

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Social Services
Child Welfare Services

North Carolina Child and Family Services Plan
2020-2024

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Introduction

States are required by the US Department of Health and Human Services, Administration for Children and Families to develop a Child and Family Services Plan (CFSP), which is a five-year strategic plan that sets forth the vision and goals to be accomplished to strengthen the state's child welfare system. The primary purpose of the CFSP is to align programs that serve children and families, as well as older youth and young adults formerly in foster care. The CFSP consolidates plans for multiple programs, from prevention and protection programs through permanency, to help ensure a comprehensive approach to meeting the needs of children and families. States are also required to report on progress from the previous CFSP period, FFY 2015 to FFY 2019.¹

North Carolina's Federal Fiscal Year (FFY) 2020-2024 CFSP organizes information gathered from system-level evaluations and listening sessions held with key stakeholders, while integrating the findings from its 2015 Child and Family Services Review (CFSR). North Carolina learned valuable lessons from its previous CFSP and subsequent Annual Progress and Service Reports (APSRs) which further informed this CFSP. Also, pursuant to North Carolina Session Law 2017-41 (Rylan's Law), North Carolina began to shape the path to reform its child welfare system. A component of Rylan's Law required onboarding a third-party organization to assist in evaluating and making recommendations for strategic reforms of the child welfare system and other social services programs. To the extent feasible and accepted, final recommendations made after the completion of a comprehensive assessment have helped to inform this CFSP. These Rylan's Law recommendations can be found at <https://www.osbm.nc.gov/social-services-and-child-welfare-reform-reports>

Findings from the comprehensive assessment completed pursuant to Rylan's Law, themes gathered from the public input and listening sessions, and a Joint Planning Session with the Children's Bureau, state and county leadership, child welfare stakeholders, and family partners held on May 16 and 17, 2019 in Raleigh also informed the development of this Child and Family Services Plan. Some of the root causes identified that challenge North Carolina's ability to consistently deliver services that support positive outcomes for children and families in North Carolina were identified as:

¹The submission of this Child and Family Services Plan for FFY 2020-2024 is required of all state agencies that administer or supervise the Title IV-B, subparts 1 and 2, and Title IV-E of the Social Security Act and provides an accounting of the programs and services delivered in North Carolina. The contents of this plan are dictated by the United States Department of Health and Human Services, Administration on Children and Families, Program Instruction ACYF-CB-PI-19-02.

- The challenges of moving a state administered, county supervised system toward effective practice with children and families, grounded in a unified vision and collaborative approach to decision-making.
- The child welfare workforce is unevenly supported as there are local variations in the support of staff wellbeing, compensation, workloads and access service array that supports the resilience of families and the needs of children.
- Inconsistently available evidence-supported interventions.
- Insufficient and often disparate access to culturally-sensitive, trauma informed service array designed to support parents and strengthen families.
- Eligible youth not fully engaging in or benefitting from extended foster care programs.
- Community-level partnerships are not always strategically developed to effectively meet the needs of children and families and ensure these partners have needed support.
- Financing for the child welfare system is bifurcated and not aligned with a unified vision or desired outcomes.
- Inconsistent access to reliable data or the proper use of data evidence in the effort to monitor and strategize for continuous performance improvement.

In 2020-2024, North Carolina is committed to addressing these goals.

- Children and youth will live in safe, stable, and nurturing relationships and environments.
- Children and youth in the foster care program will experience stability in foster care and achieve permanency in a timely manner, and youth who do not achieve permanency will receive supports necessary to transition successfully into adulthood.
- Families will have enhanced ability to meet their children and youth's well-being, including physical, social-emotional, behavioral, and educational needs.
- County child welfare agencies will have the supports needed to implement and consistently apply all policies, protocols, practices, and procedures including the information required to make data-driven decisions.
- North Carolina will build and support a stable child welfare workforce that is well-qualified, trained, supervised, and supported to promote positive outcomes for children, youth, and families.

These commitments undergird North Carolina's strategic planning efforts to strengthen its child welfare system. The system is supervised by the state Division of Social Services (DSS) and administered through the county child welfare agencies. The intent is to support and integrate all of the programs that serve the children and families into a seamless child welfare continuum. These include: Title IV-B, subparts 1 (Stephanie Tubbs Jones Child Welfare Services Program) and subparts 2 (Promoting Safe and Stable Families Program) of the Act; monthly case worker visits funds; and the CFCIP and ETV programs for older and/or former foster care youth; adoption incentive funds, and training funded through IV-B and IV-E.

This plan is organized into eight sections. Section I provides an update on how the state has been engaged in meaningful collaboration with youth and families, partners, tribes, the judicial and legal community in recent years and how these persons will continue to be involved. Data and information about recent performance in North Carolina are outlined in Section II. Section III is North Carolina's plan for enacting its vision. This section contains specific commitments, strategic priorities, targets and strategies. It also includes the rationale for these commitments and the

implementation supports that will be needed to be successful. Section IV describes the array of services that will need to be available to children and families. All federally recognized tribes were consulted as a part of the development of this CSFP. Plans related to ongoing collaboration with these tribes to implement this plan and assess progress over time are described in Section V. The state provides services and supports to older youth likely to age out of the foster care system and young adults between the ages of 18 and 21. Section VI provides an update on how data are being gathered and shared to help improve services to this population and how these young persons are engaged in helping the state improve practice and outcomes.

Included in Section VII are the four targeted plans that states are required to submit: Foster and Adoptive Parent Diligent Recruitment Plan; Health Care Oversight and Coordination Plan; Disaster Plan; and Training Plan. Required financial information related to allocation percentages that are expected for certain federally funded programs is in Section VIII.

This CFSP is posted on North Carolina Division of Social Services' (DSS) website at <http://www.ncdhhs.gov/dss/stats/cw.htm>

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Section I: Collaboration and Vision

The North Carolina Department of Health and Human Services (DHHS) vision is that every child and family is safe, healthy and well. This is a child welfare system committed to operating with cultural humility and providing family-centered services to children, youth, and families to achieve well-being through ensuring self-sufficiency, support, safety, and permanence. This vision will only be realized through effective and ongoing collaboration with identified partners and stakeholders.

This section describes the collaboration to develop this five-year plan and how determinations will be made about these partners and stakeholders supporting implementation.

State Agency Administering the Programs

The North Carolina Department of Health and Human Services (DHHS) is the designated single state agency with authority to prepare and submit the CFSP and is the sole state agency responsible for administering or supervising the administration of the CFSP for the Child Welfare Program within the State. Under the DHHS, the Division of Social Services (DSS) Child Welfare Services Section is tasked with ensuring that the required activities to receive allotments are being conducted. To have oversight and monitor service delivery, the DSS Child Welfare Services Section is organized according to program services deliver such as: policy, permanency planning, local operations which includes all monitoring activities, staff development and regulatory and licensing of public and private foster and adoptive families (Attachment A. Division of Social Services Org Chart is the current structure in NC. Attachment B. CWS Proposed positions and title.)

North Carolina is a state-supervised, county-administered child welfare system as identified by N.C. G. S. § 7B-302. This law specifically identifies that county directors of social services are responsible for the provision of protective services for all children who are abused, neglected, and/or dependent.

Therefore, in accordance with *45 CFR 1356.60(b)(2)*, activities will be cost allocated based on the benefiting program concept. Training activity costs will be shared under Title IV-E and other federal and local resources as part of the DSS Comprehensive Child Welfare Training Plan. These sources of funding in combination with state appropriations cover the expenses of the entire comprehensive child welfare training program.

Collaboration

The North Carolina Division of Social Services (DSS) conscientiously works to ensure key partners and stakeholders are routinely engaged in efforts to assess and improve the performance of the state's child welfare system. DSS has engaged in meaningful collaboration across child-serving systems to increase opportunities to ensure the safety, permanency, and well-being of children served by the child welfare system.

Collaboration with Technical Assistance Partners

In November 2018, DHHS leaders asked Casey Family Programs to facilitate a session with senior DHHS leaders designed to develop a roadmap for aligning all work in child welfare reform,

including Rylan’s Law and the Family First Prevention Services Act. Clear next steps were identified to develop an agreed-upon way to organize the work or teaming structure, ensure consistent messaging, ensure collective ownership, and secure needed resources to support implementation. An initial communication plan was also developed during this session.

DHHS submitted an additional proposal in January 2019 to Casey Family Programs to help strengthen the state’s capacity to support counties in achieving better permanency outcomes for children. The state seeks to expand upon the innovative work that is happening in Catawba, Cumberland, Guilford, Mecklenburg, New Hanover, Pitt, and Wake counties to improve outcomes for children and families, especially permanency. With the help of a statewide permanency coordinator, the state also hopes to disseminate information about promising practices, explore statewide expansion, convene a summit of stakeholders on permanency, and bring additional support to the overall effort.

In January 2019, DHHS leaders made a formal request to The Duke Endowment to provide needed resources to support child welfare reform in North Carolina through the University of Chicago’s Chapin Hall Center for Children. Funding has subsequently been secured. Chapin Hall’s specific focus will be to help North Carolina meet the prevention and group care provisions in the Family First Prevention Services Act, and at the same time, build the capacity of DHHS to plan and initiate implementation. The plan is to ensure there is an identified strategic direction and priority outcomes; data and evidence drive decision-making; strong governance structures support outcome attainment; administrative and fiscal policies are aligned; progress is monitored, and ongoing system learning is encouraged; and implemented strategies and evidence-based practice are meeting the need of children and families. Chapin Hall will provide guidance, facilitation, and technical expertise to identified teams and working groups. Integrated throughout will be an intentional focus on managing the change process, sequencing the effort, and ensuring mutual accountability for achieving the defined outcomes.

In 2018, the Center for the Support of Families (CSF) was awarded the third-party contract to conduct the comprehensive assessment and recommendations for the social service and child welfare systems in North Carolina, pursuant to Rylan’s Law. The assessment and final recommendations were completed in April 2019. CSF continues to provide support for strategic planning, developing a statewide performance dashboard, re-instituting a stipend support program for MSW and BSW students, and support for other social services programs.

Annie E. Casey is also providing technical assistance to align child welfare funding with program outcomes and to build capacity of the state to develop a unified understanding of Title IV-E funding. This is essential given the changes to this funding source in response to the Family First Prevention Services Act.

Collaboration with County Child Welfare Agencies and the Directors’ Association

Collaboration between DSS and the county child welfare agencies and their association, the North Carolina Association of County Directors of Social Services (NCACDSS), is critical in North Carolina’s

state supervised, county operated child welfare system and both the state and counties work hard to make the working relationship successful. Collaborative efforts are exemplified by:

- DSS representatives attending monthly meetings of the Director’s Association’s Children’s Services Committee, with the agenda planned jointly by the committee’s tri-chairs and DSS.
- Representatives from county child welfare agencies were active participants together with DSS in the development and implementation of North Carolina’s Program Improvement Plan after Round 3 of the CFSR.
- Representatives from county child welfare agencies participated actively together with DSS in the assessment of the child welfare system and the envisioning sessions that led to the development of the child welfare reform plan required by Rylan’s Law.
- Representatives from county child welfare agencies participated actively together with DSS in the development of the strategic plan that is part of this CFSP.

Court Collaboration

Another key collaborator in ensuring that the children and youth of North Carolina have safety, permanency, and well-being is the court system. Given the role of the court in child welfare services, it is necessary that the court system and its initiatives are aligned, with the vision and strategic plan for child welfare services. One way that DSS collaborates with the court system is through an interagency collaborative that includes the Court Improvement Program, the Administrative Office of the Courts (AOC), DSS, the Guardian ad Litem Program, the Indigent Defense Fund, the University of North Carolina (UNC), the Department of Public Instruction, and county child welfare agencies. This state-level Collaborative meets every other month to discuss proposed legislative changes impacting the field; practices happening at the local level which are showing promise; and trainings held to support the field. Additionally, the group reviews data and plans for how each entity can work to improve permanency outcomes for children served by the foster care program.

In recent years, North Carolina has seen an increase in meaningful collaboration between its child welfare and court systems. Today both parties view themselves as intrinsically linked and recognize that each plays an important role in ensuring the safety, permanency, and well-being of children.

As a part of its Program Improvement Plan, North Carolina instituted similar collaborative bodies at the local judicial district levels known as District Permanency Collaboratives (DPCs). DPCs are local teams comprised of key partners—including, but not limited to the county child welfare agency director who acts as the local team lead; judges (chief and/or juvenile); GAL district administrator; GAL attorney advocate; parent attorney representative; county child welfare agency attorney; and clerks of court (elected and/or juvenile) from across the judicial district. DPCs are expected to meet quarterly to examine local permanency data and practices to decrease children’s time in custody and make the child welfare system a stronger support for children and families. Following the meetings, the Collaborative submits a documentation tool that summarizes the discussion, identifies any practices that are demonstrating success in the area of

permanency, and reports progress to DSS. The documentation tool also allows the Collaborative to note any challenges it is encountering. DSS and AOC will use this information to promote and distribute promising practices and to identify areas needing training and technical assistance.

DSS continually coordinates with AOC to independently identify areas requiring additional training and technical assistance. Together they are examining existing training offerings and exploring opportunities for cross-training of court and child welfare staff.

Collaboration with Tribes

DSS continues to work with county child welfare agencies to ensure they are educated about the requirement to notify American Indian tribes, including state-recognized tribes, when children of American Indian heritage become involved with child welfare. Additionally, the Deputy Director for Child Welfare now serves on the North Carolina Commission of Indian Affairs Standing Committee on Indian Child Welfare. More information regarding North Carolina's collaboration with Tribes is provided in Section VI (page 127) Consultation and Coordination with Tribes.

Prevention Collaboration

DSS partners closely with other state-level, child-serving systems to maximize child abuse education and prevention efforts. DSS participates in the North Carolina Child Fatality Prevention System and provides administration and support to the Community Child Protection Teams; DSS has a collaborative partnership with Prevent Child Abuse North Carolina (PCANC); works closely with other public and private funders; and provides direct funding and technical assistance for community-based agencies providing family strengthening and support services.

Collaboration across DHHS Divisions

DHHS leverages work from the various divisions under its authority to support the work of child welfare services. These include prevention activities of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), the Division of Public Health (DPH), NC Medicaid, and the Division of Child Development and Early Education (DCDEE). Key collaborations across various divisions under DHHS authority supporting child welfare services include, but are not limited to DSS collaborations with the following:

- DPH to promote the Case Management for At-Risk Children (CMARC) Program. CMARC is an at-risk population management program that serves children from birth to 5 years of age with risk of maltreatment. The main goals of the program are to improve health outcomes, connect families to services, and support children reaching their developmental potential.
- DPH on Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programming.
- DMH/DD/SAS to support the North Carolina Child Treatment Program (NC-CTP), which trains clinicians in several evidence-based, trauma-informed treatments. NC-CTP maintains a roster of clinicians by county for increased access to timely services. These

treatment models, which cover ages 0-21, help mitigate the effects of child maltreatment and promote child well-being.

- As part of Medicaid Transformation, North Carolina Medicaid on the development of both a Tailored Plan and a Specialty Plan to assure details of the plans are informed by and responsive to the needs of child welfare involved families.
- North Carolina Medicaid to help ensure adult victims of child abuse, if they are eligible, have access to full Medicaid benefits. This increases the likelihood of maximizing the well-being of former foster youth and preventing intergenerational maltreatment.
- State-level agencies on the implementation of North Carolina's [Early Childhood Action Plan](#).

Collaboration with Persons with Lived Experience with Child Welfare Services

North Carolina recognizes the importance and value of including the voice of persons with lived experience in child welfare in the assessment, planning and implementation of child welfare services. For many years, North Carolina has had a strong youth advocacy program called Strong Able Youth Speaking Out (SaySo). DSS's collaboration with SaySo is discussed in the report on the John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program). In response to its 2015 Child and Family Services Review, North Carolina developed a family engagement and leadership model. The development of the council, which has become a key collaborator for insuring that family voice is heard and influential in the evaluation, planning, and implementation of child welfare services in North Carolina, is described in detail in the section of this report dealing with the system factor, Agency Responsiveness to the Community.

Through the collaboration with young adults and parents with lived child welfare experience, DSS is embracing its calling to be a system designed for the people by the people.

Stakeholder Collaboration

In addition to the areas highlighted above, DSS collaborates with multiple stakeholder groups to discuss concerns and ideas to strengthen child welfare services. These stakeholder groups assist DSS to ensure the health, safety, and well-being of children and families. They include advocacy organizations, cross-system councils, state and national committees, and provider agencies including:

- Benchmarks NC
- Duke Center for Child and Family Health
- Commission on Children with Special Health Care
- Eastern Band of Cherokee Indians (ECBI)
- Essentials for Childhood Programming and Collaboration
- Infant Mental Health Association
- Local Management Entities/Managed Care Organizations (LME/MCOs)
- Mental Health Block Grant Planning Council

- National Alliance for Children’s Trust and Prevention Funds
- NC Brain Injury Council
- NC Child
- NC Commission on Indian Affairs
- NC Council on Developmental Disabilities (NCCDD)
- NC Department of Public Instruction
- NC Department of Public/Juvenile Justice
- NC Early Childhood Advisory Council (ECAC)
- NC Families United
- NC Family Focused Treatment Association (FFTA)
- NC Institute of Medicine (NCIOM)
- NC Interagency Coordinating Council - Early Intervention Programs through IDEA, Part C
- NC Lifespan Respite Project
- NC Pathways to Grade-Level Reading Project
- NC Pediatric Society
- NC State Collaborative for Children, Youth and Families
- Rapid Resource for Families
- SaySo (Strong Able Youth Speaking Out)

Specific Plans to Engage Stakeholders in CFSP Implementation

North Carolina leaders and partners are making plans to proceed with comprehensive child welfare reform as outlined in the federal Child and Family Services Plan (CFSP).

Child welfare reform in North Carolina is a comprehensive change and implementation effort. Multiple, linked teams will be required. Team members will need to represent multiple levels from within DHHS and county DSS offices, have identified skills and competencies and a variety of perspectives. These teams will change over time as the state shifts from planning to initial implementation and beyond. Regional or county implementation teams, for example, may be needed in the future.

A core team of North Carolina leaders are currently developing an implementation process and teaming structure that balances the need for teams that can accomplish tasks expeditiously with the need for inclusivity, one that engages counties and other stakeholders and partners, first and foremost children and families. This team is considering how to best engage multiple other stakeholder groups, including parents, relative caregivers, foster parents, child placing and other provider agencies, mental health provider agencies, court partners, and many more.

Also, Collaborative planning has already begun in North Carolina to prepare for establishing a more robust system to support and strengthen parents and relatives caring for their own children. Part of this planning is focused on how the state will make specific claims soon to be

allowable through the Family First Prevention Services Act. The core team will ensure alignment between the teams responsible for broader child welfare reform and preparations for the Family First Prevention Services Act.

- *DHHS Executive Leadership Team* is responsible for making final decisions related to Family First. This team will expand its focus to include making critical decisions related to CFSP implementation and comprehensive child welfare reform in North Carolina.
- *Leadership Advisory Team* – The charge for this team identified as part of Family First implementation in North Carolina is integrative and transformative rather than one of governance. The aim is to ensure a broad array of stakeholders are engaged in developing North Carolina’s prevention and congregate care reduction plans. This team will begin to provide advice related to CFSP implementation and comprehensive child welfare reform.

The table below summarizes the engagement of many of the stakeholders in the development and implementation of the CFSP.

Agency	CFSP Implementation Ongoing Engagement	CFSP Development ~ Review of Data	CFSP Development ~ Assess Agency Strengths	CFSP Development ~ Selection of goals and objectives
North Carolina Association of County Directors of Social Services (NCACDSS)	Ongoing through monthly meetings	CFSP Joint Planning	CFSP Joint Planning	CFSP Joint Planning
Child Welfare Family Advisory Council (CWFAC)	<ul style="list-style-type: none"> • Bi-monthly CWFAC meetings • Bi-monthly Family Partner Feedback Days 	<ul style="list-style-type: none"> • Participation in the CCPT end of year survey report • CFSP Joint Planning 	CFSP Joint Planning	CFSP Joint Planning
Strong Able Youth Speaking Out (SaySo)	<ul style="list-style-type: none"> • Training & Technical Assistance • Yearly participation in SaySo Saturday 	CFSP Joint Planning	CFSP Joint Planning	CFSP Joint Planning

Agency	CFSP Implementation Ongoing Engagement	CFSP Development ~ Review of Data	CFSP Development ~ Assess Agency Strengths	CFSP Development ~ Selection of goals and objectives
Division of Mental Health/Developmental Disabilities/Substance Abuse (DMH/DD/SA)	<ul style="list-style-type: none"> • Strategic Planning • Data Analysis • Training & Technical Assistance 	CFSP Joint Planning	CFSP Joint Planning	CFSP Joint Planning
Division of Public Health (DPH)	Participation in workgroups	CFSP Joint Planning	CFSP Joint Planning	CFSP Joint Planning
Court Improvement Project	Bi-monthly Interagency Collaborative Meeting	<ul style="list-style-type: none"> • CFSP Joint Planning • Sharing of data from JWise 	CFSP Joint planning	CFSP Joint planning
Guardian ad Litem Program	Bi-monthly Interagency Collaborative Meeting	<ul style="list-style-type: none"> • CFSP Joint Planning • Sharing of data from JWise 	CFSP Joint planning	CFSP Joint planning
Indigent Defense Services	Bi-monthly Interagency Collaborative Meeting	CFSP Joint Planning	CFSP Joint planning	<ul style="list-style-type: none"> • State Team Planning • CFSP Joint planning
Community Child Protection Team State-Level Advisory Team	Quarterly meetings	End of year survey report	CFSP Joint planning	CFSP Joint planning
University of North Carolina – Chapel Hill	Ongoing through established contract	Instrumental in providing summary and longitudinal data from the child welfare data systems	Analysis of data made available	

Agency	CFSP Implementation Ongoing Engagement	CFSP Development ~ Review of Data	CFSP Development ~ Assess Agency Strengths	CFSP Development ~ Selection of goals and objectives
North Carolina State University	<ul style="list-style-type: none"> Ongoing through established contract TA Support for CWFAC 	<ul style="list-style-type: none"> End of year survey report for the CCPT CFSP Joint planning 	CFSP Joint Planning	CCPT advisory board strategic planning
North Carolina Commission on Indian Affairs	Quarterly Indian Child Welfare Standing Committee Meetings	CFSP Joint Planning	CFSP Joint Planning	CFSP Joint Planning

Section II: Assessment of Current Performance in Improving Outcomes

Collecting, sharing, and effectively using data is essential to developing strategies that prevent child maltreatment and unnecessary family separation, while also aiding in the identification of strategies that address the needs of children, youth, and families involved with children welfare. North Carolina completed its most recent Child and Family Services Review in 2015 with its Program Improvement Plan concluding June 30, 2019. Given this position, North Carolina is well-poised to assess its current performance in improving outcomes.

Child and Family Outcomes

North Carolina began Round 3 of the Child and Family Services Review in 2015. Currently North Carolina is in the middle of its PIP Measurement Plan, which concludes in September 2020. The performance data discussed in this section is based on case record reviews for the past 18 months (November 2017 through April 2019), as well as administrative data from sources as identified below. North Carolina contends that it has met the required measure of improvement in 8 items of the OSRI.

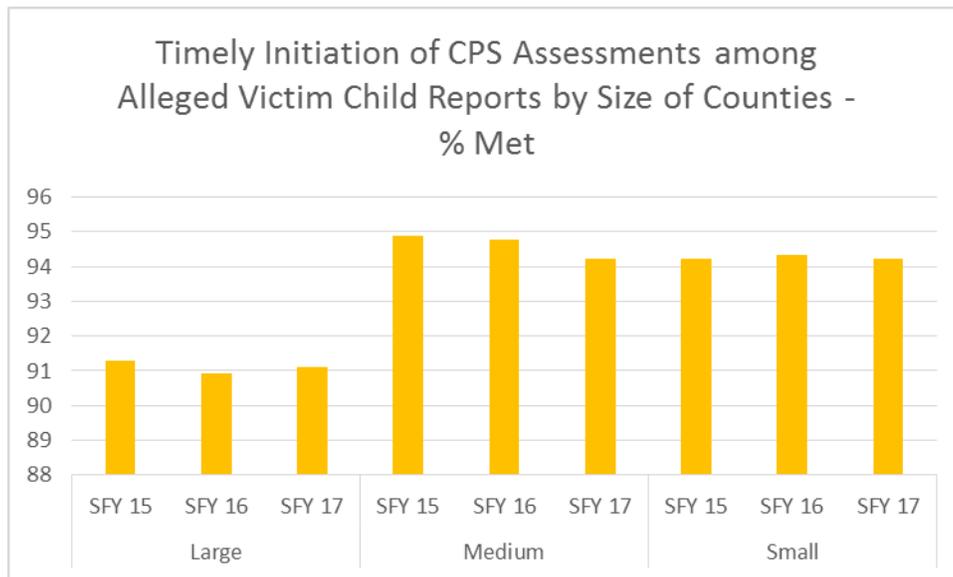
Safety

The table below illustrates North Carolina’s baseline and current performance in Safety Outcomes 1 and 2.

Safety Outcomes	2017 Baseline May – October 2017	Number of Applicable Cases	Current Performance	Number of Applicable Cases
Outcome 1, Item 1	72%	46	November 2017- April 2018: 69.81%	53
			May – October 2018: 88.24%	51

Safety Outcomes	2017 Baseline May – October 2017	Number of Applicable Cases	Current Performance	Number of Applicable Cases
			November 2018 – April 2019: 77.78%	54
Outcome 2, Item 2	61.67%	49	November 2017- April 2018: 71.431%	63
			May – October 2018: 83.67%	49
			November 2018 – April 2019: 79.41%	34
Outcome 2, Item 3	58.72%	109	November 2017- April 2018: 32.08%	106
			May – October 2018: 60.75%	107
			November 2018 – April 2019: 61.68	107

North Carolina’s performance on item 1 (timely initiation of investigating reports of child maltreatment) has improved. A deeper look at those cases which were not initiated timely has shown an area that North Carolina plans to provide technical assistance, which is directly related to the state’s commitment regarding safety in the strategic plan. The focus of the technical assistance will be to improve diligent efforts to achieve the timely response. Additional data in the table below identifies larger counties as struggling to be timely--more so than medium and small counties. North Carolina will specifically work with larger counties to identify issues and develop strategies to improve performance in this area.



Source: TimelyInitiationData14-15.csv, TimelyInitiationData15-16.csv, and TimelyInitiationData16-17.csv

* A SFY cohort is defined based on a maltreatment report date.

** An alleged victim child can be reported *with different report dates* more than once within SFY; therefore, the unit of analysis in the table is a child-assessment.

*** The policy-mandated initiation standards vary by the type of maltreatment reported. The standard for Abuse is 1 day (24hr) and for Neglect it is 3 days (72hr).

Denominator: # of unique reports (different report dates) during the SFY of interest

North Carolina’s performance on items 2 (services to prevent foster care) and 3 (risk and safety assessment and management) has improved. Data analysis of services in item 2 demonstrates that North Carolina has increased utilization of prevention-focused safety services and worked to

prevent entry into foster care. Analysis of item 3 demonstrates that although North Carolina has not yet met its PIP goal, North Carolina has increased utilization of appropriate safety planning and monitoring of those plans. North Carolina will continue to focus technical assistance in this specific area that focuses on implementation of the practice model, education and training of the workforce on assessment of risk and safety, as well as ongoing development of prevention efforts.

Permanency

The table on the next page illustrates North Carolina's baseline and current performance in Permanency Outcomes 1 and 2.

Permanency Outcomes	2017 Baseline May – October 2017	Number of Applicable Cases	Current Performance	Number of Applicable Cases
Outcome 1, Item 4	66.13%	62	November 2017- April 2018: 66.67% May – October 2018: 67.80% November 2018 – April 2019: 79.37%	63 59 64
Outcome 1, Item 5	50.0%	62	November 2017- April 2018: 48.39% May – October 2018: 70.69% November 2018 – April 2019: 52.38%	62 58 63
Outcome 1, Item 6	43.55%	62	November 2017- April 2018: 84.62% May – October 2018: 44.07% November 2018 – April 2019: 30.16%	63 59 63
Outcome 2, Item 7	85.0%	40	November 2017- April 2018: 84.62% May – October 2018: 84.21% November 2018 – April 2019: 80.85%	39 38 47
Outcome 2, Item 8	46.67%	45	November 2017- April 2018: 65.31% May – October 2018: 65.12% November 2018 – April 2019: 73.33%	49 43 45
Outcome 2, Item 9	70.97%	62	November 2017- April 2018: 82.26% May – October 2018: 83.05% November 2018 – April 2019: 74.19%	62 59 62
Outcome 2, Item 10	70.00%	60	November 2017- April 2018: 79.03% May – October 2018: 69.49% November 2018 – April 2019: 75.41%	62 59 61
Outcome 2, Item 11	53.49%	43	November 2017- April 2018: 56.82% May – October 2018: 65.00% November 2018 – April 2019: 65.79%	44 40 38

North Carolina’s performance on item 4 (stability in foster care) has improved with most recent case review data indicating the highest increase since prior to the 2015 CFSR. Deeper analysis indicates stable foster care placements at the time of case review, and a decrease in the number of placement changes overall as illustrated below.

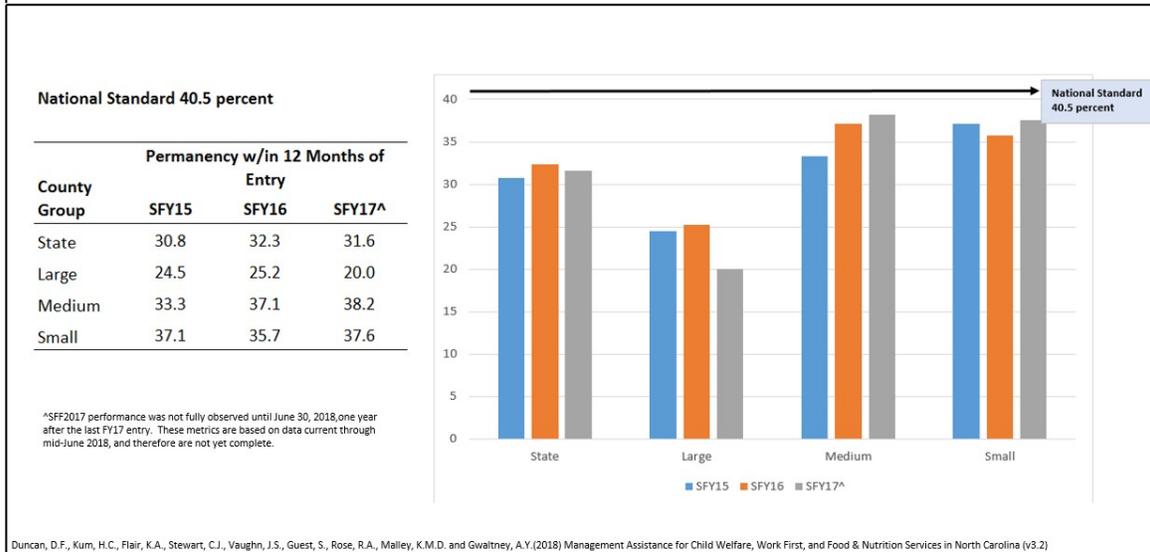
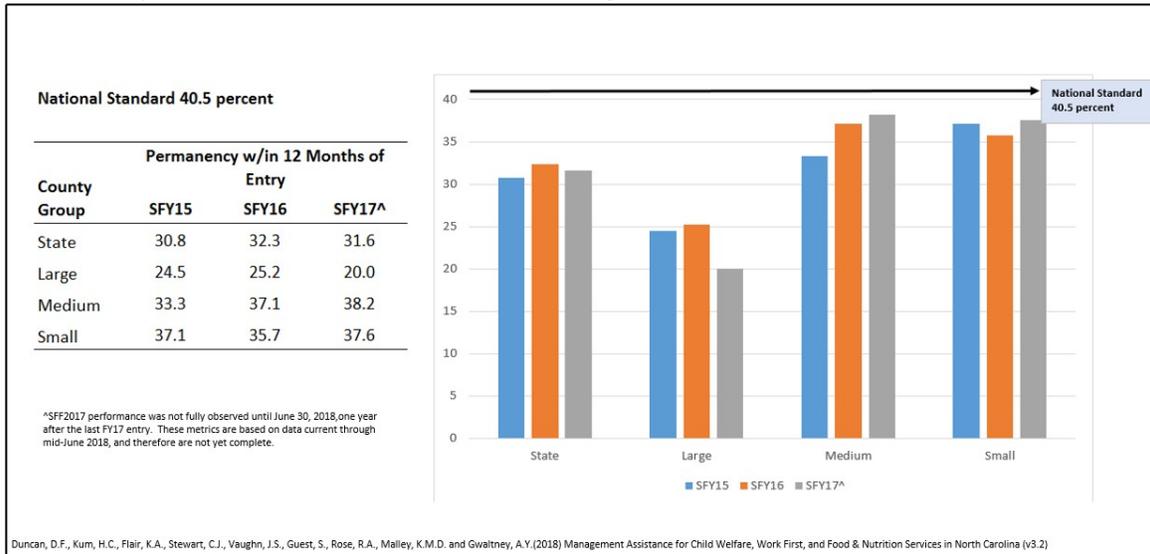
Placement Stability in the First Year of Foster Care

Number of Placements	July 2013 - June 2014	July 2014 - June 2015	July 2015 - June 2016	July 2016 - June 2017	June 2017 – July 2018
Total Number of Children	5252	5233	5355	5707	5707
1 Placement	39%	40%	41%	43%	42%
2 Placements	25%	26%	23%	23%	24%
3 Placements	13.5%	13%	13%	13%	13%
4 or More Placements	19.5%	19%	20.5%	18%	19%
No Countable Placements	3%	2.5%	2.5%	3%	2%

Source: Retrieved on June 3, 2019 from UNC at Chapel Hill Jordan Institute for Families. URL: <http://ssw.unc.edu/ma/>.

North Carolina’s performance on item 5 (permanency goal for child) and item 6 (achieving permanency goal(s)) tend to demonstrate North Carolina’s biggest challenges. Data indicates North Carolina has made some improvements in timely and appropriate assessment of permanency goals; however, achieving permanency within current timeframes presents many challenges to North Carolina child welfare practice as evidenced below. North Carolina has made several commitments to addressing these specific items, including continued collaboration with North Carolina’s court systems and institutionalizing district court convenings. Going forward, in addition to the current collaborations, North Carolina will build caseworker knowledge and skills focused on goal achievement through workforce development, Strategic Priority 5, and Strategic Priority 2, Targets 1 and 2.

Permanency within 12 months for children entering foster care



Data analysis of Permanency 2, item 7 (placement with siblings); item 8 (visiting with parents and siblings in foster care) and item 9 (preserving connections) all demonstrate continued improvement in North Carolina. The trends analysis of case review data indicates that child

welfare practice in North Carolina is supporting the state’s commitment to increasing foster care stability, helping foster care youth transition successfully to adulthood, and ultimately decreasing the number of children in foster care.

Further data analysis of item 10 (relative placement) and item 11 (relationship of child in care with parents) indicates a decrease in the identification and utilization of relatives, specifically paternal relatives, for placement options. This is supported in the table below. In analysis of item 11, case review data indicates a need for specific work with fathers and their relationship with their child(ren) in foster care. North Carolina will utilize its continued monitoring through OSRI reviews as well as program monitoring to work with counties individually to improve these issues through coaching and support as identified. North Carolina will also explore technical assistance options such as regional meetings or webinars to emphasize the importance of asking about connections early as well as educating workers on the importance of connections in general.

Initial Placements in Foster Care

	July 2013 - June 2014	July 2014 - June 2015	July 2015 - June 2016	July 2016 - June 2017	June 2017 – July 2018
Total Number of Children	5251	5233	5359	5716	4775
Own Home	3%	2%	2.5%	2.5%	2.2%
Relative	32%	33%	37%	36%	33%
Foster Home	41%	40%	36%	37%	39%
Group Home	6%	6%	8%	6%	6%
Hospital	4%	5%	5%	5.5%	5.2%
Emergency Shelter	2%	1.5%	1.5%	1.5%	1.7%
Court Approved	6.5%	6%	6%	7%	7%
Therapeutic Home	2.5%	2.5%	2%	2%	2.5%
Jail/Detention	1%	1%	0.5%	0.6%	0.6%
Runaway	0.5%	1%	0.5%	0.5%	0.4%
DACJJ Residential Facility	0.15%	0.15%	0.17%	0.25%	0.08%
Other	0.017%	0.08%	0.06%	0.02%	0.1%
Missing Data	2%	1.5%	1.5%	1.5%	1.9%

Source: Retrieved on June 3, 2019 from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: <http://ssw.unc.edu/ma/>.²

Well Being

The table below illustrates North Carolina’s baseline and current performance in Well-Being Outcomes 1, 2 and 3.

Well-Being Outcomes	2017 Baseline May – October 2017	Number of Applicable Cases	Current Performance	Number of Applicable Cases
Outcome 1, Item 12	44.95%	109	November 2017- April 2018: 44.34%	106
			May – October 2018: 53.27%	107

Well-Being Outcomes	2017 Baseline May – October 2017	Number of Applicable Cases	Current Performance	Number of Applicable Cases
			November 2018 – April 2019: 53.27%%	107
Outcome 1, Item 13	48.6%	107	November 2017- April 2018: 47.57%	103
			May – October 2018: 67.55%	102
			November 2018 – April 2019: 66.00%	100
Outcome 1, Item 14	62.39%	109	November 2017- April 2018: 51.89%	106
			May – October 2018: 69.16%	107
			November 2018 – April 2019: 71.96%	107
Outcome 1, Item 15	43.02%	100	November 2017- April 2018: 44.79%	96
			May – October 2018: 55.56%	90
			November 2018 – April 2019: 50.00%	84
Outcome 2, Item 16	90.00%	70	November 2017- April 2018: 80.00%	70
			May – October 2018: 98.33%	60
			November 2018 – April 2019: 92.54%	67
Outcome 3, Item 17	77.65%	85	November 2017- April 2018: 64.29%	85
			May – October 2018: 76.74%	86
			November 2018 – April 2019: 72.28%	89
Outcome 3, Item 18	76.39%	72	November 2017- April 2018: 62.20%	71
			May – October 2018: 79.45%	73
			November 2018 – April 2019: 78.67%	75

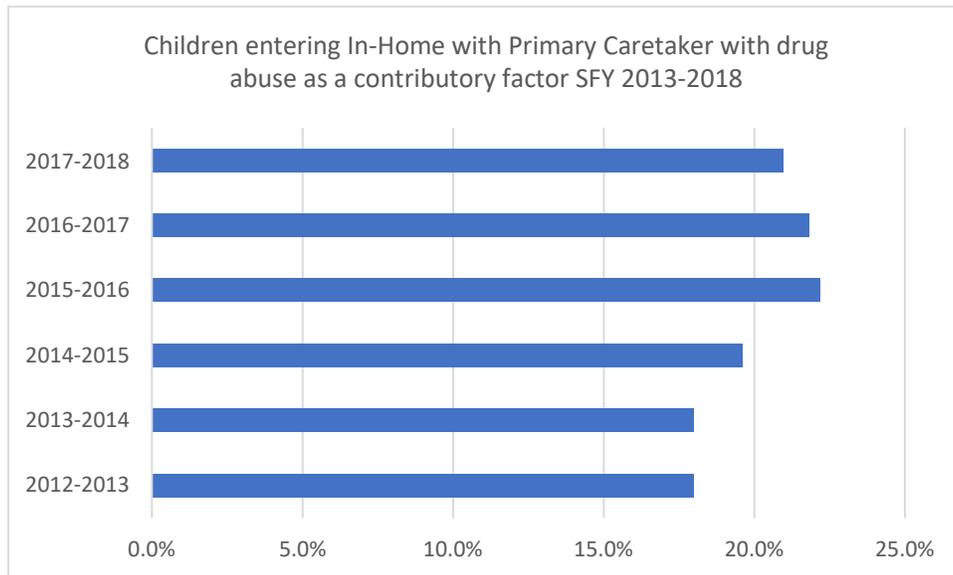
North Carolina’s performance on item 12 (needs, services of child, parents and foster parents), item 13 (child and family involvement in case planning), and items 14 and 15 (caseworker visits with child and parents) has improved consistently over the last 18 months. All four of these items assess the bulk of the direct interactive work between the child welfare agency and the family. North Carolina’s implementation of a practice model (Strategic Priority 1, Target 2) and its focus on technical assistance with continued workforce training and development (Strategic Priority 5) are anticipated to continue the improvement of these items.

North Carolina’s performance on item 16 (educational needs of the child) has improved significantly and is almost within range of the required CFSR goal measure. Currently the item measures at 93%.

North Carolina’s performance on items 17 (physical health of the child) and item 18 (mental/behavioral health of the child) have demonstrated some improvements but have also indicated challenges for North Carolina child welfare. Notably, strengths indicated that agencies are appropriately assessing and monitoring medications of children and youth in foster care. The challenges come in the form of identifying and accessing services, specifically, mental/behavioral health services for children and youth. As mentioned above, DSS is providing input to NC Medicaid about the needs of child welfare involved youth during the Medicaid transformation process. DSS

is also committed to providing technical assistance to assist county child welfare agencies with resource development, training and education for staff, and implementation of trauma-informed practice modalities.

Additionally, North Carolina anticipates that implementation of preventive services under the Family First Prevention Services Act will greatly enhance its capacity to connect families whose children are candidates for foster care with services that will help children remain safely at home. This should help North Carolina enhance state performance on item 2 (services to prevent foster care) and item 12 (needs, services of child, parents and foster parents). The potential for preventive services is illustrated by the chart below that shows increasing numbers of children needing services due to substance abuse as a contributory factor.



Overall, North Carolina is pleased with the improved performance of OSRI outcomes for children, youth, and families as evidenced by the available data. Furthermore, the state is confident that these outcomes will continue to be positive as it lives into the Commitments made.

Systemic Factors

The safety, permanency, and well-being outcomes are only portions of the child welfare system in North Carolina. There are many other factors that contribute to the success of children, youth, and families across the state. Below are assessments of the systemic factors that significantly contribute to the overall health of NC’s child welfare system.

Information System

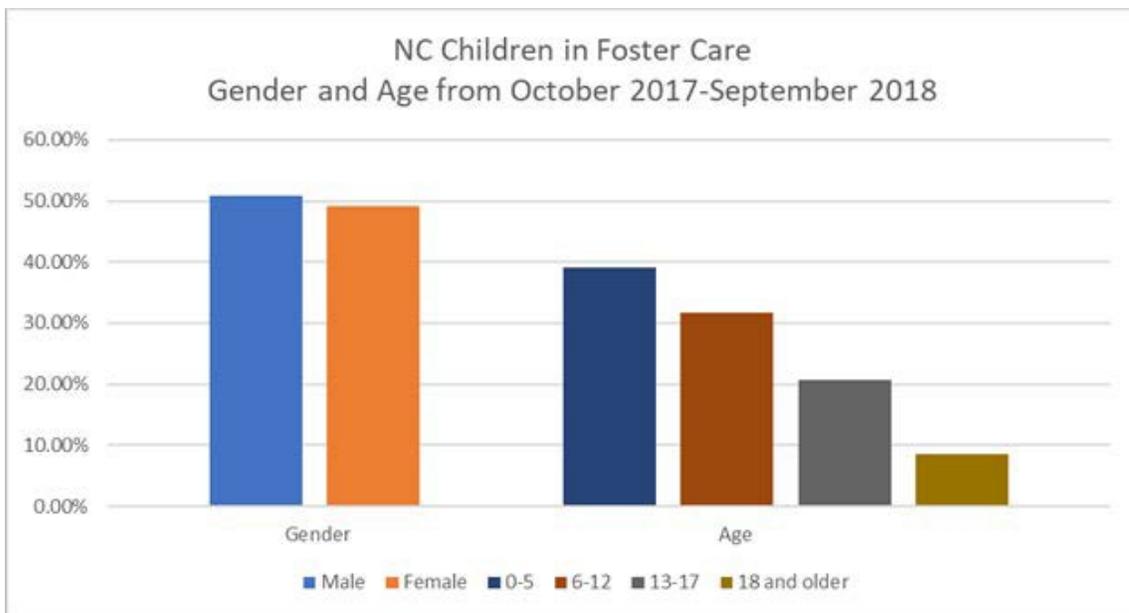
NC FAST is North Carolina’s statewide Case Management System. The Child Welfare component of NC FAST is called Project 4 (P4) and introduces a significant change to the way county child welfare agencies operate and manage their child welfare programs. There are 11 counties using NC FAST for ongoing services such as CPS In-Home Services, Permanency Planning, and Adoption. There are 29 counties using NC FAST for CPS Intake and Assessment. Because all counties have not transitioned to NC FAST P4, DSS continues to utilize an outdated computer

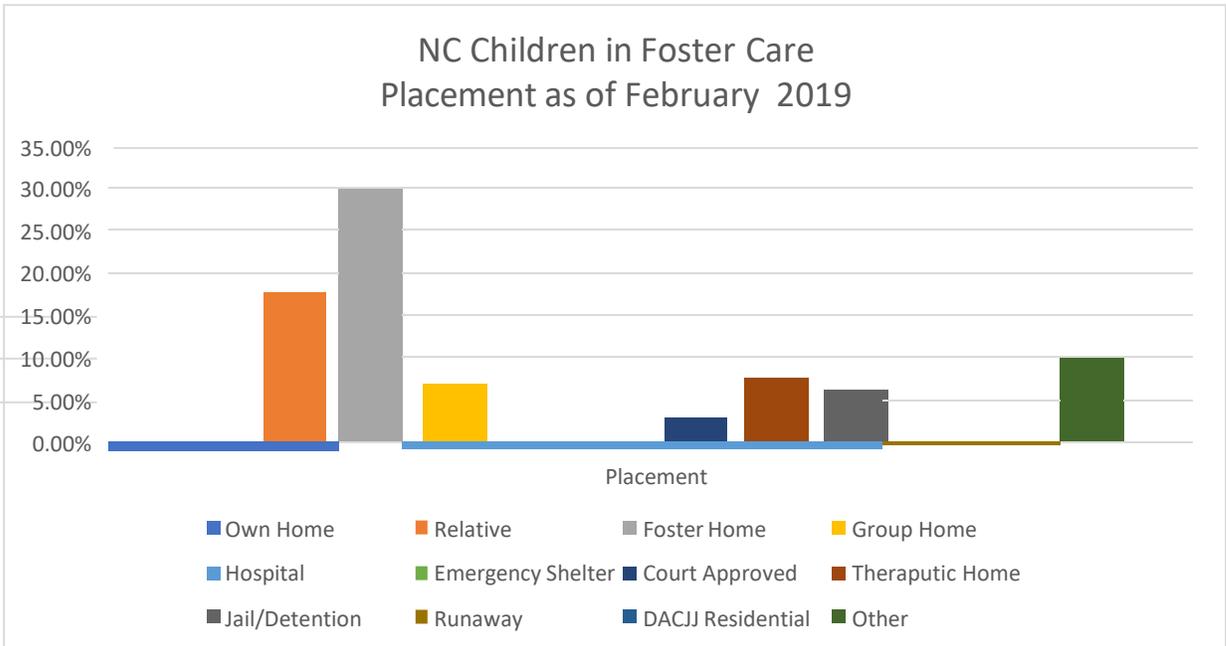
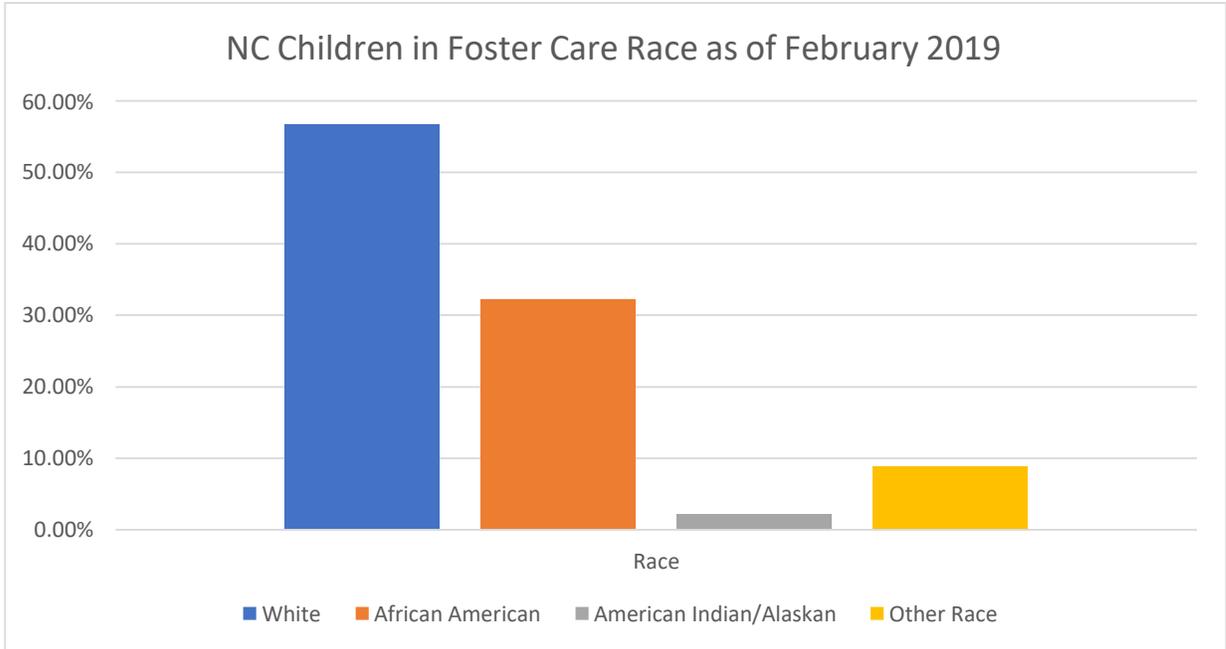
system known as the Child Placement and Payment System (CPPS) to update forms as needed. As a result of using multiple systems, DSS must extract and compile data from both systems to have complete information of all 100 counties.

The charts below are based on information from both NC FAST and CPPS. Data extracted from NC FAST comes directly from content entered into fields of the NC FAST system, and data pulled from CPPS is based upon information completed on specific forms that are completed by child welfare social workers.

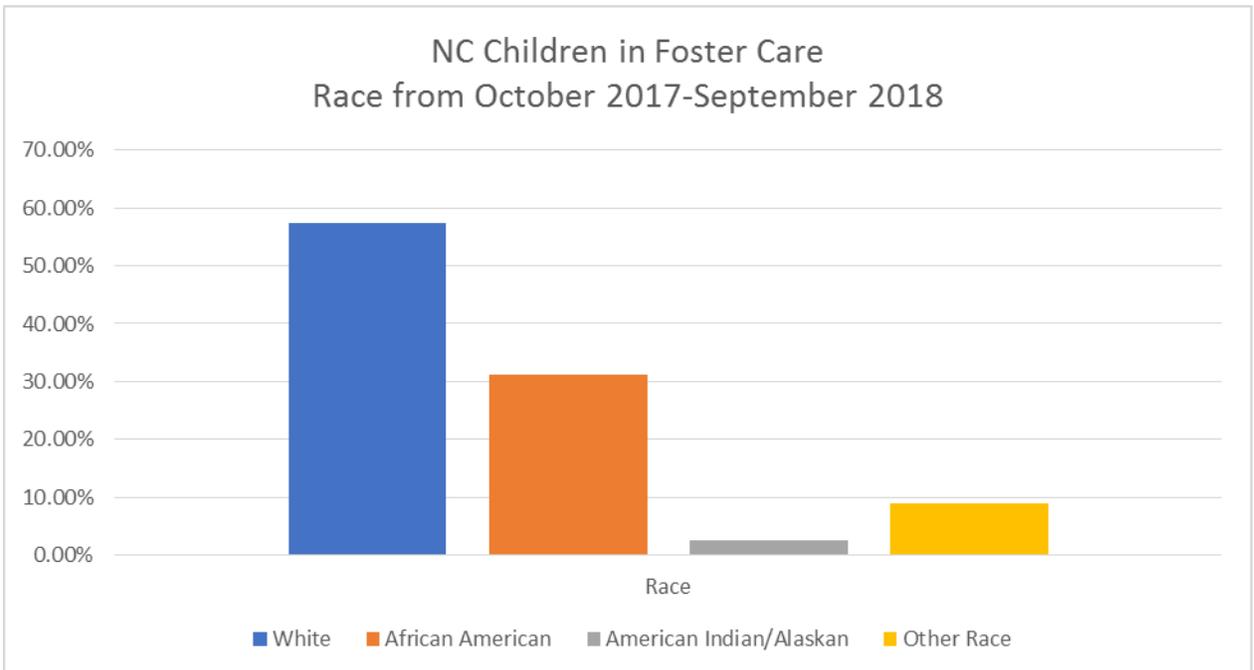
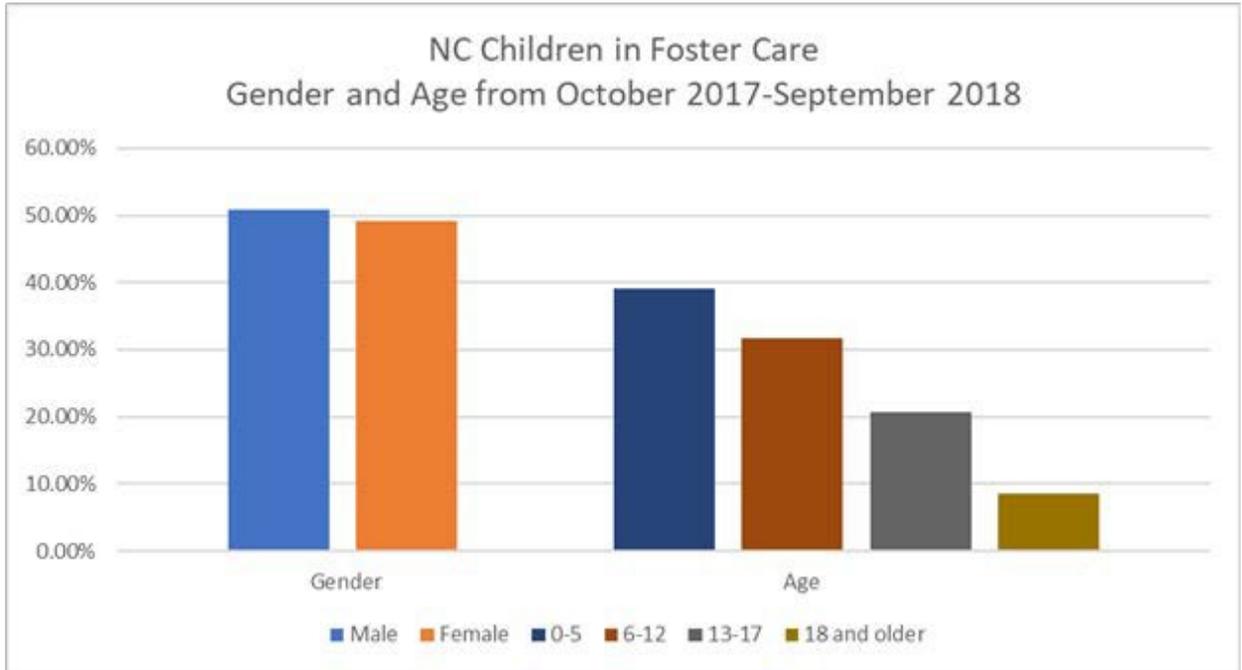
The data is subsequently keyed into the systems. These data are migrated to the Client Services Data Warehouse (CSDW). The CSDW is the source of reporting and analysis of child welfare data. DSS staff are working closely with county child welfare agencies in NC FAST to ensure the accuracy and integrity of the data. The NC FAST system is in the process of being updated for the areas of CPS In-Home Services and Permanency Planning, which will improve the data generated from NC FAST in these areas. The system updates, leading to improved data for CPS Intake and CPS Assessments, have already been completed, with defects being addressed.

The demographics below provides a point-in-time description of the youth/children in foster care. This information is as of February 28, 2019:





The charts below represent the demographic information for all children in custody for federal fiscal year 2017-2018:



Once North Carolina implements its child welfare case management system statewide, DSS will be able to analyze and report data associated with Permanency Planning Review meetings and corresponding Family Services Agreements, court details, including but not limited to hearing types and dates. This information will be based upon documentation in the system, may be

aggregated at any time, and available up to 24 hours post data entry. However, at this time, further integration of additional county child welfare agencies for CPS In-Home Services and Permanency Planning is on hold while work continues with the 11 pilot counties, allowing them the opportunity to provide feedback on the significant updates to these areas of functionality, which was most recently implemented in May 2019.

For counties that are not yet using NC FAST, the plan goals for children in foster care are noted below. While this information is available in NC FAST for the 11 counties using it for permanency planning, it is not included as the process for validating the accuracy of the data is still in progress.

Plan Goal	Percentage
Adoption	25.94%
APPLA - Another Planned Permanent Living Arrangement	0.46%
Court approved caretaker	4.43%
Custody with non-removal Parent or Relative	1.67%
Custody with other court approved caretaker	1.92%
Emancipated	0.12%
Family Reunification	60.28%
Guardianship with Relative	4.06%
Plan Goal not yet established	0.49%
Prevention	0.63%
Sum:	100.00%

NC FAST has been updated by incorporating policy changes from the Program Improvement Plan. The system allows an opportunity for county child welfare workers to have one place to see a list of requirements for each case type, and in most instances, provides a link to directly document the required information to ensure information is documented consistently and data can be pulled and evaluated. DSS staff provide technical assistance to utilize data for decision making. As noted in the Strategic Planning Section of this document, data validation will be conducted to ensure North Carolina is in substantial conformity regarding data for all children in the child welfare system, including status, demographic characteristics, location and goals for the placement of every child/youth. As noted in the CQI Commitment, data validation will be conducted to ensure North Carolina is in substantial conformity regarding data for all children in foster care, including status, demographic characteristics, location and goals for the placement of every child/youth.

Implementation of NC FAST P4 has been a significant challenge for North Carolina. Feedback from pilot counties resulted in the need to pause the statewide system implementation to allow for the system functionality to be refined and improved prior to the integration of additional counties. County child welfare agencies continue to be concerned about the following:

- Full, around-the-clock access to the system that allow for read and write functionality rather than read-only when the system is down for upgrades.
- A more streamlined process for entering families into the system.
- Data Dashboards that show real time access to information.

As indicated in the Advance Planning Document (ADP) North Carolina has adjusted our rollout schedule based upon Proposed NC state legislation SB212. NC DHHS will continue to work with the NC FAST team to prioritize new functionality and to further align NC FAST with our Child Welfare practice model. Additional deployment of Intake & Assessment functionality is targeted to restart in January 2020, and deployment of ongoing functionality is planned to begin February 2021. Pilot Counties will continue to pilot the complete functionality of the system as it is released. An independent study of the case-management functionality will be performed. Our goal of any assessment would consider local strengths and challenges, workforce capacity, and the potential to leverage existing investments.

In alignment with pending legislation, DHHS will continue to develop and improve the child welfare component for the 11 pilot counties using all functionality and the 18 counties who continue to use the Intake and Assessment functionality only. It is recognized that achieving substantial conformity with this systemic factor will require full implementation of NC FAST in all counties and that interim solutions such as upgrades to the Legacy System may need to occur.

Case Review System

The case review system systemic factor includes 5 elements:

- Written case plans developed with the family
- Periodic reviews of those case plans
- Permanency hearings in court
- Termination of parental rights
- Notice of hearings and reviews to caregivers

Case Plans

In North Carolina, county child welfare agencies work with families to engage parents in the process of developing case plans, which guide the placement of the child in the least restrictive, most family-like placement appropriate to the child/youth's needs, and in close proximity to the home community and school where such placement is in the child's best interests. The case plan documents the steps taken to make and finalize an adoptive or other permanent placement when the child cannot return home. In North Carolina, this information is captured via the Outcome Plan in NC FAST or the North Carolina Permanency Planning Review and Family Services Agreement.

The Permanency Planning and Family Services Agreement (PP-FSA) serves as the framework from which the agency's work with the family and child/youth is based and drives the agency's work with the family. The Agreement documents the objectives and action steps that the family, agency and other resources will take while working to achieve permanency for the child.

The purpose of the PP-FSA planning process is to:

- Clarify with the family reasons for county child welfare services agency involvement;

- Identify resources within the family that will help the child achieve a safe, permanent home;
- Involve the family in identifying areas that need improvement;
- Clarify expectations for behavioral change with all persons involved; and
- Acknowledge the family's strengths and commitment to their child.

DSS policy requires the development of the PP-FSA to:

- Involve the entire family including the parent(s)/caretakers, child(ren), and any other significant family member, in the process;
- Identify goals that are both realistic and achievable;
- Use family strengths when outlining objectives and activities to attain the goals;
- Spell out the steps necessary for success; and
- Document who will do what and when they will do it.

PP-FSAs are required to:

- identify the desired changes and provide documentation of the changes that have or have not occurred
- address the services to be provided or arranged,
- Identify expectations of the family, agency, placement provider, and community members
- Specify target dates and expected outcomes.

As a part of its Round 3 Program Improvement Plan, North Carolina DSS addressed concerns with its written case plans by strengthening and clarifying policy regarding the development and ongoing implementation of case plans. The Permanency Planning policy was revised and published for statewide implementation in May 2019. North Carolina's data on the CFSR, Item 13, child and family involvement in case planning has improved and most recently was at 66%. Because most of the children and youth served by the foster care program in North Carolina have case plans developed external to an automated case management system, it is difficult to aggregate data in this area. With the continued implementation of NC FAST, DSS anticipates that the data on case plans will become accessible.

Periodic Reviews

In North Carolina periodic case reviews are referred to as Permanency Planning Review Meetings. The purpose of the Permanency Planning Review process is to:

- Focus on the safety, permanency, and well-being needs of the child;
- Allow each participant involved to have input into service needs of the child and family;
- Facilitate the sharing of information to ensure the appropriateness of the permanency plan, the child(ren)'s placement, and the parent(s)' progress; and
- Review the effectiveness of agency and community services.

Permanency Planning Review Meetings are held periodically to review the strengths, needs, placement, and permanent plan of each child/youth placed in the custody of a county child welfare services agency. The required intervals are:

- Within 60 days of the child coming into agency custody or placement responsibility; and
- Every 90 days thereafter throughout the life of the case; and
- When there is a recommended change in the permanent plan outside of the regular review schedule.

The Permanency Planning Review is intended to provide an unbiased, objective, and thorough review of all elements of a child's placement in county child welfare services agency custody and the agency's plan for the child's future.

Because most of the children and youth served by the foster care program in North Carolina have Permanency Planning Review Meetings documented external to an automated case management system, it is also difficult to aggregate data in this area. With the continued implementation of NC FAST, DSS anticipates that the data on Permanency Planning Reviews will become accessible.

Permanency Hearings

North Carolina law requires a permanency planning hearing to occur for all children and youth under the placement responsibility and care of a county child welfare services agency within 12 months of a child/youth entering care, and every six months thereafter.

During permanency planning hearings, the court must review the county child welfare agency's recommendations and reports of the placement. Written reports to the court are required to document:

- Intensive, ongoing and, as of the date of the hearing, unsuccessful efforts made by the agency to return the child to the parent(s) or caretaker from whom the child was removed; or
- Efforts to secure a placement for the child with a fit and willing relative (including adult siblings), a legal guardian, or an adoptive parent. These include efforts that utilize search technology (including social media) to find biological family members for children; and
- Steps the agency is taking to ensure the placement follows the Reasonable and Prudent Parent Standard and whether the child has regular opportunities to engage in age- or developmentally-appropriate activities.

In any hearing or review the child must be consulted in an age-appropriate manner about any permanent plans for the child. If the child is 14 years or older, the child must be consulted regarding any permanency planning arrangements.

The county child welfare agency must request a Permanency Planning Hearing be held within 30 days of the court's decision to discontinue the plan of reunification if a new permanent plan has not been established.

As was stated earlier in this Plan, North Carolina struggles to consistently and timely achieve permanence for children and youth. This struggle is further illustrated by the chart below, which represents three of the state's Court Improvement Measures. While North Carolina is doing well

with holding the Permanency Planning Hearings and subsequent hearings within timeframes, the time to a permanent plan remains beyond the 12-month mark.

Court Improvement Program Measures	July 2016 – June 2017	October 2016 – September 2017	October 2017 – September 2018
CIP Measure 1: Days to First Permanency Hearing	263	264	265
Number of Occurrences	5082	5105	1
CIP Measure 2: Days to All Subsequent Permanency Planning Hearings	126	126	126
Number of Occurrences	12797	12891	13836
CIP Measure 3: Days to Permanent Placement	451	449	509
Number of Occurrences	3155	3060	2531

Termination of Parental Rights

Termination of Parental Rights (TPR) is the legal severing of all rights and obligations of the parent to the child and of the child to the parent. This type of court action comes under the jurisdiction of the Juvenile Division of the District Court in North Carolina. TPRs are initiated by the filing of a motion or petition for Termination of Parental Rights of the parent or parents from whom voluntary relinquishments have not been obtained.

The Notice of Motion Seeking Termination of Parental Rights (form AOC-J-210) is used when a TPR action is filed by motion. If a TPR is filed by petition, then the Summons in Proceeding for Termination of Parental Rights (form AOC-J-208) must be used and termination petitions are filed with the Clerk of Court.

Before filing a TPR petition, a county child welfare agency considers whether it can demonstrate by clear, cogent and convincing evidence that one or more of nine conditions exist. North Carolina statutes prescribe the process and procedures for the filing of a TPR.

1. **Petition:** The petition must contain information that is specified in N.C.G.S. § 7B 1104, including the facts that are considered sufficient to warrant a determination that one or more of the grounds for terminating parental rights exists.
2. **Preliminary Hearing in the Case of Unknown Parent(s):** If it appears to the court that the identity of the child’s parent or parents is unknown, the court shall, within ten days of the filing of the petition (or during the first available court period), conduct a preliminary hearing to ascertain the identity of the unknown parent. If the identity and whereabouts of the parent are not ascertained during the hearing, notice of a hearing to terminate parental rights shall be served upon the unknown parent by publication, as set forth in N.C.G.S. § 7B-1105. If the unknown parent served by process of publication fails to answer the petition within the thirty-day time period

prescribed in the notice, the statute mandates that the court issue an order terminating the unknown parent's parental rights.

3. Summons: The summons shall notify the parent (respondent) to file a written answer to the petition within thirty (30) days after service of summons and petition. N.C.G.S. § 7B-1106 outlines the parties that should be recipients of the TPR summons.
4. TPR Hearing: The court shall conduct a hearing to determine the issues regarding termination of parental rights.

Adjudicatory Portion of Hearing

The burden at this stage is on the petitioning agency to show by clear, cogent, and convincing evidence the existence of one or more grounds for termination of parental rights. The court may request additional evidence, reports, and information and may continue the hearing for the time required for the receipt of such information.

The adjudicatory hearing on termination shall be held no later than ninety (90) days following the filing of the petition or motion unless the court has entered a continuance for up to ninety (90) days for good cause. Continuances beyond ninety (90) days shall only be granted in extraordinary circumstances for the proper administration of justice.

Disposition Portion of Hearing

Irrespective of grounds, if the court finds, based on clear, cogent, and convincing evidence, that TPR is not in the juvenile's best interest, then the court shall dismiss the petition or deny the motion after setting forth facts and conclusions for the denial or dismissal. If the court finds that grounds do not exist, the court shall dismiss the petition or deny the motion after making the appropriate facts and conclusions. At this stage of the proceeding, the petitioner does not have the burden of proof, the court hears all evidence and makes a discretionary determination of best interest. Should the court determine that despite the existence of circumstances warranting termination of parental rights, such action would not be conducive to the child's best interests, the court may dismiss the petition after first setting forth facts and conclusions upon which the decision for dismissal is based.

5. Appeals: N.C.G.S. § 7B-1001 sets forth the provisions for an appeal of an adjudication or order of disposition by any person who has been a party to a termination of parental rights proceeding. The appeal is made directly to the State Supreme Court.
6. Effects of a TPR Order: As previously stated, a TPR order has the effect of completely and permanently severing all parent/child rights and obligations between the parent and the child. If the child is in the custody of a county child welfare agency or a licensed private child placing agency at the time the termination is filed, upon entry of the termination order that agency shall have all placement rights to the child, including the right to consent to the adoption. The agency's consent in such cases should be executed in writing. It is possible for the agency to be vested with consenting authority in some situations in which it was not the petitioner for termination of parental rights, such as if foster parents or a GAL petition for TPR

regarding a child in agency custody. In the case of foster parent petitioners, it is anticipated that usually the agency will feel that adoption by such long-term caretakers is in the child’s best interests and will agree for the foster parents to adopt.

7. Post–TPR Reviews: Per N.C.G.S. § 7B-909 reviews are required following termination of parental rights to ensure that every reasonable effort is being made to finalize a permanent plan for the child who has been placed in the custody of a county agency or licensed child-placing agency. Placement reviews shall be held no later than six months from the date of the termination of parental rights. Subsequent reviews shall be held every six months until the juvenile is placed for adoption and a final decree of adoption is entered.

Court Improvement Program Measures	July 2016 – June 2017	October 2016 – September 2017	October 2017 – September 2018
CIP Measure 4: Days to TPR Petition	474	478	491
Number of Occurrences	1369	1355	1387
CIP Measure 5: Days to TPR	626	625	672
Number of Occurrences	309	296	196

As a part of its Round 3 Program Improvement Plan, North Carolina developed a Permanency Performance Profile, which is a consolidated synopsis of the key components of OSRI data, CFSR Data Indicators, and J Wise (court) data. These data sources were compiled into one profile for effective usability. The Profiles are easily populated at the county and state levels. While challenges continue with sharing data within judicial districts, North Carolina is committed to ongoing thought, discussion, and planning to compile the data across the judicial districts in a meaningful way. One data point of the Profile focuses on the timely termination of parental rights. Publishing this data point ensures attention will be paid to this item. The spotlight on the data coupled with North Carolina’s training and technical assistance to support the county child welfare agencies and local judicial partners is expected to improve the performance related to timely termination of parental right actions.

Notice of Hearings

North Carolina child welfare policy and practice are to provide notice to all parties to a case and to update that information when necessary with the clerk of court that is responsible for sending out notices. North Carolina is strengthening its practice and process for notifying foster parents, pre-adoptive parents, and kinship care providers of children in [foster care](#) with notice of and a right to be heard in [permanency hearings](#) and six-month periodic reviews held with respect to the child. While county child welfare agencies and court partners are encouraged to use the AOC-G-180, commonly known as the Notice of Hearing, DSS does not have a mechanism in place to track if notices are being sent or what language is used in the notices.

Assessment of the Judicial Case Review System

North Carolina’s Case Review System serves as the guiding entity for ensuring that the children and youth in the foster care program are safe, well, and have forever families. With this goal in mind, the system functions relatively well. Both county child welfare agencies and the courts recognize the importance of safety, permanency, and well-being and work together towards their achievement daily.

The two biggest obstacles to these outcomes are relationships and court time. In a handful of judicial districts, working relationships between child welfare and court professionals have deteriorated over time, which impact the parties’ ability to work together effectively. North Carolina is optimistic that the institution of the District Permanency Collaboratives as a part of its Program Improvement Plan will help rebuild relationships and lead to sharing of differing perspectives, ultimately leading to better outcomes for children, youth, and families.

The lack of court time remains a challenge to the effectiveness of North Carolina’s case review system. Many of the rural judicial districts in North Carolina hold Abuse/Neglect/Dependency court once a month, resulting in contested cases often taking months to be resolved. This greatly impacts the time to permanency for children or youth involved. Anecdotally, DSS frequently hears that while foster care caseloads have increased in recent years, the availability of court time, judges, guardians ad litem, and other key court partners have not increased, making it increasingly difficult for the courts to keep pace.

North Carolina continuance data also suggests that court time is an issue, with the continuance rate growing over the past five years.

Year	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
% of Continued Hearings Statewide	30.82%	30.59%	31.48%	32.40%	33.44%

As part of its PIP, North Carolina utilized Permanency Planning Collaboratives to help judicial districts examine their data and determine what needed to be done to improve permanency outcomes. Permanency profiles were created for each county and district. These profiles include the CIP data including time to TPR and continuance rates, OSRI data, and data indicators regarding length of time to permanency. This work will continue as a focus in our 2020-2024 strategic plan. Achievement of timely permanence continues to be the biggest OSRI challenge for North Carolina with the most recent data for Item 6 at 30.16%. North Carolina will continue examining the data and seeking solutions that will improve the state’s judicial case review system.

Quality Assurance System

North Carolina is one of the few states that participated in a state-conducted Review in Round 3 of the CFSR. As with any new process, several instances of “stop and do-over” occurred during the last four years. The learning process of completing the case review correctly, maintaining consistency, and interpreting the outcome data after case reviews has proven both rewarding and challenging. North Carolina has now built its child welfare system around CFSR outcomes and utilizing data to drive decisions to improve child welfare practice. The OSRI case review is a small, but integral part of the entire CFSR process, and it is imperative that OSRI case reviews remain

focused on consistent application and ongoing quality assurance practices in the case review process.

Sampling

Sampling of cases for a case review using the OSRI will continue to be done randomly, as per the PIP Measurement Plan. Following the completion of the PIP Measurement Plan period, North Carolina will use the following to plan and update its sampling processes for all 100 counties. Things North Carolina will be considering are:

- Determining how many OSRI case record reviews will be conducted each year. This determination will be influenced by North Carolina's CFSP. For example, the number of cases selected each year might vary, based on reviews targeting a specific outcome for both baseline and improvement as North Carolina moves forward with implementing its practice model.
- Utilizing data from the state's final OSRI outcomes to develop initial focus areas for targeted improvement of specific practice issues. This data will help determine the number of cases pulled for an OSRI review for these purposes.

OSRI Case Review

State consultants charged with completing all OSRI case reviews for the purposes of quality assurance data will continue reviewing cases to gauge North Carolina's progress and planning as a part of the state's continuous quality improvement plan.

- North Carolina has requested additional state quality assurance staff to accommodate increased case review volume.
- Beginning in 2021, all case reviews completed using the OSRI will be conducted by DSS reviewers to promote increased consistency and application of the OSRI outcomes provided these positions are allocated.
- Case participant interviews will remain required for OSRI review. QA oversight of case reviews will remain two level, conducted by DSS consultants.
- The Quality Assurance Review team will meet to discuss OSRI case review samples, case review interpretations, and any updates from the Children's Bureau at least twice each year.
- Beginning in 2021 and following the completion of North Carolina's PIP, the Quality Assurance Review Team will continue to seek Technical Assistance from the Children's Bureau Regional Team for secondary oversight at least twice a year. This is to increase and maintain consistent interpretation of OSRI, but also to aid in the preparation for the next round of the Child and Family Services Review, which is anticipated within the next five years.
- Use of data analytics generated from OSRI case review will continue to be utilized to advocate for ongoing policy interpretation, implementation, change or development of new policy, technical assistance, and training.

Continuous Quality Improvement

Currently North Carolina's CQI plan is the program monitoring required by state statute. The cycle occurs every 6 months in all 100 counties. Every third 6-month interval, a statistically significant record review is completed on one or more child welfare programs in a county, depending on county size and caseload. Each county develops a plan to address deficiencies that are identified. At subsequent 6-month intervals, the CQI plan is reviewed with the county through discussion, administrative data, and targeted record reviews looking at areas that are addressed on the CQI plan. This has been North Carolina's CQI process for the past 4 years.

North Carolina has recognized gaps and improvements that can be made to CQI in our state. In the 2020-2024 CFSP strategic plan, North Carolina will be working with stakeholders to further define and document its CQI process as stated in Commitment 4, Strategy 1, Target 1. Some of the gaps that have already been recognized in the current process include the lack of real root cause analysis work, unclear communication about the CQI process, inconsistent provision of technical assistance, and lack of a teaming structure.

Anticipated changes and enhancements include:

- OSRI case review data will be used as well as program monitoring data to inform CQI processes.
- County operations teams will provide feedback loops from the counties regarding challenges and barriers to making progress on CQI plans.
- Training will be provided to counties regarding the correct entry of administrative data and its purpose.

Technical Assistance

- The Quality Assurance Review Team, the Local Support Team, and the Program Monitoring Team will include a case staffing process when escalating critical issues, assessing progress in a county's CQI plan, and developing targeted technical assistance
- OSRI case reviews will continue to be utilized for agency/case practice evaluation in open in-home services or foster care cases that experience a fatality (currently known as "Seven-Day Case Reviews").
- Beginning in 2021, the Quality Assurance Review Team will develop a plan to train and assist county child welfare agencies that wish to develop in-house case review or quality assurance processes utilizing the OSRI.
- As North Carolina's practice model is incorporated into child welfare agencies across North Carolina, the OSRI will provide data to help guide decisions regarding the model's implementation.

Staff Training

Providing child welfare services in any capacity requires knowledge, skills, and abilities which enable child welfare professionals to engage families to reach successful outcomes. To be recognized as competent, child welfare workers must demonstrate professional behaviors that achieve the overall goals of safety, permanency and well-being for children and youth. Specific competencies are sets of knowledge and behaviors required of child welfare professionals that enable staff to perform effectively the tasks associated with each stage of the child welfare casework process. North Carolina's curricula use the "Universe" of competencies, which is derived

from competencies which came from a variety of sources, including those developed for the Ohio Child Welfare Training Program by the Ohio Institute for Human Services.

Between July 1, 2015, and May 1, 2019, more than 24,000 training completions have been recorded in North Carolina’s training information management system, known as ncswLearn. This includes participation from all 100 county child welfare agencies, as well as the private child-placing agencies housed throughout the state. The training schedule is completed in six-month increments. County child welfare agencies are informed of the new schedule through a Dear County Director Letter and the events are programmed into the training information management system.

North Carolina provides initial training for new employees through *Child Welfare in North Carolina: Pre-Service (Pre-Service)*. This three-week blended (instructor led and online) course is required of child welfare workers prior to direct client contact. Once child welfare workers have completed Pre-Service, they are eligible to enroll in course(s) that are specific to the function they perform in the counties. These five core courses provide basic knowledge of child welfare practice and policy. In 2018, all five courses were revised to reflect the policy that was modified during the PIP.

The chart below reflects numbers trained over a four-year period for the five core courses. The demand for Pre-Service has risen in the last year, while completions for the four job-specific trainings have fluctuated. In June 2017, DSS moved from co-training to solo training of the four job specific courses to increase the number of events offered. Data is not currently available to provide an analysis for the fluctuation in numbers.

	July 1, 2018 – March 30, 2019	July 2017 – June 2018	July 2016 – June 2017	July 2015 – June 2016
Number of Completions for Child Welfare in NC: Pre-Services	602	674	587	544
Number of Completions for Intake in Child Welfare	291	441	244	142
Number of Completions for CPS Assessments in Child Welfare	174	364	245	253
Number of Completions for CPS In-Home Services	91	181	184	138
Number of Completions for Permanency Planning in Child Welfare	140	127	174	180

*Source – University of North Carolina at Chapel-Hill, Family and Children’s Resource Program (2019). ncswlearn.org: A Learning Site For North Carolina’s Human Services Professionals. <https://www.ncswlearn.org/>

Transfer of Learning

In response to North Carolina's PIP, the Transfer of Learning (TOL) tool was enhanced to ensure social work competencies are consistently implemented after training. The TOL tool supports a guided conversation between the training participant and his/her supervisor. Participants complete Part A of the TOL tool prior to training. Questions in Part A direct both participant and supervisor to reflect on the learning goals for the participant in the training and how the participant should prepare for the training. The participant is asked to identify any barriers to learning and what supports will be needed to address those barriers. Part B is completed during the training and gives the participant the opportunity to reflect on the material and discussion they found most helpful, as well as their top "takeaways" from the day's training. Part C, the post-training debrief, is completed with the supervisor upon the participant's return to the office. Participants are asked to identify the top three things they learned in the training and draft an action plan in response to the training. They also pinpoint barriers to application and supports needed from their supervisor to be successful.

An analysis of common themes was completed for TOLs submitted between October 2018 and March 2019 for the five core courses. The number one barrier to applying skills and knowledge from training was time. Areas of support needed from supervisors included communication; extra time to talk about job performance--not just staffing cases; assistance in prioritizing tasks; and more training.

County Co-Facilitation of Pre-Service

To meet the demand for Pre-Service, DSS has increased the number of events offered, as well as continued the process to onboard county trainers to co-facilitate Pre-Service. Currently, ten counties are participating in this process. Two counties have completed the process and are delivering the Pre-Service curricula. The other eight counties are in different phases of the process to become county co-facilitators. Counties must complete the following phases to onboard staff.

- Phase 1: Attend the course in its entirety as a participant/observer and debrief each day with the DSS trainers. This includes participation in the online portion of the course.
- Phase 2: Attend the DSS Child Welfare "Train the Trainer" session. This is a face to face multiple-day session covering preparation for training, adult learning principles, partnership planning, training delivery, and successful communication and communication hazards. It also incorporates partnership planning, training delivery and debriefing training by pairing participants to deliver small sections of the curriculum to other DSS staff.
- Phase 3: Meet with the DSS trainer(s) two weeks prior to co-facilitation to discuss course material and complete the Partnership Planning Tool.
- Phase 4: Co-facilitate assigned content of the curriculum with the DSS trainer(s).

Educational Support for Child Welfare

Any discussion of staff training must include efforts to support the educational needs of child welfare social workers. North Carolina currently contracts with the Jordan Institute with the School of Social Work at the University of North Carolina-Chapel Hill (UNC-CH) and the North

Carolina Association of County Directors of Social Services (NCACDSS) to focus on supporting and expanding educational opportunities.

Child Welfare Education Collaborative

UNC-CH houses the North Carolina Child Welfare Education Collaborative. The Collaborative provides multiple opportunities for students in accredited social work programs to prepare for careers in public child welfare. Participation in the Collaborative includes learning activities designed to address specific child welfare competencies. DSS has granted special permission to the Collaborative to integrate State-mandated child welfare pre-service training competencies into the social work curriculum. This is done through course work, field placements and other learning experiences. Students who complete the approved curriculum at their university satisfy North Carolina's child welfare pre-service requirements upon graduation. This certification is valid for two years after graduation. As of SFY17-18, 18 universities are affiliated with the Collaborative, and two are completing curricula analysis to be approved as Collaborative programs.

Tasks undertaken by UNC-CH to support Collaborative students include reviewing and approving applications, monitoring field placements, providing an orientation and supplemental training, delivering an on online Pre-Service workshop, monitoring graduation and monitoring employment requirements of past Collaborative scholar students.

Between 2015 and 2018, 321 students graduated from the Collaborative Program. Graduates classified as scholars receive a stipend and have a post-graduation service requirement; graduates classified as waiver students meet pre-service requirements but did not receive stipends and do not have service requirements. Because stipends were discontinued in 2016, the number of scholar graduates have been decreasing. In SFY 2015-2016, the 111 graduates included 16 scholars and 93 waiver students. In SFY 2016-2017, the 108 graduates included 2 scholars and 106 waiver students. In SFY 2017-2018, the 102 graduates were all waiver students. For SFY 2017-2018, 35% of the BSW students and 33% of MSW students who graduated from the Collaborative were hired as county child welfare employees. In the current fiscal year (2018-2019), 146 waiver students are enrolled in the Collaborative. One of the goals for this upcoming five-year period is to identify how North Carolina can draw down Title IV-E funding so that the stipends can be reinstated.

Child Welfare Education Workforce Initiative

DSS is contracting with NCACDSS to expand internships at county child welfare agencies. While the focus of the Collaborative is with social work students and affiliated universities, NCACDSS is working with county child welfare agencies to support and promote student internships to advance the needs of the child welfare workforce. NCACDSS maintains centralized information on county contacts for field placement opportunities that is regularly updated and shared with college/university BSW and MSW programs.

The association has conducted four information sessions during SFY 2018-2019, meeting with 21 of the accredited BSW/MSW programs in North Carolina. These sessions allow NCACDSS to liaise with universities to improve the program's understanding of the needs of public social services agencies across the state. Representatives from county child welfare agencies and universities attend these meetings. NCACDSS provides an agenda and facilitates the meeting. Agenda items focus on:

- BSW/MSW program descriptions
- Expectations from the universities/colleges regarding field placements
- Expectations from county child welfare agencies regarding field placements
- Incorporating Council on Social Work Education competencies into activities and tasks for interns
- Challenges in promoting child welfare field placements and career choice among students and suggestions on how to increase interest

NCACDSS is also developing a Child Welfare Field Supervisory Guide that can be used statewide. The guide provides an overview of internships, internship application and orientation, introduction of field experience, conducting student intern evaluations and intern duties. This will be particularly beneficial to counties who are interested in providing internships but do not have existing policy to support this effort.

Child Welfare Supervisor Academy

Workforce development to enhance supervisor skills was included in the Training Plan for the 2015-2019 Children and Family Services Plan (CFSP). As a part of its Round 3 Program Improvement Plan, North Carolina developed and implemented a Supervisor Academy. Development of this versions of the Academy focused on the creation and delivery of three new courses for supervisors:

- *Nuts and Bolts of Child Welfare Supervision*
- *Using Data to Improve Practice and Performance;* and
- *Using Data to Improve Practice and Performance with CommunityPartners.*

North Carolina successfully graduated 92 supervisors from the 10 PIP pilot counties, surpassing the goal of 80. Now open to all 100 county child welfare agencies, the Academy has been expanded to include all courses open to supervisors, program managers, program administrators, and directors of county child welfare agencies.

As North Carolina plans for the development of its workforce in the next five years, training for supervisors will continue to play a pivotal role in ensuring positive outcomes for children, youth, and families by enhancing the skills of the staff who serve them. The lessons learned and evaluation of the Supervisor Academy as detailed in the 2019 Annual Progress Services Report (APSR) serves as a springboard for generating additional recommendations for training for senior leaders in the county child welfare agencies.

Targeted Areas for Improved Performance

Many factors will impact North Carolina’s training system in the next five years – some known and some unknown. The following have been identified as current areas of opportunity for building a skilled child welfare workforce.

- Increased use of technology to integrate distance learning modalities to improve accessibility of training for child welfare social workers. The demographics of North Carolina’s 100 counties vary greatly, impacting the capacity of county child welfare

agencies to serve their population. Rural counties often use blended teams of social workers to perform multiple tasks, while urban counties have a larger number of staff to provide targeted child welfare services for each job function. Because North Carolina is a state-supervised, county-administered child welfare system, the state has established training guidelines for all 100 counties. The capacity of the state to deliver face-to-face classroom training is limited by the number of trainers and training sites. Increasing the use of distance learning for child welfare staff will increase training opportunities that ensure fidelity to state policy and practice.

- Implementation of the practice model. Adoption of a safety focused, trauma informed, family centered, and culturally competent practice model will combine strong social work practice with Structured Decision-Making tools to engage families and increase the safety of the child. Implementation will be phased in and align with FFPSA implementation.
- Interfacing with other child serving agencies to improve collaboration. Forming partnerships with public health, mental health, the court system, and other stakeholders will expand multi-disciplinary training opportunities. Collaborations will inform training for attorneys, judges, GALs, mental health and substance use professionals, and child welfare workers. An Interagency Collaborative has already been established with the Administrative Office of the Courts through their Court Improvement Project. This group is currently considering ways to deliver training that can be accessed by all child-serving professionals.
- Expansion of skills-based instruction in the curricula. More instructional time should be dedicated to practicing, assessing and reflecting on skills to engage families. Skill development in curricula should have a direct correlation to child development across the lifespan, so that classroom skills translate into better outcomes for families.
- Incorporation of principles of racial equity and social inclusion to enhance practice in working with special populations. Training should be intentional in changing the way the child welfare system intervenes with children, youth, and families who are at greater risk due to mental and physical disability, race, culture, sexual orientation, religious beliefs, economic status, homelessness, or marital status.
- Expansion of the Train the Trainer model for county child welfare staff. County co-facilitation of *Child Welfare in North Carolina: Pre-Service* was implemented in 2018. Expansion of a Train the Trainer model that includes mentoring and coaching of county staff will support the counties in becoming more self-sufficient with training.

With its Commitment to Workforce Development, North Carolina believes Staff Training will be greatly enhanced, which will lead to better outcomes for children, youth, and families.

Service Array

DSS recognizes that child maltreatment is a complicated problem that child welfare agencies cannot address adequately by themselves. Effective prevention and intervention require a multi-disciplinary approach that involves consistently accessible evidence-supported interventions. In Round 3 of the Child and Family Services Review in 2015, DSS was found not to be in substantial

conformity with this systemic factor. In the *Child Welfare Reform Plan*, submitted to the North Carolina Joint Legislative Committee on Health and Human Services on May 6, 2019, the Center for the Support of Families (CSF) identified the following root causes for the lack of consistently positive statewide outcomes in this systemic factor:

- The lack of consistently-available evidence-supported interventions.
- The lack of consistently-available practices, services, and supports designed to support parents and strengthen families.
- The struggle to partner effectively with communities to better meet the needs of children and families and ensure these partners have needed support.³

In addition to assessments conducted under Rylan’s Law, DSS contracts with North Carolina State University to develop, administer, and analyze an annual survey about the functioning and activities of the local Community Child Protection Teams (CCPTs) and offer recommendations for improving the child welfare system. The 100 CCPTs review child maltreatment cases, identify areas for systemic change, advocate for reforms and needed resources, and offer public education. In the six years that the survey has been conducted, CCPTs have consistently identified a need for substance abuse treatment, domestic violence advocacy, and mental health services to protect children and youth.

North Carolina’s service array includes:

- Primary prevention and public awareness for the general population;
- Family support and respite programs;
- Community response programs for families with a CPS report that is not accepted for assessment or a CPS Assessment that was unsubstantiated;
- In-home services and intensive family preservation services for children with an open CPS case; and
- Reunification services for families whose child has been placed in out-of-home care, and
- Adoption promotion and post-adoption services.

These services will be described in more detail in Section 4A: Child and Family Services Continuum.

The CSF *Child Welfare Reform Plan* assessed North Carolina’s service array and found that:

- The array, availability, and quality of prevention and intervention services to children and families varies across the state.
- Public funding for mental health and substance abuse services for uninsured parents is very limited.
- Many county child welfare agencies report that accessing services for both children and parents has become more difficult.
- Children and parents receiving In-Home Services are not being consistently served and supported in a way that ensures child health, safety, and protects against future risk of harm.

³Center for Support of Families, *Child Welfare Reform Plan*, 6.

- Children in North Carolina, as well as their families and caregivers, are not receiving the appropriate level of trauma-informed services and supports to facilitate timely reunification or permanency.⁴

Current or Planned Activities

Positive Parenting Program (Triple P)

DSS has received a two-year grant from Victims of Crime Act (VOCA) to expand the Positive Parenting Program (Triple P) to allow 40 county child welfare agencies to provide Triple P directly to families with an open CPS In-Home Services cases. Triple P is an evidence-based program that has been integrated within other county-level child welfare services in the United States with success. Research indicates that evidence-based parenting supports enhance protective factors in children and their families, mitigates the effects of maltreatment and reduces repeat child maltreatment. (McCormick et al., 2016). This grant will allow selected child welfare agencies to:

- Hire one-to-two new positions to provide intensive Triple P, Levels 4 and 5
- Provide training for up to 240 existing CPS In-Home Services staff to provide Triple P, Level 3 to families with moderate needs
- Provide access to Triple P Online intervention for all families who do not need more intensive in-person interventions

Agencies will be selected through a competitive Request for Applications (RFA). In addition to the number of trained CPS workers, project objectives include:

- 1,000 child victims of maltreatment and their families will receive Triple P parenting support (Levels 3-5)
- 65% of child victims whose families complete Level 4 and 5 Triple P will demonstrate improvements in social, emotional, and behavioral adjustment
- No more than nine percent of child victims whose families complete Level 4 and 5 Triple P will have a subsequent maltreatment finding at case closure

The VOCA grant will provide approximately \$10 million from October 1, 2019, through September 30, 2021. The grant will build child welfare worker capacity to provide direct evidence-based Triple P services to prevent children from entering out-of-home care. The timing corresponds to North Carolina's scheduled entry in Family First Prevention Services Act, which means that North Carolina will have significantly more trained staff to provide parent education and support services.

Expansion of Intensive Family Preservation Services (IFPS)

Since North Carolina developed its 2015-2019 CFSP, DSS has strengthened its intensive family preservation services (IFPS) program and included improvement strategies into a request for

⁴Center for Support of Families, *Child Welfare Reform Plan*, 13-14.

applications (RFA). Through a competitive award, six community-based agencies were awarded contracts to provide IFPS across 11 regions serving all 100 North Carolina counties. Each agency is required to use the same measurement tools and track the same short, intermediate, and long-term outcomes. The IFPS program is based on the evidence-based Homebuilders model. The community-based agencies delivering the IFPS program must:

- Provide services based on the values and beliefs of family preservation services.
- Serve the eligible population at risk of child's removal from the home.
- Implement the Homebuilders model and comply with agency and program requirements.
- Promote the five protective factors and children's social and emotional well-being.
- Demonstrate the ability to provide trauma-informed services as they relate to clients and staff.
- Demonstrate positive outcomes through accountability and evaluation tools.
- Demonstrate a commitment to meaningful parent engagement and leadership opportunities.
- Demonstrate collaborative relationships with community partners in the prevention of child abuse and neglect.

In addition to strengthening programmatic and evaluation requirements, North Carolina has increased the number of families served with IFPS. Using approximately \$3 million in IVB-2 funds annually, DSS provided IFPS to 514 families deemed high risk by the Family Risk Assessment in SFY 2015 and 512 families in SFY 2016. In SFY 2017, the North Carolina General Assembly invested significant state funding for IFPS on a one-time basis. The combined state and federal funding of \$4.65 million enabled providers to increase their capacity to deliver IFPS services to 662 families. In SFY 2018, the North Carolina General Assembly designated this funding as recurring, which provided stability for IFPS providers to hire staff and continue to expand the number of families they could serve. In SFY 2018, IFPS providers served 792 families with combined state allocations and IVB-2 funds of \$5.5 million. In SFY 2019, IFPS agencies are projected to serve 1,009 families across North Carolina through a combination of state and IVB-2 funding of approximately \$6.9 million. Although not yet passed, the North Carolina House or Representative SFY 2020 budget included an additional \$1.9 million for IFPS services. If passed, the additional state allocation would allow North Carolina to increase IFPS services to \$8.8 million for 1,290 high risk families to prevent child placement in out-of-home care.

Family First Prevention Services Act (FFPSA) Planning

DSS has started planning how the Family First Prevention Services Act (FFPSA) will inform DSS strategic investments in child maltreatment prevention across the child welfare continuum. In 2019-2020, DSS will continue to partner with The Center for Support of Families and Chapin Hall at the University of Chicago to align provisions of FFPSA and Rylan's Law for the development of implementation plans for effective and sustainable change. To that end, North Carolina has opted to delay implementation of FFPSA provisions until no later than September 2021. This will provide time for DSS to develop an integrated prevention plan that considers the complex readiness, alignment, and implementation considerations involved in both FFPSA and Rylan's Law.

As part of this planning process, DSS has received a two-year extension from the Administration of Children and Families (ACF) of the current family support, family preservation, and community

response program grants for a five-year total grant cycle to engage in a thoughtful, coordinated strategic planning process that aligns all the state’s primary, secondary, and tertiary prevention programs and services. FFPSA will expand North Carolina’s written prevention plan by allowing for the federal financing of tertiary prevention programs to prevent out-of-home placement. By allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training to prevent children from entering foster care, FFPSA will make it possible for DSS to provide additional support through evidence-based and trauma-informed services to families who qualify for family preservation services.

FFPSA also eliminates the time limit for family reunification services. This will give county child welfare agencies the opportunity to extend reunification services to families needing additional time to meet required service goals. This new flexibility has the potential to improve outcomes. At the same time, it raises questions about whether a county child welfare agency needs to keep the child’s case open to provide post-reunification services. In North Carolina, cases are typically kept open for no more than 90 days after a child is reunified with his/her family. However, FFPSA allows post-reunification services up to 15 months. This change will require DSS to resolve logistical barriers of data management systems, permanency time frames, required paperwork, funding codes, county monitoring and reporting requirements, and policy changes.

Healthy Opportunities (Medical and Non-Medical Drivers of Health)

DHHS is committed to ensuring all North Carolinians have the Opportunity for Health. Data shows up to 80% of a person’s overall health is driven by factors outside of medical care, including social and environmental factors and the individual’s behavior influenced by them. North Carolina is the [first state in the country](#) to develop and scale a comprehensive strategy to address both medical and non-medical factors related to health across all populations and to embed such a program within its Medicaid managed care delivery system to [drive value and accountability](#), while improving health outcomes and lowering costs.

The State Center for Health Statistics created an interactive [statewide map](#) of 14 social indicators at the census tract level to guide community investment and prioritize resources.

DHHS worked with stakeholders across North Carolina to develop a standardized set of screening questions to identify food insecurity, housing instability, unmet transportation needs, and interpersonal violence. The screening questions are available and encouraged to be used in diverse clinical and social service settings. Each Medicaid Pre-Paid Health Plan will be required to use the screening questions.

In a public-private partnership, DHHS is deploying a robust [statewide resource repository and coordinated care network](#) (NCCARE360) that allows health care and social services to electronically connect with each other, connects those with identified needs with community resources, and provides a feedback loop on the outcome of that connection. Through a “No Wrong Door” model, people will be able to access information and receive linkages to programs and services on their own or be connected through care managers, case managers, social services, and health care service providers. By providing concrete assistance in a time of need and meeting a family’s unmet food, housing, or transportation needs or by addressing unsafe living environments, North Carolina can mitigate the risks of child maltreatment.

DHHS has incorporated strategies to address both the medical and non-medical drivers of health throughout the Medicaid 1115 Demonstration waiver as it moves to Medicaid Managed Care. Elements included in the statewide Pre-paid Health Plans (PHPs) include:

- Care management teams must include nurses, social workers, housing specialist and legal specialist and have competencies in trauma informed care and resource navigation.
- Pre-paid Health Plans must use the standardized screening questions for non-medical needs and navigate to resources utilizing NCCARE360.
- Additional support must be provided for high social need cases, such as homeless, actively experiencing interpersonal violence.
- Value-based payment and incentives to contribute to non-medical drivers of health will accelerate investment in social needs.

To further support addressing non-medical drivers of health, North Carolina has received authorization under the 1115 Medicaid Demonstration Waiver to utilize up to \$650 million in state and federal Medicaid funding for pilot services in two to four areas of the state that are related to housing, food, transportation and interpersonal safety and directly impact the health outcomes and healthcare costs of enrollees. These *Healthy Opportunities Pilots* will test the impact of providing selected evidence-based interventions to Medicaid enrollees. These Pilots will allow for the establishment and evaluation of a systematic approach to integrating and financing evidence-based, non-medical services into the delivery of healthcare. DHHS will look to systematically integrate pilot services that were shown to be effective after rigorous evaluation statewide through Medicaid managed care.

DHHS is also working to build a more robust workforce to address social needs care and developing and supporting a [Community Health Worker Initiative](#) and examining ways to streamline cross-enrollment in existing key benefit programs

DSS is addressing non-medical drivers of health in its social services prevention service array, predominately through the Community Response Program (CRP). CRP is intended to fill a gap in the continuum of child maltreatment prevention programming by reaching out to families who have been reported to child protective services, but whose cases have not been accepted for CPS Assessment, closed with a decision of services recommended, or closed with a decision of no services needed, after an initial CPS Assessment. The program requires an allocation of flex funds to assist families in crisis and to ensure that families have access to supports and services to meet their basic needs, including economic support, benefits access, employment coaching, and financial literacy programming.

Targeted Areas for Improved Performance

Behavioral Health Services

Assessments of North Carolina's social services consistently indicate a tremendous need for more quality, accessible, and affordable mental health, domestic violence, and substance abuse services for children, youth, parents, and families involved in the child welfare system. Consequently, it is critical that North Carolina's CFSP incorporate targeted strategies for improved well-being outcomes.

DHHS accepted the CSF recommendation to strengthen the partnerships between the DHHS Divisions of Social Services, Mental Health/Development Disability/Substance Abuse Services, and North Carolina Medicaid to make sure behavioral health services are available to parents and ensure appropriate placements for children in foster care.

Since North Carolina is currently undergoing Medicaid transformation, it is vital that the transformation include an infrastructure that will meet the unique needs of children in foster care and their families. Without access to quality services, it is difficult to prevent children from coming into foster care and to assist children to exit foster care to positive permanency. DHHS has created a strong teaming structure to support Medicaid transformation and DSS is included in that structure.

During the 2020-2024 CFSP, North Carolina will explore ways to implement the additional recommendations proposed by CSF to meet the needs of families involved in the child welfare system for appropriate behavioral health services, including:

- Amending its Medicaid plan to allow parents eligible for coverage based on children in the home to keep coverage when children enter foster care as long as the parents are working toward reunification.
- Leveraging IV-E funding as identified in FFPSA for behavioral health services to prevent removal and prioritize state behavioral health funding for services needed to allow uninsured parents to safely reunify with children.
- Incorporating LME/MCOs into the teaming structure that implements child welfare reform to engage them regarding the needs of children and families involved with DSS, as well as the new practice model, FFPSA, and other reforms.
- Assigning each new regional DSS office responsibility for building and sustaining a strong partnership with the LMEs/MCOs that work within its region.⁵

Agency Responsiveness to the Community

DSS recognizes that the entire community plays a critical role in protecting children from abuse and neglect. Consequently, DSS has developed a variety of methods to engage in ongoing consultation with community partners and individual stakeholders, especially people with direct experience with the child welfare system. Some of these strategies include listening sessions and town hall meetings, North Carolina Family Leadership Model, parent engagement in family support programming, and Community Child Protection Team survey results.

Listening Sessions

As part of its Round 3 Program Improvement Plan, DSS contracted with the University of North Carolina's Family and Children's Resource Program to facilitate six Child Welfare Stakeholder Input Sessions in 2018 across the state. Locations were strategically selected to access areas with less exposure. DSS also established other mechanisms for submitting feedback, including a mailing address, phone, and e-mail address. The goals of these "listening sessions" were to:

⁵ Center for Support of Families, *Child Welfare Reform Plan*, 24.

- Increase DSS responsiveness to the community by engaging in ongoing consultation with stakeholders, including tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies.
- Secure stakeholder input about issues and concerns related to serving children and families in child welfare in North Carolina as well as assessing child welfare services needed in communities.
- Strengthen external stakeholders' understanding of and input into North Carolina's CFSP and Annual Progress and Services Report (APSR) goals, objectives, and annual updates, and to establish ongoing feedback mechanisms.

In each session, participants were encouraged to focus input primarily around three topic areas:

1. Improving safety, permanency, and well-being outcomes.
2. Services for high-risk populations (children ages 0-5, foster youth ages 18-21, LGBTQ population, runaway youth, pregnant and parenting foster youth).
3. Post-adoption services.

Stakeholders shared valuable information about how the child welfare system is functioning. The following reflect some common themes:

- Need for county child welfare agencies to be more transparent and consistent in their communications.
- Staff turnover is a major issue. County DSS staff need more training and support to mitigate this critical issue.
- Kinship and birth family needs are not being adequately addressed. Barriers in the system prevent services from being provided and/or accessed.
- Need for more resources for families, especially in rural areas. County DSS staff need more flexibility in how existing resources can be used.
- Post-adoption services need to begin earlier and be better promoted in the community.
- Community providers are frustrated with lack of oversight and inconsistency between county DSS agencies.
- There is a lack of resources for LGBTQ youth, especially in rural areas. County DSS staff and foster/adoptive families need training on working effectively with these youth.
- Many youth are not using the Foster Care 18-21 program due to lack of knowledge of available services and their desire to be independent of the system.

DSS is using these themes to help inform the 2020-2024 North Carolina CFSP. As a follow-up to the Listening Sessions, DSS has conducted two Town Hall Meetings in May and June of 2019. These meetings modified the structure to include presentations of relevant subjects, such as Rylan's law, FFPSA, and CFSP, as well updates based on issues identified during the Listening Sessions. There is also time for an open forum and questions to gather information on community concerns and resources.

During the 2020-2024 CFSP, DSS plans to conduct town hall meetings regularly to support the ongoing assessment of the health of the child welfare system and ensure there is a forum for stakeholders to share their experiences and their ideas for improvement. DSS will also conduct targeted focus groups with existing groups, such as SAYSO, Foster Family Alliance and CWFAC.

North Carolina Family Leadership Model

North Carolina developed a tiered family engagement and leadership model as part of its Round 3 Program Improvement Plan. DSS recognizes that families served by the child welfare system play an integral part of program development, implementation, and evaluation. This model ensures that family voice informs state-level decisions and aligns county family engagement and leadership approaches with state-level system efforts. The tiered model builds upon quality family engagement by child welfare workers at the case level. Families begin engaging in system-level work through participation in such activities as parenting classes, focus groups, and training events (Tier 1). Then, families may become involved in speaking engagements and provide direct feedback on specific topics (Tier 2) before moving up to state-level policy and program work (Tier 3). Each tier builds leadership skills through engagement opportunities and helps to ensure the child welfare system has ongoing consultation with families about the goals of child welfare.

The North Carolina Family Leadership Model Tier 3 includes a state-level council, called the Child Welfare Family Advisory Council (CWFAC), to provide parents opportunities to be full partners in the planning, implementation, and evaluation of services as required by federal legislation. The state-level council is comprised of adults with former experience with the child welfare system, including biological parents who have received child protection services, foster parents, adoptive parents, kinship parents, and youth alumni who have been served by the foster care system. The CWFAC meets with DSS every month to review, revise, and provide guidance on policy and programs. They also provide training and give presentations on the model and parent leadership to North Carolina county child welfare agencies, state DHHS staff, and community-based agencies.

The model also supports county-level family engagement committees (FEC). The FECs are comprised of biological parents who have been involved in the child welfare system – along with other families and community stakeholders – and are committed to discussing, implementing, and supporting strategies to improve family engagement, safety and permanency for children. FECs are currently being implemented in Durham, Forsyth and Richmond counties. FECs help to ensure ongoing consultation from families so the county child welfare agency can respond to feedback and strengthen programming as needed.

In 2020-2024, the NC Family Leadership Model will continue to promote and support the involvement of families at case practice, policy, and system levels across the child welfare continuum, from primary prevention to adoption services. This involves:

- Sponsoring the CWFAC’s monthly meetings, Family Feedback Days, and Lunch and Learn events.
- Supporting the three pilot FECs in Durham, Forsyth, and Richmond counties.
- Offering Family Partners professional development opportunities to enhance child welfare, family support, and prevention knowledge and strengthen presentation, advocacy, and facilitation skills through ongoing training, technical assistance, and coaching.
- Facilitating evaluation activities.
- Facilitating CWFAC members’ participation in state-level committees, such as the Community Child Protection Team (CCPT) Advisory Board, the Fostering Family Alliance

North Carolina, Fostering Health North Carolina, and the Kinship Navigator Advisory Council.

In addition, DSS plans to finalize the model development, implementation, and assessment in order to determine the viability of expanding the FECs from the current three pilot sites to cover all North Carolina counties and/or regions. This statewide expansion will allow regional and county child welfare agencies to access ongoing feedback from adults with direct experience in the child welfare system. The theory of change posits that ongoing family feedback will result in more effective services that will, in turn, result in increased safety, permanency, and well-being for children in North Carolina. As North Carolina strengthens parent engagement and leadership from 2020 to 2024, DSS will consider the following strategies recommended by CSF:⁶

- DHHS should review evaluations of the Child Welfare Family Advisory Council and the pilot Family Engagement Committees to improve and enhance the models and to determine if Family Engagement Committees should be scaled statewide at the county level or within each newly-formed DHHS region. If the assessment determines these should be scaled statewide, DHHS should ensure ongoing and needed funding for technical assistance, stakeholder support, and evaluation services. DHHS should develop a plan for statewide rollout that is based on the evidence related to effective implementation.
- DHHS should assign a full-time employee (FTE) dedicated to family engagement to ensure ownership and leadership within DHHS for the Child Welfare Family Advisory Council and other efforts to engage youth and families to assure their voice and input.
- DHHS should fully integrate the Child Welfare Family Advisory Council into the finalized DHHS teaming structure to ensure that stakeholders with lived experience are engaged in all child welfare reforms, including implementation of FFPSA, and involve the FECs in planning and practice within each new regional office.
- DHHS should evaluate current supports to assure stakeholders with lived experience have a voice in the child welfare system by partnering with organizations such as SaySo, Foster Family Alliance, other foster parent associations, and organizations working with grandparents raising grandchildren; assess whether and how to enhance levels of support; and determine how to involve these organizations in child welfare reform and the work of the Child Welfare Family Advisory Council and FECs.

Parent Engagement in Family Support Programming

Developing strong relationships between parents and staff is an essential ingredient to a program's ability to connect with parents. When parents and other caregivers feel valued and supported in the context of a learning relationship, the likelihood of their taking responsibility for and making use of new information increases. DSS contractors must demonstrate how staff will work proactively with families who are isolated or seem most in need of encouragement and support, drawing them into the social networks and activities available. North Carolina Family Support, Respite, and Community Response Program contractors are expected to convey a clear message that parents, and caregivers are an important and valued part of their children's lives and their community.

⁶Center for Support of Families, *Child Welfare Reform Plan*, 8.

Specifically, DSS contractors are required to demonstrate how they will model the Principles of Family Support and include opportunities for parents and other caregivers to contribute to program planning, governance, and administration. Parents play an essential role in improving the quality of services and offer unique perspective as consumers. Meaningful involvement of families ensures the programming being delivered actually meets the community's needs. Contractors are required to report quarterly on how their agency is supporting parent engagement and leadership. In addition, DSS will continue to monitor parent engagement through monitoring phone calls, monitoring site visits, and participation in a peer review process during their awarded three-year funding cycle.

In 2019-2020, DSS Family Support and Respite Programs report that parents will assume leadership roles by representation on advisory committees and boards, assuming leadership roles at support groups, serving as mentors to new parent participants, and by volunteering for activities such as field trips, fundraisers, and events.

Assessing Needs through Community Child Protection Teams

Currently, the local Community Child Protection Team serves as the primary vehicle by which DSS compiles a description of the inventory of current unmet needs, as well as the array of community-based child abuse and neglect prevention program and activities. The Community Child Protection Team (CCPT), a component of the Child Fatality System, is an interdisciplinary group of community representatives. One hundred local teams identify gaps and deficiencies within the child protection system, increase public awareness of child protection in the community, advocate for system changes and improvements, assist the county director in child protection, and develop strategies to ameliorate child abuse and promote child well-being at a local and state level.

Each year, the North Carolina CCPT Advisory Board analyzes data from surveys completed by the CCPTs and synthesizes recommendations to DSS regarding needed improvements to reduce child abuse and neglect. This supports the CAPTA requirement for recommendations from Citizen Review Panels.

In June 2018, the North Carolina CCPT Advisory Board submitted the following recommendations to DSS based on four years of aggregate data collected regarding unmet needs:

1. Ensure that children, youth, and families have the mental health services required for promoting child safety, child permanency, and child and family well-being.
2. Strengthen the capacity of local CCPTs to work with social services in improving child welfare services.
3. Establish the North Carolina CCPT Advisory Board as the state body responsible for synthesizing and advocating for the local CCPT experiences and recommendations; identifying areas for child abuse prevention planning and improvements in the child welfare system; and serving as an asset to DSS in improving child welfare services.
4. Engage in planning on the long-term structure and processes for Citizen Review Panels in the state.

DSS has drafted its response to these recommendations and will submit them to ACF as a part of its APSR submission.

The CCPT Advisory Board will continue to involve parent leadership in identifying gaps and deficiencies with the child protection system, increase public awareness of child protection in the community, advocate for system changes and improvements, and develop strategies for ameliorating child abuse and promoting child well-being at a local and state level. In 2020-2024, one to two family partners will continue to serve as voting members on the CCPT Advisory Board and workgroups.

All DSS child maltreatment prevention contractors must also describe how they are involved in the local CCPTs in their grant applications. This provides a direct link between DSS, CCPTs, and community-based agencies that enhances community involvement in continuous quality improvement.

Foster and Adoptive Licensing, Recruitment and Retention

North Carolina is a very diverse state and every county has a different need around diligent recruitment and retention of foster, adoption and kinship families. Prospective foster and adoptive families can be licensed as foster families and/or approved as adoptive families by either a county child welfare agency, a licensed child placing agency, or licensed adoption agency. This variation in service provision across the state provides a wide variety of localized licensure and approval options for families but also creates a complex system that can be confusing and frustrating to prospective families and stakeholders.

Through the statewide Diligent Recruitment and Retention Plan, North Carolina intends to develop increased capacity to meet the needs of children and youth in care and provide increased consistency in both messaging and service provision to prospective and current foster and adoptive families and kinship families.

Having a sufficient, diverse pool of foster, adoptive, and kinship families will help North Carolina achieve better outcomes for children. Specifically, having a pool of families who are diverse, well-trained, and able to meet the specific needs of children in foster care will provide placement stability; ensure children and youth's well-being needs are met; allow children and youth to remain in their own schools and communities; and provide timely permanency for children and youth who are unable to return home.

Assessment of Current Performance

DSS serves as North Carolina's licensing authority for the licensure of all North Carolina's foster homes. Public and private child placing agencies recommend foster homes for licensure. All foster home license actions are put through a rigorous quality assurance review before being approved or denied by the Division of Social Services. In the SFY 2015-2016 budget, the North Carolina General Assembly approved four additional foster home licensing program consultant positions, increasing the number of staff assigned to this process from two to six. This also increased the number of support staff to assist with moving the foster home actions forward and collecting important data. As a result, the average number of days for a new foster home application to be processed by DSS has decreased from an average of 34 days in October 2016 to an average of 10 days in April 2019--a 65% decrease.

In partnership with representatives from county child welfare agencies, private child placing agencies, foster and adoptive families, youth, Guardian ad Litem staff, and other key stakeholders, North Carolina began development of a new statewide Diligent Recruitment and Retention Plan in 2016. Each representative provided input into the development of the North Carolina Diligent Recruitment and Retention Plan. Facilitated by the National Resource Center for Diligent Recruitment at Adopt US Kids, the approach was collaborative and structured. Information gained through the stakeholder meetings was used by a working group made up of the Division of Social Services, county child welfare agencies, private child placing agencies, foster and adoptive families, and youth both currently and formerly in foster care to write and update North Carolina’s Diligent Recruitment and Retention Plan. The statewide Diligent Recruitment and Retention Plan was first implemented in July 2017. Through quarterly workgroup meetings, DSS will continue to collaborate with the community partners and stakeholders to update and improve diligent recruitment and retention efforts across the state.

DSS provides state-level diligent recruitment and retention activities for county child welfare agencies and private child placing agencies, including but not limited to: an annual Child Welfare Summit focusing on recruitment and retention of foster and adoptive families; regional meetings; statewide calls; and webinars. Ongoing technical assistance, resources and support to county and private agencies regarding their specific diligent recruitment and retention efforts are also provided by the North Carolina Division of Social Services.

The number of licensed foster homes in North Carolina has continued to trend upward since 2016. In April 2016, North Carolina had 6,260 licensed foster homes across the state. This number increased to 7,148 in April 2019 – a 14% increase. This corresponds with the increase in staff dedicated to completing the licensing process with a high degree of efficiency, and an increased focus on recruiting new foster families through improved statewide diligent recruitment and retention efforts.

State Fiscal Year (Month End Averages)	Licensed Foster Homes	DSS Supervised	Private Agency Supervised
2014-2015	6,316	2,547	3,769
2015-2016	6,213	2,517	3,696
2016-2017	6,480	2,591	3,890
2017-2018	6,865	2,717	4,148

Current and Planned Activities to Improve Performance

DSS is committed to increasing the number of well-trained, skilled, and diverse foster and adoptive families in North Carolina. Over the past three years, North Carolina has focused on developing and implementing a statewide diligent recruitment and retention plan that is data-driven, customer service focused, and flexible to meet the needs of individual communities throughout the state. North Carolina has also provided various statewide diligent recruitment and

retention activities for county child welfare agencies, private child placing agencies, as well as potential, current and former foster, adoptive and kinship families.

Targeted Diligent Recruitment and Retention Plan

North Carolina’s 2020-2024 Statewide Diligent Recruitment and Retention (DRR) Plan has four areas of focus, with an overarching goal of recruiting and maintaining a sufficient pool of ethnically and racially diverse families who can provide ongoing safety for and meet the needs of children served by the foster care program. Each of the four strategies are anchored in one or more of the larger CFSP Commitments. The statewide DRR Plan is provided in Section VII—Targeted Plans: Foster Adoptive Recruitment Plan.

To best meet the needs of children in the custody of each county child welfare agency and North Carolina’s foster and adoptive families, the Diligent Recruitment and Retention Plan considers the needs, resources, and structure of each individual county. For that reason, each county is tasked with writing an annual localized Diligent Recruitment and Retention Plan with the technical assistance and resources provided by the North Carolina Division of Social Services. In July 2018, localized Diligent Recruitment and Retention Plans were implemented in all 100 counties. Moving forward, updated localized plans will be submitted by the county on an annual basis, due on September 1 of each year. The county-specific plan is comprehensive and includes Multi-Ethnic Placement Act (MEPA) requirements. In addition to localized plans, county child welfare agencies are required to report data to the North Carolina Division of Social Services on an annual basis, due on September 1 of each year.

A template for a county-level Diligent Recruitment and Retention Plan is provided, as well as supplemental guides and attachments that are used to track data, provide best practice outcomes, and provide ongoing support to localized efforts. County child welfare agencies receive training through webinars and regional meetings on the statewide plan, county-level localized template, and MEPA requirements. Counties then submit their annual Diligent Recruitment and Retention Plan to the state for review, feedback, and technical assistance as needed. Each County’s Plan is reviewed by the Division of Social Services, a plan for technical assistance is created with each county, and written correspondence that the plan has been approved is provided to the county. For additional information on statewide diligent recruitment and retention efforts, please refer to North Carolina’s targeted Diligent Recruitment and Retention Plan (attached).

NC Kids Adoption and Foster Care Network

The Division of Social Services’ NC Kids Adoption and Foster Care Network is North Carolina’s Statewide Diligent Recruitment Entity and Adoption Exchange Program. NC Kids is the state level first point of contact for individuals interested in becoming foster or adoptive families via a general email address and telephone hotline as direct points of intake – talking families through the general process of becoming a foster and/or adoptive family in North Carolina. NC Kids also manages and facilitates North Carolina’s adoption exchange program, providing targeted child specific recruitment of adoptive homes through online photo listings. NC Kids provides technical assistance and support to county child welfare agencies and private child placing agencies regarding general, targeted, and child specific diligent recruitment and retention efforts as well as diligent recruitment tools such as the NC Kids website, general brochures, fliers, pens, key chains, magnets, and posters.

Foster Home Licensing

The Division of Social Services' Regulatory and Licensing Team provides technical assistance and training to county child welfare agencies and private child placing agencies regarding the training and licensure process for foster families.

Annual Child Welfare Summit

The Division of Social Services hosted the first annual Child Welfare Summit in May 2019. The summit was entitled "Navigating the Journey: Leading the Way to Better Outcomes for Kinship Care, Post-Adoption and Post-Guardianship through Diligent Recruitment and Retention." The summit featured guest speakers from Adopt US Kids, UNC-CH School of Social Work, Catawba County Department of Social Services and the Center for Child and Family Health. In addition, the summit also featured a panel discussion with a birth parent, foster and adoptive parents, a kinship provider, and former foster youth. There were over 200 participants from county child welfare agencies, private child placing agencies, and family partners in attendance either in-person or via the live broadcast. Participants could network and gain information on ten key drivers to improve diligent recruitment and retention efforts, as well as post-permanency support services. The ten key drivers include: data driven, quality customer service, child-centered, collaboration with families, collaboration with community partners, leadership, post-adoption/post-guardianship/kinship services, Multi-Ethnic Placement Act compliance, development and support of families, and sustainability. The Division of Social Services received very positive feedback and has plans to continue hosting the summit annually.

Statewide Diligent Recruitment Calls and Trainings

Through the development process for the Diligent Recruitment and Retention Plan, it was recognized that a significant need exists for regular, ongoing communication and collaboration between agencies on the topic of diligent recruitment and retention. The NC Kids Adoption and Foster Care Network provides ongoing learning opportunities that support communication and collaboration among state, county, and private child placing agencies. This is done through North Carolina's annual child welfare summit, webinars, and statewide calls. These events include a variety of diligent recruitment and retention topics. These topics are determined through assessment of patterns in technical assistance needs, topics that arise during live webinars and calls, and requests by both county child welfare agencies and private child placing agencies.

Fostering Perspectives

Fostering Perspectives (www.fosteringperspectives.org), is a free newsletter produced by the DSS in partnership the UNC Chapel Hill School of Social Work. It is published twice a year and the intended audience is foster, adoptive, kinship, and therapeutic families, as well as child welfare professionals in North Carolina. Each issue furthers diligent recruitment efforts by regularly featuring waiting children and offering information that supports the educational needs of existing foster families.

Fostering NC

Fostering NC (www.fosteringnc.org) is a learning site for North Carolina's foster and adoptive families and kinship caregivers. This site features on-demand courses, webinars, videos,

resources, and answers to foster, adoptive, and kinship caregiver's frequently asked questions. The Division of Social Services, in partnership with the University of North Carolina Chapel Hill and NC State University will maintain and update the learning site with additional resources and trainings on a regular basis.

Online Orientation for Prospective Foster Families

North Carolina's online, on-demand, self-paced [orientation for NC foster parents](#) provides an overview of foster care in North Carolina. Public and private child-placing agencies are required to make completion of this online orientation mandatory for all foster families.

North Carolina's Permanency Innovation Initiative

The Permanency Innovation Initiative (PII) is an effort launched in 2013 by North Carolina's General Assembly. Under this state-sponsored initiative a private child-placing agency, Children's Home Society of North Carolina (CHS), provides services to improve permanency outcomes for children living in foster care, improve engagement with biological relatives, and reduce costs associated with maintaining children in foster care. Since July 1, 2015, CHS has achieved positive outcomes for children and families through Family Finding, child specific adoption recruitment, and permanency related training.

Adoption Promotion Program Fund

The Adoption Promotion Program Fund is utilized to enhance and expand adoption programs, to secure permanent homes for hard to place children, and to encourage partnerships between public and private agencies to achieve permanency for children in a timely manner by providing financial incentives for the adoption of special needs children. Allowable expenditures of the funds received include direct provision or purchase by contract of general and child specific adoption recruitment, retention, and promotion services.

Post Adoption Support Services

Post Adoption Support Services (PASS) are intended to ensure the permanency and well-being of adoptees and their families. PASS are voluntary services available to all adoptees in North Carolina-- regardless of age of the adoptee or the type of adoption. PASS also provide education, outreach, and support to families at risk of or experiencing an illegal custody transfer.

State-Funded Supplement for Children Exposed to the Human Immunodeficiency Virus (HIV)

North Carolina provides supplemental board payments for children served by the foster care program and supplemental adoption assistance payments for adopted children who were diagnosed as having been prenatally exposed to HIV or who developed symptoms of HIV/AIDS in foster care. Supplemental payments for HIV positive children may be made to foster/adoptive families, group homes, or child caring institutions licensed by DSS.

Special Children Adoption Incentive Fund (SCAIF)

The North Carolina Appropriations Act annually authorizes Social Services Block Grant (SSBG) funding for a Special Children Adoption Incentive Fund. The SSBG funding is combined with local and state matching funds to make adoption a possibility for children with special health care

needs who would otherwise remain in the foster care system because of the financial loss to adoptive families.

Foster Care 18 to 21

North Carolina Session Law 2015-241 (2015 Appropriations Act) was passed to include “Fostering Success/Extend Foster Care to 21 Years of Age.” DSS worked with collaborative partners and the General Assembly to afford the opportunity for youth who meet program requirements to continue foster care services from 18 to 21 years of age. This law also provides the availability of adoption assistance payments to continue until a youth reaches the age of 21 if the youth was adopted at 16 or 17 years of age. Implementation of this initiative began on January 1, 2017. These developments around Foster Care 18 to 21 will enhance North Carolina’s capacity to recruit, retain, and support families for children and youth, specifically youth ages 16 and 17, in need of foster and adoptive homes.

Kinship Guardianship Assistance Program

North Carolina Session Law 2015-241 (2015 Appropriations Act) was passed to include a Guardianship Assistance Program. North Carolina implemented the Kinship Guardianship Assistance Program (KinGAP) on January 1, 2017. The purpose of KinGAP is to make funds available for the financial support of youth ages 14 to 18 who are determined to be in a permanent family setting, eligible for legal guardianship, and otherwise unlikely to obtain permanency. KinGAP reimburses room and board at the same rate as North Carolina’s foster care board rates. A child eligible for KinGAP must be living in a licensed foster home for six months. The KinGAP provides an additional mechanism to support permanency through guardianship for specific youth and their licensed caregivers.

Foster Parent Liability Insurance

Foster parent liability insurance became available to North Carolina foster families on May 1, 2016. Foster families can use this optional insurance, if they choose to purchase it.

Ongoing Collaboration with Community Partners and Stakeholders

DSS values partnerships with county child welfare agencies, private child placing agencies, Guardians ad Litem, birth, foster, adoptive and kinship families, current and former foster youth, and other child welfare stakeholders. To that end, DSS will continue to cultivate partnerships with the community, especially those who have lived experience with the child welfare system. Below are ways North Carolina is partnering and collaborating with various community partners and stakeholders.

Child Welfare Family Advisory Council

DSS works in partnership with the North Carolina Child Welfare Family Advisory Council to inform initiatives, policy and practice changes, and child welfare events. The Child Welfare Family Advisory Council participated in the development of the statewide diligent recruitment and retention plan; informed updates to the NC Kids Adoption and Foster Care Network website; and assisted in planning and participating in the first annual child welfare summit. North Carolina plans to continue partnering with the Child Welfare Family Advisory Council to improve diligent recruitment and retention efforts across the state.

Foster Family Alliance of North Carolina

DSS contracts with the Foster Family Alliance of North Carolina (FFA-NC). Funding for FFA-NC was initially allocated in the state budget for SFY 2018-2019 and is planned to continue as recurring funding in subsequent years. FFA-NC's primary purpose is to connect individuals, families, and organizations that are serving children and youth in foster care; bring a family voice to the process of revising important foster care and adoption related policies; gather data and assist in change implementation providing consistency throughout the state. FFA-NC connects families to training through networking and means determined by an ongoing needs assessment. In SFY 2019-2020, FFA-NC will create committees to provide opportunities for families to advocate for solutions to issues they face in providing foster care.

Western Area Foster Care Association

DSS participates in bi-monthly meetings of the Western Area Foster Care Association (WAFCA). The primary purpose of these meetings is to allow private child placing agencies and licensed adoption agencies to ask questions and receive clarification regarding foster home licensing rules and procedures. The Association brings together county child welfare agency foster home licensing staff and private child placing and adoption agency staff together to promote positive working relationships and enhance the recruitment and retention of foster families.

Western Child Welfare Partnership

The Western Child Welfare Partnership exists to strengthen interagency communication and collaboration; to identify, develop, and deliver high quality services; and to improve outcomes for children and families. The group's intent is to be a supportive, results-focused community that provides opportunities for peer networking, presentations/information sharing, and mutual support. This group meets quarterly and provides an opportunity for public and private agencies in western North Carolina to come together to learn, network, and focus on improving outcomes for children and families. DSS participates in quarterly meetings to provide updates on foster home licensing activities, such as the number of licensed families and timeframes to process licenses, and updates to any changes that have occurred regarding rules, procedures and staffing.

Benchmarks

Benchmarks is an alliance of agencies committed to providing quality care, leadership, and accountability in services to children and families in North Carolina. Benchmarks member agencies deliver a broad continuum of behavioral health, child welfare, education, and residential support services. Their activities focus on partnership development across the continuum of care at the state and local levels, including a strong, proactive partnership with DSS and the legislature to improve outcomes for children and families through high quality, research-based services and professional education programs serving providers across North Carolina through on-line and on-site training. The Foster Adoptive Residential (FAR) subgroup of Benchmarks is made up of agencies licensed by DSS to provide those specific services. DSS staff attend FAR meetings to provide updates on policy and practice changes, information on foster family licensure, and any changes to state law and/or North Carolina Administrative Rule regarding child welfare. DSS staff are also invited to FAR meetings to provide information on new initiatives and changes taking place within the child welfare system that will affect the foster families and children that they serve.

University of North Carolina–Chapel Hill School of Social Work

DSS contracts with UNC-Chapel Hill School of Social Work to improve kinship services, specifically the Kinship Guardianship Assistance Program (KinGAP), across the state. The KinGAP Implementation Support contract enables the UNC-Chapel Hill School of Social Work and DSS, in consultation with child welfare stakeholders, to develop a set of tailored educational materials to be used to educate relatives and other kinship caregivers on the training and licensing process and requirements for kin; the difference between permanency options (legal custody, legal guardianship, and adoption); and the Kinship Guardianship Assistance Program (KinGAP). DSS plans to partner with UNC-Chapel Hill School of Social Work to develop and implement a training and licensure process specific to kinship caregivers with goals of increasing the number of licensed kinship providers receiving monthly foster care benefits and the number of children and youth exiting foster care to guardianship and receiving KinGAP benefits.

North Carolina Diligent Recruitment and Retention Working Group

North Carolina plans to resume quarterly meetings of the Diligent Recruitment and Retention working group. This is a collaborative group made up of the Division of Social Services, county child welfare agencies, private child placing agencies, foster and adoptive families, and youth--both currently and formerly in foster care. The group helps to develop and update diligent recruitment and retention efforts in North Carolina and helps to inform initiatives and events.

Section III: Plan for Enacting the State’s Vision

Introduction

North Carolina’s plan has five interrelated strategic priorities. The first three priorities describe strategies North Carolina will implement to improve safety, permanency and wellbeing outcomes, respectively. The fourth and fifth strategic priorities describe critical support strategies related to CQI and workforce development. Priority 4 describes how North Carolina will build a CQI program that will be instrumental in assessing and continuously improving strategies to achieve safety, permanence and well-being outcomes as well as successful workforce development. Some of the metrics and strategies listed for the other strategic priorities will be refined and adjusted based on CQI efforts and improved access to reliable data. The fifth priority, workforce development, describes how North Carolina will build and support a stable, well qualified child welfare workforce ready and able to carry out the other four strategic priorities successfully.

Summary: Child Welfare Strategic Plan 2020-2024

Vision: A North Carolina where every child and family is safe, healthy, and well.				
Mission: Child Welfare Services is committed to operating with cultural humility and providing family-centered services to children, youth, and families to achieve well-being through ensuring self-sufficiency, support, safety, and permanence.				
Strategic Priorities				
1: Safety	2: Permanency	3: Well-Being	4: Continuous Quality Improvement (CQI)	5: Workforce Development
Commitments				
All children and youth live in safe, stable, and nurturing relationships and environments.	Children and youth in the foster care program will experience stability in foster care and achieve permanency in a timely manner, and youth who do not achieve permanency will transition successfully into adulthood.	Families will have enhanced ability to meet their children and youths’ well-being needs, including physical, social-emotional, behavioral, and educational needs.	County child welfare agencies will have the supports needed to implement and consistently apply all policies protocols, practices, and procedures including the information required to make data-driven decisions.	North Carolina will build and support a stable child welfare work force that is well-qualified, trained, supervised, and supported to promote positive outcomes for children, youth, and families.
Targets				
1. By 2022, the NC child welfare workforce will be able to assess current risk and the potential of future harm to ensure safety more accurately and objectively. 2. By 2024, NC will implement its chosen	1. By 2024, NC will decrease the number of days it takes a child to exit foster care and increase the rate of permanent exits (reunification, adoption, guardianship, custody). ⁸ 2. By 2024, to increase placement stability, NC will recruit and maintain a	1. By 2022, NC will strengthen its health and well-being programming in CPS In-Home Services. 2. By 2024, NC will ensure all children and youth in foster care will receive an initial health screening by a medical professional to identify health needs and	1. By 2024, NC will have a statewide continuous quality improvement (CQI) model that aligns both county and statewide efforts. 2. By 2024, NC will ensure that state and county child welfare leaders and staff have access to reliable	1. By September 2021, NC will complete a workload study for each area of child welfare services to identify appropriate caseload maximums. 2. By August 2022, NC will re-institute a stipend support program for both

⁸ Aligns with North Carolina’s Early Childhood Action Plan (ECAP)

<p>practice model to support consistent practice in all 100 counties.</p> <p>3. By 2024, North Carolina will create a comprehensive framework to strengthen families and prevent child maltreatment.⁷</p> <p>4. By 2024, North Carolina will have a process in place to identify where and how racial and other disproportionality and disparities are occurring in its child welfare system and implement strategies to reduce these inequities.</p>	<p>sufficient pool of ethnically and racially diverse families who have the skills needed to provide ongoing safety and meet the needs of children served by the foster care program.</p> <p>3. By 2024, NC will maximize the use of the Foster Care 18 to 21 Program for eligible youth.</p>	<p>be referred to medical, dental, and behavior health services as needed.</p> <p>3. By July 2024, North Carolina will ensure the Medicaid Tailored and Specialty Plans are informed by and reflective of the needs of child welfare-involved children and youth.</p> <p>4. By 2024, North Carolina will ensure its practice model and workforce development program are trauma-informed.</p>	<p>data – broken down by race, age, county, region, and provider - to use in the CQI process.</p> <p>3. By 2024, North Carolina will have a statewide case management system that captures all federally and state required data and increases efficiencies for users.</p>	<p>MSW and BSW students into its child welfare education collaborative.</p> <p>3. By 2024, North Carolina will implement a workforce development program including training, coaching, leadership development, and skills assessment for key child welfare positions that integrates knowledge and skills assessment, integrates racial equity and inclusion, and enhances the capabilities of the child welfare workforce at the state, regional, and county levels to improve outcomes to children and families.</p>
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⁷This is consistent with the Early Childhood Action Plan (ECAP). The prevention framework will be across a continuum of primary, secondary, and tertiary levels at the state, regional, and local levels.

Commitments and Targets

Strategic Priority 1: SAFETY

Strategic Priority 1 SAFETY	
Commitment	
All children and youth live in safe, stable, and nurturing relationships and environments.	
Rationale	Findings from the 2015 NC CFSR and the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, indicate that children and families who come to the attention of the child welfare system through a report of maltreatment are inconsistently assessed and provided services across the state. Findings also indicate disparities in the quality of services provided to children and families receiving In-Home Services.
Targets	1. By 2022, the North Carolina child welfare workforce will be able to assess current risk and the potential of future harm to ensure child safety more accurately and objectively.
	2. By 2024, North Carolina will implement its chosen practice model to support consistent practice in all 100 counties.
	3. By 2024, North Carolina will create a comprehensive framework for to strengthen families and prevent child maltreatment. ⁹
	4. By 2024, North Carolina will have a process in place to identify where and how racial and other disproportionality and disparities are occurring in its child welfare system and implement strategies to reduce these inequities.

Target 1 – Assess Safety and Risk

Target 1: By 2022, the North Carolina child welfare workforce will be able to assess current risk and the potential of future harm to ensure child safety more accurately and objectively.	
Rationale	2015 NC CFSR findings identified the state’s efforts to assess and address risk and safety concerns (Item 3) as being an area in need of need of improvement. Findings from the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, further indicate that children and families who come to the attention of the child welfare system through a report of maltreatment are not consistently receiving a response that ensures the immediate safety of children and protects them from risk of future harm.
Strategy	Validate Structured Decision-Making Tools and train social workers to use tools effectively and provide adequate documentation in case records. Tools will be used by and training provided to social workers who complete safety and risk assessments throughout the provision of CPS assessment services, CPS in-home services and foster care services.
Benchmarks	2020: <ul style="list-style-type: none"> ▪ Validate Structured Decision-Making Tools ▪ Eliminate case information that is inconsistent with risk assessment tools. ▪ Train staff in utilization of validated tools and required documentation.

⁹ The prevention framework will be across a continuum of primary, secondary, and tertiary levels at the state, regional, and local levels.

Target 1: By 2022, the North Carolina child welfare workforce will be able to assess current risk and the potential of future harm to ensure child safety more accurately and objectively.	
	<p>2021:</p> <ul style="list-style-type: none"> ▪ Incorporate expectations into practice model. ▪ Develop fidelity measures and a fidelity assessment process to understand the extent to which child welfare workers and supervisors are accurately and objectively assessing current risk and the potential for future harm.
Metrics	<p>CFSR Item 1 – Timeliness of Initiating Reports of Child Maltreatment</p> <ul style="list-style-type: none"> ▪ Baseline: 71.7% Strength. ▪ Meet PIP Performance Goal of 76.1% by October 2020. ▪ North Carolina will make substantial progress towards meeting the goal of 95% by 2024.
	<p>CFSR Item 3 – Risk and Safety Assessment and Management</p> <ul style="list-style-type: none"> ▪ PIP Baseline: 58.7% Strength. ▪ Meet PIP Performance Goal of 62.2 by October 2020. ▪ North Carolina will make substantial progress towards meeting the goal of 95% by 2024.
Staff Training, Technical Assistance, and Evaluation	<p>Investments will be made to build the capabilities of the state, regional and county workforces including:</p> <ul style="list-style-type: none"> ▪ A training will be created to support county staff’s ability to implement the strategies to accomplish this target. ▪ A special focus will be on assuring that state staff providing technical assistance to the counties will be experts on the new strategies. State staff efforts may be supplemented by external support. ▪ As part of a statewide CQI model, program monitoring tools and processes will be updated to align with the strategies to accomplish this target. ▪ Current trainings will be reviewed for quality and to assure alignment with the strategies as part of the creation of the new workforce development program. <p>Here is a listing of current training, technical assistance and evaluation related to this target.</p> <p>Staff Training:</p> <ul style="list-style-type: none"> ▪ <i>Online courses:</i> Well Begun is Half Done: How CPS Intake and Timely Initiation Can Improve CPS Assessments; Distinguishing Safety and Risk in the Real World: A Key Skill at Every Stage in Child Welfare Work. ▪ <i>Blended courses:</i> Child Welfare in NC: Preservice. ▪ <i>Classroom courses:</i> Child Welfare in North Carolina: Pre-Service; Intake in Child Welfare; CPS Assessments in Child Welfare; CPS In-Home in Child Welfare; Permanency Planning in Child Welfare; Domestic Violence Policy and Best Practices in Child Welfare. ▪ <i>“Do-It-Yourself” DIY Kit:</i> Using the Safety Threshold Concept to Enhance Decision Making. <p>Technical Assistance: County child welfare agencies are supported through quarterly onsite visits from the Children’s Program Representatives; Regional Supervisors meetings.</p>

Target 1: By 2022, the North Carolina child welfare workforce will be able to assess current risk and the potential of future harm to ensure child safety more accurately and objectively.	
	Evaluation: County child welfare agencies are evaluated through onsite case reviews using the OSRI Review Tool; Intensive case reviews using the Program Monitoring Tools.
Implementation Supports	To be determined.

Target 2 – Implement Practice Model

Target 2: By 2024, North Carolina will implement its chosen practice model to support consistent practice in all 100 counties.	
Rationale	2015 NC CFSR findings identified the state’s efforts to provide a timely response to all accepted child maltreatment reports (Item 1), services to families to prevent removal and re-entry (Item 2), and the assessment of risk and safety (Item 3) as being areas in need of improvement. Findings from the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, were consistent with the above findings and further indicate that substantial variation exists among counties in the frequency with which reports of child abuse or neglect are screened out.
Strategy	<ul style="list-style-type: none"> ▪ Procure services to lead statewide implementation of a practice model. ▪ Identify a group of state and county leaders who can serve as an implementation advisory team.
Benchmarks	2020: Develop practice standards and assess readiness for implementation.
	2021: Plan for implementation.
	2022: Initial implementation in three to seven counties.
	2023: Begin statewide implementation.
Metrics	2024: Expand towards full statewide implementation.
	By the end of 2024, all services delivered in child welfare will be consistent with requirements and values of chosen practice model.
Staff Training, Technical Assistance, and Evaluation	<p>Staff Training: To implement a practice model, all levels of existing and new staff will need to be trained. Training specific to the practice model will be provided to the county child welfare agencies, and existing core child welfare training will be revised as needed to align with the practice model. Specific foci will be assuring state staff who provide technical assistance and coaching to counties become experts in the model, are able to provide implementation technical assistance to the counties and can help counties assure they have capacity to incorporate the model in all areas of practice.</p> <p>Technical Assistance: A plan for technical assistance and support will be developed during the planning phase based on readiness assessment findings. Counties are currently supported through quarterly onsite visits from the Children’s Program Representatives; Regional Supervisors meetings.</p> <p>Evaluation: Counties are evaluated through onsite case reviews using the OSRI Review Tool; Intensive case reviews using the Program Monitoring Tools, which will be updated to align with the practice model. Practice coaches will also be available.</p>

Target 2: By 2024, North Carolina will implement its chosen practice model to support consistent practice in all 100 counties.	
Implementation Supports	NC will contract with an expert in the chosen practice model and develop a teaming structure to ensure joint planning with all invested stakeholders in all phases.

Target 3 – Create a comprehensive framework to strengthen families and prevent child maltreatment.

Target 3: By 2024, North Carolina will create a comprehensive framework to strengthen families and prevent child maltreatment.	
Rationale	<p>North Carolina aims to keep children, youth, and families safely together and improve the well-being of children and youth by acting upon a broad range of factors and conditions in which children, youth, and families live, work, and play. Child maltreatment prevention works best by promoting healthy families, children, and communities, and when it is linked to other prevention systems. Preventing child maltreatment and other negative outcomes includes addressing the factors that increase risk of harm to children and youth and builds protective factors to ensure their safety and well-being. It also requires North Carolina to address the underlying issues of poverty, food insecurity, housing instability, interpersonal violence, and other non-medical drivers of health.</p> <p>North Carolina is rich in prevention-focused resources and programs, yet it offers a sizable challenge when considering how to target statewide prevention efforts effectively within and across the systems that support families. As a county-based system, each local community and/or county designs and implements its own prevention services as capacity and resources allow. At the state level, North Carolina lacks a comprehensive framework that aligns primary, secondary, and tertiary prevention efforts¹⁰ at the state, regional, and local level in a manner that guides strategic thinking about resource investments to prevent child maltreatment and promote optimal outcomes for children, youth, and families.</p> <p>With this target, North Carolina takes the approach that strengthening families and communities and preventing child abuse and neglect requires a diverse set of public-private partnerships working together in a strategic and purposeful way to create a prevention framework designed both to meet families’ needs at the right time and with the right services, and to build implementation capacity at the state, regional, and local level toward that end.</p> <p>Also, while North Carolina met the national standard for the Recurrence of Maltreatment statewide data indicator as part of the 2015 NC CFSR, findings from the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, indicate that children and</p>

¹⁰ Definitions: *Primary Prevention:* Targets the entire population through education and support before problems arise. Primary prevention activities can include strategies such as media and education campaigns, positive parenting, and youth programs. *Secondary Prevention:* Targets families in need to alleviate identified problems and prevent escalation. Secondary prevention may also intervene in areas of risk associated with child neglect or abuse. *Tertiary Prevention:* Targets children experiencing maltreatment and their families. Though children who have experienced substantiated abuse or neglect are often removed from their biological homes to ensure their health and safety, children are also traumatized by their experiences and national studies report problematic outcomes for foster children. Prevention practices, services, and supports can be the key to keeping families intact and children safe during challenging times.

Target 3: By 2024, North Carolina will create a comprehensive framework to strengthen families and prevent child maltreatment.	
	families in North Carolina who come to the attention of the child welfare system through a report of maltreatment are not consistently receiving a response that ensures the immediate safety of children and protects them from risk of future harm.
Strategy	<ul style="list-style-type: none"> ▪ Finalize and expand the FFPSA five-year strategic plan for prevention to a comprehensive five-year strategic plan that includes a child maltreatment prevention framework across the continuum of primary, secondary, and tertiary prevention levels¹¹ and includes strategies for individualized services, agency and community capacity building, and organizational change. ▪ Expand Triple P, Community Response Programming and Family Engagement Committees to additional county child welfare agencies. ▪ Create community prevention coalitions/community child abuse prevention plans around shared prevention agenda, with a focus on addressing non-medical drivers of health, racial disparity, parenting skill building, substance use disorder, mental health and interpersonal violence services and supports.
Benchmarks	<p>2020:</p> <ul style="list-style-type: none"> ▪ Meet with the Child Welfare Family Advisory Council (CWFAC), North Carolina Association of County Directors of Social Services (NCACDSS), FFPSA Leadership Advisory Team, Chapin Hall, The Duke Endowment and other stakeholders to identify key considerations in the development of a child maltreatment prevention framework at the state, regional, and local level. ▪ Finalize the five-year FFPSA prevention plan. ▪ Secure resource to expand the FFPSA strategic plan to include primary and secondary prevention and facilitate development of a child maltreatment prevention framework.¹² ▪ Collaborate with DHHS and its Divisions to map alignment between ECAP, Essentials for Childhood, Healthy Opportunities, Opioid Action Plan, Home Visiting, InCK Model, and other state-level strategies designed to promote healthy families and strengthen communities. ▪ Expand Triple P levels 3, 4, 5 for CPS In-Home Services in up to 40 counties. ▪ Conduct assessment of existing DHHS investments in child maltreatment prevention programs and services and map those investments across primary, secondary, and tertiary prevention levels that visualize target populations, desired outcomes, and investment levels for each program and service. ▪ Develop an approach to evaluating the prevention framework and agreeing on appropriate metrics to track progress. <p>2021:</p> <ul style="list-style-type: none"> ▪ Begin FFPSA prevention service provisions. ▪ Develop draft of a comprehensive five-year strategic prevention plan and child maltreatment framework.

¹¹ The FFPSA Prevention Plan will only address tertiary prevention for candidates for foster care. A comprehensive five-year plan should align with DHHS key initiatives and state/federal funding mandates and consider prevention impact opportunities, identify corresponding strategies and services, and explore funding distribution at state, regional, and local levels

¹² Engage the Duke Endowment in option to expand partnership with Chapin Hall for this purpose. Chapin Hall facilitated development of Colorado’s child maltreatment prevention framework which is recognized as a national model.

Target 3: By 2024, North Carolina will create a comprehensive framework to strengthen families and prevent child maltreatment.	
	<ul style="list-style-type: none"> ▪ Issue Request for Applications for NCDSS Family Support, Children’s Trust Fund and Community Response programs with aim for an increased number of county child welfare agencies as applicants or partner agencies. ▪ Begin development and dissemination of prevention toolkits, learning opportunities and communication strategies to inform the state, regional, and county child welfare workforce about prevention science and implementation, available programs and services, community coalition planning, financing strategies and to foster inter-organizational and community coalition building at the local level. (ongoing through 2024) ▪ Partner with NCACDSS, CWFAC, Prevent Child Abuse NC and other partners to hold annual Prevention Summit as kickoff to FFPSA implementation and to secure stakeholder input on the draft comprehensive strategic plan for prevention and child maltreatment prevention framework.
	<p>2022:</p> <ul style="list-style-type: none"> ▪ SFY 2022-2024 services begin for NCDSS DSS Family Support, Children’s Trust and Community Response Programs. ▪ Community Response Programming is expanded to additional counties. ▪ Finalize the 5-year comprehensive strategic plan for prevention and child maltreatment framework and disseminate for input. ▪ Develop technical assistance and workforce development plans to build implementation capacity of community-based agencies, county child welfare agencies, and community coalitions relative to achieving the goals in the strategic plan. ▪ Conduct exploration and readiness of regions/counties to build a community prevention coalition/community child abuse prevention plans.¹³
	<p>2023:</p> <ul style="list-style-type: none"> ▪ Begin Initial installation and implementation of community prevention coalitions/community child abuse prevention plans.
	<p>2024:</p> <ul style="list-style-type: none"> ▪ Begin initial implementation of community prevention coalition/community-based prevention plans within newly aligned framework.
Metrics	<p>Repeat Maltreatment within 12 Months</p> <ul style="list-style-type: none"> ▪ Baseline in SFY 2017-2018: 12.2%. ▪ Decrease to goal of 9.1%. <ul style="list-style-type: none"> ▪ For children ages 0-3 years, reduce rates of (substantiated) maltreatment from 20.1 to 18.1 per 1,000 children. ▪ For children ages 4-5 years, reduce rates of (substantiated) maltreatment from 14.5 to 13.1 per 1,000 children. ▪ For children ages 6-8 years, reduce rates of (substantiated) maltreatment from 13.4 to 12.1 per 1,000 children.

¹³ Consider drawing upon He childhood action plans, and/Healthy Opportunities Pilots, InCK pilots, counties with identified community child abuse prevention/local early or Family Engagement Committee Pilot counties.

Target 3: By 2024, North Carolina will create a comprehensive framework to strengthen families and prevent child maltreatment.	
	<ul style="list-style-type: none"> ▪ For children ages 9-12 years, reduce rates of (substantiated) maltreatment from 10.86 to 9.77 per 1,000 children. ▪ For children ages, 13-17 years, reduce rates of (substantiated) maltreatment from 7.96 to 7.16 per 1,000 children.
Staff Training, Technical Assistance, and Evaluation	<p>Investments will be made to build the capabilities of the state, regional and county workforces including:</p> <ul style="list-style-type: none"> ▪ Trainings will be created to support county staff’s ability to implement the strategies to accomplish this target. ▪ A special focus will be on assuring that state staff providing technical assistance to the counties will be experts on the new strategies. State staff efforts may be supplemented by external support. ▪ Current trainings will be reviewed for quality and to assure alignment with the strategies as part of the creation of the new workforce development program.
Implementation Supports	<ul style="list-style-type: none"> ▪ Build implementation capacity of the state, regional, and county child welfare workforce and community-based agencies to administer, deliver, and coordinate all levels of prevention services effectively at the regional and local level. ▪ Consult with lessons learned from the evaluation of the implementation capacity for Triple P project to inform readiness and implementation capacity considerations for community prevention coalition building. ▪ Treatment providers must be trauma-focused and understand the unique needs of children and families who have experienced maltreatment. ▪ Financing and data strategies will need to be developed to support this target.

Target 4 – Reduce Racial and Other Disproportionality and Disparities

Target 4: By 2024, North Carolina will have a process in place to identify where and how racial and other disproportionality and disparities are occurring in its child welfare system and implement strategies to reduce these inequities.	
Rationale	American Indian and African American children are over-represented in foster care. ¹⁴ This is one example of racial inequity in the child welfare system. North Carolina is committed to identifying other areas of inequity to ensure that safety and risk – not implicit or explicit biases – are the driving factor in how services are provided to children and families served by child welfare.
Strategy	<p>North Carolina will review its existing data to determine ways to enhance tracking inequities amongst families and children served.</p> <ul style="list-style-type: none"> ▪ This may also include adding additional data tracking indicators which may more accurately illustrate disparities. ▪ Once a methodology for tracking and analyzing disparities has been developed, and root causes have been identified, North Carolina will consider strategies to address inequities.

¹⁴ DHHS report developed for the May 16 and 17 Joint Planning Meeting in Raleigh.

<p>Target 4: By 2024, North Carolina will have a process in place to identify where and how racial and other disproportionality and disparities are occurring in its child welfare system and implement strategies to reduce these inequities.</p>	
	<ul style="list-style-type: none"> ▪ This may include interventions such as enhancing or revising workforce development strategies with the intent to create a more diverse workforce; use of diagnostic assessment tools that may reduce bias; and enhancing or developing guidance in a more culturally-informed manner to strengthen families and further support safety. <p>Strategies will be targeted towards identifying and ameliorating the underlying issues that are causing disproportionality and disparities in our child welfare system, taking into consideration nationally recognized models and approaches.</p>
Benchmarks	2020: Develop a process for tracking demographics and other characteristics that identify disparities and analyze related performance data.
	2021: Review data and available research to understand disparities that exist and their underlying root causes.
	2022: Incorporate specific standards and expectations into the practice model, policies and workforce development program, CQI model to address identified inequities and agreed upon root causes.
	2023: Assess impact of these standards and expectations in 3 to 7 identified counties. Fully functional data tracking, reporting and response process for reducing racial and other identified disproportionality and disparities; implementation of revised/newly developed guidance, policies and training.
	2024: Begin producing an annual report of findings.
Metrics	<p>This will begin with measuring entry into the foster care by race. Disproportionality outcomes will be tracked through administrative data at key points in the child welfare process (e.g., reports made, reports accepted, positive findings, entry into care, length of stay in care, permanency outcome). Data may need to be developed or refined for some measures with some key groups.</p>
Staff Training, Technical Assistance, and Evaluation	<p>This is an area where substantial investments will be needed. Investments will be made to build the capabilities of the state, regional and county workforces including:</p> <ul style="list-style-type: none"> ▪ A training will be created to support county staff’s ability to implement the strategies to accomplish this target. ▪ A special focus will be on assuring that state staff providing technical assistance to the counties will be experts on the new strategies. State staff efforts may be supplemented by external support. ▪ As part of a statewide CQI model, program monitoring tools and processes will be updated to align with the strategies to accomplish this target. ▪ Current trainings will be reviewed for quality and to assure alignment with the strategies as part of the creation of the new workforce development program.

<p>Target 4: By 2024, North Carolina will have a process in place to identify where and how racial and other disproportionality and disparities are occurring in its child welfare system and implement strategies to reduce these inequities.</p>	
	<p>Here is a listing of current training, technical assistance and evaluation related to this target.</p> <p>Staff Training: Reducing Racial Disparities is currently supported by several courses using various methodologies.</p> <ul style="list-style-type: none"> ▪ <i>Blended courses:</i> Child Welfare in NC: Preservice. ▪ <i>Classroom courses:</i> Child Welfare in North Carolina: Pre-Service; CPS Assessments in Child Welfare; Building Cultural Safety; CPS In-Home in Child Welfare; Permanency Planning in Child Welfare; Foster Home Licensing; Trauma-Informed Partnering for Safety and Permanency: Model Approach to Partnerships Parenting (TIPS-MAPP). ▪ <i>“Do-It-Yourself” DIY Kit:</i> Supporting LGBTQ Youth in Care. <p>Technical Assistance: Counties are supported through quarterly onsite visits from the Children’s Program Representatives; Regional Supervisors meetings.</p> <p>Evaluation: Counties’ use of strategies will be evaluated through onsite case reviews using the OSRI Review Tool; Intensive case reviews using the Program Monitoring Tools.</p>
Implementation Supports	To be determined.

Strategic Priority 2: PERMANENCY

Strategic Priority 2 PERMANENCY	
Commitment Children and youth in the foster care program will experience stability in foster care and achieve permanency in a timely manner, and youth who do not achieve permanency will transition successfully into adulthood.	
Rationale	Findings from the 2015 NC CFSR and the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, indicate the state’s efforts to achieve timely permanencies is an area in need of improvement and that children and youth in foster care in NC are not receiving an appropriate level of trauma-informed services and supports to facilitate timely permanency. Findings also indicate that efforts are needed in the areas of foster home recruitment and in locating and engaging relatives earlier in the case planning process in order to mitigate trauma, strengthen family involvement in the lives of older youth, and promote overall placement stability.
Targets	<ol style="list-style-type: none"> 1. By 2024, North Carolina will decrease the number of days it takes a child to exit foster care and increase the rate of permanent exits (reunification, adoption, guardianship, custody). 2. By 2024, to increase placement stability, North Carolina will recruit and maintain a sufficient pool of ethnically and racially diverse families who have the skills needed to provide ongoing safety and meet the needs of children served by the foster care program. 3. By 2024, North Carolina will maximize the use of the Foster Care 18 to 21 Program for eligible youth.

Target 1 –Increase Rate of Permanent Exits and Decrease Days in Foster Care.

Target 1: By 2024, North Carolina will decrease the number of days it takes a child to exit foster care and increase the rate of permanent exits (reunification, adoption, guardianship, custody).	
Rationale	2015 NC CFSR findings identified the state’s efforts to achieve reunification, guardianship, adoption, or other planned permanency living arrangements (Item 6), as an area in need of improvement, as was the timely filing of termination of parental rights (Item 23). Findings from the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, further indicated that children and youth in foster care in North Carolina are not receiving an appropriate level of trauma-informed services and supports to facilitate timely permanency.
Strategy	<ul style="list-style-type: none"> ▪ Create viable permanency options for relative caregivers. ▪ Improve data-driven partnerships with the court system. ▪ Increase the frequency and quality of contact with children and families. ▪ Increase utilization of Intensive Family Preservation.
Benchmarks	<p>2020:</p> <ul style="list-style-type: none"> ▪ Reunification, Adoption, Guardianship, and Custody: Sustainable implementation of District Permanency Collaboratives in all 100 counties. ▪ Guardianship and Custody: Begin a formal evaluation process on the effectiveness of guardianship and kinship educational materials disseminated in SFY 2019-2020. ▪ Increase or maintain monthly caseworker visits at no less than 95%. ▪ Improve the quality of visits as measured by Item 14 of the OSRI. <p>2021:</p> <ul style="list-style-type: none"> ▪ Reunification, Adoption, Guardianship, and Custody: Implementation of court training for all child welfare stakeholders including but not limited to: judges, clerks, attorneys, child welfare staff, and Guardian Ad Litem staff. ▪ Reunification: Sustainable implementation of Safe Babies Court Teams to increase reunification of children ages 0-3. ▪ Guardianship and Custody: Completion of formal evaluation regarding guardianship and kinship educational materials and the evaluation of Children’s Home Society of New Jersey’s Kinship Navigator Model for feasibility in North Carolina. ▪ Guardianship and Custody: Sustainable implementation of a training and licensure program specific to kinship caregivers. ▪ Increase or maintain monthly caseworker visits at no less than 95% ▪ Improve the quality of visits as measured by Item 14 of the OSRI. <p>2022:</p> <ul style="list-style-type: none"> ▪ Reunification, Adoption, Guardianship, and Custody: Statewide implementation of evidence-based services focused on improving permanency for all children in foster care, such as Permanency Round Tables.

Target 1: By 2024, North Carolina will decrease the number of days it takes a child to exit foster care and increase the rate of permanent exits (reunification, adoption, guardianship, custody).	
	<ul style="list-style-type: none"> ▪ Guardianship and Custody: Policy and practice changes based on evaluation of guardianship and kinship educational materials and Kinship Navigator. ▪ Increase or maintain monthly caseworker visits at no less than 95% ▪ Improve the quality of visits as measured by Item 14 of the OSRI.
	<p>2023:</p> <ul style="list-style-type: none"> ▪ Reunification, Adoption, Guardianship, and Custody: Sustainable implementation of Post-Permanency Support Services. ▪ Reunification: Increase in families participating in Intensive Family Reunification Services. ▪ Increase or maintain monthly caseworker visits at no less than 95% ▪ Improve the quality of visits as measured by Item 14 of the OSRI.
	<p>2024:</p> <ul style="list-style-type: none"> ▪ Reunification, Adoption, Guardianship, and Custody: North Carolina state statute and child welfare policy changes to improve foster, adoptive, and kinship family training and licensure. ▪ Adoption: Sustainable implementation of a dual licensure process for foster families and adoptive families who are interested in adopting children and youth from foster care. ▪ Increase or maintain monthly caseworker visits at no less than 95% ▪ Improve the quality of visits as measured by Item 14 of the OSRI.
Metrics	<p>CFSR Item 5 – Timely Establishment of Permanency Goal</p> <ul style="list-style-type: none"> ▪ PIP Baseline: 50.0% Strength. ▪ Meet PIP Performance Goal of 54.7% by October 2020. ▪ North Carolina will make substantial progress towards meeting the goal of 95% by 2024.
	<p>CFSR Item 6 – Achieving Permanency Plan (reunification, guardianship, adoption, or other planned permanent living arrangement)</p> <ul style="list-style-type: none"> ▪ PIP Baseline: 43.5% Strength. ▪ Meet PIP Performance Goal of 48.3% by October 2020. ▪ North Carolina will make substantial progress towards meeting the goal of 95% by 2024.
	<p>Permanency in 12 months</p> <ul style="list-style-type: none"> ▪ Baseline in SFY 2017-2018 – 30.7% ▪ Increase to 40.5%
	<p>Reunification</p> <ul style="list-style-type: none"> ▪ For children aged 0-3 years, decrease the median number of days from 371 to 334. ▪ For children aged 4-5 years, decrease the median number of days from 390 to 351. ▪ For children aged 6-8 years, decrease the median number of days from 371 to 334. ▪ For children aged 9-12 years, decrease the median number of days from 370 to 333.

Target 1: By 2024, North Carolina will decrease the number of days it takes a child to exit foster care and increase the rate of permanent exits (reunification, adoption, guardianship, custody).	
	<ul style="list-style-type: none"> ▪ For children aged 13-17 years, decrease the median number of days from 310 to 270.
	<p>Adoption</p> <ul style="list-style-type: none"> ▪ For children aged 0-3 years, decrease the median number of days from 822 to 730. ▪ For children aged 4-5 years, decrease the median number of days from 1,006 to 730. ▪ For children aged 6-8 years, decrease the median number of days from 988 to 730. ▪ For children aged 9-12 years, decrease the median number of days from 1,065 to 730. ▪ For children aged 13-17 years, maintain the median number of days of 712 so as to not exceed 730.
	<p>Adjudications</p> <ul style="list-style-type: none"> ▪ Percent of child welfare cases that are adjudicated within 60 days. ▪ DATA SOURCE: Juvenile Court Record Database (JWISE), NC Administrative Office of the Courts (AOC), or replacement system.
	<p>Initial Permanency Planning Court Reviews</p> <ul style="list-style-type: none"> ▪ Percent of child welfare cases that have an initial permanency planning hearing within 12 months of removal from the home. ▪ DATA SOURCE: Juvenile Court Record Database (JWISE), NC Administrative Office of the Courts (AOC), or replacement system.
	<p>Termination of Parental Rights</p> <ul style="list-style-type: none"> ▪ Median number of days to termination of parental rights. ▪ DATA SOURCE: Juvenile Court Record Database (JWISE), NC Administrative Office of the Courts (AOC), or replacement system.
Staff Training, Technical Assistance, and Evaluation	<p>Investments will be made to build the capabilities of the state, regional and county workforces including:</p> <ul style="list-style-type: none"> ▪ Training will be created to support county staff’s ability to implement the strategies to accomplish this target. ▪ A special focus will be on assuring that state staff providing technical assistance to the counties will be experts on the new strategies. State staff efforts may be supplemented by external support. ▪ As part of a statewide CQI model, program monitoring tools and processes will be updated to align with the strategies to accomplish this target. ▪ Current trainings will be reviewed for quality and to assure alignment with the strategies as part of the creation of the new workforce development program. <p>Here is a listing of current training, technical assistance and evaluation related to this target.</p>

Target 1: By 2024, North Carolina will decrease the number of days it takes a child to exit foster care and increase the rate of permanent exits (reunification, adoption, guardianship, custody).	
	<p>Staff Training: Decreasing Days in Foster Care and Increasing Rate of Permanency Exits is currently supported by several courses using various methodologies.</p> <ul style="list-style-type: none"> ▪ <i>Online courses:</i> Timely Notice of Hearings: Why It Matters and How to Make it Happen; Introduction to the Permanency Planning Review; Introduction to the Monthly Foster Care Contact Record. ▪ <i>Blended courses:</i> Child Welfare in NC: Preservice. ▪ <i>Classroom courses:</i> Child Welfare in North Carolina: Pre-Service; Permanency Planning in Child Welfare Services; Connecting with Families: Family Support in Practice; Visitation Matters; Shared Parenting; Foster Home Licensing in Child Welfare Services; Adoptions in Child Welfare. ▪ <i>“Do-It-Yourself” DIY Kit:</i> Face-to-Face Contacts: Moving Beyond the Minimums; Visitation to Permanency: Making the Connection. <p>Technical Assistance: Counties are supported through quarterly onsite visits from the Children’s Program Representatives; Regional Supervisors meetings; North Carolina DHHS and NC AOC sponsored Court Collaboration Quarterly Meetings.</p> <p>Evaluation: Counties are evaluated through onsite case reviews using the OSRI Review Tool; Intensive case reviews using the Program Monitoring Tools.</p>
Implementation Supports	<p>Court data – to build shared understanding.</p> <p>Assess what families need related to substance abuse treatment, how to interface with families about seeking treatment, and how to interface with parents’ attorneys and the courts.</p>

Target 2 – Increase Placement Stability through Improved Foster Home Recruitment and Retention

Target 2: By 2024, to increase placement stability, North Carolina will recruit and maintain a sufficient pool of ethnically and racially diverse families who have the skills needed to provide ongoing safety and meet the needs of children served by the foster care program.	
Rationale	2015 NC CFSR findings identified the state’s efforts to recruit a sufficient pool of potential foster and adoptive families reflective of the ethnic and racial diversity of children in North Carolina (Item 35) as an area in need of improvement. Findings from the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, further indicate that efforts are needed to locate and engage relatives earlier in the case planning process to mitigate child and family trauma and promote placement stability.
Strategy	<ul style="list-style-type: none"> ▪ Develop recruitment and retention plans. ▪ Create licensure and training process specific to kinship caregivers.
Benchmarks	<p>2020: Sustainable implementation of comprehensive localized diligent recruitment and retention plans that are data-driven, and reflective of the needs of children in foster care in all 100 counties.</p> <p>2021:</p>

<p>Target 2: By 2024, to increase placement stability, North Carolina will recruit and maintain a sufficient pool of ethnically and racially diverse families who have the skills needed to provide ongoing safety and meet the needs of children served by the foster care program.</p>	
	<ul style="list-style-type: none"> ▪ County Child Welfare Agency staff will have the ability to instruct skill-building training for foster, adoptive and kinship families as measured by the number of county staff who have been trained to provide the Resource Parenting Curriculum (a skill building curriculum appropriate for all resource parents) and Caring for Our Own, a skill building curriculum designed for kinship families. ▪ The location and engagement of relatives early in the case planning process will improve as measured by the program monitoring process. ▪ The number and percentage of kinship caregivers of foster children who are licensed will be significantly increased.
	<p>2022: A specific in-service training plan for foster, adoptive, and kinship families will be developed to provide ongoing training, skill-building, and support.</p>
	<p>2023: Resource Parent Curriculum (RPC) is available to all foster and adoptive families in North Carolina.</p>
	<p>2024: A training and licensure process specific to kinship caregivers will be developed and implemented across the state.</p>
Metrics	<p>CFSR Item 4 – Stability of Foster Care Placement</p> <ul style="list-style-type: none"> ▪ PIP Baseline: 66.1% Strength. ▪ Meet PIP Performance Goal of 70.6% by October 2020. ▪ North Carolina will make substantial progress towards meeting the goal of 95% by 2024.
	<p>Placement moves per 1,000 days in foster care</p> <ul style="list-style-type: none"> ▪ Baseline in SFY 2017-2018: 5.6 per 1,000 days in care. ▪ Decrease to 4.1 per 1,000 days in care.
Staff Training, Technical Assistance, and Evaluation	<p>Investments will be made to build the capabilities of the state, regional and county workforces including:</p> <ul style="list-style-type: none"> ▪ Training will be created to support county staff’s ability to implement the strategies to accomplish this target. ▪ A special focus will be on assuring that state staff providing technical assistance to the counties will be experts on the new strategies. State staff efforts may be supplemented by external support. ▪ As part of a statewide CQI model, program monitoring tools and processes will be updated to align with the strategies to accomplish this target. ▪ Current trainings will be reviewed for quality and to assure alignment with the strategies as part of the creation of the new workforce development program. <p>Here is a listing of current training, technical assistance and evaluation related to this target.</p> <p>Staff Training: Foster Home Recruitment to Increase Placement Stability is currently supported by several courses using various methodologies.</p>

Target 2: By 2024, to increase placement stability, North Carolina will recruit and maintain a sufficient pool of ethnically and racially diverse families who have the skills needed to provide ongoing safety and meet the needs of children served by the foster care program.	
	<ul style="list-style-type: none"> ▪ <i>Online courses:</i> Using the Data Profile to Support Your Agency’s Diligent Recruitment Efforts; NC’s New Plan for Recruiting (and Retaining!) Families for Children in Foster Care; Efficiently Licensing High-Quality Foster Parents; Creating “Normalcy” for Young People in Foster Care; Foster Home Licensing: The Keys to Success; Applying the Reasonable and Prudent Parenting Standard: Encouraging the Social and Emotional Development of Young People in Foster Care; Orientation to the Public-Private Toolkit: Building Effective Partnerships with Private Child Placing Agencies. ▪ <i>Blended courses:</i> Child Welfare in NC: Preservice. ▪ <i>Classroom courses:</i> Child Welfare in North Carolina: Pre-Service; Permanency Planning in Child Welfare; Foster Home Licensing in Child Welfare Services; Trauma Informed Partnering for Safety and Permanence: Model Approach to Partnerships in Parenting (TIPS-MAPP); Fostering and Adopting the Child Who Has Been Sexually Abused (CSA/MAPP); PS- Deciding Together; Adoptions in Child Welfare; Building Cultural Safety. ▪ <i>“Do-It-Yourself” DIY Kit:</i> Face-to-Face Contacts: Moving Beyond the Minimums; Visitation to Permanency: Making the Connection. <p>Technical Assistance: Counties are supported through quarterly onsite visits from the Children’s Program Representatives; Regional Supervisors meetings; North Carolina DHHS and NC AOC sponsored Court Collaboration Quarterly Meetings; Ongoing technical assistance regarding Diligent Recruitment and Retention of Foster and Adoptive Families is available through NC Kids Adoption and Foster Care Exchange. Additional resources are also available at https://www2.ncdhhs.gov/dss/publications/</p>
Implementation Supports	To be determined.

Target 3 – Foster Care 18 to 21 Program

Target 3: By 2024, North Carolina will maximize the use of the Foster Care 18-21 Program for eligible youth.	
Rationale	In 2017, North Carolina implemented an expanded foster care program, Foster Care 18-21, for youth who exited foster care at age 18. National research shows that former foster youth are more likely to be unemployed and/or homeless, have no high school diploma, have a low income, and be incarcerated compared to the general population. This program provides support and guidance as youth transition out of foster care and into adulthood. The program also helps to create increased opportunities for youth to be successful and have their well-being needs met. Currently this program has served over 1000 young adults who aged out of foster care. This is 55% of the total population of eligible youth. Stakeholders and former foster youth have expressed concern that all eligible young people are not benefitting from Foster Care 18 to 21.

Target 3: By 2024, North Carolina will maximize the use of the Foster Care 18-21 Program for eligible youth.	
Strategy	<ul style="list-style-type: none"> ▪ Develop and disseminate educational materials for all counties to share with youth. ▪ Update LINKS training to focus on Foster Care 18 to 21. ▪ Develop Practice guidance to accompany Foster Care 18 to 21 policy. ▪ Develop CQI process for Foster Care 18 to 21. ▪ Develop statewide orientation to LINKS and Foster Care 18 to 21.
Benchmarks	2020: <ul style="list-style-type: none"> ▪ Develop educational materials on Foster Care 18 to 21. ▪ Disseminate educational materials among county child welfare professionals, youth and stakeholders.
	2021: <ul style="list-style-type: none"> ▪ Develop training specific to the Foster Care 18 to 21 program for county and private agency child welfare staff. ▪ Develop practice guidance to accompany Foster Care 18 to 21 policy. ▪ Develop an assessment process to monitor Foster Care 18 to 21 services.
	2022: <ul style="list-style-type: none"> ▪ Implement assessment process to monitor and evaluate Foster Care 18 to 21 services across the state.
	2023: <ul style="list-style-type: none"> ▪ Develop an orientation for youth in foster care at ages 13 and ages 17 to discuss services for transition-aged youth, specifically Foster Care 18 to 21 services.
	2024: <ul style="list-style-type: none"> ▪ Develop a way to measure outcomes of youth participating in foster care 18-21 versus aging out of foster care at age 18 with no services in place.
Metrics	Utilization of Foster Care 18 to 21 <ul style="list-style-type: none"> ▪ Baseline: 55%. ▪ Increase to 75% by 2023.
Staff Training, Technical Assistance, and Evaluation	<p>Staff Training: To increase the number of eligible youths participating in expanded foster care services, existing and new staff will need to be trained specifically on the Foster Care 18 to 21 program. Training will be provided to the county child welfare agencies and private child placing agencies on the program. LINKS 101 training will be revised to include an overview of Foster Care 18 to 21 services. A focus of training must also be state staff who provide technical assistance and coaching to counties. Educational materials will be developed and disseminated to all state staff, county child welfare staff, private agency child welfare staff, and other stakeholders.</p> <p>Technical Assistance: Counties are supported through quarterly onsite visits from the Children’s Program Representatives; Regional Supervisors meetings.</p>
Implementation Supports	<ul style="list-style-type: none"> ▪ North Carolina will collaborate with SAYSO to develop educational materials geared towards youth. ▪ North Carolina will collaborate with county child welfare agencies and SAY to develop training, practice guidance, and a LINKS orientation specific to Foster Care 18 to 21.

Strategic Priority 3: WELL-BEING

Strategic Priority 3 WELL-BEING	
Commitment	
Families will have enhanced ability to meet their children and youth’s well-being needs, including physical, social-emotional, behavioral, and educational needs.	
Rationale	2015 NC CFSR findings and North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, identified the state’s efforts to address the physical and mental health needs of children in foster care, including dental health needs, as an area in need of improvement, also citing that significant barriers exist for appropriate services to be provided timely and appropriately in order to achieve case goals, including funding mechanisms for services that create accessibility barriers and delays the timeliness of services. Findings further indicate that children receiving In-Home services are not being consistently provided and supported in a way that ensures child health and safety and that the array, availability, and quality of services to children and families varies across the state.
Targets	<ol style="list-style-type: none"> 1. By 2022, North Carolina will strengthen its health and well-being programming in CPS In-Home Services. 2. By 2024, North Carolina will ensure all children and youth in foster care will receive an initial health screening by a medical professional to identify health needs and be referred to medical, dental, and behavioral health services as needed. 3. By July 2024, North Carolina will ensure the Medicaid Tailored and Specialty Plans are informed by and reflective of the needs of child welfare-involved children and youth. 4. By 2024, North Carolina will ensure its practice model and workforce development program are trauma-informed.

Target 1 – Strengthen Health and Well-Being Programming in CPS In-Home Services

Target 1: By 2022, North Carolina will strengthen its health and well-being programming in CPS In-Home Services.	
Rationale	2015 NC CFSR findings identified the state’s efforts to address the physical health needs of children, including dental health needs (Item 17), as an area in need of improvement. Findings from the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, further indicate that children receiving In-Home services are not being consistently served and supported in a way that ensures child health and safety and that the array, availability, and quality of services to children and families varies across the state.
Strategy	<ul style="list-style-type: none"> ▪ Review CPS In-Home Services policies, procedures, and forms to ensure all physical, dental, and mental/behavioral health needs are adequately addressed.

Target 1: By 2022, North Carolina will strengthen its health and well-being programming in CPS In-Home Services.	
	<ul style="list-style-type: none"> Strengthen the training and technical assistance model to ensure it adequately addresses the knowledge and skills needed to carry out health programming in CPS In-Home Services.
Benchmarks	2020: Conduct interviews and/or focus groups with in-home service staff to ensure barriers to health programming are known and can be addressed.
	2021: Develop necessary practice profiles for health programming for in-home services staff.
	2022: Monitor data and conduct Continuous Quality Improvement efforts.
	2023: Monitor data and conduct Continuous Quality Improvement efforts.
	2024: Monitor data and conduct Continuous Quality Improvement efforts.
Metrics	<p>CFSR Item 17 – Physical Health of the Child (In-Home cases)</p> <ul style="list-style-type: none"> PIP Baseline: 78% Strength. Increase from 78% to 82% by September 2020. Make substantial progress toward a goal of 95 percent by 2024.
Staff Training, Technical Assistance, and Evaluation	<p>Investments will be made to build the capabilities of the state, regional and county workforces including:</p> <ul style="list-style-type: none"> Training will be created to support county staff’s ability to implement the strategies to accomplish this target. A special focus will be on assuring that state staff providing technical assistance to the counties will be experts on the new strategies. State staff efforts may be supplemented by external support. As part of a statewide CQI model, program monitoring tools and processes will be updated to align with the strategies to accomplish this target. Current trainings will be reviewed for quality and to assure alignment with the strategies as part of the creation of the new workforce development program. <p>Here is a listing of current training, technical assistance and evaluation related to this target.</p> <p>Staff Training: Health programming is currently supported by several courses using various methodologies.</p> <ul style="list-style-type: none"> <i>Online courses:</i> Fostering Connections I and Fostering Connections II; Trauma Screening 101; Advocating for Effective Mental Health; and Effective Documentation. <i>Blended courses:</i> Adult Mental Health; Child Mental Health; Child Development and the Effects of Trauma. <i>Classroom courses:</i> Preservice, Medical Aspects, and Assessing and Strengthening Attachment. <i>Do-It-Yourself (DIY) Supervisor Kit:</i> Medical Decisions for Children/Youth in Care.

Target 1: By 2022, North Carolina will strengthen its health and well-being programming in CPS In-Home Services.	
	Technical Assistance: Counties are supported via FHNC Implementation Specialists; the Children’s Program Representatives; and the staff at Community Care of North Carolina.
Implementation Supports	<ul style="list-style-type: none"> ▪ North Carolina will collaborate with experts from North Carolina Chapter of American Academy of Pediatrics (AAP), the North Carolina Pediatric Society, Inc., to support health programming efforts and specifically to administer the Fostering Health NC (FHNC) Program. It will be supported by the FHNC Online Resource Library. ▪ Implementation supports needed include the development of educational materials for in-home services staff. These supports are anticipated to be in place by 2023.

Target 2 – Ensure Initial Health Screenings for Children and Youth in Foster Care

Target 2: By 2024, North Carolina will ensure all children and youth in foster care will receive an initial health screening by a medical professional to identify health needs and will be referred to medical, dental, and behavioral health services as needed.	
Rationale	2015 NC CFSR findings identified the state’s efforts to address the physical health needs of children, including dental health needs (Item 17), as an area in need of improvement. Findings from the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, further indicate that barriers exist for some services to be provided timely and appropriately to children in foster care to achieve case goals.
Strategy	<ul style="list-style-type: none"> ▪ Leverage the Fostering Health NC Program to strengthen the knowledge and skills of the child welfare workforce regarding the importance of timely initial health screenings for children/youth in foster care. ▪ Leverage the Health Oversight and Coordination Plan and the Fostering Health NC Program to educate health professionals regarding the importance of timely initial health screenings for children/youth in foster care. ▪ Strengthen the collaboration between Community Care of North Carolina (CCNC), Division of Social Services, and county child welfare agencies to help secure timely initial health screenings and referrals to appropriate services as needed. ▪ The focus on improving timely provision of initial health screenings is one component of improving North Carolina’s overall performance addressing health care needs as measured by item 17.
Benchmarks	2020: Establish the necessary data exchange protocols with CCNC to be able to track compliance with child welfare policy that children/youth receive an initial health screening within seven days of entry into foster care.
	2021: Establish a baseline for rate of children/youth receiving initial health visit within seven days of entering foster care and embed into program monitoring efforts.

Target 2: By 2024, North Carolina will ensure all children and youth in foster care will receive an initial health screening by a medical professional to identify health needs and will be referred to medical, dental, and behavioral health services as needed.	
	2022: Align program monitoring and CQI efforts to attend to county rates of compliance with seven-day initial health screening.
	2023: Monitor data and conduct Continuous Quality Improvement efforts.
	2024: Monitor data and conduct Continuous Quality Improvement efforts.
Metrics	Initial Health Screening By 2024, at least 80% of children/youth in foster care will receive an initial health screening as evidenced by Child Welfare Administrative Data and Medicaid Claims data via Community Care of North Carolina Virtual Health database.
	CFSR Item 17 – Physical Health of the Child (foster care cases) <ul style="list-style-type: none"> ▪ PIP Baseline: 77% Strength ▪ Increase from 77% to 82% by September 2020. Make substantial progress toward a goal of 95 percent by 2024.
Staff Training, Technical Assistance, and Evaluation	Same as Target 1 above.
Implementation Supports	<ul style="list-style-type: none"> ▪ North Carolina will collaborate with experts from North Carolina Chapter of American Academy of Pediatrics (AAP), the North Carolina Pediatric Society, Inc., to support health programming efforts and specifically to administer the Fostering Health NC (FHNC) Program. It will be supported by the FHNC Online Resource Library. ▪ North Carolina is supported by NC Medicaid’s contract with Community Care of North Carolina to support health programming for the foster care population. CCNC’s staff and Virtual Health platform are key implement supports. ▪ Implementation supports needed include expanding the Foster Care Medical Home Model into additional counties. This is anticipated by 2024.

Target 3 – Medicaid Tailored and Specialty Plans Reflect Needs of Families

Target 3: By July 2024, North Carolina will ensure the Medicaid Tailored and Specialty Plans are informed by and reflective of the needs of child welfare-involved children and youth.	
Rationale	2015 NC CFSR findings indicated that stakeholders identified the funding mechanism for services creating accessibility barriers and delaying the timeliness of services (Item 29) as some clients are not eligible for Medicaid, and there is a lack of providers willing to accept Medicaid. Stakeholders also reported that services can be interrupted when the family or child moves across county lines resulting in a change in the Managed Care Organization (MCO). Findings from the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, indicated that significant barriers exist for appropriate services

<p>Target 3: By July 2024, North Carolina will ensure the Medicaid Tailored and Specialty Plans are informed by and reflective of the needs of child welfare-involved children and youth.</p>	
	<p>to be provided timely and appropriately to children in foster care in order to achieve case goals.</p>
Strategy	<ul style="list-style-type: none"> ▪ Collaborate with NC Medicaid to ensure the lessons learned through the Bridging Local Systems initiative (a PIP strategy) are addressed in the Medicaid Tailored Plan. ▪ Collaborate with NC Medicaid to ensure that the requirements outlined in the Health Oversight and Coordination Plan are addressed in the Medicaid Specialty Plan. ▪ Leverage the Fostering Health NC Program to ensure staff at county child welfare agencies have the necessary knowledge, skills, and resources to effectively manage the impact of Medicaid Transformation for the children/youth they serve.
Benchmarks	<p>2020</p> <ul style="list-style-type: none"> ▪ Develop and execute an annual survey to distribute to county child welfare agencies and stakeholder to assess (and establish a baseline) regarding the service array’s accessibility and capacity to individualize services. ▪ Develop comprehensive data metrics for medication patterns and trends and establish baselines for key metrics.
	<p>2021: Collaborate with NC Medicaid and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to strengthen collaboration with the Tailored Plans and the county child welfare agencies.</p>
	<p>2023: Explore the inclusion of aggregate health information on the <i>Social Services System Transparency and Wellness Dashboard</i>, which is part of Rylan’s Law/child welfare reform efforts.</p>
	<p>2024: Monitor data from both the Tailored Plans and Specialty Plan and conduct Continuous Quality Improvement efforts.</p>
Metrics	<p>By 2024, the county child welfare agencies will report at least a 25% increase in accessibility of the service array. The state will assume more responsibility for this with the addition of more comprehensive prevention services.</p>
Staff Training, Technical Assistance, and Evaluation	<p>Needed staff training, technical assistance and evaluation will be determined.</p> <p>Outlined below are current trainings and technical assistance opportunities related to this target.</p> <p>Staff Training: Health programming is currently supported by several courses using various methodologies.</p> <ul style="list-style-type: none"> ▪ <i>Online courses:</i> Fostering Connections I and Fostering Connections II; Trauma Screening 101; Advocating for Effective Mental Health; and Effective Documentation. ▪ <i>Blended courses:</i> Adult Mental Health; Child Mental Health; Child Development and the Effects of Trauma. ▪ <i>Classroom courses:</i> Preservice, Medical Aspects, and Assessing and Strengthening Attachment.

Target 3: By July 2024, North Carolina will ensure the Medicaid Tailored and Specialty Plans are informed by and reflective of the needs of child welfare-involved children and youth.	
	<ul style="list-style-type: none"> ▪ “Do-It-Yourself” <i>DIY Kit</i>: Medical Decisions for Children/Youth in Care <p>Technical Assistance: Counties are supported via FHNC Implementation Specialists; the Children’s Program Representatives; and the staff at Community Care of North Carolina, NC Medicaid and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.</p>
Implementation Supports	<ul style="list-style-type: none"> ▪ North Carolina will collaborate with NC Medicaid, and experts from North Carolina Chapter of American Academy of Pediatrics (AAP), the North Carolina Pediatric Society, Inc., and FHNC to support health programming efforts and specifically to administer the Program. ▪ Implementation supports needed include expanding the Foster Care Medical Home Model into additional counties. This is anticipated by 2024.

Target 4 – Trauma-Informed Practice Model and Workforce Development Program

Target 4: By 2024, North Carolina will ensure its practice model and workforce development program are trauma-informed.	
Rationale	Findings from the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, indicate that children in North Carolina, as well as their families and caregivers, are not receiving the appropriate level of trauma-informed services and supports to facilitate timely permanency.
Strategy	<ul style="list-style-type: none"> ▪ Infuse trauma-informed/trauma-responsive practices across all child welfare policies, procedures, and community-based programming. ▪ Crosswalk the selected practice model with trauma programming and take the necessary steps to align programming to secure positive outcomes for children and families. ▪ Ensure the workforce development program incorporates the lessons learned from trauma programming.
Benchmarks	2020: Conduct interviews and/or focus groups related to Project Broadcast trauma programming efforts; synthesize lessons learned; highlight implementation challenges and gaps/needs; to inform statewide trauma-informed programming for families.
	2021: Conduct interview and/or focus groups related to the Resource Parent Curriculum efforts; identify strengths and needs as it relates to RPC; and develop a comprehensive strategic plan for statewide scale-up and sustainability.
	2022: Review/adjust core competencies for training array to ensure they reflect trauma-responsive skills and align with practice model.
	2023: Ensure the training and technical assistance model is reflective of primary and secondary traumatic stress programming to support counties developing a trauma-informed, trauma-responsive workforce.
	2024: Monitor programming and conduct Continuous Quality Improvement (CQI) efforts.

Target 4: By 2024, North Carolina will ensure its practice model and workforce development program are trauma-informed.	
Metrics	By 2024, the number of trauma screenings will increase for children and youth entering foster care. Additional metrics will be selected to understand the extent to which the practices are trauma-informed.
Staff Training, Technical Assistance, and Evaluation	<p>Investments will be made to build the capabilities of the state, regional and county workforces including:</p> <ul style="list-style-type: none"> ▪ Training will be created to support county staff’s ability to implement the strategies to accomplish this target. ▪ A special focus will be on assuring that state staff providing technical assistance to the counties will be experts on the new strategies. State staff efforts may be supplemented by external support. ▪ As part of a statewide CQI model, program monitoring tools and processes will be updated to align with the strategies to accomplish this target. ▪ Current trainings will be reviewed for quality and to assure alignment with the strategies as part of the creation of the new workforce development program. <p>Here are current training, technical assistance and evaluation related to this target.</p> <p>North Carolina’s training program currently supports the knowledge and skills needed to implement trauma programming by child welfare workers and resource parents. There are 5 online courses, 6 classroom courses, and 5 blended courses (including 2 learning communities) that focus on trauma-informed programming. DSS has implemented a one-page trauma screening tool which can be completed by child welfare workers.</p>
Implementation Supports	<ul style="list-style-type: none"> ▪ North Carolina will collaborate with experts from the National Child Traumatic Network site, the Center for Child and Family Health, to support trauma programming. ▪ Implementation supports needed include additional funding for trauma workforce development and technical assistance. This is anticipated to be in place by 2023.

Strategic Priority 4: CONTINUOUS QUALITY IMPROVEMENT (CQI)

Strategic Priority 4 CONTINUOUS QUALITY IMPROVEMENT	
<p align="center">Commitment</p> <p>County child welfare agencies will have the supports needed to implement and consistently apply all policies, protocols, practices, and procedures, including the information required to make data-driven decisions.</p>	
Rationale	<p>2015 NC CFSR findings and the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, identified the state’s Quality Assurance and Continuous Quality Improvement (CQI) processes as an area in need of improvement, citing a lack of uniformity in functioning and consistent statewide standards for evaluating the quality of services across the state. Findings further identified North Carolina’s statewide information system as an area in need of improvement, citing a lack of consistent access by staff statewide to current, uniform, accurate information regarding children and families, guidelines to ensure accurate data entry, access to standardized and user-friendly data reports for staff to use in their daily work and to promote agency-wide CQI efforts.</p>
Targets	<ol style="list-style-type: none"> 1. By 2024, North Carolina will have a statewide continuous quality improvement model that aligns both county and statewide efforts. 2. By 2024, North Carolina will ensure that state and county child welfare leaders and staff have access to reliable data to use in the continuous quality improvement process. 3. By 2024, North Carolina will have a statewide case management system that captures all federally and state required data and increases efficiencies for users.

Target 1 – Develop a Statewide Continuous Quality Improvement (CQI) Model

Target 1: By 2024, North Carolina will have a statewide continuous quality improvement model that aligns both county and statewide efforts.	
Rationale	<p>2015 NC CFSR findings identified North Carolina’s Quality Assurance system (Item 25) as an area in need of improvement, citing a lack of uniformity in functioning and consistent statewide standards for evaluating the quality of services across the state. Findings from the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, were consistent with CFSR results in this area, citing the need for a state CQI plan complete with a defined logic model, teaming structure and critical investments in needed staffing and other supports to support implementation.</p>
Strategy	<p>Develop and implement a CQI Plan statewide.</p>

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

Benchmarks	<p>2020:</p> <ul style="list-style-type: none"> ▪ Establish a CQI Steering committee, inclusive of state and county leadership and key stakeholders, to facilitate statewide planning efforts. ▪ Begin development of a formal state CQI plan including engagement with county child welfare agencies and stakeholders. ▪ Work with counties on current CQI plans (new name for PDPs) to integrate focus on strategies that tie with the state’s CFSP efforts. ▪ The State CQI plan will be used across NC at county, regional, and state levels. ▪ Realign state staff to coincide with CQI plan. ▪ Conduct statewide survey of NC county child welfare employees to obtain feedback about the NCDSS/County Child Welfare CQI model and if it aligns with county and statewide efforts in order to obtain a baseline to measure ongoing improvement.
	<p>2021:</p> <ul style="list-style-type: none"> ▪ Conduct readiness assessments to identify counties most ready to begin implementing the new CQI plan. ▪ Formalize, share and communicate next steps for implementing the new CQI plan with state and county staff as well as key stakeholders. ▪ Develop a comprehensive CQI training curriculum targeting all levels of state and county leadership and staff as well as key stakeholders. ▪ Conduct training on the CQI model for identified counties each quarter.
	<p>2022:</p> <ul style="list-style-type: none"> ▪ Conduct focus groups and surveys to get feedback each quarter from counties in order to identify primary areas of CQI strengths and challenges and utilize feedback to improve implementation of the CQI plan. ▪ Continue to rollout CQI trainings throughout the state based on readiness findings. ▪ Implement strategies to address state and county areas of need and to build CQI capacity. ▪ Develop implementation plans to guide continued CQI roll-out throughout the state. Conduct statewide survey of NC county child welfare employees asking them about the NCDSS/County Child Welfare CQI model and if it aligns with county and statewide efforts with a goal to increase by 5% from Year One.
	<p>2023:</p> <ul style="list-style-type: none"> ▪ Continue a phased rollout of the CQI Plan towards full statewide implementation. ▪ Assess progress of implementation of CQI Plan and adjust the plan as needed. ▪ Conduct statewide survey of NC county child welfare employees asking them about the NCDSS/County Child Welfare CQI model and if it aligns with county and statewide efforts with a goal to increase by 10% from Year One.
	<p>2024:</p>

Target 1: By 2024, North Carolina will have a statewide continuous quality improvement model that aligns both county and statewide efforts.	
	<ul style="list-style-type: none"> ▪ Implement CQI Plan statewide. ▪ Conduct statewide survey of NC county child welfare employees asking them about the NCDSS/County Child Welfare CQI model and if it aligns with county and statewide efforts with a goal to increase by 20% from Year One.
Metrics	There will be a 20% increase (or up to 90% of all employees, whichever is less) of NC county child welfare employees who will be able to: 1) accurately describe the state CQI model; and 2) say the state model and their local efforts are in alignment.
Staff Training, Technical Assistance, and Evaluation	<p>Training of staff on the CQI Model:</p> <ul style="list-style-type: none"> ▪ Train supervisors on CQI through Supervisor Academy. ▪ Regularly train county operations staff on change management and implementation process. ▪ Provide targeted CQI training for state and county leadership (i.e. Directors) to facilitate needed ongoing guidance and support for staff. ▪ Review county CQI plans and support ongoing practice and performance improvements during quarterly CPR visits. ▪ Use CQI model to evaluate training's impact on practice.
Implementation Supports	<ul style="list-style-type: none"> ▪ Staffing (for state staff). ▪ Coaching with county staff on CQI process.

Target 2 – Ensure Access to Reliable Data

Target 2: By 2024, North Carolina will ensure that state and county child welfare leaders and staff have access to reliable data to use in the continuous quality improvement process.	
Rationale	<p>2015 NC CFSR findings identified North Carolina's Statewide Information system (Item 19) as an area in need of improvement, citing a lack of consistent access by staff statewide to current, uniform, and accurate information regarding children and families served by the child welfare system and the lack of and use of guidelines to ensure accurate data entry. Findings from the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan's Law, were consistent with CFSR results in this area in addition to identifying a lack of access to standardized and user-friendly data reports for staff to use in their daily work and to promote agency-wide CQI efforts. The lack of access to reliable data or the proper use of data evidence in the effort to monitor and strategize for continuous performance improvement was identified as a root cause for the lack of consistently positive statewide outcomes in North Carolina. Additional key findings related to the lack of access to reliable data are outlined below.</p> <ul style="list-style-type: none"> ▪ Child welfare leaders understand the value of using data to improve outcomes and have been investing substantial time and resources into improving its availability and use. ▪ Concerns with data that extend beyond the known problems with NC FAST and the NC FAST fallout to the child welfare system. One primary concern is

Target 2: By 2024, North Carolina will ensure that state and county child welfare leaders and staff have access to reliable data to use in the continuous quality improvement process.	
	<p>the lack of consistency across counties in how some data is entered the system.</p> <ul style="list-style-type: none"> ▪ Currently access to flexible, dynamic, statewide child welfare outcome data is limited. Because the legacy and NC FAST data systems are currently not linked to one another, statewide reports on core child welfare outcomes over time cannot easily be generated.
Strategy	Develop a data plan that will be used with the counties to focus on key data elements, validate data and incorporate reliable data in the CQI process.
Benchmarks	<p>2020:</p> <ul style="list-style-type: none"> ▪ Convene a working group. This group will include new Business Information Officer, program leaders, and needed external support to develop a data plan to ensure leaders and staff have access to reliable qualitative and administrative data that can be broken down by race, age, county, region and provider. ▪ Develop a data plan. This data plan will identify key administrative data elements focused on improving practice in the areas of Safety, Permanency, and Well-being. The data plan will include a consistent data profile to be used across North Carolina at county, regional, and state levels. A focus of the data plan will be to provide leaders and stakeholder with data needed to understand the extent to which the practice model is being implemented as envisioned and its impact on children and families in implementing counties. ▪ Determine the benefits of creating an analytic data file that can be periodically updated, and that links NCFAST data with the legacy systems. ▪ Conduct a training on the key data elements with DHHS and county staff.
	<p>2021:</p> <ul style="list-style-type: none"> ▪ Begin implementing data plan. ▪ Validate data with county staff, using one-on-one technical assistance explaining the data elements, looking at records, and the data output for validation then addressing any issues with data validation. ▪ Make investments in existing qualitative case reviews as outlined in the data plan.
	<p>2022:</p> <ul style="list-style-type: none"> ▪ Post-validation develops a baseline for data elements and incorporate in CQI process, Dashboard, and performance-based contracts as outlined in the data plan. ▪ To establish a baseline, conduct statewide survey of NC county child welfare employees to obtain feedback on their access to and use of reliable state data.
	<p>2023:</p> <ul style="list-style-type: none"> ▪ Incorporate data in CQI process, while also using to evaluate practice model implementation

Target 2: By 2024, North Carolina will ensure that state and county child welfare leaders and staff have access to reliable data to use in the continuous quality improvement process.	
	<p>2024:</p> <ul style="list-style-type: none"> ▪ Incorporate data in CQI process, while also using to evaluate practice model implementation ▪ Conduct follow-up statewide survey of NC county child welfare employees to obtain feedback on their access to and use of reliable state data.
Metrics	There will be a 20% increase (or up to 90% of all employees, whichever is less) of NC county child welfare employees having access to reliable data to use in the CQI process by 2024 via survey of employees through the NC Child Welfare Listserv.
Staff Training, Technical Assistance, and Evaluation	<ul style="list-style-type: none"> ▪ Data Training through Supervisor Academy for Child Welfare Supervisors. ▪ Re-develop the data training previously offered by DSS staff to include understanding of key data outcomes and educate both program and data entry staff. ▪ Introduction to Child Welfare Data Sources will be revamped and offered to county child welfare agency staff. ▪ Train state and county staff on data metrics that will be used and the benchmarks, once established.
Implementation Supports	CQI leads will meet with counties one-on-one after the data plan is developed to support them post-training on understanding the data, validation, and incorporating in the CQI plan.

Target 3 – Statewide Case Management System

Target 3: By 2024 North Carolina will have a statewide electronic case management system that captures all state and federal required data and increases efficiencies for users.	
Rationale	The 2015 Federal Child and Family Services Review (CFSR) highlighted the need for a statewide child welfare case management system to ensure county child welfare agencies have access to family history in order to make critical safety decisions. Additionally, the states existing legacy data collection systems do not capture all federally required information. The state’s inability to capture required data contributed to North Carolina not being in substantial compliance with several outcomes in the 2015 CFSR.
Strategy	<p>In August of 2017, North Carolina began its pilot of the child welfare case management system of NCFAST. The business and system teams continue to make efforts to improve system functionality and usability for state and county users. Current users include:</p> <ul style="list-style-type: none"> • 11 pilot counties who utilize the system from Intake to Adoption • 23 counties who utilize Intake and Assessment only • State staff use this system for Interstate Compact activities and to support technical assistance and monitoring activities. <p>Proposed legislation has been introduced in the 2019 Session of the NC General Assembly that if passed, will alter current plans for implementation of NCFAST functionality. More detailed information is included in Section 2,</p>

	Systemic Factors: Statewide Information System. Updates to this strategy are pending action by the General Assembly on the pending legislation.
Benchmarks	<p>Accurate benchmarks cannot be provided at this time due to the proposed legislation that may alter the trajectory of implementing and further development of North Carolina’s child welfare information system.</p> <p>Updates to this target with direction from the Children’s Bureau after actions are taken by the NC General Assembly and DHHS has developed future implementation activities that would align with future legislation.</p>
Metrics	<ul style="list-style-type: none"> ▪ All 100 counties will utilize an electronic case management system by 2024. ▪ Metrics related to user efficiencies will be developed in tandem with Workload Study in Target 3: Workforce Development
Staff Training, Technical Assistance, and Evaluation	<p>Staff Training: Training users of an electronic case management system requires incorporating principles related to managing change as well as child welfare policy and practice frameworks so that users can understand how to use the system to complete their day to day work. Training will be provided to new child welfare workers immediately following completion of Child Welfare Pre-Service.</p> <p>Technical Assistance: To provide technical assistance to counties, state staff must be expert users who can answer questions about how the system captures and organizes information. Technical assistance to counties is provided jointly by NCFAST Readiness Liaisons and DSS Child Welfare County Operations staff. North Carolina has also received technical assistance from the Administrative Office of Children and Families throughout system implementation.</p> <p>Evaluation: Continuous quality improvement activities allows our system and business teams to make improvements to the design and functionality of the system.</p>
Implementation Supports	As allowed by law, the NCFAST and the business teams will continue to evaluate the functionality and design of the system and make improvements.

Strategic Priority 5: WORKFORCE DEVELOPMENT

Strategic Priority 5 WORKFORCE DEVELOPMENT	
Commitment	
North Carolina will build and support a stable child welfare workforce that is well-qualified, trained, supervised, and supported to promote positive outcomes for children, youth, and families.	
Rationale	2015 NC CFSR findings and the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, identified North Carolina’s staff and provider training as an area in need of improvement, citing staff and stakeholder feedback that initial and ongoing training is not always reflective of the current training needs of staff (including supervisors) in each county and does not provide staff with the basic skills and also more in-depth skills necessary to do their work. In addition, a review by the federal Child Welfare Capacity Building Center for States suggests the training provides information rather than skills and lacks a CQI process for evaluating whether the training is effective, whether learning is transferred into practice, and whether training results in improved outcomes for children and families.
Targets	<p>1. By September 2021, North Carolina will complete a caseload and workload study for each area of child welfare services to identify appropriate caseloads and workloads for administrators.</p> <p>2. By August 2022, North Carolina will re-institute a stipend support program for both MSW and BSW students into its Child Welfare Education Collaborative.</p> <p>3. By 2024, North Carolina will implement a workforce development program, to include training, coaching, leadership development, and skills assessments, that addresses racial equity and inclusion and builds the capabilities of the child welfare workforce at state, regional, and county levels to improve outcomes to children and families.</p>

Target 1 – Conduct a Caseload and Workload Study

Target 1: By September 2021, North Carolina will complete a caseload and workload study for each area of child welfare services to identify appropriate caseloads and workloads for administrators.	
Rationale	<p>Findings from the 2015 NC CFSR and the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, identified multiple challenges facing North Carolina related to caseloads and workloads for leaders and administrators. Here is a summary.</p> <p>Child Welfare staff feel overwhelmed, unable to complete the work they are assigned, and struggling to manage a work-life balance. This is true, even though, with the notable exception of CPS assessment, child welfare met caseload staffing standards in 2017 and state caseload standards (10 CPS assessments; 10 In-Home families; 15 foster children) are largely in line with national standards.</p>

Target 1: By September 2021, North Carolina will complete a caseload and workload study for each area of child welfare services to identify appropriate caseloads and workloads for administrators.	
Strategy	<ul style="list-style-type: none"> ▪ North Carolina will conduct a study of caseloads, supervisory ratios and the workloads of identified leaders and administrators. This will include, but not be limited to the following: <ul style="list-style-type: none"> • Foster care and adoption case managers; • CPS assessment and in-home case managers; • Supervisors of foster care, adoption, CPS assessment and CPS in-home case managers; and • Identified leaders at the county and state levels
Benchmarks	2020 - Agree on project plan for caseload and workload study to include some or all of these critical components: 1) agree on research questions; 2) create data plan to confirm actual caseloads, supervisory activities and administrator workloads and understand how these persons are spending their time; 3) identify efficiencies that can be created; and 4) support staff that could takeover certain activities.
	2021 – Conduct study as agreed upon in the project plan.
	2022 – Reach agreement on what North Carolina will do to address findings from the study.
Metrics	Completed caseload and workload study.
Staff Training, Technical Assistance, and Evaluation	To be determined.
Implementation Supports	To be determined.

Target 2 – Revive and retool the Child Welfare Education Collaborative

Target 2: By August 2022, North Carolina will re-institute a stipend support program for both MSW and BSW students in its Child Welfare Education Collaborative.	
Rationale	<p>Assessments conducted to inform Rylan’s Law final report found that participation in the Child Welfare Education Collaborative decreased with the elimination of stipend support, especially at some schools, although the program’s success attracting more waiver students has made the overall decrease in students less than one might expect. Program data, however, indicate the numbers of Collaborative graduates accepting employment with county child welfare agencies has decreased dramatically.</p> <p>Program data suggested that close to 95% of students in the Collaborative Scholars Program who had service commitments accepted child welfare employment, with about 80% completing their service commitment. Data on students in the Waiver Program for last year found less than 35% took county child welfare jobs after graduation. Data from a 2007 evaluation found impressive percentages of students in the Collaborative Scholars Program remained working for counties several years after the end of their commitments.</p>

Target 2: By August 2022, North Carolina will re-institute a stipend support program for both MSW and BSW students in its Child Welfare Education Collaborative.	
Strategy	Partner with CSF and identified universities to develop and begin implementation of a stipend program for BSW and MSW students.
	2020: Partner with agreed-upon universities to define core competencies for students, better understand allowable costs for identified curricula, and determine the likely percentage of IV-E eligible students to make recommendations for a revised Title IV-E traineeship program.
	2020: Make recommendations for a revised funding structure, stipend component, and reporting and claiming structure.
	2022: Reinstitute stipend program with identified universities.
Metrics	<p>Need to develop and agree on metrics during the development phase. These are the goals:</p> <ul style="list-style-type: none"> ▪ Attract students who might not otherwise have considered a child welfare career. ▪ Make getting child welfare specific education more financially accessible. ▪ Improve the number of well-prepared new applicants for child welfare positions. ▪ Provide specific training for students to do child welfare work that are ready to start because they achieved pre-service competencies while earning their BSW and/or MSW. ▪ Provide field placement opportunities that give both students and employers a chance to determine if the student would be a good fit and assure that Child Welfare Education Collaborative graduates know what a child welfare job is like before starting work. ▪ Produce future child welfare leaders and provide a path to potential advancement for child welfare front-line staff.
Staff Training, Technical Assistance, and Evaluation	To be determined.
Implementation Supports	Through its contract the Office of State Budget and Management, the Center for Support of Families is working with North Carolina on this target.

Target 3 – Create a Workforce Development Program

Target 3: By 2024, North Carolina will create a workforce development program, to include training, coaching, leadership development, and skills assessments, that addresses race equity and inclusion and builds the capabilities of the child welfare workforce at state, regional, and county levels to improve outcomes.	
Rationale	North Carolina’s training program currently includes 58 courses, a mix of classroom trainings, online modules and blended modalities, to support the learning needs of the child welfare workforce. The current Training Plan identifies the need to expand skills-based instruction in existing curricula, which may include revisions to pre-service training and an assessment of other trainings. The Supervisor Academy currently consists of 13 courses to support the trainings needs of supervisors and senior leaders within child

<p>Target 3: By 2024, North Carolina will create a workforce development program, to include training, coaching, leadership development, and skills assessments, that addresses race equity and inclusion and builds the capabilities of the child welfare workforce at state, regional, and county levels to improve outcomes.</p>	
	<p>welfare. Expansion of the Academy, as well as, creating a certificate program are under consideration. Counties are supported through quarterly onsite visits from the Children’s Program Representatives and regional supervisory meetings. Counties are evaluated through onsite case reviews using the OSRI review tool and more intensive case reviews using program monitoring tools.</p> <p>2015 NC CFSR findings identified North Carolina’s initial and ongoing staff and provider training (Items 26 and 27) as an area in need of improvement, citing staff and stakeholder feedback that initial and ongoing training is not always reflective of the current training needs of staff (including supervisors) in each county and does not provide staff with the basic skills and also more in-depth skills necessary to do their work. Findings from the North Carolina Final Child Welfare Reform Plan by the Center for Support of Families (CSF), pursuant to NC Session Law 2017-41 Rylan’s Law, were consistent with CFSR results in this area. Although the training is often described as ‘skill-based,’ feedback from participants and a review by the federal Child Welfare Capacity Building Center for States suggest the training provides information rather than skills and lacks a CQI process for evaluating whether the training is effective, whether learning is transferred into practice, and whether training results in improved outcomes for children and families.</p>
Strategy	<ul style="list-style-type: none"> ▪ Develop a new set of core competencies that are skills-based, address equity and inclusion and are directly aligned with the practice model. ▪ Revise and develop workforce development program that focuses on building skills. ▪ Charge a diverse, representative design team to design and develop a comprehensive workforce development program, as opposed to stand alone modules being developed by different trainers and curriculum developers. ▪ Implement a CQI process for the design, revision and strengthening of workforce development program. ▪ Strengthen the transfer of learning with all trainings.
Benchmarks	<p>2020:</p> <ul style="list-style-type: none"> ▪ Develop RFP to align training contracts with learning needs and revamp North Carolina’s approach to professional development. ▪ Identify design team to redesign pre-service training. ▪ Design team to identify core competencies that are skills-based and align with practice model. ▪ Design team to develop a new pre-service program that builds the basic, introductory behaviors identified in the practice model.
	<p>2021:</p> <ul style="list-style-type: none"> ▪ Implement redesigned pre-service program and evaluation tools in the counties testing the practice model. ▪ Assess degree of usefulness of other trainings (supervisory and in-service) and connectedness to newly defined core competencies.

<p>Target 3: By 2024, North Carolina will create a workforce development program, to include training, coaching, leadership development, and skills assessments, that addresses race equity and inclusion and builds the capabilities of the child welfare workforce at state, regional, and county levels to improve outcomes.</p>	
	<ul style="list-style-type: none"> ▪ Implement CQI process to evaluate current learning programs.
	<p>2022:</p> <ul style="list-style-type: none"> ▪ Revise and update pre-service program based on initial implementation. ▪ Revise and update 25 percent of the current learning programs based on the assessment of usefulness.
	<p>2023:</p> <ul style="list-style-type: none"> ▪ Align contracts with the learning needs identified and new workforce development program. ▪ Revise and update another 25 percent of the current learning programs based of the assessment of usefulness.
	<p>2024:</p> <ul style="list-style-type: none"> ▪ Revise and update remaining learning programs to ensure there is a comprehensive workforce development program aligned with Practice Model.
Metrics	<p>Metrics will be developed during the planning phase. Examples are outlined below.</p> <ul style="list-style-type: none"> ▪ Increase in staff skills that are directly related to the practice model for workers and effective leadership for supervisors and managers. ▪ Improved outcomes for families. ▪ Competent and efficient workforce. ▪ Employee satisfaction is higher. ▪ Workforce development program is tied to outcomes for families. ▪ Workforce development program builds worker skills and changes worker behavior.
Staff Training, Technical Assistance, and Evaluation	<p>The development of this new workforce development program will ensure North Carolina’s current approach to staff training, technical assistance and evaluation is tied to the statewide practice model and is based on the evidence related to training and implementation.</p>
Implementation Supports	<p>External support will be solicited through an RFP process.</p>

Section IV: Services

Child and Family Services Continuum

North Carolina’s service array includes primary prevention and public awareness for the general population, family support and respite programs, community response programs for families with a CPS report that is screened out or unsubstantiated, in-home services and intensive family preservation services for children with an open CPS case, reunification services for families whose child has been placed in out-of-home services, and adoption placement and post-adoption services.

DSS also helps support evidence-based child maltreatment prevention programs that provide parenting education, support, and home visiting services to North Carolina families to promote protective factors that strengthen families and communities.

Public Awareness and Family Support Prevention Services

DSS partners with Prevent Child Abuse NC to provide primary prevention activities, such as training, public awareness activities for child abuse prevention month, and community child abuse prevention plans. Between 2015 and 2018, DSS reached 180,635 people in North Carolina through these primary prevention activities. Family engagement and parent leadership are embedded throughout all DSS prevention programs.

These primary and secondary prevention activities are funded by the following Federal and State Statutes:

- P.L. 112-34: Promoting Safe and Stable Families Amendments (PSSF) of 2001,
- P.L. 111-320: Community-Based Child Abuse Prevention (CBCAP), and
- NCGS §7B-1301-1302: North Carolina Children’s Trust Fund.

Primary and Secondary Prevention Activities
Parents and Children Served and Funding Allocated

State Fiscal Year	# of Parents and Children Served	Funding Amount Spent
SFY 15	48,920	\$4,415,520
SFY 16	46,224	\$4,340,154
SFY 17	49,050	\$7,007,942
SFY 18	58,671	\$8,096,013

*The data in the above table above come from self-report quarterly reports from NCDSS contractors. The services are funded by blending Title IVB-2; CBCAP; and NC Children’s Trust Fund.

Trends Identified:

- DSS served more caregivers/parents and children when more funding was allocated. The numbers served decreased during the first year of a grant cycle in 2016 because grantees needed to hire and train staff members before providing services.
- A total of \$15,189,890 was spent to provide IFPS to 2,480 families during these four years; 100% of children were not in foster care at case closure.

Child Protective Services (CPS) Intake

CPS Intake is the first stage of the child welfare process and involves screening CPS reports to determine whether the reported information meets North Carolina’s statutory definitions of child maltreatment. The following State and Federal Statutes apply to this service:

- NCGS §7B-101 – provides definitions to determine authority to intervene
- NCGS §153A-257 – defines legal residence for social services

- NCFCS §7B-300 – defines protective services
- NCGS §7B-301 – establishes a duty to report
- NCGS §7B-309 – establishes immunity for persons reporting
- Child Abuse Prevention and Treatment Act (CAPTA)/ Comprehensive Addition and Recovery Act (CARA)—outlines applicable federal laws

State Fiscal Year	Total Number of CPS Reports Received (Survey Data)	CPS Reports Accepted for Assessment (Survey Data)
FY 15	134,949	89,211
FY 16	135,213	88,011
FY 17	131,717	86,925
FY 18	136,031	88,000

*The data in the above table above come from a structured monthly survey county complete and submit to NCDSS.

Child Protective Services (CPS) Assessments

CPS Assessments are intended to protect children from further maltreatment and support and improve parental/caregiver abilities to assure a safe and nurturing home for each child. This service is defined by the following State Statutes and Administrative Code:

- NCGS §7B-300 – Establishes Protective Services
- NCGS §7B 302 – Requires a prompt and thorough assessment
- NCGS §7B 101 – Defines abuse/neglect/dependency
- 10A NCAC 70A 0105 – Requires face to face contact with all children

State Fiscal Year	Number of Assessments Completed	Number of Children/Youth Served
FY 15	72,223	136,133
FY 16	71,850	134,337
FY 17	70,668	133,023
FY 18	70,462	133,267

* The data in the above table come from the NCDHHS Client Services Data Warehouse Central Registry and NC FAST Child Services data tables.

Child Protective Services (CPS) In-Home Services

The primary goal of CPS In-Home services is to support families in safely maintaining their children in their home by eliminating identified safety concerns and reducing risk of future child maltreatment. Services may include Intensive Family Preservation Services, which are described in more detail in the Services Array and Service Description Sections. CPS In-Home Services is defined by the following State Statutes and Administrative Code:

- NCGS §7B-300 – defines Protective Services
- 10A NCAC 70A.0107 – Requires development of a case plan whenever abuse/neglect and/or dependency is found and protective services are needed
- NCGS 143-150 – specifies Intensive Family Preservation Services (IFPS) requirements.

State Fiscal Year	Number of Families Served	Number of Children Served
FY 15	13,076	25,995
FY 16	12,688	25,556
FY 17	11,834	24,107
FY 18	11,661	23,527

*The data in the above table come from the NCDHHS Client Services Data Warehouse Services Information System and NC FAST Child Services data tables.

Foster Care Services

Foster care, or permanency planning services, are provided to children and youth who must be removed from their parents due to abuse, neglect, and/or dependency. Youth who turn 18 years of age while in foster care are eligible to continue to receive foster care benefits and services until their 21st birthday. This service is defined by the following Federal and State Statutes:

- **Federal Statutes:** Adoption and Safe Families Act of 1997 (P.L. 105-89), Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)
- **State Statutes: N.C.G.S. § 108A-48-49; § 131D-10.2B; § 7B-505.1; § 7B-903.1** – These statutes authorize North Carolina DHHS to establish a State Foster Care Benefits program, allow for monthly foster care assistance payments for eligible children and youth, establish rates for foster care assistance payments, establish foster care until 21 years of age, and other purposes.

SFY	Children Served in Foster Care age 0-17	*Young Adults Served in Foster Care age 18 -21	Benefits Issued for Children and Young Adults in Foster Care
2014-2015	15,435	N/A	\$81,566,832
2015-2016	16,025	N/A	\$87,666,289
2016-2017	16,748	407	\$91,941,208
2017-2018	17,366	968	\$99,679,821

*The data in the above table come from the NCDHHS Client Services Data Warehouse Child Placement and Payment System and NC FAST Child Services data tables.

LINKS Foster Care Program for Successful Transition to Adulthood

LINKS is North Carolina’s Chafee Foster Care Program for Successful Transition to Adulthood. The purpose of the program is to provide services and supports to youth 14 years of age or older and not yet 21 who are or were in foster care as teenagers to assist in their successful transition to adulthood. This service is defined by the following Federal Statutes and Administrative Code:

- 42 U.S.C. 677 (Section 477 of the Social Security Act) – Defines program purposes and requirements for the Chafee Foster Care Program for Successful Transition to Adulthood and the Education and Training Voucher Program.
- 10A NCAC 72 – Provides the scope, definitions, rules and requirements for the NC Reach program.

SFY	Youth Served by LINKS age 13-15	Youth Served by LINKS age 16-21	LINKS Housing Funds Expended	LINKS Transitional Funds Expended	LINKS County Allocations Expended
2014-2015	926	2,990	\$102,692	\$863,016	\$2,020,725
2015-2016	944	3,052	\$81,166	\$762,150	\$1,999,936
2016-2017	948	3,202	\$64,537	\$611,098	\$2,020,725
2017-2018	832	2,981	\$103,936	\$856,126	\$2,020,725

*The data in the above table come from the NCDHHS Client Services Data Warehouse Services Information System and NC FAST Child Services data tables.

Federal funding for the Chafee program has not significantly increased in the last several years even though states now have the option to expand eligibility for Chafee until age 23. Funding is insufficient to serve the increased number of youths in foster care.

Interstate Compact on the Placement of Children

The purpose of the Interstate Compact on the Placement of Children (ICPC) is to unify law across all 50 states, the District of Columbia, and the U.S. Virgin Islands to ensure protection and services to children who are placed across state lines for foster care or adoption. The following Federal and State Statutes apply:

- 42 U.S.C. 671- Mandates procedures for the orderly and timely interstate placement of children
- PL 109-239- Improves protections for children and to hold States accountable for the safe and timely placement of children across State lines, and for other purposes
- NCGS §7B-3800 –outlines Interstate Compact Articles

State Fiscal Year	Total Number of New Requests
2014-2015	2,237
2015-2016	2,602
2016-2017	2,458
2017-2018	2,631

* The data in the above table comes from the ICPC Access Database and NC FAST Child Services data tables.

The Family First Prevention Services Act (FFPSA) will require states to develop an electronic interstate case processing system. Accordingly, in December 2018, North Carolina implemented the National Electronic Interstate Compact Enterprise (NEICE), a national electronic system for exchanging data and documents quickly and securely. DSS has improved processing times from 71 days to 45 days with a projected \$12,000 savings in printing, shipping, and mailing costs.

Regulatory and Licensing Services

DSS offers regulatory and licensing services for child placing agencies that provide family and therapeutic foster care, residential child care, residential maternity home and adoption services. This service is governed by the following State Statutes and Administrative Code:

- North Carolina General Statutes 131D and 143B-153
- Administrative Code Title 10A Subchapters 70E through 70L

Services (as of 4/25/19)	County DSS Agencies	Private Agencies
Foster Care	100	74
Adoption	100	45
Residential Child Care	3	46
Residential Maternity Care	0	8
Licensed Foster Homes (3/31/2019)	2,825	4,323

* The data in the above table comes from County Agencies Listing, Regulatory and Licensing Services Database, and Foster Care Facility Licensing System Database.

DSS has reduced the processing times for new foster home applications from an average of 34 days in October 2016 to an average of 10 days in April 2019. This has resulted in an increase in total number of licensed foster homes from 6,227 (2,534 DSS supervised and 3,693 private agencies supervised) on March 31, 2015, to 7,148 (2,825 DSS and 4,323 private agency supervised) on March 31, 2019.

Adoption Services

Adoption services help children whose parents are incapable of assuming or continuing parental responsibilities to legally become part of a new permanent family. Adoption services include, but are not limited to, ensuring timely permanence for children through legal adoption, preparing and assisting children in their transition to an adoptive family, supporting and strengthening adoptive families, and providing post adoption services. The following Federal and State Statutes apply to adoption services:

- **Federal Statutes:** Adoption and Safe Families Act (P.L. 105-89), Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), Multiethnic Placement Act (MEPA) and the Interethnic Provisions (IEP) of 1996 (P.L. 103-382 Part E)
- **State Statutes:** N.C.G.S. § Chapter 48, N.C.G.S. § 108A-14 (6), and N.C.G.S. § 131D-10.1 et. seq.--establish a judicial process for adoption, authorize county child welfare agencies to investigate cases for adoption, supervise adoptive placements, and protect the health, safety, and well-being of children separated from their families.

The following chart shows the number of adoptions completed and the amount of funds paid for adoption assistance:

SFY	Adoptions Completed	Adoptions from Foster Care	Adoption Assistance Paid
2014-2015	2,974	1,158	\$114,955,127
2015-2016	3,168	1,419	\$114,288,538
2016-2017	3,371	1,497	\$114,607,177
2017-2018	3,384	1,496	\$115,152,229

* The data in the above table comes from the Adoption Indexing Management System, the NCDHHS Client Services Data Warehouse Services Information System and NC FAST Child Services data tables, and the Child Placement and Payment System. The services are funded by blending Title IVB-2; Title IVE; and NC State Appropriations.

The majority of children exiting foster care to adoption (98%) are eligible for and receive adoption assistance benefits which include monthly cash payments, vendor payments, and Medicaid.

Service Coordination

The Listening Sessions conducted by DSS indicate that individuals and families involved in child welfare services frequently experience difficulty accessing economic services, such as SNAP, TANF, and Medicaid. To address this issue, DSS will convene regular meetings to discuss cross-cutting issues that affect families in North Carolina.

During the previous CFSP period, a cross-systems workgroup met to share information and resources about services and policies. This workgroup included representatives from DSS, UNC, DMH/DD/SAS, and DPH. Between 2020 and 2024, DSS will explore whether this group might serve as the vehicle for the above coordination to achieve mutual goals and strategies to prevent child abuse, protect children, and improve the safety, permanency, and well-being of children and families involved in the child welfare system.

DSS recognizes that families involved in child welfare may need multiple services and concrete supports to keep their children safely at home that may not be provided through our agency. Consequently, child welfare staff will continue participate in both the DSS Leadership Team and the DHHS Leadership Team to ensure that child welfare services are coordinated with other services in the child and family services continuum, including economic services, early childhood education, and community-based health and humanservices.

In addition to being North Carolina’s Title IV-B and Title IV-E child welfare agency, DSS is also the lead agency for the Community Based Child Abuse Prevention (CBCAP) program. In the 2020-2024 CFSP period, DSS will develop a prevention plan that integrates CBCAP primary and secondary prevention goals and strategies throughout the entire child welfare continuum. For example, DSS will use lessons learned in providing evidence-based programs through CBCAP as FFPSA expands parenting education, substance treatment, and mental health services through Title IV-E for families already involved in child welfare to prevent out-of-home placement.

The Children’s Justice Act (CJA) and Court Improvement Project (CIP) submit federal reports that reflect collaboration among agencies. During the 2020-2024 CFSP period, DSS will collaborate with CJA and CIP to make sure that agencies have an opportunity to review and provide input into relevant plans that reflect shared goals to protect children. In particular, DSS staff have been invited to serve on the CIP Interagency Collaborative and

plan the CIP Summit. The Administration of the Courts is aligned with the DSS permanency goals. Together, we will continue to work with judicial districts to examine their Permanency Performance Profiles and develop strategies to improve permanency. The DSS Section Chief of Safety and Prevention will participate on the NC Children's Justice Taskforce.

Service Description

Community-Based Programs

North Carolina further enhances its service continuum with the availability of many community-based programs that seek to prevent the maltreatment of children, as well as those that promote the achievement of permanent plans for children and youth in the foster care system. The DSS prevention continuum includes 55 Family Support, Respite, and Community Response programs and services in 68 counties and the Qualla Boundary that are designed to strengthen and support families to prevent child abuse and neglect.

Family Support Program Services

In December 2015, DSS released a Request for Application (RFA) for Family Support Program Services that combine CBCAP, IV-B2, and state Children's Trust Funds for the provision of primary and secondary child maltreatment prevention activities. This RFA was issued for a three-year grant period that included SFY 2017, 2018, and 2019. Considering FFPSA and Rylan's Law, North Carolina requested and received approval from state and federal authorities to extend these contracts for another two years. Continuing current services allows DSS time to develop a comprehensive 5-year child abuse and neglect prevention strategic plan that aligns with FFPSA and Rylan's Law while minimizing service interruptions and duplicative administrative work.

Thirty-six contracted agencies will enter their fourth year of prevention funding in 2019-2020. These family support agencies will implement a total of 59 programs that demonstrate an acceptable level of evidence-based or evidence-informed practice which include qualitative and quantitative evaluation plans that have proven outcomes in increasing protective factors for the prevention of child abuse. In addition, they must demonstrate a clear plan for implementation support. These community-based programs will provide outreach, support, and services to individuals and families identified as being at-risk of compromised health and safety to eliminate or reduce those risks by promoting protective factors that strengthen and support families.

Eighty percent of available funds will be renewed to 30 agencies implementing one or more of the following programs:

- Incredible Years Pre-School BASIC Parent Program for parents of children 3-6
- Incredible Years School-Age BASIC Parent Program for parents of children 6-12
- Strengthening Families Program for parents of children 6-11
- Circle of Parents
- Darkness to Light, Stewards of Children

Twenty percent of available funds will be renewed to six agencies implementing evidence-based, evidence-informed models and activities not listed in the 80% category above. These agencies will continue to implement:

- In-Home SafeCare
- Parent Child Interaction Therapy

- Attachment and Biobehavioral Catch-up (ABC)
- Motivational Interviewing
- Nurturing Parenting
- Parents as Teachers
- Kaleidoscope Play Groups

During the 2020-2024 CFSP, DSS will require all family support grantees to use formal technical assistance, including coaching, training, and consultation that focuses on implementation with model fidelity. Providers implementing Incredible Years, Strengthening Families, and/or Circle of Parents will also be required to participate in an outcome evaluation provided by independent evaluators. Evaluations will be program specific and will measure parents' use of appropriate discipline, positive parenting practices, parents' use of clear expectations, the change in the frequency and perceptions of problematic nature of children's behavior, family communication and cohesion, parental supervision, children's social behavior, family functioning, concrete supports, and knowledge of child development. During the 2015-2019 CFSP, these annual evaluations found that North Carolina had statistically significant results in all outcomes, usually exceeding national evaluation results.

Although DSS family support services have consistently demonstrated strong efficacy, not all families have access to them. Although blending funding streams allows NC to maximize our resources, the total amount of funding is not sufficient to implement prevention programming in every county. Consequently, DSS typically awards grants to discrete geographic locations, such as counties. The RFA process considers geographic diversity or need as a selection criterion. Currently, family support services are offered in the following 55 counties or tribal areas: Alamance, Ashe, Bertie, Brunswick, Buncombe, Burke, Cabarrus, Camden, Carteret, Chatham, Cherokee, Clay, Columbus, Currituck, Davidson, Durham, Edgecombe, Gates, Graham, Greene, Guilford, Halifax, Haywood, Henderson, Hertford, Iredell, Jackson, Johnston, Jones, Lenoir, Macon, Madison, Martin, McDowell, Mecklenburg, Nash, New Hanover, Northampton, Orange, Pasquotank, Pender, Pitt, Randolph, Rockingham, Rowan, Surry, Swain, The Qualla Boundary, Transylvania, Vance, Wake, Washington, Watauga, Wayne, Wilson, and Yadkin. This means that although DSS programs have a positive impact on individual families and communities, they do not necessarily generate improvements statewide.

Respite Program

DSS issued a Respite Program Services RFA in February 2018 for a three-year funding cycle of respite care. In 2019-2020, ten (10) Respite Programs will be funded for their second year of the grant cycle.

DSS will require all Family Support Program and Respite grantees to conduct a peer review with consistent tools and reports during the CSFP 2020-2024 period. The review will be based on North Carolina's nine Principles of Family Support Practice, the five Protective Factors (parental resilience, social connections, knowledge of parenting and child development, concrete supports, and nurturing and attachment), and the overall goal of the prevention of child abuse and neglect. Through this process, agencies will reflect on how they can strengthen protective factors, develop family engagement and parent leadership, meet staff development needs, and implement new strategies or fill service gaps. The peer review is a continuous quality improvement strategy that allows grantees to identify strengths, share ideas and strategies, and develop action steps.

Like Family Support Programs, respite programs serve specific counties and are not available to all families across the state. Currently, respite services are offered in the following 16 counties: Alamance, Buncombe, Cherokee, Clay, Forsyth, Graham, Guilford, Haywood, Jackson, Macon, New Hanover, Orange, Surry, Swain, Wake, and Wayne.

Triple P Statewide Implementation

In SFY 2018, the North Carolina General Assembly allocated \$1,975,000 in recurring state funds to DSS to support the implementation of Triple P as a part of its child welfare strategic improvement efforts (*Senate Bill 257 - Session Law 2017-57 Section 11C.7.(a)*). The Triple P system of interventions offers evidence-based parenting and family support strategies designed to reach all families for community wide impact. Triple P is currently being implemented in 25 countries around the world and its success is due, in part, to its public health approach to serving families. This is accomplished by offering families varying intensities of support across flexible delivery formats (e.g., individual, group, online), in several different settings (i.e., healthcare settings, school systems, private practice). When the system of interventions is saturated in a community, large and favorable effects are demonstrated relative to population-level on (1) child abuse and neglect, (2) out-of-home foster care placements, and (3) emergency department visits indicating child injury.

In 2020-2024, DSS, DPH and the Duke Endowment will continue to invest in the scaling-up of the Triple P system of interventions statewide. In 2018-2019, North Carolina expanded Triple P access from 46 counties to all 100 counties across the state through ten Local Implementing Agencies (LIAs), using braided funding from Title V, State Appropriations, and the John Rex Endowment.

North Carolina will continue to pursue the following overarching goals with Triple P:

- To promote the development of non-violent, protective, and nurturing environments for children;
- To reduce the incidence of child maltreatment and behavioral/emotional problems in childhood and adolescence;
- To promote the independence and health of families through the enhancement of parents' knowledge, skills, confidence, and self-sufficiency;
- To promote the development, growth, health, and social competence of young children;
- To develop implementation and evaluation support for counties providing Triple P; and
- To maintain the interagency Triple P Partnership for Strategy and Governance and the Triple P Support System to inform the governance, resource allocation, and delivery support systems needed to ensure effective implementation and sustainability of Triple P in communities to impact population level child welfare outcomes.

To meet the above goals, DSS anticipates working with DPH, DSS, DMH, DPS, North Carolina Partnership for Children, and the Duke Endowment within a joint planning and governance structure to support the following Triple P strategies:

- LIAs will develop annual implementation plans to train and support practitioners across all five levels of Triple P, including the *Stay Positive* media campaign. Training will be available.
- Triple P Online will be available to all parents/caregivers in North Carolina in a birth to 12-year-old module in English and Spanish, plus the teen module in English. Triple P America will launch a statewide media campaign to increase awareness of the availability of Triple P Online.
- The Triple P State Learning Collaborative will offer 50 Triple P Coordinators opportunities to share best practices, offer collective problem solving and efficiencies, determine sustainability needs, and encourage model fidelity based on the Triple P Implementation Framework.
- DSS will continue to contract with FPG to create implementation resources, build community readiness and intermediary capacity, develop a governance structure, and engage in strategic planning to help

expand Triple P throughout North Carolina. In particular, FPG will increase the evidence-based services available to North Carolina children and their families and strengthen the implementation support available to Triple P practitioners.

This statewide Triple P initiative will be available as a primary, secondary, and tertiary prevention service to families in North Carolina. It serves as a compliment to the DSS Victims of Crime Act (VOCA) grant that will expand Triple P levels 3, 4, and 5 in up to 40 county child welfare agencies as a CPS In-Home Services intervention in partnership with Triple P America. The VOCA grant will be designated as tertiary child maltreatment prevention strategy to strengthen families, prevent out-of-home placement, and prevent repeat maltreatment. The VOCA grant is described in more detail in the “Assessment of Current Performance of Service Array” section.

North Carolina Triple P services compliment DSS family support and respite services, offering the possibility of larger scale population effects for all children and their families in North Carolina.

Community Response Program

During the Community Response Program (CRP) 2017-2020 grant award period, the availability of grant awards was increased from four to eight sites. A total of \$800,000 is allocated each year of approximately \$100,000 each to Alamance, Catawba, Durham, Henderson, Iredell, Rutherford, Wake, and Wilson County Departments of Social Services. Like Family Support grants, North Carolina received permission to extend these contracts for another two years until SFY 2022. CRPs are intended to fill a gap in the continuum of child maltreatment prevention programming by reaching out to families who have been reported to county social services agencies, child protection services, but whose cases have been screened out at intake, closed with a decision of services recommended, or closed with a decision of no services needed, after an initial assessment. Like all DSS community-based services, CRP services are voluntary and agencies may not charge fees for services.

CRP grant recipients are required to:

- Target families with children ages birth to five.
- Demonstrate collaborative relationships with community partners in the delivery of services and community child maltreatment prevention strategies.
- Provide services based on the principles of family support practice.
- Demonstrate a commitment to meaningful parent and family engagement.
- Ensure families have access to supports and services to meet their basic needs, including economic support, benefits access, employment coaching, and financial literacy programming.
- Provide and/or make referrals to a service or program that demonstrates an acceptable level of evidence-based or evidence-informed practice.

CRP aligns with DHHS’ *Early Childhood Action Plan* and *Healthy Opportunities* priorities. Among the many components are the requirements that agencies funded to implement CRP ensure that children 0-5 have access to high quality childhood education opportunities, including but not limited to Head Start/Early Head Start and that they receive Early Periodic Screening, Diagnosis and Treatment to assess and respond to any developmental concerns. CRP will continue to identify and connect families to resources based on family needs and help them navigate these resources and support systems. It will provide financial planning assistance or referrals and will administer a flex fund (up to \$10,000 per site) to assist those families in meeting immediate financial needs unable to be met by existing public and private programs. CRP will also continue to support cross-agency collaborative,

community-based initiatives to provide outreach, support, and services to children and families to minimize risks by promoting protective factors that strengthen and support families.

Currently, CRP services are offered in the following 8 counties: Alamance, Catawba, Durham, Henderson, Orange, Rutherford, Wake, and Wilson. During the 2020-2024 CFSP period, DSS will explore the feasibility of expanding the CRP program to more counties and evaluating its effectiveness in strengthening families and preventing child maltreatment reports.

Family Preservation

North Carolina will continue to provide intensive family preservation services (IFPS) to eligible children across 11 regions serving all 100 counties. Please see the Promoting Safe and Stable Families (PSSF) section for more information on specific IFPS activities provided to families. Contracted IFPS agencies will continue to use common measurement tools to track the same short, intermediate, and long-term outcomes. The IFPS program will continue to be based on the evidence-based Homebuilders model in 2020 and 2021. During this time period, DSS will explore other evidence-based models listed on the **Title IV-E Prevention Services Clearinghouse**. In particular, DSS is interested in a model that offers affordable implementation support or allows North Carolina to build our own technical assistance system. In addition, DSS will work to continue expansion of IFPS program to bridge the gap between the number of eligible families and the funding for available services. For more information on how DSS has already strengthened the quality and quantity of intensive family preservation services (IFPS) program, please see the “Assessment of Current Performance of Service Array” section.

The following average outcomes during the 2015-2019 CFSP indicate that the IFPS program is very effective in preventing out-of-home placement and repeat maltreatment, while strengthening family functioning:

- 100% of participating families' children were not in foster care at case closure.
- 98% of participating families had improved functioning at case closure.
- 97% of participating families demonstrated some improvement in protective factors at case closure.
- 97% of participating families' children were not in foster care at 6 months after closure.
- 95% of participating families did not have repeat maltreatment at 6 months after closure.
- 93% of participating families' children were not in foster care at 12 months after closure.
- 93% of participating families did not have repeat maltreatment at 12 months after closure.

The above data comes from several different sources and is reported on the DSS IFPS Contractor’s Final Annual Report. Data sources include case files, termination reports, North Carolina Family Assessment Scale, Protective Factors Survey administered retrospectively, and post-case closure follow-up tools. Each contractor administers these tools and analyzes the data by individual region. DSS staff aggregate the individual region data into a statewide average. The above bullets averaged annual statewide IFPS data from 2015 to 2019.

DSS has started planning how the Family First Prevention Services Act (FFPSA) will inform DSS strategic investments in child maltreatment prevention across the child welfare continuum. In particular, DSS has received a 2-year extension from the Administration of Children and Families (ACF) of the current IFPS grants for a 5-year total grant cycle to engage in a thoughtful, coordinated strategic planning process that aligns all of the state’s primary, secondary, and tertiary prevention programs and services. FFPSA will expand North Carolina’s written prevention plan by allowing for the federal financing of tertiary prevention programs to prevent out-of-home placement. By allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training to prevent children from entering foster care, FFPSA will make it possible for DSS to provide

additional support through evidence-based and trauma-informed services to families who qualify for family preservation services.

Family Reunification Services

North Carolina will continue to allocate Family Reunification IV-B, Subpart 2, funds directly to all 100 county child welfare agencies. The funding formula includes (1) a base of \$5,000 for each county and (2) a percentage of the remaining funds available based on the number of children who entered the county's foster care system in the prior fiscal year. County child welfare agencies will be expected to provide the services and activities to eligible families working toward the goal of reunification as defined in the Social Security Act. To be eligible for the reunification services, at least one caretaker must voluntarily agree to participate and be able to work toward achieving the goals in the case plan, and the child must be in the placement authority of a county child welfare agency in an out-of-home placement or reunified with their family for no more than 15 months.

In the past when reunification was time-limited, DSS faced an ongoing challenge of outcome data not being available until fifteen months after the fiscal year ended. This delay made it difficult to improve programming and assess the program's effectiveness. During the 2020-2024 CFSP, DSS will develop quantitative and qualitative data collection systems to track the number of families served with reunification funds, the types of reunification services provided, and the number and percentage of children who were reunified.

Another challenge is that FFPSA eliminates the time limit for family reunification services. This will give county child welfare agencies the opportunity to extend reunification services to families needing additional time to meet required service goals. This new flexibility has the potential to improve outcomes. At the same time, it raises questions about whether a county child welfare agency needs to keep a child's case open to provide post-reunification services for up to 15 months as allowed by the FFPSA. In North Carolina, cases are typically kept open for no more than 90 days after a child is reunified with family. DSS will need to resolve logistical barriers of data management systems, permanency time frames, required paperwork, funding codes, county monitoring and reporting requirements, and policy changes.

Summary

North Carolina has developed many services and resources geared towards supporting the best outcomes for children, youth, and families. DSS strengths include family engagement and leadership, public-private partnerships, and a commitment to evidence-based programming, model fidelity, and implementation support. At the same time, DSS has faced challenges providing statewide access to its full child and family services continuum and integrating state and federal child welfare reforms. DSS expects to experience a tremendous amount of change that offers the opportunity to improve child welfare services for families in North Carolina between 2020 and 2024.

North Carolina developed a family engagement and leadership model as part of its 2015 Child and Family Services Review, Program Improvement Plan. The tiered model includes the Child Welfare Family Advisory Council (CWFAC), which is a state-level council to provide parents and youth opportunities to serve as full partners in the planning, implementation, and evaluation of services as required by federal legislation. The state-level council is comprised of adults with lived experience with the child welfare system including parents who have received child protection services, foster parents, adoptive parents and kinship parents. Additionally, the state is currently supporting the pilot implementation of three county-level family engagement committees (FEC) in Durham, Forsyth and Richmond counties. The FECs are comprised of parents with lived experience with the child welfare system to discuss and implement strategies to improve family engagement, safety and permanency for children. Between 2020 and 2024, DSS will continue to involve parent leadership in the ongoing

planning, implementation, and evaluation of child welfare policies, programs, forms, and training curricula on the state level and strategize ways to expand the pilot FECs to more county child welfare agencies.

DSS has developed very strong collaborations and actively participates in public-private partnerships. North Carolina maintains a collaborative network of public and private funders and stakeholders who engage in broad systems-level child maltreatment prevention work. The purpose is to enhance fiscal and implementation support to programs delivering evidence-based and evidence-informed programming to improve outcomes for children and families. Shared values across network members include:

- Investing in evidence-based programs is not only wise but ethical.
- Collaboratively supporting specific evidence-based programs will yield greater impact for funders and for communities.
- Scaffolding is vital to the successful implementation of evidence-based programs.
- Creating efficiencies and eliminating duplication of services allows more families to benefit.

Between 2020 and 2024, DSS will continue to collaborate in North Carolina's public-private partnerships as together, agencies develop an integrated home visiting and parenting education plan, cross-section family engagement and leadership framework, and work to expand family support services across the state.

DSS has demonstrated a strong commitment to evidence-based programming, model fidelity, and implementation science. These supports enhance community-based agencies' capacity to provide quality services that positively impact parenting strategies and enhance protective factors for families in North Carolina. Agencies benefit from support around recruitment and retention plans for participants, group management, selecting skilled and experienced staff, curricula support, problem-solving, and adherence to model fidelity. DSS plans to continue emphasizing the role of these supports in our prevention and intervention programming between 2020 and 2024.

Despite the strengths listed above, North Carolina continues to face the challenge of inadequate funding to expand family support, prevention, and intervention services across the state in a way that optimizes family choice, access, and equity. In 2020-2024, DSS will work with collaborative partners to develop a strategic vision and plan to develop a comprehensive, statewide system encompassing both home visiting and parent education in North Carolina. The planning will focus on a family-centered, coordinated system that uses current resources effectively and ensures that high quality services can be scaled up to be accessible in an equitable manner.

North Carolina recognizes it has two major opportunities to enhance its child and family services continuum. North Carolina's Rylan's Law required development of a social services reform plan to enhance state supervision and support of county programs and a child welfare reform plan to improve child welfare services and outcomes. The plan includes recommendations in ten areas of child welfare administration and service provision including child fatality oversight, preventive and in-home services, and the implementation of a statewide, trauma informed, culturally competent child welfare practice framework. The second opportunity is the Family First Prevention Services Act (FFPSA) which allows federal IV-E aims to reduce the number of children in congregate care and prevent children from entering foster care by allowing federal reimbursement for evidence supported mental health services, substance use treatment services, and in-home parenting skill training services aimed at reducing the need for children to enter foster care. In addition, DSS will continue to incorporate DHHS priorities of early childhood, Medicaid transformation, opioid crisis, and Healthy Opportunities into child maltreatment prevention and intervention.

DHHS-DSS is responding to these opportunities and the challenges of integrating them through long-term planning and technical assistance. The DHHS Senior Policy Analyst will ensure that North Carolina approaches the various

reforms in a comprehensive, cohesive manner. North Carolina has requested to delay the implementation of FFPSA for two years to allow the necessary time for thoughtful planning and coordination. DSS received a grant from the Duke Endowment to work with Chapin Hall at the University of Chicago to coordinate the FFPSA planning process for effective and sustainable change. As the state moves from planning to implementing reform, DSS expects prevention and intervention services to be woven throughout a state-wide child welfare system within a trauma-informed, family-centered, and culturally-competent framework.

Stephanie Tubbs Jones Child Welfare Services Program

Between 2020 and 2024, DSS will continue to use Stephanie Tubbs Jones Child Welfare Services Program funds (IVB-1) to support the family support program for children with special needs, the Child Medical Evaluation Program (CMEP), and staff development and training supports.

Children with Special Needs

Between 2020 and 2024, DSS will continue to utilize CAPTA funding to contract with the Family Support Network™ of North Carolina (FSN). The FSN University Office is part of the University of North Carolina at Chapel Hill School of Social Work, which subcontracts with regional FSN programs to provide education, training, and support services to all families who care for children who are medically fragile or have special needs, including children who are substance exposed, HIV positive, or who have developmental delays. Research supports the concept that education and support of these vulnerable families helps to reduce the likelihood of abuse or neglect of their children. The three goals of FSN are:

1. To provide education and training to foster, adoptive, birth, and kinship families who are caring for medically fragile or special needs children to improve their knowledge about the conditions that are affecting the children and how to care for them.
2. To reduce isolation and improve family functioning through social support programs, including facilitating and leading support groups;
3. To enhance collaboration among local family support programs and service providers, including county social services agencies, Family Resource Centers, county foster parent associations, and neonatal intensive care units.

FSN will carry out activities to support the work of the eleven (11) local affiliates. These activities involve facilitating the provision of support to families across the state, specifically:

- Building community capacity to support families through training and technical assistance with local affiliates to assess community needs, collaborate with local organizations, and support families raising a child who has special needs;
- Facilitating the matching listserv so that families can be matched with others locally and across the state. Participating in the Parent to Parent USA listserv to ensure that families with children who have low incidence disabilities are matched with families in other parts of the country who are dealing with similar issues;
- Providing statewide information and referrals for families with children who have special needs, which will be integrated into the NCCARE360 referral system;
- Supporting grandparents and relatives providing kinship care for children who have special needs and are in the child welfare system; and
- Evaluating project activities.

FSN affiliates will continue to be involved in collaborative activities with state and regional task forces and community-based agencies, including the State Advisory Council on Exceptional Children, the North Carolina Division of Public Health Children and Youth Branch Family Steering Committee, county child welfare agencies, neonatal intensive care units, the Early Intervention System (Children’s Developmental Services Agencies), Family Resource Centers, the Foster and Adoptive Parent Association, the System of Care Collaborative, Smart Start agencies, hospitals, and schools.

Child Medical Evaluation Program (CMEP)

The primary mission of the Child Medical Evaluation Program (CMEP) is to provide quality and experienced medical and mental health consultation during investigations of allegations of child abuse or neglect to all 100 county child welfare agencies. In the 2020-2024 CFSP period, DSS will continue partnering with the North Carolina General Assembly and the University of North Carolina’s School of Medicine’s Department of Pediatrics. CMEP will provide support to ensure access to services across the state, maintain program statistics, provide consultation not available across the state (e.g., radiology services), and ensure continuous quality improvement of the program consultations. Additionally, the CMEP will provide support and consultation to help child welfare agencies understand when to access CMEP consultations, process reimbursements for CMEP consultations not paid by Medicaid, and provide training about how to use the CMEP consultations across the state. In addition to the administrative tasks listed above, the CMEP will deliver 12 trainings annually on Medical Aspects of Child Abuse and Neglect for all newly hired child welfare social workers in North Carolina. The training will also introduce the CMEP and raise awareness of available consultation resources for child welfare services.

Staff Development and Training

DSS will continue to contract with three community colleges (Asheville-Buncombe Technical Community College, Guilford Technical Community College, Central Piedmont Community College) to provide space for the state’s training centers and to process instructional hours for the courses offered at the training centers. The colleges will provide student record keeping for CEUs and student transcript services.

DSS will continue to partner with the Center for Family and Community Engagement (CFFACE) at North Carolina State University for the following services.

- Offering seven training curricula on the topics of domestic violence, engaging the non-resident father, cultural safety and Child and Family Teams.
- Providing ongoing support, structure, and resources to a statewide network to support child welfare family leadership.
- Providing technical support for the Community Child Protection Teams by administering an annual survey and reporting on the findings.

DSS will continue to contract with UNC’s Family and Children’s Resource Program (FCRP) to provide a variety of training deliverables to support the work of DSS. FCRP houses the training information management system, ncsWLearn, which lists training events and tracks registrations. FCRP will create and facilitate online and classroom courses as well as webinars, assist DSS in managing special projects, and provide oversight of the Child Welfare Education Collaborative.

Finally, DSS will provide support to the NCACDSS who will serve as a liaison between universities and county child welfare agencies to develop and implement child welfare social work internships, particularly in counties that would not typically attract interns.

Services for Children Adopted from Other Countries

Once a child who has been adopted internationally is brought to the United States, the adoption is then completed in accordance with applicable laws in North Carolina. A final decree of adoption then issued. Once issued the child becomes a legal resident of North Carolina and is therefore eligible for all the supports and services available to all of North Carolina's children. Specifically, Post Adoption Support Services (PASS) are available to any family with a decree of adoption regardless of the type of adoption. PASS is provided by contracted, community-based agencies across 11 regions serving all 100 counties in North Carolina.

Services for Children Under the Age of Five

At the direction of Governor Roy Cooper in August 2018, North Carolina embarked upon a quest to strengthen its early childhood programming. Governor Cooper's [executive order](#) expressly referenced consultation with child welfare experts and staff from the Division of Social Services who joined more than 350 stakeholders from across the state to develop the North Carolina Early Childhood Action Plan.

Released in February 2019, the [Early Childhood Action Plan](#) provides a framework for a shared community vision and coordinated action by public and private stakeholders throughout North Carolina. The plan seeks to make measurable changes in early childhood outcomes and sets 10 data-informed goals that will continue to grow and develop over time.

Addressing the needs of all vulnerable children

The Early Childhood Action Plan, which focuses on children up to age eight, serves as the primary framework that North Carolina will address the developmental needs of all vulnerable children. For children under the age of five, the plan includes goals related to healthy babies, preventative health services, food security, safe and secure housing, safe and nurturing relationships, social-emotional health and resilience, high-quality early learning, and ready for kindergarten. Key child welfare staff within DSS contributed to the development of the ECAP to assure it addresses the unique developmental needs of children under the age of five who are in foster care.

In addition to the Early Childhood Action Plan activities, North Carolina continues to provide Care Management for At-Risk Children (CMARC), previously named CC4C, for birth to five years of age. Specifically, CMARC serves children with special health care needs, children exposed to toxic stress, children in foster care who need to be linked to a medical home, and children in the neonatal intensive care unit who need assistance as they transition back to the community.

To further address the developmental needs of children, children under the age of three who exhibit possible developmental delays or who have been identified as a substance affected infant are referred to the local Children's Developmental Services Agency (CDSA) for early intervention. During CPS Assessments all children are screened for a referral to the CDSA using a structured strength and needs assessment. All children who have an identified need are referred to the CDSA within 3 days of a substantiation. The CDSA program is designed to support families and children through service coordination, therapies (physical, occupational and speech-language), family support, special instruction and assistive technology. As a child transitions out of the Infant-Toddler Program, a transition plan is created to the Preschool Program services which support the child's transition to preschool services, child care programs, or other appropriate services.

A data sharing agreement is in place with the Division of Public Health (DPH) that allows for the number of referrals from DSS to the CDSA to be tracked. DPH also tracks the rates that referred families are engaged by CDSA. DPH and DSS will revisit their data sharing agreement and identify strategies to obtain data to provide more complete information including wait times for initial assessment and numbers of children provided ongoing services.

Finally, the North Carolina Child Treatment Program (CTP) trains clinicians in trauma-informed assessments and several trauma-informed, evidence-based models to treat young children. The [CTP Roster](#), which currently includes over 600 providers statewide, provides brief descriptions of each treatment modality to assist in selecting the best fit with the child's needs including the trauma associated with maltreatment and placement into foster care.

Services made available through these programs are available to all children who have an identified need. Children in foster care are given priority for services.

Addressing permanency for young children in foster care

The Early Childhood Action Plan also includes a permanency goal for children in foster care. Goal 6 states that babies, toddlers and young children in foster care will grow up in stable, consistent and nurturing families, whether that is with the child's birth family or through an adoptive family. The plan includes benchmarks to decrease the median number of days it takes a child in foster care to be reunified with his or her family (if appropriate), as well as to decrease the median number of days it takes a child in foster care to be adopted. This goal is especially important given that over 50% of children entering foster care in North Carolina are under the age of five.

To further integrate the vision and goals of promoting healthy development, keep young children safely connected to their families, and quicken the time to permanency, North Carolina will be executing several concrete services in 2020-2024 as described below:

- North Carolina will continue its ***District Permanency Collaboratives***, a Program Improvement Plan activity which began in 2018. These collaboratives are designed to improve permanency outcomes, improve communication and collaboration among stakeholders, maximize data in decision-making, and use data to drive performance. The District Permanency Collaboratives convene quarterly in each judicial district across North Carolina, and is attended by a judge, attorneys, Guardian ad Litem representative, county child welfare representative, birth parent, foster parent, relative caregiver, and clerk of court. During the quarterly meeting, each district identifies a priority for their district and discusses concrete tasks, successes, barriers and challenges as it relates to the priority. Priorities include such things as notice to resource parents, timely establishment of case goals, concurrent planning, timely permanency, timely termination of parental rights, and other local priorities.
- The ***ZERO TO THREE Safe Babies Court Team (SBCT) Program*** will be implemented in five (5) pilot counties in North Carolina by October 2019. SBCTs build partnerships between judges, child welfare agencies, and local agencies to provide targeted services for infants, toddlers and their families in foster care. This program connects babies and families with the support and services they need to promote healthy child development, while ensuring speedier exits from the system. Research shows that SBCTs improve time to permanency, access to services for infants and toddlers, reduces recurrence of abuse and neglect, and promotes child welfare system change.
- ***Permanency Roundtables*** are being implemented in several counties across North Carolina. The goal of the Roundtable process is to facilitate a targeted approach to permanency, including diligent search,

family engagement, strengthening child connections, and services to meet the child's needs. Additionally, the Roundtables address policy, legal and financial barriers to permanency, to support counties achieving permanency timely. While Permanency Roundtables were initially intended for older youth, evidence shows that they are more effective with young children. DHHS plans to add additional staff to this work to focus on children 0-5.

- **Permanency Planning Reviews (PPR)** policy was revised and will be implemented in 2019. The PPR is a team meeting that focuses on both the child and the family. It supports open communication and creates a consistent and timely gathering of the family's entire support network. Additionally, the revised Permanency Planning Review policy require a more frequent review of a child's Family Services Agreement (every 90 days instead of every 6 months) to assure more frequent adjustments and discussion to ensure that permanency is moving forward for each child in a timely manner.

Although the goal of all the above initiatives is reducing the time to permanency for foster children, only the SBCT program specifically targets children under 5. North Carolina will work to further develop protocols to address the specific developmental needs of children under 5 in foster care and will develop additional targeted strategies to reduce the length of time in foster care for this age group

Efforts to Track and Prevent Child Maltreatment Deaths

North Carolina Child Fatality Prevention System

The North Carolina Child Fatality Prevention System was established 1991 by North Carolina General Statute §7B-1400-1414. According to the statute, "The purpose of the system is to assess the records of selected cases in which children are being served by child protective services and the records of all deaths of children in North Carolina from birth to age 18 in order to (i) develop a communitywide approach to the problem of child abuse and neglect, (ii) understand the causes of childhood deaths, (iii) identify any gaps or deficiencies that may exist in the delivery of services to children and their families by public agencies that are designed to prevent future child abuse, neglect, or death, and (iv) make and implement recommendations for changes to laws, rules, and policies that will support the safe and healthy development of our children and prevent future child abuse, neglect, and death. The legislation established four distinct system components:

- North Carolina Child Fatality Task Force
- State Child Fatality Prevention Team
- Community Child Protection Teams
- Local Child Fatality Prevention Teams

The North Carolina Child Fatality Task Force is the legislative arm of the fatality system and 35 members, include 10 legislators. 20 of which are appointed and 11 are Ex Officio. Other membership includes State DSS, law enforcement, the Attorney General, a representative from a private group who advocates for children, Public Health, Mental Health/Substance Abuse/Developmental Disabilities, the Administrative Office of the Courts, and a local DSS Director. The task force receives and considers reports from the State Fatality Prevention Team, studies incidences and causes of child deaths in the State, and makes recommendations to the legislature.

The State Child Fatality Prevention Team (CFPT) is led by the Office of the Chief Medical Examiner. By statute the State Team reviews deaths attributed to child abuse or neglect, or when the decedent was reported as an abused or neglected juvenile at any time before the death. In practice, the state CFPT reviews all deaths of children under

the age of 18 years that are investigated by the North Carolina Medical Examiner System. Deaths investigated by medical examiners include apparent accidents, homicides, suicides, violent deaths, deaths occurring under suspicious circumstances, and sudden and unexpected deaths. The information gained from these reviews is compiled and analyzed with the purpose of making recommendations to the NC Child Fatality Task Force to support the creation of, or change in, laws, rules or policies to promote the safety and well-being of children in North Carolina. This team also receives the reports of findings and recommendations from local Child Fatality Prevention Teams that review cases of additional child fatalities. Membership of the State CFPT includes the Chief Medical Examiner, who is chair of the team, the Attorney General, DSS, State Bureau of Investigations, Public Health, Education, Administrative Office of the Courts, a pediatrician and a public member appointed by the Governor and a team coordinator.

Community Child Protection Teams (CCPTs) by statute are established in every county and review:

- selected active cases served by child protective services
- cases in which a child died because of suspected abuse or neglect and the child or child's family was served by or reported to child protective services within the previous 12 months.

The purpose of the CCPT includes identifying gaps and deficiencies with the child protection system, increasing public awareness of child protection in the community, advocating for system changes and improvements, assisting the county director in protection of living children, and developing strategies to ameliorate child abuse and to promote child well-being at a local and state level. Membership in these teams include the Director of the local DSS and a member of the Director's staff, representatives from law enforcement, the local District Attorney's office, the local community action agency, education, a member of the county board of social services, a member of the local provider of mental health/substance abuse/developmental disorder, guardian ad litem, and public health. Local CCPTs are required to regularly report their activities to the county board of social services.

The local CCPTs are supported by the CCPT State Program Coordinator within State DSS. The Coordinator provides statewide technical assistance, and support to local CCPTs and annually requests copies of the local team's report(s) to the local county board of social services. Training materials that address the role and function of the local Teams, confidentiality requirements, an overview of child protective services law and policy, as well as team record keeping also are included in the role of the CCPT Program Coordinator. The Coordinator also attends State Fatality Prevention Team meetings.

State DSS formed a state-level CCPT Advisory Board to help provide analysis of data from the 100 CCPTs and synthesizes recommendations to DSS regarding needed improvements to reduce child abuse and neglect. The Board then submits a report to the State DSS. The Advisory Board consists of DSS county Directors, members from local CCPTs and other community stakeholders including tribal representation, representatives of our state parent advisory group and our state youth advisory group. The CCPT State Program Coordinator acts as the liaison with the Division and provides support to the Advisory Board in meeting its objectives.

Local Child Fatality Prevention Teams: The statute gives Community Child Protection Teams the option of reviewing all other additional child fatalities and reporting their findings or requesting that a separate Local Child Fatality Prevention Team (CFPT) be formed in the county to review all fatalities not reviewed by the CCPT. About three quarters of counties opt to form joint CFPT/CCPTs, with the rest operating separate teams. The local Health Department director has responsibility for convening the CFPT if it is a separate team.

During 2019-2021 legislative session, the North Carolina General Assembly is reviewing proposed House Bill 825: Strengthen Child Fatality Review System, that would consolidate the four components listed above to establish a single State Office of Child Fatality Prevention. If passed, the State Office would serve as the lead agency for child

fatality prevention in North Carolina and would be housed with DHHS. The overall goal is to eliminate redundancies within the current system, centralize coordination of the system, streamline state-level support functions, and maximize the consistency of data and utility of findings and recommendations developed during child fatality reviews. If passed, a written proposal is due to the Joint Legislative Oversight Committee on Health and Human Services for restructuring the statewide Child Fatality Prevention System by March 2020. DSS will be involved in planning the restructured system and will continue to coordinate intensive child fatality team reviews and support the community child protection teams until the centralization is finalized.

In addition to the North Carolina Child Fatality Prevention System, the General Assembly promulgated GS 143B-150.20, creating the State Child Fatality Review Team within the Division of Social Services. This State review team conducts in-depth reviews of child fatalities involving children and families involved with county child protective services in the 12 months preceding the fatality. The intensive review includes interviews with any individuals determined to have pertinent information, as well as examination of any written materials containing pertinent information. The purpose of these reviews is to identify factors which may have contributed to the fatality and to develop recommendations that may prevent future fatalities. The in-depth fatality reviews are conducted by teams, led by a state reviewer, with mandated community representation. Often, mandated local reviewers are drawn from the local CCPT/CFPTs. Reports are issued outlining the findings and recommendations on each fatality reviewed and these are reported back to local CCPTs by the members participating in the review. Data relating to the decedent, fatality and report are entered into the fatality database. The manager of the State review team works closely with the Coordinator for the State Fatality Prevention Team to provide information on any cases being reviewed by the State Prevention team. All reports on intensive reviews are sent to the State Prevention Team members. Local DSS participants report learning a great deal from the reviews held. An annual report summarizes the data gathered from the reviews, including a response from the agency.

Tracking Child Maltreatment Death

Under 422(b)(19) of the Social Security Act, the Administration of Children and Families requires states to use multiple sources of data on child maltreatment deaths, including the state's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to the National Child Abuse and Neglect Data System (NCANDS).

In 2017, DSS developed an information sharing agreement with the Division of Public Health that enables DSS to match fatality data from both the DSS Legacy and NCFASST systems with the state Vital Records data for all children 18 years or younger. All matches are then entered into the database and information obtained to determine whether the decedent had received child welfare services within one year of the fatality and whether there is suspicion that maltreatment could be a factor in the death. North Carolina DSS also works with local law enforcement and the medical examiner to identify maltreatment fatalities.

In 2020-2024, DSS will continue to match any child found to have been served within DSS to the state Vital Records Office death records for all children 18 years or younger with county child welfare agency data and utilize information from relevant agencies to identify fatalities where maltreatment may have been a factor in the child's death. All fatalities identified through the match will be entered in the DSS Child Fatality Database using the same process as fatalities reported to the agency by county child welfare agencies. The DSS fatality database includes the status of the case at the time of the fatality, as well as any history. Additionally, the fatality data will be matched with data in both the Legacy and NC FAST system to meet CAPTA data requirements. NC DSS will continue to work on enhancement of its data collection to have the very best data possible to support the comprehensive, statewide plan for the prevention of maltreatment.

The development of a comprehensive, statewide plan for the prevention of child maltreatment fatalities will be integrated in the planning of the 5-year strategic plan for prevention required under FFPSA. As previously noted, Chapin Hall at the University of Chicago is partnering with DSS on this work with a draft 5-year FFPSA prevention plan scheduled to be completed in 2020. That plan will anchor the development of a comprehensive statewide fatality prevention plan. In addition, development and implementation of a comprehensive child fatality prevention plan will be a primary focus of the lead agency designated as the State Office of Child Fatality Prevention, should legislation be enacted during the 2019-2021 biennium.

Promoting Safe and Stable Families (PSSF)

North Carolina provides adoption, family preservation, family support, and reunification services by blending Promoting Safe and Stable Families funds with other federal, state, and local funds. These services are provided by community-based agencies, which includes non-profit organizations as well as public agencies – county child welfare, schools, public health departments, cooperative extensions, etc.

All PSSF services are consistent with family-centered practice that help families provide children with safe, nurturing environments that promote their physical, social and emotional well-being by promoting protective factors, addressing traumatic experiences and decreasing risk factors in families and communities. These services also help strengthen and support families and children to increase their stability by building an integrated community-based system to family functioning. All services are voluntary and free of charge.

Adoption

North Carolina provides an array of permanency and post-permanency services to children and families in order to achieve the state's commitments to Safety, Permanency and Well-Being, including the Adoption Promotion Program (APP) and Post-Adoption Support Services (PASS). The goals of these programs are to ensure children to live in a safe, stable, and nurturing relationships and environment, provide services to children and youth in the foster care program in order for them to achieve permanency in a timely manner, and to provide services to families in order to enhance their ability to meet their children and youths' well-being needs and provide stability post-permanency.

Adoption Promotion Program

DSS uses TANF and state funds, historically supplemented with IV-B, Subpart 2, funds, to incentivize the completion of adoptions by county child welfare agencies and contracted private child-placing agencies. Adoption Promotion services are offered statewide in all 100 county child welfare agencies and 14 contracted private licensed child-placing agencies. County child welfare agencies are eligible for funding allocations upon the finalization of adoptions of children in foster care with special needs. Contracted agencies receive a fee for providing specific adoption related services that result in the adoption of a child in foster care with special needs.

The mission of the Adoption Promotion Program (APP) is to enhance and expand adoption programs, to secure timely, permanent homes for children in foster care with special needs who are harder to place, and to encourage partnerships between public and private agencies to achieve permanency for children in a timely manner. To achieve the goal of timely permanence, North Carolina must have enough exceptionally trained and fully supported foster and adoptive families. APP is intended to assist county child welfare agencies and private child placing agencies in preparing children for adoption and cultivating and supporting adoptive families to increase the number of completed adoptions in North Carolina. Data from previous years has shown that the desired outcome of achieving a higher rate of adoptions was not being achieved despite rising program expenditures. The table below represents APP expenditures versus total adoptions completed:

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Expenditures	\$2,970,121	\$3,511,628	\$3,895,280	\$6,537,929	\$5,723,600
Total Adoptions	1,162	1,161	1,422	1,417	1,496

APP Program Structure

Currently, the Adoption Promotion Program operates as a fee for service program for private child placing agencies and a one-time, year-end, proportional funding allocation for county child welfare agencies that exceed their predetermined federal baseline. County child welfare agencies are also rewarded for the completion of adoptions of harder to place children (teens and/or sibling groups of 3 or more placed together for adoption) that fall under their baseline.

County Child Welfare Agencies

The Federal Baseline Methodology was adopted as the process by which each county child welfare agency's target baseline is established. This method was chosen because, unlike the previous methodology, the formula considers not only the number of adoptions completed, it also reflects the number of youth in foster care

County child welfare agencies have their own funding pool with a set budget. They receive a one-time, year-end funding allocation that is a proportional share of the total statewide funding available to all counties based upon the sum of two factors:

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

Private Child Placing Agencies

The APP is as a "fee for service" program that pays participating private child placing agencies a predetermined amount for specific services completed in the facilitation of an adoption.

Services that are reimbursed are the specific, hands-on, adoption related activities that are necessary for facilitating an adoption. Below are descriptions of the service areas:

- **Adoptive Family Readiness**
Adoptive Family Readiness is defined as the work completed by licensing agencies to recruit potential adoptive families and deliver preparatory training that provides the foundational knowledge and skills for parenting children with special needs. *Children ages 0-12 = \$4,000; Teen and Sibling Groups of 3+ = \$7,000*
- **Family Post Placement Support**
Post Placement Support (family) is defined as supportive services provided to the family by the family's licensing agency from the time that a child is placed in the family's home through the time the child's adoption is finalized. *Children ages 0-12 = \$1,250; Teen and Sibling Groups of 3+ = \$2,000*
- **Child Post Placement Support**
Post Placement Support (child) is defined as supportive services provided to the child once the child is placed in a home for the purpose of adoption. It is the hands-on social work provided to ensure a child is secure in their placement. *Children ages 0-12 = \$1,250; Teen and Sibling Groups of 3+ = \$2,000*
- **Legal Services**

Legal services are defined as the completion of legal paperwork necessary to finalize an adoption. The responsibility of completing the required documentation to facilitate the legal proceedings surrounding an adoption lies with the county child welfare agency. However, if the county child welfare agency requests a private child placing agency to complete **any portion** of the legal paperwork and/or file the adoption, the child placing agency will receive payment for the legal services category. *Children ages 0-12 = \$1,500; Teen and Sibling Groups of 3+ = \$2,500*

Future goals for the APP include a concentrated focus on key drivers that will improve diligent recruitment and retention efforts across the state and secure stable and permanent homes for children served in foster care. DSS, in partnership with county child welfare agencies and private child placing agencies, will focus on the quality of licensed foster and adoptive homes rather than just the quantity. Well trained and supported families result in more stable and permanent homes for our youth. At the core of the APP are recruitment and retention services (Adoptive Family Readiness and Family Post Placement Support). This work closely aligns with that of the NC Kids Adoption and Foster Care Exchange through North Carolina's Diligent Recruitment and Retention plan. DSS has completed its first annual Child Welfare Summit, "Navigating the Journey: *Leading the way to better outcomes for Kinship Care, Post-Adoption and Post-Guardianship through Diligent Recruitment and Retention*" for county child welfare agencies and private child placing agencies to support families from inquiry through post-placement.

Post Adoption Support Services

Post Adoption Support Services (PASS) are provided by contracted, community-based agencies across 11 regions serving all 100 counties in North Carolina. Community-based agencies are selected through a competitive Request for Application (RFA) process. Any family with a decree of adoption is eligible for services regardless of type of adoption was public or private or whether the adopted child was involved with the child welfare system. The purpose of this program is to provide evidence based, trauma-informed services to adoptive families to enhance their ability to meet their child or youth's well-being needs, including physical, emotional, behavioral and educational needs. These services are intended to ensure adopted children live in a safe, stable, and nurturing environment. Services include but are not limited to case management, clinical services, crisis intervention, respite, and parenting education/support. During the current bid cycle, North Carolina included three significant enhancements to Post Adoption Support Services:

1. Respite: These services are mandatory and must be incorporated into the project model. Respite is a critical tool in helping families maintain their family unit following an adoption. Adoptions, especially those involving children who have experienced trauma, often experience periods of stress during different stages of development. Agencies are not only providing crisis out-of-home respite services, but case-specific planned services designed to alleviate extreme stress in the household. The intent is to provide short-term relief to families to avoid placement disruptions.

In SFY 2017-2018, respite was provided to 61 individuals or families. At the end of Quarter 3 in SFY 2018-2019, 105 individuals or families had received respite services from PASS providers. As providers develop and refine planned respite programs, we are seeing an increase in the utilization and benefits for families.

2. Services provided to families regardless of type of adoption: While post adoption services have always been available to all adoptive families, this was not always widely marketed or advertised. In years past, the largest number of families served were those who had adopted through foster care. DSS remains committed to the concept that any family, regardless of the type of adoption (foster care, relative, international, stepparent, independent, adult) can benefit from access to concrete post adoption support services. PASS providers are charged with providing outreach and education to families who have adopted outside of foster

care to inform them that they are eligible for services. PASS providers continued outreach efforts in SFY 2018-2019 to connect with this specific population, including lunch and learn meetings, marketing on Facebook and agency websites, contacting adoption attorneys, Guardians ad Litem, and sending program information to all private adoption agencies statewide. Some providers have been able to make connections within specific schools that noticed they had a high population of adopted children. Another provider started a quarterly newsletter devoted to post adoption services and resources. The newsletter is available to all families served in their regions, private and public adoption agencies across the state, and professionals who are on the provider's listserv.

In SFY 2017-2018, the first year for this requirement, providers were not tracking families served by type of adoption. Data tracking was updated for SFY 2018-2019 so DSS could look for trends in populations served. At the end of Quarter 3, providers could capture the types of adoptions related to 725 families served. Of those:

Types of Adoptions	Percent Served
Foster Care	82%
International	8%
Independent/Private	6%
Relative	3%
Adult	1%
Step Parent	0%

Though data was not tracked for prior years, anecdotally we know providers were not serving any adult adoptees, and less than 1% of other types of adoptions. The outreach providers have engaged in is resulting in increased numbers of populations outside of foster care being served.

3. Provide supports and services to support 2016 Illegal Custody Transfer Law: PASS providers must incorporate into their program supports and services to families at risk of dissolution to prevent potential illegal custody transfers, as well as supports for families and children who have experienced an illegal custody transfer. This has been a challenge for PASS providers, as most had no experience with illegal custody transfers. To learn about this issue, providers participated in the webinar, “Unregulated Custody Transfer/Re-homing: An Introduction for Adoption and Hotline/Intake/Screening Staff,” conducted by the Capacity Building Center for States. This provided a foundation of information and helpful handouts. National data indicates children at highest risk of illegal custody transfers following an adoption are those adopted from another country. This underscored the need to connect with private adoption agencies across the state, specifically those facilitating international adoptions, to ensure agencies know that PASS is available for their families and to educate them about illegal custody transfers. PASS providers coordinated three regional lunch and learn meetings in January 2018 and February 2018, and a statewide lunch and learn in April 2019. All North Carolina adoption agencies were invited. Additionally, they educated the groups about the passing of the Illegal Custody Law and subsequent services through PASS. PASS providers also educate local county child welfare agencies on the law, and how to identify families who may be at risk of an illegal custody transfer. Because of those meetings, PASS providers have noted increased communication and partnership with their local private and international adoption agencies in SFY 2018-19. Their email listservs have grown, as well as family referrals and participation in community events.

Due to continued outreach to private and county agencies, providers have seen a steady increase in families being referred for either being at risk of or due to an illegal custody transfer. Because there is little data tracked statewide about illegal custody transfers and adoption dissolutions, it is hard to determine how widespread the issue is. It is believed the increase in families served as a result of illegal custody transfers reflects increased knowledge about available services rather than a jump in actual cases.

To build upon agency strengths and improve service provision across the state, DSS facilitates Quarterly Provider calls for PASS. These calls are an opportunity for providers to engage with each other and encourage partnership across the regions. Providers have an opportunity to present on the call and highlight a program within their project model or solicit input on areas of need. This allows providers an opportunity to share their program’s

successes, engage in conversations with others to problem solve, and learn valuable information to improve programming and practice. Providers regularly reach out to each other for guidance or resources and continue to look for opportunities to collaboratively improve post adoption services to youth and families across the state. Providers have documented on Quarterly Performance Reports that the provider calls have “revived quarterly opportunities to meet with DSS, and with each other, to share information and provide peer-to-peer support for programming.”

The first annual Child Welfare Summit was held on May 14, 2019. Post Adoption and post permanency services were included in the programming and will continue to be on the agenda each year.

DSS is partnering with PASS providers in the fall of 2019 to conduct a webinar targeted to reach a larger audience of private adoption agency and county child welfare agency adoption professionals. The goal is to promote PASS to families of all types of adoptions and emphasize the benefits of engaging families with services prior to the onset of a crisis. Additionally, DSS and PASS providers will partner in spring 2020 to host a half-day workshop for adoption professionals. Providers will conduct sessions designed to educate participants on topics such as trauma, identity in adoption, and preparing families for what to expect before and after adoption.

As the current bid cycle comes to an end and plans are underway for the upcoming Request for Applications, DSS looks to include Post Guardianship services in the next grant. The number of youth exiting foster care to guardianship is increasing, as shown in the chart below:

SFY 2013-2014	SFY 2014-2015	SFY 2015-2016	SFY 2016-2017	SFY 2017-2018
852	908	1004	1049	1104

The stability of guardianship placements is even more vulnerable than adoptive placements due families receiving less formal training and preparation prior to placement and less financial support. DSS can begin to alleviate the gap in services for this population by expanding PASS to guardianship families. In partnership with county child welfare agencies, private child placing agencies, the KinGAP workgroup, Child Welfare Family Advisory Council, and the University of North Carolina – Chapel Hill School of Social Work, DSS will evaluate the specific needs of this population when developing post permanency services.

DSS continues to look for ways to improve post permanency service provisions. DSS has partnered with Child Trends in a “Post Adoption Life Study” to learn how young people who were adopted from foster care in North Carolina are doing as young adults, and to better understand their experiences with, and opinions about, the adoption process. The research has the potential to provide child welfare agencies and other organizations with valuable information that can help structure and shape future services. Response was better than expected with a total of 29 interviews completed with young adults who were adopted from foster care, and an additional 29 interviews scheduled. Using the final dataset of all completed interviews, Child Trends will work with DSS to develop a research briefing and product designed to best utilize the results to further enhance North Carolina’s Post Adoption Support Services program.

Family Preservation Services

North Carolina uses PSSF family preservation funds to help preserve families, both biological and adoptive, and maintain children in their homes. Services might include intensive family preservation (IFPS), community

response program (case management, counseling, parenting education, concrete supports), and post adoption services.

IFPS is based on the Homebuilders' Model that requires:

- very small caseloads
- 4-6-week service period
- 24-hour/7-day availability
- 40 plus total hours of service
- located primarily in the family setting
- follow-up at 6 & 12 months

During the 2020-2024 CFSP, North Carolina IFPS providers will offer the following services to participating families:

- assessing risk & developing a safety plan
- teaching parenting skills
- family/individual/marital counseling
- teaching budgeting skills
- aiding the family in meeting medical needs
- teaching homemaking skills
- linking the family with concrete services & follow-up services
- assisting the family with transportation
- flex funds (average \$500/family)

Six agencies are serving 11 regions to cover every county in NC. In FY2020, these agencies project to serve about 1,009 families with IFPS.

For more information on Intensive Family Preservation Services, please see the Service Description section of this plan.

Community Response Programs (CRP)

Starting in SFY 2017, DSS expanded from 4 to 8 pilot sites to implement community response programming for four years plus a two-year extension for a total of six years within our state's child welfare multiple response system. Community Response Programs (CRP) are intended to fill a gap in the continuum of child maltreatment prevention programming by reaching out to families, with children age 0-5, who have been reported to county Departments of Social Services, Child Protection Services, but whose cases have been screened out at intake, closed with a decision of services recommended, closed with a decision of no services needed, or closed with an unsubstantiated finding after an initial assessment.

CRP services will continue to build on a family-centered System of Care approach and promote protective factors that strengthen and support families. In particular, CRP sites help families to meet their basic needs through referrals to local services and flex funds to assist families in crisis. Sites need to demonstrate collaborative relationships with community partners and a commitment to meaningful parent and family engagement.

CRP sites will continue to use the following specific evidence-based programs: Attachment and Biobehavioral Catch-up (ABC), Circle of Parents, Early Head Start, Incredible Years, Parent Child Interaction Therapy, Parents as Teachers, Positive Parenting Program (Triple P), SafeCare, and Strengthening Families Program.

For more information on Community Response Program services, please see the Service Description section of this plan.

Family Support Services

North Carolina uses PSSF funds for primary and secondary children maltreatment prevention programs. In particular, North Carolina funds 34 parent education, parent support, and respite programs to help nurture children, while strengthening families and communities.

PSSF funds support 24 community-based and public agencies implementing one or more of the following programs:

- Incredible Years Pre-School BASIC Parent Program for parents of children 3-6
- Incredible Years School-Age BASIC Parent Program for parents of children 6-12
- Strengthening Families Program for parents of children 6-11
- Circle of Parents

All family support grantees supported through PSSF funds are required to use formal technical assistance, including coaching, training, and consultation that focuses on implementation with model fidelity. DSS contracts with Prevent Child Abuse North Carolina (PCANC) to provide this implementation support to ensure the best possible outcomes for children and families. In addition, all of these family support grantees are required to participate in an independent evaluation. Each year, these evaluations find that North Carolina has statistically significant results in all outcomes, usually exceeding national evaluation results.

In addition, DSS funds 9 agencies to provide 10 respite programs with \$40,000 per grant for a total of \$400,000. Services vary from voucher-based care, center care, overnight crisis care, and support groups – kinship care and domestic violence victims.

Both Family Support and Respite Program contractors are required to meet all the following requirements to be eligible for funding:

- Provide services based on the Principles of Family Support Practice.
- Demonstrate a commitment to meaningful parent engagement and leadership opportunities.
- Demonstrate collaborative relationships with community partners in the prevention of child abuse and neglect.
- Implement primary and/or secondary prevention services.
- Serve target populations most at risk of child abuse or neglect.
- Promote two or more of the five protective factors linked to lower incidence of child abuse and neglect.
- Use outcome accountability and evaluation tools that demonstrate positive outcomes for children and families.

For more information on Family Support and Respite Services, please see the Service Description section of this plan.

Family Reunification Services (FRS)

NC's Family Reunification Services (FRS) will provide services to families who have one or more children in out-of-home placement with the county child welfare agency having custody or placement authority and with the goal of the Out of Home Family Services Agreement being reunification. FRS will be provided to families of children that have been found to be abused, neglected, dependent or in need of services. The model allows flexibility among services, depending on the families' needs.

County child welfare agencies will provide the following allowable reunification services and activities to eligible children and their families:

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

North Carolina FRS adheres to the following PSSF principles for implementation:

1. The safety of children is the paramount concern that must guide all child welfare services;
2. Foster care is a temporary setting and not a place for children to grow up;
3. Permanency planning efforts for children should begin as soon as a child enters foster care and should be expedited by the provision of services to families;
4. The child welfare system must focus on results and accountability;
5. Innovative approaches are needed to achieve the goals set in the areas of safety, permanency and well-being.

Like the other three NC PSSF service categories, NC FRS utilizes a family-centered practice delivered within a System of Care (SOC) framework that emphasizes collaboration, strength-based perspective, cultural competence, child and family involvement, community-based services, and accountability. The six family-centered principles of partnership are:

- Everyone desires respect;
- Everyone needs to be heard;
- Everyone has strengths;
- Judgments can wait;
- Partners share power;
- Partnership is a process.

Within the above System of Care (SOC) framework and principles of partnership, FRS adheres to the following principles for the development of sound policies, programs, and practices.

1. With its emphasis on ensuring continuity of relationships and care for children, family reunification is an integral part of the philosophy of permanency planning.
2. Children are best reared in families, preferably their own. Most families can care for their own children if properly assisted.

3. Family reunification practice must be guided by SOC principles and a family-centered competence perspective that emphasizes:
 - Promoting family empowerment,
 - Engaging in advocacy and social action,
 - Reaching for and building on family strengths,
 - Involving any and all whom the child considers family as partners,
 - Providing needed services and supports.
4. Teamwork among the many parties involved in family reunification is critical.
5. All forms of human diversity including ethnic, racial, cultural, religious, life-style, physical and mental challenges must be respected.
6. A commitment to early and consistent child-family visiting is an essential ingredient in preparing for and maintaining reunification.
7. The family, foster parents and child welfare workers must be involved as members of the service delivery team. Services to meet family needs must be provided to assist children and families with reunification efforts.
8. Agencies must empower their staff members by providing adequate training and supervision and by using a team approach in making case decisions.

North Carolina provides family reunification services through all 100 county child welfare agencies.

For more information on Family Reunification Services, please see the Service Description section of this plan.

[Service Decision-Making Process for Family Support Services](#)

Please see North Carolina's Service Description for details on this requirement.

[Populations at Greatest Risk of Maltreatment](#)

North Carolina identifies the following populations at greatest risk of maltreatment:

- *Children under the age of 3*
- *Teenagers with mental health and behavioral issues*
- *Children born to young parents with little to no parenting education*
- *Children born to parents with significant history of abuse and neglect*
- *Children living in significant poverty*
- *LGBTQ youth*

Currently, North Carolina does not have an intentional, centralized method for identifying these populations. Identifying North Carolina's populations at greatest risk of maltreatment has been done by pulling the identified contributory factors determined during the CPS Assessment. Additionally, information was gleaned from the State Child Fatality Review 2018 Annual Report as well as national trends.

North Carolina has many efforts underway that will address the needs of these populations. Some of these efforts are part of DHHS's priorities including the Early Childhood Action Plan and Medicaid Transformation. Within DSS, child welfare has ongoing efforts in the recent PIP as well as planned efforts in its strategic plan located in Section 3 of this Plan. Both current and planned efforts are described below:

The North Carolina Child Welfare Family Leadership Model, implemented as part of the 2015 PIP and described more fully in other sections, was originally designed to improve local agency responsiveness to the community by involving individuals who were involved with the Child Welfare system. To date the work has been overwhelmingly positive and members of this group have provided valuable input to improve the work being done to achieve better outcomes for children and families. North Carolina will utilize this existing model to address specific issues that affect these high-risk populations with a goal in mind of developing joint efforts to better educate and support the families that fall into this category. For example, a significant issue raised in this year's fatality report is safe sleep. These community-based groups are in the best possible place to guide the education and support efforts to ensure fewer children are the victims of safe sleep.

As noted in the Service Array section, DSS has received a two-year Victims of Crime Act grant from the Governor's Crime Commission to expand the Positive Parenting Program (Triple P) to provide Triple P directly to families with an open CPS In-Home Services cases.

Additionally, with the passage of the Family First Prevention Services Act, North Carolina is working with Chapin Hall to align the state's full prevention service array, identifying additional programs and planning implementation. This work will expand over the next 5 years as outlined in North Carolina's Commitment to Safety.

North Carolina plans to implement a safety focused, trauma informed, family centered, culturally competent practice model. The model, which will focus on trauma informed work during all phases of child welfare services and will assist county child welfare agencies better identify the needs of at-risk populations and be prepared to address those needs.

The needs of LGBTQ youth have been brought to North Carolina's attention both at Listening Sessions and through public constituents working with the governor's office. As a result, North Carolina has developed a Do-It-Yourself (DIY) training kit for supervisors to utilize with their workers. The DIY kit educates workers on the special needs of this population and provides resources to assist them.

North Carolina's intensive family preservation program has increased the number of families being served due to increased funding over the last 3 years. Another increase is anticipated in 2020.

Other DHHS-wide initiatives aimed at serving the populations at greatest risk of maltreatment—Medicaid Transformation, Healthy Opportunities, and the Early Childhood Action Plan—are described in greater detail earlier in this Plan.

[Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits](#)

Per North Carolina policy, children in foster care are required to be seen by their county child welfare worker at least monthly. County child welfare workers must complete the required Contact Form (discussed below) during these visits and documentation should reflect an on-going assessment of needs and services provided to meet identified needs.

As a part of North Carolina's Program Improvement Plan, (2017-2018), Permanency Planning policy was modified to improve our safety, permanency, and well-being outcomes. In 2008 NC DSS created and implemented a Monthly Foster Care Visit Documentation tool which was a comprehensive assessment of safety in the living environment and contained the following elements:

- Changes in household membership,
- Safety and supervision practices used in home,
- Family’s level of stress,
- Cultural and
- Ethnic considerations.

The tool has continued to be used by permanency planning workers monthly during their required face-to-face contacts with children in foster care since that time. During the work to modify permanency planning policy, this documentation tool was also modified. It is now known as North Carolina’s Monthly Permanency Planning Contact Record and has a few additional elements including:

- Information regarding shared parenting,
- Status of child’s education and any needs,
- Status of child’s physical, dental, and mental health needs,
- Child’s access to participate in age or developmentally appropriate activities,
- Maintaining connections with birth family, siblings, etc., and
- Cue to speak privately with the child.

These changes were made to help permanency planning workers focus their discussion and attention on the safety and well-being of the children in foster care as well as the placement provider caring for them. Additionally, DSS identifies this as best practice in supporting movement toward the intended permanent plan for the children being visited. This process also ensures that needs identified are followed up in a timely manner. The tool’s protocol requires foster care workers to discuss visits with their supervisor and identify follow-up needs and how they will be addressed. The supervisor is required to sign the tool. Full implementation statewide began May 2019.

DSS plans to utilize data to determine the impact this tool has on improving the quality of caseworker visits as well as improving caseworker decision-making on the safety, permanency, and well-being of children in foster care. Improvements in these areas will assist in ensuring North Carolina continues to meet state and federal standards for caseworker visits.

DSS views this tool as a key in caseworkers’ realizing their value in the work of child welfare. It is a support for doing effective social work and can improve retention when caseworkers see positive outcomes. Improving retention will also improve recruitment. North Carolina DSS is currently exploring utilizing the Quality Caseworker Visit modules created by the Capacity Building Center for States as some component of training or technical assistance. This exploration has just begun.

DSS is currently tracking re-entry into foster care and reaching permanency in 12 months as measures to determine whether the quality of caseworker visits is impacting these outcomes.

Outcome Measures	Goal	SFY 15-16	SFY 16-17	SFY 17-18
Percent Re-entry to foster care within 12 months of exit	8.3 or below	5.1	5.2	3.9
Percent Permanency in 12 months	40.5	33.2	32.8	30.7

DSS will also be looking at the quantity and quality of caseworker visits through our continued CFRS measurement plan through June of 2020 and then through the state’s CQI process utilizing both OSRI and North Carolina’s CQI tools. As a baseline, North Carolina’s OSRI data from its foster care cases only in Reporting Period 3 shows:

- Item 6: Achievement of Permanency: 30.16% Strengths (19 of 63 cases)
- Item 14: Caseworker Visits with Children: 87.3% Strengths (55 of 63 cases)
- Item 15: Caseworker Visits with Parents: 52.5% Strengths (21 of 40 cases)

Continuing to follow these items will assist in our assessment as to whether monthly foster care visits are impacting the achievement of permanency. This also informs both the quality and quantity of caseworker visits.

Program monitoring data will also be utilized. The program monitoring team evaluates comprehensive data in 6-month increments. For the most recent Program Evaluation data from July to December 2018, 85% of foster children for records reviewed had a face to face visit documented monthly. Root causes often noted for missed visits were associated with a lack of documentation.

FFY 2020-2024 use of Monthly Caseworker Grant

The Monthly Caseworker Visit Funds are utilized for training **and will be targeted to training foster care social workers to strengthen safety focused interviewing**. Additionally, funds that may be allocated to counties are monitored by the Division’s Local Business Liaisons to ensure they are spent appropriately.

County child welfare agencies that are not meeting the monthly caseworker visit benchmark are contacted for state initiated technical assistance to identify barriers and develop strategies for resolution prior to deadlines.

When technical assistance is delivered to counties the following are activities that may take place:

- Suggestions to identify problem areas;
- Instruction on how to download data and management reports;
- Application of the data to gain insight into practice and system issues; and
- Instruction on how the various data systems relate to each other.

Adoption and Legal Guardianship Incentive Payments

DSS uses Adoption Incentive Payments in combination with other funding sources to support the Adoption Promotion Program (APP) in North Carolina. The APP is available in all 100 county Departments of Social Services and through partnerships with 14 contracted private child placing agencies. County child welfare agencies are eligible for funding allocations upon the finalization of adoptions of children in foster care with special needs. Contracted agencies receive a fee for providing specific adoption related services that result in the adoption of a child in foster care with special needs. The services the funds support are as follows:

- Adoptive Family Readiness--work completed by licensing agencies to recruit potential adoptive families and deliver preparatory training that provides the foundational knowledge and skills for parenting children with special needs. Licensing agencies guide prospective families through the decision-making process and evaluate a family’s ability to meet the needs of children in foster care. This includes but is not limited to:
 - individual and joint interviews with family members
 - assessment of strengths and needs through the 12 skills For Successful Foster and Adoptive Parenting

- completion and approval of a Pre-Placement Assessment
- additional training as identified and provided by the family’s licensing agency through the assessment process.
- Family Post-Placement Support-- services provided to the family by the family’s licensing agency from the time a child is placed in the family’s home through the time the child’s adoption is finalized. These services include but are not limited to:
 - one-on-one consultations with the family
 - facilitating supportive decision-making
 - adoption preparation activities
 - support and referrals specific to the family’s needs to ensure the success of the adoption.
- Child Post-Placement Support--services provided to the child once the child is placed in a home for adoption. It is the hands-on social work provided to ensure a child is secure in their placement. This work goes beyond the monthly mandated visits and referral for services required by the county child welfare agency. It includes activities that prepare children for the next steps in their adoption journey, such as completing their life book or life story. Additionally, when children understand they are not returning home, it may trigger a variety of emotions and behaviors. Working individually with children through feelings of grief and loss, abandonment, and attachment to support them in their placements is crucial. This includes but is not limited to the use of workbooks, teaching techniques from various practice models, and the use of books or drawings to engage children in conversation about how they are feeling about adoption.
- Legal Services--completion of legal paperwork necessary to finalize an adoption. This includes completion of legal documentation such as the DSS-1801 (Agency Consent for Adoption), DSS-5102 & DSS-5103 (Non-Identifying Background Information), DSS- 1808 (Report on Proposed Adoption), DSS-5191 (Affidavit of Fees), DSS-1814 (Decree of Adoption), and DSS-1815 (Report to Vital Records).

DSS has identified challenges around an increasing number of hard-to-place children lingering on the NC Kids Adoption and Foster Care Exchange for over a year without a permanent family being identified.

In SFY 2018-2019, 132 children were in this category. Of these children:

- 67% were classified as having a mental health diagnosis or significant emotional needs;
- 52% percent were classified as having moderate to severe mental health needs coupled with another diagnosis, such as IDD or severe behavioral challenges.

As part of the Minority Professional Leadership Program (MPLD), DSS is currently evaluating the underlying reasons for older youth, ages 13-17, lingering in foster care. Strategies will be deployed such as specialized training to child welfare staff around why older youth say “no” to adoption and exploring KinGAP as an alternative permanent option.

Adoption Savings

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

- Implementation of a Child Welfare Practice Model
- Expansion of Triple P Online

- Adoption Promotion and
- Post Adoption and Post Guardianship Services

North Carolina will spend this funding in accordance with federal requirements. Seventy percent of the funding will be spent to provide the following services: implementation of a child welfare practice model; expansion of Triple P Online; and Adoption Promotion. The remaining thirty percent of the funding will be spent on post-adoption and post-guardianship service expansion.

Implementation of Child Welfare Practice Model

Through a contract with NCCD Children’s Research Center (CRC), DSS will implement the Safety Organized Practice Casework Approach (SOP) statewide. The value in a statewide practice model will be multi-dimensional: enhanced safety for children, improved decision making for staff at all levels, increased child and family engagement, strengths-based child welfare, and case plans that are results focused.

SOP includes the following components:

- Solution-focused inquiry
- Strategies for meaningful child participation
- Consistent case consultation framework
- Extended family networks and collaborative team decision-making meetings
- Collaborative safety and case planning practices

A core element of SOP is the Structured Decision-Making System (SDM). North Carolina’s SDM tools have not been validated since they were accepted for implementation in the early 2000’s. The purpose is to improve outcomes for children and families through improved decision making at the worker, supervisor and agency levels. The contract the CRC will focus first on updating and validating the SDM tools with attention to the following decision points listed below:

- Screening and response priority
- Safety determination and removal
- Risk assessment for case promotion
- Case planning
- Risk reassessment for case progress and closure
- Reunification

The implementation of the SOP with SDM validation will occur in phases over approximately 48 months.

This body of work is designed to help all key stakeholders involved with a child – parents, extended family, child welfare staff, supervisors, lawyers, judges, even the child – to keep a clear focus on assessing and enhancing child safety at all points in the case process. This adapted approach integrates a strengths and solution-focused child welfare practice approach with the SDM system to create a rigorous child welfare practice model.

Expansion of Triple P Online

The Triple P system of interventions offers evidence-based parenting and family support strategies designed to reach all families for community wide impact. Triple P is currently being implemented in 25 countries around the world and its success is due, in part, to its public health approach to serving families. This is accomplished by offering families varying intensities of support across flexible delivery formats (e.g., individual, group, online), in several different settings (i.e., healthcare settings, school systems, private practice).

The program first came to North Carolina in 2016 with in-person parenting courses offered in 46 counties. The launch of Triple P Online and Teen Triple P Online extends these services to families who might not be able to participate in person, such as those who live too far away or who are unable to commit to in-person sessions. Triple P Online is an evidence-based parenting skill building program and currently available to only 25,000 North Carolina families statewide. DSS plans to utilize a portion of its Adoption Savings each year to expand Triple P Online to more North Carolina families. This is one of several primary prevention strategies within North Carolina's anticipated comprehensive 5-year strategic plan for prevention. Expansion of Triple P Online is also in alignment with the goal of the North Carolina Early Childhood Action Plan to ensure more children grow up in safe and nurturing homes across the state.

Adoption Promotion

The mission of the Adoption Promotion Program (APP) is to enhance and expand adoption programs, to secure timely, permanent homes for children in foster care with special needs who are harder to place, and to encourage partnerships between public and private agencies to achieve permanency for children in a timely manner. To achieve the goal of timely permanence, North Carolina must have enough exceptionally trained and fully supported foster and adoptive families. APP is intended to assist county child welfare agencies and private child placing agencies in preparing children for adoption and cultivating and supporting adoptive families to increase the number of completed adoptions in North Carolina. As North Carolina focuses on addressing the key drivers that will improve its diligent recruitment and retention efforts for safe, stable and permanent homes for children and youth, DSS will partner with county child welfare agencies and private child placing agencies to strengthen the training, preparation and support for prospective adoptive families. Well trained and supported families result in more stable and permanent homes for our youth. Over the next five years, DSS plans to use a portion of its Adoption Savings toward this end.

Post Adoption and Post Guardianship Services

Post Adoption Support Services (PASS) are provided by contracted, community-based agencies across 11 regions serving all 100 counties in North Carolina. Community-based agencies are selected through a competitive Request for Application (RFA) process. Any family with a decree of adoption is eligible for services regardless of type of adoption (public, independent, step parent, relative, international, adult). Agencies provide evidenced-based, trauma-informed services to any North Carolina family of an adopted child, regardless of whether they adopted through the child welfare system. The purpose of this program is to provide services to adoptive families, so they have the enhanced ability to meet their child or youth's well-being, including physical, emotional, behavioral and educational needs. These services also ensure adopted children live in a safe, stable, and nurturing environment. Services have included but are not limited to case management, clinical services, crisis intervention, respite, and parenting education/support.

Over the next five years, DSS intends to use its Adoption Savings in three primary ways to enhance Post Adoption and Post Guardianship Services.

- Education for Adoption Professionals – DSS will partner with the PASS providers to conduct a webinar targeted to reach a larger audience of private adoption agency and county child welfare agency adoption professionals. The goal is to promote PASS and emphasize the benefits of engaging families with services prior to the onset of a crisis. Additionally, DSS and PASS providers will partner to host a half-day workshop for adoption professionals. Providers will conduct sessions designed to educate participants on topics such as trauma, identity in adoption, and preparing families for what to expect before and after adoption.

- Expand Post Adoption Services – DSS will partner with the PASS providers to expand the current PASS service array beyond that which is currently provided. Data demonstrates a need for more respite services, increased trauma training and support, and in-homeservices for post adoptive families.
- Post Guardianship Services - In the next competitive RFA cycle for PASS services, DSS will expand the service array to include Post Guardianship services. The number of youth exiting foster care to guardianship is increasing, however there are no concrete supports for those families once their relationship with local county child welfare agencies end. The stability of guardianship placements is even more vulnerable than adoptive placements due to the lack of natural supports and families receiving less formal training and preparation prior to placement. There is a gap in services for this population and DSS can begin to alleviate that through expanding PASS to guardianship families. DSS, in partnership with county child welfare agencies, private child placing agencies, the KinGAP workgroup, Child Welfare Family Advisory Council, and the University of North Carolina – Chapel Hill School of Social Work, will evaluate the specific needs of this population when developing post permanency services.

North Carolina has a total of \$6,149,796 in prior FFY savings and projects to spend these savings by the end of SFY 2022. North Carolina intends to use these funds to support statewide implementation of its child welfare practice model, Family First Prevention Services Act services, and improvements and expansions to its Adoption Promotion Program, Triple P Online and Post Adoption and Post Guardianship support services as outline above.

The primary challenge in fund utilization is ensuring that county child welfare agencies and service providers contracted to provide services have the organizational capacity to deliver and sustain service provision. Service agencies are often hesitant to onboard new staff to expand services in a fiscally variable environment. Given that adoption savings are used to strengthen and/or expand services and that calculations can be variable year to year, service planning for outcomes and sustainment can pose challenges given importance of service continuity for families and retaining a highly competent workforce to provide the services.

North Carolina will provide updates regarding the spending of Adoption Savings funds in subsequent Annual Progress and Services Reports.

Section V: Consultation and Coordination with Tribes

North Carolina is home to seven state recognized tribes and four tribal organizations. These are the Coharie of Sampson and Harnett Counties; the Haliwa-Saponi of Halifax, Warren, and adjoining counties; the Lumbee of Robeson, Hoke, and Scotland Counties; the Meherrin of Hertford County; the Waccamaw-Siouan from Columbus and Bladen Counties; the Sappony; and Native Americans located in Cumberland, Guilford, and Mecklenburg Counties. North Carolina is also home to the federally recognized Eastern Band of Cherokee Indians (EBCI) located primarily in Swain and Jackson Counties. The EBCI began providing their own child welfare services in 2015.

DSS is represented on the North Carolina Commission of Indian Affairs as well as the subcommittee of Indian Child Welfare.

DSS has been an active member on the Indian Child Welfare Committee for the North Carolina Commission on Indian Affairs since the Committee’s inception. Some of the early work of this group resulted in state legislation [G.S. § 143B-139.5A](#) entitled An Act to Require Collaboration between the Division of Social Services, the Commission on Indian Affairs, and the North Carolina Directors of Social Services Association on Indian Child

Welfare Issues. Since the state tribes are not covered under ICWA, this act states that state-recognized tribes merit similar considerations as federally-recognized tribes. Among other points, G.S. § 143B-139.5A also states that these agencies should collaborate to develop a process to assist in identifying American Indian children. The committee is planning a working retreat to develop strategies that support the CFSP.

The Eastern Band of Cherokee Indians (EBCI), as a federally-recognized Indian tribe under federal law, asserted its inherent sovereign authority to assume responsibility for certain human services October 1, 2015. Over the last three years leadership within DHHS, DSS, and counties that border Tribal trust lands have worked extremely hard to assist the tribal leadership with their planning of a Health and Human Services agency on Tribal trust lands. This level of commitment from DHHS, border counties, and the EBCI has led to Tribal Public Health and Human Services being able to fully provide intake, child protection, foster care, licensing, adoption, and other child welfare services to the population living on Tribal trust lands.

The EBCI has received approval from the federal Administration for Children and Families (ACF) for its Title IV-E application. Federal approval is retroactive to October 1, 2015. On December 15, 2016, DSS issued DSS Administrative Letter CWS-AL-03-16 entitled Eastern Band of Cherokee Indians (EBCI) Public Health and Human Services Agency (PHHS).

In North Carolina, Administrative Letters carry the same weight as policy. The intent of the letter was to inform local counties of social services of the collaborative work between the Eastern Band of Cherokee Indians (EBCI) and DSS. The letter outlined the Jurisdiction and services the EBCI would provide to children and their families under EBCI jurisdiction. The letter further outlined how local county department of social services across North Carolina would interact with the EBCI on all service areas of Child Welfare. The letter further detailed steps the EBCI and DSS would take to ensure payment was made to those foster families licensed by the EBCI. The letter outlined the process for sharing information between the two agencies including but not limited to The North Carolina Annual Progress and Services Report. The information in the letter will be updated, reviewed, and reissued annually to assure clear collaboration and communication North Carolina and Tribal agencies.

DHHS and EBCI recently participated in each other's Joint Planning. On May 16-17, 2019 DHHS held its Joint Planning and EBCI was represented by Marvel Welch, a member of the EBCI and Chair of the North Carolina Commission on Indian Affairs Indian Child Welfare Committee. On May 29, 2019 DHHS participated in Joint Planning of the EBCI. DHHS was represented by the Deputy Director of Child Welfare for DSS, Local Support Team Manager for DSS, and three directors of county child welfare agencies who are contiguous to the Qualla Boundary. DHHS and the EBCI agree that it is time to review the original arrangement with the EBCI to assess progress, discuss barriers to success that have been identified, and set goals for ongoing collaboration. Specifically, DSS and the EBCI will re-engage in bimonthly conversations involving leadership from both agencies to address the development of a data sharing agreement that allows DSS and EBCI to share necessary information to ensure that children are safe in their own homes and provide timely permanency when removal becomes necessary. This data sharing agreement would specifically address Central Registry and Responsible Individual Lists for both agencies as well as needed Medicaid information allowing the EBCI to timely and efficiently determine IV-E eligibility for children entering their care.

Through the above referenced partnerships, North Carolina has developed a strong network to ensure the consistent involvement of federally and state Recognized tribes in the development of plans to improve its delivery of Child Welfare Services. North Carolina is committed to continuing to sponsor and participate in the Indian Child Welfare Committee and the Annual Indian Child Welfare Gatherings to share information regarding North Carolina's progress in meeting its goals as well as soliciting feedback from tribal partners. North Carolina is

also committed to the regular review of both APSR reports as well as continued participation in joint planning between the two agencies.

During the 2020-2024 CFSP North Carolina will continue to monitor compliance with ICWA. North Carolina child welfare law and policy require workers to assess whether children receiving child protective services have Native American heritage (regardless of membership in federally- or state-recognized tribes). When a parent/guardian indicates they believe their child has an American Indian heritage, the worker completes a form with the family and then shares the information with the tribe. The form captures the child's identifying information and any family members that are/were tribe members. It also captures services the tribe may offer to prevent placement and/or move to expedite permanency, as well as potential foster care placements. Workers are expected to make active efforts throughout the life of the case to create and maintain a relationship with the family and tribe. Child welfare professionals in North Carolina have multiple opportunities to learn about ICWA and how to comply with it through training provided to them by DSS. Child Welfare in North Carolina: Preservice, which is required for all new social workers and supervisors before they have direct client contact, includes ICWA training. New staff learn about ICWA again when they take Legal Aspects of Child Welfare in North Carolina, a two-day classroom course they must take in their first year. ICWA is also covered in courses providing job-specific training, such as CPS Assessments in Child Welfare Services, Placement in Child Welfare, and Adoptions; as they have been in the past, these courses will be offered on an ongoing basis in 2020 - 2024. DSS continues to conduct program monitoring of county social service agencies. Items in the review include determining whether Native American heritage was assessed as well as whether the tribe was contacted at the time of the decision to petition the court for the removal a child.

North Carolina will be targeting monitoring and improvement in the following areas during the next 5 years:

- Identifying American Indian children early in the Child Welfare process
- Placing a renewed emphasis on the policy requirement of all tribes being notified when a case is substantiated or found in need of services
- Ensuring that American Indian Children who must come into protective custody are able to achieve timely permanence
- Work with State recognized Tribes to ensure American Indian Families are made aware of and given access to the permanency options available through the KinGap Program.

Compliance with the Chafee program is detailed in that portion of this Plan.

DHHS will share its approved CFSP 2020 – 2024 with the Indian Child Welfare Committee referenced above, as well as subsequent APSRs.

Section VI: John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)

Agency Administering Chafee

North Carolina Division of Social Services is the agency responsible for oversight of the Chafee Foster Care Program for Successful Transition to Adulthood, and the Education and Training Voucher Program (ETV), referred to as NC LINKS. LINKS is not an acronym; it is a word that captures the purpose of the Chafee Act to implement a robust, youth-guided program with a network of supports and outcome-based services for youth and communities.

In North Carolina's state supervised, county administered program, the LINKS program is managed by a state-level coordinator whose role is to provide support, training, consultation, technical assistance to county departments of social services and engage key stakeholders in the development and implementation of individual and group services to eligible youth.

Description of Program Design and Delivery

Program Design

The NC LINKS program helps youth and young adults transitioning from the foster care system in achieving the following eight (8) outcomes, in alignment with the purposes of the Chafee program:

1. All youth leaving the foster care system shall have sufficient economic resources to meet their daily needs.
2. All youth leaving the foster care system shall have a safe and stable place to live.
3. All youth leaving the foster care system shall attain academic or vocational/educational goals that are in keeping with their abilities and interests.
4. All youth leaving the foster care system shall have a sense of connectedness to persons and community. This means that every youth, upon exiting foster care, should have a personal support network of at least 5 responsible adults who will remain supportive of the youth overtime.
5. All youth leaving the foster care system shall avoid illegal/high risk behaviors.
6. All youth leaving the foster care system shall postpone parenthood until financially established and emotionally mature.
7. All youth leaving the foster care system shall have access to physical and mental health services, as well as means to pay for those services.
8. All youth age 13 or older who are likely to remain in foster care until age 18 have ongoing access to engage in age and developmentally-appropriate activities (also known as normalcy).

The key components of the North Carolina LINKS model are as follows:

Independent Living Services – These services are provided directly to youth by county departments of social services and contractors. These services include, but are not limited to, individual life skills assessments designed to inform the development of a youth's Transitional Living Plan, and group classes and activities to teach youth life skills like cooking and budgeting, and the purchasing of goods, such as clothing for work, or household items, that a youth may need to help fulfill a specific program purpose.

Education and Training Vouchers – The North Carolina Education and Training Voucher Program is available to youth who are otherwise eligible for LINKS services and have attained 14 years of age and after attaining 16 years of age, exit foster care to adoption, guardianship, or remain in care after their 17th birthday.

NC Reach – The NC Reach is a state-funded scholarship program for former foster youth who are legal residents of North Carolina, were adopted from the state's foster care system after the age of 12 or aged out of the state's foster care system at age 18. This program is specific to young people who are attending public colleges or universities in North Carolina. There is pending state legislation that expands eligibility for NC Reach to youth who exit foster care to a permanent home through the state's Guardianship Assistance Program called KinGAP.

Chafee funds support county LINKS programs through allocations, LINKS Special Funds, and contracts with agencies providing direct services and supports to eligible youth. County allocations are used for resources needed to offer programming, incentives for program participation, goods and services for and program operations which may include funding a position to provide services. LINKS special funds are used to support the

costs associated with transitional housing and for services or supports needed to meet program outcomes. Amounts are up to \$1,500 for housing and \$3,000 for program outcome supports. These funds are in addition to county allocations and are available to youth annually. North Carolina also contracts with Strong Able Youth Speaking Out (SaySo), a program of Children’s Home Society of North Carolina, to provide comprehensive and professional training, leadership, and life skills activities to transition-age youth and young adults across the state.

Youth and Stakeholder Involvement in Program Design and Service Delivery

This plan was developed through ongoing consultation with current and former foster youth, caregivers, contract service providers, state agency staff, and county departments of social services. North Carolina Division of Social Services collects feedback on an ongoing basis from stakeholders in many ways. For example, the state LINKS Program Coordinator attends the annual orientation of SaySo’s Young Adult Leadership Council and many of the organization’s events throughout the year. SaySo has attended and actively participated in Joint Planning with NC DSS for several years. In 2018, county LINKS Coordinators and youth also attended and participated in the Joint Planning process.

Child Welfare Family Advisory Council members are regularly engaged for their input on policies, forms, and other important processes concerning the child welfare system. Members of the Child Welfare Family Advisory Council also attend and participate in Joint Planning with NC DSS, as well as Child Welfare Section Meetings within NC DSS. The State LINKS Coordinator engages county LINKS staff through monthly telephone calls and participation in regional LINKS meetings organized by county staff. The State LINKS Coordinator also engages contract providers that serve the youth population by regular phone and in-person contact. These providers include SaySo, Youth Villages, and Foster Care to Success. The collaboration of the youth and family participation has resulted in a strengthening of key partnerships, policy and training development considerations and a refined perspective to enhance the LINKS model through consistent continuous quality improvement. The information that is gathered from youth and stakeholders through these various methods of engagement are shared with state Child Welfare and Division of Social Services leadership to review and determine what actions are necessary in response – for example, revisions to policy. In addition, the state LINKS Program Coordinator follows-up with individual youth and young adults who raise case-specific concerns and provides technical assistance to county child welfare agencies to address the concerns raised by youth and young adults. During Federal Fiscal Years 2020-2024, NC DSS will work to continue these efforts and develop concrete, meaningful ways to promote and improve engagement in the future. Such plans will include, but will not be limited to, annual agenda setting and formal feedback mechanisms between NC DSS and SaySo’s Young Adult Leadership Council, Division-sponsored regional events, and/or training opportunities for local LINKS and Foster Care 18 to 21 staff, and Division-organized forums for a broad range of youth-serving organizations and other stakeholders to provide input on and participate in future Annual Progress and Services Reporting and Child and Family Services Planning processes. Additionally, to achieve strategies in this CFSP, workgroups will include those who have lived experience in the foster care system.

Positive Youth Development

The design of the LINKS program is grounded in Positive Youth Development principles. The LINKS approach intentionally creates or allows opportunities for youth to experience growth-enhancing interactions with their environment. Permanency Planning, LINKS, and Foster Care 18 to 21 program policies support the principles of Positive Youth Development by requiring the involvement of the young person in their case plans. For youth who are age 14 and older and in foster care, agencies must provide the opportunity for them to identify up to two members of their team who are not their foster parent or caseworker. For the Foster Care 18 to 21 program, young adults’ Transition Support Team Meetings are primarily led by the young adults themselves and they have the power to invite participants they choose.

Additionally, the foundational LINKS training curriculum for child welfare workers, called “LINKS 101”, incorporates the principles of Positive Youth Development by teaching workers who deliver LINKS services in a flexible manner that respects the individual youth’s strengths and needs, and provides young people with a safe environment to practice new skills.

National Youth in Transition Database (NYTD)

County department of social services staff contribute NYTD data (served population) bi-annually through the state’s Service Information System (SIS). County staff also engage survey-eligible young people to complete the survey and submit completed surveys to the State.

The state-level LINKS Coordinator works directly with county department of social services staff to ensure NYTD information is accurately collected and reported. The state LINKS Coordinator works directly with local child welfare staff to communicate information about survey-eligible youth, outreach strategies, reporting deadlines, and any other information necessary to ensure accurate and thorough data collection. The state LINKS Coordinator also works closely and continuously with the NC DSS Performance Management Section to refine processes for accurately identifying, tracking, and reporting NYTD outcome data to prevent and address record errors prior to file transmission.

During Federal Fiscal Years 2020-2024, NC DSS will use the following strategies to engage families, children, youth, tribes, courts, county child welfare workers and leaders, service providers, the public, and other stakeholders in the process of NYTD data collection and data sharing:

- Develop the capacity of youth leaders to share information about NYTD;
- Explore and develop opportunities to use both print and digital media to reach out to stakeholders; and,
- Regularly disseminate the analyses of NYTD data to stakeholders through multiple outlets.

The improvement of NYTD data collection, analysis, and reporting will be a focus of North Carolina’s data plan as described in the target of our continuous quality improvement commitment. North Carolina is currently using NCFAS systems infrastructure to collect data. LINKS will be included in this advanced approach. However, pending legislation will influence the trajectory of the use of this technology.

Serving Youth Across the State

North Carolina Division of Social Services has and will continue to ensure that all political subdivisions in the state are served by the program, ensuring adherence to state policy and procedures through continuous quality improvement activities of county programs and contracted agencies.

The state LINKS Program Coordinator provides technical assistance to county child welfare agencies regarding adherence to program policy. In addition, the state LINKS Program Coordinator works closely with NC DSS staff whose role is support to county child welfare agencies, such as the Children’s Program Representatives, Program Monitors, and Local Business Liaisons to ensure that county LINKS programs are maintaining adherence to LINKS program policies and expending funds appropriately. All contracts are monitored using the North Carolina Department of Health and Human Services, Division of Social Services Subrecipient Monitoring Plan (<https://files.nc.gov/ncdhhs/NC-DSS-Sub-Recipient-Contract-Monitoring-Plan-2015-2016-DRAFT.pdf>).

As the state moves towards a model of regional supervision, support for the local administration of LINKS programming to youth and young adults will be enhanced by staff within the regional offices who will be able to provide additional technical assistance to county staff. This will also increase the capacity to build local Sayso chapters across the state.

Tracking the data of youth served by LINKS is one key component of ensuring service delivery across the state. The state is currently able to query LINKS data to see the number of youth across the state and by county who are receiving one or more of the following services:

- Services to Current/Former Foster Youth Age 13-15
- Services to Current/Former Foster Youth Age 16-21
- Independent Living Needs Assessment
- Academic Support, Secondary School
- Academic Support, Postsecondary School
- Career Preparation
- Employment Programs or Vocational Training
- Budget and Financial Management
- Housing Education and Home Management
- Health Education and Risk Prevention
- Family Support and Health Marriage Education
- Mentoring / Personal Support
- Supervised Independent Living
- Room and Board Financial Assistance
- Other Financial Assistance

During State Fiscal Year (SFY) 2017-2018, the NC LINKS program served 3,813 youth and young adults ages 13-21 across the state. The data in the chart below illustrates the youth served statewide in NC through the LINKS program from SFY 2014-2015 through SFY 2017-2018 .

SFY	Youth Served by LINKS age 13-15	Youth Served by LINKS age 16-21	LINKS Housing Funds Expended	LINKS Transitional Funds Expended	LINKS County Allocations Expended
2014-2015	926	2,990	\$102,692	\$863,016	\$2,020,725
2015-2016	944	3,052	\$81,166	\$762,150	\$1,999,935.80
2016-2017	948	3,202	\$64,537	\$611,098	\$2,020,725
2017-2018	832	2,981	\$103,936	\$856,126	\$2,020,725

Serving Youth of Various Ages and Stages of Achieving Independence

During Federal Fiscal Years 2020-2024, NC DSS will ensure the following activities and services, at a minimum, are offered and delivered to LINKS-eligible youth based on their needs, age, and stage of achieving independence:

- Ongoing opportunities to engage in age or developmentally-appropriate activities and the use of LINKS funds to support youth to participate in such activities;
- Individualized Life Skills Assessments;
- Development and regular review of a written Transitional Living Plan;
- Life skills training based on assessment of need;

- Agency or contracted services that are provided to help youth overcome barriers that are interfering with achievement of educational or vocational goals, self-sufficiency, relationships with family and others, etc.;
- Specific activities to develop and strengthen the youth’s personal support network;
- Opportunities to learn about resources in the community, such as public transportation, health resources, resources for educational/vocational training, military service options, recreational organizations, participation in school activities, and volunteer opportunities;
- Volunteer or work opportunities to help the youth explore vocational interests, to build a resume, and give back to the community;
- Participation in local, state, and/or national trainings and conferences relevant to LINKS services;
- Diligent, persistent, and ongoing efforts to locate and contact aged-out young adults whose locations are unknown to determine their status, offer needed resources, or engage their participation in the National Youth in Transition Database Survey or other surveys;
- Assessment of the young adult’s current situation, barriers they are experiencing, efforts they have made to overcome those barriers, and plans or strategies for agency assistance, if requested;
- Engagement of young adults in planning, determination of responsibilities between the agency and the young adult, and choice of services offered by the agency that will supplement the young adult’s own efforts;
- Informing the young adult of the availability of Educational Training Vouchers and NC Reach for vocational and/or educational training to enhance employment opportunities;
- Use of LINKS funds for assistance with completion of high school or GED, job training, housing, utilities, furniture, uniforms, equipment, or other items or services that are needed to facilitate self-sufficiency;
- Access to county LINKS program services; and,
- Offer Foster Care 18 to 21 services to young adults who have aged out of foster care at 18 and are not yet 21 years of age.
- Provide opportunities for youth to engage in leadership development and advocacy through SaySo

Extended Foster Care - Foster Care 18 to 21

North Carolina Session Law 2015-214 required NC DSS to develop a plan to extend foster care services to youth aging out of foster care at age 18. These young adults can choose to continue receiving services, including monthly foster care maintenance payments to support placement, until they reach age 21. The federal law guiding this program is the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351) which provides states with the option to continue providing Title IV-E reimbursable foster care assistance payments to youth up to age 21.

County departments of social services are responsible for providing eligible young adults who enter into agreement for Foster Care 18 to 21 services with ongoing efforts to help prepare and ensure the young adult’s successful transition to adulthood.

Participation in the Foster Care 18 to 21 Program has grown every year since its initial implementation in January 2017. The table below displays the number of young adults served in each fiscal year since the program began.

State Fiscal Year	**Young Adults Served in Foster Care 18 to 21
2016-2017	407
2017-2018	968
2018-2019	1029
*Foster Care 18 to 21 was implemented on January 1, 2017	
*SFY 2018-2019 includes young adults served between July 1, 2018 and March 31, 2019	

This growth corresponds with an increased use of LINKS Housing funds by eligible young adults. The table below shows the amount of housing funds expended in each State Fiscal Year since the inception of the NC Foster Care 18 to 21 Program.

State Fiscal Year	Total LINKS Housing Funds Expended
2016-2017	\$64,537
2017-2018	\$103,936
2018-2019	\$106,952
*Foster Care 18 to 21 was implemented on January 1, 2017	
*SFY 2018-2019 includes housing expenditures for eligible young-adults between July 2018 and April 2019	

The growing participation in the Foster Care 18 to 21 Program, and LINKS by extension, demonstrates the need for the state to continue to strengthen efforts to comprehensively monitor county extended foster care and LINKS programs, which is an important component of a strong, consistent Continuous Quality Improvement process.

Opportunities for Program Improvement

Strategies to strengthen program services are detailed in the Strategic Plan of the CFSP and the Health Oversight and Care Plan. These include, but are not limited to:

1. Increasing utilization of Foster Care 18 to 21 for youth who emancipate from foster care (North Carolina Child and Family Services Plan, Strategic Priority 2: Permanency, Target 3 – Foster Care 18 – 21 Program, Page 76)
2. Strengthen transition age youth health programming (North Carolina Health Care Oversight and Coordination Plan, Target 2: Strengthen Transition Age Youth Health Programming, Page 29)

Expansion of Chafee Services to Age 23

North Carolina Division of Social Services continues to review and analyze current LINKS funding, programming, and policy to determine needed policy and program updates in response to the Chafee provisions of the Families First Prevention Services Act. Expansion of Chafee eligibility to age 23 remains under consideration. The social services reform process, including the implementation of regional offices will inform this process. Barriers to implementation include current caseloads of foster care staff which exceed the standard youth to staff ratio. The strategic planning component of the Child and Family Services Plan will address through targeted strategies to increase the capacity of the current workforce.

Independent Living Assessment

Program policy requires that youth are involved in the services planning process at all levels: from the identification of the issues that need to be addressed through the definition and identification of goals, activities, and personal and systemic resources. Life skills assessments for youth must involve both the youth and a person who knows the youth’s skills and abilities first-hand, such as a family member or caregiver.

North Carolina Division of Social Services does not mandate the use of a specific independent living assessment but does provide information and guidance on available tools that can serve the purpose of this requirement. For example, the Casey Life Skills Assessment from Casey Family Programs, the Strengths and Needs Inventory created by Independent Living Resources, Inc. and provided to county LINKS Coordinators during LINKS training, and the Transition Readiness Scale from Independent Living Resources, Inc., which was developed for young adults, by young adults.

Each of these tools is designed to assess areas critical to transition, such as daily living skills like preparing meals, developing and sustaining healthy relationships, and basic employment and time management skills. The results of an independent living assessment are used by the young person and the foster care and/or independent living worker to develop the goals and activities on the young person’s Transitional Living Plan.

Collaboration with Other Private and Public Agencies

North Carolina has partnered with several agencies and initiatives involving the public and private sectors over the last five years to assist youth to successfully transition to adulthood. These partnerships have been fruitful both for the state and for current and former foster youth. For example, young people who have had experience in North Carolina’s foster care system have participated in the development of the state’s driver’s license pilot program, called Transportation Really Is Possible (TRIP).

During Federal Fiscal Years 2020-2024 the state will continue to engage a variety of stakeholders to ensure that young people in foster care are supported and able to make the successful transition to adulthood. The following table lists the partnerships that NC DSS will continue to pursue during the 2020-2024 period.

Type	Organization / Entity
Youth Engagement	Strong Able Youth Speaking Out (SaySo) a program of Children’s Home Society of North Carolina
Family Engagement	North Carolina Child Welfare Family Advisory Council
Health	NC Division of Public Health – Teen Pregnancy Prevention Initiatives: Fostering Health NC Sexual Health Initiatives for Teens (SHIFT) NC
Education	Foster Care to Success Johnson C. Smith University – Phasing Up to New Possibilities Program Wake Technical Community College – Fostering Bring Futures Program Western Carolina University – Resilient Independent Student Association (RISA) and Home Base
Employment	North Carolina Department of Commerce – Division of Workforce Solutions WIOA Programs

Housing	Local Housing Authorities throughout the State Federally-Funded Homeless Youth Agencies
Transition Support	Youth Villages for YVLifeSet Program Residential Transitional and Independent Living Programs including, but not limited to: <ul style="list-style-type: none"> • Elon Homes and Schools for Children; • Black Mountain Home for Children; and, • Sipes Orchard Home.
Services Continuum and Improving Systems	Jim Casey Youth Opportunities Initiative

Determine Eligibility for Benefits and Services

In North Carolina, all youth who are now 14 and are not yet 21 and who are or were in foster care after the age of 14 are eligible for LINKS services, with two exceptions. Youth are not eligible for LINKS funds if:

1. They have personal reserves more than \$10,000; or
2. They are undocumented residents.

Eligibility for LINKS services and funds requires that the youth be an active participant in his or her planning, including sharing in the responsibility of designing and implementing their Transitional Living Plan. Youth involvement in case planning must be documented in the case record and reflected on the case plan. Eligibility for LINKS funds continues regardless of residence and access is coordinated between the county/state of residence with the North Carolina county who has or had legal custody of the young person. The State LINKS Coordinator is a part of the state’s Interstate Compact (ICPC) team. This unique team design facilitates the provision of LINKS and Foster Care 18 to 21 services when youth and young adults are placed across state lines.

Cooperation in National Evaluations

In Federal Fiscal Years 2020-2024, the North Carolina Division of Social Services will cooperate in any national evaluations of the effects of the programs in achieving the purposes of the Chafee Program.

Chafee Training

LINKS 101 is now delivered by NC DSS training staff twice a year. NC DSS also hosts the website, www.FosteringNC.org, which provides on-demand courses, videos, webinars and publications for foster, adoptive and kinship caregivers. This website includes the short course, “On Their Way”, which provides caregivers with information on how to help youth increase the skills needed to live independently. Another course, “Promoting Normalcy: Supporting the Social and Emotional Development of Young People in Foster Care”, describe the reasonable and prudent parent standard and how foster parents can use it to help children and youth experience “normal” developmentally appropriate activities, including activities that support transitional living skills. During Federal Fiscal Years 2020-2024, NC DSS will work to strengthen its training and resources in alignment with the Division’s training plan.

Education and Training Voucher (ETV) Program

The North Carolina Education and Training Voucher Program is available to youth who are otherwise eligible for LINKS services who have attained 14 years of age and, after attaining 16 years of age exit foster care to adoption

or guardianship or remain in care after their 17th birthday. The maximum annual amount of the voucher (\$5,000) and its purpose to apply toward the cost of attendance at an institution of higher education remains unchanged. Students may receive both Pell Grant and ETV if the total of these two programs combined is equal to or less than the cost of attendance. In accordance with the Family First Prevention Services Act, young people who are eligible for ETV may receive ETV until age 26.

The North Carolina Division of Social Services contracts with the Orphan Foundation of America, DBA Foster Care to Success to administer the North Carolina Education and Training Voucher Program. The North Carolina Education and Training Voucher Program makes vouchers available to eligible youth to attend appropriately accredited postsecondary institutions of higher learning or access vocational training.

Under this contract, Foster Care to Success helps to manage the eligibility determination process, including ensuring that assistance provided to youth does not exceed the total cost of attendance. The State LINKS Coordinator and county LINKS Coordinators work in close partnership with Foster Care to Success to ensure youth who have applied for ETV meet the eligibility requirements and that any other assistance they receive is considered to avoid duplication. In addition, the State LINKS Coordinator works closely with Foster Care to Success to ensure that eligibility is correctly determined using contractor data and state-level data.

Every year as part of the state's Annual Progress and Services Report, the state provides an unduplicated count of ETV recipients. To do so, the contractor collects the number of students who have applied and received ETV awards and reports this data to NC DSS on a quarterly basis. Final numbers are reported by the contractors to NC DSS on their end-of-year report, which is due August 31st each year. As part of the state's efforts to improve the collection and reporting of high-quality data, NC DSS will evaluate the current data collection methods of the contracted agency and implement any changes that may be necessary during Federal Fiscal Years 2020-2024. In addition, NC DSS will convene relevant stakeholders to discuss and develop ways to improve the state's ETV and NC Reach programs.

Consultation with Tribes

North Carolina has eight state-recognized tribes, one federally-recognized tribe, and several American Indian Associations. The federally-recognized tribe is the Eastern Band of Cherokee Indians (EBCI).

As of October 1, 2015, the Eastern Band of Cherokee Indian now provides child welfare services to the population living on Tribal Land Trusts, except for Chafee services. LINKS benefits and services and the ETV program are available to Cherokee youth on the same basis as other youth in the state. These services are provided to the youth by county departments of social services that border the Qualla Boundary.

During Federal Fiscal Years 2020-2024 the North Carolina Division of Social Services will continue to coordinate and strengthen relationships with each Indian tribe in the state to ensure that benefits and services under the LINKS program are available to Indian youth in the state on the same basis as other youth in the state. This coordination and consultation will include, but will not be limited to:

Services provided to youth members of EBCI

- Providing technical assistance to county departments of social services bordering the Qualla Boundary to ensure LINKS services are provided to children who are members of the tribe without regard to their residence;
- Connecting and building relationships between the State LINKS program and the Eastern Band of Cherokee Indians to identify joint opportunities for services and support; This will occur during quarterly meetings between NC DSS and EBCI leadership.

Services provided to members of state recognized tribes

- Planning and coordination of LINKS services with state recognized tribes through participation on the Indian Child Welfare Committee.

Section VII: Targeted Plans Within the 2020-2024 CFSP

Attached to this plan are four targeted plans addressing foster, adoptive, and kinship family recruitment and retention, health oversight and coordination, disaster and training plans.

Appendix A: Diligent Recruitment and Retention Plan

Appendix B: Health Oversight and Coordination Plan

Appendix C: Disaster Plan

Appendix D: Training Plan

Section VIII: Financial Information

North Carolina meets the specific percentages for Title IV-B, Subparts 1 and 2, funds on the actual delivery of family preservation, community-based family support, time-limited family reunification and adoption promotion and support services. *(Please see CFS-101 attached to this report for specific information on expenditures.)*

A. Payment Limitation Title IV-B, Subpart 1

Non-Federal funds expended for child care, foster care maintenance payments and adoption assistance payments in FY 2005 was \$1,590,655.

B. Payment Limitation Title IV-B Subpart 1

The amount of non-Federal funds North Carolina expended for foster care maintenance payments and applied as match for the title IV-B, subpart 1 program in FY 2005 was \$0.

C. Payment Limitation Title IV-B Subpart 2

States are required to spend a significant portion of their title IV-B, subpart 2 PSSF grant for each of the four service categories of PSSF: family preservation, community-based family support, time-limited reunification, and adoption promotion and support services. For each service category that does not approximate 20 percent of the grant total, the State must provide a rationale for the disproportion.

Requested Title IV-B Subpart 2, Promoting Safe and Stable Families	% of Total	\$11,004,204
a) Family Preservation Services	18%	\$1,951,045
b) Family Support Services	36%	\$3,941,706
c) Family Reunification Services	22%	\$2,455,038
d) Adoption Promotion and Support	17%	\$1,899,326
e) Other Service-Related Activities	0%	\$0
f) Administrative Costs	6.9%	\$757,089

Family Preservation Services are estimated for FFY 2020 to be 18% of the grant total. While this service category falls below the 20 percent target, it reflects the best estimate for future spending based on actual spending in prior years.

Adoption Promotion and Support Services are estimated for FFY 2020 to be 17% of the grant total. While this service category falls below the 20 percent target, it reflects the best estimate for future spending based on actual spending in prior years.

D. Payment Limitation Title IV-B Subpart 2

States must provide the FY 2017 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.

FY 2017 actual expenditure is \$25,628,100 as compared to North Carolina's 1992 base year amount is \$921,532.