<table>
<thead>
<tr>
<th>Language from PI</th>
<th>PI</th>
<th>CB Comment on APSR NC Submitted June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Requirements</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFS-101 Parts I and II for fiscal year 2017 and CFS-101 Part III for fiscal year 2014, signed, and in PDF</td>
<td>P 34</td>
<td></td>
</tr>
<tr>
<td>CFS-101 Parts I and II for fiscal year 2017 and CFS-101 Part III for fiscal year 2043 in Excel</td>
<td>P 34</td>
<td></td>
</tr>
<tr>
<td><strong>Language from PI</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revised CFS-101 Parts I for FY 2016, if needed (to adjust amounts to reflect a final grant award higher than the previously approved amount or to relinquish funds or request reallocated funds).</td>
<td>P 34</td>
<td></td>
</tr>
<tr>
<td><strong>Language from PI</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| The link to the location of where the 2016 APSR is located on the state’s websites and provide a name, email, and telephone number of the state contact for the 2016 APSR. Please include anticipated date of posting the approved 2016 APSR. | P 34 | Link: Information in the report  
Date: Anticipated date of posting the approved 2016 APSR-Not included in the report? Posted 09.15.16 |

**NC Response CB’s Comments**

Please refer to the cover page for the name, email, and telephone number of the state contact for the 2017 APSR, and the State Liaison Officer. The North Carolina 2017 APSR is available at: https://www2.ncdhhs.gov/dss/stats/docs/child%20welfare%20docs/NC%20DHHS%20DSS%20APSR2017_06.30.16.pdf

**Language from PI** |    |                                           |
| **1. General Information** |    |                                           |
| Collaboration | P 6 | **Page 3**-  
Need to address substantial, ongoing, and meaningful collaboration with State courts in the development and implementation of the State plan under subpart 1 and 2 in the past year.
NC Response CB’s Comments

 Updates Regarding substantial, ongoing, and meaningful collaboration with State courts in development and implementation of the State plan, the NC Division of Social Services is a collaborative partner under a Memorandum of Understanding (MOU) between the Administrative Office of the Courts (AOC), the NC Department of Health and Human Services (NCDHHS), and the Office of Indigent Defense Services (IDS). The purpose of the agreement is to:

- Establish a collaborative relationship between the AOC, NCDHHS, and IDS;
- Improve outcomes of safety, permanence, and well-being of abused, neglected, and dependent children who are in the court system;
- Implement evidence-based practices, best practices, and promising approaches;
- Respond jointly to findings from state and federal program reviews and/or audits;
- Identify trends which impact outcomes for children and their families and develop responsive strategies; and
- Engage in training activities to enhance practice in juvenile court.

This partnership between the AOC, NCDHHS, and IDS is necessary to encourage early and effective intervention in abuse, neglect, and dependency cases and to encourage courts and agencies to work collaboratively to facilitate the implementation of consistent and appropriate child and family service plans. The partners meet twice monthly, using a standing agenda that focuses on the six (6) purposes of the agreement. Included in this is the ongoing review and opportunities for input in the development and implementation of the CFSP and APSR.

 Updates regarding program outcomes as indicated in the FFY 2015-2019 CFSP. NC’s current CFSP includes the goal of expanding NC’s continuous quality improvement (CQI) model, Reaching for Excellence and Accountability in Practice (REAP), statewide. After the Children’s Bureau issued the Child and Family Services Review report in February 2016 outlining NC’s outcome areas that were not in substantial conformity, North Carolina embarked on an extensive, inclusive process to develop a program improvement plan (PIP).

NC’s draft PIP goals, strategies/objectives, and activities can be found in Appendix A of the 2017 APSR it submitted in June 2016. North Carolina has added its draft PIP to its 2015-2019 CFSP, thus updating our CFSP goals, objectives, and interventions. NC believes the PIP, once it is approved by the
Children’s Bureau, will provide an opportunity to prioritize efforts toward strengthening child welfare services in North Carolina, including our quality assurance system, laying the groundwork to support a comprehensive CQI model (i.e., REAP) in the future.

<table>
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<tr>
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<tbody>
<tr>
<td>An update on how partners, tribes, courts, and other stakeholders, will continue to be involved in the upcoming year in the implementation of the goals, objectives, and interventions, and in the monitoring and reporting of progress. Collaboration for the CFSP and APSR should align with collaboration efforts for the state CFSR.</td>
<td>P 6</td>
<td>Need to report on how partners, tribes, courts, and other stakeholders, will continue to be involved in the upcoming year in the implementation of the goals, objectives, and interventions, and in the monitoring and reporting of progress. Collaboration for the CFSP and APSR should align with collaboration efforts for the state CFSR.</td>
</tr>
</tbody>
</table>

NC Response CB’s Comments

The process through which NC has developed its CFSR Program Improvement Plan engaged a wide range of stakeholders for their input into future planning. The process focused activities on executing the CFSP and the CFSR/PIP to assure that all stakeholders know the basis for actions and to secure immediate feedback on the extent to which the activities impact outcomes for families and children. Maintaining this focus on the CFSP and the CFSR/PIP is expected to increase awareness of stakeholders of the need for collaboration to execute the plans, track outcomes, and provide input and guidance continually improve outcomes.

Workgroups are being created with multiple stakeholder partners to develop activities to implement the CFSR/PIP strategies. Stakeholder partners participating in these workgroups include county child welfare agencies, private providers, the Courts, behavioral health agencies, families, and youth.

The Department of Health and Human Services continues to engage the Eastern Band of the Cherokee Indians to establish protocols and input as they develop their own child welfare program. Collaboration continues with monthly meetings to identify issues and establish protocols to address them to assure safety, permanence, and well-being for potentially mutual clients.

<table>
<thead>
<tr>
<th>Language from PI</th>
<th>PI</th>
<th>CB Comment on APSR NC Submitted June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Update on Assessment of Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>States must review and update the data and information provided in their 2015-2019 CFSP/2016 APSR to reflect recent state performance. The state must use its most recent data profile or information provided on the state’s performance on the CFSR Round 3 statewide data indicators, its case review data, relevant data or information for each Round 3 systemic factor item and any other relevant data to update this assessment. States are encouraged to include data that shows performance over time and must indicate the sources of data, methods of data collection, any known issues with data quality/limitations and time period(s) for the data provided. States that have completed their CFSR Statewide Assessment in 2015</td>
<td>P 6</td>
<td>Page 4. Any update with regards to the data and information provided in the 2015-2019 CFSP with regards to Safety, Permanency, Well-Being and Systemic factors? Including the most recent data profile or information provided on the state’s performance on the CFSR Round 3 statewide data indicators, its case review data, relevant data or information for each Round 3 systemic factor item and any other relevant data to update this assessment.</td>
</tr>
<tr>
<td>Language from PI</td>
<td>PI</td>
<td>CB Comment on APSR NC Submitted June 2016</td>
</tr>
<tr>
<td>-----------------</td>
<td>----</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>or 2016 may choose to reference that assessment rather than repeating that information in the 2017 APSR.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NC Response CB’s Comments**

The Round 3 CFSR was completed in North Carolina in 2015 and the performance outcomes, collection methods, and other relevant data regarding recent performance is outlined in the North Carolina CFSR Final Report dated December 2015. That report can be found online at [https://www2.ncdhhs.gov/dss/stats/cw.htm](https://www2.ncdhhs.gov/dss/stats/cw.htm).

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>States are encouraged to consider how they can include information in the 2017 APSR that can serve as the foundation for the CFSR Statewide Assessment and any CFSR PIP. States should review the Statewide Assessment Instrument in order to ensure that all outcome items and systemic factor items are addressed in the 2017 APSR assessment and that data and information provided address the CFSR requirements.</td>
<td>P 7</td>
<td>Page 4 (referenced NC DSS web site: <a href="http://bit.ly/1RR6mP">http://bit.ly/1RR6mP</a>) - Link provided not accessible. Need information as to plans for gathering data and information to assess performance in the next year’s APSR.</td>
</tr>
</tbody>
</table>

**NC Response CB’s Comments**

North Carolina is currently in the final stages of negotiating with the Children’s Bureau regarding its CFSR Program Improvement Plan which outlines how North Carolina will ensure that all of the CFSR outcome items and system factors will be addressed. Once approved, that plan shall be posted online at [https://www2.ncdhhs.gov/dss/stats/cw.htm](https://www2.ncdhhs.gov/dss/stats/cw.htm).
### 3. Update to the Plan for Improvement and Progress Made to Improve Outcomes

#### Update to the Plan for Improvement

**Revisions to Goals, Objectives, and Interventions**

The state must update the 2015-2019 CFSP/2016 APSR goals, objectives, and interventions to incorporate any additional areas needing improvement that were identified in a CFSR, title IV-E, AFCARS, or other program improvement plan or in the 2017 APSR “Update on Assessment of Performance,” section C2 identified above (45 CFR 1357.16(a)(2)). If the current 2015-2019 CFSP or the 2016 APSR does not have a goal, objective, or intervention that addresses key areas needing improvement as identified through the “Update on Assessment of Performance” and in joint planning with CB, the associated goal, objective, intervention and measures of progress must be revised or added to the 2017 APSR.

For the 2017 APSR, states should give particular attention to ensuring that goals, objectives, and interventions address the state performance on the revised CFSR statewide data indicators, systemic factors or outcomes.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Feedback loops:</strong> In monitoring and reporting on progress, the state should also continually consult with partners, tribes, courts and other stakeholders who are involved in implementing the intervention or who are impacted by the intervention for information/data about effectiveness.</td>
<td>P 8</td>
<td>Page 4-7</td>
</tr>
</tbody>
</table>

#### NC Response CB’s Comments

Attached is the AFCARS improvement plan, as last communicated with ACF/CB staff. Please note that the NC AFCARS improvement plan is comprised of two MS Excel documents. Our testing of the links is such that we are able to access the materials.
continually consulted. Though still in draft form, the Program Improvement Plan Goal 4.3 specifically addresses the issue of feedback loops with such stakeholders.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Indicate the specific percentages of title IV-B, subpart 2, funds the state will expend in 2017 on actual service delivery of family preservation, community-based family support, time-limited family reunification and adoption promotion and support services, and on planning and service coordination, with a rationale for the decision. The state must provide an especially strong rationale if the percentage provided for any one of the four service categories is below 20 percent.</td>
<td>P 9</td>
<td>Page 7-12</td>
</tr>
</tbody>
</table>

**NC Response CB’s Comments**

North Carolina is planning to use the IV-B subpart 2 grant in proportions slightly less than 20% in two program areas. It should be noted that in the other two areas, North Carolina is proposing a significantly greater amount. For Family Preservation services, North Carolina is planning on expending in excess of $3 million, or more than 30% of the total fixed amount grant. North Carolina will be expending more than $2.5 million, or nearly 26% for Community Based Family Support Services.

In the area of Time Limited Family Reunification Services North Carolina does not reach the percentage of 20%. North Carolina continues to work with local/county public child welfare agencies to develop capacity to use this funding stream effectively. Through partnership with the Association of County Directors of Social Services, this program area is anticipated to increase in the coming years. As the local offices develop the service delivery capacities, this amount will be increased for the 2018 year. It is anticipated that for the 2018 year, this allocation will exceed the 20% benchmark.

For Adoption Promotion and Support Services the percentage of the total IV-B subpart 2 grant planned for the 2017 year is slightly over 19%, or nearly $2 million. The funds requested for this area are based on past performance of the various services across North Carolina. It is anticipated that the amount planned for the 2018 year will meet the 20% amount.
NC Response CB’s Comments

NCDSS plans to expand and strengthen the range of existing services in the following ways:

**Intensive Family Preservation Services.** Funding for Intensive Family Preservation Services (IFPS) in state fiscal year 2016-17 is increasing from $3,231,900 to $4,683,600 statewide. This will support an increase in families served from 513 to 682 (169 additional families served annually). Additional funding in concrete support for families, as well as training and laptop computers for workers is also being provided. These increases in funding will allow IFPS programs to meet the needs of more families in a more effective manner, reducing the number of children who enter foster care. Progress will be measured through quarterly reporting from IFPS programs, which includes the number of families served and outcomes regarding improved family functioning, increased protective factors, and follow-up at 6 and 12 months to determine if children have remained safely in the home.

**Family Support Services.** The North Carolina General Assembly appropriated approximately $1.5 million to expand the Triple P – Positive Parenting Program. Triple P is an evidence-based parenting and family support system designed to prevent as well as treat behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school, and community before they arise and to create family environments that encourage children to realize their potential. Triple P is an internationally acclaimed, multi-tiered system of evidence based parenting interventions (education and support for parents and caregivers of children and adolescents) that has the following overarching goals:

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

The NC Division of Social Services is partnering with the NC Division of Public Health, the UNC Frank Porter Graham Institute, and The Duke Endowment to expand both service delivery and strengthen implementation support for Triple P implementation. At this time, planned activities, new strategies for improvement, and the methods to be used to measure progress in the upcoming fiscal year have not yet been identified.

**Time Limited Reunification Services.** The NC Division of Social Services does not have any additional steps to expand or strengthen the range of existing Time Limited Reunification Services. County child welfare agencies are using time-limited reunification dollars as intended. We will continue to monitor spending and allowance with plans to explore expansion/strengthening efforts in State Fiscal Year 2017-18.

**Adoption Promotion & Support.** North Carolina provides Post Adoption Support Services to all adoptees under the age of 18 in North Carolina, including children adopted from other countries. Post Adoption Support services are provided by contracted, community-based agencies across 11 regions serving all
100 NC counties. Agencies will be entering their final year of a 3-year, competitive award cycle in FY 2017. Agencies provide evidence-based, trauma-informed services that include but are not limited to case management, therapy, crisis intervention, respite, and parenting education/support.

Once a child who has been adopted internationally is brought to the United States, if the adoption was finalized in the country of origin, the family has the opportunity to “re-adopt” the child in North Carolina and receive a North Carolina issued Decree of Adoption and Certificate of Foreign Birth. If the adoption was not finalized in the country of that child’s birth, they will then complete the adoption upon their arrival in North Carolina. Those families that choose to re-adopt or finalize their adoption in North Carolina are notified of the readiness of their Certificate of Foreign Birth through a letter that is sent to them by the Division of Social Services. We are currently in the process of updating those birth certificate notification letters to all adoptive parents, including those who have adopted and re-adopted their foreign born children with a statement advertising the availability of Post Adoption Services and where to find contact information for their regional provider. Post Adoption Support Services information is also widely available through the NC Kids Adoption and Foster Care Network, which has a general email address, hotline, and website. The website has a specific page for Post Adoption Support Services.

https://www2.ncdhhs.gov/dss/adopt/resources.htm

In July 2016, the North Carolina Legislature passed Session Law 2016-115, An Act to Prohibit the Unlawful Transfer of Custody of a Minor Child and to Make Conforming Statutory Changes. http://www.ncleg.net/Sessions/2015/Bills/House/PDF/H424v6.pdf. Session Law 2016-115 indicates that the Department of Health and Human Services will develop a program to provide needed supports to families at risk of adoption dissolution. National data indicates that children at highest risk of experiencing an unlawful transfer of custody following an adoption, are those children who are adopted from other countries. NC will continue to build upon our Post Adoption Support Services program to address the service needs of all adoptees, including those adopted from other countries during the next competitive awards cycle in FY 2017 with updates to the RFA and contract application process placing an emphasis on the needs of children at risk of dissolution and/or an unlawful transfer of custody.

<table>
<thead>
<tr>
<th>Language from PI</th>
<th>PI</th>
<th>CB Comment on APSR NC Submitted June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services for Children Adopted from Other Countries&lt;br&gt;Describe the activities, including provision of adoption and post-adoption supports, that the state has undertaken since the submission of the 2016 APSR to support the families of children adopted from other countries and any changes to the activities the state plans to take to support children adopted from other countries.</td>
<td>P 10</td>
<td>Page 14&lt;br&gt;The report did not address the requirement. Need to describe the activities, including provision of adoption and post-adoption supports, that the state has undertaken since the submission of the 2016 APSR to support the families of children adopted from other countries and any changes to the activities the state plans to take to support children adopted from other countries.</td>
</tr>
</tbody>
</table>

NC Response CB’s Comments

North Carolina provides Post Adoption Support Services to all adoptees under the age of 18 in North Carolina, including children adopted from other countries. Post Adoption Support services are provided by contracted, community-based agencies across 11 regions serving all 100 NC counties. In FY 2017 agencies will be entering their final year of a 3-year, competitive award cycle. Agencies provide evidence-based, trauma-informed services that include but are not limited to case management, therapy, crisis intervention, respite, and parenting education/support.
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6. Consultation and Coordination Between States and Tribes

Describe how the state monitors its compliance with ICWA. Citing available data and the sources of that data, including input obtained through tribal consultation, assess the state’s level of compliance with the ICWA. If data are not available, provide other information to support the assessment of the state’s level of compliance with ICWA and describe how the state intends to obtain any relevant data that may be needed to assess compliance. Components of ICWA that states must address in consultation with tribes include, but are not limited to:

- Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene;
- Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes;
- Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption; and
- Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe.

The report did not address the components of ICWA that states must address in consultation with tribes as required in the following areas:

- Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene;
- Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes;
- Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption; and
- Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe.

NC Response CB’s Comments

North Carolina would like to add the following information to what is provided on pages 21-22 of its 2017 APSR.

Beginning July, 2015, NC began collaborating with county child welfare agencies to conduct program evaluations to identify program strengths and areas for further development. The process was refined to assure data could be collected to accurately reflect caseworker/agency activities to identify and appropriately respond to Native American children during the agency’s involvement with families. All of the activities are directed by NC policy, which complies with the Indian Child Welfare Act. Below are case review outcomes.

Since January 2016, review of 762 CPS Assessment records revealed the following activity in policy to assure that Native American children are identified early in the process and connect the children and families with Tribal resources:

<table>
<thead>
<tr>
<th>CPS ASSESSMENTS</th>
<th>Yes</th>
<th>No</th>
<th>UTD</th>
<th>NA</th>
<th>Total</th>
<th>Non error</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICWA Was American Indian Heritage assessed?</td>
<td>651</td>
<td>111</td>
<td>NA</td>
<td>NA</td>
<td>762</td>
<td>651</td>
<td>85%</td>
</tr>
<tr>
<td>If opened for CPS In-Home Services or Child Placement Services, was the tribe of which they are members notified?</td>
<td>3</td>
<td>13</td>
<td>21</td>
<td>725</td>
<td>37</td>
<td>3</td>
<td>8%</td>
</tr>
</tbody>
</table>

In the 74 CPS In Home cases reviewed between July 1 and June 30, 2016, these are the findings:

<table>
<thead>
<tr>
<th>IN-HOME SERVICES</th>
<th>Yes</th>
<th>No</th>
<th>UTD</th>
<th>NA</th>
<th>Total</th>
<th>Non error</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICWA Was American Indian Heritage assessed?</td>
<td>68</td>
<td>6</td>
<td>0</td>
<td>NA</td>
<td>74</td>
<td>68</td>
<td>92%</td>
</tr>
<tr>
<td>Since opened for CPS In-Home Services, was the tribe of which they are members notified?</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>65</td>
<td>9</td>
<td>2</td>
<td>22%</td>
</tr>
</tbody>
</table>
Findings in the 89 Foster Care cases reviewed between January 1 and June 30, 2016 are:

<table>
<thead>
<tr>
<th>FOSTER CARE</th>
<th>Yes</th>
<th>No</th>
<th>UTD</th>
<th>NA</th>
<th>Total</th>
<th>Non error</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American/ ICWA Was Native American heritage assessed?</td>
<td>79</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>89</td>
<td>79</td>
<td>88.8%</td>
</tr>
<tr>
<td>Native American/ ICWA Was the tribe contacted at the time of the decision to petition?</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>74</td>
<td>15</td>
<td>4</td>
<td>26.7%</td>
</tr>
</tbody>
</table>

As counties go through the evaluation process with the NC Division of Social Services, Program Development Plans are formulated to respond to the evaluation results. NC will continue to monitor ICWA compliance through these program evaluations.

NC has been actively engaged with the Eastern Band of the Cherokee Indians (EBCI) since the Tribe began the process of developing their independent child welfare program. The EBCI initiated their program October 1, 2015. As the program has developed, there has been frequent interaction to assure (1) children are safe across jurisdictions and (2) county child welfare agencies are kept informed about notices and protocols to comply with ICWA.

During the program initiation, transition of cases from the county child welfare agencies was discussed and children were identified. However, none of the identified children who are Tribal members have been transferred to Tribal authorities. Monthly meetings that include representatives from the EBCI, the 5 counties that share Tribal territory, and the NCDHHS continue to examine potential barriers and proactively seek consensus in transcending them.

The 5 counties that share Tribal territory have the highest involvement with Tribal members, but in the monthly discussions with the EBCI, additional information to the other 95 counties regarding the Tribe’s Child Welfare Program needs to be provided. Currently, this information will be conveyed by January 1, 2017.

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<tr>
<td>Provide an update to the specific steps outlined in the 2015-2019 CFSP/ 2016 APSR to improve or maintain compliance with ICWA that includes tribal input. Describe the activities completed and accomplishments achieved since submission of the 2016 APSR. Provide an update on any planned changes to laws, policies, procedures, communications strategies, trainings or other activities to improve compliance with ICWA that the state has developed in partnership with tribes.</td>
<td>P 13-14</td>
<td>Page 22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The report did not address this requirement.</td>
</tr>
</tbody>
</table>

NC Response CB’s Comments

There have been active discussions between the EBCI, NCDHHS, and county child welfare agencies that have most contact with the EBCI to assure there is clear communication regarding the Tribe’s capacity to meet potential need. These parties have also been engaged in ongoing discussion to assure a coordinated effort to transfer children to Tribal jurisdiction when it is in the best interest of the child and family. Transfer of jurisdiction has not occurred.
due to a variety of issues since October 1, 2015 with the start of the EBCI child welfare program. One of the barriers faced is difficulty securing consensus among attorneys and judges involved with the cases of the need for transfer.

While these legal issues are being sorted out, NCDHHS and the EBCI are identifying areas for which written guidance will be provided to all 100 counties by January 1, 2017.

<table>
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</thead>
<tbody>
<tr>
<td>Provide an update regarding discussions with Indian tribes in the state specifically as it relates to the CFCIP.</td>
<td>P 14</td>
<td>Did not address this requirement.</td>
</tr>
</tbody>
</table>

**NC Response CB’s Comments**

The EBCI established their own child welfare program beginning October 1, 2015. As the more immediate issues regarding seamless provision of CPS and Foster care for safety, permanence, and well-being are addressed, this engagement with the Tribe on CFCIP activities will be discussed in monthly meetings with the Tribal agency.

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<tr>
<th>Language from PI</th>
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<th>CB Comment on APSR NC Submitted June 2016</th>
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<tr>
<td>State agencies and tribes must also exchange copies of their 2017 APSRs (45 CFR 1357.15(v)). Describe how the state will meet this requirement for the 2017 APSR.</td>
<td>P 14</td>
<td>Did not address this requirement.</td>
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</table>

**NC Response CB’s Comments**

The 2017 North Carolina APSR was emailed to the staff of the Eastern Band of Cherokee Indians on 9/15/16.

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<tbody>
<tr>
<td><strong>7. Monthly Caseworker Visit Formula Grant</strong> In the 2017 APSR, states must describe the use of the Monthly Caseworker Visit Grant</td>
<td>P 14</td>
<td>Page 23-24 &lt;br&gt;The report did not describe the use of the Monthly Caseworker Visit Grant</td>
</tr>
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</table>

**NC Response CB’s Comments**

North Carolina uses the Monthly Caseworker Visit grant to support front line social workers who provide case management services to children/youth who are served by Foster Care services. The total grant is distributed to county departments of social services based on an average number of children in custody for each quarter of the proceeding FFY (ending September 30). The range of case management services is articulated in North Carolina’s child...
welfare policy manual, section 1201 – Child Placement Services, which can be accessed at: https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-10/man/

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<tr>
<td><strong>8. Adoption and Legal Guardianship Incentive Payments</strong></td>
<td>P 15</td>
<td>Page 24</td>
</tr>
<tr>
<td>In the 2017 APSR, states should report on how Adoption Incentive funds received during FY 2014 or FY 2015 were or will be spent and describe any changes to how the state plans to use such funds should they receive Adoption and Legal Guardianship Incentive funds in the coming fiscal year, taking into account the new statutory provisions that extend the expenditure period and prohibit supplantation.</td>
<td></td>
<td>The report did not address the requirement that state should report on how Adoption Incentive funds received during FY 2014 or FY 2015 were or will be spent.</td>
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</table>

**NC Response CB’s Comments**

NC did not receive Adoption Incentive Payment funds for FFY 2014. In FFY 2015 we received $220,000 and have not started expending those funds. The FFY 2015 Adoption Incentive Payment funds have to be obligated by 09/30/2018 and liquidated by 12/31/2018. While not yet obligated or expended, as stated on page 24 of the APSR, NC DSS uses Adoption Incentive Payments in combination with other funding sources to promote adoptions in North Carolina. Since the submission of the 2015-2019 CFSP, no changes have been made to the plan for the funding and NC DSS has not encountered any challenges in expending previously received funds in a timely manner. Adoption Incentive Payments continue to be used to support the following services:

- **Recruitment**: The process of finding, screening, and identifying prospective adoptive placement resources.
- **Pre-adoption Training**: Preparatory training for prospective adoptive families to provide knowledge and skills necessary for parenting children with special needs.
- **Post Placement Support**: Services provided by an adoption agency between the time that a child is placed in the home of his or her prospective adoptive parents and the time that the child’s adoption is finalized in court.
- **Facilitation of Legal Procedures**: Completion of legal work to finalize an adoption.
10. Quality Assurance System

In the 2017 APSR:
- Assess the state's current QA/CQI system. Describe any specific practices or system improvements the state has made based on QA/CQI;
- Include any training or technical assistance the state anticipates needing from CB resources or other partners;
- Provide an update on QA/CQI results and data that have been used to update goals, objectives, and interventions or use of funds in the 2017 APSR;
- For states that will undergo a CFSR in FYs 2016 – 2018, describe the state’s current case review instrument and whether the state is using or plans to begin using the federal Onsite Review Instrument (OSRI) as part of the state's ongoing QA/CQI process. Describe how many and the type of cases that are reviewed annually as part of the state’s ongoing case review process and any plans to increase or decrease the number of cases reviewed.

NC Response CB’s Comments

Regarding training or technical assistance North Carolina anticipates needing from CB resources or other partners:
- The State anticipates ongoing training/updates for the use of the Online Monitoring System (OMS) will be needed as new Reviewer/QA personnel are added to the OMS system.
- The State anticipates TA assistance for consultation regarding incident specific case review interpretation questions.
- The State anticipates TA assistance and consultation from the Children’s Bureau regarding the use of the Prospective case reviews outcomes data in formulary to determine progress markers for the PIP.

Regarding an update on QA/CQI results and data that have been used to update goals, objectives, and interventions or use of funds in the 2017 APSR:
- OSRI case review data is available and will be reported to the State team leads each month to demonstrate any changes or trends noticed during the prospective period.
- OSRI case review data will determine what the progress indicators will be for the PIP for case review.
- OSRI Prospective Measurement period began August 1, 2016.
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<tr>
<td><strong>Section D. Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements</strong></td>
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</table>
| Describe any significant changes from the state’s previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas of CAPTA. | P 17 | Pages 26-29  
The report did not address Program Areas 1, 3, 4, 7, 8, 9, 10, 11, 12, 13 and 14.: the intake, assessment, screening, and investigation of reports of child abuse or neglect (106 (b)(1)(A) of CAPTA, e.t.c., as described in section 106(a).  
The State only addresses three (3) out of the 14 program areas of CAPTA. Are there no changes in how the state proposes to use funds to support the other 11 program areas of CAPTA?  
In the areas where activity/Service/Training were identified, please address 2015 status and the corresponding CAPTA areas. You may want to consider a table format.  
Please address any specific information on the activities, services and training planned under the grant for the coming year. |

**NC Response CB’s Comments**

Please see the following table for more detail related to North Carolina’s activities in CAPTA program areas.
<table>
<thead>
<tr>
<th>CAPTA Program Areas</th>
<th>FY 2015 Response</th>
<th>FY 2016 Response</th>
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<tbody>
<tr>
<td>1. The intake, assessment, screening, and investigation of reports of abuse and neglect</td>
<td>• As a continuation of its implementation of P.L. 114-22 (Justice for Victims of Trafficking Act) and P.L. 113-183 (Preventing Sex Trafficking and Strengthening Families Act) North Carolina has updated its Child Protective Services Intake Form (1402-ia) to identify juveniles known or suspected to be victims of human trafficking. Also a Human Trafficking Screening Tool has been developed and incorporated into the screening process. The 1402-ia was also updated to include clarifying questions to assist with screening domestic violence, illegal placement for adoption, and to include a distinction between medical and remedial care. This new tool has been added to the intake curriculum. • In 2016, the Pre Service, Domestic Violence, Intake and CPS Assessment curricula are currently under review for possible revision. • The Intake training describes a 6-step Intake process which is discussed in great detail. Additionally, the Pre-Service training describes The 6-step Intake process. It also covers the assessment process, including family-centered functional assessment using SEEMAPS and the distinction between family assessment and investigative assessment, including the steps involved in making a case decision.</td>
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<td>3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families</td>
<td>• Training directed toward In-Home Services is being offered to county social worker staff. It covers the duties and responsibilities of the In-Home Services social workers, including their assessment process. Direct and indirect services and ongoing assessment of safety and risk are discussed in great detail. This content is also covered in Pre-Service training, including the assessment process, direct and indirect services, and ongoing assessment of safety and risk. All are discussed in detail.</td>
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<tr>
<td>4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools &amp; protocols</td>
<td>• North Carolina continues to review its tools. It is currently updating safety planning policy and the North Carolina Safety Assessment (dss-5231) tool to enhance social work practices around safety and risk factors. • All curricula are currently being updated to incorporate changes made to the Temporary Parent Safety Agreement Policy and its related tools and protocols.</td>
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<td>6. Developing, strengthening, and facilitating training including: (A) training regarding research-based strategies to promote collaboration with the families; (B) training regarding the legal duties of such individuals; and (C) personal safety training for case workers;</td>
<td>• North Carolina is in the process of contracting with a university to develop a statewide Family Leadership Network. The statewide network is composed of an advisory council that serves as the hub of the spokes of the network. The spokes extend family voice into state planning, policy, programming, and training. The hub ensures family partners have the necessary support, training, resources, and coordination to carry out their role. The hub will use a community development strategy that involves family, youth, community, and systems in creating and sustaining the network. In Year 1, the university will engage family, community, government, and national partners in identifying the family leadership model and in laying the foundation for a NC Family Leadership Advisory Council.</td>
<td></td>
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<tr>
<td>CAPTA Program Areas</td>
<td>FY 2015 Response</td>
<td>FY 2016 Response</td>
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| 7. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers | • In addition to the current training offerings, North Carolina will be adding 5 additional webinars and 4 new online, on-demand courses to its program. These new offerings are currently being planned. One particular offering is a 90-minute webinar on “Child Trafficking” will be offered to directors, child welfare program administrators/managers, and all child welfare staff from North Carolina county child welfare agencies. The webinar will give an overview of this serious threat to child well-being and teach child welfare professionals to identify and respond to victims.  
• North Carolina offers a course “Staying Power! A Supervisor’s Guide to Coaching and Developing Child Welfare Staff” which is a two-day, classroom-based training that introduces supervisors and agency leaders to advanced concepts, tools, and practices that enhance staff motivation and effectiveness. Applying strengths-based supervision and coaching techniques, participants improve their ability to retain and develop staff and to build effective teams. In 2016 the course was revised from 3 to 2-days in length, and to increase focus on coaching and team development. 53 supervisors across the state were trained. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 9. Developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect                                                                                                                                                                                                                     | • All training developed and facilitated by North Carolina Staff Development team and its university partners is researched-based and grounded in best practice.                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 14. Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports | • North Carolina fulfills its responsibility to comply with the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106) requirement to maintain Citizen Review Panels through the use of Community Child Protection Teams (CCPT). North Carolina General Statute § 7B-1406 established CCPTs as an interdisciplinary group of community representatives who meet regularly to promote a community-wide approach to the problem of child abuse and neglect and established one team in each of its 100 counties.  
• North Carolina Child Welfare offered child and family team meeting (CFT) trainings to all 100 counties in FY 2016. Fourteen CFT curricula were delivered a total of 52 times: 40 in face-to-face workshops; 11 in interactive, online forums; and 1 as an online, on-demand curriculum.  
• The availability of online formats facilitates access by agencies whose workers might lack the time and resources to attend in person. The online delivery also encourages statewide interactions by workers who share similar concerns but otherwise would be too distant to connect. In 2016-17, NC DSS will be expanding its online and on-demand delivery of training and making curricula readily accessible beyond child welfare workers to foster parents and other agencies.  
• In addition to the CFT trainings identified above, the Center for Family and Community Engagement at NC State University provides CFT technical assistance at the request of county DSS agencies. Often counties include their community partners in locally-delivered workshops in order to increase understanding of CFTs in child welfare and strengthen collaboration among the partners working with the same families. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state’s approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2015. | P 17 | Page 26-27  
The report only addresses three areas.  
Are there other areas where CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state’s approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2015? |

**NC Response CB’s Comments**

There were no additional program areas in which CAPTA State Grant funds were used alone, or in combination with other federal funds, in support of the state’s approved CAPTA plan to meet the purposes of the program since North Carolina submitted its last update on June 30, 2015.

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<td>Submit a copy of the annual report(s) from the citizen review panels and a copy of the state agency’s most recent response(s) to the panels and state and local child protective services agencies.</td>
<td>P 17</td>
<td>Appendix G-The report does not include a copy of the state agency’s most recent response(s) to the panels and state and local child protective services agencies.</td>
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The most recent response to the Citizen Panel Panel’s recommendations is from the 2012 and 2013 combined year end reports. North Carolina is finalizing the response for the 2014 and 2015 combined recommendations report. The response to this two-year Citizen Review Panel report is anticipated to be delivered to ACF/CB by September 23, 2016.
NC Response CB’s Comments

**Update on Services to Substance-Exposed Newborns**

Describe the policies and procedures the state has in place to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants.

We note that such notification should occur in *any* instance in which an infant is demonstrating withdrawal symptoms due to prenatal drug exposure, *whether the drugs were obtained legally or illegally.*

The Child Welfare Services Manual referenced in the report did not address this requirement.

The report needs to fully address the above requirement.

**NC Response CB’s Comments**

**Reporting to CPS.** By North Carolina statute (N.C.G.S. § 7B-301), anyone who suspects a child is being abused or neglected must report what they know to the county department of social services; child protective services (CPS) takes these reports. This law applies to everyone, including health care providers involved in the delivery or care of infants. In order to support North Carolina’s capacity to address families and infants affected by prenatal substance exposure, NC DSS is currently assessing the degree of outreach and education currently being conducted with health care providers regarding reporting practices in this area.

**CPS Intake.** NC DSS policy specific to infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Syndrome Disorder can be found in the Child Welfare Services Manual, Chapter VIII: Protective Services, Section 1407 – Structured Intake (https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-60/man/CS1407.pdf).

County child welfare agencies use the form DSS-1402 (http://zeus.dhhs.state.nc.us/olm/forms/dss/dss-1402-ia.pdf), or “Structured Intake Report” to record information when receiving a child protective services report. This tool includes the following specific questions regarding drug exposed infants:

- What is the present physical condition of the child?
- If the baby is in the hospital, is he/she scheduled to be released soon?
- What is the attitude of the parent/caretaker toward the child?

Further, the Substance Abuse Screening Tool (see p. 60 of Section 1407, Chapter VIII of the NC Child Welfare Services Manual, link is provided above), a tool used during the screening process, provides additional guidance to agencies when they receive reports of drug-exposed infants. Specifically, the tool prompts agencies to ascertain whether the parent’s substance abuse resulted in the infant’s positive screening, in which case a CPS assessment would be warranted.
Due to the fact that federal and state laws do not recognize prenatal child abuse, a CPS assessment is not warranted if, in the absence of other information indicating abuse and neglect, the mother’s screen is positive and the infant’s is negative. However, NC DSS policy does indicate that if a review of agency history reveals a pattern of substantiations or findings of services needed or a particularly egregious substantiation that correlates with the current allegations, it is acceptable to accept the report and initiate a CPS Assessment (see p. 84 of Section 1407, Chapter VIII of the NC Child Welfare Services Manual). Therefore, if a mother’s screen is positive and the infant’s is negative and there is also history known to the agency which indicates that a child may be at risk, a CPS assessment is warranted.

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| Describe the state’s policies and procedures for developing a plan of safe care for infants born and identified as being affected by illegal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder. Describe which agency or entity is responsible for developing a plan of safe care, how it is monitored and how follow-up is conducted to ensure the safety of these infants. | P 18 | Pages 28-29  
The Child Welfare Services Manual referenced (Section 1408 - Investigative and Family Assessments) in the report did not address this requirement. |

**NC Response CB’s Comments**

**Developing a Plan of Safe Care.** Child welfare agencies must develop a plan of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Disorder, using the same NC DSS policy found in the Child Welfare Services Manual, Chapter VIII: Protective Services, [Section 1408 – Investigative and Family Assessments](https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-60/man/CS1408.pdf) used to assess and address all allegations of child maltreatment.

Through the assessment process, agencies must determine:

- Whether the facts identified through a structured gathering of information support the substantiation that a child is abused, neglected, or dependent as defined by statute and the extent of the abuse and neglect; or
- If through observation and the gathering of information it is determined that due to the level of risk, the family is in need of services;
- Whether the specific environment in which the child is found meets the child’s need for care and protection;
- The safety of the child and the potential for risk of harm during the CPS assessment period; and
- What actions might be needed to assure the safety of the child.

This is achieved through a number of required procedures that may take place prior to or following the infant’s release from the care of health care providers. These requirements include, but are not limited to:

- Face-to-face contact and interviews with the children and parent/primary caretakers named in the report within the identified time frame for response;
• Checking agency, state and court records to determine if the reported situation represents a pattern of neglect or abuse;
• Visits to the home where the alleged victim child resides;
• Development of a North Carolina Safety Assessment addressing the safety issues and the caregiver's capacity to ensure safety for the children;
• Interviews with individuals and agencies (collateral contacts) known to be currently involved with the family or known to have knowledge of the situation;
• Assessment of safety, risk, strengths and needs using structured decision making tools;
• Ongoing contact during the assessment sufficient to ensure safety, assess ongoing risk, monitor the effectiveness of the safety response, and ascertain family strengths.

This policy is founded in family-centered philosophy which believes if families are approached through an assessment that looks for their strengths, support systems, motivation to change, and supportive interventions, they will be more capable of providing safe care for their children. Thus, a plan of safe care for an affected infant must also assess and address the health and substance use disorder of the affected family or caregiver. Should a child welfare agency determine that a family must be involved with services (of any type, provided by an agency or individual) in order for the child to safely remain in the home, it must provide involuntary services to ensure the safety of the child. Any recommended services, referred or provided, during the assessment should be documented along with the response of the family (see p. 44 of Section 1408, Chapter VIII of the NC Child Welfare Services Manual, link provided above).

Related Services. **Perinatal Substance Use Project.** This NC DHHS sponsored-project makes available the following:

• *Treatment Referrals* — Screening, information, and appropriate referrals for women throughout North Carolina who are pregnant or parenting and using substances. Also maintains an updated listing of available perinatal and maternal substance abuse treatment beds (residential services) throughout the state. Currently, specialized residential substance abuse services for women and their children are available in 12 agencies in 10 counties. Outpatient perinatal/maternal substance abuse services are available in 7 counties. “NC CASAWORKS for Families Residential Programs in Abuse Service” are also available in 7 counties.

• *Technical Support* — Technical assistance to agencies working with pregnant and parenting women on issues related to substance abuse.

• *Education & Outreach* — Gender-specific substance abuse training for agencies providing services to women who are pregnant and parenting.

• *Publications* — For North Carolina professionals featuring news and resources related to gender-specific substance abuse treatment in North Carolina.

**Children’s Developmental Services Agency (CDSA).** A referral to Early Intervention is required whenever there is a concern regarding a child’s development regardless of whether or not a case decision has been made. However, it is also required that any child under the age of three who has been the subject of a CPS assessment and the case decision was to substantiate neglect, abuse, dependency, or results in the finding of services needed...
must be screened for referral to the Children’s Developmental Services Agency (CDSA) within 72 hours of the case decision (see p. 28 of Section 1408, Chapter VIII of the NC Child Welfare Services Manual).

**Care Coordination for Children.** Care Coordination for Children (CC4C) is an at-risk population management program that serves children from birth to 5 years of age who meet certain risk criteria, including those who are exposed to “persistent parental substance abuse.” The main goals of the program are to improve health outcomes and reduce costs for enrolled children.

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<td>Describe any technical assistance the state needs to improve practice and implementation in these areas, including how to support mothers and families, as well as infants, through a plan of safe care.</td>
<td>P 18</td>
<td>Did not address! Need to address the requirement to “describe any technical assistance the state needs to improve practice and implementation in these areas, including how to support mothers and families, as well as infants, through a plan of safe care.”</td>
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**NC Response CB’s Comments**

**Need for Technical Assistance.** Due to a rising number of foster care entries related to parental substance use, NC DSS is currently reviewing its policies addressing substance use disorders with particular attention to the escalating rate of opioid misuse and dependence among pregnant women. During this process it has been noted that the state needs technical assistance to support its capacity to address families with infants affected by prenatal substance exposure. In particular, North Carolina requests technical assistance to improve practice and implementation in the development of:

- Child welfare policy that recognizes Medication Assisted Treatment (MAT) as a legitimate and preferred treatment option for pregnant women.

- Consistent hospital policies for screening pregnant women, postpartum women and their infants; if universal screening is not feasible, then clearly defined, non-biased criteria for who is screened and consistent notification to CPS.

- Ongoing care plans for mothers and their infants that include home visitation, early intervention services and recovery supports; and plans of safe care that are of sufficient duration to ensure a greater likelihood of family stability and well-being, with sufficient monitoring of maternal depression and anxiety, continuing recovery and parental capacity to meet her infant’s needs as well as her own.

- Memoranda of Agreement that allow for timely information sharing and monitoring infants and families across multiple systems.

- Procedures to improve reporting to the National Child Abuse and Neglect Data System (NCANDS) regarding this population in accordance with Section 503 of the Comprehensive Addiction and Recovery Act of 2016 (CARA).
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<td>Provide an assessment of the changes the state will need to make to its laws, policies or procedures to ensure that victims of sex trafficking, as defined in sections 103(9)(A) and (10) of the TVPA, are considered victims of child abuse and neglect and sexual abuse. We note that it is likely that some states will need to make changes to state laws to come into compliance. Indicate whether the state is electing to apply the sex trafficking portion of the definition of “child abuse and neglect” and “sexual abuse” to persons who are over age 18 but have not yet attained age 24.</td>
<td>P 19-20</td>
<td>Unable to access this referenced page relating to (NCGA) Session Law 2013-368 which amended the juvenile code definition of abused juvenile (G.S 7B-101) (“<a href="http://www.ncleg.net/Sessions/2013/Bills/Senate/PDF/S683v7.pdf">http://www.ncleg.net/Sessions/2013/Bills/Senate/PDF/S683v7.pdf</a> ”). The report does not indicate “whether the state is electing to apply the sex trafficking portion of the definition of “child abuse and neglect” and “sexual abuse” to persons who are over age 18 but have not yet attained age 24”.</td>
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</table>

**NC Response CB’s Comments**

The following is the language from the 2017 APSR submission revised to include a different way to navigate to the Session Law, which will hopefully ensure access to the legislative changes referenced. Our changes to the original language are in **red underlined text:**

- In calendar year 2013 the North Carolina General Assembly (NCGA) passed Session Law 2013-368 ([http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2013&BillID=s683](http://www.ncleg.net/gascripts/BillLookUp/BillLookUp.pl?Session=2013&BillID=s683), from this link, under the “Bill Text” header in the left box, click SL2013-368 to access the session law as it was passed by the NCGA and signed by the Governor) which amended the juvenile code definition of abused juvenile (G.S. 7B-101) to include any juvenile less than 18 years of age whose parent, guardian, custodian, or caretaker who commits or allows to be committed an offense under G.S. 14-43.11 (human trafficking), G.S. 14-43.12 (involuntary servitude), or G.S. 14-43.13 (sexual servitude) against the child. In addition, Session Law 2013-368 included a provision under G.S. 14-204 which provides immunity from prosecution for minors suspected of or charged with prostitution and that law enforcement agencies discovering a minor involved in prostitution shall take the minor into temporary custody as an undisciplined juvenile and immediately report an allegation of human trafficking to the department of social services in the county where the minor resides or is found.

The State has elected not to apply the sex trafficking definition of “child abuse and neglect” and “sexual abuse” to persons who are over age 18 but have not yet attained age 24.
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<tr>
<td>Provide an update on the state’s progress and planned activities in the coming year to develop provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims.</td>
<td>P 20</td>
<td>Pages 29-31</td>
</tr>
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<td>The report indicates that NC DSS anticipates releasing in July 2016 a revised Child Protective Services Intake Policy “to include provisions for identifying and screening child protective services reports of the human trafficking of children”.</td>
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<td>Please confirm if this is done!</td>
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**NC Response CB’s Comments**

As of August 1, 2016, the Division released updated its Child Protective Services Structured Intake Policy including provisions for identifying and screening child protective services reports of the human trafficking of children. The Change Notice summarizing the updates to this manual section can be located here: [https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-60/chg/](https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-60/chg/). The title of the indicated Change Notice is “CWS-CN-02-2016: Child Welfare Services Manual Revision, Chapter VIII: Child Protective Services, Section 1407 – Structured Intake. Revised guidance regarding the screening of DWI/DUI reports with child in vehicle, registered sex offenders living in homes with children, human trafficking”.

The updated policy manual can be located here: [https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-60/man/](https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-60/man/). The indicated changes are located in 1407 – Structured Intake, clicking the header for that section will navigate to the downloadable PDF manual.

Further, during FY 2017 the Division plans to update its Child Protective Services Investigative and Family Assessments Policy to include policies and procedures for identifying, documenting in agency records, and determining appropriate services for children and youth who are believed to be trafficked or are at risk of being trafficked.
Language from PI | PI | CB Comment on APSR NC Submitted June 2016
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Provide an update on the state’s progress and planned activities in the coming year to develop provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters. | P 20 | Please indicate procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters.

NC Response CB’s Comments

The course *Child Welfare in North Carolina (Pre-Service)* for all new child welfare social workers and supervisors includes the following training on sex trafficking victims:

- **On Day 2** in the classroom we review the NC General Statutes (NC G.S. 7B-101). During the discussion of the definition of Abused Juvenile, we point out the inclusion of human trafficking (NC G.S. 7B-101 (g)): “Any juvenile less than 18 years of age whose parent, guardian, custodian, or caretaker commits or allows to be committed an offense under G.S. 14-43.11 (human trafficking)…”

- **On Day 4** in the classroom, we provide the definition of Human Trafficking (from NC G.S. 14-43.11), discuss the provisions of NC’s *Safe Harbor for Victims of Human Trafficking* (NC legislation: Session Law 2013-368 (SB 683)), define the goals of NC’s Project NO REST (North Carolina Organizing and Responding to the Exploitation and Sexual Trafficking of Children), provide data regarding the associated risks factors and connection between foster care and sex trafficking, and explain the risks associated with prior sexual abuse and sex trafficking. Participants are also provided with lists of warning signs and indicators of sex trafficking, common indicators of Human Trafficking, and websites for further reading about human trafficking.

- **Day 6**: The key provisions of the Preventing Sex Trafficking and Strengthening Families Act (P. L. 113-183) are reviewed.

The course *Placement in Child Welfare Services* covers the Preventing Sex Trafficking and Strengthening Families Act of 2014. The following points are stressed during that presentation:

- Child welfare agencies must identify, report, and document services for any youth who is at risk of becoming a sex trafficking victim or who is a sex trafficking victim, including those not removed from the home, or those who have run away from foster care. The runaway policy, which is located in Chapter IV, Section 1201, is reviewed.

- Child welfare agencies must develop and implement protocols to locate children missing from foster care (and determine whether the child is a sex trafficking victim).

In Oct. 2016 the NC Division of Social Services, in partnership with the Jordan Institute for Families at the UNC-Chapel Hill School of Social Work, will offer “Human Trafficking: What Child Welfare Agencies Should Know.” This 90-minute webinar for directors, child welfare program administrators/managers, and all child welfare staff from North Carolina county child welfare agencies will give an overview of this serious threat to child well-being and teach ways to identify and respond to victims. Presenters: Erin Conner, MSW, from the NC Department of Health and Human Services’
Division of Social Services and Lindsey Roberson, JD, a former New Hanover County assistant district attorney who is now an educator, advocate, and expert on human trafficking.

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| In addition, no later than May 29, 2017, states must submit the new CAPTA assurances relating to sex trafficking. These assurances are to be provided in the form of a certification signed by the State’s Governor. The signed assurance may be returned with the 2017 CAPTA Annual Report submitted with the APSR due June 30, 2016, if the state is ready to submit them by that time. | P 20 | Assurances Submitted:  
   ☑ Yes  
   X No |

**NC Response CB’s Comments**

North Carolina is DHHS/DSS and staff from the Attorney General’s office and DHHS management to ensure that we are in compliance with the provisions referenced in the Attachment F assurance document. North Carolina is anticipating the assurance will be provided by the due date of May 29, 2017.

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<tr>
<th>Language from PI</th>
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<th>CB Comment on APSR NC Submitted June 2016</th>
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<tr>
<td>If the state anticipates it will be unable to submit these assurances by May 29, 2017, provide an explanation as to why that is the case.</td>
<td>P 20</td>
<td>Would this situation apply to the State?</td>
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**NC Response CB’s Comments**

North Carolina is anticipating the assurance will be provided by the due date of May 29, 2017.

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<th>Language from PI</th>
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<tr>
<td>Identify any technical assistance needs the state has identified relating to implementation of the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015.</td>
<td>P 20</td>
<td>The report needs to identify any technical assistance needs the state has identified relating to implementation of the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015.</td>
</tr>
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</table>

**NC Response CB’s Comments**

North Carolina has not identified any specific technical assistance related to the Act.
To facilitate ongoing communication between CB and states on issues relating to CAPTA and child abuse and neglect, please submit the name, address, and email for the state CAPTA coordinator (also known as the State Liaison Officer) or where this information can be found on the state’s website.

| Name: | Kevin Kelley; |
| Address: | 820 S. Boylan Ave. McBryde East, 2406 Mail Service Center, Raleigh, NC 27699-2406; |
| Email: | Kevin.Kelley@dhhs.nc.gov; |
| Website Location: | [https://www2.ncdhhs.gov/dss/stats/docs/child%20welfare%20docs/NC%20DHHS%20DSS%20APSR2017_06.30.16.pdf](https://www2.ncdhhs.gov/dss/stats/docs/child%20welfare%20docs/NC%20DHHS%20DSS%20APSR2017_06.30.16.pdf) |

**Section E. Chafee Foster Care Independence Program**

If not provided in Section C, address Collaboration, Program Service Description, and Program Support for CFCIP.

The report did not address this requirement.

**Program Service Description.** The Program Service Description for North Carolina’s CFCIP program is located in the following parts of the 2015-2019 CFSP: p. 77 under A. Agency Administering CFCIP, which provides information on the administration of CFCIP and a description of state oversight of CFCIP; p. 78-84 under B. Description of Program Design and Delivery, which describes the state’s program design, target outcomes, and a discussion of
youth engagement in CFCIP; and p. 84-85 under C. Serving Youth Across the State, which provides a brief description of available services offered in the counties. This information is still correct.

The 2017 APSR p. 12 provides information concerning how services can be accessed through all 100 NC counties, the number of youth served by CFCIP in NC from July 2015 to March 2016, and states that “in FY 2017 North Carolina will continue administering CFCIP as it did in FY 2016 and anticipate service the same number of youth. There have been no changes to available services”. This statement is still correct as it relates to CFCIP. However, it should be noted, as stated on p. 31 of the 2017 APSR, that the Division is preparing to implement the extension of foster care, and thus there will be an overlap of youth who receive extended foster care services and LINKS (CFCIP) services. As stated in the 2017 APSR p. 31 “the option to extend foster care for older youth will have a positive impact on the CFCIP by increasing the chances youth will choose to remain in care and engage in LINKS services.”

The 2017 APSR p. 31 states “the process for determining eligibility for benefits and services described in NC’s CFSP is unchanged.” This statement is still correct.

**Program Support.** Program Support information was provided on p. 15-20 of the 2017 APSR submission.

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<tr>
<td>Provide information on the planned activities for FY 2017, including any planned use of funds in support of the new purpose to ensure that served youth “have regular, ongoing opportunities to engage in age or developmentally-appropriate activities.” Such activities may include both generally appropriate activities and activities specific to the needs of individual youth in care, such as LGBTQ youth.</td>
<td>21</td>
<td>The report did not address this requirement.</td>
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**NC Response CB’s Comments**

Accomplishments and updates related to support and ensure access to age and developmentally-appropriate activities for youth in foster care are located in the 2017 APSR p. 31, p. 32, and p. 33.

Planned activities for FY 2017 to support age and developmentally-appropriate activities for youth in foster care include:

- Continue efforts to inform and support child welfare agencies, resource parents, and youth about the importance of the Reasonable and Prudent Parent Standard and ensuring youth in care (especially older youth) have regular, ongoing opportunities to engage in age- or developmentally-appropriate activities.

Further, the Division plans related to the use of funds for FY 2017 are to amend the following:

- Child Welfare Services Manual (both Child Welfare Funding and Child Placement Services Chapters) to update LINKS (CFCIP) funds use and access policies to include language regarding the use of LINKS funds to support youth in foster care to access age- or developmentally-appropriate activities; and,
• Amend the DSS-5217 Request for Reimbursement of LINKS Special Funds, to include the new CFCIP purpose as an outcome toward which purchases may be made on behalf of eligible young people in foster care and for the purposes of young people to participate in age- and developmentally-appropriate activities.

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<tr>
<td>Consistent with this purpose, please describe policies or practices in place to support or affirm the sexual orientation and gender identities of youth served by the program. This includes ensuring that venues hosting activities or events, providers and other individuals working with youth are affirming of their sexual orientation and gender identity.</td>
<td>P 21</td>
<td>The report did not address this requirement.</td>
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</table>

NC Response CB’s Comments

In the 2017 APSR on p. 37 and p. 38 is a description of activities completed by the state since July 1, 2015 to train resource parents and child welfare professionals to support and affirm lesbian, gay, bisexual, transgender or questioning (LGBTQ) youth and address the unique issues confronting LGBTQ youth.

Planned activities for FY 2017 related to the development and dissemination of policies and practice guidance to support and affirm the sexual orientation and gender identities of youth served by LINKS (CFCIP) as well as activities to ensure that are affirming of their sexual orientation and gender identity include:

• Develop, publish, and disseminate a Practice Guide for county child welfare staff on working with LGBTQ children, youth, and families, including information on terminology, understanding early sexual development, providing support to children and youth who identify as part of the LGBTQ community, providing support to parents and families of origin who identify as part of the LGBTQ community or who have children who identify as part of the LGBTQ community, providing support to foster parents who are fostering LGBTQ youth or are themselves a member of the community, data related to outcomes for LGBTQ-identified youth and how those outcomes are impacted by involvement with the child welfare system, and other issues that impact this population across the continuum of child welfare services. The Division anticipates providing this guide to county DSS agencies through publication on the Divisions website no later than September 30, 2018.
Describe how the state, since the 2015-2019 CFSP and 2016 APSR submission, has informed partners, tribes, courts and other stakeholders about NYTD data and involved them in the analysis of the results of the NYTD data collection or NYTD Assessment Review. Describe how the state has used these data and any other available data in consultation with youth and other stakeholders to improve service delivery in the last year.

NC Response CB’s Comments

As noted in the 2017 APSR p. 38, the Eastern Band of Cherokee Indians (EBCI), a federally-recognized Indian tribe under federal law, as of October 1, 2015, provides child welfare services, including Chafee-related services and programming, including NYTD, to the population living on Tribal land trusts.

As noted in the 2017 APSR pg. 34, NC DSS has worked collaboratively with stakeholders from the county departments of social services to collect NYTD data, and provide technical assistance to improve data collection and service delivery, as needed.

Planned activates for FY 2017 include:

- Engagement of counties and other necessary stakeholders to continue the NYTD data collection monitoring processes implemented since July 2015, and will provide technical assistance to counties, as needed;

- Provision of training to county LINKS Coordinators and other necessary stakeholders on NYTD topics, such as any Federal changes to NYTD communicated to the Division through ACF, strategies for locating and engaging youth to participate in NYTD data collection, as well as State and Federal NYTD data analysis efforts and how to utilize these results to improve services;

- Upon completion of the hiring of Human Service Planner-Evaluators, positions for which funding was provided through NCGA in Session Law 2016-94, develop and implement data analysis methodology and protocol for State NYTD data and a plan for utilization of State NYTD data to improve services; and,

- Institution of NYTD data as a standing agenda item for at least one SaySo board meeting annually to consult with youth and receive their feedback on service delivery improvements.
Language from PI | PI | CB Comment on APSR NC Submitted June 2016
--- | --- | ---
Report activities performed since the 2016 APSR submission and planned for FY 2017 to involve youth/young adults in the CFCIP, CFSR, NYTD, and other related agency efforts. | P 21-22 | The report did not address the requirement of activities performed since the 2016 APSR submission and planned for FY 2017 to involve youth/young adults in the CFCIP, CFSR, NYTD, and other related agency efforts.

NC Response CB’s Comments

As noted in 2017 APSR p. 35, the Division contracted with ILR, Inc. and SaySo, a youth-led advocacy organization, to engage key stakeholders, including youth currently or formerly in foster care. ILR, which employs foster care alumni, and SaySo provide advocacy for foster youth and incorporate the youth voice from around the state by engaging youth at local DSS agencies, community events, statewide meetings, and conferences.

Since the 2016 APSR submission, the Division has engaged youth and young adults via SaySo to participate in the following efforts:

- **Youth Alumni** presented at a series of meetings for private child placing agencies and local DSS agencies to receive information regarding legislative changes, regulatory and licensing changes, and the implementation of the Reasonable and Prudent Parent Standard;
- **Youth Alumni** presented at the annual “Joint Planning” meeting held with NC DSS and the Children’s Bureau;
- **Youth Alumni** were interviewed and recorded for two online courses for social workers and the physical and mental health community. One is an introduction to pre-service for social workers and the other is for the Fostering Connections I: Partnering to Improve the Health and Well-Being of Children in Foster Care; and,
- Engaged approximately 250 youth at SaySo Saturday (March 5, 2016) in the CFSR/PIP process by reviewing the results and securing their input into services provided to them.

Planned activities for FY 2017 to engage youth and young adults in LINKS (CFCIP), CFSR-PIP implementation, NYTD, and other agency efforts include:

- As part of the SFY 2016-2017 contract, ILR, Inc. and SaySo will provide stipends for youth (at least 27 youth) who agree to participate in and/or speak at a range of meetings and conferences, participate in and prepare staff and youth members to participate and speak at advisory meetings with partner organizations/programs as requested, such as the following:
  - NC DHHS reviews, staffing, proposals and internships
  - PIP Implementation Workgroups
  - FACCT
  - NC Voice for Children
  - Center for Family and Community Engagement
  - Court Improvement Program
  - Guardian ad Litem Program
- NC Collaborative on Youth in Transition
- Fostering Perspectives
- Foster Care Assessment and Training Committee
- North Carolina Foster and Adoptive Parent Association
- Reaching Excellence and Accountability in Practice (REAP)
- NC Collaboration of Children, Youths, and Families
- Becoming
- United Way of the Greater Triangle
- NC Educational Stability Task Force
- NC Teen Pregnancy Prevention Task Force
- Attend regional LINKS meetings, as requested;

- Engage SaySo leadership and SaySo youth in efforts to review and provide feedback about needed updates the DSS-1516 Understanding Foster Care – A Handbook for Youth (https://www2.ncdhhs.gov/info/olm/forms/dss/dss-1516.pdf);
- Engage SaySo leadership and SaySo youth in activities that are outlined in our draft Program Improvement Plan (PIP) such as workgroup participation, policy revision review/input, stakeholder feedback and engagement, and the development of the family leadership model; and,
- Continue to authorize the reimbursement of LINKS Special Funds to local DSS agencies to provide incentives for the participation of youth and young adults in the NYTD survey.

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<tr>
<td>Report activities performed since the 2016 APSR submission and planned for FY 2017 to involve the public and private sectors in helping adolescents in foster care achieve independence.</td>
<td>P 22</td>
<td>The report did not address this requirement.</td>
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NC Response CB’s Comments

Activities performed since the 2016 APSR submission relative to involving public and private sectors in helping adolescents in foster care achieve independence include the activities surrounding the development and implementation of the Reasonable and Prudent Parent Standard as noted in the 2017 APSR p. 31-33.

The 2017 APSR submission (p. 33) also included information on the “Foster Care Transitional Living Initiative Fund”, created by Session Law 2015-241 to support a demonstration project with services by Youth Villages to improve outcomes for youth age 17-21 years who transition from foster care, identify
cost-savings in social services, juvenile and adult correction services associated with the provision of Transitional Living Services to youth aging out of foster care, and to take the necessary steps to establish an evidence-based transitional living program available to all youth aging out of foster care.

Other planned activities FY 2017 include:

- Continuation of the Foster Care Transitional Living Initiative Fund through a 2016-2017 SFY Contract with Youth Villages, Inc.; and,

- As part of the SFY 2016-2017 contract, Independent Living Resources, Inc. will offer one (1) three-day Helping Youth Reach Self-Sufficiency training for caregivers to assist foster parents in helping foster youth reach self-sufficiency, and train foster parents to provide continued training and information to their local foster parent groups.

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<tr>
<td>Report activities performed since the 2016 APSR submission and planned for FY 2017 to coordinate services with “other federal and state programs for youth (especially transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies” in accordance with section 477(b)(3)(F) of the Act.</td>
<td>P 22</td>
<td>The report did not address this requirement.</td>
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NC Response CB’s Comments

As noted in the 2017 APSR pg.35-36, NC DSS collaborates with the Division of Public Health on their teen pregnancy programming and with the North Carolina Homeless Education Program and Independent Living Resources for help educate and support transitional living education.

Activities performed since the 2016 APSR submission include:

- The Division has continued to hold monthly conference calls with county LINKS staff and community partners to address any issues, barriers, or opportunities for service provision to youth currently in foster care working to build independent living skills and youth preparing to exit foster care to ensure their successful transition to adulthood;

- The Division has engaged other state agencies and community-based agencies to present on issues and services relevant to transition-age youth during month LINK-Up calls, as follows:
  o During the July 8, 2016 LINK-Up call, Wendy Kiser and Brendan Rice with Orphan Foundation of America (DBA Foster Care to Success) presented comprehensive material to county LINKS Coordinators regarding the history of OFA/FC2S, the FAFSA application process, the ETV and NC Reach eligibility criteria and application processes, the role of the ETV and NC Reach program coordinators, and how LINKS can help prepare young people for postsecondary education. While OFA/FC2S continues to participate on the LINK-Up calls on a monthly basis to provide regular program updates and information, this presentation provided LINKS Coordinators with a more comprehensive view of ETV and NC Reach in order to better assist and prepare young people in foster care in pursuing academic and vocational goals.
During the August 12, 2016 LINK-Up call, Jessica Keith, Special Advisor on ADA with Secretary’s Office of the NC Department of Health and Human Services, presented information about the Transition to Community Living Initiative as a potential resource for youth aging out of foster care who have severe mental illness or severe and persistent mental illness or who would otherwise be referred to adult services upon aging-out of foster care due to being unable to care for themselves. The TCLI could provide supported housing and supportive employment. This presentation also included information on the Targeting and Key Programs as an option for young people with disabilities who are low-income to access affordable housing and ongoing supportive services.

During the September 9th, 2016 LINK-Up call, Walter Johnson with Children’s Home Society of North Carolina, Inc. presented an overview of North Carolina’s Permanency Innovations Initiative (which is administered through a contract with Children’s Home Society of North Carolina). This presentation provided an introduction to Children’s Home Society, gave a snapshot of how the agency supports permanency, and encouraged partnership between the state, counties, and Children’s Home Society toward permanency efforts for children and youth. Upcoming LINK-Up Calls scheduled in October, November, and December will include additional presentations from Children’s Home Society to provide more in-depth information about services offered through the Permanency Innovations Initiative including family finding, child specific recruitment, and professional training.

Further, Haven House, a runaway and homeless youth-serving agency, are Family and Youth Services Bureau grantees and have participated in work groups and on the Steering Committee of Project NO REST, a Federal anti-trafficking grant awarded to the University of North Carolina at Chapel Hill and for which a representative of the Division serves as Child Welfare Liaison.

Planned activities for FY 2017 include:

- During the October, 2016 LINK-Up call there will be presentation from SHIFT NC (Sexual Health Initiatives for Teens) regarding their services, initiatives, and partnerships across the state and how county LINKS Coordinators may connect the young people they work with to services through SHIFT NC or their partners;
- The Division will maintain its partnership with the North Carolina Collaborative on Youth in Transition whose members include representatives from the Administrative Office of the Courts, North Carolina Department of Commerce Workforce Investment Act, SaySo, North Carolina Department of Public Instruction, North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, North Carolina Department of Public Safety’s Division of Adult Correction and Juvenile Justice, and community-based shelters and youth serving agencies;
- The Division will continue participation in quarterly meetings with the Work First Section of NC DSS, and the Division of Workforce Solutions;
- The Division will continue participation in the Postsecondary Education and Employment Opportunities for Students with Disabilities Advisory Committee;
- The Division will continue its relationship and strengthen its collaboration with the Exceptional Children Assistance Center as well as the North Carolina Department of Public Instruction’s Exceptional Children program.
NC Response CB’s Comments

The following describes steps North Carolina took to provide specific training in support of the goals and objectives of the states’ CFCIP and to help foster parents, relative guardians, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living.

- Between June 16 and August 4, 2016 North Carolina’s Regulatory and Licensing Team provided seven sessions of the workshop *Impact of New Child Welfare Legislation on Licensing Regulations*. These 3-hour sessions were attended by county DSS agencies and private child-placing agencies. Three major objectives for training participants were to:
  1. Identify recent child welfare legislation and its impact on licensure (normalcy/reasonable and prudent parent standard; consent to treatment; Civil Rights Act & Americans with Disabilities Act; Fostering Success/ expansion of foster care to age 21; & Preventing Sex Trafficking).
  2. Apply new child welfare services legislation, policy, and administrative rules to agency operations.
  3. Describe North Carolina’s CFSR Program Improvement Plan as it relates to licensed agencies and the role of the agency in aiding in the achievement of outcomes for children and families.

Each session opened with a panel of youth from the *Strong Able Youth Speaking Out (SaySo)* foster youth organization. These youth shared their perspective on what Normalcy means to them and the beneficial impact of the enactment of the Reasonable and Prudent Parent Standard. The remainder of each session focused on a review of the laws, the impact on licensing, strategies for implementation and a time for questions and answers. NC DSS staff from Regulatory and Licensing, Local Supports, Staff Development and Assistants Attorney General served as subject matter experts for these sessions. Approximately 50 participants attended each session.

- The NC Division of Social Services and its training partners offered the course *Helping Youth Reach Self-Sufficiency* on Oct. 23-25, 2015. This a three-day curriculum is designed to develop a core group of foster parents who will provide continuing education and training to local foster parents on assisting foster youths to reach self-sufficiency. A group of 10 completed the training in October 2015.

- The Division and its partners at the Center for Child and Family Health have provided training to over 800 substitute caregivers in the National Child Traumatic Stress Network curriculum *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents*. This 16-hour in-service curriculum is designed to help foster, adoptive, kinship parents and others understand the issue of trauma and how to support youth in their healing process which will better prepare them for independent living.

- As noted in the 2017 APSR p. 34, the Division continues to contract with Independent Living Resources, Inc. to provide transitional living education services to NC’s foster youth, foster parents, and case workers. Please see section V.4 (Training Plan) for additional details.
**Language from PI**

<table>
<thead>
<tr>
<th>Education and Training Voucher Program</th>
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<td>Describe the specific accomplishments and progress to establish, expand, or strengthen the state’s postsecondary educational assistance program to achieve the purpose of the ETV program based on the plan outlined in the 2015-2019 CFSP and 2016 APSR.</td>
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<th>CB Comment on APSR NC Submitted June 2016</th>
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<tr>
<td>P 24</td>
<td>The report did not address this requirement.</td>
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**NC Response CB’s Comments**

As noted in the 2017 APSR p. 38, the Division has contracted with Orphan Foundation of America, DBA Foster Care to Success (FC2S), since 2003 to administer the North Carolina Education and Training Voucher Program (NC ETV). NC ETV makes available vouchers for youth who were in care at age 17 and youth who were adopted out of care or placed in a relative guardianship on or after their 16th birthday to attend appropriately accredited postsecondary institutions of higher learning or access vocational training. NC ETV provides up to $5,000 a year for college and vocational training, based on cost of attendance and available funds.

Specific NC ETV accomplishments during SFY 2015-2016 are as follows:

- FC2S ensured the NC ETV program information link on [www.fc2sprograms.org](http://www.fc2sprograms.org) website was accessible and operational 24 hours and 7 days a week to the general public;
- FC2S ensured that the independent living coordinator administration portal at [http://adm.fc2sprograms.org/login](http://adm.fc2sprograms.org/login) is accessible and operational 24 hours and 7 days a week for NC DSS;
- FC2S issued scholarship recipients tax reports as required by federal or state law;
- FC2S tracked the number of students assisted by the ETV program on a monthly basis;
- FC2S tracked the number of students who were retained by the NC ETV program on a monthly basis (65% retention rate);
- FC2S tracked the number of students who, when placed in the Academic Success Program (probation), earn a 2.0 GPA the following semester;
- FC2S tracked the percentage of recipients graduating or successfully completing their academic or vocational program;
- FC2S demonstrated at least 85% of students who participated in an annual satisfaction survey were satisfied with the NC ETV Program; and,
- FC2S demonstrated that at least 45% of students who participated in the Academic Success Program increased their GPA by the end of the semester.

Further, the Division contracts with FC2S to administer the states’ scholarship program. In 2007, the North Carolina General Assembly passed Session Law 2007-323, which established a scholarship program to benefit college students who have either aged out of the state’s foster care system or whose adoption from the state’s public foster care system was finalized on or after their twelfth birthday. This scholarship program is called NC Reach. NC
Reach provides state-funded grants to former foster youth to attend public community colleges and universities in North Carolina. The grants apply to the cost of attendance and can be used to pay for tuition, fees, books and room and board, however Federal and state grants and scholarships, including the Pell Grant, the Education and Training Voucher Program and state scholarships, such as the North Carolina Education Lottery Scholarship, are applied first to the predetermined costs of attendance at a qualifying school prior to the application of the NC Reach grant. NC Reach covers the remaining balance of the predetermined cost of attendance. In addition to scholarship funding, this program provides comprehensive case management services for participating students. Some students are eligible for both ETV and NC Reach.

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<tr>
<td><strong>Section F. Updates to Targeted Plans within the 2015-2019 CFSP</strong></td>
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<tr>
<td><strong>Foster and Adoptive Parent Diligent Recruitment Plan</strong></td>
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<td>Need to indicate if there are no changes or additions to the plan!</td>
</tr>
<tr>
<td>Indicate if there are any changes or additions needed to the plan. In a separate word document, provide information on the change or update to the Foster and Adoptive Parent Diligent Recruitment Plan, if any.</td>
<td>P 25</td>
<td></td>
</tr>
</tbody>
</table>

NC Response CB’s Comments

At this time, there are no additions or changes to North Carolina’s Diligent Recruitment Plan. As stated on page 30 of the APSR, North Carolina is currently engaging with the National Resource Center for Diligent Recruitment (NRC-DR) in providing support to improve the diligent recruitment plan, clarify and streamline the components of family recruitment efforts at both the state level and county level, explore additional and/or refine current recruitment strategies (as needed), and develop and execute a communication plan regarding the improved diligent recruitment plan for county DSS and private child-placing agencies. This is a strategy currently in the draft federal Program Improvement Plan designed to strengthen the plan and the capacity of resource parents to meet the needs of the children and youth they serve. It is anticipated changes to the CFSP will occur through the 2018 APSR once the Technical Assistance Plan created with the NRC-DR is accomplished.
### Health Care Oversight and Coordination Plan

Describe the progress and accomplishments in implementing the state’s Health Care Oversight and Coordination Plan, including the impact protocols for the appropriate use and monitoring of psychotropic medications have had on the prescription and use of these medications among children and youth in foster care.

<table>
<thead>
<tr>
<th>PI</th>
<th>CB Comment on APSR NC Submitted June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>P 25</td>
<td>The report did not address the progress and accomplishments in implementing the state’s Health Care Oversight and Coordination Plan, including the impact protocols for the appropriate use and monitoring of psychotropic medications have had on the prescription and use of these medications among children and youth in foster care.</td>
</tr>
</tbody>
</table>

Indicate if there are any changes or additions needed to the plan. In a separate word document, provide information on the change or update to the Health Care Oversight and Coordination Plan, if any.

<table>
<thead>
<tr>
<th>PI</th>
<th>CB Comment on APSR NC Submitted June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>P 25</td>
<td>Need to indicate if there are no changes or additions to the plan!</td>
</tr>
</tbody>
</table>

**NC Response CB’s Comments**

 Progress and accomplishments in implementing the state’s Health Care Oversight and Coordination Plan were noted on pgs. 45-46 of the 2017 APSR. We are unable at this time to attribute change in the appropriate use of psychotropic medication given the monitoring protocols that have been established. NC DSS is working closely with our partners at the Division of Medical Assistance (DMA) to review psychotropic medication usage and ensure appropriate monitoring occurs.

---

### Health Care Oversight and Coordination Plan

Indicate if there are any changes or additions needed to the plan. In a separate word document, provide information on the change or update to the Health Care Oversight and Coordination Plan, if any.

<table>
<thead>
<tr>
<th>PI</th>
<th>CB Comment on APSR NC Submitted June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>P 25</td>
<td>Need to indicate if there are no changes or additions to the plan!</td>
</tr>
</tbody>
</table>

**NC Response CB’s Comments**

There were no changes to the Health Care Oversight and Coordination Plan. The Fostering Health NC Statewide Advisory Committee, along with NC DSS and NC DMA, have been discussing possible revisions and will be working on updating the plan before February 2017.

---

### Disaster Plan

Specify whether the state was affected by a disaster, and, if so, describe how the Disaster Plan was used and assess its effectiveness.

<table>
<thead>
<tr>
<th>PI</th>
<th>CB Comment on APSR NC Submitted June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>P 26</td>
<td>Page 47 and Appendix H</td>
</tr>
</tbody>
</table>

North Carolina: Addendum to 2017 APSR
Language from PI | PI | CB Comment on APSR NC Submitted June 2016
---|---|---
Indicate in the 2017 APSR if there are any changes or additions needed to the plan. In a separate word document, provide information on the change or update to the Disaster Plan, if any. | P 26 | Page 47

Language from PI | PI | CB Comment on APSR NC Submitted June 2016
---|---|---
Training Plan | P 26 | Page 47

As needed, update the Training Plan. Any training activities to be paid for with title IV-E funds that were not included in the Training Plan must be included in an updated Training Plan. The Training Plan can be updated by submitting a separate document that will serve as an appendix to the 2015-2019 Training Plan.

NC Response CB’s Comments

Please see NC’s Training Plan, which is being resent as a separate attachment.

NOTE: NC’s response to Karla Richardson’s questions about funding of training can be found at the end of this document.
**Section G. Statistical and Supporting Information**

1. CAPTA Annual State Data Report Items: *Information on Child Protective Service Workforce*: For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state, report available information or data on the following:
   - information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions;
   - data on the education, qualifications, and training of such personnel;
   - demographic information of the child protective service personnel; and
   - information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

If the state was unable last year and continues to be unable this year to provide all of the requested information relating to the child protective service workforce, please provide an explanation as to why that information is not currently available, and describe steps the state will take to be able to report the information in the future.

**NC Response CB’s Comments**

Child welfare staffs are managed by each of the 100 counties through standards set for qualification by the State Office of Human Resources or through the county with a substantially equivalent human resource system. Due to the lack of a single data base for child welfare staff in North Carolina, comprehensive demographic information on the workforce is not available.

NCDHHS does collect 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

County child welfare agencies are organized in differing ways, which makes it difficult to clearly establish how many FTEs are assigned to different program areas. This is further complicated by the fact that, when there are vacancies it is not unusual to temporarily reassign staff to ensure services are provided to families.

<table>
<thead>
<tr>
<th>Language from PI</th>
<th>PI</th>
<th>CB Comment on APSR NC Submitted June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Information on Child Protective Service Workforce</em></td>
<td>P 27</td>
<td>Need to address the demographic information of the child protective service personnel.</td>
</tr>
</tbody>
</table>
Following is data on staffing for calendar year 2015:

<table>
<thead>
<tr>
<th></th>
<th>Number of budgeted CW-SW FTEs</th>
<th>Promotion within agency</th>
<th>Lateral transfer within agency</th>
<th>Voluntary Resignation</th>
<th>Involuntary Dismissal</th>
<th>Retirement</th>
<th>Death</th>
<th>Reduction in Force</th>
<th>Other</th>
<th>Total Vacancies</th>
<th>% of workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals for CW Social workers</td>
<td>2962.7</td>
<td>101</td>
<td>139</td>
<td>457</td>
<td>54</td>
<td>31</td>
<td>4</td>
<td>1</td>
<td>28</td>
<td>815.3</td>
<td>28%</td>
</tr>
<tr>
<td>Totals for CW Supervisors</td>
<td>566.28</td>
<td>27</td>
<td>18</td>
<td>36</td>
<td>2</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>101</td>
<td>18%</td>
</tr>
<tr>
<td>Totals for CW Program Managers</td>
<td>84.5</td>
<td>5</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>15</td>
<td>18%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education of Child Welfare Staff</th>
<th>BSW</th>
<th>Other Bachelors</th>
<th>MSW</th>
<th>Other Masters</th>
<th>Higher Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education of Social Workers</td>
<td>557.75</td>
<td>945</td>
<td>315.72</td>
<td>200</td>
<td>2</td>
</tr>
<tr>
<td>Education of Supervisors</td>
<td>75.3</td>
<td>153.3</td>
<td>67</td>
<td>52</td>
<td>2</td>
</tr>
<tr>
<td>Education of Program Managers</td>
<td>10.7</td>
<td>23.2</td>
<td>10</td>
<td>9</td>
<td>0</td>
</tr>
</tbody>
</table>

Beginning in January 2016, NCDHHS began monitoring county compliance with required child welfare training. In collaboration with UNC-Chapel Hill, a website (https://www.ncswlearn.org/) for registering and tracking training for county child welfare staff was developed which can be used to collect this information. Information on all the training requirements for child welfare staff is also included in a document on this website (https://www.ncswlearn.org/help/pdf/childrenguidelines.pdf). However, extracting aggregate data on training compliance is not possible on a large scale; for this, processing of training information by supervisors is required. Processing the data for the monitoring is still being refined, and the expectation is that NC will have an improved means for collecting and reporting training compliance data June 30, 2017.

Maximum workloads for social workers are:
- 100 CPS Intakes per month
- 10 CPS Assessments
- 10 CPS In Home Cases
- 15 children in foster care and adoption
- 32 foster and adoptive families
- 200 families for foster and adoptive recruitment per year
- 120 foster and adoptive parent training per year
- 120 home studies that do not generate a fee
Compliance with workload standards are evaluated in 2 ways. The first is through a quarterly county child welfare agency self-report on workloads and staffing patterns. The second is through the semiannual program evaluations conducted in collaboration with counties. Information provided in the agency self-report above is used as a source of data for the program evaluations. However, this data is not fully vetted and verified. For calendar year 2015, the following table shows the aggregate state data reported by county child welfare agencies. This data is based on the monthly average for the 12 months. As a reminder, it is not unusual for staff to manage cases that cross over into other child welfare service areas.

<table>
<thead>
<tr>
<th>Area</th>
<th>Workload</th>
<th>FTEs needed for workload</th>
<th>FTEs budgeted</th>
<th>Budgeted FTEs Available for more than 2 weeks in the month</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPS Intake</td>
<td>11351.08</td>
<td>113.51</td>
<td>168.11</td>
<td>158.77</td>
</tr>
<tr>
<td>CPS Assessments</td>
<td>10677.08</td>
<td>1157.34</td>
<td>1056.44</td>
<td>886.43</td>
</tr>
<tr>
<td>CPS In Home Services</td>
<td>4264.33</td>
<td>459.62</td>
<td>510.74</td>
<td>457.15</td>
</tr>
<tr>
<td>Foster Care</td>
<td>9208.5</td>
<td>613.90</td>
<td>691.75</td>
<td>625.7</td>
</tr>
<tr>
<td>Adoptions</td>
<td>1484.67</td>
<td>98.98</td>
<td>126.98</td>
<td>119.99</td>
</tr>
<tr>
<td>Foster and Adoptive Homes</td>
<td>2859.5</td>
<td>111.68</td>
<td>146.57</td>
<td>137.81</td>
</tr>
<tr>
<td>Non fee Home Studies</td>
<td>180.83</td>
<td>18.08</td>
<td>27.33</td>
<td>25.64</td>
</tr>
</tbody>
</table>

More accurate and concise data will be available as NC moves to design and implement the case management system NC FAST.

**Language from PI**

<table>
<thead>
<tr>
<th>PI</th>
<th>CB Comment on APSR NC Submitted June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>P 30</td>
<td>Need to provide the FY 2014 state and local share expenditure amounts for the purposes of title IV-B, subpart 2 for comparison with the state’s 1992 base year amount, as required to meet the non-supplantation requirements in section 432(a)(7)(A) of the Act.</td>
</tr>
</tbody>
</table>

**NC Response CB’s Comments**

The amount of the state and local share of expenditures for the FFY 14 IV-B, subpart 2 grant award of $10,044,744.00 that North Carolina received was $3,348,248.
<table>
<thead>
<tr>
<th>Language from PI</th>
<th>PI</th>
<th>CB Comment on APSR NC Submitted June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FY 2014 Title IV-B Expenditure Report—CFS-101, Part III</strong> If the state’s expenditure of FY 2014 IV-B, subpart 2 PSSF grant did not approximate 20 percent of the grant total for any of the four PSSF service categories, provide information in the narrative of the APSR on 1) whether the disproportion was requested when the state submitted its estimated expenditures for FY 2014; and 2) the rationale for the disproportion in the actual expenditure of FY 2014 grant funds.</td>
<td>P 31</td>
<td>Page 10; Page 58</td>
</tr>
</tbody>
</table>

**The report did not include information on:**
whether the disproportion was requested when the state submitted its estimated expenditures for FY 2014;

**NC Response CB’s Comments**

North Carolina bases the allocation for the IV-B, subpart 2 PSSF grant on the data for recent performance in each of the four program areas. The request for variance from the 20% guideline has been made for several years. The rationale for the disproportionate allocations has been made each year for several years. North Carolina is applying efforts to increase the program performance for the two areas that are not currently meeting the 20% performance benchmark. See checklist item above for more information on the program area allocation request.
Updates to Training Plan

States must provide updated information on training plan requirements, including:

- As needed, update the Training Plan. Any training activities to be paid for with title IV-E funds that were not included in the Training Plan must be included in an updated Training Plan. The Training Plan can be updated by submitting a separate document that will serve as an appendix to the 2015-2019 Training Plan.
- For any new training not previously described, the state must address the following in its updated training plan:
  - A brief, one-paragraph syllabus of the training activity;
  - Indication of the specifically allowable title IV-E administrative functions the training activity addresses;
  - Description of the setting/venue for the training activity;
  - Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time);
  - Description of the proposed provider of the training activity;
  - Specification of the approximate number of days/hours of the training activity;
  - Description of the audience to receive the training;
  - Description of estimated total cost; and
  - Cost allocation methodology applied to training costs.

NC Response CB’s Comments

Ms. Richardson, the information provided below is in response to your questions.

New Courses

- **Secondary Trauma: A Course for Child Welfare Workers**
  
  **Format:** One classroom day (6 hrs.).
  
  **Audience:** Child welfare line staff employed in NC county DSS agencies.
  
  **Description:** This course helps child welfare professionals manage their physical and emotional responses to the child abuse and neglect they encounter on the job. In it they learn and practice a variety of strategies that will help them prevent and respond to secondary trauma.

[FROM September 07, 2016 EMAIL FROM KARLA RICHARDSON]

Many of the New Courses and Webinars do not have all of the requirements. I am attaching a copy of our training checklist so that you can review. The checklist does not have to be used but it includes all of the required fields per the PI.

For Secondary Trauma: A Course for Child Welfare Workers, Secondary Trauma: A Course for Supervisors & Managers and Learning to Support, Include, and Empower Lesbian, Gay, Bisexual, Trans and Questioning Youth in Substitute Care, can you provide what funding source is used and the cost allocation methodology being applied?

On page 50, there are 5 webinars dated from 10/6/15 to 6/21/16. Were these webinars previously submitted and approved in the CFSP or a prior year APSR? If not, will title IV-E funds or IV-B funds be used? If the webinars have not been previous submitted and approved, then a training checklist must be provided.

On page 52, are the Publications to Support Professional Development and Best Practice training or is this information that can be accessed for additional resources and references?

Chafee Foster Care Independence Program (CFCIP) Training on page 54. Were these courses previously submitted and approved in the CFSP or a prior year APSR? If not, then a training checklist must be provided.
Title IV-E Administrative Functions this Training Addresses: Case Management and Supervision; Other – Trauma

**Estimated Total Cost:** $15,163.67 (Direct Cost = $13,785.16 + Indirect Cost = $1,378.51)

**Applicable Funding Sources:** IV-B1; IV-B2; IV-E Foster Care; IV-E Adoption; TANF; SSBG; Medicaid; CAN; State

**Duration:** Short-term

**Provided by:** Family and Children’s Resource Program, Jordan Institute for Families, UNC-CH.

- **Secondary Trauma: A Course for Supervisors & Managers**
  
  **Format:** Two classroom days (12 hrs.).
  
  **Audience:** Supervisors, managers, administrators, and directors employed in NC county DSS agencies.
  
  **Description:** On Day 1 participants learn to prevent and respond to secondary trauma at the personal level, which is what workers learn in the 1-day STS course. On Day 2 they learn to effectively target STS at the worker, supervisor, and agency level, and they develop a plan to address this issue in their agency.

- **Learning to Support, Include, and Empower Lesbian, Gay, Bisexual, Trans, and Questioning Youth in Substitute Care**
  
  **Format:** Self-paced, online course (4 hrs.) *Note: this course is available through NC State University:*
  
  
  **Audience:** Foster care social workers and foster parents with public and private child-placing agencies.
  
  **Description:** Provides an introduction to issues of sexual orientation, gender identity, and gender expression of youth in foster care. Includes a module that incorporates quotes from youth about their needs and experiences.

- **Fostering Connections I: Partnering to Improve the Health and Well-being of Children in Foster Care**
  
  **Format:** Self-paced, on-demand, online course (0.5 hrs.).
  
  **Audience:** Child welfare child welfare supervisors, managers, and directors employed in NC county DSS agencies.
Description: Provides knowledge and tools to help child welfare professionals collaborate successfully with medical homes and the local community care network to improve outcomes for children in foster care. Includes descriptions of practice and policy issues related to American Academy of Pediatrics’ recommended medical visit schedule for young people in foster care.

Title IV-E Administrative Functions this Training Addresses: N/A

Estimated Total Cost: $3,589.34 (Direct Cost = $3,263.04 + Indirect Cost = $326.30) Note: IV-E funds were not used to develop this course (that funding was provided by the NC Pediatric Society), but IV-E is used to make this course available on www.ncswlearn.org on an ongoing basis.

Duration: Full-time (offered 24/7 on an ongoing basis).

Provided by: NC Pediatric Society and Family and Children's Resource Program, Jordan Institute for Families, UNC-CH

- **Fostering Connections II: Building Local Systems to Improve the Health and Well-being of Children in Foster Care**

  Format: Self-paced, on-demand, online course (0.5 hrs.)

  Audience: Child welfare professionals of all types employed in NC county DSS agencies.

  Description: Teaches agency leaders to create successful interagency partnerships between DSS, medical homes, and the local community care network.

  Title IV-E Administrative Functions this Training Addresses: N/A

  Estimated Total Cost: $3,589.34 (Direct Cost = $3,263.04 + Indirect Cost = $326.30) Note: IV-E funds were not used to develop this course (that funding was provided by the NC Pediatric Society), but IV-E is used to make this course available on www.ncswlearn.org on an ongoing basis.

  Duration: Full-time (offered 24/7 on an ongoing basis).

  Provided by: NC Pediatric Society and Family and Children's Resource Program, Jordan Institute for Families, UNC-CH

- **Advocating for Child and Adolescent Mental Health Services: The Basics of Behavioral Health Managed Care**

  Format: Self-paced, on-demand, online course (2 hrs.)

  Audience: Child welfare professionals of all types employed in NC county DSS agencies.

  Description: Provides basic information on working with Local Management Entities/ Managed Care Organizations (LME/MCOs) to connect children and families to services.

  Title IV-E Administrative Functions this Training Addresses: N/A

  Estimated Total Cost: $3,589.34 (Direct Cost = $3,263.04 + Indirect Cost = $326.30) Note: IV-E funds were not used to develop this course (that funding was provided by the NC Division of Mental Health, Developmental Disability, and Substance Abuse), but IV-E is used to make this course available on www.ncswlearn.org on an ongoing basis.

  Duration: Full-time (offered 24/7 on an ongoing basis).

  Provided by: Behavioral Health Care Resource Program, Jordan Institute for Families, UNC-CH.
Cost Allocation Methodology
The Cost Allocation Plan (CAP) for NC DHHS is located at: [http://www.ncdhhs.gov/control/cost/CAP/ToC.htm](http://www.ncdhhs.gov/control/cost/CAP/ToC.htm). This plan is divided into 15 sections. Section XII is specific to NC DSS.

The description of the estimated total cost and the cost allocation methodology for the NC DSS Training Plan can be found in RCC Narratives ([http://www.ncdhhs.gov/control/cost/CAP/ToC.htm](http://www.ncdhhs.gov/control/cost/CAP/ToC.htm)).

For all types of training provided, multiple sources of funding may support training efforts. Different cost allocation methodologies are also linked to different funding sources.

The NCDHHS DSS Cost Allocation Plan is organized by Sections within DSS and by Revenue Cost Center (RCC). The RCC Narrative provides the description of services provided, the allocation base definition, the source of statistical data, the time period used and the programs that benefit.

The RCCs for the training plan are:
- 2422, DV consultants
- 2430, Child Welfare Services Staff Development Team
- 2431, Child Welfare Services Staff Development & Training
- 2432, Trauma Grant Support
- 2475, Training Contracts
- 2480, Training Contracts Grants Funded
- 2481, Education Collaborative
- 2492, Training Center Community College Contracts
- 2494, Regional Training Staff
- 6055, Trauma Grant Contract

Webinars
- **Tips for Adoptive Placements**
  
  **Format:** 90-minute webinar
  
  **Audience:** Supervisors, managers, administrators, and directors employed in NC county DSS agencies.
  
  **Description:** In this webinar, representatives from North Carolina’s adoption exchange program, NC Kids, and its ICPC (Interstate Compact on the Placement of Children) team discuss ways to overcome barriers, prevent problems, and successfully manage interstate assessments and adoptive placements in order to achieve timely permanence for all waiting children. Participants received handouts and follow-up documentation supporting the information provided during the webinar. A recording of this event is available 24/7.

  **Title IV-E Administrative Functions this Training Addresses:** Recruitment/licensing of Foster/Adoptive Homes and Institutions

  **Estimated Total Cost:** $11,671.66 (Direct Cost = $11,556.10 + Indirect Cost = $115.56)
**Applicable Funding Sources:** IV-B1; IV-B2; IV-E Foster Care; IV-E Adoption; TANF; SSBG; Medicaid; CAN; State

**Duration:** Full-time (offered 24/7 on an ongoing basis).

**Provided by:** Family and Children's Resource Program, Jordan Institute for Families, UNC-CH.

- **Promoting Normalcy for Children**
  
  **Format:** 90-minute webinar
  
  **Audience:** Supervisors, managers, administrators, and directors employed in NC county DSS agencies.
  
  **Description:** North Carolina’s new “Family Foster Care Act” makes it easier for young people in foster care to engage in commonplace activities enjoyed by other children and youth. This webinar considers why “normal” experiences are so important and explores implementation of the “reasonable and prudent parent standard.” Participants received handouts and follow-up documentation supporting the information provided during the webinar. A recording of this event is available 24/7.

  **Title IV-E Administrative Functions this Training Addresses:** Case Management
  
  **Estimated Total Cost:** $11,671.66 (Direct Cost = $11,556.10 + Indirect Cost = $115.56)
  
  **Applicable Funding Sources:** IV-B1; IV-B2; IV-E Foster Care; IV-E Adoption; TANF; SSBG; Medicaid; CAN; State
  
  **Duration:** Full-time (recording offered 24/7 on an ongoing basis).
  
  **Provided by:** Family and Children's Resource Program, Jordan Institute for Families, UNC-CH.

- **Concurrent Planning and Making Medical Decisions**
  
  **Format:** 90-minute webinar
  
  **Audience:** Supervisors, managers, administrators, and directors employed in NC county DSS agencies.
  
  **Description:** In 2015 there were a number of legislative changes affecting child welfare practice in North Carolina. Two of the most significant relate to concurrent planning and the way medical decisions are made for children in foster care. This webinar answers questions about these changes and explores what they mean for child welfare professionals, their agencies, and families and children. Participants received handouts and follow-up documentation supporting the information provided during the webinar. A recording of this event is available 24/7.

  **Title IV-E Administrative Functions this Training Addresses:** Case Management
  
  **Estimated Total Cost:** $11,671.66 (Direct Cost = $11,556.10 + Indirect Cost = $115.56)
  
  **Applicable Funding Sources:** IV-B1; IV-B2; IV-E Foster Care; IV-E Adoption; TANF; SSBG; Medicaid; CAN; State
  
  **Duration:** Full-time (recording offered 24/7 on an ongoing basis).
  
  **Provided by:** Family and Children's Resource Program, Jordan Institute for Families, UNC-CH.

- **Preservice Redesigned: What You Need to Know**
  
  **Format:** 90-minute webinar
  
  **Audience:** Supervisors, managers, administrators, and directors employed in NC county DSS agencies.
Description: In 2016 the NC Division of Social Services made major improvements to Preservice, the mandatory training for all new NC county DSS child welfare professionals. This webinar describes these changes in detail, answers common questions, and explores ways child welfare supervisors, training managers, and program managers and administrators from North Carolina county DSS agencies can make the most of the new and improved version of Child Welfare in North Carolina. Participants received handouts and follow-up documentation supporting the information provided during the webinar. A recording of this event is available 24/7.

Title IV-E Administrative Functions this Training Addresses: Case Management and Supervision

Estimated Total Cost: $11,671.66 (Direct Cost = $11,556.10 + Indirect Cost = $115.56)

Applicable Funding Sources: IV-B1; IV-B2; IV-E Foster Care; IV-E Adoption; TANF; SSBG; Medicaid; CAN; State

Duration: Full-time (offered 24/7 on an ongoing basis).

Provided by: Family and Children's Resource Program, Jordan Institute for Families, UNC-CH.

- The Child and Family Services Review and Program Improvement Plan: What’s Ahead for NC?

  Format: 90-minute webinar

  Audience: Supervisors, managers, administrators, and directors employed in NC county DSS agencies.

  Description: This webinar provides an overview of NC’s recent federal Child and Family Services Review (CFSR) and explores our state’s new federal Program Improvement Plan (PIP), and explains how county DSS staff can help prepare to implement the strategies and activities in the PIP. Participants received handouts and follow-up documentation supporting the information provided during the webinar. A recording of this event is available 24/7.

  Title IV-E Administrative Functions this Training Addresses: Case Management and Supervision

  Estimated Total Cost: $11,671.66 (Direct Cost = $11,556.10 + Indirect Cost = $115.56)

  Applicable Funding Sources: IV-B1; IV-B2; IV-E Foster Care; IV-E Adoption; TANF; SSBG; Medicaid; CAN; State

  Duration: Full-time (offered 24/7 on an ongoing basis).

  Provided by: Jordan Institute for Families, UNC-CH.

Cost Allocation Methodology – same as above

Publications to Support Professional Development and Best Practice

The publications to Support Professional Development and Best Practice described on page 52 of NC’s 2017 APSR are a supplemental to training, providing additional resources and references.

Chaffee Foster Care Independence Program Training

These courses were previously submitted in APSR 2016, page 51.