

NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

Division of Social Services
Child Welfare Services

2023 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
2023 Annual Progress and Services Report
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Introduction

The North Carolina Department of Health and Human Services (NC DHHS), Division of Social Services (DSS) submits its 2023 Annual Progress and Services Report (APSR) as the third update to its 2020–2024 Child and Family Services Plan (CFSP). This 2023 APSR includes information on North Carolina’s performance and progress towards achieving specific child welfare goals, objectives and outcomes, as identified and measured in its revised 2020–2024 CFSP Strategic Plan ([https://www.ncdhhs.gov/divisions/social-services/program-statistics-and-reviews/child-welfare-statistics#2020 ---2024-child-and-family-services-plan](https://www.ncdhhs.gov/divisions/social-services/program-statistics-and-reviews/child-welfare-statistics#2020---2024-child-and-family-services-plan)) and as instructed by ACYF–CB–PI–22–01.

Several factors have impacted North Carolina’s child welfare system and practices this year, including the passage of new legislation and a state budget, new departmental leadership and an alignment of child and family well-being across divisions within NC DHHS, and significant forward movement with the core, foundational tenets of our child welfare transformation work of our CFSP.

Legislative Updates

The North Carolina General Assembly (NCGA) and Governor Cooper included funding in the state budget for additional child welfare positions. This will allow NC DHHS to proceed with its regional child welfare support model. The state budget also included funding for the Sobriety Treatment and Recovery Teams (START) project, to support pilot sites across the state. The project aims to provide accessible, responsive, and effective treatment services to individuals (including parents and families), towards improved outcomes and experiences for children, youth and families served by the child welfare system. This initiative dovetails nicely with North Carolina’s initial implementation of the Family First Prevention and Services Act (FFPSA) and support of a statewide services array. The NCGA also supported funding for the Foster Care 18–21 program to ensure that older and transitioning youth and young adults receive vital resources and support to find and secure safe, affordable housing, to access and receive mental health and substance use disorder services, and to succeed with academic and employment pursuits.

The NCGA also passed a series of bills related to and affecting child welfare in North Carolina. Effective October 1, 2021, Session Law (SL) 2021–100 (<https://www.ncleg.gov/Sessions/2021/Bills/House/PDF/H132v4.pdf>) revised North Carolina’s juvenile code to expand the definition of “relative.” It also directs county departments of social services to make reasonable efforts to place siblings together, or if unable, to make reasonable efforts to provide frequent sibling visitation.

SL 2021–123 (<https://www.ncleg.gov/Sessions/2021/Bills/Senate/PDF/S207v6.pdf>), effective December 1, 2021, clarified the definition of “neglect.”

Session Law 2021–132 (<https://www.ncleg.gov/Sessions/2021/Bills/Senate/PDF/S693v7.pdf>) included amendments to existing legislation and new enactments to be implemented at various effective dates. Effective August 2021, Rapid Response Teams (RRTs) were established to promote safe and appropriate placements for children with emergency behavioral health needs. The session law also directs NC DHHS to submit an operational plan for creating and implementing a statewide Child Protective Services (CPS) hotline. The plan is due to the NCGA September 1, 2022. The clarifications regarding permanency planning hearings, review hearings, and visitation requirements take effect on October 1, 2022.

SL 2021–144 (<https://www.ncleg.gov/Sessions/2021/Bills/House/PDF/H769v6.pdf>), effective September 1, 2022, includes a foster parent “Bill of Rights” which consolidates foster parents’ rights into one centralized location/law. This law outlines information to be provided to foster parents, reiterates the requirements for notifications, and clarifies the roles of foster parents in decision making for children along with clarifying the role and rights of children in making decisions for/about themselves. While most of the provisions in this law already exists in NC DSS child welfare policy, the rights of foster parents will be re-iterated in policy and training to ensure county child welfare staff are aware of expectations. A strong emphasis on partnership between county child welfare agencies and foster parents will be included in expectations of/for county child welfare workers. (For additional information on these legislative changes and the child welfare system’s response, please see Section 2, CFSR Outcomes, Section 2, [Items 20–24](#), [Items 29–30](#), and [Items 33–36](#), as well as [Section 3](#).)

NC Department of Health and Human Services, NC Division of Social Services Updates

There were executive leadership changes at NC DHHS. Kody Kinsley became the NC DHHS Secretary effective January 1, 2022. In February 2022, NC DHHS announced the launch of its new Division of Child and Family Well-Being (<https://www.ncdhhs.gov/divisions/division-child-and-family-well-being>) to help achieve its vision of healthy children thriving in safe, stable, and nurturing families, schools, and communities. NC DHHS convened a multi-sector Child Welfare and Family Well-being Transformation Team including leaders from across the department as well as stakeholders from hospitals, private agencies, Local Management Entities (LMEs), county Departments of Social Services, attorneys, practitioners, and individuals with lived experience, to lead and align cross-divisional work. In March 2022, NC DHHS released a coordinated action plan (<https://www.ncdhhs.gov/media/14828/>) to address the urgent crisis of children with complex behavioral health needs who come into the care of child welfare services, an initial first step of the multi-sector Transformation Team.

The NC Division of Social Services (NC DSS) has initiated cross-program Continuous Quality Improvement efforts to enhance and interconnect programs for children and families. This

is part of its role in offering guidance and technical assistance to agencies providing direct services that address issues of poverty, family violence, and exploitation. The NC DSS programs that promote self-reliance and self-sufficiency, work to prevent abuse, neglect, dependency and exploitation of vulnerable individuals, children, and families, including Child Welfare Services, Adult Services, Food and Nutrition Services (FNS), Child Support, Work First, Energy Assistance, and Refugee Services, are being engaged and aligned for a more streamlined, comprehensive service array.

In preparing its 2023 APSR, North Carolina has begun discussions of and initial, preliminary planning towards a statewide assessment process which will be an essential component of North Carolina's upcoming Child and Family Services Review (CFSR) in Round 4. Additionally, North Carolina will continue to utilize a diversity, equity, and inclusion (DEI) framework in its approach to assessing, developing, implementing, and evaluating its child welfare transformation, while also employing a continuous quality improvement process to identify areas of strength and need, and to utilize data to inform services and program planning.

NC Child Welfare System Transformation Updates

North Carolina has been fully immersed in its plan for child welfare system transformation this year. To help provide infrastructure and organizational support for the various program and operations initiatives, NC DSS established two Child Welfare Deputy Director positions, one to oversee Child Welfare Operations and one to oversee Child Welfare Practice. Efforts are underway to develop and implement a statewide child welfare Practice Model and to implement the first phase of its Family First Prevention Services Act (FFPSA) prevention plan, by supporting initial implementation of Evidenced-Based Practices/Programs (EBPs). Additionally, North Carolina has continued to promote and engage in development of an accessible, responsive statewide services array to meet the unique and individualized needs of children and families across the state, including increasing the availability and accessibility of services and resources for older and transitioning youth and young adults.

North Carolina's final 2023 APSR will be accessible via the following link, along with additional NC DHHS/DSS reports, including but not limited to the 2022 APSR, revised 2020-2024 Child and Family Services Plan (CFSP), the 2017 Program Improvement Plan, and the 2015 CFSR.

<https://www.ncdhhs.gov/divisions/social-services/program-statistics-and-reviews/child-welfare-statistics#other-key-reportsplans>

Agency Administration and Organization Information

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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 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

NC DHHS/DSS has continued to engage and partner with county DSS agencies, the courts, individuals with lived experience, community-based services, public and private providers and practitioners, and additional child welfare stakeholders through its five Design Teams, the Unified Public Agency Leadership Team (ULT), the Interagency Court Collaborative of North Carolina’s Court Improvement Program (CIP), and a statewide, virtual joint planning event.

This year, NC DSS has also co-hosted and participated in two (2) quarterly meetings with the Eastern Band of Cherokee Indians (EBCI) and Qualla Boundary County DSS agencies, has hosted three quarterly meetings with public and private providers of foster and congregate care services, and hosted a virtual convening in January 2022 to onboard new and additional design team members, to reorient them to the work and structures of the CFSP Design Teams and ULT.

The Family First Prevention Services Act Leadership Advisory Team (LAT), a time-limited stakeholders’ workgroup, contributed to drafting the FFPSA Prevention Plan, which was submitted to the Administration for Children and Families (ACF) for feedback and approval. The LAT did not meet this year because their work was accomplished. North Carolina’s FFPSA work has transitioned to the Design Teams and to the Child Welfare Family Well-Being Transformation group. Many of the stakeholders who originally served as members of the LAT are also members of the Design Teams and/or are represented in the NC DHHS multidisciplinary teams, informing, and forwarding the departmental cross-sector work for child and family well-being.

NC DSS has continued to routinely share information and updates with, and solicit feedback from, child welfare partners and stakeholders through regular attendance and participation in meetings and events. This includes monthly meetings of the Children Services Committee of the County DSS Directors’ Association, monthly meetings of the Child Welfare Family Advisory Council (CWFAC), meetings and events of Strong Able Youth Speaking Out (SAYSO), and additional stakeholders’ meetings and events as invited, including, presenting to the Juvenile Legislative Oversight Committee of the North Carolina General Assembly in April 2022.

NC DHHS Division of Child and Family Well-Being (NCDCFW)

In its first year, NCDCFW partnered with NC DSS and other contributors in creating a [Coordinated Action Plan](#) to generate prevention and treatment solutions that help children and families experiencing adversity to cope, repair, and heal. Among the Plan’s initial goals

is to address the immediate need for increased access and availability of appropriate foster care placements for children with complex behavioral health needs, many of whom spend nights in local DSS offices, emergency departments, and/or hotel rooms for lack of better resources. The Coordinated Action Plan also includes implementation of programs that will expand access to crisis, stabilization, and treatment services for behavioral health and substance use disorders.

As NC DSS and NCDCFW work to implement the Coordinated Action Plan, the population of children and families who will benefit from these prevention-focused strategies will be extended to include children at imminent risk of experiencing abuse, neglect, and/or lack of protection. Partners across care services are working together through three central working groups to develop, secure funding for, and implement coordinated strategies designed to prevent these high-risk children and families needing intervention from child welfare services. The stated intended outcomes of this work are: 1) Fewer children experience abuse or neglect. 2) Fewer children who come to the attention of the child welfare system enter foster care. 3) Children who enter foster care experience permanency faster and with fewer placements. 4) Children and families at increased risk of involvement with the child welfare system experience fewer behavioral health emergencies.

It is anticipated that NCDCFW will become an increasingly valuable partner to NC DSS in considering and providing for the whole-person needs of children and families, including continuous efforts to ensure equitable access and availability of prevention services and programs across the state.

1.1 CFSP Consultation and Collaboration with Families, Children, Youth, Tribes, and Partners

In July 2021, North Carolina submitted a revised CFSP Strategic Plan to elevate and align key foundational initiatives at the core of its child welfare transformation work. Since North Carolina's five CFSP Design Teams were originally created to inform, support, and help implement the work of the CFSP, the ULT and Design Teams needed to be reoriented to the revised CFSP, Strategic Plan. Additionally, membership of both the ULT and Design Teams was reviewed to determine if additional members and representation was needed to best support development and implementation efforts this year. The assessment revealed that certain additional representation was needed from family partners, courts and attorneys, school and health partners, tribes, and members at varying levels of direct services and administration. This year, representatives from the EBCI, courts and attorneys, public schools, juvenile justice, private providers, community-based organizations, Medicaid, the Local Management Entities/Managed Care Organizations (LMEs/MCOs), and additional family, youth, and parent partners (biological, foster, kinship care providers) were added to the Design Teams. NC DSS also added representatives from county DSS agencies at all

program and management levels (DSS directors, child welfare program managers and supervisors, CQI/QA managers, and direct child welfare services workers). NC DSS hosted a statewide, virtual convening to provide updates to current and new/additional Design Team members on the revised 2020–2024 CFSP, Strategic Plan’s goals, objectives, strategies, and progress measures. NC DSS also updated design team members and key stakeholders on the revised teaming structure charter. (One-hundred fifty-seven (157) participants attended from approximately 50 stakeholder organizations. Breakout sessions allowed the Design Teams to meet separately, to further develop and tailor their Design Team charters to support the best ways to achieve substantial, meaningful, and ongoing engagement with/of stakeholders, and to engage in consultations and collaborations with key partners.

1.2 Collaboration with State Courts, Legal and Judicial Communities, and CIP

This year, NC DHHS/DSS purposefully engaged North Carolina’s CIP in monthly leadership meetings, for joint planning and alignment of efforts towards enhanced experiences and outcomes for children, youth, and families with child welfare court involvement. NC DSS has also used the monthly meetings with CIP, including leadership with the Administrative Office of the Courts (AOC), for discussions and planning for a collaborative Joint Project of a Safe Babies Court Team (SBCT) for North Carolina, to be led by AOC. (For additional information regarding SBCT, see [Section 3](#).) NC DSS has used both monthly meetings and participation in the bi-monthly, multidisciplinary Interagency Court Collaborative meetings (hosted by CIP) to discuss child welfare data needs, highlighting the importance of identifying, collecting, sharing, and applying data towards our shared permanency goals, and to explore ideas for use of emergency and regular CIP funds to enhance permanency outcomes.

This year, NC DHHS/DSS has worked with AOC and CIP, as part of the Interdisciplinary Collaborative and Indigent Defense Services’ (IDS) Interdisciplinary Representation Program (IRP) to discuss and advocate for access to data and information regarding child welfare court cases and permanency. Also, feedback is provided on program manuals and training, and updates given regarding NC DSS’ child welfare transformation work, in advance of the state’s CFSP.

In July 2021, the Memorandum of Agreement (MOA) by and between NC DHHS/DSS and AOC/IDS was finalized, and IDS began submitting invoices to NC DSS for IV–E reimbursement of legal services provided as part of IDS’ IRP). The MOA outlines the services and activities that are IV–E reimbursable. NC DHHS/DSS continues to work with IDS directly and via participation in monthly advisory group meetings for IDS’ IRP. NC DSS has participated in facilitated theory of change and root cause analysis activities related to the

IRP. NC DHHS/DSS will continue to be involved in efforts to support the provision of IV-E reimbursable, high quality legal services in North Carolina.

This year, the North Carolina Guardian ad Litem (GAL) program welcomed a new state Administrator. Leadership from NC DSS and NC GAL have met monthly to build relationships, discuss partnership opportunities, and to develop communication and problem-solving protocols. During these monthly stakeholder meetings, data concerns and needs have been identified. NC DSS and NC GAL will be working to coordinate efforts to identify shared data indicators, and to develop methods for collecting and sharing data by and between the agencies. Also, during the monthly meetings, NC DSS leadership has shared information on federal reporting requirements related to CAPTA, the APSR, and preparation for the next Child and Family Services Review (CFSR). NC DSS is working with the NC GAL to obtain data and information necessary to ensure CAPTA assurances are complete.

1.3 Assessment of Agency Strengths and Needs and CFSP Goals, Objectives, Interventions, and Progress

North Carolina's five (5) Design Teams were designed to engage families, children, youth, tribes, courts and additional partners and child welfare stakeholders in assessing agency strengths and areas needing improvement, including those identified in the Statewide Data Indicators and in supplemental context data. The Permanency Design Team and Well-Being Design Team utilized meetings to share, receive and review some data and information with families, children, youth, tribal representatives, court representatives and additional partners who were members of the teams, towards identifying and assessing areas of agency strengths and areas needing improvement,

Supplemental information, input and feedback was also solicited from multidisciplinary design team members and used during the design team meetings and considered by NCDSS child welfare leadership. Additionally, NCDSS staff solicited input and feedback ongoing from families, children, youth, tribes, courts and additional partners regarding what is working well in North Carolina's child welfare system and what are areas needing improvement during meetings of the Child Welfare Family Advisory Council (CWFAC), Strong Abuse Youth Speaking Out (SaySo), NC Administrative Office of the Courts' Court Improvement (CIP) Interagency Collaborative, Unified Leadership Team (ULT), NC Association of County Directors of Social Services' Children Services Committee, and meetings with providers.

As design teams have considered strategies to improve outcomes for children and families, they have used data to inform decision making. As North Carolina prepares for Round 4 of the CFSR, Design Teams will be presented with data regarding the Statewide Data

Indicators to identify strengths and areas of need. Also, while North Carolina solicits and utilizes supplemental data and information, input and feedback from family, youth, tribal, court and provider partners and stakeholders regularly, there is lack of a uniform collection process and a repository from which such supplemental data and information can be obtained.

In FY 2023, North Carolina will improve accessibility to data via a data quality plan and will support Design Teams' regular review of the data for monitoring of CFSP progress, and for identifying and planning towards agency strengths and areas needing improvement, for purposes of forwarding the work of the CFSP and for revisions of its goals, objectives, and interventions, as needed.

No modifications were needed nor made to North Carolina's CFSP goals, objectives, and intervention during this reporting period. Families, children, youth, tribes, courts and additional child welfare partners and stakeholders are involved in reviewing and, if necessary, assisting with modifying the CFSP goals, objectives, and interventions as members of the five Design Teams. North Carolina used input and feedback from families, children, youth, tribes, courts, county child welfare agencies, and additional partners to modify its 2020–2024 CFSP goals, objectives, and interventions last year. The modifications were reported in the 2022 APSR.

For each of the design teams, youth, family representatives, attorneys and court representatives, private providers and community-based organizations, and county and state child welfare agencies have reviewed tools, policies, training modules, and data. They have provided feedback on the Structured Decision Making (SDM) tools, North Carolina's practice standards, the FFPSA prevention plan and implementation strategies, kinship program activities, permanency strategies and foster and adoptive parent recruitment and retention efforts, workforce development initiatives, and Continuous Quality Improvement (CQI) efforts.

As multidisciplinary Design Team members worked with NC DSS towards accomplishing CFSP goals, objectives and strategies, agency strengths and needs were identified and assessed. Two primary themes emerged: (1) Proactive communications and information sharing are essential for meaningful, ongoing engagement of stakeholders; and (2) Feedback loops are critical for ensuring that stakeholders receive updates and follow up about their contributions, and have their input valued and utilized.

1.4 Proactive Communication and Feedback Loops

Youth, family partners, providers, county child welfare agencies, the tribes and the courts identified the need for proactive communications and information sharing via their work on the Design Teams. Also, when NC DSS staff attended the monthly and quarterly meetings of the Child Welfare Family Advisory Council (CWFAC), family and youth partners requested timely updates and feedback on how their input is being considered and incorporated into child welfare transformation work. As a result, NC DSS has worked with NC State University (CWFAC program support) to ensure that at a minimum, at each quarterly meeting, NC DSS leadership will provide progress reports and updates to CWFAC members. Afforded time to update the status of CWFAC's previously provided feedback also includes an opportunity for CWFAC members' additional feedback on agency areas of strengths and needs.

Additionally, NC DSS has sent weekly email communiques, called "Blueprints", to county DSS Directors and agencies. Blueprints have included information and updates from NC DHHS/DSS about policy and legislative changes, training and technical assistance opportunities, and resources from the Children's Bureau and other national and state agencies. Blueprints are complementary resources to the monthly Children Services Committee meetings. NC DSS also met with EBCI multiple times to re-establish relationships after program and agency staffing changes, and to plan for coordination and collaboration efforts. During those meetings, EBCI requested that information and updates be shared with them in addition to information within the design teams. NC DSS is working to develop a regular communique like the "Blueprint" for key stakeholders such as EBCI, the courts, and providers.

IN FFY 2022–2023, NC DSS will ensure that youth (including via SAYSO), the Foster Family Alliance of North Carolina, the Commission on Indian Affairs' Child Welfare Committee, and other key stakeholders will be provided routine, regular reports, and status updates on North Carolina's progress towards accomplishing its CFSP goals, objectives, and strategies.

Joint Planning

NC DSS hosted a virtual Joint Planning session in January 2022. One hundred sixty-three (163) participants from approximately sixty (60) agencies attended. Three breakout sessions were provided on key CFSP goals and initiatives: (1) North Carolina's Structured Decision-Making, Family Risk Assessment tool revalidation and practice standards/practice model; (2) North Carolina's Kinship Efforts: Towards Placement; and (3) NC's FFPSA Prevention Plan and Implementation. Seventy-five (75) participants attended the first breakout session, thirty-eight (38) attended the second breakout session, and fifty (50) attended the third. Input from breakout session participants was collected and shared with NC DSS staff and Design Team Leads. The input will be applied in efforts towards moving the work on the CFSP and child welfare transformation forward. Additionally, proactive

communications and information sharing will be core components of preparations for North Carolina's upcoming CFSR in Round 4.

In April 2022, NC DSS attended EBCI's joint planning meeting onsite at the Qualla Boundary. EBCI shared updates and information regarding progress made towards their strategic plan. Ten NC DSS representatives attended, including the Deputy Director of Child Welfare Practice, the Interim Deputy Director of Child Welfare Operations, the Section Chiefs of Safety/Prevention Planning and Permanency Planning, the CFSP Coordinator and Chafee/LINKS Coordinator. The Deputy Directors and CFSP Coordinator attended the meeting in person. Information was exchanged and discussions occurred regarding successes and ongoing needs for work by and between EBCI, NC DSS, and the five Qualla boundary county DSS agencies. NC DSS will use information from the meeting for ongoing communications, collaboration and coordination of activities and resources to enhance outcomes and experiences of children, youth, and families.

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 to improve outcomes in safety, permanency, and well-being for North Carolina's children, youth, and families. North Carolina used administrative data, OSRI and targeted case review data, and supplemental information, including input and feedback from stakeholders and partners, including families, youth, courts, county child welfare partners, and providers towards identifying strengths and concerns related to performance on each outcome and systemic factor. This year North Carolina focused on reviewing data to focus on disproportionality and disparities in services and outcomes. The review noted that addressing disproportionality and disparities will require a local approach as there are variances across the state.

Based on review of available data and supplemental information, NC believes its performance to be consistent with last year's performance, which fell short of the 95% federal benchmarks for the seven (7) child and family outcomes. Although ongoing concerns about the child welfare services system continue, input and feedback solicited and received from stakeholders and partners suggests that progress is being made.

In FY 2023, NC will improve accessibility to data via a data quality plan and will support regular review of the data for identifying strengths and concerns related to performance on each outcome and systemic factor. NC will include the specific collection and review of

evidence of disproportionality and disparities in services and outcomes with granularity at the local level. NC will also obtain supplemental and qualitative data towards identifying strengths and concerns on systemic factors by utilizing and sharing results from surveys and focus groups and will share such information across programs.

Case and Record Review Data

NC utilizes On-Site Review Instrument (OSRI) record reviews to assess performance. The OSRI recognizes both strengths and areas needing improvement and informs strategy development to improve outcomes. NC continues work towards improvements in all areas of safety, permanency, and well-being outcomes, in preparation for Round 4 of the Child and Family Services Review (CFSR).

This year, NC had a smaller OSRI statewide sample to report on than in prior years for two primary reasons:

- NC conducted fewer OSRI reviews from April 2021 to September 2021 than usual, in part because reviews were not conducted in August 2021 while quality assurance staff were training others on the OSRI; and
- NC changed its sampling method and conducted OSRI reviews exclusively from two of its seven regions for OSRI reviews from October 2021 to March 2022.

NC will resume statewide sampling in FFY 2022–2023.

The updates below on NC's safety, permanency, and well-being outcomes briefly describe each OSRI outcome and item, display NC's statewide results in 6-month increments since October 2018 and discuss NC's performance towards the 95% standard. The updates include a review of the factors NC previously determined contributed to performance challenges, including root causes of difficulties meeting the 95% standard, as well as the progress NC has made implementing strategies to improve performance.

NC's 2022 APSR did not include CFSR data indicators because North Carolina discovered the observed performance on the indicators, as calculated by ACF and by the University of North Carolina (UNC) per contract with NC DSS, were not in agreement. This year, North Carolina's business intelligence unit, its data partners, and UNC worked diligently to troubleshoot the data issues. They concluded the state's software process used for transmitting AFCARS data to ACF was transmitting data inaccurately, which in turn caused the data profiles provided by ACF to not accurately reflect NC's data. NC discussed this problem with ACF and used a new process in November 2021 to submit AFCARS data. NC DSS is currently preparing previous administrative data files for resubmission.

This section update includes NC's observed performance on the CFSR data indicators as calculated by UNC from the administrative data submitted by counties to NC DSS. UNC and the state's business intelligence unit have worked diligently to assure that the observed

performance accurately reflects the data submitted by counties. NC looks forward to resubmitting its AFCARS data so it will again be able to benefit from the risk adjusted data and context measures calculated by ACF. NC also looks forward to the enhancements to its administrative data that will be achieved once NC has a statewide operating system.

As is noted in the discussion of individual outcomes below, NC believes the implementation of its practice model—inclusive of practice standards and Safety Organized Practice (SOP)—is an overarching initiative that will improve performance across safety, permanency, and well-being outcomes. Additionally, movement towards initial implementation and utilization of the Evidence Based Practices (EBPs) identified in North Carolina’s approved Family First Prevention and Services Act (FFPSA) Prevention Plan will support a focus on prevention and the development of a statewide services array, while promoting a reduction in congregate care placements. NC also experienced significant turnover in child welfare staff this year which led to higher caseloads, likely impacting performance. In FFY 2022–2023, NC will advance its workforce development initiatives.

2.1.1 Safety Outcomes

Safety Outcome 1

Safety Outcome 1 states that children are, first and foremost, protected from abuse and neglect and is measured through Item 1 which assesses if accepted maltreatment reports were initiated by making timely contacts with children within timeframes established in state statutes and policy.

The outcome and item scores are displayed in a single table below:

Table 1. Safety Outcome 1, Item 1

	Performance						Trend
	Oct 2018- Mar 2019	Apr 2019- Sep 2019	Oct 2019- Mar 2020	Apr 2020- Sep 2020	Oct 2020- Mar 2021	Apr 2021- Sep 2021	
Outcome S1 Children are, first and foremost, protected from abuse and neglect. Item 1.							
Timeliness of Initiation	77.36% (n=53)	78.43% (n=51)	79.59% (n=49)	85.00% (n=60)	84.21% (n=38)	84.21% (n=38)	

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

NC’s performance has been steady (a noted strength) at about 85% over the past three measurement periods (April 2020 through September 2021), but further progress towards the 95% goal has not been achieved despite safety and timeliness of initiation being a focus of state work with counties. Safety Outcome 1, Item 1 continues to be an area in need of improvement.

Strengths and Needs

NC shows strengths in the timely response of initiating contacts with children and parents. NC is utilizing the new regional support model to encourage and enhance counties' communications and coordination for families. This year, reviewing timeliness of initiation and adherence to the process developed for managing inter-county referrals was a point of emphasis in regional child welfare consultant (RCWC) quarterly visits to counties. Consultants set and reviewed goals for improvement for counties not meeting timely initiation expectations. Counties responded positively to the efforts of consultants setting and reviewing goals, as seen by improved data.

"Back to Basics" training provided this year (April 2022) to all CPS workers highlighted policy on initiation and the importance of timely initiation for safety. The training allowed workers and supervisors to practice using Safety Organized Practice tools on example cases, strengthening practice in assessment of safety and risk.

Identified needs to meet the 95% goal for timeliness of initiation includes:

- Improving practice regarding how reports in which family members live or are found in more than one county are engaged. There is lack of coordination between counties where families are transient. There is current policy regarding county jurisdiction and the state can provide guidance to counties if there are conflicts.
- Implementing a child welfare information system that allows for immediate access to reports of abuse and neglect and status of where the report is in the process. The Request for Proposal for a child welfare information system was released August 2022 to address this issue as well as the other information systems issues as described.

Additional strategies to assist with improvement in performance on this outcome includes:

- Funding was secured for ten (10) additional regional program consultants to increase support to counties. NC is in the process of hiring these additional positions.
- A streamlined pre-service training specifically for former North Carolina child welfare workers who have been out of the field for three years was developed to help address county staffing shortages by making it easier to bring experienced child welfare staff back into service. New pre-service training will be piloted and implemented in 2023.
- Work is nearly complete on a new structured intake tool that provides greater clarity on the assignment of initiation timeframes for accepted reports. Plans are underway to determine implementation timeframes for the new tool.

Safety Outcome 2

Safety Outcome 2 states children are safely maintained in their homes whenever possible and appropriate. Item 2 focuses solely 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. Safety Outcome 2, Item 3 examines whether efforts throughout the period under review were made to assess risk and safety.

Table 2. Safety Outcome 2, Items 2 and 3

Outcome S2 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=86)	57.97% (n=69)
S2; Item 2 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=8)			
S2; Item 3 Risk and Safety Assessment and Management						

Performance in Safety Outcome Items 2 and 3 dipped during the April 2021 to September 2021 measurement period as North Carolina worked to improve towards the 95% standard. Safety Outcome 2 continues to be an area in need of improvement.

Strengths and Needs

This year, NC worked on several strategies to improve performance on Safety Outcome 2, including:

- Mandatory statewide “Back to Basics” training focused on safety and risk was delivered to all child welfare caseworkers and supervisors in April 2022. The training included a knowledge check, the results of which was used by regional child welfare consultants for follow-up and technical assistance with counties.

- Implementation of a pre-initiation checklist for workers and supervisors to use before contacting a family about the report of maltreatment. This checklist is used to assist the worker in planning for the initial visit and to ensure the worker is covering all safety and risk concerns.
- Staff hiring is nearly complete for the Regional Abuse and Medical Specialist program, which provides regional experts, supervised through the Child Medical Evaluation (CME) program, to provide consultation to counties on CPS assessments of high-risk situations, including those involving serious injuries and sentinel injuries to young children. The program is being piloted with several counties and will be expanded statewide in 2023.
- Work has begun to revalidate the structured decision-making risk assessment tool and revise the safety assessment tool. Plans are underway to determine an implementation timeline for the newly validated tools.
- Development of NC Practice Standards was completed. Implementation is underway, leaders training was complete in Spring 2022, supervisors training is underway.

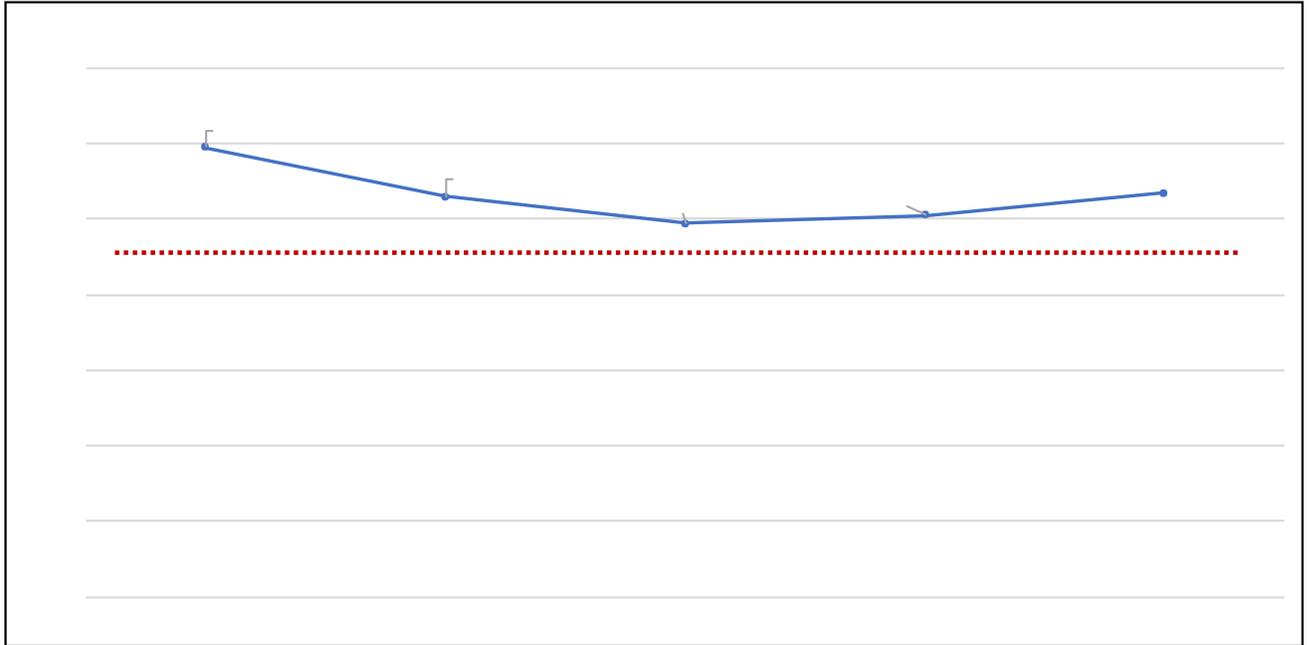
North Carolina reviewed Quality Assurance reports from case reviews conducted from October 2020–September 2021 and analyzed data showing several needs for improving performance on Safety Outcome 2, including:

- Improving initial parental engagement from the beginning of the assessment process;
- Consistent documentation in the assessment process of information critical to assess safety and risk;
- Consistent tracking of identified safety issues in follow-up visits with families; and
- Need to improve the assessment and planning in cases requiring medical consultation, especially cases involving injuries to young children.

Two CFSR data indicators—recurrence of maltreatment and maltreatment in foster care—provide additional measures of safety performance.

The CFSR data indicator for recurrence of maltreatment measures the percentage of children found to be maltreated during a 12-month period who were found to be maltreated again within 12 months of the initial report. NC’s performance is shown in the figure below.

Figure 1. Recurrence of Maltreatment within 12 Months

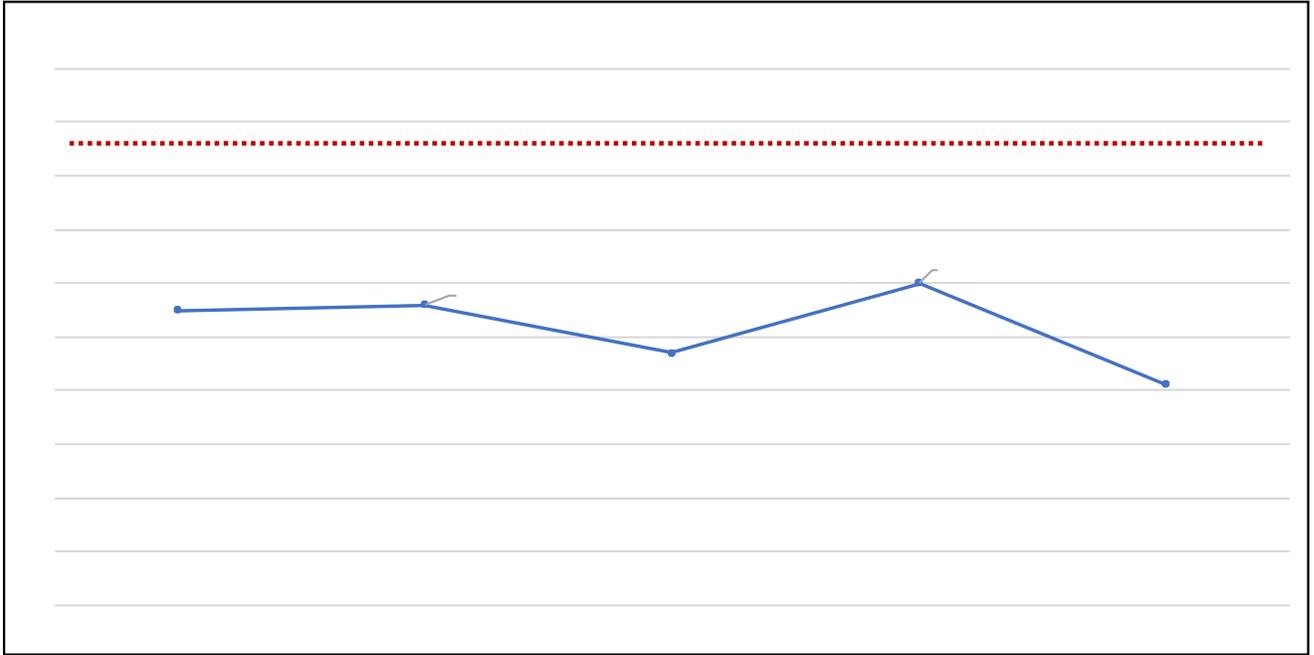


Although NC performance shows a downward trend over the past five years, the observed performance continues to be above the national standard at 9.1%. NC is in the process of re-validating all the safety tools to ensure counties can identify safety issues and address those issues as needed. “Back to Basics” training was held in April 2022 to reinforce how workers and supervisors should identify risk and safety issues and put the proper service in place to address those safety issues.

Data analysis of case reviews completed between October 2020–September 2021 indicates the need for identifying root causes of the safety issues, putting services in place to address the issues, and thoroughly assessing safety issues before closing cases with families.

The CFSR data indicator for maltreatment in foster care measures the rate of maltreatment per 100,000 days of foster care during a 12-month period. NC’s performance is shown in the figure below.

Figure 2. Maltreatment in Foster Care per 100,000 Days



NC has consistently performed better than the national standard over the past five years on maltreatment in foster care. In 2021, NC’s observed performance was 4.1 findings of versus the national standard of 8.5. Although NC is working to improve initial engagement of resource parents and children in care, workers show strength in continued and ongoing engagement. Once needs are identified, services are put in place to support resource parents.

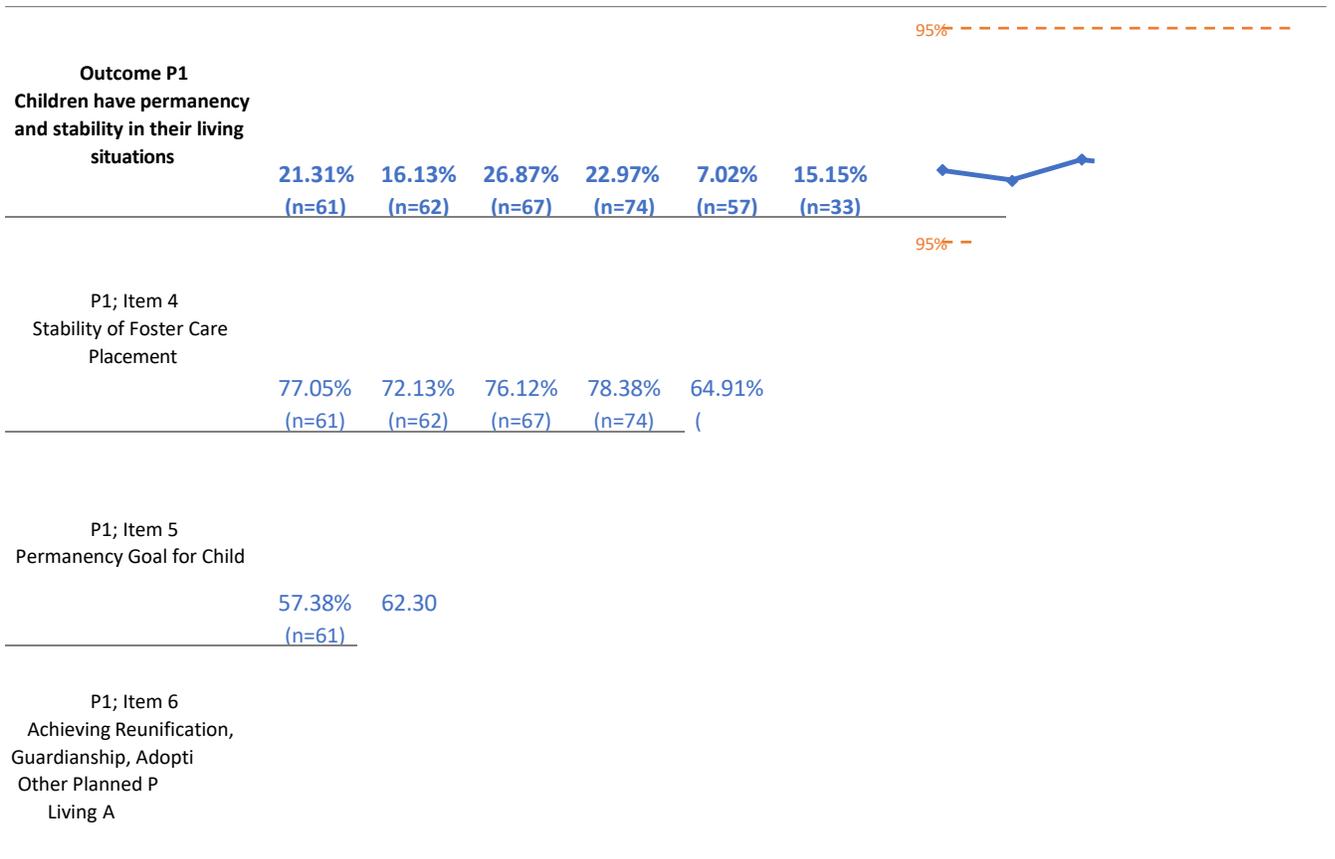
2.1.2 Permanency Outcomes

Permanency Outcome 1

Permanency Outcome 1 states that children have permanency and stability in their living situations. Permanency Outcome 1, Item 4 assesses stability and changes in foster care placements and is an area needing improvement for NC. Item 5 assesses whether appropriate permanency goals were established in a timely manner for children in foster care and is an area needing improvement. Item 6 assesses 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 and was rated as is an area needing improvement.

NC DSS assessed Permanency Outcome 1, Items 4, 5, and 6 using data from Quality Assurance reviews.

Table 3. Permanency Outcome 1



During the six-month period from April 2021 to September 2021, North Carolina’s scores improved very slightly on items 4, 5, and 6 but its overall level of performance on each item continued to be below the 95% national standard. Permanency Outcome 1 continues to be an area needing improvement.

Strengths and Needs

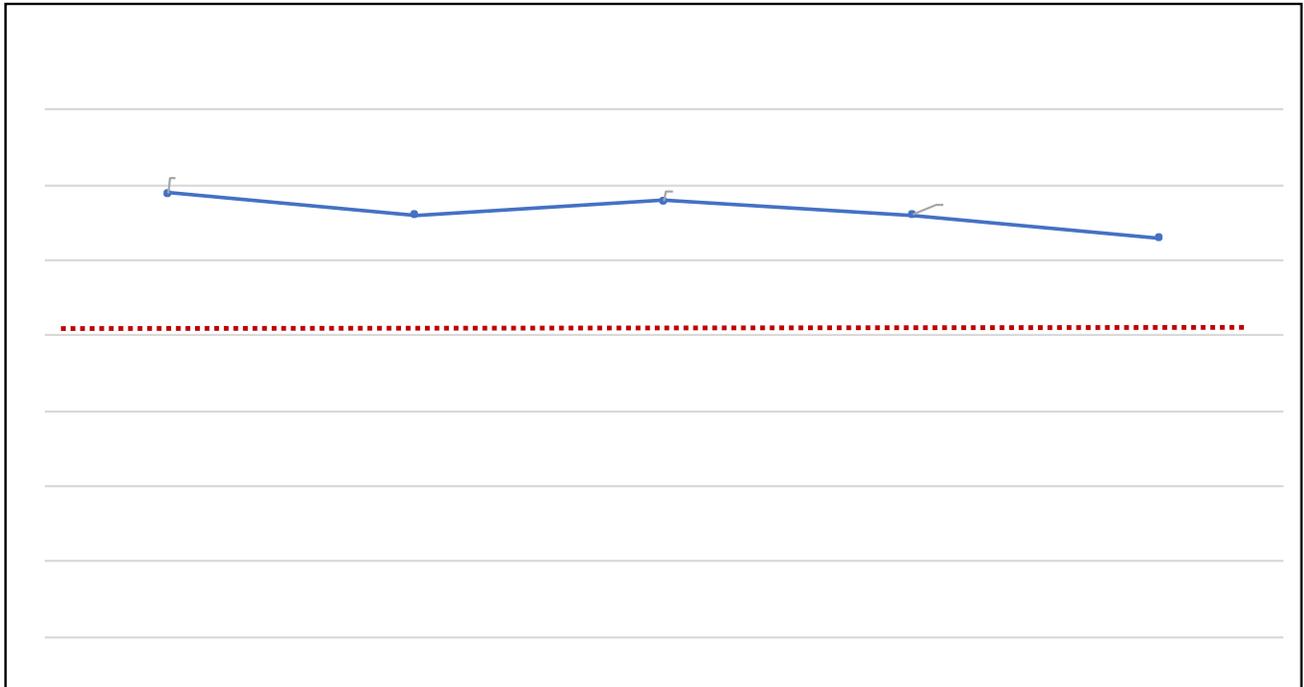
NC is in the process of identifying what local services are available and gaps in services to increase supports available. NC is developing a Kinship Care Program to increase the number of kinship providers, provide kinship navigators to serve as mentors and resources for kin caregivers, and to support kinship providers.

Data analysis of Item 4 (during the review period) by QA reviewers shows a need for more supports offered to placement providers and kinship care providers dealing with challenges presented by children in care and encouraging counties to partner with local communities to provide such supports.

The CFSR data indicator for placement stability focuses on stability during the early days of a foster care stay. The indicator measures the number of placement moves per 1,000 days in foster care during a 12-month period for children who entered foster care during the same 12-month period.

NC's performance on the placement stability data indicator is displayed in the figure below.

**Table 4. Placement Moves per 1,000 Days
for Children Entering Foster Care in a 12-Month Period**



In 2021, NC's observed performance was 5.3 moves per 1,000 days which exceeds the national standard of 4.1 moves per 1,000 days. This is an area needing improvement.

Strengths and Needs

NC utilizes Child and Family Team (CFT) meetings to establish case plans with appropriate goals to ensure children and youth are in the best placement. Permanency Roundtables are being implemented in NC as a strategy to decrease the number of placement moves and to bust barriers for children obtaining permanency.

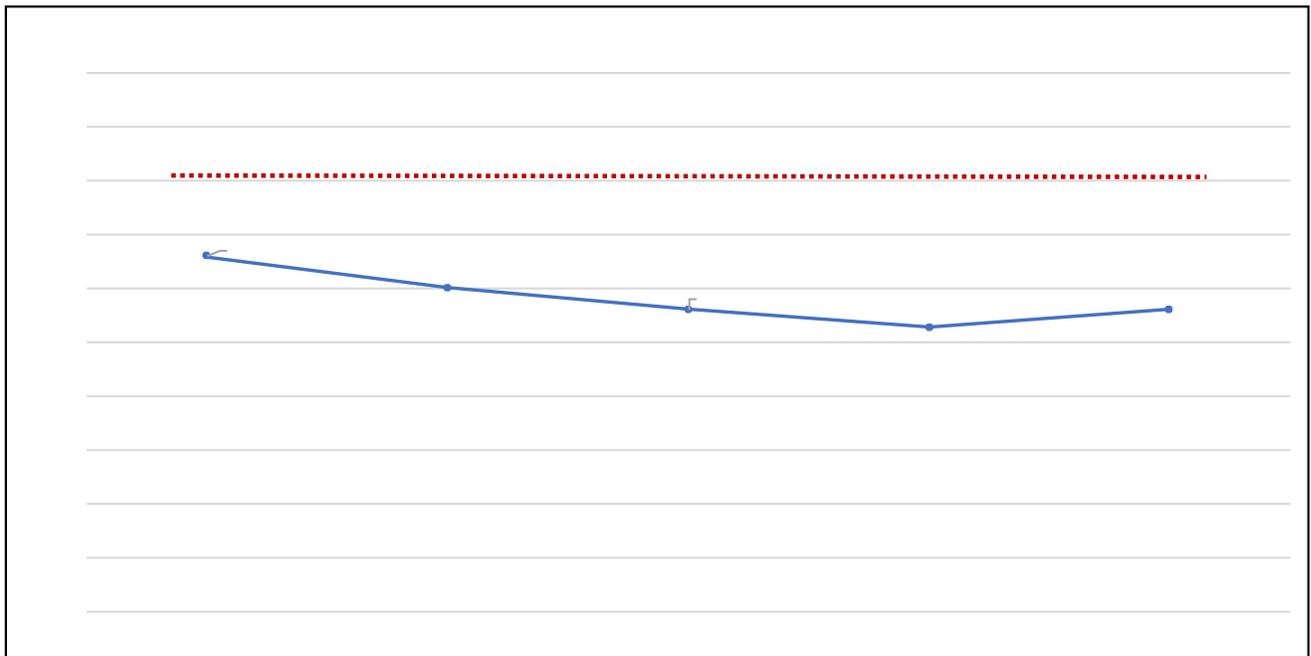
Data analysis by the QA reviewers of Item 5 for the case review period shows the need for case plan goals to be clearly documented and ensure the identified needs of children and youth are met through services provided. NC is working to improve counties holding CFTs

timely and documenting appropriate case plan goals by providing targeted technical assistance with counties by the RCWCs.

NC struggles with utilizing permanency planning reviews as not just a checklist, but a true review of the permanency plan by parents, GAL, service providers, workers, supervisors, and other key supports. RCWCs and QA reviewers note, for the cases reviewed during October 2020–September 2021, the permanency planning reviews are sometimes viewed as a check the box activity. RCWCs are educating counties on how to utilize permanency planning reviews in the most effective way possible. Both RCWCs and QA reviewers note the need to collaborate with courts to avoid court delays in hearings. NC met monthly last year with the Juvenile Court Improvement Program (CIP) to seek solutions. NC participated in CIP Interagency Collaborative meetings to discuss and plan for use of CIP emergency funds towards addressing backlogs of cases. On a local level, NC continued to support the development and operation of district permanency collaboratives in which county agencies and court officials in individual districts review district-specific data to develop local solutions.

NC’s performance on the three permanency data indicators is presented below.

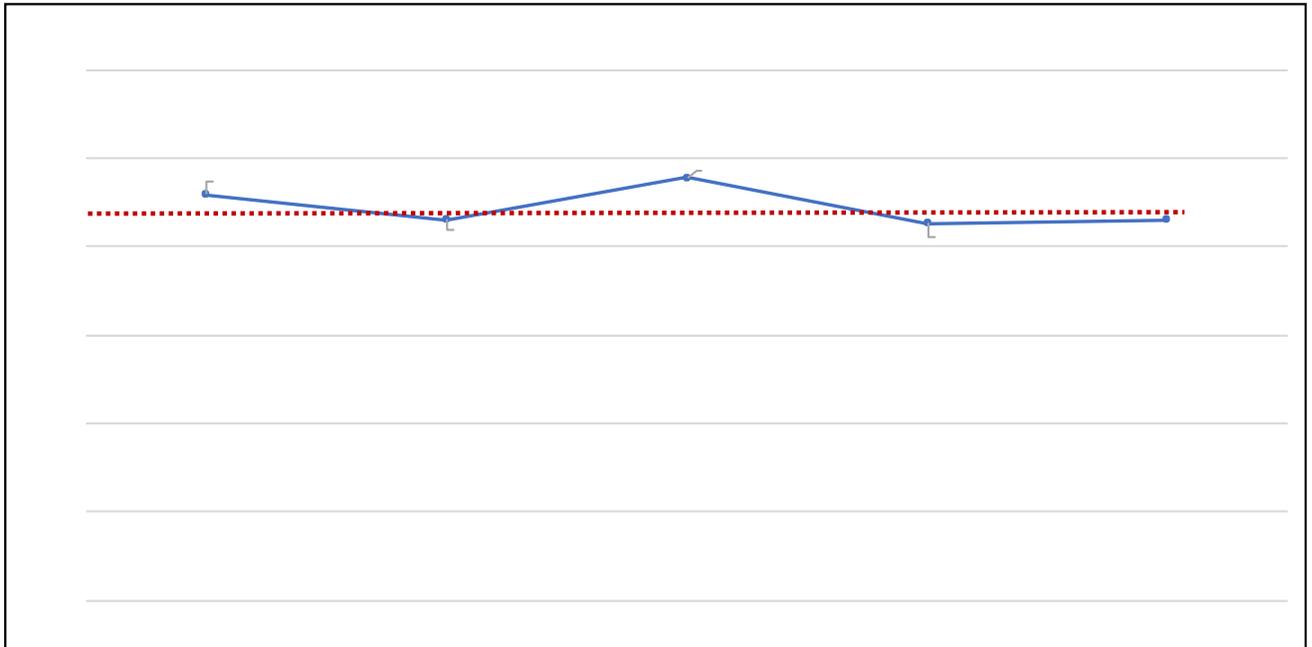
Figure 3. Permanency in 12 Months for Children Entering Foster Care



As noted above, delays in court processes delays permanency for children. QA reviewers and RCWCs state that, for the review period, counties experiencing court delays in the initial adjudicatory hearing have subsequent delays in achieving permanency. The delay in

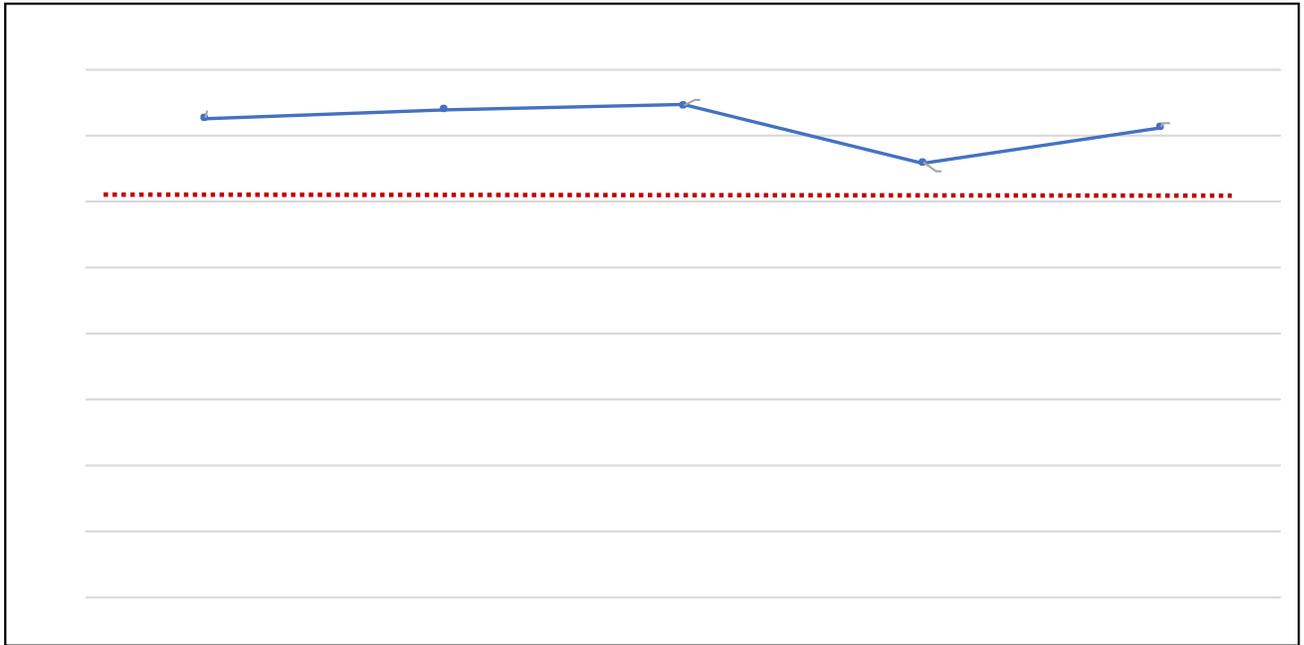
holding the adjudicatory hearings makes it difficult for workers to effectively engage with the family in case planning processes, put services in place for families to address relevant safety issues, and achieve permanency within 12 months.

Figure 4. Permanency in 12 Months for Children in Foster Care 12–23 Months



NC’s performance on achieving permanency for children in foster care 12–23 months improves because the court system has a chance to “catch up” on its court processes. As noted above, once the adjudicatory hearings are held, services are ordered by the court and parents are more willing to engage in the case planning and service provision processes. NC can move the case timelier to permanence. NC plans to work collaboratively with CIP in discussing data and root causes to delays in adjudicatory hearings, such as lack of court time, lack of court staff (such as parent attorneys, DSS attorneys), and other issues and determine interventions and solutions to the issues.

Figure 5. Permanency in 12 Months for Children in Foster Care 24+ Months



NC’s observed performance over time on the three data indicators has shown a consistent pattern of stronger performance with better permanency outcomes for children who stay longer in foster care than for children who have been in foster care 12 months or less. NC has consistently exceeded the national standard for permanency for children in foster care 24 months or more, with an observed performance of 35.6 (above the national standard of 30.3%), in 2021.

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 and is an area needing improvement. Item 8 identifies if visitation occurred with children in care and their parents and siblings and is an area needing improvement. Item 9 assesses if a child’s connections were maintained while in foster care and is an area needing improvement. Item 10 looks at whether children were placed with relatives and is an area needing improvement. Item 11 assesses whether efforts were made to promote, support, and/or maintain child and parent relationships while the child was in foster care and is an area needing improvement

Table 5. Permanency Outcome 2

Outcome P2 the continuity of family relationships and connections is preserved for children	68.33% (n=60)	63.93% (n=61)	67.16% (n=67)	62.16% (n=74)	66.67% (n=57)	78.79% (n=33)	
P2; Item 7 Placement with Siblings	84.78% (n=46)	80.43% (n=47)	86.54% (n=52)	90.20% (n=51)	85.00% (n=40)	100.00% (n=21)	
P2; 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=49)	74.07% (n=27)	
P2; Item 9 Preserving Connections	76.33% (n=60)	63.33% (n=61)	76.17% (n=67)	65.75% (n=73)	67.86% (n=56)	69.70% (n=33)	
P2; Item 10 Relative Placement	72.88% (n=59)	76.27% (n=60)	72.73% (n=66)	77.03% (n=74)	78.57% (n=56)	90.63% (n=32)	
P2; 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=42)	69.57% (n=23)	

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

North Carolina's performance on Permanency Outcome 2 and its sub-items improved in the March 2021 to September 2021 period.

Strengths and Needs

Counties made an effort to place large sibling groups together (Item 7) during the case review period. This past year, NC encouraged counties to recruit resource families that are willing to take sibling groups. Resource Parenting Curriculum (RPM) was provided to resource parents. The training better equips resources parents with the knowledge and skills needed to provide supports to children in care, with particular emphasis on the impacts of trauma for children in care.

For Item 8, NC made concerted efforts between QA reviews and RCWC targeted case reviews to reinforce to counties the critical need for visitation. Practice needs for improving quality family time include identifying family friendly visitation centers and workers and

supervisors creatively thinking outside of the box when it comes to recommending family time based on the unique needs of the family. QA reviewers and RCWCs will continue to brainstorm creative ways to ensure families have quality time together. DSS will work with courts to educate on the importance of quality family time, and the benefits for children, youth, families, and the agency. DSS will provide technical assistance to counties to request creative family time arrangements with the courts.

Data analysis of QA reviews for Item 9 shows NC has strengths in ensuring children who enter foster care are assessed for tribal connections. A renewed focus on relationship with the Eastern Band of Cherokee Indians (EBCI) has assisted in this issue of notification of tribes. NC has a continued attention and focus on Every Student Succeeds Act (ESSA) to ensure that the children are maintained in their school. COVID-19 created an additional challenge in the ability to maintain connections for children due to the requirement for virtual relationships versus in person, school, and community functions.

For Item 10, data analysis during the case review period shows improvement in identifying and assessing all relatives presented by families as being a capable and competent placement. The Family First Placement and Services Act (FFPSA) was a springboard to assess alternatives to congregate care via placement with relatives. Counties show strength in initial identification and assessment of relatives, and struggle to continue to identify and assess kin resources on an ongoing basis. Counties need to be willing to circle back to relatives that may have initially been ruled out and consider changes in circumstances to revisit them as an appropriate connection and placement. Counties show strengths in focusing on maternal relatives and demonstrate limited efforts with paternal family connections. NC will review current local initiatives on fatherhood engagement that could be replicated statewide, such as the fatherhood program in Wake County. QA reviewers are focused on reminding counties to remember to revisit relatives and not rule out after “one look” at the specific relatives. NC began partnering this year with Human Services Research Institute to conduct a feasibility study on the implementation of a Kinship Navigator program focused on providing supports to relatives and fictive kin caring for children. The study will also include assessment and selection of interview tools that will assist in identifying relatives and community connections, to ensure that engagement of relatives is initiated at onset of services. NC worked in collaboration with University of North Carolina (UNC) to develop a course for resource parents titled “Critical Partners in Permanency” targeted at parent engagement and shared parenting. The new course was made available on FosteringNC.org in June 2022.

NC identifies encouraging shared parenting between resource parents and birth parents (Item 11) as a need. As noted above, counties concerns over liability, danger, and violation of court orders prevents them from broadening their views of meaningful connections with parents outside of the traditional visitation plan.

NC received ten (10) new positions to expand its capacity to provide regional support to counties on child welfare practice. This will provide staff that specifically focus on assessing and addressing permanency related challenges as mentioned throughout this section. In addition, NC is working on multiple initiatives to address the workforce crisis that are detailed in Section 3 under Goal 3. These include redesign of pre-service training, developing streamlined pre-service training for former child welfare professionals returning to the workforce, and development and implementation of a statewide recruitment campaign. NC is working with the Capacity Building Center for States to revise its state Foster and Adoptive Parent Diligent Recruitment and Retention (DRR) plan and strategies, with a focus on improved engagement and support of kinship providers.

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 and is an area needing improvement. NC's performance on Well-Being Outcome 1 is presented in the table below.

Table 6. Well-Being Outcome 1 and Items 12-15

	Performance				Trend		
	Oct 2018- Mar 2019	Apr 2019- Sep 2019	Oct 2019- Mar 2020	Apr 2020- Sep 2020	Oct 2020- Mar 2021	Apr 2021- Sep 2021	
Outcome WB1 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=86)	50.72% (n=69)	
WB1; 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=86)	56.52% (n=69)	
WB1; Item 12A Needs Assessment and Services to Children	88.46% (n=104)	84.68% (n=111)	83.19% (n=119)	88.98% (n=127)	89.53% (n=86)	88.41% (n=69)	
WB1; Item 12B Needs Assessment and Services to Parents	51.85% (n=81)	43.16% (n=95)	50.46% (n=109)	53.70% (n=108)	59.15% (n=71)	56.67% (n=60)	
WB1; Item 12C Needs Assessment and Services to Foster Parents	96.61% (n=59)	89.47% (n=57)	80.65% (n=62)	92.86% (n=70)	76.92% (n=52)	82.14% (n=28)	
WB1; 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=83)	61.19% (n=67)	
WB1; 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=86)	71.01% (n=69)	
WB1; 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=71)	60.34% (n=58)	

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

Since the 2022 APSR reporting period, NC has made some progress in improving Well-Being Outcome 1, with the overall performance falling below the 95% goal.

Strengths and Needs

Well-Being Outcome 1, Item 12 A, assesses the agency's efforts to assess the needs of and provision of services to children, and is an area needing improvement. Data analysis of Item 12 A shows strength in the ability to engage, assess needs, and provide services for youth in foster care who are about to transition to young adult living. Counties engage with foster youth regarding the development and implementation of Independent Living Plans.

Well-Being Outcome 1, Item 12 B, assesses the needs of and provision of services to parents, is an area needing improvement. Data analysis by QA reviewers during the case review period note the dip in performance for this measure. NC identifies the need to improve performance on assessing the needs and providing services particularly for paternal relatives. Ongoing diligent efforts to locate, assess, and provide services for parents is an additional need. As noted above, NC has strengths in engaging maternal relatives and needs to further engage paternal relatives.

Well-Being Outcome 1, Item 12C, assesses the needs and provision of services to foster parents, and is an area needing improvement. QA reviewers note during the case review period that counties' strengths in engaging with resource mothers to assess the needs of and provide services. Requiring a need to improve practice in engaging all resource parents, including fathers. Systemic issues identified previously regarding paternal family engagement, whether biological or resource family, is an area NC will explore this year for practice improvement.

Item 13 looks at NC's efforts to involve parents and children in the case planning process on an ongoing basis is an area needing improvement. The use of virtual platforms during COVID-19 increased engagement for CFTs, particularly for absent or incarcerated parents. Counties continue to use virtual platforms to increase parental engagement. QA reviewers and the RCWCs identify counties are challenged by holding CFTs timely due to court delays in adjudication hearings. Counties report having to wait to engage families until after the adjudication hearing because parent attorneys are resistant to having their clients (parents) participate in engagement with workers and in case planning activities until adjudication has happened. NC will work with the CIP and courts to present data regarding delays in adjudication hearings and the impacts on engagement with families and case planning processes.

Item 14 assesses whether the frequency and quality of visits between caseworkers and child(ren) were sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals. Item 15 assesses whether the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) were sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals. Both items need improvement in performance. Visitation has

been a challenge for NC, in part due to the workforce crisis. Staff are overwhelmed with excessive responsibilities and are covering for workers resigning from their positions. NC is engaged in a statewide workforce recruitment campaign that will roll out in September 2022. The campaign looks to raise awareness regarding the benefits of a career in child welfare and is asking former child welfare staff to reconsider coming back to the agency. Strategic Goal 3 (develop and support a stable, competent, and professional workforce in child welfare) highlights several objectives for improving workforce retention including:

- Objective 1: Complete a caseload/workload study for all child welfare positions
- Objective 2: Reinstigate the stipend support program into the NC Child Welfare Education Collaborative with NC colleges and universities
- Objective 3: Implement a new approach to pre-service training for the child welfare workforce

As noted previously, diligent efforts to locate parents, particularly fathers, is a challenge and is a strategy NC is tackling this upcoming year.

NC continues to expect the implementation of the Practice Standards and Safety Organized Practice (SOP) will address root cause issues related to the assessment of needs, case planning, and case plan implementation. This past year, NC made progress towards statewide use of SOP, including training child welfare staff at local Departments of Social Services on SOP and work on revalidating structured decision-making tools. This progress is reported in detail in Section 3.

Well-Being Outcome 2

Well-Being Outcome 2 states that children should receive appropriate services to meet their educational needs. Well-Being Outcome 2 is measured through a single item, Item 16, which assesses the agency's efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities. Well-Being Outcome 2, Item 16 is an area needing improvement.

NC's performance on Well-Being Outcome 2 as measured by Item 16 is presented in the following table.

Table 7. Well-Being Outcome 2

Well-Being 2 is a relative strength for NC. NC's performance over the past three years has consistently exceeded 87% while falling just short of the 95% federal standard.

Strengths

NC has strong engagement with education partners. Counties work well with local school systems to ensure educational needs of children and youth are met. NC DSS RCWCs will continue to encourage counties to maintain their focus on educational issues. This will include noting this in targeted record reviews and following up with county strategies to bring this up to the 95%. NC will continue to work with our school partners to meet the educational needs of children in care.

Well-Being Outcome 3

Well-Being Outcome 3 states that children should receive adequate services to meet their physical and mental health needs. Item 17 assesses whether the agency adequately addressed the physical health needs of children including their dental needs, and was rated as an area needing improvement, while Item 18 assesses whether the agency adequately addressed the mental and behavioral health needs of children and was rated as an area needing improvement. Well-Being Outcome 3, Items 17 and 18, are areas in need of improvement.

Table 8. 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	Apr 2021- Sep 2021	
Outcome WB3 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=81)	67.74% (n=62)	
WB3; 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=73)	72.34% (n=47)	
WB3; Item 17 Foster Care: Physical Health of the Child	79.25% (n=53)	82.69% (n=52)	71.64% (n=67)	78.38% (n=74)	64.91% (n=57)	75.00% (n=44)	
WB3; Item 17 In-home: Physical Health of the Child	60.00% (n=20)	44.44% (n=18)	76.00% (n=25)	57.14% (n=28)	81.25% (n=16)	67.75% (n=16)	
WB3; 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=53)	76.19% (n=42)	

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

NC’s overall performance on Well-Being 3 showed a modest increase in the six-month period from April 2021 to September 2021, reversing the dip in performance observed during the October 2020 to March 2021 period. NC’s performance has held steady between 65% and 69% on Well-Being 3 as compared to the 95% federal standard. NC overall performance on items 17 and 18 has tended to remain between 70% and 80% for both physical and behavioral health, making it continued areas needing improvement.

Strengths and Needs

The table above displays performance on Item 17, Physical Health of the Child, separately for children receiving foster care and in-home services because of earlier data suggesting NC’s performance was relatively stronger with children receiving foster care services and less so with children receiving in home services. Data from the last two measurement periods suggests the gap in performance between the two populations has narrowed but that this continues to be an area for improvement for both populations. The RCWCs note improvements in children having their Early Periodic Screening Diagnosis and Treatment

(EPSDT) checks within 30 days of entering foster care. Data analysis from QA reviewers during the review period shows there is improvement in workers overseeing the use of prescription medications. Counties need to ensure medical records are in case files. When medical records are updated, caseworkers should ensure that the updated records are included in the case file.

A new DHHS transformation initiative has brought together leadership from divisions across the department to address the well-being of children. One of the three major workgroups in this initiative is assigned to focus services needed to promote permanency and well-being for children in foster care.

Item 18 presents systemic challenges for NC connecting children with health care. QA reviewers note for the period under review counties experience children on waiting lists because of lack of Medicaid services (particularly for children who move from county to county, there are delays in getting services established in the new area). Throughout the year, NC DSS engaged with its partners in the behavioral health system to address specific service gaps for children and youth in foster care and their families, and NC DSS has engaged with the Division of Medical Assistance in the development of a specialized Medicaid plan for children in foster care and their families, tailored to meet their needs. The specialized Medicaid plan will provide for all services (including physical, dental, mental, and behavioral services) across regional boundaries. Under this specialized plan, services would be available statewide, no matter where the child lives or is placed.

In the 2022 APSR, NC DSS reported its creation and dissemination of webinars specific to the healthcare needs of children and youth in foster care as a strategy to improve Well-Being 3 performance. NC made progress implementing that strategy, including:

- In February 2022, NC DSS partnered with the NC Division of Public Health and the NC Division of Child and Family Well-Being to deliver a webinar titled “NC DHHS COVID-19 Updates: Briefing for Child Welfare Agencies and Children and Youth in Foster Care.” The webinar provided up-to-date information and guidance on vaccinations, treatments, and the location of resources.
- In March 2022, a Child Welfare Policy and Practice Update webinar was published on [ncswLearn.org](https://www.ncswLearn.org) that included practices to improve the oversight of prescription medication for children and youth in foster care.
- In April 2022, NC DSS delivered a webinar for foster care caseworkers titled, “Supporting Medical, Mental Health, and Intellectual/Developmental Disability Needs for Children and Youth in Foster Care.”
- In June 2022, NC DSS, NC Medicaid/DHB, and the Area Health Education Program (AHEC) will deliver a webinar to pediatricians that includes information about the health care needs of children/youth in foster care.

NC DSSS engaged in additional activities this year to improve NC’s performance on Well-Being Outcome 3, including:

- NC DSS continues to evaluate the state’s capacity to increase the number of counties receiving training from Fostering Health NC. NC is in the process of hiring seven FFPSA regional staff who will work with counties towards the development and implementation of evidence-based practices and services to meet physical, mental, and developmental needs of children.
- In collaboration with other NC DHHS divisions, NC DSS continued to develop services that will fill persistent gaps in available mental health, substance use and developmental disabilities services. (For additional information see Section 2, [Services Array](#).)
- In response to data showing low utilization of the “Do-it-Yourself” training toolkits for supervisors, NC DSS is exploring making the information in these toolkits open to all child welfare workers.
- NC DSS is updating the courses “Fostering Connections I” and “Fostering Connections II” to reflect the changes in health care requirements for children and youth in foster care, and to provide information about available services as the state continues towards the implementation of Medicaid Managed Care.

2.2 Systemic Factors (Items 19–36)

Statewide Information System (Item 19)

The statewide information system is an area that needs improvement. NC DHHS continues work on its statewide child welfare information system and plans to go to market during 2022, for new technology and services to support the development, configuration, and deployment of CCWIS modules and interfaces.

The current landscape is a hybrid model, with some counties using NC FAST Child Welfare functionality (25 total counties – 11 using Intake, Assessment, and Ongoing, and 14 using only Intake and Assessment). The 75 counties not utilizing NC FAST Child Welfare key data relating to Status, Demographics, Location, and Placement Goals into legacy systems (Central Registry for CPS Assessments and Child Placement and Payment System (CPPS) for Ongoing Case Management). This data is denormalized and combined for reporting, dashboards, and analytics.

While the counties using legacy systems only update much of the data monthly, the future statewide system will facilitate a closer to real time update schedule for much of the primary status, demographic, location, and goal information collected by child welfare staff. NC DHHS is committed to moving forward with the statewide system efforts and has

commitment from County DSS leadership to achieving a statewide system that will address gaps in the timeliness related to data collection.

There is a strong relationship between NC DHHS and County DSS leadership as part of the Child Welfare System Governance Committee (CWSGC) which continued to meet regularly during SFY 2021–2022 since it was formally kicked off in February 2021. The purpose of the CWSGC is to bring state and county leaders together in partnership to recommend how best to invest dollars and resources into achieving a statewide child welfare information system that aligns with the adopted vision and guiding principles. The CWSGC played a significant role in the development of the go-forward procurement strategy that informed the upcoming RFP and continues to provide valuable strategic input and feedback on NC DHHS' practice model efforts and how technology can best support those efforts.

This will be a multi-year effort involving best value technology services. The first step in preparation for new technology and services was completed in February 2022, when NC DHHS separated child welfare data from Economic Services data in NC FAST. This enabled new technologies to be integrated more easily. It also allowed for defects to be resolved quickly and for operational risks and dependencies that existed previously to be reduced. The CWS and NC FAST systems still communicate in real for certain critical data sharing.

The program, practice, and technology teams of the Child Services initiative are currently finalizing the RFP in partnership with ACF. NC DHHS anticipates releasing this RFP during summer 2022 and requesting approval for an award during the first quarter of FFY 2023. The future statewide system will facilitate a closer to real time update cadence for much of the primary status, demographic, location, and goal information collected by child welfare staff.

2.2.1 Case Review System (Items 20–24)

The case review system, items 20–24, are areas needing improvement for North Carolina. NC DSS requested and received AOC Court Improvement Project's (CIP's) 2021–2026 Strategic Plan along with NC CIP's 2021 Self-Assessment. NC DSS reviewed the goals and strategies of the plan and identified opportunities for alignment with North Carolina's CFSP goals, objectives, and interventions. Two areas of identified alignment possibilities are collection, interpretation and application of data, and training for local judges, attorneys, GALs, and DSS child welfare workers. Because of renewed interest in implementing a Safe Babies Court Team (SBCT) model in North Carolina, and with the recognition that the model requires strong court buy-in and leadership, AOC agreed to lead development and implementation of a SBCT model for the state. AOC placed coordination of the SBCT model with its Court Improvement Program (CIP), and NC DHHS and AOC/CIP agreed that the SBCT would serve as a CIP joint project. NC DSS serves as a planning partner to AOC/CIP for the SBCT, and as such, was included in review and discussions of court-related data for

child welfare cases, including information on court continuances. NC DSS will continue to work with AOC and CIP, meeting monthly to identify needs and opportunities, to align complementary efforts towards improved outcomes (especially permanency outcomes) and experiences for children, youth and families who have child welfare court involvement.

QA reviewers state counties typically have case plans for all children in case files. Staff struggle to articulate how parents and children were involved in the case planning process. There is an overreliance of workers using parent signatures as evidence those parents participated in the case planning process.

NC continues to struggle to consistently engage parents in the case planning process according to policy. NC's performance on OSRI Item 13 (assessment of whether concerted efforts were made to actively involve the child, mother, and father in the case planning process) indicates that NC did not meet federal and state policy expectations. NC's performance on this item is an area in need of improvement. The most frequent area of difficulty has been with concerted efforts to actively engage fathers (as written in the section above).

In 2022, NC updated the guidance section of NC DSS' Permanency Planning Manual to reiterate requirements for holding CFTs at the time Permanency Planning Family Services Agreements are developed. This change resulted from a discussion about CFTs in the CFSP Permanency Design Team. The updates also emphasize the participation of the child's parent(s) and child/juvenile in the CFT. Technical assistance to advise all county child welfare agencies of this policy change was made available through an informational webinar.

NC DSS partnered with a local county agency to present on fatherhood engagement at the April 2022 monthly Permanency Design Team meeting. NC DSS presented information about its developing Fatherhood Engagement initiative. The presentation shared the benefits of fatherhood engagement in child welfare work towards safety, well-being, and permanency. The local county agency presented about their collaboration with a community agency to engage fathers in child welfare, including their use of the program "24/7 Dad." Feedback from Permanency Design Team members was solicited, and additional feedback will be solicited from members of the Child Welfare Family Advisory Council (CWFAC) to inform continued development of NC DSS' Fatherhood Engagement Initiative. NC DSS will continue exploring ways to increase education of county child welfare agencies and their partners to enhance permanency by strengthening their ability to and awareness for engaging fathers and paternal relatives.

NC expects the implementation of its Practice Standards Safety Organized Practice tools to structure planning with families which will substantially improve the quality of its engagement with children and families in the case planning process. As detailed in Section

3, statewide training on the Practice Standards began last year, and with the implementation of a statewide case management system, NC will have a more proactive way of tracking and ensuring the involvement of family members in planning. This will allow NC DSS to better identify areas of need and to provide targeted technical assistance to county DSS child welfare agencies, as needed.

Case Plans (Item 20)

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Periodic Reviews (Item 21)

QA reviewers note most counties are conducting periodic reviews more frequently than required. Although initial adjudication is a struggle, once the adjudicatory hearing is held, counties are able to hold regular reviews. During COVID-19, several judicial districts utilized available technology to hold virtual hearings. Local agencies in those districts found while they could not hold every hearing virtually, they were able to hold a significant number of hearings. Those districts continue to utilize virtual hearings as a resource to combat delays. As a result, AOC is moving to ensure every district has the equipment and technology to utilize virtual hearings.

In SFY 2021-2022, Permanency Planning training curriculums were updated to reflect the statutory and policy changes regarding Permanency Planning hearings and timelines. Additionally, technical assistance regarding these statutory and policy changes was made available to all county child welfare agencies. As a result of the statutory changes, the first permanency planning hearing must be held within 90 days of the dispositional hearing. It is anticipated that in SFY 2022-2023, the length of time between the dispositional hearing and the first permanency planning hearings will decrease.

NC currently has data available on the median length of time from the first permanency planning hearing to all subsequent permanency planning review hearings, obtained from the JWIS (court database) system. The data for the three (3) most recently completed federal fiscal years is shown in the table below.

Table 9. Frequency of Permanency Hearings

	October 2018 - September 2019	October 2019 - September 2020	October 2020 - September 2021
CIP Measure 2: Days to All Subsequent Permanency Planning Hearings	119	139	123
Number of Occurrences	15506	13558	14520

The standard for frequency of permanency hearings is 6 months (i.e., permanency hearings should occur no less frequently than every 6 months). In review of NC’s data for CIP Measure 2 from the JWISE system for the last three (3) federal fiscal years, NC successfully kept the median length of time between court reviews below 5 months, despite a minor uptick in 2021.

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), and data for the median interval between permanency planning hearings does not specifically address how often required court hearings do not occur on time. As AOC works to replace its JWISE data system, NC DSS will continue to request opportunities to review, discuss, share, and apply data towards enhancing child welfare outcomes and experiences. Also, NC DSS will explore additional opportunities to provide information about the child welfare data needs and requirements, including discussions with AOC during regular monthly meetings. As a concurrent strategy, NC DSS will ensure that the statewide Child Welfare Information System, as it is developed and implemented over the next few years, will have the capacity to track child welfare court hearings.

Permanency Hearings (Item 22)

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

Table 10. Permanency Hearings

Measures	Target Performance Goal	FFY 2018–19 Median Days	FFY 2019–20 Median Days	FFY 2020–21 Median Days
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	283 days

The CIP Measure 1 data indicates that NC has successfully met the standard 12-month maximum time between days to first permanency hearings for the last three (3) federal fiscal years. As reported in Item 21 above, data from CIP Measure 2 for the last two (2) federal fiscal years showed 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, NC DSS acknowledges that it does not have data on how frequently (or not) initial or subsequent permanency planning reviews occur and does not have a statewide system that helps proactively assure that hearings are timely. As mentioned above, NC DSS will continue to discuss with AOC, the need for child welfare court data. As a concurrent strategy, NC DSS will work to ensure that the statewide Child Welfare information System, as it is developed and implemented over the next few years, will have the capacity to track court hearings.

Termination of Parental Rights (Item 23)

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;
- there are 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.

To improve performance on Item 23, NC will implement a child welfare practice model that better assures services needed by families are provided in a timely manner. Also, NC will work towards improving the collection, tracking, and sharing of multiple court child welfare data points through a statewide child welfare case management system and through AOC's data system, as is possible. In the alternative, NC DSS will explore means for obtaining qualitative data and supplemental information. NC DSS will continue its commitment to improving collaboration with its court partners at the state and local levels.

Notification of Caregivers (Item 24)

NCGS 7B-906.1(b) requires the clerk of court to give a 15-day notice of review hearings to the person providing care for the child. As an additional safeguard, the child welfare policy manual was updated this year to include instructions that child welfare agencies provide verbal notifications to placement providers regarding upcoming court hearings.

NCGS 7B-906.1(c) was revised this year to require the court, at each hearing, to consider information from the person providing care for the juvenile and to "provide any person with whom the child is placed, the opportunity to address the court about the child's well-being." In SFY 2021-2022, child welfare policy was reviewed, and clarification was added in the manual emphasizing that the placement provider can provide verbal or written input during periodic reviews with any information that may be relevant to a child's best interests, so that the court may use that information in forming its opinion on the case.

In September 2021, NC enacted NCGS 131D-10.9C (Session Law 2021-144), entitled the “Foster Parent Bill of Rights.” This legislation references the statutes cited above and includes among the enumerated rights the right to be informed at least 15 days prior to any court hearing involving a child in the home and to be heard in court either verbally or in writing for any hearing involving a child in the home. This may prove to be a strength for NC.

2.2.2 Quality Assurance System (Item 25)

For quality assurance systems is an area needing improvement. NC understands that building a strong continuous quality improvement system at the state, regional, and county levels is critical to achieving its vision for child welfare transformation. NC has five (5) trained Quality Assurance Reviewers to conduct reviews utilizing the OSRI. The Quality Assurance Review process is utilized to determine strengths and opportunities for growth in state and county practice and is a foundation for its CQI focus in preparation for CFSR Round 4. NC hired a state CQI Lead who will be responsible for coordinating and implementing the regional support model approach to CQI. This will involve local child welfare agencies and stakeholders (who have representatives serving as members of the CQI Design Team) in CQI development.

NC is aware that additional capacity for the Quality Assurance Team is needed as we move into the CFSR and PIP measurement period.

North Carolina’s Quality Assurance Team participates in monthly Secondary Oversight Calls/ meetings with the Children’s Bureau. Technical assistance will also be sought during onsite visits by CB staff as well as through ongoing technical assistance bulletins, trainings, and other forms of communication through the CB website. Prior to and during the CFSR and PIP measurement period, North Carolina Quality Assurance Team will continue to have technical assistance through secondary oversight of cases reviewed and may seek Technical Assistance from other partnering agencies or consultants as needed. The Quality Assurance Review team would benefit from technical assistance related to Data Analysis, pertaining to case reviews. NC will work towards enhancing capacity in FY 2023, to complete development and initial implementation of a CQI model at the state, regional and local levels.

Use of the OSRI and Sampling Plan Here Forward

As briefly discussed in the introduction to Section 2, in October 2021, NC made changes to its approach to sampling case records for OSRI review with a goal of providing more useful feedback to regions through its regional support model. From October through December 2021, cases for review were sampled exclusively from one of NC's 7 regions so that region-specific feedback could be given on a robust sample of cases from that region. From January to March 2022, cases for review were sampled from another one of the 7 regions. Additionally, to include all 100 counties in OSRI reviews, a case from each county will be reviewed within an 18-month period.

NC has reconsidered its plan for sampling cases for OSRI reviews going forward, after fully appreciating that the regional plan was inconsistent with the goal of assessing statewide performance both because it would take 18 months under the plan to include all 7 regions in reviews and because the approach that was begun would result in some counties and regions being over or under sampled in proportion to their share of the state's child welfare cases.

NC will return to selecting samples of cases for review that are representative of the state so that it can track statewide performance. Because NC values including the entire state in the case review process, it plans to conduct random sampling of all applicable cases during each 6-month period. Results will be tracked both statewide and by region, and region-specific reports will be developed and shared with counties by the NC DSS regional child welfare consultants (RCWCs) at intervals corresponding to when enough cases in the region have been reviewed. NC will implement its statewide sampling approach October 1, 2022. This will give the state the lead time needed to both fine tune the parameters for the statewide random sampling of cases and to inform counties of the cases that have been selected for review.

During July 2021, ACF provided training on the OSRI to the regional child welfare consultants (RCWCs). The purpose of the training was to provide an overview of the OSRI, to discuss how the CFSRs are conducted, to explain how the OSRI is completed and can be utilized as part of Continuous Quality Improvement (CQI), to review the case review process, and to review overarching issues related to item drift, consistency between items, inter-rater reliability, professional judgement, how the child welfare system is reviewed, visitation, safety planning, formal and informal assessments, and stakeholder interviews.

Additionally, during August 2021, the CFSR/Quality Assurance team provided training on the Onsite Review Instrument (OSRI) to all child welfare supervisors/administrators.

Training objectives included participants obtaining knowledge of the OSRI tool and each child welfare discipline component, obtaining data to see how practice impacts data indicators, and beginning to identify root causes. On April 21, 2022, the Quality Assurance Team Manager met with the Child Welfare Family Advisory Council (CWFACT) to provide a brief overview of the Onsite Review Instrument (OSRI) and to discuss processes of interviewing caregivers about their experiences, describing how the OSRI fits into NC's CQI and Quality Assurance (QA) efforts. Information was shared about how the OSRI fits into CFSR and methods to improve interview rates with families were discussed.

Efforts to Assure the Integrity of Administrative Data

NC shared information with ACF about the challenges it has experienced to produce quality administrative data and implement a statewide operating system, the absence of which contributed to a problem with children sometimes being inadvertently assigned a new ID when their families moved from one county to another. The implementation of NC FAST as a statewide operating system was intended to resolve that issue but instead created a new problem because it was not possible to link data from NC FAST with data from the legacy systems. NC attempted to produce statewide data on many indicators of interest and was not able to accurately measure progress for pilot counties or for the state as a whole, compared to the pre-NC FAST baseline. These problems were exacerbated when the implementation of NC FAST stalled.

In SFY 2021, NC DSS asked its UNC data partners to link NC FAST and Legacy data. Upon completion, a new problem was created. The statewide data indicators as calculated by UNC did not agree with the same data indicators as calculated by ACF based on AFCARS data. (In NC's data profile, ACF calculated 3 of 7 indicators because data for the other indicators exceeded data quality limits.)

In mid-2021, UNC and NC DSS corrected data and the coding. The problem was complicated by the fact that the software that NC DSS had used for many years to encrypt and transmit data to ACF made it impossible for NC to inspect the data for accuracy once the data was encrypted. By fall 2021, UNC and NC DSS were confident that the transmission software was the reason for the data differences. Again, NC is currently working to resubmit data to ACF, and is making steady progress in developing and implementing an enhanced and augmented statewide information system that should improve the quality of its administrative data.

NC DHHS developed new capabilities that help monitor data quality, view longitudinal trends, and track key performance indicators. Utilizing investments in data infrastructure, NC DSS is now able to regularly monitor CPS and Foster Care trends, as well as detailed DEI data at the state, regional, and county level. Going forward into the next year, dashboards and reports will be automated to deliver critical insights more efficiently. This will include

dashboards and reports focused on data timeliness, completeness, and general data quality validations. NC DHHS will ensure there is a regular cadence of follow-ups with counties to address concerns and inform child welfare information system development and configuration activities.

Quality Assurance System Operations

As discussed above, NC is committed to conducting case reviews using the OSRI instrument throughout the entire state and to producing quality, accurate data statewide and for each county. Changes to the sampling approach made specifically in SFY 2022, along with NC's commitment to representative statewide sampling for case reviews going forward, were also discussed above.

Standards to Evaluate Quality of Services Towards Health and Safety

NC's Child Welfare Quality Assurance (CWQA) system provides a framework of processes and practice measures to effectively evaluate and assess protective interventions and the delivery of services to children and families within the child welfare network. The overall objective is to continually improve the child welfare system so that children are kept safe, able to live in a permanent, nurturing home, and have their educational, physical, and mental health needs met.

Identification of Strengths and Needs of Service Delivery System

NC's overall goal is to ensure conformity with Titles IV-B and IV-E child welfare requirements using a framework focused on safety, permanency, and well-being, and to ensure the children and families of NC are achieving positive outcomes through strong and effective case management practices. QA case reviews are intended to be a useful tool for practice improvement. CWQA Case Reviews are a robust supplement—not replacement—to the quantitative data and county reviews historically used by administrators and supervisors to determine how their local systems of care are functioning, and to identify areas of strength and needs in their service delivery systems.

NC DSS has a trained and dedicated team of five reviewers to conduct QA case reviews. The Quality Assurance Review Team is responsible for conducting Quality Case Reviews (QCR) for the purpose of evaluating the quality of services provided to children and families. The goal is to improve overall safety, permanency, and well-being outcomes for families by improving the quality of case work provided throughout the state. The Quality Assurance Review team conducts statewide case reviews based on random sampling and completes 1st and 2nd level quality assurance for the entire process. Interviews with families served in reviewed cases, with services providers, and with stakeholders are part of the review process. Upon completion of a case review, the results are aggregated through the Online

Monitoring System (OMS). A portion of the cases are further reviewed by the Children's Bureau to ensure accuracy and consistency.

Provision of Relevant Reports

NC uses the OMS to generate quarterly reports that are reviewed regularly by program managers and others to track progress in each of the seven outcome areas, to inform practice enhancements to address barriers that are impacting success, and to inform the level of technical assistance that will be provided. Case record debriefs are held with County Staff and NC DSS RCWCs to share outcomes of reviews that identify both strengths and areas for improvement. As a part of NC's statewide CQI plan, meetings are planned with counties in each of the newly formed seven regions. The purpose of these meetings is to evaluate local, regional, and statewide data, including reports from OMS, to determine root cause issues and to develop needed technical assistance to ensure improvement. Subsequent meetings will also review subsequent data to determine if the implemented technical assistance is meeting the need.

Evaluation of Implemented Program Improvement Measures

Although NC's QA system which uses the OSRI instrument for case reviews provides an excellent assessment of NC's progress overall, it is not well suited alone to evaluate the impact of specific program improvement measures. This is a concern, and NC will address this limitation through its goal of implementing enhanced CQI processes.

2.2.3 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). Items 26, 27, and 28 are areas needing improvement for North Carolina.

A total of 2,489 child welfare staff in public and private child placing agencies completed one or more pre-scheduled courses, totaling 4,176 completions. A total of 2,240 child welfare staff in public and private child placing agencies completed one or more online on-demand child welfare courses (registration not required), totaling 7,024 completions (Source: ncswLearn.org).

Initial Training (Item 26)

NC provides initial training for new employees through a course titled "Child Welfare in NC: Pre-Service." This 3-week, blended course is required of child welfare workers prior to direct client contact.

NC has a two-step process of evaluating whether new staff who are required to complete pre-service training did complete the course. The 2021 Child Welfare Staffing Survey collects data for the calendar year and the data collected via our Learning Management System (ncswlearn) is for the state fiscal year. Data from these sources can be found in the two tables below.

**Table 11. New Hires and Completion Rates for Pre-Service Training (PST)
January 2021–December 2021**

Dates	#New child welfare workers hired	# New child welfare workers who were required to complete PST	# of PST Completions	# of PST Incompletes	#PST No-Shows
January 1, 2021– December 31,2021	1027	749	711	32	7

Data Source: www.ncswlearn.org and NC 2021 Child Welfare Staffing Survey

Staffing survey data in the table above indicates that 73% of new workers hired in calendar year 2021 required pre-service training.

Table 12. NC Pre-Service Individual Completions & Events 2019–2022

Dates	Completions	Events Delivered
July 1, 2021–May 13, 2022	692	39
July 1, 2020– April 30 2021	491	29
July 1, 2019– April 30, 2020	626	39

Source: ncswlearn.org

One concern for NC is the unprecedented staff turnover resulting in a child welfare workforce shortage. The table above shows how NC DSS supported counties in their effort to onboard new hires by providing substantially more PST events. There were 201 more PST completions and 10 more PST events delivered this past year than the year before. The demand for PST was so high that in October 2021, four PST events had to be added to an already full calendar without additional training resources.

Table 13. Breakdown of NC Pre-Service Completions: July 1, 2021– May 13, 2022

Participant Status	# Participants
Complete	692
Incomplete	36
Waiting List/Event Full*	0
Cancelled	309
No Show	9

*Includes only individuals who were not admitted in the training during this period

Source: ncswelearn.org

Out of the 36 individuals with “incompletion” status:

- 19 re-registered for an event and received “completion”
- 17 did not re-register to make up for missed portion of the course

As noted above, NC is working on several workforce initiatives to improve turnover and staff recruitment, including a caseload, workload study, updating of pre-service training to better equip new workers with the knowledge and skills needed to work with families, and reinstating the IV-E Child Welfare Collaborative program.

NCDSS experienced a high rate of training cancellations. The high cancellation number is also related to turnover. Many of the cancellations were from staff who enrolled in a PST event and left the agency prior to attending.

NC DSS’ implementation of a new “Conditionally Enrolled” system ensures only those who have been hired and established at the agency and within the ncswelearn system are enrolled in PST. The registrar works with counties to cancel enrolled staff from PST events when there are openings in an earlier event, which makes it possible for additional workers to get the training they need in a timely manner.

Table 14. PST Pre- and Post-Survey Responses: Improvement of Knowledge

Competency Measure	Pre-Survey	Post-Survey
I can conduct a Child Protective Services investigative assessment.	67%	86.5%
I can conduct a Child Protective Services family assessment.	61.5%	87%
I have acquired strategies to assist the adjustment of children and their caregivers to a new placement.	74.7%	88.7%

I have acquired skills to maintain family relationships for children in out-of-home care.	67%	89%
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Source: NC 2021 Child Welfare Staffing Survey

Pre- and post-survey data have been collected by our UNC partners for the pre-service course completed by new hires from July 2020–January 2022. For each competency measure, the mean rating was higher on the post-survey compared to the pre-survey, suggesting respondents saw improvements in competencies after completing the training. The surveys have a total of 56 competency measures.

The four competency measures in the above table were specifically selected for this report because they describe the main job duties of CPS Assessment and Permanency Planning staff. We need to know if staff can do their jobs when they leave PST. The data suggest that new hires who complete pre-service training improve their knowledge by an average of 20%. However, it has been identified that the survey questions need to be revised so more data can be gathered that gets at whether they left PST knowing how to do their jobs.

With the Training Redesign Project in progress, NC plans to improve the post-survey averages to at least 90%. NC’s Training Redesign project will develop training aimed at improving these data points, so child welfare staff leave initial mandated training knowing how to do their jobs, particularly in the areas of CPS Assessments and Permanency Planning.

NC’s Training Redesign Project will implement strategies identified in the CFSP for Workforce Development, CFSP Goal 3, Objective 3 including inclusion of 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 developed components of NC’s revised practice model. An assessment of the current pre-service curriculum was completed in April 2022. The scope of the assessment included a review of national best practices and research on child welfare pre-service training, interviews and focus groups with NC DSS county and state staff, reviews of past NC DSS child welfare assessments, and a review of current curricula. Key findings from the assessment included:

1. NC DSS pre-service training is based on an outdated curriculum. The curriculum focuses on training policies and not training new staff on skills. The training does not reinforce practice, focuses on teaching new staff on completing forms instead of how to work with families, and focuses on compliance.
2. New workers completing training are not fully prepared to work with families. There is currently no mechanism to assess new workers’ skillset upon training completion. There are limited opportunities for transfer of learning activities, coaching, and mentoring new workers during the training process.

3. There is lack of consistency in training across the state. There is a lack of agreement among counties regarding what training is needed for new workers to complete before working with families. There is no consistent onboarding process for new workers. Counties need to be formally engaged in the state training process.

NC DSS approved a Training Design Plan that addresses all key findings from the assessment. Currently, NC DSS and Public Knowledge are developing content for modules for the “Foundations and Core” courses, and plans for piloting additional track courses for Child Protective Services, Permanency, and Licensing will be developed in FY 2023. All new courses will be evaluated for effectiveness.

Ongoing Training (Item 27)

Item 27 is concerned with how well the staff and provider training system functions statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties related to the services included in the CFSP.

NC provides ongoing training to local DSS staff and licensed private agencies. NC DSS requires workers and supervisors to complete 24 hours of ongoing training each year. Once they have completed pre-service training, staff are eligible to enroll in courses specific to the role they perform. The five core courses described in the table below provide basic knowledge of child welfare practice and policy. The table captures the number of pre-service training completions per functional area from July 2021–January 2022.

**Table 15. Pre- and Post-Survey Data: PST Completions per Functional Area
July 2020–January 2022**

Functional Area	PST Completions per Functional Area
CPS Intake	58
CPS Assessments	475
CPS In-Home Services	147
Permanency Planning	243
Family Foster Home Licensing	69
Adoptions	19
Blended Services	44
Prevention Services	9
Other	92

Source: 2021 NC Child Welfare Staffing Survey

Data from pre- and post-surveys referenced above show that in an 18-month period, 45% of child welfare staff who completed PST were hired for CPS Assessments, with Permanency Planning being the second highest functional area for hires at 23%.

Table 16. Ongoing Training Completions: July 1, 2021–May 13, 2022

	CPS Intake	CPS Assessments	CPS In-Home	Permanency Planning	Adoptions	Foster Home Licensing
# Events Held	14	19	11	14	7	9
Complete	205	308	148	190	90	114
Incomplete	16	60	13	30	2	4
Waiting List/Event Full	38	82	50	44	0	0
Cancelled	87	129	54	85	30	20
No Show	16	22	27	11	3	7

Source: ncswwlearn.org

Additional Ongoing Training

NC DSS added training opportunities for child welfare staff that will improve performance in areas of safety, permanency, and well-being. Specifically, the following new trainings have been deployed.

Training	Completions
NC Practice Standards Leaders Training Webinars (six events)	147*
2020–2021 Child Welfare Policy and Practice Update Webinar (one event)	232*
NC Practice Standards Supervisor Training Series: Communicating (online on-demand course)	232

Source: ncswwlearn.org

*NOTE: Completion occurs after the event when the individual logs into ncswwLearn.org and enters a passcode (given at the end of the webinar) to indicate they participated in the entire webinar. Participants have seven days after the webinar event to indicate their participation and receive two credit hours.

- In February–March 2022, a webinar series, “NC Practice Standards Training for Leaders,” was deployed. Seven sessions were offered to NC DSS staff and County DSS program managers, administrators, and directors so they could learn more about the behaviors required for their positions.
- In March 2022, our first iteration of a mandatory, annual course that provides staff with an overview of the changes to law, policy, and practice was delivered via webinar. The first event was titled “2020–2021 Child Welfare Annual Policy and Practice Update.”
- In March–April 2022, NC DSS partnered with Evident Change to host a series of mandatory “Back-to-Basics” webinars titled “Assessing for Safety and Risk: Key Elements.” These events covered content on the Structured Decision Making (SDM) safety and risk assessments.
- In April–May 2022, NC DSS delivered the webinar, “NC Practice Standards Supervisor Training: Communicating,” which is the first in a five-course series that will be deployed. This webinar focused on the Communicating Practice Standard, which is the cornerstone essential function of NC’s practice model. The rest of the series will focus on the remaining four Practice Standards: Engaging, Assessing, Planning, and Implementing.

In 2021–2022, additional strategies were identified to support existing CFSP Workforce Development activities, which resulted in the following achievements:

- An NC DSS trainer was trained to monitor self-paced modules, email communication with county staff, and collect “Transfer of Learning Tool Part A” from all participants.

This allowed the team to expand capacity to meet the increased demand for PST in January–June 2022.

- In June 2022, two NC DSS trainers were identified to do the same, which gave NC DSS the capacity needed to schedule the return of PST and *CPS Assessments* to the classroom beginning September 2022.
- Five NC DSS trainers have successfully onboarded *CPS Assessments* training. This increase in trainers will allow us to increase the 2022–2023 CPS Assessments training events from 20 to 24, allowing for two events available every month.
- Three additional NC DSS trainers have successfully onboarded *CPS In-Home* training, allowing NC DSS to increase *In-Home Services* training offerings.
- NC DSS has collaborated with its UNC partners to ensure that accurate data is collected for all courses here forward.

The following features were added to ncswLearn.org, our Learning Management System (LMS):

- Completed December 2021: A report can now be generated that accurately identifies our training demand, providing the actual number of individuals who were not admitted to job-specific trainings (i.e., 200-level courses). This report drills down the number of registration applications that were flagged as "waitlisted" and/or "event full," but who eventually completed the course, providing uninflated completion data.
- Completed March 2022: A new feature in ncswLearn allows registrars to document the reason for a participant's incomplete status. This helps identify those who eventually completed the course and who did not. The system then flags the user, alerting them of the incomplete status and reason why.

Training for Current or Prospective Foster Parents, Adoptive Parents, and Staff of Licensed or Approved Facilities (Item 28)

Training for Current or Prospective Foster/Adoptive Parents

NC DSS has five (5) approved pre-service curricula that are allowed to be used by private and public agencies for the licensure of foster parents. NC does not currently track which pre-service curricula is used by each of the provider agencies. In 2022–2023, NC DSS will develop a process to track the pre-service curricula used by each NC agency, to have a better understanding of the status of the pre-service training that is occurring statewide and to identify the roles and responsibilities necessary to ensure all pre-service training meets the requirements.

Training for Staff Who License Foster Parents

NC DSS has used the MAPP curriculum for decades, which was upgraded to *Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting* (TIPS–MAPP) in 2014. NC DSS delivers a “train–the–trainer” model for TIPS–MAPP, *TIPS–Deciding Together*, and *Shared Parenting*. NC DSS provides training to local county child welfare staff and licensed private agencies, and they provide training for their current or prospective foster and adoptive parents.

Table 17. Participant Completions by Staff Who Train Providers

	Foster Home Licensing	Adoptions	TIPS–MAPP (In–Person)	TIPS–Deciding Together (Virtual)	Certification Update: From GPS Leader to TIPS–MAPP Leader (Virtual)
Number of Events Offered	9	7	*7	2	3
Completed	114	90	83	31	32
Incomplete	4	2	3	0	0
Waiting List	0	0	5**	0	0
Event Full	0	0	66**	0	0
Cancelled	20	30	35	7	0
No Show	7	3	1	1	0

Source: ncswwlearn.org

*Event will be held in June 2022 for a total of 8 events.

**71 registration applications were flagged as "waitlisted" (5) and/or "event full" (66) representing 57 individuals. Of these, 33 were not admitted into a training event during this period, 21 completed the training, and 3 cancelled.

In July–October of 2022, the course “Certification Update: From GPS Leader to TIPS–MAPP Leader” was revived and offered virtually to allow those who were previously certified in the old GPS–MAPP to update their certification to be TIPS–MAPP Leaders. A strength for NC is that this course, along with the TIPS–MAPP Leader Certification training, resulted in 115 child welfare staff being certified to deliver TIPS–MAPP to prospective foster and adoptive parents.

While NC DSS tracks the number of train-the-trainer events offered, it does not have a process in place to track the number of prospective foster or adoptive parents trained and licensed by the local staff.

NC engaged in the following strategies to improve performance in staff and provider training towards enhanced permanency outcomes:

- In April and May 2022, NC DSS began exploring all available options to ultimately achieve an established system for tracking the number of prospective foster/adoptive parents licensed by local staff after they complete the state's train-the-trainer event. The goal will be to establish such a system for 2023 reporting.
- The 2021–2022 TIPS–MAPP trainer onboarding plan has been successful and will result in a total of 6 certified TIPS–MAPP state trainers by November 2022, including one family partner trainer.
- TIPS–MAPP Leader Certification course returned to in-person classroom training in August 2021. With the increase of staff onboarding, from August 2021–May 2022, eight TIPS–MAPP leader certification courses have been delivered, the most TIPS–MAPP offerings in a 6-month period since 2016. Six additional events are currently scheduled through December 2022, and seven are planned for January–June 2023.
- The impact of the increased availability of free TIPS–MAPP certification for child welfare staff is that they will have improved ability to recruit, train, assess, and license caregivers who will be knowledgeable of:
 - the trauma experienced by a child and family when a child is in out-of-home placement, and
 - how that trauma impacts the safety, permanence, and well-being of children.
- Although additional events are being offered, there continues to be a demand for TIPS–MAPP. The application for the course was revised to capture information that helps NC DSS better determine participant eligibility and to prioritize agencies with the most need.
- In April 2022, a partnership between NC DSS and Halifax County was established to increase capacity to deliver TIPS–MAPP. A TIPS–MAPP Leader with lived experience who works for the county will become a TIPS–MAPP Trainer who will assist the state by co-training two TIPS–MAPP events per year with staff in Halifax County, providing access to outlying counties of region 5 in northeast NC. This partnership model is being explored to determine expansion of access to TIPS–MAPP to additional regions across the state.

Beginning September 2022, NC DSS plans to phase in an in-person PST in targeted regions of the state based on PST completion data. Virtual and in-person events will be offered

over the next year, including for the course *CPS Assessments* since most child welfare positions—and the highest rates of turnover—are in CPS Assessments.

A new course has been developed to address the child welfare workforce crisis. The course supports an option for participants who left the NC child welfare system three or more years prior to receive the training as a step towards returning to the workforce. Previously, these individuals were required to complete pre-service training again before returning to the workforce. The new, self-paced course “Returning to the NC Child Welfare Workforce Module” consists of a PowerPoint presentation, knowledge assessment, and answer key that will allow supervisors to assess staff readiness to return to work with families. This new option will enable experienced staff to return to the workforce sooner, and it allows more room in PST events for those without prior NC child welfare experience. The course was deployed in June 2022.

2.2.4 Service Array and Resource Development (Items 29–30)

The service array and resource development, items 29 and 30, are areas needing improvement.

Array of Services (Item 29)

NC DSS understands the importance of a statewide services array that is accessible and provides effective, individualized services to allow optimal outcomes for children, youth, and families served by the child welfare system.

In FFY 2021–2022, NC DSS continued to fund services that support families remaining together and those that promote permanency. NC DSS continues to progress towards reducing service gaps through work occurring in the Child Welfare and Well-Being Transformation Team, the Well-Being Design Team, Medicaid Transformation workgroup, the Rapid Response Team, and Family First Prevention Services Act implementation. The efforts of these initiatives have led to the identification of services that will be prioritized for funding across NC DHHS divisions and have ensured that services and supports provided by each of the divisions developing them are informed by the services needs of child welfare involved families.

The Families First Prevention Services Act (FFPSA) Prevention Plan, when approved and implemented, offers the opportunity to further develop a statewide service continuum of evidenced-based practices (EBPs) available to all jurisdictions to prevent entry into foster care. Homebuilders, Intensive Family Preservation and Reunification Services, and Parents as Teachers will be the first FFPSA services to be implemented. NC DSS will submit the revised FFPSA plan in June 2022, and concurrently, the contracting process to support service provision of Homebuilders is underway.

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 on these assessments and referrals for assessments which are completed by community-based services providers. Data analysis by the RCWCs shows the lack of comprehensive assessment of needs for children, youth, and families (as discussed above). Counties “follow the forms” and tools provided for assessing children, youth, and families; and those assessments lack quality. For example, any child or youth taking psychotropic medications should be referred to Community Care of NC. Community Care of NC is responsible for assessing needs of children and youth and developing a care plan for implementation to provide services to children and youth.

NC is working to improve comprehensive quality assessments across the “life” of the case by providing feedback to counties during the case review process and during RCWC consultations.

Services for Children and Families

NC DSS funds the following services to prevent out-of-home placement: Intensive Family Preservation Services (IFPS), Attachment and Biobehavioral Catch-up (ABC), Parent Child Interaction Therapy (PCIT), Incredible Years Pre-School BASIC Parent Program, Parents as Teachers, Circle of Parents groups, Triple P (Level 4 Standard), voluntary community response programming (CRP), and Family Support Network (FSN) services.

A strength for NC is that outcome data at IFPS case closure shows that more than 95% of participating families showed improved functioning and demonstrated increased protective factors. IFPS leads to reduction in entry into foster care, reduction in reports of maltreatment six months and 12 months post closure, and a reduction of foster care entry 12 months post closure. This outcome data led to the decision to include Homebuilders in the state’s FFPSA plan due to the model’s effectiveness in keeping children safely in their home. Utilizing Homebuilders will increase capacity to serve families in all jurisdictions in the state.

ABC is a home visiting program for caregivers of infants between the ages of 6 and 24 months. The training supports parents in developing the skills to nurture and respond positively to their children. ABC reduces risk of maltreatment by providing parenting educations and skills, supporting parents in building strong relationships with their children, and supporting child development.

Parent Child Interaction Therapy (PCIT) is an evidence-based treatment model for caregivers with children ages 2 to 12, which helps to improve parent-child relationships,

teaches caregivers about child development, and equips caregivers to calmly manage misbehavior through coached interactions.

Incredible Years Pre-School BASIC Parent Program is an evidence-based parent training program implemented with parents of children ages 3–6 who are experiencing difficulties with child behavior management, parent/child interactions, and parent/child communication.

Parents as Teachers (PAT) serves parents of children prenatal to age 5. PAT helps parents build skills in developmental parenting and addresses family system needs, including connections to other community resources.

Circle of Parents groups are available to families with children from birth through age 5. These groups were offered in English and Spanish. This model enhances families' strengths by allowing caregivers to increase their social support network, learn problem-solving skills, and develop new ways to cope with stress.

Triple P (Level 4 Standard) helps parents build strong, healthy relationships and confidently manage their children's behavior.

Community Response Programs serve families with children from birth to age 5 who have been reported to Child Protective Services, but whose cases have been screened out at intake, closed with a decision of services recommended, closed with a decision of no services needed, or closed with an unsubstantiated finding after an initial assessment.

Family Support Network programs serve families with children from birth to age 5 years. FSN family support specialists offer one-on-one support, peer groups, and activities for families with an infant in the NICU. The goals of FSN services are to prevent child abuse and neglect or exploitation and help children remain at home or return home when it is safe and appropriate to do so.

NC DSS funds Post Adoption Support Services (PASS) and they are available statewide. These services are available to any NC family of an adopted child. These services include case management, clinical services, crisis intervention, respite, and parenting education and support.

While NC does obtain some data and information regarding how well the service array and resource development system is functioning statewide through information about where services are provided, to whom, and some program/services evaluation data, this is an area of concern for NC in that additional relevant data and information is needed to better determine accessibility of the services statewide, and the ability of said services to be individualized to meet the unique needs of children and families served by the agencies. NC will obtain needed data and information to better assess its performance on this item in FFY 2023.

Services to Keep Families Together

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. Counties rely on the services listed above to maintain children in their homes safely as appropriate.

NC DSS 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. Progress towards implementing these services include coordinating with model purveyors for Homebuilders and PAT, developing a contract with Homebuilders for implementation to model fidelity, developing a services provider contract, and planning for the technology infrastructure to allow for oversight of programming.

Additional services that allow children to remain safely with their parents when reasonable are available from an array of publicly funded programs. While NC does obtain some data and information regarding how well the service array and resource development system is functioning statewide through information about where services are provided, to whom, and some program/services evaluation data, this is an area of concern for NC in that additional relevant data and information is needed to better determine accessibility of the services statewide, and the ability of said services to be individualized to meet the unique needs of children and families served by the agencies. NC will obtain needed data and information to better assess its performance on this item in FFY 2023.

Services that Help Children in Foster and Adoptive Placements Achieve Permanency

The array of services funded by NC DSS to help children in foster care and adoptive placements achieve permanency in NC include post adoption supports, Family Network Support, Intensive Family Preservation Services, parenting skills, and respite.

Through case planning activities, counties identify services from other publicly funded programs that prevent entry into foster care and support permanency. Economic support services are available through county departments of social services statewide—examples include food and nutrition benefits, Temporary Assistance for Needy Families (TANF) program, and childcare subsidies. The full array of services can be found at <https://www.ncdhhs.gov/assistance/low-income-services>. (For additional information, see [Systemic Factor Items 31–32](#), Agency Responsiveness.)

The NC Division of Health Benefits/NC Medicaid funds an array of behavioral health, substance use disorder, developmental disability, and physical health services that support children and youth with remaining in their homes. Examples of these services are Intensive

In-Home, Substance Abuse Intensive Outpatient, and Multisystemic Therapy. These services are delivered in the community to treat significant behavioral health and substance use symptoms that if left untreated could lead to out-of-home placement. The full array of Medicaid Services available in NC is available at <https://ncmedicaidplans.gov/learn/benefits-and-services>.

The NC Division of Public Health funds home visiting services and services for children under age 5 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. These services increase familial protective factors and support families who are uninsured to have the ability to meet their family's healthcare needs, and this is a strength for NC.

While NC does obtain some data and information regarding how well the service array and resource development system is functioning statewide through information about where services are provided, to whom, and some program/services evaluation data, this is an area of concern for NC in that additional relevant data and information is needed to better determine accessibility of the services statewide, and the ability of said services to be individualized to meet the unique needs of children and families served by the agencies. NC will obtain needed data and information to better assess its performance on this item in FFY 2023.

Individualized Services (Item 30)

This continues to be an area for improvement for NC. Systemic improvements are needed to improve access to services within all jurisdictions within the state. Data collected and reported in last year's APSR from county department of social services' focus groups, community child protection reports and FY 2021-2022 data from the interdepartmental Rapid Response Team, and stakeholders inform the state on the functioning of the system. Data continues to show gaps with the services array and accessibility of services for children and youth with complex behavioral health needs. Another concern is that many children and youth in foster care continue to be sent out of state to specialty programs that are not available in NC. There are also long waits for inpatient psychiatric residential treatment beds. Staffing shortages among all behavioral health service providers have worsened accessibility at all levels of care.

Strategies to address systemic issues and improve system functioning requires the alignment of many Federal funding streams. NC DSS is engaged in interdepartmental collaboration on workgroups that seek to align services to better meet the needs of child welfare involved families. In FFY 2021-2022, NC DSS made progress towards the implementation of FFPSA, the Sobriety Treatment and Recovery Teams (START) model,

Medicaid Transformation, and the Coordinated Action Plan for Better Outcomes for prevention and treatment for children and families developed by the Child Welfare and Well-Being transformation workgroup.

American Rescue Plan Act allocations from the Substance Abuse and Mental Health Block grant is funding the implementation of the START model. The state plans to expand access to this model from one county to nine others over the course of the next three years. These services will result in an increase in services for families who are child welfare involved and need treatment for substance use disorder to support them in safely parenting their children.

Access to behavioral health services for children and youth in foster care continues to be an area where improvements are needed. To address this need, NC DHHS and stakeholders met frequently during FFY 2021–2022 and the result of these workgroups informed the work of Medicaid transformation and the development of the NC DHHS Coordinated Action Plan for Children and Youth in NC with complex behavioral health. The statewide Medicaid Managed Care Plan has expanded in scope to include Medicaid eligible children, youth, and families served by child welfare in both foster care and in-home services. The plan will provide family-centered care coordination that will increase access to services and supports that will promote family stability. While it was anticipated that this plan would be implemented in 2023, additional design work has resulted in a delay until 2024.

Acknowledging that children and youth in foster care cannot wait for improved access to care, NC DSS collaborated with NC Medicaid to identify enhancements to care management/coordination contracts for children in foster care who will be in place until the specialty plan launches. NC DHHS' coordinated action plan for children and youth in NC with complex behavioral health needs was the result of the NC DHHS Child Welfare and Family Well-being Transformation (CWFWB) workgroups. The action plan, when implemented, will include services that connect children to residential services quickly when needed, support permanency, reduce number of placement moves, support placement in the least restrictive setting, expand access to the treatment services continuum, increase access to child psychiatry consultation, and prevent entry into foster care.

2.2.5 Agency Responsiveness to the Community (Items 31–32)

Agency responsiveness to the community, items 31 and 32, are areas needing improvement for NC.

State Engagement and Consultation with Stakeholders on CFSP & APSR

In FFY 2021–2022, NC DSS was responsive to community system stakeholders and partners as it implemented the CFSP and developed this year's APSR. It demonstrated this

responsiveness via ongoing consultation and engagement, primarily via monthly meetings of and with the multidisciplinary CFSP Design Teams, the Unified Public Agency Leadership Team (ULT), the Administrative Office of the Courts/CIP, the Child Welfare Family Advisory Council (CWFAC), service and foster care providers, and via quarterly meetings with the Eastern Band of Cherokee Indians (EBCI) and Qualla Boundary County DSS agencies. Additionally, NC DSS engaged and partnered with stakeholders and community partners via an annual Joint Planning event held in January 2022, and by participating in EBCI's Joint Planning event. While this meaningful and ongoing engagement activity and teaming structures are a strength for NC, there is still a need for committed review of data and information towards assessing NC's performance on the CFSR outcomes and systemic factors as part of the engagement activities and feedback loops. In FY 2023, NC will enhance its data and supplemental information accessibility via a data quality plan, including the specific collection and inclusion of evidence of disproportionality and disparities in services and outcomes.

Family First Services and Prevention Act Updates

NCDSS has continued to engage and partner with a variety of stakeholders to plan for implementation of its FFPSA Prevention Plan. This work supports the Safety Strategic Priority, Target 3 to develop a broader statewide service array. During this year, NCDSS maintained open communication and feedback loops with the ULT, the NCACDSS Children's Services Committee, and Executive Board by providing updates and opportunities to give input on planning and implementation strategies. NCDSS also shared information about the Prevention Plan and implementation to NCACDSS, on a call with all county agencies, and in a joint-planning meeting.

While the Family First Prevention Services Act Leadership Advisory Team (LAT), concluded its work this year with the submission of the Prevention Plan, the ongoing Design Teams and Child Welfare Family Well-Being Transformation group provide feedback on implementation and coordination with related initiatives that support broader system change. As a result of the Child Welfare and Family Well-Being Transformation group, NCDSS will also establish a structure for routine feedback on child welfare work from Child Welfare Family Advisory Council (CWFAC) and Strong Able Youth Speaking Out (SAYSO). These mechanisms for stakeholder input will be used throughout FFPSA implementation to help guide decisions and ongoing to support continuous quality improvement.

NCDSS also made significant progress towards implementing Family First EBPs. A Request for Proposals (RFP) for Homebuilders is complete and contract awards are anticipated in Fall 2022. NCDSS has also continued to partner with the Division of Mental Health to implement Sobriety Treatment and Recovery Teams (START), an approved FFPSA model.

Coordination of Services & Benefits with Federal Programs

NC DSS has also worked with intra-departmental divisions and agencies such as the NC Division of Medicaid/DHB, NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services, NC Division of Public Health, and with the new DHHS Division of Child and Family Well-Being to ensure cross-sector child welfare transformation work is aligned and coordinated, including the interconnection of services and benefits supported by other federally funded programs (e.g. Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), etc.). Services and benefits have been coordinated by and between child welfare services and additional federal programs as a result, and this accomplishment is a strength for NC. As NC DSS continues to align its work and resources with additional federal programs serving the same population, it will be imperative that communications and coordination are effective and productive towards that end. This is a challenge for NCDSS given the complexities of regulations and policies, however, the new interdivisional work will support that effort.

2.2.6 Foster and Adoptive Parent Licensing, Recruitment, and Retention (Items 33–36)

Foster and adoptive parent licensing, recruitment, and retention, items 33–36), are areas needing improvement for NC.

In NC, foster parent licensing, recruitment, and retention processes are shared between the state (NC DSS), the counties, and private provider agencies.

The state agency (NC DSS):

- Establishes state licensure standards and state policy for how counties will work with foster and adoptive parents;
- Establishes statewide board rates and participates “50–50” with the counties in paying the non-federal share of the rates;
- Reviews applications for licensure submitted by county or private provider agencies;
- Collects and maintains data on licensed foster homes and licensing actions; and
- Develops a statewide diligent recruitment and retention (DRR) plan and works with each county to develop county DRR plans.

County child welfare agencies:

- Recruit and train prospective foster parents within their counties and complete licensure applications that are submitted to NC DSS for review and approval;
- Provide ongoing training and support to foster parents who are licensed; and

- Are responsible for providing case management to children placed in foster homes and for conducting regular visits with children and foster parents in the homes.

Private provider agencies:

- Recruit and train prospective foster parents within their counties and complete licensure applications that are submitted to NC DSS for review and approval; and
- Provide ongoing training and support to foster parents who are licensed.

State Standards (Item 33)

County and private provider agencies are responsible for following state standards in their recruitment and training of prospective foster homes and in their completion of licensure applications with individual foster families.

NC DSS revised data collection methods to enhance business practices. It now collects data related to licensure applications received from county and provider agencies, applications approved, applications denied, and corrective action plans issued. During this reporting period, as of April 2022:

- 4,819 license actions received
- 3,118 applications approved
- 0 applications denied
- 1,701 applications returned, submitted, and approved

Background Clearances (Item 34)

NC DSS continues to follow the statewide standards and requirements for criminal background checks as established by law and Administrative Code, 10A NCAC 70I .0101. Of the 4,819 licensure applications received, 1,701 were initially returned prior to ultimately being approved. NC DSS does not currently collect data on whether the applications were returned strictly due to background check results. For the licensure packets that were approved, the process includes confirming that appropriate background checks have been completed. No licensure applications are approved without first having ensured that background checks have been completed. Therefore, for the initial 1,418 applications (and for the additional 1,701 applications ultimately approved), all had background checks completed. In FY2023, NC DSS will collect data regarding the reasons for returning licensure applications, including failure to complete background checks.

NC DSS is the licensing authority for the state. All applications for foster home licensing and adoption continue to be received, reviewed, and approved to ensure that criminal background clearance follows the statewide standards and requirements. NC DSS continues to be the singular agency to make the licensing determination.

To ensure the safety and well-being of children and youth placed in a licensed foster or adoptive home, the county agency is required to complete a face-to-face visit within seven (7) days of the initial placement and within seven (7) days of any subsequent placements. The face-to-face visit must include the child and placement provider. Ongoing face-to-face contact must occur a minimum of once a month. The frequency of visitation per month must be based on the child's needs.

Each county contact with the foster or adoptive parent must adequately assess the needs of the provider and identify services needed to assist the foster and adoptive parent in providing appropriate care and supervision to assist in the safety and well-being of children being placed in the home. An inspection of the child's physical living environment must be conducted on a quarterly basis.

Diligent Recruitment of Ethnic and Racially Diverse Families (Item 35)

NC DSS is preparing to supplement the recruitment and retention efforts of the counties and private provider agencies with a statewide recruitment campaign in fall 2022.

NC acknowledged this as an ongoing area of concern, and NC DSS is currently revising its diligent recruitment and retention (DRR) program and plan accordingly. The revision of the program and plan will ensure that recruitment and retention efforts align with the diversity, inclusion, and equity initiatives being implemented by NC DSS. The revision will also assist NC in having enough foster and adoptive parents that reflect the ethnic and racial diversity of children and youth in the foster care system. The revision and implementation are slated for completion by March 2023.

Table 18. Race of Children in Foster Care on 9/30/2021

Race	Count of Children in Care on 09/30/2021	%
White	6385	56.79%
Black	3375	30.02%
Bi-racial/multi-Racial	921	8.19%
American Indian/Alaskan Native	291	2.59%
Unable to Determine	216	1.92%
Asian	31	0.28%
Native Hawaiian or Other Pacific Islander	24	0.21%

Sources: Child Placement & Payment System and NCFAS

Table 19. Race/Ethnicity of Licensed Foster Parents on 9/30/2021

Race/Ethnicity	Licensed Foster Parents	%
White	6642	61.9%
Black	3483	32.5%
Hispanic/Latino	387	3.6%
Bi-Racial/Multi-Racial	48	0.4%
American Indian/Alaskan Native	115	1.1%
Asian	40	0.4%
Native Hawaiian or Other Pacific Islander	2	0.0%
Unable to Determine	7	0.1%
Total	10724	100.0%

Sources: NCXCloud XPTR Reports, FCF100 Licensed Home & FCF104 Agency Homes

The percentages of licensed foster parents who are White and Black closely reflects the percentages of White and Black children and youth living in foster care.

Cross-Jurisdictional Resources (Item 36)

NC is a member of the Interstate Compact on Placement of Children (N.C.G.S. § 7B-3800) which provides a framework within which member states can plan cooperatively for interstate placements to ensure that children will receive appropriate care and supervision. Pursuant to N.C.G.S. § 7B-3806, the NC Governor has designated the Director of the Division of Social Services as the Administrator of the Interstate Compact on Placement of Children (ICPC). NC DSS is responsible for processing requests for the placement of children across state lines under the ICPC. NC’s ICPC office works with other states as well as local agencies to process incoming and outgoing requests.

Pursuant to P.L. 109-239, the Safe and Timely Interstate Placement of Foster Children Act of 2006, within 60 days after receiving a home study request, the Receiving State shall directly or by contract conduct, complete, and return a report to the Sending State on the results of the study of the home environment for purposes of assessing the safety and suitability of the child remaining in the home. If additional education and training by the placement resource is required, the report shall reference this information and must include a prospective date of completion; this home study is referred to as a “preliminary study”. Approval of the request may be conditioned in the preliminary study upon compliance by the placement resource with any education or training requirements. If such condition is placed upon approval, a reasonable date for compliance with the education or

training requirements shall be set forth in the documentation granting approval. Final approval or denial of the placement resource request shall be provided by the Receiving State's compact administrator as soon as practical, but no later than 180 days from receipt of the initial home study request.

NC's automated system was set up to track when entire home studies are completed, it does not currently allow tracking of whether requests were responded to with preliminary studies within 60 days. While NC DSS does not currently track compliance with the 60 day Safe and Timely rule for ICPC cases, in FY2023, NC DSS will work to develop a mechanism for manually tracking such compliance.

NC's ICPC office instructs counties to complete and submit preliminary studies within 60 days when a complete home study requires additional education and training by the placement resource. NC hoped to make changes to its system this year to improve data collection and to track the completion of preliminary studies. However, these changes proved difficult to accomplish within NC's current system. Because NC's automated system is currently unable to track completion of preliminary home studies, ICPC staff can manually track data related to compliance and provide additional guidance and technical assistance to county agencies to ensure completion of the preliminary study within 60 days.

3 Update to Plan for Enacting the State's Vision and Progress Made to Improve Outcomes

3.1 Revision to Goals, Objectives, and Interventions

North Carolina revised its 2020–2024 Child and Family Services Plan (CFSP), Strategic Plan in its 2022 Annual Progress and Services Report (APSR), to elevate, streamline and align two core, multi-year, cross-cutting initiatives. Additionally, two critical support initiatives were also revised and included. The support initiatives will support successful implementation of the foundational practice and program initiatives.

North Carolina reviewed the goals, objectives, and interventions identified in both its 2020–2024 CFSP, as reported in the 2022 APSR, to ensure that they were and are consistent with North Carolina's 2015 and 2017 Program Improvement Plan (PIP). The 2020–2024 CFSP was developed to include and incorporate additional areas needing improvement that were identified in North Carolina's title IV–E review, AFCARS and NYTD. All areas needing improvement were included in the 2020–2024 CFSP, subsequent APSRs

and in the revised CFSP. In FFY 2023, North Carolina will ensure ongoing review of its CFSP to ensure that key areas needing improvement continue to be included, incorporated, reviewed, and revised, as needed.

North Carolina uses a state CQI/QA system to identify and inform revisions needed to its CFSP goals, objectives, and interventions, including through both the activities of a designated CQI Team and efforts to include CQI/QA within and across the additional 4 Design Teams, along with NC DSS' review of available Administrative Data, OSRI reviews, targeted case reviews, supplemental data and input/feedback from partners and stakeholders. In FY2023, North Carolina will enhance its accessibility to data and information for ongoing review and application in a CQI/QA system, via technical assistance from Public Knowledge, towards a data quality plan.

The original and revised CFSPs include specific goals, objectives, strategies, and progress measures to address the seven (7) outcomes and seven (7) systemic factors. While progress measures assess North Carolina's accomplishments towards achievement of its CFSP goals, objectives and interventions, performance on the child and family outcomes and systemic factors continue to be measured along with the progress measures.

3.2 Implementation and Program Supports

North Carolina continued to receive program and technical support from Public Knowledge. Specifically, assistance has been provided to develop and initiate a statewide CQI process. Additionally, Public Knowledge continued to provide support for coordinating connections between North Carolina's Unified Leadership Team (ULT) and Design Teams to develop and train the initial Practice standards. Fiscal support was also received from Public Knowledge towards optimization and alignment of funding and organizational resources.

NC DSS continued to work with Chapin Hall, supported by The Duke Endowment, to utilize implementation science for preliminary implementation of FFPSA-funded EBPs, in consideration of the 2019–2020 statewide assessment of North Carolina's statewide service array.

NC DSS will provide training and technical assistance to county DSS agencies in the upcoming year, which will include information and technical assistance specifically related to recovery from the COVID-19 as appropriate and needed. The training and technical assistance will be provided as part of NC DSS' CQI model and will be delivered by the Regional Child Welfare Consultants (RCWCs) and via the state's regional support model. Training and technical assistance will be based on assessments of strengths and needs of individual counties' performance. The seven (7) regional teams will be comprised of a RCWC for permanency, a RCWC for safety, a RCWC for CQI/County Operations, an FFPSA coordinator, and trainers for each team. Each team will be equipped to provide tailored

training and support to the county child welfare agencies within their respective regions. The training and technical assistance will be targeted to support improved performance on outcomes by helping counties address areas of need with data and information obtained, reviewed, and utilized as part of a regional CQI model. COVID-19 pandemic technical assistance will be provided as needed, to help counties ensure that no barriers created by the national public health emergency undermine efforts to meet and improve performance on safety, permanency, and well-being outcome measures.

North Carolina anticipates needing continued technical assistance from Evident Change to support the CFSP goals and objectives associated with implementing the statewide Practice Model, and revalidation and implementation of Structured Decision Making (SDM) tools. North Carolina also anticipates needing continued technical assistance from Public Knowledge to support the CFSP goals and objectives associated with workforce development and NC DSS' redesign and implementation of its new Preservice Training. North Carolina also anticipates needing continued technical assistance from Public Knowledge and Chapin Hall towards implementation of the FFPSA prevention plan and uplifting of initial EBPs and services. North Carolina also anticipates needing continued technical assistance from Public Knowledge in support of the cross-divisional CQI initiative underway to establish a state, regional and local CQI model for child welfare and additional federally assisted programs (e.g., FNS/SNAP), and for development and utilization of a data quality plan.

NC DSS also continued to plan with the Capacity Building Center for States (CBCS) regarding a revised CAPTA Plan. CBCS has met with NC DSS has completed initial planning steps towards helping North Carolina rewrite its CAPTA plan to ensure that the dated plan includes, supports, and aligns with North Carolina's CFSP goals, objectives, and interventions. Additionally, technical assistance provided by CBCS will include assisting NC DHHS in determining leveraging and utilizing CAPTA funding to best support and align with North Carolina's CFSP and overall child welfare transformation.

Additionally, after multiple meetings with the CBCS, NC DSS was approved to receive support for planning and activities towards rewriting a new, revised Foster and Adoptive Parent Diligent Recruitment and Retention (DRR) Plan. The new plan is scheduled for submission in March 2023 and will include strategies and progress measures that are reflective of and in alignment with North Carolina's CFSP goals, objectives, and interventions, specifically as related to the recruitment and retention of resource parents, especially including kinship care providers.

3.3 Update on Progress Made to Improve Outcomes

In the 2022 APSR, the CFSP goals, objectives and strategies were revised, and new progress measures were developed and included. North Carolina reviewed administrative data, OSRI data, targeted case review data, and supplemental data. North Carolina's CQI/QA system was limited in efforts to determine and measure progress due to limited accessible data.

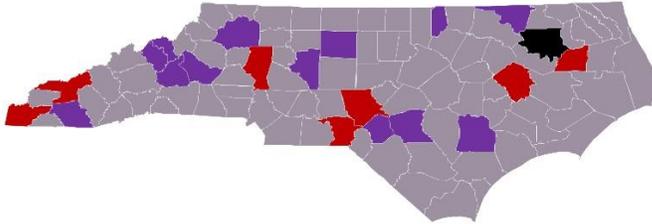
NC DSS uses the federal OSRI to collect information on all CFSR items (using the Online Monitoring System (OMS)). NC DSS implements and adheres to all guidance provided by the Children's Bureau to accompany the instrument. North Carolina identifies strengths and needs through pulling reports from the OMS on Quality Assurance Reviews and digging deeper into the qualitative data from record reviews to track progress in the seven outcome areas, to inform practice enhancements to address barriers that are impacting success, and to inform the level of technical assistance that will be provided. OMS data is shared and discussed with NC DSS staff and other stakeholders supporting the work on North Carolina's CFSP.

The new progress measures included in the revised CFSP are intended to evaluate North Carolina's success towards accomplishing the CFSP goals, objectives, and strategies within a proposed timeline. The metrics were changed in the CFSP last year because objectives and interventions associated with some goals were determined as not likely to be fully implemented (e.g., the FFPSA prevention plan, the statewide Practice Model).

The changes were made, in part, because North Carolina would not have realized the full extent of anticipated measurable improvement statewide if only measured as improved performance on the CFSR Round 3 statewide indicators for safety and permanency, case review items, and other items. Plus North Carolina experienced data challenges limiting its ability to measure progress towards improved performance on statewide data indicators.

North Carolina provided targeted technical assistance to counties across the 7 established regions based on identified need. North Carolina utilized information from our Quality Assurance Reviews (utilizing OSRI tool) along with on-site consultations and targeted reviews conducted by Regional Child Welfare Consultants (RCWCs) to inform decisions of where enhanced technical assistance is required. The map below denotes where technical assistance and level of interventions is currently being provided:

Current Intervention Level by County



**Red = Corrective Action*

Black = County Child Welfare Agency current supervised by DHHS staff

Purple = Enhanced Technical Assistance Counties

North Carolina's CQI plan includes quarterly meetings held in each Region for further assess both county level and regional data to further inform continued areas of technical assistance. Updates on the revised CFSP goals, objectives, and strategies, including North Carolina's progress, are provided below.

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

Objective 1: Implement the practice standards of the North Carolina practice model		
Strategies	Timeframe	Progress Measures Accomplished in FFY 2021–2022
Strategy 1: 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.	Year 3	Numbers of leaders, supervisors, and frontline staff participating in training and coaching activities, number of communications sent about the practice standards
Progress Report		Progress Measure Update
Implementation Status: Initial implementation		<ul style="list-style-type: none"> 6 Practice Standards Leaders Trainings held between March and April 2022 with

<p>Initial implementation of this objective is underway. For 2022–2023, NC DSS will complete development of its E–learning curriculum for child welfare workers, curriculum for staff coaching standards, and curriculum components for pre–service training. Training, E–learning, coaching sessions and “office hours” will be provided to state and county child welfare leaders, supervisors, and workers for full implementation of the practice standards. The ULT, Workforce, and CQI Design Teams continue to advise and provide feedback to the implementation of the practice standards. Adjustments are made to the Practice Standards Implementation Plan based on feedback provided.</p>	<p>315 leaders representing 80 counties attending</p> <ul style="list-style-type: none"> • As of June 2022, four Supervisors E–Learning Modules will be released (two on Communicating and two on Engaging) • 14 Blueprint communication emails sent out regarding implementation of the practice standards • Ongoing implementation support webinars held including a Kickoff Webinar (November 2021), Open House Webinars (January 2022), and Office Hours (May 2022)
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Objective 2: Revise and implement Structured Decision–Making (SDM) tools, policies, procedures, and practices		
Strategies	Timeframe	Progress Measure
Strategy 1: Assess and revise Intake tools, policies, procedures, and practices	Year 3	Revised Intake tools, policies, procedures, and practices
Strategy 2: Develop curriculum and train the revised Intake tools, policies, procedures, and practices	Year 3	Number of staff completing the training
Strategy 3: Assess, revise, and implement SDM safety and risk assessment tools to be used throughout the continuum of child welfare services	Years 3 – 4	Revised SDM safety and risk assessment tools, policies, procedures, and practices
Strategy 4: Develop curriculum and train the revised SDM safety and risk assessment tools, policies, procedures, and practices	Years 3 – 4	Number of staff completing the training

Strategy 5: Assess and revise SDM Family Strengths and Needs Assessment (FSNA), Reunification, and Risk Reassessment tools, policies, procedures, and practices.	Year 4	Revised SDM FSNA, Reunification, and Risk Reassessment tools, policies, procedures, and practices
Strategy 6: Develop curriculum and train the revised SDM FSNA, Reunification, and Risk Reassessment tools, policies, procedures, and practices	Year 4	Number of staff completing the training
Strategy 7: Make progress towards integration of revised SDM tools into a child welfare case management information system (see Goal 4)	Years 3 – 5	Develop a plan for integration of SDM tools into a child welfare case management information system
Progress Report		Progress Measures Accomplished in FFY 2021–2022
<p>Implementation Status: Installation</p> <p>This objective is in the installation phase of implementation. NC DSS is exploring options to automate the Intake Tool. The Safety Design Team is currently reviewing the SDM Safety Assessment tool, policies, and procedures, and drafting the user manual. Once the Safety Assessment tool is complete, the Safety Design Team will assess and revise the Family Assessment of Strengths and Needs. While options are being explored to automate the SDM Tools, NC DSS will assess moving up the timeline and implementation plan.</p>		<ul style="list-style-type: none"> • Intake policies assessed and revised, draft Intake tool completed. • Draft Intake Manual developed. • Interrater reliability testing completed on new Intake tool, results available in draft memo. • Back to Basics Training on SDM tools provided in April 2022, 1,800 staff attended.

Objective 3: Implement Safety Organized Practice (SOP)		
Strategies	Timeframe	Progress Measure
Strategy 1: Pre-implementation introduction of the SOP approach and practice skills to the child welfare workforce and stakeholder	Years 4 – 5	Number of child welfare workforce members and stakeholders completing orientation sessions
Strategy 2: Provide intensive train the trainer workshops to NC DSS Workforce Development staff and early adopters from local child welfare agencies	Years 4 – 5	Number of trainers and early adopters trained; modules, workbooks, training resources and trainer notes developed
Strategy 3: Provide foundational training on SOP strategies to the child welfare workforce	Years 4 – 5	Number of child welfare staff trained
Strategy 4: Provide coaching and training activities for sustainability to ensure SOP is integrated into state policy and infrastructure	Year 5	Number of activities provided
<p align="center">Progress Report</p> <p>Implementation Status: Installation</p> <p>Activities will begin in years 4 and 5</p>		<p align="center">Progress Measures Accomplished in FFY 2021–2022</p> <p align="center">Not applicable at this time</p>

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

Objective 1: Develop capacity to deliver Evidenced Based Practices (EBPs) to children in their homes		
Strategies	Timeframe	Progress Measure
Strategy 1: Contract for and implement one to two selected EBPs	Year 3	Number of contracts in place and number of families served by EBPs
Strategy 2: Expand the regional support model to provide infrastructure for supporting FFPSA implementation	Year 3	Infrastructure for the regional support model in place

Strategy 3: Continue to increase accessibility of EBPs and the number of EBPs provided statewide	Year 4–5	Number of EBPs in continuum, number of families receiving FFPSA funded EBPs
Strategy 4: 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 that are accessible	Year 4–5	Infrastructure in place; number of private providers with cooperative agreements with NC DSS, and rates of service utilization across regions and within each region
Progress Report		Progress Measures Accomplished in FFY 2021–2022
<p>Implementation Status: Installation</p> <p>Request for Questions (RFQs) and Request for Proposals (RFPs) for Homebuilders (initial EBP) are currently in process in contracts office. RFQs and RFPs for Parents as Teachers (PAT) (secondary EBP) are drafted. No contracts are in place, so no families have been served by EBPs. In 2022–2023, the submitted proposals will be selected and result in negotiated contracts. NC DSS will explore developing a sole source contract option for a single provider of PAT. Once contracts and services are in place, families will be served by the EBPs. NC DSS will determine the number of EBPs in the continuum and calculate the number of families receiving FFPSA–funded EBP services.</p>		<ul style="list-style-type: none"> • RFQs, RFPs for Homebuilders processing • RFQs, RFPs for PAT drafted

Objective 2: Increase the capacity to provide family–based care		
Strategies	Timeframe	Progress Measure
Strategy 1: Use data to identify gaps and needs for family–based care to inform updates to the DRR Plan and for	Yes 3–4	Updated DRR Plan developed

implementation of a new statewide resource family recruitment campaign		
Progress Report		Progress Measures Accomplished in FFY 2021–2022
<p>Implementation Status: Installation</p> <p>NC DSS is working with the CBCS, who will provide technical assistance to NC for development of a new Foster and Adoptive Parent DRR Plan. Information from planning meetings has informed North Carolina’s approach to rewriting its DRR Plan. The revised DRR Plan is projected for completion March 2023. A core strategy of the plan is the development of a statewide media campaign for recruiting and retaining resource parents. The media campaign will increase the numbers of recruited and retained foster and resource parents, including an increase in the percentage of recruited kinship care providers.</p>		<ul style="list-style-type: none"> • Information from planning meetings has informed North Carolina’s approach to rewriting its plan • A statewide media campaign has been developed and is awaiting approval. • NC DSS has created a workplan to provide TA to counties needing to increase kinship care placements and the number of foster families

Objective 3: Reduce congregate care		
Strategies	Timeframe	Progress Measure
Strategy 1: Shift organizational culture to enhance appreciation of family-based care	Year 3–5	Leadership messaging; organizational change management tools used
Strategy 2: Increase referral to and optimize use of prevention services	Year 3–5	Utilization of prevention services
Strategy 3: Establish standards of need for referral to congregate care facilities when necessary and when all family-based care or other options are exhausted	Year 3	Standards established

Strategy 4: Continue to explore the need for and feasibility of Qualified Residential Treatment Programs (QRTPs)	Year 3	Feasibility assessment completed
Progress Report		Progress Measures Accomplished in FFY 2021–2022
<p>Implementation Status: Exploration</p> <p>Messages to child welfare leadership prioritizing family foster home placements over congregate care placements are in development. NC DSS will select a kinship navigator model based on final recommendations available July 2022. NC DSS will launch a “Kin First Culture” awareness campaign using Blueprints to message appreciation of family-based care. Services included in the FFPSA Prevention Plan, once approved, will be provided via contract service providers after March 2023. NC DSS will discuss, develop potential standards of the need for congregate care with the CFSP Permanency Design Team in FFY 2022–2023. NC DSS has delayed the feasibility assessment towards implementation of QRTPs.</p>		<ul style="list-style-type: none"> March 2022, 2 webinars held for CW staff of licensing flexibilities available for kinship care providers

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

Objective 1: Complete a caseload/workload study for all child welfare positions		
Strategies	Timeframe	Progress Measure
Strategy 1: Select a vendor who will begin a caseload and workload study that will include all county child welfare workers, supervisors, and manager positions	Year 3	Vendor is chosen, and the study is initiated
Strategy 2: 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	Year 4	Final report with recommendations completed
Strategy 3: Develop and submit concrete proposals based on findings of the caseload/workload study	Year 5	Proposal submitted

Progress Report	Progress Measures Accomplished in FFY 2021–2022
<p>Implementation Status: Exploration</p> <p>RFPs were reviewed and a recommendation for selection of a vendor has been made. Caseload/workload study will be initiated once a contract with the vendor is in place.</p>	<p>Not applicable at this time.</p>

Objective 2: Reinststitute the stipend support program into the NC Child Welfare Education Collaborative (CWEC) with North Carolina colleges and universities		
Strategies	Timeframe	Progress Measure
Strategy 1: Develop a plan to fund stipends and determine the administration for the CWEC inclusive of the stipend program	Year 3	Completed funding plan and CWEC administrator chosen
Strategy 2: Develop foundational structures for administering CWEC including the application and selection process, the service commitment, and the monitoring of completion of service commitments and any required paybacks.	Year 3– 4	Collaborative Stipend Support Program Manual completed
Strategy 3: Implement the stipend support program for CWEC	Year 5	Number of students receiving stipends enrolled in CWEC
Progress Report		Progress Measures Accomplished in FFY 2021–2022
<p>Implementation Status: Exploration</p> <p>NC DSS has identified a funding source to support the stipend component of its CWEC program, but a funding plan has not been completed. The Workforce Development Design Team is currently working to define student eligibility requirements. A funding plan will be completed, and a CWEC Administrator will</p>		<ul style="list-style-type: none"> • Stipend funding source identified • Definition of student eligibility requirements is underway

be chosen in FFY 2022–2023. A CWEC stipend program manual is under development and will be completed in FFY 2022–2023.

Objective 3: Implement a new approach to pre-service training for the child welfare workforce		
Strategies	Timeframe	Progress Measure
Strategy 1: Re-design North Carolina’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 will include developed components of North Carolina’s revised practice model (as articulated in Goal 1)	Years 3	Curriculum outline completed
Strategy 2: Evaluate the redesigned training curriculum with the first three new employee cohorts	Years 3 – 4	Evaluation results from the pilot cohorts
Strategy 3: Revise and finalize North Carolina’s pre-service training, based on feedback from the pilot employee cohorts	Year 4	Finalized curriculum; Evaluation results from the pilot cohorts
Progress Report		Progress Measures Accomplished in FFY 2021–2022
<p>Implementation Status: Exploration</p> <p>Public Knowledge has been selected as the contractor for the pre-service training redesign work. A “kickoff” meeting was held, and an initial assessment has been completed. Development of a curriculum outline and training plan is in progress. The modalities of training, the modules to be selected, and the resources needed for the new curriculum will be determined. In FFY 2022–2023, pilot employee cohorts will be initiated, and the</p>		<ul style="list-style-type: none"> • Vendor selected, contract in place • Pre-service training redesign kickoff held • Initial assessment completed

evaluation results will be available. The evaluation results will be received from the pilot cohorts post training.	
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Objective 4: Implement a new approach to ongoing training for the child welfare workforce		
Strategies	Timeframe	Progress Measure
Strategy 1: Evaluate ongoing training required for workers in their first two years of service for adequacy of coverage, focused on competency and skill building, and develop plan for needed changes within the framework of an academy model	Year 4	Evaluation report with recommended changes
Strategy 2: Begin revising and implementing new curricula	Year 5	Courses revised and implemented
Progress Report		Progress Measures Accomplished in FFY 2021–2022
Implementation Status: Exploration In FFY 2022–2023, NC DSS will begin work towards these objectives with the implementation of the new pre–service training curriculum.		Not applicable at this time.

Objective 5: Train child welfare staff in a race equity framework as a first step to reduce disproportionality within the North Carolina child welfare system		
Strategies	Timeframe	Progress Measure
Strategy 1: State child welfare staff will be trained on a race equity framework	Year 3	Number of state and regional office staff completing race equity framework training
Strategy 2: 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	Years 3 – 4	Report on disproportionality trends and proposed strategies

Strategy 3: Training on the race equity framework will be delivered to county child welfare staff	Year 4	Numbers of county child welfare staff receiving training
Strategy 4: Implementation of strategies consistent with the race equity framework to reduce disparities in child welfare outcomes	Year 5	Report on trends in racial disproportionality and strategies implemented
Progress Report		Progress Measures Accomplished in FFY 2021–2022
<p>Implementation Status: Initial Implementation</p> <p>NC DSS completed race equity framework training for all state NC DSS Child Welfare leadership and management staff in December 2021. Thirty-two (32) staff attended. NC DSS procured and disseminated additional resource materials (books, journal) for staff to use with the training and to enhance, guide and supplement the three, five-hour training sessions. A report on disproportionality trends and proposed strategies was not produced but NC DSS will continue to work with child welfare data leadership to procure, review and interpret reports on trends in racial disproportionality, and will work with child welfare leadership, staff, and stakeholders to develop strategies to address disparities. In FFY 2022–2023, NC DSS is on track to deliver training on the race equity framework to county child welfare staff across the state.</p>		<ul style="list-style-type: none"> • 32 NC DSS Child Welfare Leadership and Management staff completed 15 hours of race equity framework training • NC DSS Data Leadership have produced initial data indicators for racial disproportionality and disparities in child welfare

Goal 4: Improve processes for Continuous Quality Improvement (CQI)

Objective 1: Revise current CQI structures and processes		
Strategies	Timeframe	Progress Measure
Strategy 1: Reassess current CQI activities conducted at the state, region, and county levels to identify and fill gaps	Year 3	Reassessment Report

Strategy 2: 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	Year 4	CQI Manual
Progress Report		Progress Measures Accomplished in FFY 2021–2022
<p>Implementation Status: Installation</p> <p>The CQI Design Team met monthly to identify barriers to current CQI processes for the state, region, and county levels. This compilation of information was completed 12/21. The information obtained was utilized to inform next steps in ongoing strategies developed for CQI implementation.</p> <p>A draft of a CQI Assessment Report was completed and presented as part of a Power Point presentation, to outline the process for the statewide CQI model. This draft report was completed 12/21.</p> <p>Based on recommendations identified in the CQI Assessment Report, NC DSS completed a draft of the CQI Manual outline, including identified needed processes, procedures, policies, and infrastructure for CQI. This guided the creation of a NC DSS Cross-Program CQI Design Team and supported this additional CQI Design Team in the development of a cross-program CQI model.</p>		<ul style="list-style-type: none"> • Barriers identified via monthly CQI Design Team Meetings • Draft report completed and incorporated into presentation on statewide CQI proposed model • Completed outline of CQI Manual • Participation and leadership of cross-program CQI • Development for cross-program CQI model

Objective 2: Continued implementation of CQI processes at the state, region, and county levels		
Strategies	Timeframe	Progress Measure
Strategy 1: Continue to implement the CQI strategies outlined previously in the CFSP and in the CQI Manual	Years 3 – 5	Number of completed CQI activities
Strategy 2: Use CQI processes to ensure implementation of and fidelity to the North	Year 3– 5	Number of completed CQI activities

Carolina practice model, FFPSA implementation, and the other goals reflected in this plan		
Progress Report		Progress Measures Accomplished in FFY 2021–2022
<p>Implementation Status: Installation</p> <p>Developed initial CQI PowerPoint presentation and regional reports to use with CQI discussions. Completed CQI trainings and discussions with the state sections and staff. Incorporated CQI discussions into all Design Teams’ work. Selection and hiring of a CQI state lead who will coordinate and implement the regional support model approach to CQI, to involve local county child welfare agencies and stakeholders in CQI development.</p>		<ul style="list-style-type: none"> • PowerPoint presentation and regional reports created • 5 CQI trainings completed with NC DSS staff • CQI state lead positions announced, is taking on lead of CQI Design Team

Objective 3: Improve access to quality data		
Strategies	Timeframe	Progress Measure
Strategy 1: 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)	Years 3	Data report list
Strategy 2: Develop data guides for new and current staff	Years 3 – 5	Data guides that align with the North Carolina Child Welfare Information System
Strategy 3: Develop and implement a quality assurance case review plan inclusive of the On-Site Review Instrument (OSRI) and North Carolina’s review tool	Years 3 – 4	Implementation of the case review plan

Progress Report	Progress Measures Accomplished in FFY 2021–2022
<p>Implementation Status: Installation</p> <p>Reviewed data report list ongoing, to identify and find solutions to issues. Added requested data as identified from NC DHHS Executive Leadership Team, ULT, NC DSS Section Chiefs, Design Teams, and regional/county staff</p> <p>Developing an OSRI sampling plan that aligns with North Carolina’s CQI plans and meets MASC’s requirements for Round 4 of the CFSR. Feedback has been obtained from the Children’s Bureau and adjustments to the sampling plan are currently underway.</p> <p>Review of OSRI data and outcome indicators to align additional technical assistance to counties.</p> <p>Seven-day fatality reviews as required by policy for all open “in-home services” cases and permanency planning cases, to evaluate for policy/practice issues that are addressed at the local level by the NC DSS regional child welfare consultants (RCWCs).</p>	<ul style="list-style-type: none"> • Data reviewed monthly and ongoing • Data requests submitted and tracked as received • Submitted initial draft sampling plan; working to achieve a completed, approved sampling plan for upcoming Round 4 of the CFSR • 138 OSRI record reviews and outcomes • 18 cases for 7-day fatality record reviews, reviewed by Quality Assurance team

Objective 4: Continue to develop a statewide child welfare information system		
Strategies	Timeframe	Progress Measure
<p>Strategy 1: Use the Child Welfare 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</p>	<p>Years 3 – 4</p>	<p>Implementation System Plan developed</p>
<p>Strategy 2: Develop an actionable Blueprint that defines the capacities of the child welfare information system, aligned with business</p>	<p>Years 3 – 5</p>	<p>Actionable Blueprint developed</p>

priorities, and driven by child welfare program and model of practice		
Strategy 3: Develop and release a Request for Proposal (RFP) to augment (bring in new technologies) to improve the statewide child welfare information system	Year 3	RFP release
Strategy 4: Select a vendor	Year 3	Vendor identified
Strategy 5: Full deployment of the statewide child welfare information system	Year 5	NC staff are consistently using the information system for documentation and decision support
Progress Report		Progress Measures Accomplished in FFY 2021–2022
<p>Implementation Status: Initial implementation</p> <p>Regular meetings were held with CWSGC during SFY 2021–2022, and this informed key priorities, messages, and Blueprint deliverables.</p> <p>Multiple components of actionable Blueprints were completed, including: (1) Life of the Case (LoC) findings and recommendations, completed in November 2021; (2) Procurement Strategy, completed January 2022; (3) Segmentation, completed February 2022; (4) Integrated Workplan, management of which is ongoing; and (5) Volunteer Adopters, completed May 2022. Pending Blueprint deliverables include: (1) RFP will proceed to ACF soon; (2) New Screening and Response Tool is awaiting finalization; (3) I&A User Group’s charter is being finalized; and (4) Produce roadmap to be finalized after procurement</p>		Actionable Blueprint developed and in use for tracking deliverables

4 Quality Assurance System

NC DSS is refining its CQI system as stated in the CFSP Strategic Goal 4, Objectives 1 and 2. NC DSS continues to modify and update our CQI approach and model. NC DSS is working this FFY to enhance our CQI model to use across county DSS programs including Child Welfare, Economic and Family Services (including Food and Nutrition Services (FNS) and Work First), Child Support, and Aging and Adult Services (DAAS). The goal of the Cross-Programs CQI model is to improve practice and impact for all services-involved families across systems.

Foundational Administrative Structure

NC DSS continues to use the current NC Continuous Quality Improvement (CQI) Framework across the county, regional, and state levels for various CQI activities. During the month of August 2021, the Child, and Family Services Review (CFSR)/Quality Assurance (QA) team provided training on the Onsite Review Instrument (OSRI) to all Child Welfare Supervisors/Administrators. The objectives of the training were for participants to obtain knowledge of the OSRI tool and each Child Welfare discipline components, obtain data to see how practice impacts data indicators, and begin to identify root causes. On April 21, 2022, the Quality Assurance Team Manager met with the Child Welfare Family Advisory Council (CWFAC) to provide a brief overview of the OSRI and discuss processes of interviewing caregivers about their experiences, describe how the OSRI fits into North Carolina's CQI and QA efforts, how the OSRI fits into the federal CFSR, and discuss ways to improve interview rates with families. The Regional Child Welfare Consultants (RCWC) have continued to have training on the OSRI and data as well as collaborative meetings with the Quality Assurance Team Manager and his team. The RCWCs incorporate findings from these reviews into the findings from their targeted reviews and develop plans with the counties to address issues identified. There is a plan in process for the RCWCs to move to more of a discipline specialty (Safety, Permanence or CQI) within a region to further enhance support provided to the counties. This plan will be implemented in early 2023.

As a part of the Cross-Programs CQI project, Child Welfare will continue to modify its current CQI framework. During 2022-2023, NC DSS plans to engage in the following enhancements to its QA and CQI system:

- Create a CQI Implementation Team (completed as of April 2022)
- Develop a revised CQI Model (including developing a CQI Plan and Team Communications Plan), May-October 2022
- Assess Regional Readiness to implement the revised CQI Model (including developing a Work Plan), October-December 2022
- Develop an Implementation Plan, January-February 2023

- Provide Implementation supports (including developing a CQI Training curricula, Training Delivery Plan, Coaching Plan), January–June 2023
- Provide coaching and supports, ongoing

Case Record Review Data and Process

As mentioned in Section 2.3.2 (Quality Assurance System, Item 25), North Carolina implemented a CQI process that included full record reviews regionally that began in October 2021. North Carolina has reconsidered its plan for sampling cases for OSRI reviews going forward, after fully appreciating that the regional plan was inconsistent with the goal of assessing statewide performance both because it would take 18 months under the plan to include all 7 regions in reviews and because the approach that was begun would result in some counties and regions being over- or under-sampled in proportion to their share of the state’s child welfare cases. North Carolina plans to begin a modified approach to sampling cases for review that will assess statewide performance. The new sampling approach will be in place by October 2022.

North Carolina uses the Onsite Review Instrument (OSRI) to complete quality assurance reviews in the CFSR Online Monitoring System. North Carolina continues to have five (5) trained and dedicated quality assurance reviewers. North Carolina hopes to increase the team’s capacity in preparation of Round 4 of the Child and Family Services Review. North Carolina plans to conduct a State–Led Review Process for the upcoming Round 4 of the Child and Family Services Review.

Analysis and Dissemination of Quality Data

North Carolina continues to have a barrier in its administrative structure with the lack of a statewide comprehensive child welfare information system. Challenges of not having a comprehensive child welfare information system make the collection, analyzation, and dissemination of quality data intensive and difficult. The work on this is described in Systemic Factor 1 and Strategic Goal 4, Objectives 3 and 4.

Despite the barrier of having a statewide comprehensive child welfare information system, North Carolina has access to and disseminates child welfare data. The Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina is a partnership among the [UNC–CH School of Social Work](#) at The University of North Carolina at Chapel Hill, the North Carolina Division of Social Services, and the North Carolina Department of Health and Human Services. Human services professionals (and the public) can access [data for all counties in North Carolina](#) in the areas of Child Welfare, Work First, and Food & Nutrition Services at any time via the website [here](#). Data is provided on demographics of children, placement information, CFSR Round 3 data indicators, abuse and neglect data, and children in foster care. There are reports available on the website

that include quarterly trends regarding the impact of COVID. Data is pulled from NC FAST and all legacy systems into one place for access.

The Rylan's Law Data Dashboards are available for state and county staff to use. Data included in the dashboard are monthly face-to-face visits made by social workers including initial 7-day placements and monthly foster care placements by county, region, and statewide. Data is located on an internal SharePoint site (see below for additional information).

Additional data is located on the Human Services Business Information and Analytics SharePoint site, including workload and staffing information for each child welfare program area by county and statewide. State and county staff have access to this information.

North Carolina continues to identify strengths and opportunities for improvement of the service delivery system through Quality Assurance record reviews, by pulling reports from the Online Monitoring System (OMS) and digging deeper into the qualitative information from the record reviews.

State staff received training in tips for analyzing data in October and November 2021. As mentioned above, staff will continue to be trained and receive coaching on how to analyze data as a part of CQI processes during the Cross-Programs CQI project.

Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Process

The structure established with North Carolina's 2020-2024 CFSP Strategic Plan provides multiple feedback loops for NC DSS, stakeholders, families, youth, and decision makers. Qualitative and quantitative data are shared with the Design Teams and the Unified Leadership Team to make data-driven decisions. Recommendations from the 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. NC DSS will continue to revise the feedback loop structures as a part of the CQI process during the Cross-Programs CQI project. See additional detail regarding feedback loops in the Collaboration Section.

State-Led Child and Family Services Review Process

North Carolina is committed to being a State-Led review for the upcoming Round 4 of the Child and Family Services Review (CFSR). North Carolina conducts case reviews using the OSRI instrument throughout the entire state and is committed in producing quality, accurate data statewide and for each county.

NC continues to have a trained and dedicated team, comprised of five (5) reviewers, to conduct Quality Assurance case reviews. The Quality Assurance Review team conducts

statewide case reviews based on random sampling and completes first and second level quality assurance for the entire process. Interviews with families served in reviewed cases and interviews with services providers and stakeholders are part of the review process. Upon completion of a case review, the results are aggregated through the OMS (Online Monitoring System). A portion of the cases are further reviewed by the Children’s Bureau to ensure accuracy and consistency.

Quality Assurance Reviewers receive technical assistance from the Children’s Bureau on the CFSR Federal review process, guide, items, and receive technical assistance from the Children’s Bureau as needed. Technical Assistance supports ongoing consistency and correct interpretation of current CFSR review items by reviewers. For additional support and training all Quality Assurance, NC DSS staff also receive training for the OSRI instrument on the cfsrportal.org website.

North Carolina is in the process of developing a “QA Reviewer Training”. The training will focus on increasing QA reviewers’ understanding of the QA process, including continuous quality improvement. The training provides an overview of the OSRI tool, case documentation and interviewing; use of critical thinking and professional judgement as a reviewer; and a “deep dive” review of the CFSR items and outcomes (and documentation requirements).

North Carolina’s does have a case elimination criteria that is aligned with the Children Bureau’s standards and requirements.

5 Updates on the Service Descriptions

5.1 Stephanie Tubbs Jones Child Welfare Services Program (title IV–B, subpart 1)

NC DSS cost allocates the Stephanie Tubbs Jones Child Welfare Services program (IVB-1) funding in combination with other funding streams to support training paraprofessional staff, staff development and training of child welfare social workers and supervisors, and the recruitment of foster and adoptive parents. In addition, NC DSS uses IVB–1 funds to support the Family Support Network of North Carolina to serve children with special needs and their families.

Family Support Network of North Carolina

The service provided is the Family Support Network of North Carolina (FSN) through the UNC-CH School of Social Work and twelve (12) regional FSN programs. FSN serves families across North Carolina who are caring for children who are medically fragile or have special needs, including children who are substance-exposed, HIV positive, and/or developmentally delayed. This is a population that is traditionally underserved.

The goals of FSN services are to prevent child abuse and neglect, or exploitation and to help children remain at home or return home when safe and appropriate.

The FSN services meet the goal by providing education, training, and support services to all families caring for children with special needs. They also include information and referral, training workshops, parent-to-parent matches, social activities, intensive one-to-one support, support groups, community collaboration and by helping children remain at home or return home when safe and appropriate. Family Support Network (FSN):

1. Provides education and training to improve caregiver knowledge about specific conditions affecting the children and how to care for them;
2. Reduces isolation and improves family functioning through social support programs for both parents and siblings; and
3. Enhances collaboration among local family support programs, public agencies, and community service providers.

The data for the type of FSN services provided and the number of families and individuals served for SFY 2020 – 2021 and the first half of SFY 2021 – 2022 (*Q1 & Q2 only*) are captured in the table below:

Table 20. FSN Services Provided

Service	SFY 2020 – 2021	SFY 2021 – 2022 (Q1 & Q2 only)
Information and Referral	2,529 families	1,647 families
Training Workshops	557 parents	198 parents
Parent-to-Parent Matches	65 parents	63 parents
Social activities for families	1,701 parents and children	874 parents and children
Intensive one-to-one support	356 parents	426 parents
Support groups and SibShops™	57 parents and children	62 parents and children

Community Collaboration	1,636 agency referrals	1,273 agency referrals
TOTAL (without collaboration)	5,265 family members	3,260 family members

In FFY 2022–2023, the Family Support Network expects to serve 5,058 children with special needs and their parents in 2,529 families throughout NC with the services listed above (NC uses a SFY to calculate services data). The service activities provided by the Family Support Network will not change and there are no additions in services or program design for FY 2023. They will continue to include information and referral, training workshops, parent-to-parent matches, social activities, intensive one-to-one support, support groups, and community collaboration.

The total estimated funding for these services/activities is include in the CFS 101, Part II.

5.2 Services for Children Adopted from Other Countries

Post-Adoption Support Services (PASS) providers continued outreach efforts in SFY 2022 to connect with families who adopted children from other countries through efforts including marketing on Facebook and agency websites, contacting adoption attorneys and Guardians ad Litem, and sending program information to private adoption agencies statewide.

In SFY 2020–2021 (Oct 2020–Sept 2021), North Carolina had two (2) children who were adopted from other countries and who entered state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption. These children were served by county departments of social services. One placement disrupted due to child characteristics and had an initial plan goal of custody with a court approved caretaker. The other child disrupted due to neglect and had an initial plan of reunification. For the first two quarters of FFY 2021–2022, North Carolina did not have any international adoptions.

There are four (4) Post-Adoption Support Services providers that provide statewide coverage for the regions in the state: Catawba County Social Services (CCSS), Children’s Home Society of NC (CHS), Children’s Hope Alliance (CHA) and the Center for Child and Family Health (CCFH). CHA, CCSS and CHS did not report serving any children adopted from other countries during this reporting period. The CCFH reported serving forty-eight (48) children adopted from other countries between May 2021 and May 2022.

The CCFH provided assessment services to sixteen (16) children with international adoptions representing the following countries:

- Uganda (2)
- Philippines (1)

- Korea (1)
- China (3)
- Ethiopia (2)
- Columbia (2)
- Vietnam (1)
- Guatemala (2)
- India (1) and
- Northern Ireland (1)

Additionally, CCFH provided therapy services to six (6) children representing the following countries:

- Ethiopia (1)
- Guatemala (2)
- India (1)
- Republic of the Congo (1)
- Vietnam (1)

Consultation services were provided to eight (8) children representing the following countries:

- Columbia (1)
- Haiti (1)
- Ukraine (1)
- Kazakhstan (1)
- Unknown countries (4)

Respite services were provided to two (2) internationally adopted children:

- Country unknown (2)

Services will continue to be provided in SFY 2022–2023 for this population and will include the following:

- Parenting education and coaching
- Counseling services for families and children
- Crisis intervention
- Respite services
- 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 the Success Coach Program in SFY 2022–2023. The Success Coach Model, developed by the Catawba County Department of Social Services, is a voluntary service offered to families at the point of reunification or adoption/guardianship. When a family agrees to work with the Success Coach, they negotiate together a success plan that lasts up to two years. The Success Coach Model will provide support and technical assistance to families, including those families who have adopted children from other countries. The Success Coach Program is more fully detailed in the description of Adoption Promotion and Support Services that follows in the sections below. Offering Success Coach as a single model is a change for North Carolina and will provide consistent services across the state.

5.3 Services for Children Under the Age of Five

Activities to Reduce Length of Time in Care

North Carolina explored the possibility of developing and implementing a Safe Babies Court Team (SBCT) model with local multidisciplinary teams in five (5) sites across the state beginning in 2019 through 2020. Although NC DSS was awarded a two-year federal VOCA grant for initial implementation, NC DSS was unable to lift the project due to limitations caused by the COVID–19 pandemic. One of the lessons learned during the development and initial implementation process was that the SBCT model requires strong judicial leadership and ownership. As such, with a renewed interest in the model, North Carolina’s Administrative Office of the Courts (AOC) and its Court Improvement Project (CIP) committed to leading a second attempt at successfully lifting a SBCT model program in multiple sites across the state. The SBCT model, if implemented as designed, will promote permanency and reduced time in foster care for children under the age of five years. The SBCT project is a joint project by and between North Carolina’s CIP and NC DHHS / DSS. Once funding and program supports are secured, the SBCT model is slated for initial implementation in late 2022.

Addressing Developmental Needs of All Vulnerable Children Under Five Years of Age

The SBCT model also focuses on ensuring that the developmental needs of vulnerable children under five years of age who are in foster care are met by assessing needs of children and parents, and working to secure accessible, responsive services to young children, parents, and families early in the life of the case.

To address the developmental needs of all vulnerable children under five years of age, including those served in-home or in a community-based setting, NC DSS served families with children under the age of 5 years of age through several community-based prevention programs, the Community Response Program, and Family Support Network in FFY 2021–2022. NC DSS funded the following eight (8) programs that served our youngest children:

- Attachment and Biobehavioral Catch-up (ABC) was offered in both English and Spanish in Chatham, Durham, and Orange counties;
- Parent Child Interaction Therapy (PCIT) is an evidence-based treatment model for caregivers with children ages 2 to 12 years, which helps to improve parent-child relationships, teach caregivers about child development, and equip the caregivers to calmly manage misbehaviors through coached interactions. PCIT was offered in both English and Spanish in Durham County;
- Incredible Years Pre-School BASIC Parent Program is an evidence-based parent training program is implemented with parents of children ages 3-6 years who are experiencing difficulties with child behavior management, parent/child interactions, and parent/child communication. Fourteen (14) agencies offered Incredible Years Pre-School to families in twenty-four (24) North Carolina counties;
- Parents as Teacher (PAT)s was offered in Ashe, Catawba, Durham, Guilford, Lee, New Hanover, and Randolph counties to serve parents of children prenatal to five years old. PAT helps parents build skills in developmental parenting and addresses family system needs including building connections to other community resources. Home visiting services are supplemented with monthly *Group Connections* meetings;
- Circle of Parents groups were available in Randolph, Transylvania, and Buncombe counties for parents with children ages birth through 5 years. These groups were offered in English and Spanish. This model enhances families' strengths by allowing caregivers to increase their social support network, learn problem-solving skills, and develop new ways to cope with stress;
- Triple P, Level 4 Standard, helps parents build strong, healthy relationships and confidently manage their children's behavior. It was provided in Alamance, Anson, Cabarrus, Davidson, Durham, Forsyth, Mecklenburg, Richmond, Stanley, and Union counties.
- As stated previously North Carolina will implement Zero to Three's Safe Babies Court Team (SBCT) model in three to five pilot sites scaling services across the state to decrease the time that young children spend in foster care

These services are considered primary and secondary prevention services. The goal of these services are to prevent an initial incidence of child abuse and neglect as well as the family's involvement in child protective services. They are not designed to prevent children's placement in foster care or reduce the amount of time children under the age of five are in foster care without a permanent family. Prevention services geared toward our youngest children and their families are critical because statistically children under the age

of 5 are the most vulnerable age group to experience child abuse and neglect. NCDSS will continue to fund the above programs in the same counties in SFY 2022–2023.

Community Response Program

As described in greater detail in the *Update on the Service Descriptions*, NC DSS funded eight (8) county child welfare agencies to provide voluntary community response programming (CRP). The CRPs serve families, with children age birth to 5 years of age who have been reported to local departments of social services, child protective services (CPS), closed with a decision of services recommended, closed with a decision of no services needed, or closed with an unsubstantiated finding after an initial assessment. The goal of CFP services is to strengthen and stabilize participating families to prevent a future report of child abuse and neglect and the family’s involvement in child protective services.

Family Support Network

The Family Support Network (FSN) is described in in greater detail in the *Update on the Service Descriptions* and the section on *Populations of Greatest Risk of Maltreatment*. All the FSN Affiliates serve families with children from birth to 5 years of age. Several programs have a Neonatal Intensive Care Unit (NICU) presence in hospitals, where an FSN Family Support Specialist offers one on one support, peer groups and activities for families with an infant in the NICU. FSN also works closely with the Children’s Developmental Services Agencies (CDSA) that support families with children under the age of 3 years, with developmental disabilities or delays, as well as with the Department of Public Instruction’s Preschool Exceptional Children’s (EC) Program, which services children aged 4 and 5 years. FSN services are available to all families to support those whose children who do not qualify for Early Intervention (EI) or EC services, and to meet the goals of preventing child maltreatment, preventing entry into foster care, and reducing the amount of time in foster care.

5.4 Efforts to Track and Prevent Child Maltreatment Deaths

NC has continued to track maltreatment deaths in accordance with NCGS §143B–150.20 (https://www.ncleg.net/enactedlegislation/statutes/html/bysection/chapter_143b/gs_143b150.20.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 children and families were

involved with local departments of social services, child protective services, in the twelve (12) months preceding the fatality. In addition, NC DSS collects baseline information on all children in whom county child welfare agencies send a notification form, regardless of whether the cases meet the 12-month criteria.

NC DSS has continued to work closely with the North Carolina Office of the Medical Examiner to obtain information and to identify cases where either a homicide by a parent has occurred or abuse and neglect was identified as a Manner of Death, and data is collected. The Office of State Medical Examiner sends the list of cases to NC DSS so that history and any information that would impact the suspicion of maltreatment as a factor in the death can be identified. Regular meetings between the Child Fatality Administrator and the Coordinator for the State Team in the office of the Chief Medical Examiner occur to go over child deaths and then determine those that may have had a maltreatment as a factor in the death using both the ME and DSS data. These deaths are then reviewed by the State Fatality Prevention Team. Any case chosen that have had an intensive review are included so that any findings/recommendations for agencies outside of NC DSS can be discussed and included in a report to the State Fatality Taskforce. This data is also used by fatality consultants to identify any cases with history in 12 months and whose death may not have been known to the local agency. Consultants follow up with the local agency on any cases we do not have information on to determine if they meet the criteria for review and to collect any data we can obtain.

NC DSS also has an MOU for data matching with Vital Statistics. A quarterly match with Vital Statistics is done with Child Welfare data to ensure we have captured all maltreatment deaths with DSS history in the 12 months prior to the child's death. Consultants follow up with the local agency on any cases we do not have information on to determine if they meet the criteria for review and to collect any data we can obtain.

NC DSS has begun work on developing a replacement database project for Child Welfare Fatalities and Near Fatalities. The goal of this project is to deliver a new Child Fatalities Database system that will allow efficient record entry, record revision, and retrieval of data for recurring and ad-hoc reporting.

The new system will be delivered in two (2) phases, a Minimum Viable Product (MVP) phase and an Enhancement Phase. The MVP will deliver a functional system that will at least provide the same amount of functionality as the existing system, with improvements to systems design, user interface, improved data storage and security. This application is required to capture and retain data needed to complete State child fatality reviews and evaluate the efficiency of review processes. It will also capture and retain data that is required to meet state and federal reporting requirements (NCANDS, CAPTA, etc.)

The application must allow data entry, revision, and retrieval from multiple people at one time and provide real-time data updates. The Enhancement Phase will address improvements in the general system and functionality including ability/capacity to integrate with the Department's Child Welfare Information System(s) for some of the required data elements

The application data will include Permanency Innovation Initiative (PII) level data, so data entry, storage and transmission for reporting must meet/exceed PII compliance with at federal, state, and departmental data security and privacy standards.

Use of the application will be restricted to the State Fatality Review Team, NC DSS child welfare supervisory staff, authorized county DSS staff (with county-level restrictions), and authorized state support staff. The application will be utilized by staff with varying technical skills, so ease of record entry and management will be stressed.

To date the project has completed a series of needed steps and processes including, market analysis, requirements gathering, project initiation and change management, project governance, and creation of a vendor Statement of Work (SOW) for contracting a vendor. Currently, the project is in the initiation stage which will provide the process and steps needed to acquire and onboard a solution vendor. Based on our project Schedule, the project will go to implementation and configuration of the new system as a vendor is contracted. the Vendor onboard date is projected for August 20, 2022.

The vendor onboarding, finalizing of requirements, system configuration and training will require 2 to 3 months effort. Based on current progress, the System configuration will begin in August 2022 for a November 2022 delivery of the Phase I – MVP (Minimum Viable Product). Once configured the system will go through a final series of tests and staff trainings concluding the 2-to-3-month period mentioned above.

North Carolina continues to plan for a comprehensive statewide fatality review system. The current system has reviews that occur both in the child protective and public health. Plans to combine these reviews require funding and legislative changes and remain on the agenda of the state's Child Fatality Task Force. Because of the number of children who die from co-sleeping, a guidance document was disseminated and included in policy. Child Welfare continues to be a partner in DHHS efforts and planning to support safe sleep.

5.5 Supplemental Appropriations for Disaster Relief Act

North Carolina used all its supplemental appropriations for Disaster Relief Act funding to develop a training for resource parents, to develop a report template and tools for the local agencies to utilize during a disaster, and to provide technical assistance towards revised

county disaster plans. North Carolina was able to spend all the funds timely without challenges or barriers. This undertaking will improve our disaster preparedness and response in North Carolina for both natural and pandemic disasters. To begin the work, North Carolina wanted to obtain feedback from state staff, local agencies and parent advisory board on lessons learned that would enhance the State's future preparedness for disasters. Focus groups made up of local agencies and included small, medium, and large counties who have had experience with disasters. Additional focus groups of state staff were held and included regional child welfare consultants.

NC DSS will utilize the information gained from the focus groups, as well as looking at best practices across the country and related to Emergency Management. Focus group feedback ranged from things that worked well in past disasters, as well as new needs identified by state staff and local agencies. Families identified information that was helpful to know and what they would want to aid them in preparation for a disaster. Some examples are as follows:

- Family disaster plans should be trauma informed and should include discussions with the children and youth in the house ahead of time using developmentally appropriate language.
- Workers should contact families ahead of imminent disaster to review and confirm plans, to update contact information and to ask about any urgent needs and to share best way to reach worker during and following the disaster.
- Offer specialized training for families on how to prepare for natural disasters. Create and share preparation checklists for use with families.
- Provide at template for resource families to create their own disaster plans.
- Print a spreadsheet of all children in care with contact information and their evacuation plans, including contact information of relatives they may be staying with ahead of the disaster.
- Alert agencies ahead of time about what data will be needed during a disaster.
- Review and update agency and child welfare disaster plans regularly.

NC DSS also included training for families who are placement providers to ensure they understand the expectations of them during a disaster and to aid them in planning for future disasters. This course was developed in collaboration with resource parents through the Agency Family Advisory Council. The council also served as a resource for the family related toolbox materials. An online self-paced webinar is now available for all resource parents on the same webpage as other foster parent training. This training explains Federal and State Child Welfare requirements related to disasters and local agencies have been informed to let their resource parents know of the course availability and encourage their taking the course.

To support the local agencies and resource families planning for and responding to a disaster, NC DSS developed and provided a disaster preparedness and response toolkit. The items found in the toolkit include trauma informed resources for county, staff, and families. In response to the feedback, NCDSS also developed required components for counties' disaster plans and required all counties to submit their plans and attestation forms annually.

5.6 Supplemental Funding to Prevent, Prepare for, or Respond to, Coronavirus Disease 2019 (COVID-19)

This year, NC DSS used all the remaining Supplemental Funding to Prevent, Prepare for, or Respond to COVID-19 funding in two ways: (1) via an allocation to counties for approved allowable expenses as outlined in Title IV-B, Subpart 1, Section 421 of the Act; and (2) for personal protective equipment (PPE) for group care. North Carolina was able to spend the funds timely without challenges or barriers.

NC DSS had anticipated that the bulk of funding would be used to cover the costs of PPE, however, the costs of PPE were less than anticipated. Therefore, the remaining funding was used by county DSS agencies for costs of:

- Offering services and supports to parents, kinship care providers, and at-risk-youth to alleviate the effects of social isolation;
- Purchase of Personal Protective Equipment (PPE);
- Assistance to families for purchasing food, food delivery, household supplies, and/or paying utilities and rent, when families were unable to access assistance;
- Enhancement of agency telecommunication equipment, software, and service infrastructure to support telework and remote participation by agency employees for essential services;
- The provision of respite care services;
- To identify, secure, staff, and monitor emergency placement for children in foster care who have been exposed to COVID-19;
- Sharing of information and educational materials from CDC and NC DHHS, to prevent transmission and to identify access to testing;
- Training for child welfare workers and supervisors on topics related to working with children and families during the pandemic;

- Partnering with community programs for outreach and support to prevent child abuse and neglect.

5.7 MaryLee Allen Promoting Safe and Stable Families (PSSF – Title IV–B, subpart 2)

1. Family Preservation

Using IVB–2 and state family preservation funds, NC DSS provided Intensive Family Preservation Services (IFPS) to 982 families deemed high risk by the Family Risk Assessment in SFY 2021. The overall goals of these services are to prevent unnecessary out-of-home placements, prevent recurring incidences of child maltreatment, and strengthen family functioning. During the first half of SFY 2021, IFPS agencies served 517 families across North Carolina through a combination of IVB–2 and state funding. In sum, NCDSS provided IFPS services to 1,499 families between July 1, 2020, and December 31, 2021.

During the FFY 2020–2021 CFSP, NC DSS achieved the following average outcomes through the IFPS provision:

- 99% 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.
- 95% of participating families did not have repeat maltreatment at 12 months after closure.

In FFY 2021 and SFY 2022, NC DSS continued monthly team conference calls with IFPS grantees to provide more regular support and quarterly face to face meetings when possible. These meetings will continue in SFY 2023.

In FFY 2023, NC DSS expects the following changes to our current family preservation services. NC DSS will extend the current IFPS contracts through December 31, 2022, while the agency continues to build infrastructure to provide HOMEBUILDERS services under the Family First Prevention Services Act. During this period, NCDSS expects to serve 563 families. The projected number of families served with IFPS has been prorated for six out of

twelve months or 50% of the number of families served in SFY 2022. Implementing HOMEBUILDERS with model fidelity will require start up activities before direct services can be provided to families, including provider selection, contract development, staff hiring, training, and shadowing. During this transition to HOMEBUILDERS, NCDSS plans to continue IFPS services to minimize disruption to family preservation services. If necessary, the IFPS contracts can be extended through SFY 2023. In the case of IFPS extension, then the projected number of families served will be prorated according to the number of service months provided. Eventually HOMEBUILDERS will replace IFPS.

In FFY 2023, NC DSS anticipates spending at least 20% of IVB-2 funding on family preservation services.

2. Family Support/Prevention

As the Community-Based Child Abuse Prevention (CBCAP) lead agency, NC DSS 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.

A. Evidence-Based Parenting Programs

In FFY 2021, NC DSS funded 35 grantees to provide family support programs in the final year of a 5-year grant cycle (North Carolina uses a SFY for services). The table below lists the number of parents or caregivers and children served through these programs in the past 18 months.

Table 21. Parents/Caregivers and Children Served

Evidence-Based Parenting Programs	Parents or Caregivers Served	Children Served	Total Served
July 1, 2020 – June 30, 2021 (12 months)	4,042	1,847	5,889
July 1, 2020 – Dec 31, 2020 (6 months)	1,745	693	2,438
TOTAL SERVED – Between July 1, 2019, and December 31, 2020 (18 months)	5,787	2,540	8,327

In FFY 2022, NC DSS awarded grants to 32 community-based agencies to offer parent education, parent support, and home visiting to prevent child abuse and increase protective factors (North Carolina uses a SFY for services). These agencies implemented one or more of the following evidence-based or evidence-informed programs:

- Attachment and Biobehavioral Catch-up (ABC)
- Circle of Parents (Circle)

- 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 North Carolina’s planned Family First tertiary prevention services as part of a comprehensive prevention service array.

These community–based programs provided outreach, support, and services to children and their families, participated in implementation support to ensure model fidelity, and engaged in qualitative and quantitative evaluation plans.

In 2021 and 2022, NC DSS contracted with Prevent Child Abuse North Carolina (PCANC) to work with external contractors to provide evaluation support for The Incredible Years (IY), Strengthening Families Program (SFP) and Circle of Parents in North Carolina. During this time period, the COVID–19 Pandemic continued to pose unique challenges with both programmatic and administrative requirements, especially regarding in–person program delivery. Program effectiveness was determined using validated surveys, focus groups and interviews with parents and caregivers, focus groups with program facilitators and staff and the North Carolina Family Support Outcome Scales (NCFOS.)

The surveys measured program impact and effectiveness. Available data suggest that programming remained effective regardless of adjustments to program delivery during the COVID–19 pandemic. In 2021, all agencies reported gains in positive parenting, family functioning and resiliency, social support, nurturing attachment, and concrete support with 75% statistically significant gains. Some agencies reported gains in measures of appropriate discipline.

The focus groups and interviews provided an opportunity to learn from parents and staff how the COVID–19 Pandemic impacted their program experiences and to better understand the offering of programs in virtual environments. Key Findings regarding program effectiveness include:

- Caregivers identified accessibility as a key benefit of virtual programming and some participants said that they would have been unable to participate if programs had not been offered virtually

- Results suggest there is no “one size fits all” approach to parenting program delivery. Some caregivers preferred face-to-face, while others preferred virtual programming.
- Top benefits were accessibility, convenience and expansion and extended reach of programming
- Staff creativity increased to make programs interesting and engaging for families/caregivers

The NCFSES is a strength-based assessment tool that measures outcomes in the following four domains: Child Functioning, Parent Functioning, Family Functioning, and Family’s Relationship to the Community. Program facilitators complete the NCFSES with all participants to measure their progress on program goals. In SFY 2021, the NCFSES results indicated that Family Support programs help both individual family members and families as a whole develop skills to strengthen their relationships and increase family functioning. All domains showed that participants enhanced their functioning or retained previously effective levels of functioning. Few participants overall saw a decrease in functioning.

To measure client satisfaction, NC DSS shift used the Strengths Based Practices Inventory (SBPI), which focuses on the protective factors and resiliency with a trauma informed approach. The instrument measures four program areas using multiple questions for each area that are measured on a 7-point Likert scale with higher ratings indicating more positive reviews. Out of 1,145 completed SBPI inventories, statewide average results for each program area in SFY 2021 are listed in the table below.

Table 22. SBPI Average Results

SBPI Program Area	Average
Empowerment	6.40
Cultural Competency	5.92
Staff Sensitivity	6.44
Relationship Supportive	6.38

In addition to using the SBPI, the evaluation design included focus groups and interviews with program staff and parent participants to learn how the pandemic had affected overall programming, participation, and facilitation. Parents/caregivers and staff reported both pros and cons with virtual implementation. Overall client satisfaction with virtual programs during the year was positive.

In FFY 2023, NCDSS will make the following changes to family support services. NCDSS contract with 31 (instead of 32 agencies) to provide these services during the second year of the grant cycle. One agency experienced a staff shortage during FFY 2022 and has

opted not to continue in SFY 2023. During the second year, Family Support programs will continue to participate in evaluation requirements. NCDSS will also require grantees to conduct a peer review as part of continuous quality improvement in compliance with CBCAP requirements. Collectively, these parenting programs estimate that they will serve 2,711 individuals in 1,110 families.

B. Respite

In FFY 2022, NC DSS funded 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. The program goal of North Carolina Respite Program is to help prevent child abuse and neglect by providing outreach, support and services to children and their families to reduce risk factors and promote protective factors, including parental resilience, social connections, concrete supports, knowledge of parenting and child development, and social and emotional competence of children. This was the first year of a three-year grant cycle. In FY2022, NC DSS used NC Children’s Trust Fund, instead of federal Title IVB-2 funds, to support 8 respite providers.

In FFY 2020-2021, NC DSS served 725 parents / caregivers and 980 children across North Carolina with respite services. In the first half of SFY 2021-2022, NC DSS served 117 parents / caregivers and 186 children across North Carolina with respite services. In sum, NC DSS provided respite services for 842 parents / caregivers and 1,166 children for a total of 2,008 between July 1, 2020, and December 31, 2021. Respite agencies reported that they were challenged by the decrease in respite referrals during the COVID-19 pandemic. Parents had concerns about housing their children in congregate care settings and increasing their risk of contracting COVID-19. During this period, more families used hotline services over respite shelter services, calling for crisis de-escalation. In order to increase support during this challenging period, NC DSS hosted peer support calls for providers every other month.

NC DSS requires respite grantees to use the Protective Factors Survey to measure improvements. In FFY 2021, the average improvement in specific protective factors of the eight agencies are listed in the table below.

Table 23. Average Protective Factor Improvement

Improvement in Family Functioning	Improvement in Social Emotional Support	Improvement in Concrete Support	Improvement in Nurturing & Attachment	Improvement in Parenting Knowledge
63%	58%	58%	77%	88%

In FFY 2023, there will be no changes or additions in services, and NC DSS will fund the same eight community-based agencies to provide respite services during the second year of the grant cycle. NC DSS will continue to facilitate bi-monthly team conference calls with Respite grantees to provide ongoing peer support. These agencies expect to serve 745 individuals in 220 families in FFY 2023.

In FY2022–2023, Family Support and Respite Program services have identified the following underserved populations in their communities in need of supportive services, such as parenting support groups, parenting classes, home visiting and respite:

- Fathers
- Adolescent and young parents
- First-time parents
- Parents of children with developmental delays, chronic health problems or special needs
- Parents with mental health disorders or special needs
- Families and children living in poverty
- Native American populations
- Hispanic/Latinx populations
- Grandparent/relative caregivers
- Separated parents and single parents
- Families experiencing domestic violence or substance use disorder
- Homeless youth and families
- Court involved youth
- LGBTQ+ youth

As required by CAPTA legislation, NC DSS will continue engaging and supporting programs and activities to maximize the participation of all populations, including members of underserved and underrepresented groups.

North Carolina's Regional Support Model will connect supporting programs and activities to DSS to identify underserved populations. The Regional Support Model will tell DSS who the underserved populations are and where they are located.

Community Based Child Abuse Prevention (CBCAP) American Rescue Program Act (ARPA)

North Carolina has developed a comprehensive American Rescue Plan Act (ARPA) plan, that includes activities funded by CBCAP ARPA to benefit children and families through primary and secondary prevention . The plan is called [*A Shared Recovery for a Stronger NC: Governor Cooper's American Rescue Plan Budget*](#). The final CBCAP ARPA strategies were informed through consultation with the Child Welfare Family Advisory Council, PCANC, the Prevention Workgroup, and other NC DHHS Divisions. These stakeholders considered the strengths, gaps, and needs in our primary and secondary prevention continuum. The NC General Assembly reviewed the Governor's ARPA Plan, which was included in the ratified Senate Bill 105 on November 18, 2021. In the 2023, NC DSS will provide funding to current NC DSS family support and respite contractors to provide families in need with concrete supports, such as diapers, food, rent, utilities, beds. In FFY 2023, NC DSS will provide \$11,500 to 30 Family Support Programs and \$5,000 for 8 Respite Programs to provide concrete, emergency supports to approximately 1,540 families. Through this effort, North Carolina will also reach traditionally underserved children, youth and families who have not necessarily come to attention of child protective services.

In FFY 2023, NC DSS anticipates spending at least 20% of IVB-2 funding on family support services.

C. Positive Parenting Program (Triple P)

During FFY 2022, 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. NC pursued the following overarching goals with Triple P:

- To promote the development of non-violent, protective, and nurturing environments for children;
- To reduce the incidence of child maltreatment and behavioral/emotional problems in childhood and adolescence;
- To promote the independence and health of families through the enhancement of parents' knowledge, skills, confidence, and self-sufficiency;
- To promote the development, growth, health, and social competence of young children; and
- To develop implementation and evaluation support for counties providing Triple P.

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 FFY 2023, NC DSS will continue to use state funds to provide implementation support provided by NC DPH, UNC, PCANC, and the 10 local implementing agencies. There will be no changes to this service in FFY 2023.

D. Community Response Program

In FFY 2022, NC DSS awarded each of the following eight county social service agencies \$100,000 to provide a Community Response Program (CRP) using Promoting Safe and Stable Families funding: Alamance, Catawba, Durham, Henderson, Orange, Rutherford, Wake, and Wilson Counties. In FFY 2022, NC DSS continued facilitating monthly team conference calls with CRP grantees to provide peer support.

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

- In FFY 2021 NC DSS served 441 parents / caregivers and 581 children across North Carolina.
- In FFY 2022 (July– December) NC DSS served 152 parents / caregivers and 252 children across North Carolina.

In total, NC DSS provided CRP services for 593 parents / caregivers and 833 children for a total of 1,426 between July 1, 2020, and December 31, 2021.

In FFY 2023, there will be the following changes to the community response programming: NCDSS will continue to fund CRP in 6 of the previous 8 sites for one final year. Two sites opted not to continue in SFY 2023 because their CRP program coordinators resigned and they did not want to hire a replacement for just one year. The sites expect to serve 374 individuals in 110 families. NCDSS will continue to facilitate monthly peer support calls with CRP sites.

3. 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; and
- Transportation to or from any of the services and activities listed above.

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

- 5,323 children with a 23% permanency rate in FFY 2021
- There is no data available for FFY 2022.

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

In FY 2022, NCDSS:

- Used Supplemental PSSF funding through the CARES Act to maintain previous levels of funding to all 100 county child welfare agencies for family reunification services.
- Monitored 27 county child welfare agencies for IVB-2 Family Reunification services using the monitoring procedures and tools developed in the past year. 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.
- Reviewed and analyzed annual Family Reunification Report submitted by county child welfare agencies.
- Reviewed and analyzed the annual Family Reunification Plan submitted by county child welfare agencies.

In FFY 2023, there will be the following changes to family reunification services. NCDSS will decrease the funding allocation for all 100 county child welfare agencies to spend approximately 20% of IVB-2 funding on family reunification services. The overall funding allocation for family reunification services will decrease from \$3,364,593 in FFY 2022 to \$1,734,000 in FFY 2023. This change means that the expected number of children served

will decrease to 2,662. NCDSS will continue to require county child welfare agencies to submit an annual Family Reunification Plan specifying the types of services they expect to provide in FFY 2022–2023 and an annual Family Reunification Report after the fiscal year ends. In addition, NCDSS will continue to monitor approximately 30 county child welfare agencies regarding IVB–2 Family Reunification services.

4. Adoption Promotion and Post Adoption Support Services

The total estimated funding for these services/activities is include in the CFS 101, Part II.

A. *Adoption Promotion Program*

There have been no changes to the Adoption Promotion Program this year. NC DSS continues to use 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 continue to be offered statewide by all one hundred (100) county child welfare agencies and fourteen (14) contracted private licensed child–placing agencies.

Table 24. County Child Welfare Agency Adoption Data

SFY	# Counties Receiving Funding	Total Funding Paid to County Child Welfare Agencies	Total NC Adoptions from Foster Care
2019–2020	70	\$ 2,901,212	1,529
2020–2021	62	\$ 2,891,349	1,178
2021–2022	48*	\$2,821.130	865*

*Year–end calculations have not yet been completed for SFY 2021–2022. Data provided is based on adoptions reported on the DSS–5320 between June 1, 2021, through February 28, 2022.

Based on year–end calculations, county agencies will receive a proportional share of the total statewide funding available to all counties, based upon the sum of the following two factors:

1. The total number of adoptions completed, regardless of age, that exceed federal adoption baseline targets for each county.
2. The total number of adoptions completed for children 13 years and older or sibling groups of 3 or more placed together for adoption, that fall under the federal baseline.

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.

Table 25. Contracted Private Agencies Adoption Data

SFY	Total Funding Paid to Contracted Private Agencies	Total Partner Adoptions	Percent of Total Statewide Adoptions
2019–2020	\$ 1,521,300	212	14%
2020–2021	\$ 2,173,700	303	26%
2021–2022	\$ 3,091,000	Not yet calculated*	Not yet calculated*

*Year-end calculations have not yet been completed for SFY 2021–2022. Data provided is based on contract amounts for 14 contracted private agencies.

COVID–19 has continued to impact the timeliness of the finalizations of adoptions in North Carolina. Due to court closures in 2020 and 2021, filed adoption petitions were still not finalized in FFY 2021–2022. North Carolina’s Court Improvement Program (CIP) has collected data and is targeting CIP emergency funds for courts within counties and judicial districts that have caseload backlogs, with the intention of reducing the number of delayed cases. In 2023, NC DSS expects county child welfare agencies and private agencies to finalize at least 1,200 adoptions through the Adoption Promotion Program.

This year, NC DSS began development of an RFA that is scheduled to be posted in July 2022. Applications are slated to be reviewed and executed by September 2022. The Request for Application (RFA) for Adoption Promotion allows for any private agency to apply for funding.

NC DSS will continue outreach to counties to bring more awareness and education regarding the Kinship Guardianship Assistance Program. These efforts will include training on the licensing process and Kinship Guardian Assistance Program (KinGAP) resources and technical assistance to counties as needed. PII will continue to be offered through the Children’s Home Society to increase child-specific recruitment for eligible children and their families.

B. Post-Adoption Support Services

In FFY 2021, NC DSS served 1,323 children and parents/caregivers in 525 families with Post Adoption Support Services (PASS). As of June 1, 2022, PASS providers report having served approximately 683 youth across the State of North Carolina. There are four PASS providers 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 FFY 2021, COVID–19 continued to impact in–person activities provided by PASS providers, such as conferences and/or Adoption Celebrations. Some providers provided virtual events to celebrate the families. While In–home services were largely unavailable, providers maintained connections and services with their families by phone or video conferencing. In SFY 2023, NC DHHS will host a Permanency/Adoption Conference that will support permanency and reunification efforts across the State of North Carolina.

In FFY 2023, NC DSS expects to serve 1,300 individuals in 650 families with PASS. PASS providers will serve families, regardless of the type of adoption, including out–of–country adoptions. PASS will continue to require providers to offer respite care to adoptive parents. In FFY 2022–2023, NC DSS will facilitate quarterly PASS Provider calls to build on agency strengths and improve service provision, as providers discuss effective practices, brainstorm strategies for challenging cases, and collaborate to provide education and awareness for the PASS program statewide.

This year, an RFQ has been developed to contract with Catawba County DSS to provide training to replication sites across the state. An RFP was developed to solicit replication sites and is currently in process. In SFY 2023, NC DSS will continue to build infrastructure to transition from PASS to Success Coach as a statewide post–permanency model, to support families post adoption and post guardianship. As Success Coach is implemented consistently across North Carolina’s seven (7) regions, NC DSS expects an increase in the numbers of youth and families served. NC DSS will develop a Request for Proposal (RFP) for these services this year. These services will continue to be available to any North Carolina family of an adopted child.

In FFY 2022–2023, NC DSS anticipates spending at least 20% of IVB-2 funding on adoption promotion and support.

5.8 Division X Supplemental Funding from the Supporting Foster Youth and Families Through the Pandemic Act

The FY2021 Supplemental Funding from Division X was to be used to strengthen the services provided by the state under the PSSF program, including for IFPS family preservation services; Triple P parenting education and support services, respite and the

Community Response program for family support and prevention services family reunification services; and PASS and Success Coach.

One challenge is that North Carolina has not yet spent this funding because other funds were being used for such purposes, but North Carolina is confident that it will spend the funds prior to the end of FFY 2022. North Carolina expects that spending in each service category will approximate 20% of the grant.

5.9 Service Decision–Making Process for Family Support Services

As part of a competitive RFA process for both family support and respite services, family support and respite applicants were required to discuss how their agency collaborates with local organizations, coalitions, and/or parent partners that focus on child, family, and community–well–being. Applicants were required to submit three references. This helped application reviewers evaluate the applicants’ existing knowledge and relationships within the community. NC DSS reviewed and awarded funding to 32 of 42 family support applicants and 8 out of 10 respite applicants, all of which are non–profit agencies or county government organizations such as social services, public health, or school systems, that are embedded in their local communities. In order to ensure geographic distribution across the state, NC DSS awarded family support grants to community–based agencies in all seven (7) child welfare regions.

To increase accessibility to traditionally underserved populations, NC DSS required family support and respite applicants to describe the target populations. NC DSS required family support and respite applicants to describe the target populations for the proposed services, and grantees identified several underserved populations to serve including racial and ethnic minorities, children and adults with disabilities, families and youth experiencing homelessness, and families experiencing domestic violence and/or substance use disorders. Additionally in North Carolina’s prevention services applications, agencies were required to demonstrate how they affirm and strengthen families’ cultural, racial, and linguistic identities.

North Carolina acknowledges that the spending percentages reported on Part III of the CFS–101 for the FFY 2020–2021 IVB–2 grant that closed September 30, 2021, were below the 20% guidelines for both family preservation services and adoption promotion and support. Again, this year, 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 efforts being well above the required thresholds. In terms of family support services, FFY 2023 was the final year of a five–year grant cycle and NC DSS honored the financial commitments that were made to those grantees. For reunification

services, NC DSS posted estimated budgets for family reunification services for each county before receiving the notice of award, which was less than expected. Likewise, NC DSS leadership decided to honor these financial commitments to county child welfare agencies.

During the past two years, NC DSS has carefully analyzed spending patterns for services funded with Title IVB–2 and began to align program contracting with funding streams. For FFY 2023, NC DSS has developed contracts and funding authorizations that balance the funds between the four service areas. NC DSS anticipates spending 25% of IVB–2 funding on family preservation; 25% on family support; 20% on family reunification; 20% on Adoption Promotion and Support Services; and 10% on administrative costs.

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5.10 Populations at Greatest Risk of Maltreatment

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

- 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 parents with significant histories of abuse and/or neglect; and,
- LGBTQ+ youth.

This population of children and youth was selected as a result of identifying national trends and from child fatality reviews from 2018. Services to these populations of children and youth are provided based on assessments of risk and needs. To prepare county child welfare workers for assessing and responding to the risk and needs of children and youth in the identified populations, NC DSS continues to provide training and technical assistance, including the following courses:

- Child development and the effects of trauma,

- Supporting, including, and empowering LGBTQ+ youth,
- Understanding child mental health issues; and,
- Advocating for child and adolescent mental health services.

In an effort to target services to these identified populations of children and youth, this year include, North Carolina successfully implemented the Regional Abuse Medical Specialists (RAMS) program. As of June 2022, the contract to expand the CMEP and to hire RAMS positions has been executed. Seven of the eight positions have been filled, including the RAMS-SAI position who will provide targeted technical assistance to county child welfare agencies identified by their regional consultants as needing support around substance exposed infants and their families. The RAMS program focuses on providing assistance and technical assistance with cases involving young children with serious injuries.

In FFY 2022, NC DSS focused on serving families with children under the age of 3 years old through several community-based prevention programs, the Community Response Program, and Family Support Network. NC DSS funded the following 6 programs that served our youngest children.

- Attachment and Biobehavioral Catch-up (ABC) Home Visiting – ABC is an evidence-based, 10-week home visiting parenting program for families who have children between the ages of 6 and 48 months. Each session includes structured topics provided by an ABC Parent Coach. Positive feedback is provided by the Parent Coach to the caregiver during sessions by using video clip reviews and commenting on live interactions between the caregiver and child. The program helps caregivers nurture and respond sensitively to their infants and toddlers to foster their development and form healthy relationships.
- Parent Child Interaction Therapy (PCIT) Home Visiting – PCIT is an evidence-based treatment program where parents are coached by a trained therapist in behavior-management and relationship skills. The program is for parents/caregivers who have children ages two to seven and aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. PCIT is typically delivered over 12–20 weekly hour-long sessions and is usually delivered in playroom settings where therapist can observe behaviors through a one-way mirror and provide verbal direction and support to the parent using a wireless earphone.
- Parents as Teachers Home Visiting – PAT is a home-visiting parent education program that teaches new and expectant parents’ skills to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote

early detection of developmental delays and health issues, prevent child abuse, and neglect and increase school readiness and success. The PAT model includes four components: home visits, group connections, child health and developmental screenings and community resource networks.

- Circle of Parents support groups – Circle of Parents is a parent-led and professionally facilitated parent support group program that gives parents the opportunity to share in each other’s challenges and successes while developing a network of support. The technical assistance provided includes coaching, training and consultation focused on implementation with fidelity as defined by best practice standards, parent leadership, father engagement, and strengthening the five protective factors in families.
- Triple P, Level 4 Standard – Triple P is an evidence-based parenting and family support system that draws on social learning, cognitive behavioral and developmental theory, and risk factor research to prevent and treat behavioral and emotional problems in children and teenagers. Triple P strategies help parents build strong, healthy relationships and confidently manage their children’s behavior. Triple P has been shown to work across cultures, socio-economic groups, and in different kinds of family structures.

Community Response Program

NC DSS funded eight (8) county child welfare agencies to provide voluntary community response programming (CRP). CRP sites include in Alamance, Catawba, Durham, Henderson, Orange, Rutherford, Wake, and Wilson Counties. The CRP serve families, with children age birth to 5 years old, who have been reported to local Departments of Social Services, Child Protection Services, but whose cases have been screened out at intake, closed with a decision of services recommended, closed with a decision of no services needed, or closed with an unsubstantiated finding after an initial assessment.

Family Support Network

NC DSS will continue to contract with the Family Support Network™ of North Carolina (FSN), whose affiliates provide education, training, and support services to all families who care for children who are medically fragile or have special needs, including children who are substance exposed, HIV positive, or who have developmental delays. Several affiliates concentrate on working with families of children, age birth to three years old by co-locating services in hospital neonatal intensive care units (NICU), early intervention offices, and childcare centers.

Families with Children with Special Needs

All twelve Family Support Network (FSN) Affiliates serve families with children who have developmental disability or special needs. FSN services include parent to parent matches, information and referral, parent groups, training, and workshops such as Triple P Stepping Stones, and parent leadership opportunities.

Several programs work closely with Neonatal Intensive Care Units (NICU) to support parents who have an infant who is medically fragile or has died. FSN family support specialists offer one on one support, peer groups and activities, supplies (like premie diapers), and referrals to early intervention (EI) and other services.

FSN also works closely with the Children's Developmental Services Agencies (CDSAs) by supporting Child Find activities, referring families to EI, helping families understand the EI system and IFSPs and transitioning to the Part B Preschool Program. FSN coordinators also serve on Local Interagency Coordinating Committee (LICCs).

NC DSS System-Level Collaboration

NC DSS serves on the following statewide committees to support families with parents and/or children with developmental delays or disabilities.

- North Carolina Interagency Coordinating Committee (ICC) facilitates service delivery to young children, age birth to three years old, with developmental disabilities and developmental, as well as their families. ICC advises on policy related to early intervention services; evaluates services; supports interagency agreements; promotes early detection, identifies preventative and early intervention services; and guides local Interagency Coordinating Councils (LICCs).
- North Carolina Council on Developmental Disabilities (NCCDD) is dedicated to empowering people with intellectual and other developmental disabilities (I/DD) by supporting self-advocacy, independence, and the right to self-determination. The Council promotes advocacy development, community living, and financial asset development so people with I/DD have options to make choices about work, where to live, friendships, taking part in the various activities of their community and other personally defined outcomes. Research indicates that providing parents with I/DD or parents of children with I/DD with information, resources, services, and peer support helps mitigate the risk of child maltreatment.
- North Carolina's Lifespan Respite Project seeks to enhance and expand the quality and availability of lifespan respite services for all age groups (including children with developmental delays or disabilities) via consumer and provider education and informational activities; volunteer and provider training; and resource development.

Additionally, North Carolina continues to disseminate the guidance document developed last year, for working with LGBTQ+ youth, to counties, and is focused on helping all older and transition aged youth in securing mental health and behavioral health resources and services.

An emerging trend, as based on information provided by our transition aged youth partners, is that of mental health and behavioral health needs of older youth, created and/or exacerbated by COVID-19. The NC LINKS program will continue to work with youth representatives, county DSS LINKS programs, and services providers to advocate for available, accessible, and responsive behavioral and mental health services for older youth and young adults.

5.11 Kinship Navigator

North Carolina used FY 2021 Kinship Navigator Funding 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; and,
- Events to raise awareness of the importance of kinship and creating a kinship first culture.

North Carolina currently does not have a statewide kinship navigator program available to kinship caregivers, however, counties provide localized resources to families. As such, NC DSS does not provide information to kinship caregivers directly since such programs and resources are provided by local county departments of social services. However, families are able to obtain resources through NCCARE360, a website designed to provide statewide resources. Resources and information have been shared with family and youth partners via the Permanency Design Team meetings. Also, “Permanency Matters,” a webinar conducted in September 2021, outlined for providers, the resources available for kinship care providers such as the “Caring for Our Own” training curriculum, licensing options, and availability of support services such as TANF, child-only Medicaid, and nutritional services. Providers were encouraged to share this information with kinship caregivers directly.

NC is committed to increasing the numbers of licensed kinship providers who are licensed. As of February 2022, North Carolina has 10,337 children in regular foster care. Of the 10,337 children, 2463 children are placed with relatives and 180 are placed with licensed

relative caregivers. Resources are being developed to assist in supporting kinship caregivers such as an updated version of KinGap Training: “Kinship Guardianship Assistance Program: Supporting Kinship First Permanency.”

The accomplishments achieved with the use of the funds appropriated in FY2018–2021 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 2022, 133 families and 205 individual participants have completed Caring For Our Own classes. 93% 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.
- Counties were provided with additional funding to help support, develop, and enhance their kinship services

The funds appropriated in fiscal FYs 2018–2021 were used for achieving the above accomplishments while efforts have been underway to develop a statewide kinship navigator program. The Kinship Navigator Fit and Feasibility study is currently underway and will be completed by July 2022. Since a Kinship Navigator program does not exist statewide, no families have been served directly by NC DSS.

Plans for FY2023, include executing the recommendations from the fit and feasibility study in alignment with the practice model and Regional Support Model, towards development and implementation of a statewide Kinship Navigator program. The grant will be utilized to implement the selected model across the state through trainings, webinars, and educational information. Once a model is selected through the Fit and Feasibility Study, a vendor will be selected to implement and evaluate to ensure the model is appropriate for consideration in the review of kinship navigator programs by the Prevention Services Clearinghouse. NC will continue to improve data collection regarding the number of

families who are licensed as foster parents to provide kinship care. Plans are to continue to expand upon the Caring For Our Own program throughout the regions. Funding through FFY 2023 Kinship Navigator will support Kinship Navigator positions, additional trainers, assistance to families in overcoming barriers to licensure, and assistance with support groups and costs associated. The identified funding will support Kinship Navigator positions whose roles will be to support and provide resources specifically to kinship families providing care to children. The Kinship Navigators will help families better understand the benefits and process of licensing while supporting families through the process.

NC DSS will continue to work through its current Permanency Design Team structure to be able to connect with agencies within the regions to ensure kinship caregivers have equitable access to services and resources. 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 such as KinGap. The model will align with North Carolina's strategic plan and impact permanency outcomes by increasing workers access to knowledge of kinship supports, increasing placement stability, and increasing licensing of kinship families to develop a KinFirst culture. To promote cross-agency collaboration, several Kinship events are being planned across North Carolina. The events will be an avenue to promote the KinFirst culture, provide resources to kinship families and agencies, and bring awareness to the importance of timely permanency through the utilization of kinship caregivers.

5.12 Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

NC DSS has achieved compliance with the annual federal target of 95% since 2017 with last FFY 20-21 seeing a rate of 97%. 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.

NC DSS 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 FFY 20–21 being at 92%.

NC DSS collects data and information regarding the frequency of caseworker visits. The quality of the visits is measured by case reviews conducted by the Quality Assurance Team using the item 14 of the On-site Review Instrument.

For FFY 2022, the following is the outcome data reflective of these reviews:

Item 14 Ratings Summary

Strength	Area Needing Improvement	Not Applicable	Total
107	44	0	151

This data indicates that of the total cases reviewed (151) Caseworker visits was rated as an area of Strength for 71% of the cases.

NC DSS 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.

5.13 Adoption and Legal Guardianship Incentive Payments

Adoption and Legal Guardianship Incentive Payment funds received by the state have been used in the past year for the North Carolina Special Children Adoption Incentive Fund (SCAIF) which is a fund designed to support permanency for children who otherwise may have lingered in the foster care system. SCAIF provides funding to certain eligible children with special needs prior to finalization of adoption decrees.

NC DSS does not anticipate any challenges in timely expenditure of these funds in FY2023, and the services North Carolina expects to provide to children and families using the Adoption and Legal Guardianship Incentive Funds on in FY2023 include: use of the funds for North Carolina’s Special Children Adoption Incentive Fund (SCAIF) which is a fund designed to support permanency for children who otherwise may have lingered in the foster care system by providing fees to certain eligible children with special needs prior to

finalization of adoption decrees. Funds may also be used to support a statewide resource parent recruitment campaign.

The table 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 26. Youth Who Received Guardianship Assistance Payments

FFY 2019–2020	FFY 2020–21	FFY 2021–22
149	203	210*

*Notes: 03/2017–09/2017; 10/2021–01/2022 (Data available for these months only)

Data is different from the reported values from last year since the filter has been built on "Issue Date" instead of "Payment from Date". 1

In FY2023, NC DSS expects the number of youth receiving guardian assistance payments to increase to approximately 250 as the Kinship Model is implemented and awareness of the availability of GAP grows.

5.14 Adoption Reinvestment Savings

This year, North Carolina has used Adoption Savings for the NC Special Children’s Incentive Adoption Fund (SCIAF), to provide services to children and families.

In FFY 2023 and over the next five years, North Carolina expects to provide the following services to benefit children and families using its Adoption Savings:

- Implementation of North Carolina’s practice model
- Implementation of the Success Coach model
- Expansion of Triple P Online;
- Special Children’s Incentive Adoption Fund (SCIAF);
- Adoption Promotion Contracts; and,
- Post Adoption and Post Guardianship Services.

NC DSS will primarily focus on the implementation of the Success Coach Model and continuing to fund Adoption Promotion Services. Funds may also be used to provide child welfare services that were not funded due to decreased revenues caused by the pandemic.

One challenge that North Carolina experienced was an initial delay in the expenditure of funds, North Carolina is committed, however, 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.

5.15 Family First Prevention Services Act (FFPSA) Transition Grants

In FY 2022, FFPSA funds were used for operational supports necessary for FFPSA implementation. Total expenditures for FFY2022 quarter ending 9/2021 are \$163,237.56. These funds paid for:

- An administrative assistant to provide supports for communications, data entry and general team support.
- Practice and Technology Management support to ensure the integration with all IT and data systems.
- Consultation services that support the implementation of FFPSA, including plan development, policy development, programmatic planning.

North Carolina awaits an approved prevention plan prior to serving children and families. Therefore, no children, youth nor families have been served with this funding, to date.

5.16 John H. Chafee Foster Care Program for Successful Transition to Adulthood

North Carolina DSS (NC DSS) is the agency responsible for oversight of the Chafee Foster Care Program for Successful Transition to Adulthood, and the Education and Training Voucher Program (ETV), referred to as NC LINKS. LINKS is not an acronym; it is a word that captures the purpose of the Chafee Act to implement a robust, youth-guided program with a network of supports and outcome-based services for youth and communities. The LINKS program is managed by a state-level coordinator whose role is to provide support, training, consultation, technical assistance to county departments of social services and to engage key stakeholders in the development and implementation of individual and group services to eligible youth.

This year, NC DSS accomplished four (4) priority objectives towards enhancing programs and services to older and transition-aged youth. First, NC DSS hired an individual/youth with lived experience to serve as the Assistant LINKS Coordinator. In this role, she contributes valuable perspectives and linkages to youth programming and services. Additionally, NC DSS optimized supplemental Transition Age Youth Funds/Division X funds to provide support to and for youth in foster care and for transition-age youth. NC DSS provided a one-time stimulus payment of \$2,500 to 1,437 youth aged 18–20 years, and a one-time stimulus payment of \$5,000 to 1,507 youth ages 21–26 years, a total of over \$11.1 million dollars (for additional information, see *Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act*, in this section, below)

NC DSS also engaged and partnered with older youth and young adults who served on NC Division of Health Benefits' (Medicaid) tailored plan development efforts. As members of the Transition–Age Youth Subcommittee of Fostering Health NC (FHNC), older youth and young adults worked with DHB/Medicaid to update guidance on applying for extended health care coverage and are working with NC DSS and FHNC to assist in the development of a healthcare passport for transitioning youth (for additional information, see *Access to Medicaid for Former Foster Youth*, in this section, below).

Lastly, the NC DSS LINKS program has reached out to and partnered with the Eastern Band of Cherokee Indians (EBCI) tribe to enhance and increase communications, information sharing, and partnerships specifically related to ensuring LINKS programming, services, and benefits to Indian youth both in foster care and transitioning. NC DSS' LINKS program began meeting regularly with EBCI representatives in 2022, and NC DSS LINKS program staff attended EBCI's joint planning session in April 2022. In FFY 2022–2023, NC DSS' LINKS program will strengthen its partnership with EBCI and will increase its efforts to recruit and include Indian youth in accomplishing North Carolina's CFSP goals and objectives, and to enhance outcomes and experience of Indian youth and families (for additional information, see [Section 6](#), Consultation and Coordination between States and Tribes).

Collaboration and Solicitation of Youth Feedback

Individual–Level Youth Feedback

North Carolina uses individual–level youth feedback to inform future implementation of additional funding, technical assistance to counties or services, and planning to meet the stated goals of the Child and Family Services Plan and Annual Progress and Services Report. This information is used to inform programmatic changes to the LINKS program, develop LINKS meeting topics and agendas, address ongoing needs of youth, and develop training for youth and agency staff as need and/or requested at both the state–level and county–level.

System–Level Youth Feedback

NC DSS collaborates and solicits system–level feedback from youth through a variety of means, including:

- Regional Transitional Living Meetings
- Teen Summit Virtual Events
- LINK–UP Calls
- TEAM–UP
- SaySo

Teen Summit Virtual Event

On February 5, 2022, and February 10, 2022, a variety of speakers, including NC DSS staff presented at the Teen Summit hosted by the Foster Family Alliance. The purpose of the Summit was to bring caregivers, staff, and young adults together to educate and provide resources to the adolescent population. NC DSS provided presentations to social workers and caregivers to share more information about the programs. They received feedback that the information was helpful and would like to receive more information about both programs. To plan for the next Summit, ongoing group meetings have been established. The group is planning a series titled 'Teaming with Teens' and is continuing its youth engagement.

LINK-UP Call (March 2022) SaySo Takeover

On March 11, 2022, a LINK-Up call was held, which was themed "SaySo Takeover". The purpose of the SaySo Takeover LINK-Up call was to have an open discussion, allow for questions with social workers, provide youth engagement around North Carolina's LINKS outcomes, and engage in discussion towards implementing SaySo chapters and support in additional counties.

Teens Engaged in Aspiring Mentorships and Uplifting Partnerships (TEAM-UP)

TEAM-UP is a collaboration between Winston-Salem State University Center for Entrepreneurship, SaySo, and Various NC LINKS programs across the state. TEAM-UP is intentionally designed around North Carolina's eight (8) LINK outcomes to help achieve positive outcomes and to assist in designing and creating their own educational or business pathway. TEAM-UP provides approximately 40-50 youth and young adults in foster care between the ages of 16-21 years, the opportunity to spend one week on the campus of WSSU to learn about Business, Leadership, and the free enterprise system.

TEAM-UP will be held in a 2-part session based on feedback received from participants. The first half of the session will be held in Raleigh North Carolina. Planning for the second session is underway. NC DSS staff will attend the TEAM-UP Luncheon event to meet the young people participating in this program and hear their career goals and receive their ideas and receive feedback concerning state services and resources. Their feedback will be reviewed to determine and identify strategies on how to improve Chafee services in North Carolina.

SaySo Young Adult Leadership Council

SaySo Young Adult Leadership Council and NC DSS met in June 2021 to discuss SaySo's vision for an ideal LINKS program, and to receive feedback on the ongoing needs of youth based on their experience during the pandemic. NC DSS staff held a follow-up meeting in September 2021 to discuss additional information about LINKS and FC 18-21 Program.

SaySo hosts multiple events yearlong to provide additional information, support, and resources to adolescents, teens, and transition-aged youth, including SaySo Saturday and the Jim Casey Initiative. During SaySo Saturday in 2022, youth participated in discussions on healthy relationships, creating safe spaces, advocacy, and building your local chapter.

SaySo's Jim Casey Initiative began meeting in January 2021 with a focus on permanence for youth aged 14–21 years, specifically length of time in care and number of placements. The initiative began implementing a pilot at the following sites:

Mecklenburg <i>-potential</i>	Youth Villages Hope Center	Thompsons Child & Family Focus Alpha Management- <i>potential</i>
Buncombe	Life Skills Foundation	Methodist Home for Children with DPS support
Chatham	Foster Family Alliance	

The initiative will provide adolescent development training and resources to both staff and caregivers working with young adults to achieve the following:

- Inform about adolescent's development
- Inform on change placement practice for adolescents
- Stabilize placements leading to permanency

Beginning in early 2022, they focused on developing additional layers to their pilot which consists of developing implicit bias training for staff and caregivers and a LINKS toolkit for LINKS coordinators.

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:

- Regional Conferences across North Carolina's seven (7) regions to gather ideas, feedback, and suggestions on LINKS and Foster Care 18–21 Program.
- Ongoing exploration of new and innovative 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.
- Disseminating additional resource guidance to county staff on Authentic Youth Engagement and Positive Youth Development.
- Ongoing involvement of young people in the work of the Fostering Health Transition Age Youth Subcommittee.

Participating in the incoming SaySo Young Adult Leadership Council Orientation in June 2022 to set joint agendas and plan activities for NC DSS and SaySo to work closely together on system improvements and programming for youth and young adults who have experienced foster care.

Ongoing planning of quarterly opportunities for youth listening sessions organized by NC DSS and open to young people continuing through 2024.

Collaborating and planning with young leaders and appropriate CFSP Design Teams on how to implement or update strategies based on feedback from listening sessions, youth engagement opportunities, and regional meetings.

NC DSS will conduct Regional Transitional Living Regional Meetings starting in fall 2022, to see how young people, ages 14 to 21 years, are engaging within their Independent Living Program and to receive their feedback. The purpose of the regional meeting is to enhance youth engagement, evaluate and create opportunities, plan for youth voice and assistance throughout all areas of the child welfare system, improve the Chafee program, and provide resources and support to teens, young adults, caregivers, and professionals to better support transitional-age teens and young adults in North Carolina. A variety of seminars and workshops will be offered about transitional-age youth Chafee outcomes, educational resources and supports, extended foster care, and additional supportive resources for professionals, caregivers, teens, and young adults. Ongoing group meetings will be implemented based on the feedback received after these meetings. The information will be used both to inform future implementation of additional funding, services, and plans for meeting the stated goals of the Child and Family Services Plan and Annual Progress and Services Report.

Chafee Program Services Provided

LINKS

LINKS serves youth ages 14 to 21 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 2021–2022, as well as to-date expenditures of LINKS Housing Funds, LINKS Transitional Funds, and LINKS County Allocations.

Current/Former Foster Youth Served by NC LINKS July 1, 2021–May 1, 2022

SFY	Youth Served by LINKS Age 13 –21	LINKS Housing Funds Expended	LINKS Transitional Funds Expended	LINKS County Allocations Expended
2021 – 2022	4491	Original Amount \$140,000 Increase Amount April 2022: \$50,000 Total Budget: \$190,000 Balance: \$33,067.44 (As of 6/1/2022)	Original Amount \$756,334 Increase Amount in April 2022: \$150,000 Total Budget: \$816,711.64 Balance: \$89,622.36 (As of 6/1/2022)	\$1,705,163.49 (84% of budget as of 5/27/2022)

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 / NC uses a State Fiscal Year (SFY) for services

NC DSS plans to disseminate an additional survey for county child welfare agencies during the Summer of 2022 to provide information about LINKS services and COVID-19 supports and experiences 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.

Strong Able Youth Speaking Out (SaySo) Program

The Strong Able Youth Speaking Out (SaySo) 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. This program is provided through a contract between NCDSS and Children’s Home Society.

Between July 1, 2021, and May 8, 2022, SaySo has provided the following programming and events:

- It’s My Transition: 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 event was held on August 21, 2021.

- LINK-Up: A one-day event held twice a year for youth between ages 13 and 16. At the events, young people participate in workshops focused on the LINKS program outcomes of academic and vocational/educational goals and building a sense of connectedness. This event occurred on October 2, 2021, and January 22, 2022.
- Young Adult Leadership Council: Met over 11 times virtually since July 2021. Their work has centered on the support and engagement of young people during the pandemic, youth voice in systemic change efforts, and services and supports for undocumented and LGBTQI+ young people.
- Virtual Game Nights and Professional Development: Events provided to young people during the pandemic to provide them positive and fun outlets to interact with peers and build skills.
- NC DSS and SaySo are collaborating on a strategic plan for additional outreach with the Eastern Band of Cherokee Indians and rural areas to host a LINKS presentation and discuss the benefits and supports that SaySo offers teens and young adults.

LifeSet Program

LifeSet is an individualized, evidence-informed community-based program that is highly intensive provided to youth transitioning from foster care between the ages of 17 and 21. LifeSet helps young people stabilize, build healthy relationships, obtain safe housing, and pursue educational and employment goals. This program is provided through a contract between NC DSS and Youth Villages. Since the submission of the last APSR, the LifeSet program has served 315 youth ages 17 to 21.

LifeSet Services July 1, 2021–April 15, 2022

Youth ages 17 – 21 Served (Statewide)	Obtained Sustainable Housing	No Juvenile / Criminal Justice System Involvement	Employed, In School, Graduated High School, College, or Obtained GED
315	85.2%	95.1%	90.1%

Source: Quarterly Contract Reports as of 04/2022

LifeSet is available in 88 of the state’s 100 counties. They continue to have a goal to expand to all 100 counties, but due to Covid-19, they experienced staff turnover and were unable to expand into all 100 counties. LifeSet received additional funding through North Carolina legislation and will be working on their expansion plan and the goals below in FY 2023. The expansion plan and goals are the following:

Expanding the existing territories for the current LifeSet specialists through a hybrid of virtual and in-person approaches.

Hire a staff person to live in the area and provide LifeSet.

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).

The 12 counties identified for expansion in far northeastern NC are Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Northampton, Pasquotank, Perquimans, and Tyrrell. Currently, youth aging out of these counties would need to access services at a county that offers the program, so provided access in these counties is essential.

5.17 Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act

North Carolina used all the Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act to create 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, the pandemic required intense focus to support and provide resources to meet the evolving needs of young people.

NC DSS partnered with local county DSS agencies, authorizing them to use a standing fiscal process for Chafee-related transitional expenses for young adults aged 14 to 27 years of age who were Chafee (LINKS) eligible. The additional Chafee funding assisted youth with transportation, rent, emergency housing, learning resources, virtual tutorial support, extracurricular activities, supplemental income, childcare, food, and other individual and basic household needs.

North Carolina experienced some challenges and barriers in efforts to use the additional Chafee funds. The local county child welfare agencies continued to encounter challenges locating and reaching out to young adults since many of them had been disconnected from services with the counties since departing from foster care. Although funding was available for youth, county agencies did not have the flexibility within normal business operations to provide large amounts of funding/payments to youth and then wait to request and receive reimbursement from NC DSS. Individual data systems and business processes increased the amount of time required to receive approvals and disbursements of emergency funding, creating delays. In addition, the state NC DSS' business processes and data systems did not support timely disbursement of funding to eligible youth and young adults either.

Foster Care 18 to 21

North Carolina worked collaboratively with young adults who experienced displacement or disruption in their living situations during COVID-19 to identify housing needs and supported those needs with the stimulus benefits provided to the young adults.

Hired a young adult with lived experience for the NC LINKS program as an assistant.

The responsibilities are to help develop and administer the program considering the strength of the youth/young adult advocacy; leadership in SAYSO; support transitional age youth programs and policy; and providing indirect office supports such as filing and organizing information, responding to calls, and participating in Statewide efforts around LINKS and Foster Care 18-21. Currently, the role is a long term non-permanent role.

NC DSS updated the Foster Care 18-21 manual. This update will assist young adults in maintaining important support systems with family members and provide access to resources that support a successful transition into adulthood.

Additional Pandemic Supports

In September 2021, guidance was issued authorizing stimulus payments to young adults who were in care at age 14 and were currently at least 18 years of age but not yet 27 years of age. There were 1,437 eligible young adults 18, not yet 21, who received a one-time stimulus payment of \$2,500, and 1,507 young adults aged 21, not yet 27, received including young adults with EBCI, with a stimulus benefit. North Carolina expended all the *Consolidation Appropriations Act* (P.L 116-260) Chafee funding available to provide services, supports, and one-time stimulus funds to eligible young adults.

Young adults receiving support used the funding to cover current and past expenses, supplemental income from layoffs or reduction of hours, maintaining housing, rental assistance, emergency housing, household items, and furniture. Some parenting young adults used funds to help secure reliable and safe childcare. Young adults used funding for vehicle purchases, vehicle repairs, rideshare services, and public transportation vouchers. Some young adults used the funding to assist with debts on school accounts, and participation in vocational training programs which do not qualify for Pell Grants, Educational Training Vouchers, or NC Reach funding.

The Consolidated Appropriations Act provided the flexibility to allow young adults who were normally ineligible to qualify for assistance. Public Law 116-260 provided supplemental appropriations for programs supporting youth and temporary provisions related to foster care and extended foster care programs. As a direct result of Public Law 116-260, North Carolina was able to reenter approximately 296 of the 400 young adults who were eligible to re-enter foster care.

Data for Young Adults Eligible to Re-Enter Care

Age 21–22	Male	Female
296	104	192

Source: Source: SIS Monthly Tracking Processes

Racial Data for Young Adults Eligible to Re-Enter Care

American Indian or Alaska Native	Asian	Bi-Racial or Multi-Racial	Black/African American	Hawaiian or Pacific Islander	Unable to determine	White/Caucasian
4	1	15	132	1	6	137

Source: Source: SIS Monthly Tracking Processes 09/2022

SNAP Benefits

Eligible Youth were provided Supplemental Nutritional Assistance Program (SNAP) benefits through Pandemic Electronic Benefit Transfer (P-EBT) to ensure their nutritional needs were met. North Carolina supported more than one million students with P-EBT allocations. From September 2021 thru February 2022, \$27,001,314.00 was issued to 463,713 students and 3,968 of those youth were in foster care at the time of issuance.

National Youth in Transition Database (NYTD)

NCDSS staff updated the National Youth in Transition Database (NYTD) informational material. This material was reviewed by SaySo Young Adult Leadership Council for feedback and input with NCDSS staff on April 9, 2021. The material is in the process of being printed and will be disseminated to county child welfare agencies, private, and community agencies to share with youth in the fall of 2022.

The implementation of an online option for completing NYTD in North Carolina has proven impactful. There are several modalities for completing surveys which makes the process of submitting surveys and preparing data for transmission at period closure convenient. Increasing survey completion and improvement in the preparation of data for transmission at the period of closure continues to be a goal. To increase awareness and participation of NYTD, NC DSS is in the process of drafting and disseminating a NYTD brochure to educate and inform youth and community partners about NYTD and its purpose. These materials are targeted for release by the fall of 2022. NC DSS staff have presented information on the importance of NYTD to community partners including SaySo, Children Services Committee, and monthly LINK UP Calls. To provide additional support and awareness of NYTD, Office Hours were held in February and March of 2022.

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

By November 2022, implement a full protocol to regularly disseminate NYTD served population and outcome population to NC DSS 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.

Advocate for a full-time NYTD Position.

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

Collaboration with additional Public and Private Sectors

NC DSS worked closely with public and private youth-serving agencies to help youth in foster care achieve independence and to ensure young people remained connected with services. For example, NC DSS involved the Life Skills Foundation, a non-profit agency providing housing and wraparound support services, and the Hope Center at Pullen, a non-profit agency connecting young people aging out of foster care with resources to support their transition to adulthood towards helping youth in foster care achieve independence.

Life Skills Foundation partnered with Blue Cross Blue Shield (BCBS)/Healthy Blue in late 2021 to expand housing programming as part of a 2-year pilot project to purchase real estate to permanently change the housing resources for youth ages 16 - 24, the majority of whom have aged out of the foster care system. This resulted in transition-aged youth having housing resources available, a critical component of independent living.

Over the last year, the Hope Center at Pullen has dedicated time to overcoming challenges to affordable housing for former foster youth. These efforts have resulted in new transitional and long-term housing opportunities, including a partnership with St. Augustine University to utilize student housing in an unused residence hall on St. Augustine's campus to house clients who need immediate housing while they work to establish permanent housing through a voucher. Again, this resulted in transition-aged youth having safe, affordable housing resources to support independent living.

NC DSS also partners with the Children's Home Society to support the SaySo program, and services to engage, support and assist youth and young adults in achieving independence.

NC DSS participates in the Uniting Stakeholders for Change Partnership meeting that is facilitated by the project manager for Jim Casey Opportunity Initiative in North Carolina. The focus of this workgroup is to increase permanency for young adults 14-21 years of age and improving the experiences of African American youth in care. The meeting participants are young adults, partners, stakeholders, and public and private agencies that are working to address the strength and needs of youth in care.

During the 2021 Joint Planning session and as discussed in North Carolina’s 2022 APSR, youth and stakeholder participants assessed and identified where gaps exist in engagement of public and private sector partners and resources. Youth identified safe, affordable housing and mental/behavioral health resources as the primary needs post-COVID-19. They also discussed the need for service providers to utilize virtual and in-person platforms for information sharing, soliciting input and feedback, and for “checking in” with young adults in and transitioning out of foster care.

NC DSS has and will continue to engage in cross-system collaborations, including partnering with culturally specific service providers, to achieve housing and access to mental health/behavioral health services as a priority area of focus.

Services to Support LGBTQI+ Youth and Young Adults

NC DSS ensures that local county DSS agencies and providers who provide direct services receive policy guidance, training, and technical assistance to ensure that LGBTQ+ youth/young adults receive services to support them. Towards that end, NC DSS completed presentations to county DSS child welfare and partner organizations on guidance for supporting LGBTQI+ youth. The purpose of the presentations was to provide an overview of the guidance that was issued in December 2021 regarding working with LGBTQI+ youth involved in the child welfare system and to assist in providing a variety of ways to advocate and provide support efforts to protect LGBTQI+ youth in foster care :

<https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/child-welfare-practice-guidance-for-lgbtq-youth.pdf>.

NC DSS staff also collaborated with county agencies to obtain additional feedback on the impact of the guidance document provided by NC DSS. NC DSS received feedback about how county agencies are supporting youth and young adults in the areas outlined in the policy guidance given. The feedback received indicates counties are working towards fully implementing the guidance provided. There was a recommendation that forms be consistent with the guidance. Future plans include these changes to forms.

North Carolina determined that most counties are providing support to at least one LGBTQ+ youth in foster care, however North Carolina does not currently track the number of youth in foster care who identify as LGBTQ+. In FFY2023, North Carolina will learn more about the needs of LGBTQ+ youth and the services and supports that are both available and missing, to ensure that services and supports are being received. North Carolina will also evaluate the services and resources that are being provided to determine if modifications are needed. Youth input and feedback during these activities will be solicited, included, and valued.

There are counties in North Carolina that currently provide services and supports to LGBTQ+ youth. For example, Alamance County supports LGBTQ+ youth by providing therapeutic services and family planning resources. Also, Mecklenburg County has provided therapeutic services to LGBTQ+ youth and has a resource group for LGBTQ+ youth with whom they work, entitled “Time Out Youth.” Some counties also reported that they use youth selected/preferred gender pronouns, in both written and verbal communications. They also reported workforce policies and training for county child welfare staff within their local DSS agencies, to promote awareness, respect, and inclusivity.

Coordinating Services with Other Federal and State Programs for Youth

NC DSS has engaged in work with additional programs that serve youth including the NC Division of Juvenile Justice and Delinquency Prevention (DJJDP), the NC Division of Public Health, the NC Division of Vocational Rehabilitation, and public and private colleges and universities.

To ensure that services and supports are available, accessible, and responsive to the needs of youth in care, NC DSS will track the number of youth in care who are utilizing program services and supports, the types of services used, and the resulting benefits to the youth.

Juvenile Justice Transitional Living Programs

North Carolina Session Law 2021-123 was an Act to implement the Juvenile Justice Reinvestment Act based on legislative recommendations of the Juvenile Jurisdiction Advisory Committee to make related changes to the Juvenile Code, and to provide for juveniles who have been adjudicated delinquent. This included an update to the “neglected juvenile” definition to include “or whose parent, guardian, or custodian has refused to follow the recommendations of the Juvenile and Family Team made pursuant to Article 27A of this Chapter.” This increased mandated reporting to DSS requirements and support enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems.

Additionally, it added the definition of a “vulnerable juvenile” to read “Any juvenile who, while less than 10 years of age but at least 6 years of age, commits a crime or infraction under State law or under an ordinance of local government, including violation of the motor vehicle laws, and is not a delinquent juvenile.” This additional definition was designed to reduce adjudication of younger children in the Juvenile court system and provide consultation to determine if wrap-around services can be provided to the family as a prevention effort.

In March 2021, NC DSS staff began discussions with Juvenile Justice staff on ways that NC DSS staff and Juvenile Justice staff can collaborate to provide support to eligible youth while in the Juvenile Justice System. Information on the 8 LINKS outcomes and the permanency planning policy was provided to the Juvenile Justice Team and they attended the Joint Planning session offered by NC DSS. NC DSS staff provided technical assistance on child-specific Juvenile Justice cases concerning eligibility criteria and resources.

NC DSS staff continue to participate in the Child Welfare–Juvenile Justice learning collaborative facilitated by the Annie E. Casey Foundation and Casey Family Programs. NC DSS and Juvenile Justice continue to seek out collaboration opportunities that help promote a successful transition to adulthood for transition-age youth in dual systems. NC DSS and NCDJJ continue to facilitate shared learning, bridge communication gaps, and support youth with navigating dual systems to access resources through advocacy and partnership.

NC DSS provided technical assistance on child specific Juvenile Justice cases concerning eligibility criteria and resources. A transitioning plan of supportive LINKS Services for eligible youth and collaboration of partnerships was coordinated with the Division of Juvenile Justice.

By Fall 2022, NC DSS will provide a presentation to NC’s Division of Juvenile Justice (NC DJJ) clinical and social work staff and convene quarterly to share resources and provide guidance on Foster Care 18–21 to NC DJJ, and local service providers to address gaps in services.

By August 2022, NC DJJ will have access to Foster Care 18–21 “refresher course” trainings through NC Fostering Connection to help facilitate a better understanding of FC 18–21.

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

- NC DSS and NCDJJ will continue to meet to share resources and provide guidance on Foster Care 18–21 to NCDJJ, and local service providers to address gaps in services.
- By August 2022, NCDJJ will have access to a Foster Care 18–21 “refresher course” training through NC Fostering Connection to help facilitate a better understanding of FC 18–21. If NCDJJ cannot access the training, NCDSS will provide training to NCDJJ, GAL, and interested court partners on FC 18–21 by October 2022.

Abstinence Education Programs

North Carolina has partnered with Children and Family DSW Teen Pregnancy and Prevention, to assist in providing teen pregnancy prevention awareness resources and technical assistance to county agencies. In FY2023, North Carolina will work with the NC Division of Public Health’s Teen Pregnancy and Prevention Program to determine areas of need and opportunities to partner towards providing services to teens and youth adults in

and/or transitioning out of foster care. NC DSS will plan and implement a strategic partnership with the NC Division of Public Health Teen Pregnancy Prevention Initiatives to serve youth in foster care, statewide.

Local Housing Programs

NC DSS will continue to support outreach and technical assistance to local housing authorities and county departments of social services to maximize use of the Foster Youth to Independence (FYI) voucher program and prevent or address homelessness among former foster youth. One of the actions North Carolina is taking to address the housing needs of young adults in transition from foster care – in addition to working with The Hope Center at Pullen and St. Augustine University – is that NCDSS is coordinating a meeting 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 (FYI) voucher program. North Carolina believes that county DSS agencies that are knowledgeable available resources and supports will ensure that the youth they serve are able to access and benefit from available services.

NC DSS spoke at the Annual Raising Hope Event hosted by the Hope Center in Wake County. The Raising Hope Event is an annual event hosted by the Hope Center for sponsors who give to the Hope Center to assist with supporting young adults in foster care who are transitioning out of the system receive assistance with stable housing and maintain safe, stable housing and guiding participants as they work towards their self-sufficiency goals. NC's LINKS Assistant Coordinator shared her lived experience in foster care and shared connections that she made through the support of the LINKS Program, The Hope Center and now having the opportunity and support to work at the NC DSS, assisting with the LINKS Program.

NCDSS has provided guidance to young adults who have exited foster care services and no longer meet the Chafee requirements, to provide additional support surrounding housing needs. NC DSS contracts with Youth Villages who assist young adults with needs identified to support transitioning into adulthood including, attaining, and maintaining stable and safe housing.

North Carolina contacts with Foster Care to Success to provide educational services who worked with students who were facing housing issues for the summer.

Plans for engaging housing partners for 2022 and 2023 include:

- Coordinating 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. 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. Although there were plans to deliver training efforts in June 2022, NC DSS is collaborating and planning to include these efforts in our fall regional meetings.

To address the housing needs of young adults in transition from foster care, North Carolina utilized Division X funds and the flexibility in using Chafee funds for “room and board” to support the housing needs of young adults by providing cash payments and allowing additional Chafee funding to assist with rent, emergency housing, and basic household needs. One of the greatest lessons learned for North Carolina is that while feedback received from local county agencies suggests that program services are being utilized, and that for more than half of the counties, participation in supervised independent living resources, educational supports, employment programs, mental and behavioral services, medical services, financial budget management, educational risk prevention and family supports were the most needed and most utilized services supporting youth, there is a need for data and information regarding what services are most needed to support the housing needs of young adults, what services are available and accessible, where services gaps exist, and the effectiveness of the services being provided. A system to track the number of youth in care who utilize program services, the services they use and the resulting benefits of the services is needed. Another lesson learned is that information must be provided to young adults in transition frequently, ongoing, and in a variety of ways and via a variety of means, including through social media and through people and places other than and in addition to service providers. In FFY2023, North Carolina will create a system to capture this information towards addressing the housing needs of young adults in transition, which will be used to support a range of safe, affordable, and age-appropriate housing options for young people in North Carolina, and statewide communications about them.

Programs for Youth with Disabilities

This year, the NC Vocational Rehabilitation Program Specialist for Transition Services partnered with NC DSS to provide support and technical assistance to county agencies on their Pre-Employment Transition Services and Individualized Vocational Rehabilitation services for disabled youth. Pre-Employment Transition Services provides to students with disabilities, at an early age, self-advocacy opportunities, post-secondary training, and employment skills and options. Individualized Vocational Rehabilitation programs assist students and youth with disabilities in preparations for and in obtaining specific employment goals after high school. In FFY 2023, NC DSS will continue to partner with NC Vocational Rehabilitation and local county child welfare agencies, to ensure that youth with disabilities have access to and benefit from services and supports.

Additionally, NC DSS will work with local child welfare agencies and providers, along with soliciting input and feedback from youth with disabilities, about needs and gaps in services. NC DSS will then use this information and data to support provision of services to meet the needs of youth with disabilities who are or have been in foster care.

School-To-Work Programs

Workforce initiatives, programs, and policies remain a frequent topic of monthly LINK-Up calls, including guidance regarding the Foster Care 18 to 21 program and how programs to promote or remove barriers to employment can support young adults. In June 2022, NexGen Youth Program for Workforce Services and Vocational Rehabilitation services were presented during the monthly LINK-Up Call to county child welfare workers and training/information to county child welfare workers was provided on the process for making referrals to and working collaboratively with the workforce program. The program delivers an array of services to youth with barriers to employment. Their program assists youth with preparing and gaining employment, preparing for post-secondary education, attaining educational and skills trainings. The agency partners with the program to provide technical assistance to county agencies to support youth in and transitioning out of care. In FY 2023, North Carolina will continue to partner with NC Works NextGEN to support youth and young adults towards successful school-to-work transitions. By August 2023, NC DSS will 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. Additionally, in Summer 2023, NC DSS will host an 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. NC DSS will develop job readiness and preparation activity plans and explore other appropriate programming to provide to young people in NC by Spring 2024.

Life Skills

North Carolina is in development of an “Opportunity Passport,” geared toward older youth in foster care (ages 16–26 years), designed to implement resources based on the feedback from young people about preparations needs to make critical financial decisions during transition to adulthood. This includes financial literacy, education, partnerships with financial institutions and asset purchases. The program provided stipends for financial literacy class participants, for an initial deposit into an account at a financial institution. Community partners including financial institutions and local businesses help youth develop financial capacity skills. In FY2023, NC DSS will provide awareness and assistance to support this initiative, currently administered by the Children’s Home Society. The

program currently has fourteen (14) youth participants enrolled who are scheduled to graduate in August 2022.

Additionally, NC DSS supports the “Fostering Bright Futures” program, which assists with eliminating barriers that would typically derail foster youth from meeting educational and life goals, by providing financial, academic, and social supports. The program also teaches independent living skills to youth along with training and education needed for youth to secure meaningful employment. By October 2022, NC DSS will 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.

North Carolina is also supporting and reaching out to youth and young adults in or formerly in foster care to promote wellness and proactively address mental health needs by working with Foster Care to Success. Extensive outreach to students was conducted, and continuous contact was maintained with youth by social workers, community partners, providers, and other stakeholders and support persons, to sustain social connections. Coordinators also collaborated with social workers, LINKS coordinators and community partners to advocate for accessible behavioral and medical health services, including mental health and substance use disorder resources, for students. In FY2023, NC DSS will increase efforts to engage and partner with youth to identify wellness and mental health needs, to identify existing services and gaps, and to evaluate the accessibility and effectiveness of existing resources while working to support development of responsive services for youth.

Access to Medicaid for Former Foster Youth

NC DSS continues to work with the Transition–Age Youth Subcommittee of Fostering Health NC and continues to work with North Carolina Division of Health Benefits (DHB)/Medicaid to update guidance on how former and current foster youth should properly apply for extended health care coverage to age 26.

In FFY 2022, NC DSS completed the review of child welfare policy on informed and shared decision–making regarding healthcare. As a result of this review, NC DSS is identifying best practices for informed consent and shared decision–making for children and adolescents and is working in collaboration with the FHNC Transition–Age Youth Workgroup on the development of materials. NC DSS is also working to develop resources for transition–age youth for statewide distribution in the form of a healthcare passport. This work is underway in collaboration between NC DSS, Division of Health Benefits, and the FHNC Transition Age Youth Workgroup.

Additional work within NC DSS on transition-age youth healthcare programming includes:

- Policy updates are being incorporated into both the LINKS program policy and Permanency Planning policy to provide guidance on the tools, resources, and steps to access and advocate for health care needs and how to access and maintain health coverage when exiting care.
- Supporting youth access to advance directive documents by purchasing the “Five Wishes” documents for counties to utilize with transition-age youth.
- Inclusion of transition-age youth in the development of the future Medicaid Managed Care Child and Family Specialty Plan.
- Collaboration with NC Medicaid/DHB towards meeting the requirements outlined in Section 1002 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act). NCDSS has provided NC Medicaid/DHB the 2022 Administration for Children and Families Program Instructions that include the required Medicaid coverage changes. NC Medicaid/DHB reports they are working with CMS to complete the state plan amendment required to enact this legislation.

Regarding NC DSS’ efforts to coordinate with the state’s Medicaid agency to support the state’s implementation of requirements to offer Medicaid to eligible young adults formerly in foster care who move to a new state after January 1, 2023, policy updates are being incorporated into both the LINKS program policy and the Permanency Planning policy, to provide guidance to make sure young adults are equipped with the tools, resources and steps to access and advocate for health care needed and how to access and maintain healthcare coverage with existing care. The Transition Age Youth Subcommittee of Fostering Health NC and NC DSS who are currently working on a Medicaid document to assist young adults who exited care with steps to ensure they are receiving the Medicaid they are eligible to receive when moving to a new state. In FY2023, the Medicaid document will be provided to county child welfare agencies and providers for dissemination to and sharing with young adults transitioning and transitioned from foster care.

5.18 Education and Training Vouchers (ETV)

Since the submission of the last APSR, Foster Care to Success, the agency that administers the ETV program in North Carolina, has served 332 young people. Services provided include but are 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 332 students and counseled students to ensure their understanding of the 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 the student's 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.
- Connected students with counseling resources in their local community.
- Provided ongoing support and coaching specific to managing day-to-day responsibilities and completing assignments.
- Provided support and coaching for online learning platforms.
- Sent care packages to students.
- Conducted virtual ETV information sessions for students, LINKS social workers, and community providers, including the statewide LINKS 101 training and LINKS Regional Meeting for the Mountain Region.
- Coordinated an ETV information session for EBCI.

NC DSS has continued to use the results of the survey administered by Foster Care to Success in May 2020 to Success to students regarding the impact of COVID-19 on their overall well-being. These results have been used to help Foster Care to Success and NC DSS understand and respond to the needs of students and plan for supportive services. Please see the section on Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act above for additional information on how NC DSS has used this funding.

The NC ETV Program has been contracted with Foster Care to Success and remains with that provider. The provider administered the ETV awards in compliance with the P L 116-260. The maximum limit increased from \$5,000 to \$12,000 per academic year.

The table below provides a count of ETV awards for the 2019-2020 and 2020-2021 school years.

ETV Awards for 2020–2021 and 2021–2022

	Total ETVs Awarded	Number of New ETVs
2020 – 2021 School Year * (July 1, 2020 – June 30, 2021)	264	118
Final Number 2021–2022 (July 1, 2021 – June 30, 2022)	330	124

*As of March 30, 2022; Source: Quarterly Contract Reports

Plans for ETV for 2023 and 2024 include:

- Continue to provide targeted, ongoing training on ETVs and NC Reach to child welfare staff across the continuum of child welfare services and Eastern Band of Cherokee Indians to improve communication and understanding regarding youth eligibility.
- Instead of creating informational videos as planned in 2021, informational webinars were hosted during a monthly LINK–Up call with county social workers, private agencies, and partners. Additional information and support were available during the Teen Summit, SaySo Saturday, and on an individual basis. North Carolina will be evaluating plans to coordinate with UNC to create a series of short informational videos about North Carolina’s ETV Program and NC Reach scholarship.

This year, North Carolina’s efforts to engage or re–engage students whose post–secondary education has been disrupted by the COVID–19 pandemic and national public health emergency included coordinators working with students to understand why students were struggling or performing below academic averages, and to address challenges and areas of need related to COVID–19 (e.g., health–related absences, lack of resources for participating in virtual classes). Additionally, coordinators assisted students in completing appeals and developing financial back–up plans for future semesters if Pell grant eligibilities were not reinstated. Coordinators also assisted students revise budgets and evaluate the number of hours available to work while maintaining work–school–life balances. Coordinators helped students develop housing plans for students needing to stay on campus year–round or who needed to secure off campus independent living resources. Extensive outreach to students was conducted, and continuous contact was maintained with youth by social workers, community partners, providers, and other stakeholders and support persons, to sustain social connections. Coordinators also collaborated with social workers, LINKS coordinators and community partners to advocate for accessible behavioral and medical health services, including mental health and substance use disorder resources, for students. Also, coordinators participated in in–person and virtual information sessions for LINKS meetings with teens and participated in college tours with young adults, to provide support.

5.19 Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act

North Carolina used all the additional funding for ETVs provided by Division X as follows:

- Held individualized budget conversations with students to increase the student's financial literacy and enable staff to appropriately allocate ETV funding;
- Conducted monthly telephone meetings with students to discuss progress and problems, academic challenges, information gaps, and to reinforce attitudes and behaviors of successful students;
- Connected students with counseling resources in their local communities;
- Provided ongoing support and coaching specific to managing day-to-day responsibilities and completing assignments;
- Provided support and coaching for online learning platforms;
- Sent care packages to students;
- Conducted virtual ETV information sessions for students, LINKS social workers, community providers, including the statewide LINKS 101 training and LINKS Regional Meeting for the Mountain Region of North Carolina;
- Coordinated an ETV information session for EBCI;
- Reviewed students' financial aid information and worked directly with students to prevent unnecessary or excessive student loan borrowing; and,
- Trained financial aid officers at public institutions in the use of the contractors' application portal.

North Carolina will continue using the above strategies to engage youth/young adults, along with incorporating engagement of youth/young adults about ETVs specifically, utilizing existing outreach and collaboration efforts (e.g., during the Permanency Design Team, during SaySo meetings and events). In FFY2023, NC DSS will expand meaningful engagement of youth/young adults to obtain input and feedback regarding accessible and benefits of ETV funds. These above activities will also be continued and efforts to collaborate with higher educational institutions and college campus support programs to ensure that eligible youth are accessing ETV funds will occur in FFY2023.

North Carolina experienced some challenges in expending these funds. It was very difficult to get youth and young adults to attend school, participate in classes, and to be more engaged with Foster Care to Success and school, in FY2021–2022 due to COVID-19.

Complications with virtual learning platforms continued to create barriers, and young adults were not attending nor truly engaging online. Also, the increase in COVID-19 and state funds created an influx of money which led to wasteful spending and disengagement in school. In FY2023, Foster Care to Success will continue to provide outreach to students, social workers, and partnering agencies, to solicit updates from students and to provide enrollment and re-enrollment assistance.

5.20 Chafee Training

NC DSS continues to provide training in support of the goals and objectives of North Carolina's Chafee plan through Monthly LINK-Up Calls and Regional Meetings.

Monthly LINK-Up Calls

NC DSS has continued to host monthly collaboration 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 and 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
- Updates from Foster Care to Success on ETVs and NC Reach
- Updates from SaySo about youth events, activities, and leadership
- Updates from NC DSS on LINKS funding, Foster Care 18 to 21, National Youth in Transition Database, updates on LINKS and Foster Care 18 to 21 policies, and practice guidance during the pandemic
- Updates on extended foster care to age 26 and stimulus funds with the Consolidation Appropriation Act
- Youth engagement in activities during COVID-19
- COVID-19 and back to school
- Sex Trafficking
- Racial Equity in Child Welfare Diversity, Equity, and Inclusion
- The importance of youth and young adults participating in SaySo

Training Classes / Curricula for Workers

LINKS 101 is a training for county child welfare staff and supervisors. Since the submission of the last APSR, the course has reverted to being delivered in a classroom-based setting three times a year.

- December 2021
- March 2022

Training Resources for Caregivers

The LINKS Program partnered with Foster Family Alliance to participate in a two-day Teen Summit on February 5th and 10th, 2022. During the Summit, LINKS provided an overview training to foster parents about LINKS services. Information was also provided to foster parents about how LINKS can support youth and young adults within the workforce and young adults who are attending college through Chafee transitional and housing funds, Educational Training Vouchers, and NC Reach education funds.

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, NC DSS developed and added the following on-demand courses to FosteringNC.org:

- Guardianship, Pathway to Permanency
- Human Trafficking 101 for Resource Parents
- Learning to Support, Include, and Empower LGBTQ Youth in Substitute Care

Training Needs

The Foster Care 18–21 Program Refresher Online Self-Pace Training has been updated effective June 2022.

An assessment of LINKS 101 curriculum for workers and supervisors was completed and LINKS 101 curriculum will be redesigned to be provided in a hybrid online and classroom format which is anticipated to be released in Spring 2024.

6 Consultation and Coordination between States and Tribes

This year, NC DSS, and the Eastern Band of Cherokee Indians (EBCI) experienced staffing transitions which allowed NC DSS to enhance collaboration and establish a teaming structure for outreach to, partnership with, and engagement of EBCI's Public Health and

Human Services (PHHS) Family Safety program in a manner that would create connections between programs that serve and support children and families.

Outreach and Engagement of Tribes

In FFY 2021–2022, NC DSS provided North Carolina’s revised CFSP goals, objectives, and strategies to the EBCI and engaged them to gather feedback regarding child welfare transformation efforts. NC DSS provided a staff directory to EBCI, including the names, titles, and contact information for NC DSS child welfare leadership and LINKS program staff. Leadership from NC DSS and EBCI PHHS Family Safety met together on three occasions, including an initial “meet–n–greet” to introduce new staff from both agencies. NC DSS and EBCI met together during two quarterly meetings with EBCI child welfare leadership and the directors of five Qualla–boundary county departments of social services, one of which was held in–person on the Qualla–boundary. NC DSS LINKS program leadership and staff along with representatives from EBCI’s Family Safety program representatives met together multiple times to build relationships, and to discuss and plan for Chafee (LINKS) programming, services and benefits to youth and young adults. One of the meetings included representatives from the Children’s Home Society’s Strong Able Youth Speaking Out (SAYSO) program and focused on engaging and including Indian youth.

NC DSS leadership and program staff met with the following EBCI representatives:

- Managing Attorney, Legal Assistance Office, EBCI
- Interim Human Services Director, PHHS, EBCI
- Family Safety Manager, PHHS, EBCI
- ICW’T Supervisor, PHHS, Family Safety, EBCI

NC DSS also engaged the NC Commission of Indian Affairs, to inquire about consultation and collaboration opportunities. NC DSS works with the Commission’s standing committee on NC Indian Child Welfare, the mission and members of which can be found via this site:

<https://ncadmin.nc.gov/public/american-indians/american-indian-initiatives/indian-child-welfare-program#mission-of-the-standing-committee-on-nc-indian-child-welfare>.

In October 2021, the NC Commission of Indian Affairs hosted a four–part webinar series to serve as the annual, statewide Indian Child Welfare Gathering. The live–event webinars covered topics including historical perspectives of Indian Child Welfare, the importance of accurate data, and highlighted programs and services statewide. The recorded sessions can be accessed via this site: <https://ncadmin.nc.gov/public/american-indians/american-indian-initiatives/indian-child-welfare-program#resources>.

NC DSS will continue to reach out to the NC Commission of Indian Affairs for ongoing consultation and collaboration, particularly related to NC DSS’ inclusion of and focus on Indian children and families involved with the child welfare system as part of its diversity,

equity, inclusion, and racial equity work. As an example, NC DSS included a resource book on North Carolina's Lumbee Tribe as part of its racial equity training of NC DSS staff.

Coordination, Collaboration in Implementation of CFSP/APSR

To ensure engagement, partnership, and inclusion of tribal input and feedback towards achieving North Carolina's CFSP goals and objectives, NC DSS specifically contacted and invited EBCI representatives to serve on the five multidisciplinary CFSP Design Teams. Five EBCI representatives attended a virtual convening in January 2022 for orientation to the CFSP Design Teams' charter and revised CFSP. EBCI representatives now serve on three of the five Design Teams, including the Safety, Permanency and Well-Being Design Teams. An EBCI representative has also attended a meeting of the Workforce Development Design Team.

One barrier to this coordination approach is that EBCI's Public Health and Human Services Family Safety program is small with few staff members. As such, staff transitions and few staffing resources can make it difficult for EBCI to have representatives attend and participate in monthly meetings of the Design Teams. To ensure that EBCI representatives are updated regularly regarding North Carolina's progress towards CFSP goals and objectives, when EBCI representatives are unable to attend monthly meetings of the design teams due to limited staffing resources, NC DSS has also added a standing agenda item to the quarterly meeting agendas for regular updates, and is exploring the possibility of a portion of the meetings to be designated for meetings just between EBCI and NC DSS, to ensure that information is being shared and discussed as needed. NC DSS has and will continue to provide information and updates to EBCI via regular meetings and ongoing programmatic communications. NC DSS is also exploring options for expanding its "Blueprint" communiques and for proactively and regularly communicating with its EBCI partners, sharing notices about policy and practice changes, exchanging data and outcomes information, and providing information about trainings and collaboration opportunities.

Arrangements for Providing Child Welfare Services and Protections for Tribal Children

There have been no changes to the arrangements between NC DSS and EBCI as to who is responsible for providing the child welfare services and protections for tribal children, whether under state or tribal jurisdiction this year.

NC DSS issued a DSS Administrative Letter, Child Welfare Services [CWS-AL-01-2021](#), effective October 1, 2021, that was sent to all county departments of social services, advising of the collaborative work between the Eastern Band of Cherokee Indians' (EBCI's) Public Health and Human Services (PHHS) department and NC DHHS/DSS. The Administrative Letter clarified expectations and the roles of county and tribal child welfare programs regarding services to and for children and families who are involved with both

systems, including clarification that EBCI's Public Health and Human Services (PHHS) is the agency that provides child welfare services within EBCI jurisdiction, that is operates autonomously under the Cherokee Code of EBCI, and that the Cherokee Code pertaining to child welfare differs from North Carolina in significant ways, including the statutory definitions giving rise to the need for intervention. The letter explains that with the initiation of the child welfare program, EBCI asserts its exclusivity in providing child protective services on Tribal lands, which requires county child welfare agencies to receive express permission from PHHS prior to any entry onto Tribal lands for contacts or service provision.

The letter clarifies that effective October 1, 2015, intake, child protection, foster care, licensing, adoption, and other child welfare services on the Eastern Band of Cherokee Indians' Tribal trust land are to be provided exclusively by EBCI. This includes operation of a case review system for children in foster care, a preplacement prevention services program for children at risk of entering foster care to remain safely with their families, and service programs for children in foster care to facilitate reunification with their families when safe and appropriate, or to place a child in an adoptive home, legal guardianship, or other planned, permanent living arrangement. The letter also clarifies that the same child welfare services within North Carolina, but outside of Tribal trust land, will be provided exclusively by one or more North Carolina counties, excluding the provision of certain services (e.g., Chafee/LINKS) for which NC DHHS / DSS is responsible, subject to the Indian Child Welfare Act (ICWA), when applicable.

Also, a work plan by and between EBCI, NC DSS and the five (5) county DSS agencies bordering the Qualla Boundary continues to be used to guide the work by and between the agencies. It includes an annual review and revision, as needed, of the DSS Administrative Letter.

ICWA Compliance

During the ongoing OSRI reviews, NC DSS again reviewed fifty (50) child welfare cases during October 2021 - March 2022. NC DSS determined compliance with ICWA, as follows:

Table 27. Compliance with ICWA, October 2021 – March 2022

	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	46	0	0
No	3	3	3
N/A	0	46	46

As the data indicate, in forty-six (46) 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. In those forty-six (46) cases, timely notification to the Tribe of its right to intervene in any state court proceedings seeking involuntary foster care placements or terminations of parental rights was determined to be non-applicable. This suggests that in only three of the cases, the child was determined to be a member of or eligible for membership in a federally recognized Indian Tribe. For the three cases in which the children were determined to be members 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 nor were concerted efforts to place the child in accordance with ICWA's placement preferences made.

NC DSS received a report from the EBCI of the number of ICWA referrals received. This year, the EBCI reported that there was a total of thirty-one (31) children for whom ICWA inquiries were received, ten (10) children of which were from North Carolina.

NC DSS will consult with EBCI regarding the development of specific measures for the state to take to comply with ICWA, it will do so during the quarterly meeting scheduled for fall 2022. One step NC DSS has taken to enhance county DSS child welfare agencies' compliance with ICWA requirements, including notifications to the EBCI, NC DSS has shared

information and training webinar opportunities with county DSS directors via monthly emailed Blueprint communications and via the county DSS Attorneys' listserv, supported by the UNC School of Government. Specifically, the Capacity Building Center for Tribes' series highlighting the four key components of ICWA as the gold standard in child welfare placements, was shared with NC DSS staff and county DSS agencies, including county DSS Attorneys. Additionally, the Capacity Building Center for Tribes' ICWA Compliance Webinar Series, "Sharing New Knowledge and Lessons Learned", was shared with NC DSS and county DSS child welfare staff, including NC DSS' Assistant Attorney Generals with the NC Department of Justice. As NC DSS shifts to a regional support model, targeted technical assistance may be provided to county child welfare agencies based on data and documented need for information and training.

Chafee Consultation with Tribes

This year, the NC DSS Chafee (LINKS) program increased partnerships with EBCI. NC DSS LINKS program leadership and staff and EBCI Family Safety program staff were introduced and encouraged to contact each other with questions, concerns, and requests for information. As a result, NC DSS' LINKS staff have coordinated, scheduled, and hosted regular meetings with EBCI representatives to provide information about LINKS program services, funding and support resources, and opportunities for youth engagement and representation, including discussions on partnership opportunities and provision of LINKS services and education supports to eligible youth. NC DSS and EBCI began discussions of eligibility and resource limits for Education and Training Vouchers (ETV). In August 2021, NC DSS received and shared guidance regarding resource limits for ETVs with EBCI. As a result, NC DSS and EBCI confirmed a business process for determining eligibility when a young person has applied for an ETV.

In FFY 2022–2023, NC DSS' LINKS program will continue its outreach, enhancing and expanding efforts to jointly serve and support youth and young adults in North Carolina. This will include creating and providing presentations on LINKS, ETVs and 18–21 programs and services to all staff, youth, and young adults. NC DSS will also follow-up with EBCI regarding the use of *Caring For Our Own*, a resource for tribal families who are interested in becoming licensed foster parents. NC DSS will also meet with EBCI to discuss available post-secondary educational and LINKS supports, and to implement a protocol for determining eligibility of youth who are or were in foster care through the EBCI, to ensure they can apply for and receive NC ETV program benefits.

NC DSS will make the 2023 Annual Progress and Services Report (APSR) available online via the NC DHHS website. Additionally, NC DSS will send the 2023 APSR to EBCI partners upon approval as well as to the Commission of Indian Affairs. The 2023 APSR will be emailed to the Director/Interim Director of Human Service, PHHS, Family Safety, EBCI.

7 Section D: CAPTA State Plan Requirements and Updates

North Carolina submitted a Child Abuse Prevention and Treatment Act (CAPTA) State Plan in 2012; it remains in effect. NC DSS plans to develop and submit an updated CAPTA State Plan during state fiscal year 2023.

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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 as described below. North Carolina had a significant increase in CAPTA funding in FFY2017 expiring September 2022. Funds were used to facilitate CPS programming, including supports for substance exposed infants and plans of safe care.

Intake, Assessment, Screening and Investigation of Child Abuse and Neglect

CAPTA funding was used to improve CPS services through a contract with the Child Medical Evaluation Program (CMEP) to create the Regional Abuse Medical Specialist (RAMS) program. The RAMS are social work positions that are jointly supervised by NC DSS 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 specifically focuses on cases involving substance affected infants.

Funds were also used to invest in a Statewide Recruitment Campaign for the Child Welfare Workforce with the following targeted audiences:

- Community College/Technical School Students;
- Current College Students
- Former Child Welfare Staff who have left the field for a myriad of reasons; and,

- Former Child Welfare Staff who have retired from the field.

This broad recruitment campaign will serve a variety of purposes to include: Positive rebranding of public child welfare work as an attractive career choice; exposure of child welfare as a program to pursue for all level of students mentioned above; enticement of prior child welfare staff who left the field to return to the field of child welfare; and, encouragement for those who have retired from the field of child welfare to respond to a “Call to Service”, to return to the child welfare field in temporary capacities, to assist in the current child welfare workforce crisis in our state.

The campaign will be generalized for the entire state, and also regional to target the seven (7) designated child welfare regions within the state.

This is a one-time expenditure of \$800,000.

Case Management, Case Monitoring, Delivery of Services and Treatment

CAPTA funding along with state funds are used for Child Advocacy Centers that provide services to child victims of maltreatment. The Center for Child and Family Health that provides education and training on trauma informed child welfare practice is also funded through CAPTA contracts.

Improving Skills, Qualifications, Availability of Providers, Supervisors, Recruitment and Retention of Caseworkers

NC DSS currently funds two safety policy consultants and two temporary positions through CAPTA. These positions ensure that policy is up-to-date and accurately reflects current child welfare statutes. This includes updating policy, writing new policy, and providing local child welfare agencies with the knowledge and skills to appropriately implement policy.

Multi-Disciplinary Teams, Interagency, Intra-agency, Interstate, Intrastate Protocols

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 CAPTA.

NC DSS also utilizes CAPTA to fund the Child Health and Development Coordinator position. This position supports the sections within NC DSS by managing programming related to the well-being needs of children, youth, and families served by child welfare. The Child Health and Development Coordinator is a behavioral health and substance use disorder licensed clinician who serves as the subject matter expert for NC DSS 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 that the needs of child welfare involved families are reflected in their programming.

Legal Preparation, Representation Including Provisions for Appointed Child Advocate

North Carolina did not use CAPTA funds for legal preparation and representation for children in judicial proceedings. However, in the past year, NC DSS has entered into an agreement with Indigent Defense Services (IDS) to claim IV-E funds, to improve the representation of parents of children in foster care, by developing a multidisciplinary model of legal representation for this population. NC DSS continues discussions with the NC Guardian ad Litem program, to isolate their costs for legally representing children in foster care solely, that would enable IV-E claiming for this vital service.

North Carolina's CAPTA expenditures for SFY2022 through June 24, 2022, are \$1,300,271,03.

Legislative Updates

As of May 2022, North Carolina has revised several statutes corollary with CAPTA eligibility and compliance as described below.

North Carolina Session Law 2021-100 revised Juvenile Code pursuant to recommendations by the Court Improvement Program. Updates included the "relative" definition to read, "an individual directly related to the juvenile by blood, marriage, or adoption, including a grandparent, sibling, aunt, or uncle."

Additionally, the medication-assisted treatment (MAT) definition and requirements for courts to consider MAT as substance abuse treatment compliance was updated to read: "If the court has ordered an individual to comply with a plan of treatment for substance use disorder, including opioid dependency, that individual shall not be in violation of the terms or conditions of that part of the court's order if he or she is compliant with medication-assisted treatment. For the purposes of this subsection, medication-assisted treatment means the use of pharmacological medications administered, dispensed, and prescribed in a Substance Abuse and Mental Health Services Administration (SAMHSA) accredited and certified opioid treatment program (OTP) or by a certified practitioner licensed in this State to practice medicine, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders." These updates provide support for research-based strategies to promote collaboration with child welfare involved families.

North Carolina Session Law 2021-123 implemented the Juvenile Justice Reinvestment Act based on legislative recommendations of the Juvenile Jurisdiction Advisory Committee to make related changes to the Juvenile Code, and to provide for juveniles who have been

adjudicated delinquent (for additional information regarding this legislation, see [Section 5, Chafee](#)).

North Carolina Session Law 2021-132 amended various abuse, neglect, and dependency laws to ensure the safety of children in out-of-home placements and expedite permanency planning hearings for children who have been removed from the home. It clarified the non-caretaker definition for the Responsible Individuals list. It required NC DHHS/NC DSS to develop a plan to implement a centralized hotline for Child Welfare Intake as well as a plan to increase appropriate treatment and residential settings, providing safe and appropriate placement for children in need of mental health services.

Session Law 2021-132 included a clarification to the “neglected juvenile” definition to read: “Any juvenile less than 18 years of age (i) who is found to be a minor victim of human trafficking under G.S. 14-43.15 or (ii) whose parent, guardian, custodian, or caretaker does any of the following: a. Does not provide proper care, supervision, or discipline; or who has been abandoned; discipline. b. Has abandoned the juvenile. c. or who is Has not provided or arranged for the provision of necessary medical care; or who is not provided necessary remedial care; care. d. Creates or who lives in an allows to be created a living environment that is injurious to the juvenile's welfare, welfare. e. or has participated or attempted to participate in the unlawful transfer of custody of whom has been unlawfully transferred the juvenile under G.S. 14-321.2; G.S. 14-321.2. f. or who has been Has placed the juvenile for care or adoption in violation of law.”

Additionally, requirements of diligent efforts for “placement while in nonsecure custody” were updated to include: “The department of social services shall use due diligence to identify and notify adult relatives and other persons with legal custody of a sibling of the juvenile within 30 days after the initial order removing custody. The department shall file with the court information regarding attempts made to identify and notify adult relatives of the juvenile and persons with legal custody of a sibling of the juvenile.” This update bolsters improvements in the delivery of child welfare services.

Updates to “notification to individual determined to be a responsible individual” include: “If the director determines that the juvenile is the victim of human trafficking by an individual other than the juvenile's parent, guardian, custodian, or caretaker, the director shall cooperate with the local law enforcement agency and district attorney to determine the safest way, if possible, to provide notification to the identified responsible individual. If the director does not provide notification in accordance with this subsection, the director shall document the reason and basis for not providing the notification. The director shall not provide notification to the responsible individual or proceed further under this Article if notification is likely to cause any of the following to occur: (1) Cause mental or physical harm or danger to the juvenile. (2) Undermine an ongoing or future criminal investigation. (3) Jeopardize the State's ability to prosecute the identified responsible individual.”

To bolster the CPS Intake system within North Carolina, requirements for “implementation of statewide CPS Hotline” state that NC DHHS/NC DSS “shall develop an operational plan to create and implement a statewide CPS hotline. The Department shall establish a planning and evaluation team consisting of three child welfare staff representing at least three county departments of social services that will provide input on the plan. The plan shall include, at a minimum, all of the following: (1) A fiscal analysis on the creation and implementation of a statewide CPS hotline. (2) Quantify the total up-front, one-time costs to implement the statewide CPS hotline, including any State or county savings that would be incurred through the full implementation of and transition to a statewide CPS hotline. (3) Recommendations on the operational needs for the statewide CPS hotline, including adequate staffing levels to ensure a responsive and timely system. (4) Evaluation of whether a county may opt out of the statewide CPS hotline. (5) Recommendations of defined measures, goals, and service level agreements to evaluate the performance of the hotline. (6) A timeline for implementation of the statewide CPS hotline that is aligned and coordinated with the Department of Health and Human Services, Division of Social Services, and local county departments of social services, including the implementation of intake and assessment technology as a precondition to the operation of a statewide CPS hotline. (7) An assessment of the feasibility of an integrated statewide CPS hotline for both child protective services and adult protective services. SECTION 3. (b) The Department shall submit the operational plan to the Joint Legislative Oversight Committee on Health and Human Services no later than September 1, 2022.”

A new subdivision of G.S. 115C-12 was added entitled, “Duty Regarding Child Abuse and Neglect,” improving linkages with education systems to provide child abuse and neglect prevention. It requires “the State Board of Education, in consultation with the Superintendent of Public Instruction, shall adopt a rule requiring information on child abuse and neglect, including age-appropriate information on sexual abuse, to be provided by public school units to students in grades 6 through 12. This rule shall also apply to high schools under the control of The University of North Carolina. Information shall be provided in the form of (i) a document provided to all students at the beginning of each school year and (ii) a display posted in visible, high-traffic areas throughout each public secondary school. The document and display shall include, at a minimum, the following information: a. Likely warning signs indicating that a child may be a victim of abuse or neglect, including age-appropriate information on sexual abuse. b. The telephone number used for reporting abuse and neglect to the department of social services in the county in which the school is located, in accordance with G.S. 7B-301. c. A statement that information reported pursuant to sub-subdivision b. of this subdivision shall be held in the strictest confidence, to the extent permitted by law, pursuant to G.S. 7B-302(a1). d. Available resources developed pursuant to G.S. 115C-105.51, including the anonymous safety tip line application.”

Plans of Safe Care (POSC) and Comprehensive Addiction and Recovery Act of 2016 (CARA) Updates

Development Implementation and Monitoring of POSC

NC DHHS has developed significant strategies in the scope of POSC for SAI who are screened in for a CPS Assessment (approximately 85% of notifications). A Guidance Document to direct social workers in engaging families to create a comprehensive POSC was developed and implemented statewide in May of 2021. Findings from the case reviews suggested the Plan of Safe Care Guidance document should be incorporated into policy. Policy revisions were made to include the POSC Guidance document in December 2021.

A Continuous Quality Improvement approach is being used to monitor these POSCs by regular record reviews that target compliance with policy, data analysis, and technical assistance being provided by the Regional Child Welfare Consultants (RCWC). The RAMS POSC position will begin to support this process in the Fall of 2022. When a county is identified in need of technical assistance by the RCWC, they will engage the RAMS POSC in developing and providing targeted TA in this area. Regional Child Welfare Consultants will continue to conduct CQI reviews of POSC. The data elements for POSC have been added to their workbook and findings will inform additional policy and training needs to support practice.

A statewide form to support the development of comprehensive POSCs for child welfare involved families has been developed and is under final review.

NC DSS has also prioritized the needs of SAI within the broader revalidation and redesign of the structured decision making (SDM) tools. Substance Affected Infants (SAI) were an area of focus on both the safety and risk assessments to ensure appropriate identification of concerns in this population.

Lessons Learned: NC DSS needs to work towards more consistent POSC for CPS involved SAI families through ongoing training, CQI reviews and technical assistance. Additional supportive services are lacking in some areas. This need will be addressed through braiding services such as the NC DHHS FFPSA plan and other program areas such as Behavioral Health, Primary, Secondary and Tertiary Prevention, Substance Use and Developmental Services.

Table 28. Children with Plans of Safe Care October 1, 2020 – September 30, 2021

	SAI Notifications (Cases Referred to CMARC)	SAI notifications (Child Welfare Screened Out)	Cases Referred to other Community Based Programs	Child Welfare POSC Created (Screened-In)

FFY 2021	5,039	1,000	297	3,744
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Source: Monthly POSC Survey and CSDW NC FAST Child Welfare

Multidisciplinary Outreach, Consultation, Coordination for Implementation

NC DHHS understands that additional coordination of services is needed to address the needs of SAI who do not receive a CPS response. These children constitute approximately 15% of all notifications. NC DHHS is currently engaged with multidisciplinary teams, with guidance from the National Center on Substance Abuse and Child Welfare, to meet CAPTA requirements and to create a notification pathway for these families and children. NC DSS is receiving support from the Attorney General Office to address confidentiality concerns in developing new notification pathways.

This year, NC DSS met with NC Department of Public Health (DPH) that oversees the Care Management for At-Risk Children (CMARC) program to collect data on children and families not screened in for an assessment by child welfare in the current system. DPH is exploring ways to expand their data collection on non-child welfare POSC to reflect the services provided.

North Carolina continues to work with North Carolina’s Plan of Safe Care Interagency Council (POSC-IC). POSC-IC members include leaders from NC DHHS as well as representatives from the NC DSS (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.

NC DSS has worked to identify opportunities to engage, consult or coordinate with hospitals, health care professionals, home visiting programs, non-profits, philanthropic organizations, private providers for support implementing POSC. In May of 2022 NC DSS developed and presented a webinar to the Perinatal Quality Collaborative of NC (PQCNC) about CAPTA legislation and updates to Federal policy and guidance, State policy and guidance, future opportunities for notification pathways, prenatal POSC and proposed changes to CAPTA. North Carolina continues to face challenges building multidisciplinary consensus on notifications and monitoring non-child welfare related POSC. NC DSS plans to continue to seek out these opportunities, as well as plan for more substantive work with these providers as we develop a pathway for non-screened in POSC in FY2023.

Children’s Bureau Site Visit

During the 2019 Children’s Bureau POSC site visit, the Children’s Bureau identified areas of need for North Carolina. North Carolina took follow up actions to address issues identified and discussed during the site visit, including:

- Legislative change that an individual shall not be in violation of the terms or conditions of that part of the court's order if he or she is compliant with medication–assisted treatment. (Please see Legislative Changes subsection).
- Developed improved data collection for POSC that includes substance use identified and services provided. This data collection is only for screened in SAI notifications. NC DSS continues to work with counties by providing technical assistance on the submission of this data.
- Engaged CMARC (formerly CC4C) in discussions about program requirements, parent engagement and follow–up. Data sharing requests are ongoing.
- Engaged the NCSACW in providing technical assistance to improve North Carolina’s providing of POSC to all SAI.

Emergency Relief Fund/American Rescue Plan Act (ARPA)

Child Fatality Database

North Carolina has designated ARPA supplemental funding to develop a statewide child fatality database. Funding for a web–based database will allow easy record entry, record revision, and retrieval of data for recurring and ad–hoc reporting of child maltreatment fatalities and near fatalities. This database is discussed in more detail under Data Collection Efforts/Near Fatalities below.

While this project had been projected to begin implementation in the Spring of 2022, the Child Welfare Fatality Database project experienced unexpected resource issues and the statewide procurement process has taken more time than typical than the project this size due to a backlog of projects at the state level from Covid response. This issue has created a delay in project implementation and completion. Below is an approximate timeline for the project.

1. Date of SOW post: 9/6/2022
2. Date of Vendor onboard: 11/8/2022
3. Date of implementation: 12/30/2022
4. Date of Go–live: 04/19/2023

Child Abuse Hotline

NC DSS is contracting with Public Knowledge to conduct a feasibility study for the statewide child abuse reporting hotline as mentioned in the legislative update section above. Tasks include:

- Fiscal Analysis Report to include the total up-front, one-time startup costs to implement a statewide CPS Hotline
- Operational Needs Report to include recommended staffing structures and levels, defined measures, goals, and service level agreements to evaluate the performance of the hotline
- Implementation Plan to include the implementation of intake and assessment technology and organizational change management activities
- Feasibility Assessment to include options for an integrated statewide CPS Hotline for both child and adult protective services

NC DHHS has engaged families, community-based agencies, or other partners to plan for use of ARPA and other emergency funding through the following groups which include families with lived experience, community providers and stakeholders:

- DEI Workgroup
- Design Teams
- Joint Planning
- Child Welfare Family Advisory Council
- Community Child Protection Team Advisory Council
- SaySo
- Prevention Workgroup
- NCACDSS
- ULT

Citizen Review Panels/Community Child Protection Teams (CRP/CCPT)

North Carolina complies with the requirement to maintain Citizen Review Panels (CRPs) using Community Child Protection Teams (CCPT). North Carolina General Statute § 7B-1406 established a CCPT in each of North Carolina's 100 counties. In SFY 2023 the CCPT Advisory Board form the POSC and Near Fatality subcommittees to support local CCPTs around these cases. The CCPT Advisory Board worked in conjunction with North Carolina State University Center for Family and Community Engagement to provide the annual survey, compile and determine recommendations. The 2020 Annual Report can be found at <https://www.ncdhhs.gov/media/14022/download?attachment> and the 2020 State Response can be found at <https://www.ncdhhs.gov/media/14023/download?attachment>.

CAPTA Program Updates

The following updates and changes were made to program areas affected by CAPTA from July 1, 2021 – June 14, 2022. While these activities support NC DSS in maintaining compliance with CAPTA, they do not reflect updates to the CAPTA State Plan.

Training of Child Welfare Social Workers and Supervisors

NC DHHS Child Welfare conducted a series of three webinars entitled “Back to Basics” to improve child welfare practice statewide, specifically on conducting thorough CPS assessments with improved safety planning for families. A portion of the series provided clarity on application of the NC DSS safety assessment and risk assessment forms, understanding the difference, and responses needed regarding safety and risk issues for child welfare involved families. The training series also addressed fidelity issues with current SDM tools. All three webinars were recorded to allow for all child welfare staff to participate, and review. Each participant was required to complete a knowledge check survey to receive credit for this mandatory training. The RCWCs received a list of participants, and the results of the knowledge check surveys for each of the local child welfare agencies within their region. Additionally, an in-depth, two-day series was provided to state training staff (regional child welfare consultants, regional abuse and medical specialists, and child welfare trainers) to provide ongoing, targeted assistance to local child welfare agencies on safety planning and understanding the difference between safety and risk.

NC DHHS is committed to addressing longstanding disproportionality and disparities for children and youth of color in child welfare and related systems. To facilitate this process, several three-day virtual trainings entitled “Racial Equity in Child Welfare Training for NC DDHS/NC DSS Child Welfare Leadership” have been provided in the past fiscal year. This training was designed and implemented to equip NC DHHS/ NC DSS child welfare leadership and staff with a framework as we begin to expand our work and knowledge in improving the outcomes, specifically for African American children and families. This training will also help assist staff in providing guidance to all 100 counties in North Carolina as they begin to address the discrepancies in the outcomes for African American children and families.

Revision of Structured Decision-Making tools; Intake, Risk Assessment and Safety Assessment

The CPS Screening and Response tool (currently known as the CPS Structured Intake Form) was the initial tool to be revised under the guidance of Evident Change. Listening sessions were held with stakeholders and a policy review of Intake was completed in June 2021. A work group was developed to review the new draft intake manual and provide feedback and updates which was completed August 2021. A plan was developed with Evident

Change to conduct an Inter-Rater Reliability (IRR) test which included IRR vignette development, IRR programming, IRR testing, field test, and testing memo. These components were completed in February 2022.

Review of the IRR data has begun, and inconsistencies found between workforce groups and expert groups that rated the new tool have been discussed to determine if there is a definition inconsistency, tool inconsistency, or training inconsistency. An updated draft has been received with a plan to present root causes to ULT with recommended next steps and to analyze the data to determine inconsistencies by July 2022.

Revision of the Family Risk Assessment tool began with Evident Change, extracting viable data in December 2021, and analysis of that data in February 2022. A draft risk assessment template and risk modeling options were developed in March 2022. After the release of the Risk Memo, listening sessions were held and review of policy occurred. A workgroup then met to review a draft manual, provide feedback and updates which were completed in June 2022. The next steps include a plan for completing IRR testing. The IRR testing will include IRR vignette development, IRR programming, IRR testing, a field test, a testing memo, and webinar.

Revision of the Safety Assessment tool began with Evident Change in March 2022. Listening sessions have been held and a policy review has been completed by the Safety Design Team. The Design Team began review of a draft manual and provided feedback during six meetings from March to May of 2022. IRR testing will begin including, IRR vignette development, IRR programming, IRR testing, a field test, testing memo and webinar in June 2022.

RAMS Update and Pilot

As of June 2022, the contract to expand the CMEP and to hire the RAMS positions has been executed. Seven of the eight positions have been filled, including the RAMS-SAI position who will provide targeted technical assistance to county child welfare agencies identified by their regional child welfare consultant as needing support around substance exposed infants and their families. This position will also provide state systems support along with the CAPTA administrator and the newly funded substance use disorder specialists to improve services to this population. The RAMS serious injury specialists began to pilot the program in a mix of eight counties across North Carolina (small/large, rural/urban, East/West). RAMS data collection will include all cases where the RAMS provided consultation to include any concerns for the county safety planning, the medical findings, the case findings and if there was a placement change. The RAMS team will collect and report on common items that impact the county's ability to reach the most appropriate safety plan such as barriers with their legal department as well as understanding and interpreting medical findings.

Child Medical Evaluation (CME) Report Changes and Funding for Clinical Assessment for Protective Parenting (CAPP)

The CME report was restructured to make reports easier to utilize by CW staff in case planning and decision making. Additional changes to the CMEP program included funding for the development of the Clinical Assessment for Protective Parenting (CAPP). CAPP provides a clinical assessment distinct from the CPS assessment. It provides an additional lens for assessing risk and harm and helps determine what factors contributed to the maltreatment in addition to assessing the willingness and ability of the parent(s) to mitigate or ameliorate any risk concerns. CAPP will also allow a clinician to provide services within the scope of their own clinical practice, requires standard evaluation protocols and clinical methodologies. These changes address Safety Outcome 2 for the OSRI.

NC Department of Juvenile Justice (NC DJJ)/NC DSS reporting parents/juveniles under neglect definition

The legislative change to the definition was added to Intake and Assessment policy in December 2021. Follow up meetings have been held with NC DJJ leadership to develop clear protocols and ensure workers understand the new law changes. NC DSS, in partnership with NC DJJ, provided four informational webinars designed to provide each county, along with their Juvenile Justice district counterparts, the opportunity to hear how the changes would impact their work together. These webinars, presented in June 2022, covered information on the changes to child welfare and juvenile justice work related to SL 2021-123 as well as information on wrap around service for the family. The informational webinars were designed for child welfare leadership including supervisors, program managers, and program administrators who work alongside juvenile justice. The live webinars were presented to each of the four juvenile justice area districts and the local child welfare agencies that they partner with together. A recording and Frequently Asked Questions were made available after the last webinar. These were posted on both NC DSS and NC DJJ virtual platforms.

Human Trafficking Programming

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 (this did not pass).

North Carolina Session Law 2021-132 allows social workers to waive notifications to non-caretakers for human trafficking when it creates safety issues for the child or impedes an investigation or upcoming criminal trials.

Services to Families of Disabled Children

UNC–Chapel Hill’s Family Support Network of North Carolina (FSN) supports 12 regional affiliate agencies across the state to provide education, training, and support services to families who care for children who are medically fragile or have special needs, including children who are substance exposed, HIV positive, or who have developmental delays. The three goals of FSN are: (1) To provide education and training to foster, adoptive, birth and kinship families to improve their knowledge about the conditions that are affecting the children and how to care for them; (2) To reduce isolation and improve family functioning through social support programs, including facilitating and leading support groups; (3) To enhance collaboration among local family support programs and service providers, including county social services agencies, Children’s Developmental Services Agencies, Family Resource Centers, county foster parent associations, and neonatal intensive care units.

FSN and affiliates accomplished these goals through the following activities: Providing training and technical assistance to Family Support Network affiliates and service providers; Providing information about specific disabilities and referrals to local, statewide, and national resources for infants who are medically fragile and children with special needs. This may be through one–on–one information about local resources and training workshops for families; Facilitating Parent–to–Parent matches; Organizing support groups and social activities for parents and siblings; Collaborating with local service providers within the community; Maintaining two websites. One that provides information about FSP services (<https://fsp.unc.edu/>) and a second that provides information about local FSN affiliates (<https://fsnnc.org/>).

Services for Children with Complex Behavioral Needs

The Coordinated Action Plan: Acting for Children with Complex Behavioral Health Needs was released on March 23, 2022 and can be found here

<https://www.ncdhhs.gov/news/press-releases/2022/03/23/new-action-plan-aims-helping-children-complex-behavioral-needs-who-come-care-child-welfare>

NC DHHS released a coordinated action plan to address the urgent crisis of children with complex behavioral health needs who come into the care of child welfare services. The action plan represents the work of a multi–sector team of stakeholders that is working to transform the way that the child welfare, behavioral health, and other systems that support children and families work together. Children in crisis who have come into the care of child welfare services require immediate protection in safe and supportive environments that can meet their physical and mental health care needs.

Public Education and Mandatory Reporting

In order to increase public education regarding mandatory reporting to child welfare, targeted education and training for law enforcement as mandated reporters was incorporated in required yearly training. A presentation was developed for pre-service and required ongoing trainings for law enforcement. This will be finalized and embedded in their curriculum in 2023.

Collaborations

Children's Justice Act (CJA) Task Force: NC DSS has voting membership on the CJA Task Force, which oversees the appropriation of NC CJA funds to improve the state's front-end response to child abuse and neglect (i.e., to strengthen intake and CPS assessments). NC DSS provides policy and programmatic updates at each quarterly meeting.

Prevent Child Abuse NC

NC DSS funds Prevent Child Abuse North Carolina (PCANC) to facilitate primary prevention and public awareness activities, including: Implementation Support for approximately 50 community-based agencies offering family strengthening programs; Intermediary Support for NC's Triple P system and professional development on workforce development, communications, policy, and finances for Triple P practitioners; Public Awareness Campaigns on promoting protective factors and preventing child maltreatment, including the annual Child Abuse Prevention Month Campaign; and Partnership Engagement and Training, including newsletters, webinars, surveys, and stipends to support participation in the Prevention Action Network and organizing the Learning and Leadership Summit every other year. In 2022–2023, NC DSS will fund PCANC with Community Based Child Abuse Prevention (CBCAP), American Rescue Plan Act (ARPA) funds to provide the activities listed.

Promoting Protective Factors

The Promoting Protective Factors initiative provided financial support for PCANC, Connections Matters, Community Prevention Plans, and other primary prevention activities. In SFY2023, activities included: Provide two Protective Factors Train the Trainer trainings; Facilitate Protective Factors Training & Learning Collaborative for trainers; Provide Bringing the Protective Factors Training to Life (10 trainings within seven social services regions); Two In-person trainings and two virtual 3-day trainings to NC Healthy and Resilient Communities Initiatives; and one training to the Prevention Educators Network.

For SFY2023, NC DSS has allocated \$612,245 for PCANC to plan and implement the above activities.

Data Collection Efforts

Near Fatalities

As an initial attempt to understand the number of near fatalities the North Carolina experiences in a year, RCWC's have been provided data from NC FAST and the North Carolina legacy system on each county's data related to near fatalities. The data is collected when the child welfare worker is asked to identify which reports were identified as a near fatality and demographics can also be tied to these cases in each county. RCWC's have been discussing the data with counties to ensure the data is accurate. This data will provide NC DSS with a better idea of the total numbers of near fatalities reported across the state and the demographics associated with them. Near fatality data has been added to Section F, 9.1 CAPTA Data Reporting of this report.

North Carolina also began working on a policy for having counties to report more case detail to NC DSS on near fatalities, including outcomes from local team reviews. This data will allow NC DSS do look at near fatality data across the state. Policy will address responding to identified immediate safety issues and managing reviews of near fatalities that result in a subsequent fatality. The goal is for the new policy to be issued by the end of June 2022.

North Carolina is working on a database for fatality reporting and associated data. Near fatality data will be included in this database as it is developed. This will allow NC DSS to generate more informed data on these critical incidents. It is also planned that counties will have the ability to look at their own data for their own internal CQI purposes.

Guardian ad Litem Services (GAL)

NC DHHS has developed collaborative partnerships with the NC GAL office to meet CAPTA data reporting requirements as well as CAPTA assurances providing a GAL and/or attorney in every case involving a victim of child abuse or neglect which results in a judicial proceeding. GAL volunteers and court appointed GALs receive appropriate education which includes training in early childhood and adolescent development.

8 Section E: Updates to Targeted Plans

8.1 Foster and Adoptive Parent Diligent Recruitment Plan

The NC DSS Foster and Adoptive Parent Diligent Recruitment (DRR) Plan was submitted on June 30, 2019; it remains in effect.

NC DSS is working with the Capacity Building Center for States to revise the DRR program and plan. The revised DRR plan is slated for submission in March 2023.

8.2 Healthcare Oversight and Coordination Plan

The NC DSS Healthcare Oversight and Coordination Plan was submitted on June 30, 2019; it remains in effect.

8.3 Disaster Plan

The NC DSS Disaster Plan was submitted on June 30, 2019; it remains in effect.

8.4 Training Plan

The NC DSS Training Plan was submitted on June 30, 2019; it remains in effect.

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. Respondents of the “2021 Child Welfare Staffing Survey” identified 166 workers as CPS Intake, 888 as CPS Assessment, and 385 as CPS In-Home Services.

North Carolina requires a four-year degree for CPS Professionals. The county is responsible for establishing entry and advance qualification requirements for CPS professionals.

North Carolina establishes training requirements for CPS Professionals in law and policy. See below.

- Laws:
 - May 1, 1991: Executive Order 142 Training required for all CPS workers and Supervisors.
 - July 1, 2003: G.S. 131D-10.6A (b) Training by the Division of Social Services required: The following General Statute applies to child welfare services staff initially hired on or after January 1, 1998:

- “The Division of social services shall establish minimum training requirements for child welfare services staff. The minimum training requirements established by the division are as follows:
 - Child welfare services workers shall complete a minimum of 72 hours pre-service training before assuming direct client contact responsibilities. In completing this requirement, the Division of social services shall ensure that each child welfare worker receives training on family centered practices and State and federal law regarding the basic rights of individuals relevant to the provision of child welfare services, including the right to privacy, freedom from duress and coercion to induce cooperation, and the right to parent.
 - Child protective services workers shall complete a minimum of 18 hours of additional training that the Division of social Services determines is necessary to adequately meet training needs.
 - Foster care and adoption workers shall complete a minimum of 39 hours of additional training that the Division of social services determines is necessary to adequately meet training needs.
 - Child welfare services supervisors shall complete a minimum of 72 hours of pre-service training before assuming supervisory responsibilities and a minimum of 54 hours of additional training that the Division of social Services determines is necessary to adequately meet training needs.
 - Child welfare services staff shall complete 24 hours of continuing education annually. In completing this requirement, the Division of social Services shall provide each child welfare services staff member with annual update information on family centered practices and State and federal law regarding the basic rights of individuals relevant to the provision of child welfare services, including the right to privacy, freedom from duress and coercion to induce cooperation, and the right to parent.
 - The Division of Social services may grant an exception in whole or in part to the requirement under subdivision (1) of this subsection to child welfare workers who satisfactorily complete or are enrolled in a masters or bachelors’ program after July 1, 1999, from a North Carolina social work program accredited pursuant to the Council on Social Work Education. The

program's curricula must cover the specific pre-service training requirements as established by the Division of Social Services.

- The Division of Social Services shall ensure that training opportunities are available for county Departments of Social Services and consolidated human service agencies to meet the training requirements of this subsection."
- Child welfare training requirements in North Carolina were initially enacted on May 1, 1991, when Governor James G. Martin issued Executive Order 142 requiring training for CPS workers. Since this time, training requirements have evolved to a system requiring pre-service and in-service training, which teaches agency staff to ensure safety and permanence for children. Training requirements are currently in place for all child welfare workers, supervisors, and foster parents.
- Definitions:
 - Direct Client Contact – A child welfare worker who is newly hired or who has assumed a new child welfare role between January 1, 1998, and June 30, 1999, may not be alone with a client or be assigned primary responsibility for a case (including foster and adoptive parents' licensing/assessment) until the 72 hours of pre-service training has been achieved. Effective July 1, 1999, this definition shall apply only to newly hired child welfare staff and student interns who are not Child Welfare Education Collaborative students.
 - Child Welfare Social Workers with a three-year gap in child welfare service must also retake Pre-service. Prior to training, a new child welfare worker may shadow the social worker that has been assigned primary responsibility for the case but is prohibited from intervening in the case until he/she has completed the pre-service training requirements.
 - Child Welfare staff who have previous North Carolina child welfare experience and a three-year or more gap in child welfare services have the option of completing the module Returning to the North Carolina Child Welfare Workforce and a Knowledge Assessment in lieu of retaking Pre-Service Training. The agency supervisor is responsible for assessing each employee's readiness to rejoin the NC Child Welfare Workforce. If it is assessed that the module will not adequately prepare staff for return to the NC Child Welfare Workforce, then retaking Pre-Service would be required.
 - Child Welfare Worker – Employed staff, contracted staff, and student interns who work in a NC County Department of Social Services in the following functional areas: Family Preservation, Family Support, Children's Protective Services (Intake, On-Call, CPS Assessment and CPS In-Home Child Welfare Services), Permanency Planning, Foster Home Licensing, and Adoption

(Placement of children, recruitment of families, licensing, and adoption assessment).

- Training – Any formal educational session with predetermined competencies and outcomes.
- Primary responsibility for a case – When a child welfare worker is assigned principal case work and decision-making responsibilities with a child and/or family (including foster and adoptive families) and provides direct case work services.
- Required Training: Below is a description of the current minimum requirements for Child Welfare social workers, Occasional On-call social workers, Child Welfare supervisors, as required by law.
 - All Child Welfare Services workers and supervisors who are hired or who assume child welfare services responsibilities (including staff hired for on-call responsibilities involving direct client contact) must complete a minimum of 72 hours of pre-service training titled Child Welfare in North Carolina and the designated Transfer of Learning booklet prior to direct client contact or assuming supervisory responsibilities. In addition, all CPS staff must have an additional minimum of 18 hours of in-service training within the first year; and foster care and adoption workers must have an additional 39 hours of in-service training within the first year of employment. An additional 24 hours of continuing education for all workers/supervisors, regardless of employment date, is required every year after the first year of employment. Social work supervisors must also attend an additional 54 hours of supervisory training within the first year of employment. Child welfare services workers and supervisors who assume a role in a new or different functional area and who met the pre-service training requirements at the time of their employment are not required to attend Child Welfare in North Carolina. However, these individuals are required to attend the job specific training (200 series, Tier 2) within 3 months of assuming their job assignment/responsibility.
 - For staff whose primary job function is in an area other than child welfare yet serve Occasional On-Call (with duties involving direct contact with clients) or Occasional On-Call supervisory back-up for these staff members, Child Welfare In North Carolina (pre-service training) is required prior to direct client contact.
 - For staff primarily working in non-child welfare areas yet serving Occasional On-Call (with duties that do not include direct client contact) or On-Call supervisory backup for these staff the requirement is either Child Welfare in North Carolina (pre-service training) OR Intake in Child Welfare Services AND CPS Assessments in Child Welfare 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 December 31, 2021, and the Child Welfare Workforce Data Book.

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, groupwork, 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 29. Education, Staff Positions

Position	FTEs Available	BSW	Other Bachelors	MSW	Other Masters	Higher Degree
Intake	165.685	55.195	79.631	13.985	19.464	1
Assessments	888.18	232.01	380.02	139.76	141.7	5
In Home	385.265	100.29	158.095	63	63.35	3
Foster Care	700.985	197.565	313.487	118.65	88.407	1

FC 18–21	71.58	11.897	34.483	19.15	10.71	0
Adoptions	153.11	35.827	63.423	29.47	22.08	0
Other SWs	398.815	90.04	194.425	52.75	54.04	2
Total	2763.62	722.824	1223.564	436.765	399.751	12
%		26%	44%	16%	14%	0%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, “2021 Child Welfare Staffing Survey”; data is from: January 1–December 31, 2021

Table 30. Education, Management Positions

Position	FTEs Available	BSW	Other Bachelors	MSW	Other Masters	Higher Degree
SWS	649.55	143.85	289.75	107.7	128.25	2
PM	110.55	20	34.55	24.5	28.5	3
PA	49.9	5.75	15.3	16	10.25	1
Total	810	169.6	339.6	148.2	167	6
%		21%	42%	18%	21%	1%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, “2021 Child Welfare Staffing Survey”; data is from: January 1–December 31, 2021

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 11.9 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 table below contains demographic information of child protective services personnel.

Table 31. Race of Child Protective Services Personnel, Staff Positions

Position	FTEs Available	AI/AN	Asian	AA/Black	NH/PI	White	Bi-Racial
Intake	165.685	4	1	68.595	0	90.16	3.07
Assessments	888.18	18	3	446.95	10	402.675	17.615
In Home	385.265	6	0	188.11	0	183.725	6.5
Foster Care	700.985	13.33	3	316.26	0	367.515	11.5
FC 18–21	71.58	0.283	0	42.313	0	29.614	1.25
Adoptions	153.11	1.583	0	74.893	0	73.144	4
Other SWs	398.815	6.3	2	190.1	0	193.515	2.75
Total	2763.62	49.496	9	1327.221	10	1340.348	46.685
%		2%	0%	48%	0%	48%	2%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, “2021 Child Welfare Staffing Survey”; data is from: January 1–December 31, 2021

Table 32. Race of Child Protective Services Personnel, Management Positions

Position	FTEs Available	AI/AN	Asian	AA/Black	NH/PI	White	Bi-Racial
SWS	649.55	12	1	281.35	1	350.45	7
PM	110.55	1	1	41	0	65.55	1
PA	49.9	1	0	20.8	0	26.1	0
Total	810	14	2	343.15	1	442.1	8
%		2%	0%	42%	0%	55%	1%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2021 Child Welfare Staffing Survey"; data is from: January 1–December 31, 2021

Table 33. Ethnicity of Child Protection Personnel, Staff Positions

Position	FTEs Available	Hisp/Lat	Non-Hisp/Lat
Intake	165.685	6.378	140.395
Assessments	888.18	44.8	752.07
In Home	385.265	16.905	318.05
Foster Care	700.985	29.8	610.805
FC 18–21	71.58	0.03	65.8
Adoptions	153.11	2.53	134.53
Other SWs	398.815	7.54	346.145
Total	2763.62	107.983	2367.795
%		4%	86%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2021 Child Welfare Staffing Survey"; data is from: January 1–December 31, 2021

Table 34. Ethnicity of Child Protection Personnel, Management Positions

Position	FTEs Available	Hisp/Lat	Non-Hisp/Lat
SWS	649.55	11	571.3
PM	110.55	0	100.05
PA	49.9	0	41.8
Total	810	11	713.15

%		1%	88%
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Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2021 Child Welfare Staffing Survey"; data is from: January 1–December 31, 2021

Table 35. Age of Child Protection Personnel, Staff Positions

Position	FTEs Available	18–24	25–34	35–44	45–54	55–64	65–74	75 +
Intake	165.685	3.895	37.76	44.611	57.273	25.936	2.35	0
Assessments	888.18	71.91	318.32	283.655	178.505	47.05	1.9	0
In Home	385.265	14.39	113.53	116.275	93.48	46.56	1	0
Foster Care	700.985	46.375	268.71	189.455	152.005	56.31	4.5	0
FC 18–21	71.58	6.75	21.467	23.88	24.35	4.793	0.25	0
Adoptions	153.11	5.5	33.773	41.867	53.05	17.66	2.3	0
Other SWs	398.815	14.75	88.82	123.545	113.8	51.4	7.6	0
Total	2763.62	163.57	882.38	823.288	672.463	249.709	19.9	0
%		6%	6%	30%	24%	9%	1%	0%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2021 Child Welfare Staffing Survey"; data is from: January 1–December 31, 2021

Table 36. Age of Child Protection Personnel, Management Positions

Position	FTEs Available	18–24	25–34	35–44	45–54	55–64	65–74	75 +
SWS	649.55	0	59.85	239.2	265.45	76.55	5	0
PM	110.55	0	4.75	36.75	52.55	14.25	3	0
PA	49.9	2	8	17.55	29.05	10.3	0	0
Total	810	2	72.6	293.5	347.05	101.1	8	0
%		0%	9%	36%	43%	12%	1%	0%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2021 Child Welfare Staffing Survey"; data is from: January 1–December 31, 2021

Caseloads. Current North Carolina 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 NC DSS quarterly. For the December 31, 2021, submission, the average caseload sizes in North Carolina were as shown in the table below.

Table 37. Table CPS Intake Referrals Caseload, 2021

Avg. Number of CPS Reports Screened During the Month	Avg. Number of FTEs Available for More than 2 Weeks in the Month	Caseload Ratio
10709	154	69.54 reports per FTE

Source: NC DHHS Performance Management, Data Reporting, and Analytics, “2021 Child Welfare Staffing Survey”; data is from: January 1–December 31, 2021

Table 38. CPS In-Home Service Cases Caseload, 2021

Avg. Number of CPS In-Home Cases Open on the Last Day of Month	Avg. Number of FTEs Available for More than 2 Weeks in the Month	Caseload Ratio
3480	400	8.7 cases per FTE

Source: NC DHHS Performance Management, Data Reporting, and Analytics, “Child Welfare Workforce Data Book”; data is from: January 1–December 31, 2021

Supervision. North Carolina 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, 2021, Child Welfare Workforce Data Workbook.

Table 39. Supervisor to Worker Ratio, 2021

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
2501	629	1 supervisor to 3.98 workers

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "Child Welfare Workforce Data Book"; data is from: January 1–December 31, 2021

Turnover. The following data tables describe turnover data by staff and management positions.

Table 40. Turnover, Staff Positions

	Budgeted FTEs	Promotion	Lateral Transfer	Voluntary Resignation	Involuntary Dismissal	Retirement	Death	RIF	Other	Total	%
Intake	181.885	6.25	7	25.7	0.4	6.1	0	0	0.5	45.95	15%
Assessments	1169.145	31.5	61.4	398.4	30.55	5	0	1	13	540.85	33%
In Home	482.58	14.25	13.5	133.8	11.1	7.8	0	0	4.5	184.95	26%
Foster Care	833.445	24.25	27.7	231.43	13.7	8.5	2	0	5	312.58	29%
FC 18–21	81.07	2.15	1.1	13.63	1.35	1.5	1	0	0	20.73	12%
Adoptions	169.13	9.85	4.05	24.42	0.05	3	0	0	1	42.37	20%
Other	438.83	15.75	4.75	44.5	3.75	4.75	0	2	0	75.5	15%
Totals	3356.085	104	119.5	871.88	60.9	36.65	3	3	24	1222.93	36%

Table 41. Turnover, Management Positions

	Budgeted FTEs	Promotion	Lateral Transfer	Voluntary Resignation	Involuntary Dismissal	Retirement	Death	RIF	Other	Total	%
SWS	687.3	22	5	65.5	10	10	0	0	4	116.5	13%
PM	113.85	4	0	4.75	0	4	0	0	0	12.75	13%
PA	47.9	1	0	4	0	0	0	0	0	5	18%
Totals	849.05	27	5	74.25	10	14	0	0	4	134.25	16%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, “2021 Child Welfare Staffing Survey”; data is from: January 1–December 31, 2021

Juvenile Justice Transfers

North Carolina counties reported that 56 Juvenile Justice transfers have occurred during FFY 2021. This includes all children who entered foster care from a juvenile delinquency court proceeding. This information was collected after a modification of the NC DSS Child Placement and Payment Report (DSS-5094).

Fatalities

North Carolina reported 45 deaths during the FFY 2021 resulting from child abuse or neglect. Two of these fatalities were children in foster care.

Near Fatalities

North Carolina reported 126 near fatalities during the FFY 2021. The tables below depict a breakdown of these figures by sex, age range, case finding, race, and ethnicity.

Table 42. Near Fatalities by Sex

Female	47
Male	79

Table 43. Near Fatalities by Age Range

0-3 years	95	0-3 years
4-5 years	10	4-5 years
6-17 years	21	6-17 years

Table 44. Near Fatalities by Case Finding

Services Needed / Provided	56
Services Recommended / Not Recommended	18
Substantiated	51
Unsubstantiated	16
Unable to Locate	11

Table 45. Near Fatalities by Race

Amer. Ind. or AK Native	3
Unable to determine	5

Bi- or Multi-Racial	9
Black or African American	44
White or Caucasian	65

Table 46. Near Fatalities by Ethnicity

Hispanic or Latino	9
Not Hispanic or Latino	117

9.2 Education and Training Vouchers

See [Appendix B: ACYF-CB-PI-22-01 NC APSR PI Attachment C ETV Chart](#)

Foster Care to Success: Post-Secondary Educational Supports

No changes or updates to North Carolina’s Education and Training Voucher (ETV) program were made this year. The North Carolina Education and Training Voucher (ETV) Program is available to youth eligible for LINKS services and may be attained by youth once they are 14 years of age. Additionally, youth who are 16 years of age who exit foster care because of adoption or guardianship, or who remain in foster care after their 17th birthdays, are eligible to receive these benefits. NC DSS contracts with Foster Care to Success for the administration of ETVs, which include outreach to stakeholders and potentially eligible young people, identification of qualified applicants, processing applications, and awarding funding to eligible students. Foster Care to Success also monitors student progress.

The table below provides a count of ETV awards for the 2020–2021 and 2021–2022 school years.

Table 47. ETV Awards for 2020–2021 and 2021–2022

	Total ETVs Awarded	Number of New ETVs
2020 – 2021 School Year * (July 1, 2020 – June 30, 2021)	264	118
Final Number 2021–2022 (July 1, 2021 – June 30, 2022)	330	124

*As of March 30, 2022; Source: Quarterly Contract Reports

(For additional information, see [Section 5](#), Chafee Program, ETV Program.)

9.3 Intercountry Adoptions

For the first two quarters of FFY 2021–2022, North Carolina did not have any international adoptions. There are four (4) Post-Adoption Support Services providers that provide statewide coverage for the regions in the State: Catawba County Social Services (CCSS), Children’s Home Society of NC (CHS), Children’s Hope Alliance (CHA) and the Center for Child and Family Health (CCFH). CHA, CCSS and CHS did not report serving any children adopted from other countries during this reporting period. The CCFH reported serving forty-eight (48) children adopted from other countries between May 2021 and May 2022.

The CCFH provided assessment services to sixteen (16) children with international adoptions representing the following countries:

- Uganda (2)
- Philippines (1)
- Korea (1)
- China (3)
- Ethiopia (2)
- Columbia (2)
- Vietnam (1)
- Guatemala (2)
- India (1) and
- Northern Ireland (1)

Additionally, CCFH provided therapy services to six (6) children representing the following countries:

- Ethiopia (1)
- Guatemala (2)
- India (1)
- Republic of the Congo (1)
- Vietnam (1)

Consultation services were provided to eight (8) children representing the following countries:

- Columbia (1)
- Haiti (1)
- Ukraine (1)
- Kazakhstan (1)

- Unknown countries (4)

(For additional information see [Section 5](#), Services for Children Adopted from Other Countries.)

9.4 Monthly Caseworker Visits Data

Table 48. Monthly Caseworker Visits Data

FFY	MCV Measure	Target	Score	Met Target
2021	Measure 1: Percentage of visits made monthly by caseworkers to children in foster care	95%	97%	YES
2021	Measure 2: Percentage of visits that occurred in the residence of the child	75%	92%	YES

(For additional information, see [Section 5](#), Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits.)

10 Section G: Financial Information

10.1 1. Payment Limitations – Title IV–B, Subpart 1

Non–Federal funds expended for childcare, foster care maintenance payments and adoption assistance payments in FY 2005 was \$1,590,655.

The amount of non–Federal funds North Carolina expended for foster care maintenance payments and applied as match for the title IV–B, subpart 1 program in FY 2005 was \$0

10.2 2. Payment Limitations – Title IV–B, Subpart 2

States are required to spend a significant portion of their title IV–B, subpart 2 PSSF grant for each of the four service categories of PSSF: family preservation, community–based family support, time–limited reunification, and adoption promotion and support services. For each service category that does not approximate 20 percent of the grant total, the State must provide a rationale for the disproportion.

The FY 2020 state and local share expenditure amounts for the purposes of title IV–B, subpart 2 for comparison with North Carolina’s 1992 base year amount, as required to meet the non–supplantation requirements, is as follows: \$3,006,626

11 Appendices and Attachments

Appendices

- A. Community Child Protection Team (CCPT) Final Report and NC DSS Response
- B. Education and Training Vouchers (ETVs) Report
- C. Foster and Adoptive Diligent Recruitment Plan Update
- D. Healthcare Oversight Coordination Plan Update
- E. Disaster Plan Update
- F. Training Plan Update
- G. Appendix to the Training Plan Update

Attachments

CFS 101s