon arrival at the visit and prior to leaving.
3. Children must wear face coverings. Note that cloth or disposable face coverings should not be worn by children under the age of 2, or by an individual who is unable to remove their face covering on their own.
4. Children should only bring one (1) comfort item or toy that can be easily washed, some children may need to have additional items such as a change of clothing or diapering supplies.

**Transportation for In-Person Visits**

Resource Providers/parents should provide transportation for children to and from in-person visits whenever safely possible and based on resource parents' availability. When this is not possible, the following applies to when transportation must be provided by staff:

**Staff Transportation**

1. Staff and all children must wash hands or use hand sanitizing gel prior to entering the car.

2. Staff and children must wear face coverings while in a car together. Face coverings are not recommended for children under the age of two.
3. Staff must clean and disinfect the car before and after transporting a child(ren) to an in-person visitation.

**Social Distancing and other precautions:**

- To maintain a proper distance, passengers should refrain from sitting in the front of the vehicle.
- Drivers should limit occupancy to no more than two (2) passengers per vehicle. If all parties/riders live in the same household and the vehicle can accommodate all riders in the back seat(s), then more than two (2) passengers from the same household can ride in one vehicle. If not, then only one passenger per vehicle is permitted.
- All persons (drivers and passengers) are required to wear face coverings when providing or using any car or van transportation services. Face coverings are not recommended for children under the age of two.
- Drivers should wash or sanitize hands on a routine basis. At a minimum, this should be done after each ride.
- Drivers should avoid recirculating air through the cars' ventilation systems during passenger transport. Drivers are strongly encouraged to open windows or allow passengers to lower the vehicle windows, according to CDC guidelines.  
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/rideshare-drivers-for-hire.html>

**Vehicles used for transportation**

All vehicles should be disinfected prior to and after each use, as follows:

- Vehicles should be wiped down including all hard, non-porous surfaces (hard seats, arm rests door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) with a disinfectant approved by the EPA. Guidance is available from the CDC -*Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes*  
<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
- When time allows spray disinfectant should be sprayed and allowed to air dry. If a car is used for transporting anyone who begins to show the CDC identified symptoms of COVID-19 and/or is known to have COVID-19, immediately follow protocol developed by your agency.  
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

**Disinfecting Visit Rooms:**

1. Toys and items that cannot be easily cleaned must be removed from visitation rooms, including stuffed animals, dolls, toys, and books.
2. Toys that can be easily cleaned should be rotated after each visit to allow additional time to spray with disinfectant and left to air dry before the next use.
3. All visitation rooms must be disinfected before and after each visit. Time permitting, the spray should be left to dry. At a minimum, all hard surfaces and frequently touched surfaces should be wiped down using a disinfectant approved by the EPA. Guidance is available from the CDC

*-Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes*

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

4. Safe use of disposable or cloth face coverings should occur. For any type of face covering, appropriate use and disposal are essential to ensure that they are effective and to avoid contamination. Self-contamination can occur by touching and reusing contaminated face coverings. Additional information and guidance from the CDC and World Health Organization (WHO) can be accessed via the following links: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf>

Families First Coronavirus Response Act (June 2020)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**SUSAN OSBORNE** • Assistant Secretary for  
County Operations for Human Services

June 3, 2020

**DEAR COUNTY DIRECTORS OF SOCIAL SERVICES  
DEAR EXECUTIVE DIRECTORS OF PRIVATE PROVIDER AGENCIES**

**ATTENTION: Directors, Program Managers and Foster Home and  
Residential Managers SUBJECT: Pandemic Electronic Benefit Transfer  
for providers of foster care services REQUIRED ACTION: Information  
Only Time Sensitive  Immediate**

Pursuant to the Families First Coronavirus Response Act of 2020, the Secretary of Agriculture approved state agency plans for temporary emergency standards of eligibility and levels of benefits under the Food and Nutrition Act of 2008. Therefore, North Carolina has been approved to administer the Pandemic- Electronic Benefit Transfer (P-EBT) program.

The P-EBT program will help caretakers, including foster parents, residential childcare providers and relative care providers, purchase food for children in their care while schools are closed due to the COVID- 19 pandemic. Benefits are available for children who are eligible for free and reduced lunch including children receiving foster care services. The P-EBT program is a collaboration between the North Carolina Department of Health and Human Services and the North Carolina Department of Public Instruction.

Please refer to the enclosed guidance document for additional information. Should you have questions, please contact your regional child welfare consultant.

Thank you for your anticipated participation and cooperation in this important process.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Tucker Cauley".

Lisa Tucker Cauley  
Deputy Director for Child  
Welfare Division of  
Social Services

Cc: Susan Osborne, Assistant Secretary for

County Operations Teresa Strom, Section  
Chief for County Operations  
Carla McNeill, Section Chief for  
Permanency Planning Kathy Stone,  
Section Chief for Prevention and Safety  
Linda Waite, Acting Section Chief for Licensing and

Regulatory Attachment: P-EBT guidance

CWS-13-20

# 11 Appendix B: Amended HOCP

## Amendment to the North Carolina Health Care Oversight and Coordination Plan 2020–2024

The North Carolina Division of Social Services (NCDSS) is amending the 2020–2024 HOCP to reflect changes in policy for the monitoring of psychotropic medications at the local (agency) level. The changes will strengthen the monitoring of the appropriate use of psychotropic medications for children and youth in foster care. Section II Health Programming Laws and Regulations: Requirement 5 – Protocols for the Appropriate Use and Monitoring of Psychotropic Medications and the Oversight of Prescription Medications is updated to reflect the changes to North Carolina Child Welfare Policy Manual.

Child Welfare Agencies to:

- Refer all children/youth who are prescribed psychotropic or other high-risk medications as identified in the *Best Practices for Medication Management for Children and Adolescents in Foster Care* to care management through CCNC;
- Monitor for psychotropic medication changes monthly and document current medications in child welfare record used for monthly home visits (DSS 5295 North Carolina Monthly Permanency Planning Contact Record);
- Review prescription medications during each home visit with foster parent(s) and child to identify any concerning side effects that needs to be communicated with prescribers immediately, or that trigger a need for a referral to Community Care of North Carolina (CCNC) care management for a medication reconciliation or review by a CCNC pharmacist;

To support child welfare workers in completing the monitoring of psychotropic medications at the local level, a webinar training is being provided and a recording of this webinar will be placed on the Fostering Health North Carolina Website. New content specific to the monitoring of psychotropic medications will be added to the current required child welfare training curriculum.

# 12 Appendix C: 2020 CCPT Final Report

## 2020 Recommendations

As summarized by the U.S. Children’s Bureau, CRPs under CAPTA are intended to examine “the policies, procedures and practices of State and local child protection agencies” and make “recommendations to improve the CPS system at the State and local levels.” In fulfilling this mandate, the NC CCPT/Citizen Review Panel Advisory Board used the extensive information and ideas from the current and earlier CCPT surveys to formulate the recommendations listed below. The Advisory Board met in two subcommittee meetings and then a meeting of the whole board to prepare and finalize the recommendations. The CCPTs identified a range of means for supporting their work. The Advisory Board was very cognizant that supports for CCPTs were all the more necessary in sfy 2021 as localities grappled with the effects of the coronavirus pandemic. Hence, a recommendation specific to these needs is proposed below for strengthening the work of the CCPTs.

*In accordance with CAPTA, we propose the following for child protection at the state and local levels.*

### **RECOMMENDATION 1 – DEVELOP A PLAN FOR A RACIALLY EQUITABLE APPROACH TO CHILD WELFARE IN NORTH CAROLINA**

State fiscal year 2020 has been characterized by a heightened national attention to social justice and racial equity. Efforts are being made at the federal, state, and local levels to acknowledge and address racial disparities in child welfare policy and practice. Leadership has been provided by Black, Brown, Indigenous, Immigrant, and Impoverished peoples and communities. The recommendations put forth in this report should be considered through the lens of racial equity and actions should reflect efforts toward a racially equitable approach to child welfare.

1. *In sfy 2022, for child welfare staff, CCPTs, and other interested community members,*
  - a. Hold panels to engage participants in defining racial equity in child welfare.
  - b. Encourage child welfare staff, CCPTs, and other interested community members, including family and youth, to participate in forums to raise awareness of racial equity issues in service delivery<sup>1</sup>.
  - c. Host a statewide virtual conference to review possible models for racial equity in child welfare.
2. *In sfy 2023,*
  - a. Assess commitment of state and local child welfare, CCPTs, and other community partners, including family and youth, to develop a plan for instituting a racially equitable approach to child welfare in North Carolina.
  - b. With sufficient commitment, funding, and a coordinating organization(s),
    - i. Engage state and local child welfare and their community partners in identifying how racial inequities affect service delivery in one policy area (ex. Plan of Safe Care); and

---

<sup>1</sup> Example: System of Care (SOC) *Building an Equitable Results-Based Organization*.

- ii. Analyze the potential impact of current developments in federal and state policy on racially equitable service delivery in this one policy area.
- 3. *In sfy 2024,*
  - a. Review process and content learning from sfy’s 2022 and 2023.
  - b. Develop next steps re: racially equitable child welfare in North Carolina.

**RECOMMENDATION 2 – SUPPORT THE FAMILIES OF INFANTS IDENTIFIED AS ‘SUBSTANCE AFFECTED’, INCLUDING THE PLAN OF SAFE CARE (POSC).**

Background: Federal CAPTA 2016 legislation<sup>2</sup> requires health care providers involved in the delivery and care of infants identified as meeting ‘substance affected’ criteria to notify Child Welfare of the occurrence. The ‘substance affected’ criteria were to be developed by each state for three different required areas. North Carolina developed these criteria and implemented the updated policy and practice in 2017<sup>3</sup>. All such identified infants, under this legislation, must have a Plan of Safe Care developed to support to the safety and well-being of the infant and the infant’s family, regardless of imminent safety concerns.

**Recommendation to support the families of infants identified as ‘substance affected’, including the Plan of Safe Care (POSC).**

**Local**

- 1. *In sfy 2022, request review and recommendations on child welfare’s POSC policies and forms by the NC Child Welfare Family Advisory Council and family violence organizations.*
- 2. *In sfy 2023, dedicate a county role/position to the complex and multilevel needs of families who are substance involved.*
  - a. Develop understanding and expertise on the CAPTA 2016 Plan of Safe Care legislation<sup>4</sup> and the required cross collaboration implementation in North Carolina.
  - b. Prioritize collaboration and communication with local partners in working with shared families experiencing child welfare involvement and substance use disorders, with 42 CFR part 2 compliant releases of information in place.
  - c. Consider outreach and collaboration with community prenatal care providers to provide education on the Infant Plan of Safe Care and consider developing the POSC prenatally for those identified in treatment.
  - d. Seek and develop ‘in-house’ expertise and familiarity with common issues related to substance use disorders and child welfare involvement, including medication for opioid use disorders during pregnancy and postpartum. Provide consultation to staff on these cases.<sup>5</sup>

<sup>2</sup> <https://www.congress.gov/114/plaws/publ198/PLAW-114publ198.pdf>

<sup>3</sup> [https://www.ncdhhs.gov/infant-plan-safe-care/place-of-delivery#affected\\_by\\_substance\\_abuse](https://www.ncdhhs.gov/infant-plan-safe-care/place-of-delivery#affected_by_substance_abuse)

<sup>4</sup> <https://ncsacw.samhsa.gov/topics/plans-of-safe-care-learning-modules.aspx>

<sup>5</sup> <https://ncpoep.org/key-messages/infant-care-providers/>

- e. Prioritize referral and connection to substance use disorder professional for comprehensive clinical substance use disorder assessment when a case has been screened in for investigation/assessment and the parent /caregiver is not currently in treatment.
- f. Identify, with the assistance of LME\_MCO, key local substance use disorder treatment agencies with whom county agency can develop an MOU/MOA to include facilitating timely substance use disorder assessments and communication back to county child welfare agency. MOU/MOA can include required participation of SUD agency staff in CCPT.
- g. Develop regular communication channels with the delivering hospitals and free-standing birth centers, to support education of the Plan of Safe Care notification requirements, including differentiation between 'notification' and 'report of child abuse or neglect', and aggregate data feedback related to their notifications. Provide guidance to these healthcare staff on what information is ideally provided when making a notification based on infant meeting 'substance affected' criteria. Guidance on timing of the notification from healthcare provider to child welfare is also needed. Review 42cfr Part 2 and provide training to healthcare providers involved in delivery and care of infant, on confidentiality requirements. Notifications (no clear indication of risk to the child) require consent to share information about substance use disorder treatment per federal regulation (42cfr part 2).
- h. Request that local DSSs and CCPTs review all screened-out notifications of infants identified as 'substance affected'. CMARC and SUD treatment providers are essential partners in this review.

## State

1. *In s/j 2023, dedicate a state DSS position, with back up, to the complex and multilevel need of families who are substance involved and the agencies that work with them to prevent harm and to support treatment and recovery.* <sup>6</sup>
  - a. Develop understanding and expertise on the CAPTA 2016 Plan of Safe Care legislation and the historic and required cross collaboration implementation in North Carolina.
  - b. Prioritize collaboration and transparency with state partners in working with shared families experiencing child welfare involvement and substance use disorders.
  - c. Support regional and local child welfare agencies to develop in-house understanding, expertise and familiarity with collaboration issues related to substance use disorders and child welfare involvement, including medication for opioid use disorders during pregnancy and postpartum. Provide consultation to staff on these cases.
2. *In s/j 2023, utilize NCDHHS Subject Matter Experts in developing and revising policies and procedures that relate to infants and children identified as impacted by family/caregivers substance use, including Infant Plan of Safe Care.*

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<sup>6</sup> <https://ncsacw.samhsa.gov/topics/plans-of-safe-care-learning-modules.aspx>

- a. Review existing information provided by perinatal substance use providers, and develop a guidance document and expand educational outreach to all providers and care managers.

**RECOMMENDATION 3 - SUPPORT THE DEVELOPMENT OF A STRATEGIC PLAN TO IMPROVE CROSS SYSTEM PARTNERSHIPS BETWEEN SYSTEMS OF CARE (SOC) AND CCPTS.**

There are currently 75 System of Care (SOC) collaboratives that cover a total of 91 counties. Required functions of these Collaboratives include strengthening the Community Collaborative through developing the nine characteristics of a well-functioning collaborative (including an emphasis on cross-system collaboration); influence the development of broad evidence-based SOC behavioral health service array and practices consistent with System of Care values and principles; and support behavioral health workforce capacity building through the co-development and support of child and family team training and local system of coaching and monitoring of child and family team implementation. The following recommendations are designed to strengthen cross system collaboration, communication, and functioning.

**Local**

1. *In sfy 2022, provide structured support to local CCPTs in establishing cross systems communication and planning to accomplish the following:*
  - a. CCPTs request via the local Systems of Care Coordinators presentations on:
    - i. the LME/MCO revised role in the local Behavioral Health (BH) and Intellectual and Developmental Disability (I/DD) service system in sfy 2022 (given the beginning of Standard Plans on July 1, 2021,
    - ii. their anticipated conversions and mergers into Tailored Plans come July 1, 2022, and
    - iii. the requirement of all contracted BH and I/DD providers to address social determinants of health and how this happens locally (including the use of NC 360).
  - b. CCPTs to request that Standard Plans make presentations on the Standard Plan's role and responsibility in the local Behavioral Health and Intellectual and Developmental Disability service delivery system as of July 1, 2021.
  - c. CCPTs to review cases to ascertain whether families have CFTs by more than one agency (e.g., SOC Child Welfare), and if so identify the impact on families.
2. *In sfy 2022, provide structured support to local CCPTs in maintaining cross systems communication and planning to accomplish the following:*
  - a. Local CCPTs work with LME/MCOs and Standard Plans to establish communication channels and develop formal protocols for the exchange of information between the systems when reviewing cases.
  - h. CCPTs to present their work (including the End of Year CCPT Recommendations) to the local SOC Community Collaboratives (and other local child interagency groups). Request assistance (particularly from the local SOC

- Collaboratives) in increasing knowledge of local public agency resources and community-based resources and improving access for DSS-involved children.
- c. CCPTs to work with SOC Collaboratives to develop a service delivery flowchart that identifies specific areas where barriers to service for DSS-involved children surface. Then create a plan for workgroups to be established to brainstorm solutions to ease or remove those barriers.

## **State**

1. *In sfy 2022, prioritize cross system communication to review, revise, and develop requested materials to facilitate cross system operations at the local level.*
  - a. Collaborate with DMH/DD/SA and the Division of Health Benefits (DHB) to develop guidance sheets for CCPTs to use in understanding Standard Plans and Tailored Plans.
  - b. Work with DMH/DD/SA to identify key commonalities and disparities between CFT models used in the state and improve the training curricula for each model.
  - c. Develop a joint DSS and DMH/DD/SA statement emphasizing the importance of cross-system communication and collaboration to streamline the CFT meeting burden for families.
  - d. Collaborate with DMH/DD/SA to develop a cross-system training on confidentiality requirements and guidance materials on what Child Welfare workers can request from LME/MCOs and Standard Plans and from individual BH providers.

## **RECOMMENDATION 4 – SUPPORT THE CAPACITY OF LOCAL CCPTS TO CARRY OUT THEIR WORK.**

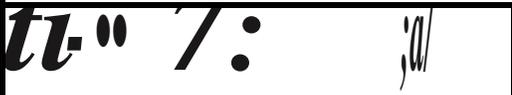
State fiscal year 2020 has been characterized by substantial operational barriers due to COVID-19. Despite these barriers, CCPTs have adapted to carry out their mandated work. With the understanding that the pandemic presented tangible challenges to operation, CCPTs would benefit from additional communication and support from the Division. These recommendations include requests for updates on the states progress in responses to sfy 2019 recommendations as well requests for future support.

1. *Provide a review and update of the Division's response to the Advisory Board's recommendations from sfy 2019. The summarized update is then to be distributed to local teams for their review. Specific items for review include:*
  - a. Within the context of the implementation of the NC Practice Model, NC DHHS/DSS plan to train the state and local child welfare workforce on essential functions, core activities, and practices standard that advance the assessment of risk and the potential of future harm.
  - b. National Council on Crime and Delinquency review of tools, data, and policies, their recommendations, and the Division's response to those recommendations.
  - c. Progress on establishing the structure of NC CFP system and implications for enrolling in the national database of case specific child deaths.

- c. Capitalize on these forums to offer trainings and/or provide relevant updates and information.
7. In sfy 2022, continue to explore changing the data-collection protocols to permit the researchers to share survey results with individual teams identified:
- a. Review steps for moving from having de-identified data in reports to identifying the results by individual teams and providing the identifiable data to the NC CCPT/CRP Advisory Board, the Board's subcommittees (ex., CRPs), and NC DSS;
  - b. Consult the Children's Committee of the NC Association of County Directors of Social Services (NCACDSS) and other pertinent bodies on these changes in survey procedure;
  - c. Clarify changes to the contract with North Carolina State's Center for Family and Community Engagement that would allow for the identified data to be analyzed and reported on.
  - d. Support using identified data to offer local CCPTs education and mutual support.

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding**

For Federal Fiscal Year 2022: October 1, 2021 through September 30, 2022

<b>1. Name of State or Indian Tribal Organization and Department/Division:</b>		<b>3.EIN:</b>	56-1636462
North Carolina		<b>4.DUNS:</b>	80-978-5363
<b>2. Address:</b> (insert mailing address for grant award notices in the two rows below)		<b>S. Submission Type:</b> (select one)	
820 S. Boylan Ave., MSC 2401		<input checked="" type="radio"/> NEW	
Raleigh, NC 27699-2401		<input type="checkbox"/> REALLOTMENT	
a) <b>Email address</b> for grant award notices: <a href="mailto:scarlette.edwards@dhhs.nc.gov">scarlette.edwards@dhhs.nc.gov</a>			
<b>REQUEST FOR FUNDING for FY 2022:</b>			
The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula. Hardcode all numbers; no formulas or linked cells.			
<b>6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:</b>			\$9,446,812
a) Total administrative costs (not to exceed 10% of the CWS request)			\$944,681
<b>7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:</b>		<b>% of Total</b>	\$9,019,878
a) Family Preservation Services		20.0%	\$1,803,976
b) Family Support Services		24.3%	\$2,194,536
c) Family Reunification Services		24.3%	\$2,194,537
d) Adoption Promotion and Support Services		24.3%	\$2,195,438
e) Other Service Related Activities (e.g. planning)		0.0%	\$0
t) Administrative costs <i>STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum%</i>		7.0%	\$631,391
g) Total itemized request for title IV-B Subpart 2 funds: <i>NO ENTRY: Displays the sum of lines 7a-f</i>		100.0%	\$9,019,878
<b>8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)</b>			\$569,175
a) Total administrative costs (not to exceed 10% of MCV request)			\$0
<b>9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)</b>			\$2,759,711
<b>10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:</b>			\$3,110,949
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).			\$155,638
<b>11. Requested Education and Training Voucher (ETV) funds:</b>			\$1,026,964
<b>REALLOTMENT REQUEST(S) for FY 2021:</b>			
<i>Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.</i>			
<b>12. Identification of Surplus for Reallotment:</b>			
a) Indicate the amount of the State's/Tribe's FY 2021 allotment that will not be utilized for the following programs:			
<b>CWS</b>	<b>PSSF</b>	<b>MCV (States only)</b>	<b>Chafee Pro11:ram</b>
\$0	\$0	\$0	\$0
<b>13. Request for additional funds in the current fiscal year</b> (should they become available for re-allotment):			
<b>CWS</b>	<b>PSSF</b>	<b>MCV (States only)</b>	<b>Chafee Pro11:ram</b>
\$0	\$0	\$0	\$0
<b>14. Certification by State Agency and/or Indian Tribal Organization:</b>			
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart I and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.			
		Signature of Federal Children's Bureau Official	
		Title	
		Date	
Date		Date	

**CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds**

Name of State or Indian Tribal Organization: North Carolina

For FY 2022: OCTOBER 1, 2021 TO SEPTEMBER 30, 2022

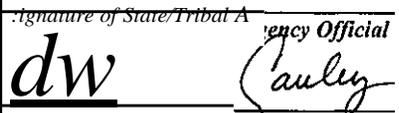
SERVICES/ACTIVITIES	(A)	(B)	(C)	(E)	(F)	(G) TITLE I V-E	(H) STATE, LOCAL, TRIBAL,& DONATED FUNDS	en Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
	Subpart 1- CWS	Subpart 2- PSSF	IV-B Subpart 2- MCV	CAPTA	CHAFEE						
1.) PROTECTIVE SERVICES	\$ 1,393,314			\$ 2,420,596			\$ 95,71,200	130,000	N/A	Eig>leClid	I Statewide
2.) CRISIS INTERVENTION											
FAMILY PRESERVATION	\$ 1,695,812	\$ 1,803,976		\$ -			\$ 4,821,400	1,008	504	Eig>leClid/Family	I Statewide
3.) PREVENTION & SUPPORT SERVICES<FAMILY SUPPORT	\$ 251,495	\$ 2,194,536		\$ -			\$ 11,240,900	4,321	2,160	Eig>leClid/Family	I Statewide
4.) FAMILY REUNIFICATION SERVICES	\$ 214,059	\$ 2,194,537		\$ -			\$ 850,000	2,490	2,490	Eig>leClid/Family	I Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 492,859	\$ 2,195,438					\$ 3,834,800	525	400	Eig>leClid/Family	I Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. Planning)	\$ 2,37,934	\$ -					\$ 300,000	N/A	N/A	N/A	I N/A
7.) FOSTER CARE MAINTENANCE:											
(a) FOSTER F, MILY & RELATIVE FOSTER CARE						\$ 35,000,000	\$ 61,000,000	7,122	4,477	Eig>leClid/Family	I Statewide
(b) GROUP/INST CARE						\$ 6,000,000	\$ 12,000,000	1,781	1,119	Child/Family	I Statewide
.) ADOPTION SUBSIDY PYMTS.	\$ 1,590,655					\$ 58,777,500	\$ 53,578,000	16,192	13,581	Eig>leClid/Family	I Statewide
.) GUARDIANSHIP ASSISTANCE PAYMENTS						\$ 374,300	\$ 448,400	285	200	Eig>leClid/Family	I Statewide
10.) INDEPENDENT LIVING SERVICES	\$ 70,34			\$ 3,110,949			\$ 800,000	4,000	N/A	Eig>leClid	I Statewide
11.) EDUCATION AND TRAINING VOUCHERS				\$ -	\$ 1,026,964		\$ 2,32,800	320	N/A	Eig>leClid	I Statewide
12.) ADMINISTRATIVE COSTS	\$ 944,681	\$ 631,391	\$ -			\$ 46,000,000	\$ 865,000				
13.) FOSTER PARENT RECRUITMENT & TRAINING		\$ -		\$ -		\$ 707,600	\$ 700,000				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING		\$ -		\$ -		\$ 51,000	\$ 50,000				
15.) CHILD CARE RELATED TO EMPLOYMENT TRAINING						\$ -	\$ -			N/A	N/A
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ 459,416	\$ -		\$ 339,115	\$ -	\$ -	\$ 6,675,500				
17.) CASEWORKER RETENTION, BENEFIT MEETINGS; & IB TRAINING		\$ -	\$ 569,175				\$ -				
18.) TOTAL	\$ 9,446,812	\$ 9,019,878	\$ 569,175	\$ 2,759,711	\$ 3,110,949	\$ 1,026,964	\$ 153,585,000	\$ 413,784,500			
19.) TOTALS FROM PART I	\$ 9,446,812	\$ 9,019,878	\$ 569,175	\$ 2,759,711	\$ 3,110,949	\$ 1,026,964					
20.) Difference (Part I - Part II)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00					

(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds request)

21.) Population data required in columns I - L can be found:

- D On this form
- O In the APSR Narrative

CFS-101, **PART III**: Annual Expenditures for Title IV-B, Subparts I and 2, Chafee Program, and Education And Training Voucher  
*Reporting on Expenditure Period For Federal Fiscal Year 2019 Grants: October 1, 2018 tilrougil September 30, 2020*

1. Name of State or Indian Tribal Organization: <b>North Carolina</b>		2. Address: 820 S. Boylan Ave., MSC 2401 Raleigh, NC 27699-2401			3. EIN: 56-1636462	
5. Submission Type: (select one) <input type="radio"/> NEW <input type="radio"/> REVISION					4. DUNS: 80-978-5363	
Description of Funds	(A) Actual Expenditures for FY 19 Grants	(B) Number Individuals served	(C) Number Families served	(D) Population served	(E) Geographic area served	
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 9,377,612	12,669	7,386	Eligible Child/Family	Statewide	
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 937,761					
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals. I or complete 7a-f.	\$ 9,686,194	12,818	6,230	Eligible Child/Family	Statewide	
a) Family Preservation Services	\$ 1,511,789					
b) Family Support Services	\$ 2,567,668					
c) Family Reunification Services	\$ 2,869,388					
d) Adoption Promotion and Support Services	\$ 1,798,411					
e) Other Service Related Activities (e.g. planning)	\$					
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF allotment)	\$ 940,938					
g) Total title IV#B, subpart 2 funds: 0 ENTRY: This line displays the sum of lines a-f.	\$ 9,686,194					
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 621,518					
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$					
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)	\$ 3,055,047	918	NIA	Eligible Child		
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of Chafee allotment)	\$ 152,841	47	NIA	Child		
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ 900,203	256	NIA	Eligible Child		
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the State Services Plan, which was jointly developed with, and approved by, the Children's Bureau.						
Signature of State/Tribal Agency Official 		Signature of Federal Children's Bureau Official				
Title	Date	Title				
Senior Director Child Family and Adult Services	11/30/19					