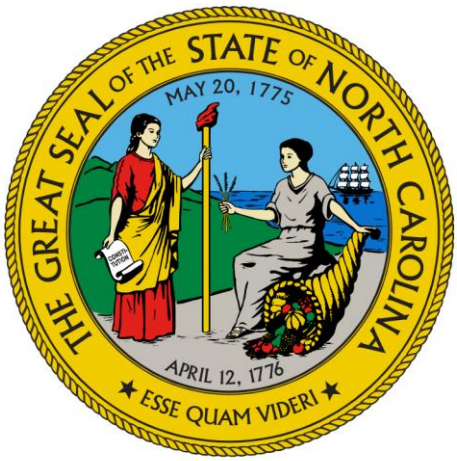

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Division of Social Services

Child Welfare Services

2020-2024 Final Annual Progress and Services Report for the North Carolina Child and Family Services Plan 2020-2024

North Carolina Child and Family Services Plan
FFY 2020-2024

2020-2024 Final Annual Progress and Services Report

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Table of Contents

Introduction

The North Carolina Department of Health and Human Services (NC DHHS), Division of Social Services (NC DSS) submits its 2025 Annual Progress and Services Report (APSR), the final update to its 2020-2024 Child and Family Services Plan (CFSP). The 2025 APSR includes information on North Carolina's performance and progress towards achieving specific child welfare goals, objectives, and outcomes, as identified and measured thereby in its revised 2020-2024 CFSP Strategic Plan and as instructed by ACYF-CB-PI-24-02.

Among the department's top priorities this year is to transform the behavioral health system and create better outcomes for North Carolina children and families, including those who are involved in the child welfare system. The 2023 state budget invested an historic $835 million in behavioral health and resilience, $80 million of which is committed to youth behavioral health and child and family well-being. This investment has created opportunities for NC DSS to invest in new initiatives to improve placement options for children with complex behavioral health needs as well as to expand evidence-based programs that provide intensive supports to maintain and reunify families.

Outside the $835 million investment, NC DSS has continued to develop training and resources for the child welfare workforce to create consistency in practice and outcomes across the state's 100 county DSS offices. The state's new Regional Directors, hired as part of the ongoing implementation of the Regional Support Model under Rylan's Law, are also providing county DSS directors with additional support for staff recruitment and retention. To better incentivize college students to consider a career in child welfare services and increase the number of child welfare workers across the system who hold advanced degrees, the department is working with several North Carolina colleges and universities to reintroduce the Child Welfare Education Collaborative (CWEC) stipend for social work students.

NC DSS set a goal to return to pre-pandemic numbers of resource and foster parents providing placements for children in North Carolina. Toward this goal, the department invested in a statewide recruitment campaign, "Be Their Yes," to increase awareness of the need for foster parents and encourage people interested in fostering to reach out to their local DSS offices to offer support. This work builds on the increase in monthly foster care and adoption assistance rates that went into effect in July 2023 as well as the state's new kinship payments, which began in November 2023.

With an unprecedented increase in behavioral health funding, a redesigned onboarding program to ensure success for new child welfare workers, and the number of foster parents back on the rise, NC DHHS is confident in its ability to continue to transform the state's child welfare system over the coming years to better serve children and families.

Advancing Racial Equity and Supporting Underserved Communities

NC DSS values and supports diversity, equity, inclusion, and belonging and is engaged in multiple initiatives to ensure the provision of child welfare services in NC is reflective of this. Intentional focus on DEI is reflected in the newly redesigned pre-service training (see Section 2, Item 27) and in ongoing initiatives for DEI training and opportunities for engagement with national DEI for both NC DSS state and county level staff (see Section 3, Goal 3, Objective 5).

There is no data collected on the representativeness of membership groups. NC DSS's workforce is less diverse than the overall population, or the population served in foster care, with some populations overrepresented and some underrepresented.

Table 1. Racial Breakdown of Workforce, Population, and Foster Care Population

	Staff	Management	General Population (All NC Residents<18yo) 2020 Census	Foster Care (March 2024)	In-Home (SFY 2023)
Black or African American			561,387; 24.3%	3,103; 29.8%	6,567; 37.0%
White			1,228,489; 53.3%	5,998; 57.4%	10,160; 49.9%
Hispanic			394,916; 17.1%	*	*
Multi-Race				812; 8.1%	1,215; 5.4%
American Indian/ Alaskan Native					615; 1.7%
Other			121,608; 5.3%	538; 4.7%	875; 4.5%

Source: Staffing Survey, Census Data, Services Information System (SIS), NC Child Welfare Information System (CWIS)
*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

Preventing Children from Coming into Foster Care

In SFY 2023-24, NC DSS has focused on supporting local child welfare agencies and social workers to improve practice and ultimately achieve safety for children. These supports were based on data received through record reviews, case consultations, and child fatality review recommendations and from changes driven by new legislation. Examples of efforts to target prevention of entry into foster care include statewide implementation of the Regional Medical Abuse Specialists (RAMS) program within the Child Medical Evaluation Program (CMEP), continued implementation of the Family First Prevention Services Act (FFPSA) to support families with access to prevention programs such as Homebuilders (now available in 27 counties, 32 families and 98 children served), ongoing revision and implementation to the Structured Decision Making (SDM) tools, contracts with 31 Family Support agencies to provide evidence-based/ informed parenting programs across the state, and ongoing provision of Triple P.

NC DSS recognizes and supports the right for families to have access to legal services to advocate for their needs. NC DSS continues to allow Indigent Defense Services (IDS) access IV-E funding to enhance the rate of reimbursement for parent attorneys. IDS has continued their pilot project, Quality Legal Representation, in five counties; this project pairs a social worker with a parent attorney to support the parent through the court process to achieve timely permanency.

Investing in Kinship Care and Foster Parents

Like many states, North Carolina experienced a decline in foster parents during the peak years of the COVID-19 pandemic. While foster parent recruitment has long been a function of county DSS agencies in North Carolina, since last year, NC DSS has been investing in statewide recruitment efforts as well as initiatives to better support kinship and foster families. In July 2023, the foster care and adoption assistance rates were increased by more than 36% for children aged birth-5 and 13% for children aged 6-12.

In November 2023, NC DHHS announced a new initiative to provide payment to kinship caregivers, or relatives and family members who step in to care for children entering foster care. These payments are a critical resource for family members who want to be kinship caregivers but struggle with the financial burden of providing for a child in their home.

The kinship payment initiative supports NC DSS' commitment to place children with relatives whenever possible to maintain family connections, provide a sense of belonging, and preserve a child's cultural identity as a member of their community. As of March 2024, NC DSS and county DSS agencies have paid $577,897 to kinship placement providers for 1,599 children in foster care. Providers receive up to $405 per month for each child in their care.

In addition to ensuring better financial support for kinship and foster parents, NC DSS invested $300,000 in a statewide marketing campaign to recruit new foster parents into the system. The campaign, "The Little Things are Huge," included paid social, digital and print media that ran in various channels and platforms statewide. As of April 2024, North Carolina has 6,082 licensed foster parents, an increase of more than 2% since the campaign launched in October 2023. NC DSS planned and delivered regional kinship listening sessions during December 2023-March 2024.

Ensuring Youth Leave Care with Strengthened Relationships, Holistic Supports, and Opportunities

To support young adults as they transition to adulthood, NC DSS has continued collaboration and training opportunities for county child welfare workers on ensuring legal and relational permanency. NC DSS completed youth and young adult listening sessions and developed a project plan based on feedback received directly from all who interface with the child welfare system. NC DSS ensures access to further education and

opportunities to develop skills through a continued partnership with NextGen Youth Program for Workforce Services and with Foster Care to Success, which oversees Educational Training Vouchers (ETV) and the NC Reach scholarship program.

Over SFY 24, NC DSS partnered with Strong Able Youth Speaking Out (SaySo) to provide financial literacy training to young adults through in-person and virtual opportunities. Financial support via the room and board rate increased in July 2023 to $810, a 16% increase from the previous $698 amount. NC DSS also collaborated with community partners to ensure training on normalcy is available across the state. NC DSS has provided information on federal housing programs available to young adults who aged out of care and has reestablished local connections to HUD counterparts to ensure education on existing programs is accessible across the state.

Investing in Child and Family Well-being

NC DHHS was able to work quickly at the beginning of 2024 to leverage funding from the $835 million for behavioral health and resilience to implement the DSS Emergency Placement Fund pilot program, distributing $2.3 million to local DSS offices to improve placements for children in DSS custody who have complex behavioral health needs. The Emergency Placement Fund can be used by local DSS agencies to:

- Maintain a crisis placement provider on retainer who can provide temporary emergency placement that is suitable to a child's behavioral health needs until a treatment placement can be located.
- Provide short-term rate increases to placement providers who care for children with behavioral health needs who require an exceptional level of supervision. Funds can be used to improve the placement provider's ability to meet the child's needs.
- Implement local solutions that prevent a child in DSS custody from spending a night in the DSS office while awaiting an appropriate placement for behavioral health treatment. These alternate practices are to be submitted to the NC DSS for approval.

As part of the pilot, an additional $5.5 million will be distributed to local DSS agencies next year. The weekly average number of children spending a night in local DSS offices due to lack of appropriate placement has decreased from 32 in 2023 to 16 in the first quarter of 2024.

The department continues to invest the total $80 million committed to child and family well-being. Approximately $21 million will support community-based services for children stay in and return home; more than $7 million will support therapeutic programs in family-type settings; and nearly $20 million will support programs like the Emergency Placement Fund that decrease the risk of inappropriate boarding for children with complex behavioral

health needs. An additional $25 million is committed to initiatives that increase the quality, management, and capacity of intensive out-of-home treatment settings.

With this funding, NC DSS is currently on track to begin piloting a Professional Foster Parenting Program in ten counties this September, implement the Placement First Plus model by the end of 2024; and begin work by next year to expand Intensive Alternative Family Treatment statewide.

Investing in the Child Welfare Workforce

The North Carolina child welfare system continues to struggle with the impacts of high vacancy rates and turnover among staff. One challenge identified was the need for more consistent, practice-oriented training for new staff to feel better prepared to take on a caseload. In response, NC DSS redesigned the state's new hire orientation program, creating an intensive seven-week training for new child welfare workers.

Statewide implementation of the new North Carolina pre-service training (PST) will be completed next month. Early feedback and data from counties that have adopted the program show that the training is already having an impact on workers' understanding of policy and knowledge of best practice (see Section 2.2.4). In addition to the training, NC DSS partnered with county DSS staff to create an updated Realistic Job Preview video to be used in training and recruitment locally and statewide. The goal of these resources is to support recruitment and retention by ensuring child welfare staff have a better expectation of the everyday challenges they may face as well as how to navigate them with their team.

Local DSS directors are also receiving additional support on recruitment and retention. NC DSS has hired a Lead Regional Director and filled six of seven regional director positions across the state. (These positions were created under Rylan's Law as part of the Regional Support Model required by the legislation.) The regional directors serve as direct support for local DSS directors, providing technical assistance, policy guidance, and help addressing statewide challenges such as the staffing shortage. NC DSS anticipates having all seven regional director positions filled by July.

At the same time, NC DSS is taking an upstream approach to combatting the staffing crisis. The longstanding Child Welfare Education Collaborative (CWEC) encourages North Carolina college students majoring in social work to choose a career in child welfare by enabling them to fulfill their pre-service training requirement as part of their degree. Further, some counties allow CWEC graduates to enter the workforce at a higher position because of the experience they gain from college internships with local DSS offices. But in recent years, the CWEC program has not included a monetary incentive for students.

NC DSS has recently contracted with Appalachian State University, East Carolina University, and North Carolina A & T University to reinstate a CWEC stipend for students who choose a

career in child welfare services. NC DSS has also worked with all CWEC college and university partners to execute a new Memorandum of Understanding to clarify roles, responsibilities, and expectations for social work students who participate in and receive certification as CWEC graduates. These efforts will improve the consistency of experience and education received by students and aide county DSS agencies in tailoring their policies for hiring CWEC graduates.

Agency Administration and Organization Information

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State Agency Administering the Programs

North Carolina is a state-supervised, county-administered child welfare system. North Carolina General Statute § 7B-300 states that county directors of social services are responsible for the provision of protective services for all children for whom allegations of abuse, neglect, or dependency are made. NC DHHS/DSS is, however, the designated state agency with authority to prepare and submit the APSR and is the sole state agency responsible for administering or supervising the administration of the Child Welfare Services Program in North Carolina.

1 Collaboration

NC DSS has continued to engage and partner with county DSS agencies, the courts, people with lived experience, community-based service administrators, public and private providers and practitioners, and additional child welfare stakeholders through its five design teams – Safety, Permanency, Well-Being, Workforce, and CQI. NC DSS actively engages with the Unified Public Agency Leadership Team (ULT), made up of local county social service directors and NC DSS leadership, and the Interagency Court Collaborative of North Carolina's Court Improvement Program (CIP). NC DSS continues to partner with the with the Eastern Band of Cherokee Indians (EBCI) and Qualla Boundary county DSS agencies including participating in the joint planning meeting for EBCI. NC DSS has hosted three meetings with public and private providers of foster and congregate care services. NC DSS hosted an in-person joint planning event in March attended by over 220 individuals.

Family Support Services grantees identified several underserved populations, including racial and ethnic minorities, children and adults with disabilities, families and youth experiencing homelessness, and families experiencing domestic violence and/or substance use disorders. NC DSS has continued to routinely share information and updates with, and solicit feedback from, underserved populations, child welfare partners, and stakeholders including parents, families, and youth through regular attendance and participation in meetings and events. This includes monthly meetings of the Children Services Committee of the NC Association of County Directors of Social Services (NCACDSS), quarterly regionally based CQI meetings with county DSS agencies, and monthly meetings of the Child Welfare Family Advisory Council, a group comprised of birth, kinship, and foster parents representing a cross-section of underserved populations.

NC DSS continues to collaborate and incorporate the voice of youth through Strong Able Youth Speaking Out (SaySo), where youth and young adults provide feedback through focus group settings. SaySo is a statewide association of youth aged 14 to 24 who are or have been in the out-of-home care system in NC. They work to improve the substitute care system by educating the community, speaking out about needed changes, and providing support to youth who are or have been in substitute care. NC DSS facilitated regional Youth and Young Adult Listening sessions about Chafee and Foster Care 18-to-21 services across North Carolina. The focus of these listening sessions was to ensure NC is providing youth with opportunities for successful transition into adulthood. Lessons learned from the sessions will be compiled into a report NC DSS will use to inform ongoing efforts to support this population of foster care youth.

Additional strategies to ensure youth have strong support systems and their voices are solicited and heard by NC DSS include Permanency Roundtables and Youth Villages LifeSet, an individualized, evidence-informed community-based program available in 90 of 100

counties. LifeSet provides intensive case management services to young people ages 17 to 21 to assist with life goals such as building healthy relationships, obtaining safe housing, and pursuing educational and employment goals.

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

NC DSS has a strong partnership and contracts to financially support the Child Welfare Family Advisory Council (CWFAC). CWFAC is made up of people with lived experience in the NC child welfare system, including biological, relative/kin, foster and adoptive parents. NC DSS also partners with SaySo, which includes current and former foster youth who share their input and feedback as individuals with lived experience in the NC child welfare system. NC DSS facilitated regional Youth and Young Adult Listening sessions to gather information and feedback on CFSP goals and implementation of services. NC DSS participated in meetings with the Eastern Band of the Cherokee Indian (EBCI), a federally recognized tribe, and participated in the larger Indian Child Welfare Annual Gathering, which included both EBCI and representatives from NC's state recognized tribes. The groups mentioned above have representatives on the five design teams to provide input and feedback on each specific work group.

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

This year, NC DHHS/DSS purposefully engaged North Carolina's Court Improvement Program (CIP) in monthly leadership meetings for joint planning and alignment of efforts towards enhanced experiences and outcomes for children, youth, and families with child welfare court involvement. NC DSS also used the monthly meetings with CIP, including leadership with the Administrative Office of the Courts (AOC), for discussions and planning for a collaborative joint project of a Safe Babies Court Team (SBCT) for North Carolina, to be led by AOC. Members from ACF and the Capacity Building Centers for States (CBCS) and the Capacity Building Center for Courts assigned to North Carolina, joined several joint CIP/AOC/NC DSS monthly meetings to assist in furthering collaborative efforts toward our unified goal to improve service delivery for children and families involved in both the child welfare and court system.

NC DSS used both monthly meetings and participation in the bi-monthly, multidisciplinary Interagency Court Collaborative meetings (hosted by CIP) to discuss child welfare data needs, highlighting the importance of identifying, collecting, sharing, and applying data to achieve our shared permanency goals, and to explore ideas for use of emergency and regular CIP funds to enhance permanency outcomes. NC DHHS/DSS has continued to

partner with AOC and CIP, as part of the Interdisciplinary Collaborative and Indigent Defense Services' Interdisciplinary Representation Program (IRP) to discuss and advocate for access to data and information regarding child welfare court cases and permanency. NC DSS provides feedback on program manuals and training as well as updates on the state's child welfare transformation work in advance of the CFSP. NC DSS continues to collaborate with IDS directly and by participating in monthly advisory group meetings for the IRP. The current MOA outlines the services and activities that are IV-E reimbursable. NC DSS will continue to be involved in efforts to support the provision of IV-E reimbursable, high quality legal services in North Carolina.

Leadership from NC DSS and the state's Guardian ad Litem (GAL) program meet monthly to build relationships, discuss partnership opportunities, and develop communication and problem-solving protocols. During these meetings, data concerns and needs have been identified. NC DSS and GAL will be working to coordinate efforts to identify shared data indicators and to develop methods for collecting and sharing data by and between the agencies. During the monthly meetings, NC DSS leadership also shared information on federal reporting requirements related to CAPTA, the APSR, and preparation for the Child and Family Services Review (CFSR). NC DSS continues to collaborate with the GAL program to obtain data and information necessary to ensure CAPTA assurances are complete.

North Carolina's five design teams engage families, children, youth, tribes, courts and additional partners and child welfare stakeholders in assessing agency strengths and areas of improvement, including those identified in the Statewide Data Indicators and in supplemental context data. Each year, the ULT and design teams assess current membership to ensure appropriate representation from all regions across the state, underserved populations, families and youth, Tribes, courts, stakeholders, NC DSS, and county staff. When gaps in membership are identified, new members are recruited to ensure equitable representation across these focus populations. All design teams meet with focus population members to share, receive, and review available and relevant data and information towards identifying and assessing strengths and needs across the system. Supplemental information, input, and feedback was also solicited from multidisciplinary design team members to facilitate design team meetings and for consideration by NC DSS child welfare leadership.

As design teams have considered strategies to improve outcomes for children and families, they have used data to inform decision making. As North Carolina completes Round 4 of the CFSR, design teams will be presented with data regarding the Statewide Data Indicators to identify strengths and areas of need. Additionally, NC DSS staff solicited input and ongoing feedback from families, children, youth, tribes, courts and additional partners regarding what is working well in North Carolina's child welfare system and what areas

need improvement during meetings with CWFAC, SaySo, CIP's Interagency Collaborative, the ULT, NCACDSS Children Services Committee, and providers.

No modifications were needed or made to North Carolina's CFSP goals, objectives, and intervention during this reporting period. Families, children, youth, tribes, courts, and additional child welfare partners and stakeholders are involved in reviewing and, if necessary, assisting with modifying CFSP goals, objectives, and interventions as members of design teams. For each of the design teams, youth, family representatives, attorneys and court representatives, private providers and community-based organizations, and county and state child welfare agencies have reviewed tools, policies, training modules, and data. They have provided feedback on the redesigned pre-service curriculum for new child welfare workers, SDM tools, North Carolina Practice Standards, the FFPSA prevention plan and implementation strategies, kinship program activities, permanency strategies and foster and adoptive parent recruitment and retention efforts, workforce development initiatives, and continuous quality improvement (CQI) efforts. The multidisciplinary design teams worked with NC DSS towards accomplishing CFSP goals, objectives, and strategies as well as assessing agency strengths and identifying areas of need. Family Partners also served on the NC DSS Prevention Workgroup charged with meeting the CFSP goal of creating a Prevention Framework, a document that was also presented to the full council. The CWFAC gave critical feedback that led to substantive changes to the final product.

1.3 Proactive Communication and Feedback Loops

The ULT and five design teams provide proactive communication channels and feedback loops on the CFSP. The ULT shares responsibility for providing leadership, direction, and feedback on the implementation of CFSP goals, objectives, and strategies. Each design team is responsible for the overall implementation for the CFSP goals, provides feedback regarding implementation, and serves as communication channels for implementation activities and updates.

- The Safety Design Team provides direction and implementation recommendations for CFSP Goal 1, Objectives 2 and 3.
- The Permanency Design Team provides direction and implementation recommendations for CFSP Goal 2, Objectives 2 and 3.
- The Well-Being Design Team is responsible for direction and recommendations for implementation for Goal 2, Objective 1.
- The Workforce Design Team has oversight regarding Goal 1, Objective 1 and Goal 3, all objectives.
- The CQI Design Team is the group responsible for implementation of Goal 4, Objectives 1, 2, and 3.

The Child Welfare System Governance Committee (CWSGC) and the Child Welfare Practice and Technology (CWPT) Program Leadership Team were established to integrate practice, policy, and technology into a collaborative team to focus on strategy and planning for implementation for Goal 4, Objective 4.

All groups providing feedback on the implementation of CFSP goals discuss progress of implementation activities, review any evaluation data for suggestions for improvement, and discuss impacts of implementation on counties and stakeholders.

NC DSS partnered with UNC, SaySo, and additional community partners and stakeholders from fall 2022 to Spring 2023 to host seven regional in-person Youth Listening Sessions. In 2024, Youth Listening Session feedback was assessed to assist with strategies to expand, improve or create services, resources, and support for young people who experience foster care.

NC DSS sent a bi-monthly email newsletter, called the "NC Blueprint," to county DSS directors and agency staff. NC Blueprint includes information and updates from NC DSS about policy and legislative changes, training and technical assistance opportunities, updates on implementation of all CFSP goals, and resources from the Children's Bureau with a specific focus on preparation for Round 4 of the CFSR. NC Blueprint is a complementary resource to monthly Children Services Committee meetings.

Joint Planning

NC DSS hosted an in-person joint planning event on March 5, 2024. To highlight the collaborative efforts between NC DSS and its partners, stakeholder members from each design team – many of whom have lived experience in child welfare – were invited to present updates for their teams. With 220 in attendance and multiple partner agencies represented (see table below), the event was a successful opportunity for feedback solicited through breakout sessions focused on the work of the design teams, specific systemic factors, and the upcoming CFSP. Input was gathered from the breakout sessions via notes and comments as well as stakeholder feedback surveys. Follow-up surveys were sent out to gather feedback on the event and suggestions to improve joint planning for next year.

Table 2. 2024 Joint Planning Attendance

NC DSS	33
County DSS	81
Service Provider	43
Courts/Legal	13
Universities	8
NC DHHS	4
Consultant	0
Family Partner	5
Children's Bureau	4
Tribe	3
Youth Representative	0
Not Identified	0
Other*	26

Source: Joint Planning Registration Data
*Other included agencies such as SaySo, Foster Family Alliance of NC, Fostering Health NC - North Carolina Pediatric Society, NC Partnership for Children, and Prevent Child Abuse NC

In February, NC DHHS launched a Community Partner Engagement Plan and issued a Secretarial Directive to improve health outcomes through collaboration across the department. This work includes a new website and improvements to internal processes for engaging community partners, as well as groups with lived experience, to make policy change that best serves the people of the state. Since launching the plan, NC DHHS has held cross-departmental Community and Partner Engagement learning opportunities and a series of public-facing webinars to discuss the initiative and encourage additional partners to become involved in NC DHHS' work.

NC DSS has worked closely with external partners and leveraged NC DHHS leadership to address the crisis of children boarding in DSS offices and emergency departments. These partnerships include the NC Hospital Association, NC Association of County Commissioners, and NCACDSS. These interagency and external partnerships have been critical in decreasing the weekly average number of children spending a night in a local DSS office from 32 in 2023 to 16 in the first quarter of 2024.

NC DSS continues to work toward the goals established in the Transforming Child Welfare and Family Well-Being Together: Coordinated Action Plan for Better Outcomes published in by NC DHHS in 2022. The plan was developed by leaders across NC DHHS (Medicaid, public

health, behavioral health, social and economic services) and external stakeholders across private and public sectors, including hospitals, private agencies, Local Management Entities (LMEs), county DSS agencies, practitioners, attorneys, and people with lived experience. The 2023 state budget contributed an unprecedented $835 million to addressing behavioral health and resilience in North Carolina, including $80 million for child and family well-being. NC DHHS worked quickly to distribute funding to county DSS agencies through the Emergency Placement Fund pilot program to reduce the number of children in custody with complex behavioral health needs spending nights in DSS offices; partnered with UNC Health to stand up a 54-bed inpatient psychiatric hospital for children and adolescents with behavioral health needs by repurposing an underutilized state facility; and worked with schools to increase staff training and school-based services to better address students' behavioral health needs. Over the next two years, NC DHHS/DSS will continue to work closely with public schools, university partners, county DSS agencies, LME/MCOs, hospitals, psychiatric residential treatment facilities (PRTFs), clinicians, providers, payors, courts, law enforcement, detention centers, community-based organizations, peer support specialists, people with lived experience, and others stakeholders across the service array to transform the behavioral health system for children and families in North Carolina.

2 Update to Assessment of Current Performance Improving Outcomes

2.1 Child and Family Outcomes (Items 1-18)

Case and Record Review Data

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

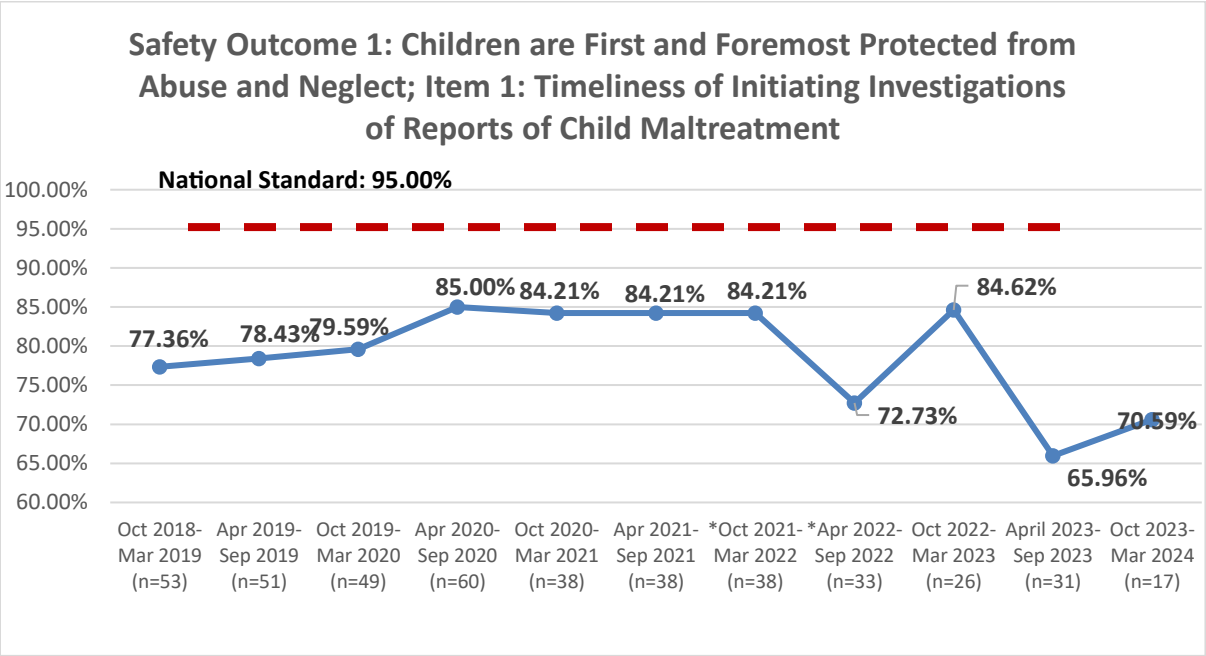
2.1.1 Safety Outcomes

Safety Outcome 1

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

NC was not in substantial conformity with Safety Outcome 1 during the 2015 CFSR and received an overall rating of Area Needing Improvement for Item 1 during the 2015 CFSR. NC DSS assessed Safety Outcome 1 and Item 1 by using the OSRI. Because Item 1 is the only item for Safety Outcome 1, the outcome and item scores are displayed in a single figure below.

Figure 1. Safety Outcome 1



Source: NC Case Reviews using the OSRI

Table 3. Racial Comparison of OSRI and State Profile for Item 1

	OSRI October 2023–March 2024 Applicable Cases	Total Assessments SFY 2023 by Race
Black or African American	8; 50.0%	42,838; 37.0%
White	8; 50.0%	57,767; 49.9%
Hispanic		*
Multi-Race		6,295; 5.4%
Other		8,983; 7.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

The percentage of cases pulled for the OSRI sample is in alignment generally with the total assessment by race. NC's performance on Item 1 was fairly steady from October 2018 through March 2023. The notable decrease from March 2023 to September 2023 is largely attributed to the change in federal guidance for reviewing this item. In April 2023 reviewers received a change in instructions to reflect that timeliness of initiation should be computed within a set number of hours, instead of days. Previous review periods may have been

evaluated from a wider timeframe than the 24-hour and 72-hour timeframes listed in policy. From October 2023 to March 2024 there was a slight improvement of approximately 5 percentage points as the new requirements have been communicated to local child welfare agencies. Additionally, reviews were completed regionally, not statewide, and are not representative of statewide performance. This change in review standards impacts all Safety Outcomes in this section.

Timeliness of initiation and safety performance continues to be a focus of state partnerships with counties. Beginning in April 2023, guidance from ACF advised that timeliness of initiation should be documented in exact hours, instead of days. The current performance for Item 1 has seen a sharp decline considering this reviewer change.

Item 1 Strengths and Needs

Two significant impacts to Safety Outcome 1 are workforce challenges and the delayed implementation of the NC Child Welfare Information System (CWIS). Some extreme examples of workforce challenges were counties hiring from professional backgrounds outside of human services and county-level leadership carrying caseloads in addition to their leadership roles. When the workforce is not adequate in numbers or adequately trained it becomes difficult to initiate cases timely. This also impacts the quality of supervision available to the influx of new social workers, as many new supervisors have been promoted into those positions with only one to two years of child welfare experience.

Implementation of CWIS has been delayed due to product and contract changes. NC DHHS implemented a new CWIS plan in January 2024 with the decision to amend the contract with Deloitte to include the development of CPS Intake and CPS Assessments to enhance features and create more efficiencies for workers. This would ensure that all data collection would take place on one platform, making data more accessible. To date, Deloitte has presented three demonstrations of current development work. The feedback has been positive. Reference statewide information system (Item 19).

When CWIS is functional, it will track the data needed to better assess timeliness of initiations in all counties. Furthermore, it will include the revalidated SDM tools, including the Intake Screening and Response tool that is completed and ready for implementation. NC has utilized the Safety Design Team to provide feedback on policy development defining a time frame for an immediate response and continues to partner with the team to look for ways to support social workers in capturing data needed to assess timeliness of initiations.

NC will continue to implement strategies identified in the CFSP, Safety Priority 1, Targets 1, 2, and 3 to improve Safety Outcome 1. NC plans to continue to roll out Safety Organized Practice (SOP) in combination with each SDM tool as it is re-validated. This approach embeds the SOP practices appropriate for each tool and will be trained concurrently with the tool to move practice beyond compliance culture in its use of the tools. Training for

SOP will include e-learnings that are currently being developed. The first set of e-learnings are set to roll out at the end of this SFY and continue into SFY 2026.

SOP is also being incorporated in the reinforcement of practice standards through Office Hours and Community of Practice meetings for supervisors. The child welfare workforce will be able to consult e-learnings when needed; in-person training is also being planned statewide. External stakeholders, including Family Partners, are included in the development and implementation of SDM and SOP for NC through design teams.

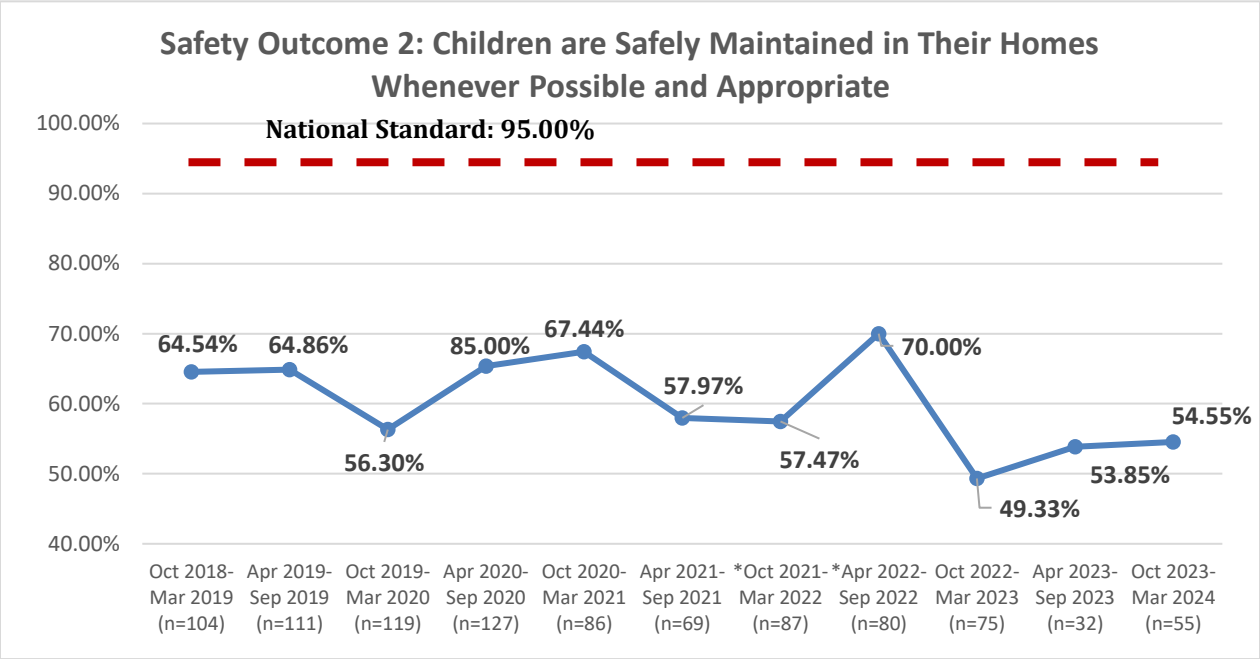
New Intake policy training had been provided to several state and local child welfare agency staff from July-September 2023. However, implementation of the new tool and policy was paused to incorporate it within CWIS, NC DSS plans for training and roll out of the revised Screening and Response Intake tool to begin in SFY 2026 and is hopeful these efforts will have a positive impact on Safety Outcome 1. Increased quality of data from local agencies is also expected with the implementation of CWIS statewide, including the incorporation of the Screening and Response Intake tool, which will require the exact time the report is received.

In response to last year's description of jurisdictional issues, especially conflict of interest cases, negatively impacting timeliness of initiations, NC DSS has clarified policy and provided technical assistance (TA) to counties. The policy was updated on September 21, 2023, to reflect a shift in responsibility regarding the screening and response of the report. Per the updated policy, the county identified as responsible for completing the assessment will also conduct the screening process. The goal of this policy modification was to alleviate some of the inter-county disagreements that lead to untimely initiations. NC DSS continues to believe the implementation of the Screening and Response Intake tool will streamline and improve the process for assigning and initiating jurisdictional cases.

Safety Outcome 2 (Items 2 and 3)

Safety Outcome 2 states children are safely maintained in their homes whenever possible and appropriate. The 2015 CFSR results indicated NC was not in substantial conformity with Safety Outcome 2. Recent performance fluctuates but continues to be below the national standard of 95%, as shown in the figure below.

Figure 2. Safety Outcome 2



Source: NC Case Reviews using the OSRI

Performance in Safety Outcome 2 has fluctuated since March 2018, with the most notable changes from October 2023 through March 2024 which included a small uptick of almost 1% in the last reporting period, from 53.85% to 54.55%. There is a significant difference in the number of cases reviewed (from 75 to 32) between the last two reporting periods, which may account for the uptick. The previous reporting period that showed a 70% compliance included reviews from regions 2, 3, 5, and 6, which were identified as being more responsive and engaged with consults and reviews conducted by their Regional Child Welfare Consultants as well as other technical assistance delivered by state staff.

NC recognizes this item is also impacted by lack of engagement efforts by social workers with the family after the referral to service providers. Practice Standards implementation and ongoing training that focus on family engagement should improve this practice. Additionally, in late spring/early summer 2024 NC will begin roll out Homebuilders with a revised In-Home Services Family Case Plan (formerly known as the In-Home Family Services Agreement, or FSA). This new Family Case Plan has been revised from the previous FSA to only include information that helps the worker and the family focus on the services planned for the family and the progress towards goals. In-Home social workers will use the newly revalidated SDM Safety Assessment to document any new safety concerns that may occur during the provision of In-Home services. This change is intended to improve the social worker's focus on engagement with the family and the services they are receiving.

NC has continued to work on revalidating the Family Strengths and Needs (FSNA) tool that will assist social workers in accurately identifying family needs and behaviors that need to change and developing case plans to address them in the tools mentioned above. Listening sessions were held with stakeholders and child welfare staff who use the current tool; their feedback is being incorporated into the updated tool. This feedback also resulted in NC adopting the use of the Child Strengths and Needs Assessment (CSNA) to focus on children's needs in developing appropriate safety and service planning. Both the FSNA and CSNA will be trained concurrently with the SOP practices that enhance family engagement in case planning and service delivery.

Additionally, NC, in partnership with Evident Change, is developing a Case Progress to Safe Closure guidance document to help In-Home Services and Foster Care Services social workers identify remaining danger indicators within the family and document progress on the case plan. This new document would replace the Risk Re-Assessment form. The decision to make this change was based on overwhelming feedback from users and stakeholders at listening sessions held in February 2024 that this change was needed.

The workforce crisis continues to factor into performance for Safety Outcome 2. Local child welfare agencies report supervisors and program managers are carrying cases due to a shortage of staff. A reduction in services available has been reported statewide, especially mental health and substance use services. An increase in demand coupled with staffing shortages have led service providers to become more selective and wait times to increase. Even with appropriate assessment and engagement of families, child welfare agencies struggle to connect families with effective services.

Item 2 Strengths and Needs

NC continues to provide training opportunities as described in the previous APSR, as well as Office Hours on specific practice topics to gain clarity and insight towards improved practice and outcomes. Feedback loops with local agencies in CQI, TA, and the Safety Design Team continue to provide opportunities to support local agencies to engage families and provide appropriate resources. NC DSS made changes to policy based on feedback from the FFPSA Innovation Zone regarding serious and imminent risk identification, and documentation of behaviorally specific language. The feedback helped streamline case plans and other forms, and to ensure that the statewide CWIS will reduce duplication of work and improve quality of practice with families.

NC DSS has continued to revise SDM tools and elicit ongoing feedback from stakeholders during spring 2024. The table below provides an overview of the status of the development of each SDM tool. NC DSS' goal for the revalidation of these tools and their adjacent training is improvement in the child welfare workforce's ability to assess and plan for the safety of children.

Table 4. SDM Tools Status

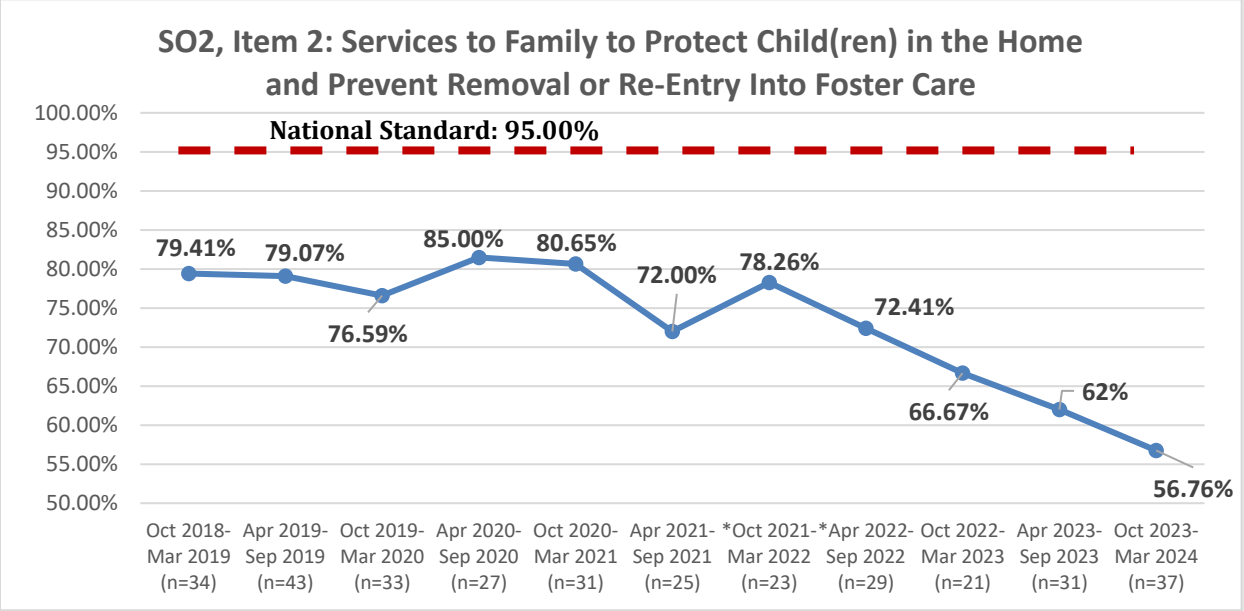
SDM Tools	Intake	Safety Assessment	Risk Assessment	FSNA	CSNA	Case Closure/ Risk Reassessment	Reunification Assessment
Draft developed	©	©	©	©	©	©	©
Internal Review	©	©	©	©	©	©	©
SDT/CWFAC Review	©	©	©	©	©	©	©
AG Review	©	©	©	TBD	TBD	TBD	TBD
Field Testing	©	©	©	©	©	©	©
2nd Internal Review (Policy to Practice)	©	©	©	TBD	TBD	TBD	TBD
ULT	©	TBD	TBD	TBD	TBD	TBD	TBD
Final Approval	©	TBD	TBD	TBD	TBD	TBD	TBD
Implementation	Jan 2025	TBD	TBD	TBD	TBD	TBD	TBD

© Denotes Completed

Additionally, another goal is to improve internal communication processes and feedback loops so trainers and state staff providing TA to counties can make connections between policy changes and safety-related practices.

The Substance Affected Infant Regional Medical Abuse Specialist (SAI-RAMS) position continues to provide technical assistance alongside Regional Child Welfare Specialists (RCWS). Updated information and data about the SAI-RAMS can be found in the CAPTA Update.

Figure 3. Safety Outcome 2, Item 2



Source: NC Case Reviews using the OSRI

Safety Outcome 2, Item 2 focuses solely on the provision of appropriate safety-related services in response to safety concerns. Based on the case circumstances, the item looks at the activities the agency engaged in with the family to provide appropriate services to prevent foster care entry or re-entry and whether these activities were appropriate, regardless of whether the children eventually entered or re-entered foster care. Performance in Item 2 received an overall rating of Area Needing Improvement. As seen in the above figure, this item showed a decrease in the reporting period October 2023 through March 2024, lacking significant improvement in meeting the 95% federal standards, with the lowest performance in the last four and a half years.

Table 5. Racial Comparison of OSRI and State Profile for Item 2

	OSRI October 2023-March 2024 Applicable Cases (Foster Care Cases)	OSRI October 2023-March 2024 Applicable Cases (In-Home Cases)	Total Children Entering Custody SFY 2023
Black or African American	5 (31.3%)	10 (40.0%)	1,453; 29.1%
White	9 (56.3%)	13 (52.0%)	2,834; 56.7%
Hispanic	2 (12.5%)	2 (8.0%)	*
Multi-Race			358; 7.2%
Other			355; 7.0%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

While sample numbers were quite small for foster care cases, the majority of children in the sample were White. Black or African American children and multi-race children were slightly overrepresented, while White children were slightly underrepresented. All five cases of children who are White were rated a strength compared to 2 of 3 cases (66.7%) for Black or African American children.

During the 2020-2024 CSFP NC DSS made progress toward implementing FFPSA. In 2023 NC began working with eight counties in Region Two that volunteered to be the first Innovation Zone for FFPSA. These counties attended training on FFPSA and tested out new policies and the In-Home Family Case Plan and provided feedback on the Candidacy Determination Form. Feedback from the Innovation Zone led to revisions to the policies and tools and NC DSS' decision to update the definition of candidacy in the state's Title IV-E Prevention Plan submitted to the Children's Bureau for review and approval.

In preparation for Title IV-E training, NC DSS completed process mapping of existing revenue codes. The state has identified a need to add one new service code and one new program code. These updates will allow counties to claim IV-E revenue for FFPSA candidates.

In 2023 NC DSS executed a contract with the Institute for Family Development to implement Homebuilders, the first of the planned evidence-based practice included in NC's FFPSA Plan. Additionally in 2023, NC DSS released a RFA for Homebuilders providers; four providers applied and three were selected. Providers contracts were executed on 1/1/2024 and the first Homebuilders specialists were trained and began providing services in February 2024. North Carolina is taking a phased approach to Homebuilders implementation: counties are selected based upon readiness factors and provider capacity to serve based on staff hiring and training completion. Selected counties are trained by NC DSS regional child welfare prevention specialist staff and provider agencies to ensure their staff are knowledgeable about the service and the required processes for completing a referral.

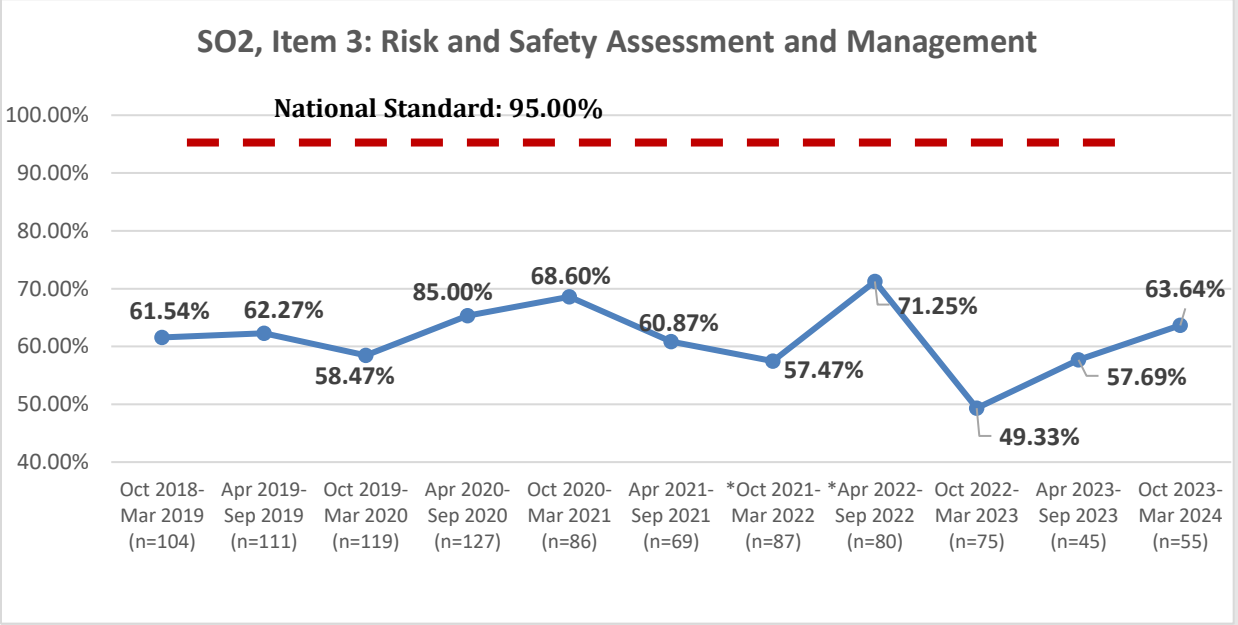
During this reporting period NC DSS has continued the work to implement a second evidence-based practice, Parents as Teachers (PAT). North Carolina is exploring how to support existing Family Resource Centers to increase access to prevention services and to strengthen the prevention services infrastructure in local communities.

Currently 27 counties have access to Homebuilders; 14 more will have access in July 2024. NC DSS expects to see improvements in OSRI performance measures once Homebuilders is fully implemented statewide. Specific Statewide Data Indicators that are likely to see improvements include, S2: Children are Maintained Safely in Their Homes, WB1: Families Have Enhanced Capacity to Provide for Their Children's Needs, WB2: Children Receive

Appropriate Services to Meet Their Educational Needs, and WB3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs.

Through a contract with NC DSS, Catawba County DSS will provide the statewide replication of Success Coach model to all regions in the state. The Success Coach Model will provide support and TA to families in providing a stable and safe environment for their children post permanency, to build family resiliency, and to implement support services that will have a positive long-term effect on post permanency stability and help children experience long-term success as they transition to adulthood.

Figure 4. Safety Outcome 2, Item 3



Source: NC Case Reviews using the OSRI

Safety Outcome 2, Item 3 examines NC's efforts to assess and manage risk and safety. NC received an overall rating of Area Needing Improvement for Item 3 in the 2015 CFSR, and recent data shows performance continues to fall below the national standard. As the figure above shows, performance on this item dropped 20% from September 2022 to March 2023. However, data collected from reviews done October 2023 through March 2024 indicate a recent small improvement of almost 6%.

Table 6. Racial Comparison of OSRI and State Profile for Item 3

	OSRI October 2023-March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023-March 2024 Applicable Cases (In-Home Only)	Percent Children in Custody by Race March 2024
Black or African American	10; 29.4%	10; 40.0%	3,103; 29.8%
White	21; 61.8%	13; 52.0%	5,998; 57.4%
Hispanic	3; 8.8%	2; 8.0%	*
Multi-Race			812; 8.1%
Other			538; 4.7%

Source: OSRI and State Data
*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

The percentage of cases pulled for the OSRI sample is in alignment generally with the percent of children in custody by race.

Item 3 Strengths and Needs

Strengths supporting Risk and Safety Assessment and Management include training, technical assistance, and CQI feedback loops with local agencies. Back2Basics training-previously reported on in the 2024 APSR was recorded and is still available for county staff to review and use to support supervisors and social workers. It has also been required for counties receiving intensive technical assistance when this has been identified as a need. The Regional Abuse Medical Specialists (RAMS) began onboarding with counties in April 2022, providing targeted technical assistance for high-risk reports containing allegations of serious injury, sexually transmitted disease on children under the age of 3, and medically complex cases with an emphasis on safety planning and consultation. (An update with data on this program is contained in the CAPTA Update). Data analysis had identified case decisions where the assessments supported a finding of physical abuse, but the case decisions were for improper discipline. Clarifications were made to the policy manual to provide additional guidance to counties by defining improper discipline as unsafe discipline and providing a tip sheet to define the difference between unsafe discipline and physical abuse. Further analysis of fatality review data led NC DSS to develop and provide a guidance document for social workers to use in assessing firearm safety. As previously mentioned, NC has continued to work on completing the revalidation of SDM tools, completing the Screening and Response Intake tool. NC recognizes that a quality intake report is critical to identifying children who need a child welfare assessment and providing the assessment worker with the information they need to conduct a thorough assessment. NC incorporated elements of SOP as a part of the new Intake tool, with provisional Harm and Worry statements as a part of the Intake narrative.

During the process of completing the work on the new Intake tool, NC identified clarifications in policy were needed to help build consistency and accuracy in screening maltreatment reports by all 100 local child welfare agencies. These changes to policy have been made even though the Screening and Response tool implementation is delayed by CWIS development. NC DSS has provided support to local child welfare agencies through the following:

- Intake Policy Alignment Webinar (10-2-2023)
- Intake Policy Office Hours (10-24-2023 and 10-25-2023)
- Harm and Worry Statements Webinar with Evident Change (12-7-2023)
- Safe Surrender Legislative and Policy Changes (1-4-2024 and 1-19-2024)

These webinars are recorded and are available to local child welfare leadership and social workers to review as needed.

As mentioned previously, the SAI-RAMS position continues to provide TA alongside Regional Child Welfare Specialists. Updated information and data about the SAI-RAMS can be found in the CAPTA Update.

NC's assessment and management of safety and risk is projected to continue to improve with the implementation of the Child Welfare Practice model. Delays in rollout of the Screening and Response Intake tool that was completed and was scheduled for statewide roll out to begin in July 2023 (due to the decision to include it in the new CWIS design) has created a cascading impact in NC's ability to continue training and implementation of additional SDM tools. The two foundational pieces of this model are practice standards and SOP, which includes the revalidated SDM tools and associated training. The Safety Assessment and the Risk Assessment have been completed and are also ready for incorporation into CWIS. NC has continued to work on revalidating the FSNA tool that will assist social workers in accurately identifying family needs and behaviors that need to change and developing case plans to address them in the tools mentioned above. Listening sessions were held with stakeholders and child welfare staff who use the current tool, and their feedback is being incorporated in the updated tool. This feedback also resulted in NC adopting the use of CSNA to focus on children's needs in developing appropriate safety and service planning. Both the FSNA and CSNA will be trained concurrently with the SOP practices that enhance family engagement in case planning and services delivery.

NC, in partnership with Evident Change, is developing a Case Progress to Safe Closure tool mentioned previously to help In-Home Services and Foster Care Services social workers identify remaining danger indicators within the family and document progress on the case plan.

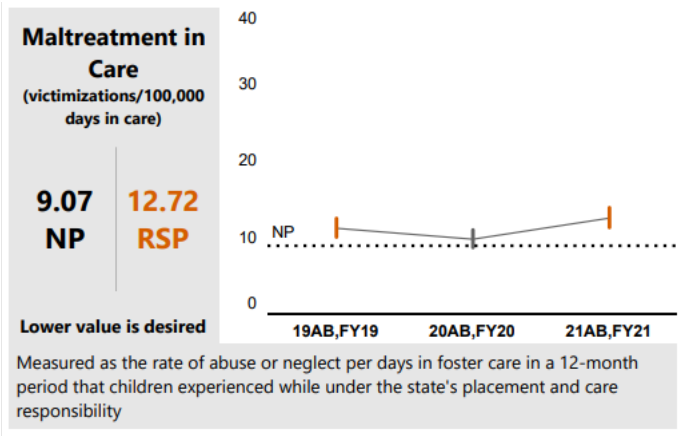
Development of all these tools were completed utilizing feedback loops which include family partners to ensure an efficient and valuable implementation plan and strategic alignment with policy. Increased ability to have quality data regarding assessment of risk and safety from local agencies is expected with the implementation of CWIS statewide.

The previously mentioned workforce crisis has seriously impacted this outcome. Local child welfare agencies struggle to employ experienced staff, or staff that have the educational background that would prepare them for working in child welfare. This has led to an inexperienced and untrained workforce without the maturity and nuanced skills needed to accurately assess and case manage the increasingly difficult caseloads. This inexperience extends to both supervisors and program managers, many of whom have been promoted to these positions with a minimum of experience and training themselves.

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

The CFSR data indicator for maltreatment in foster care measures the rate of maltreatment per 100,000 days of foster care during a 12-month period. NC's performance is shown in the figure below from the February 2024 CFSR Data Profile, which has been risk adjusted. NC has not met the threshold for maltreatment in care. This data is impacted by CWIS being deployed in only 25 counties and under redevelopment, as described in Item 19 Statewide Information System as NC is unable to distinguish whether a newly reported incident occurred prior to entry into care or while in care. Accurate tracking of these reports will be a part of the redeveloped CWIS.

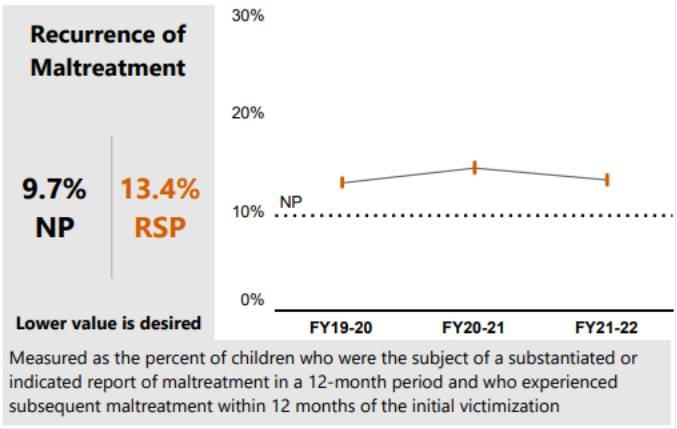
Figure 5. Data Profile: Maltreatment in Care



Source: Children's Bureau CFSR Data Profile February 2024

The CFSR data indicator for recurrence of maltreatment measures the percentage of children found to be maltreated during a 12-month period who were found to be maltreated again within 12 months of the initial report. NC's performance is shown in the figure below, again risk adjusted from the February 2024 data profile.

Figure 6. Data Profile: Recurrence of Maltreatment



Source: Children's Bureau CFSR Data Profile February 2024

Performance in FY 2018-19 was below the threshold while performance in FY 2019-22 was above the threshold. One thing to keep in mind for this indicator was a change that was made in how North Carolina codes positive findings. Previously, the state was only coding positive findings from the investigative assessment track (Substantiations) and not the family assessment track ("Services Needed" and "Services Provided"), which represents most CPS assessments. Once they corrected this in FY2020-21, positive findings more than doubled. This change will continue to be tracked in the same way after implementation of the redeveloped CWIS.

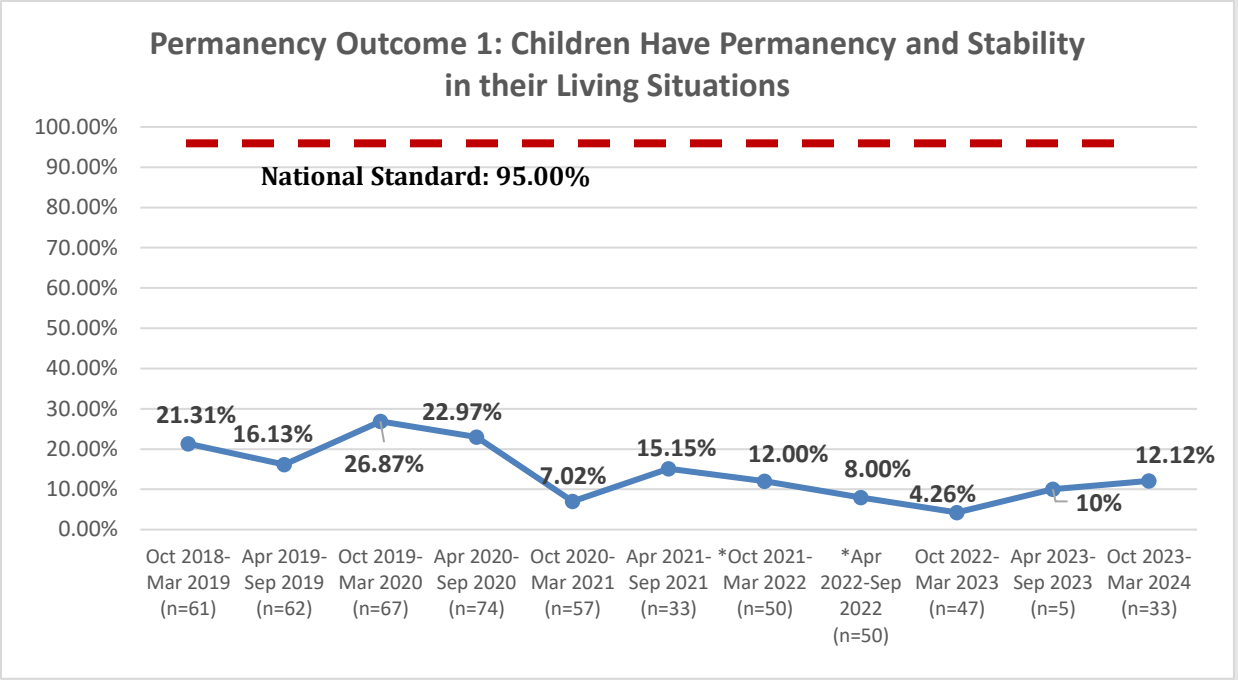
2.1.2 Permanency Outcomes

Permanency Outcome 1

Permanency Outcome 1 states that children have permanency and stability in their living situations. Permanency Outcome 1, Item 4 assesses stability and changes in foster care placements and is an area needing improvement for NC. Item 5 assesses whether appropriate permanency goals were established in a timely manner for children in foster care and is an area needing improvement. Item 6 assesses whether concerted efforts were made during the period under review to achieve reunification, guardianship, adoption, or another planned permanent living arrangement (APPLA) for children in foster care and was rated as an area needing improvement.

NC DSS assessed Permanency Outcome 1, Items 4, 5, and 6 using data from Quality Assurance reviews and data from the Data Profile provided by the Children's Bureau in August 2023.

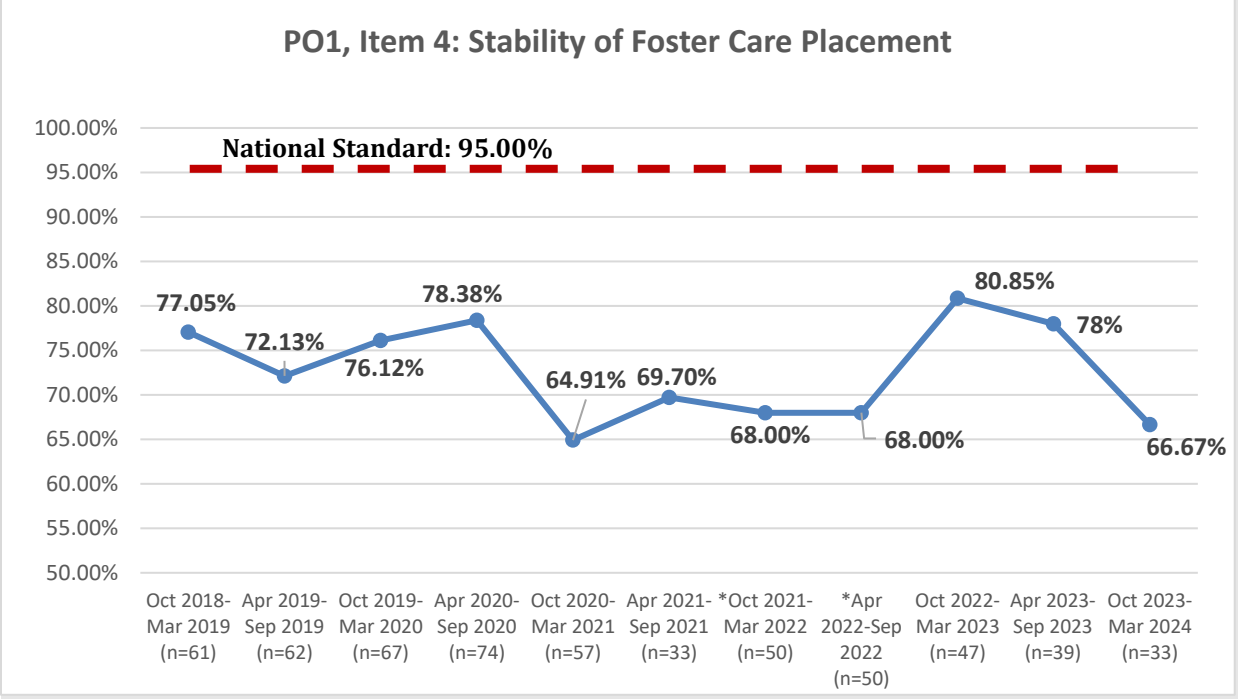
Figure 7. Permanency Outcome 1



Source: NC Case Reviews using the OSRI

Permanency Outcome 1 continues to be an area needing improvement, falling below the 95% national standard. OSRI case reviews have observed a steady decline in performance over the last several years, with a 5% incline in the most recent reporting period.

Figure 8. Permanency Outcome 1, Item 4



Source: NC Case Reviews using the OSRI

As the figure above depicts, Item 4 showed an increase of over 12% from the April – September 2022 period to the October 2022 – March 2023 period. From the March 2023 to September 2023 reporting period, a 2% decrease occurred, followed by an almost 12% decline in performance in the October 2023 – March 2024 period.

Table 7. Racial Comparison of OSRI and State Profile for Item 4

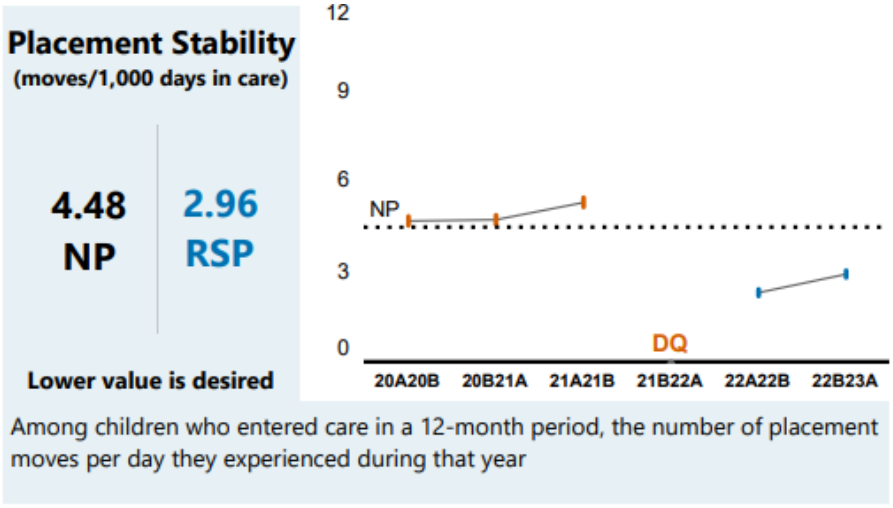
	OSRI October 2023–March 2024 Applicable Cases	Percent Children in Custody by Race March 2024
Black or African American	10; 29.4%	3,103; 29.8%
White	21; 61.8%	5,998; 57.4%
Hispanic	3; 8.8%	*
Multi-Race		812; 8.1%
Other		538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

The above table shows of applicable OSRI cases for Item 4 in each reporting period, how many children identified as Black/American African, White, Hispanic, Multi-Race, or Other in comparison to the percent of children in custody as of April 2023. The percentage of cases pulled for the OSRI sample is in alignment generally with percent children in custody by race with White children being slightly under-represented.

Figure 9. Data Profile: Placement Stability



Source: Children's Bureau CFSR Data Profile August 2023

Item 4 Strengths and Needs

NC is in the process of transforming its current system by implementing a kin-first culture to support placement stability. During the SFY 2023 state budget, NC DSS was awarded

$5.7 million to develop and implement the Unlicensed Kinship Reimbursement Program, designed to provide half the standard board rate payment for eligible kinship caregivers who are providing placement for children in foster care. As the program was rolled out, NC DSS updated the living arrangement options and definitions to better capture the type of relative and nonrelative kin placements for children. Additional information for this program and other kin-first culture efforts can be found in Section 4.8, Kinship Navigator.

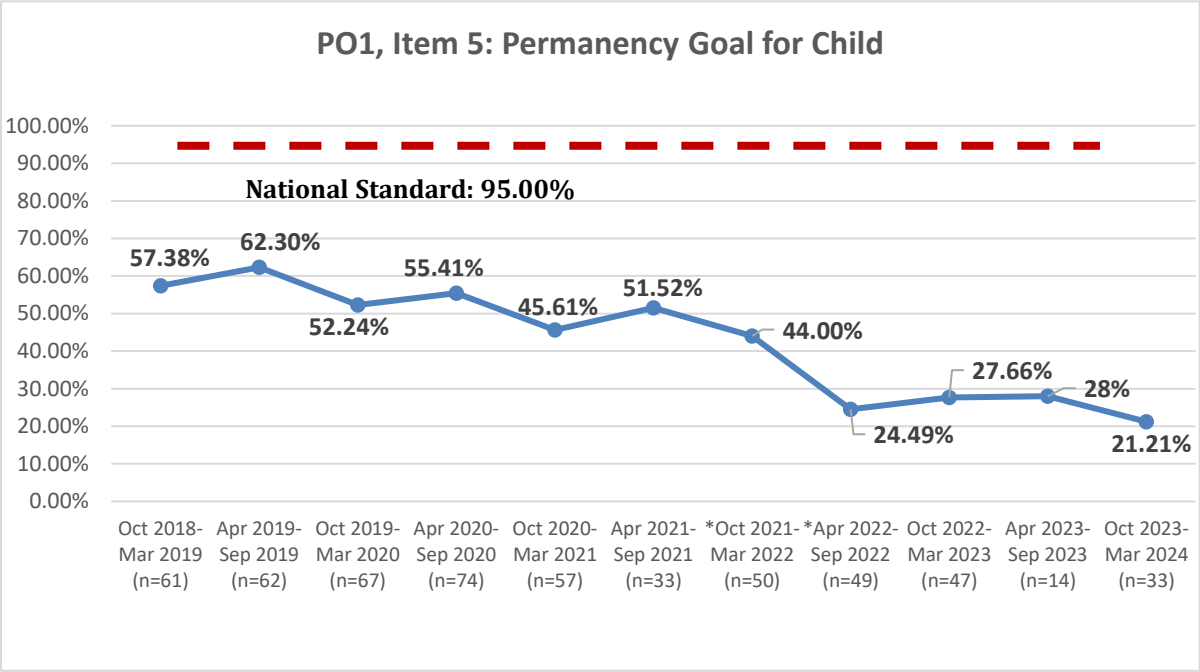
A separate $80 million was allocated through NC Medicaid Expansion towards other behavioral health service improvements for children and their families. These include specialty treatment programs for children with complex behavioral health needs and intensive support for children and families in the community. These funds are also used to support more prevention services and appropriate placements for children awaiting the appropriate level of care. NC DSS has allocated $2,291,667 in SFY 2023-24 and $5,500,000 in SFY 2024-25 of the behavioral health investment in the 2023 budget and created a pilot program called DSS Emergency Placement Fund. These funds are intended to temporarily assist county DSS agencies in addressing identified placement needs for children in DSS custody who are awaiting a Medicaid leveled treatment placement. These funds are an effort by NC DSS to assist counties as Medicaid Managed Care Organizations continue to build the network of providers to meet this need.

The cross-divisional Rapid Response Team (RRT) continues to meet and promote safe and appropriate placements for children with emergency behavioral health needs.

Changes in Goal 2 are reflected to reflect CQI regional meetings, which have included topics to support and review data and goals around relative and kinship supports.

Additionally, quality assurance (QA) reviewers found through data analysis that to minimize placement disruptions, more support and training are needed to help placement providers address child behaviors. The resources available to kinship, foster, and adoptive families through NC DSS' contract with Foster Family Alliance (FFA) and UNC's FosteringNC.org website continue.

Figure 10. Permanency Outcome 1, Item 5



Source: NC Case Reviews using the OSRI

Item 5 assesses whether appropriate permanency goals were established in a timely manner for children in foster care. This continues to be an area needing improvement.

Table 8. Racial Comparison of OSRI and State Profile for Item 5

	OSRI October 2023–March 2024 (Foster Care Only)	Percent Children in Custody March 2024 by Race
Black or African American	10; 29.4%	3,103; 29.8%
White	21; 61.8%	5,998; 57.4%
Hispanic	3; 8.8%	*
Multi-Race		812; 8.1%
Other		538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

The above table shows of applicable OSRI cases for Item 5 in each reporting period, how many children identified as Black/American African, White, Hispanic, Multi-Race, or Other in comparison to the percent of children in custody as of April 2023. The percentage of cases pulled for the OSRI sample is in alignment generally with the percent of children in custody by race, with White children being slightly under-represented.

Item 5 Strengths and Needs

Establishing an appropriate permanency goal remains an area that needs strengthening in NC.

Policy Office Hours continue to be provided when a change has occurred with legislation and/or policy to provide updates and technical assistance.

NC collaborates with the CIP in response to case reviews to further address engagement with the Courts and GAL that have impact on permanency delays.

NC DSS is revising the case plan to assist with development and monitoring of appropriate permanency goals. The projected date of completion is June 30, 2024.

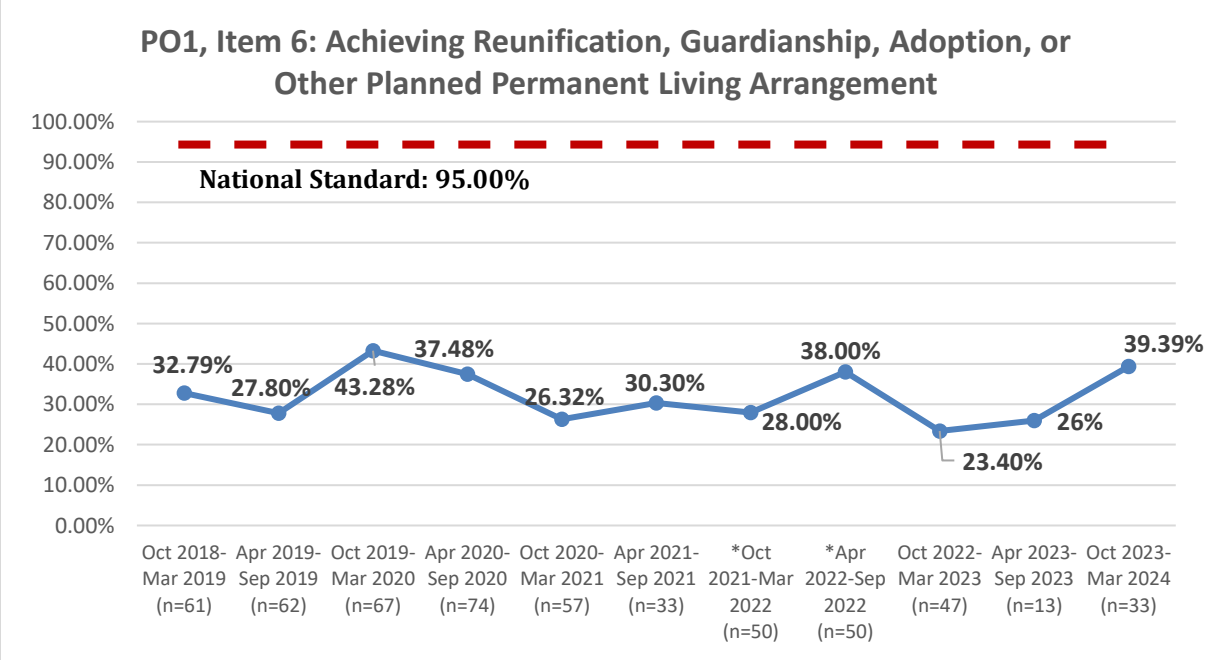
In addition, NC is re-validating SDM tools, including the Family Assessment of Strengths and Needs, which provides assessment information needed for permanency planning. NC expects implementing SOP tools to structure planning with families will substantially improve the identification of strengths, needs, and risks to reunification.

NC's Practice Standards are in the process of being intertwined in the track trainings to strengthen caseworkers' and supervisors' involvement with case and permanency planning.

Permanency Roundtables are utilized in several counties as an intensive effort to engage appropriate permanency efforts for children and youth to achieve legal permanency. Additional information about permanency roundtables can be found in Section 4.13.

NC is in the process of exploring statutory changes to state concurrent planning legislation requirements to ensure child welfare agencies are providing concerted efforts to achieve permanency. This is in response to feedback from stakeholders and the Children's Bureau about the difficulty of pursuing two permanency goals simultaneously.

Figure 11. Permanency Outcome 1, Item 6



Source: NC Case Reviews using the OSRI

Item 6 assesses whether concerted efforts were made during the period under review to achieve reunification, guardianship, adoption, or APPLA for children in foster care. This remains to be an area needing improvement for North Carolina.

Table 9. Racial Comparison of OSRI and State Profile for Item 6

	OSRI October 2023-March 2024 Applicable Cases	Percent Children in Exiting Custody by Race SFY 2023
Black or African American	10; 29.4%	1,370; 27.3%
White	21; 61.8%	2,953; 58.9%
Hispanic	3; 8.8%	*
Multi-Race		407; 8.1%
Other		283; 5.7%

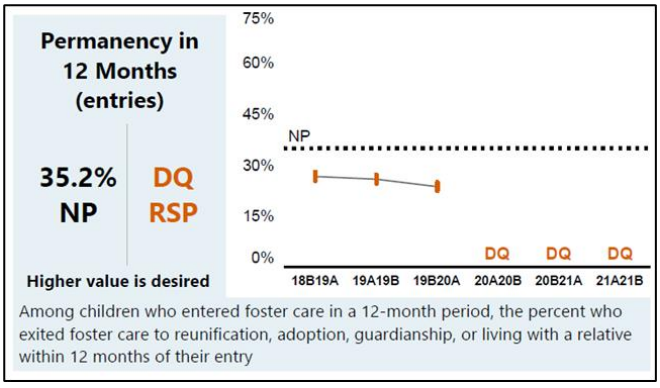
Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

The above table shows of applicable OSRI cases for Item 6 in each reporting period, how many children identified as Black/American African, White, Hispanic, Multi-Race, or Other in comparison to the percent of children in custody as of April 2023. The percentage of cases pulled for the OSRI sample is in alignment generally with the percent of children in custody by race, with White children being slightly under-represented.

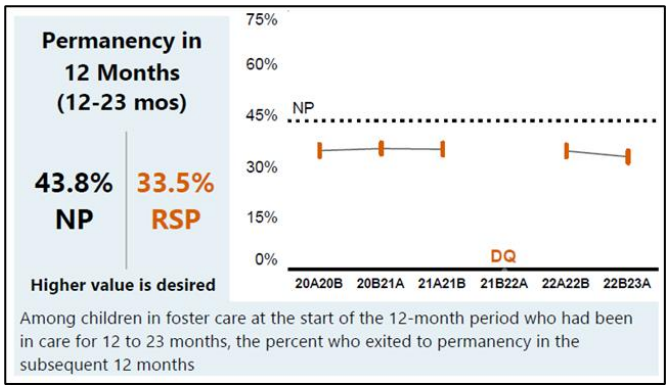
The following data tables represent CFSR data indicators for permanency within 12 months for children entering foster care, children who are in care 12-24 months, and children who are in care for 24 or more months. NC recognizes some of these data tables present data quality issues, which NC is working to resolve with the completion of CWIS.

Figure 12. Data Profile – Permanency in 12 Months (entries)



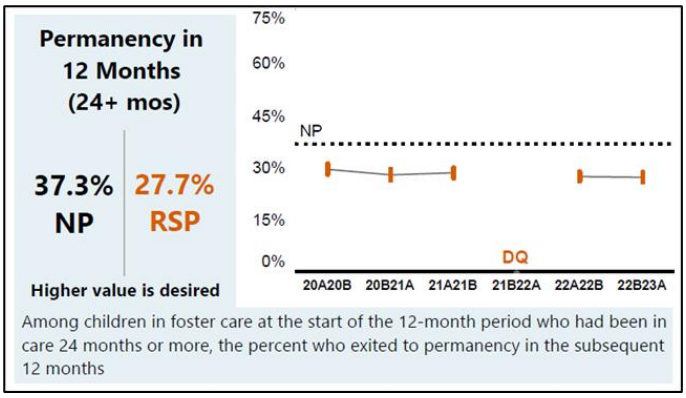
Source: Children's Bureau CFSR Data Profile August 2023

Figure 13. Data Profile – Permanency in 12 Months (12–23 months)



Source: Children's Bureau CFSR Data Profile August 2023

Figure 14. Data Profile – Permanency in 12 Months (24+ months)



Source: Children's Bureau CFSR Data Profile August 2023

Item 6 Strengths and Needs

The case plan revisions and permanency roundtables discussed under Item 5 are also efforts to ensure child welfare agencies are providing concerted efforts are being made to achieve appropriate permanency plans. Among the areas needing strengthening identified during the case plan reviews for targeted training and technical assistance were inadequate use of or lack of use of behaviorally specific language to address the goals and activities addressing the areas of concern to promote timely permanency. Regional Child Welfare Specialists provided targeted training and technical assistance based on their review of case plans. Additional information can be found under Item 20.

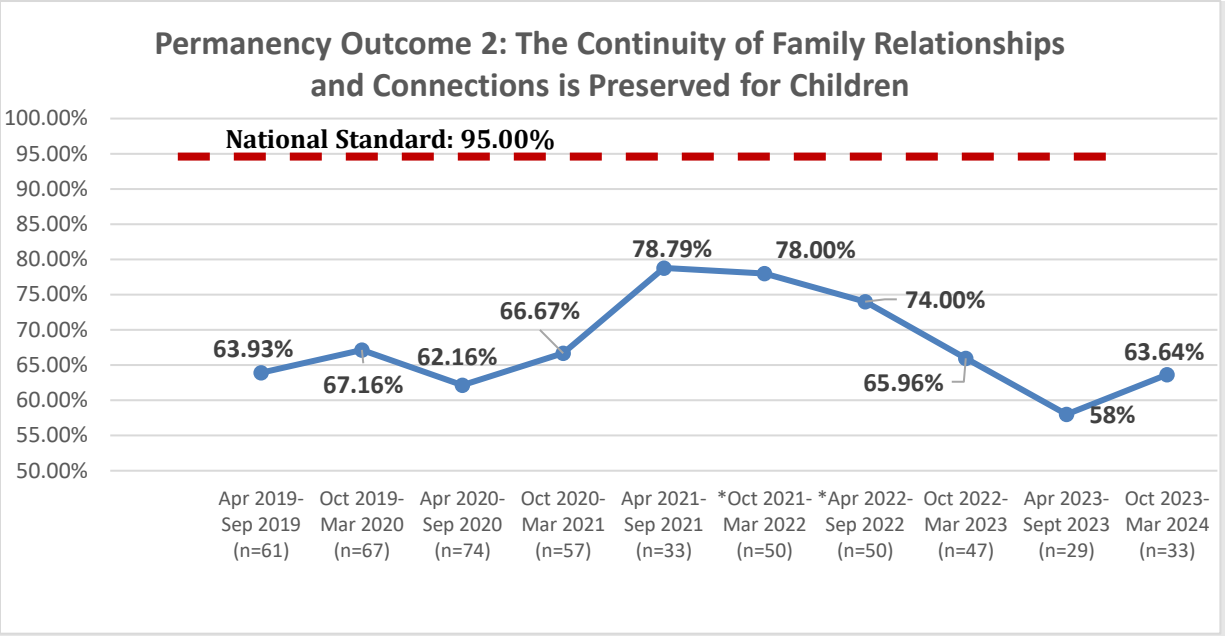
Parental substance use is a driving factor of children entering care in NC and can also delay reunification due to the time it takes for parents to access and complete treatment. The implementation of Safe Babies Court Teams (SBCT) is also an effort to achieve timely permanency. Additional information can be referenced in Section 4.3, Services for Children Under the Age of Five.

North Carolina expanded who can receive Medicaid benefits starting December 1, 2023. Medicaid expansion in NC will lead to increased access to health and behavioral health care across North Carolina. NC DSS expects that as Medicaid expansion continues its implementation—along with child welfare transformation, access to timely services, and support for children and families impacted by child welfare—will increase to assist in achieving timely permanence. Additional information can be referenced in Items 29 and 30.

Permanency Outcome 2

Permanency Outcome 2 states that the continuity of family relationships and connections is preserved for children. Permanency Outcome 2, Item 7 assesses if efforts were made to keep siblings together while in foster care and is an area needing improvement. Item 8 identifies if visitation occurred with children in care and their parents and siblings and is an area needing improvement. Item 9 assesses if a child's connections were maintained while in foster care and is an area needing improvement. Item 10 assesses whether children were placed with relatives and is an area needing improvement. Item 11 assesses whether efforts were made to promote, support, and/or maintain child and parent relationships while the child was in foster care and is an area needing improvement.

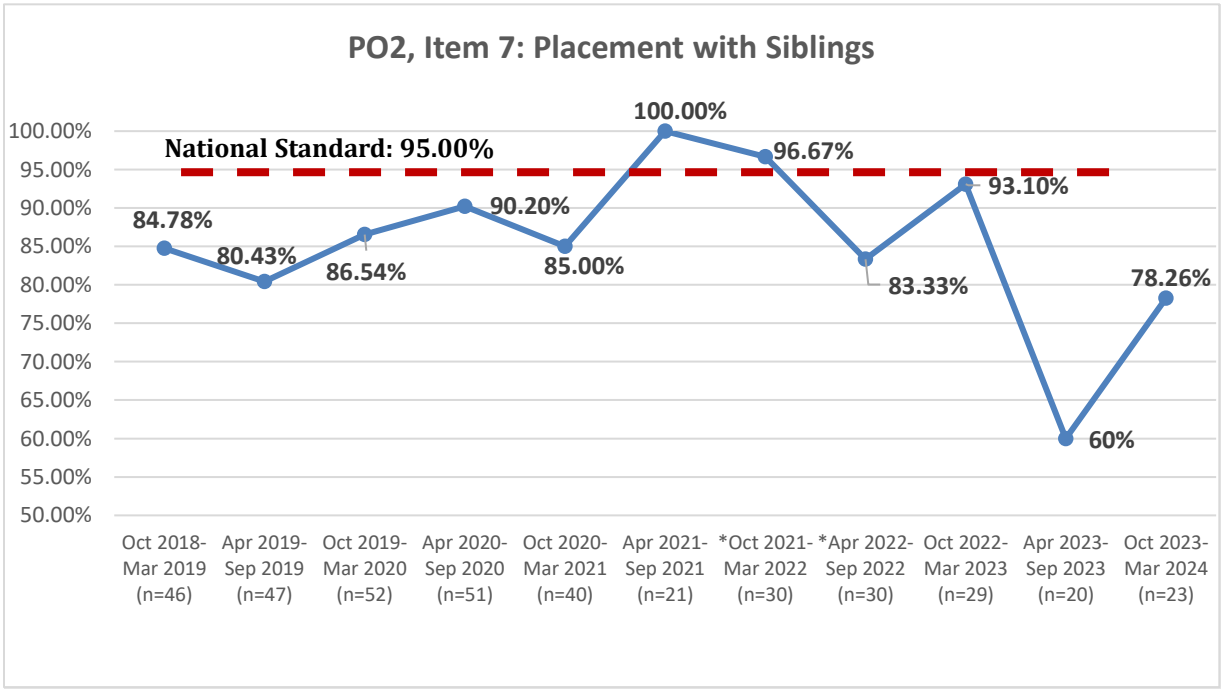
Figure 15. Permanency Outcome 2



Source: NC Case Reviews using the OSRI

Permanency Outcome 2 continues to be an area needing improvement, falling below the 95% national standard. OSRI case reviews have observed a steady decline in performance over the last several years.

Figure 16. Permanency Outcome 2, Item 7



Source: NC Case Reviews using the OSRI

Despite an overall declining performance in Permanency Outcome 2, progress had been improving for Item 7, with the most recent data showing a performance just below the national standard. Progress on this indicator improved over the most recent 6 months but remains below the national standard.

Table 10. Racial Comparison of OSRI and State Profile for Item 7

	OSRI Oct. 2023–March 2024 Applicable Cases	Percent Children in Custody March 2024 by Race
Black or African American	6; 26.1%	3,103; 29.8%
White	15; 65.2%	5,998; 57.4%
Hispanic	2; 8.7 %	*
Multi-Race		812; 8.1%
Other		538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

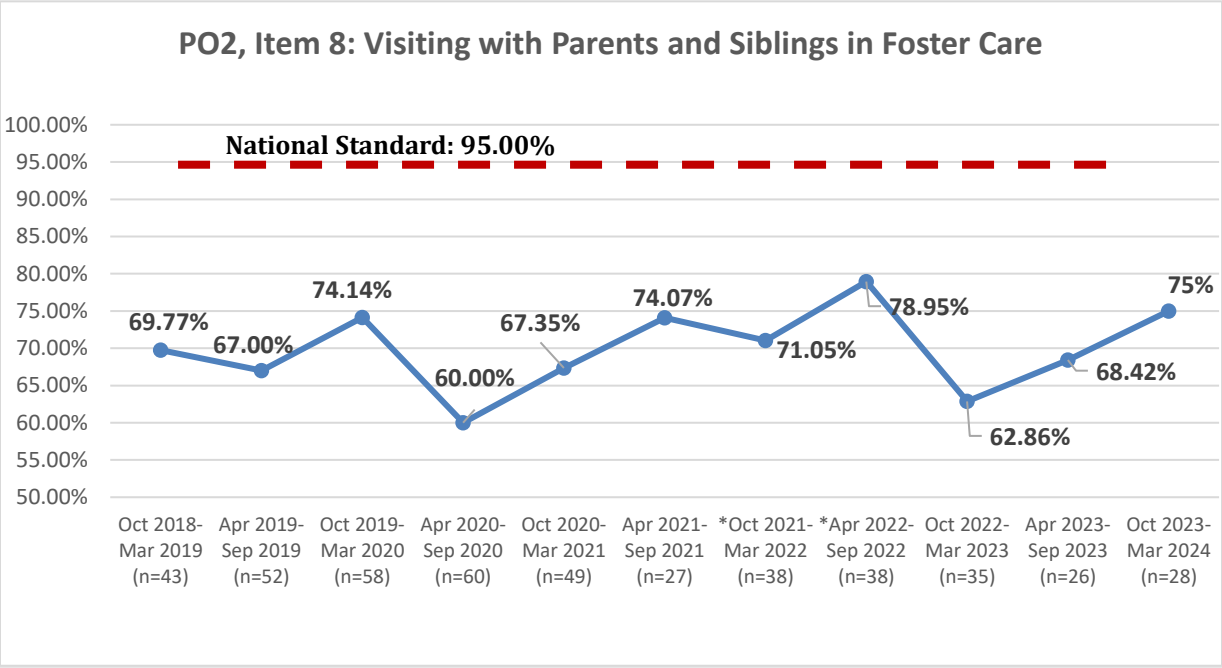
The percentage of cases pulled for the OSRI sample is slightly under representative of Black children and over representative of White children. The overwhelming majority of cases were strengths for this item, regardless of race. Only one each of White and Black or African American were an Area Needing Improvement.

Item 7 Strengths and Needs

NC DSS QA Reviewers noted that counties were making efforts to place large sibling groups together (Item 7) during the case review period. This past year, NC launched a resource parent recruitment campaign (see Item 35 for additional information on the recruitment campaign) targeted at recruiting foster families that would be willing to accept larger sibling groups. The *Resource Parenting Curriculum* (RPC) was provided to resource parents. This training better equips resource parents with the knowledge and skills needed to provide support to children in care, with particular emphasis on the impacts of trauma for children in care.

Recent legislation, the Loving Homes Act, allows homes that have five children to pursue licensure and to be able to accept and exceed the limit on placement for sibling groups. This act is currently being reviewed for implementation in NC by ACF relating to policy around maximum capacity for a home. Some counties in NC are exploring an opportunity to increase payments to families who are able to take larger siblings groups. The data above indicates that these efforts are positively impacting sibling placement and NC DSS plans to continue these efforts in SFY 2024.

Figure 17. Permanency Outcome 2, Item 8



Source: NC Case Reviews using the OSRI

The performance outcome data for Item 8 continues to be an area needing improvement, while reflecting an improvement in visits with parents and children and between siblings in foster care.

Table 11. Racial Comparison of OSRI and State Profile for Item 8

	OSRI Oct. 2023–March 2024 Applicable Cases	Percent Children in Custody March 2024 by Race
Black or African American	9; 33.3%	3,103; 29.8%
White	17; 58.6%	5,998; 57.4%
Hispanic	3; 10.3 %	*
Multi-Race		812; 8.1%
Other		538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

The percentage of cases pulled for the OSRI sample is slightly over representative of both Black and White children. Proportionally, cases with White children and cases with Black or African American children had approximately the same strength ratings. Sixty percent of Black children's cases were rated a strength compared to 57.9% White children's cases.

Item 8 Strengths and Needs

NC made concerted efforts between QA reviews and RCWS targeted case reviews to reinforce the critical need for frequent and quality visitation (family time). Practice needs for improving quality family time include identifying family friendly visitation centers, as well as workers and supervisors identifying creative solutions in facilitating family time based on the unique needs of the family. QA reviewers and RCWS will continue to provide training and technical assistance to county staff to support quality family time for families. NC DSS will collaborate with the courts to provide education on the importance of quality family time and the benefits for children, youth, families, and the agency when family time occurs. NC DSS will provide technical assistance to counties to support them as they request creative family time arrangements with the courts.

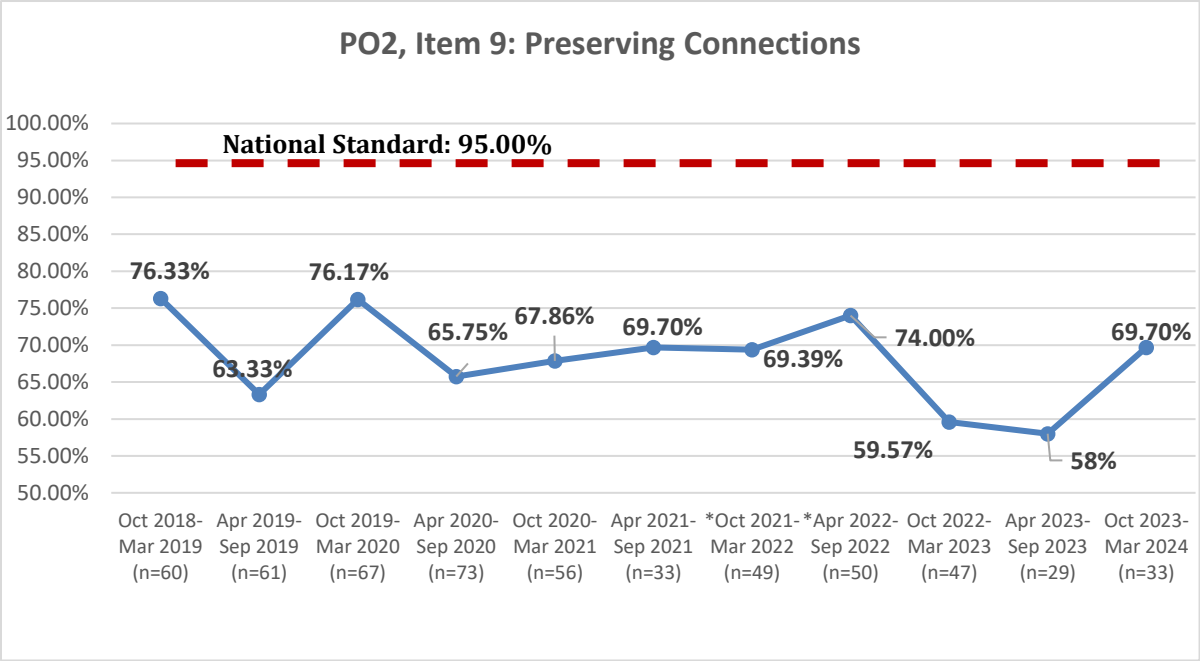
The Unlicensed Kinship Reimbursement Program can assist in maintaining children's connections to their families and home communities, which could positively influence visitation with parents and children and between siblings. Reference Section 4.8, Kinship Navigator for more information.

PST and Track Training changes include videos that feature those with lived experience. See Staff and Provider Training, Items 26–28 for more detailed information about training.

The Safe Babies Court Team model also focuses on ensuring the developmental needs of vulnerable children under age five who are in foster care are met by assessing needs of children and parents and working to secure accessible, responsive services early in the life of the case. For more on SBCT, see Section 4.3, Services for Children Under the Age of Five.

NC DSS has identified court-related issues related to visitation with parents as an area of need. A root cause analysis revealed that some judges are requiring parents to get drug screened within 2 hours before visits, and then punishing parents by removing visits if they fail to take a drug screen. The NC Permanency Planning policy provides best practice guidance on visitation planning.

Figure 18. Permanency Outcome 2, Item 9



Source: NC Case Reviews using the OSRI

Item 9 assesses if a child's connections were maintained while in foster care and continues to be an area needing improvement even though there has been a significant improvement in performance. NC struggles with placing children in their communities of origin and in the least restrictive placement, such as a foster home versus a congregate care placement setting, showing a decline in performance.

Table 12. Racial Comparison of OSRI and State Profile for Item 9

	OSRI October 2023–March 2024 Applicable Cases	Percent Children in Custody by Race March 2024
Black or African American	10; 29.4%	3,103; 29.8%
White	21; 61.8%	5,998; 57.4%
Hispanic	3; 8.8%	*
Multi-Race		812; 8.1%
Other		538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

The percentage of cases pulled for the OSRI sample is slightly over-representative of both Black and White children. While placing children with siblings and visiting with family was relatively strong regardless of race, significant differences emerge with preserving connections. Comparing those rated a strength for this item, 25% of cases that were Black or African American were rated a strength compared to 72% of White cases.

The above table shows of applicable OSRI cases for Item 9 in each reporting period, how many children identified as Black/American African, White, Hispanic, Multi-Race, or Other in comparison to the percent of children in custody as of April 2023.

Item 9 Strengths and Needs

Stakeholders and NCDSS have noted a decrease in the availability of local foster families for the youngest population of children in foster care, which is attributed to having fewer foster families licensed during the pandemic coupled with inflation, which significantly raised the expenses related to caring for children. There are also shortages in the availability of childcare settings for young children negatively impacting the ability of working foster parents to locate substitute care providers while they work therefore, children and youth are often placed outside of their community of origin. Legislation proposed in this year's legislative session was signed into law, SL 2023-14, and will increase the board rates received by foster parents to assist with addressing the increased cost of caring for children.

Youth Listening Sessions held this FY have provided an avenue for feedback around connections with siblings and families. The sessions were regionally based and included feedback from young people with lived experience as well as the adults that support them.

According to the summary report provided by UNC, young people identified sibling contact as a critical component to success. Youth shared they want to live with their siblings, to have more frequent visits, and to have ongoing communication with all siblings. According to feedback from the adults who support young people, keeping siblings together tends to be difficult due to capacity (i.e., limits on the number of children allowed in a home), lack of available homes, and support.

NC DSS engaged county staff during quarterly CQI meetings to discuss statewide 5-year goals on placement with kin, data on kinship placements, licensed and unlicensed, county specific data, and regional data. The regions identified specific one-year goals to increase placement with licensed and unlicensed kin. In addition, strategies were identified to meet regional goals for a kin-first culture in their agencies.

NC DSS hosted a series of Kinship Listening Sessions between December 2023 and March 2024. Participants included kin with lived experience and social workers who support kinship caregivers. A full report from these sessions will be available May 2024. The feedback received will be fundamental in improving permanency outcomes, services, resources, and post-permanency services for kinship caregivers.

A kinship training is being developed in partnership with UNC with an expected release date of July 1, 2024. This training targets social workers who support kinship caregivers

and focuses on defining kin, engaging kinship caregivers, supports and resources, and videos from those with lived experience.

During the 2023 legislative session the General Assembly passed S.L. 2023-14, establishing a reimbursement fund to assist in supporting unlicensed kinship caregivers who are related by blood, marriage, or adoption and are providing foster care as defined in NC general statutes. The law provides that unlicensed kinship caregivers are reimbursed half the standard foster care board rate.

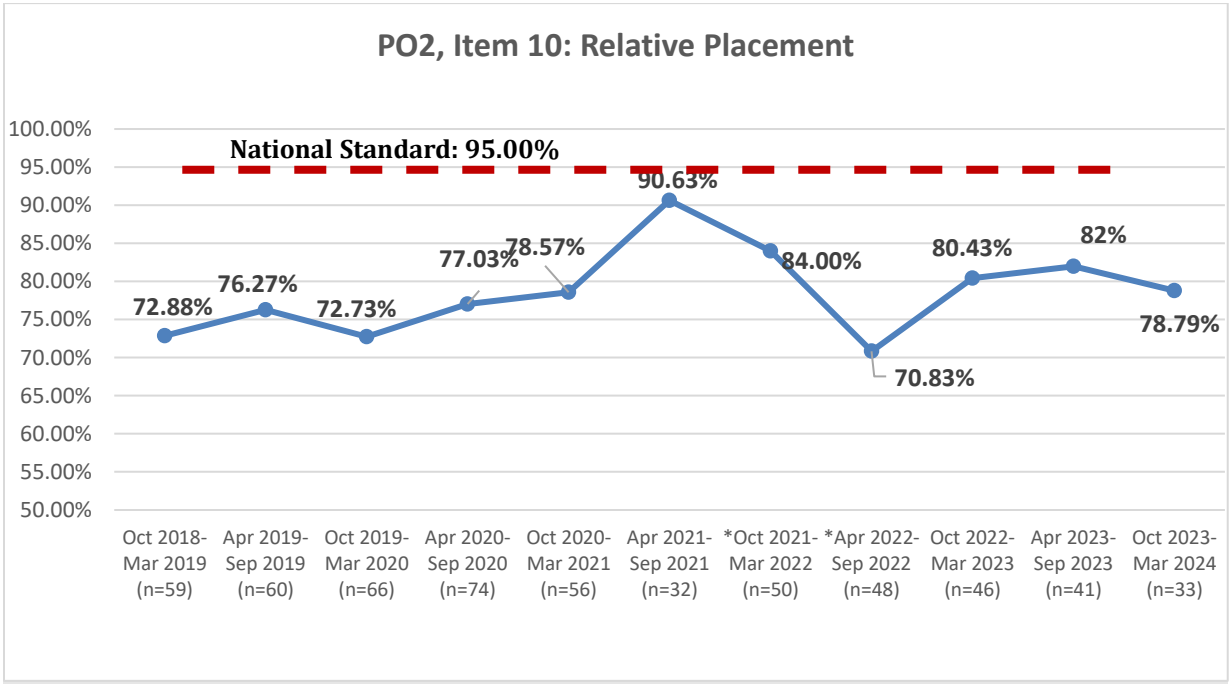
Regional Diligent Recruitment and Retention plans will target and encourage children and youth to remain in their communities which in turn will preserve connections.

Refer to Section 4.8, Kinship Navigator, for additional efforts and strategies towards supporting relative and kin placements.

Data analysis of QA reviews for Item 9 shows NC has strengths in ensuring children who enter foster care are assessed for tribal connections. A renewed focus on relationships with the EBCI has assisted in this issue of notification of tribes.

NC has continued to focus attention on Every Student Succeeds Act (ESSA) of 2015 to ensure children are maintained in their school even when they are not able to be placed in their community of origin. For additional information related to ESSA, see Item 16.

Figure 19. Permanency Outcome 2, Item 10



Source: NC Case Reviews using the OSRI

For Item 10, data analysis during the case review period showed a decline in identifying and assessing all relatives presented by families as being a placement option. Item 10 continues to be an area needing improvement.

Table 13. Racial Comparison of OSRI and State Profile for Item 10

	OSRI Oct. 2023-March 2024 Applicable Cases	Percent Children in Custody March 2024 by Race
Black or African American	10; 29.4%	3,103; 29.8%
White	21; 61.8%	5,998; 57.4%
Hispanic	3; 8.8%	*
Multi-Race		812; 8.1%
Other		538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

Children in White cases were slightly more likely to be rated a strength for this item, with 79.2% than Black or African American children at 66.7%.

The above table shows of applicable OSRI cases for Item 10 in each reporting period, how many children identified as Black/American African, White, Hispanic, Multi-Race, or Other in comparison to the percent of children in custody as of April 2023. The percentage of cases pulled for the OSRI sample is slightly under representative of Black children and over representative of White children.

Item 10 Strengths and Needs

FFPSA was a springboard to assess alternatives to congregate care via placement with relatives. Counties show strength in initial identification and assessment of relatives yet struggle to continue to identify and assess kin resources on an ongoing basis. Counties show strengths in focusing on maternal relatives and demonstrate limited efforts with paternal family connections. NC will review current local initiatives on fatherhood engagement that could be replicated statewide, such as the fatherhood program in Wake County. QA reviewers are focused on providing information to counties about the need to revisit relatives on an ongoing basis as a placement option for children.

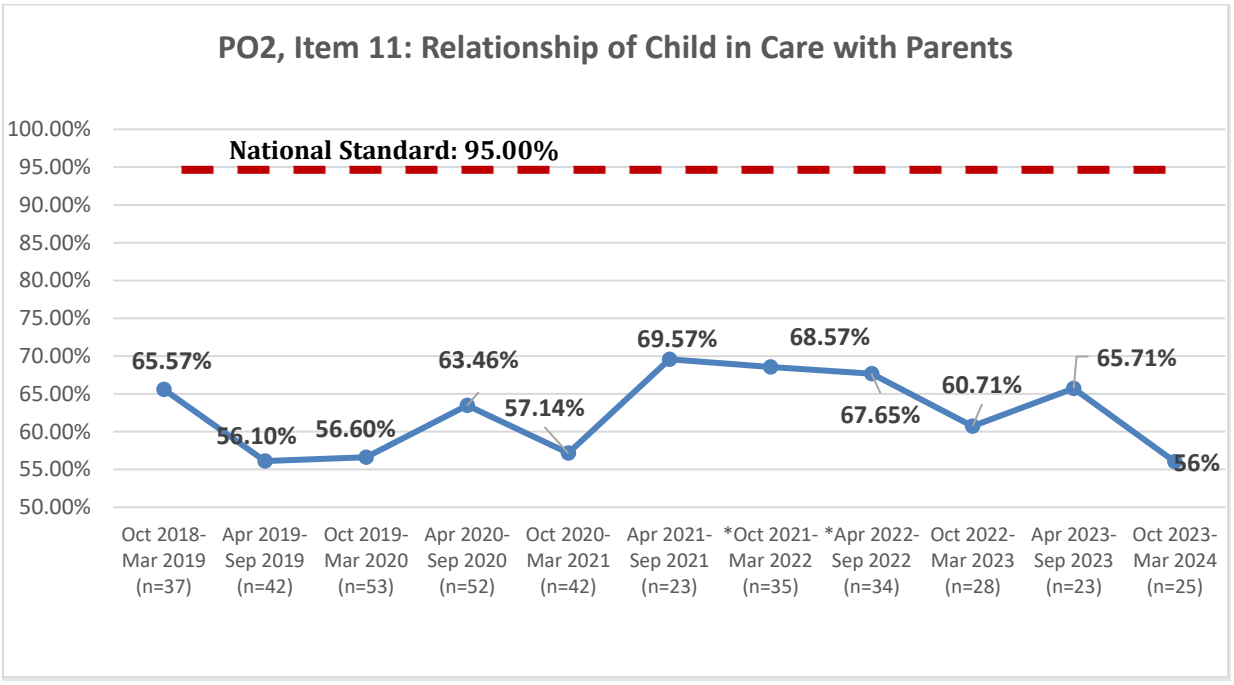
NC DSS is investing time and effort in coordinating a Family Search and Engagement training to be offered SFY 2024. NC DSS posted Request for Proposals for a vendor to provide Family Search and Engagement Training throughout the next SFY. This training will assist in supporting counties in their ongoing efforts to become a kin-first agency, including enhancing diligent search efforts and following up with relatives who may have initially been ruled out as a placement option. Proposals are currently being reviewed.

Another noted barrier to placing children with relative providers is that kin do not currently receive any financial assistance until they are approved and licensed as a foster parent. New legislation was passed this year directing NC DSS to develop and implement a policy that allows anyone related by blood, marriage, or adoption to a child and providing foster care to a child in a family foster home to be reimbursed for the provision of care without having to meet the requirements for licensure. NC DSS has developed and implemented new policy to adhere to statute with the goal to create and establish a kin-first culture in North Carolina. The new policy was effective November 16, 2023.

NC is working with the Capacity Building Center for States to complete a new statewide Foster and Adoptive Parent Diligent Recruitment and Retention (DRR) plan and strategies, with a focus on improved engagement and support of kinship providers. See the attached DRR plan for detailed information.

Refer to Item 4, Item 9, and Section 4.8 (Kinship Navigator) for additional efforts and strategies towards supporting relative and kin placements.

Figure 20. Permanency Outcome 2, Item 11



Source: NC Case Reviews using the OSRI

Item 11 assesses if a child's relationship with their parents is maintained while in foster care and continues to be an area needing improvement.

Table 14. Racial Comparison of OSRI and State Profile for Item 11

	OSRI Oct. 2023-March 2024 Applicable Cases	Percent Children in Custody March 2024 by Race
Black or African American	8; 30.8%	3,103; 29.8%
White	15; 57.7%	5,998; 57.4%
Hispanic	3; 11.5%	*
Multi-Race		812; 8.1%
Other		538; 4.7%

Source: OSRI and State Data
*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

Strength ratings were relatively consistent among races, with 57.1% for children who were Black or African American and 56.3% for children who were White.

The above table shows of applicable OSRI cases for Item 11 in each reporting period, how many children identified as Black/American African, White, Hispanic, Multi-Race, or Other in comparison to the percent of children in custody as of April 2023. The percentage of cases pulled for the OSRI sample very closely aligns with the percent of children in custody by race and is slightly over representative of both Black and White children.

Item 11 Strengths and Needs

Based on QA reviews, NC identified encouraging shared parenting between resource parents and birth parents as an ongoing needed area for improvement. Regional CQI meetings that focused on placement stability identified the policy requirement that shared parenting occur within 14 days should be reduced to 7 days as a strategy to positively impact this Item. Additionally, enhanced discussions and skill-building activities around shared parenting and the importance of a child's connections are topics included in the redesign of the PST. Finally, in each region NC DSS has a RCWS for Permanency whose primary role is to ensure counties are making appropriate efforts to ensure the relationship between parents and children is maintained. This will happen using the CQI process, helping county staff identify strategies such as ensuring visitation is varied and timely to ensure the relationship is allowed to grow and change so reunification can be achieved. Each RCWS will provide needed TA to implement and evaluate ongoing strategies.

As noted in interviews conducted by NC DSS QA reviewers, one challenge impacting counties' ability to provide family time and encourage parent/child relationships via extended visitation is the impact of the ongoing child welfare workforce crisis in NC.

As referenced earlier in Item 9, the lack of community of origin foster family placements also negatively impacts Item 11 due to distance between the parent's community and the community of the child's placement. Continued efforts to recruit foster families in communities where children are coming into care will positively impact this barrier by

reducing travel time and promoting increased visitation/relationship building between parents and their children in care. The new statewide DRR plan includes strategies to increase access to family-based care for children and youth.

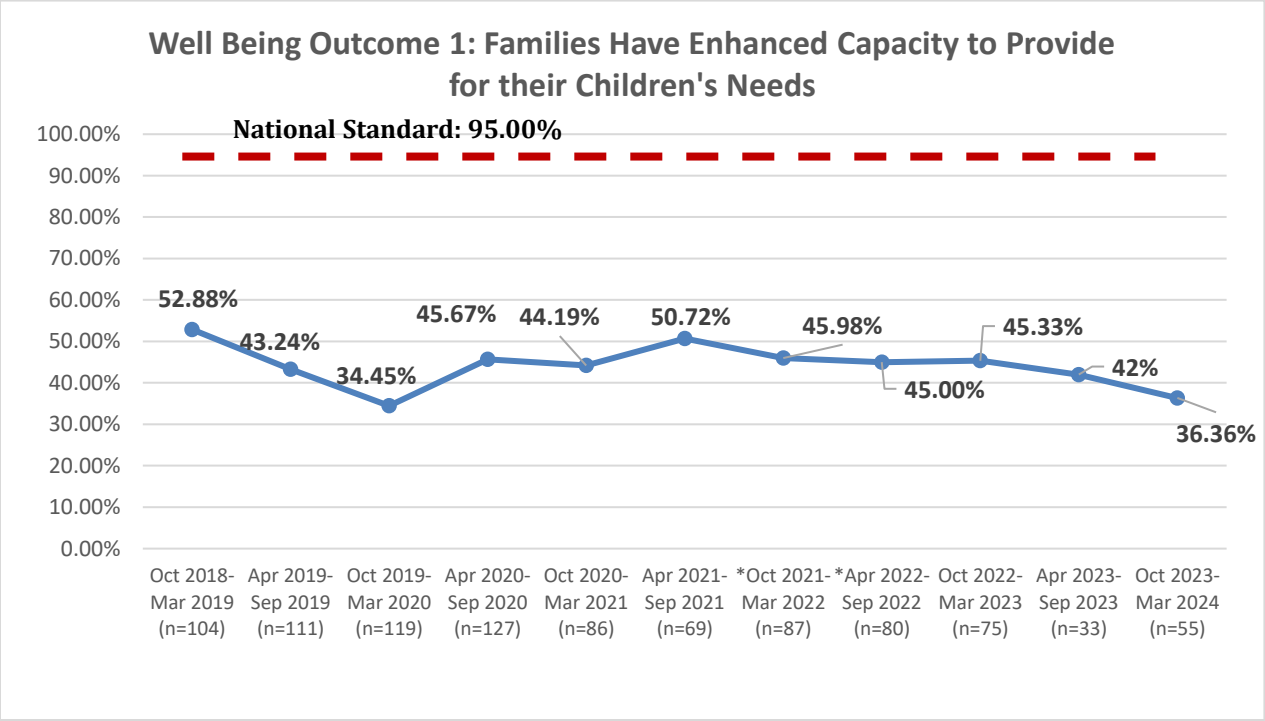
Refer to Item 4, Item 9, and Section 4.8 (Kinship Navigator) for additional efforts and strategies towards supporting relative and kin placements.

2.1.3 Well-Being Outcomes

Well-Being Outcome 1

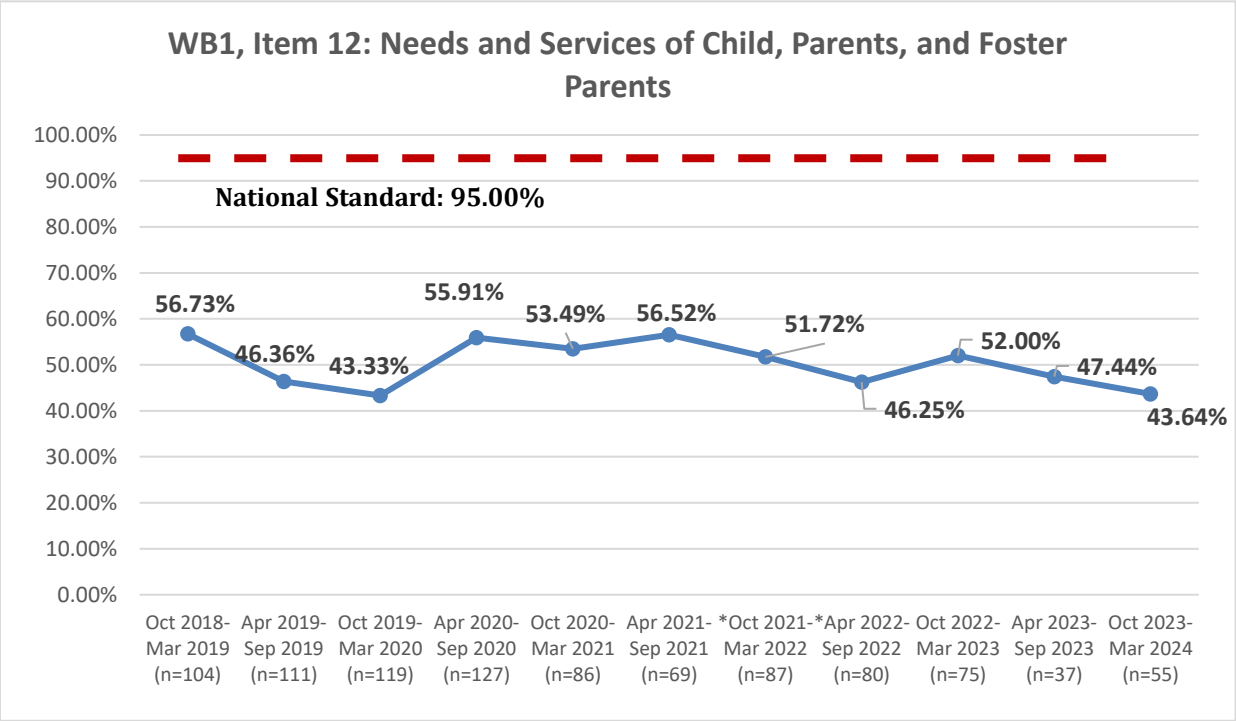
Well-Being Outcome 1 is a performance area determined by NC DHHS to be an area needing improvement. NC's measurement on Well-Being Outcome 1 is presented in the table below.

Figure 21. Well-Being Outcome 1



Source: NC Case Reviews using the OSRI

Figure 22. Item 12 (A, B, and C)



Source: NC Case Reviews using the OSRI

Over the course of several years, and as evident in recent data analyses, the needs and services of child, parents, and foster parents has been rated by QA reviewers as areas needing improvement. Eleven of 28 of the In-home cases (39%) and 26 of 50 foster placement cases (52%) were rated as a strength, for a total of 37 of 78 total cases (47%). For the period October 2023 to March 2024, 43.6% (n=24) of all cases were rated a strength, compared to 56.4% (n=31) rated as needing improvement. North Carolina is doing better at assessing the needs and provision of services to children as compared to parents and doing better at meeting the needs of White children compared those associated with other races.

Table 15. Racial Comparison of OSRI and State Profile for Item 12

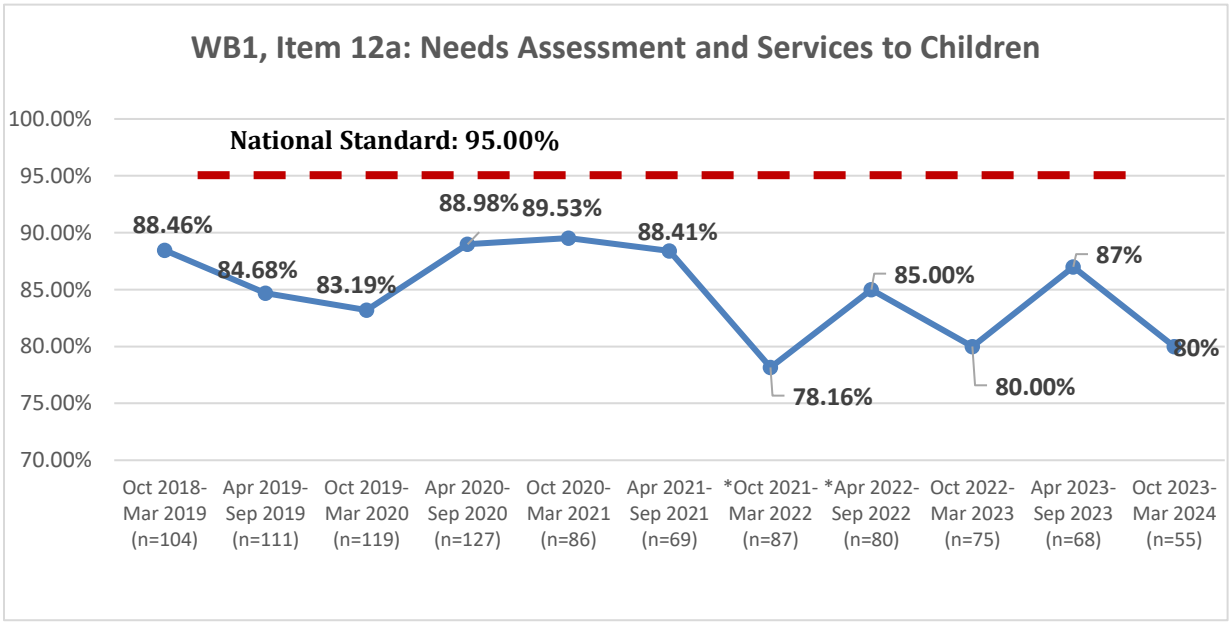
	OSRI Oct. 2023–March 2024 Applicable Cases (Foster Care Only)	OSRI Oct. 2023–March 2024 Applicable Cases (In-Home Only)	Percent Children in Custody March 2024 by Race
Black or African American	10; 29.4%	10; 40.0%	3,103; 29.8%
White	21; 61.8%	13; 52.0%	5,998; 57.4%
Hispanic	3; 8.8%	2; 8.0%	*
Multi-Race			812; 8.1%
Other			538; 4.7%

Source: OSRI and State Data
*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

The percentage of cases pulled for the OSRI sample is slightly under-representative of Black children and over-representative of White children. Comparing strengths, 64% of cases with White children were rated strengths, compared to 33.3% strengths for cases with Black or African American children. More effort must be applied to meet the needs of all children regardless of race, appropriately and equitably, and to their parents (i.e., birth, kin, and foster parents).

Item 12A

Figure 23. Well-Being Outcome 1, Item 12A



Source: NC Case Reviews using the OSRI

Well-Being Outcome 1, Item 12A, measures North Carolina's performance in assessing the needs of and provision of services to children. Item 12A is an area needing improvement as the percentages for this item are all below the national standard. For the period under review (PUR) April to September 2023, QA Surveyors found 68 of 78 case records demonstrated Item 12A as an area of strength, resulting in a rating of 87%. For PUR October 2023 to March 2024, 44 of the 55 cases reviewed (80%) were rated as a strength. The incidence of cases showing strengths was also shown to be irrespective of the child's race. Refer to Table 2 Comments.

Table 16. Racial Comparison of OSRI and State Profile for Item 12a

	OSRI October 2023-March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023-March 2024 Applicable Cases (In-Home Only)	Percent Children in Custody March 2024 by Race
Black or African American	10; 29.4%	10; 40.0%	3,103; 29.8%
White	21; 61.8%	13; 52.0%	5,998; 57.4%
Hispanic	3; 8.8%	2; 8.0%	*
Multi-Race			812; 8.1%
Other			538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

The percentage of cases pulled for the OSRI sample is slightly under representative of Black children and over representative of White children. Comparing strengths, regardless of race, most cases were rated strengths. Only two cases each were areas needing improvement for White children and Black or African American children, and one for a multi-race child.

Item 12A Strengths and Needs

Steep dips and inclines in Item 12A performance can be contributed in part to parents being unaware of assessment and treatment services within their access, Medicaid transformation, and gaps in services impacting statewide availability. North Carolina's ongoing Medicaid Transformation has resulted in changes to the Local Management Entities/Managed Care Organizations (LME/MCOs) who manage Medicaid funded services at the local level. This has been challenging for communities because each change impacts the availability of provider networks, the standardization of available services across all managing entities, and creates the need for local DSS agencies to build new relationships when a new managing entity takes over for the prior one. NC DSS expects that implementation of the Statewide Medicaid Child and Family Specialty Plan will improve access to a consistent array of services and supports, such as care coordination, across the state.

According to the 2023 Statewide Assessment Survey and results of focus groups held during the last five-year period of NC's CFSP, over two-thirds of those surveyed were not aware of services for children or did not believe that services for children exist in their community. Service providers, especially those who will accept Medicaid, are believed to be scarce or not readily available, particularly in remote counties. Of the 14 birth parents who responded to a November 2023 survey, only two indicated outpatient substance use wrap-around services, mentoring supports, and in-patient substance use for their children were in existence. Caseworkers and agency leaders responding to a similar survey were much more likely to say specific services are available to caretakers.

To promote continuity of care, create better access to care, and raise awareness surrounding the availability of services to meet the needs of children and parents involved in the child welfare system, NC DHHS has worked with NC Medicaid and its statewide networks of physicians and mental health providers to roll out the new Medicaid care management tract, Tailored Care Management (TCM). Under TCM, physical and behavioral/mental health services for children and youth in foster care are assigned and assumed by the LME/MCO associated with the child's medical home or Medicaid administrative county. This one-stop shop makes it more efficient for foster children to maintain continuity of care across placements and local jurisdictions. The result of the strategic shift in Medicaid contributed to the downticks in performance, as providers adapted to the new way of business, and the upticks in performance, given that assessments (e.g., Clinical Comprehensive Assessments required at the onset of new placements) and treatment providers were becoming more readily identified and made available through LME/MCOs, particularly in higher demand for foster children with chronic health and severe behavioral health, diagnoses and service needs, including many with co-occurring mental health, intellectual/developmental disability, and substance use disorders. Once deemed eligible, foster children and/or youth were auto enrolled into TCM and assigned a TCM provider.

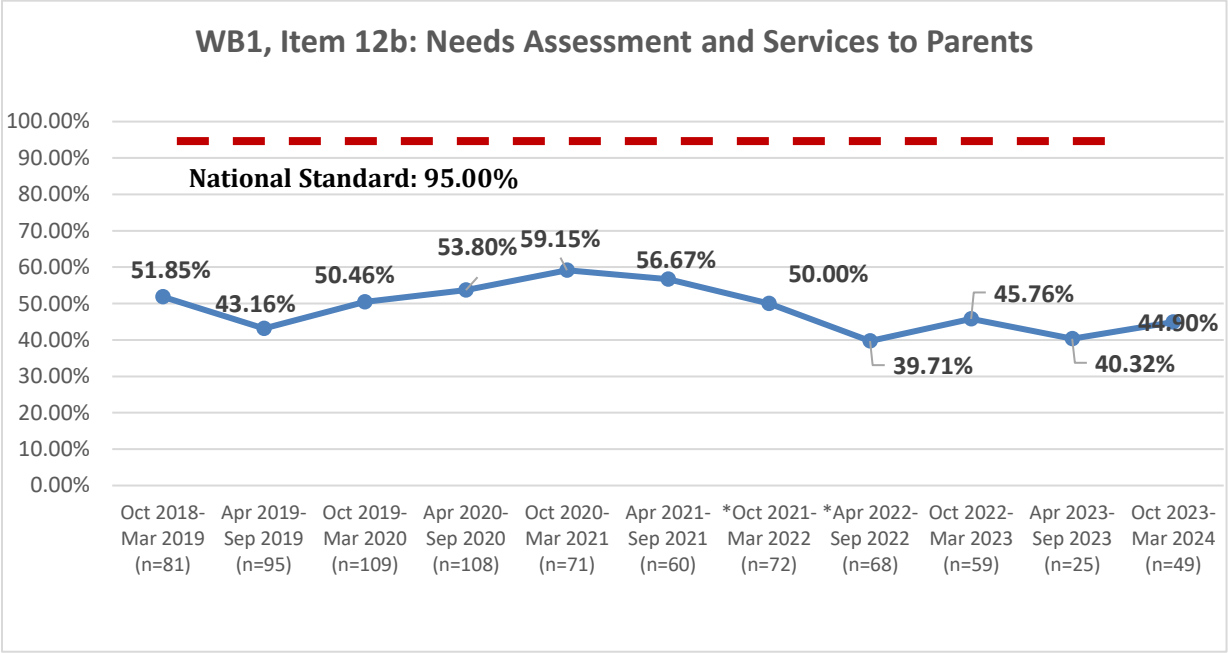
Effective with enrollment and depending on age and needs of the foster child, care management may also be provided by Care Management for At-Risk Children (CMARC) as run through local health departments, and/or the Community Care of North Carolina (CCNC). CCNC employs Foster Care Coordinators and Foster Care Outreach Specialists to build and improve relationships with local departments of social services, primary care providers, LME/MCOs, and other stakeholders. In February 2022, CCNC's scope expanded to assist former foster youth nearing age 26 by facilitating transfer of their care to adult care providers, investigating insurance options, and sharing Healthcare Power of Attorney and Living Will information. CCNC currently collaborates with nearly 75% of county DSS foster care units and all LME/MCOs and includes screenings and assessments to identify the level of service needed to help address physical health, behavioral health, oral health, and medication concerns.

In addition, managed care entities are also authorized by NC Medicaid to provide care management services to recipients of Medicaid Direct, including younger children in foster care. NC DSS has worked to expand collaborations with infant and early childhood mental health stakeholders, care management teams, and early childhood advocates and to gain input from university experts on the current strengths and challenges within the early childhood system (e.g., Early Well and NC/NC Child legislative initiatives). Lastly, NC DSS continues to partner with pediatricians and other primary care providers using the medical home model, to inform them of the importance of timely assessments and encourage health professionals to use the medical home model on a routine basis for foster children.

Additional information on the availability and accessibility of physical health care and dental services can be found in the analysis of Well-Being Items 17 and 18.

Item 12B

Figure 24. Well-Being Outcome 1, Item 12B



Source: NC Case Reviews using the OSRI

Well-Being Outcome 1, Item 12B, assesses the need for and provision of services to parents, and is noted in North Carolina as an area needing improvement. However, new data shows an upward trend of almost 5%. Data analyzed by QA reviewers for the October 2023 through March 2024 PUR found 22 of the 49 instances, or nearly 45% of cases reviewed and/or covered during interviews contained evidence the child welfare agency provided appropriate services to the mother and/or father to address identified needs. This marked a slight improvement in performance on this measure from the preceding PUR.

As evident across multiple reviews, North Carolina does better at engaging mothers (birth and foster moms) than fathers (birth, kin and foster), for in-home and foster care cases. Above all, NC is better at engaging and meeting the needs of mothers with children in foster care, than fathers with children in their own home. Eighty percent of the foster care cases reviewed were rated a "strengths for mothers" compared to only 54% of in-home cases. In comparison, 11 of 30 foster cases (37%) show "strengths for fathers."

Table 17. Racial Comparison of OSRI and State Profile for Item 12b

	OSRI October 2023-March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023-March 2024 Applicable Cases (In-Home Only)	Percent Children in Custody March 2024 by Race
Black or African American	9; 32.1%	10; 40.0%	3,103; 29.8%
White	16; 57.1%	13; 52.0%	5,998; 57.4%
Hispanic	3; 10.7%	2; 8.0%	*
Multi-Race			812; 8.1%
Other			538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

Item 12B (needs assessment and services for parents) shows more disparity than 12A (needs assessment and services for children). For Item 12B, 25% of Black or African American children in the sample were rated a strength compared to 47.1% of White children in the sample. The percentage of cases pulled for the OSRI sample is slightly under representative of White children and over representative of Black children.

Item 12B Strengths and Needs

The lack of follow-up with collaterals and service providers were noted as causes that contributed to the low rating attributed to Item 12B. Caseworkers' failure to assess and provide services, and/or records that were missing adequate documentation showing diligent efforts to engage both parents were causal factors as well. The lack of efforts to locate absent and/or non-custodial parents, especially incarcerated parents, also contributed to sub-par ratings. Consequently, ongoing efforts are warranted by child welfare workers to locate, assess, and provide services that accommodate parents and are tailored to the circumstances of both mother and father.

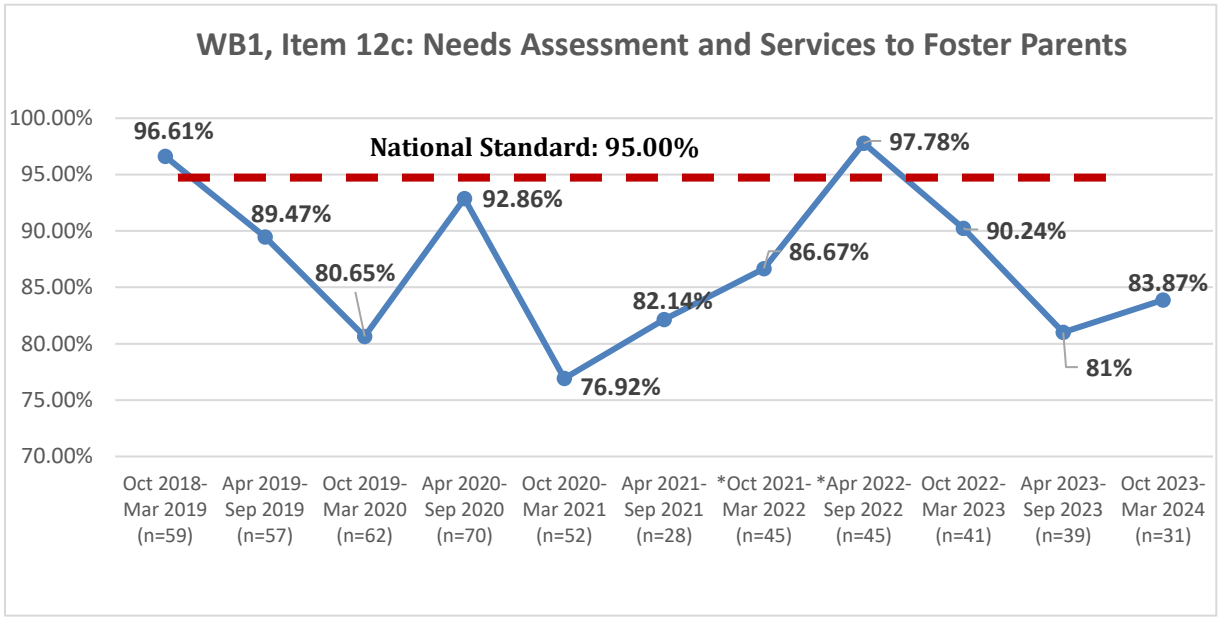
NC DSS will continue to place emphasis on securing needed assessments for mothers, fathers, and kin, as well as on expanding the array of services in North Carolina, and continuing to place importance on the provision of services to families in rural, tribal, and urban areas. NC DSS believes doing so will improve family engagement and parental

participation and quality contacts with family members can and will be documented. In return, NC DSS will keep more children in their own homes and produce better child and family well-being outcomes.

As an added measure of support, NC DHHS established contracts with local and regional providers to further the roll out of Homebuilders. Homebuilders is an evidence-based program designed to strengthen families, keep children safe, and prevent unnecessary out-of-home placement. The Homebuilders model provides intensive crisis intervention, counseling, and life-skills education for families who have children at imminent risk of placement or have children in placement that cannot be reunified without intensive services. Homebuilders is being deployed under FFPSA as an added effort to assess and meet the needs of parents and children where they are. Homebuilders is in 22 NC counties to date and captures the state tribal areas in certain counties. Under the Homebuilders model, teams partner with families (parents/caregivers and their children) of children between the ages 0 to 17 who are at imminent risk of placement into, or needing intensive services to return from, foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities. Homebuilders provides intensive, in-home counseling, skill building and support services for families using behaviorally specific, ongoing, and holistic assessments that gather information on family strengths, values, and barriers to goal attainment. To further the development of a statewide prevention services array North Carolina has revised the strategies related to Family First Services implementation that will be included in the North Carolina's new five-year CFSP. Goal revision includes activities that will strengthen the availability, reach, and service array of prevention services at the county, regional, and state level.

Item 12C

Figure 25. Well-Being Outcome 1, Item 12C



Source: NC Case Reviews using the OSRI

Well-Being Outcome 1, Item 12C, assesses the needs and provision of services to foster parents, and is rated by North Carolina as an area needing improvement. Ratings for Item 12C illustrate a steep decrease since September 2022 in performance on this measure, falling below the national standard. For the April – September 2022 PUR, North Carolina exceeded the national standard for item 12C, only to plummet a year later. For the April – September 2023 PUR, 39 or 48 (81%) of applicable cases were rated as strength. Comparatively, 26 of the 31 cases for item 12 C, or 84% for the PUR, October 2023 through March 2024, showed evidence that the agency conducted the necessary needs assessment and/or provided services to foster parents. The upturn could possibly be attributed to the trickling, residual effects of the COVID pandemic, such as a declining, unstable workforce in child welfare experience over the past two years, combined with the changing demographics of foster families across North Carolina, e.g., fewer foster families, and newer foster parents with fewer years of service. The downturn appears to be curtailing, stabilizing as of the period ending March 2024.

Data analyses by QA Surveyors have also attributed NC's ratings of Item 12C to caseworkers' ability and efforts to engage foster/resource parents, especially those with less experience. According to the 2023 North Carolina Resource Parents Needs Assessment Report completed by FFA-NC and the UNC School of Social Work, over 60% of resource parents have 5 or less years of service and 34% have less than two years of parenting experience, possibly indicating a need for more support from the caseworker and

placement team. The top concerns cited by the resource parents surveyed included (1) child behavioral issues, (2) inconsistency of child welfare and agency policies and expectations, (3) grieving the end of placements, (4) feeling disrespected or undervalued, and (5) turnover of social workers. Parents also indicated they felt alone and isolated and lacked childcare, in addition to balancing the needs of foster children with their own biological children as areas needing to be addressed. Relationships with the child welfare professional and support of the social worker were indicated. They were noted to be a reason for parents wanting to stop foster parenting, and as a motivation for maintaining a challenging placement was the support of the social worker. Over 45% of those surveyed said the support of the social worker was a motivating factor to helping them to maintain a placement. Access to specialized services was also noted by 43%.

Table 18. Racial Comparison of OSRI and State Profile for Item 12C

	OSRI October 2023-March 2024 Applicable Cases	Percent Children in Custody March 2024 by Race
Black or African American	9; 28.1%	3,103; 29.8%
White	20; 62.5%	5,998; 57.4%
Hispanic	3; 9.4%	*
Multi-Race		812; 8.1%
Other		538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

The percentage of cases pulled for the OSRI sample is slightly under representative of Black children and over representative of White children. However, of the four cases rated Area Needing Improvement, three were Black or African American and one was White.

Item 12C Strengths and Needs

Engaging foster mothers *and* fathers is necessary to assess the individual needs and/or to provide identified services to foster families on behalf of foster children (e.g., case management services to resource parents, childcare, peer support, and community-based services for child and said family). To this effect, NC DSS has continued to promote that training for child welfare workers include the focus on engaging children during worker visits, as well as ensuring engagement of both parents during in-home and foster placement visits. In SFY 2023-24, NC DSS enhanced pre-service and in-service training for foster parents to help them improve their fostering skills. NC DSS worked with FFA to facilitate additional support groups for kinship families, foster families, adoptive families, and provide concrete support, given FFA has an extensive network to provide tangible supports across the state. NC DSS also included kin placements in this focus, as according

to records recently reviewed by QA reviewers, relative placement providers are not being informed or encouraged to become licensed.

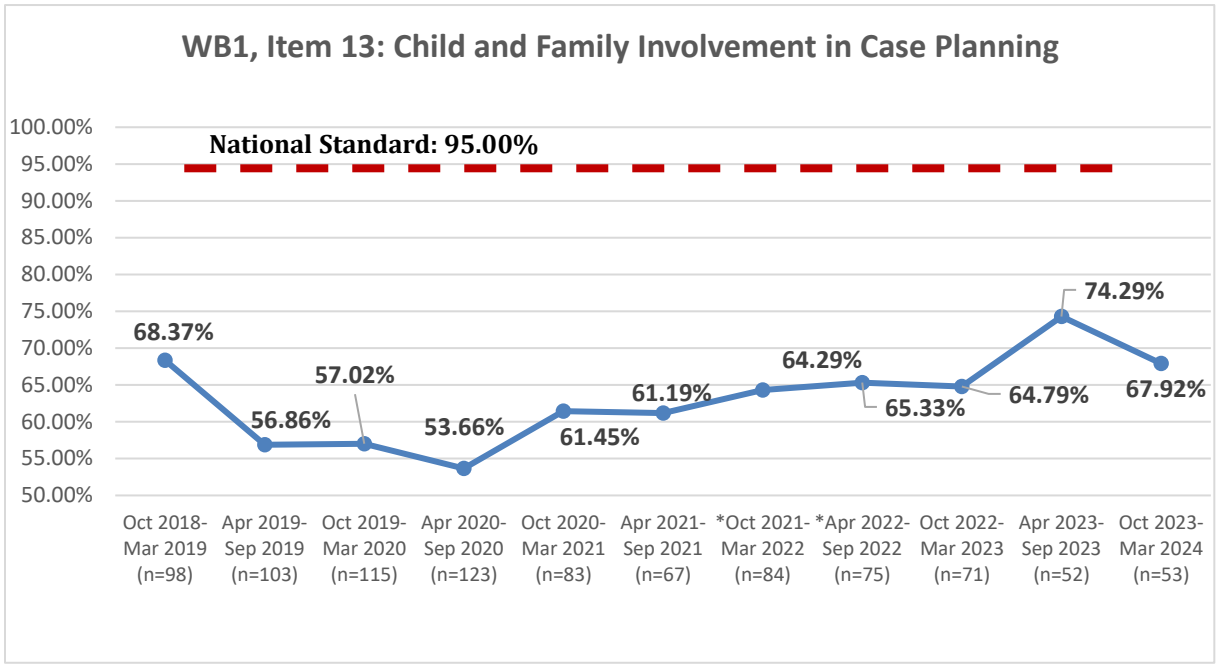
NC received feedback from kinship caregivers during SFY 24 listening sessions that there is often a perceived expectation from child welfare for kin to "step up" to care for children, sometimes without being offered the same level of support and services that licensed foster parents may receive. A detailed summary report of findings is still in the process of being developed. One way NC plans to address this is the finalization of a 3-part series for child welfare workforce on supporting a kin-first culture. Part of the series will educate on the need to fully engage kin in the preparation of placement of kin while also ensuring individually based needs are addressed and supported throughout the life of the case. This training series will be released to the workforce on 7/1/24.

NC DSS also extended its contract with the Center for Child and Family Health to offer Trauma-Informed Leadership Training and Resource Parent Training through SFY 2025. NC DSS announced the 2023-24 National Child Traumatic Stress Network (NCTSN) in-service training opportunity. NCTSN in-service training for North Carolina's foster, adoptive, kinship, and therapeutic parents, in August 2023. The curriculum, *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents* (RPC), tailored for all foster, kinship, and adoptive families in North Carolina, is a trauma-informed in-service training that has shifted the way resource parents are working with youth. Professionals who provide services to foster, kinship, and adoptive families serve as RPC workshop facilitators at the local and regional levels. Roughly 370 resource parents from 46 counties registered and/or attended an RPC workshop between 7/1/22 and 9/1/2023. Recruitment continues given an increase in the number of RPC trained facilitators in local DSS and private child-placing agencies has proven to provide foster caregivers needed support, which in turn has shown to promote child placement stability.

With the focus on engaging birth, kin, and foster parents, helping them to enhance, learned parenting skill, and encouraging child welfare agencies to ensure documentation of all assessments and treatment efforts are in child and family records, North Carolina can improve overall performance related to all facets of CFSP Item 12.

Item 13

Figure 26. Well-Being Outcome 1, Item 13



Source: NC Case Reviews using the OSRI

Item 13 looks at NC's efforts to involve parents and children in the case planning process on an ongoing basis. As indicated in the figure above and attested to in recent case record reviews, CQI meetings, statewide assessments, stakeholder surveys, and focus groups, Item 13 is an area needing improvement. Recognizing this, North Carolina has stepped up efforts to involve parents and children in the case planning process in various ways. NC's diligent efforts around Item 13 appear to be yielding favorable results.

Youth Involvement in Case Planning. Per survey and focus group findings, when youth were asked whether they were authentically involved in their case planning, most felt they were either likely or very likely to be included by their caseworker in developing their case plan (Family Services Agreement). In 89% of the foster care cases (24 of 27) reviewed during April to September 2023, it was noted that efforts were made to engage children. 20 of 23 of the in-home cases were rated a strength for engaging youth in case planning.

Engaging Parents, Especially Fathers. For PUR April to September 2023, 52 of 70 applicable cases, or 74%, yielded a strength rating, compared to 36 of 53 applicable cases for the subsequent period ending March 2024, representing a 6% decline. When comparing case planning engagement with mothers and fathers, 97-100% of the cases, whether In-Home services or involving children in foster care, were noted to have engaged the mother in case planning. In contrast, 69% of the total cases documented the engagement of fathers in case planning. The Birth Family and Caretakers - Survey and Focus Group Findings: In

Table 8 of the Statewide Assessment Survey (SWA), as completed in November 2023, notes that 40% of caretakers surveyed indicated in their experience, county DSS were effective or very effective in engaging birth parents in developing and implementing case plans. When asked how effective the county was in engaging birth parents and guardians in developing and implementing case plans, 72% noted that the county was not effective (SWA Table 14). When asked to assess to what extent DSS authentically engaged them in the development of their case plans, SWA Survey Appendix Figures 16 and 17 shows that most caretakers report that they are engaged by DSS through Child and Family Team (CFT) meetings, in court proceedings, and during quality home visits, but most caretakers felt either somewhat, or not authentically involved in the development of their case plan. Further, SWA Appendix Table 9 shows the caretakers felt DSS is somewhat effective achieving timely permanency, but not effective in timely notification of court proceedings, nor effective in allowing the caretaker to have input during court hearings and panel reviews. Of the 18 birth parents surveyed in November 2023, 72% felt the engagement in case planning services was not effective.

During focus groups conducted in December 2023 in preparation for CFSR Round 4, when birth parents were asked about their involvement engagement in their case plans, they indicated that this is an area needed improvement. They reported they had not been involved in the development of case plans nor involved in family and child meetings. They also reported difficulty in getting case managers to keep them informed about the status of their case and the services their children were receiving. They indicated a strong desire to be involved in the investigative process and form a stronger relationship with their caseworker. They verbalized an interest in wanting to be understood and to understand what was expected of them to secure placement permanency and believe this is achieved through more frequent communication with their caseworker.

The root cause of this difference in the child welfare professionals and birth parent perspectives—whether tied to court proceedings or family meetings—is uncertain, and possibly skewed by the varying sample sizes. Hence, collecting additional feedback from birth parents about their experiences with case planning beyond CFTs is warranted.

Training Caseworkers. A total of 295 county DSS caseworkers participated in the NC DSS Statewide Assessment Survey in November 2023. Of these, 73% perceived their county engagement of birth parents in case planning and family service agreements as “effective” or “very effective”. Caseworkers report challenges, such as high caseloads contributing to their inability to regularly connect with parents, but attribute their performance improvement for Item 13, in part, to incorporating the desired supports of parents into case planning and steady court improvement processes, such as courts doing a better job addressing delays in child abuse and neglect hearings involving adjudications against parents. The rollout of the new pre-service redesigned training and practice standards also

contributed to the improved performance by holding supervisors accountable for the transfer of learning for child welfare caseworkers around engaging parents in case planning and services.

When county leaders were asked whether they felt child welfare workers were authentically involving families in the development of case plans, per SWA Appendix Figure 43, the majority felt workers were (i.e., either very likely or likely).

As the table below shows, data indicates racial disparities in family involvement in case planning.

Table 19. Racial Comparison of OSRI and State Profile for Item 13

	OSRI October 2023-March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023-March 2024 Applicable Cases (In-Home Only)	Percent Children in Custody March 2024 by Race
Black or African American	10; 31.3%	10; 40.0%	3,103; 29.8%
White	19; 59.4%	13; 52.0%	5,998; 57.4%
Hispanic	3; 9.4%	2; 8.0%	*
Multi-Race			812; 8.1%
Other			538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

For Item 13, White children's cases (77.3%) were more likely to be rated strengths than Black children's cases (54.5%). The percentage of cases pulled for the OSRI sample is slightly over representative of both Black and White children.

Item 13 Strengths and Needs

North Carolina's OSRI data has illustrated the state's lack of adequately documenting its engagement of children and parents in case planning services, particularly fathers. Child welfare agencies in NC report having to wait to engage families until after the adjudication hearing because parent attorneys are resistant to having their clients (parents) participate in engagement with workers and in case planning activities until adjudication occurs. Court improvement processes, such as courts doing a better job addressing delays in child abuse and neglect hearings involving adjudications against parents, are underway.

NC will continue to partner with the CIP and courts to present data regarding delays in adjudication hearings and the impacts on engagement with families and case planning processes. NC DSS will continue to encourage county casework staff to invite youth to facilitate CFTs when appropriate, and document efforts in the child and family case files. NC DSS will explore methods of formally collecting feedback from child casework staff,

youth, and families with lived experiences beyond focus groups (e.g., via data reviews, county monitoring, listening sessions, and casework webinars).

NC DSS will continue to build on its performance on Item 13. Child welfare teams have committed to taking extra steps to follow up with parents, particularly fathers and/or disengaged parents when reunification is the goal for a child who has been in foster care and away from the home for a while. In addition, NC will continue to:

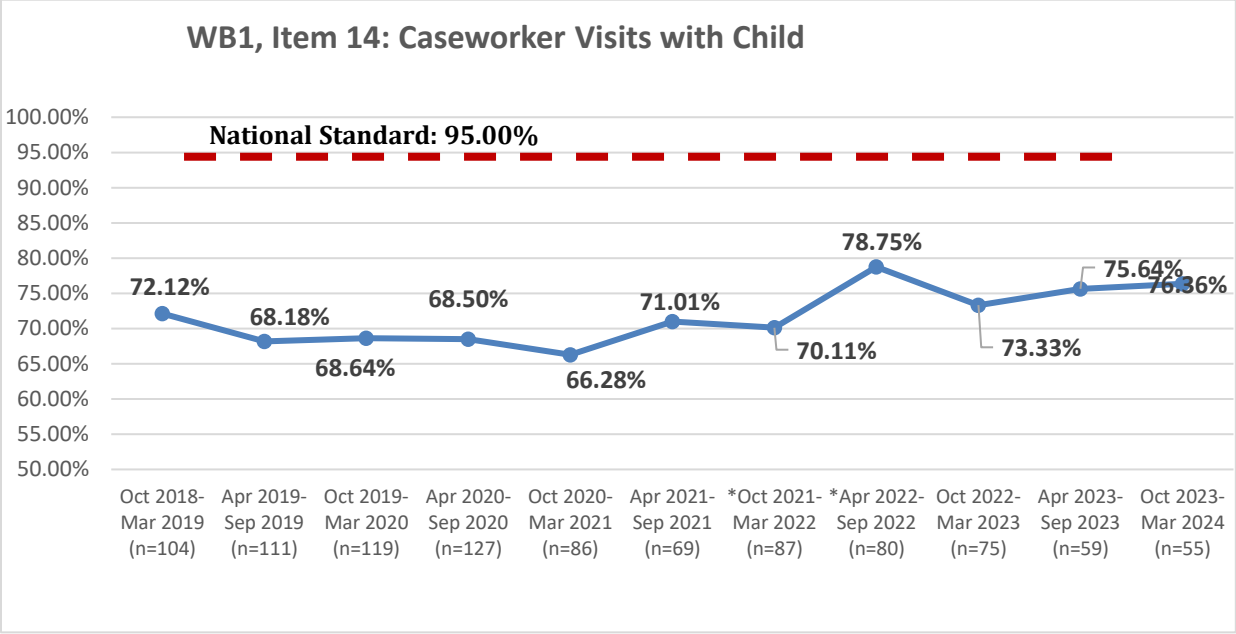
- Work on court improvement and present data regarding court delay trends to local courts,
- Explore methods of collecting feedback from caseworkers, families, and persons with lived experience beyond CFT meetings, through focus groups, surveys, data reviews, county monitoring, listening sessions, and casework webinars,
- Encourage county staff to invite youth to facilitate and or engage in CFT meetings when appropriate, and
- Emphasize and monitor the ongoing utilization of the NC Monthly Permanency Planning Contact Record (DSS-5295), which captures among other things the child and family's involvement in case planning.

Items 14 and 15

Items 14 & 15 assess whether the frequency and quality of visits between caseworker the child(ren) and the mothers and fathers of the child(ren) were sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals. Both items need improvement in performance. Visitation has been a challenge for NC, in part due to the workforce crisis. Child welfare supervisors report to be overwhelmed with excessive responsibilities and are covering cases for workers resigning from their positions. Challenges completing adequate documentation in case files has also contributed to the performance of both items.

Item 14

Figure 27. Well-Being Outcome 1, Item 14



Source: NC Case Reviews using the OSRI

Table 20. Racial Comparison of OSRI and State Profile for Item 14

	OSRI October 2023-March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023-March 2024 Applicable Cases (In-Home Only)	Percent Children in Custody March 2024 by Race
Black or African American	10; 29.4%	10; 40.0%	3,103; 29.8%
White	21; 61.8%	13; 52.0%	5,998; 57.4%
Hispanic	3; 8.8%	2; 8.0%	*
Multi-Race			812; 8.1%
Other			538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

Strength ratings for Item 14 were comparable across races. The percentage of cases pulled for the OSRI sample is slightly under representative of Black children and over representative of White children.

NC DSS' performance measured on Item 14 has been constant (sideways) and steady over the years, strength case percentages from 73.3% to 75.6%, for PUR ending March 2023 and September 2023 respectively, to 76.3% (42 of 55 cases) for the PUR October 2023 to March 2024. Cases reviewed for children living at home with their parents were equally strong compared to children in foster care. For PUR ending September 2023, 78% of the foster care cases and 71% of the in-home cases were rated a strength. Cases yielded a strength rating based on documentation in the record noting quality of contacts for caseworker visit with child.

The QA reviews, part of North Carolina's CQI process, found issues with the quality of contacts, including caseworkers not speaking with children alone during visits, or not discussing the case, the child's interests, or the permanency plan with children, if appropriate for child's age. The feedback also noted concerns with caseworkers not giving children a chance to express their needs during case worker visits. Feedback also indicates that initial visits with children seem to be higher in quality than follow-up visits.

Item 14 Strengths and Needs

Better caseworker training, the implementation of caseworker practice standards, and the regional child welfare consultant model which provides technical assistance and hands on feedback to counties have helped to define the expectations for what is considered a "quality" visit with child. This past year, NC made steady progress towards improving pre-service training for the child welfare workforce, which builds a solid foundation that helps prepare workers for their job duties, including content focused on appropriate and complete documentation strategies, e.g., provide training on quality caseworker visits with children, on demand, and as part of pre-service training. Additionally, NC continued to roll out and train the workforce on the state's practice model and practice standards.

To support trained staff and continue this upward path towards the national standard of 95% for Item 14, NC DSS continues to:

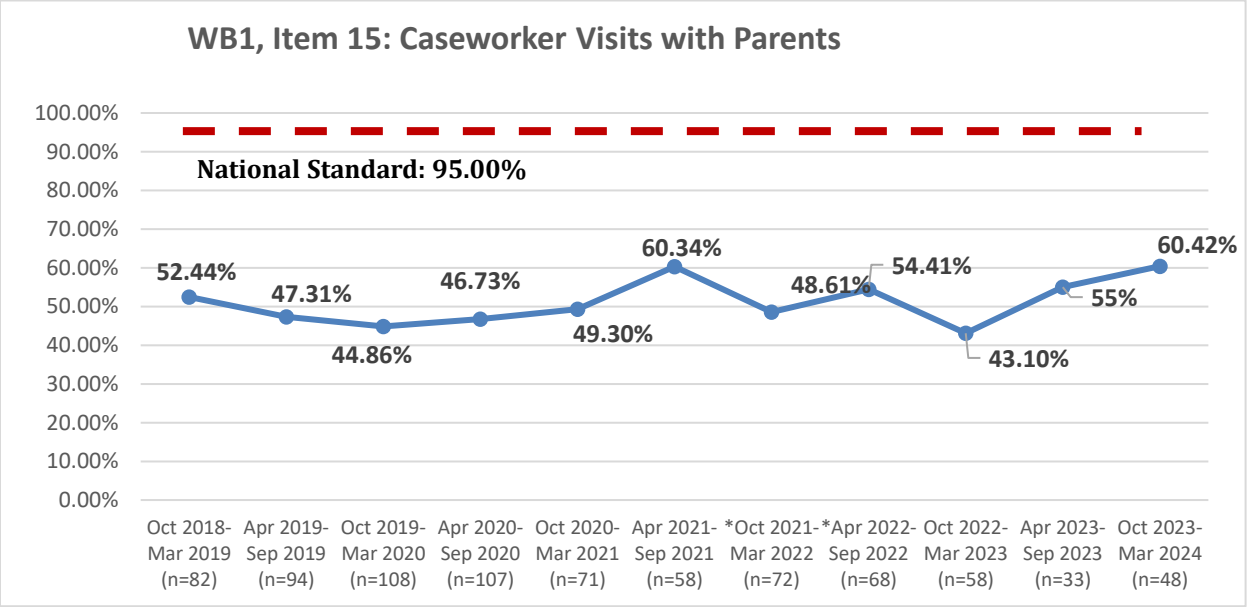
- Emphasize and monitor the ongoing utilization of the DSS-5295, which captures details about the visit including whether the caseworker privately met with child,
- Analyze worker caseloads and implement caseload or workload recommendations, and
- Analyze trends and patterns associated with caseload length of time open and placement stability, as well as to track progress through CQI meetings, to support high-quality visits.

Item 15

Item 15 measures the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren), to assess if visits are sufficient to ensure the safety,

permanency, and well-being of the child(ren) and promote achievement of case goals. NC DSS has determined that this is an area needing improvement. At North Carolina's lowest point noted, 43.10% of the cases were marked as a strength for PUR October 2022 through March 2023. Substantial improvement was noted in the subsequent periods, April 2023 to September 2023 (55%), and October 2023 through March 2024 (60.42%) respectively.

Figure 28. Well-Being Outcome 1, Item 15



Source: NC Case Reviews using the OSRI

Table 21. Racial Comparison of OSRI and State Profile for Item 15

	OSRI October 2023-March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023-March 2024 Applicable Cases (In-Home Only)	Percent Children in Custody March 2024 by Race
Black or African American	9; 33.3%	10; 40.0%	3,103; 29.8%
White	15; 55.6%	13; 52.0%	5,998; 57.4%
Hispanic	3; 11.1%	2; 8.0%	*
Multi-Race			812; 8.1%
Other			538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

Strength ratings were comparable across races. The percentage of cases pulled for Item 15 for the OSRI sample is slightly under representative of Black children and over representative of White children.

Item 15 Strengths and Needs

The struggle in driving Item 15 performance upwards has been attributed to the ongoing workforce challenges (e.g., caseworker staffing shortages and higher caseloads), the lack of quality documentation evident in case files on the day of their respective review, and the lack of caseworkers' completion of visits with all parents—particularly when it comes to caseworker visits with birth fathers.

Statewide, engaging absent fathers, including incarcerated dads, is a challenge for caseworkers because they currently report having heavier than normal caseloads, and are focused on completing visits with in-home birth families, and adoptive, and foster parents. Staffing shortages and demands on caseworkers' time are taxing NC's child welfare system as well. There is a shortage of caseworkers across the state. Supervisors are having to carry cases and make visits to see families because of staff turnover, rather than focusing on worker skill building and professional development. NC is large in land area, and the time caseworkers spend driving to and from visits during business hours hinders the quality and frequency of visits with parents, particularly fathers who live outside of the child's home, and or parents who work outside the home during regular business hours. As a result, caseworkers struggle to engage them in meetings to discuss the needs of their children.

To strive towards the national standard of 95% for Item 15 (caseworker visits with parents), NC DSS will continue to explore strategies for improving frequency of caseworker visits with mothers and fathers, including emphasizing and monitor the ongoing utilization of the DSS-5295, which captures details about the visit including whether the caseworker contact with both mother and father. NC DSS will work to implement caseload or workload recommendations and continue to analyze trends and patterns associated with caseloads as well as to track progress through CQI meetings, to support high-quality visits.

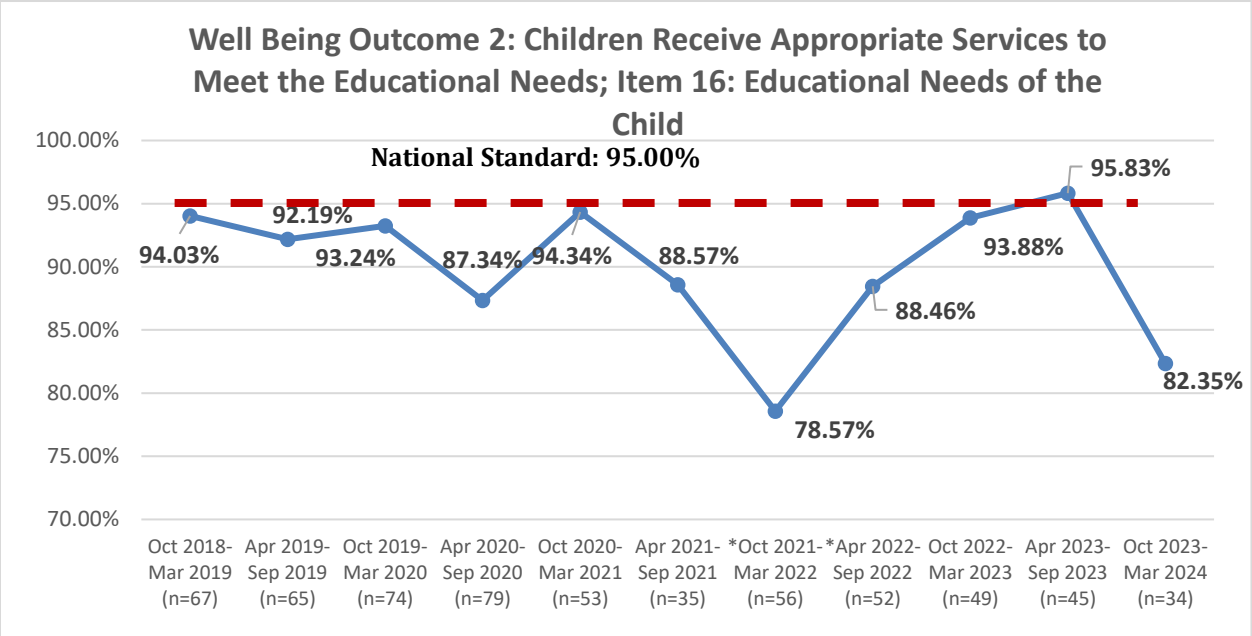
Well-Being Outcome 2

Well-Being Outcome 2 states that children should receive appropriate services to meet their educational needs. Well-Being Outcome 2 is measured through a single item, Item 16, which assesses the agency's efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities. A decline of 13% percent is noted for the PUR October 2023 to March 2024, ending a successful upward trend extending above the national standard.

Item 16

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

Figure 29. Well-Being Outcome 2



Source: NC Case Reviews using the OSRI

Table 22. Racial Comparison of OSRI and State Profile for Item 16

	OSRI October 2023-March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023-March 2024 Applicable Cases (In-Home Only)	Percent Children in Custody March 2024 by Race
Black or African American	8; 25.8%	1; 25.0%	3,103; 29.8%
White	20; 64.5%	2; 50.0%	5,998; 57.4%
Hispanic	3; 9.7%	1; 25.0%	*
Multi-Race			812; 8.1%
Other			538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

The percentage of cases pulled for Item 16 for the OSRI sample is slightly under representative of Black children and over representative of White children.

Item 16 Strengths and Needs

NC DSS will review data to better understand the recent downward spike in performance. Historically speaking, strengths were noted under Item 16 to include: (1) well established, education-related rules embedded in statewide child welfare policies; (2) child welfare education-driven practices that are widely known and welcomed by local school districts

across jurisdictions; and (3) collaborations, that encompass successful partnerships between state agencies (NC DSS and DPI), and child welfare agencies with local educational stakeholders across North Carolina. As evident of the successful collaborations, DPI hired a Foster Care point of contact in early SFY 24, which reinitiated collaborations between NC DSS Every Student Succeeds Act (ESSA) child welfare point of contact and DPI to support local child welfare agencies and education agencies to support ESSA and educational well-being needs.

DPI and NC DSS held a joint statewide webinar for child welfare and local to discuss ESSA, educational well-being, and the connection educational stability has with permanency and placement stability. In this webinar, which had 367 participants, the following three local county child welfare and education agencies, all of which have MOUs that are reviewed annually and revised as needed, presented examples of their local efforts to increase educational well-being and follow ESSA standards:

- Buncombe County
  - Quarterly collaboration meetings with all parties to discuss Strengths and Needs, reduce communication barriers, develop and implement joint training, financial agreements for transportation.
  - Bi-annual sharing of data.
  - Cross-divisional training to discuss topics such as mandated reporting, exceptional children's services overview, and McKinney Vento and Temporary Safety Providers.
  - More frequent Best Interest Determination (BID) meetings: i.e. "Blitz BID Day" before school starts each year to discuss the needs of children who came into custody over the summer.
- Franklin County
  - Monthly collaboration meetings between DSS and LEA to review current list of students enrolled in LEA and in custody of DSS. Meeting topics include changes in placements, expressed needs of the foster parent or DSS worker, supports in place from the school level (e.g., tutoring, referrals, transportation needs, etc.)
  - LEA document completed by local education points of contact to complete when a student in foster care is identified. This form is reviewed during monthly meetings.
- Rowan County
  - Quarterly collaboration meetings and additional points of communication as needed to enhance effective communication.

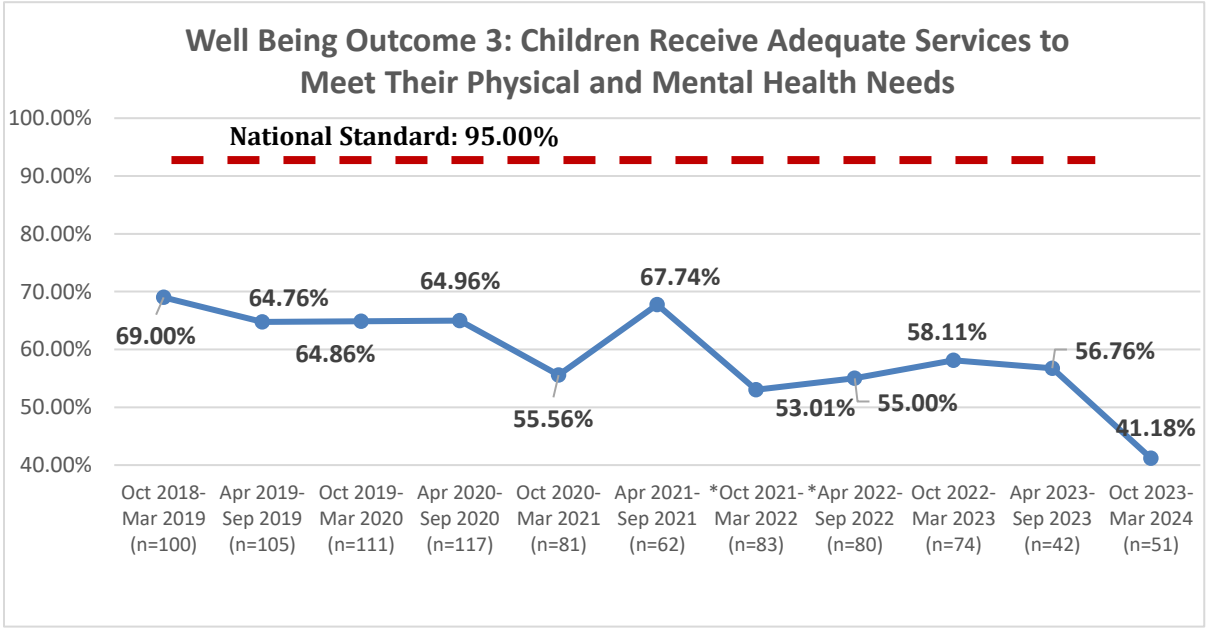
- Cross-divisional training to support awareness and understanding of roles and responsibilities of social workers within DSS and the local school system.
- Case management collaboration to support youth and reduce duplication of services.

DPI and NC DSS ESSA point of contacts attend American Bar Association Child Welfare Agency Education Network that brings state education agency' and state child welfare agency points of contacts together for technical assistance. The NC General Assembly 2023 appropriations budget (S.L. 2023-134) passed the Extraordinary Transportation Costs Grant Program to provide transportation of high-needs students with disabilities, including children and youth experiencing foster care. DPI is developing an application for schools to apply for these funds.

Well-Being Outcome 3

Well-Being Outcome 3 states that children should receive adequate services to meet their physical and mental health needs. Item 17 assesses whether the agency adequately addressed the physical health needs of children including their dental needs, and was rated as an area needing improvement, while Item 18 assesses whether the agency adequately addressed the mental and behavioral health needs of children and was rated as an area needing improvement. Well-Being Outcome 3, Items 17 and 18, are areas in need of improvement as North Carolina's overall performance in Well-Being Outcome 3 items is below the national standard of 95%.

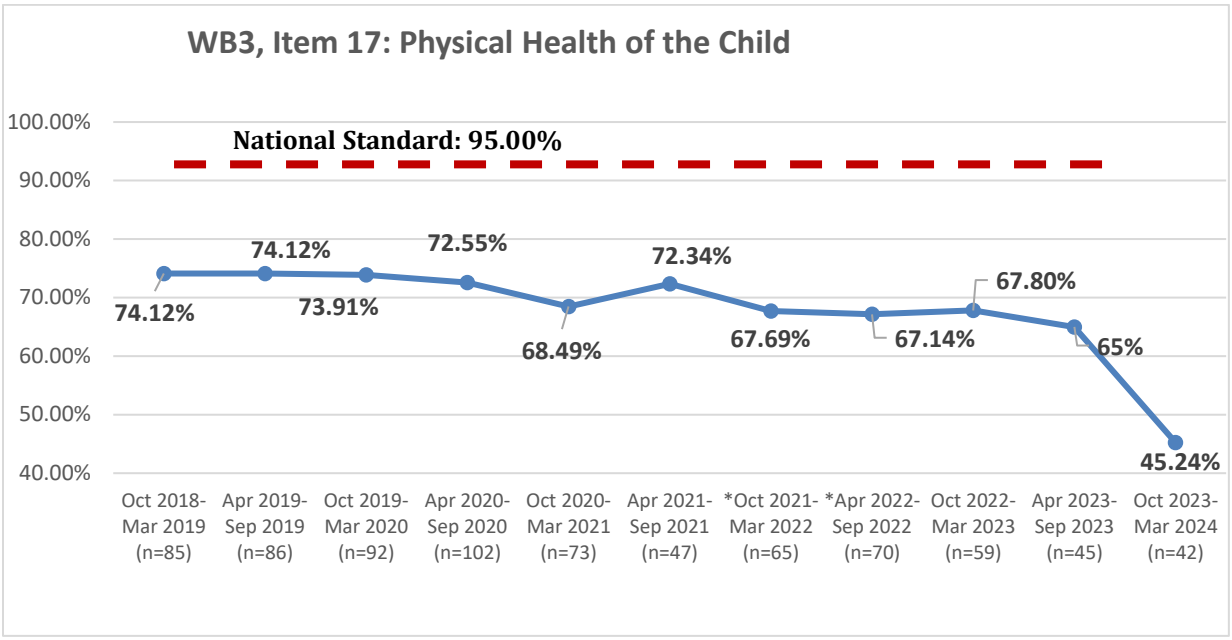
Figure 30. Well-Being Outcome 3



Source: NC Case Reviews using the OSRI

Item 17

Figure 31. Well-Being Outcome 3, Item 17



Source: NC Case Reviews using the OSRI

Table 23. Racial Comparison of OSRI and State Profile for Item 17

	OSRI October 2023-March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023-March 2024 Applicable Cases (In-Home Only)	Percent Children in Custody March 2024 by Race
Black or African American	10; 29.4%	2; 22.2%	3,103; 29.8%
White	21; 61.8%	6; 66.7%	5,998; 57.4%
Hispanic	3; 8.8%	1; 11.1%	*
Multi-Race			812; 8.1%
Other			538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

Ratings were comparable across races for this item. The percentage of cases pulled for the OSRI sample is slightly under representative of Black children and over representative of White children.

The PUR that ended September 2023 notes 65% of the applicable cases were found to have sufficient evidence for a strength rating, indicating that physical needs of children, whether in home or in foster care, were met, compared to 42% for the subsequent period ending March 2024, strongly indicating the need to dive into fully understanding the root causes for the state's declining performance, which according to OSRI case record comments has been impacted by the number of instances during the period under review where:

- **Children's dental needs were not met.** The agency either did not demonstrate concerted and diligent efforts to adequately assess the child's dental needs, the child did not receive regular scheduled dental health exams, and/or there was no indication in the record of the child receipt of additional dental care as recommended;
- **Wellness checks were not completed in time**. In certain cases, there was no indication conversations took place between the agency and placement provider about completing the child's yearly wellness checkup;
- **Specialty and/or follow-up medical visits were not noted**. The agency did not demonstrate efforts to ensure all the child's specialty needs were met (e.g., follow-up visit to podiatric, sleep study, or OT appointments); and
- **The child welfare agency lacked appropriate medication monitoring** when the child was prescribed medication, including scripted antibiotics.

Item 17 Strengths and Needs

Feedback from stakeholder surveys, focus groups, joint planning meetings, CQI analysis and pending workforce studies indicate that NC DSS needs to include a focus on Item 17 in its efforts to sustain workforces, strengthen collaborations, and build intel.

Item 17 performance hinges on various workforce shortages. There are several areas across the state where health professional shortages exist, e.g., dental providers available in only half of NC's 100 counties. Another barrier to meeting the physical needs of children in care, as reported by casework agencies, is the inability to secure follow-up appointments on time and difficulty obtaining children's healthcare records from external providers when requested by the custodial agency or foster parent.

To support timely access and delivery of services to children in care, and to address their physical and mental health needs, NC DSS and NC Medicaid worked together throughout SFY 2024 to enforce timelines for the completion of the DSS-5120 Determination of Foster Care Assistance Benefits and or Medical Assistance Only form, as part of the Foster Care Affinity Project under CMS. As of November 1, 2023, the DSS-5120 is required to be completed within seven business days of the child or youth entering foster care. This change, which is reflected in the Permanency Planning Policy Manual, will enable county child welfare agencies to collaborate with county Medicaid eligibility staff to ensure the

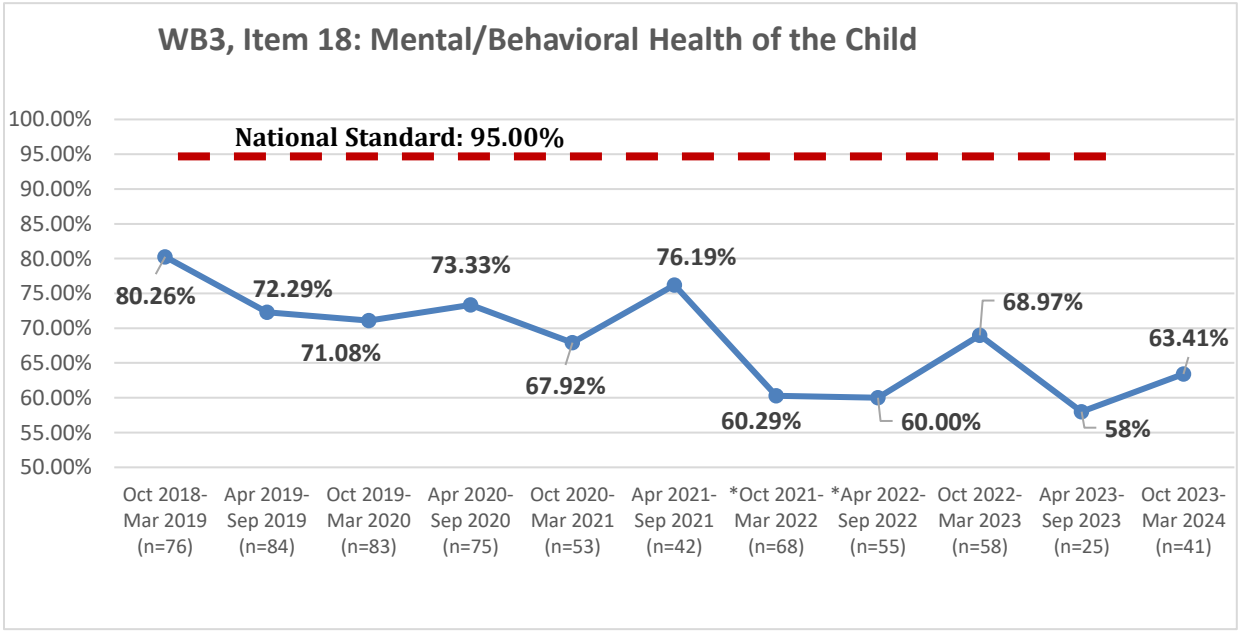
timely determination of eligibility and subsequent enrollment/reenrollment of benefits (e.g., EPSDT) to avoid breaks in healthcare coverage.

NC DSS continues to utilize federal provisions under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) under Medicaid which allows agencies to secure medically necessary exams for individuals under the age 18. NC DSS also continues to collaborate with NC Medicaid, county DSS, and healthcare partners to promote the use of the medical home model as part of North Carolina's Fostering Health program.

A statewide information system is needed to track performance. The lack of a statewide tracking system hinders the state's ability to measure and report on statewide performance, especially for measuring efforts to meet the needs of children in their own home. The lack of a statewide tracking system is being addressed through the development of new technology and services to support the development, configuration, and deployment of CWIS. In the interim, Medicaid Dashboards are being utilized by NC DHHS to monitor trends and patterns of health and mental health services furnished to children in care, using Medicaid billing codes. With the expansion of Medicaid, beginning December 1, 2023, families will begin to realize increased access to services, including access to more inpatient/outpatient health programs.

Item 18

Figure 32. Well-Being Outcome 3, Item 18



Source: NC Case Reviews using the OSRI

NC's overall performance on Item 18 has increased from 58% for the PUR ending September 2023 to 63.41% for the subsequent period which ended March 2024. However, it continues to be an area needing improvement.

Table 24. Racial Comparison of OSRI and State Profile for Item 18

	OSRI October 2023-March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023-March 2024 Applicable Cases (In-Home Only)	Percent Children in Custody March 2024 by Race
Black or African American	7; 24.1%	7; 50.0%	3,103; 29.8%
White	19; 65.5%	6; 42.9%	5,998; 57.4%
Hispanic	3; 10.3%	1; 7.1%	*
Multi-Race			812; 8.1%
Other			538; 4.7%

Source: OSRI and State Data

*The state performance unit tracks ethnicity separately and therefore is not included here so as not to duplicate counts

All seven of the Black or African American cases for this item were rated a strength, while 14 of the 18 White cases (77.8%) were rated a strength. The percentage of cases pulled for the OSRI sample is slightly under representative of Black children and over representative of White children.

Item 18 Strengths and Needs

Behavioral and mental health crisis resources for children are dire in NC, as are preventive strategies and early interventions. NC counties experience children with acute mental health needs being boarded in hospitals or DSS offices, in part because these children lack an appropriate placement for their required level of care and/or long-term care is not available when most needed (i.e., during a crisis). The lack of health care providers, especially those who will accept Medicaid, is compounded in rural communities and counties where one in five North Carolinians live. Also, it has been reported that doctors, though many advertise accept Medicaid, are not willing to take Medicaid appointments, despite pediatric guidance advising otherwise.

In collaborative efforts amongst state and local provider agencies to combat the crisis and to improve its ability to meet the mental and behavioral health needs of children, NC DHHS has invested in initiatives to address trauma experiences of children involved in child welfare, prevent and/or minimize children from unnecessary stays in Emergency Room and local DSS offices, and to create specialized behavioral health treatment options in local communities across the state for children at risk of placement and/or in need of a level of care higher than family foster care due to co-occurring, chronic healthcare conditions and/or acute

mental/behavioral treatment needs. Notable initiatives that were either planned, rolled out and/or in operation during SFY 2024 as part of Medicaid Transformation, Medicaid Expansion, and/or Special Legislative Budgeted Items are noted below.

- **Medicaid Tailored Plans.** An integrated health plan for individuals with mental health, substance use disorders, I/DD, and traumatic brain injury (TBI) will be rolled out on July 1, 2024.
- **Emergency Placement Funds (EPF).** February 2024, the General Assembly, through a pass-through allocation to NC DHHS, made special funds available to county DSS agencies straining to provide appropriate placements for children in their custody. The funds were specifically earmarked to improve placement viability for children with complex behavioral health needs. County allocations were made based on each county's percentage of foster care census and purposed to minimize the occurrence of children and youth having to stay in DSS offices overnight while they await placement into Medicaid funded treatment. EPF also improves care for children with complex behavior needs by implementing practices that have shown to support better placement and stability of children and care, e.g., maintaining a crisis placement provider on retainer who can provide temporary emergency placement suitable to the child's behavioral health needs until treatment placement can be located.
- **Continuation to Support the Rapid Response Team (RRT).** The NC DHHS cross-divisional team meets regularly to review referrals for children in DSS custody who are in hospitals or DSS offices and are unable to access treatment at the identified medically recommended level of care. The team is comprised of representatives from NC DSS and NC Medicaid, as well as from the Divisions of Child and Family Well-Being, Mental Health Developmental Disabilities and Substance Use Services, State Operated Health Care Facilities, and psychologist and psychiatrist consultants associated with NC Psychiatric Access Line. The Division of Juvenile Justice and Delinquency Prevention and other state agencies are invited as needed. RRT's roles and responsibilities include:
    - Reviewing completed referral and any other requested documentation to evaluate placement needs and to plan next steps.
    - Facilitating and convening a meeting of staff from LME-MCOs & county DSS offices to coordinate a plan for child treatment at the medically recommended level of care.
    - Working to remove barriers created by systemic issues, when possible, and to facilitate problem solving and challenging conversations among stakeholders.
    - Helping to identify potential alternative service options and/or the potential to wrap services together to meet the unique needs of children/youth.

- Escalating referrals to the Executive Response Team as deemed appropriate.
- Collecting, tracking, and reporting data collected through the RRT referrals, meetings to inform policy, funding requests, and strategic priorities for the NC DHHS.

The RRT reviewed roughly 260 referrals in SFY 2024, of children across 70 counties.

- **Monitoring Use of Psychotropic Medication in Foster Care.** North Carolina also continues to oversee and promote the monitoring of psychotropic medications prescribed to children in foster care. Specialized training is devoted to caseworkers and supervisors on the monitoring of psychotropic medications including how to recognize patterns that may indicate such as concern such as instances where children are prescribed too many psychotropic medications, too much medication, or at too young an age. As noted above, once Medicaid expansion is fully implemented, it is expected families will realize increased access to services, including access to more inpatient/outpatient mental health programs.
- **Incorporating Trauma-Informed Lens Statewide.** To include continuation of Trauma-Informed Leadership Training, and the creation of an age-appropriate Foster Care Specific Trauma-Informed Assessment for use across NC by all BH/MH providers involved with children in the foster care system, to include all health plans, and to be incorporated in CWIS by 2025.

2.2 Systemic Factors (Items 19-36)

North Carolina's ULT and design teams were created to engage families, children, youth, tribes, courts, and additional partners and child welfare stakeholders in assessing agency strengths and areas needing improvement, including those identified in the systemic factors. NC uses case review reports, administrative data, and the measures of progress for CFSP goals (found in Section 2.3, Update to Plan for Enacting the State's Vision and Progress Made to Improve Outcomes) as a part of the ULT and design teams' ongoing agendas for discussion. The Quality Assurance Team provides results of ongoing case reviews, in which the design teams review, analyze, and make recommendations for tweaks in current strategies to address performance concerns.

2.2.1 Statewide Information System (Item 19)

The statewide information system is an area that needs improvement. Data entry for the 100 counties in North Carolina is a hybrid model, with some counties using the Child Welfare Information System (25 total counties - 11 using CPS Intake, CPS Assessment, and Ongoing, and 14 using only CPS Intake and CPS Assessment). The counties enter information into this system as they conduct their normal documentation. The policy in

North Carolina is for documentation to be up to date within 7 days. NC DHHS works with county agencies through record and data reviews, discussing strengths and concerns when the case updates are not made timely, with the expectation that county agencies put a plan in place to address deficiencies noted. When there are concerns noted about data at a statewide level, NC DHHS assesses the root cause. Previous outcomes of this assessment have included logging a defect due to a system issue, creating a change request for the system to be updated to address the concern.

The 75 counties not utilizing the Child Welfare Information System (CWIS) key data relating to Status, Demographics, Location, and Placement Goals into legacy systems (Central Registry for CPS Assessments and Child Placement and Payment System for Ongoing Case Management [CPPS]). The counties using legacy systems update much of the data only monthly for permanency planning cases or at the time of case closure for other child welfare program areas. This data is denormalized and combined through data integration jobs and ETLs and in NC DHHS' data warehouses, including the Oracle based Cúram Datawarehouse (CDW) and Client Services Data Warehouse (CSDW) for reporting, and the Amazon Redshift based Business Intelligence Data Platform (BIDP) to be used for dashboards and analytics. In December 2023, the NC DSS performance management team was directed to build dashboards that could be accessed by NC DSS leadership and staff. The initial dashboards show data for CPS Assessments such as case decisions being made, the number of cases completed, and the average days to completion. The Permanency Planning dashboard shows the number of children in custody at the end of the previous month, current living arrangement by type, the age, race, and ethnicity of the foster care population, exits and entries for the previous month, and the length of current foster care episodes. The Permanency Planning dashboard gives data for extended foster care as well. Both dashboards can be filtered to the county and region level. These dashboards will become the framework that Deloitte will use to build reporting features in the new CWIS. Currently, the dashboards are only available to state staff. Once the dashboards are final and have been approved by NC DSS leadership, they will be made available to county directors as well.

In 2022, NC DHHS released a request for proposal for new technology and services to support the development, configuration, and deployment of CWIS modules and interfaces. On September 27, 2023, NC DHHS announced Deloitte Consulting had been selected as the vendor to accomplish the goal of bringing forth the full array of technology and services needed to implement a statewide CWIS that is user-friendly, supports child welfare decision-making, and aligns with NC's unified model of practice. A kickoff meeting was held on October 11, 2023, that was attended by representatives from NC DHHS, county DSS directors, and Deloitte. An initial road map was presented and discussed and suggested changes were made based on participants' feedback. The initial phase of the development of the ongoing modules for NC's CWIS is the Discovery Phase. The purpose of

Discovery is to hear from front line social workers and supervisors/managers who will be using CWIS, to describe and validate what features and capabilities should be prioritized to allow them to complete their work effectively and efficiently. Discovery and development of CWIS has been divided into six (6) modules. Those modules are: 1. Case Management- FSA Module- Plan (both In-Home and Permanency Planning FSA/Case Plans), 2. Case Management In-Home Services, 3. Case Management- Permanency Planning, 4. Visualization Dashboards (Intake through Permanency Planning), 5. Common Person Registration, and 6. Ongoing Case Management- Living Arrangements/Placement Financials. These sessions took place between November 2023 and February of 2024. Each Discovery session included NC DSS, Human Services Business and Information and Analytics (HSBIA) team, and county staff. Two county staff per region were selected by region and subject area. NC DSS staff were selected based on the subject area. Each session allowed for up to eight state staff and 14 county staff.

In addition, NC DSS and Deloitte partnered together to determine the level of anticipation and angst that county staff may be experiencing and solicited their input on what else would need to be put in place to ensure a smooth transition to the new system. One task was to conduct on site visits in counties. The goal was to shadow workers and supervisors during their workday to see how the work flows as well as hear from staff what barriers exist to effectively documenting their work as well as expectations they would have for a new system. Four counties were visited that are utilizing the current CWIS, a county that has its own system, and counties that are still utilizing paper. In addition, a baseline readiness survey was sent out to directors, supervisors, and frontline staff seeking input on staff readiness, needs and expectations, and perceived barriers. The survey closed on March 28, 2023. There were 301surveys completed representing 77 counties. Of those, 47% were frontline social workers and 53% were county management. The baseline reactions were that 93% were neutral/believe the new technology will provide them the necessary tools and resources to be successful and 79% are open to new ideas and change for the new technology. This information is being used to develop the training curriculum and change management resources to ensure county and state staff are prepared to use the new technology.

In the last APSR, NC reported that an updated Intake module would roll out in the fall of 2023. It was originally planned to roll out first to the counties using the current CWIS. This rollout was delayed twice due to continued discovery of defects in the platform. In January 2024 NC DSS made the decision to amend the contract with Deloitte to include the development of CPS Intake and CPS Assessments. This would ensure all data collection would take place on one platform instead of two, making data more accessible. To date, Deloitte has presented three demonstrations of current development work. The feedback has been positive.

The roadmap plans for the first group of counties to begin using the new CPS Intake and CPS Assessment modules in January 2025. This first group will include the 14 counties using the current CWIS as well as one large county, Forsyth. The rest of the counties will be followed by regions. The rollout of the ongoing modules will begin in August 2025. There continues to be a strong relationship between NC DHHS and county DSS leadership as part of the Child Welfare System Governance Committee (CWSGC) which continued to meet regularly during SFY 2023-24. The purpose of the CWSGC is to bring state and county leaders together in partnership to recommend how best to invest dollars and resources into achieving a statewide child welfare information system that aligns with the adopted vision and guiding principles. The CWSGC continues to play a significant role providing valuable strategic input and feedback on NC DHHS' practice model efforts and how technology can best support those efforts. For example, In SFY 2022-23, the primary focus was on the new CPS Intake system. In FY 2023-24, the primary focus has been the onboarding of Deloitte and the beginning stages of the contract to build the future CWIS.

There is no available data on any disparity or disproportionality for this systemic factor.

2.2.2 Case Review System (Items 20-24)

Case Plans (Item 20)

NC's performance in this item is an area in need of improvement.

The NC case review system remains an area in need of improvement. Recognizing this, NC implemented several strategies in SFY 2023-24. One was for Regional Child Welfare Specialists (RCWS) to provide targeted training and technical assistance based on their review of case plans and assessment of areas needing strengthening. The regions involved in this review and technical assistance were Region 1 (Cherokee, Macon, Swain, Transylvania, Yancey); Region 3 (Alamance); Region 5 (Nash); and Region 6 (Jones).

Among the areas needing strengthening identified during the case plan reviews for targeted training and technical assistance were inadequate use of or lack of use of behaviorally specific language to address the goals and activities addressing the areas of concern including:

- The impact of the caretaker's behavior on the child,
- Goal progress toward parental changed behavior,
- Defining appropriate goals,
- Lack of understanding on the use of the plan and its sections, and
- Concurrent planning.

Case plans have continued to be reviewed and feedback provided to monitor ongoing improvement.

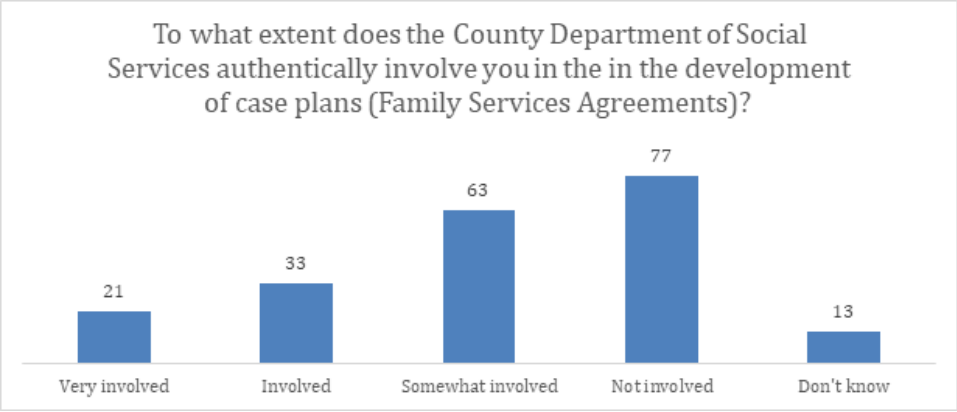
Another strategy implemented aimed at improving the case review system is the redesign of the Permanency Planning Family Services Case Plan. The case planning tool is being developed in collaboration with the Permanency Design Team, RCWS, the CWIS team, the ULT, and county child welfare staff. The revised case plan project is estimated to be completed by June 30, 2024.

In addition, NC is re-validating SDM tools, including the Family Assessment of Strengths and Needs, which provides assessment information needed for case planning. Also, NC expects implementation of SOP tools to structure planning with families will substantially improve the quality of engagement with children and families in the case planning process.

NC DSS continued quarterly CQI regional meetings in all regions in SFY 24, which provided discussion and topic exploration to support improved case planning practices. Topics discussed in SFY 23 and 24 included caseworker visits with children and parents, and how quality visits impact case planning with families. CQI regional meetings continue each quarter with a different topic and follow up from previous topics through the CQI process. Additional information about CQI regional meetings can be found in the discussion of Item 25, NC's Quality Assurance System.

In 2023, NC surveyed foster, kinship, and adoptive parents to determine the extent they feel authentically involved in the development of case plans, and most responded they did not feel authentically involved or were somewhat authentically involved. NC has implemented stakeholder surveys in recent SFYs to gather feedback. These surveys have not historically been implemented to gather feedback. NC expects the implementation of SOP tools to structure planning with families will substantially improve the quality of engagement with children and families in the case planning process.

Figure 33. To what extent does the County Department of Social Services authentically involve you in the development of case plans (Family Services Agreements)?



Source: 2023 Statewide Assessment Stakeholder Survey

Foster, adoptive, and relative parent survey respondents indicated they did not feel authentically involved in the development of the Family Service Agreements. The most common response to this question was 'not involved' (37.2%), followed by 'somewhat involved' (30.4%).

Father engagement also continues to be an area of focus on improving the involvement of families in case planning. NC DSS reported in last year's APSR on the continued development of NC DSS' Fatherhood Engagement Initiative. NC continues exploring a Request for Proposal for 24/7 Dad, a statewide program as part of the Fatherhood Engagement Initiative. The 200 series trainings for case workers currently being restructured will also include fatherhood engagement resources and strategies.

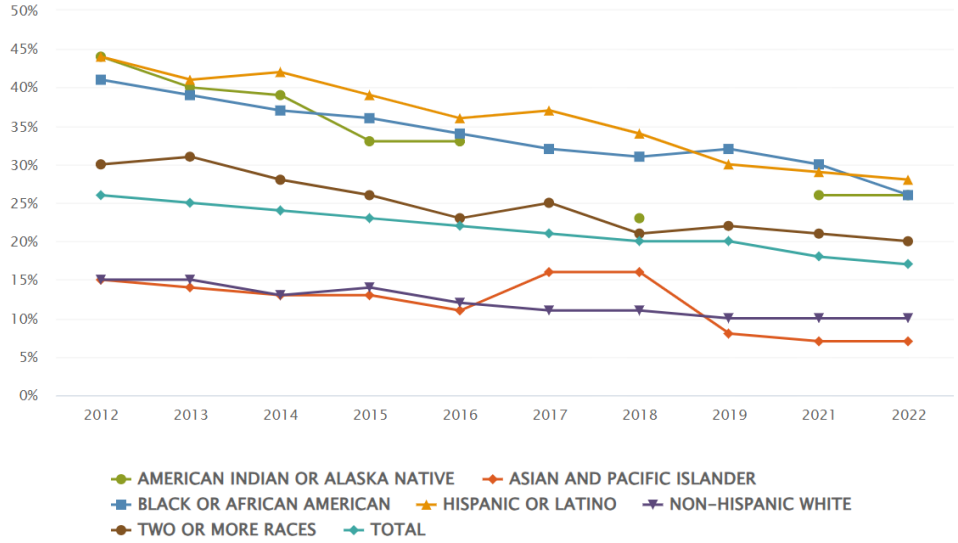
There is no available data on any disparity or disproportionality for this systemic factor. However, NC has used available data to identify those children who are at risk for foster care involvement, and therefore may experience the case review system.

Within North Carolina, there are differences in risk across regions in the state and across racial groups. The figure below shows child poverty rates over time across racial categories.

While having low income is a risk factor for child welfare involvement, child welfare services are for those families' experiencing threats to child safety.

While poverty has decreased across the state, the poorer counties are poorer while wealthier counties have accumulated more wealth. Child poverty rates in 2019 range from 8% to 56%. The poorest NC counties are Bertie, Washington, Tyrrell, Alleghany, Richmond, Scotland, Robeson, and Lenoir. These findings have implications for case planning for families, particularly around the availability of services to address identified areas of concern.

Figure 34. Child Poverty Rate in North Carolina Over Time by Race

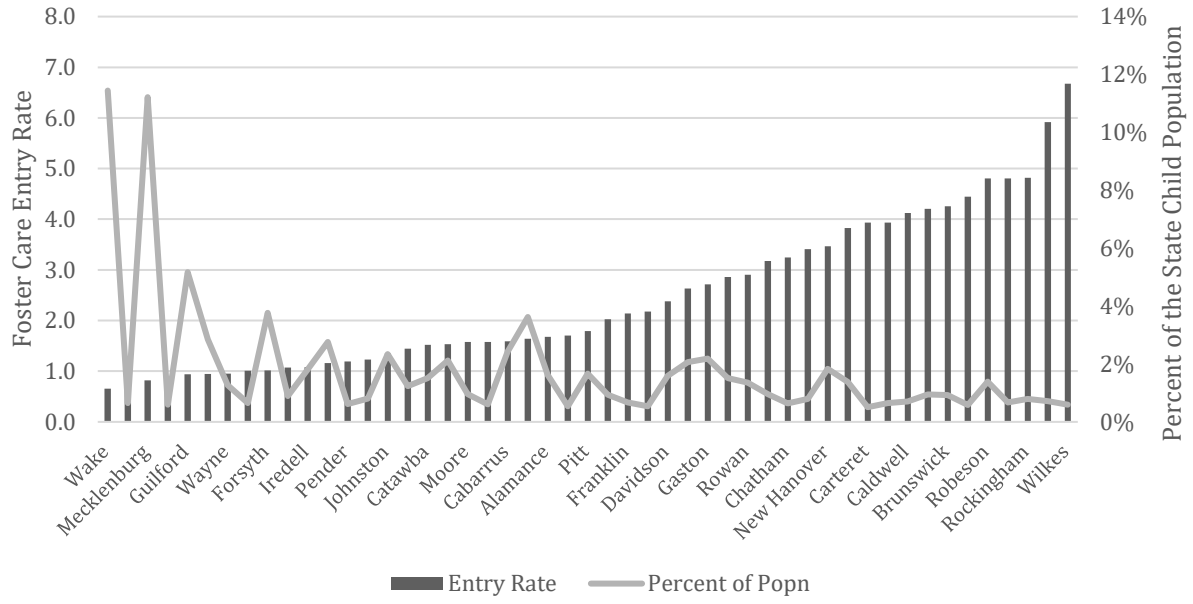


Source: Kids Count

Economic risk falls disproportionately on children of color. While the child poverty rate for White children was about 10% in 2022, it was nearly triple that for Black, Latinx, and Native American children. Just as has occurred nationally over the past decade, child poverty rates have declined for all racial groups in North Carolina, though the large difference between racial categories remains. In the most recent year, the Latinx rate of child poverty slightly surpassed that of Black children. Overall, child poverty rates are much lower but differences between racial groups remain.

As shown in the figure below, foster care entry rates range from under 1 to over 6 children per 1000 in the population.

Figure 35. Foster Care Entry Rates (2021) and Percent of County Child Population (2020)



Source: Children's Bureau, Child and Family Services Review (CFSR 4) Data Profile Supplemental Context Data; 2/24

This visualization includes the 50 most populous counties. The states' two most populous counties, Wake and Mecklenburg, have among the lowest foster care entry rates while representing more than 6% of the states' population of children. Wilkes and Burke counties have the highest rates of entry into foster care (for the 50 most populous counties), at over 6 children per 1000 entering care.

The risk of foster care entry is higher in less populated areas of the state (not reflected in the figure above), perhaps reflecting greater need or a lack of supportive services. Comparing foster care entry rates and county child population warrants further investigation and analysis, as anomalies are present. For example, Cumberland County is the fifth most populous county for children yet has a foster care entry rate nearly twice as high as Wake and Mecklenburg counties. Counties that appear on the high poverty list

warrant further analysis compared to the foster care entry rate, such as Lenoir and Robeson counties.

Age is also a strong predictor of child maltreatment, and therefore risk of entry and involvement with the case review system. While infants are only about 5% of the child population, they make up one in five foster care entries. Half of the children entering foster care in North Carolina are under age 6. This makes sense given the vulnerability of young children, but it raises their risk of child maltreatment and child welfare involvement, especially for children living in low-income households.

Table 25. Dynamics of Foster Care Entry Across Age Groups- FFY 2022

Age Group	% of Entries	% of Child Population	Entries (per 1000 in Child Population)
< 1	20.7 %	5.1 %	8.3
1 to 5	29.4 %	26.6 %	2.3
6 to 10	22.2 %	27.6 %	1.6
11 to 16	26 %	34.9 %	1.5
17	1.8 %	5.8 %	0.6
Total	100 %	100 %	2.0

Source: Children's Bureau, Child and Family Services Review (CFSR 4) Data Profile Supplemental Context Data; February 2024.

Analyzing the foster care involvement risk factors has a significant relevance to Permanency Planning and subsequently case planning within NC DSS and county DSS agencies, primarily around resource allocation and development, technical assistance, and training. This is important as North Carolina prepares and plans its next CFSP.

Periodic Reviews (Item 21)

NC continues to collect data on the median days from the first permanency planning hearing to all subsequent permanency planning review hearings, obtained from the JWISE (court database) system. The data for the three (3) most recent state fiscal years is shown in the table below.

Table 26. Median Days to Subsequent Permanency Hearings

	FFY 2018-19	FFY 2019-20	SFY 2020-21	SFY 2021-22	SFY 2022-23
CIP Measure 2: Median Days to All Subsequent Permanency Planning Hearings-JWISE (n=95)	119	139	126	119	119

CIP Measure 2: Median Days to All Subsequent Permanency Planning Hearings–Odyssey (n=5)	--	--	--	--	147*

Source: JWISE and Odyssey CIP Measure 2 Data
*Odyssey data was provided for the most recent year only

The standard for the frequency of permanency hearings is within 90 days from the date of the initial dispositional hearing and at least every six months thereafter. In reviewing NC's data for CIP Measure 2 from the JWISE system for the last five state fiscal years, NC successfully kept the median length of time between court reviews below 5 months, with the previous SFY year median length occurring under 4 months. NC's data for CIP Measure 2 for SFY 2022-23 from the Odyssey Case Management System, representing five counties that have not yet converted to the JWISE system, show the median days to the subsequent hearing to be around five months.

NC continues to move towards a statewide CWIS to capture this data and collaborates with AOC on their data collection. NC will continue regular meetings with AOC as part of the Court Improvement Program.

There is no available data on any disparity or disproportionality for this systemic factor.

Permanency Hearings (Item 22)

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

Table 27. Median Days to First Permanency Planning Hearing

	FFY 2018-19	FFY 2019-20	SFY 2020-21	SFY 2021-22	SFY 2022-23
CIP Measure 1: Median Days to First Permanency Hearing (JWISE n=95)	260 days	274 days	288 days	247 days	190 days
CIP Measure 1: Median Days to First Permanency Hearing (Odyssey n=5)					212 days*

Source: JWISE and Odyssey CIP Measure 1 Data
* Odyssey data was provided for the most recent year only

The CIP Measure 1 data indicates NC has successfully met the standard 12-month maximum time between days to first permanency hearings for the last five (5) state fiscal years. In SFY 2022-23, NC counties converted to the JWISE system showed median days to the first permanency hearing as 190 days and counties remaining in the Odyssey system

with median days of 212. NC continues to move towards a statewide CWIS to capture this data and collaborates with AOC on their data collection.

There is no available data on any disparity or disproportionality for this systemic factor.

Termination of Parental Rights (Item 23)

If the permanent plan is adoption, NC DSS policy requires a TPR petition or motion must be filed within 60 days of the Permanency Planning Hearing, and TPR hearings are to occur no later than 90 days from filing the petition or motion. NCGS 7B-906.1(f) requires a county DSS to initiate a proceeding to terminate parental rights of any child in placement outside of the home for 12 of the most recent 22 months unless the court finds that:

- The primary plan is guardianship or custody with a relative or some other suitable person.
- There are specific reasons that termination of parental rights is not in the child's best interests.
- The DSS has not provided the family with services the DSS deems necessary while reasonable efforts to return the child home were still required.

Table 28. Time to First Termination of Parental Rights Filing

	SFY 2020-2021	SFY 2021-2022	SFY 2022-2023
	JWISE Data System (n=95 counties)		
CIP Measure 4: Median Days to First TPR Filing	533 days	531 days	552 days
Filings	984	1,006	941
	Odyssey Data System (n=55 counties)		
CIP Measure 4: Median Days to First TPR Filing	--	--	568 days
Filings	--	--	155

Source: JWISE and Odyssey CIP Measure 4 Data
*Odyssey data was provided for the most year only

The CIP Measure 4 data indicates the median number of days to filing a TPR has increased from the previous year while the number of instances has decreased. NC currently does not have data on tracking exceptions to filing a TPR and is determining how to integrate this into the new CWIS.

NC DSS CWIS staff are building this data into the statewide case management system to better track performance. It is possible the pandemic and increased agency vacancies have impacted timeliness to filing TPR hearings. Additionally, some counties may be utilizing the Guardianship Assistance Program rather than filing for TPR as the children have been in these homes longer term and the caregivers are licensed.

Notification of Caregivers (Item 24)

Requirements remain in place in both NC general statute and child welfare policy to ensure caregivers receive notifications regarding upcoming court hearings either from a caseworker or the clerk of court. NC continues to move towards a statewide CWIS to capture this data and collaborates with AOC on their data collection.

Data from the Statewide Assessment indicates many caregivers find this process either somewhat effective or not effective. Also, 48% of caregivers felt their input was not effectively gathered or addressed at court hearings. Data from the Statewide Assessment indicates most legal partners find foster, pre-adoptive, and kinship caregivers are "always" or "usually" notified of any court review or hearing held. This information was corroborated by focus groups with judges, which highlighted a variety of practices, including providing the next hearing date in writing to the caretaker before they left the current hearing and having staff dedicated to reaching out in advance of the meetings.

Table 29. Caretaker Perspectives on DSS Effectiveness

Question	Very Effective	Effective	Somewhat Effective	Not Effective	Don't Know
How effective is the County Department of Social Services in notifying you in a timely manner of upcoming court hearings and/or panel reviews?	23 11%	49 24%	60 29%	64 31%	11 5%
How effective is the County Department of Social Services in allowing your input and opinions to be heard during court hearings and panel reviews?	15 7%	27 13%	36 17%	100 48%	29 14%

Source: 2023 Statewide Assessment Stakeholder Survey

Data from the Statewide Assessment indicates 56% of parents find the notification process not effective. Also, 67% of parents felt their input was not effectively gathered or addressed at court hearings.

Table 30. Parent/Family Perspectives on Notification and Feedback in Court Hearings

Question	Very Effective	Effective	Somewhat Effective	Not Effective	Don't Know
How effective is the County Department of Social Services in notifying you in a timely manner of upcoming court hearings and/or panel review?	1 6%	1 6%	5 28%	10 56%	1 6%
How effective is the County Department of Social Services in allowing your input and opinions heard during court hearings and panel reviews?	0 0%	0 0%	5 28%	12 67%	1 6%

Source: 2023 Statewide Assessment Stakeholder Survey

Table 31. Legal Partner on Caretaker Notification and Engagement

Question	Always	Usually	Sometimes	Hardly Ever	Don't Know
To what extent are foster parents, pre-adoptive parents, and relative caregivers of children in foster care notified of any court review or hearing held with respect to the child?	28 35%	23 29%	5 6%	2 3%	21 27%
To what extent are foster parents, pre-adoptive parents, and relative caregivers of children in foster care aware of their right to be heard in any court review or hearing held with respect to the child?	15 19%	10 13%	9 11%	7 9%	38 48%

Source: 2023 Statewide Assessment Stakeholder Survey

There is no available data on any disparity or disproportionality for this systemic factor.

2.2.3 Quality Assurance System (Item 25)

The quality assurance system is an area needing improvement. While NC understands building a strong CQI system at the state, regional, and county levels is critical to achieving its vision for child welfare transformation, NC recognizes the steps currently in place do not adequately make use of a QA model to enhance performance and improve outcomes for families. NC has a robust process to review cases using the OSRI to measure performance. However, NC has not fully utilized root cause analysis to develop and

implement plans to address deficiencies. NC has begun to take steps to fully utilize data obtained from case reviews and will continue to build on that progress as outlined below.

NC has five trained Quality Assurance Reviewers to conduct reviews utilizing the OSRI. The QA Review process is utilized to determine strengths and opportunities for growth in state and county practice and is a foundation for its CQI focus on preparation for CFSR Round 4. NC hired a state CQI Lead who will be responsible for coordinating and implementing the regional support model approach to CQI. This will involve local child welfare agencies and stakeholders (who have representatives serving as members of the CQI Design Team) in CQI development. NC is aware additional capacity for the QA Team is needed as we move into the CFSR and PIP measurement period. NC DSS will recruit additional qualified QA reviewers from other central office sections, counties, and stakeholders.

North Carolina has operated a statewide case record review process for several years. The state's approved plan by the Children's Bureau is to assess statewide performance in the domains of safety, permanency, and well-being annually by conducting case reviews using the OSRI review instrument on a random sample of the state's applicable child welfare cases every six months, beginning October 1, 2022.

North Carolina's QA Team participates in monthly Secondary Oversight Calls/ meetings with the Children's Bureau. Technical assistance will also be sought during onsite visits by CB staff as well as through ongoing technical assistance bulletins, training, and other forms of communication through the CB website. Prior to and during the CFSR and PIP measurement period, the NC DSS QA Team will continue to have technical assistance through secondary oversight of cases reviewed and may seek TA from other partnering agencies or consultants as needed. Throughout the 6-month CFSR Case review period, Secondary Oversight from the Children's Bureau will be 100% of the cases reviewed. The QA team would benefit from technical assistance related to data analysis pertaining to case reviews. NC will work towards enhancing capacity in FY 2024, to complete development and initial implementation of a CQI model at the state, regional, and local levels.

Use of the OSRI and Sampling Plan Here Forward. North Carolina selects samples of cases for review that are representative of the state to track statewide performance. Because NC values the entire state in the case review process, NC DSS conducts random sampling of all applicable cases during each 6-month period. Results will be tracked both statewide and by region, and region-specific reports will be developed and shared with counties by the CQI specialists (formerly called Regional Child Welfare Consultants) at intervals corresponding to when a sufficient sample of cases in the region have been reviewed for the results to be meaningful.

The approved sampling plan includes the following information:

- NC will use a statewide randomized process to identify 65 cases for review for the upcoming Round 4 CFSR and moving forward for all future reviews. The duration of review periods in NC will be six months. The sampling frame will include all NC foster care cases meeting the Adoption and Foster Care Analysis and Reporting System (AFCARS) inclusion criteria that are open during the sampling period. The sampling frame will also include all NC in-home services cases that are open at for 45 consecutive days during the sampling period in addition to foster care cases that include trial home visit living arrangements that are active for 45 consecutive days during the PUR. From the sampling frame, NC will randomly select and review 65 cases during each six-month review period.
- NC DSS continues to use the federal Onsite Review Instrument (OSRI) to collect information on all CFSR items using the Online Monitoring System (OMS). NC DSS uses OMS to generate reports that are reviewed regularly by program managers and others to track progress in each of the seven outcome areas, to inform practice enhancements, address barriers, and inform the level of technical assistance needed.
- Currently NC DSS QA staff participate in monthly Secondary Oversight calls with CB staff. CB conducts Secondary Oversight on all cases completed by NC DSS QA Reviewers to ensure consistency in application of the OSRI.
- In December 2022, all NC DSS QA Reviewers, including the team manager, completed the CFSR Round 4 OSRI modules, which is a series of short videos about areas of the review instrument. In February/March 2023, while being observed by ACF/CB staff, all NC DSS QA Reviewers and the team manager completed a foster care mock Case (Round 3) using the Round 4 OSRI. The objective was to practice applying the new OSRI with fidelity and align with ACF/CB processes. The outcome was to demonstrate consistency in applying the OSRI and allow reviewers the opportunity to do peer-to-peer training.
- In March 2023, JBS provided an overview of the Round 4 OMS to all NC DSS QA Reviewers and the NC DSS CQI Lead. The objective was to demonstrate how to enter a case and provide an overview of the E-Learning Academy and data reporting functionality.
- NC DSS QA Team Manager attends and participates in CFSR Round 4 calls.

Efforts to Assure the Integrity of Administrative Data. The Regional Child Welfare Specialists work closely to assist with data clean up to ensure accurate data for NC. A report will be sent to the CQI Manager who will forward on to the specialists so they can work individually with their assigned counties to correct any inaccurate data entries on their end or report back the correct information so that it can be entered by NC DSS staff. This work has also led to the discovery of programming and data collection issues at the state level which have been corrected to ensure continued accuracy of reporting. NC DSS began working with those

counties to clean up Common Name Data Service (CNDS) numbers. This will have the added benefit of matching with Medicaid so there is only one identifying number for children across systems. NC DSS sent communications to counties notifying them of needed corrections and asking them to develop a QA process to minimize data entry errors. The Data Workgroup is now incorporated into the CQI Design Team.

NC DSS hired a CQI state lead in August 2022. Since then, 6 quarters of regional CQI meetings have been held in each region. These meetings have introduced NC DSS' CQI model. The meetings are formatted to demonstrate the use of the CQI model. Each begins with a look back to close the CQI loop and check on strategies that have been implemented and the efficacy of those solutions, as well as utilizing data at each stage of the cycle. NC's 100 counties are at different places in their understanding and use of CQI and data; feedback from the meetings shows counties have a better understanding of data, where it comes from, and how it is calculated. The NC DSS CQI lead has also taken the lead on the CQI Design Team; that team has been instrumental in planning the regional CQI meetings to identify stakeholders' strengths and areas of concern. The CQI Design Team developed a draft statewide CQI plan which is currently under review. The CQI plan includes three 5-year goals that include annual milestones, data, objectives, and strategies. The format of this plan will also be used by counties as NC DSS continues to implement CQI on all levels. Currently the CQI Design team is drafting a CQI manual that will lay out what is expected on the county, regional, and state level.

Since October 2022, NC DSS has facilitated regional CQI meetings on a quarterly basis. These meetings are attended by state staff, county staff, family partners, and university partners. In the past year, 28 regional CQI meetings have been held representing up to 99 counties with a total of 990 participants. While the regional CQI meetings model the entire CQI cycle, currently the focus is on helping counties identify root causes by going deeper into the whys behind the data. Topics explored in these 28 meetings include placement stability, quarterly visits, kin-first culture, and domestic violence.

Following the meetings, the Regional Specialists discuss with counties the solutions they are going to implement to address root causes identified from the data. Root cause analysis is an area that NC continues to work on, and again counties are in different places in their understanding of root cause and ability to get to continue digging until a root cause is identified. One issue that was identified during the regional CQI meetings was mistakes being made in the coding of moves for foster children. After reviewing the correct coding, several counties report correcting data, which has helped to bring placement stability within the expected range. As a long-term solution, the Permanency Design Team has updated the definitions of various types of moves.

Quality Assurance System Operations. As discussed above, NC is committed to conducting case reviews using the OSRI throughout the entire state and to producing quality, accurate data statewide and for each county.

Standards to Evaluate Quality of Services Towards Health and Safety. NC's child welfare QA system provides a framework of processes and practice measures to effectively evaluate and assess protective interventions and the delivery of services to children and families within the child welfare network. The overall objective is to continually improve the child welfare system so children are kept safe, are able to live in a permanent, nurturing home, and have their educational, physical, and mental health needs met.

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

NC DSS has a trained and dedicated team of five reviewers to conduct QA case reviews. The QA Review Team is responsible for conducting Quality Case Reviews for the purpose of evaluating the quality of services provided to children and families. The goal is to improve overall safety, permanency, and well-being outcomes for families by improving the quality of case work provided throughout the state. The QA Review team conducts statewide case reviews based on random sampling and completes first and second level QA for the entire process. Interviews with families served in reviewed cases, with services providers, and with stakeholders are part of the review process. Upon completion of a case review, the results are aggregated through the OMS. A portion of the cases are further reviewed by the Children's Bureau to ensure accuracy and consistency.

Provision of Relevant Reports. NC uses the OMS to generate quarterly reports that are reviewed quarterly by the Executive Leadership team made up of the Division Director, Deputy Directors, and Section Chiefs to track progress in each of the seven outcome areas, to inform practice enhancements to address barriers that are impacting success, and to inform the level of technical assistance that will be provided. Some of the reports include a State Rating Summary which is a report that give aggregate summary of states performance for an entire review and provides individual and combined county ratings for each item and outcome as well as individual and combined percentages. Item-Specific Reports are utilized; these detail all responses related to the specific item and provide aggregate reports for every question. Practice Performance Reports provides aggregated summary of practice

performance for all 18 items across all cases. Muti-Item Data Analysis Tool is a detailed report that allows to view data by item rating and compare ratings across a maximum number of items and by case characteristics (race, age, gender, permanency goal, etc.). Case record debriefs are held with county staff and NC DSS RCWCs to share outcomes of reviews that identify both strengths and areas for improvement. As a part of NC's statewide CQI plan, meetings are planned with counties in each of the newly formed seven regions. The purpose of these meetings is to evaluate local, regional, and statewide data, including reports from OMS, to determine root cause issues and to develop needed technical assistance to ensure improvement. Subsequent meetings will also review subsequent data to determine if the implemented technical assistance is meeting the need. These meetings were discussed in detail above. In addition, OMS reports have been used in regional CQI meetings to look at quality contacts, and assessment of safety and risk. Quantitative data was reviewed and analyzed along with a review and analysis of the comments for why ratings were made. This was helpful in identifying trends and root causes.

Evaluation of Implemented Program Improvement Measures. NC's QA system uses the OSRI for case reviews. This provides an excellent assessment of NC's progress overall. A CQI plan has been drafted and is currently being reviewed by the leadership. The CQI plan includes both 5-year goals and 1-year milestones, as well as data and strategies for improvement. These goals will drive the work that NC implements to improve practice. Additionally, NC is committed to a long-term CQI process that focuses on continued improvement in all seven outcomes by making the OSRI the primary tool used to measure performance. NC's upcoming participation in CFSR Round 4 provides an excellent opportunity to begin this process. The results of the CFSR will serve as a baseline for NC to take a deeper dive into the root causes of the results and then develop and implement strategies to improve those outcomes. NC will then continue to use the CQI Design Team, ongoing regional meetings, and continued review by the Executive Leadership Team to regularly review and evaluate the progress NC is making.

There is no available data on any disparity or disproportionality for this systemic factor.

2.2.4 Staff and Provider Training (Items 26-28)

Staff and Provider Training includes CFSR Items 26 (initial training provided to all staff), 27 (ongoing training provided for staff), and 28 (training occurring for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities). Items 26, 27, and 28 are areas needing improvement for North Carolina.

Table 32. Training Completions by Child Welfare Staff – July 1, 2023–April 30, 2024

Activities	Total Child Welfare Staff	Total Training Completions
Completions of 1 or more pre-scheduled courses	2,249	3,552
Completions of 1 or more online/on- demand child welfare courses	3,139	16,969
TOTAL	**3,956**	**20,521**

Source: NCSWlearn.org

A total of 2,249 child welfare staff in public and private child placing agencies completed one or more pre-scheduled courses, totaling 3,552 training completions. A total of 3,139 child welfare staff in public and private child placing agencies completed one or more online on-demand child welfare courses (registration not required), totaling 16,969 completions. A total of 3,956 public and private child placing agencies staff completed one or more of the pre-scheduled and/or on-demand courses.

Initial Training (Item 26)

NC's 2020-2024 CFSP describes pre-service training for new employees as the initial training offered, and job-specific training was categorized as "ongoing training," or "200 series" training. However, with the NC 2025-2029 CFSP, NC has updated its definition of pre-service training to include in-service trainings as an extension of pre-service, specifically the following job-specific trainings:

- CPS Intake
- CPS Assessments in Child Welfare
- CPS In-Home in Child Welfare
- Permanency Planning in Child Welfare
- Foster Home Licensing in Child Welfare
- Adoptions in Child Welfare
- Stepping into Supervision

NC now defines ongoing training as training offered after all pre-service and in-service training is complete. These trainings offer a deeper dive into specific topics and are considered advanced level training. See Item 27 for more details.

In 2023 and 2024, North Carolina piloted the redesigned pre-service training in Region 6. All counties outside Region 6 continued to receive the traditional version of pre-service until redesigned pre-service was implemented statewide in January 2024.

NC has a two-step process of evaluating whether new staff who are required to complete pre-service training did complete the course. The 2023 Child Welfare Staffing Survey collects data for the calendar year and the data collected via the Learning Management System (NCSWlearn.org) is for the calendar year and the state fiscal year. Data from these sources can be found in the two tables below.

Table 33. New Hires and Pre-Service Completions- January 2023-December 2023

New child welfare workers hired	New child welfare workers required to complete PST	Traditional PST completions	Redesigned PST completions	Total of PST completions
1,200	870	811	60	871

Data Source: NC 2022 Child Welfare Staffing Survey and NCSWLearn.org.

Staffing survey data in the table above indicates that 870 new workers hired in the calendar year 2023 required pre-service training. NC DSS offered 48 traditional pre-service events and 4 redesigned pre-service events Jan.1-Dec.31, 2023, with a total of 871 pre-service completions. This shows those who needed pre-service completed it on time. The extra completion is from an NC DSS staff member. A total of 1,015 individuals submitted one or more registration applications to these pre-service events.

The table below and the one that follows detail the training attendance status for individuals who submitted applications to attend the traditional and redesigned pre-service training:

Table 34. Completion Rates for Traditional PST, January 2023-December 2023

Participant Status	# Participants
Complete	811
Incomplete	20
Waiting List/Event Full	0
Cancelled	131
No Show	0
Ineligible	11
Total Individuals	973

Source: NCSWlearn.org

The table above indicates that of the 973 who submitted pre-service training registrations, there were 811 completions of the traditional pre-service training. A total of 151 individuals (20 incompletions and 131 cancelations) did not complete pre-service.

Although NC DSS experienced a high rate of training cancellations, it is important to note that many of these are due to the registrar's close monitoring of the enrollment of each pre-service training and moving staff from the virtual pre-service trainings to the redesigned pre-service training, and prioritizing staff from counties on a Corrective Action Plan or those experiencing extreme staffing shortages.

Pre-service training incompletions occur when:

- Staff missed one or more days of PST and need to make it up.
- Staff did not complete and submit their Transfer of Learning Part C as required.
- Staff are no longer employed with the agency.

Table 35. Completion Rates for Redesigned PST, January 2023-December 2023

Participant Status	# Participants
Complete	60
Incomplete	4
Waiting List/Event Full	0
Cancelled	16
No Show	0
Ineligible	1
Total Individuals	81

Source: NCSWlearn.org

In January-December 2023, NC DSS offered the redesigned pre-service four (4) times. A total of 81 individuals submitted one or more registration applications to attend redesigned pre-service events for a total of 90 registration applications. The table above breaks down the training attendance status for each. All four of those who were incomplete as of December 31, 2023 have now completed the course. By June 30, 2024, the redesigned pre-service will have been offered 18 times statewide, with a projected 116 completions based on registration numbers as of May 31, 2024.

Table 36. NC Pre-Service Individual Completions & Traditional PST Events 2021-2023

Dates	Completions	Traditional Pre-Service Events Delivered
July 1, 2023-April 30, 2024	562	34*
July 1, 2022-June 30, 2023	797	48
July 1, 2021- June 30, 2022	854	47

*Does not include data pertaining to four (4) additional training events which are currently underway
Source: NCSWlearn.org

NC continues to experience unprecedented staff turnover resulting in a child welfare workforce shortage. The table above shows how NC DSS supported counties in their effort to onboard new hires by continuing to provide more pre-service training events. One pre-service training event has been available each week for most weeks of the past year.

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

Pre- and Post-Training Evaluation Data of Traditional Pre-Service, CPS Assessments, and Stepping into Supervision. Under CFSP Strategic Priority 5, Target 3, by 2024 NC 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. As part of the efforts to address these items, NC DSS contracted with the Data Team at UNC School of Social Work (UNC SSW) to develop and implement a plan to evaluate three NC DSS child welfare initial training courses between July 2020 and March 2024: PST, CPS Assessments, and Stepping into Supervision. Other courses have not yet been assessed by the UNC SSW team because the training courses are being revised.

For each of the three training courses above, an evaluation was implemented that included a pre-survey completed before participants begin the course and a post-survey completed at course end. Survey items reflect the course competencies and learning objectives that were used to design the courses and considered critical elements of the workers' positions and participants are asked to rate themselves on each item. Competency items are different from knowledge test items, which ask questions regarding specific facts presented in the course content and result in right and wrong answers. Rather, the competency items utilized in these course evaluations assess participants' growth in knowledge and skills after completing the course. Course trainers reviewed the pre/post-survey items to ensure they were in alignment with the competencies and objectives of the courses reflected in the course material prior to implementation.

A summary of findings with demographic information and educational level of participants and pre- and post-data on each item for each initial training course is submitted to NC DSS on a semiannual basis for CQI. A summary of these findings is presented below.

Pre-Service Training. NC provides initial training for new employees through a course titled "Child Welfare in NC: Pre-Service Training" (PST). The course is required of all new NC child welfare staff working for a NC county DSS agency. The course was designed as a 3-week, or 72-hour, blended course prior to direct client contact. Pre- and post-survey data have been collected for the pre-service courses completed by new hires with 2,771 responses to

the pre-survey between July 2020 and December 2023. The pre- and post-surveys are required parts of training and have high response rates of 96% and 88% respectively.

Table: Pre-and Post-Survey Data: PST Participants per Functional Area July 2020-December 2023

Functional Area	PST Participants per Functional Area	% of Total Participants
CPS Intake	143	5%
CPS Assessments	1083	41%
CPS In-Home Services	348	13%
Permanency Planning	584	22%
Adoptions	40	1%
Family Foster Home Licensing	140	5%
Blended Services	93	3%
Prevention Services	35	1%
Other	207	8%

Source: NC Pre-Service Training Competencies Survey 2020-2024

Data from pre- and post-surveys referenced above show that in a 42-month period, over 40% of child welfare staff who completed PST were hired for CPS Assessments, with Permanency Planning being the second highest functional area for hires with around 22%. This trend has been consistent over time.

Table: PST Pre-and Post-Survey Responses: Improvement of Knowledge July 2020-December 2023

Competency Measure	Pre-Survey	Post-Survey
I can conduct a Child Protective Services investigative assessment.	61.4%	86.4%
I can conduct a Child Protective Services family assessment.	62.1%	87.3%
I have acquired strategies to assist the adjustment of children and their caregivers to a new placement.	65.0%	88.7%
I have acquired skills to maintain family relationships for children in out-of home care.	65.9%	89.1%

Source: NC Pre-Service Training Competencies Survey 2020-2024

The surveys have a total of 56 competency measures. For each competency measure, the mean rating was higher on the post-survey compared to the pre-survey, suggesting respondents saw improvements in skills and knowledge related to competencies after completing the training. The four competency measures in the above table were specifically selected for this report because they describe the main job duties of CPS Assessment and Permanency Planning staff. The data suggests new hires who complete PST perceive an average 24.3% increase in their knowledge across the measures presented in this table.

PST Follow Up-Survey. Pre-service training participants were asked to complete a follow-up survey approximately 3 months after the training to provide feedback on how well the course content and instruction addressed the child welfare competencies now that they had experience in the field. They were also asked to provide information about other factors that may affect their jobs, such as caseload size, job stress, and supervision and agency experiences. This survey is voluntary and thus had a lower response rate of 30% when compared to the PST pre/post-surveys.

Between July 2020 and December 2023, 519 respondents completed the follow-up survey. Overall, survey findings do not show a great need for more content or instruction related to the competencies. However, most of the competencies for which participants indicated a need for more instruction were skills-related, especially interviewing skills with children and adolescents, case planning effectively with families, and using strategies to increase cooperation. Other competencies that needed more instruction were related to specific aspects of functional areas, such as policies and procedures in permanency planning, the TPR process, and conducting family or investigative assessments. Respondents did indicate a need for more content about state laws and legal definitions impacting child welfare and, to a lesser extent, federal laws. Findings have generally been consistent over time.

There were significant differences in need for competency-related content by functional area, degree type, and initial caseload size. CPS in-home, non-social work degree, and workers with higher initial caseloads tended to show greater need for more content, overall. Respondents tended to rate job performance and supervision items positively while individual and staff job conditions at the agency were rated less positively. There were significant differences among groups for many of these items, especially by reported initial caseload size.

PST Redesign. In alignment with the redesigned PST, with statewide rollout beginning January 2024, the pre-survey integrates items to assess knowledge gained and a subset of relevant child welfare competency items from the previous pre-survey to compare training outcomes. The inclusion of competency items maintains the continuity and integrity of the overall training evaluation following changes made to the course curriculum. The selection of the competency items was based on item performance from an exploratory factor analysis and a careful review of the PST redesign course materials to ensure these items matched content without the need to revise language. The ongoing evaluation has been adapted to include six post-surveys administered at the end of each week. The last post-survey also includes the competency items from the pre-survey and a subset of items from the Core Participant Satisfaction Survey, including trainer feedback, content satisfaction, and overall perception items competency items from the pre-survey, and additional trainer feedback, content satisfaction, and overall perception items. Over the next year, additional components will be added to include a supervisor survey, follow-up surveys, and focus groups.

CPS Assessments. The CPS Assessments in Child Welfare course was designed as a 1-hour self-paced module, 4 instructor-led training days over the course of a three-week period (either online or in-person), and transfer of learning activities to provide new CPS Assessments staff with the knowledge and skills to conduct thorough Family and Investigative Assessments.

Pre- and post-surveys include 32 knowledge-based competency measures and 26 skill-based competency measures. There were 1,288 responses to the pre-survey between July 2020 and December 2023. Data collected for the CPS Assessments course remain consistent over time, demonstrating growth in both knowledge and skill competencies. The following table displays a sample of key CPS Assessment knowledge and skill mastery items.

Table: CPS Pre-and Post-Survey Responses July 2020-December 2023

Improvement in Knowledge		
Competency Measure	Pre-Survey	Post-Survey
I can conduct a Child Protective Services investigative assessment.	81.1%	89.1%
I can conduct a Child Protective Services family assessment.	85.3%	91.0%
I have a working knowledge of tasks that must be accomplished throughout ongoing family contacts in CPS Assessments.	82.9%	90.6%
I understand the difference between assessing safety and assessing risk.	82.9%	91.9%
Improvement in Skill Mastery		
Competency Measure	Pre-Survey	Post-Survey
Administering the NC-SDM Family Risk Assessment of Child Abuse and Neglect (DSS-5230).	67.9%	82.6%
Administering the NC-Strengths & Needs Assessment (DSS-5010).	69.9%	82.8%
Administering the NC Safety Assessment (DSS-5231).	69.6%	82.9%
Completing the case decision summary and rationale for case decision on the NC CPS Assessment Documentation Tool (DSS-5010)	65.4%	80.0%

Source: NC CPS Assessments in Child Welfare Course Competencies Survey 2020-2024

Additional analyses have been completed to assess differences between participants' scores regarding their position (supervisor/worker), educational background (child welfare degree/non-child welfare degree), and years of experience. Analyses found the largest differences between groups included larger growth in most item scores for participants with less than a year of experience versus those with 1-5 or 6 or more years of experience. However, it is worth noting that often those with more years of experience rated themselves higher on the pre-tests, giving them less room to grow. There were few other differences between other subgroups, reflecting differences on just a handful of specific items.

Participants' ratings of their experiences in the course were positive overall, with the most negatively rated items being, "I had a hard time focusing on this training" and "Not having other students in present decreased motivation." The latter item is only presented to participants who attended the course completely online. No differences have been detected in the growth in participants' knowledge and skills between those who participated in the course completely online and those who completed the course both online and in-person.

Stepping into Supervision. This course is required of all new supervisors, program managers, and program administrators. The course was designed as three in-person

sessions across 9 training days to provide participants with the knowledge and skills to transition into a supervisory role.

Pre- and post-survey data collection for the Stepping into Supervision courses offered to new supervisors began in February 2022. The surveys include 55 knowledge-based competency measures and 35 skill-based competency measures.

Data collection was originally administered with three sections of pre-surveys and post-surveys. Based on low response rates for pre-and post-surveys for the second and third weeks of training, data collection procedures were revised in July 2023 to offer an initial pre-survey and a post-survey following the last week of training. Response rates for the final week of training remain similar since changes were made, with 71% of participants completing both the pre-and post-survey within the same cohort for both data collection procedures.

A total of 170 unique participants from 14 cohorts enrolled in the course between February 2022 and December 2023. The participants represent 54 counties across all regions. Most of the participants had been in their current position for less than a year (69%) and had six or more years of total experience in child welfare (74%).

Table: Pre-and Post-Survey Data: SIS Completions per Functional Area February 2022-December 2023

Functional Area	SIS Completions per Functional Area	% of Total Participants
CPS Intake	8	6%
CPS Assessments	49	38%
CPS In-Home Services	17	13%
Permanency Planning	28	22%
Adoptions	6	5%
Family Foster Home Licensing	1	1%
Blended Services	15	12%
Prevention Services	0	0%
Other	5	4%

Source: NC Stepping Into Supervision Course Competencies Survey 2022-2024

Representation across functional areas appears to be consistent with participants in the pre-service course. Most Stepping into Supervision participants worked in CPS Assessments (38%) followed by Permanency Planning (22%).

Table: SIS Pre-and Post-Survey Responses: Improvement of Knowledge
February 2022-December 2023

Competency Measure	Pre-Survey	Post-Survey
I know ways to build staff workers' independent casework practices.	68.1%	86.7%
I know how to identify action steps to improve team meetings.	63.7%	87.9%
I know the responsibilities required to retain qualified employees.	64.1%	86.4%
I know of action steps to strengthen collaboration within a work unit.	69.0%	88.1%

Source: NC Stepping Into Supervision Course Competencies Survey 2022-2024

Overall, participants showed growth from pre- to post-test on almost all the knowledge- and skills-based competencies. Those items that did not show statistically significant growth were rated very high on the pre-test which did not allow for much growth from pre- to post-test. The four competency measures in the above table were specifically selected for this report because they describe the main job duties of staff in supervisory positions. The data suggests that new supervisors who complete Stepping into Supervision perceive an average 21% increase in their knowledge across the measures presented in this table. Respondents rated their experience of the course very positively.

Stakeholder Focus Groups. Focus groups with community stakeholders were conducted from October 5- December 20, 2023. Participants, including youth, foster/kinship/ adoptive/biological parents, community partners, attorneys, judges, DSS case workers, supervisors, and managers, and state staff, were asked if pre-service training prepared workers to collaborate with families. Some of the themes identified by the various focus group participants included the following:

Caseworkers:

- Training should provide more specific information about expected job roles like CPS Assessments or in-home tasks.
- Doing actual cases during pre-service is crucial to remember information and apply it later.
- Managers and supervisors are handling cases because of a lack of staff and increased reports.
- Training is criticized for being too general, especially for those without a social work or mental health background.

- Many workers want consistent training across counties and believe internships and case shadowing are effective ways to prepare.

Supervisors/Managers:

- Pre-service training is criticized for being too general and time-consuming.
- Hands-on learning in the field is considered the most effective way to prepare child welfare staff.
- Additional training on specialty topics is needed beyond pre-service.
- Independence and guidance issues persist, requiring more time for workers to learn their job positions.
- Deficiencies in people skills training and the need for manageable pre-service sections are highlighted.

Directors:

- Content is valuable but offers a high-level overview, lacking practical application.
- Integration of pre-service within the Child Welfare Education Collaborative (CWEC) is beneficial, especially for experienced social workers.

Legal:

- New workers face challenges in knowing where to access available resources and participate in permanency roundtables.
- High turnover rates in some areas contribute to a lack of preparedness for casework among new staff.
- Knowledge gaps and a lack of familiarity with service arrays are common issues for new case workers.
- Rural counties often experience less preparation for case work and a shortage of trauma-informed training for social workers.

Youth:

- Most youth felt their social worker was either very prepared or prepared to meet with them, and initially partner with them.
- Some felt their social worker was unprepared, with one reason being that social workers seemed new to the job.
- Some youth reflected that as things became more complicated, they didn't feel their social worker was as prepared.

Parents:

- Preparedness was inconsistent.

Foster, Adoptive, & Kinship Caregivers:

- High turnover leads to multiple workers during the lifetime of a case.
- Placement provider must bring the worker up to speed.
- Inconsistent preparedness depends on the worker.

Stakeholder Surveys. Stakeholder surveys were completed in November 2023. They asked, "To what extent are new county department of social services staff prepared to deliver services after completing initial training requirements prior to direct client contact?"

Table 37. Stakeholder Responses

	Total Respondents Per Category	Very Prepared	Prepared	Somewhat Prepared	Not Prepared	Don't Know
Legal	79	7	60	20	9	37
Birth Parents	18	0	2	3	8	5
Youth	12	1	3	2	1	5
Caretakers	207	9	28	50	53	67
Caseworkers	295	60	113	94	24	4
County Leaders	210	10	65	129	36	1
State Staff	69	18	20	16	7	8

Data Source: Statewide Assessment Survey Results, November 2023

Although 85% of legal partners and 59% of caseworkers believe staff are prepared or very prepared to deliver service, only 36% of county leaders, 18% caretakers, and 11% of birth parents believe the same. This suggests leadership and family partners have a different perspective on the preparedness of staff, and caseworkers may have an over-inflated view of their preparedness. The high percentage of legal partners who believe staff are prepared and the low number of family partners who believe the same suggests staff are prepared for court hearings but may not be as prepared to work directly with families.

Pre-Service Training Redesign Project

In the last year, NC DSS has undergone a redesign of the pre-service training curriculum for new child welfare staff. This project's implementation strategies were identified in the CFSP for Workforce Development, CFSP Goal 3, Objective 3, which included the inclusion of new modalities of training (e-Learning or online training modules), instructor-led training (virtual or in-person), transfer of learning/on the job training activities, and coaching supports; a trauma-informed training lens and approach; and developed components of NC's revised practice model. Public Knowledge was the vendor selected for this project.

Four cohorts of the redesigned PST were delivered in the Innovation Zone of Region 6 from February–November 2023. Comprehensive evaluations of the course were embedded throughout and after the training. Information was collected from trainers, participants, and supervisors via various evaluation tools as part of the evaluation methodology through:

Evaluation of the Redesigned Pre-Service Training. In partnership with NC DHHS, Public Knowledge conducted a comprehensive evaluation of the redesigned pre-service training as implemented in an Innovation Zone in Region 6. The evaluation highlights the fidelity of implementation, demonstrates participant knowledge gain, describes the strengths of the content, and considers perspectives from social workers and their supervisors. Specifically, the strategies that were used to evaluate and measure the objectives of the redesigned pre-service evaluation are as follows:

- Fidelity was measured through observation of two separate weeks of the Core Training, survey responses, and focus group interviews with social workers, supervisors, and trainers.
- Knowledge gain was measured through pre- and post-testing of social worker participants in training, including a comprehensive pre-test and topic-specific post-tests following each week of training.
- Social worker perception of competency and confidence was measured using participant satisfaction surveys following completion of Foundation Training and Core Training. Future measurement of perception of competency and confidence will be measured with a 6-month follow-up survey to social worker participants.
- Social worker and supervisor satisfaction with training were measured using satisfaction surveys following completion of Foundation Training and Core Training and through focus group interviews with social workers and supervisors.
- Use of tools developed to support training and onboarding of new staff were measured via supervisor survey and through focus group interviews.
- Efficacy of cohort model of training was measured through caseworker satisfaction surveys following completion of week six of Core Training, including validated scales of career-commitment, job-fit, and general support.

The evaluation of the redesigned pre-service training in the Innovation Zone identified the following key themes and results described below.

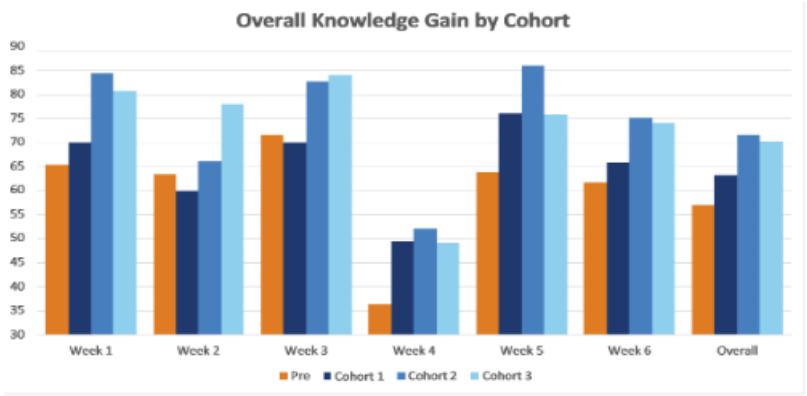
- Fidelity
- Knowledge Gain
- Social Worker Perspectives
- Supervisor Perspectives
- Transfer of Learning

Fidelity

- The trainers consistently presented the material as planned, utilizing flexibility in the curriculum when needed to ensure participant proficiency before moving on.
- The training effectively introduced participants to the North Carolina child welfare system and to skills associated with their job roles.
- Enhancing activities with movement is necessary to maintain participant engagement, particularly during a 7-week curriculum.
- Supervisors are engaged in transfer of learning for their new staff and appreciate the resources provided through the community of practice to support those activities.

Knowledge Gain

Figure 36. Overall Knowledge Gain by Cohort



Data Source: Redesigned Pre-Service Evaluation Report, November 2023

Staff demonstrated an increase in knowledge in their Post-Training Assessments every week of the Core Training. The table above depicts the overall pre-to-post assessment knowledge gained by cohort, by week. The pre- to-post assessment change is indicative of positive knowledge growth for staff throughout the Core. Overall, staff scored an average of 12.08% higher across all Post-Training Assessments when compared to their Pre-Training Assessment. Staff demonstrated increases in knowledge in their Post-Training Assessments every week of the Core Training, ranging from a low of 0.8% (Cohort 1, Week 3) to a high of 21.4% (Cohort 3, Week 5) increase when compared to their Pre-Training Assessment scores.

In reviewing the table above, it is important to note that the Cohort 1 Pre-Training Assessment scores were lower than those of Cohort 2 and Cohort 3, particularly in Weeks 2 and 3. As such, the average Pre-Training Assessment score as depicted in Figure 1 is higher than the actual Pre-Training Assessment score for Cohort 1, graphically suggesting that Cohort 1 lost knowledge between pre- and-post assessments. However, Cohort 1 did, in fact, have documented knowledge gain following all weeks of training.

Table 38. Week-by-Week Knowledge Gain by Cohort

Week	Cohort 1			Cohort 2			Cohort 3		
	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain
Week 1	64.1%	70.2%	+6.1%	66.2%	84.5%	+18.3%	65.2%	80.7%	+15.5%
Week 2	54.6%	59.9%	+5.3%	64.3%	66.0%	+1.7%	68.6%	78.1%	+9.5%
Week 3	69.3%	70.1%	+0.8%	72.6%	82.7%	+10.1%	71.9%	84.2%	+12.3%
Week 4	41.1%	49.5%	+8.4%	35.2%	52.07%	+16.8%	34.2%	49.2%	+15.0%
Week 5	67.8%	76.1%	+8.3%	68.9%	86.0%	+17.1%	54.4%	75.8%	+21.4%
Week 6	58.3%	65.9%	+7.7%	62.8%	75.2%	+12.4%	62.7%	74.1%	+11.4%
Overall	56.6%	63.2%	+6.6%	58.0%	71.6%	+13.6%	56.3%	70.4%	+14.1%

Data Source: Redesigned Pre-Service Evaluation Report, November 2023

The table above highlights the week- by-week Pre-and-Post Training Assessment scores for each cohort, and the knowledge gained associated with those weeks. The progression of knowledge gain is evident every week of every cohort, with Cohort 3 having the largest overall knowledge gain.

Documented Knowledge Gain

In addition, the NC DSS training team was extremely effective in their delivery of the curriculum and training of the content, given that 47 out of 52 questions documented knowledge gain from pre-to-post training assessments. The content of those questions measures various learning objectives of the redesigned pre-service curriculum and indicates growth of knowledge and skill regarding many important topics and objectives. Some of the consistently identified areas of growth as documented by post-test knowledge gain include:

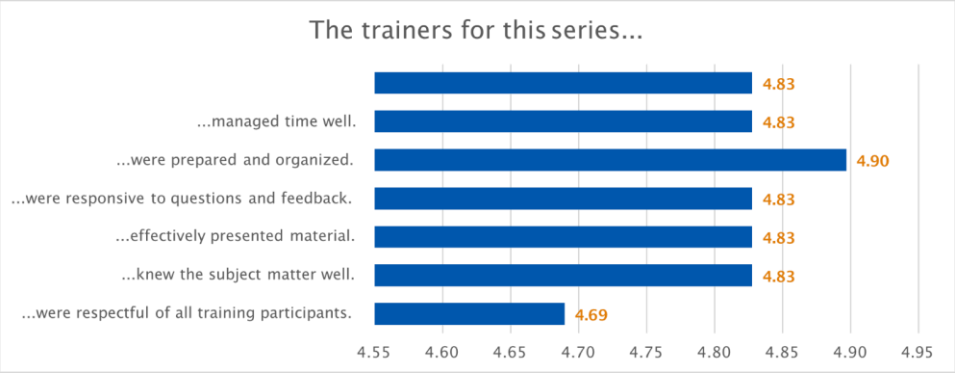
- Child Welfare Overview, Roles, and Responsibilities
- Interviewing and Assessing Skills
- Diversity, Equity, Inclusion and Belonging (DEIB)
- Indian Child Welfare Act (ICWA)
- Engaging Families Through Family-Centered Practice
- Quality Contacts
- Intake and CPS Assessments
- In-Home Services

- Permanency Planning Services
- Key Factors Impacting Families and Engaging Communities
- Documentation
- Self-Care and Worker Safety

Social Worker Perspectives

Staff were overwhelmingly satisfied with the trainers, the training content, and the number of opportunities for skill practice throughout the curriculum. Social workers appreciated the number of opportunities for skill practice throughout the curriculum. Reported challenges included that the content was repetitive. Also, the schedule and travel associated with the training was challenging.

Figure 37. Average Trainer Satisfaction Scores



Data Source: Redesigned Pre-Service Evaluation Report, November 2023

One of the most consistent findings in this evaluation is that trainers matter for the overall success of a curriculum. The social worker participants consistently mentioned the strengths of the trainers for the Region 6 Innovation Zone and had limited suggestions for them to improve. The high score indicating that the trainers were prepared is a credit to the amount of preparation time that they put into the Innovation Zone before, during, and after each week of training and each cohort.

Figure 38. Average Content Satisfaction Scores

Data Source: Redesigned Pre-Service Evaluation Report, November 2023

Staff from all three cohorts agree that the content was a strength of the training, highlighting that they will use what they learned in practice and that the content increased their overall skills and confidence in those skills. On a scale from 1-5 (1=strongly disagree, 5=strongly agree), the content was rated an average of 4.3 points across six items. The table above outlines the average score for each of the items included in that general 4.3-point average, with the highest rating indicating the content increased their overall understanding of child welfare practice in North Carolina.

Survey and focus group results suggest that social workers appreciated:

- The focused content related to diversity, equity, inclusion, and belonging (DEIB). A total of 86% of survey respondents "agreed" or "strongly agreed" that the content includes detail that describes the diversity of family experiences, including sufficient content regarding the influence of intersectional identities on their experience in child welfare.
- The content describing the differences between safety and risk. Focus group participants indicated that the content regarding safety versus risk gave them options to support transfer of learning when they were back at their agencies. This is significant, as understanding the difference between safety and risk is a challenge for child welfare staff.
- The number of opportunities for skill practice throughout the curriculum.

Suggestions for curriculum improvement included that the content was repetitive. Also, the schedule and travel associated with the training are challenging. However, the repetition of information in Foundation and Core is intentional and increases retention of the material. NC DSS took that feedback about the training schedule and made changes in cohort four.

Supervisor Perspectives

Supervisors play an important role in supporting the transfer of learning following training, particularly for new child welfare professionals. A Supervisor Community of Practice was initiated to provide supervisors with the resources to support their transfer of learning role. Supervisors were asked about their perspectives regarding the community of Practice and the effectiveness of the redesigned pre-service through surveys and in focus group interviews.

- Supervisors appreciated that the redesigned PST gave their social workers a baseline of best practice standards for work in child welfare.
- Supervisors appreciated having their social workers at the agency two days each week of training to engage in field training opportunities and targeted supervision.
- Supervisors appreciated the opportunities for skill practice and transfer of learning support from the Community of Practice.

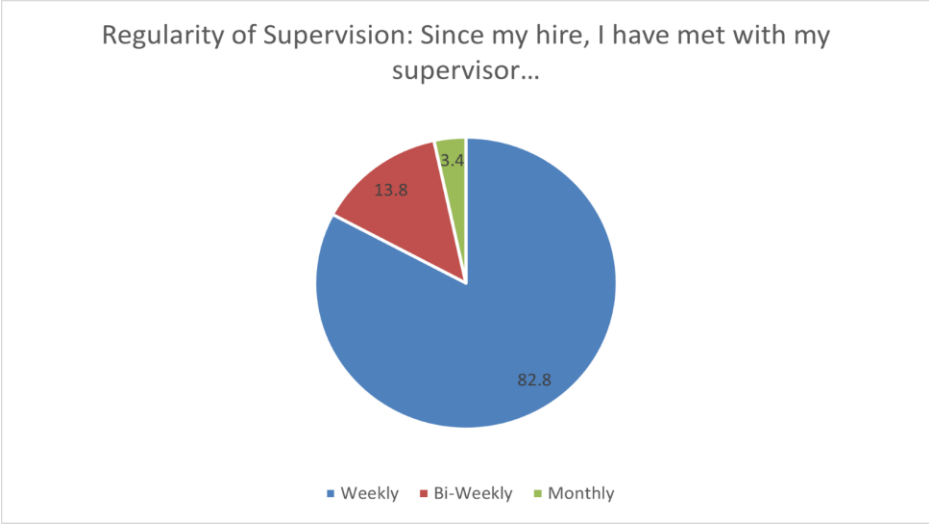
- Supervisors enjoyed hearing from other supervisors outside of their county for different perspectives about how to support new social workers.
- Supervisors also mentioned time, travel, and scheduling logistics as challenges.

In focus group conversations, a few supervisors who had new social workers at their agency separately participating the 7-week redesigned PST and the former 3-week pre-service curriculum at the same time indicated that they saw the benefits of the redesigned PST curriculum in real-time. Those supervisors noted that the social workers who participated in the redesigned PST were more prepared and realistic about their roles.

Transfer of Learning

Transfer of learning is an extremely important component of the redesigned PST, as it provides social workers with the opportunity to practice the skills they learned in the classroom and receive active, relevant feedback from their supervisors. Supervisors have a significant role in supporting transfer of learning with their new staff; this requires that they understand the content, consistently meet with, and observe their social workers and engage in active planning to support their professional growth. To gauge their involvement, social workers were asked a series of questions following the Core Training.

Figure 39. Regularity of Supervision



Data Source: Redesigned Pre-Service Evaluation Report, November 2023

One of the questions social workers were asked was how often they have met with their supervisor since their hire. As depicted in the table above, all social workers who responded indicated that they meet with their supervisor at least monthly, though most meet with them much more frequently; 82.8% meet weekly and 13.8% meet bi-weekly.

Figure 40. Transfer of Learning

Data Source: Redesigned Pre-Service Evaluation Report, November 2023

In addition, social workers answered eight questions about the ways that their supervisor utilizes their supervision time. On a scale from 1 to 5 (1=never, 2=rarely, 3=sometimes, 4=often, 5=extremely often), social workers indicate that their supervisors generally engaged in transfer of learning activities with an average rating of 4.18 across all eight statements. Social workers more specifically identify that their supervisors consistently coordinate field observation opportunities for them (4.45 average), but that supervisors observe them in the field less often (3.76 average).

Figure 41. Supervisor Resources

Data Source: Redesigned Pre-Service Evaluation Report, November 2023

The redesigned PST includes various tools to support these transfer of learning activities, all of which were made available to supervisors before their social worker began training and throughout the training period during Supervisor Community of Practice sessions. While only 7 supervisors who participated responded to the survey request, they indicated that they used most of the tools provided to support their supervision practices. The table above outlines which tools were used with the most used supervisor resource reflected as

being the Coaching New Workers Guide (85.7%), while the least used resource is the Skill Development Observation Guide (42.9%). This largely matches how the social workers described their interactions with their supervisors.

The fourth cohort was delivered after the final report and showed similar pre- post test results. In cohorts 1-3, feedback was received from both workers and supervisors that they had difficulty with the training structure given its cadence. In cohort 4, NC DSS decided to standardize the structure of the training, moving forward with Monday/Tuesday as agency days and Wednesday-Friday as training days for all weeks of training. This change seems to be successful; while a large majority of surveys in cohorts 1-3 highlighted difficulty with the training structure, there was not a single comment about difficulty with training structure following cohort 4 and workers and supervisors both prefer the consistent scheduling for the training.

NC DSS will continue to partner with UNC data partners to ensure that their evaluations contain data to help get a better idea of what is being learned.

Challenges faced during the Innovation Zone and how they were addressed:

- Missed class policy: During the first two cohorts in the Innovation Zone, there was no missed class policy in place, and as a result several staff in cohort two missed portions of the training that had to be made up before the course was completed. Beginning with cohort 3, such policy was developed and implemented with details included in the confirmation letters sent to staff and their supervisors, which resulted in a decrease in missed class for all cohorts after.
- Training cadence: During the planning stage for the Innovation Zone, it was decided with County Directors that the training would have the following cadence: Foundation from Monday-Thursday and the six Core weeks alternated between Monday-Wednesday and Wednesday to Friday to allow for workers to be in their counties for 4 days in a row (Thursday, Friday, Monday, and Tuesday.) However, feedback from the focus groups with workers and supervisors in the first 3 cohorts overwhelmingly showed that this cadence was difficult on staff due to traveling on Sundays and holidays, and the inconsistency of when they were in the office was difficult for supervisors. NC DSS heard that feedback and ultimately changed the cadence to be consistent throughout. Foundation is now from Tuesday-Friday and each week of Core is Wednesday-Friday in most cases. Exceptions include weeks that have holidays.
- Training videos: Feedback was received from trainers and workers that changes were needed to the training videos. Specifically, they needed to be North Carolina-specific to highlight practice here in NC. Revisions were made to 4 videos—the Realistic Job Preview video and the three lived experience videos with a birth parent,

foster parent, youth perspectives. These videos were embedded into the Core week one participant pages, trainer notes, and PowerPoint slides in January 2024.

- Virtual Instructor-Led Training: When the curriculum was developed, in-person and virtual options were presented. NC opted to require that the course be in-person only. However, the virtual option has been used three times for one to two days due to inclement weather, a COVID-19 outbreak in the class, and a situation involving an active shooter at the training location. NC will continue to explore how to incorporate the virtual option to meet county needs.
- Supervisor Community of Practice (CoP): Supervisor CoP's were held during the Innovation Zone via a Teams channel, however this was not successful, as there was low attendance, low engagement, and the supervisors did not report that they were useful. The Supervisor CoP was revamped in February 2024, and as a result, over 100 supervisors attended the first one that was held on March 18. See below for details about revisions to the CoP.

Support for Child Welfare Supervisors of Staff Attending Pre-Service Training

A supervisor's role in PST is to promote the transfer of learning from the training classroom to the partner with children and families. New workers must practice their newly acquired skills on the job and receive feedback on their performance. Supervisors of new workers have an opportunity to mold the behaviors and skills these workers will have throughout their careers in child welfare. Supervisors have opportunities to coach, model, and reinforce the information learned in training. The redesigned pre-service training includes substantial support for child welfare supervisors.

Supervisory Guide

As part of the PST redesign, a Supervisory Guide has been developed as a companion to the training. The purpose of this guide is to provide supervisors with tools and resources to support and lead new child welfare staff as they begin their child welfare journey. The supervisory guide provides supervisors with:

- Skills and behaviors that they can observe in their new workers as they complete their Pre-service Training and begin their partnership with children and families.
- Concrete strategies that supervisors can use with their new staff week-by-week as they complete their PST.
- An observation tool that supervisors may use to observe their workers in the field to identify strengths and areas needing development, which can be used to develop professional development plans.

Supervisor Community of Practice (CoP)

A Supervisor CoP series will be convened during the statewide implementation of the PST. Support for supervisors will be provided through a Supervisor Community of Practice Series. Each Supervisor CoP Series will include the following components:

- Overview of the redesigned Pre-Service Training Curriculum
- Office Hours Sessions
- Supervisory Tools
- Resources to Support Supervision of New Child Welfare Workers

Office Hours Structure

As part of the CoP Series, Office Hours will be held monthly for 4 months and then will begin new in the next CoP Series. Each session (the complete schedule of meetings) will begin with a Kick-Off Office Hours where basic knowledge and materials are provided to support supervisors as their new workers attend PST. Following the Kick-Off Office Hours will be three additional Office Hours that highlight important supervisory topics and skills. CoP Office Hours are structured as optional "drop-in" meetings and are designed to stand alone, meaning that a supervisor does not need to attend each meeting. All meetings will be centered around the same structure, which includes icebreaker and grounding activities, learning topics, and skill-building learning labs. The series schedule is as follows:

- Pre-Work prior to the Kick-Off Office Hours: Introduction to the Supervisor Community of Practice Series Webinar
- Office Hours 1: Supervisor Community of Practice Kick-Off
- Office Hours 2: Coaching New Child Welfare Workers
- Office Hours 3: Transfer of Learning
- Office Hours 4: Preparing for Workload Management

The intent of the Supervisor Community of Practice Series is to start over every 4 months repeating the same topics, however the topics will be modified as needed based on feedback from participants, supervisors, changes to the training curriculum, and best practice guidance.

Office Hours Format

- *Welcome, Ice Breaker, and Grounding Activities*: Each CoP Office Hours will begin with introductions and an opportunity to build relationships with the other CoP participants. During ice breakers and grounding activities, participants will be moved into small breakout rooms to meet peers and begin to build camaraderie.

This will increase the level of comfort of the group in asking questions and participating in the CoP Series.

- *Learning Topics: Supervisory Supports, Resources, and Learning Labs*. Learning topics for each session are the main feature of the Office Hours. These topics will provide a foundational understanding of the PST curriculum and concrete strategies and tools for supporting staff through the training process. While the Office Hours are stand-alone, the sequence of the topics is designed to be timely in the context of the PST. For example, the Kick-Off Office Hours will help orient participants to the Pre-Service curriculum and the tools that will be available to them.
- *Anything Goes Q&A*: The closing of each Office Hours will allow for questions and answers. This portion of the Office Hours will be framed as "anything goes" where participants can ask questions relevant to the PST, the Supervisor CoP, onboarding new workers, or supporting new workers. The question does not need to be aligned with the specific learning topic of the Office Hours. This protected time will encourage all questions, regardless of topic, to be asked. It will also allow for peer-to-peer support to be achieved in real-time.

Office Hours Learning Topics:

Supervisor CoP Office Hours Kick-Off

- Pre-service Training Curriculum, Learning Objectives, and Learning Labs
- Overview of Supervisory Support Tools: Transfer of Learning Tool, Supervisor Guide, Observation Tool
- Introduction to Resource Packet (Flyers, Coaching Guide, Supervisory Resources)
- Learning Labs: Paralleling the CoP and Pre-Service Content

The Kick-Off Office Hours will serve as an orientation to the PST from the supervisory perspective. Participants will learn about the pre-service, including the format, cadence, and order of topics covered. The meeting will also orient participants to the supervisor-specific tools to support their workers' learning during and after PST. Participants will also be introduced to some of the learning lab content in the Core Training, providing opportunities to parallel the experiences that their workers will have in PST.

Supervisor CoP Office Hours #1:

- Coaching New Child Welfare Workers
- Onboarding Strategies to Support New Workers
- Coaching Principles and Tools
- Learning Lab: Coaching Role Play and Discussion Office Hours #1 will provide participants an opportunity to brainstorm onboarding support strategies and learn from their peers on best practices. Participants will learn how to effectively use

coaching as a supervision and capacity-building tool for workers. Important concepts and tools related to coaching, specifically coaching new workers, will be introduced. Participants will break into small groups of three and role-play a coaching conversation, with an observer giving feedback on the conversation. The learning lab will further emphasize the importance of collaborative conversation when it comes to worker development.

Supervisor CoP Office Hours #2: Transfer of Learning

- Overview of Transfer of Learning
- Brainstorming Strategies for Implementation of Supervisory Tools
- Learning Lab: Observation Tool

Office Hours #2 will bring back the Transfer of Learning (TOL) concepts first introduced in the Kick-Off with the added context of the supervisor-specific tools provided through the CoP Series. Participants will have an opportunity to use peer-to-peer support on the identification and implementation of TOL tools and strategies. Participants will engage in a learning lab activity that builds skills in the understanding and use of the Observation tool.

Supervisor CoP Office Hours #3: Preparing for Workload Management

- Workload Management: Best Practice, Agency Policies, and Workforce Barriers
- Secondary Traumatic Stress and Self-Care: Modeling and Strategies for Supporting the Workforce
- Learning Lab: Crucial Conversation on Worker Self-Care and Emotional Safety
- Ongoing support

Office Hours #3 will conclude the CoP Series by allowing space for supervisors to receive best-practice guidance and peer-to-peer support in preparing workers for their caseloads. Conversation will focus on self-care strategies, from the supervisor and worker perspectives, as a tool for workforce sustainability. Participants will be introduced to different strategies and tools to be used for self-care, such as a self-care plan, as well as ideas for cultivating a person-centered agency culture. Participants will practice engaging in crucial conversations with workers on prioritizing self-care and maintaining good boundaries in case management. The Office Hours concludes with ideas for maintaining peer connections beyond the structure of the CoP Series.

CoP Resources

All Supervisor CoP participants will receive the following resources to reference throughout the series. Some resources will be specifically covered in Office Hours, while others will be supplemental to their engagement in the CoP Series. External resources may be shared

throughout the Series as well, either by Office Hours' facilitators or by participants.
Community of Practice Resource Packet:

- Pre-Service Supervisor Guide
- Skill Development Observation Tool
- Weekly Foundation and Core Training Flyers
- Coaching New Child Welfare Workers: Guide for Supervisors
- North Carolina Practice Standards
- Worker Practice Standards
- Supervisor Practice Standards
- Worker Practice Standards Desk Guide
- Practice Standards Assessment
- Self-Assessment
- Peer Review
- 360-Degree Evaluation

Train-the-Trainer events

Public Knowledge trainers provided four Train-the-Trainer (TTT) events on the redesigned PST for NC staff from December 2023-April 2024. The first was a virtual TTT in December specifically for the Innovation Zone trainers and focused on updating the trainers with the final curriculum revisions. In January, March, and April of 2024, three more TTT events were held for state staff, county staff who will be training with state staff, and university partners.

Partnership with County DSS Agencies

North Carolina is partnering with local county DSS agencies to co-deliver the redesigned PST. Benefits to counties include:

- Their trainers have access to professional development and training support.
- Pre-service is available in their own county.
- There is no travel required for staff.
- They have priority enrollment in the course.

Creating training partnerships with counties benefits NC DSS in that:

- County staff become champions of the new PST, increasing the likelihood of buy-in from other counties. The new PST is a significant change for county staff, especially due to the increased length of the course from three weeks to six or seven weeks. County buy-in is critical.

- The capacity of the state training team is extended when county trainers co-deliver the new course with state trainers. With increased capacity, PST will be sufficiently available to all seven regions.

As of April 2024, six counties are confirmed to co-deliver the course with state staff from February-July 2024. Five more counties have also expressed interest in opportunities for co-training.

In-Service Training

As mentioned above, NC DSS has redefined our initial training program to include in-service trainings as an extension of pre-service. In fall 2024, NC will implement the academy training model by rolling out five Track Trainings: CPS Intake, CPS Assessments, CPS In-Home, Permanency Planning, and Foster Home Licensing. These are currently under development by Public Knowledge. In the meantime, the following job-specific trainings were offered to child welfare staff. Due to trainer capacity dedicated to the pre-service redesign, fewer events were offered than in previous years.

Table 39. In-Service Training Completions: July 2023-April 2024

	CPS Intake	CPS Assessments	CPS In-Home	Permanency Planning	Adoptions	Foster Home Licensing
# Events Held	2	16	3	7	2	3
Complete	14	244	53	133	29	50
Incomplete	0	47	1	6	0	0
Waiting List /Event Full	5	45	16	58	0	20
Cancelled	14	60	10	24	9	10
No Show	0	15	2	2	2	3
Prerequisite not met	1	6	2	3	1	0
Ineligible	0	0	0	0	0	1
Event Not Held	4	0	0	0	0	0

Source: NCSWlearn.org

Item 26 Strengths/Needs

NC DSS identifies the following strengths for Item 26:

- NCSWLearn is NC DSS' online learning management system that provides registration, tracking, and access to online courses for all child welfare staff.

- NCSWLearn provides critical training system data.
- North Carolina's Staff Development Trainers are highly skilled in training facilitation, are child welfare subject matter experts, and know the North Carolina Practice Model. Trainers consistently receive positive evaluations from county and state staff.
- North Carolina piloted PST redesign and is in the process of statewide implementation.
- Since 2020, NC established pre-service training evaluations to analyze PST data.
- The Workforce Development Design Team is used as a feedback mechanism to evaluate and give recommendations on training needs.
- NC DSS recognizes the need to revise pre-and post-test evaluation questions to mirror those utilized in the redesigned PST and is in the process of revising.
- To enhance county draw-down of federal IV-E revenue, a detailed curriculum analysis was conducted on the redesigned PST to calculate the average time that can be direct-charged to IV-E funding programs for PST. A new service code for Child Welfare Services Training was developed, in addition to the three program codes:
  - ET: IV-E Enhanced, matching rate of 75%
  - Z: IV-E Admin, matching rate of 50%
  - N: Non-Reimbursable

Effective May 1, 2024, county staff in training are able to code 100% if their time spent attending pre-service training, including travel. This methodology also applies to county trainers who partner with NC DSS to deliver pre-service training. Opportunities for Improvement: NC DSS identifies the following opportunities for improvement for Item 26:

- Loose connection between hiring of new employees and completion of training
- No accountability for incomplete courses
- No process in place to alert supervisors that their staff have not completed the training
- NC DSS Staff Development Team is challenged to meet the training demands from the counties given the high turnover of staff.

Ongoing Training (Item 27)

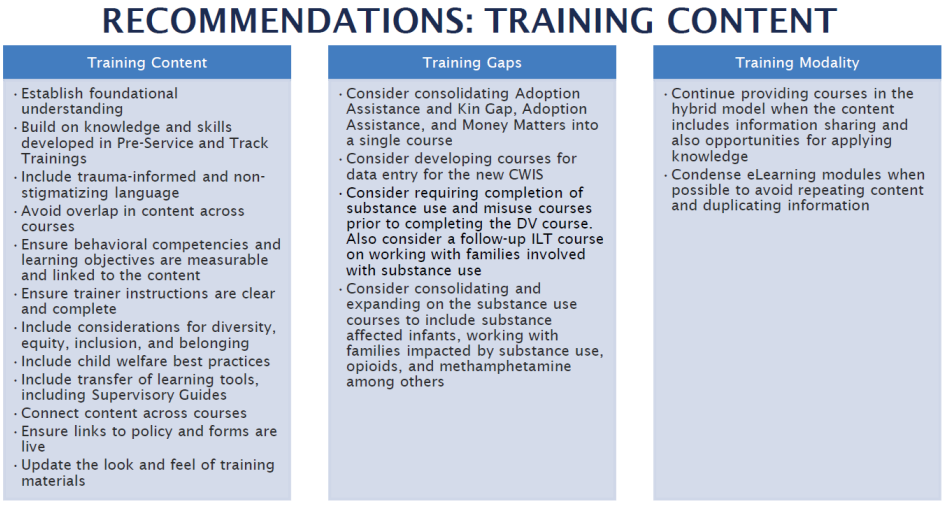
Item 27 is concerned with how well the staff and provider training system functions statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties related to the services included in the CFSP. Item 27 is an area needing improvement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

As mentioned previously, NC has redefined ongoing training to be training that occurs after pre-service and in-service trainings are complete. It is required that workers and

supervisors complete 24 hours of ongoing training each year. Ongoing training includes various modalities including classroom-based instructor-led training, virtual instructor-led training, e-learning, recorded webinars, and through Office Hours with state staff. The purpose of the ongoing training system is to build upon the knowledge, awareness, skill development, and values included in pre-service and in-service training by providing in-depth knowledge, awareness, values, and skill development training around a specific child welfare function or topic. NC provides ongoing training to local DSS staff and licensed private agencies.

Ongoing Training Redesign Project

NC has also partnered with Public Knowledge to redesign the ongoing training system mirrored after the success of redesigning pre-service training and the track training in-service courses. An Ongoing Training Needs Assessment was completed in February 2024 after extensive review of the "standalone" ongoing trainings offered. The assessment identified the content, topics, skills, and behaviors that new workers need to learn in ongoing training, as well as the structure that best supports new workers in their learning. From this assessment, the following recommendations were made regarding training content, training gaps, and training modality:



NC agrees with all the recommendations. The first consolidated or newly developed e-learnings will be available by December 2024.

Mandatory Ongoing Training

Currently, there are four courses that staff are required to complete within one year of assuming a child welfare services role.

- Building Cultural Safety
- Child Development and the Effects of Trauma

- Legal Aspects of Child Welfare in North Carolina
- Medical Aspects for Child Abuse and Neglect

The table below reflects the completion data for these four courses.

Table 40. Ongoing Training Completions

	Building Cultural Safety	Child Development	Legal Aspects*	Medical Aspects
# Events Held	11	20	N/A	23
Complete	190	330	641	552
Incomplete	1	59	N/A	72
Waiting List/Event Full	230	10	N/A	7
Canceled	112	68	N/A	37
No-Show	14	33	N/A	92
Prerequisite not Met	0	8	N/A	10
Ineligible	4	0	0	0
Event not Held	0	9	N/A	2

*This is an on-demand online course; it does not require registration – available all times
Source: NCSWlearn.org

Additional Ongoing Training

NC DSS added training opportunities for child welfare staff to improve performance in areas of safety, permanency, and well-being. Specifically, the following new training has been deployed. The last five courses listed below were deployed during June 2023:

- Annual Policy Update Webinars
- NC Practice Standards Training Series for Leaders, Supervisors, and Workers
- NC Practice Standards Office Hours for Supervisors
- Family First Prevention Services Act (FFPSA) Training
- Permanency Policy Office Hours

Annual Child Welfare Policy and Practice Update Webinars

Since March 2022, NC DSS has offered an iteration of a mandatory, annual course that provides staff with an overview of changes to law, policy, and practice via a live webinar that is recorded and placed on NCSWlearn for staff's ongoing access. The Child Welfare Policy and Practice Update Webinar has been delivered three times to highlight policy and law changes in SFY 2020-21, 2021-22, and 2022-23. See completions below.

Table 41. Child Welfare Policy and Practice Annual Update Webinars: Completions July 2023–April 2024

Webinar Events	# of Staff Completions
2022–2023 CW Policy and Practice Update	342 county DSS child welfare staff 6 NC DSS staff
2021–2022 CW Policy and Practice Update	338 county DSS child welfare staff 12 NC DSS staff
2020–2021 CW Policy and Practice Update	218 county DSS child welfare staff 14 NC DSS staff

Source: NCSWlearn.org

North Carolina Practice Standards Training Series for Leaders, Supervisors, and Workers

As part of our implementation of the North Carolina practice standards, NC DSS deployed e-Learning training series for leaders, supervisors, and workers. Each e-Learning included a series of modules focused on the five essential functions of communicating, engaging, assessing, planning, and implementing. All e-Learning modules have been deployed for workers, supervisors, and leaders. Below is the completion data for the e-Learning module series. All trainings for the Practice Standards are mandatory for staff.

Table 42. Ongoing Training Completions: NC Practice Standards for Leaders: Completions July 2023– April 2024

Practice Standard	Module Launch date	Completions
Intro to the NC Practice Standards	10/1/22	685
Communicating	3/20/23	213
Engaging	4/17/23	208
Assessing	5/15/23	265
Planning	6/12/2023	176
Implementing	7/2023	247

Source: ncswlearn.org

Table 43. Ongoing Training Completions:
NC Practice Standards for Supervisors: Completions July 2023- April 2024

Practice Standards e-Learning	Module Launch date	Completions
Communicating	4/25/22	129
Engaging	5/31/22	124
Assessing	6/27/22	137
Planning	8/1/22	138
Implementing	9/1/22	142

Source: NCSWlearn.org

Table 44. Ongoing Training Completions:
NC Practice Standards for Workers: Completions July 2023- April 2024

Practice Standards e-Learning	Module Launch date	Completions
Communicating	10/1/22	758
Engaging	11/1/22	759
Assessing	12/1/22	783
Planning	1/1/23	820
Implementing	2/1/23	791

Source: NCSWlearn.org

North Carolina Practice Standards Office Hours for Supervisors

In addition to the practice standards e-Learning modules, NC DSS provided Practice Standards Office Hours sessions for supervisors in all seven regions at the end of September and October 2023. The purpose was to provide updates related to the implementation of the practice standards, as well as additional skills practice. These sessions were well attended.

Family First Prevention and Services Act (FFPSA) Training

In partnership with UNC, NC DSS originally planned to deploy three, 1-hour FFPSA-related trainings that will be required to be completed by local child welfare staff within 60 days of the date they are deployed. However, NC determined that two courses would meet the need. The first course, *North Carolina Title IV-E Prevention Plan: Evidence-Based Services Program,* was deployed January 4, 2024. As of April 30, 2024, there have been 194 completions. Deployment of the second course, *Foster Care Candidacy and Claiming Title*

IV-E Prevention Services Funds has been delayed as NC awaits an updated foster care candidacy definition.

In preparation to implement FFPSA in the Innovation Zone, NC DSS recognized a need to provide level-setting refreshment training on CPS In-Home Services. In March 2024, the curriculum was revised to reflect recent policy and practice changes and ten (10) events were delivered between April-June 2024.

Permanency Policy Office Hours

Permanency Policy Office Hours were implemented in 2022. The purpose of the Permanency Office Hours is to provide updates and clarification on law, policy, and practice changes related to permanency and to provide a forum for questions and answers with NC DSS staff. Three Office Hours sessions were offered from November 2023-January 2024.

- November and December 2023: Unlicensed Kinship Reimbursement Program
- January 2024- Safe Surrender

The following courses were deployed in June 2023; Please see below the course descriptions and table with deployment and completion data.

Additional Ongoing Training is described in the Training Plan.

Ongoing Training Evaluation

Focus groups and surveys in 2023 were utilized to solicit feedback about ongoing training from county workers, supervisors, leaders, community partners and stakeholders, and state staff. Focus groups were held between Oct. 5-Dec. 20, 2023. See the feedback below by caseworkers, supervisors, and managers about ongoing training provided.

Caseworkers:

- Ongoing training is helpful, but county-specific expectations sometimes differ from the presented material
- Desire for more practical, field-based training
- Use of CWEC is helpful along with utilization of external courses from NCSWLearn, NASW, and the Children's Bureau
- Preference for additional training options, including topics like community violence, engaging challenging families, and working with special needs children
- In-house training, especially from county teams, is seen as a valuable supplement to state training
- Continuous, focused training is considered crucial for ongoing preparation
- More availability of online courses is needed, especially for required training

- Emphasis on the need for expanded training options beyond state offerings, covering diverse areas like coaching, motivational interviewing, LGBTQ+ issues, and working with families of children with disabilities

Supervisors/Managers:

- Limited time and infrequent accessibility hinder ongoing training completion
- Demand for more courses tailored to experienced social workers
- Infrequent offerings lead counties to independently address training gaps
- Prefer in-person training
- Need for diverse topics like substance use and domestic violence
- Virtual training is less effective
- Additional in-house staff for training would be beneficial
- Call for shorter yet comprehensive training focusing on forms, policy, and critical thinking
- Insufficient training offerings
- Challenges accessing specific training events: LINKS, CPS Assessments, Pre-Service, Building Cultural Competency
- Difficulty finding new state-offered training
- Reliance on external CEU opportunities
- In-house training aids capacity building, but resource limitations hinder access in some counties
- On-the-job experience and internal agency leadership training that they are currently receiving are crucial for development
- A mix of external and internal training, along with guidance from peers and supervisors, has been beneficial
- Taking advantage of involvement in internal agency leadership academies and Stepping into Supervision training helps develop skills
- The effectiveness of leadership training is influenced by the value placed on it by counties

Directors:

- Insufficient courses for supervisors, emphasizing the need for more offerings
- Request for comprehensive courses covering programmatic/case scenarios, leadership, and disciplinary actions
- Difficulty attending offsite training while ensuring adequate staff coverage

- Suggested improvements include specific training – such as supervision within CPS Assessments, and a need for follow-up coaching

Also discussed in the focus groups were the opportunities for county staff to provide feedback on training. Caseworkers and supervisors/managers shared the following.

Caseworkers:

- Use of Participant Satisfaction Forms to gather feedback on training experiences
- Sharing feedback with supervisors and peers as a common practice
- Internal agency trainers actively seek feedback on training sessions
- Providing direct feedback to community partner training through Participant Satisfaction Forms
- Utilization of surveys, both in-house/county and state, to gather participant input
- Desire for survey questions to focus more on the impact and content of the training

Supervisors/Managers:

- Peer and supervisor input shared after completing the Transfer of Learning tool and Participant Satisfaction Form
- Ongoing use of Participant Satisfaction Surveys for continuous feedback
- Individual follow-up with staff through Participant Satisfaction Forms
- Interactions with Regional Child Welfare Specialists for additional perspectives on participant satisfaction

Several themes of need from the focus groups with workers, supervisors, and managers also align with needs identified by NC DSS and are being addressed as components of in the redesigned pre-service and track trainings. For example:

- NC DSS is partnering with internal trainers at county DSS agencies to co-deliver state training.
- NC DSS has partnered with NC State CFACE to expand opportunities for training on domestic violence for supervisors and workers (see promising practices below).
- NC DSS has partnered with the North Carolina Coalition Against Domestic Violence to create opportunities for domestic violence training on a local level.
- All redesigned courses will only be offered in-person. Virtual Instructor Led Training will be an option in emergency situations only.
- The new evaluations have language that focus more on the impact and content of training,
- The TOL tools will be revised to mirror those in the redesigned pre-service.

Table 45. To what extent does the State Division of Social Services provide training on an ongoing basis to County staff that strengthens their ability to serve children and families?

Participants	Total Respondents Per Category	Always	Frequently	Sometimes	Never	Don't Know
Birth Parents	18	1	2	0	4	11
Youth	12	1	3	0	1	7
Caretakers	207	11	27	31	11	127
Caseworkers	295	73	109	99	4	10
County Leaders	210	12	85	136	3	5
State Staff	69	15	16	28	5	5

Data Source: Statewide Assessment Survey Results, November 2023

Survey data shows 61.6% of caseworkers, 46.1% of county leaders, and 45% of state staff responded that NC DSS always or frequently provides ongoing training to county child welfare staff. With 24/7 access to 39 online, on-demand courses via NCSWLearn, counties always have a learning option available that focuses on strengthening their knowledge and abilities.

Additionally, NC DSS uses case review findings to inform ongoing training needs, as well as the regional CQI meetings. The Workforce Design Team provides feedback both on content of curricula and what curricula is offered.

Item 27 Strengths

- NC offers a variety of ongoing training for staff to meet the 24-hour requirement.
- There are strong university partnerships to develop and deliver ongoing training.
- The Workforce Design Team provides good input and feedback for the vetting of training curricula.
- NC DSS identified similar areas of training need as workers and supervisors in focus groups and interviews and has addressed those needs in the training redesigns.
- NC DSS navigated through the pandemic from in-person learning, to virtual, to hybrid learning seamlessly and effectively.
- The Ongoing Training Assessment gives NC a roadmap to improving the ongoing training system.

Item 27 Opportunities for Improvement

- A statewide automated tracking process is needed regarding completion of annual ongoing training.

- There is a need to streamline ongoing training, so staff do not have to attend multiple courses to get the information needed to do their jobs effectively.

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

Pre-Service Training for Prospective Foster/Adoptive Parents

State administrative code (10A NCAC 70E .1117) specifies pre-service and ongoing training requirements for all prospective and licensed foster parents. Pre-service training for prospective foster and adoptive parents is provided at the local level by child welfare staff of private and public licensing agencies. In North Carolina families who desire to become licensed foster parents are required to complete Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting (TIPS-MAPP) or an equivalent training and assessment process approved by NC DSS. There are seven (7) approved pre-service curricula used by private and public agencies for the licensure of foster parents:

1. Trauma Informed Partnering for Safety & Permanence: Model Approach to Partnerships in Parenting (TIPS-MAPP)
2. TIPS-MAPP Deciding Together
3. Caring For Our Own, a training specifically designed for kinship families
4. Pressley Ridge's Treatment Foster Care Pre-Service Curriculum
5. Parent Resources for Information, Development, and Education (PRIDE) Model of Practice
6. Children and Residential Experiences: Creating Conditions for Change (CARE) for Foster Carers
7. Becoming a Therapeutic Foster Parent (therapeutic families only)

NC DSS delivers a "train-the-trainer" model for TIPS-MAPP and TIPS-Deciding Together. In this model, NC DSS provides training to county child welfare staff and licensed private agencies, and they provide training for current or prospective foster and adoptive parents. The train-the-trainer and training materials for TIPS-MAPP are provided to staff free of charge. Licensing agencies that choose to utilize another approved pre-service training assume all financial responsibility for the training, training materials, and the CQI process; NC DSS does not provide a train-the-trainer for pre-service courses other than TIPS-MAPP.

NC DSS is working toward implementing the National Training Development Curriculum (NTDC) as a pre-service training. NC DSS has partnered with Spaulding for Children and pilot DSS and private agencies to implement NTDC within the next 2 years. NC DSS will determine if NTDC will be NC's primary pre-service training. Adopting NTDC would assist in reducing the number of pre-service trainings offered and ensure all foster, licensed kinship and adoptive families are trained in the same manner.

NC DSS is working to build a learning management system (LMS) into CWIS to track resource parent pre-service training. When complete, CWIS will track the number of participants that register and complete pre-service training, as well as the number of pre-service graduates who become licensed. In March 2024, NC DSS partnered with FFA-NC to survey resource families about which pre-service training they completed in the last 12 months.

Ongoing Training for Current or Prospective Foster/Adoptive Parents

NC DSS provides ongoing training to current or prospective foster/adoptive parents via https://fosteringnc.org, a learning site for NC foster and adoptive parents and kinship caregivers. The site features:

- On-demand courses: Available any time, these free courses include a certificate of completion foster/adoptive parents can share with their licensing agencies to earn credit towards re-licensure. New courses are added regularly. Between July 1, 2023, and March 22, 2024, a total of 23,000 visitors to FosterningNC.org completed one or more of the on-demand courses for a total of 15,695 completions.

Table 46. FosteringNC.org Trainings Completed, July 1, 2023-March 22, 2024

Training	Completions
Child Welfare Services Overview Key Terms and Resources	290
Court Roles and Obligations of Foster Parents	4101
Critical Partners for Permanency	1024
Foundations of Development	694
Guardianship Pathway to Permanence	521
How Resource Parents Can Cope with and Learn from Losses	484
Human Trafficking 101 for Resource Parents	614
Identifying and Managing Implicit Bias	572
Normal Development in Adolescence	367
Normal Development in Infancy and Early Childhood Part 1	484
Normal Development in Infancy and Early Childhood Part 2	458
Normal Development in School Age	441
On Their Way Video Preparing Youths for the Future	261
Preparing for and Responding to Disasters	758
Promoting Normalcy Supporting the Social and Emotional Development of Young People in Foster Care	681
Suicide Self Injury	529
Supporting Kinship and Kinship-Like Caregivers	595

Supporting the Transition into Adulthood	475
Trauma and Brain Development	440
Visitation Matters	762
What Impacts Visits	617
Your Role in Visits	527

Source: Fosteringnc.org

- Webinars: 1,644 recorded webinars viewed. Recorded webinars on FosteringNC.org address a range of topics of interest to all parents and caregivers. Recordings vary in length and normally include handouts. Topics covered include creating normalcy for young people in foster care and treatment for ADHD.
- Videos: The site features helpful videos on relevant issues and topics discussed by experts and those with lived experience, including those caring for children and youth in foster care. Between July 1, 2023 and March 22, 2024, there were 1,211 views.
- Resources: The Resources page provides links to Fostering Perspectives, NC KIDS, and many other sources of information and support.
- Answers to frequently asked questions. Between July 1, 2023, through March 22, 2024, there were 9,065 views.

All other training for foster/adoptive parents is offered directly by private and public supervising agencies. NC DSS is informed when a foster parent has completed pre-service training on the DSS-5016 (Foster Home Licensing Application), and NC DSS is informed of completions of the 20-hour ongoing training requirement through the foster home re-licensing application. The addition of an LMS to CWIS will enable NC DSS to track the number of foster and adoptive parents licensed by local staff after they complete the pre-service. NC DSS expects to be using CWIS to track resource parent training by the end of December 2024.

In March-April 2024, the NC Resource Parents Needs Assessment, a comprehensive survey was administered to NC resource parents with support of the FFA. The survey focused on services and training provided to foster parents and included specific questions about the TIPS-MAPP and Deciding Together programs. NC DSS will have data from the survey by mid-May 2024.

There is currently no CQI process in place that tracks and provides data that informs NC DSS of what happens after staff are certified to train TIPS-MAPP. NC DSS is working on implementing LMS (CWIS) to track:

- The number of foster/adoptive parents who complete the TIPS-MAPP program and get licensed.

- The number of foster/adoptive parents who complete TIPS-MAPP and do not to get licensed and reasons for non-licensure.
- The number of foster/adoptive parents who begin but do not complete TIPS-MAPP and reasons for non-completion.
- The number of TIPS-MAPP parent groups delivered by each leader who is certified.
- Leader fidelity to the program timeframe, activities, and family consultations.
- Overall impact of TIPS-MAPP on outcomes for NC children and families.

Other strategies to address these challenges include an exploration into possibly revising the Family Foster Home Application (DSS-5016) to capture:

- The pre-service program utilized for licensure.
- The start and end dates of the program.
- Dates of the family consultations required by the program.

Administrative rule 10A NCAC 70E .1104 describes the criteria that should be assessed with potential foster parents. The 12 criteria assessed are:

- assessing individual and family Strengths and Needs and building on strengths and meeting needs.
- using and developing effective communication.
- identifying the Strengths and Needs of children placed in the home.
- building on children's strengths and meeting the needs of children placed in the home
- developing partnerships with children placed in the home, parents or the guardians of the children placed in the home, the supervising agency and the community to develop and carry out plans for permanency.
- helping children placed in the home develop skills to manage loss and skills to form attachments.
- helping children placed in the home manage their behaviors.
- helping children placed in the home maintain and develop relationships that will keep them connected to their pasts.
- helping children placed in the home build on positive self-concept and positive family, cultural, and racial identity.
- providing a safe and healthy environment for children placed in the home which keeps them free from harm.
- assessing the ways in which providing family foster care or therapeutic foster care affects the family.
- making an informed decision regarding providing family foster care or therapeutic foster care.

Table 47. Staff Completions of TIPS-MAPP Train-the-Trainer Certification Course June 2023-June 2024

Activities	TIPS-MAPP	*TIPS-DECIDING TOGETHER
Number of Events Offered	7	2
Completed	78	35
Incomplete	4	0
Waiting List/Event Full	17	0
Cancelled	23	5
No Show	1	1
Ineligible	0	1

*Two TIPS-Deciding Together and Two TIPS-MAPP events were delivered in May-June 2024
Source: NCSWlearn.org

The aggressive onboarding plan put in place in 2020-21 to increase the number of trainers for TIPS-MAPP to increase course offerings has been successful. From July 2022 through May 2023, there were ten TIPS-MAPP train-the-trainer events offered with 118 completions, an increase from the seven events offered last year with only 83 completions. Waiting list numbers and "event full" numbers plummeted from 71 last year to 10 this year.

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

- NC DSS continues to partner with Halifax County as their staff member with lived expertise has received ongoing mentoring from a Master MAPP trainer. This staff person is scheduled to co-deliver the TIPS-MAPP training with state staff in October 2023 and will be fully certified as a TIPS-MAPP Trainer in 2024.
- NC DSS kicked off the Track Training Redesign Project in December 2022. This was identified in the CFSP for Workforce Development, CFSP Goal 3, Objective 4, which included the implementation of a new approach to ongoing training for the child welfare workforce. The Track Training Redesign Project includes the revision and creation of a new Foster Home Licensing Track Training that will be provided to licensing staff. Currently, a training plan is being developed to address all key findings from their assessment of NC's current 200-level training. Once the Training Design Plan is finalized and approved, NC DSS will work to develop content for modules for each of the new Track Training courses. The training curricula will be developed in FY 2024.

Table 48. Staff Completions of Foster Home Licensing and Adoption Training
July 2023–April 2024

Activities	Foster Home Licensing in Child Welfare Services (classroom-based course)	Train-the-Trainer for Becoming a Therapeutic Foster Parent (on-demand course)	Adoptions in Child Welfare (classroom-based course)
Events Offered	3	N/A	2
Completed	50	113	29
Incomplete	0	N/A	0
Waiting List/ Event Full	20	N/A	0
Cancelled	10	N/A	9
No Show	3	N/A	2
Prerequisite not Met	0	N/A	1
Ineligible	1	N/A	0

Source: NCSWlearn.org

Ongoing Training for Staff of State Licensed Facilities

Administrative code 10A NCAC 70G .0501(f) requires staff of state licensed facilities to receive training in the areas of child development, permanency planning methodology, family systems and relationships, child sexual abuse, trauma-informed care, and the reasonable and prudent parent standard. Training is conducted by state licensed facilities. Administrative code 10A NCAC 70G .0506(c) requires agencies to keep separate records for each family foster home including "the training record that includes all required and ongoing training." File reviews are conducted to determine if ongoing training is being completed. There is no administrative data available on which staff of state licensed facilities attend required trainings. NC DSS is exploring ways to evaluate the trainings provided for effectiveness.

Training Plan

The NC DSS Training Plan was submitted on June 30, 2019; it remains in effect.

2.2.5 Service Array and Resource Development (Items 29-30)

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

Array of Services (Item 29)

To assess the current service array, NC DSS used data from Stakeholder Surveys, feedback from focus groups, youth listening sessions and design teams, and data analyses from RCWS. NC DSS found there continues to be gaps in the service array, particularly for services addressing complex behavioral health needs of children, and challenges with ensuring the availability of services in all areas of the state. Strategies to address the identified gaps and challenges are outlined below.

Gaps in services have been a consistent theme each year in the NC DSS APSR reports. In North Carolina the lack of behavioral health services across the state has reached such a crisis that North Carolina's legislature allocated $835M for funding in the state's 2023-2025 budget. These funds will support a number of behavioral health initiatives, including services specifically tailored for children in foster care, crisis services, services for children with complex needs and supports for their families, and strengthening the behavioral health workforce by raising Medicaid rates for providers. It is expected that this investment along with Medicaid expansion and the launch of the Medicaid Managed Care Child and Family Specialty Plan will result in systemic improvements that will show up in improved outcome data in future APSR reporting cycles.

Additionally, work remains underway to develop a CWIS and provider portal to capture detailed service information continued throughout SFY 25.

In February 2024, NC DSS began funding the Homebuilders service in 22 pilot counties. Homebuilders is an intensive in-home intervention aimed at improving a family's functioning by building parent skills building. Homebuilders is included in North Carolina's Title IV-E Prevention Services Plan and will become available statewide as the provider network develops the capacity to deliver it.

In SFY 2024, the Family Support Network collected demographic information for families and children served to include the special needs and/or developmental needs of the children and how the needs are addressed and reported this information in their quarterly reports to NC DSS. The collection of this data aided the state in identifying the specific populations and needs of the children and families addressed by the services provided by the Family Support Network. This work will continue in SFY 2025.

Services That Assess the Strengths and Needs of Children and Families, and Determine Other Service Needs

Child welfare workers in North Carolina are trained to conduct assessments that determine risk levels to children and identify Strengths and Needs of each family using SDM tools including:

- Safety Assessment
- Risk Assessment
- Family Strengths and Needs Assessment

Completed assessments support case planning for children and families and help determine other service needs. The service system that child welfare workers refer to must be responsive, accessible, and provide high-quality evidence-based interventions. Services should be readily available to support all families.

In SFY 2024 North Carolina began implementing the Standardized Trauma-Informed Assessment project. This project was the result of legislation aimed at ensuring a high-quality standardized trauma informed clinical assessment is available to all children at risk of or who have entered foster care. When implemented statewide in 2026 these assessments are expected to result in improvements in identifying individualized needs and services that will meet identified needs.

Through the implementation of the NC's practice standards, the workforce is becoming better equipped to create tailored case plans that align with the root causes for system involvement. Workers are provided concrete strategies that embody the essential functions of practice standards, the foundation of the Practice Model. In FFY 2025, NC DSS will continue to build upon the Practice Model framework through the rollout of SOP, with the goal of infusing its practices into each SDM tool used by the state.

Services that Address the Needs of Families in Addition to Individual Children to Create a Safe Home Environment

NC DSS supports the following services that address the needs of families in addition to individual children to create a safe home environment. This includes individual and family counseling (for child, youth, and adults), outpatient substance uses treatment (adults), domestic violence services (adults), parenting supports, childcare, medical health, dental services, and nutritional supports (e.g., TANF and the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]).

Services that Enable Children to Remain Safely with their Parents When Reasonable

NC DSS funds the following services that enable children to remain safely with their parents when reasonable: Intensive Family Preservation Services (IFPS), Attachment and Biobehavioral Catch-up (ABC), Parent Child Interaction Therapy (PCIT), Incredible Years Pre-School BASIC Parent Program, Parents as Teachers, Circle of Parents groups, Triple P (Level 4 Standard), and Family Support Network (FSN) services. (For additional information, see Section 4, Updates on the Service Descriptions.) In SFY 2020-24 NC DSS also funded voluntary community response programming (CRP).

In SFY 2024 NC DSS conducted a statewide survey and facilitated 42 focus groups with 262 participants as part of the Statewide Assessment in preparation for CSFR Round 4. Results indicate service array and individualized services present both successes and challenges. While innovative solutions have been implemented to address service access issues, there is a recognized need for more individualized services, especially for unique populations. Specific needs include trauma-informed training for placement settings, evidence-based interventions, and behavioral health services. These service gaps are expected to be addressed by ongoing Resource Parent Curriculum trainings, implementation of services in NC's Title IV-E Prevention Plan and increases in behavioral health services that will be funded by the $835 million allocated to NC DHHS.

In the 2023 Stakeholder Survey, county DSS managers, supervisors, and case managers identified inpatient substance use treatment for children, youth, and birth parents as the top need for preventative services. Sobriety Treatment and Recovery Teams (START) allow NC to expand its capacity for child welfare evidence-based substance use disorder model and address this gap. During SFY 2024 NC DSS continued to develop its START program implementation; this included posting a Request for Applications for counties interested in implementing it. NC DSS will begin START pilots in four counties in May 2024; pilots will remain active through SFY 2025.

NC DSS continues to implement the services included in the approved Title IV-E Prevention Services Plan. The first service to become available is Homebuilders. During SFY 2024 three vendors were selected to serve all seven regions. Homebuilders services have been piloted in 22 counties as of April 2024 and additional counties will have access to this service as the providers build capacity to provide this service. NC DSS continues to develop the implementation plan for the second service, Parents as Teachers, which is expected to launch in 2025.

Services that Help Children in Foster Care and Adoptive Placement Achieve Permanency

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

NC utilizes post adoption support services and is transitioning to the Success Coach model for post permanency services. Please reference Section 4.2, Services for Children Adopted from Other Countries, for additional information about Success Coach.

NC provides child-focused recruitment services statewide through the Permanency Innovations Initiative (PII) program, provided by the Children's Home Society of NC. This program works to ensure a permanent home for children. During SFY 2023, PII provided 292 hours of Family Education and Support training hours to families and other supportive adults considered to be a pre-permanency placement or likely to become a permanency placement. Seventeen hours of professional trainings were delivered to county child welfare agencies, GALs, and court partners to support the successful implementation of the program. The number of children and youth who received child-focused recruitment services from PII in SFY 23 was 644. Cumulatively throughout SFY 23, 64 youth achieved permanency (64 through adoption, 9 through guardianship, 7 through reunification, and 2 through custody). Additionally, 62 children and youth were placed in their forever home at the end of SFY 23 awaiting the finalization of their adoption. Thus far for SFY 24 through 3/31/24, PII provided 225 hours of Family Education and Support training hours to families and other supportive adults considered to be a pre-permanency placement or likely to become a permanency placement. The number of children and youth who received child-focused recruitment services in SFY 24 thus far is 616. Cumulatively thus far in SFY 24, 37 youth served by PII achieved permanency (23 through adoption, 5 through guardianship, 5 through reunification, and 4 through custody).

For children legally free for adoption, NC utilizes the North Carolina Adoption Exchange (NC Kids) to facilitate matches between persons interested in adoption and the children who are available. Please reference Item 35 for additional information.

Adoption Promotion is a public and private agency collaboration NC DSS uses to enhance and expand adoption programs, to secure 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. Additional information about the Adoption Promotion Program can be found in Section 4.5.

NC utilizes Title IV-B, subpart 2 funds to support reunification services provided by county DSS agencies. Please reference Section 4.5 for additional information.

County DSS agencies continue to identify services from other publicly funded programs to prevent entry into foster care and support permanency. Economic support services are available through county departments of social services statewide. Examples include food and nutrition benefits, TANF, and childcare subsidies. The full array of services can be found at https://www.NC DHHS.gov/assistance/low-income-services. (For additional information, see Items 31-32, Agency Responsiveness to the Community.)

Additionally, counties can access an array of behavioral health, substance use disorder, developmental disability, and physical health services that help children achieve permanency through NC Division of Health Benefits (DHB)/NC Medicaid. Examples of this include High Fidelity Wraparound, Multisystemic Therapy, Intensive In-Home, and outpatient therapy. These services are delivered in the community to treat significant behavioral health and substance use symptoms that if left untreated could lead to out-of-home placement. The full array of Medicaid Services available in NC is available at https://ncmedicaidplans.gov/learn/benefits-and-services.

DHB implemented Tailored Care Management (TCM), a specialized integrated care management model for Medicaid beneficiaries with a serious mental illness, a serious emotional disturbance, a severe substance use disorder, an intellectual/developmental disability, or those who are receiving services for a traumatic brain injury. This model can enhance treatment needs for children and youth that impact timeliness to permanency. Children in foster care, children receiving adoption assistance, and former foster youth under 26 years old are eligible to receive TCM if they meet criteria. More information about TCM can be found at https://medicaid.NC DHHS.gov/tailored-care-management.

As noted in Item 29, significant gaps in the availability and accessibility of behavioral health, substance use disorder, and developmental disability services statewide gaps remained during SFY 2024. To address these gaps the NC DSS has continued working with system partners throughout SFY 2024 in implementation planning for new initiatives that will reduce gaps, this work will be implemented throughout the remainder of this reporting period and throughout the next five-year period.

Individualized Services (Item 30)

Item 30 continues to be an area for improvement for NC. Systemic improvements are needed to improve access to services within all jurisdictions within the state. Data collected and reported in last year's APSR (from county DSS focus groups, community child protection reports, FY 2023-24 data from the interdepartmental RRT, and stakeholders inform the state on the functioning of the system. Data continues to show gaps in the continuum of services, with more significant gaps in services for children and youth with complex behavioral health needs. Closing service gaps is a priority for NC DSS, because they lead to poorer outcomes as a result of higher placement instability, lower utilization of

kinship care placements, lower rates of permanency, over-reliance on institutional type settings, over-medication, and inequitable outcomes, particularly among children and families of color. As noted in Item 29, the legislature has responded to this crisis with $835M in funding for the services system improvements that will lead to increases in the availability of services gaps.

NC DSS recognizes that having a well-functioning array of services and resources that meet an individual's needs requires collaboration and coordination interdepartmentally and with stakeholders representing multiple sectors, this work convened in 2021, a coordinated action plan with recommendations was published in 2022 and the workgroup concluded in 2023. Concurrent to the work of the Child Welfare and Family Well-Being Transformation Team, NC DSS collaborated in interdivisional work led by DHB. The goal of this work was to create a vision of a robust behavioral health system for children and youth that addressed gaps in capacity, increase coverage areas, support transitions between care, improve quality and offer choice. Recommendations from the internal and external workgroups were included in the March 2023 released of the North Carolina Governor's report "Investing in Behavioral Health and Resilience: A Comprehensive Plan to Strengthen North Carolina's Mental Health and Substance Use Disorder Treatment System."

Recommendations from the Governor's plan were funded by a legislative allocation in October 2023. The funds will be used to develop new services, increase availability of current services, and to improve the quality of services for both children and adults. Adult services that will be expanded with these funds include crisis intervention and stabilization, peer support, services for those involved in the criminal justice system, and substance use treatment. Services being expanded for children and adolescents include the Professional Parenting Program, Emergency Placement Fund, and Placement First Plus. The Professional Parenting Program keeps sibling groups together and supports reunification through parent engagement. The Emergency Placement Funds are allocated to county DSS agencies who use the funds to purchase services for children with behavioral health needs who do not have residential placement options available to them when needed. When implemented, Placement First Plus will provide facility-based care for children and adolescents who need assessment and stabilization services to support transition to a stable placement in the community. Additional services being funded will support all children and youth in North Carolina; they include school-based behavioral health services, mobile and facility-based crisis services, juvenile justice focused services, increased Innovations Waiver Slots for persons with developmental disabilities, and community-based outpatient services. In addition to funding services array improvements, the funding has been used to increase the Medicaid reimbursement rates for behavioral health and direct services providers. This is expected to lead to more service providers who are willing to serve Medicaid beneficiaries, which in turn will improve timely access to care.

NC DSS continued the collaboration with the DHB. This included finalizing the RFP for the Child and Family Specialty Medicaid managed care plan which is now available to organizations interested in serving the child welfare involved population. In October 2023 North Carolina expanded Medicaid; this is expected to result in more families having insurance coverage and access to services, including child welfare involved families.

2.2.6 Agency Responsiveness to the Community (Items 31-32)

Agency Responsiveness to the Community (Item 31)

In the past five years, North Carolina made a significant investment in engaging stakeholders and system partners in identifying and working towards shared goals. The engagement of these stakeholders has been critical in the development of the state's CFSP, APSR, and FFPSA plan as well as addressing the current crisis of children boarding in Emergency Departments and county DSS offices.

NC DSS values the voices of people with lived experience. To ensure consistent feedback from family and youth partners, NC DSS partners with SaySo, the CWFAC, and FFA-NC. In addition, NC DSS incorporates those with lived expertise into a variety of other committees and stakeholder engagement avenues. Because NC is state supervised and county administered, NC DHHS implemented the Unified Public Agency Leadership Team (ULT) and multidisciplinary CFSP design teams to share leadership with county child welfare agencies and individuals with lived expertise. NC DSS also engages stakeholders through the Permanency Roundtable in Court Improvement Sessions, Community Child Protection Team State Advisory Board, CBCAP Grantee Meetings, Prevention Planning Workgroup, Fostering Health NC State Advisory Team, regional CQI meetings, Interdisciplinary Representation Program Advisory Board, and quarterly meetings with the EBCI and Qualla Boundary county DSS agencies. The 100 county administered counties in NC engage with stakeholders in various ways. Many counties include MOUs with stakeholders around specific issues. NC counties also use their Community Child Protection Teams and Community Child Fatality Teams to engage with stakeholders. Some NC counties have multi-disciplinary teams that also engage stakeholders. Item 31 of NC's APSR will address engagement with those with lived expertise; engagement with foster families, private agencies, and kinship families; engagement with legal stakeholders; engagement with tribes; and survey and focus group results.

Engagement with those with Lived Expertise

NC DSS values the authentic, meaningful voices of those with lived experience and engages with them in a variety of substantive ways as outlined in this section.

Strong Able Youth Speaking Out (SaySo). SaySo is a statewide association of youth ages 14 – 24 who are, or have been, in the out-of-home care system in North Carolina, including foster care, group homes, and mental health placements. They educate the community about

how to partner with youth and young adults in care, and they advocate for changes on a legislative level. The organization offers these youth (1) a platform to share their experiences with communities, professionals, and policy makers to inform and educate them of the challenges; and (2) a support group and educational resource for transitioning to adulthood and learning essential life skills through annual events, conferences and programs.

SaySo youth serve as members on all of North Carolina's Design Teams. SaySo supports a Young Adult Leadership Council (YALC) whose members are elected by their peers to represent every region of North Carolina. NC DSS connects with the YALC to hear the priorities of young people regarding initiatives, planning and resources.

Child Welfare Family Advisory Council (CWFAC). The CWFAC is a state-level advisory council that engages individuals with lived expertise opportunities as partners in the planning, implementation, and evaluation of child welfare services. It is comprised of 12 Family Partners representing young adults with former experience with the child welfare system, birth parents who have received child protection services, foster parents, adoptive parents, and kinship parents. NC DSS provides Family Partners with ongoing financial stipends, training, and technical assistance to support their participation.

CWFAC Family Partners have also contributed feedback on the following child welfare policies and programs, including the APSR, CFSR, Practice Standards, SDM Tools, Diligent Recruitment and Retention, Plan of Safe Care Guidance Document, Safe Sleep Guidance, Olmstead Act, FFPSA, and Medicaid Specialty Plan for Foster/Adoptive Youth. In addition to serving on the CWFAC, Family Partners share their perspectives through participation in numerous state-level workgroups sponsored by NC DSS and other collaborative partners such as the Transition Age Youth Workgroup, Safe Babies Court Project State Advisory Group, and Sobriety Treatment and Recovery Teams Advisory Group. Family partners have also facilitated parent cafes, written articles, presented at conferences and webinars, and co-trained resource parents. Finally, NC DSS includes Family Partners in annual Joint Planning with the Children's Bureau. In March 2024, several Family Partners played a significant role in planning the meeting, serving as an emcee, welcoming participants, presenting data from design teams, and facilitating small group discussions. Family Partner Gina Brown shared that: "We are no longer just a seat at the table, our voice is embedded, and we are expected to be there."

NC DSS also supports training and technical assistance for county-level family engagement efforts in the following three pilot county child welfare agencies: Durham, Forsyth, and Richmond. CWFAC Family Partners provide peer support and consultation to these counties.

Transition Age Youth Healthcare Workgroup**.** NC DSS engages youth with lived experience in the development of healthcare programming and implementation of North Carolina's Healthcare Oversight and Coordination Plan through the NC DSS Fostering Health

Transition Age Youth Subcommittee and the Well-Being Design Team. The goal is to reduce barriers for young people in foster care to understand available health and well-being services as well as Medicaid eligibility post foster care. Youth reviewed materials prepared by Medicaid and provided comments and suggestions on the Medicaid Managed Care Children and Family Specialty Plan.

Youth and Young Adult Listening Sessions**.** From November 2022-July 2023, NC DSS held nine regional listening sessions for young people who have been in foster care and their adult supporters to provide feedback on their experience in NC child welfare system, including successes, areas that need improvement, and expansion of services. The listening sessions identified trends that youth who have experienced foster care share concerns over sibling visitation, normalcy, lack of foster parent support for those who identify as LGBTQI+, behavioral and physical health, lack of affordable housing, lack of statewide funding for transportation, insufficient placements and support for resource parents, group home staff and environment, and Foster Care 18-21.

In November 2023, NC DSS hosted strategic planning sessions with the transitional age youth and stakeholders. Based on data from the transitional age listening sessions, NC DSS identified the following three strategic planning priorities: sibling placement; behavioral and physical health; and housing.

Fostering Health of North Carolina, Transition Age Youth Subcommittee Workgroup. In support and advocacy of medical access for youth aging out of foster care, NC DSS participated in the Fostering Health of North Carolina, Transition Age Youth Subcommittee Workgroup. This workgroup consisted of NC DSS LINKS team, Fostering Health of NC, NC DHHS Medicaid Team, and two young adults with lived experience in foster care. The subcommittee developed a one-page Medicaid document to inform young adults of available medical services and provided local counties with the "Five Wishes" booklet that helps youth identify a Health Care Power of Attorney and serves as an advance directives document.

NC DSS Response System to Constituent Concerns. The NC DSS Child Welfare County Operations Section has two full-time consultants who respond to community constituent inquiries or concerns with information about policy and programs and connect callers to the child abuse intake staff in county DSS agencies. NC DSS receives approximately 100 calls from constituents per month. To include the voice of people with lived experience, this NC DSS team conducted a survey with 14 birth parents and interviewed 2 birth parents. To further this work, NC DSS has engaged the Capacity Building Center for States for targeted assistance in the engagement and preparation of stakeholders for NC's upcoming CFSR.

Mental Health Town Hall. In March 2023, NC DHHS sponsored a town hall in Winston Salem, NC that focused on the mental health needs of youth. NC DSS supported a birth parent who now serves as a peer partner and a young adult with former experience in

foster care to present with NC DHHS Secretary Kinsley and NC Senator Burgin. The NC General Assembly passed HB 259, "Protect Our Youth in Foster Care." To strengthen mental and behavioral health services, NC passed legislation to require a standardized trauma assessment for youth in foster care; approved a Child and Family Specialty Plan; expanded Medicaid; and allocated $800 million for behavioral health services.

Engagement with Foster Families, Private Agencies, and Kinship Families

NC DSS also engages with foster families, private agencies, and kinships families to improve outcomes for children as outlined below.

Foster Family Alliance (FFA). NC DSS contracts with FFA to recruit, train, and sustain resource families who serve children, youth and their families receiving foster care, adoption, or kinship services. NC DSS solicited and incorporated feedback from FFA, foster parents, and adoptive families to develop training on child education, LGBTQI+, and the role of the foster parent in the court process. The following examples constitute some of the highlights of this partnership:

- In 2023, FFA conducted two "Teaming with Teens" virtual events that included workshops for child welfare professionals, caregivers, and youth and young adults aged 14-21.
- In addition, FFA partnered with UNC to conduct a statewide needs assessment with resource parents to enhance NC's Diligent Recruitment and Retention Plan.
- NC DSS also worked with FFA to publish the fall 2023 edition of *Fostering Perspectives* newsletter to support foster, adoptive, kinship, and therapeutic families, as well as child welfare professionals.

Benchmarks NC. NC DSS partners with Benchmarks NC, which is comprised of private family serving agencies, to share information on the status of child welfare, engage stakeholders, and solicit input through surveys and focus groups. Based on their feedback, NC DSS is evaluating the foster parent pre-service training to determine training gaps, effectiveness, and methods to strengthen the training. In addition, NC DSS responded to agency input by developing North Carolina Learning Collaboration as a forum to discuss foster home licensing questions and ensure the timely distribution of licensing packets. In response to private agencies requests, NC DSS implemented the Private Agency Quarterly Calls to provide ongoing communication on policy and practice changes and to streamline the licensing process.

Partnership with Prevent Child Abuse NC (PCANC). NC DSS contracts with PCANC to plan and implement public awareness and training activities to promote positive, healthy relationships between children and their parents/caregivers. Supporting parents to create safe, stable, nurturing relationships and environments is critical to preventing child abuse

and neglect. As part of these efforts in SFY 2023, PCANC developed a statewide NC Family Resource Center Network; sponsored Protective Factors Train-the-Trainer trainings and a Learning Collaborative; developed an Adverse Childhood Experience curriculum; organized Prevent Child Abuse Month activities; hosted two virtual, on-demand trainings for NC DSS ("Recognizing and Reporting Child Abuse" and "What is Prevention?"); and provided ongoing training and technical assistance activities to raise awareness of child maltreatment prevention, including hosting the Learning and Leadership Summit that occurs every other year.

Kinship Listening Sessions. As part of CQI efforts NC DSS partnered with UNC, county DSS agencies, private agencies, and FFA to recruit kinship caregivers and professionals to attend Kinship Listening Sessions throughout 2023 and 2024. NC solicited information from participants about NC's CFSP, the state's capacity and need for a Kinship Navigator Program, and strategies to develop a kinship-first culture.

Stakeholder Engagement within FFPSA Implementation**.** North Carolina has engaged stakeholders throughout all phases of the FFPSA planning and implementation process. First NC DSS conducted two town hall meetings to inform the community about FFPSA and to gather information about community concerns and feedback. NC DSS subsequently developed the multidisciplinary LAT, comprised of family voice, private providers, county child welfare agencies, and other state agencies, to provide feedback on FFPSA planning; conduct a statewide scan of existing services and select evidence-based services; research congregate care and offer recommendations to reduce it; and develop North Carolina's Title IV-E Prevention Plan. After this plan was approved in August 2022, NC DSS continued ongoing engagement of stakeholders in the eight counties participating in an "Innovation Zone" to test and revise the materials and training developed to support statewide FFPSA implementation as well as identify the additional support counties will need to have to successfully implement FFPSA.

CFSR Case Participant Interviews**.** These interviews provide information on child welfare participants' experience in a case and how it affected child and family outcomes. Between April and Sept 2023, NC DSS conducted 487 interviews in 78 case reviews during CFSR Round 4 preparation. Participants included child welfare professionals, resource parents, birth parents, and children. Common themes identified from interviews include notices to court; lack meaningful engagement with children and parents; lack of collaboration with community agencies; multiple caseworkers working with a family; and insufficient services for children and families.

Design Teams. NC DSS has five design teams comprised of state and county child welfare professionals, parents and youth with lived experience, private community agencies, and university partners. Each team meets monthly to review data; provide guidance on developing policy, practice, and training; facilitate meetings and events like the quarterly

CQI meetings; and assist in developing and implementing strategic plans like the CFSP and Statewide CQI plan on their designated topics (i.e., safety, permanence, well-being, continuous quality improvement, and workforce development). As part of NC DSS' commitment to meaningful, authentic engagement with community stakeholders and individuals with lived expertise, the Design Team members and NC DSS staff planned, facilitated, and participated in an annual survey; focus groups; joint planning sessions to develop and update the CFSP; regional Listening sessions for youth and relative caregivers, and regional CQI meetings.

Collaboration and Communication with County Child Welfare Agencies. NC DSS includes the design teams as part of a wider infrastructure to partner with county child welfare leaders in ongoing strategic planning, including implementing the goals and objectives of CFSP and writing the APSR. Specific mechanisms include the ULT, NCACDSS, the Children's Services Committee (CSC), and the 100 County Calls. The ULT is a partnership between state and county leaders to inform, lead, and develop recommendations about systemic change and child welfare transformation in North Carolina. During ULT meetings each month, directors of county DSS agencies provide feedback on child welfare policy and practice that are often then presented at monthly CSC meetings, which are open to staff from all 100 counties. NC DSS gathers feedback from these meetings and incorporates that feedback into changes to policies, clarification of directions and communication to stakeholders. In addition, NC DSS holds bi-monthly 100 County Calls with all county DSS agencies to provide updates and to solicit questions or concerns about upcoming changes to policies and events. The feedback generated from the CSC meetings and 100 County Calls is often with the ULT, creating a cycle of input, collaboration, and response. In addition, NC DSS also ensures regular communication with county staff through the SOP Model Office Hours, Dear County Director Letters, and NC Blueprint, a weekly e-blast that provides an overview of new initiatives, public awareness events, and training opportunities.

NCACDSS sponsors the annual Social Services Institute, a 3-day, interactive event that allows NC DSS to engage in multiple ways with county staff, including testing new intake tools, providing training workshops, administer surveys and focus groups, and provide a forum for dialogue around the child welfare transformation and CFSP goals.

SYNC (Sexual Health for Youth in Care). NC DSS partners with SYNC, an organization that provides sexual health education on sex, love, and relationships for both youth in substitute care and the professionals who partner with them. SYNC is offered in all 100 NC counties. SYNC was a vendor during the Youth Listening Sessions.

Community Forums. NC DSS began quarterly CQI meetings in SFY 2022. In SFY 2024, the Quarter 2 regional CQI meeting focused on working with families affected by domestic violence; 27 community partners attended across all regions. These partners included people with lived experience, local agencies that provide services to both survivors and

perpetrators of domestic violence, and the North Carolina Coalition Against Domestic Violence (NCCADV). The regional CQI meetings provide an opportunity for county staff and domestic violence agencies to strengthen partnerships.

Tailored Care Management. Since December 2022, Tailored Care Management has been accessible for children and transitional age youth currently in foster care, receiving adoption assistance, or formerly in foster care and under the age of 26 that meet eligibility requirements. The Tailored Care Management model was implemented in response to feedback from young people and their families to promote whole-person care and coordinate across disciplines to affect better health outcomes for children and transitional age youth.

Housing Stability Plan. NC DSS partners with the State McKinney Vento Homeless Program at NC DPI regarding issues of education and homelessness that impact children in foster care. NC DSS collaborated with Back@Home- Balance of State Program in October 2023, which supports nine Housing Stability Service Provider agencies to partner with 1,400 households experiencing homelessness over three years. NC DSS staff provided program education and helped develop a Housing Stability Plan that case managers and households can use to set housing goals and identify next steps.

NC DSS also collaborated with Rapid Resource for Families in supporting a guest speaker event for counties featuring the Family Unification Program (FUP) and the Foster Youth to Independence Initiative (FYI), two key HUD/child welfare partnerships. While these programs should be accessible, many counties have cited barriers in implementing them, including lack of knowledge or partnerships with their local housing authorities.

Engagement with Legal Stakeholders

NC DSS collaborates with a variety of legal stakeholders to improve outcomes for children. For example, NC DSS partners with AOC's Juvenile Court Improvement Project (CIP) Manager to discuss updates to programs impacted by both child welfare and the juvenile courts, including the Safe Babies Court Team (SBCT). This program is active in five pilot counties: Mitchell, Yancey, New Hanover, Brunswick, and Durham. SBCT will support NC's efforts to reduce the time children spend in foster care and improve the long-term well-being of children and families in the child welfare system by connecting them to intensive support and services and holding more frequent court hearings and visitation. Development of this program includes interagency collaboration with multiple divisions within NC DHHS, AOC's Court Improvement Project, community agencies, and local child welfare and court agencies.

The CIP Manager is an active participant with NC DSS in internal and external meetings to plan and prepare for the development of the CFSP and the CFSR. The CIP Manager has taken an active role in outreach to legal partners to invite and schedule participation in surveys, focus groups and stakeholder interviews for the CFSR.

NC DSS serves on the Interagency Court Collaborative, which includes stakeholders and partners from the Indigent Defense Services (IDS), GAL, General Counsel for NC DSS, CIP, AOC Leadership. NC DSS also works with the GAL program and juvenile court system to discuss progress, barriers, and strategies to achieving timely permanence for children.

NC DSS serves on the Children's Justice Act Task Force (CJA), established in accordance with the Child Abuse Prevention and Treatment Act (Section 107(a)) that meets quarterly and is administered by the Governor's Crime Commission. NC DSS presents information about ongoing initiatives and solicits feedback at each meeting. Presentations have included the revalidation of SDM tools and the CFSP/CFSP/APSR process. Task Force members have provided feedback about making child maltreatment reports that streamlined the Screening and Response Intake tool to increase consistency, accuracy, and equity. Task Force members also sit on the Safety Design Team which reviews the revalidation of all the SDM tools.

NC DSS is a member of the State Judicially Managed Accountability and Recovery Court (JMARC) Advisory Committee managed by AOC. This court makes recommendations on programming for recovery courts (formerly drug treatment courts), including the Family Drug/Dependency Treatment Courts that partner with parents or guardians in danger of losing custody of their children due to abuse or neglect charges. Courts facilitate access to treatment and services and monitor progress towards recovery.

NC DSS holds annual joint planning events engaging legal stakeholders from all areas to participate in strategic planning and the development of the CFSP for the larger child welfare system.

Engagement with Tribes

NC DSS also engages with tribes in its child welfare work, including the federally recognized EBCI. Leaders from NC DSS, EBCI, and DSS directors from the counties surrounding the Qualla Boundary meet quarterly to provide updates, discuss changes in policy, review cases that have been difficult to resolve, share concerns about the ongoing relationship and to problem solve solutions. One of those meetings is dedicated each year to joint planning for ECBI. This group needs to make decisions about jurisdiction on Tribal Trust Land and develop a process to transfer a foster care case from the Tribal Court to a State Court.

Through the local DSS offices in Haywood, Jackson, Swain, Graham, and Cherokee counties, NC DSS continues to provide services funded through Chafee to youth and young adult members of the EBCI. EBCI are invited to participate in LINKS events and to apply for college assistance with educational services through Foster Care to Success. NC DSS invited young people and child welfare staff members from EBCI to the Youth Listening Sessions in Fall 2022 and March 2023. NC DSS conducted a meeting with EBCI, SaySo, and Youth

Villages LifeSet Program to discuss how both programs can serve EBCI young people who are between the ages 14 to 21. NC DSS invited EBCI's permanency staff members to participate in monthly LINK-UP Calls and provides them with updates about NC LINKS, Chafee services, policy updates, resources, and events.

Coordination of Services & Benefits with Federal Programs (Item 32)

In SFY 2020-2024 NC DSS continued to coordinate with NC DHHS interdivisional partners who serve the child welfare involved population. Collaboration with the Division of Child and Family Well-Being (DCFW), NC Medicaid/Division of Health Benefits (DHB), and Division of Mental Health, Developmental Disabilities/Substance Use Services (DMH/DD/SAS) led to continued identification of gaps and needs for both the child behavioral health and child welfare system. In SFY 2024, new legislative funding was allocated for the behavioral health services continuum and this work shifted to planning and implementation. Additional information on these new investments can be found in Service Array and Resource Development (Items 29-30).

Federal Temporary Assistance for Needy Families (TANF). In SFY 2024 NC DSS continued to coordinate with the TANF program. Known as Work First in NC, this program promotes strengths-based, family-centered practice and helps those involved with the child welfare system by providing financial and concrete support. NC DSS also utilizes TANF Maintenance of Effort ("MOE") funds to provide diagnostic and treatment services, foster care special services and case management, reunification services, family preservation services, family support services, intensive family preservation services, protective services for children, and case management services to eligible child welfare recipients.

Work First, DMH/DD/SUS, Child Protective Services Substance Use Initiative. In SFY24, NC DSS continued collaboration with DMH/DD/SAS on the Work First/Child Protective Services Substance Use Initiative. In 2001 this initiative expanded to serve substantiated cases of child abuse, neglect, and/or dependency that involve substance use or cases found 'in need of services' that involve substance use.

NC Sobriety Treatment and Recovery Teams (START). Beginning in SFY 2021 NC DSS began partnering with DMH/DD/SUS to implement START, an approved evidence-based model on the Title IV-E Prevention Services Clearinghouse. In June 2023, NC DSS contracted with Children and Family Futures, the START model purveyor. In March 2024 four START pilot sites were identified.

Mental Health Block Grant Planning Council. NC DSS' engagement on this council began prior to this CSFP period and continued throughout this APSR reporting period. This council helps make recommendations on the State Behavioral Health Plan(s) for services and programs for children and adults with serious mental health needs and their families.

Substance Abuse and Mental Health Services (SAMHSA). During SFY24 NC DSS engaged in ongoing collaboration with the DCFW, DHB/NC Medicaid, and DMH/DD/SUS. This collaboration become more intentional in 2022 when DCFW became a new division; the work has focused on identifying service gaps and address the needs for families and resource parents involved in child welfare, public health, substance use treatment providers, mental, intellectual, and behavioral health systems. In particular, the collaboration focused on community-based services, such as high-fidelity wrap-around services, family peer support, access to timely quality assessments, and mobile crisis teams.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The WIC program in North Carolina serves low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk by providing healthy food options, promoting breastfeeding, and providing support for parents of infants and toddlers.

Division of Child Development and Early Education (DCDEE). In SFY24 NC DSS continued the ongoing coordination with DCDEE. This included DCDEE completing criminal background checks on potential foster and adoptive families. NC DSS has also supported DCDEE's Preschool Planning and Development Grants from 2019 - 2024 to strengthen the state's early childhood education system.

Medicaid Transformation. In SFY 2020-2024, North Carolina Medicaid Transformation continued. Collaborative efforts between DHB and NC DSS included developing the Child and Family Specialty Plan, planning for and finalizing the RFP for managed care organizations who choose to apply to manage the Child and Family Specialty Plan. Additional collaborative efforts included improving processes that support timely access to Medicaid for children who enter foster care, Medicaid staff engagement on the RRT, and Executive Response Team. Ongoing collaboration will continue into the new Child and Family Specialty Plan period as the state moves forward with implementing the specialty plan and plans for funding received by the legislature to develop new or increase access to new Medicaid services designed to meet the needs of the foster care population. Collaboration with the DHB/NC Medicaid began prior to 2020 and will continue through the new Child and Family Services Plan cycle.

Multi-Systems Youth. In SFY24 NC DSS collaborated with NC's Department of Public Safety (DPS), Division of Juvenile Justice (DJJ), and DPI through inter-state agency workgroups. These committees apply the system of care approach to address the needs of multisystem youth.

Trauma Informed Child Welfare. In SFY24 NC DSS began working with DHB/NC Medicaid, DMH/DD/SAS, DCFW, managed care plans, primary care management entities, county DSS agencies, Benchmarks, and persons with lived experience to develop a trauma-informed

standardized assessment and rollout plan for implementing in all counties. The assessments will be paid for my Medicaid. In addition, NC DSS will serve on a DHB/NC Medicaid workgroup to identify statewide, trauma informed, evidence-based Medicaid service options to address gaps in medical care for children who receive foster care services.

Positive Parenting Program (Triple P). In SFY 2020-2024, NC DSS collaborated with DCFW to fund and implement Triple P (Positive Parenting Program). The governance structure for Triple P consists of public private partnerships including the Duke Endowment, NC DSS, DCFW, local health departments, and UNC Frank Porter Graham. This work will continue and support the work in NC's new CSFP. Additionally, this work will continue to support North Carolina's FFPSA implementation as Triple P is included in the state's approved Title IV-E Prevention Services Plan.

North Carolina Psychiatry Access Line (NC-PAL). In SFY 2022-2024 NC DSS collaborated with DCFW to implement three child welfare pilot sites who would receive expert consultation from the Health Resources and Services Administration funded NC-PAL. This project will expand to additional counties in SFY 2025. NC PAL also provides expert consultation to NC DSS on the behavioral health needs for children and youth who are referred to the state's RRT; this work will continue throughout the current HRSA grant award cycle.

In SFY 2020-2024, NC DSS collaborated with the DCFW to ensure services and supports are available for Children with Special Healthcare Needs (CYSHCN). This population includes children and youth who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and need health-related services beyond those generally required by children.

In SFY 2020-2024, NC DSS collaborated with DPI, the Governor's Commission on Children's Justice Task Force, Child Support Services, WIC, DCDEE, DPH, and AOC. This work contributed to the implementation of North Carolina's CSFP and will remain ongoing during the new CSFP period.

Rapid Response Team/Executive Response Team. In SFY 2024 the Rapid Response Team (RRT) and Executive Response Team (ERT) continued to engage in cross-system coordination. The RRT began in December 2020 and became a legislatively mandated team in 2021. RRT team that meets daily to facilitate the resolution of immediate needs for children in DSS custody who need placement at the identified medically necessary level of care. ERT is comprised of senior DHHS leaders who meet weekly to review cases referred by the RRT and to address issues impacting the state's capacity to deliver behavioral health, intellectual disability, and substance use services needed for children and youth who are in the custody of local DSS agencies. RRT and ERT will continue to occur during the next CSFP grant cycle.

2.2.7 Foster and Adoptive Parent Licensing, Recruitment, and Retention (Items 33-36)

Foster and adoptive parent licensing, recruitment, and retention, items 33-36, are areas that need improvement in NC. NC DSS remains the licensing authority, responsible for establishing state licensure standards and statewide board rates, including the processing of applications for licensure submitted by public and private agencies.

State Standards (Item 33)

County and private provider agencies are responsible for upholding state standards in the recruitment and training of prospective foster homes and helping individual foster families complete licensure applications.

NC DSS revised its data collection methods to enhance business practices. It now collects data related to licensure applications received from county and provider agencies, including approved or denied applications. From July 2023 through February 2024, NC DSS approved 838 new license applications and received 2,962 relicense, change, transfer, and termination applications. Of the new applications received, none were denied.

The state's standard that is applied to all licensed or approved foster homes is outlined in G.S. § 131D-10.3. The standard applied to licensing child-placing and child-caring agencies is outlined in 10 NCAC 70I .0102 and 10 NCAC 70I .0204.

The process for periodic reassessment of the home is detailed in 10 NCAC 70E .0805. The reassessment is used as a tool for the biennial relicensing of the home. As of February 29, 2024, there were 1,210 renewed foster home licenses.

NC DSS utilizes a file checklist to ensure licensing standards are applied equally to all foster family homes and therapeutic homes and for the licensure of child-placing and child-caring institutions. The checklist identifies licensing requirements based on federal laws, rules, regulations, and guidelines.

NC DSS will develop a monitoring process and tool to determine if state staff are issuing and renewing family and therapeutic licenses according to state standards by December 31, 2024.

A waiver to a licensing rule or rules can only be authorized by the licensing authority as outlined in 10A NCAC 70L .0102. When requesting a waiver, the supervising agency must inform the licensing authority of an alternative method of meeting the rule requirement(s). Rules adopted for building codes, fire safety, and public health cannot be waived. When a request is received, the licensing authority has up to ten (10) days to grant or deny the waiver. Waiver requests are specific to the child.

Table 49. Licensing Waivers

2021		2022		2023	
Approved	Denied	Approved	Denied	Approved	Denied
150	5	127	7	236	4

*As of 04/30/2023

Waivers were granted for the following reasons:

- Increase capacity to accommodate a sibling group.
- Homes that were unable to meet the room arrangements.
- Provide respite services.
- HB-815: The Loving Homes Act

In October 2023, NC passed The Loving Homes Act (HB-815). This law allows families that already have 5 children in their home to become licensed as a family foster placement. The family must meet all other licensure requirements. After federal approval, HB-815 became effective January 1, 2024. NC DSS will collect data on the number of families impacted by HB-815 becoming licensed.

Session Law 2023-14 (Senate Bill 20) passed in May 2023 and took effect in November 2023. This law provides financial support for unlicensed kinship caregivers across NC. To receive the benefits, kin must be related by blood, marriage, or adoption. The family does not have to meet the licensure requirements to receive reimbursement. The reimbursement is half the standard board rate, which varies by age range.

Unlicensed kinship care payments can assist kinship families by offsetting expenses while they are caring for a kinship child in their home. These payments can assist in cost for food, school supplies, clothing, and any needed item for the child. As of February 2024, there were 1,224 unlicensed relative placements who received half the foster parent board rate.

Unlicensed kinship care reimbursement rates are as follows:

- $351.00 per child per month for children from birth through age 5.
- $371.00 per child per month for children aged 6 through 12.
- $405.00 per child per month for children at least 13 but less than 18 years of age

In reviewing the past five years, the state standards are still guided by the NC Administrative Code. In the past two fiscal years, NC DSS has continued to update its data collection. However, additional work is needed in this area. The implementation of the monitoring process and tool will determine the strengths, weaknesses, and gaps to streamline the licensing process.

Background Clearances (Item 34)

This item is an area needing improvement.

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

NC DSS continues to follow the statewide standards and requirements for criminal background checks as established by law and Administrative Code, NCGS §131D-10.3.

NC DSS still requires potential foster and adoptive parents, and individuals 18 years or older who reside in the home to consent to a criminal history check as outlined in G.S. 131D-10.3A. NC Administrative Code (10 NCAC 70E .1116) identifies the types of checks completed, the submission process, and frequency in which criminal background checks are to be conducted. NC Administrative Code (10A NCAC 70E .1114) identifies the type of criminal convictions that render an applicant or household member ineligible for licensure.

NC DSS relies on DCDEE to complete fingerprint-based checks. County DSS agencies complete Responsible Individual List (RIL) checks. As required by G.S. 7b-311, the licensing authority oversees RIL scrutiny for all private licensing agencies. Since February 29, 2024, NC DSS has completed 11,353 RIL checks.

For the 2,048 approved licensure packets (both initial and renewals), the process includes confirming that appropriate background checks have been completed. No licensure applications are approved without initially having ensured that background checks have been completed. Private agencies keep copies of the criminal background checks completed in the foster home licensing file, and report at initial licensure and re-licensure of the home that the criminal backgrounds have been completed.

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

Administrative Rule 10A NCAC 70E.1113 guides the licensing social worker of the supervising agency visits; quarterly visits with the foster family are required. The purpose of the visit is to assess compliance with the licensing requirements. Quarterly visits are necessary inspections of the child's physical living environment and an opportunity to assess the needs of the provider in caring for the safety and well-being of the child in the home.

The process for ensuring that foster care and adoptive placements remain in compliance with required criminal background clearances is through case reviews. NC DSS conducts these reviews with private child-placing and childcaring agencies. NC DSS works with one public childcaring agency and conducts reviews with that agency.

NC DSS will develop a process to conduct file reviews for public child-caring and child-placing agencies by May 31, 2024. The initial strategy is to utilize the IV-E reviews conducted by the IV-E monitoring team to determine if the public childcaring agencies are in compliance with the state standards for criminal background checks. When a child-caring or child-placing agency is not in compliance, the licensing authority can deny, suspend, or revoke a license as indicated in NCGS §131D-10.3. If the agency submits a plan of correction within ten (10) working days, denial, suspension, or revocation of a license can be avoided.

NC DSS continues to collect data on CPS reports on licensed foster homes. The following table indicates the number of initial notifications received by the state, indicating that a CPS investigation was conducted on a licensed foster home.

Table 50. CPS Reports on Licensed Foster Homes

Activities	Jan-Dec 2022	Jan-Dec 2023	Jan-Feb 2024
CPS Notifications	610	594	64
CPS Substantiation Reviewed	40	47	3
Revocation of License	8	15	1

Source: NC DSS manual tracking

A substantiation is a finding of either physical abuse, sexual abuse, or serious neglect. As required by 10A NCAC 70E .0708, the licensing authority can revoke or deny a license when an investigation of abuse or neglect finds the foster has abused or neglected a child. The revocation or denial of a licensing is based on:

- A child's circumstance.
- The nature of the non-compliance.
- A child's permanency plan.
- Circumstances of the placement.

In addition, the licensing authority may revoke or deny licensure to an applicant who has a finding that will place them on the RIL, Health Care Personnel Registry, or the NC Sex Offender and Public Protection Registry.

Since July 1, 2023, NC DSS has revoked the license of 16 foster parents due to the severe nature of the abuse or neglect. When a license is revoked, the foster parent's license must be returned to the licensing authority. Administrative code 10A NCAC 70E .0708 outlines

the state's authority and reasons to deny the license. NC DSS maintains an electronic file of current and previous foster parents. The electronic files are checked when a new or renewal licensure application is received. This is a preventative measure to ensure a license will not be issued to a potential foster parent who falls under the circumstances detailed in 10 NCAC 70E .0708.

In the past five years, NC DSS has identified data elements that need to be collected. Most of the data collection has occurred in the past two years. NC DSS needs to develop and implement comprehensive monitoring tools and processes to improve this item.

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

NC DSS supplemented the recruitment and retention efforts of the counties and private provider agencies with a statewide recruitment campaign in fall 2023.

NC continues to implement its Diligent Recruitment and Retention (DRR) plan to ensure there are enough foster and adoptive parents that reflect the ethnic and racial diversity of children and youth in the foster care system. NC DSS will request the assistance of the Capacity Building Center for States for ongoing support in the implementation of the DRR plan.

The data demonstrates that NC meets the majority of the racial/ethnic background that is representative of the population of children in foster care. As of March 28, 2024, there are 10,865 children and youth in care, of which 52% are Caucasian, 30% are Black/African American, 15% are American Indian or Alaskan Native, 2% identify as Bi-Racial/Multi-Racial, and less than 1% identify as Asian and Hawaiian or Pacific Islander. In addition, 8% identify their ethnic background as Hispanic.

The largest group in foster care (40.4%) is between 0 and 5 years of age, followed by children ages 6-12 (31.7%), and youth ages 13-17 (28%). There are 903 youth participating in the extended foster care program, Foster Care 18-21. There may be fewer adolescents in foster care than children 5 years or younger. However, adolescents are the most challenging to place. This is due to several factors, including placement providers' lack of interest in fostering older youth and concern about youth behaviors, mental health conditions, and involvement in the juvenile justice system.

In March 2024, NC DSS began collecting regional-level data regarding the racial and ethnic background of children/youth in foster care and licensed foster parents to determine if there is racial disparity. The data for each region indicates that American Indian or Alaskan Native children and youth are less likely to be placed with a foster parent of the same racial make-up. Statewide, 15% of children and youth identify as American Indian or Alaskan Native. However, 1.57% of foster parents identify as American Indian or Alaskan Native. NC DSS will develop specific strategies to improve the number of licensed foster parents for American Indian or Alaskan Native children and youth.

Table 51. Race of Foster Children by Region as of 03/31/2024

Race	Region 1		Region 2		Region 3		Region 4	
White	810	71.94%	1521	73%	1195	52%	723	38%
Black/ African American	84	7.46%	276	13%	838	36%	651	34%
American Indian or Alaskan Native	197	17.50%	266	13%	233	10%	321	17%
Bi-Racial/ Multi-Racial	16	1.42%	2	0%	3	0%	193	10%
Unable to Determine	18	1.60%	9	0%	20	1%	28	1%
Asian	1	0.09%	5	0%	11	0%	4	0%
Native Hawaiian or Other Pacific Islander	0	0.00%	1	0%	3	0%	3	0%
Grand Total	1126	100%	2079	100%	2302	100%	1923	100%

Race	Region 5		Region 6		Region 7		North Carolina	
White	455	32%	743	44%	188	57%	5635	52%
Black/ African American	708	50%	588	35%	95	29%	3240	30%
American Indian or Alaskan Native	236	17%	282	17%	48	14%	1583	15%
Bi-Racial/ Multi-Racial	1	0%	22	1%	0	0%	237	2%
Unable to Determine	14	1%	44	3%	1	0%	134	1%
Asian	5	0%	0	0%	0	0%	26	0%
Native Hawaiian or Other Pacific Islander	1	0%	4	0%	0	0%	12	0%
Grand Total	1420	100%	1683	100%	332	100%	10865	100%

Data Sources: CPPS and CWIS; The numbers include both regular and extended foster care.

Table 52. Ethnicity of Foster Care Children by Region as of 03/31/2024

Ethnicity	Region 1		Region 2		Region 3		Region 4	
Hispanic or Latino	101	8.97%	134	6%	168	7%	187	10%
Not Hispanic or Latino	1025	91.03%	1945	94%	2135	93%	1736	90%
Grand Total	1126	100%	2079	100%	2302	100%	1923	100%

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Ethnicity	Region 5		Region 6		Region 7		North Carolina	
Hispanic or Latino	136	10%	169	10%	26	8%	921	8%
Not Hispanic or Latino	1284	90%	1514	90%	306	92%	9945	92%
Grand Total	1420	100%	1683	100%	332	100%	10865	100%

Data Sources: CPPS and CWIS; The numbers include both regular and extended foster care.

The racial and ethnic breakdown of NC's 11,174 licensed foster parents on March 31, 2024, is depicted in the chart below. The largest group of foster parents identified as White/Caucasian, followed by Black/African American. Of the 11,174 licensed foster parents, 494 or 4.42% identify their ethnicity as Hispanic/Latino.

Table 53. Race of Licensed Foster Parents by Region as of 03/28/2024

Race	Region 1		Region 2		Region 3		Region 4	
White	1041	92.04%	1593	82.16%	1326	71.33%	1143	49.74%
Black/ African American	67	5.92%	337	17.38%	499	26.84%	974	42.38%
American Indian or Alaskan Native	5	0.44%	3	0.15%	0	0.00%	144	6.27%
Bi-Racial/ Multi-Racial	4	0.35%	3	0.15%	13	0.70%	18	0.78%
Unable to Determine	12	1.06%	0	0.00%	8	0.43%	7	0.30%
Asian	1	0.09%	3	0.15%	11	0.59%	8	0.35%
Native Hawaiian or Other Pacific Islander	1	0.09%	0	0.00%	2	0.11%	4	0.17%
Grand Total	1131	100%	1939	100%	1859	100%	2298	100%

Race	Region 5		Region 6		Region 7		North Carolina	
White	937	54.29%	1039	53.01%	143	56.08%	7226	64.67%
Black/ African American	746	43.22%	866	44.18%	106	41.57%	3597	32.19%
American Indian or Alaskan Native	6	0.35%	17	0.87%	0	0.00%	175	1.57%
Bi-Racial/ Multi-Racial	18	1.04%	20	1.02%	6	2.35%	82	0.73%
Unable to Determine	3	0.17%	11	0.56%	0	0.00%	41	0.37%
Asian	9	0.52%	5	0.26%	0	0.00%	37	0.33%

Native Hawaiian or Other Pacific Islander	7	0.41%	2	0.10%	0	0.00%	16	0.14%
Grand total	1726	100%	1960	100%	255	100%	11174	100%

Data Source: NCX Cloud -XPTR (FCF100 and FCF104)

Table 54. Ethnicity of Licensed Foster Parents by Region as of 03/28/2024

Ethnicity	Region 1		Region 2		Region 3		Region 4	
Non-Hispanic or Latino	1099	97.17%	1882	97.06%	1787	96.13%	2163	94.13%
Hispanic or Latino	32	2.83%	57	2.94%	72	3.87%	135	5.87%
Unable to Determine	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Grand Total	1131	100%	1939	100%	1859	100%	2298	100%

Ethnicity	Region 5		Region 6		Region 7		North Carolina	
Non-Hispanic or Latino	1099	97.17%	1882	97.06%	1787	96.13%	2163	94.13%
Hispanic or Latino	32	2.83%	57	2.94%	72	3.87%	135	5.87%
Unable to Determine	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Grand Total	1131	100%	1939	100%	1859	100%	2298	100%

Data Source: NCX Cloud -XPTR (FCF100 and FCF104)

Less than 1% of licensed foster parents identified as Bi-racial/Multi-Racial, Asian, and racial/ethnic identity could not be determined.

NC DSS started the development of the second statewide awareness campaign in July 2023 and entered into a contract with Avenir Bold. The vendor was responsible for the development and distribution of a marketing campaign to reach prospective resource families. The media campaign ran from October 1, 2023 – December 15, 2023. The theme of the campaign was "The Little Things are Huge" from the adult perspective. The campaign is reassurance that children/youth immediate wants and needs are far simpler. During the media campaign 34,300 users went to the landing page- https://www.NCDHHS.gov/fostering. The landing page provided information on kinship care and becoming a foster parent. The media campaign streamed audio and online video to drive awareness of the need for resource families. Below is the summary of views by media channel:

- Audio had 16,073 views.
- Paid social had 15,351 views.

- Online video 7,711,425 views.
- Paid search 45,438 views.

The campaign included 15 and 30-second videos on "The Little Things are Huge" to share on social media. The videos were viewed on Instagram 323 times, Facebook 13,436 times, and the streaming audio had 13,435 times. NC DSS will continue to expand its statewide awareness efforts to increase the number of foster, adoptive, and kinship placements.

NC DSS began reporting on the racial/ethnic in FY 2022. Since then, NC has been consistent in that the majority of children and foster parents are identified as Caucasian/White and Black/African American. The DRR plan will be revised to include specific strategies in increasing the number of foster parents who identify as American Indian or Alaskan Native.

Cross-Jurisdictional Resources (Item 36)

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

ICPC applies to the sending or receiving of any child and under any type of legal jurisdiction relating to the following:

- Placement of a child into foster care
- Placement of a child with parents after removal by the court or a voluntary placement
- Placement of a child in agency custody with relatives
- Placement of a child for the purposes of a private adoption

The following table is a breakdown of the types of ICPC requests received during SFY 2022-23.

Table 55. ICPC Request by Type SFY July 2022 – June 2023

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Annual Total
Adoption IV-E	9	13	75	12	5	1	13	17	13	12	15	12	197
Adoption Non-IV-E	15	27	22	13	22	4	19	17	25	16	23	24	227
Foster Family Home	57	61	49	34	39	49	45	29	48	44	53	44	552
Parent	53	35	40	31	16	21	33	32	27	33	42	44	407
Relative	83	72	71	77	53	60	65	68	98	77	63	54	841
Grand Total	217	208	257	167	135	135	175	163	211	182	196	178	2224

Source: The NC Child Welfare Information System

NC's ICPC office processed a total of 2,224 requests during SFY 2022-23. This included 197 adoption IV-E, 227 adoption non-IV-E, 552 foster family homes, 407 parent, and 841 relative requests. Relative request was the largest category (38%) followed by foster family home (25%), parent (18%), adoption non-IV E (10%), and adoption IV-E (7%).

Table 56. ICPC Request by Type SFY July 2023 – March 2024

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Totals
Adoption IV-E	9	8	8	3	11	3	12	14	11	79
Adoption Non-IV-E	14	16	27	31	18	19	30	21	18	194
Foster Family Home	51	63	46	65	30	29	49	54	64	451
Parent	32	26	33	28	21	16	28	20	26	230
Relative	60	70	58	70	55	45	67	48	54	527
Grand Total	166	183	173	197	135	112	186	157	173	1482

Source: The NC Child Welfare Information System

In comparison to the previous year, the data trend shows a decrease in the total number of ICPC requests for June 2023 – March 2024. This comparison highlights a consistent decrease in the number of ICPC requests in July, August, and September compared to the same months in 2022. November 2022 and 2023 had equal number of ICPC requests.

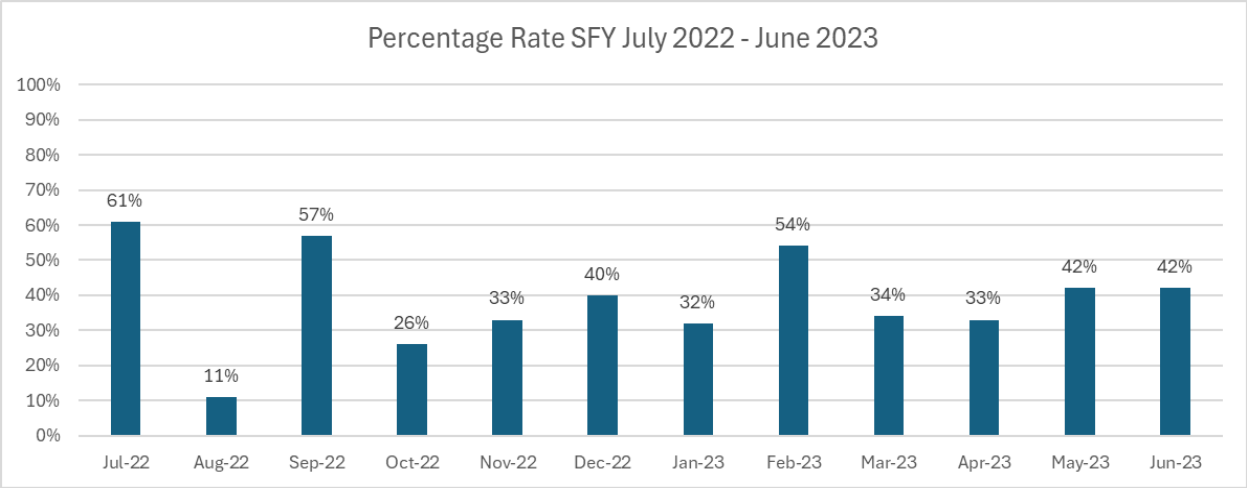
Months with a higher ICPC request processed the previous year include July, August, September, December, February, and March. Relative requests continue to remain to be the largest type of requests. NC ICPC will continue to gather data for year comparison and investigate potential reasons behind these outliners.

Pursuant to the Safe and Timely Interstate Placement of Foster Children Act of 2006 (P.L. 109-239), within 60 days after receiving a home study request, the Receiving State shall directly or by contract conduct, complete, and return a report to the Sending State on the results of the study of the home environment for purposes of assessing the safety and suitability of the child remaining in the home. If additional education and training by the placement resource is required, the report shall reference this information and must include a prospective date of completion; this home study is referred to as a "preliminary study".

Approval of the request may be conditioned in the preliminary study upon compliance by the placement resource with any education or training requirements. If such a condition is placed upon approval, a reasonable date for compliance with the education or training requirements shall be set forth in the documentation pending approval. Final approval or denial of the placement resource request shall be provided by the Receiving State's compact administrator as soon as practical, but no later than 180 days from receipt of the initial home study request.

The NC's experience with ICPC home study requests being responded to within the 60-day federal requirement is an area needing improvement. The following table indicates the percentage of preliminary home studies.

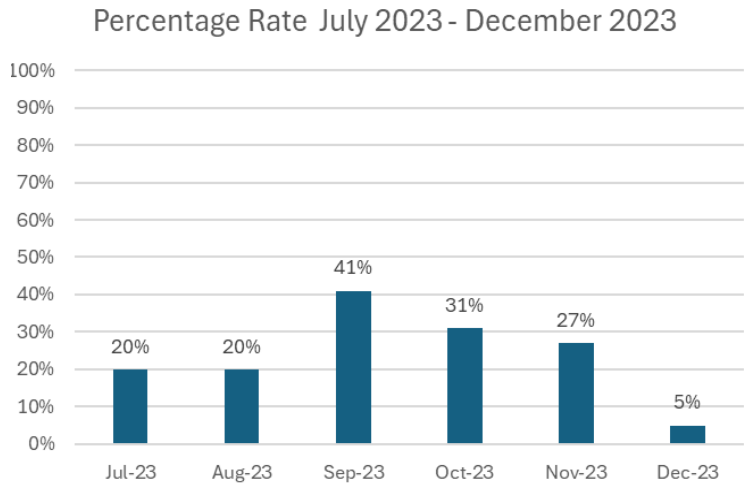
Figure 42. ICPC Preliminary Home Study Compliance



Source: Child Welfare Information System

During SFY 2023, the compliance rate for preliminary home studies completed for foster care requests fluctuated over time, showing variations from as low as 11% to as high as 61%. The percentage of foster care requests show NC met compliance at an average of 40%.

Figure 43. ICPC Preliminary Home Studies Compliance SFY July 2023 – December 2023



Source: Child Welfare Information System

ICPC compliance rate for the current SFY 2024, the average rate for compliance is 24%. The data trend indicates a decline in the compliance rate. Compliance rate was relatively high in July 2022 at 61%. The compliance rate for July 2023 decreased drastically to 20%, marking a significant decline compared to July 2022. The compliance rate for December 2023 showed a continuation of the downward trend in compliance rates over the course of the year.

The current data indicates additional support and guidance to come into compliance with the requirement. NC DSS will continue to improve on data collection to identify specific trends.

NC's ICPC office continues to instruct counties to complete and submit preliminary studies within 60 days when a complete home study requires additional education and training by the placement resource. County departments of social services cite a shortage of workers to complete the preliminary home study within the 60-day requirement.

The use of ICPC as a cross-jurisdiction resource has afforded the opportunity for successful permanency planning outcomes for children involved in an ICPC request. During SFY 2023, NC ICPC requests resulted in the following outcomes: 157 finalized adoptions, 70 cases resulted in custody to relative, 43 cases resulted in custody returned to parent and 21 cases reached age of majority.

Table 57. Permanency Outcomes for ICPC Requests for SFY 2023

	NC as Sending State	NC as Receiving State	Totals
Adoption Finalized	41	116	157
Custody to Relative	43	27	70
Custody Returned to Parent	20	23	43
Reached Age as Majority	19	2	21

Source(s): The NC Child Welfare Information System

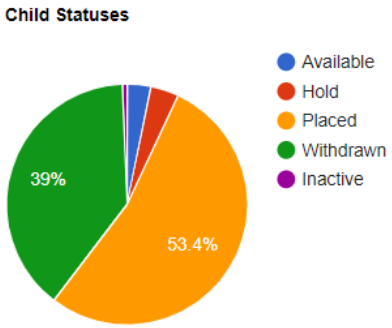
NC DSS continues to use the National Electronic Interstate Compact Enterprise (NEICE) to send and receive ICPC home study requests and supervision reports. NEICE is a national electronic system for quick and secure transmission of all documentation required by ICPC. NC DSS accepts electronic submission of ICPC requests via secured email from the states not using NEICE.

NC Kids Adoption and Foster Care Network Exchange provides technical assistance and support to county child welfare agencies and private child-placing agencies. Such support comes in the form of general, targeted, and child-specific diligent recruitment efforts. NC Kids is the state's process for cross-jurisdictional resources as outlined in NC DSS policy.

The figure below represents the children that have received services through NC Kids/ AdoptUSKids as of March 2024; it includes the level of needs data for actively registered children. A child is placed on a 'hold' status because of home studies that are either under review, a professional request, or placement is pending. A 'withdrawn' status indicates a child has aged out of care. An 'inactive' status means their registration has expired.

Figure 44. AdoptUSKids: Children Receiving Services

Children	
Available	120
Hold	142
Placed	2006
Withdrawn	1466
Inactive	23
Families	
Available	60



Report as of 03/22/2024, Source: Data https://www.adoptuskids.org/_app/org/StateDataTracker.aspx

Table 58. Needs of Youth on NC Kids/ AdoptUSKids, March 2024

Total Children on AUK: 120	Youth with No Needs Identified	Youth with Mild Needs Identified	Youth with Moderate Needs Identified	Youth with Severe Needs Identified
Physical Need	52	56	12	0
Emotional Need	9	44	54	13
Mental Need	73	18	20	9
Learning Need	37	45	25	13
Behavior Need	9	31	56	24

Report as of 03/2024 Source: NC Child Report AdoptUSKids

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

2.3.1 Revision to Goals, Objectives, and Interventions

North Carolina uses a state CQI/QA system to identify and inform revisions needed to its CFSP goals, objectives, and interventions, including through both the activities of a designated CQI Design Team and efforts to include CQI/QA within and across the additional design teams and the ULT, along with NC DSS' review of available administrative data, OSRI reviews, targeted case reviews, supplemental data, and input/feedback from partners and stakeholders. For example, the Safety Design Team provided input and feedback to the implementation of Structured Decision Making (Goal 1, Objective 2). The Safety Design Team provided input about implementation plans for the Screening and Response Intake Tool, updated intake policies and procedures, and contributed to the design and development of the CWIS Intake Module (Goal 4, Objective 4). Adjustments were made to implementation activities and timelines based on the input and feedback of the Safety Design Team. All design teams and the ULT are continually assessing CFSP implementation activities and providing feedback to progress.

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

For FFY 2024, there are no revisions to goals, objectives, and interventions for the CFSP.

2.3.2 Implementation and Program Supports

North Carolina completed its Program Improvement Plan from Round 3 of the CFSR in December 2020. There are no new updates for the Program Improvement Plan and no alignment needed with the CFSP.

North Carolina continued to receive program and technical support from Public Knowledge (PK) for coordinating connections between North Carolina's ULT and design teams, to implement the Practice Standards (Goal 1, Objective 1), for fiscal support towards optimization and alignment of funding and organizational resources, and for implementation of a cross-programs CQI Cycle (Goal 4, Objectives 1 and 2). North Carolina also anticipates needing continued technical assistance from Public Knowledge to support the CFSP goals and objectives associated with workforce development and NC DSS' redesign and implementation of its new pre-service training (Goal 3, Objective 3). PK provided technical assistance to NC DSS regarding reinstituting North Carolina's Child Welfare Education Collaborative Stipend Program (Goal 3, Objective 2). NC DSS utilized PK to revise its CAPTA Plan. PK will continue to support NC DSS with implementation of its Practice Model (Goal 1), FFPSA Plan (Goal 2), updating pre-service training with the implementation of track trainings (Goal 3), and with continued implementation for its new CQI cycle (Goal 4, Objectives 1 and 2) in FFY 2024. PK will also assist NC DSS with preparation for the upcoming Round 4 CFSR.

NC DSS continued to partner with Chapin Hall, supported by The Duke Endowment, to utilize implementation science for preliminary implementation of FFPSA-funded EBPs, in consideration of the 2019-20 statewide assessment of North Carolina's statewide service array (Goal 2). North Carolina also anticipates needing continued technical assistance from Public Knowledge and Chapin Hall towards implementation of the FFPSA prevention plan and uplifting of initial EBPs and services for this upcoming FFY.

North Carolina received technical assistance from Evident Change to support the CFSP goals and objectives associated with implementing the statewide Practice Model, revalidation, and implementation of SDM tools, and implementation of Safety Organized Practice (Goal 1, Objectives 2 and 3). Support from Evident Change will continue for FFY 2024.

NC DSS worked with Public Consulting Group to conduct its Caseload and Workload Study.

NC DSS worked with the Capacity Building Center for States to revise its Diligent Recruitment and Retention Plan (DRR). The DRR Plan includes strategies and progress measures reflective of and in alignment with North Carolina's CFSP goals, objectives, and interventions, specifically as related to the recruitment and retention of resource parents, especially including kinship care providers. NC DSS does not anticipate needing further assistance from the Capacity Building Center for States for FFY 2024 for the DRR Plan.

The seven (7) regional teams comprised of a Regional Child Welfare Consultant (RCWC) for permanency, a RCWC for safety, a RCWC for CQI/County Operations, an FFPSA coordinator, and trainers for each team is still in development. A safety manager position has been hired to oversee the 7 designated safety RCWC positions along with the existing CQI manager for the 7 CQI RCWC positions. In the next SFY, the manager for the permanency RCWC team will be hired. The FFPSA coordinator positions will be fully hired (5 of the 7 positions are currently filled).

Each team will be equipped to provide tailored training and support to the county child welfare agencies implementing strategies and interventions outlined in the CFSP within their respective regions. The training and technical assistance will be targeted to support implementation of CFSP strategies and initiatives and improved performance on outcomes by helping counties address areas of need with data and information obtained, reviewed, and utilized as part of a regional CQI model. Training and technical assistance to regions and counties will be provided on an ongoing, as needed basis.

2.3.3 Research, Evaluation, and Information Management Systems Supports for CFSP Implementation

NC DSS will continue to assess and utilize CQI and QA processes to evaluate implementation of the CFSP goals, objectives, and strategies. No research regarding CFSP implementation has been conducted or is planned currently.

Research suggests it can take from **two to four years** to operationalize strategies and interventions fully and successfully for implementation (Bierman et al., 2002[1]; Fixsen, Blase, Timbers, & Wolf, 2001[2]; Panzano & Roth, 2006[3]; Saldana et al., 2012[4]). NC DSS identified measures of progress for implementation for each CFSP goal (see Section 2.3, Update to Plan for Enacting the State's Vision and Progress Made to Improve Outcomes, for specific details for measures of progress for implementation for each goal) to track

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[1] Bierman, K.L., Coie, J.D., Dodge, K.A., Greenburg, M.T., Lochman, J.E., McMahon, R.J, & Pinderhughes, E., (2002). The implementation of the fast-track program: An example of a large-scale prevention science efficacy trial. Journal of Abnormal Child Psychology, 30(1), 1-17.

[2] Fixsen, D.L., Blase, K.A., Timbers, G.D., & Wolf, M.M. (2001). In search of program implementation: 792 replications of the Teaching-Family Model. In G. A. Bernfeld, D. P. Farrington & A. W. Leschied (Eds.), Offender rehabilitation in practice: Implementing and evaluating effective programs (149-166). London, England: Wiley.

[3] Panzano, P.C. & Roth, D. (2006). The decision to adopt evidence-based and other innovative mental health practices: Risky business? Psychiatric Services, 57, 1153-61. 10.1176/ps.2006.57.8.1153

[4] Saldana, L., Chamberlain, P., Wang, W., & Brown, C.H. (2012). Predicting Program Start-Up Using the Stages of Implementation Measure. Administration and Policy in Mental Health and Mental Health Services Research, 39, 419-425. 10.1007/s10488-011-0363-y

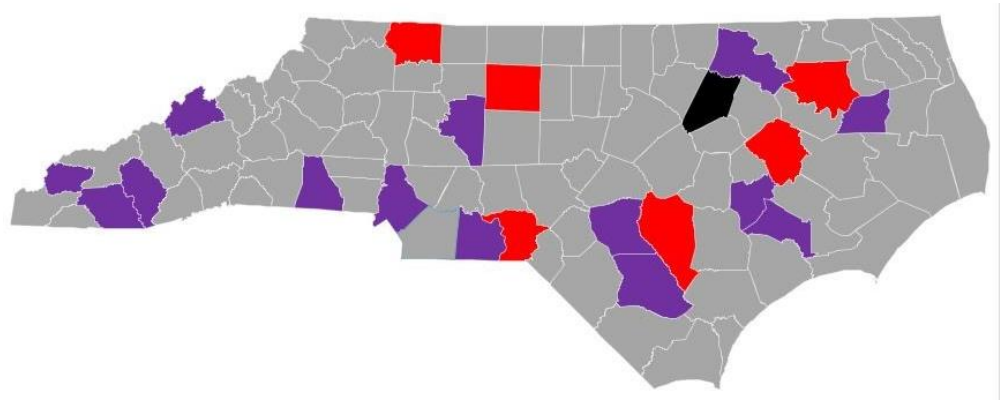
implementation progress. In addition, NC DSS has a robust evaluation plan for assessing implementation and impact of the new pre-service training program (Goal 3, Objective 3). NC DSS is working to refine and implement the CQI Plan outlined in its five-year Prevention Plan (Goal 2). The research questions included in this plan address reach, fidelity, and outcomes, and will allow NC DSS to determine whether children and families are being appropriately identified and referred to EBPs. The research questions will also allow NC to determine if there are improvements in safety, permanency, and well-being outcomes when children and families receive EBPs.

Strategies for information systems supports for Goals 1 and 4 are detailed in Section 2.3, Update to Plan for Enacting the State's Vision and Progress Made to Improve Outcomes.

2.3.4 Update on Progress Made to Improve Outcomes

North Carolina provides targeted technical assistance to counties to regions based on identified needs. North Carolina utilizes information from our QA Reviews (utilizing OSRI tool) along with on-site consultations and targeted reviews conducted by Regional Child Welfare Consultants (RCWCs) to inform decisions of where enhanced technical assistance is required. In addition to ongoing technical assistance, there are times when a county needs to have a higher level of intervention. GS 108a-74 authorizes NC DSS to evaluate a county department of social services' provision of child welfare services; it is expected that the delivery of services must be in accordance with applicable state laws, rules, and policies. NC DSS uses three levels of intervention when a county consistently performs below mandated standards: Enhanced Technical Assistance, Corrective Action, and Divesting the director of child welfare responsibilities. Once NC DSS returns responsibility for child welfare back to the director, a Transition plan is created to ensure protocols and procedures put in place while authority was divested are maintained. The map below denotes where technical assistance is currently being provided, and the level of intervention.

Figure 45. Current Intervention by County



*Red = Corrective Action Plan

Black = Transition Plan

Purple = Enhanced Technical Assistance Counties

North Carolina's CQI Plan includes quarterly regional CQI meetings held in each region to further assess both county and regional data to further inform continued areas of technical assistance and provide feedback on implementation of CFSP goals. The regional CQI meetings provide a forum for regions (and respective counties) to discuss performance on safety, permanency, and well-being and implementation strategies for all CFSP goals. Case review data is used and discussed at these meetings; the RCWCs point out trends in data and discuss implications for practice and improvement. The regional CQI meetings began in early 2023. NC is at the problem exploration phase in its CQI Cycle, not yet documenting strategies each region will take in improving safety, permanency, and well-being and implementation strategies for all CFSP goals (besides the already articulated strategies in the 2025-2029 CFSP).

The ULT and all design teams review and assess the progress of measures for each respective CFSP goal (see Section 1.3, Assessment of Agency Strengths and Needs and CFSP Goals, Objectives, Interventions, and Progress, for a detailed description). NC DSS developed a quarterly report that tracks implementation status of each CFSP goal and uses that report regularly to discuss progress and adjustments needed.

The ULT and all design teams also review QA data on a regular basis to begin assessment of impact of new interventions to outcomes. Results of QA reviews are shared locally with counties, along with an exit or debrief meeting for lessons learned and follow up CQI activities. NC DSS reviews the data at the state level to inform next steps for implementation strategies already identified and to brainstorm potential new interventions. Reports available in the OMS are sent to NC DSS staff monthly to show performance for cases reviewed that period, as well as a breakdown of in-home and foster care data. The RCWCs review available OMS reports with counties during monthly consultation meetings.

Updates on the CFSP goals, objectives, and strategies, including North Carolina's progress, are provided below.

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

Objective 1: Implement the practice standards of the NC Practice Model		
Strategies	**Timeframe**	**Progress Measure**
Strategy 1: Implement the practice standards Implementation Plan including providing training, coaching, communications, tools, and supports	Year 3	Numbers of leaders, supervisors, and frontline staff participating in training and coaching activities, number of

that will be operationalized throughout the continuum of services for families.		communications sent about the practice standards
Progress Report		**Progress Measure Update (as of May 30, 2024)**
Implementation Status: Initial implementation (end phase) Initial implementation of this objective is underway and at the end phase. For 2022-23, NC DSS completed providing all practice standards training for leaders, supervisors, and workers. Staff engaged in transfer of learning webinars (called Office Hours).		Strategy 1: Numbers of staff participating in coaching and training activities: ongoing, see table below for updates.

Progress Measures updates for implementation of the practice standards (trainings and activities completed as of 5/31/2023).

Table 59. Practice Standards Activities

Target Audience	Activity (with launch date)	Number of Participants
All Audiences	Introduction to Practice Standards E-Learning 10/1/2022	1,676 completions
	Presentations to ULT, CSC, JSCR, NCACDSS Exec Committee/Board Ongoing	Approximately 20 – 100 people
Leaders	Leaders On-Demand Webinar 5/31/2022	447 completions
	Leaders E-Learnings Trainings	
	Communicating module 3/20/23	175 completions
	Engaging module 4/17/2023	90 completions
	Assessing module 5/15/23	58 completions
	Planning module 6/12/23	Not Available

Target Audience	Activity (with launch date)	Number of Participants
	Implementation of module 7/12/23	NA
	Leaders Office Hours	
	Implementation Updates Webinar 2/01/23	Approximately 200 participants
Supervisors	Supervisors E-Learning Trainings	
	Communicating module 4/25/2022	924 completions
	Engaging module 5/31/2022	874 completions
	Assessing module 6/27/2022	882 completions
	Planning module 8/1/2022	753 completions
	Implementing module 9/1/2022	710 completions
	Five Supervisors Office Hours • 10/25/2022: Communicating • 12/7/2022: Engaging • 1/25/2023: Assessing • 3/14/2023: Planning • 4/19/2023: Implementing	Approximately 150 participants for each webinar
Workers	Workers E-Learning Trainings	
	Communicating module 10/1/2022	2,201 completions
	Engaging module 11/1/2022	2,171 completions
	Assessing module 12/1/22	2,043 completions
	Planning module 1/1/23	1,723 completions

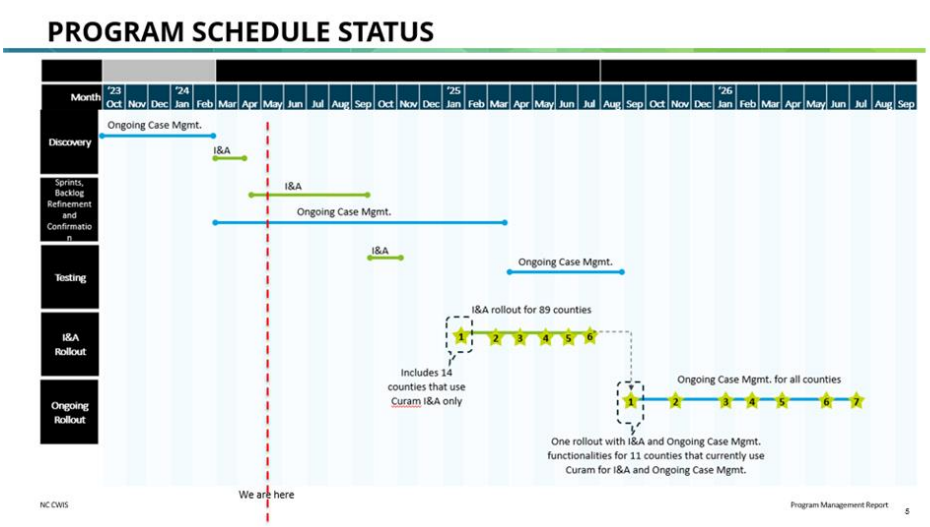
Target Audience	Activity (with launch date)	Number of Participants
	Implementing module 2/1/23	1,453 completions
	Pre-Service Training Incorporated into new curriculum in 2023	Completed
	Workers Office Hours Planned for 2024	To be determined
Change Champions	Trainings February 2023 May 2023	60 total attendees

Data Source: NCSWLearn

Objective 2: Revise and implement Structured Decision-Making (SDM) tools, policies, procedures, and practices		
Strategies	**Timeframe**	**Progress Measure**
Strategy 1: Assess and revise Intake tools, policies, procedures, and practices	Year 3	Revised Intake tools, policies, procedures, and practices
Strategy 2: Develop curriculum and train the revised Intake tool, policies, procedures, and practices	Year 3 Years 3 – 4	Number of child welfare workforce members completing training
Strategy 3: Assess, revise, and implement SDM Safety and Risk tools to be used throughout the continuum of child welfare services	Years 3 – 4 Years 4 – 5	Revised SDM Safety and Risk tools, policies, procedures, and practices were finalized in the spring 2024. Alignment

		began for use within the new CWIS under development, the training and implementation planning is underway.
Strategy 4: Develop curriculum and train the revised SDM Risk and Safety tools, policies, procedures, and practices	Years 3 – 4 Years 4 – 5	Training on the newly revised Safety and Risk tools will begin in alignment with the rollout of the Intake and Assessment modules in the new CWIS. Policy updates will align with roll out of each tool.
Progress Report		**Progress Measure Update**
<u>Implementation Status: Initial Implementation</u> "Train the Trainer" (TOT) sessions for RCWS and Workforce Development staff (at the state level) took place in July 2023. The TOT was designed to equip state staff to roll out the new Screening and Intake Response Tool to counties. The training also incorporated SOP into the training of each of the SDM tools. Additional resources from UNC and county champions were leveraged for implementation and training to build capacity for roll out. In fall 2024 NC DSS completed a contract with Deloitte for development of In-Home Services and Permanency Services in the CWIS. Also, NC DSS was informed that the Cúram software version used for Intake and Assessment would no longer be supported. Subsequently NC DSS requested from ACF that Intake and Assessment be included in the Deloitte development for a streamlined system. ACF approved and signed off on this change April 25, 2024.		An instructional manual for state staff was developed with Evident Change and distributed to all NC DSS Safety staff, RCWS and Workforce Development staff who specialized in Intake training. This information

During the interim, NC DSS has continued to partner with Evident Change on the remaining SDM tools: • The Safety and Permanency Design Teams combined and brought in expanded membership including family partners and local child welfare workforce members to hold listening sessions prior to development of the tools in December 2023 and January 2024. • Draft tools were completed and presented at a three-day listening session in February 2024. • As a result of the feedback, the following SDM tool changes occurred: o Family Strengths and Needs Assessment was revalidated. o A new tool for NC, the Child Strengths and Needs Assessment, was added. o The Risk Re-Assessment tool was eliminated after overwhelming feedback that this tool was not functional for NC users. o The Reunification Assessment was revalidated Field and Consistency testing took place in May of 2024. Two instructional Webinars, (one for Assessment and In-Home social workers, supervisors and managers and the other for Permanency Planning social workers, supervisors and managers) occurred on May 13. Participants were recruited statewide, with invitations to the February listening session attendees, and communication to the Directors' Association, NC Blueprint, and Regional Directors. Participants were asked to use the new tools with two families with an open case. Participants filled out a PDF form for each tool and then answered a survey on the utility of the tool.	will be used in the development of Intake track training. 75 NC DSS staff were trained during two, 3-day sessions in July 2023. In August and September 2023, 259 local Intake child welfare social workers and supervisors were trained during 3-day sessions provided by joint program and technology staff. Fourteen sessions were held in 7 regional sites. Further training is delayed until development of the Screening and Response tool is completed in the CWIS by

	Deloitte. This is ongoing as the development of Assessment, In-Home and Permanency in CWIS is underway. See the most current timeline in the Program Schedule Status chart below.

Objective 3: Implement Safety Organized Practice		
Strategies	**Timeframe**	**Progress Measure**
Strategy 1: Pre-implementation introduction of the SOP approach and practice skills to the child welfare workforce and stakeholder	Years 4 – 5	Number of child welfare workforce members and stakeholders completing orientation sessions
Strategy 2: Provide intensive train the trainer workshops to NC DSS Workforce Development staff and early adopters from local child welfare agencies	Years 4 – 5	Number of trainers and early adopters trained; modules, workbooks, training resources and trainer notes developed
Strategy 3: Provide foundational training on SOP practice strategies to the child welfare workforce	Years 4 – 5	Number of child welfare staff trained
Strategy 4: Provide coaching and training activities to ensure sustainability to ensure SOP is integrated into state policy and infrastructure	Year 5	Number of activities provided
Progress Report		**Progress Measure Update**
Implementation Status: Installation		The following modules have been COMPLETED:

NC DSS continued to incorporate the principles of SOP in the development of all of these tools. Work began in fall 2023 and has continued to develop e-learning modules to support the child welfare workforce in understanding how to operationalize tools and policy in working collaboratively with families. Group 3 and Group 4 module development is planned for SFY 25-26 <u>Group 3</u> - Introduction to SDM Safety Changes - Safety Plans - Identifying and Working with Networks - Introduction to SDM Risk Changes - Introduction to the CAP Framework <u>Group 4</u> - Including the Child's Voice (Safety House and Three Houses) - Introduction to SDM FSNA Changes - Behaviorally Based Family Case Plans - Introduction to Case Progress and Case Closure Guide - Introduction to SDM Reunification Changes Roll out of modules will be coordinated with the tool development into CWIS, communication about changes to the tools, webinars and training for both state and local child welfare staff.	<u>Group 1modules:</u> - What is SOP? - SDM Intake Introduction - Supervising with SDM - Provisional Harm and Worry Statement Formation at Intake <u>Group 2 Modules</u> - Using SDM to Serve Children and Families - Three Questions and Three Column Mapping - Solution Focused Questions - Harm and Worry Statements

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

Objective 1: Develop capacity to deliver Evidenced Based Practices (EBPs) to children in their homes		
Strategies	**Timeframe**	**Progress Measure**
Strategy 1: Contract for and implement one to two selected EBPs	Year 3 Years 4-5	Number of contracts in place and number of families served by EBPs
Strategy 2: Expand the Regional Support Model to provide infrastructure for	Year 3 Years 4-5	Infrastructure for the Regional Support Model in place

supporting FFPSA implementation		
Strategy 3: Continue to increase accessibility of EBPs and the number of EBPs provided statewide	Year 4-5	Number of EBPs in continuum, number of families receiving FFPSA funded EBPs
Strategy 4: Establish and utilize infrastructure (forms, processes, procedures, and other tools) in the regions and counties to create a comprehensive array of prevention services funded by FFPSA and other sources, accessible throughout each region	Year 4-5	Infrastructure in place; number of private providers with cooperative agreements with NC DSS, and rates of service utilization across regions and within each region
Progress Report		**Progress Measure Update**
Implementation Status: Installation During SFY 2024 NC DSS remained in installation status. Progress included contracting with the Institute for Family Development, contracting with three provider agencies who will service specific social services regions, continued hiring of Prevention Specialists who will support implementing FFPSA and building prevention networks at the local level, one position remains unfilled. In February 2024, NC DSS piloted the Homebuilders program in 22 counties across seven regions. NC DSS continued to develop business processes at the state level to support claiming for Title IV-E Prevention Services and policy, processes, and forms that will support local county child welfare staff in determining eligibility for Title IV-E preventions services and claiming for child welfare worker time for these candidates.		Strategy 1: RFQs, RFPs for Homebuilders completed. NC DSS completed the contracting required to implement Homebuilders, this includes contracting with the Institute for Family Development to train the model, monitor fidelity, and provide technical assistance to the state. NC DSS also completed contracting with service providers, three contracts were awarded utilizing a competitive RFA process. NC continues to develop the contracting scope of work and budget for Parents as Teachers, the contract with the intermediatory agency is expected to be released in the summer of 2024. Strategy 2: Six of seven Regional Prevention Services Specialists were hired as of April 2023. Staff in place have completed or are completing NC DSS onboarding and training. Recruitment is ongoing for the vacant position in Social Services Region Seven at this time the

	Prevention Specialist from region three will provide coverage for region seven. The Prevention Framework developed in June 2023 will be utilized to support goals in North Carolina's next five-year CFSP, including the ongoing development of the prevention services continuum infrastructure. Strategy 3: North Carolina piloted the implementation of Homebuilders in 22 counties in February 2024, services will become available in additional counties across the regions as the providers develop capacity to deliver them during the remainder of 2024 and throughout 2025. Strategy 4: Draft policies and case plans developed for In-Home Services Family and Investigative Assessments and Cross Function Policy; In-Home Family Service Agreements, Assessment Case Plans, and Candidacy Determination Forms. NC DSS continues to refine the policies and forms that will support the child welfare workforce with determining and documenting candidacy, determining eligibility for Title IV-E Prevention Services, and completing the child specific case plan. NC DSS will implement new forms and policies in 2024. In SFY24 NC DSS developed, tested, and continues to refine training for child welfare staff on the business processes they need to complete to meet federal Title IV-E Prevention Services Requirements and to make appropriate service referrals. The provider portal was not developed in SFY24. This work has been folded into the larger CWIS scope. NC's partnership with the vendor will continue throughout the remainder of SFY24 with a goal of completing CWIS by the end of 2024. In the interim, NC

	will collect data from providers manually when the provider invoicing is submitted each month.

Objective 2: Increase the capacity to provide family-based care		
Strategies	**Timeframe**	**Progress Measure**
Strategy 1: Use data to identify gaps and needs for family-based care to inform updates to the DRR Plan and for implementation of a new statewide resource family recruitment campaign	Yes 3-4	Updated DRR Plan
Progress Report		**Progress Measure Update**
Implementation Status: Installation NC DSS completed its second foster parent awareness campaign which ran from October 1, 2023-December 15, 2023. The theme for the campaign was "The Little Things are Huge." The 15- and 30-second audio and online video streamed on social media platforms such as Instagram, Facebook, and Spotify. Below is the summary of views by media channel: • Streaming Audio had 16,073 views. • Paid social had 15,351 views. • Online video 7,711,425 views. • Paid search 45,438 views. During the media campaign 34,300 users went to the landing page - https://www.NC DHHS.gov/fostering. The purpose of the landing page is to provide ongoing information on kinship care and becoming a foster or adoptive parent(s).		Strategy 1: Updated DRR Plan developed and submitted to CB on 3/31/23

Objective 3: Reduce Congregate Care		
Strategies	**Timeframe**	**Progress Measure**
Strategy 1: Shift organizational culture to enhance appreciation of family-based care	Year 3-5	Leadership messaging; organizational

		change management tools used
Strategy 2: Increase referral to and optimize use of prevention services	Year 3-5	Utilization of prevention services
Strategy 3: Establish standards of need for referral to Congregate Care facilities when necessary and when all family-based care or other options are exhausted	Year 3	Standards established
Strategy 4: Continue to explore the need for and feasibility of QRTPs	Year 3	Feasibility Assessment completed
Progress Report		**Progress Measure Update**
Implementation Status: Exploration NC DSS continues to encourage and support the shift towards a kin-first culture. In August 2023, Leadership shared the message through the Social Services Institute, Children's Services Committee as well as attending all seven CQI regional meetings. During the CQI meetings, regional annual goals were established for the counties to move towards achieving the State's five-year goals of increasing kinship placements, licensed and unlicensed. A media campaign was implemented that included targeted messaging through social media as well updates to the NC DHHS website for kinship. The website will continue to be enhanced by sharing resources and information for both kinship caregivers and the social workers who support them. A three-part training series aimed at social workers who work and support kinship caregivers, is slated to be released and available July 1, 2024. A Request for Proposals was posted to solicit a vendor to provide two Family Search and Engagement trainings throughout the seven regions. This training will begin July 2024. NC DSS continued to provide prevention services available from state and federal funding streams during the last FFY. In		Strategy 1: Leadership messaging: ongoing Strategy 2: Utilization of prevention services: ongoing FFY 23 – 4,956 individuals FFY 24 – 4,509 Strategy 3: Standards established: to be developed in 2024. Strategy 4: Placement Plus Standards to be

FFY2023 these services were provided to 4,956 persons. In FFY 2024 NC DSS these services were provided to 4,509 people representing a reduction in services by 447 persons, four of seven Prevention Services Consultants were hired in spring of 2023, these staff will support the state in making progress towards this goal. Services available via the state's Title IV-Prevention Services Plan were not available during this reporting period. In response to the placement crisis, NC DSS will utilize the behavioral health investments provided by the General Assembly to implement Placement First Plus, a congregate care model. This implementation will move NC towards the opportunity to develop QRTPs. Standards will be established to determine need for Placement First Plus services. In addition, NC DSS will implement the professional foster parent program. Professional foster parents are employed, licensed and trained in a trauma-informed approach who provide care for children/youth in foster care. Through extensive shared parenting through coaching and support to biological parents to assist in the reunification process.	established to determine service needs

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

Objective 1: Complete a caseload/workload study for all child welfare positions		
Strategies	**Timeframe**	**Progress Measure**
Strategy 1: Select a vendor who will begin a caseload and workload study that will include all county child welfare workers, supervisors, and manager positions	Year 3	Vendor is chosen (completed) and the study is initiated (June 12-July 21, 2023)
Strategy 2: Receive completed caseload/workload study from the vendor, review findings with counties and stakeholders, and agree upon changes in caseload or work structuring to be proposed	Year 4	Final report is due September 2023

Strategy 3: Develop and submit concrete proposals based on findings of the caseload/workload study	Year 5	Proposal Submitted
Progress Report		**Progress Measure Update**
Implementation Status: Public Consulting Group (PCG) was selected as the vendor to design, develop, and complete the Workload/Caseload Study. The year-long project was initiated in October 2022 and concluded in October 2023. The workload study was designed to determine if the amount of time required by existing caseloads is greater than the available time that staff have to complete the work. This study utilized two statistically valid data collection methodologies including a Random Moment of Time Survey (RMTS) and a time study of cases to measure the amount of time staff have available for casework and the amount of time required to meet policy standards for each case type. The process began with a comprehensive review of NC DSS' policies and an extract of 21 categories of case specific tasks and 9 categories of non-case specific tasks. PCG and NC DSS then engaged county stakeholders via seven in-person, regional focus groups to ensure that case type terminology was clear and accurate. Prior to the data collection phase, PCG recorded training videos to prepare caseworkers and supervisors to respond to the RMTS. The RMTS was used to measure how time is spent by a group of staff members. The participants received surveys via email, and the responses captured the type of work they were completing when they received the RMTS. The results measured the amount of time staff have available for casework and how much time is spent on non-casework activities, such as training and other administrative tasks. The time study was used to determine the average time that it takes staff to perform a particular task for a particular case type. Over a six to eight-week data collection period, staff recorded all completed activities for a sample of cases. Data was reported and collected for a total of 1,665 cases.		Strategy 1: Vendor was chosen and study completed. Strategy 2: The final report received. Strategy 3: Proposed recommendations are pending.

A total of 4,210 random moments were selected in proportion to staff type and county size. The sample was collected from June 12 to July 28, 2023. An overall response rate of 63% was achieved, 54% for caseworkers and 72% for supervisors. Time spent on case specific activities was gathered from five general case type categories: Intake, Assessment, In-Home Services, Foster Care, and Licensing. The time study captured activities completed in the average month for ongoing cases (status case), as well as activities that require decisions to be made (event case), such as Assessments and Licensing Applications. A total of 2,288 status type cases and 833 event type cases were selected and data collection took place over an eight-week period. An average of 9.5 hours of case activity was reported per case. Caseworkers spend the single greatest proportion of their time documenting their case work in the agency's case management system (14.7%). Overall, caseworkers spend 11.4% of their time in contact with families and children. A total of 4.2% of their time contact time is spent face-to-face with children and/or their parents. Supervisors spend the greatest proportion of their time engaging in case-related supervision. The final report was received in October 2023. The report was reviewed internally and brought to the ULT for feedback. Proposed recommendations are pending and will include local and statewide strategic changes. Based on the findings and goals of the workload study, the following abbreviated recommendations were developed. 1. Align child welfare caseloads with workloads to estimate the number of full-time equivalents (FTEs) needed to manage DSS caseload volume. 2. Increase the percentage of time caseworkers have available to be in contact with children and families by addressing transportation, replacing paper-based day sheets with an electronic Random Moment Time Survey (RMTS) tool, and leveraging technology and artificial intelligence to improve case documentation practices and improve overall efficiency. 3. Enhance supports and resources for staff to address worker well-being by conducting a pay study or market	

wage analysis, continue investing in and leveraging technology resources, and support the implementation of a robust wellbeing and psychological safety supportive services for state and county staff. 4. Expand the Child Welfare Education Collaborative to develop a formalized apprenticeship program, such as a Registered Apprenticeship Program, to build a sustainable workforce pipeline.	

Objective 2: Reinstitute the stipend support program into the NC Child Welfare Education Collaborative (CWEC) with NC colleges and universities		
Strategies	**Timeframe**	**Progress Measure**
Strategy 1: Develop a plan to fund stipends and determine the administration for the NC Child Welfare Education Collaborative inclusive of the stipend program.	Year 3	Completed funding plan and protocol for administering the stipend
Strategy 2: Develop foundational structures for administering the collaborative program including the application and selection process, the service commitment, and the monitoring of completion of service commitments and any required paybacks.	Year 3- 4	Collaborative Stipend Support Program Manual completed
Strategy 3: Implement the stipend support program for the NC Child Welfare Education Collaborative.	Year 5	Number of students receiving stipends enrolled in the child welfare collaborative
Progress Report		**Progress Measure Update**
<u>Implementation Status: Installation</u> NC DSS held a visioning session (January 2022) with state and county stakeholders to establish goals, identify data needs and funding sources for reimplementing a stipend program. In addition, regional meetings were held with university/college liaisons, field placement directors, county DSS directors (or designee), and NC DSS staff responsible for field placements of CWEC students at their agency and NCACDSS. These regional meetings were held		<u>Strategy 1:</u> A funding plan and protocol for administering the stipend: COMPLETED <u>Strategy 2:</u> Collaborative Stipend Support Program Manual: COMPLETED

to enhance the partnerships with all CWEC partners, including affiliated schools of social work, county DSS agencies, NCACDSS, and the UNC School of Social Work's Family and Children's Resource Program. These meetings also served as a platform to facilitate information sharing for problem solving, decision making, and relationship and culture building, and to encourage enthusiasm and improved performance, all of which are pertinent to the success of the CWEC program. NC DSS identified the following university partners to innovate (pilot) the new program: Appalachian State University (ASU), East Carolina University (ECU), and NC Agricultural and Technical State University (NCA&T). These schools were selected based on their ongoing support of the CWEC program, average student graduation rate, and physical location across the state (eastern, western, and central). The selection of NCA&T, which is a HBCU, furthers NC DSS' intentional recruitment of a diverse child welfare workforce as part of our DEIB focus. NC DSS met with the CWEC liaisons at each school and confirmed their willingness to participate in an Innovation Zone to re-establish the stipend program. ASU, ECU and NCA&T expressed their gratitude and excitement to be selected and all agreed to participate. NC DSS established an implementation team composed of statewide stakeholders from local DSS agencies, NCACDSS, CWEC university partners, CWEC graduates, and NC DSS staff. The implementation team achieved the following goals: • Supported NC DHHS/DSS in effectively reincorporating a stipend component plan into the CWEC Scholars Program. • Guided the revisions of the CWEC Scholars Program manual to establish consistent and sustainable protocols and governance structure. NC DSS finalized the draft CWEC Manual to become effective July 1, 2024, for all CWEC schools. NC DSS developed a contract scope of work and cost analysis for each pilot school. The projected cost will cover program	<u>Strategy 3:</u> The stipend support program for the NC Child Welfare Education Collaborative will be implemented by FFY 2025.

administration and tuition/fees for 23 students for one semester. For non-stipend schools, the MOA was revised to reflect the program requirements in accordance with the new manual.	

Objective 3: Implement a new approach to pre-service training for the child welfare workforce		
Strategies	**Timeframe**	**Progress Measure**
Strategy 1: Re-design NC's pre-service training to include new modalities of training (e-Learning or online training modules), instructor-led training (virtual or in-person), transfer of learning/on the job training activities, and coaching supports; a trauma-informed training lens and approach; and will include developed components of NC's revised Practice Model (as articulated in Goal 1)	Year 3	Curriculum outline
Strategy 2: Evaluate the redesigned training curriculum with the first three new employee cohorts	Years 3 - 4	Evaluation results from the innovation zone cohorts
Strategy 3: Revise and finalize NC's pre-service training, based on feedback from the pilot employee cohorts	Year 4	Evaluation results from the innovation zone cohorts
Progress Report		**Progress Measure Update**
<u>Implementation Status: Initial Implementation</u> Public Knowledge was selected as the vendor to design, develop, and implement the redesigned pre-service training for new child welfare workers. NC DSS engaged county and private agency stakeholders, as well as individuals with lived expertise in the redesign of the curriculum through focus groups, interviews, and workgroup meetings. An assessment of the current pre-service training (April 2022) which highlighted areas for improvement in the current curriculum. Once the assessment was completed, a Training Design Plan (May 2022) was completed. The redesigned curriculum was completed in November 2022. The redesigned curriculum provides new workers opportunities		<u>Strategy 1:</u> Curriculum Outline: COMPLETED <u>Strategy 2:</u> Evaluation was completed in December of 2023 <u>Strategy 3:</u>

to practice knowledge, skills, abilities, and behaviors grounded in realistic on-the-job experiences. In addition, the curriculum is provided to new workers through a trauma-informed lens and includes DEIB content as well as components of NC's practice model. A training pilot for the redesigned curriculum was implemented utilizing a regional approach in Region 6. The pilot includes three training cohorts. The first cohort began in February 2023 and was completed in April 2023. The second cohort began in May 2023 and was completed in June 2023. The third cohort occurred from July through September 2023. During each of the pilot cohorts, evaluation activities of the redesigned curriculum was completed. Information was collected from trainers, participants, and supervisors through various evaluation activities. The evaluation activities included pre- and post-tests to assess knowledge gained, satisfaction surveys, training observation, and focus groups. The evaluation report was completed in December 2023, highlighting strong fidelity in the curriculum delivery improved knowledge gain, and improved social worker and supervisor perspectives. Based on valuable feedback by the 3 initial cohorts, revisions were made in November and December of 2023 to the curriculum and statewide implementation began in January through a phased regional based approach. The redesigned curriculum will be offered statewide by June 30, 2024.	Evaluation Report completed in December 2023

Objective 4: Implement a new approach to ongoing training for the child welfare workforce		
Strategies	**Timeframe**	**Progress Measure**
Strategy 1: Evaluate ongoing training required for workers in their first two years of service for adequacy of coverage and focus on competency and skill building and develop plan for needed changes within the framework of an academy model	Year 4 Moved to Year 5	Evaluation report with recommended changes

Strategy 2: Begin revising and implementing new curricula	Year 5	Courses revised and implemented
Progress Report		**Progress Measure Update**
Implementation Status: Pre-Implementation NC DSS will begin this objective and related strategy in year 5 of the 2020-2024 CFSP. NC DSS will contract with Public Knowledge to complete a thorough Academy Model Training Assessment of the existing ongoing training curricula and will develop a plan to redesign the existing curricula into on-demand, online training modules. Creation of on-demand, online modules will provide staff with the opportunity to complete ongoing training that focuses on competency and skill-building within their first two years of service. Staff will also have the opportunity to refresh their knowledge and skills as needed through the development of on-demand, online courses.		Strategy 1: Report completed in December 2023. Strategy 2: NC is unable to accomplish this strategy during the 2020-2024 CFSP timeframe. This strategy has been deleted from the current CFSP and will be included in NC's 2025-2029 CFSP. Strategy 3: Strategies will be developed in NC DSS 7 Region Model during CQI meetings and other sections.

Objective 5: Train child welfare staff in a race equity framework as a first step to reduce disproportionality within the NC child welfare system		
Strategies	**Timeframe**	**Progress Measure**
Strategy 1: State child welfare staff will be trained on a race equity framework.	Year 3	Number of state and regional office staff completing race equity framework training.
Strategy 2: A framework will be developed to address diversity, equity, and inclusion work, data will be used to determine where disparities occur, and identify strategies to be address better outcomes.	Years 3 – 4	Report on disproportionality and disparities trends with proposed strategies. Regional state staff will share county data with regional county staff for data analyzes and proposed strategy recommendations.
Strategy 3: Training from the race equity framework will be delivered to county child welfare staff.	Year 4	Numbers of county child welfare staff receiving training.
Strategy 4: Implementation of strategies consistent with the race	Year 5	Report on trends in racial disproportionality and disparities and

equity framework to reduce disproportionalities and disparities in child welfare outcomes.		the strategies implemented. These reports will be produced by the CQI Team. Progress to be reported.
Progress Report		**Progress Measure Update**
NC DSS child welfare managers participated in (January 2024) a strategy discussion facilitated by Casey Family Programs Senior Strategy Directors on "Moving from Discussion to Doing" in our race equity work. NC DSS child welfare all staff meeting (following day) continued with developing strategies "Moving from Discussion to Doing" with all NC DSS child welfare staff, facilitated by Casey Family Programs Senior Strategy Directors.		Strategy 1: 21 state child welfare staff and 5 county child welfare staff completed the training; 75 state staff need to complete the training. Strategy 2: Report on disproportionality and disparities trends with proposed strategies. Regional state staff will share county data with regional county staff for data analyses and proposed strategy recommendations: in progress. Strategy 3: Chatham County Child Welfare Leadership Team (5) completed the training. Strategy 4: Reports on trends in racial disproportionality and disparities will be produced by the CQI Team: in progress.

Goal 4: Improve processes for Continuous Quality Improvement

Objective 1: Revise current CQI structures and processes		
Strategies	**Timeframe**	**Progress Measure**
Strategy 1: Re-assess current CQI activities conducted at the state, region, and county levels to identify and fill gaps	Year 3	Reassessment Report
Strategy 2: Revise the CQI Model (if necessary) and processes based on the outcomes and recommendations of the Reassessment Report through the development of a CQI Manual	Year 4	CQI Manual
Progress Report		**Progress Measure Update**

Implementation Status: Implementation NC DHHS revised the CQI Cycle through a Cross Program CQI Governance Team that included representatives from Child Welfare, Adult Protective Services, Child Support, and Economic Services. The Regional Child Welfare Consultants and Section Chiefs were trained in the new CQI Cycle in January and February 2023. CQI Specialists from child welfare, as well as the other sections mentioned above received additional training on the use of the CQI cycle, and how to engage others in using the CQI cycle. The CQI Design team has developed a CQI Plan with goals, objectives, and strategies for tackling key areas of performance which align with the CFSP. The CQI Plan is currently being reviewed by leadership. The main goals included in the CQI plan are: • Increase the percentage of children who achieve permanence within 12 months. • Reduce the percentage of children with repeat maltreatment through improvement in assessment of safety and risk. • Increase the percentage of children and adults who receive quality visits to improve outcomes in various areas. These goals are in draft form and will be finalized upon review by leadership and stakeholders. A CQI Manual outline has been completed, and the CQI Design team has begun development of the full manual. The CQI cycle that has been adopted across NC DHHS, is modeled in each quarterly regional CQI meeting and county staff report a better understanding of both data and CQI.	Strategy 1: Reassessment Report: COMPLETED Strategy 2: CQI Manual Outline: COMPLETED Full manual under development by the CQI Design team.

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

implementation, and the other goals reflected in this plan		
Progress Report		**Progress Measure Update**
Implementation Status: Initial Implementation The NC DSS developed a new cross-program CQI cycle that provides counties a consistent approach and model for CQI. This new cycle is being implemented by Child Welfare Services, Adult Services, Child Support, and Economic Services. To ensure consistency in practice and fidelity to the CQI cycle, state and regional staff received training introducing the cycle and discussed CQI foundational concepts. Six months later, a two-day training was provided. This included hands-on, skills-based exploration into the CQI cycle as well as how to apply it to their counties. Currently, the CQI Design team has put forth a statewide CQI plan that includes expectations and goals for the state, region and county levels. The plan includes 5 years goals, as well as 12-month milestones. The goals in the plan mentioned above align with the CFSP. Once this plan is approved, work will begin to develop parallel plans at both the regional and county levels that will include more specific data and strategies. The CQI Design Team has also completed an outline of a CQI manual and begun development of the full manual. This document will provide guidance for using the CQI model at all levels. Training for county staff in using the CQI model has been developed and will roll out soon. NC DSS facilitates regional CQI meetings on a quarterly basis. These meetings are attended by state staff, county staff, family partners, and university partners. The goals of the quarterly regional CQI meetings are: • To create regional identities and relationships • To analyze regional data, discussing root causes, and sharing possible solutions, as well as how those solutions might be implemented. • To improve consistency in practice across regions and the state.		Strategy 1: Number of completed CQI activities: CQI Design Team Meetings: • August 2023 • September 2023 • November 2023 • December 2023 • January 2024 • February 2024 • March 2024 Regional CQI Meetings (7 regional meetings): • August 2023, 241 participants • October/November 2023, 203 participants • January/February 2024, 196 participants • May/June 2024 Joint Planning Meeting, CQI Focus Group: • March 2024 Strategy 2: • Development of FFPSA CQI processes: to be determined

After attending the regional CQI meetings, participants report: • A better understanding of data quality and how counties can contribute data clean up. • Taking a deeper dive into the root causes of data errors (changed practices, i.e., assigning data entry to different employees) • Using targeted reviews on cases to better understand root causes to develop better solutions. • Finding the opportunity to share ideas and solutions among counties to be productive. Each CQI meeting follows a pattern that models the 4-step CQI cycle. Meetings begin with the "Monitor" step of the CQI cycle, in which counties are asked to report what actions they have taken to address root causes identified in previous meetings. This allows counties to share ideas and learn from each other. Next, a subject matter expert discusses a topic, ensuring that all parties understand the policy, the expectations, and the data surrounding the topic. Then counties have a chance to study and analyze shared data. Counties are also asked to share and discuss local, aggregated data. Following the data discussion, small groups are formed to discuss root causes. There is a report out to the larger group, with attention paid to trends. Small groups are brought back together to brainstorm and consider possible solutions. Those solutions are shared with the larger group and implementation steps are discussed. It is at this stage that the group also considers both impact and feasibility of different solutions. Care is taken to gather information about how NC DSS can support counties in these solutions. North Carolina's 100 counties are in different stages of understanding and implementing CQI. These meetings provide an opportunity for them to learn from each other and build connections that assist in cross-county work. Counties are provided relevant data 2-3 weeks before the regional CQI meetings to have time to review. This data provides a springboard to discuss possible root causes;	

share solutions that have worked; and develop new solutions. The discussion then moves to implementation steps that the counties might take to begin making improvements, as well as discussing how the NC DSS can support this work.	

Objective 3: Improve access to quality data		
Strategies	**Timeframe**	**Progress Measure**
Strategy 1: Determine what regular data reports are available to leadership (by updating the Data Report list) and a CQI process for regular review, analysis, and interpretation of data (see Objective 2)	Years 3	Data Report list
Strategy 2: Develop data guides for new and current staff	Years 3 – 5	Data guides that align with the North Carolina Child Welfare Information System
Strategy 3: Develop and implement a quality assurance case review checklist inclusive of OSRI and NC's review checklist	Years 3 – 4	Implementation of the case review checklist
Progress Report		**Progress Measure Update**
Implementation Status: Installation A plan was implemented between the RCW Specialists and the performance management team to continue to address data quality issues. The performance management team generates error reports based on needed data for AFCARS and NCANDS reports. The errors that involve county data input are shared with the RCW Specialists who then partner with county staff to correct the errors. This has led to fewer errors being reported. Consistent, quarterly reports are created from the OMS, the NC Child Services Data Warehouse (CSDW), and from the Data Profile generated by the Children's Bureau. Data		Strategy 1: Data Report List: In progress Strategy 2: Data guides that align with the CWIS. The data guides were delayed as they are a part of the scope of work for NC's new CWIS. See more in objective 4 below.

presentations are shared with the Executive Leadership Team, the ULT, and the NCACDSS Children's Services Committee. NC still struggles to minimize data quality issues for the AFCARS and NCANDS reports. It was discovered there were coding inconsistencies that led to multiple errors, especially in the AFCARS report. A plan is in place to better identify and correct those errors for future reporting. NC DSS submitted the CFSR Round 4 State Led Review Plan, Sampling Plan on June 30, 2023. Following feedback from the Children's Bureau, NC submitted an updated sampling plan on September 5, 2023. NC received notification of approval to conduct a State-Led review for the upcoming CFSR. This sampling plan will be NC DSS' case review plan moving forward. In 2024, the CQI Design Team developed CQI Plan that will clearly outline how the OSRI and State Monitoring Checklist will be used to inform adherence to policy and practice in NC. This plan is pending approval from NC executive leadership.	Strategy 3: A case review plan developed: COMPLETED

Objective 4: Continue to develop a statewide child welfare information system		
Strategies	**Timeframe With Updates**	**Progress Measure**
Strategy 1: Use the State-County Governance Committee (CWSGC), the Child Welfare Practice and Technology Committee (CWP&T), and the Child Welfare Leadership Team (CWLT) for developing the information system plan	Years 3 - 4	Implementation System Plan developed
Strategy 2: Develop an Actionable Blueprint that defines the capacities of the child welfare information system, aligned with business priorities, and driven by child welfare program and model of practice	Years 3 - 5	Actionable Blueprint developed

Strategy 3: Develop and release an RFP to augment (bring in new technologies) to improve the statewide child welfare information system	Year 3 Year 4	RFP released
Strategy 4: Select a vendor	Year 3 Year 5	Vendor identified
Strategy 5: Full deployment of the statewide child welfare information system	Year 5 Next CFSP Cycle	NC staff are consistently using the information system for documentation and decision support
Progress Report		**Progress Measure Update**
In 2022, NC DHHS released a request for proposal for new technology and services to support the development, configuration, and deployment of CWIS modules and interfaces. On September 27, 2023, NC DHHS announced that Deloitte Consulting had been selected as the vendor to accomplish the goal of bringing forth the full array of technology and services needed to implement a statewide CWIS that is user-friendly, supports child welfare decision-making, and aligns with NC's unified model of practice. A kickoff meeting was held on October 11, 2023, that was attended by representatives from several departments within NC DHHS, county DSS directors, and Deloitte. An initial road map was presented, discussed, and suggested changes were made based on participants' feedback. The initial phase of the development of the ongoing modules for NC's CWIS is the Discovery Phase. The purpose of Discovery is to hear from front line social workers and supervisors/managers who will be using CWIS, to describe and validate what features and capabilities should be prioritized to allow them to complete their work effectively and efficiently. Discovery and development of CWIS has been divided into six modules: 1. Case Management- FSA Module- Plan (both In-Home and Permanency Planning FSA/Case Plans), 2. Case Management In-Home Services, 3. Case Management- Permanency		Strategy 1: Implementation System Plan: COMPLETED and in use Strategy 2: Actionable Blueprint Plan via the Integrated Work Plan: COMPLETED Strategy 3: RFP released: COMPLETED Strategy 4: Vendor identified: Completed Strategy 5: NC staff are consistently using the information system for documentation

Planning, 4. Visualization Dashboards (Intake through Permanency Planning), 5. Common Person Registration 6. Ongoing Case Management- Living Arrangements/Placement Financials. These sessions took place between November 2023 and February 2024. Each Discovery session included NC DSS, Human Services Business and Information and Analytics (HSBIA) team, and county staff. Two county staff per region were selected by region and subject area. State staff were selected based on the subject area. Each session allowed for up to 8 state staff and 14 county staff. In addition, NC DSS, HSBIA, and Deloitte partnered together to determine the level of anticipation and angst that county staff may be experiencing and solicited their input on what else would need to be put in place to ensure a smooth transition to the new system. One task was to conduct on site visits in counties. The goal was to shadow workers and supervisors during their workday to see how the work flows as well as hear from staff what barriers exist to effectively documenting their work as well as expectations they would have for a new system. Four counties were visited that are utilizing the current CWIS, a county that has its own system, and counties that are still utilizing paper. In addition, the partnership has created a baseline readiness survey that was sent out to directors, supervisors, and frontline staff seeking input on staff readiness, needs and expectations, and perceived barriers. The survey closed on March 28, 2023. Deloitte, NC DSS, and HSBIA are in the process of analyzing next steps pursuant to the results. In the last APSR, NC reported that an updated Intake module would roll out in the fall 2023. It was originally planned to roll out first to the counties using the current CWIS. This rollout was delayed twice due to continued discovery of defects in the platform. In January 2024 NC DSS made the decision to amend the contract with Deloitte to include the development of CPS Intake and CPS Assessments. This would	and decision support: ongoing

ensure that all data collection would take place on one platform instead of two, making data more accessible. To date, Deloitte has presented three demonstrations of current development work. The feedback has been positive. The roadmap plans for the first group of counties to begin using the new CPS Intake and CPS Assessment modules in January 2025. This first group will include the 14 counties using the current CWIS as well as one large county, Forsyth. The rest of the counties will be followed by regions. It is planned to begin the rollout of the ongoing modules in August of 2025. There continues to be a strong relationship between NC DHHS and county DSS leaders as part of the CWSGC which continued to meet regularly during SFY 2023-24. The purpose of the CWSGC is to bring state and county leaders together in partnership to recommend how best to invest dollars and resources into achieving a statewide child welfare information system that aligns with the adopted vision and guiding principles. The CWSGC continues to play a significant role providing valuable strategic input and feedback on NC DHHS' practice model efforts and how technology can best support those efforts. For example, In SFY 2022-23, the primary focus was on the new CPS Intake system. In FY 2023-24, the primary focus has been the onboarding of Deloitte and the beginning stages of the contract to build the future CWIS.	

3 Quality Assurance System

NC DSS is refining its CQI system as stated in the CFSP Strategic Goal 4, Objectives 1 and 2. NC DSS continues to modify and update its CQI approach. NC DSS has identified a 4-step CQI cycle that will be used across programs including Child Welfare, Economic and Family Services (Food and Nutrition Services and Work First), Child Support and Aging and Adult Services. Training on the application of the cycle was provided for CQI staff in all the above programs; this training included an introduction to the adopted CQI cycle, an opportunity to learn about the various data sources in each section, and training on engaging with county staff around data and how to have difficult conversations. This training was offered

on multiple dates in a variety of locations for field-based staff to be able to participate. Child Welfare will continue to participate in this cross-program CQI work as North Carolina moves to a regional model.

Foundational Administrative Structure

NC DSS continues to build up its CQI structure. A Statewide CQI Lead was hired in July 2022. The person in this role leads the CQI Design Team; that team has been instrumental in planning the regional CQI meetings. The CQI Design Team developed a draft statewide CQI plan which is currently under review. The CQI plan includes three 5-year goals, each of which includes annual milestones, data, objectives, and strategies. The format of this plan will also be used by counties as NC DSS continues to implement CQI on all levels. Currently the CQI Design team is drafting a CQI manual that will lay out what is expected on the county, regional, and state level.

Along with leading the CQI Design team's work on the CQI plan and protocol, the Statewide CQI Lead has also begun facilitating quarterly regional CQI meetings. Regional CQI meetings allow NC DSS to share data and encourage county staff to analyze root causes, and plan for solutions, while further training county staff on the CQI cycle. Regional CQI meetings are formatted to demonstrate the use of the CQI cycle. Each begins with a look back to close the CQI loop and check on the strategies that have been implemented and analyze on the efficacy of those solutions, as well as utilizing data at each stage of the cycle. Counties in NC are at different places in their understanding and use of CQI and data; feedback from the meetings show that counties have a better understanding of data, where it comes from, and how it is calculated. Since Oct. 2022, NC DSS has facilitated regional CQI meetings on a quarterly basis. These meetings are attended by state staff, county staff, family partners, and university partners. In the past year, 28 regional CQI meetings have been held representing up to 99 counties with a total of 990 participants. While the regional CQI meetings model the entire CQI cycle, currently the focus is on helping counties to identify root cause by going deeper into the whys behind the data. The 28 meetings explored topics such as placement stability, quarterly visits, kin-first culture, and domestic violence.

Case Record Review Data and Process

As mentioned in Section 2.2.3 (Quality Assurance System, Item 25), NC implemented a CQI process that included full record reviews regionally that began in October 2021. North Carolina has reconsidered its plan for sampling cases for OSRI reviews going forward, after fully appreciating that the regional plan was inconsistent with the goal of assessing statewide performance both because it would take 18 months under the plan to include all regions in reviews and because the approach would result in some counties and regions being over- or under-sampled in proportion to their share of the state's child welfare

cases. North Carolina implemented a new approach to sampling cases for review that will assess statewide performance.

North Carolina implemented its statewide sampling approach on October 1, 2022. This will give the state the time it needs to fine tune the parameters for the statewide random sampling of cases and to inform counties of the cases that have been selected for review.

The approved case sampling plan includes:

- Using a statewide randomized process to identify 65 cases for review.
- The duration of review periods in North Carolina will be six months.
- The sampling frame will include all North Carolina foster care cases meeting the Adoption and Foster Care Analysis and Reporting System (AFCARS) inclusion criteria that are open during the sampling period.
- The sampling frame will also include all North Carolina in-home services cases that are open for 45 consecutive days during the sampling period in addition to foster care cases that include trial home visit living arrangements that are active for 45 consecutive days during the PUR.

NC DSS continues to use the federal OSRI to collect information on all CFSR items (using the OMS). NC DSS uses the OMS to generate reports that are reviewed regularly by program manager and others to track progress in each of the seven outcome areas, to inform practice enhancements, address barriers, and inform the level of technical assistance needed.

Currently NC DSS QA staff participate in monthly Secondary Oversight calls with CB staff. CB conducts Secondary Oversight on all cases completed by NC DSS QA Reviewers to demonstrate consistency in applying the OSRI at this time.

In December 2022 all NC DSS QA Reviewers, including the team manager, completed the CFSR Round 4 OSRI modules, which is a series of short videos about areas of the review instrument. In February/March 2023 all NC DSS QA Reviewers and the team manager completed a foster care mock Case (Round 3) using the Round 4 OSRI which was observed by ACF/CB staff. The objective of the training was to practice applying the new OSRI with fidelity and align with ACF/CB processes. The outcome was to demonstrate consistency in applying the OSRI and allows reviewers the opportunity to do peer-to-peer training.

In March 2023, JBS provided an overview of the Round 4 OMS to all NC QA Reviewers and the State CQI Lead. The objective was to provide a demonstration of how to enter a case and an overview of the E-Learning Academy and data reporting functionality.

Analysis and Dissemination of Quality Data

NC continues to have a barrier in its administrative structure with the lack of a statewide comprehensive child welfare information system. The challenges of not having a

comprehensive child welfare information system make the collection, analyzation, and dissemination of quality data resource intensive and difficult. The work on this is described in Systemic Factor 1 (Item 19) and Strategic Goal 4, Objectives 3 and 4.

Despite the barrier of not having a statewide comprehensive child welfare information system, NC has access to and disseminates child welfare data. The Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina is a partnership between the UNC-CH School of Social Work and NC DHHS/DSS. Human services professionals (and the public) can access data for all counties in North Carolina in the areas of Child Welfare, Work First, and Food & Nutrition Services at any time via the website here. Data is provided on demographics of children, placement information, CFSR Round 3 data indicators, abuse and neglect data, and children in foster care. There are reports available on the website that include quarterly trends regarding the impact of COVID. Data is pulled from NC FAST and all legacy systems into one place for access.

The Rylan's Law Data Dashboards are available for state and county staff to use. Data included in the dashboard are monthly face to face visits made by social workers including initial 7-day placements and monthly foster care placements by county, region, and statewide.

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

North Carolina continues to identify strengths and opportunities for improvement of the service delivery system through QA record reviews, by pulling reports from the OMS and digging deeper into the qualitative information from the record reviews.

NC DSS is maximizing the use of its field-based staff as subject matter experts in each region. There will be one each for Safety, Permanence, and CQI. Staff will continue to be trained and receive coaching on how to analyze data as a part of CQI processes during the cross-programs CQI project.

In addition, NC DSS began a new process for sharing and analyzing data with internal and external leadership. In October 2022, a review was conducted of the most recent data profile provided by the CB. Supporting data from OMS and internal reports were shared in a root cause discussion as to what is driving this data. One area the group focused on was placement stability. One root cause identified is lack of understanding from county staff who enter the placement data into the Legacy system. NC DSS updated living arrangement codes and definitions for children in foster care in November 2022. These updates were done in conjunction with the release of a state-funded unlicensed kinship program to better track children placed with relative and non-relative kin. Additional living arrangement options were made available to ensure data reports could reflect all the

various living arrangements NC's children in foster care experience. This process gives NC DSS the ability to improve data quality and determine progress on goals such as ensuring more children have access to placements with kin.

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

The structure established with NC's 2020-2024 CFSP provides multiple feedback loops for NC DSS, stakeholders, families, youth, and decision makers. Qualitative and quantitative data are shared with the design teams and the ULT to make data-driven decisions. Recommendations from the design teams in response to data are made to program Section Chiefs and the ULT. Subsequent solutions are proposed and funneled through the ULT and potentially other design teams for feedback before implementation. NC DSS will continue to revise the feedback loop structures as a part of the CQI process during the cross-programs CQI project. See additional detail regarding feedback loops in Section 1, Collaboration.

4 Updates on the Service Descriptions

4.1 Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

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

Family Support Network of North Carolina

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

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

The FSN services meet the goal by providing education, training, and support services to all families caring for children with special needs. They also include information and referral, training workshops, parent-to-parent matches, social activities, intensive one-to-one

support, support groups, community collaboration and by helping children remain at home or return home when safe and appropriate. Family Support Network:

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

The data for the type of FSN services provided and the number of families and individuals served for SFY 2022-23 and the first half of SFY 2023-24 (*QTR1 & QTR2 only*) are captured in the table below:

Table 60. FSN Services Provided

Service	SFY 2022 – 2023	SFY 2023 – 2024 (QTR1 & QTR2 only)
Information and Referral	2,894 families	1,699 families
Training Workshops	1,573 individuals (1,028 parents & 545 service providers)	362 parents
Parent-to-Parent Matches	64 parents	18 parents
Social activities for families	2,397 parents & children	1,607 parents & children
Intensive one-to-one support	1,353 families	833 families
Support groups and SibShops™	75 parents & children	538 parents & children
Community Collaboration	2,629 agency referrals	1,414 agency referrals
TOTAL (without collaboration)	8,321 family members	5,057 family members

Source: Final and Mid-Year Quarterly Reports

In FFY 2024-25, FSN expects to serve 4,175 children with special needs and their parents in 2,160 families throughout NC with the services listed above. The service activities provided by FSN will not change and there are no additions in services or program design for FY 2025. They will continue to include information and referral, training workshops, parent-to-parent matches, social activities, intensive one-to-one support, support groups, and community collaboration.

The outcome data for the FSN training workshops, parent-to-parent matches, support groups, and SibShops provided for SFY 2022-23 has been overwhelmingly positive, with all outcome data exceeding the 85% benchmark of participant endorsement. For instance, 99%

of training participants said that they learned new information and would use this information to care for their child. Parents participating in parent-to-parent matches gave the highest rating to indicate that their peer partner understood their situation and provided good ideas for caring for their children, making it easier for them to care for and advocate for their child. In terms of support groups, 89% of participants said that they learned about resources and services in their community to help their child, 86% reported that they can turn to other people in the support group for help, and 85% said they felt more confident caring for their child.

In SFY 2024-25, FSN will continue to collect demographic information for families and children served to include the special needs and/or developmental needs of the children and how the needs are addressed and report this information in their quarterly reports to NC DSS.

Between 2020 and 2024, the number of children with special needs and their parents and siblings served by FSN increased 62% from 5,145 to 8,321. This increase is due to greater funding provided by NC DSS that allowed for the expansion of FSN services in SFY 2022 to focus on Wake, Durham, and Chatham Counties. Serving this densely populated area that includes Raleigh, Durham, and Chapel Hill increased the number of individuals served.

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

Child Welfare Rapid Response Team Consultants

The NC DHHS Rapid Response Team (RRT) is a cross-divisional team that meets on demand as requested by local DSS agencies to review and discuss child-specific incidents where children in DSS custody are housed in DSS offices or boarded in hospitals ready for discharge with no identified placement. DSS has included Child Welfare Rapid Response Consultant positions in its cost allocation plan under IV-B-1. These positions are not currently filled but may be in FFY 2024 if state funding becomes available. If filled, these consultants would represent DSS on the RRT and support facilitation of meetings and follow-up activities to support appropriate placement as needed.

4.2 Services for Children Adopted from Other Countries

Post-Adoption Support Services (PASS) providers continued outreach efforts in SFY 2024 to connect with families who adopted children from other countries through efforts including marketing on social media and agency websites, contacting adoption attorneys and Guardians ad Litem, and sending program information to private adoption agencies statewide. They will continue to include information and referral, training workshops, parent-to-parent matches, social activities, intensive one-to-one support, support groups, and community collaboration.

There are four (4) Post-Adoption Support Services providers that provide statewide coverage for the regions in the state: Catawba County Social Services (CCSS), Children's Home Society of NC (CHS), Children's Hope Alliance (CHA) and the Center for Child and Family Health (CCFH). CHA, CCSS, and CHS did not report serving any children adopted from other countries during this reporting period. The CCFH reported serving 49 children adopted from other countries between July 2023 and March 2024.

Table 61. Services for Adopted Children

Country	Number of Children	Service Provided
China	2	Assessment (1), Parent Education (1)
Columbia	3	Consultation (2), Parent Education (1)
Democratic Republic of the Congo	1	Parent Education
Ethiopia	2	Parent Education
Haiti	1	Parent Education
India	4	Therapy (1), Consultation (1), LEAF Group (1), Parent Education (1)
Korea	1	Parent Education
Moldova	1	Consultation
North Ireland	1	Parent Education
Philippines	1	Parent Education
Ukraine	1	Consultation
Uganda	1	Assessment
Vietnam	3	LEAF Group (1), Consultation (1), Parent Education (1)
Country of Origin Unknown	27	Parent Education

Source: Duke Center for Child and Family Health, received April 5, 2024.

Services to this population will continue to be provided by the current PASS providers through SFY 2023-24 until services transition to the Success Coach model. NC DSS is contracting with Catawba County DSS to provide the statewide replication of Success Coach. Success Coach replication sites will provide support and technical assistance to families in providing a stable and safe environment for their children post permanency. As Success Coach is implemented consistently statewide, NC DSS expects an increase in the number of youth and families served. This effort is directed toward improving placement stability across the state. The Success Coach implementation plan is expected to be finalized by the end of 2024.

4.3 Services for Children Under the Age of Five

Activities to Reduce Length of Time in Care

North Carolina is implementing a Safe Babies Court Team (SBCT) model with local multidisciplinary teams in five (5) sites across the state beginning in 2024. This implementation plan is in collaboration with the NC Administrative Office of Courts. AOC hired a state-level SBCT team to include a state director, state coordinator, and data coordinator to support implementation. AOC also hired two local Community Coordinators, one to support the local site in New Hanover County and another to support Yancey and Mitchell counties. Additional Community Coordinators are being hired to support additional pilot sites in Durham and Brunswick counties. Implementation planning efforts thus far have included meetings with Zero to Three to develop case mapping, development of statewide eligibility criteria, and development of local county eligibility criteria.

NC DSS utilizes Title IV-B, subpart 2 reunification funds, which can be found in Section 4.5. In SFY 2023- 24, the NC DSS Foster Care Coordinator provided technical assistance to county agencies on the proper utilization of this funding source and instruction on the development of the Reunification Services Plans with a specific focus on use with special populations, such as families with children under the age of 5, targeting increased visitation with parents and siblings in family-like settings, utilizing funding for services supporting substance use needs which is often a reason for removal for younger children, and increasing parental capacity through visitation coaching programs.

While the Foster Care Coordinator provides assistance in the planning on the use of the funding source, the NC DSS monitoring team reviews the utilization of the funding. A summary of current SFY findings is displayed in the following table:

Table 62. Reunification Funding Utilization Compliance Monitoring SFY 23-24

Counties Monitored	Cases Reviewed	Summary of Findings
20*	81	84% of cases were non error 16% of cases were in error and followed the corrective plan of action protocol in the NC DSS Monitoring Plan. Counties are notified of the ineligible use of the funds, and these funds were reverted. -In general, ineligible uses were associated with (a) utilization not permissible for funding purposes and (b) case plan primary and secondary goals were not identified as reunification.

*Data retrieved from NC DSS Monitoring Team 4-5-2024 and is for period July 1, 2023-March 31, 2024.

The reunification program remained consistent in planning and monitoring over the course of the 5-year cycle in this reporting period, with minimal changes.

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

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

To address the developmental needs of all vulnerable children under five years of age, including those served in-home or in a community-based setting, NC DSS served families with children under 5 years of age through several community-based prevention programs and the FSN in SFY 2023- 2024. NC DSS continues to fund the following six (6) programs that served our youngest children:

- Attachment and Biobehavioral Catch-up (ABC) was offered in both English and Spanish in Chatham, Durham, and Orange counties.
- Parent Child Interaction Therapy (PCIT) is an evidence-based treatment model for caregivers with children ages 2 to 12 years, which helps to improve parent-child relationships, teach caregivers about child development, and equip the caregivers to calmly manage misbehaviors through coached interactions. PCIT was offered in both English and Spanish in Durham County.
- Incredible Years Pre-School BASIC Parent Program, an evidence-based parent training program, is implemented with parents of children ages 3-6 years who are experiencing difficulties with child behavior management, parent/child interactions, and parent/child communication. Thirteen (13) agencies offered Incredible Years Pre-School to families in 23 North Carolina counties.
- Parents as Teacher (PAT) was offered in Ashe, Catawba, Durham, Guilford, Lee, New Hanover, and Randolph counties to serve parents of children prenatal to five years old. PAT helps parents build skills in developmental parenting and addresses family system needs including building connections to other community resources. Home visiting services are supplemented with monthly Group Connections meetings.
- Circle of Parents groups were available in Buncombe, Randolph, and Transylvania counties for parents with children ages birth through 5 years. These groups were offered in English and Spanish. This model enhances families' strengths by allowing caregivers to increase their social support network, learn problem-solving skills, and develop new ways to cope with stress.
- Triple P, Level 4 Standard, helps parents build strong, healthy relationships and confidently manage their children's behavior. It was provided in Alamance,

Anson, Cabarrus, Davidson, Durham, Forsyth, Mecklenburg, Richmond, Stanley, and Union counties.

These services are considered primary and secondary prevention services. The goal of these services is to prevent an initial incidence of child abuse and neglect as well as the family's involvement in child protective services. They are not designed to prevent children's placement in foster care or reduce the amount of time children under the age of five are in foster care without a permanent family. Prevention services geared toward our youngest children and their families are critical because statistically children under the age of 5 are the most vulnerable age group to experience child abuse and neglect. NC DSS will continue to fund the above programs in the same counties in SFY 2024-25 and there are no current programmatic changes to report.

Community Response Program

NC DSS funded four (4) to eight (8) county child welfare agencies to provide voluntary community response programming (CRP) for 11 years from July 1, 2012, through June 30, 2023. The CRPs served families, with children age birth to 5 years of age who have been reported to local departments of social services, child protective services (CPS), closed with a decision of services recommended, closed with a decision of no services needed, or closed with an unsubstantiated finding after an initial assessment. The goal of CRP services was to strengthen and stabilize participating families to prevent future reports of child abuse and neglect and the family's involvement in child protective services.

Family Support Network

The Family Support Network (FSN) is described in greater detail in Section 4, Update on the Service Descriptions, and the section on Section 4.7, Populations of Greatest Risk of Maltreatment. All the FSN Affiliates serve families with children from birth to 5 years of age statewide. Several programs have a Neonatal Intensive Care Unit (NICU) presence in hospitals, where an FSN Family Support Specialist offers one on one support, peer groups and activities for families with an infant in the NICU. FSN also works closely with the Children's Developmental Services Agencies (CDSA) that support families with children under the age of 3 years, with developmental disabilities or delays, as well as with the Department of Public Instruction's Preschool Exceptional Children's (EC) Program, which services children ages of 4 and 5 years. FSN services are available to all families to support those whose children who do not qualify for Early Intervention (EI) or EC services, and to meet the goals of preventing child maltreatment, preventing entry into foster care, and reducing the amount of time in foster care.

4.4 Efforts to Track and Prevent Child Maltreatment Deaths

NC DSS has continued to work closely with the North Carolina Office of the Medical Examiner to obtain information and to aid in the identification of maltreatment deaths. NC DSS also has an MOU for data matching with Vital Statistics to ensure the identification of maltreatment deaths. NC DSS has begun work on developing a replacement database project for Child Welfare Fatalities and Near Fatalities. The goal of this project is to deliver a new Child Welfare Fatalities system that will allow efficient record entry, record revision, and retrieval of data for recurring and ad-hoc reporting.

The new system will eventually become part of the larger Child Welfare Information System. It will be delivered in two (2) phases, a Minimum Viable Product (MVP) phase and an Enhancement Phase. The MVP will deliver a functional system that will at least provide the same amount of functionality as the existing system, with improvements to the system's design, user interface, improved data storage and security. This application is required to capture and retain data needed to complete NC DSS child fatality reviews and evaluate the efficiency of review processes. It will also capture and retain data required to meet state and federal NCANDS reporting requirements. The system has a projected completion date of July 2024.

The new database will significantly enhance the amount of data we can collect thereby enhancing our ability to analyze factors that might aid in preventing maltreatment deaths.

Session Law 2023-134 repeals the statute in administrative code connected to the review of maltreatment fatalities by NC DSS effective January 2025 and establishes an office in Public Health to conduct reviews at the local level. The new legislation addresses recommendations made by the North Carolina Child Fatality Task Force with the goal of strengthening the Child Fatality Prevention System. The legislation establishes a new State Office of Child Fatality Prevention at the NC DHHS/Division of Public Health and consolidates previous Community Child Protection Team functions with Child Fatality Prevention Team functions into one local team required to review the following categories of deaths: undetermined, unintentional injury, violence, motor vehicle, child abuse or neglect/CPS involvement, sudden and unexpected infant deaths, suicide, deaths not expected in next six months, and a subset of additional infant deaths that do not fall within these categories. The State Office staff's primary role is to provide training, tools, resources and technical assistance to help the new local review teams. The State Office is also charged with developing a state plan to prevent child fatalities based on findings and recommendations and will also provide some data tracking and analysis. Review of fatalities related to child maltreatment and/or if there was Child Welfare Involvement have specific procedures outlined in the legislation and these changes are intended to take place

on January 1, 2025. There are cross-departmental work groups working on elements of the implementation of this statute.

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

Family Preservation

Using IV-B-2 and state family preservation funds, NC DSS provided Intensive Family Preservation Services (IFPS) to 838 families deemed high risk by the Family Risk Assessment in SFY 2023. The overall goals of these services are to prevent unnecessary out-of-home placements, prevent recurring incidences of child maltreatment, and strengthen family functioning. During the first half of SFY 2024, IFPS agencies served 425 families across North Carolina through a combination of IV-B-2, FFPSA transition funds, and state funding. In sum, NC DSS provided IFPS services to 1,263 families between July 1, 2022, and December 31, 2023. Data for IFPS runs one year behind because NC DSS must wait one year to know outcomes for the families concerning foster care placement and repeat maltreatment within six months and 12 months after the last date of service.

During the SFY 2022-23 CFSP, NC DSS achieved the following average outcomes through the IFPS provision:

- 99% of participating families' children were not in foster care at case closure.
- 99% of participating families had improved functioning at case closure.
- 93% of participating families demonstrated some improvement in protective factors at case closure.
- 85% of participating families' children were not in foster care at 6 months after closure.
- 87% of participating families did not have repeat maltreatment at 6 months after closure.
- 87% of participating families' children were not in foster care at 12 months after closure.
- 89% of participating families did not have repeat maltreatment at 12 months after closure.

After the COVID-19 Pandemic, there was a significant increase in the identified needs for the families that included more issues related to substance misuse, homelessness, mental health concerns, and domestic violence. In SFY 2023 and SFY 2024, NC DSS continued monthly team conference calls with IFPS grantees to provide more regular support and quarterly face to face meetings when possible. These peer support meetings will continue in SFY 2025.

In SFY 2024, NC DSS will extend the IFPS contracts through December 31, 2024, while the agency implements Homebuilders services under the Family First Prevention Services Act. Implementing Homebuilders with model fidelity has required start up activities before direct services can be provided to families, including provider selection, contract development, staff hiring, training, and shadowing. During this transition to Homebuilders, NC DSS plans to continue IFPS services to minimize disruption to family preservation services.

In addition to outputs, IFPS outcomes decreased slightly during this five-year period as services switched back from virtual to home visits in SFY 2022. After the COVID-19 pandemic, there was a significant increase in the identified needs for families involved in child protective services that included more serious issues related to substance misuse, homelessness, mental health concerns, and domestic violence. The decrease in the number of families without repeat maltreatment at 6 months and the decrease in the number of children not in foster care at 6 and 12 months reflects the impact of the challenges of serving families with higher acuity of needs identified post pandemic.

In FFY 2024, NC DSS anticipates spending at least 20% of IVB-2 funding on family preservation services.

Family Support/Prevention

As the Community-Based Child Abuse Prevention (CBCAP) lead agency, NC DSS has used a combination of federal CBCAP and IV-B-2 funding to support evidenced-based and evidenced-informed parenting education and support programs. The tables below list the number of parents/caregivers, children and families served through the Community Based Prevention Family Support programs during SFY23 and the first two quarters of SFY24.

Evidence-Based Parenting Programs

In SFY 2023-24, NC DSS awarded grants to 31 community-based agencies to offer parent education, parent support, and home visiting to prevent child abuse and increase protective factors (North Carolina uses a SFY for services). These agencies implemented one or more of the following evidence-based or evidence-informed programs:

- Attachment and Biobehavioral Catch-up (ABC)
- Circle of Parents (Circle)
- Incredible Years Pre-School BASIC Parent Program for parents of children 3-6
- Incredible Years School-Age BASIC Parent Program for parents of children 6-12
- Parent Child Interaction Therapy (PCIT)
- Parents as Teachers (PAT)

- Strengthening Families Program (SFP) for parents of children 6-11
- Stewards of Children- Darkness to Light Child Sexual Abuse Prevention Training
- Triple P, Level 4 Standard and/or Level 4 Group

It should be noted that in SFY24, NC DSS funded 30 Community Based Prevention Family Support agencies to provide one or more of the programs listed above and will continue to fund the same Community Based Prevention Family Support agencies in SFY25. Awarded agencies are a combination of non-profit and local government agencies. When selecting Family Support contractors NC DSS made sure there would be programs in each of the seven (7) DSS regions. It should be noted that even though there are Family Support programs in each region, the programs are not available in all 100 counties, due to limited funding. NC DSS is working to improve alignment of community-based family support services with NC's Prevention Framework, Family First Prevention Services, and NC Family Resource Network.

The tables below list the number of parents/caregivers, children and families served through the Community Based Prevention Family Support programs during SFY23 and the first two quarters of SFY24, as well as participant demographics by age, race and gender for SFY23. Participant demographics are not yet available for SFY24.

Table 63. Parents/Caregivers and Children Served

Evidence-Based Parenting Programs	Parents or Caregivers Served	Children Served	Total Served	# of Families Served
July 1, 2022 – June 30, 2023 (12 months)	1,188	1,684	2,872	999
July 1, 2023 – Dec 31, 2023 (6 months)	649	935	1,584	569
TOTAL SERVED – Between July 1, 2022, and December 31, 2023 (18 months)	1,837	2,619	4,456	1,568

July 1, 2022 – June 3, 2023: Family Support Final Quarterly Reports (total of 31 of 31 agencies reporting)
July 1, 2023 – December 31, 2023: Family Support Mid-Year Quarterly Reports (total of 30 agencies of 30 reporting)

Table 64. Participant Demographics by Age

Age Groups	Number	Percent
0 – 5	468	16.3%
6 – 12	399	13.9%
13 – 18	121	4.2%
19 – 29	362	12.6%
30 – 39	876	30.5%
40 – 49	376	13.1%
50-59	126	4.4%

60+	144	5%
TOTAL	2,872	100%

July 1, 2022 – June 30, 2023: Family Support Database (total of 31 agencies reporting)

Table 65. Participant Demographics by Race

Race	Number	Percent
African American	735	25.6%
Asian American	32	1.1%
European American (Caucasian)	1,222	42.5%
Hispanic	612	21.3%
Native American	58	2%
Other	213	7.4%
TOTAL	2,872	100%

July 1, 2022 – June 30, 2023: Family Support Database (total of 31 agencies reporting)

Table 66. Participant Demographics by Gender

Gender	Number	Percent
Female	2,010	70%
Male	862	30%
TOTAL	2,872	100%

July 1, 2022 – June 30, 2023: Family Support Database (total of 31 agencies reporting)

The table above demonstrates that NC DSS collects basic identifying information on individuals and families served by the Community Based Prevention Family Support programs.

All Community-Based Family Support programs are required to provide outreach, parent engagement and leadership opportunities, participate in implementation support to ensure model fidelity and engage in qualitative and quantitative evaluation methods, as well as intentionally promote protective factors. Opportunities for parent engagement and leadership is offered to program participants in numerous ways, such as: helping to recruit families and acting as mentors to new parent participants, being trained as program facilitators, participating on agency advisory committees and boards (including DEI committees, Childcare Resource and Referral Committees, Health Equity Committees, etc.) and participating in a required Peer Review process as a continuous quality improvement activity. The Peer Review process started in January 2024 and will conclude in September 2024.

With collaborative support from other public and private funders, NC DSS has a long history of contracting with Positive Childhood Alliance North Carolina (PCANC) (formerly Prevent Child Abuse North Carolina) to provide program implementation support to Family Support agencies who offer the Incredible Years, Strengthening Families Program, Circle of Parents and most recently Triple P Level 4 (Standard and Group) programs. The overarching goal of PCANC implementation support is to increase the knowledge, skills and capacity of parenting program coordinators and facilitators to help programs achieve their outcomes and adhere to model fidelity in a manner that positively affects parenting strategies and enhances protective factors for families residing in North Carolina.

Evaluation Results

During SFY 2023, PCANC administered an annual capacity assessment survey to 51 agencies delivering Circle of Parents, the Strengthening Families Program, the Incredible Years Pre-School and/or School aged Basic program and/or the Positive Parenting Level 4 Group/Standard program. The survey is comprised of 49 items measuring the following 7 indices: Staff Selection, Participant Recruitment, Participant Retention, Fidelity Assessment, Facilitator Support, Facilitative Administration and Systems Intervention. The average score from the 38/51 agencies (75%) who completed the Capacity Assessment was 1.68 out of a possible 2.0 or 84%. This indicates that program staff feel that they have the effective structures and drivers in place to support program implementation with model fidelity. (Data Source: PCANC FY22-23 Capacity Assessment Results)

Client Satisfaction

To measure client satisfaction, NC DSS used the Strengths Based Practices Inventory (SBPI), which focuses on the protective factors and resiliency with a trauma informed approach. The instrument measures four program areas, including cultural competency, empowering approach, supportive relationships, and staff sensitivity, using multiple questions for each area that are measured on a 7-point Likert scale with higher ratings indicating more positive reviews. The collective results for 1,087 participants in 69 Circle of Parents, Incredible Years, Strengthening Families, and Triple programs for the four program areas are listed in the table below:

Table 67. Program Areas for Client Satisfaction

Scale	N	Mean
Cultural Competency	1,087	6.01
Empowerment Approach	1,087	6.39
Relationship Supportive	1,087	6.45
Staff Sensitivity	1,087	6.50

Data Source: Family Support FY 2022-23 North Carolina Outcomes Evaluation

Overall, parents and caregivers who participated in family support programs funded by NC DSS expressed high satisfaction with their experience.

Protective Factors

In SFY2022-23, NC DSS contracted with PCANC to partner with external contractors to provide evaluation support for The Incredible Years (IY), Strengthening Families Program (SFP) and Circle of Parents programs in North Carolina. Program effectiveness was determined using validated surveys.

Survey Results:

The surveys measured program impact and effectiveness. Five key programmatic outcomes (positive parenting, family functioning and resiliency, social support, nurturing attachment, and concrete support) were measured using validated surveys that were completed by caregivers at the end of programs. Gains were noted in all five key program outcomes. Notably, most agencies reported gains in all measures; however, small agency sample sizes reduced the likelihood of detecting statistical significance. Program specific results for SFY2022-23 are listed below:

- IY: During SFY 2022-23, 18 program sites completed approximately 27 IY Preschool or School Age series. A total of 429 sets of matched pre/post-test evaluations were analyzed and showed an overall positive impact on parenting skills and protective factors. Most agencies reported statistically significant gains in family functioning and resiliency (94%), and some agencies reported statistically significant gains in positive parenting (83%), social support (78%), and nurturing attachment (83%), while few reported statistically significant gains in concrete support (72%).
- Circle of Parents: During SFY 2022-23, 27 program sites facilitated Circle of Parents groups and a total of 368 surveys were returned and reviewed. In 2022-23, most agencies reported statistically significant gains in concrete supports (93%) and nurturing attachment (93%), while some reported statistically significant gains in family functioning/resilience (78%) and social support (89%).
- SFP: During FY 2022-23, four (4) program sites completed approximately seven (7) SFP series. A total of 77 sets of matched pre/post-test evaluations were analyzed and showed an overall positive impact on parenting skills and protective factors. The 2022-23 SFP results show that programming remained effective with all (100%) sites reporting statistically significant gains in positive parenting, family functioning and resiliency, social support, nurturing attachment, and concrete support.

During the CFSP period of 2020 to 2024, the number of children and parents served by Family Support Services decreased due to the COVID-19 Pandemic and fewer agencies receiving funding awards during the SFY 2022-2024 grant cycle. Before the pandemic,

most of the parenting education programs offered by NC DSS grantees provided childcare. As programs shifted from in person groups to virtual service delivery, they did not provide childcare and the numbers of children served decreased by 46% from 3,401 in SFY 2020 to 1,847 in SFY 2021. In addition, the number of Family Support grantees was 35 agencies in SFY 2020 and 2021, 32 in SFY 2022, 31 in SFY 2023, and 30 in SFY 2024. This has resulted in fewer children and caregivers/parents being served.

Respite Programs – Funded by NC Children's Trust Fund Revenues

In SFY 2022-23, NC DSS contracted with eight (8) agencies to provide Respite Services. The agencies served 333 parents/caregivers and 474 children across North Carolina with respite services. In the first half of SFY 2023-24 NC DSS served 201 parents/caregivers and 325 children across North Carolina with respite services. In sum, NC DSS provided respite services for 534 parents/caregivers and 799 children for a total of 1,333 between July 1, 2022, and December 31, 2023. In SFY 2024, DSS continued to facilitate bi-monthly team conference calls with Respite contractors to provide more regular support.

NC DSS requires respite grantees to use the Protective Factors Survey to measure improvements. In SFY 2023, the average improvement in specific protective factors of the eight (8) agencies was:

Table 68. Average Protective Factor Improvement

Improvement in Family Functioning	Improvement in Social Emotional Support	Improvement in Concrete Support
79%	71%	75%

Data source: Protective Factor Survey SFY 2023

Scores collected from a participant Satisfaction Survey showed that overall satisfaction of the service in SFY 2022 was 99%. The surveys are collected annually so data for July 1, 2023 – December 31, 2023, is not available.

In SFY 2024, NC DSS will fund the same eight (8) community-based agencies to provide respite services during the third year of the grant cycle. NC DSS will continue to facilitate bi-monthly team conference calls with Respite grantees to provide ongoing peer support.

During the CFSP period of 2020 to 2024, the number of children and parents served by Respite Services fluctuated due to a variety reasons, including the COVID-19 pandemic, inconsistent output reporting of kinship support group attendees, and a decrease in the number of respite programs selected during the latest grant cycle. Respite agencies reported that they were challenged by the decrease in respite referrals during the COVID-19 pandemic. Parents expressed concerns about housing their children in congregate care settings and increasing their risk of contracting COVID-19. One agency reported respite participation inconsistently, sometime counting duplicated participants at each event,

instead of the number of unique individuals participating during the year. This artificially inflated outputs in SFY 2021. NC DSS clarified how the agency should report unduplicated participants consistently. In 2022, NC DSS released a Request for Application (RFA) for Respite Services and eight (8) programs were selected. This was a decrease from the previous 10 programs. The agency that was not selected had provided a lot of respite through center-based and voucher-based services, resulting in a decrease in the numbers served with respite care.

Positive Parenting Program (Triple P)

During SFY 2024, North Carolina braided federal, state, and private funding from NC DSS, DPH/DCFW, The Duke Endowment, and the Rex Endowment to invest in the training, implementation support, and evaluation of the Triple P system of interventions statewide. The Triple P Partnership in Strategy and Governance also includes Triple P America, PCANC, and the Impact Center at UNC Frank Porter Graham Child Development Institute. NC pursued the following overarching goals with Triple P:

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

This work increased the evidence-based services available to North Carolina children and their families and strengthened the implementation support available to Triple P practitioners. In SFY 2025, NC DSS will continue to use state funds to provide implementation support provided by NC DCFW, UNC, PCANC, and the 10 local implementing agencies. NC DSS will ensure the current Triple P system aligns with and supports the Family First Prevention Services Act (FFPSA).

Community Response Program

In SFY 2023, NC DSS awarded five county social service agencies $100,000 each to continue their Community Response Program (CRP) for a sixth and final year using Promoting Safe and Stable Families funding. The CRP program supported collaborative, community-based initiatives to provide outreach, support, and services to strengthen

protective factors for families at-risk of additional child maltreatment reports. CRP sites were required to:

- Target families with children ages birth to five years old,
- 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,
- Provide and/or make referrals to a service or program that demonstrates an acceptable level of evidence-based or evidence informed practice, and
- Measure outcomes from the Strengthening Families Framework, Protective Factor Survey.

Community Response Programs (CRP) services were intended to fill a gap in the continuum of child maltreatment prevention programming by reaching out to families who have been reported to county 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. These voluntary, free services included case management, home visiting, developmental screening, and evidence-based programming, financial planning assistance, and flex funds to assist families in meeting concrete needs. Specific evidence-based programs implemented by individual CRPs include Attachment and Biobehavioral Catch-up (ABC), Circle of Parents, Early Head Start, Incredible Years, Parent Child Interaction Therapy, Parents as Teachers, Partners for a Healthy Baby, SafeCare, Strengthening Families, and Triple P.

In 2022-23, CRP agencies offered case management, support groups, therapy, parenting classes and home visits both in-person and through virtual platforms. NC DSS funded five county child welfare agencies to provide CRP services in Catawba, Durham, Henderson, Rutherford, and Wilson counties. Since the program was entering its final year, Alamance, Orange, and Wake County Departments of Social Services opted not to continue providing services. During this period, CRP sites served 136 children and 85 parents/ caregivers in approximately 71 families.

During the CFSP period of 2020 to 2024, the number of children and parents served decreased during the COVID-19 pandemic due to a decreased number of referrals from county child welfare agencies. Parents were concerned about the increased health risks of participating in voluntary home visiting services during the pandemic. After an initial increase in the numbers of individuals served with CRP post pandemic, the numbers decreased when NC DSS decided to discontinue this program in July 2023. NC DSS notified county agencies that the program would end 18 months in advance. During this time, only

5 of the 8 CRP sites decided to continue providing services through the end date. This decreased the number of individuals served in SFY 2023 by 73% from SFY 2020. No CRP services were provided in SFY 2024.

Community Based Child Abuse Prevention (CBCAP) ARPA Funds

In November 2021, the Governor's ARPA Plan, called *A Shared Recovery for a Stronger NC: Governor Cooper's American Rescue Plan Budget*, was ratified as part of Senate Bill 105. This enabled NC DSS to start funding specific systemic, community, and family-level activities in SFY 2023. This plan combines CBCAP funds with other ARPA funds to protect children's safety and promote healthy development. Supporting parents to create safe, stable, nurturing relationships and environments is critical to preventing child abuse and neglect. NC DHHS used an extensive process to engage state division, community-based agencies, and Family Partners in developing this plan. Including consultation with the Child Welfare Family Advisory Council, PCANC, the Prevention Workgroup, and other NC DHHS Divisions.

During SFY 2023, NC DSS used CBCAP ARPA funds to support activities in the following three categories:

1. Protective Factors and Adverse Childhood Experiences (ACEs)
2. Primary Prevention and Public Awareness
3. Emergency Relief Fund for Families

The chart below shows how much CBCAP ARPA money NC DSS spent on concrete support for families and primary prevention by expenditure in 2022-23.

Table 69. CBCAP ARPA Expenditure

Primary Prevention & Protective Factors	Amount Spent
Prevent Child Abuse NC	$511,360
Emergency Relief / Concrete Support Type	**Amount Spent**
Baby	$61,727
Housing	$47,823
Utilities	$87,647
Transportation/Gas	$35,726
Groceries	$42,831
Education	$35,726
Other	$47,823
Total Concrete Support	$359,303
Total	$870,663

Source: SFY 2023 American Rescue Plan Act (ARPA) Monthly Expense Reports.

Primary Prevention and Public Awareness

NC DSS used CBCAP ARPA funds to plan and implement primary prevention and public awareness activities that promoted protective factors, raised awareness of ACEs, and supported positive, healthy relationships between children and their parents/caregivers. In 2022-23, NC DSS partnered with PCANC to:

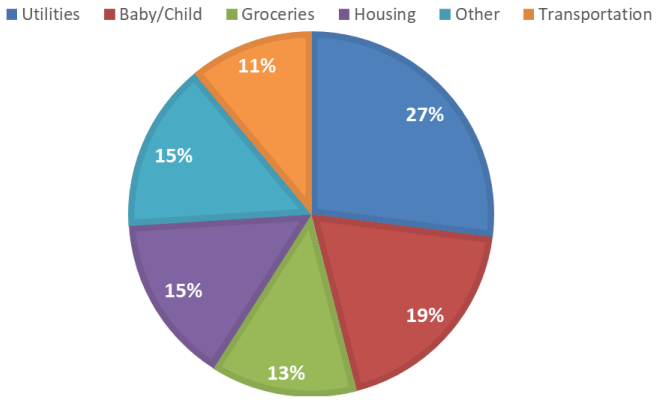
- Develop a multidisciplinary NC Family Resource Center Network with 30 agency members.
- Sponsor trainings on the *Standards of Quality for Family Strengthening and Support* for 28 individuals, *Connections Matter* training for 74 faith and community members, and *Bringing Protective Factors to Life in Your Work – Training of Trainers* for 44 participants.
- Develop a literature review, training curriculum, and outreach materials on Adverse Childhood Experiences (ACEs)
- Host the 2023 Learning and Leadership Summit to provide training and technical assistance to 326 participants on preventing child maltreatment and nurturing positive childhoods.

Emergency Relief Fund for Families

The CBCAP ARPA Supplemental funds also allowed Family Support and Respite contractors to address families individual concrete needs. Research shows that when families have their concrete needs met, the risk of abuse and neglect decreases, which in turn helps to keep children safely in their homes with their families. NC DSS encumbered $11,500 to 29 Family Support Programs and $5,000 for 8 Respite Programs to provide concrete support and emergency relief to approximately 2,950 children and 1,968 adults in 1,615 families to help meet their immediate needs. Seventy-four (74) of the total number of families were considered homeless. A total amount of $323,292 CBCAP ARPA funds were spent on direct emergency relief for families in SFY 2023.

NC DSS' Family Support and Respite Programs were creative in providing a variety of concrete supports for families during times of need, including diapers, food, school supplies and uniforms, cribs, medication, bus passes, phone, heating, minor repairs, and rent. The following table and pie chart shows the percentage of funds spent per category.

Figure 46. Family Support and Respite ARPA Concrete Supports



For program integrity and consistency across the Community Prevention Family Support and Respite agencies, NC DSS created and provided a Request for Assistance form and a monthly agency reporting tool for ARPA Concrete Support. The application was provided in both English and Spanish. The reporting tool ensured anonymity for families served, while allowing agencies to collect individual family demographics, including the number of individuals living in the home, gender, race, ethnicity, and age of all children, and type of concrete support provided from this funding. The demographic data was analyzed to ensure greater equity in determining who received services and which groups might require more outreach. The charts below reflect this data for 2022-23.

Figure 47. Concrete Supports by Age Group

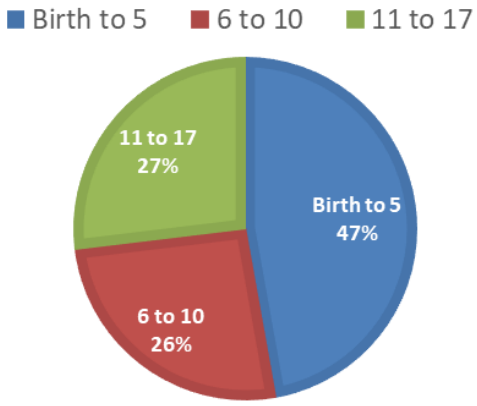


Figure 48. Concrete Supports by Child Gender

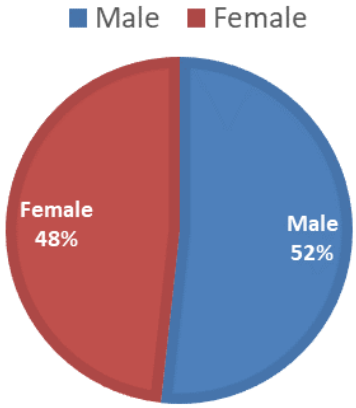
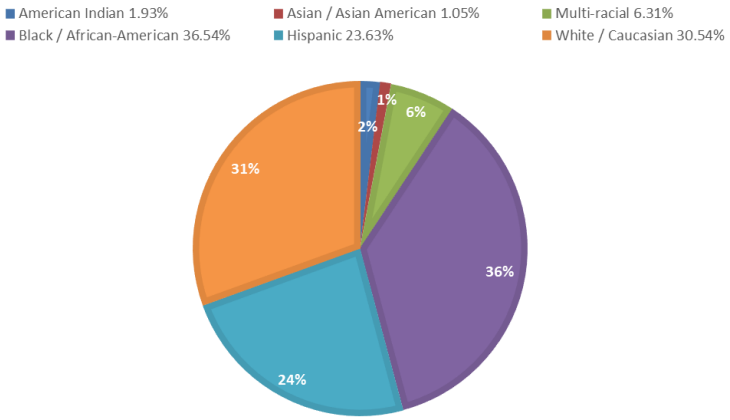


Figure 49. Concrete Support by Race



CBCAP ARPA's Impact on Families:

The following stories are just a few examples provided by Family Support and Respite contractors that illustrate how ARPA concrete support made a positive difference in the

lives of families during stressful times. When families are less stressed, then the risk of abuse and neglect decreases.

- "A single dad in need of school clothing for his children. He stated that his children were being bullied in school due to the clothes they had. In his words "Thank you for helping me with getting my sons school clothes, I do not know what I would have done." Going shopping with this father was an experience that would never be forgotten as it was priceless to witnesses the excitement and humbleness of his spirit." (Alamance County)
- "We received a referral from one of our community agencies of a pre-natal mom that had her mom pass away and left her to care for her 17-year-old special needs brother. Mom needed help to pay her house payment while she was out on maternity leave and could not work during that time. These funds helped her with the mortgage and not have to worry so much during this time until she could get back to work."
- "One family we were able to help with childcare was trying to do the tricky dance of starting a job and enrolling her child in childcare at the same time while not yet having the money to pay the early childhood education center. We spoke with the center director, and she agreed to let the parent start and allow our agency to pay the first two weeks...This was a brand-new first-time mom and it allowed her to have a smoother start in her career while caring for her baby."

Reunification Services

The funding formula includes for reunification services is (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 are expected to provide 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 recently moved back to the home on a trial basis). Technical assistance calls were provided by NC DSS to county agencies in June 2023 to assist counties in the use and implementation of Title IV-B-2 reunification funds.

In SFY 2023, NC DSS utilized reunification reporting tools for counties to submit annually. One report captured the services provided during a fiscal year and the other report projected the upcoming year reunification services plan. The data has been used to determine what reunification services are being provided in counties. During the SFY 2022-

23, 96 county child welfare agencies completed spending reports and projected plans and 88 county child welfare agencies utilized the funds.

For SFY 2022-23, $1,734,000 was allocated to 88 counties, with counties reporting primarily using funds to support the facilitation of and access to and visitation of children with parents and siblings, transportation to IV-B II eligible services, and mental health services such as therapy and psychological evaluations. For SFY 2023-24 as of July 1, 2023, through February 28, 2024, of the $1,954,130 allocated funds, 85 counties have thus spent 64% of available funds.

Adoption Promotion and Post Adoption Support Services

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

Adoption Promotion Program

There have been no changes to the Adoption Promotion Program this year. NC DSS continues to use TANF and State funds, supplemented with IVB-1 funds, to incentivize the completion of adoptions among county child welfare agencies and contracted private child-placing agencies. Adoption Promotion Program services continue to be offered statewide by all one hundred (100) county child welfare agencies and fourteen (14) contracted private licensed child-placing agencies.

Table 70. County Child Welfare Agency Adoption Data

SFY	# Counties Receiving Funding	Total Paid to County Child Welfare Agencies	Total NC Adoptions from Foster Care
2021-2022	51	$2,834,767	1379
2022-2023	68	$4,871,430	1333
2023-2024	34	*Not Yet Calculated	803

*Counties provide DHHS the number completed adoptions quarterly.

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

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

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

Table 71. Contracted Private Agencies Adoption Data

SFY	Total Paid to Contracted Private Agencies	Total Partner Adoptions	Percent of Total Statewide Adoptions
2021-2022	$3,091,000	295	24%
2022-2023	$2,230,050	314	24%
2023-2024	*$1,048,249	*158	Not yet calculated

*Year-end calculations have not yet been completed for SFY 2023-24. The data provided is based on contract amounts for 14 contracted private agencies between June 1, 2023, through March 12, 2024.

North Carolina will be posting a Request for Proposal (RFP) in SFY 2024 to select vendors for the program starting in January 2025.

Over the last five years, APP has remained stable program with no changes.

North Carolina continues to offer Guardianship Assistance for ages 14-17, and younger siblings are included when applicable. Youth ages 16-17 who meet specific criteria are able to receive benefits until age 21. NC DSS will continue outreach to counties to bring more awareness and education regarding the Kinship Guardianship Assistance Program. These efforts will include training on the licensing process and Kinship Guardian Assistance Program (KinGAP) resources and technical assistance to counties as needed.

North Carolina continues to provide Permanency Innovation Initiative (PII) through Children's Home Society. PII works to ensure a permanent home for every child by providing child-specific recruitment services. Additional data for this program can be found under Item 29.

Post-Adoption Support Services

There are four Post Adoption Support Services (PASS) providers across the State, including Catawba County Social Services, the Center for Child and Family Health, Children's Home Society of NC, and Barium Springs Home for Children/Children's Hope Alliance.

Last year, a Request for Quote (RFQ) was developed to contract with Catawba County DSS to provide training to replication sites across the state. An RFP was developed to solicit replication sites and is currently under review. NC DSS has not been able to implement the Success Coach Model through Catawba County, as previously outlined, due to delays with our contract modification process. Therefore, extensions for our current contracted PASS providers are being implemented through September 30, 2024. NC DSS will continue to communicate and prepare regions over this next fiscal year for the transition from PASS to

Success Coach as a statewide post-permanency model, to support families post-adoption and post-guardianship.

Table 72. Post Adoption Services SFY 2023

SFY	Children Served	Caregivers Served	Families Served
2022	611	762	602
2023	845	824	548
2024*	450	558	418

*Data provided by PASS contracted agencies: Catawba County Social Services, the Center for Child and Family Health, Children's Home Society of NC, and Barium Springs Home for Children/Children's Hope Alliance.
*Data is for services provided from July 1, 2023- March 31, 2024

In FFY 2023-24, NC DSS anticipates spending at least 20% of IVB-2 funding on adoption promotion and support.

Over the last five years, PASS has remained stable with minimal changes.

4.6 Service Decision-Making Process for Family Support Services

As part of a competitive RFA for a 3-year grant cycle from SFY 2022-2024 for both family support and respite services, applicants were required to discuss how their agency collaborates with local organizations, coalitions, and/or parent partners that focus on child, family, and community-well-being. Applicants were required to submit three letters of support, with one being from a current or past family support or respite participant. This helped application reviewers evaluate the applicants' existing knowledge and relationships within the community. To ensure geographic distribution across the state, NC DSS awarded family support grants to community-based agencies in all seven (7) child welfare regions.

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

As part of a competitive RFA process for family support, applicants were required to discuss how they would meet all of the following requirements to be eligible for funding:

- Provide voluntary services based on the Principles of Family Support Practice.

- Demonstrate a commitment to meaningful parent engagement and leadership opportunities.
- Provide prevention services that target populations most at risk of child abuse or neglect.
- Promote the five protective factors linked to lower incidence of child abuse and neglect.
- Provide a plan to maintain program fidelity through implementation support.
- Use evaluation tools to demonstrate positive outcomes for children and families.
- Promote racial equity, diversity and inclusion within the agency and programs.

In addition, each Family Support applicant had to submit a logical model for programs they were proposing to provide, as well as an annual line-item budget.

A grant review committee used a Family Support Application Review Tool to score applications received. Although a primary factor, score alone was not the sole determinant for awards. NC DSS staff also considered factors, such as regional distribution, program variety, target population, community needs, and previous program history when determining final award decisions.

Table 73. NC DSS Family Support and Respite Programs

Agency (Name, Website, and Phone)	Programs Offered	Counties Served
Region 1		
Children & Family Resource Center of Henderson County https://childrenandfamily.org/ (828) 698-0674	The Incredible Years Circle of Parents PCIT	Henderson
Southwestern Child Development Commission https://www.swcdcinc.org/ (828) 586-5561	The Incredible Years Circle of Parents	Haywood, Jackson, Macon
County of Swain (Swain County Family Resource Center) https://swainfrc.com (828) 488-7505	Circle of Parents Strengthening Families Program	Swain, Graham, Qualla Boundary
The Family Place of Transylvania County https://www.thefamilyplacenc.com/	The Incredible Years	Transylvania

(828) 883-4857	Circle of Parents	
Region 2		
Partnership of Ashe https://ashechildren.org/ (336) 982-4588	Parents as Teachers	Ashe
Burke County Public Schools https://www.burke.k12.nc.us/ (828) 439-4312	Circle of Parents Triple P (Level 4 Group)	Burke
Catawba County Partnership for Children https://catawbakids.com/ (828) 695-6505	Triple P (Level 4 Group) Parents as Teachers	Catawba
Children's Council of Watauga https://www.thechildrenscouncil.org/ (828) 262-5424	The Incredible Years Circle of Parents	Watauga
McDowell County Schools https://www.mcdowell.k12.nc.us/ (828) 652-4535	Circle of Parents	McDowell
Region 3		
Alamance Partnership for Children http://www.alamancechildren.org/ (336) 513-0063	The Incredible Years	Alamance
Exchange Club Center in Alamance County https://exchangefcp.com/ (336) 227-5601	Triple P (Level 4 Standard)	Alamance, Caswell, Chatham, Orange, Person
Families & Communities Rising, Inc. (KidSCope) https://fcrinc.org/	The Incredible Years Attachment and Biobehavioral Catch-Up (ABC)	Chatham, Orange

Fairgrove Family Resource Center https://fgfrc.org (336) 472-7217	The Incredible Years Circle of Parents Triple P (Level 4 Group & Standard)	Davidson
Exchange Clubs' Child Abuse Prevention Center in Durham https://www.exchangefamilycenter.org/ (919) 403-8249	Parent Child Interaction Therapy (PCIT) Attachment and Biobehavioral Catch-up (ABC) Triple P (Level 4 Standard)	Durham
Center for Child & Family Health https://www.ccfhnc.org/ (919) 419-3747	Parents as Teachers Attachment and Behavioral Catch-up (ABC)	Durham
Help, Incorporated: Center Against Violence https://helpincorporated.org/ (336) 342-3331	The Incredible Years	Caswell, Rockingham, Stokes, Guilford
Communities In Schools of Durham https://www.cisdurham.org/ (919) 403-1936	The Incredible Years Circle of Parents	Durham
The Parenting Path https://parentingpath.org/ (336) 748-9028	Triple P (Level 4 Standard)	Forsyth, Stokes
YWCA High Point https://ywcahp.com/ (336) 882-4126	Parents as Teachers	Guilford, Randolph

Children's Center of Northwest North Carolina (Children's Center of Surry) https://childrenscenternwnc.org/ (336) 386-9144	The Incredible Years Strengthening Families Program	Surry, Yadkin
Region 4		
Thompson Child & Family Focus https://www.thompsoncff.org/ (704) 536-0375	The Incredible Years Circle of Parents Triple P (Level 4 Group)	Anson, Cabarrus, Mecklenburg, Richmond, Stanly, Union
Public Health Authority of Cabarrus County https://www.cabarrushealth.org/ (704) 920-1000	Triple P (Level 4 Group & Standard)	Cabarrus, Rowan
Partnership for Children & Families (Lee County) https://www.pfcf.org/ (919) 744-9496	Circle of Parents Parents as Teachers	Lee
Region 5		
Down East Partnership for Children https://depc.org (252)985-4300	The Incredible Years Circle of Parents Triple P (Level 4 Group)	Edgecombe, Nash
ECU TEDI BEAR CAC https://tedibear.ecu.edu/ (252) 744-8334	Stewards of Children: Darkness to Light	Edgecombe, Greene, Halifax, Nash, Northampton, Pitt, Wayne, Wilson
Partnership for Children of Johnston County https://partnershipforchildrenjoco.org/ (919) 202-0002	The Incredible Years Circle of Parents	Johnston

Partnership for Children of Wayne County https://pfcw.org/ (919) 735-3371	The Incredible Years Circle of Parents	Wayne
Wilson County DSS https://www.wilsoncountync.gov/departments/social-services (252) 206-4000	Strengthening Families Program	Wilson
Region 6		
ECU TEDI BEAR CAC https://tedibear.ecu.edu/ (252) 744-8334	Stewards of Children: Darkness to Light	Carteret, Craven, Duplin, Jones, Lenoir, Onslow, Pamlico
Coastal Horizons https://coastalhorizons.org/ (910) 343-0145	The Incredible Years	New Hanover, Pender
Smart Start of New Hanover County https://www.newhanoverkids.org/ (910) 815-3731	Circle of Parents Parents as Teachers	New Hanover
ECU TEDI BEAR CAC https://tedibear.ecu.edu/ (252) 744-8334	Stewards of Children: Darkness to Light	Carteret, Craven, Duplin, Jones, Lenior, Onslow, Pamlico
Coastal Horizons https://coastalhorizons.org/ (910) 343-0145	The Incredible Years	New Hanover, Pender
Region 7		
Albemarle Alliance for Children and Families, Inc. https://www.aacfnc.org/ (252) 333-1233	The Incredible Years Circle of Parents	Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Northampton,

		Pasquotank, Perquimans
ECU TEDI BEAR CAC https://tedibear.ecu.edu/ (252) 744-8334	Stewards of Children: Darkness to Light	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Martin, Pasquotank, Perquimans, Tyrell, Washington,

* Since the grants were awarded in 2022, the following two agencies decided to discontinue their NC DSS Family Support programs due to lack of capacity: Communities in Schools in Brunswick County and Communities in Schools in Durham County.

Due to the number of agencies who applied, their geographic location and those who were awarded funding, NC DSS does not have family support programming in all 100 counties; however, there is at least representation of one agency in each of NC's seven regions. For example, in Region 7, NC DSS had one agency apply, besides East Carolina University (TEDI BEAR CAC), which serves a combination of counties in Region 6 and 7 for a total of 21 counties. ECU is the only agency that was funded that provides child sexual abuse prevention programming and is geared towards professionals and those who partner with children (such as childcare providers and teachers) and is not advertised specifically as a parenting program like the other family support evidence- based/informed programs. Counties that are not represented include:

- Region 1: Buncombe, Cherokee, Clay, Graham, Madison, Mitchell, Polk, and Yancey
- Region 2: Alexander, Alleghany, Avery, Caldwell, Cleveland, Gaston, Iredell, Lincoln, Rutherford, and Wilkes
- Region 3: DSS had numerous agencies who applies for funding for Region 3 and services are available in all counties in this Region.
- Region 4: Harnett, Hoke, Montgomery, Moore, Robeson, and Scotland
- Region 5: Franklin, Granville, Vance, Wake, and Warren
- Region 6: Bladen, Brunswick, Columbus, Cumberland, and Sampson
- Region 7: There is coverage in every county due to ECU serving a total of 21 counties. However, there are only 10 counties in this region that have access to the evidence-based/informed parenting prevention programs.

Although the above-mentioned counties do not necessarily have targeted Family Support program that are funded, NC DSS allowed agencies to serve neighboring counties during the COVID-19 pandemic due to services being offered virtually. The agencies had to get prior approval from NC DSS to serve families in these counties. Due to the success of families in neighboring counties being able to receive prevention services, NC DSS added a clause in contracts that states agencies may serve families from neighboring counties with prior approval from NC DSS (and now applies to whether agencies are offering virtual or in person programming).

NC DSS is currently in year three of a three-year grant cycle and has extended the cycle for one more year in SFY 2025. After this fourth year, NC DSS plans to release a new Request for Application (RFA) for another three-year grant cycle which will align with the child welfare transformation that is happening in NC, including regionalization and FFPSA programs. When planning for the new RFA, NC DSS will strategically identify the prevention programs that agencies may apply for to align with FFPSA programs and strive for statewide coverage. For example, there are three prevention parenting programs (Attachment and Biobehavioral Catch-Up (ABC), Strengthening Families Program and Parent Child Interaction Therapy (PCIT)) that only a few agencies provide in a few counties, which is not advantageous to NC in ensuring programs are available statewide. NC DSS is instead going to focus on programs that have a history of strong agency representation, as well as positive outcomes in NC, which includes: the Incredible Years program, Circle of Parents, Parents as Teachers, and the Triple P program.

In addition, NC has recently launched a Family Resource Center network that we will further explore and determine how the network can support FFPSA programs, as well as family support prevention programs which will also help to ensure that services are available to families in all 100 counties. During the past two years, NC DSS has carefully analyzed spending patterns for services funded with Title IV-B-2 and began to align program contracting with funding streams. For SFY 2025, NC DSS will continue to contract and fund 25% family preservation services, 25% family support, 20% family reunification and 20% adoption promotion and support services and 10% on administrative cost.

4.7 Populations at Greatest Risk of Maltreatment

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

- Children under the age of 3 years
- Teenagers with mental health and behavioral health concerns
- Children born to young parents with little to no parenting education
- Children born to parents with significant histories of abuse and/or neglect; and,

- LGBTQI+ youth

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

- Child Development and the Effects of Trauma
- Supporting, Including, and Empowering LGBTQI+ Youth
- Understanding Child Mental Health Issues
- Advocating for Child and Adolescent Mental Health Services

More recently stakeholders have worked to understand and define the most at-risk groups of children in the larger population to establish eligibility criteria for the Care Management for At-Risk Children program (CMARC[1]). The North Carolina Department of Health and Human Services, Medicaid Division of Health Benefits identified the most at-risk children based on the Social Determinants of Health[2]. These children are eligible to receive services from the CMARC program. Those eligible for CMARC includes children who are under six years old and in one or more of these categories:

- Have long-term medical condition
- Long-term stressful situations (ACEs)
- Children in Foster Care
- Children in the Neonatal Intensive Care Unit
- Qualifies for the Infant Plan for Safe Care

These same criteria seem appropriate for identifying the at-risk population for child maltreatment. All are strong predictors of foster care involvement where risk fits the Social Determinants of Health.

Other efforts by the state to define at risk children include the NC Child County Data Cards, the NC Child Health Report Card, the North Carolina Health Equity Impact Assessment, and the Kids Count Data Center. All these efforts are coordinated by NC Child, the state's Kids Count contractor and statewide advocacy organization focused on improving outcomes for children.

Priorities for NC Child, consistent with the social determinants of health, include high quality education, healthy children, nurturing homes & communities, and economic security. Specific measures fall into these categories and provide population level conditions of well-being that promote children's healthy growth and development. Child

welfare involvement is at the other side of healthy on this continuum, in that the child welfare agency only has authority to intervene if a child's health or safety is at risk. As a person-serving system, the child welfare agency falls within the nurturing homes and communities component.

Evidence shows that children living in financially secure families are more likely to succeed in school and stay healthy. Before the pandemic, 2 out of 5 (44.5%) North Carolina children lived in poor or low-income households. In 2021, childhood poverty slightly decreased to 41.7% of NC children living in poor or low-income homes. Policies like the child stimulus checks, expanded SNAP benefits, and free school meals for all public-school students implemented as a part of the Public Health Emergency helped bolster and protect children and families. These pandemic-era policies ended with Federal Fiscal Year 2023[1].

According to 2022 Census data, there were 1.3 million North Carolinians, including 388,000 children, living in households with combined income below the poverty level, which is $15,000 for an individual adult or $30,000 for a family of four. That's a rate of 12.8% for the state, down from 13.4% in 2021, according to the official poverty rate[2].

The children most at risk of living in low-income homes, according to NC Child[1] are:

- **Black and Latinx children**. Years of barriers to family economic mobility continue to hold back opportunity from many Black and Latinx families. The difference in poverty rate between Black and White children is substantial, 10.6% of Whites are in poverty as compared to 31.1% Blacks.
- **Children under age 6**, who are more likely to be born to parents who are younger and less financially established.
- **Children in rural counties**, where low incomes are often compounded by limited access to core needs like transportation and health care.

These differences in poverty and risk persist despite improvements in child poverty over the past ten years nationally and in North Carolina.

The risk for child maltreatment increases with additional physical, social, and economic stressors. While having low income is a risk factor for child welfare involvement, child welfare services should be reserved for those families experiencing serious threats to child safety.

Two stakeholder groups, CMARC and NC Child, have identified markers for poor outcomes in North Carolina, and they align with the main reasons that families are involved with the child welfare system identified in the table below. Care Management for At-Risk Children (CMARC) program is funded by Medicaid and offers a set of care management services for at-risk children ages zero-to-five. The program coordinates services between health care providers, community programs and supports and family support programs. CMARC is

provided by the local health departments. NC Child focuses on identifying priorities for legislative advocacy, and it focuses first on policies and programs that strengthen families, prevent abuse, and neglect, and help families stay together. NC Child also advocates for effective treatment for victims of abuse and neglect to help kids stay resilient and overcome trauma. CMARC risk factors are at an individual level, NC Child risk factors are at a community level.

Table 74. Stakeholder Identified Risk Factors

Individual, Child Level Risk Factors, Medicaid CMARC Program	Under 6 years old Have long term medical condition Long term stressful situation (ACEs) Experienced foster care Experienced the Neonatal Intensive Care Unit Part of the Infant Plan for Safe Care
Community Level Risk, NC Child	A strong start Early prenatal care Low birth weight Pre-term births Family economic security Poverty or low-income Food insecure Nurturing homes and communities Delinquency Child maltreatment Teen births Education 3rd grade reading level High school graduation College completion Health and wellness Children without health insurance

Table 75. Maltreatment Allegations

Rates	Neglect	Physical Abuse	Sexual Abuse	Psychological Abuse	Medical Neglect	Unknown/ Other
State Number (total number, child victims 21,242)	18,427	1,040	1,084	735	817	306
State Rate	86.7	4.9	5.1	3.5	3.8	0.8
National Rate (total number, 588,229)	76.0	16.0	10.1	6.4	1.9	10.1

Source: Allegation reasons and Caregiver risk data is sourced from Child Maltreatment 2021, Child Maltreatment 2021 (hhs.gov).

North Carolina had a higher percentage of allegations of neglect (86.7%) as compared to the national rate (76%), as well as for medical neglect (3.8% state versus 1.9% national). North Carolina has a much lower rate of physical abuse (4.9% as compared to 16.0%) and sexual abuse (5.1% as compared to 10.1%) compared to the national average.

In addition to the allegation reasons in the table above, caregiver risk factors are also identified during the investigation process, shown in the table below.

Table 76. Caregiver Risk

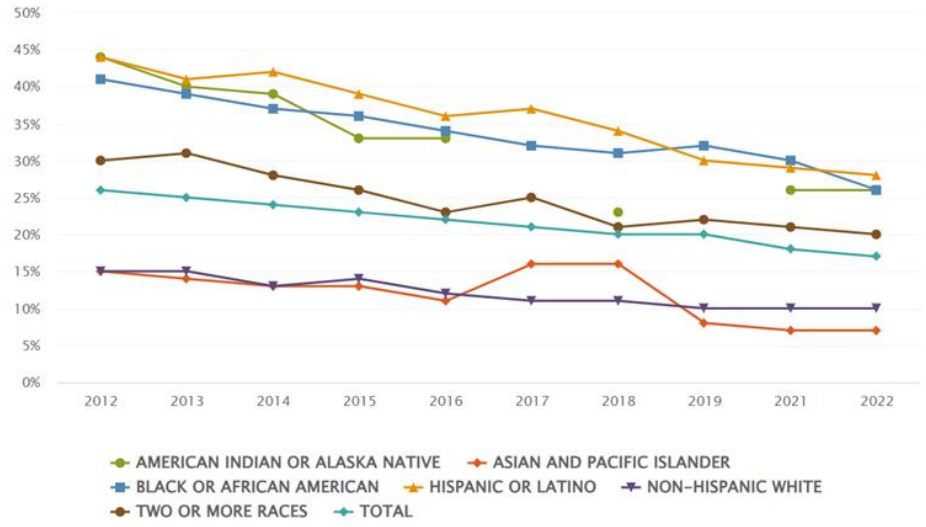
Rates	Alcohol Abuse	Domestic Violence	Drug Abuse	Financial Issues	Housing	Public Assistance	Disability
State Number	1,483	3,637	4,795	1,114	1,248	1,848	2,120
State Rate	7.0	17.1	22.6	5.2	5.9	8.7	10.0
National Rate	15.0	28.2	26.1	11.6	7.4	23.2	12.6

Source: Allegation reasons and Caregiver risk data is sourced from Child Maltreatment 2021, Child Maltreatment 2021 (hhs.gov).

The most prevalent caregiver risk in North Carolina is drug abuse followed by domestic violence. All seven areas of risk are more prevalent nationally than in North Carolina, though this may be reflective of documentation and reporting practices.

Within North Carolina, there is strong evidence of differences in risk across regions in the state and across racial groups. Figure 1shows child poverty rates over time across racial categories.

Figure 50. Child Poverty Rate in North Carolina Over Time by Race



Source: Kids Count

Economic risk falls disproportionately on children of color. While the child poverty rate for White children was about 10% in 2022, it was nearly triple that for Black, Latinx, and Native American children. Just as has occurred nationally over the past decade, child poverty rates have declined for all racial groups in North Carolina, though the large difference between racial categories remains. In the most recent year, the Latinx rate of child poverty slightly surpassed that of Black children. Child poverty rates are much lower but differences between racial groups remain.

Age is also a strong predictor of child maltreatment. While infants are only about 5% of the child population, they make up one in five foster care entries. Half of the children entering foster care in North Carolina are under the age of 6. This makes sense given the vulnerability of young children, but it raises their risk of child maltreatment and child welfare involvement, especially for children living in low-income households.

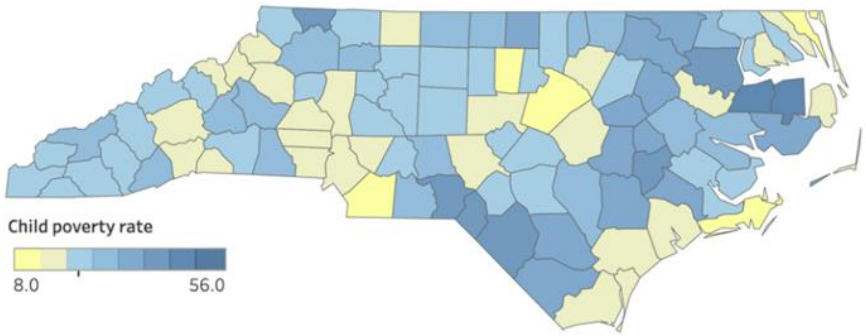
Table 77. Dynamics of Foster Care Entry Across Age Groups- FFY 2022

Age Group	% of Entries	% of Child Population	Entries (per 1000 in Child Population)
< 1	20.7 %	5.1 %	8.3
1 to 5	29.4 %	26.6 %	2.3
6 to 10	22.2 %	27.6 %	1.6
11 to 16	26 %	34.9 %	1.5
17	1.8 %	5.8 %	0.6
Total	100 %	100 %	2.0

Source: Source: Children's Bureau, Child and Family Services Review (CFSR 4) Data Profile Supplemental Context Data; February 2024.

In the last twenty years, the number of poor children in North Carolina has grown three times faster than the total number of children in the state. And poverty rates are much higher in certain areas of the state. The map in figure below shows the concentration of the highest rates (shown in the deepest blue) in the eastern part of the state.

Figure 51. Child Poverty Rates in North Carolina Counties, 2019



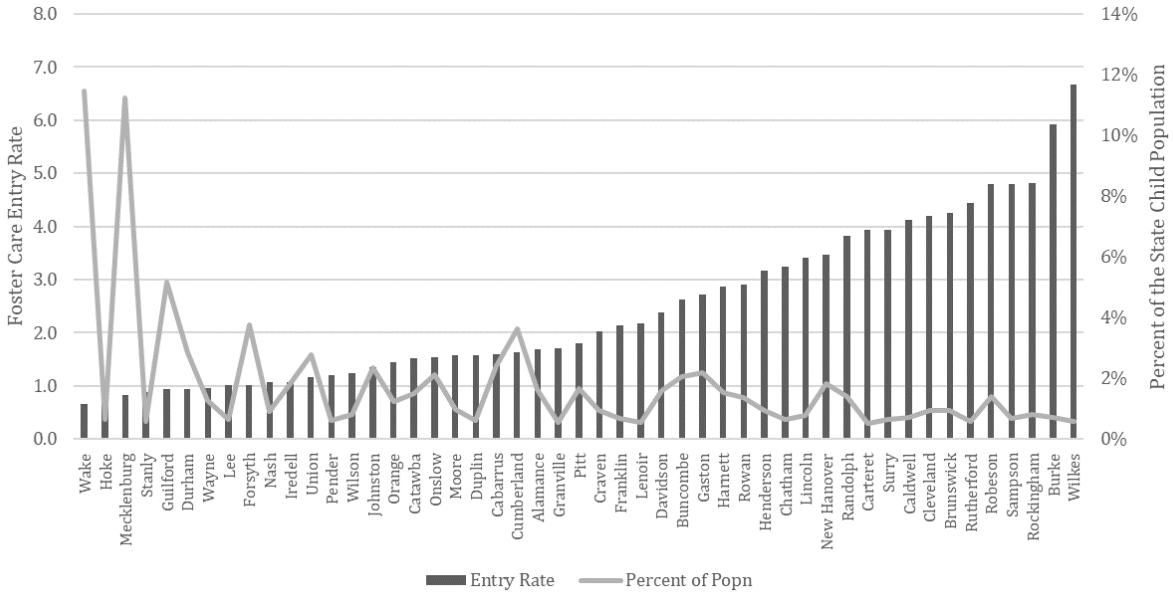
Source: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates

Source: "The Persistent and Pervasive Challenge of Child Poverty and Hunger in North Carolina" NC Poverty Research Fund, Dec. 2021.

While poverty has decreased across the state, the poorer counties are poorer while wealthier counties have accumulated more wealth. Child poverty rates in 2019 range from 8% to 56%. The poorest counties in North Carolina are Bertie, Washington, Tyrrell, Alleghany, Richmond, Scotland, Robeson, and Lenoir Counties.

As shown in figure below, foster care entry rates range from under 1 to over 6 children per 1000 in the population.

Figure 52. Foster Care Entry Rates (2021) and Percent of County Child Population (2020)



Source: Children's Bureau, Child and Family Services Review (CFSR 4) Data Profile Supplemental Context Data; February 2024.

This visualization includes the 50 most populous counties. The states' two most populous counties, Wake and Mecklenburg, have among the lowest foster care entry rates while representing more than 6% of the states' population of children. Wilkes and Burke counties have the highest rates of entry into foster care (for the 50 most populous counties), at over 6 children per 1000 entering care. Risk of foster care entry is higher in less populated areas of the state (not reflected in the figure above), perhaps reflecting greater need or a lack of supportive services. Comparing foster care entry rates and county child population warrants further investigation and analysis, as anomalies are present. For example, Cumberland County is the fifth most populous county for children yet has a foster care entry rate nearly twice as high as Wake and Mecklenburg counties. Counties that appear on the high poverty list warrant further analysis compared to the foster care entry rate, such as Lenoir and Robeson counties.

Table 78. Summary Snapshot of Children at High-Risk for Maltreatment

Age	Under five years of age Under one years old
Race	Black Lantinx
Living Environment	Live in a rural county Limited access to services (including having no health care)
Exposure to Stress	High ACEs score Spent time in the NICU Has a Plan of Safe Care Spent time in Foster Care
Parental Risk Factors	Drug use/abuse Domestic/family violence

Source: Analysis of data from Medicaid CMAR Program and NC Child

North Carolina is continuing to analyze this information and will utilize it in planning programming moving forward.

Additionally, NC DSS gathers data during the CPS investigation and assessment process to identify caregiver risk factors. These are reported in the annual Child Maltreatment Report and are summarized in Tables 76 and 77 above. These tables show allegation reasons and caregiver risk factors, comparing North Carolina and national performance.

NC DSS will continue to serve children in FFY 2024 through the Child Medical Evaluation and Regional Abuse Medical Specialist Programs funded through the Child Abuse Prevention and Treatment Act. These programs target children under the age of 4 with reports of specific types of maltreatment as well as targeted programming on Substance Affected Infants. Details and data about these programs can be found in Section D: CAPTA State Plan Requirements and Updates.

In FFY 2025, NC DSS will continue to focus on serving families with children under the age of 3 years old through several community-based prevention programs and the Family Support Network. NC DSS continues to fund the following six (6) programs that served our youngest children.

- Attachment and Biobehavioral Catch-up (ABC) Home Visiting - ABC is an evidence-based, 10-week home visiting parenting program for families who have children between the ages of 6 and 48 months. Each session includes structured topics provided by an ABC Parent Coach. Positive feedback is provided by the Parent Coach to the caregiver during sessions by using video clip reviews and commenting on live interactions between the caregiver and child. The program helps caregivers nurture

and respond sensitively to their infants and toddlers to foster their development and form healthy relationships.

- Parent Child Interaction Therapy (PCIT) Home Visiting – PCIT is an evidence-based treatment program where parents are coached by a trained therapist in behavior-management and relationship skills. The program is for parents/caregivers who have children ages two to seven and aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. PCIT is typically delivered over 12-20 weekly hour-long sessions and is usually delivered in playroom settings where therapist can observe behaviors through a one-way mirror and provide verbal direction and support to the parent using a wireless earphone.
- Parents as Teachers Home Visiting – PAT is a home-visiting parent education program that teaches new and expectant parents' skills to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success. The PAT model includes four components: home visits, group connections, child health and developmental screenings, and community resource networks.
- Circle of Parents support groups – Circle of Parents is a parent-led and professionally facilitated parent support group program that gives parents the opportunity to share in each other's challenges and successes while developing a network of support. The technical assistance provided includes coaching, training and consultation focused on implementation with fidelity as defined by best practice standards, parent leadership, father engagement, and strengthening the five protective factors in families.
- Triple P, Level 4 Standard – Tripe P is an evidence-based parenting and family support system that draws on social learning, cognitive behavioral and developmental theory, and risk factor research to prevent and treat behavioral and emotional problems in children and teenagers. Triple P strategies help parents build strong, healthy relationships and confidently manage their children's behavior. Triple P has been shown to work across cultures, socio-economic groups, and in different kinds of family structures.
- Sobriety, Treatment, and Recovery Team (START) – North Carolina will pilot up to ten START programs in local Departments of Social Services in 2024. START is evidence-based child abuse and neglect prevention service that serves families where SUD has impacted or impaired the safety of their young children. It includes an array of strategies such as peer mentor support, quick access to intensive SUD treatment, cross-system collaboration, intensive case management, and a family-

centered approach. The program targets families with children from ages birth (0) to five (5) who become involved in child protection where a parent's substance use is determined to be a primary child safety risk factor.

NC DSS will fine-tune its data collection process to ensure Family Support programs are capturing the number of families who have children with special needs, as they are also at a greater risk of maltreatment. As noted above, the SYNC program provides sexual health education for out-of-home teens, caregivers, and professionals, including specialized content on supporting LGBTQIA+ youth.

Family Support Network

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

Families with Children with Special Needs

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

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

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

NC DSS System-Level Collaboration

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

- North Carolina Interagency Coordinating Committee (ICC) facilitates service delivery to young children, aged birth to three years old, with developmental disabilities and

developmental, as well as their families. ICC advises on policy related to early intervention services; evaluates services; supports interagency agreements; promotes early detection, identifies preventative and early intervention services; and guides local Interagency Coordinating Councils (LICCs).

- North Carolina Council on Developmental Disabilities (NCCDD) is dedicated to empowering people with intellectual and other developmental disabilities (I/DD) by supporting self-advocacy, independence, and the right to self-determination. The Council promotes advocacy development, community living, and financial asset development so people with I/DD can make choices about work, housing, friendships, and community activities, etc... Research indicates that providing parents with I/DD or parents of children with I/DD with information, resources, services, and peer support helps mitigate the risk of child maltreatment.
- North Carolina's Lifespan Respite Project seeks to enhance and expand the quality and availability of lifespan respite services for all age groups (including children with developmental delays or disabilities) via consumer and provider education and informational activities; volunteer and provider training; and resource development.
- Commission on Children with Special Healthcare Needs. This commission monitors and evaluates the availability of and provision of health services to special needs children in North Carolina and monitors and evaluates programs provided under the Health Insurance Program for Children. The Children with Special Healthcare Needs program is managed by the NC Division of Public Health (DPH). The Maternal and Child Health Bureau defines Children with Special Healthcare Needs (CSHCN) as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."

Additionally, North Carolina continues to disseminate the guidance document developed in 2021, for working with LGBTQ+ youth, to counties, and is focused on helping all older and transition aged youth in securing mental health and behavioral health resources and services.

An emerging trend, as based on information provided by our transition aged youth partners, is that of mental health and behavioral health needs of older youth, created and/or exacerbated by COVID-19. The NC LINKS program will continue to partner with youth representatives, county DSS LINKS programs, and services providers to advocate for available, accessible, and responsive behavioral and mental health services for older youth and young adults. While there are no new emerging trends to report, the need for comprehensive mental health services for the youth and young adult population remains unchanged. NC DSS continues to engage this population in how to best target services, including the use of youth listening sessions and a Mental Health Town Hall.

4.8 Kinship Navigator

North Carolina used FY 2023-24 Kinship Navigator Funding to provide support to kinship families, for resources to build a practice model for kinship care and to support the development of interactive referral database. Specific expenditures are detailed below.

- Provision of Caring for Our Own through a contract with the Children's Home Society. This program provides peer support as families are trained to become licensed foster parents.
- A Kinship Care Campaign to increase awareness of the need for kinship care for children.
- Planning and delivery of the regional kinship listening sessions from the period December 2023-March 2024.

Over the last five years, NC DSS has increased the focus on providing services and resources and improving outcomes for kinship families across the state. NC DSS decided not to implement a statewide kinship navigator. However, NC DSS has implemented strategies to build on and improve support for kin: Caring for Our Own has been provided since 2020; NC DSS engaged Counties through CQI meetings to educate, support, and create goals for kinship placements; NC DSS hosted a series of listening sessions for kinship caregivers and social workers who support the relatives; and NC legislation passed providing kinship caregivers half of the standard foster care board rate. NC DSS will support the offering of Family Search and Engagement training to county staff to provide approaches to engaging youth and families.

North Carolina currently does not have a statewide kinship navigator program available, but counties provide localized resources to families. NC DSS provides some information and resources to families and youth partners through the Permanency Design Team meetings, regional child welfare continuous quality improvement meetings, kinship listening sessions, and the Social Services Institute. Additionally, a local agency, High Country Caregivers, provides a kinship navigator program in Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey counties. This agency was noted as an Exemplary Kinship Program by Grandfamilies and Kinship Support Network, a national technical assistance program. High Country Caregivers provides kinship navigation services, nature adventure programs for youth, respite care events, and more. Additionally, the Foster Family Alliance of NC is a statewide resource for foster, adoptive, and kinship parents to receive support through training, support groups, events, and educational materials.

Programs and resources and information are primarily provided by local county departments of social services and families and through NCCARE360, a website designed to provide statewide resources. The NC DSS also uses NC Blueprint, a newsletter to share

key information and updates with county departments of social services. This is the method used to share with counties the resource *Free Kinship Legal Clinics* to strengthen, train, and support kinship families among others on benefits of becoming a licensed foster parent, court, and making the best placement decision for the child. This resource was made available by NCKinshipFamilies.org.

North Carolina is committed to increasing the numbers of licensed kinship providers. As of January 2024, NC has 10,337 children in regular foster care. Of the 10,337 children, 2463 children (24%) are placed with relative and non-relative kin and 180 are placed with licensed relative caregivers.

The accomplishments achieved with the use of the funds appropriated in FY 2023-24 to support or evaluate kinship navigator programs in the state include:

- Caring For Our Own (CFOO) is established and available to kinship families for the purpose of licensure, support, and networking. The support and training that derives from CFOO is designed to enhance and increase placement stability with kinship families. During SFY 2023, 155 families and 247 individuals completed CFOO. During SFY 2024 through April 5, 2024, 63 families and 108 individuals completed CFOO. Children's Home Society receives additional funding from Trillium Health Resources, a Managed Care Organization, which supported CFOO being provided to an additional 13 families and 19 individuals during SFY 2024.
- A Kinship Care media campaign took place to increase awareness of the need for kinship care for children and update the NC DHHS Kinship Care website with resources and information for caregivers and child welfare professionals. NC DSS invested $100,000 for the awareness campaign. The campaign resulted in increased awareness with 99% of the users who visited the landing page were identified as new users. Results showed that 5,000 users visited the landing page within the 6-week period of the campaign. The campaign delivered nearly 8 million impressions across the state.
- Regional listening sessions were held December 2023 through March 2024 with kinship caretakers and child welfare professionals working with kin to gather feedback about the services and supports kin receive, how well kin are engaged in court proceedings and case plan development, and the available trainings professionals receive in support of a kin-first culture. A report will be finalized in April 2024 to provide an overview of key themes from the listening sessions and assist in development of strategies to build a stronger network of support of kinship providers and professionals.
- Resources are being developed to assist in supporting a kin-first culture such as a new 3-part kinship care course to include topics such as defining kinship care,

benefits and outcomes of kinship care, data overview, engaging and empowering kin, shared parenting, and licensing kin.

- NC DSS is strategizing on increasing the number of children placed with kinship caregivers: Family Search and Engagement training to county staff.
- Caring for Our Own will continue to be supported.
- Kinship Awareness activities (county collaboration, presentations, and regional CQI meetings)
- Internal Kinship Workgroup
- The Unlicensed Kinship Reimbursement Program* see description below.

Staff from the NC DSS began working with county agencies to examine and analyze the county's work on kinship including placements, resources, and support, as defined in the legislation and policy released last SFY. The intended purpose of the collaboration is to highlight and establish kin-first culture with county-specific data elements such as licensed kin, placement with relatives, and the use of congregate care. Continued collaboration is occurring through the Permanency Design Team.

The Unlicensed Kinship Reimbursement Program legislated in Senate Bill 20 passed May 16, 2023 and policy went into effect November 2023. The program authorizes unlicensed kinship caregivers (related by blood, marriage, or adoption) caring for children ages 0-17 in foster care to begin receiving half the standard board rate payments.

Prior to implementation, NC DSS worked with stakeholders to share information about the new program and receive feedback during policy and program implementation. NC recognizes the importance of providing financial support to nonrelative and fictive kin and is advocating for the legislation to include these kin as eligible recipients of payments.

During the policy development process, NC added additional living arrangement codes to better capture relative versus nonrelative kin placements of children in foster care. Placement data for children ages 0-17 in foster care placements as of February 2024 show that 26.1% were placed with relative and nonrelative kin.

4.9 Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

NC DSS has achieved compliance with the annual federal target of 95% since 2017 with last FFY seeing a rate of 96%. Through April of the FFY 23-24, the rate is 90.17%. This data is collected from 89 counties who enter the data into North Carolina's Legacy system. There are 11 counties that enter the information into CWIS. North Carolina implemented

accountability required through the passage of Rylan's Law for the local county departments of social services to meet the 95% requirement for Monthly Foster Care visits.

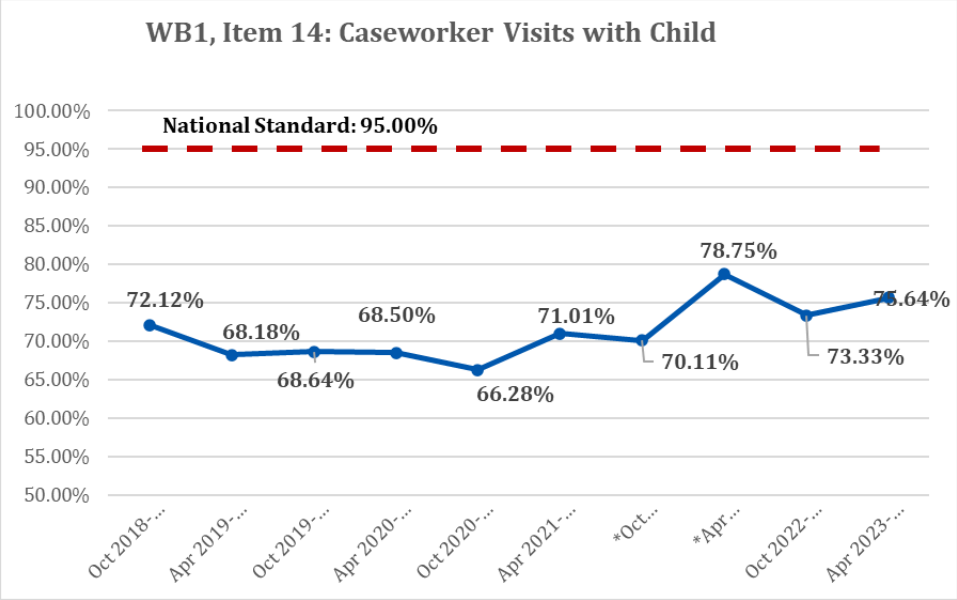
NC DSS provides ongoing monitoring and technical assistance to counties not meeting the target, to ensure performance standards are met. This is accomplished through the monthly on-site visits conducted by the Regional Child Welfare Consultants (RCWC). A requirement for these RCWC monthly on-site visits is to, quarterly, share with county leadership the most recent data as to progress in making the monthly foster care visit and to discuss barriers to assess the need for any targeted technical assistance.

Federal law requires at least 50% of the total number of monthly visits made by caseworkers to children in foster care during a fiscal year occur in the child's residence. This has also continually been true in North Carolina since 2017, with the most recent FFY 2022-23 being at 93%. Through April of the FFY 2023-24, the rate is 92.57%.

NC DSS recognizes that while caseworker visits are conducted consistently and conducted in the home, the outcome of these visits does not positively impact timely permanence. One root cause that NC DSS has identified is the quality of caseworker visits. The quality of the visits is measured by case reviews conducted by the QA Team using Item 14 of the OSRI.

The following chart shows the outcome of these reviews over the last five years:

Figure 53. Caseworker Visits with Child

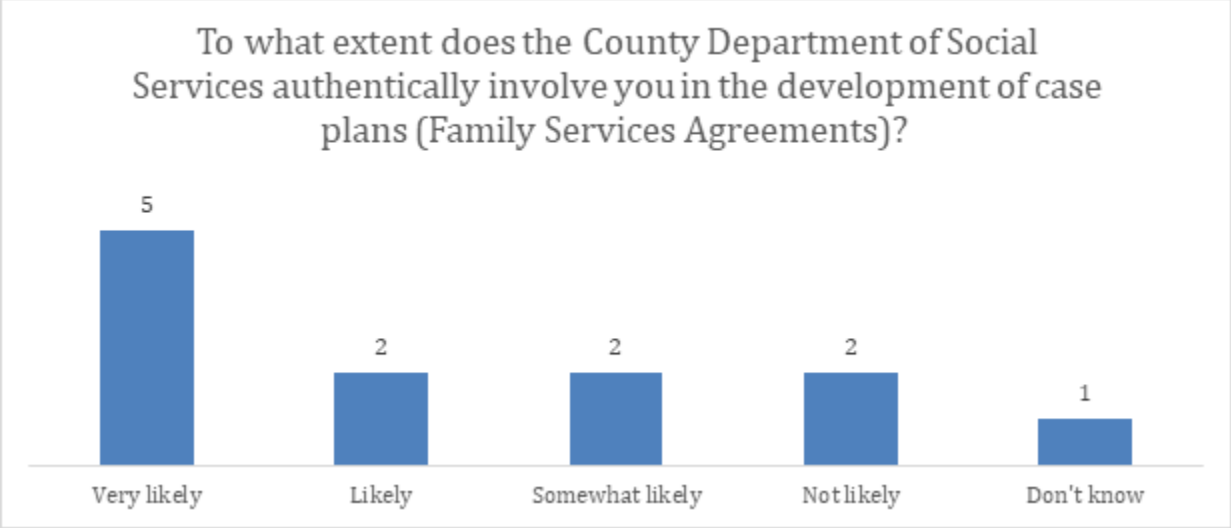


Source: QA Reviews using the OSRI Instrument

The data indicates that North Carolina has consistently struggled with quality visits with children in foster care.

During North Carolina's preparation for the Statewide Assessment, youth were surveyed with a variety of questions on how North Carolina engages with all participants in a case. One of the questions was, "In your experience, how effective is your county DSS in engaging youth (as appropriate) in developing and implementing case plans. The graph below shows the results:

Figure 54. To what extent does the county department of social services authentically involve you in the development of case plans (Family Services Agreements)?



Source: 2023 Statewide Assessment Stakeholder Survey

While the question speaks primarily to case planning, it is indicative of a lack of overall engagement with youth in foster care.

NC DSS traditionally uses the Monthly Caseworker Visit grant to provide funding for the cost of staff to conduct visits. The allocations have been provided to counties based on each county's number of unduplicated children in care divided by the state's total number of unduplicated children according to the prior year. The counties receive their allocation through submission of 1571 monthly invoices based on the actual services documented on caseworker day sheets.

Research has shown that when a case worker intentionally engages with a child regarding their circumstances, their understanding of why they are in care, their desires for the future, what current needs they have etc. the better prepared the caseworker is to make informed recommendations for case planning to move to timely permanence. Research further supports that when case workers intentionally engage with children in care, better outcomes are achieved in Child Well Being.

Over the last year, North Carolina has continued to promote the use of Practice Standards for Leaders, Supervisors, and Front-Line Staff. The Practice Standards were developed as the foundational component for the practice model North Carolina has adopted, Safety

Organized Practice. The Practice Standards include Communicating, Engaging, Assessing, Planning, and Implementing. North Carolina developed online learnings for staff at all levels to view that included a self-assessment of where they are in practice of each of the 5 essential functions of the Practice Standards. In addition, for FFY 2023-24, NC expanded the Office Hours to be regionally based to continue to promote the Practice standards. North Carolina also committed an entire issue of *Practice Notes* to family engagement. *Practice Notes* is a publication completed twice a year in partnership with the Family and Children's Resource Program at UNC School of Social Work targeted to North Carolina Child Welfare Social Workers. The issue focused on creating a standard for engaging families by implementing the Engaging standard by:

1. Integrating Practice Standards into the work already being done.
2. Continuing to use the Practice Standards as a team-building tool.
3. Modeling engagement in our work with each other.

The issue included interviews with local county staff describing how their agencies are doing to use the practice standards to engage families. One county, Durham, created work groups to begin to integrate the practice standards. The activities that began in 2023 are using 360-degree evaluations to evaluate themselves and co-workers. They have also created a client satisfaction survey to gather input from the families they serve. Durham's goal is to integrate the practice standards into performance evaluations by November 2024. The goal is to improve performance in the quality of caseworker visits by fully implementing the Practice Standards.

NC DSS will utilize the grant to support staff at the local level to have quality visits by continuing to promote and implement the Practice Standards demonstrating the benefit to children and families when there is effective communication and engagement with all participants in a case.

4.10 Adoption and Legal Guardianship Incentive Payments

Adoption and Legal Guardianship Incentive Payment funds received by the state have been used in the past year for the North Carolina Special Children Adoption Incentive Fund (SCAIF) which is a fund designed to support permanency for children who otherwise may have lingered in the foster care system. SCAIF provides funding to certain eligible children with special needs prior to finalization of adoption decrees. This fund is available for those children and families who meet the specific SCAIF requirements that are above the special need requirement and who also meet the standard adoption assistance eligibility requirements. These children can receive the standard adoption assistance subsidy in addition to SCAIF. No other services are provided except for funding.

NC DSS does not anticipate any challenges in timely expenditure of these funds in FY2024, and the services North Carolina expects to provide to children and families using the Adoption and Legal Guardianship Incentive Funds in FY2024.

The table below indicates an increase in the number of children receiving guardian benefits. The numbers have increased due to coding errors being corrected through continuous quality improvement efforts. There was no change in law or administrative rule to decrease the age of eligibility. Therefore, there was not a legislative impact on the increased numbers.

Table 79. Youth Who Received Guardianship Assistance Payments

FFY 2020-21	FFY 2021-22	FFY 2022-23	FFY 2023-24
203	264	338	370*

*Data Source: Child Placement Payment System for FFY 2023-March 2024

In FY 2024, NC DSS anticipates the number of youths receiving guardian assistance payments to increase to an estimated 450 as coding to the funding source continues to be updated. As NC continues to develop the kin-first culture with kinship awareness events and distribution of educational materials on Kinship Guardianship Assistance, it is anticipated that Guardian Assistance Payment numbers will continue to increase.

4.11 Adoption Reinvestment Savings

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

In FFY 2023-24, North Carolina offered the following services to benefit children and families using adoption savings:

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

North Carolina plans to continue to provide the same services for FFY 2024 and over the next five years to spend unused savings calculated for previous years.

NC DSS will primarily focus on the implementation of the Success Coach Model and continuing to fund Adoption Promotion Services. Funds may also be used to provide child welfare services that were not supported by state appropriations.

One challenge that North Carolina experienced was an initial delay in the expenditure of funds. However, North Carolina is committed to reinvesting these funds to improve its child welfare system. The cost of implementing the practice model and programming in post adoption services will allow the State to spend the accumulated savings in a real reinvestment in improved services.

NC DSS will continue to use the CB methodology to calculate Adoption Savings.

4.12 Family First Prevention Services Act (FFPSA) Transition Grants

NC DSS was awarded $17,161.273 in Family First Prevention Services Act Transition Funding as the result of the federal Family First Transition Act legislation that passed by congress in 2019. NC DSS has utilized these funds to support the implementation of the Family First Prevention Services Act and the total grant expenditures through March 2024 is $7,874,098.95. NC DSS expects increased expenditures in FFY 2024-25 as the state implements the first evidence-based programs approved in North Carolina's Title IV-E Prevention Services Plan. The Family First Transition funds paid for:

- Time-limited positions to provide technical support for the planning and implementation of FFPSA across the state, and to provide support in NC's child welfare transformation efforts. This also includes NC DSS administrative support costs.
- The continuation of Intensive Family Prevention Services (IFPS), along with startup funds to begin implementation of the first evidence-based prevention service, Homebuilders.
- Contracts with private consulting groups to provide technical assistance and advisory support with the planning and implementation of FFPSA.

North Carolina's Title IV-E Prevention Services Plan was approved in August 2022. Implementation of the first evidence-based prevention service Homebuilders began in January 2024. NC DSS will fund IFPS services through December 31, 2024, to ensure families have access to these services while building capacity to deliver Homebuilders statewide.

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

NC DSS is the agency responsible for oversight of the Chafee Foster Care Program for Successful Transition to Adulthood, and the Education and Training Voucher Program (ETV), referred to as NC LINKS. LINKS is not an acronym; it is a word that captures the

purpose of the Chafee Act to implement a robust, youth-guided program with a network of supports and outcome-based services for youth and communities. The LINKS program is managed by a state-level coordinator whose role is to provide support, training, consultation, technical assistance to county departments of social services and to engage key stakeholders in the development and implementation of individual and group services to eligible youth.

Collaboration and Solicitation of Youth Feedback

Individual-Level Youth Feedback

All counties continue to work on increasing independent living activities and services for their young people and expressed during monthly LINK-UP calls and during Listening and Strategic Planning Sessions in 2023-24 that since COVID some young people's interactive skills are lower. Counties shared that some of their young people are excited about in-person meetings and activities.

Engaging youth during Model Approach to Partnerships in Parenting (MAPP) trainings to share their stories and the importance of having foster homes for teens has increased in many counties in efforts to support recruitment and decrease the number of young people sleeping in buildings due to the lack of foster home placements. Youth were encouraged to attend virtual listening sessions in July 2023 and strategic planning sessions to promote youth advocacy.

Alamance County and Fostering Futures partnered to aid their young people in financial independence and Job Corp applications to assist some young people with vocational preparation. Additionally, they partnered with local first responders to discuss career options and requirements for employment during their LINKS group meeting.

Forsyth, Guilford, Martin, Moore, Orange, Pender, Randolph, and Robeson counties young people participated in the SaySo's North Carolina Annual Page Week and had the opportunity to meet with legislation leaders and the State Governor to share their thoughts about Foster Care in North Carolina.

Johnston County and NextGen partnered to host a financial literacy workshop with State Employees Credit Union Bank for young people in their custody.

Pasquotank County are working on budgeting, job interview skills and business attire with their young people. As a smaller rural county Pasquotank is striving to equip young people with resources to be successful. As a result, one young person in their FC 18-21 program received transitional funds for graduation, and one young person received up to $1,500 in car matching.

Randolph County LINKS meetings incorporated discussions on the dangers of vaping, teen dating violence, well-being, and a budgeting class with online interactive financial simulations and participate in Forsyth County's Real-World event in March 2024 that afford young people the opportunity to utilize the financial insight they developed.

Yadkin County and Truist Bank partnered to offer young people a banking 101 class that included budgeting in a crisis and becoming a homeowner.

County agencies have implemented innovative ways to engage youth over the last several years and have shared ideas and resources being utilized. The impact of their initiatives are shared by the county agency during monthly LINK-UP Calls. Feedback shared exhibits an increase of youth engagement and positive outcomes. North Carolina will continue to explore new ways to support counties.

System-Level Youth Feedback

To gain system-level feedback from youth and young adults, North Carolina concluded a series of nine (9) listening sessions, 7 in-person events and 2 virtual events, held from November 2022 through July 2023 across North Carolina's seven regions. A total of 132 youth and 91 adult supporters (including kinship and foster parents, social workers Guardian ad Litem and community stakeholders). Youth and young adults who participated were compensated for their time with $100 incentive.

Family and Children's Resource Program (FCRP) at UNC School of Social Work collaborated with NC DSS to host these events and compiled a comprehensive report noting the most frequently cited feedback from both youth/young adults and adult supporters. Thematic findings are summarized below.

Table 80. Thematic Findings

Youth Identified Themes	Shared Identified Themes	Adult Supporter Identified Themes
• Relationship with Social Worker • Youth Voice/Input on Decision Making • NC LINKS Program • Foster Care 18-21 • Mental Health (amended to Behavioral/Physical Health)	• Sibling Contact • Normalcy • LGBTQ+ Youth	• Lack of Affordable/Adequate Housing • Lack of Placements • Supporting Resource Parents • Child Welfare Staff

Source: NC DSS Listening Sessions conducted Nov. 2022-July 2023

NC DSS held one statewide in-person and two virtual strategic planning sessions from November 2023 through February 2024 to provide cumulative feedback received and collaboratively prioritize methods to address theme responses. Parallel to the listening sessions, the following stakeholders and partners participated as free vendors at the in-person strategic planning session to provide information and resources to young people: SaySo (Strong Able Youth Speaking Out); Youth Villages LifeSet Program; Foster Care to Success for Educational Training Vouchers and NC Reach Program; Children's Home Society Sexual Out of Home for Youth NC Program; and Fostering Family Alliance. SaySo also participated in both virtual Strategic Planning Sessions. A separate strategic planning session was held with the SaySo Young Adult Leadership Council in December 2023.

Overall, 114 youth/young adults and 60 adult supporter/community partners participated in these events. Youth and young adults who participated were compensated for their time with $100 incentive. During this process and reviewing the comprehensive report, "mental health" was amended to "behavioral/physical health" to encompass broader feedback.

At the conclusion of these events, NC DSS chose to focus on four of the themes identified: sibling contact, behavioral (and physical) health, training for resource parents related to normalcy theme, and lack of affordable/adequate housing.

To better understand dynamics to improve young adult relationships with their social workers and their voice in case management, NC DSS held two focus groups in November 2023 and approximately 69 youth/young adults attended.

Plans for Engaging in Future Feedback from Youth

NC DSS will utilize the information from the feedback and strategic planning sessions shared in system level feedback for future engagement efforts.

Permanency Roundtable Resource (PRTs)

During 2023 the Permanency Roundtable contract was modified to include additional in-person trainings at the request of participating counties for resource families, public and private agency social workers and county partners and stakeholders. Two additional counties implemented permanency roundtables for a total of nine (9) counties. NC county agencies actively utilizing PRTs are working towards analyzing quantitative data and believe the Permanency Values Training contributed to strengthen partnerships and building a culture of permanence within their agencies. New Hanover County has utilized PRTs for several years and stated the following:

The value of PRTs for their agency transcends the individual successes of the cases that were "round tabled". The real value is in the training of staff and partnership with GAL to help keep our eyes focused on safe permanence. PRTs have assisted them in building a "culture of permanence" for their staff, practice, and partner with the courts. Their year to

permanency numbers, though not as high as we would like reached 42% at one point this SFY and have been consistently close to 40%. Additionally, their placements with kin (from their total foster care population) are very close to 40% the county references the correlation with PRT's in their agency.

Additionally, their work in Kinship Therapeutic Foster Care Pilot has been impacted by their culture of permanence and the Safe Babies Court initiative being pilot in their county will mirror the success of their Intensive Reunification Program which averaged a 5.5-month reunification time frame for the 50% of clients that successfully navigated it.

They believe the "Permanency Roundtable Process" is a shift in focus and culture for social workers, supervisors and management that keeps safe permanence at the forefront of their practice.

Orange County is a recently newer participating county. They have presented a total of eight (8) youth at their Permanency Roundtable with barriers regarding no identified permanent family. Orange County targeted youth who had been in custody an increased amount of time, to determine youth who would be staffed. The county staffed three young people during August, and five in December. The county reported that one youth has been placed outside of North Carolina with a relative and another youth has begun visits with a relative in hopes that this can lead towards permanency.

Each year North Carolina has worked towards expanding Permanency Roundtables and increasing participation after the impact of COVID. There has been an increase in requests by county agencies for Permanency Roundtables and Permanency Values training during SFY 2024.

NC DSS is currently implementing and expanding the Permanency Roundtable contract to include a resource for older youth during transitional team meetings and adding a train-the-trainer model for child welfare social workers. This model focuses on engaging older youth in transitional plan goals, with the aim of decreasing the length of foster care stays, supporting family reunification, and preparing youth age 18 and older to exit care.

LINK-UP Calls

The NC DSS continues to conduct monthly LINK-UP calls with counties to discuss LINKS (Chafee) and Foster Care (FC) 18 to 21 programs, provide division updates and available services. County agency social workers, partners and stakeholders have expressed that this resource has been beneficial in receiving updates, technical support, networking opportunities. Information and updates consist of information on Chafee funding, policy updates, National Youth in Transition Database (NYTD) and any additional division initiatives including Medicaid Expansion and the Peer Warmline. Program stakeholders, Strong Able Youth Speaking Out (SaySo), Youth Villages LifeSet Program, and Foster Care to

Success, continue to provide program updates in workforce development, post-secondary education funding, financial literacy, and life skills connected to LINK outcomes. NC DSS Chafee team has also had discussions about health care management, health care power of attorney, and advance directives. New topics covered and preplanned throughout the FY 2023-24 are as follow:

Table 81. 2023-24 LINK Topics

August 2023	Overview of LINKS (Chafee) and Foster Care 18-21 Programs
September 2023	Independent Living Assessment Tools
October 2023	Jim Casey Workgroup (Completed LINKS Coordinator Toolkit)
November 2023	Adoption Recruitment for Older Youth by NC KIDS
January 2024	Foster Child Bill of Rights, Changes to Adult Guardianship
February 2024	In-person Housing Solutions for Transition Age Youth
May 2024	Foster Care Month & In-Person Meeting with Group Activity Development

Strong Able Youth Speaking Out (SaySo) Program

SaySo was a major partner in the planning process for the Youth and Young Adults Listening and Strategic Planning Sessions. They assisted with coordinating ice breakers, leading subgroups and note taking during in-person and virtual sessions.

SaySo participated in North Carolina's Annual Page Week with a total of eight (8) counties represented. Young people met with legislation leaders and Governor Roy Cooper to share their thoughts about Foster Care in North Carolina and witnessed the signing of the proclamation declaring October Foster Youth Voice Month in North Carolina.

In July 2023, SaySo shared ideas for Make a Difference Day with Duke Law School and met with Esteem/Blue Cross Blue Shield about their Sunflower Project to provide a youth voice in the creation of their new app.

SaySo continues to work closely with local county agencies SaySo Chapters to assist young people in developing different independent living skills through interactive workshops and activities. In August 2023, they hosted a "LINK-UP" Youth Conference for ages 13 to 15 and "It's My Transition" conference for ages 16 to 21 in Burke County, NC. Forsyth and Rutherford counties were helped in planning Forsyth County's Real-World Event held in March 2024.

Local county agency chapters have continued to increase. Martin, Robeson, and Sampson counties have established their own local SaySo Chapters through technical support provided by SaySo.

In January 2024, NC DSS and SaySo began planning to expand youth advocacy services, support and financial literacy as a result of youth and young adult listening session feedback.

SaySo recently increased the age of participation in the organization to age 26.

SaySo and Jim Casey Partnership

SaySo continues to partner with the Jim Casey Organization for Opportunity Passport and Uniting Stakeholders for Change.

This year, SaySo offered the Young Adult Leadership Council (YALC) the Opportunity Passport program to provide financial literacy guidance and information. After the course with YALC, SaySo assisted seven (7) young people with a financial match. One participant was able to become debt free, another participant was able to start their own business, and several were able to purchase items such as laptops to assist them with their education.

SaySo will be offering the program to the new YALC members and to participants who attend TEAM-Up in June 2024. Also, to ensure that all young people in NC can participate in Opportunity Passport, SaySo will be conducting three virtual sessions for the program in FY 2024-25.

SaySo's partnership with Uniting Stakeholders for Change continues to operate with three workgroups. The workgroups are focused on strategies to increase knowledge and resources for professionals, caregivers and young people. SaySo has continued their work to improve placement stability and permanency for young people ages 14 to 21 who are currently experiencing foster care. They also continue to work on increasing knowledge, access to resources, and maintaining racial equity to support the 14-21-year-old population. Over 200 people who were involved in the pilot for Uniting Stakeholders for Change were trained in adolescent development, and approximately 50 people were trained in implicit bias.

This year with Uniting Stakeholders for Change they have completed the following:

- Increased distribution of the LINKS Toolkit and provided it to all counties
- Developed an outline for the training "How to Parent a Teen Successfully" and provided this outline to NC DSS. They are currently working on having the training approved for fosteringnc.org.
- Developed an outline for a young person toolkit
- Partnered with Foster Family Alliance (FFA) on the Teaming with Teens Conference
- Developed a "What is Permanency" training with the University of North Carolina and young adults with lived experienced for caregivers who attends Teaming with Teens.

- Reviewed information from the November 2023 Strategic Planning Session and applied themes to their goals
- Worked on a caregiver tipsheet about permanency and Chafee services to present at Teaming with Teens Conference

SaySo Young Adult Leadership Council

The SaySo Young Adult Leadership Council (YALC) is comprised of 16 young people from all seven (7) regions across the state. They lead SaySo events, participate as youth advisors, and have been investing in their leadership and advocacy skills. In SFY 2023-24, YALC voted to increase the membership age for SaySo from 24 to 26 years old. They voted for the Statewide SaySo Saturday event to occur in Charlotte, NC instead of Raleigh or Greensboro, NC.

YALC has also participated in the following events:

- 5 members attended Daniel Memorial Independent Living Conference in Denver, CO
- 1 member attended the Selfless Love Think Tank in Boulder, CO
- 11 members participated in NC Governor's Annual Page Week
- 4 members attended the Foster Youth in Action in Santa Fe, NM
- 2 members attended the National Sexual Education Conference in Atlantic City, NJ
- 10 members participated in the Jim Casey Opportunity Passport Cohort-KEYS 3 & 4 – finance literacy

Mental Health Town Hall Meeting

Tailored Care Management was implemented based on the feedback received from a North Carolina young adult with lived experience who shared experiences accessing mental health services during the Mental Health Town Hall Meeting in March 2023. Additional information on Tailored Care Management can be located in Section 2.1.3.

Chafee Program Services Provided

LINKS

LINKS serves youth ages 14 to 21 by assessing their needs, skills, and resources, engaging them in planning and implementing services and programming, and connecting them with services to support the accomplishment of their Transitional Living Plan goals. The table below includes the numbers of current and former foster youth served by the LINKS program during SFY 2023-24, as well as to-date expenditures of LINKS Housing Funds, LINKS Transitional Funds, and LINKS County Allocations.

Table 82. Current/Former Foster Youth Served by NC LINKS July 1, 2022–March 31, 2023

SFY	Youth Served by LINKS Age 13 –21	LINKS Housing Funds Expended	LINKS Transitional Funds Expended	LINKS County Allocations Expended
2024	4191	$161,946.06	$780,409.15	$2,020,725.00

NOTE: The number of youth and young adults served is an unduplicated count of a partial service year.
Source: SIS Monthly and Budget Tracking Processes / NC uses a State Fiscal Year (SFY) for services

Youth Villages' LifeSet Program

LifeSet is an individualized, evidence-informed community-based program that is highly intensive provided to youth transitioning from foster care between the ages of 17 and 21. LifeSet helps young people stabilize, build healthy relationships, obtain safe housing, and pursue educational and employment goals. This program is provided through a contract between NC DSS and Youth Villages and is available in 90 of the state's 100 counties. Due to COVID-19, they experienced staff turnover and were unable to expand the program to the remainder ten (10) counties. However, Youth Villages continue to have a goal to expand into all 100 counties. In FY 2023, LifeSet supported 379 young adults.

Table 83. LifeSet Services July 1, 2022–April 15, 2023

Youth ages 17–21 Served (Statewide)	Obtained Sustainable Housing	No Juvenile/Criminal Justice System Involvement	Employed	Completed GED or Obtained HS Diploma
379	89.5%	96.3%	50.3%	78%

Source: Quarterly Contract Reports as of 04/2023

National Youth in Transition Database (NYTD)

In 2024, NC DSS developed and implemented an automation system with NC DSS Performance Management Team to improve data entry and data collection for the 2024B cohort. The system automatically notifies local agencies of their eligible participants and reminds them to connect with the participant to complete the survey.

NC DSS provides technical assistance to counties on the survey submission process and outreach efforts for difficult to locate young adults. To better convey the significance of NYTD, NC DSS plans to develop a one pager regarding the 2023A and 2023B cohort responses. With increased understanding of the purpose of NYTD, NC DSS aims to quicken submission times for surveys. In addition, an internal analysis of survey responses will be used as a quantitative metric to identify gaps in service delivery.

Table 84. National Youth in Transition Database (NYTD)

NYTD Cohorts	2023A	2023B	2024A *(pending)*	2024B *(pending)*
Completion Rates	71.2% (225 of 316)	63% (205 of 326)		(current cohort at time of APSR submission)

Data source: https://nytd.acf.hhs.gov/nytd/, March 2024

Services to Support LBTQI+ Youth and Young Adults

There continues to be an increase in services and supports available to assist LGBTQ+ youth with counseling and resources. NC DSS is in partnership with Outreach Youth, an LGBTQI+ center and Children's Home Society's Sexual Health for Youth in Out of Home Placements (SYNC) that provides education to county agencies about LGBTQIA+ population. NC DSS partnered with UNC in developing an on-demand course for adult supporters and caregivers. The course focuses on Learning to Support LGBTQ Youth in Substitute Care.

Trillium Health Resources a leading specialty care manager (LME/MCO) in North Carolina has implemented policies and practices to improve services provided to the LGBTQ+ community, including children in foster care and prospective foster and adoptive parents who are LGBTQ+.

Collaboration with additional Public and Private Sectors

Fostering Family Alliance (FFA) Teaming with Teens

NC DSS was one of many stakeholders that partnered with FFA to promote Teaming with Teens in May 2024. 386 participants registered including 88 foster, adoptive, and kinship families, 145 professionals (DSS agencies and private agencies) and 153 youth. Sixty-four participants completed the conference survey including seven (7) foster parents, one (1) kinship, 28 professionals and 28 youth and young adults. Table below summarizes feedback received from the survey on overall satisfaction:

Table 85. FFA Feedback

Things that were useful	Things to improve
Conversations were great	Could be longer
Nice mix of caregivers, teens and professionals	Have a host in each session
Topics/Sessions	More expert speakers
Organized, informational, location, fun	More chances to volunteer
Networking	Youth training topics

Source: FFA Teaming with Teens conference survey, May 2024

Based on the feedback received from 2023, the Teaming with Teens Conference included the following:

- Traditional workshops on content relevant for transition age youth
- Roundtable discussions to brainstorm issues thar are impacting transition age youth
- Resource sharing and networking opportunities
- Lunch and Light Refreshments
- Gift Cards for all youth and young adults that attend the entire event

Feedback gathered from this event and regional listening sessions will be utilized to implement services, resources, and policy and practice updates.

Coordinating Services with Other Federal and State Programs for Youth

Juvenile Justice Transitional Living Programs

NC DSS LINKS Coordinator participates in a monthly call with the Juvenile Justice Behavioral Health State Team to provide insight on the support that the NC LINKS and FC 18 to 21 Programs can provide with young people involved with Juvenile Justice who may currently be in foster care or who were in foster care and qualifies for the services.

Special Programs Team and the Division of Juvenile Justice (DJJ) are partnering to strengthen relationships between DJJ and the county agency social workers by providing technical assistance regarding both programs, strengthening communication and implementing resources for youth exiting the Division of Juvenile Justice. Expanding partnerships impact young people exiting DJJ before their 18th birthday and increase supports available through Chafee.

Local Housing Programs

In SFY 2024 NC DSS efforts to strengthen education on these programs consisted of partnering with non-profit agency Rapid Resources for Families to provide county child welfare workers an in-person guest speaker event with Ruth White, Executive Director of the National Center for Child Welfare and Housing. This event provided education on the federally available Family Unification Program (FUP) and Foster Youth to Independence Initiative (FYI) to support young adults as they transition out of support provided through LINKS and Foster Care 18-21. NC Chafee Team has reestablished connections to the Greensboro Field Office's Portfolio Management Specialist to ensure barriers to FUP and FYI expansion can be addressed. Most frequently cited barriers include lack of education and lack of administrative support for these programs. Based on the feedback shared during youth listening sessions and focus group sessions with young people, North Carolina's goal for the next few years will consist of building connections with community partners to expand the variety of placement options and have a FUP/FYI program in each region.

School-To-Work Programs

County DSS agencies continue to use the NextGen program at NCWorks to help connect and support young people with workforce programs and jobs. NCWorks is a state-sponsored network that aligns and coordinates workforce development programs in North Carolina, including those from the Department of Commerce, community colleges, and DPI. NextGen collects data for all young people that use their program. As part of its collaboration with NextGen, NC DSS is working to obtain specific data needed to strengthen services and supports for young people.

Promote Wellness and Mental Health Needs of Youth Formerly in Foster Care

Based on the Behavioral and Physical Health goal from the listening and strategic sessions, NC DSS Special Programs Team and NC DSS Well-Being Team will be collaborating to implement resources to assist young people in accessing holistic healthcare needs. The teams plan to also collaborate with NCCARE360, the Local Management Entity/Managed Care Organizations (LME/MCOs), and Medicaid about resources and/or resource improvements for young people; the teams also support the development and implementation of a new trauma assessment tool.

NC DSS Special Programs Team partnered with the NC DSS Well-Being Transitional Age Youth Healthcare Workgroup to broaden knowledge on how to engage young people in the discussion and decision making for a health care power of attorney and advance directives with the document “Five Wishes”. Community Care Of North Carolina (CCNC), initially presented on “Five Wishes” in May 2023 and later within December 2023 to support county agencies request for additional technical support.

in June 2023, NC DSS Special Programs Team purchased the Five Wishes documents and provided each of the 100 counties with about 25 documents. As a result, a small quantity of counties shared that they have completed the document with some of their young people. In addition, Rutherford County had an attorney speak to their young people about Medical Power of Attorneys and the Five Wishes document.

NC DSS Special Programs Team will continue to be a part of the NC DSS Well-Being Transitional Age Youth Workgroup’s subcommittee.

Life Skills

NC DSS Chafee Team will continue to broaden “Opportunity Passport” through SaySo’s partnership with Jim Casey, to ensure financial literacy is accessible to youth across the state. Additional information on this can be found in the FY 2023 APSR.

4.14 Education and Training Vouchers (ETV)

Foster Care to Success continues to be contracted with NC DSS to administer Education and Training Voucher (ETV) funding.

The table below provides a count of ETV awards for the 2022-23 and 2023-24 school years.

Table 86. ETV Awards for 2022-23 and 2023-24

Timeframes	Total ETVs Awarded	Number of New ETVs
2022 – 2023 School Year (July 1, 2022 – June 30, 2023)	321	130
2023 – 2024 Year* (July 1, 2023 – June 30, 2024)	276**	109**

*As of January 30, 2023, Source: Quarterly Contract Reports
**Estimated based on prior years performance

4.15 Chafee Training

Technical Assistance Support to Counties

NC DSS LINKS and FC 18 to 21 Coordinator offer technical support calls to individual counties to provide an overview of the programs. During the August 2023 LINK-Up call both programs provided an overview to all counties that participated to help any new and/or current county staff members in NC. An overview of the programs was presented to youth and young adults who attended the listening and strategic planning sessions.

By providing technical assistance support new county workers have gained more knowledge about both programs, and a better understanding on Chafee outcomes, Chafee funds, and eligibility qualifications and housing for the FC 18 to 21 program. It has also helped counties learn how to connect with other counties that their young people may be placed in, and for peer support for Chafee services.

Additional Chafee Trainings

In relations to the information gathered around Normalcy from the listening and strategic planning sessions, NC DSS Special Programs Team plans to facilitate a minimum of two (2) informational sessions for group home staff and LME/MCO staff members in NC. By December 2024, the team also plans to facilitate a minimum of two (2) informational sessions for caregivers pertaining to normalcy, and the LINKS and FC 18 to 21 programs. One of the two informational sessions for caregivers took place at Fostering Family Alliance's "Teaming with Teens" event in May 2024.

4.16 Chafee Consultation with Tribes

NC DSS continues to work towards developing collaboration with tribes to improve Chafee services for young people between the ages of 14 -17. Efforts were made to invite EBCI eligible youth to participate in youth listening sessions but due to turnover within EBCI leadership and limited communication youth were unable to attend.

In spring 2024, the NC DSS Special Programs Team met the new EBCI leadership team and provided technical assistance regarding LINKS and Foster Care 18 to 21 policies, practice, and resources to the council. The NC DSS Special Programs Team are coordinating ongoing meetings to strengthen partnerships and continue providing support and technical assistance to the council while providing, Chafee services and youth engagement opportunities to eligible EBCI young people.

5 Consultation and Coordination between States and Tribes

NC DSS and Eastern Band of the Cherokee Indian (EBCI) continue to work to ensure ongoing collaboration and partnership. In FFY 2024, NC DSS continues to provide outreach to, partnership with, and engagement of EBCI's Public Health and Human Services (PHHS) Family Safety program in a manner that will create connections between programs that serve and support children and families.

Outreach and Engagement of Tribes

In FFY 2023-24, two quarterly meetings were held among NC DSS and EBCI's child welfare leadership and the directors of five Qualla-boundary county departments of social services, one of which was held in-person on the Qualla-boundary. NC DSS continues to provide a staff directory to EBCI, including the names, titles, and contact information for NC DSS child welfare leadership and LINKS program staff. EBCI continues to reciprocate. NC DSS engaged EBCI as it prepared the Statewide Assessment for Round Four of the upcoming Child and Family Services Review to gather feedback regarding child welfare transformation efforts. NC DSS created a survey and had over 30 responses from tribal partners. This information was included in the Statewide Assessment. In addition, NC DSS invited leadership from the EBCI to participate in its annual Joint planning held on March 5, 2024. EBCI's Interim Director for Human Services and the Family Safey Manager were able to participate and provide feedback on NC DSS current work as well as proposed goals for the upcoming Child and Family Services Plan. Leadership from NC DSS participated in EBCI's Joint Planning held on April 24, 2024. This meeting allowed NC DSS and EBCI to meet new

leadership from both agencies; allowed NC DSS to hear about the progressive work being done by EBCI in preventing children from coming into Foster Care; and allowed NC DSS, EBCI and the directors of Qualla-boundary counties to recommit to the established cadence and set priorities for future meetings.

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

- Human Services Director, PHHS, EBCI
- Family Safety Manager, PHHS, EBCI
- ICWT Supervisor, PHHS, Family Safety, EBCI

NC DSS also engaged the NC Commission of Indian Affairs, to inquire about consultation and collaboration opportunities. NC DSS works with the Commission's standing committee on NC Indian Child Welfare, the mission and members of which can be found via this site: https://ncadmin.nc.gov/public/american-indians/american-indian-initiatives/indian-child-welfare-program#mission-of-the-standing-committee-on-nc-indian-child-welfare. NC DSS continues to partner with the NC Commission of Indian Affairs for ongoing consultation and collaboration, particularly related to NC DSS' inclusion of and focus on American Indian families and children involved with the child welfare system as part of its diversity, equity, inclusion, and racial equity work.

March 7th and 8th, 2024 NC DSS participated in the 49th Annual Unity Conference, sponsored by the United Tribes of North Carolina. United Tribes of North Carolina is an organization whose mission is to promote educational, economic, religious, charitable, and cultural activities for American Indian people specifically in North Carolina. NC DSS submitted a proposal and was granted the opportunity to lead a workshop entitled *Reporting Child Maltreatment & Using Data to Better Serve American Indian Children Through Child Welfare*. The goal of the workshop was to provide an update on reporting requirements in North Carolina and to demonstrate how NC DSS utilizes data to ensure populations who are typically overrepresented in Child Welfare are served equitably. NC DSS was able to highlight changes in policy as well as initiatives to support American Indian families and children such as KinGAP. The workshop was well attended with over 30 participants. Follow up evaluations expressed genuine appreciation for the data and work NC DSS is doing. As a participant, NC DSS was able to make significant connections with several organizations to discuss future partnerships to better serve American Indian children in North Carolina.

Coordination, Collaboration in Implementation of CFSP/APSR

To ensure engagement, partnership, and inclusion of tribal input and feedback towards achieving North Carolina's CFSP goals and objectives, NC DSS specifically contacted and invited EBCI representatives to participate in NC DSS' Joint Planning Held on March 5, 2024,

in Raleigh. Interim Director for Human Services, Anita Losiah, and Family Safey Manager Amy Nations were able to participate and provide feedback on NC DSS current work as well as proposed goals for the upcoming Child and Family Services Plan.

EBCI's Public Health and Human Services Family Safety program is small with few staff members. As such, staff transitions and few staffing resources can make it difficult for EBCI to have representatives attending and participating in meetings that take place in Raleigh due to the distance. To ensure that NC DSS has consistent feedback from Tribal representatives, NC DSS is planning to hold regional meetings to continue to receive stakeholder feedback in the coming year. These meetings will be held virtually allowing tribal representatives from EBCI and North Carolina's seven state recognized tribes to participate.

In an ongoing effort to ensure that EBCI representatives are updated regularly regarding North Carolina's progress towards CFSP goals and objectives NC DSS and EBCI continue to have a standing agenda item at the quarterly meetings with the directors on the Qualla-Boundary. In addition, a portion of each meeting is designated solely for EBCI and NC DSS. This is to ensure information is being shared and discussed as needed. NC DSS has and will continue to provide information and updates to EBCI via regular meetings and ongoing programmatic communications. NC DSS is also exploring options for expanding its "Blueprint" communiques and for proactively and regularly communicating with its EBCI partners, sharing notices about policy and practice changes, exchanging data and outcomes information, and providing information about trainings and collaboration opportunities.

Arrangements for Providing Child Welfare Services and Protections for Tribal Children

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

NC DSS issued a DSS Administrative Letter, Child Welfare Services CWS-AL-01-2021, effective October 1, 2021, that was sent to all county departments of social services, advising of the collaborative work between the EBCI's Public Health and Human Services (PHHS) department and NC DHHS/DSS. The Administrative Letter clarified expectations and the roles of county and tribal child welfare programs regarding services to and for children and families who are involved with both systems, including clarification that EBCI's Public Health and Human Services (PHHS) is the agency that provides child welfare services within EBCI jurisdiction, that is operates autonomously under the Cherokee Code of EBCI, and that the Cherokee Code pertaining to child welfare differs from North Carolina in significant ways, including the statutory definitions giving rise to the need for intervention. The letter explains that with the initiation of the child welfare program, EBCI asserts its exclusivity in

providing child protective services on Tribal lands, which requires county child welfare agencies to receive express permission from PHHS prior to any entry onto Tribal lands for contacts or service provision.

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

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

ICWA Compliance

During the ongoing OSRI reviews, NC DSS reviewed child welfare cases during October 2023 – March 2024. NC DSS determined compliance with ICWA, as follows:

Table 87. Compliance with ICWA, October 2022 – March 2023

Compliance with ICWA	Yes		No	N/A
Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe?	47		0	0
If the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, during the period under review, was the Tribe provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights?	2		0	45
If the child is a member of, or eligible for membership in, a federally recognized Indian Tribe, was the child placed in foster care in accordance with Indian Child Welfare Act placement preferences or were concerted efforts made to place the child in accordance with the Act's placement preferences?	1		0	46

Source: NC Case Reviews using the OSRI

As the data indicate, in cases, a sufficient inquiry was conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe. In those cases, they were determined to have provided timely notification to the Tribe of its right to intervene in any state court proceedings seeking involuntary foster care placements or terminations of parental rights. This suggests that in only two of the cases, the child was determined to be a member of or eligible for membership in a federally recognized Indian Tribe. For the two cases in which the children were determined to be members of or eligible for membership in a federally recognized Indian Tribe, the child was placed in foster care in accordance with ICWA placement preferences. NC DSS received a report from the EBCI of the number of ICWA referrals received. From October 2023 through March 2024, the EBCI reported receiving ICWA inquiries from 74 counties in North Carolina.

NC DSS will continue to consult with EBCI regarding the development of specific measures for the state to take to comply with ICWA, it will do so during the quarterly meeting scheduled for 2024-25. As NC DSS shifts to a regional support model, targeted technical assistance may be provided to county child welfare agencies based on data and documented need for information and training.

Chafee Consultation with Tribes

NC DSS has coordinated, scheduled, and hosted regular meetings with EBCI representatives during the 2020-2024 CFSP to provide information about LINKS program services, funding support resources, and opportunities for youth engagement and representation, including discussions on partnership opportunities and provision of LINKS services and education supports to eligible youth.

In August 2021, NC DSS and EBCI confirmed a business process for determining eligibility when a young person applied for an ETV to ensure timely educational financial support was available and youth and families were aware of the process. An EBCI representative participates in monthly LINK-UP Calls and has access to Chafee Listserv notifications. Meetings were coordinated with counties within the jurisdictional area and EBCI staff to ensure services, benefits and support were accessible and provided. EBCI youth and young adults participated in previous financial initiatives made available to all North Carolina Chafee eligible youth.

NC DSS worked towards engaging EBCI youth and young adults in regional listening sessions and focus groups to partner in strengthening programs and services, but participation was impacted during this time due EBCI's to internal transitions and staff turnover within leadership.

NC DSS' leadership recently met with EBCI's new leadership staff and began collaboration efforts to discuss the Foster Care 18 to 21 program, LINKS supports, and available post-secondary educational supports to jointly serve and support EBCI's youth and young adults in North Carolina.

Ongoing collaboration and coordination efforts will strengthen partnerships opportunities involving strengthening the protocol process for determining eligibility of youth who are or were in foster care through the EBCI, to ensure they apply and receive NC ETV program benefits. These ongoing partnership efforts also include creating and providing presentations on LINKS, ETVs and Foster Care 18-21 programs and services to all staff, youth, and young adults and coordinating listening sessions and strategic planning sessions to assist with the ongoing planning of services and resources.

NC DSS will make the 2025 APSR available online via the NC DHHS website. Additionally, NC DSS will send the 2025 APSR to EBCI partners upon approval as well as to the Commission of Indian Affairs. The 2025 APSR will be emailed to the Director/Interim Director of Human Service, PHHS, Family Safety, EBCI.

6 Section D: CAPTA State Plan Requirements and Updates

North Carolina submitted a Child Abuse Prevention and Treatment Act (CAPTA) State Plan in 2023; it remains in effect.

The North Carolina CAPTA Administrator is Kathy Stone, Section Chief for Safety and Prevention Services. Address:

820 S. Boylan Ave.
McBryde East 2410
Mail Service Center Raleigh, NC 27699-2410
Fax: 919-715-0168
Email: kathy.stone@dhhs.nc.gov

6.1 Substantive Changes to Law and Regulations

6.1.1 2023 Appropriations Act [Section 9H.15. of S.L. 2023-134]

Citizen Review Panel

Citizen Review Panel (CRP) functions will be restructured as currently the 100 county CCPTs serve as the federally required Citizen Review Panel. The CFP legislation sets out requirements for CRPs that will lead NC DSS to create panels to meet federal requirements, with at least 3 CRPs who are to evaluate the work of local and state child protection agencies. A new CRP structure has not yet been finalized. The CFP legislation states it is effective January 1, 2025.

The changes impacting local teams are intended to become effective January 2025 or July 2025. There was a technical error in the 2023 Appropriations Act making some of the changes effective earlier, in October of 2023, and the error created contradictions in the laws that would make implementation on this timeline impossible. NC DHHS is seeking a technical correction in legislation to resolve this error. The dates shared in this report are the intended dates from the original CFP legislation (HB 862) that would be applicable through an anticipated technical correction.

Child Fatality Reviews

The 2023 Appropriations Act also creates a State Office of Child Fatality Prevention within NC DHHS/DPH and restructures local child fatality review teams. These changes go into effect in July 2025. NC DSS is actively engaged with DPH and other partners in establishing the Office of Child Fatality Prevention and processes for the state and local teams. To

ensure ongoing compliance with data collection and reporting requirements related to child fatalities and near fatalities, NC DSS is proceeding with the planned development and implementation of its child fatality database and will continue to conduct case reviews when there are fatalities in open or recently closed cases.

6.1.2 2022 Trafficking Victims Prevention and Protection Reauthorization Act

North Carolina's definition of child abuse includes human trafficking (N.C.G.S. § 7B-101(1)).

N.C. G.S. 14-43.11 Human Trafficking – A person commits the offense of human trafficking when that person (i) knowingly or in reckless disregard of the consequences of the action recruits, harbors, transports, provides, or obtains by any means another person with the intent that the other person be held in involuntary servitude or sexual servitude or (ii) willfully or in reckless disregard of the consequences of the action causes a minor to be held in involuntary servitude or sexual servitude.

N.C. G.S. 14-43.10(a)(3) Involuntary Servitude – The term includes the following:

- The performance of labor, whether for compensation, or whether or not for the satisfaction of a debt; and
- By deception, coercion, or intimidation using violence or the threat of violence or by any other means of coercion or intimidation.

N.C. G.S. 14-43.10(a)(5) Sexual Servitude – The term includes the following:

- Any sexual activity as defined in G.S. 14-190.13 for which anything of value is directly or indirectly given, promised to, or received by any person, which conduct is induced or obtained by coercion or deception or which conduct is induced or obtained from a person under the age of 18 years; or
- Any sexual activity as defined in G.S. 14-190.13 that is performed or provided by any person, which conduct is induced or obtained by coercion or deception or which conduct is induced or obtained from a person under the age of 18 years.

6.2 Significant Changes to State CAPTA Plan

As of May 2023, there are no significant changes to North Carolina's CAPTA plan as it was revised and submitted with the previous APSR; the NC CAPTA Plan can be found on the NC DHHS website.

6.3 Expenditure of CAPTA Funds

For the reporting period, CAPTA funds were used alone or in combination with other funds in support of the state's approved CAPTA Plan as described below. Current CAPTA spending is supported by the revised State Plan. Funds were used to facilitate CPS programming, workforce development, and interagency collaboration.

Table 88. CAPTA expenditures 7/1/23-4/30/24

Funded Activities	Amount
Child Welfare Support—Temporary Positions	$32,641.26
Workforce Development Campaign	$168,000.00
Training Contracts	$218,945.79
Family Preservation & Support Contracts	$207,422.72
Child Medical Evaluation Program/Regional Abuse Medical Specialists	$1,100,681.01
Child Advocacy Centers	$13,139.20
TOTAL	**$1,740,829.98**

Data source missing

Child Welfare Support—Temporary Positions

NC DSS has hired temporary staff with previous child welfare experience to review reported child fatalities in open child welfare cases. These positions do a record review and look for child welfare policy and practice issues present in the cases. Additional records may be reviewed for trends and if identified, a plan for improvements is made with the local child welfare agency with follow-up reviews to determine if improvement has taken place or if additional action is needed.

Workforce Development Campaign

Clean Design contract paid for the Workforce Realistic Job Preview Video along with the Lived Experience Videos that were created to be utilized in the redesigned Pre-Service Training.

Training Contracts

CAPTA funds continued to support the Medical Aspects training that is provided annually to county child welfare staff. This training is a virtual hybrid course with 4 weeks of self-paced modules and one live virtual classroom day. Between July 22- May 23, there were 24 events offered.

Family Preservation and Support Contracts

CAPTA funds continued to support agencies contracted by the North Carolina Family Support Program. These programs implement one or more of the described programs below under Funding Expenditures in Combination with Title IV-E and CBCAP. These programs demonstrate an acceptable level of evidence-based or evidence informed practice.

Child Medical Evaluation Program/CAPP Program/Regional Abuse Medical Specialists

CAPTA funding continued to be utilized to improve CPS services through a contract with the Child Medical Evaluation Program (CMEP) to support the Clinical Assessment of Protective Parenting (CAPP) Program and Regional Abuse Medical Specialist (RAMS) program.

CAPP

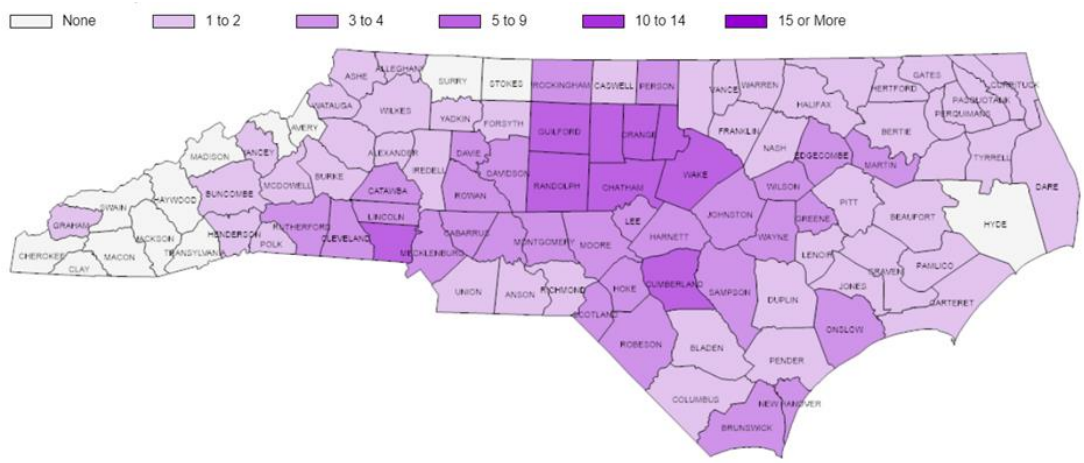
The Clinical Assessment of Protective Parenting (CAPP) is a semi structured interview comprised of findings from Centers for Disease Control and Prevention (CDC), National Institute of Mental Health (NIMH) and empirically validated literature on factors that have been found to have an impact on the likelihood of child maltreatment. This includes demographic factors such as age or developmental needs of children in the home, parental depression and trauma, intimate partner violence, parental appreciation for child development and parent child attachment impact.

The Child Medical Evaluation Program (CMEP) provides administrative oversight to the CAPP on behalf of NC DSS. CAPP providers are licensed master's level clinicians in mental health who have the oversight of their licensure boards for training. However, CMEP requires that CAPP providers have continuing education in relevant areas of the field and take a one-day training specific to the CAPP and how to complete the evaluation within their practice model.

The first CAPP was conducted in Q2 of FY 2023, by an initial cohort of clinicians. The preliminary data was used by CMEP to enhance the tool and inform the training process. Two CAPP provider trainings were offered in FY 2023 to increase the roster of eligible providers. In FY 2024, CMEP offered this course twice and – as of the end of Q3 – there are 25 CAPP providers rostered with CMEP.

Many of the providers serve counties outside of their physical practice location. Currently, there is a CAPP provider practicing in or willing to travel to 87 of 100 counties to perform the evaluation. Child welfare agencies in the 13 remaining counties can arrange for the client to be served in one of these 87 counties. The map below demonstrates the availability of the service to North Carolina child welfare agencies.

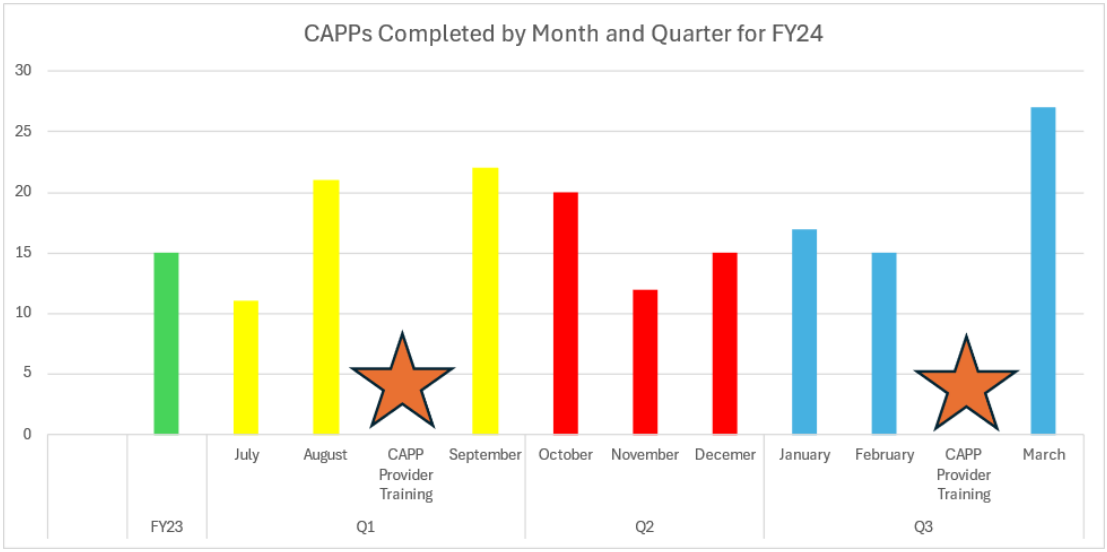
Figure 55. CAPP Providers Serving NC Counties



Data Source: CMEP Database

The first referral for a CAPP was received by CMEP in FY 2023 and by the year's end 15 CAPPs were performed. In contrast, FY 2024 represented a period of exponential growth for the program as 167 evaluations were conducted in Q1–Q3 alone. The graph below depicts this expansion and indicates when additional clinicians became eligible for rostering.

Figure 56. CAPPs Completed by Month and Quarter for SFY24



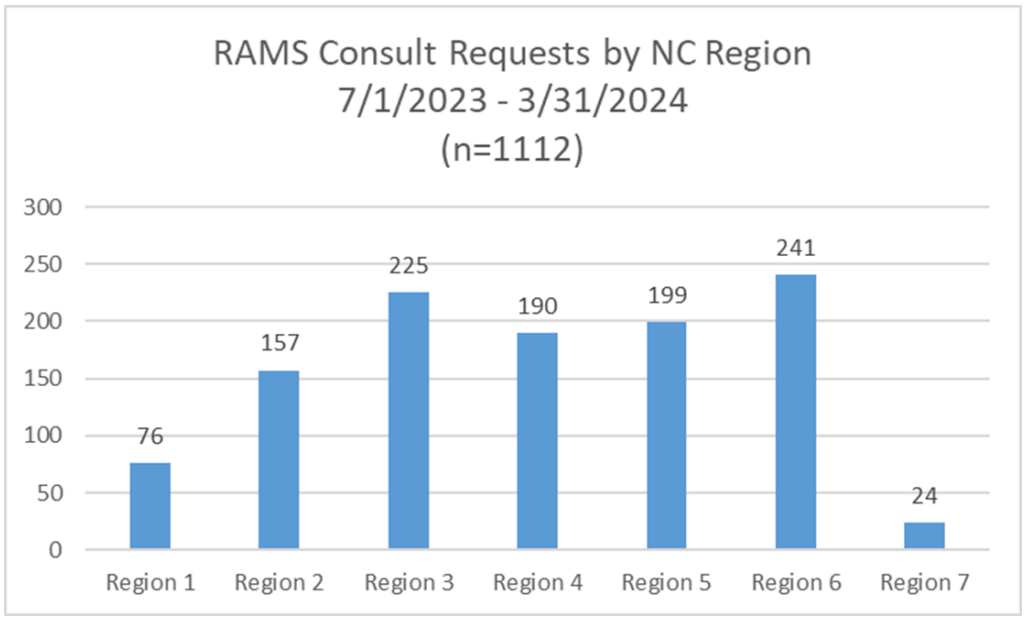
Data Source: CMEP Data Base

RAMS

All 100 NC counties were active with Regional Abuse and Medical Specialists (RAMS) as of the start of this APSR reporting period, July 1, 2023. The following figure shows a

breakdown by region of the 1,112 consult requests made to RAMS, collected from July 1, 2023—March 31, 2024.

Figure 57. Number of Consults by Region



Data Source: CMEP Database

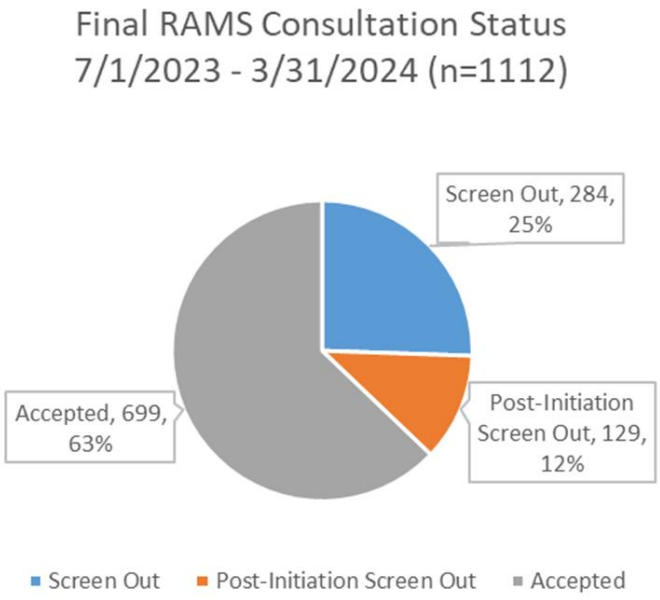
Consultations are further divided into 3 categories:

- Screen Out
- Post-Initiation Screen Out
- Accepted Consult

Screen-outs are consultations received pre-initiation and if the intake information does not fall into one of the five (5) categories of criteria (specified below in the text following Figure 58), RAMS would no longer be involved with the case. Post-initiation Screen Outs are cases that would receive pre-initiation planning support, but it was found post-initiation that the allegations in the intake report were not accurate, and therefore do not fall into one of the five (5) categories of criteria, RAMS would no longer be involved. Accepted Consults are cases where RAMS provide consultation throughout the life of the assessment and would conclude RAMS involvement at case decision.

The following figure shows a breakdown of consultation status of all 1,112 consults provided by RAMS, collected from July 1, 2023—March 31, 2024.

Figure 58. Final RAMS Consultation Status

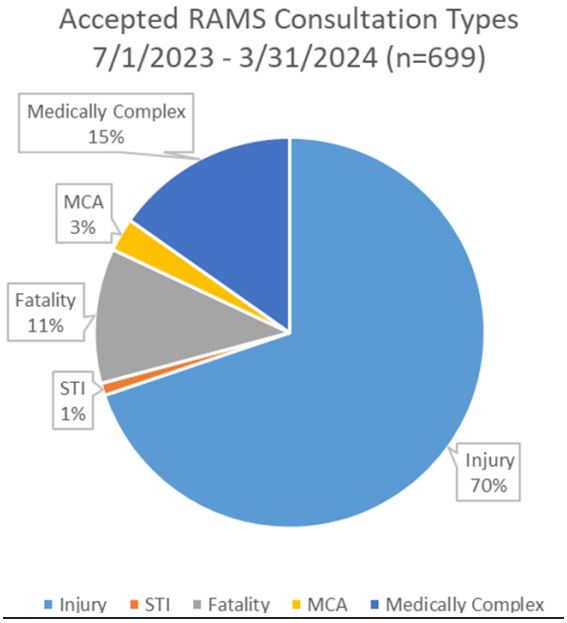


Data Source: CMEP Database

Of the 699 accepted RAMS consultations for the period of July 1, 2023—March 31, 2024, the following figure shows a breakdown of those cases by type:

- 3 years and younger with unexplained/poorly explained injury (INJURY)
- 3 years and younger with a concern for sexually transmitted infection (STI)
- 3 years and younger who lives with child who died as a result of suspected abuse/neglect (FATALITY)
- Any case with concern for medical child abuse (MCA)
- Any case for medical neglect with medical complexity (Medically Complex)

Figure 59. Accepted RAMS Consultation Types



Data Source: CMEP Database

Child Advocacy Centers

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

Funding Expenditures in Combination with Title IV-E and CBCAP

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

North Carolina currently complies with the requirement to maintain Citizen Review Panels (CRPs) using Community Child Protection Teams (CCPT). North Carolina General Statute § 7B-1406 established a CCPT in each of North Carolina's 100 counties. As mentioned in the *Substantive Changes to Law and Regulations* section, there will be a new CRP structure in place as of January 1, 2025. NC DSS is currently working on an RFP to accommodate the legislative exigency.

For this reporting period, the CCPT Advisory Board worked in conjunction with North Carolina State University Center for Family and Community Engagement to conduct the annual survey and compile and determine recommendations.

The 2022 Annual Report can be found at:
https://www.NC DHHS.gov/nc-ccpt-2022-end-year-report/download?attachment

The State Response can be found at:
https://www.NC DHHS.gov/state-response-2022-report/download?attachment

Efforts to Support the Needs of Infants Born and Identified as Affected by Substances

Table 89. Children with Plan of Safe Care, FFY 2022 and FFY 2023

FFY	SAI Notifications (Cases Referred to CMARC)	SAI notifications (Child Welfare Screened Out)	Cases Referred to Other Community Based Programs	Child Welfare POSC Created (Screened-In)
2023*	2,047	949	8	2,055
2022**	5,039	1,000	297	3,744

*SAI=Substance Affected Infant; Date Range 10/1/2023-3/31/2024; **POSC Survey is incomplete
Data Sources: POSC Survey, CWS

Table 90. Children with Plan of Safe Care, FFY 2021

FFY	Youth with POSC	Youth with POSC and Service Referrals
2021	4,160	2,365

Data Sources: Central Registry & NCFAST data as of 6/24/2021

Table 91. Children with Plan of Safe Care, Jul. 1, 2023 – Mar. 31, 2024

SAI Notifications (Cases Referred to CMARC)	SAI notifications (Child Welfare Screened Out)	Cases Referred to other Community Based Programs	Child Welfare POSC Created (Screened-In)
2,047	949	8	2,055

Notes: * Date Range 07/1/2023 - 3/31/2024; **POSC Survey is incomplete
Data Sources: POSC Excel Survey, NC FAST Child Welfare, Customer Voice Survey

NC DSS also provides CAPTA funding for East Carolina University's TEDI BEAR Child Advocacy Center to offer Stewards of Children: Darkness to Light Child Sexual Abuse Prevention training (SOC) in 18 counties in Eastern North Carolina. Each year, TEDI BEAR trains approximately 1,200 adults on this primary prevention program. Participants are individuals who care for and partner with children and youth, such as parents, relatives, childcare providers, teachers, medical professionals, coaches, religious education staff, and camp counselors. *Stewards of Children* places the responsibility on adults to protect children from abuse, while also training adults to recognize and react responsibly when concerns of sexual abuse arise.

CAPTA Funding to Support Development, Implementation, and Monitoring

CAPTA funds are supporting a dedicated Substance Affected Infant Regional Medical Abuse Specialist (SAI-RAMS) position and a substance use specialist available to county DSS

agencies for technical assistance. During the reporting period, the position provided TA to 17 counties, an increase from last year's report. The TA sessions included education around CAPTA and CARA and the importance of early identification of substance affected infant (SAI) cases in the safety and protection of children. SAI cases include some of the most at-risk children in NC and ongoing TA stressed the importance of implementing Plans of Safe Care (POSC) with caretakers and supports, in addition to child-specific needs.

Education provided by the SAI-RAMS emphasizes the importance of behaviorally specific changes which must be identified by the worker and made by the caretaker to ensure safety of children. These TA sessions also provided county agencies an opportunity to practice identifying behaviors which pose safety threats and completing a POSC based on a case scenario. TA sessions also referenced policy within the NC child welfare manual as it relates to SAI/POSC and requests feedback throughout the training as well as after the training is concluded.

Additionally, the SAI-RAMS attended joint planning meetings with NC DHHS to stay up-to-date on policy and procedures and supported development of forms and updates to policies as needed. The SAI-RAMS also met with RCWS quarterly to discuss trends and concerns identified in county practice as it related to SAI and POSC. Attendance at fatality reviews which included SAI concerns was another function of this position.

Regarding QA efforts related to POSCs developed by child welfare agencies, the SAI-RAMS reviewed plans completed by county agencies and provided real-time feedback during TA sessions. Feedback forms related to the SAI-RAMS services provided to counties after TA sessions indicate the forums were a positive use of counties' time; most feel at least one important element in developing strong POSCs was learned. The SAI-RAMS has continued to interreact with community groups to help bridge gaps between the local DHHS, other community agencies, and hospitals. The specialist continues to participate in the Perinatal Quality Collaborative of North Carolina, which is comprised of physicians, nurses, and other medical specialists who support this target population.

Changes to Policy and Practice

There were no changes to policy regarding support for infants born and identified as affected by substances. CQI feedback loops described in previous APSRs continue to provide data and feedback to be addressed through TA with the SAI-RAMS and RCWS. NC DSS is closer to an updated intake process that accurately captures and collates notifications and referrals regarding POSC within CWIS. The impending implementation of CWIS statewide will further support data collection and review efforts regarding CQI around child welfare interventions to meet the need of substance affected infants and their families.

Multidisciplinary Outreach and Coordination

Multiple meetings were held with DPH, which oversees the Care Management for At-Risk Children (CMARC) program to address referral and data concerns regarding POSC. Discussions focused on developing standards for non-child welfare involved families who require a POSC. NC DHHS understands additional coordination of services is needed to address the needs of SAI who do not receive a CPS response and will continue to partner with DPH to meet the needs of this population. NC DSS worked last year with the Attorney General's Office to address confidentiality concerns in developing new notification pathways. Legislation was proposed in the 2023 long session but did not pass.

In addition to collaboration with other DHHS divisions, NC DSS continues to partner with North Carolina's Plan of Safe Care Interagency Council (POSC-IC). Members of this council include leaders from NC DHHS as well as representatives from NC DSS (Child Welfare Section, DMH/DD/SAS, DPH (Women's and Children Section), the Child Welfare Family Advisory Council, UNC School of Social Work (Behavioral Health Springboard), and local child welfare agencies. The POSC-IC works with NC DHHS to coordinate with other public and private agencies impacted by the POSC requirement.

One outcome of NC DSS' initiatives to consult or coordinate with hospitals and health care professionals was the development of the Referral Partnership form described above. Collaboration with the Perinatal Quality Collaborative of North Carolina and Council for Child Abuse and Neglect groups bolsters the state's work around SAI-POSC and the needs of those families.

Process for Ongoing Monitoring

NC DSS requests data from NC DPH around CMARC referrals and services, and DPH is working towards bolstering their data collection procedures, specifically for non-child welfare involved families who are referred for a POSC to improve the ability to monitor referral outcomes and services.

NC DSS has developed significant strategies to create and monitor POSCs for SAI who are screened in for a CPS assessment (approximately 85% of notifications). The Guidance Document to direct social workers in engaging families to create a comprehensive POSC that was developed and implemented into policy statewide last reporting year continues to be utilized by child welfare staff and incorporated into case reviews.

A CQI approach continues to be used to monitor these POSCs by regular record reviews that target compliance with policy, data analysis, and technical assistance being provided by the RCWS. The SAI-RAMS position has supported this process since fall 2022. When a county is identified in need of technical assistance by the RCWS, they will engage the SAI-RAMS in developing and providing targeted TA in this area. RCWS will continue to conduct

CQI reviews of POSC. The data elements for POSC have been added to their workbook; their findings will inform additional policy and training needs to support practice.

The statewide form reported in last year's APSR to support the development of comprehensive POSCs for child welfare involved families was implemented statewide on November 28, 2022.

NC DSS continues to prioritize the needs of SAI within the broader revalidation and redesign of the SDM tools. For additional information about the timeframe for implementing new SDM tools, see Goal 1, Objective 2, Strategies 1-4. Substance affected infants were an area of focus on both the safety and risk assessments to ensure appropriate identification of concerns in this population.

Challenges in Implementation and Technical Assistance

NC DPH reports barriers to data collection for this population. CMARC services are not funded in all NC counties and there are barriers in certain communities on which analogous agency families should be referred to for POSC service provision and collaboration. NC DSS proposed a legislative change that would allow services referrals for SAI notifications to be made after the notification is screened through the child welfare intake system, but that was not implemented.

North Carolina continues to face challenges building multidisciplinary consensus on notifications and monitoring non-child welfare related POSC. NC DSS will continue to seek out these opportunities and plan for more substantive partnerships with providers as we develop a pathway for non-screened in POSC in FY 2025.

Prior Children's Bureau Site Visit

NC DSS participated in a Children's Bureau POSC site visit in 2019. Efforts reported in this current APSR continue to be reflective of follow-up actions to address issues identified or discussed as a result of that visit. During the 2019 Children's Bureau POSC site visit, the Children's Bureau identified areas of need for North Carolina. North Carolina took follow-up actions to address issues identified and discussed during the site visit, including:

- Developed improved data collection for POSC that includes the substance use identified and services provided. This data collection is only for screened-in SAI notifications. NC DSS continues to partner with counties by providing technical assistance on the submission of this data.
- Engaged CMARC (formerly CC4C) in discussions about program requirements, parent engagement, and follow-up. Data sharing requests are ongoing.
- Revising the state CAPTA Plan to include significant focus on POSC and services for substance affected infants.

Update of Use and Planned Use of Supplemental Funding

NC DSS spent the CAPTA and CAPTA-ARPA funds between June 2023 and May 2024 on the following personnel and contracts:

Personnel

Deputy Director of Operations for Child Welfare: $14,714.40 (CAPTA funded)

Child Welfare Program Monitors: $3,888.40 (CAPTA-ARPA funded)

Child Welfare Administrative Support: $76,443,57 (CAPTA funded)

Child Fatality Review Team: $10,903.67 (CAPTA funded)

Community Based Resource Development: $42,279.90 (CAPTA funded)

Intensive Family Preservation: $53,913.61 (CAPTA-ARPA funded)

Regional Safety Consultants: $2,125.73 (CAPTA-ARPA funded)

Child Welfare Regional CQI Specialists: $29,930.66 (CAPTA funded)

Contracts

CWS Family Preservation and Support: $153,187.00 (CAPTA funded)

UNC-CMEP Administration Contract: $1,614,805.98 (CAPTA funded)

Family Preservation and Support: $143,731.39 (CAPTA funded)

Child Advocacy Centers/CACNC: $19,852.67 (CAPTA funded)

Family Support and Child Welfare: $168,000.00 (CAPTA funded)

CPS Hotline: $195,863.64 (CAPTA-ARPA funded)

CPS Training: $305,60.77 (CAPTA funded)

Total CAPTA: $2,579,520.01

Total CAPTA-ARPA: $255,794.58

The personnel provided direct support and technical assistance to local child welfare departments in protective services. As described above, the contracts supported efforts to ensure children receive appropriate services to ensure their safety and well-being.

Additional CAPTA ARPA funds have been earmarked for the development of a child fatality data collection system that should be implemented statewide in the fall of 2024.

Engagement with Families and Community-Based Agencies

As reported in last year's APSR, NC DHHS engaged families, community-based agencies, or other partners to plan for use of ARPA and other emergency funding through the following groups which include families with lived experience, community providers, and stakeholders:

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

During 2023-24 NC DSS carried out planned expenditures from last year.

Barriers or Challenges to Access of Funds

NC DSS has experienced barriers to expenditure of CAPTA-ARPA funds related to procurement processes. NC DSS has contracted with Monterey to assign two contract specialists alongside program staff to streamline contracting processes.

7 Section F: Statistical and Supporting Information

7.1 CAPTA Annual State Data Report Items

The CAPTA Annual Data Report is submitted electronically via NCANDS as required.

Child Protective Services Workforce

There has been no change to the state-mandated educational, qualification, and training requirements for child protective service (CPS) professionals. This includes requirements for entry and advancement in the profession, as well as requirements for advancement to

supervisory positions. Respondents of the "2021 Child Welfare Staffing Survey" identified 166 workers as CPS Intake, 888 as CPS Assessment, and 385 as CPS In-Home Services.

North Carolina requires a four-year degree for CPS professionals. Each county is responsible for establishing entry and advance qualification requirements for CPS professionals.

North Carolina establishes training requirements for CPS professionals in the following law and policy guidance.

- May 1, 1991: Executive Order 142 Training required for all CPS workers and supervisors.
- July 1, 2003: G.S. 131D-10.6A (b) Training by the Division of Social Services required: The following General Statute applies to child welfare services staff initially hired on or after January 1, 1998:

> (b) "The Division of social services shall establish minimum training requirements for child welfare services staff. The minimum training requirements established by the division are as follows:
>
> i. Child welfare services workers shall complete a minimum of 72 hours pre-service training before assuming direct client contact responsibilities. In completing this requirement, the Division of social services shall ensure that each child welfare worker receives training on family centered practices and State and federal law regarding the basic rights of individuals relevant to the provision of child welfare services, including the right to privacy, freedom from duress and coercion to induce cooperation, and the right to parent.
>
> ii. Child protective services workers shall complete a minimum of 18 hours of additional training that the Division of social Services determines is necessary to adequately meet training needs.
>
> iii. Foster care and adoption workers shall complete a minimum of 39 hours of additional training that the Division of social services determines is necessary to adequately meet training needs.
>
> iv. Child welfare services supervisors shall complete a minimum of 72 hours of pre-service training before assuming supervisory responsibilities and a minimum of 54 hours of additional training that the Division of social Services determines is necessary to adequately meet training needs.

v. Child welfare services staff shall complete 24 hours of continuing education annually. In completing this requirement, the Division of social Services shall provide each child welfare services staff member with annual update information on family centered practices and State and federal law regarding the basic rights of individuals relevant to the provision of child welfare services, including the right to privacy, freedom from duress and coercion to induce cooperation, and the right to parent.

(c) The Division of Social services may grant an exception in whole or in part to the requirement under subdivision (1) of this subsection to child welfare workers who satisfactorily complete or are enrolled in a masters or bachelors' program after July 1, 1999, from a North Carolina social work program accredited pursuant to the Council on Social Work Education. The program's curricula must cover the specific pre-service training requirements as established by the Division of Social Services.

(d) The Division of Social Services shall ensure that training opportunities are available for county Departments of Social Services and consolidated human service agencies to meet the training requirements of this subsection."

Child welfare training requirements in North Carolina were initially enacted on May 1, 1991, when Governor James G. Martin issued Executive Order 142 requiring training for CPS workers. Since this time, training requirements have evolved to a system requiring pre-service and in-service training, which teaches agency staff to ensure safety and permanence for children. Training requirements are currently in place for all child welfare workers, supervisors, and foster parents.

Definitions:

- Direct Client Contact – A child welfare worker who is newly hired or who has assumed a new child welfare role between January 1, 1998, and June 30, 1999, may not be alone with a client or be assigned primary responsibility for a case (including foster and adoptive parents' licensing/assessment) until the 72 hours of pre-service training has been achieved. Effective July 1, 1999, this definition shall apply only to newly hired child welfare staff and student interns who are not Child Welfare Education Collaborative students.
- Child welfare social workers with a three-year gap in child welfare service must also retake pre-service. Prior to training, a new child welfare worker may shadow the social worker that has been assigned primary responsibility for the case but is

prohibited from intervening in the case until they have completed the pre-service training requirements.

- Child welfare staff who have previous NC child welfare experience and a three-year or more gap in child welfare services have the option of completing the module entitled Returning to the NC child welfare workforce and completing a Knowledge Assessment in lieu of retaking pre-service training. The agency supervisor is responsible for assessing each employee's readiness to rejoin the workforce. If it is assessed that the module will not adequately prepare staff for return to the workforce, retaking pre-service would be required.
- Child Welfare Worker – Employed staff, contracted staff, and student interns who work in a NC county DSS agency in the following functional areas: Family Preservation, Family Support, CPS (Intake, On-Call, Assessments, and In-Home Services), Permanency Planning, Foster Home Licensing, and Adoption (placement of children, recruitment of families, licensing, and adoption assessment).
- Training – Any formal educational session with predetermined competencies and outcomes.
- Primary responsibility for a case – When a child welfare worker is assigned principal case work and decision-making responsibilities with a child and/or family (including foster and adoptive families) and provides direct case work services.

Below is a description of the current minimum requirements for child welfare social workers, occasional on-call social workers, child welfare supervisors, as required by law.

- All Child Welfare Services workers and supervisors who are hired or who assume child welfare services responsibilities (including staff hired for on-call responsibilities involving direct client contact) must complete a minimum of 72 hours of pre-service training titled, Child Welfare in North Carolina, and the designated Transfer of Learning booklet prior to direct client contact or assuming supervisory responsibilities. In addition, all CPS staff must have an additional minimum of 18 hours of in-service training within the first year; and foster care and adoption workers must have an additional 39 hours of in-service training within the first year of employment. An additional 24 hours of continuing education for all workers/supervisors, regardless of employment date, is required every year after the first year of employment. Social work supervisors must also attend an additional 54 hours of supervisory training within the first year of employment. Child welfare services workers and supervisors who assume a role in a new or different functional area and who met the pre-service training requirements at the time of their employment are not required to attend Child Welfare in North Carolina. However, these individuals are required to attend the job specific training (200 series, Tier 2) within 3 months of assuming their job assignment/responsibility.

- For staff whose primary job function is in an area other than child welfare yet serve occasional on-call (with duties involving direct contact with clients) or occasional on-call supervisory back-up for these staff members, Child Welfare In North Carolina (pre-service training) is required prior to direct client contact.
- For staff primarily working in non-child welfare areas yet serving occasional on-call (with duties that do not include direct client contact) or on-call supervisory backup for these staff the requirement is either Child Welfare in North Carolina (pre-service training) OR the courses Intake in Child Welfare Services AND CPS Assessments in Child Welfare Services.

NC DSS collects information annually on specific areas by way of an annual survey completed by county staff December-February of each year for the prior calendar year. This information includes:

- The total number of child welfare social worker full time equivalent positions (FTEs)
- The total number of child welfare social work supervisor FTEs
- Academic degrees of social worker staff
- Academic degrees of social work supervisors and program managers
- Total number of FTEs hired during the year
- Reasons for vacancies in social worker, supervisor, and program manager FTEs

Following is an update about North Carolina's child welfare workforce based on the latest Child Welfare Staffing Survey, which ended December 31, 2023, and the Child Welfare Workforce Data Book.

Education. CPS professionals are classified as Social Worker Investigative and Treatment under the standards set by the NC Office of Human Resources or through a substantially equivalent system. For Social Worker Investigative and Treatment, education requirements include a master's degree from an accredited school of social work and one year of social work experience; or a bachelor's degree from an accredited school of social work and two years of social work or counseling experience; or a master's degree in a counseling field and two years of social work or counseling experience; or a four-year degree in a human services field or related curriculum and three years of social work or counseling experience; or graduation from a four-year college or university and four years of experience in rehabilitation counseling, pastoral counseling, or a related human service field providing experience in the techniques of casework, groupwork, or community organization; or an equivalent combination of training and experience. One year of work experience can be credited for completion of the Child Welfare Education Collaborative.

The tables below depict the current educational profile of North Carolina's child welfare workforce by staff and management positions.

Table 92. Education, Staff Positions

Position	FTEs Available	BSW	Other Bachelors	MSW	Other Masters	Higher Degree
Intake	207	60	102	14	32	0
Assessments	943	203	455	112	162	4
In-Home	393	97	173	48	66	3
Foster Care	693	158	315	112	102	2
FC 18-21	73	22	24	14	11	0
Adoptions	152	39	71	22	20	0
Other SWs	520	84	246	58	82	4
Total	2,981	663	1,386	380	475	13
% of positions		22%	46%	13%	16%	0.4%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2023 Child Welfare Staffing Survey"; data is from: January 1-December 31, 2023

Table 93. Education, Management Positions

Position	FTEs Available	BSW	Other Bachelors	MSW	Other Masters	Higher Degree
Social Work Supervisor	747	155	274	159	152	4
Program Manager	141	19	32	34	41	14
Program Administrator	63	7	25	20	9	1
Total	951	181	331	213	202	19
% of positions		19%	35%	22%	21%	2%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2023 Child Welfare Staffing Survey"; data is from: January 1-December 31, 2023

Qualifications. Qualifications of child welfare staff vary across counties. CPS professionals are classified as Social Worker Investigative and Treatment under the standards (set by the NC Office of Human Resources as mentioned above). Qualifications under the Social Worker Investigative and Treatment state the following information.

Knowledge, Skills, and Abilities. Thorough knowledge of social work principles, techniques and practices and their applications to complex casework, treatment, and investigation of abuse or neglect of children; thorough knowledge of policies and procedures as evidenced by the ability to cite the authority of federal and state law; thorough knowledge of individual and group behavior, family dynamics, and medical, behavioral and/or

psychosocial problems and their treatment theory. Considerable knowledge of governmental and private organizations and resources in the community.

Ability to interact and motivate a resistant involuntary client population and the public who may not agree with the laws, rules, or policies of the process or the programs; ability to prepare documentation such as written investigative reports for the court, case records, and treatment plans; ability to testify as an expert witness; ability to employ advanced case management interview techniques to establish a supportive relationship and involve families in the initial assessment for the need of services; ability to quickly assess the risks and safety of the client environment during daylight hours, after dark, and in high crime areas; ability to employ expert negotiation skills in the most complex cases; ability to analyze and assess child development safety issues in relation to risk factors; ability to analyze tense family situations and make decisions about removing children when the decision has to be made with limited direct information and limited access to consultation; ability to communicate effectively and establish supportive client relationships. Ability to perform manual work exerting up to 50 pounds of force occasionally and/or up to 10 pounds of force constantly to move objects.

Training. In the latest Child Welfare Staffing Survey, counties reported it takes an average of 11.9 weeks to fully prepare a new child welfare worker to carry a caseload.

In collaboration with UNC-Chapel Hill, a website (https://www.ncswlearn.org/) for registering and tracking training for county child welfare staff is used to collect training information. Information on all the training requirements for child welfare staff can be found here: https://www.ncswlearn.org/help/pdf/childrenguidelines.pdf.

Demographic Information. The table below contains demographic information of CPS personnel.

Table 94. Race of Child Protective Services Personnel, Staff Positions

Position	FTEs Available	AI/AN	Asian	AA/Black	NH/PI	White	Bi-Racial
Intake	207	4	1	102	0	94	4
Assessments	943	11	4	481	1	412	15
In-Home	393	10	0	201	1	158	11
Foster Care	693	3	3	331	2	337	5
FC 18-21	73	3	0	40	0	28	1
Adoptions	152	1	1	71	0	73	5
Other SWs	521	4	1	264	0	220	9
Total	2,981	36	10	1,490	4	1,322	50
% of positions		1%	.3%	49%	0.1%	44%	0.2%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2023 Child Welfare Staffing Survey"; data is from: January 1-December 31, 2023

Table 95. Race of Child Protective Services Personnel, Management Positions

Position	FTEs Available	AI/AN	Asian	AA/Black	NH/PI	White	Bi-Racial
Social Work Supervisor	747	22	0	350	0	362	8
Program Manager	141	4	1	70	0	65	0
Program Administrator	63	1	0	28	0	33	0
Total	951	27	1	448	0	460	8
% of positions		3%	0.1%	47%	0	48%	1%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2023 Child Welfare Staffing Survey"; data is from: January 1-December 31, 2023

Table 96. Ethnicity of Child Protection Personnel, Staff Positions

Position	FTEs Available	Hispanic/Latino	Non-Hispanic/Latino
Intake	207	6	184
Assessments	943	49	817
In-Home	393	19	335
Foster Care	693	26	600
FC 18-21	73	0	65
Adoptions	152	7	136
Other SWs	520	25	366
Total	2,981	132	2,504
% of positions		4%	84%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2023 Child Welfare Staffing Survey"; data is from: January 1-December 31, 2023

Table 97. Ethnicity of Child Protection Personnel, Management Positions

Position	FTEs Available	Hispanic/Latino	Non-Hispanic/Latino
Social Work Supervisor	747	13	667
Program Manager	141	1	127
Program Administrator	63	1	56
Total	951	15	850
% of positions		2%	89%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2023 Child Welfare Staffing Survey"; data is from: January 1-December 31, 2023

Table 98. Age of Child Protection Personnel, Staff Positions

Position	FTEs Available	18-24	25-34	35-44	45-54	55-64	65-74	75 +

Intake	207	9	48	50	70	29	1	0
Assessments	943	77	311	247	230	69	4	0
In-Home	393	19	112	114	95	45	5	0
Foster Care	693	64	259	166	138	54	8	1
FC 18-21	73	5	18	20	15	12	2	0
Adoptions	152	6	38	44	40	21	4	0
Other SWs	520	17	123	136	143	80	10	0
Total	2981	197	909	777	731	310	34	1
% of positions		7%	30%	26%	25%	10%	1%	0%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2023 Child Welfare Staffing Survey"; data is from: January 1-December 31, 2023

Table 99. Age of Child Protection Personnel, Management Positions

Position	FTEs Available	18-24	25-34	35-44	45-54	55-64	65-74	75 +
Social Work Supervisor	747	1	97	228	328	81	7	0
Program Manager	141	0	2	43	69	27	0	0
Program Administrator	63	0	2	20	29	11	0	0
Total	951	1	101	291	426	119	7	0
% of positions		0.1%	11%	31%	45%	13%	0.7%	0

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2023 Child Welfare Staffing Survey"; data is from: January 1-December 31, 2023

Caseloads. Current NC child welfare policy provides guidance on expected caseload sizes.

- CPS Intake shall be no greater than one worker per 100 CPS referrals a month.
- CPS Assessments shall be no greater than 10 families at any time per worker.
- CPS In-Home Services shall be no greater than 10 families at any time per worker.

Compliance with workload standards is evaluated in two ways. The first is through a quarterly county child welfare agency self-report on workloads and staffing patterns. The second is through the semi-annual program evaluations conducted in collaboration with counties. Information provided in the agency self-report is used as a source of data for the program evaluations. This data, however, is not fully vetted and verified.

County child welfare agencies maintain a monthly Child Welfare Workforce Data Workbook. Counties submit this data to NC DSS quarterly. For the December 31, 2023, submission, the average caseload sizes in North Carolina were as shown in the tables below.

Table 100. Table CPS Intake Referrals Caseload, 2023

Avg. CPS Reports Screened During the Month	Avg. FTEs Available for More than 2 Weeks in the Month	Caseload Ratio
10,807	158	68 reports per FTE

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2023 Child Welfare Staffing Survey"; data is from: January 1-December 31, 2023

Table 101. CPS In-Home Service Cases Caseload, 2023

Avg. CPS In-Home Cases Open on the Last Day of Month	Avg. FTEs Available for More than 2 Weeks in the Month	Caseload Ratio
2,930	354	8

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "Child Welfare Workforce Data Book"; data is from: January 1-December 31, 2023

Supervision. North Carolina child welfare policy provides guidance on expected supervisor/worker ratios. Supervisor/worker ratios shall not exceed an average of one FTE supervisory position to five FTE social work positions. The following information about supervision ratios comes from the December 31, 2023, Child Welfare Workforce Data Workbook.

Table 102. Supervisor to Worker Ratio, 2023

Avg. FTEs Available for More than 2 Weeks in the Month for Services with Caseload Standards	Avg. Supervisor FTEs Available to Cover the Workload During the Month	Supervisor to Worker Ratio
2,258	635	3.5

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "Child Welfare Workforce Data Book"; data is from: January 1-December 31, 2023

Turnover. The following data tables describe turnover data by staff and management positions.

Table 103. Turnover, Staff Positions

Program Area	Budgeted FTEs	Promotion	Lateral Transfer	Voluntary Resignation	Involuntary Dismissal	Retirement	Death	RIF	Other	Total	%
Intake	228	8	5	22	1	4	0	0	0	40	17%
Assessments	1140	38	74	297	36	3	1	0	9	458	40%
In-Home	469	17	23	113	6	4	0	0	5	168	36%
Foster Care	834	26	36	216	20	6	1	0	4	309	37%
FC 18-21	78	4	1	11	2	2	0	0	2	22	28%
Adoptions	168	3	0	23	3	5	0	0	1	35	21%
Other	572	14	14	66	8	5	0	0	4	111	20%
Totals	3,489	110	153	748	76	29	2	0	25	1,143	33%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2023 Child Welfare Staffing Survey"; data is from: January 1-December 31, 2023

Table 104. Turnover, Management Positions

	Budgeted FTEs	Promotion	Lateral Transfer	Voluntary Resignation	Involuntary Dismissal	Retirement	Death	RIF	Other	Total	%
SWS	714.45	27	15	70	5	16	1	1	7	142	20%
PM	128.9	3	0	8	0	6	0	0	1	18	14%
PA	50.8	2	0	6	1	3	0	0	0	12	24%
Totals	894.15	32	15	84	6	25	1	1	8	172	19%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, “2023 Child Welfare Staffing Survey”; data is from: January 1-December 31, 2023

Table 105. Demographics of Children/Youth with Placements during FFY 2023 with Identified DJJ Authority

Race**	Distinct Count
White / Caucasian	16
Black / African American	8
Bi-Racial or Multi-Racial	1
Total	25
Ethnicity	
Not Hispanic or Latino	24
Hispanic or Latino	1
Total	25
Gender	
Male	15
Female	10
Total	25
Age Groups	
6-19	25
Total	25

Sources: CW Child Placement and Payment Systems & NC FAST Child Welfare
**Race categories not listed are not part of the reported population

Table 106. Near Fatalities by Gender

Gender	Number of Near Fatalities
Female	62
Male	90
Total	152

NC Child Welfare Information System (CWIS) and Central Registry

Table 107. Near Fatalities by Age Group

Age Group	Number of Near Fatalities
0-3 years	85
4-5 years	19
6-17 years	48
Total	152

NC Child Welfare Information System (CWIS) and Central Registry

Table 108. Near Fatalities by Case Finding

Case Finding	Number of Near Fatalities
Indications	31
Substantiated	72
Unsubstantiated	11
Alternative Response	11
Unable to locate	38
Total	163

NC Child Welfare Information System (CWIS) and Central Registry

Table 109. Near Fatalities by Race

Race	Number of Near Fatalities
White / Caucasian	79
Black / African American	61
Bi-racial	7
American Indian or Alaskan Native	3
Asian	1
Unreported	1
Total	152

NC Child Welfare Information System (CWIS) and Central Registry

Table 110. Near Fatalities by Ethnicity

Ethnicity	Number of Near Fatalities
Not Hispanic or Latino	133
Hispanic or Latino	14
Unable to Determine	5
Total	152

NC Child Welfare Information System (CWIS) and Central Registry

Table 111. Age of Decedents with Determinations that Fatality Was Due to Maltreatment During FFY 2023

Age Group	Decedents
Ages 0-3	69
Ages 4-5	9
Ages 6-17	23
Unable to Determine	6
Total	107

Source: Child Welfare Fatality Review Database

Table 112. Sex of Decedents with Determinations that Fatality Was Due to Maltreatment During FFY 2023

Sex	Decedents
Male	62
Female	42
Unable to Determine	3
Total	107

Source: Child Welfare Fatality Review Database

7.2 Education and Training Vouchers

See Appendix: Attachment C ETV Chart

Foster Care to Success: Post-Secondary Educational Supports

Table 113. ETV Awards for 2021-22 and 2022-23

Timeframe	Total ETVs Awarded	New ETVs
2022-23 School Year (July 1, 2022-June 30, 2023)	321	76
2023-24 School Year* (July 1, 2023- June 30, 2024)	286	42*

*As of January 30, 2023; Source: Quarterly Contract Reports

(For additional information, see Section 4.14, Education and Training Vouchers.)

7.3 Intercountry Adoptions

Table 114. Intercountry Adoptions FFY 2022

Country	Number of Children	Service Provided
China	2	Assessment (1), Parent Education (1)
Columbia	3	Consultation (2), Parent Education (1)
Democratic Republic of the Congo	1	Parent Education
Ethiopia	2	Parent Education
Haiti	1	Parent Education
India	4	Therapy (1), Consultation (1), LEAF Group (1), Parent Education (1)
Korea	1	Parent Education

Moldova	1	Consultation
North Ireland	1	Parent Education
Philippines	1	Parent Education
Ukraine	1	Consultation
Uganda	1	Assessment
Vietnam	3	LEAF Group (1), Consultation (1), Parent Education (1)
Country of Origin Unknown	27	Parent Education

Source: Duke Center for Child and Family Health, received April 10, 2023.

(For additional information see Section 4.2, Services for Children Adopted from Other Countries.)

7.4 Monthly Caseworker Visits Data

Table 115. Monthly Caseworker Visits 2023

FFY	Measure 1	Target	Score	Met Target
2023	Percentage of monthly visits by caseworkers to children in foster care	95%	96.37%	Yes
2023	Percentage of monthly visits that occurred in child's residence	50%	92.57%	Yes

Data Source: Child Welfare Business Information Team (Legacy and CWIS)

Table 116. Monthly Caseworker Visits 2024

FFY	Measure 1	Target	Score	Met Target
2024	Percentage of monthly visits by caseworkers to children in foster care	95%	90.17	*
2024	Percentage of monthly visits that occurred in child's residence	50%	92.52%	*

** Data through 4/2023; "Target Met" data unavailable until September 30, 2024
Data Source: Child Welfare Business Information Team (Legacy and CWIS)

(For additional information, see Section 4.9, Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits.)

8 Appendices and Attachments

Appendices

A. Community Child Protection Team (CCPT) Final Report and NC DSS Response

B. Assurances and Certifications
    a. Title IV-B, subparts 1 and 2
    b. Chafee
    c. ETV

Attachments

1. CFS 101
2. AG CAPTA Eligibility Letter

NORTH CAROLINA COMMUNITY CHILD PROTECTION TEAM

2022 End of Year Report

Community Child Protection Teams
NC Advisory Board

Foreword

This report attests to the invaluable contributions that local Community Child Protection Teams (CCPTs) make in support of children, youth, and families across our state. The teams demonstrated a keen awareness of the issues facing families in their communities as they continued to experience effects of the COVID-19 pandemic and offered thoughtful commentary on how to enhance the performance and responsiveness of child welfare. They also pointed out what resources CCPTs need in order to build robust local teamwork to safeguard children and families. Their insights and efforts will be vital to instituting an effective system of comprehensive child welfare reform with a focus on both prevention and treatment.

The NC CCPT Advisory Board set the directions for the survey this year and reflected on its findings. Grounded on the experiences at the local level and the developments at the state level, the Advisory Board moved forward recommendations for improving child welfare in our state. The NC Division of Social Services ensured that local teams were aware of the survey and strongly encouraged their participation. The Center for Family and Community Engagement at North Carolina State University, led by Dr. Chris Mayhorn, carried out the survey with Dr. Anna Abate serving as project manager and Dr. Emily Smith, Dr. Joan Pennell, Helen Oluokun and Alexis Briggs supporting data collection, analyzing results, and preparing this report.

The report and its recommendations for improving child welfare in North Carolina are respectfully submitted by,

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Lynda Stephens	NC Division of Social Services
Kathy Stone	NC Division of Social Services
Bernetta Thigpen*	NC Council for Women & Youth Involvement
Courtney Wade	NCSU Center for Family and Community Engagement
Cherie Watlington	Independent Living Resources Inc. - SAYSO
Marvel Welch*	NC Commission of Indian Affairs
Paula Yost*	CCPT Board Chair- Local
Barbara Young*	Child Welfare Family Advisory Council

*Denotes voting member. List subject to change through reporting period.

I. Executive Summary

Complex and Challenging. Year 2022 was a challenging year for children, youth, and families and for their child welfare workers, educators, and other service providers. In this year's survey, Community Child Protection Teams (CCPTs) identified the limitations placed by the pandemic on the capacity of child welfare to work with families. Their reports were backed by statewide child welfare data, which supported the conclusion:

> The pandemic had an unparalleled, widespread, and sustained impact on child welfare by decreasing maltreatment reports, substantiations, non-substantiated findings, entries and exits from foster care, which have yet to recover to pre-pandemic levels and instead are continuing or declining in early to mid-2022.

North Carolina was not alone, as seen in reports from other states to the U.S. Administration for Children and Families. By 2021, although the majority of states resumed in-person child welfare service, the data "show decreases that can *partly* be attributed to the continuing pandemic caused by COVID-19." The federal government points to the pandemic but not as the sole reason. Families' lives are complex and affected by multiple factors, something recognized by the CCPTs. In their survey responses, teams identified that children's development was affected by the long-term fallout from COVID-19 as well as by wide-ranging service limitations, economic constraints, and internet inaccessibility, especially in rural areas. Contrary to the North Carolina and national findings, these conditions would appear at first glance to increase, not decrease, child welfare interventions.

What are likely explanations for these continued decreases in child welfare involvement? One noteworthy factor is the load on child welfare, hampering intervention. The survey certainly documented concern about the capacity of Departments of Social Services (DSSs) to fulfill their mandate with chronic staff shortages, delayed court hearings, unavailable medical examiners' reports, and so forth. Moreover, other agencies, such as educational and medical services, often had reduced in-person contact with children and their families and, thus, fewer opportunities to identify and report children in need of protection. At the same time, CCPTs observed how agencies changed their practices such as using distance means of communication or holding child & family team meetings in the evening so that parents could take part. They projected a positive vision for families in their recommendations to improve child welfare and strengthen child protection as a community effort.

A focus on the social and environmental factors that promote health leads to another potential reason for the lower level of child welfare involvement. If families are treated in an equitable manner and their economic and social needs are being met, they have a greater capacity to care for their children and youth. Research on pandemic-related benefits reports improvements in the lives of children and their families. In particular, the 2021 expanded refundable child tax credit stabilized and increased family income through monthly checks and lifted many families out of poverty. The benefits were especially pronounced for Black, rural, large, and unmarried-mother households, including in North Carolina. While the expanded child tax credit was not renewed past 2021, other benefits lasted into 2023. These included the emergency (maximum) food and

nutrition supplements and the suspension of work requirements for able-bodied adults without dependents.

Offsetting the negative impact of ending these supports to families is a promising development, long sought by NCDHHS, county DSSs, and CCPTs—the passage of Medicaid Expansion. If incorporated into the state budget, Medicaid Expansion will offer health insurance to many low-income families across the state.

CCPTs identified many of these pandemic-related effects. Forming a multidisciplinary, statewide network, CCPTs are attuned to the needs of children, youth, and their families. By working together on teams and with the community, CCPTs are well placed to strengthen child protection collaborations responsive to local conditions. The annual survey was a means of tapping into their perspectives and the NC CCPT/Citizen Review Panel Advisory Board used their insights and experiences to generate recommendations to NCDHHS.

2022 NC CCPT Advisory Board Survey Summary

The 88 CCPTs who responded to the survey encompassed all state regions, county population sizes, and the six LME/MCOs that provide mental health, developmental disabilities, and substance use services. Just over three-quarters (78%) of the responding CCPTs stated that they were "an established team that meets regularly," while the others were in different stages of reorganizing. Again, just over three-quarters (76%) of the CCPTs opted to combine with their local Child Fatality Prevention Team (CFPT). Three-quarters (75%) of the surveys were completed by the chair or designee and a tenth (10%) by the team as a whole. Other teams completed the survey with input from select team members or through other collaborative means.

A. Respondent Characteristics

This year, 88 of the local teams responded to the survey in 2022, a number that is in the higher range for responses since 2012. The percentage of combined teams increased slightly from the prior year, indicating that the continued prevalence of combining CCPTs and CFPTs can contribute to state planning on consolidating child maltreatment fatalities.

B. Survey Completers

The survey encouraged CCPT chairs to seek input from team members on their responses. The ability of teams to convene to develop their responses was likely limited by the survey being open during holiday months, although a lengthy extension was given to those who had not submitted a completed survey by the January 13th, 2023 deadline. Moreover, the pandemic continued to prevent in-person meetings and data from the state was delayed to the CCPTs which impacted their ability to respond to certain survey questions.

C. Main Survey Questions

The 2022 survey inquired about the following five main questions:

1. Who takes part in the local CCPTs, and what supports or prevents participation?
2. Which cases do local CCPTs review, and how can the review process be improved?
3. What limits access to needed mental health, developmental disabilities, substance use, and domestic violence services, and what can be done to improve child welfare services?

4. What local issues affect taking a racially and culturally equitable approach to child welfare?
5. What are local CCPTs' recommendations for improving child welfare policy and statute and strengthening child protection?

D. Team Meetings and Membership

State law requires that local CCPT teams are composed of 11 members from specified agencies that work with children and child welfare. Additionally, state law requires that combined CCPT/CFPT teams are composed of 16 members from specified agencies that work with children and child welfare as well as Family Partners. The 2022 survey results, as well as those in prior years, show that mandated members varied in their level of participation. DSS staff, mental health professionals, health care providers, and DSS directors were the most often present while the county boards of social services, school superintendent, county medical examiner, the district court judge and attorney, and the parent of a child fatality victim (for combined CCPT/CFPTs) were least often in attendance. Nevertheless, the majority of mandated members in most categories were in attendance *frequently* or *very frequently*. Thus, for the most part, the local teams had representation from a wide range of disciplines, necessary for addressing complex child welfare issues, with some notable exceptions. When asked about the difficulties CCPTs faced while trying to meet and complete their work, many described difficulties related to attendance or participation at CCPT meetings, ongoing difficulties related to the COVID-19 pandemic (e.g., virtual meetings, delays), limited staffing, and lack of access or availability of resources and services.

E. Additional Members

County commissioners on 60% of responding surveys appointed additional organizational or Family Partner members to their local CCPTs. These members were Family or Youth Partners, as well as mandated organizations, other public agencies, and nonprofits. Thus, as in past years, the appointments of county commissioners played a key role in enlarging the perspectives brought to bear in the CCPTs' deliberations.

F. CCPT Team Operations

CCPTs and combined CCPT/CFPTs that were established or recently re-established felt that they were preparing well for their regular meetings. Additionally, the majority of respondents indicated that they only had a moderate to marginal impact in making desired change in their community. Thus, CCPTs created a working environment in which they shared information; however, they recognized that their ability to make desired changes was limited.

G. Family or Youth Partners

The survey asked if the CCPT included Family or Youth Partners. These are individuals who have received services or care for someone who has received services. This year, 12% of respondents indicated that Family or Youth Partners served on their CCPT or combined CCPT/CFPT, an increase from last year. The large majority of CCPTs lacked family representation, which limited their capacity to bring youth and family perspectives to the table. This could inhibit their contributions to instituting the state's selected model of safety organized practice in a family-centered manner.

H. Strategies for Engaging Family or Youth Partners on the Team

State legislation does not mandate the involvement of Family Partners, and, as a result, teams may have reservations on adding members who are not specified in statute. Nevertheless, there are clear avenues for promoting Family Partner outreach and engagement. These may include promoting requests for assistance from DSS and working with CCPT Technical Assistance to develop targeted strategies for recruitment and outreach. In fact, 74% of respondents indicated that they had invited Family or Youth partners to attend CCPT meetings and 76% had requested resources or assistance from DSS to assist in Family Partner involvement, a significant increase from last year (2021).

I. Partnerships to Meet Community Needs

Among the 87 respondents, 50 (58%) answered *yes* that they did partner with other organizations and 37 (42%) responded *no*. Notably, the percentages this year were higher than those in 2021 and 2020 when 31% and 47%, respectively, said that they were partnering. Counties of all sizes were well represented among those partnering on community needs.

J. Which cases do local CCPTs review, and how can the review process be improved?

Child maltreatment cases encompass active cases and child fatalities; one type of active cases are near fatalities where child abuse, neglect, or dependency is suspected. In 2022, 72 (85%) of the 85 responding CCPTs reviewed 505 cases. The 505 cases included 482 active cases and 23 maltreatment fatality cases. Among these active cases were 48 infants who were affected by substances and 14 cases of near fatalities. Within each county-size group, especially for the small and medium counties, there was extensive variation in how many cases they reviewed; although, on average, all counties (regardless of size) reviewed the same number of cases. Further, regarding the counties' economic well-being, on average, Tier 3 counties (least distressed) reviewed a higher number of cases. Thirteen counties did not indicate that they reviewed any cases; notably, five of those CCPTs reported they were not an established team or had not met regularly. The survey did not specifically inquire about the reasons why some counties had not reviewed cases and what would have helped them fulfill this role.

1. CCPT Case Reviews

State statute requires that CCPTs review two types of cases: active cases and child maltreatment fatalities. Most (81%) respondents reviewed active cases. Child maltreatment fatality was given as a reason for case selection by 17% of respondents. Whether local teams review all child maltreatment fatalities depends on the context. For instance, teams select cases for review if there appear to be systemic factors affecting service delivery. The second most frequent criteria for selecting cases were stuck case, parent substance use, and multiple agency involvement, all identified by 55% or more of respondents. The range of issues identified indicates the CCPTs' concern about many areas affecting the families' lives. The teams also selected cases on the basis of factors contributing to children needing protection: The two most common factors were caretaker's drug use cited by 67 (76%) CCPTs and caretaker's mental health need cited by 59 (67%) CCPTs. Three other factors used by over 50% of CCPTs pertained to child/youth with mental health needs, child/youth behavioral problems, and household domestic violence. The range of issues identified indicates the CCPTs' concern about many areas affecting the families'

lives. Thus, the teams had a comprehensive awareness of the challenges affecting the children and families in their communities.

2. Process of Case Review

Overall, there was quite a range of responses to how local teams handle reviews providing an abundance of evidence indicating that CCPTs had varying approaches to conducting these types of reviews when the need arose. However, there appears to be room to provide additional guidance and support to CCPTs who feel that these processes are not running smoothly or having the intended impact. Thirteen CCPTs did not indicate that they reviewed any cases; however, the survey did not specifically inquire about the reasons why some counties had not reviewed cases and what would have helped them fulfill this role.

Those teams that emphasized their accomplishments all met regularly and, with one exception, had reviewed one or more active child maltreatment cases in 2022. They spoke of the benefits of being "an established and cohesive team" that is "well informed and has information regarding the cases reviewed." They also praised their capacity to "share information" and to do "a great job selecting cases." The teams that pointed out ways to improve their case reviews echoed these same themes regarding team participation and case selection and information. Additionally they emphasized the need for better structuring of the review process.

K. Reported Limits to Access to Needed Mental Health, Developmental Disabilities, Substance Use, and Domestic Violence Services and Suggestions for Improvement

Children, youth, and their parents or caregivers faced serious barriers to accessing needed services. Most CCPTs who reviewed cases in 2022 reported that children and youth needed access to mental health services. Most CCPTs also reviewed cases in which the parents or caregivers required access to mental health, substance use, or domestic violence services. Importantly, the majority of cases in each category received the needed service, with the percentage ranging from 50-90%. With the exception of child trafficking services, all needed service categories were reported as having a waitlist in at least one case. As noted previously, CCPTs commonly selected cases for review because of parental drug use, child safety, domestic violence, and child and family well-being (which includes mental health). These criteria would tilt the findings on reviewed cases toward the need for MH, SU, and DV services. CCPTs indicating that there were waiting lists for these services also speaks to this need. Additionally, CCPTs identified systemic barriers to families' accessing essential services. The most commonly cited barriers were limited services or no available services, lack of transportation to services, and limited community knowledge about services. The CCPTs commented on some family factors affecting service receipt such as parents' readiness to participate in services and on systemic factors such as language barriers, financial barriers, and service providers being understaffed or closed due to COVID-19. Additionally, a majority of respondents identified limited numbers of providers and a lack of training among the providers. It is quite likely that family and systemic barriers reflected the complexity of the healthcare system and challenges in finding services without having health insurance. Thus, the teams were well aware of multiple issues keeping children and families from much needed services. As stated in previous reports, the federal funding from the Family First Prevention Services Act may be able to assist them in securing prevention services in their communities.

L. Perceived Barriers Related to the COVID-19 Pandemic

The COVID-19 pandemic has posed several barriers for team operations and families which include challenges with virtual/hybrid meetings, issues with attendance and participation, and limited resources for families. However, while many CCPTs described virtual meetings as a barrier, noting that in-person meetings were more beneficial (e.g., enabled better discussion), they also acknowledged the importance of and need for virtual meetings in order to accommodate differing schedules and improve meeting attendance. CCPTs noted various strategies to ensure families and team members were able to attend meetings, including providing the option of attending via telephone, providing transportation, and changing meeting times. CCPTs described a need for increased communication, collaboration, and partnership with other agencies and organizations in order to provide families with needed resources and services as soon as possible.

M. Racial Equity in Addressing Local Needs

Over two-thirds of responding teams had not discussed issues of equity in child welfare over the year. Nevertheless, teams identified challenges to racial and cultural equity posed by language and cultural barriers, lack of staff inclusivity, and imbalances in resources and services. They also specified strategies to address these challenges to equity. To overcome language and cultural barriers, they sought to increase language services and alleviate cultural hesitancies in accessing services. In response to the lack of staff inclusivity, CCPTs partnered with local service and community groups to identify training resources and build an inclusive service network. To address imbalances in resources and services, they worked on extending collaborative networks, developing alternative ways of meeting families' needs, and raising their own team's awareness of imbalances. To assist local teams in responding to equity issues, NC DSS distributed some resources over the year. The majority of teams reported that they had not received or did not use these resources, and some proposed strategies to increase their utilization. These proposals included: guidance from NC DSS on their use, distributing materials tailored to multi-disciplinary teams and focused on small steps rather than large-scale change, and having a designated administrative support to coordinate activities.

N. Local CCPT Recommendations for Improving Child Welfare Services

Based on their case reviews, CCPTs offered 509 recommendations on ways to improve child welfare policy and practice and community efforts on behalf of children, youth, and families. One set of recommendations formed a series of seven steps for enhancing the policy process: clarifying policy, refining policy, acknowledging disagreements and common ground, identifying recurring challenges, advocating for policy change, ensuring adequate resources and mutual accountability, and strengthening quality assurance through CCPTs. For each step, CCPTs provided quite specific proposals. For instance, in regards to clarifying policy, they stressed reducing confusion for families by simplifying child welfare language and forms and for workers by providing training in advance of the rollout of new policies. For the most part, teams appeared to agree on policy and practice. A striking difference, though, was whether to adopt a punitive or supportive approach to mothers who use substances. Underneath both positions was a shared concern about the widespread availability of addictive drugs and a firm commitment to preventing their use. On some recurring challenges such as accessing needed case information, teams felt stuck and could not resolve them on their own. In response, teams recommended better local coordination through an alert system to notify involved agencies of all child fatalities

or stronger advocacy on strengthening child welfare by educating elected officials and the public. Many of the proposed reforms required additional finances, personnel, and technology and vigilant oversight. With teams across the state, CCPTs are positioned to serve as a local system of quality assurance. To perform this role, they sought expanded membership, exchange of information with other teams, refresher training, and a CCPT/CFPT office at the state level to provide administrative support for the teams.

II. 2022 Recommendations

2022 Recommendations of the NC CCPT/Citizen Review Panel Advisory Board

As summarized by the U.S. Children's Bureau, Citizen Review Panels (CRPs) under CAPTA are intended to examine "the policies, procedures and practices of State and local child protection agencies" and make "recommendations to improve the CPS system at the State and local levels." In fulfilling this mandate, the NC CCPT/CRP Advisory Board used the extensive information and ideas from the current and earlier CCPT surveys to formulate the recommendations listed below. The Advisory Board met in four subcommittee meetings and then a meeting of the whole board to prepare and finalize the recommendations for action in 2024.

Notably, there is no stand-alone recommendation to address racially and culturally equitable approaches to child welfare in North Carolina. Rather, recommendations to support racially equitable and culturally competent approaches to child welfare are embedded within each of the recommendations. This will allow for more context specific strategies to be developed and implemented.

In accordance with CAPTA, we propose the following for child protection at the local and state levels in 2024.

POLICY RECOMMENDATIONS

1. North Carolina should develop and disseminate a statewide evidence-based campaign promoting best practices for safe sleep.
    a. More specifically, North Carolina should develop a culturally competent dissemination plan to reach historically marginalized populations, to include translation to native languages.
2. North Carolina should examine existing child welfare policy and consider policy changes in order to provide kinship caregivers the same level of funding and other supports received by licensed resource parents.
3. To ensure an equitable approach to resources across counties throughout North Carolina, North Carolina should conduct a review of policy processes to ensure equity in resources and service access, provision, and quality across rural and urban communities.

PRACTICE RECOMMENDATIONS

1. North Carolina should continue to work on access to appropriate and trauma-informed mental/behavioral health and substance use prevention and intervention services including both residential/inpatient and outpatient options for children and families.
2. North Carolina Department of Health and Human Services (NCDHHS) should finalize and implement statewide child welfare record system in all counties.
3. North Carolina should continue to work toward uniformity in its intake process across counties.

RESOURCE and TRAINING RECOMMENDATIONS

1. North Carolina should increase funding to victim service agencies to assist with intervention and prevention services for adults, children, and teenagers.
2. The North Carolina Child Welfare Workload Study, which began June 12th and was designed to collect the necessary data for understanding the current workload demands on local child welfare staff, should continue in order to address the staffing and workload needed for adequately protecting children.
    a. Likewise, this study should examine the need for securing additional foster parents.
3. North Carolina should provide information and available resources to local agencies in order to improve access to affordable housing throughout the state.
4. Local DSS should support training for CCPTs on strategies for sustainably incorporating family partners on their teams.

Local DSS should facilitate training for CCPTs, child welfare workers, and other agencies (e.g., juvenile justice) on domestic violence and mental health.

Table of Contents

North Carolina Community Child Protection Teams (CCPT) 2022 End-of-Year Report

North Carolina CCPT Advisory Board
Submitted to the North Carolina Division of Social Services

I. Introduction

Complex and Challenging. Year 2022 was a challenging year for children, youth, and families and for their child welfare workers, educators, and other service providers. In this year's survey, Community Child Protection Teams (CCPTs) identified the limitations placed by the pandemic on the capacity of child welfare services to work with families. Their reports were backed by statewide child welfare data, which supported the conclusion:

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North Carolina was not alone, as seen in reports from other states to the U.S. Administration for Children and Families. By 2021, although the majority of states resumed in-person child welfare service, the data "show decreases that can *partly* be attributed to the continuing pandemic caused by COVID-19."[2] The federal government points to the pandemic but not as the sole reason. Families' lives are complex and affected by multiple factors, something recognized by the CCPTs. In their survey responses, teams identified that children's development was affected by the long-term fallout from COVID-19 as well as by wide-ranging service limitations, economic constraints, and internet inaccessibility, especially in rural areas. Contrary to the North Carolina and national findings, these conditions would appear at first glance to increase, not decrease, child welfare interventions.

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[1] Child Welfare Caseload Trends (Quarterly Report: July 2022, page 9). In Duncan, D. F., Stewart, C. J., Vaughn, J. S., Guest, S., Rose, R. A., Malley, K., and Gwaltney, A. Y. (2018). *Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina* (V3.21). Retrieved March 23, 2023, from http://ssw.unc.edu/ma.

[2] U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023). *Child Maltreatment 2021*. Emphasis added to quotation from p. iv. Available from https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

had reduced in-person contact with children and their families and, thus, fewer opportunities to identify and report children in need of protection. At the same time, CCPTs observed how agencies changed their practices such as using distance means of communication[3] or holding child & family team meetings in the evening so that parents could take part. They projected a positive vision for families in their recommendations to improve child welfare and strengthen child protection as a community effort.

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CCPTs identified many of these pandemic-related effects. Forming a multidisciplinary, statewide network, CCPTs were attuned to the needs of children, youth, and their families. By working together on teams and with the community, CCPTs were well placed to strengthen child protection collaborations responsive to local conditions. The annual survey was a means of tapping into their perspectives and the NC CCPT/Citizen Review Panel Advisory Board (hereafter CCPT Board) used their insights and experiences to generate recommendations to NCDHHS.

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[3] A Texas study reported multiple benefits from telecommunication during a pandemic (e.g., keeping foster children in contact with family; increasing multidisciplinary discussion of children's health and other needs) and set forth principles for overcoming shortcomings of this approach. Loria, H., McLeigh, J., Wolfe, K., Conner, E., Smith, V., Greeley, C. S., & Keefe, R. J. (2023). Caring for children in foster and kinship care during a pandemic: Lessons learned and recommendations. *Journal of Public Child Welfare, 17*(1), 1-24. https://doi.org/10.1080/15548732.2021.1965065

[4] Hardy, B. L., Collyer, S. M., & Wimer, C. T. (2023, March). The antipoverty effects of the Expanded Child Tax Credit across states: Where were the historic reductions felt? Washington, DC: The Hamilton Project, Brookings Institution. Retrieved March 23, 2023, from https://www.hamiltonproject.org/assets/files/20230301_ES_THP_CTCbyState.pdf

[5] A study, conducted pre-onset of COVID-19, compared US states that reduced restrictions on supplemental nutrition assistance with those that did not. The states that reduced these restrictions had lower rates of child protection-investigated reports for suspected child maltreatment. Austin, A. E., Shanahan, M.E., Frank, M., Naumann, R. B., et al. (2023, published online). State expansion of Supplemental Nutrition Assistance Program eligibility and rates of child protective services-investigated reports. *JAMA Pediatrics*. doi:10.1001/jamapediatrics.2022.5348

CCPT Advisory Board

Over the year, the CCPT Board added to its members and provided an orientation. NC DSS kept the Board apprised on current developments in child welfare in North Carolina.

In response to requests from local teams, the CCPT Board concentrated this year on providing guidance to local teams in three main areas. First, continuing work from last year, the Board completed a draft of guidance on reviewing cases of near fatalities due to suspected child maltreatment. This draft was sent to NC DSS for approval and then dissemination to local teams. Second, to replace a now-dated CCPT manual, the Board has been preparing a new handbook with links to helpful resources, and its working committee has welcomed the wider participation of local team members. At the invitation of the NC Association of County Directors of Social Services, the Advisory Board provided a webinar overviewing CCPTs and its recording was made available for others to view. Third, the Advisory Board formed a committee, with leadership from the NC Child Welfare Family Advisory Council, to design and deliver webinars on ways to engage family partners on local teams. An introductory session was held (and recorded), and work is in progress on a follow-up session.

As in prior years, a major undertaking of the Board was developing the annual CCPT survey. A departure from past years was the decision to identify the respondents to certain questions at the request of NC DSS and the CCPT Board *only* for the purpose of enabling the CCPT Board to engage in outreach to teams to assist them in specific areas (e.g., conducting case reviews). For some survey questions, NC State University would not identify respondents to NC DSS and the CCPT Board (e.g., recommendations on improving child welfare). All public-facing reports would continue to keep confidential the identities of the teams providing the answers.

This end-of-year report, prepared by the University, served as a basis for the CCPT Board formulating recommendations to NC DSS. The Division had six months to respond in writing to these recommendations. End-of-year reports and state responses to them are available at this link.

II. NC CCPT Advisory Board Survey Results

A. Respondent Characteristics

The university distributed the survey to 100 county CCPTs as well as the Eastern Band of the Cherokee Indians, for a possible 101 CCPTs. The survey was completed by 88 CCPTs, although response numbers varied for certain survey items based on the operational status of counties and number of valid responses. A list of the counties of the 2022 responding CCPTs can be found in appended Table A-2.

The 2022 response rate of 88 CCPTs was in the higher range as compared with previous years (2012 to 2021) which ranged from 71 to 89. The local teams came from all regions of the state and included counties of all population sizes. The response rates were 45 (88%) of the 51 small counties, 34 (87%) of the 39 medium counties, and 9 (90%) of the 10 large counties (see appended Table A-3).[6]

The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3.[7] The local teams came from all Tiers. The response rates for economic well-being were 34 (85%) of the 40 Tier 1 counties (most distressed), 37 (93%) of the 40 Tier 2 counties, and 17 (85%) of the 20 Tier 3 (least distressed) counties.

In the state of North Carolina, Local Management Entity (LME)/Managed Care Organizations (MCOs) are the agencies responsible for providing mental health, developmental disabilities, and substance use services. In 2022, there were six LME/MCOs for the 100 counties. The survey included members from all LME/MCOs: Member county participation ranged from 83% to 100% (see Table A-4).

As seen in Table 1, the large majority (78%) of respondents characterized themselves as an "established team that meets regularly." This is six percentage points higher than in 2021 when only 72% of the reporting counties identified themselves as an established team that meets regularly. The CCPTs that characterized themselves as in a state of reorganization or adjustment included small through large counties.

[6] Duncan, D.F., Flair, K.A., Stewart, C.J., Guest, S., Rose, R.A., Malley, K.M.D., Reives, W. (2020). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina. Retrieved [March, 2022], from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/

[7] County Distress Rankings (Tiers) | NC Commerce. (n.d.). Retrieved March 21, 2023, from https://www.commerce.nc.gov/grants-incentives/county-distress-rankings-tiers

Number of CCPTs by Status of Establishment as a Team, 2022 (N = 88)

Table 1 Number of CCPTs by Status of Establishment as a Team

Status	Number of CCPTs	
We are an established team that meets regularly	69	(78.4%)
Our team recently reorganized, and we are having regular meetings	8	(9.1%)
We are an established team that does not meet regularly	7	(8.0%)
Our team recently reorganized, but we have not had any regular meetings.	3	(3.4%)
Our team was not operating, but we recently reorganized	1	(1.1%)

CCPTs have the option of combining with their local Child Fatality Prevention Team (CFPT) or keeping the two teams separate. CFPTs are responsible for reviewing cases of child death where maltreatment is not suspected. CCPTs review active cases and child fatalities where death was caused by suspected abuse, neglect, or dependency and where the family had received NC DSS child welfare services within 12 months of the child's death. Of the 87 teams that were established or operating at some capacity, 67 (76%) of the counties opted to have combined teams, and 18 (20.5%) had separate teams; two counties indicated “Other” to describe their team composition. The percentage of combined teams in prior years was 72% in 2015, 76% in 2016, 78% in 2017, 82% in 2018, 78% in 2019, 80% in 2020, and 74% in 2021.

In summary, 88 of the local teams responded to the survey in 2022, a number that is in the higher range for responses since 2012. The participating CCPTs encompassed all state regions, county population sizes, economic well-being, and the six LME/MCOs that provided MH/DD/SU services. Over three-quarters (78%) of the responding CCPTs stated that they were “an established team that meets regularly,” higher than in 2021 when 72% of the reporting counties identified themselves as an established team that meets regularly. The increase is most likely due to a shift to more in-person meetings or an adjustment to remote meetings. Overall, the CCPTs as a whole were sufficiently established to make significant contributions to child welfare. Among the responding teams, 76% were combined with their local CFPT. The percentage of combined teams increased slightly from the prior year, indicating that the continued prevalence of combining CCPTs and CFPTs can contribute to state planning on consolidating child maltreatment fatalities.

B. Survey Completers

To encourage wider input by the local CCPT membership, the survey instructions stated:

- You can print a blank copy of this survey to review with your team, and you will be able to print a copy of your completed survey report when you finish the survey.
- Your team members should have the opportunity to provide input and review responses before your survey is submitted. Please schedule your CCPT meeting so that your team has sufficient time to discuss the team's responses to the survey.

The survey asked, "Who completed this survey?" As shown in Table 2, the surveys were primarily completed by the chair on their own (64%) rather than by the team as a whole (10%). The response "other" was selected by 6 counties. Of these 6 counties, most indicated that the CCPT Chair completed the survey with input from specific team members such as the CFPT Chair, Review Coordinator, or simply other team members. The time period available for completing the survey was extended to two and a half months in order to account for meeting delays due to the various holidays. Additionally, data from the state was delayed to the CCPTs which may also impact their ability to respond to certain survey questions.

Number of CCPTs by Who Completed the 2022 Survey (N = 88)

Table 2 Number of CCPTs by Who Completed the Survey

Status	Number of CCPTs	
The CCPT chair on their own	56	(63.6%)
A designee of the CCPT chair on their own	10	(11.4%)
The CCPT team as a whole	9	(10.2%)
A subgroup of the CCPT team	7	(8.0%)
Other	6	(6.8%)

In summary, the survey encouraged CCPT chairs to seek input from team members on their responses. The ability of teams to convene to develop their responses was likely limited by the survey being open during holiday months, although an extension was given to those who had not submitted a completed survey by the January 13th, 2023 deadline.

C. Main Survey Questions

The 2022 survey inquired about the following five main questions:

1. Who takes part in the local CCPTs, and what supports or prevents participation?
2. Which cases do local CCPTs review, and how can the review process be improved?
3. What limits access to needed mental health, developmental disabilities, substance use, and domestic violence services, and what can be done to improve child welfare services?
4. What local issues affect taking a racially and culturally equitable approach to child welfare?
5. What are local CCPTs' recommendations for improving child welfare policy and statute and strengthening child protection?

This section summarizes the findings for each of these five questions. All quotations in this report have been corrected for spelling, grammatical errors, and identifying information has been redacted. Where available, findings from previous years are compared to this year's survey results to ascertain trends.

D. Team Meetings and Membership

The prior year's survey found that the first and second years of the coronavirus pandemic adversely affected the capacity of CCPTs to meet, review cases, and reach out to the community.

In contrast to the previous two years, this year's survey did not explicitly ask about the coronavirus pandemic's impact on the functioning of the CCPTs. Rather, the survey asked, more broadly, "What difficulties has your CCPT faced while trying to meet and complete your work?" Ninety-two (92%) CCPTs identified a difficulty. First, a majority of the CCPTs described difficulties related to attendance or participation at CCPT meetings. Specifically, some CCPTs described problems with attendance "from regular members" while other respondents noted difficulties with attendance "by other agencies." Additionally, other CCPTs described poor "family member attendance." One respondent noted there were difficulties related to "everyone being available at the same date and time" while another CCPT noted similar difficulty "having everyone needed at the table at every meeting." Second, many CCPTs described ongoing difficulties related to the COVID-19 pandemic. For instance, one CCPT reported they are "recovering from the work of COVID, staff shortages, and vacancies," and similarly, another CCPT noted challenges, "rebuilding post COVID." Other CCPTs commented on the format of meetings, stating that meetings continued to be virtual but noting "there is some lack of exchange because all is virtual." One CCPT commented on delays related to the pandemic, stating:

> As a combined CCPT/CFPT, CFPT case reviews take priority (which have been more than normal due to delays from COVID). Topics addressed during CFPT often coincide with CCPT; however, there is not much time left for additional case presentations/reviews for CCPT.

Third, several CCPTs described limited staffing and position vacancies, describing high rates of staff turnover. In particular, one CCPT wrote, "Our CCPT and CFPT are combined and we have experienced a great deal of turnover with staffing from the [COUNTY NAME] County Health Department." Similarly, another CCPT reported "vacancies in various organizations (turnover)" as a barrier to meeting and completing their work. Finally, some CCPTs commented on difficulties related to resources and services. For example, one CCPT commented that there are "not many resources available for housing and transportation" while another CCPT reported difficulties with "resources available to implement ideas and community changes."

In summary, when asked about the difficulties CCPTs faced while trying to meet and complete their work, many described difficulties related to attendance or participation at CCPT meetings, ongoing difficulties related to the COVID-19 pandemic (e.g., virtual meetings, delays), limited staffing, and lack of access or availability of resources and services.

1) Mandated Members

a) Participation by Mandated Members for Combined CCPT/CFPT and Separate CCPT

State law requires that local teams are composed of 11 members from agencies that work with children and child welfare. The CFPT requirements for membership do not apply to cases falling under CCPT jurisdiction under the law. Therefore, members such as district attorney, judge, and parent of a child fatality victim are not required to be present for reviews under CCPT statute. However, teams were asked to report their make-up in keeping with previous years. Next year's survey will adjust these questions in consideration of the statutory requirements.

Table 3 identifies these mandated members for combined CCPTs and CFPTs, with an asterisk identifying the members that are *not* mandated under a CCPT review. Table 4 identifies these mandated members for separate CCPTs and their levels of participation on the team during 2022. The survey results indicate that mandated members varied in their level of participation in both groups; however, patterns of participation were fairly consistent between the two groups. The two team members most likely to be *very frequently* in attendance for CCPT/CFPTs were the DSS staff, followed by mental health professionals; the DSS Director and health care providers were reported as the third and fourth most frequently in attendance. Among separate CCPTs, DSS staff was the most frequently reported mandated member in attendance, followed by mental health care providers and health care providers as the second and third most frequent attendees. On average, health care providers, mental health professionals, and guardians ad litem were frequently present across both groups. Notably, although participation rates varied across the mandated members, some mandated members in all categories participated *frequently* or *very frequently*. For instance, within the separate CCPT group, the District Attorney had the lowest average participation level but still had 6% taking part *frequently* and another 11% taking part *very frequently*.

Mandated Members for Combined CCPT/CFPT and Reported Frequency of Participation, 2022 (N=69)

Table 3 Mandated CCPT/CFPT Members and Reported Frequency of Participation

Mandated Member	Never	Rarely	Occasionally	Frequently	Very Frequently	Mean
DSS Staff	0 (0%)	0 (0%)	0 (0%)	8 (11.6%)	61 (88.4%)	3.88
Mental Health Professional	6 (8.7%)	2 (2.9%)	11 (15.9%)	10 (14.5%)	40 (58.0%)	3.10
DSS Director	6 (8.7%)	2 (2.9%)	11 (15.9%)	12 (17.4%)	38 (55.1%)	3.07
Health Care Provider	6 (8.7%)	6 (8.7%)	6 (8.7%)	11 (15.9%)	40 (58.0%)	3.06
Public Health Director	8 (11.6%)	6 (8.7%)	6 (8.7%)	11 (15.9%)	38 (55.1%)	2.94
Law Enforcement	5 (7.2%)	9 (13.0%)	11 (15.9%)	17 (24.6%)	27 (39.1%)	2.75
Guardian ad Litem Coordinator or Designee	12 (17.4%)	3 (4.3%)	8 (11.6%)	13 (18.8%)	33 (47.8%)	2.75
Community Action Agency Director or Designee	17 (24.6%)	7 (10.1%)	9 (13.0%)	10 (14.5%)	26 (37.7%)	2.30
School Superintendent	19 (27.5%)	9 (13.0%)	7 (10.1%)	9 (13.0%)	25 (36.2%)	2.17
EMS Representative*	19 (27.5%)	9 (13.0%)	9 (13.0%)	11 (15.9%)	21 (30.4%)	2.09
County Board of Social Services	20 (29.0%)	6 (8.7%)	12 (17.4%)	11 (15.9%)	20 (29.0%)	2.07
Local Child Care Facility*	26 (37.7%)	9 (13.0%)	6 (8.7%)	10 (14.5%)	18 (26.1%)	1.78
District Attorney	25 (36.2%)	12 (17.4%)	9 (13.0%)	8 (11.6%)	15 (21.7%)	1.65
County Medical Examiner*	31 (45.6%)	10 (14.7%)	7 (10.3%)	9 (13.2%)	11 (16.2%)	1.40
Parent of Child Fatality Victim*	44 (63.8%)	7 (10.1%)	7 (10.1%)	3 (4.3%)	8 (11.6%)	.90
District Court Judge*	43 (62.3%)	8 (11.6%)	5 (7.2%)	8 (11.6%)	5 (7.2%)	.90

Note. 0=Never, 1=Rarely, 2=Occasionally, 3=Frequently, 4=Very Frequently. Counts are reported, with percentages out of 69 CCPT/CFPTs in parentheses.
*Members that are *not* mandated under a CCPT review

Mandated Members for Separate CCPT and Reported Frequency of Participation, 2022 (N=18)

Table 4 Mandated CCPT Members and Reported Frequency of Participation

Mandated Member	Never	Rarely	Occasionally	Frequently	Very Frequently	Mean
DSS Staff	0 (0%)	0 (0%)	0 (0%)	1 (5.6%)	17 (94.4%)	3.94
Mental Health Professional	2 (11.1%)	0 (0%)	5 (27.8%)	2 (11.1%)	9 (50.0%)	2.89
Health Care Provider	2 (11.1%)	2 (11.1%)	2 (11.1%)	4 (22.2%)	8 (44.4%)	2.78
DSS Director	2 (11.1%)	2 (11.1%)	4 (22.2%)	2 (11.1%)	8 (9.1%)	2.67
Guardian ad Litem Coordinator or Designee	5 (27.8%)	0 (0%)	4 (22.2%)	3 (16.7%)	6 (33.3%)	2.28
Law Enforcement	4 (22.2%)	0 (0%)	7 (38.9%)	3 (16.7%)	4 (22.2%)	2.17
Public Health Director	5 (27.8%)	3 (16.7%)	3 (16.7%)	2 (11.1%)	5 (27.8%)	1.94
Community Action Agency Director or Designee	5 (27.8%)	2 (11.1%)	5 (27.8%)	2 (11.1%)	4 (22.2%)	1.89
County Board of Social Services	7 (38.9%)	3 (16.7%)	2 (11.1%)	5 (27.8%)	1 (5.6%)	1.44
School Superintendent	9 (50.0%)	1 (5.6%)	3 (16.7%)	2 (11.1%)	3 (16.7%)	1.39
District Attorney	8 (44.4%)	5 (27.8%)	2 (11.1%)	1 (5.6%)	2 (11.1%)	1.11

Note. 0=Never, 1=Rarely, 2=Occasionally, 3=Frequently, 4=Very Frequently
Counts are reported, with percentages out of 18 CCPTs in parentheses.

b) Mandated Member Participation by Mean Rate and Rank

In the 2022 survey, participation of mandated members was tracked for both CCPTs and CCPT/CFPTs. Combined teams (CCPT/CFPTs) have an additional five members who represent specified agencies. Several members, including EMS, judges, medical examiners, local child care, and parents of a child fatality victim, are *not* required for CCPTs. However, as many CCPTs join with their CFPT to create combined teams, it is important to include the different compositions of teams.

Table 5 shows that for the last three years, the ranked participation rates of the mandated members were almost identical, with the number in parenthesis indicating the order of highest participation with one being the highest mean rate of participation. Despite the effects of the pandemic, the participation rates of mandated members remained relatively stable. At the top in rank over the last three years were DSS staff and mental health professionals. For CCPTs, the lower participation ranks for this year included the school superintendent, district attorney, and county board of social services which is similar to last year's rates.

Mandated Separate CCPT and Combined CCPT/CFPT Members and Mean Rate and Rank of Participation 2020, 2021, and 2022

Table 5 Mandated CCPT and CCPT/CFPT Members and Mean Rate and Rank of Participation

Mandated Member	2020 CCPT (*N*=15) Average (Rank)	2020 CCPT/CFPT (*N*=62) Average (Rank)	2021 CCPT (*N*=19) Average (Rank)	2021 CCPT/CFPT (*N*=61) Average (Rank)	2022 CCPT (*N*=18) Average (Rank)	2022 CCPT/CFPT (*N*=69) Average (Rank)
DSS Director	2.67 (5)	3.10 (4)	2.63 (4)	3.20 (2)	2.67 (4)	3.07 (3)
DSS Staff	3.67 (1)	3.71 (1)	3.68 (1)	3.67 (1)	3.94 (1)	3.88 (1)
Law Enforcement	2.53 (6)	2.90 (7)	2.63 (4)	2.73 (7)	2.17 (6)	2.75 (6)
District Attorney	1.53 (10)	1.95 (12)	1.68 (10)	1.77 (13)	1.11 (11)	1.65 (13)
Community Action Agency	2.20 (7)	2.52 (8)	2.58 (7)	2.48 (10)	1.89 (8)	2.30 (8)
School Superintendent	1.13 (11)	2.50 (9)	1.61 (11)	2.58 (8)	1.39 (10)	2.17 (9)
County Board of Social Services	2.07 (9)	2.10 (11)	1.74 (9)	2.38 (9)	1.44 (9)	2.07 (11)
Mental Health Professional	3.20 (2)	3.26 (2)	3.58 (2)	3.16 (3)	2.89 (2)	3.10 (2)
Guardian ad Litem	2.87 (4)	2.95 (5)	2.84 (3)	2.90 (5)	2.28 (5)	2.75 (6)
Public Health Director	2.13 (8)	2.94 (6)	2.05 (8)	2.78 (6)	1.94 (7)	2.94 (5)
Health Care Provider	3.13 (3)	3.15 (3)	2.42 (6)	3.16 (3)	2.78 (3)	3.06 (4)
District Court Judge		.73 (16)		.93 (16)		.90 (15)
County Medical Examiner		1.39 (14)		1.93 (14)		1.40 (14)
EMS Representative		2.19 (10)		1.93 (11)		2.09 (10)
Local Child Care or Head Start Rep		1.81 (13)		1.80 (12)		1.78 (12)

Parent of Child Fatality Victim		1.08 (15)		1.00 (15)		.90 (15)

Note. 0=Never, 1=Rarely, 2=Occasionally, 3=Frequently, 4=Very Frequently. The last five categories in this table represent members who are not mandated members of CCPTs, rather these are members of CFPTs.

In summary, the 2022 survey results, as well as those in prior years, show that mandated members varied in their level of participation. DSS staff, mental health professionals, health care providers, and DSS directors were the most often present while the county boards of social services, school superintendent, county medical examiner, the district court judge and attorney, and the parent of a child fatality victim (for combined CCPT/CFPTs) were least often in attendance. Nevertheless, the majority of mandated members in most categories were in attendance *frequently* or *very frequently*. Thus, for the most part, the local teams had representation from a wide range of disciplines, necessary for addressing complex child welfare issues, with some notable exceptions.

E. Additional Members

Besides the state-required members, the county commissioners can appoint additional members from the mandated agencies and from other community groups. Among the 88 survey responses, 51 CCPTs reported between 1 and 22 additional organizational members and 9 CCPTs reported between 1 and 4 additional Family Partners and 2 counties reported 2 Youth Partner members. The survey provided space for the respondents to "list the organization/unit that additional members represent." Respondents listed a total of 159 organizations that the additional partners came from including LME/MCOs, and mandated organizations such as social services, mental health, law enforcement, public health, schools, and guardian ad litem. Other appointed members were based in public agencies such as juvenile justice. Still others were from nonprofits, including domestic violence, substance use, parenting education, children's advocacy, and the community at large.

In summary, county commissioners on over half the responding surveys appointed additional members to their local CCPTs. These members were Family or Youth Partners, as well as mandated organizations, other public agencies, and nonprofits. Thus, as in past years, the appointments of county commissioners played a key role in enlarging the perspectives brought to bear in the CCPTs' deliberations.

F. CCPT Team Operations

By state statute § 7B-1406, local CCPTs are charged to review cases served by child protection and on an annual basis to submit recommendations to their board of county commissioners and advocate for systemic improvements to child welfare. They may also carry out public education to support community efforts to assist children and their families. Local CCPTs are expected to provide an end-of-year report to the NC Division of Social Services. It is critical to understand whether or not CCPTs have the operational capacity to meet their goals.

1) CCPT Meetings

2) Community Change

The CCPT teams were asked how well their team has made desired changes in their community. Seven (8%) of respondents indicated very well, 21 (24%) indicated well, 24 (28%) indicated moderately, 29 (33%) indicated marginally, and 6 (7%) indicated not at all with respect to how well their CCPT has affected changes in their community.

In summary, CCPTs and combined CCPT/CFPTs that were established or recently re-established felt that they were preparing well for their regular meetings. Additionally, the majority of respondents indicated that they only had a moderate to marginal impact in making desired change in their community. Thus, CCPTs created a working environment in which they shared information; however, they recognized that their ability to make desired changes in the community was limited.

G. Family or Youth Partners

The survey also inquired specifically about Family or Youth Partners serving on the local teams. A Family or Youth Partner is a youth or adult who has received services or is the caregiver/parent of someone who has received services, and who has firsthand experience with the child welfare system. Family and Youth Partners are not mandated CCPT members, but their inclusion is encouraged. An exception for a combined team is a parent of a deceased child as long as the parent fits the definition of a Family or Youth Partner.

1) Family or Youth Partner Participation Rates

In response to the question on whether they had Family or Youth Partners serving on their team (other than mandatory members), 10 (12%) out of 87 respondents said yes and 77 (88%) said no with one team not responding. The percentage of Family or Youth Partner involvement is similar to 2021 when 8 (10%) out of 80 said yes and 72 (90%) said no. In 2020, participation was 12% (10 out of 82), and in 2019, participation was 7% (6 out of 89). Family and Youth Partners engagement has been substantially lower in the most recent four years than in prior years: 2015 (21%, 19 out of 87), 2016 (22%, 19 out of 86), 2017 (29%, 23 out of 79), and 2018 (24%, 21 out of 88). This difference may be a result of how the survey defined Family and Youth Partners in earlier years; in other words, from 2015 to 2018, the survey did not distinguish between a non-child welfare-served parent of a deceased child and a Family or Youth Partner as defined in the 2019 to 2022 surveys. Maintaining the questions from 2017 through 2021, the 2022 survey inquired about the six different categories of Family or Youth Partners serving on the CCPTs (see Table 6 for the categories). The teams could identify if they had more than one partner on their team. For instance, nine CCPTs reported between one and four additional Family Partners and two CCPTs reported two Youth Partners. Therefore, the number of Family and Youth Partners participating on CCPTs may be higher than the number of CCPTs reporting Family and Youth Partner participation.

Table 6 shows rates of Family or Youth Partners' participation. The most commonly represented category was Biological Parent which formed over half (6, 60%) of the Family or Youth

Partners. A majority of categories' rates of participation ranged from *never* to *very frequently*; however, youth partners, guardians, and foster parents were all reported as *never*.

Family or Youth Partners by Category and Reported Frequency of Participation, 2022

Table 6 Family or Youth Partners by Category and Reported Frequency of Participation

Category	Never	Rarely	Occasionally	Frequently	Very Frequently	Total Participation
Biological Parent	3	1	2	1	2	6
Kinship Caregiver	8	0	1	0	1	2
Adoptive Parent	8	0	0	1	0	1
Youth Partner	9	0	0	0	0	0
Guardian	9	0	0	0	0	0
Foster Parent	9	0	0	0	0	0
Other	7	0	0	0	0	1*
Total	**53**	**1**	**3**	**2**	**3**	**10**

*1 CCPT listed “young adult 18-21” but did not indicate the frequency of participation

In summary, the survey asked if the CCPT included Family or Youth Partners. A family or youth partner is a youth or adult who has received services or is the caregiver/parent of someone who has received services, and who has firsthand experience with the child welfare system. This year, 12% of respondents indicated that Family or Youth Partners served on their CCPT or combined CCPT/CFPT, a similar finding to last year. The large majority of CCPTs lacked family representation, which limited their capacity to bring youth and family perspectives to the table; in fact, youth partners, guardians, and foster parents “never” participated. This could inhibit their contributions to instituting the state’s selected model of safety organized practice in a family-centered manner.

H. Strategies for Engaging Family or Youth Partners on the Team

The survey then asked the respondents if “Family or Youth Partners were invited to attend CCPT meetings” and if they had “requested resources or assistance from DSS to assist in Family Partner involvement.” Of the 87 respondents, 65 (74%) indicated that they had invited Family or Youth partners to attend CCPT meetings and 67 (76%) had requested resources or assistance from DSS to assist in Family Partner involvement.

In previous years, CCPTs have been asked to provide a list of strategies to promote Family Partner engagement. In this year's survey, the research team identified common factors from past years and developed a checklist for response. The survey asked, “Which of the following strategies did your CCPT use to successfully engage family and youth partners on your team?”

The findings reveal that CCPTs had several strategies that they leveraged to promote Family Partner engagement. Using team members already on the CCPT to offer family perspectives and outreach through community networks to identify Family and Youth Partners were two of the most commonly endorsed among the 88 respondents. Overall, more respondents endorsed a greater variety in strategies for Family Participation than in previous years, suggesting the strategies may fluctuate from year to year. "Other" strategies were also highly endorsed. In describing "other" strategies used, CCPTs mentioned "using other CCPT members to assist in locating a family member for the CCPT" as well as "discussions among the team" and a "proposal for family partner expansion."

Strategies for Engaging Family or Youth Partners, 2022 (N=88)

Table 7 Endorsed Strategies for Engaging Family or Youth Partners

Strategies for Engagement	Frequency (Percent)
Using team members already on the CCPT to offer family perspectives	32 (36.4%)
Other	26 (29.5%)
Outreach through community networks to identify Family and Youth Partners	18 (20.5%)
Emphasizing the value that Family and Youth Partners bring to the team	14 (15.9%)
Describing the role of the Family and Youth Partners on the team	13 (14.8%)
Repeatedly extending invitations by multiple means (e.g., phone, email) to possible Family and Youth Partners	12 (13.6%)
Ensuring that discussions are in clear and understandable language for all participants	12 (13.6%)
Explaining purpose of CCPTs in jargon-free and inviting language	11 (12.5%)
Drawing Family and Youth Partners into the meeting discussions	8 (9.1%)
Providing information on opportunities available to participants (e.g., training)	7 (8%)
Debriefing with Family and Youth Partners after meetings	4 (4.5%)
Having a senior agency representative extend the invitation	3 (3.4%)
Rescheduling meeting times to accommodate Family and Youth Partners	3 (3.4%)
Preparing Family and Youth Partners for the meetings	3 (3.4%)
Putting CCPT membership into Family and Youth Partner's job description	1 (1.1%)

In summary, state legislation does not mandate the involvement of Family Partners on CCPTs, and, as a result, teams may have reservations on adding members who are not specified in statute. Nevertheless, there are clear avenues for promoting Family Partner outreach and

engagement. Interestingly, survey results suggest that CCPTs are engaging in outreach and inviting participation from Family Partners but other barriers might be contributing to lack of participation. TAs noted earlier, the CCPT Board this year has developed and delivered webinars to support local teams in engaging Family Partners.

I. Partnerships to Meet Community Needs

CCPTs are encouraged to work with other local groups to meet community needs.
This year, the survey asked: "During 2022, did your CCPT partner with other organizations in the community to create programs or inform policy to meet an unmet community need?" Among the 87 respondents, 50 (58%) answered *yes* that they did partner with other organizations and 37 (42%) responded *no*. Notably, the percentages this year were higher than those in 2021 and 2020 when 31% and 47%, respectively, said that they were partnering. Counties of all sizes were well represented among those partnering on community needs.

J. Which cases do local CCPTs review, and how can the review process be improved?

According to North Carolina General Statute §7B-1406, CCPTs are to review:

a. Selected active cases in which children are being served by child protective services;
b. and cases in which a child died as a result of suspected abuse or neglect, and
    1. A report of abuse or neglect has been made about the child or the child's family to the county department of social services within the previous 12 months, or
    2. The child or the child's family was a recipient of child protective services within the previous 12 months.

The expectation is that CCPTs examine cases of child maltreatment, and, accordingly, the CCPT mandate is different from that of the CFPTs, who are responsible for reviewing additional child fatalities. North Carolina General statute §7B-1401 defines additional child fatalities as "any death of a child that did not result from suspected abuse or neglect and about which no report of abuse or neglect had been made to the county department of social services within the previous 12 months."

State statute does not stipulate how many cases CCPTs must review in a calendar year. Statute does specify that CCPTs must meet a minimum of four times per year. During these meetings, the teams may opt to review cases.

The survey posed a series of questions about the CCPTs' case reviews. These concerned child maltreatment fatalities, active cases of child maltreatment, criteria for selecting cases, information used in case reviews, and service needs of the cases.

1) CCPT Case Reviews

Child maltreatment cases encompass both active cases and child fatalities. The active cases include near fatalities defined by NC General Statute § 7B-2902 as "a case in which a physician determines that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment."

Active Cases

As occurred in previous years, this year's questions regarding child maltreatment fatality cases and near fatality cases had been extensively revised. This year's questions reflect an effort to be more specific in reporting and provide CCPTs with the opportunity to highlight difficulties they face in conducting cases review. This year's survey asked, "What is the total number of active cases reviewed by your CCPT between January and December 2022?" Of the 85 responding counties, 72 (85%) reported having reviewed at least one active case, the number of cases reviewed ranged from 1-41, with a total of 505 cases being reviewed by counties in 2022. Thus, 13 counties reported not reviewing any active cases.

The survey then asked, "How many of these cases entailed Substance Affected Infants?" Of the 72 counties who indicated they reviewed at least one active case, 28 reported instances where at least one of the active cases under review involved a Substance Affected Infant. The number of active cases reviewed that involved a Substance Affected Infant ranged from 1-6, with a total of 48 active cases with a Substance Affected Infant being reviewed. Next the survey asked, "How many of the active cases entailed near fatality?" Of the 72 counties who indicated they reviewed at least one active case, only 10 indicated that one of these cases involved a near fatality. The maximum number of active cases reviewed that involved a near fatality by any of the 10 counties was four, with one county reviewing four cases, one county reviewing two cases, and the remaining counties reviewing one case. The low number of near fatalities reviewed demonstrates the need to provide even more clarification to teams about the meaning of the term near fatality to aid in their identification of cases meeting the criteria for this type of case.

Number of Active Case Reviews by Combined/Separate Status, 2022

Table 8 Number of Active Case Reviews by Combined/Separate Status

Type of Review	Number of CCPTs	Sum of Cases	Minimum of Cases	Maximum of Cases	Mean	SD
Active Cases Reviewed: CCPT/ CFPT	55 (85%)*	393	1	41	7.15	8.11
Active Cases Reviewed with SAI: CCPT/CFPT	21	33	1	6	1.57	1.21
Active Cases Reviewed with Near Fatality: CCPT/CFPT	8	11	1	4	1.38	1.06
Active Cases Reviewed: CCPT	16 (89%)*	104	2	11	6.50	2.85
Active Cases Reviewed with SAI: CCPT	7	15	1	6	2.14	1.77
Active Cases	2	3	1	2	1.50	0.71

Reviewed with Near Fatality: CCPT						

Note. A case may have more than one type of review. The table does not include two counties who indicated "Other" to describe their team composition. Standard Deviation (SD)
*Percentage of responding combined CCPT/CFPTs and CCPTs that had reviewed at least one active case

Table 9 displays the total number of cases reviewed when organized by county size. Compared to the large and medium size counties, the small counties as a group reviewed the most cases, likely due to the larger number of small counties, but on average, all counties reviewed approximately the same number of cases. Within each county-size group, especially for the small and medium counties, there was extensive variation in how many cases they reviewed.

Number of Active Cases Reviewed by County Size, 2022, (N=85)

Table 9 Number of Active Cases Reviewed by County Size

Size of County	Number of Respondents Reporting Cases	Number of Cases Reviewed	Mean	SD	Range
Small	44 (86.3%)	260	5.91	6.97	0-41
Medium	32 (82.1%)	186	5.81	7.68	0-40
Large	9 (90%)	59	6.56	6.15	0-20

Note: Number of responding counties and percent of total possible counties of a specific size. Large standard deviations indicate wide variability in the number of cases reviewed. Standard Deviation (SD). Mean, Range, and Standard Deviation include responding counties that indicated zero cases were reviewed.

Table 10 displays the total number of cases reviewed when organized by Economic Well-Being Tier. Compared to the most and least distressed counties, the Tier 2 counties as a group reviewed the most cases. However, on average, Tier 3 counties (least distressed) reviewed a higher number of cases than the Tier 1 and Tier 2 counties, who reviewed approximately the same number of cases. Within each county-size group, especially for the Tier 1 and Tier 2 counties, there was extensive variation in how many cases they reviewed.

Number of Active Cases Reviewed by Economic Well-Being Tier, 2022, (N=85)

Table 10 Number of Active Cases Reviewed by Economic Well-Being Tier

Size of County	Number of Respondents Reporting Cases	Number of Cases Reviewed	Mean	SD	Range
Tier 1 (Most Distressed)	32 (80%)	168	5.25	7.37	0-40
Tier 2	36 (90%)	195	5.42	7.17	0-41
Tier 3 (Least Distressed)	17 (85%)	142	8.35	6.19	0-22

Note: Number of responding counties and percent of total possible counties of a specific tier. Large standard deviations indicate wide variability in the number of cases reviewed. Standard Deviation (SD). Mean, Range, and Standard Deviation include responding counties that indicated zero cases were reviewed.

Maltreatment Fatalities

The 2022 survey then went on to ask, "How many cases did your CCPT review that included maltreatment fatality factors?", and to avoid duplication in case counts included, the instruction to "not include those done through an Intensive Fatality Review." Of the 85 CCPTs who responded to this question, only 11 CCPTs indicated that they reviewed a case with maltreatment fatality factors. The number of cases reviewed that involved maltreatment fatality factors ranged from 1-7, with a total of 23 cases.

Next, the survey asked, "Of these fatalities reviewed, how many of these children had a history of identification as a Substance Affected Infants?" Of the CCPTS who had reviewed a case with maltreatment fatality factors, a total of 6 (55%) CCPTs indicated that at least one fatality case that was reviewed was a Substance Affected Infant. The number of cases that involved a Substance Affected Infant ranged from 1-2, with a total of 7 cases.

Reporting

The survey then inquired about reporting issues that the CCPTs may have encountered during the review process and how CCPTs generally go about conducting local reviews. First, the survey stated, "After an intensive review has occurred, describe how the findings and recommendations coming out of the review were typically communicated." A total of 48 counties provided qualitative responses other than "not applicable." The responding CCPTs provided a range of responses indicating that the approaches varied based on county specific resources, team composition, experience, and policy guidelines. Several CCPTs indicated that they had not had any intensive reviews, either this fiscal year or previously, or that they did not conduct these types of reviews at all. Additionally, several teams formed subcommittees or collaborated with their CFPT or other relevant partners to complete the case review. Further, many teams described communicating and discussing findings and recommendations during team meetings. For instance, one team wrote, "When Intensive Reviews occur, we present the findings at our CCPT meeting with all members. The findings are discussed with everyone, and if needed, recommendations are made to complete anything the review identified for our CCPT to do." Furthermore, CCPTs described involvement from or communication with other organizations or persons outside of the team can. One team wrote, "Following an email from the State, findings and recommendations were discussed with Child Welfare Staff and changes in practice were implemented." Similarly, another team wrote that "DSS is present at meetings and reports findings back to the staff."

Next, the survey asked, "After an intensive review has occurred, how does your CCPT typically identify action steps for working on the local recommendations?" A total of 43 CCPTs provided responses. Similar to the previous question, many CCPTs reported they formed subcommittees, collaborated with their CFPT or other relevant partners, or discussed action steps at their team meetings. For instance, one CCPT wrote:

> The Team reviews the recommendations outlined in the report. The Team then identifies how we will follow up on these, including who needs to be involved in what role. If there

are already activities in the community that can have a positive impact, we evaluate whether they are being used and how to ensure the referrals and involvement for families.

Likewise, other teams reported discussing ways to reach the community, identifying additional needs, including for training, or working with collaborative partnerships to identify concerns and develop resources. Overall, there was a range of responses to these survey questions providing an abundance of evidence indicating that CCPTs had varying approaches to conducting these types of reviews when the need arose.

Finally, the survey asked, "In reviews of active or fatalities cases did you identify any issues related to the reporting of substance affected infants in accordance with the law?" Of the 82 CCPTs who responded, only 4 (5%) had issues with reporting and 78 (95%) did not; 6 CCPTs did not respond to this question.

In summary, child maltreatment cases encompass active cases and child fatalities; active cases include near fatalities where child abuse, neglect, or dependency is suspected. In 2022, 72 (85%) of the 85 responding CCPTs reviewed 505 active cases and 23 cases that included maltreatment fatality factors. Among these cases were 48 infants who were affected by substances and 14 near fatalities. Within each county-size group, especially for the small and medium counties, there was extensive variation in how many cases they reviewed; although, on average, all counties (regardless of size) reviewed the same number of cases. Further, regarding economic well-being, on average, Tier 3 counties (least distressed) reviewed a higher number of cases. Thirteen counties did not indicate that they reviewed cases; notably, five of those CCPTs reported they were not an established team or had not met regularly. The survey did not specifically inquire about the reasons why some counties had not reviewed cases and what would have helped them fulfill this role.

a) Criteria for Selecting Cases for Review

State statute requires that CCPTs choose "active cases in which children are being served by child protective services." Statute also charges the teams with reviewing "cases in which a child died as a result of suspected abuse or neglect." Thus, the survey asked about the criteria that the teams and their DSS agency applied to their decision-making for which active cases are reviewed. The teams were provided a list of 12 criteria and could write in two additional reasons. As shown in Table 11, the most common reason cited by 63 (72%) out of the 88 respondents was that the case was active. Among the respondents, 15 (17%) stated that they selected child maltreatment fatalities for review. In addition to the statutory requirements, the CCPTs identified other selection criteria. Along with active cases, the most frequently selected, at 55% or higher, were the criteria of stuck case, parent substance use, and multiple agencies involved. Thirty-nine of the respondents added a selection criterion, and eleven of these provided two criteria. The additions included "lack of resource," "homelessness," "teen behavioral issues," "child sexual abuse," "mental health," "language barriers," "child under age one," "domestic violence," "undocumented children," and "Health Department case."

Case Criteria Used by CCPTs for Selecting Child Maltreatment Cases for Review, 2022, (N=88)

Table 11 Case Criteria Used by CCPTs for Selecting Child Maltreatment Cases for Review

Selection Criterion	Number of CCPTs	
Active Case	63	(71.6%)
Stuck Case	51	(58.0%)
Multiple Agencies Involved	50	(56.8%)
Parent Substance Use	49	(55.7%)
Repeat Maltreatment	46	(52.3%)
Child Safety	44	(50.0%)
Other 1	39	(44.3%)
Child and Family Well-Being	38	(43.2%)
Court Involved	30	(34.1%)
Child Permanency	27	(30.7%)
Child Maltreatment Fatality	15	(17.0%)
Other 2	11	(12.5%)
Closed Case	8	(9.1%)
Child Trafficking	7	(8.0%)

b) Contributory Factors to Intervention Necessity

Child Protective Services (CPS) codes cases of substantiated maltreatment or family in need of services on factors contributing to the need for intervention. These contributory factors fall into three broad categories: caretaker, child, and household. Table 12 lists these contributory factors and the number of CCPTs who used each factor in selecting cases for review. The two most common factors were caretaker's drug use cited by 67 (76%) CCPTs and caretaker's mental health need cited by 59 (67%) CCPTs. Three other factors used by over 50% of CCPTs pertained to child/youth with mental health needs, child/youth behavioral problems, and household domestic violence.

Contributory Factors for Children Being in Need of Protection Used by CCPTs for Selecting Child Maltreatment Cases for Review, 2022, (N = 88)

Table 12 Contributory Factors for Children Being in Need of Protection Used by CCPTs for Selecting Child Maltreatment Cases for Review

Contributory Factor	Number of CCPTs	
Parent/Caregiver		
Drug Use	67	(76.1%)
Mental Health Need	59	(67.0%)
Alcohol Use	42	(47.7%)
Lack of Child Development Knowledge	26	(29.5%)
Intellectual/Developmental Disability	18	(20.5%)
Other Medical Condition	11	(12.5%)
Learning Disability	9	(10.2%)
Visually or Hearing Impaired	5	(5.7%)
Children/Youth		
Behavior Problem	48	(54.5%)
Mental Health Need	44	(50.0%)
Other Medical Condition	22	(25.0%)
Drug Problem	21	(23.9%)
Intellectual/Developmental Disability	21	(23.9%)
Learning Disability	15	(17.0%)
Alcohol Problem	14	(15.9%)
Physically Disabled	11	(12.5%)
Visually or Hearing Impaired	6	(6.8%)
Household		
Domestic Violence	45	(51.1%)
Inadequate Housing	38	(43.2%)
Financial Problem	27	(30.7%)
Public Assistance	19	(21.6%)

In summary, state statute requires that CCPTs review two types of cases: active cases and child maltreatment fatalities. Most (81%) respondents selected active cases for review. Child maltreatment fatality was given as a reason for case selection by 17% of respondents. Whether local teams review all child maltreatment fatalities depends on the context. For instance, teams select cases for review if there appear to be systemic factors affecting service delivery. The second most frequent criteria for selecting cases were stuck case, parent substance use, and multiple agency involvement, all identified by 55% or more of respondents. The range of issues identified indicates the CCPTs' concern about many areas affecting the families' lives. The teams also selected cases on the basis of factors contributing to children needing protection: The two most common factors were caretaker's drug use cited by 67 (76%) CCPTs and caretaker's mental health need cited by 59 (67%) CCPTs. Three other factors used by over 50% of CCPTs pertained to child/youth with mental health needs, child/youth behavioral problems, and household domestic violence. The range of issues identified indicates the CCPTs' concern about

many areas affecting the families' lives. Thus, the teams had a comprehensive awareness of the challenges affecting the children and families in their communities.

2) Process of Case Reviews

The CCPTs used different types of information to review the cases (see Table 13). Out of the 88 respondents, 81% used reports from members and/or case managers and 80% used case files. Over half (53%) used information on procedures and protocols of involved agencies. These three types of information were the same primary sources as reported in the 2016 through 2021 surveys. CCPTs also wrote in some other information sources, including: social worker information, medical records, Department of Juvenile Justice records, forensic interviews, and mental health records, similar to previous years.

Type of Information Used by CCPTs for Reviewing Cases, 2022, (N=88)

Table 13 Type of Information Used by CCPTs for Reviewing Cases

Type of Information	Number of CCPTs
Reports from Members and/or Case Managers/Behavioral Health Care Coordinators/Care Managers	71 (80.7%)
Case Files	70 (79.5%)
Information on Procedures and Protocols of Involved Agencies	47 (53.4%)
Child and Family Team Meeting Documentation	29 (33.0%)
Medical Examiner's Report	27 (30.7%)
Other 1	26 (29.5%)
Individualized Education Plan	24 (27.3%)
Other 2	5 (5.7%)

Ways to Improve Case Reviews

The survey then turned to examining ways to enhance case reviews and asked, "What would help your CCPT better carry out case reviews?" Out of the 88 teams, 9 (10%) affirmed what they were doing well, 62 (71%) specified at least one means of strengthening their reviews, and 17 (19%) did not identify a means for improvement. The majority of teams in this last group, unlike the first two, came from counties that were small, faced economic distress, or both.

Those teams that emphasized their accomplishments all met regularly and, with one exception, had reviewed one or more active cases of child maltreatment in 2022. They spoke of the benefits of being "an established and cohesive team" that is "well informed and has information regarding the cases reviewed." They also praised their capacity to "share information" and to do "a great job selecting cases."

The teams that pointed out ways to improve their case reviews echoed these same themes regarding team participation and case selection and information. Additionally they emphasized the need for better structuring of the review process.

- *Team participation*: CCPTs stressed the need for "consistent participation by team members" "especially law enforcement & DA office." They asked that agencies provide "better orientation and training . . . for staff they designate to be on the team." Some wanted to understand how to include "community partners" and "youth or family partners in case reviews." So that members could feel like the meetings are "worth their time," they highlighted the necessity of "active participation and engagement from multiple agencies," "open communication among all team members," and "more dedication from mandated members"

- *Case selection and information*: Some simply wanted cases to review. A recurring barrier in case reviews was receiving sufficient and timely information, particularly "reports from the Medical Examiner." Teams urged "easier access to cross-state medical and CPS records and the ability to review cases with pending criminal charges." An issue for combined teams was allocating time to CCPT cases given the need to review additional child fatalities. In response, one team proposed that they "schedule Interim/separate CCPT meetings for the primary purpose of reviewing cases," and another team recommended designating "a co-chair who is dedicated to CCPT activities."

- *Review structure*: Repeatedly teams asked for more training on "what is expected," preparation of chairpersons, a "format" for case presentations, and a "review tool" so that they could select and process cases more efficiently and with attention to "race equity issues." One team observed that having such a "tool" would make it possible to "compile data and information from case reviews that can be used at the local and state level to study trends and compare information to inform future efforts."

In summary, the CCPTs used different types of information to review the cases and particularly drew upon reports from members and/or case managers, case files, and information on procedures and protocols of involved agencies. When asked what would help them better carry out case reviews, 10% affirmed what they were doing well, 71% specified at least one means of strengthening their reviews, and 19% did not identify a way to improve their reviews. Methods for improving case reviews included: strengthening team participation, accessing multiple forms of case information, and structuring the review process.

K. Reported Limits to Access to Needed Mental Health, Developmental Disabilities, Substance Use, and Domestic Violence Services and Suggestions for Improvement

A recurring concern of CCPTs was the families' limited access to needed services in mental health, developmental disabilities, substance use, domestic violence, and child trafficking (MH/DD/SU/DV/CT).

The survey asked the CCPTs to identify how many cases reviewed in 2022 needed access to MH/DD/SU/DV/CT services. Table 14 summarizes the findings first for the children and second for the parents or other caregivers. Here, 65 of the respondents identified MH needs of children in a total of 248 cases. I/DD services were needed for children in 40 cases. These numbers are generally on par with 2021 data which indicated a need for MH services in a total of 243 cases,

and I/DD services were needed for children in 33 cases. Likewise, this year, child trafficking services were needed in 4 cases and reported by 3 CCPTs, and in 2021, 6 cases required services and were reported by 2 CCPTs. In contrast to 2021, there was a decrease in service needs for SU and DV services in 2022. This year, a total of 25 respondents identified SU service needs for 52 cases and 15 respondents identified DV services needs for children 41 cases; in 2021, SU and DV services were needed in 79 and 77 cases respectively.

Next, the 2022 survey asked, "Did any of these services have a waitlist?" For the child services, 38 respondents indicated there was a waitlist for MH services, 15 indicated there was a waitlist for I/DD services, 10 indicated there was a waitlist for SU services, and 4 indicated there was a waitlist for DV services; no respondents indicated a waitlist for CT services.

For the parents or caregivers, the need for mental health and substance use services were the most prominent. Among the responding teams 63 identified the need for MH services and 65 identified a need for SU services. The total number of reviewed cases were also higher with 255 of the reviewed cases requiring MH services and 234 requiring SU services. The need for DV services was cited by 40 of the teams, for a total of 92 cases. Notably, the need for DV services decreased since 2021; at that time, 115 cases needed services. The need for I/DD services was expressed by 9 CCPTs but with a significantly lower number of cases reviewed (20 cases).

Next, the 2022 survey asked, "Did any of these services have a waitlist?" To this, 23 respondents indicated there was a waitlist for MH services, 7 indicated there was a waitlist for I/DD services, 14 indicated there was a waitlist for SU services, and 5 indicated there was a waitlist for DV services.

Then the survey asked, "How many of these cases received the needed services?" This comparison is reported in Table 16. Across all categories, the majority of cases received the needed services (50%-90%). In each category, a substantial percentage of cases did receive the needed service, however, critical services were not received for all cases in any category. The children received needed services more often than the parents/caregivers. For children, the need for child trafficking services was met for only 50% of the cases, however, mental health needs were met the most frequently in 90% of cases. For parents/caregivers, the need for intellectual/developmental disabilities services was met the least frequently, in only 55% of cases, however, the need for mental health services was met in 75% of cases.

As noted previously, CCPTs commonly selected cases for review because of parental drug use, child safety, domestic violence, and child and family well-being (which includes mental health). These criteria would tilt the findings on reviewed cases toward the need for SU, MH, and DV services. As noted in previous years, the findings indicate that the CCPT members were well aware of these issues across the families that they served and recognized the complexity of these situations, often entailing the involvement of multiple agencies.

Number of Reviewed Cases Requiring Access and Receiving Services to MH/DD/SU/DV/CT Services, 2022 (N= 88)

Table 14 Number of Reviewed Cases Requiring Access and Receiving Services to MH/DD/SU/DV/CT Services

	Number of Reporting CCPTs*	Sum of Cases	Sum and Percentage of Services Received	Sum of Cases Mean	Sum of Cases SD
Children/Youth					
Mental Health	65	248	224 (90.3%)	3.82	3.84
Substance Use	25	52	36 (69.2%)	2.08	1.29
Domestic Violence	15	41	38 (92.7%)	2.73	1.49
Intellectual/Developmental Disabilities	25	40	34 (85.0%)	1.60	0.91
Child Trafficking	3	4	2 (50.0%)**	1.33	0.58
Parents/Caregivers					
Mental Health	63	255	191 (74.9%)	4.05	7.38
Substance Use	65	234	137 (58.5%)	3.60	4.50
Domestic Violence	40	92	51 (55.4%)	2.30	1.88
Intellectual/Developmental Disabilities	9	20	11 (55.0%)	2.22	2.22

Note. MH/DD/SU/DV=Mental Health, Developmental Disabilities, Substance Use, and Domestic Violence. Large standard deviations indicate wide variability in the number of cases reviewed requiring access to services.
*Number of reporting CCPTs who indicated 1 or more cases
**Several cases were pulled from analyses due to the number of cases where services were received being higher than the number of cases reported; this is most likely due to an input error from 2 responding counties.

Next the survey asked, "Which of the following limitations prevented children, youth, and their parents or other caregivers from accessing needed MH/DD/SU/DV services?" As shown in Table 15, the two most frequently cited barriers were limited or no services (60% of respondents) and lack of transportation to services (41% of respondents). Other common reasons were limitations in community knowledge about available services (30%) and MH and SA for youth with dual diagnosis (26%). Respondents' recognition of inadequate services for youth with dual diagnosis ranged from 8-26%; these trends are a decrease from previous years' findings.

Among the respondents, 32 wrote in additional limitations. These primarily concerned systemic factors and to a lesser extent, family reasons. Some respondents commented on "parent's willingness to seek services" and "parent's readiness to participate in services." Several referenced language and cultural barriers. Others identified the lack of available services,

particularly within the context of the pandemic and "constant turnover" as well as a lack of services or residential placements for complex mental health needs for youth.

Number of CCPTs Reporting Limitations Preventing Children, Youth, and Their Parents or Other Caregivers Accessing Needed MH/DD/SA/DV Services, 2022, (N = 88)

Table 15 Number of CCPTs Reporting Limitations Preventing Children, Youth, and Their Parents or Other Caregivers Accessing Needed MH/DD/SA Services

Limits on Access	Numbers of CCPTs
Limited Transportation to Services	36 (40.9%)
Limited Services or No Available Services	53 (60.2%)
Other 1	32 (36.4%)
Limited Community Knowledge About Available Services	26 (29.5%)
Limited Services MH and SA for Youth with Dual Diagnosis	23 (26.1%)
Limited Services MH and DD for Youth with Dual Diagnosis	19 (21.6%)
Limited Participation of MH/DD/SA/DV Providers at CFTs	14 (15.9%)
Other 2	13 (14.8%)
Limited Services MH and DV for Youth with Dual Diagnosis	7 (8.0%)
Limited Number of Experienced CFT Meeting Facilitators	6 (6.8%)

Note. MH/DD/SU/DV= Mental Health, Developmental Disabilities, Substance Use, and Domestic Violence.

Finally, the survey asked, "What barriers contributed to the limited participation of MH/DD/SU/DV providers at CFTs?" Among the 14 respondents who selected "limited participation of MH/DD/SU/DV providers at CFTs," 11 respondents provided a barrier. These barriers primarily consisted of restrictions and scheduling conflicts due to the pandemic. Additionally, a majority of respondents identified limited numbers of providers and a lack of training among the providers.

In summary, children, youth, and their parents or caregivers faced serious barriers to accessing needed services. Most CCPTs who reviewed cases in 2022 reported that children and youth needed access to mental health services. Most CCPTs also reviewed cases in which the parents or caregivers required access to mental health, substance use, or domestic violence services. Importantly, the majority of cases in each category received the needed service, with the percentage ranging from 50-90%. With the exception of child trafficking services, all needed service categories were reported as having a waitlist in at least one case. As noted previously, CCPTs commonly selected cases for review because of parental drug use, child safety, domestic violence, and child and family well-being (which includes mental health). These criteria would tilt the findings on reviewed cases toward the need for MH, SU, and DV services. CCPTs indicating that there were waiting lists for these services also spoke to this need. Additionally, CCPTs identified systemic barriers to families' accessing essential services. The most commonly cited barriers were limited services or no available services, lack of transportation to services, and limited community knowledge about services. The CCPTs commented on some family factors affecting service receipt such as parents' readiness to participate in services and on systemic factors such as language barriers, financial barriers, and service providers being understaffed or closed due to COVID-19. Additionally, a majority of respondents identified inadequate numbers of providers and a lack of training among the providers. It is quite likely that family and systemic barriers reflected the complexity of the healthcare system and challenges in finding services without having health insurance. Thus, the teams were well aware of multiple issues keeping children and families from much needed services. As stated in previous reports, the federal funding from the Family First Prevention Services Act may be able to assist them in securing prevention services in their communities.

L. Perceived Barriers Related to the COVID-19 Pandemic

This year, CCPTs were asked, "Of the cases reviewed, what barriers did COVID-19 pose?" Thirty-eight (44.2%) CCPTs listed a barrier, indicating that the majority of CCPTs in 2022 found that the coronavirus pandemic posed a barrier in the case review process. Importantly, while the survey specifically asked about COVID-19 barriers *related to case reviews*, it appears that many respondents may have provided information about COVID-19 barriers more generally. Based on the cases reviewed, COVID-19 posed several barriers for both teams and families which included challenges with virtual/hybrid formats, issues with attendance and participation, and minimal resources for families.

Virtual and Hybrid Formats

Teams indicated that they were conducting meetings either virtually or in a hybrid format (meeting in person with an option for attendees to participate virtually). The virtual component of CCPT meetings was identified as a barrier. Lacking face-to-face interactions was provided by a participant as a reason that hybrid/remote format for meetings was not sufficient in comparison to in-person meetings: "You can't replace an in person meeting for these types of cases." Likewise, respondents noted that virtual meetings for client services were often challenging to families, who might lack access to reliable internet.

Attendance and Participation

In relation to the theme of virtual/hybrid format being a challenge to CCPT meetings, attendance and participation were stated as a barrier to conducting and scheduling CCPT team meetings for case reviews. . Attendance issues involved there being increased scheduling conflicts, absences due to illness, limited Internet access for virtual meetings, and discomfort meeting in person as a result of the risk associated with exposure to COVID-19. Participation issues included less discussion from meeting attendees in virtual team meetings. These challenges are expressed by the following participant, "Less discussion when done virtually, less attendance when done in person."

Limited Resources for Families

The COVID-19 pandemic has significantly impacted mental health and social services for family members. COVID-19 also led to an increase in mental health needs and a decrease in services, as well as long waitlists for services and the need for rescheduling appointments due to COVID-19 symptoms or exposure. Additionally, staff turnover with community stakeholders and difficulty maintaining community partner connections have been challenges. One member stated, "Part of the barriers with the pandemic have to do with staff turnover with community stakeholders and difficulty maintaining community partner connections."

Solutions to the Barriers

Next, the survey asked, "What creative solutions did your team identify to address those issues?" 42 (47.7%) CCPTs provided a solution. Interestingly, many of the solutions that the CCPTs identified were also listed as barriers. For example, in efforts to minimize the attendance and participation issues at CCPT meetings, a majority of the respondents indicated that they conducted meetings virtually. In order to combat the problems related to lack of internet access for families, one CCPT reported, "Parents use of public Wi-Fi and hotspots." Another CCPT noted:

> We continued to hold meetings in a manner that allowed for social distancing, as well as offering online attendance options for every meeting. This helped create security for team members and increased attendance rates due to safety and convenience.

Additionally, CCPTs noted they held meetings at different times to accommodate different schedules or provided transportation to the CCPT meeting locations.

Regarding staff turnover and limited resources for families, CCPTs described using a few different strategies. For instance, one CCPT noted that NC DSS staff "took a more active role in the CFPT process to help with staff turnover." A respondent described encouraging families to re-enroll in services that may have been stopped due to the COVID-19 pandemic. Other CCPTs reported that they increased communication and partnership between various agencies in order to provide families with needed resources and services sooner. Similarly, other teams noted they searched for additional resources in the community.

In summary, the COVID-19 pandemic posed several barriers for team operations and families which include challenges with virtual/hybrid meetings, issues with attendance and participation, and limited resources for families. While many CCPTs described virtual meetings as a barrier,

noting that in-person meetings were more beneficial (e.g., enabled better discussion), they acknowledged the need for virtual meetings in order to accommodate differing schedules and improve meeting attendance. CCPTs noted various strategies to ensure families and team members were able to attend meetings, including providing the option of attending via telephone, providing transportation, and changing meeting times. CCPTs described a need for increased communication, collaboration, and partnership with other agencies and organizations in order to provide families with necessary resources and services as soon as possible.

M. Racial and Cultural Equity Issues in Addressing Local Needs

This year's survey explored local developments in regards to a racially and culturally equitable approach to child welfare. The survey defined racial and cultural equity as "*responsive to and invests in families and their communities with the result that children remain safely at home and their families are respected and supported in making and carrying out decisions for the care and well-being of their children."*

First, the survey asked, "Has your team discussed issues of racial and cultural equity in child welfare?" Among the 87 respondents, 59 (68%) checked *no* and 28 (32%) checked *yes.* Next, the survey inquired, "While conducting your case reviews, what were the issues identified by the team relating to racial and cultural equity?" Twenty-two (25%) specified one or more issues; among the 22, 20 had checked *yes* about discussing equity issues and 2 had not but offered issue(s). Teams identified challenges to racial and cultural equity posed by language and cultural barriers, lack of staff inclusivity, and imbalances in resources and services.

Language and Cultural Barriers

Language barriers were an issue for Spanish- and Arabic-speaking families. One team laid out the need for "medical and mental health providers that speak the language of those we serve and have culturally sound practices." Another CCPT recognized that in a "medically diabetic case, the mother did not know how to communicate with the provider."

Lack of Staff Inclusivity

CCPT members identified mindsets that staff and agencies may hold as well as lack of diversity of providers as challenges to racial and cultural equity. For example, one team stated that mental health providers have "common biases about a particular culture's behaviors and beliefs." Another team was concerned by the "lack of inclusivity of service providers." Concerns were raised about "uncomfortable" conversations with families from different racial and ethnic backgrounds and the need for "training to measure the competency of staff and agencies." Summing up the responses across many of the teams, a CCPT called for "trust, communication, non-bias opinions, everyone matters and deserves respect."

Imbalances in Resources and Services

CCPTs identified disparities in access to needed resources and services for families based on race, gender, and income. One team zeroed in on "bad housing areas and the racial imbalance." Another CCPT observed, "We have more citizens below the poverty line who do not seek medical care," and continuing, noted, "There are more illnesses related to specific race and gender." "A team insisted on "making sure the same services are offered and provided."

Turning from discussion to action steps, the survey asked, "What strategies did your team identify to address these issues?" Twenty-two (25%) teams outlined a strategy(ies) in response to these issues of racial and cultural inequity.

Addressing Language and Cultural Barriers

Teams sought to overcome these barriers by increasing language services and alleviating cultural hesitancies in accessing services. For instance, one team, identifying the "stigmas regarding MH services," proposed "access to MH providers who look like the clients being served" and, in general, "to normalize MH services." Another team sought to "diffuse communication barriers" by "wrapping a variety of services around the family." And a third team looked "for additional supports in translators/interpreters."

Addressing Lack of Staff Inclusivity

CCPTs partnered with local service and community groups to identify training resources and build an inclusive service network. For instance, to overcome "language barriers and common biases about a particular culture's behaviors and beliefs," a team sought out "training, partnerships with family-serving agencies, and Latinx community resources." Other teams advised, "Identifying providers that can work with different cultures" and "encouraging training resources" such as from the local Area Health Education Center and the Children's Advocacy Center.

Addressing Imbalances in Resources and Services

To address imbalances in resources and services, they worked on extending collaborative networks, developing alternative ways of meeting families' needs, and raising their own team's awareness of imbalances in distribution. Developing partnerships to overcome the lack of services to Hispanic families, a team reported that a "mental health community rep is discussing with a [local center] the need for additional resources." In order to assist lower-income families in accessing services, a team planned to work on "transportation issues" by promoting 'public transportation" and "virtual services." Examining their own attention to issues of "race and gender" in accessing medical care for "citizens below the poverty line," a team concluded, "We need to do a better job of tracking this issue." Another team noted the need for "a frank discussion" among their members and planned "to research racial and cultural equity."

Over 2022, NC DSS had distributed some resources to local teams to assist them in identifying and addressing equity issues. Checking on their use, the survey asked, "Are you currently utilizing the resources provided to your team to explore a racially and culturally equitable approach to child welfare?" Among the 85 responding teams, 48 (57%) said *no* and 37 (43%) said *yes.* Drilling down further, the survey asked, "If not, what would help your CCPT to use these and other resources that are provided?"

Among the teams checking *no,* some replied that they were "not familiar with this resource," requested that the state "provide the information again or explained that "these were not issues in the cases that were reviewed." Given reliance on distance formats during a pandemic, a team observed, "This needs to be a discussion. These discussions do not happen easily when virtual." Teams asked the state for more "guidance" and "reminders" on use of the materials and proposed various solutions to the issues faced by teams in using the resources.

Examining the content of the resources distributed, a team noted that one document pertaining to the Child & Family Services Review was "very DSS-centric" and its change actions required large scale resources. They advised, "Having information tailored to multi-disciplinary teams that can be focused on small steps to work toward stronger race/equity initiatives would be helpful." Other teams proposed staffing solutions to the issues faced by teams in using the resources. One CCPT suggested, "To have a designated person whose focus is on the CCPT." In agreement, another team elaborated on the necessary staffing: "Administrative funding and a dedicated administrative/office assistant . . . to be the primary point of contact . . . for distribution of information; coordination of training, workshops, informational meetings; data collection around case presentations/case reviews and minutes; and maintenance of all administrative duties in direct support of the CCPT."

In summary, this year's survey explored local developments in regards to a racially and culturally equitable approach to child welfare. Over two-thirds of responding teams had not discussed issues of equity in child welfare over the year. Nevertheless, teams identified challenges to racial and cultural equity posed by language and cultural barriers, lack of staff inclusivity, and imbalances in resources and services. They also specified strategies to address these challenges to equity. To overcome language and cultural barriers, they sought to increase language services and alleviate cultural hesitancies in accessing services. In response to the lack of staff inclusivity, CCPTs partnered with local service and community groups to identify training resources and build an inclusive service network. To address imbalances in resources and services, they worked on extending collaborative networks, developing alternative ways of meeting families' needs, and raising their own team's awareness of imbalances. To assist local teams in responding to equity issues, NC DSS distributed some resources over the year. The majority of teams reported that they had not received or did not use these resources, and some proposed strategies to increase their utilization. These proposals included: guidance from NC DSS on their use, distributing materials tailored to multi-disciplinary teams and focused on small steps rather than large-scale change, and having a designated administrative support to coordinate activities.

N. Local CCPT Recommendations for Improving Child Welfare Services

Number of CCPT Recommendations

Over the years, the survey has checked with CCPTs on ways in which to improve child welfare in their communities and at the state level. These CCPT recommendations have been reviewed closely by the CCPT Board in formulating recommendations to NCDSS on ways to enhance child welfare.

For the first time this year, the Board sought to hear CCPT recommendations on ways to strengthen (a) child welfare "as an agency with defined mandates and policies" and (b) child protection "as a community effort where everyone has a role." In each of these broad areas, the aim was for the survey to ask for local and state-level recommendations.

For the area on child welfare, the survey asked first: "Based on your 2022 case reviews, what were your team's top three recommendations for improving child welfare policies and statutory law at the local level?" In response, several teams pointed out that child welfare policies and statutory law were not made at the local level, and one commented that their case recommendations were not "related to Child Welfare local or state policies" and "were case specific determined by the family's circumstances." Others noted that they could not make recommendations because they had not reviewed cases during the year. As previously documented, 12 teams reviewed no cases in 2022. Summarized in the table below, among the 88 teams, 31 (35%) made no recommendation while 57 (65%) made between one to three recommendations. The total of recommendations at the local level was 152.

Second, the survey asked, "Based on your 2022 case reviews, what were your team's top three recommendations for improving child welfare policies and statutory law at the state level? In response, 32 (36%) made no recommendation while 56 (64%) made one or more recommendations, for a total of 142 at the state level. Combined the totals for the two questions equals 294 recommendations.

The paper version of the survey correctly asked about child protection as a community effort; however, the electronic version incorrectly repeated the questions about child welfare policies and statutory law. Some teams recognized this glitch in the e-survey and responded to the questions on the paper copy. Many teams pointed out that the e-survey only repeated the questions for the prior area on child welfare. Quite a number of CCPTs took the opportunity to reiterate or elaborate on recommendations set forth in response to the questions on child welfare. As shown in the table below, the number of recommendations dropped from a total of 294 for the first set of two questions to a total of 215 for the second set of two questions. Combined, the two sets of questions yielded 509 recommendations, although as noted, some were repeats of prior recommendations.

The analysis looked for recurring themes across all the recommendations as well as recommendations set forth in the survey's final section on additional information that teams chose to communicate. The result was a rich array of recommendations of utility to improving child welfare as an agency and encouraging child protection as a community effort.

Table 16 Number of CCPTs Providing Recommendations

	Zero Recommendations	One Recommendation	Two Recommendations	Three Recommendations
Welfare Local	31	7	5	45
Welfare State	32	8	10	38
Protect Local	40	10	6	32
Protect State	50	4	7	27
Total	**153**	**29**	**28**	**142**

Recommendations

In making their recommendations, teams demonstrated a keen awareness of local developments and pushed for policy and program changes that fit their experience. The analysis identified two main sets of recommendations. The first set was a series of steps for enhancing the policy process. The second set concerned enhancing services and reflected values for service delivery: adequate programming, equitable distribution, and family-centered approach.

Enhanced Policy Process. The teams' recommendations added up to a wealth of proposals for improving the policy process. They formed seven main steps: clarifying policy, refining policy, acknowledging disagreements and common ground, identifying recurring challenges, advocating for policy change, ensuring adequate resources and mutual accountability, and strengthening quality assurance through CCPTs.

> *Clarifying Policy.* Frequently, CCPTs spoke of the need to clarify child welfare policy so that families, workers, and others in the community could better understand key terms and procedures. Teams recognized that agency policies and procedures were commonly incomprehensive and intimidating to families and proposed, "Simplified/family friendly Family Services Agreement and Safety Plans" and "Policies/laws with clear and concise guidance to families." Workers also needed an explanation of expectations. For example, a team asked for "policy outlining procedures for assessing recurrent maltreatment and additional reports." To lessen confusion, a team proposed that "DCDL [Dear County Director Letters] content to be included and written into the child welfare manual." They especially stressed that new policy initiatives, with Plan of Safe Care (POSC) as a notable example, required a "slower roll out" to leave time for educating workers and others in the community. In agreement, another team insisted, "Additional training for staff that is in the field. New policy and forms come out but no training." Continuing, this team observed, "This allows staff to understand the importance of POSC in all cases despite what the type of illegal substances used by the parent."
>
> *Refining Policy.* Besides seeking clarification of policy, they sought better alignment of policy with community conditions. They requested greater state consultation with

counties on child welfare policies to ensure a "match" with "what is going on at the local level." The CCPTs pointed out places for improving policy and statute to support better practice. A team proposed an "expansion of statute with regards to sharing information in child welfare and provider cases." Another team recommended revising "child medical evaluation law" so that "the alleged perpetrator would not be the person who has to give consent for the child to be examined."

Acknowledging Disagreements and Common Ground. While the CCPTs' views often converged, there were some significant divergences. A striking difference was whether to address maternal substance use in a punitive or supportive manner. One team recommended, "When a Substance Affected Infant is born, there should be legal repercussions for the mother." In contrast, a second team suggested establishing "a think tank to plan for how to manage women who test positive for drugs at delivery in a non-punitive manner." Both teams shared the deeply held concern of a third team about "the increased number of cases that consist of substance use by a parent. Fentanyl, Meth, Heroin use as well as the misuse of prescription drugs." Teams looked for ways to stave off the necessity of more intrusive child welfare involvement. For example, a team pushed for consideration of "policies that allow funding and incentives for non-family members, kith/kin to provide crisis placement or short-term placements for families to work through challenges without long-term entry and custodial involvement of DSS. Another team proposed, "Expand/better integrate community resources to promote prevention plans and tools; early identification/access to needed services including shelter and alternative family living."

Identifying Recurring Challenges. For one team, a repeated challenge was the district attorney exercising the legally mandated authority to place holds on reviewing cases. Once the holds were eventually lifted, they found that "many, many of the staff [had] left . . . leav[ing] major gaps in knowledge of circumstances," crucial for carrying out the reviews. Another likewise experienced recurring problems in carrying out their work. This CCPT struggled with the "breakdown between the CME [child medical examination] policy/laws and providers. We had a near fatality and the hospital would not complete a SANE [Sexual Assault Nurse Examiner] exam so any evidence that may have been there was gone after the fact. Even with a court order, the hospital refused to complete the exam. This is an ongoing issue." Crossing county, state, or jurisdictional lines compounded difficulties in gaining access to requisite information. For example, a team felt stuck: "We are a military town and we struggle with the military's reluctance in sharing information on cases." These serious matters were not ones that teams could resolve on their own.

Advocating for Policy Change. Knowing that they could not single handedly effect some vital changes, CCPTs recommended that they form local alliances or ask the government to take action. To institute a coordinated response, teams looked to local organizing. For some this involved "increased communication between local DSS and providers about strengths and challenges about specific policies and mandates." Others adopted the strategy of putting in place systematic ways of working together. For example, a team proposed, "An alert system so that schools, hospitals, law enforcement, and other agencies involved in child welfare can be alerted and all child fatalities be fast tracked

with the state lab and the Medical Examiner's Office." Turning to political action, a team urged, "More involvement from elected officials to advocate for changes the public didn't agree with on a state level." To set this strategy into motion, this same team identified that "child welfare staff [needed] to educate the public, elected officials and other agencies about local laws and policies so they will understand child welfare limitations and policies. They could then advocate for changes."

Ensuring Adequate Resources and Accountability. Many of the proposed reforms required additional finances, personnel, and technology. Teams repeatedly recognized that chronic shortages and constant turnover in workers stymied work on behalf of children and families. Addressing these issues required "more CW staff" with reduced caseloads, "equitable pay," and provision of "resources to address secondary trauma at no cost to the employee." These reforms alone were insufficient unless other programs likewise grew. An area of concern was "ensuring that placement providers are available at the local level and that they meet the kid's needs" and that there is "a level of accountability - are services being billed to Medicaid provided?" Inadequate technology impeded the necessary exchange of information: "Sharing of data across counties - this is tedious and takes too much time when you are operating at times in crisis mode."

Strengthening Quality Assurance through CCPTs. North Carolina has an extensive network of CCPTs across the state. Their multidisciplinary case reviews, community engagement, and policy recommendations all position them well to serve as a local system of quality assurance. Such oversight promotes a system of responsive regulation that monitors, evaluates, and improves the policy process. In service of this aim, CCPTs proposed a number of recommendations. Some pertained to team membership. One team thought "family and youth participation" would enhance their work. Another wanted "a representative from the Dept. of Juvenile Justice (Juvenile Court Counselor) [as] a mandated member of the CCPT so that they don't take up an 'at large' spot." Teams also wanted greater communication with other teams and state DSS. One CCPT welcomed methods of sharing information among teams, including "a quarterly newsletter." Another team wrote, "The state would benefit from having a copy of the written report presented to our county commissioners attached to the survey." They wanted an "annual/refresher training" to assist chairs, and "policy reviews with the CCPT to assure the team (community members) understand policies and mandates." One team put forth a quite encompassing recommendation: "Create a standardized office of CCPT/CFPT at the State level to provide administrative support for the local teams."

Enhanced Services

Besides steps for enhancing the policy process, CCPTs proposed ways to ensure that services were adequate, equitable, and family-centered. These recommendations were firmly grounded on the CCPTs' reviews of cases.

Providing Adequate Programming. CCPTs were troubled by the insufficient services available to families. Summing up many of the recommendations of other teams, one CCPT outlined the necessity of "equitable and timely access to quality mental health, behavioral health, substance abuse, IDD services to include all levels of service (i.e.,

counseling, outpatient, inpatient, emergent, treatment that addresses the thoroughly assessed needs of the individual and families).” They wanted programming to start “pre-conception” to promote “maternal health” and to encompass other life stages. These included meeting placement needs of “youth with aggressive behaviors.” To safeguard children’s education, they advocated for “sensible and prudent homeschooling standards.” To increase safety, they urged a “focus and education” on “infant safe sleep” and made other proposals, for example, “create laws similar to gun safety laws related to the safe storage of medication and illegal substances.” Limited health coverage and service provision undercut efforts to meet children and families’ needs. One team explained, “Medicaid reform is impacting and preventing families from receiving timely and available services. Policy needs to incorporate . . . mental health services being available and no restrictions with child welfare cases. Families should not have to wait until the provider is changed in order to get assistance.”

Distributing Resources Equitably. Racial and rural/urban disparities and unfair selection practices of service providers undermined equitable coverage of families. Teams pressed for “bridging the gap in racial disparities,” “protect[ing] undocumented children,” “assisting communities in areas of culturally responsive services for families,” and raising “awareness of nonconscious bias, diversity and inclusivity in the community, cultural/generational gaps.” They were well aware of service differences between rural and urban counties. In response, one team requested, “CMARC [Care Management for At-Risk Children] resources be provided to small counties that don't have the financial backing to provide the service.” Another team advocated, “Increas[ing] the funding opportunities for rural community resource providers to implement prevention programs that offer real supports to families.” When making policy decisions, teams wanted the state to “receive input from all size counties”; “increase network capacity for emergency placements, ongoing placements, and treatment supported placements to serve children in the legal custody of ANY DSS agency”; and look “at barriers from state that could impact on funding available and development of needed resources in all counties- not just regional.” Especially aggravating were selection practices making for unfair distribution of scarce resources: “There needs to be more Mental Health Providers in all areas in the local areas. They DO NOT NEED TO CHERRY PICK CHILDREN FOR PLACEMENTS.” Another Team noted that “the state needs to enforce contracts with providers so they cannot cherry pick the clients they provide services to.”

Encouraging a Family-Centered Approach. The CCPTs’ recommendations emphasized helping families stay together, supporting families’ informal networks, and promoting inclusive family decision-making. The intent was to “create and fund/sustain collaborative efforts to build/enhance/better integrate family-based services with lived experience, equity, and prevention principles.” They identified the importance of child & family team meetings in making family decisions and pointed to the need for “local policies and incentives to enforce ongoing use of CFTs ensuring inclusion of relevant individuals and groups.” Attention was given to reaching out to men who commit domestic violence by offering “batterer intervention programs.” To sustain familial connections, teams put forth quite a range of recommendations that encompassed legal and financial assistance for families and their kin. For example, a team asked for “more legal assistance for families who want to pursue custody but do not have the financial

means." Another team recommended, "Incentivize family caregivers when caring for their own." A team explicated the reasoning behind this strategy: "Funding to keep families intact when they are serving as placement providers; flexible grant funding to support unanticipated needs. They are providing a safe placement for children which helps the child/youth and prevents entry into care; however, they face real financial struggles that impacts their quality of life and ability to provide basic needs." They recognized the challenges to kin providers and advised, "Expanding financial support of kinship care. For example, providing childcare subsidy to any kinship family regardless of employment status or assisting with board payments for kin going through licensure." Likewise, another team suggested that consideration be given to "policies that allow funding and incentives for non-family members, kith/kin to provide crisis placement or short-term placements for families to work through challenges without long-term entry and custodial involvement of DSS."

In summary, based on their case reviews, CCPTs offered 509 recommendations on ways to improve child welfare policy and practice and community efforts on behalf of children, youth, and families. One set of recommendations formed a series of seven steps for enhancing the policy process: clarifying policy, refining policy, acknowledging disagreements and common ground, identifying recurring challenges, advocating for policy change, ensuring adequate resources and mutual accountability, and strengthening quality assurance through CCPTs. For each step, CCPTs provided quite specific proposals. For instance, in regards to clarifying policy, they stressed reducing confusion for families by simplifying child welfare language and forms and for workers by providing training in advance of the rollout of new policies. For the most part, teams appeared to agree on policy and practice. A striking difference, though, was whether to adopt a punitive or supportive approach to mothers who use substances. Underneath both positions was a shared concern about the widespread availability of addictive drugs and a firm commitment to preventing their use. On some recurring challenges such as accessing needed case information, teams felt stuck and could not resolve them on their own. In response, teams recommended better local coordination through an alert system to notify involved agencies of all child fatalities or stronger advocacy on strengthening child welfare by educating elected officials and the public. Many of the proposed reforms required additional finances, personnel, and technology and vigilant oversight. With teams across the state, CCPTs were positioned to serve as a local system of quality assurance. To perform this role, they sought expanded membership, exchange of information with other teams, refresher training, and a CCPT/CFPT office at the state level to provide administrative support for the teams.

Besides steps for enhancing the policy process, CCPTs proposed ways to ensure that services were adequate, equitable, and family-centered. Troubled by the insufficient services available to families, CCPTs outlined a broad range of essential support for all family members. They recognized that limited health coverage and service provision undercut efforts to meet children, youth, and families' needs. They further identified that racial and rural/urban disparities and unfair selection practices of service providers undermined equitable coverage of families. They especially demanded that policy decisions include input from all size counties and that the state enforce contracts to prevent mental health providers from cherry picking children for placements. The CCPTs' recommendations emphasized a family-centered approach that helped families stay together, supported families' informal networks, and promoted inclusive family decision-making.

O. Additional Information

At the conclusion of the survey, CCPTs were provided a space in which to provide any additional information that they wished to communicate. Out of the 88 teams, 27 (31%) took advantage of the opportunity. Some expanded on policy and practice issues, and as previously noted, these were incorporated into the section on recommendations. Others gave updates on the progress or ongoing struggles of their team, relayed positive developments within their community, or clarified the reasons behind prior survey answers. A number praised the CCPT training provided by the state: "We appreciate the support and training from the State. . . . Thank you for all that you do."

2022 Recommendations of the NC CCPT/Citizen Review Panel Advisory Board

As summarized by the U.S. Children's Bureau, Citizen Review Panels (CRPs) under CAPTA are intended to examine "the policies, procedures and practices of State and local child protection agencies" and make "recommendations to improve the CPS system at the State and local levels." In fulfilling this mandate, the NC CCPT/CRP Advisory Board used the extensive information and ideas from the current and earlier CCPT surveys to formulate the recommendations listed below. The Advisory Board met in four subcommittee meetings and then a meeting of the whole board to prepare and finalize the recommendations for action in 2024.

Notably, there is no stand-alone recommendation to address racially and culturally equitable approaches to child welfare in North Carolina. Rather, recommendations to support racially equitable and culturally competent approaches to child welfare are embedded within each of the recommendations. This will allow for more context specific strategies to be developed and implemented.

In accordance with CAPTA, we propose the following for child protection at the local and state levels in 2024.

POLICY RECOMMENDATIONS

1. North Carolina should develop and disseminate a statewide evidence-based campaign promoting best practices for safe sleep.
    a. More specifically, North Carolina should develop a culturally competent dissemination plan to reach historically marginalized populations, to include translation to native languages.
2. North Carolina should examine existing child welfare policy and consider policy changes in order to provide kinship caregivers the same level of funding and other supports received by licensed resource parents.
3. To ensure an equitable approach to resources across counties throughout North Carolina, North Carolina should conduct a review of policy processes to ensure equity in resources and service access, provision, and quality across rural and urban communities.

PRACTICE RECOMMENDATIONS

1. North Carolina should continue to work on access to appropriate and trauma-informed mental/behavioral health and substance use prevention and intervention services including both residential/inpatient and outpatient options for children and families.
2. North Carolina Department of Health and Human Services (NCDHHS) should finalize and implement statewide child welfare record system in all counties.
3. North Carolina should continue to work toward uniformity in its intake process across counties.

RESOURCE and TRAINING RECOMMENDATIONS

1. North Carolina should increase funding to victim service agencies to assist with intervention and prevention services for adults, children, and teenagers.

2. The North Carolina Child Welfare Workload Study, which began June 12th and was designed to collect the necessary data for understanding the current workload demands on local child welfare staff, should continue in order to address the staffing and workload needed for adequately protecting children.
    a. Likewise, this study should examine the need for securing additional foster parents.
3. North Carolina should provide information and available resources to local agencies in order to improve access to affordable housing throughout the state.
4. Local DSS should support training for CCPTs on strategies for sustainably incorporating family partners on their teams.

Local DSS should facilitate training for CCPTs, child welfare workers, and other agencies (e.g., juvenile justice) on domestic violence and mental health.

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Appendices
Appendix A: Survey Process and Results

Timeline of CCPT Survey, 2022

Table A-1 Timeline of CCPT Survey

Date	Activity
July 6, 2022	NC CCPT Advisory Board ad-hoc survey subcommittee developed end-of-year survey
July 19, 2022	Survey materials sent to NC DSS for approval
August 8, 2022	NC CCPT Advisory Board finalized the survey
September 9, 2022	Survey materials sent to NC State University Institutional Review Board
September 21, 2022	NC State University Institutional Review Board approved research protocols protecting participants
October 24, 2022	NC DSS sent letters to the County DSS Directors and to the CCPT Chairs to notify them about the survey
October 31, 2022	NC State University Research CCPT Team distributed survey to CCPT Chairpersons or designees followed by weekly reminders to unfinished respondents
January 10, 2023	NC DSS reminded CCPT Chairs to complete the survey
January 13, 2022	Deadline for survey submission
January 27, 202	Extended deadline for survey submission
April 3, 2023	NC CCPT Advisory Board reviewed first draft of survey findings and report and created preliminary recommendations
April 10, 2023	The Advisory Board reviewed the initial draft of the report
April 12 & 18, 2023 June 27, 2023 July 14, 2023	Discussion groups were held to discuss content of the recommendations
September 11, 2023	The Advisory Board reviewed, finalized and approved the recommendations
September 18, 2023	End of Year Report to NC DSS
TBD	Results of the survey to CCPT

Local CCPTs Submitting Survey Report, 2022

Table A-2 Counties of CCPTs Submitting Survey Report

Participating Counties			
Alamance	Duplin	Mecklenburg	Surry
Alexander	Edgecombe	Mitchell	Transylvania
Alleghany	Forsyth	Montgomery	Tyrrell
Ashe	Franklin	Moore	Union
Avery	Gaston	Nash	Vance
Bladen	Gates	New Hanover	Wake
Brunswick	Granville	Northampton	Warren
Buncombe	Greene	Onslow	Watauga
Burke	Guilford	Orange	Wayne
Cabarrus	Halifax	Pamlico	Wilkes
Carteret	Harnett	Pasquotank	Wilson
Caswell	Haywood	Pender	Yadkin
Catawba	Henderson	Perquimans	Yancey
Chatham	Hertford	Person	
Cherokee	Hyde	Polk	
Chowan	Iredell	Randolph	
Clay	Jackson	Richmond	
Cleveland	Johnston	Robeson	

Columbus	Jones	Rockingham		
Craven	Lee	Rowan		
Cumberland	Lenoir	Rutherford		
Currituck	Lincoln	Sampson		
Dare	Macon	Scotland		
Davidson	Madison	Stanly		
Davie	Martin	Stokes		

Note: The survey was sent to 101 CCPTs of whom 88 responded.

Responding CCPTs by County Population Size, 2022, (N=88)

Table A-3 Responding CCPTs by County Population Size

County Size	Total Counties		Total Responding Counties		Percent
Small	51		45		88%
Medium	39		34		87%
Large	10		9		90%

Responding CCPTs by County Economic Well-Being, 2022, (N=88)

Table A-4 Responding CCPTs by County Tier Type

County Size	Total Counties		Total Responding Counties		Percent
Tier I	40		34		85%
Tier II	40		37		93%
Tier III	20		17		85%

LME/MCOs and Number of Member Counties Responding to Survey, 2022

Table A-5 LME/MCOs and Number of Member Counties Responding to Survey

LME/MCO	Number of Member Counties	Total Responding Counties	Percent
Alliance Behavioral Healthcare	6	5	83%
Eastpointe	11	10	91%
Partners Behavioral Health Management	14	14	100%
Sandhills Center	11	9	82%
Trillium Health Resources	27	23	85%
Vaya Health	31	27	87%
Total	100	88[a]	88%

Note: Member counties affiliated with a Local Management Entity (LME)/Managed Care Organization (MCO), as of March 24, 2018. See https://www.ncdhhs.gov/providers/lme-mco-directory. Eastern Band of Cherokee Nation not affiliated with an LME/MCO.

Organization of CCPTs and Child Fatality Prevention Team (CFPTs) in Counties, 2021, (N=87)

Table A-6 Organization of CCPTs and Child Fatality Prevention Teams (CFPTs) in Counties

CCPT/CFPT Organization	Number of Counties	Percent
Separate CCPT and CFPT	18	20.7%
Combined CCPT and CFPT	67	77.0%
Other	2	2.3%

Appendix B: Cross-Year Comparison

Table B-1. Two Most Common Selection Criteria for Cases Reviewed by Year

Year	Selection Criteria 1	Number of CCPTs (%)	Selection Criteria 2	Number of CCPTs (%)
2016 (*n*=64)	Active Case	47 (72%)	Multiple Agencies Involved	41 (63%)
2017 (*n*=63)	Active Case	53 (84%)	Child Safety	44 (70%)
2018 (*n*=88)	Active Case	48 (55%)	Multiple Agencies Involved	38 (44%)
2019 (*n*=89)	Active Case	61 (69%)	Child Safety	51 (57%)
2020 (*n*=83)	Active Case	55 (66%)	Multiple Agencies Involved; Repeat Maltreatment	50 (60%)
2021 (*n*=76)	Active Case	65 (86%)	Child Safety	60 (79%)
2022 (*n* = 88)	Active Case	63 (72%)	Stuck Cases	51 (58%)

Table B-2. Type of Information Used by CCPTs for Reviewing Cases by Year

Type of Information	2017 (*n*=62)	2018 (*n*=88)	2019 (*n*=89)	2020 (*n*=83)	2021 (*n*=79)	2022 (*n*= 88)
Case Files	52 (85%)	56 (64%)	61 (86%)	56 (68%)	69 (87%)	70 (80%)
Reports from Members and/or Case Managers	61 (98%)	57 (65%)	67 (94%)	61 (74%)	63 (80%)	71 (81%)
Information on Procedures and Protocols of Involved Agencies	39 (63%)	34 (39%)	47 (66%)	47 (57%)	57 (72%)	47 (53%)
Child and Family Team Meeting Documentation	27 (44%)	21 (24%)	30 (42%)	30 (36%)	37 (47%)	29 (33%)
Medical Examiner's Report	14 (23%)	21 (24%)	25 (35%)	22 (27%)	30 (38%)	27 (31%)
Individualized Education Plan	12 (19%)	6 (7%)	21 (30%)	20 (24%)	26 (33%)	24 (27%)
Other	8 (13%)	9 (10%)	10 (14%)	11 (14%)	11 (14%)	28 (32%)

Table B-3. Type of Information Used by CCPTs and Combined CCPT/CFPTs for Reviewing Cases by Year

Type of Information	2019		2020		2021		2022	
	Combined (*n*=53)	Separate (*n*=16)	Combined (*n*=53)	Separate (*n*=16)	Combined (*n*=59)	Separate (*n*=19)	Combined (*n*=67)	Separate (*n*=18)
Case Files	45 (85%)	14 (88%)	45 (85%)	14 (88%)	50 (85%)	17 (89%)	54 (81%)	15 (83%)
Reports from Members and/or Case Managers	50 (94%)	15 (94%)	50 (94%)	15 (94%)	44 (75%)	17 (89%)	56 (84%)	14 (78%)
Information on Procedures and Protocols of Involved Agencies	37 (70%)	9 (56%)	37 (70%)	9 (56%)	40 (68%)	15 (79%)	37 (55%)	9 (50%)
Child and Family Team Meeting Documentation	23 (43%)	6 (38%)	23 (43%)	6 (38%)	27 (46%)	9 (47%)	23 (34%)	6 (33%)
Medical Examiner's Report	20 (38%)	4 (25%)	20 (38%)	4 (25%)	22 (37%)	8 (42%)	24 (36%)	3 (17%)
Individualized Education Plan	16 (30%)	5 (31%)	16 (30%)	5 (31%)	19 (32%)	7 (37%)	17 (25%)	7 (39%)
Other	8 (12%)	1 (6%)	8 (12%)	1 (6%)	16 (27%)	8 (42%)	20 (30%)	8 (44%)

Table B-4. Organization of CCPTs and Child Fatality Prevention Teams (CFPTs) by Year

CCPT/CFPT Organization	2016 (*n*=86)	2017 (*n*=80)	2018 (*n*=88)	2019 (*n*=89)	2020 (*n*=83)	2021 (*n*=80)	2022 (*n*=87)
Separate CCPT and CFPT	17 (20%)	17 (21%)	14 (15%)	17 (19%)	16 (19.3%)	19 (23.8%)	18 (20.7%)
Combined CCPT and CFPT	66 (77%)	62 (78%)	77 (83%)	66 (74%)	66 (79.5%)	59 (73.8%)	67 (77%)
Other	3 (3%)	1 (1%)	1 (1%)	2 (2%)	1 (1.2%)	2 (2.5%)	2 (2.3%)

Note: Number of counties (percent)

Table B-5. Mandated CCPT and CCPT/CFPT Members and Mean Rate and Rank of Participation, 2019, 2020, 2021 and 2022

	2019 Average (Rank)		2020 Average (Rank)		2021 Average (Rank)		2022 Average (Rank)	
Mandated Member	Combined (*n*=73)	Separate (*n*=13)	Combined (*n*=62)	Separate (*n*=15)	Combined (*n*=59)	Separate (*n*=19)	Combined (*n*=67)	Separate (*n*=18)
DSS Director	3.16 (4)	2.94 (4)	3.10 (4)	2.67 (5)	3.20 (2)	2.63 (4)	3.07 (3)	2.67 (4)
DSS Staff	3.90 (1)	3.94 (1)	3.71 (1)	3.67 (1)	3.67 (1)	3.68 (1)	3.88 (1)	3.94(1)
Law Enforcement	2.91 (7)	2.76 (7)	2.90 (7)	2.53 (6)	2.73 (7)	2.63 (4)	2.75 (6)	2.17 (6)
District Attorney	1.88 (13)	2.53 (9)	1.95 (12)	1.53 (10)	1.77 (13)	1.68 (10)	1.65 (13)	1.11(11)
Community Action Agency	2.68 (8)	2.47 (10)	2.52 (8)	2.20 (7)	2.48 (10)	2.58 (7)	2.30 (8)	1.89 (8)
School Superintendent	2.24 (10)	2.65 (8)	2.50 (9)	1.13 (11)	2.58 (8)	1.61 (11)	2.17 (9)	1.39 (10)
County Board of Social Services	2.20 (12)	1.94 (11)	2.10 (11)	2.07 (9)	2.38 (9)	1.74 (9)	2.07 (11)	1.44 (9)
Mental Health Professional	3.44 (2)	3.59 (2)	3.26 (2)	3.20 (2)	3.16 (3)	3.58 (2)	3.10 (2)	2.89 (2)
Guardian ad Litem	3.07 (5)	3.06 (3)	2.95 (5)	2.87 (4)	2.90 (5)	2.84 (3)	2.75 (6)	2.28 (5)
Public Health Director	3.07 (6)	2.88 (5)	2.94 (6)	2.13 (8)	2.78 (6)	2.05 (8)	2.94 (5)	1.94 (7)
Health Care Provider	3.41 (3)	2.82 (6)	3.15 (3)	3.13 (3)	3.16 (3)	2.42 (6)	3.06 (4)	2.78 (3)

District Court Judge	.94 (16)	.73 (16)	.93 (16)	.90 (15)
County Medical Examiner	1.28 (14)	1.39 (14)	1.93 (14)	1.40 (14)
EMS Representative	2.26 (9)	2.19 (10)	1.93 (11)	2.09 (10)
Local Child Care or Head Start Rep	2.21 (11)	1.81 (13)	1.80 (12)	1.78 (12)
Parent of Child Fatality Victim	1.09 (15)	1.08 (15)	1.00 (15)	.90 (15)

Table B-6. Total County Participation by Year

County	2014 (*n*=71)	2015 (*n*=87)	2016 (*n*=86)	2017 (*n*=81)	2018 (*n*=88)	2019 (*n*=89)	2020 (*n*=84)	2021 (*n*=85)	2022 *n*=88)
Alamance	x	x	x	x	x	x	x	x	x
Alexander		x			x		x	x	x
Alleghany	x	x	x	x	x	x	x	x	x
Anson		x	x	x					
Ashe		x				x	x	x	x
Avery	x	x	x	x	x		x	x	x
Beaufort	x					x			
Bertie	x	x		x			x		
Bladen	x	x	x	x	x	x	x	x	x
Brunswick	x	x	x	x	x	x		x	x
Buncombe	x	x	x	x	x	x	x	x	x
Burke	x	x	x	x	x	x	x	x	x
Cabarrus	x	x	x	x	x	x	x	x	x
Caldwell		x	x		x	x		x	
Camden	x	x	x	x	x	x	x	x	
Carteret		x	x	x	x	x	x	x	x
Caswell	x	x	x	x	x	x	x	x	x
Catawba	x	x	x	x	x	x	x	x	x
Chatham	x	x	x	x	x	x	x	x	x
Cherokee			x	x	x		x		x
Chowan	x	x	x	x	x	x			x
Clay	x	x	x	x	x	x	x	x	x

Cleveland		x	x	x	x	x	x	x	x
Columbus	x	x	x	x		x	x	x	x
Craven	x	x	x	x	x	x	x	x	x
Cumberland	x	x	x	x	x	x	x	x	x
Currituck	x	x	x		x	x	x	x	x
Dare	x	x	x	x	x	x	x	x	x
Davidson	x	x	x	x	x	x	x	x	x
Davie	x	x						x	x
Duplin	x	x					x	x	x
Durham			x	x	x		x	x	
Eastern Band of Cherokee Nation (Qualla Boundary)				x		x			
Edgecombe	x	x	x	x	x	x		x	x
Forsyth		x	x		x	x	x	x	x
Franklin	x	x		x	x	x	x	x	x
Gaston		x	x	x	x	x	x	x	x
Gates	x	x	x	x	x	x	x	x	x
Graham		x	x	x	x	x	x	x	
Granville			x		x	x	x		x
Greene			x		x	x		x	x
Guilford	x	x	x	x	x	x	x	x	x
Halifax	x	x	x	x	x	x	x	x	x
Harnett	x	x	x	x	x	x	x	x	x
Haywood		x	x	x	x	x	x	x	x

Henderson	x	x	x	x	x	x	x	x	x
Hertford	x	x	x	x	x	x	x	x	x
Hoke	x	x	x	x	x	x	x	x	
Hyde	x	x	x	x	x	x	x	x	x
Iredell	x	x	x	x	x	x	x	x	x
Jackson	x	x	x	x	x	x	x	x	x
Johnston	x	x	x	x					x
Jones	x		x		x	x	x	x	x
Lee		x	x	x	x	x		x	x
Lenoir	x	x	x	x	x	x	x	x	x
Lincoln	x	x	x	x	x	x	x	x	x
Macon	x	x	x	x	x	x	x	x	x
Madison	x			x	x	x	x	x	x
Martin	x	x	x	x	x	x	x	x	x
McDowell			x		x				
Mecklenburg		x	x	x	x	x	x	x	x
Mitchell	x	x	x	x		x			x
Montgomery	x	x	x	x		x	x	x	x
Moore		x				x	x	x	x
Nash	x	x	x	x	x	x	x	x	x
New Hanover	x	x	x	x	x	x	x	x	x
Northampton		x	x	x	x	x			x
Onslow	x	x	x	x	x	x	x	x	x
Orange	x	x	x	x	x	x	x	x	x
Pamlico		x		x					x

Pasquotank	x	x	x	x	x	x	x	x	x
Pender	x	x	x		x	x	x	x	x
Perquimans		x			x	x	x	x	x
Person	x	x	x	x	x	x	x	x	x
Pitt			x	x	x	x			
Polk	x	x	x	x	x	x	x	x	x
Randolph	x	x	x	x	x	x	x	x	x
Richmond	x	x	x	x	x	x	x		x
Robeson	x	x	x	x	x	x	x	x	x
Rockingham	x	x	x	x	x	x	x	x	x
Rowan	x	x	x		x	x	x	x	x
Rutherford	x	x	x	x	x	x	x	x	x
Sampson	x	x	x	x	x		x	x	x
Scotland		x	x	x	x	x	x	x	x
Stanly	x	x	x	x	x	x	x	x	x
Stokes	x	x	x	x	x	x	x	x	x
Surry		x	x	x	x	x	x	x	x
Swain	x	x	x		x	x	x	x	
Transylvania						x	x	x	x
Tyrrell			x	x	x	x	x	x	x
Union		x	x	x	x	x	x	x	x
Vance	x	x	x	x	x	x	x	x	x
Wake		x	x	x	x	x	x	x	x
Warren	x	x	x		x	x	x		x
Washington				x	x				

Watauga	x	x	x	x	x	x	x	x	x
Wayne	x	x	x	x	x	x	x	x	x
Wilkes	x		x	x	x	x	x	x	x
Wilson	x	x	x	x	x	x	x	x	x
Yadkin	x	x	x	x	x	x	x	x	x
Yancey	x	x			x	x	x	x	x

Table B-7. Small County Participation by Year

County	2014	2015	2016	2017	2018	2019	2020	2021	2022
Respondents (%)	36 (71%)	42 (82%)	40 (78%)	38 (78%)	45 (83%)	46 (85%)	43 (80%)	41 (80%)	45 (88%)
Alexander		x			x		x	x	x
Alleghany	x	x	x	x	x	x	x	x	x
Anson		x	x	x					
Ashe		x				x	x	x	x
Avery	x	x	x	x	x	x	x	x	x
Bertie	x	x		x			x		
Bladen	x	x	x	x	x	x	x	x	x
Camden	x	x	x	x	x	x	x	x	
Caswell	x	x	x	x	x	x	x	x	x
Chatham	x	x	x	x	x	x	x	x	x
Cherokee			x	x	x		x		x
Chowan	x	x	x	x	x	x			x
Clay	x	x	x	x	x	x	x	x	x
Currituck	x	x	x		x	x	x	x	x
Dare	x	x	x	x	x	x	x	x	x
Davie	x	x						x	x
Gates	x	x	x	x	x	x	x	x	x
Graham		x	x	x	x	x	x	x	
Granville			x		x	x	x		x
Greene			x		x	x		x	x
Hertford	x	x	x	x	x	x	x	x	x
Hoke	x	x	x	x	x	x	x	x	
Hyde	x	x	x	x	x	x	x	x	x
Jackson	x	x	x	x	x	x	x	x	x

Jones	x		x		x	x	x	x	x
Lee		x	x	x	x	x		x	x
Lenoir	x	x	x	x	x	x	x	x	x
Lincoln	x	x	x	x	x	x	x	x	x
Macon	x	x	x	x	x	x	x	x	x
Madison	x			x	x	x	x	x	x
Martin	x	x	x	x	x	x	x	x	x
McDowell			x		x				
Mitchell	x	x	x	x		x			x
Montgomery	x	x	x	x		x	x	x	x
Northampton		x	x	x	x	x			x
Pamlico		x		x					x
Pasquotank	x	x	x	x	x	x	x	x	x
Pender	x	x	x		x	x	x	x	x
Perquimans		x			x	x	x	x	x
Person	x	x	x	x	x	x	x	x	x
Polk	x	x	x	x	x	x	x	x	x
Richmond	x	x	x	x	x	x	x		x
Stanly	x	x	x	x	x	x	x	x	x
Stokes	x	x	x	x	x	x	x	x	x
Swain	x	x	x		x	x	x	x	
Transylvania						x	x	x	x
Tyrrell			x	x	x	x	x	x	x
Warren	x	x	x		x	x	x		x
Washington				x	x				
Watauga	x	x	x	x	x	x	x	x	x
Yadkin	x	x	x	x	x	x	x	x	x
Yancey	x	x			x	x	x	x	x

Note: Distribution of county size has changed over this time period

Table B-8. Medium County Participation by Year

County	2014	2015	2016	2017	2018	2019	2020	2021	2022
Respondents (%)	30 (77%)	36 (92%)	36 (92%)	34 (87%)	32 (91%)	32 (91%)	30 (86%)	34 (87%)	34 (87%)
Alamance	x	x	x	x	x	x	x	x	x
Beaufort	x					x			
Brunswick	x	x	x	x	x	x		x	x
Burke	x	x	x	x	x	x	x		x
Cabarrus	x	x	x	x	x	x	x	x	x
Caldwell		x	x		x	x		x	
Carteret		x	x	x	x	x	x	x	x
Cleveland		x	x	x	x	x	x	x	x
Columbus	x	x	x	x		x	x	x	x
Craven	x	x	x	x	x	x	x	x	x
Davidson	x	x	x	x	x	x	x	x	x
Duplin	x	x					x	x	x
Edgecombe	x	x	x	x	x	x		x	x
Franklin	x	x		x	x	x	x	x	x
Halifax	x	x	x	x	x	x	x	x	x
Harnett	x	x	x	x	x	x	x	x	x
Haywood		x	x	x	x	x	x	x	x
Henderson	x	x	x	x	x	x	x	x	x
Iredell	x	x	x	x	x	x	x	x	x
Johnston	x	x	x	x		x			x
Moore		x				x	x	x	x
Nash	x	x	x	x	x	x	x	x	x

Onslow	x	x	x	x	x	x	x	x	x
Orange	x	x	x	x	x	x	x	x	x
Pitt			x	x	x	x			
Randolph	x	x	x	x	x	x	x	x	x
Robeson	x	x	x	x	x	x	x	x	x
Rockingham	x	x	x	x	x	x	x	x	x
Rowan	x	x	x		x	x	x	x	x
Rutherford	x	x	x	x	x	x	x	x	x
Sampson	x	x	x	x	x		x	x	x
Scotland		x	x	x	x	x	x	x	x
Surry		x	x	x	x	x	x	x	x
Union		x	x	x	x	x	x	x	x
Vance	x	x	x	x	x	x	x	x	x
Wayne	x	x	x	x	x	x	x	x	x
Wilkes	x		x	x	x		x	x	x
Wilson	x	x	x	x	x	x	x	x	x

Note: Distribution of county size has changed over this time period

Table B-9. Large County Participation by Year

Appendix C: Qualitative Responses

Difficulties faced completing work

COVID-19 Pandemic:

Staff turnover and COVID
Covid and having to hold meeting virtually
Covid restrictions and staff turnover.
Our team continues to meet virtually due to Covid.
Rebuilding Post Covid
Covid issues/scheduling conflicts and getting medical records back timely

Attendance/Scheduling/Availability:

Due to workloads and day to day busy work, all members being present
Meeting face to face due to scheduling conflicts.
As a combined CCPT/CFPT, CFPT case reviews take priority (which have been more than normal due to delays from COVID).
Getting all Statutory required members to attend.
Everyone being available at the same date and time
Members are unable to attend regularly
Low attendance from team members
The only difficulty is not having every team member at meetings due to other conflicts such as (meetings, court, etc.)
attendance. most organizations and members are responsible for many more task after covid and lack of employees in general makes it harder for members to participate.
Schedule conflicts with community partners
Our team has continued to meet virtually since the COVID-19 pandemic.
Attendance is the biggest barrier, COVID-19 Pandemic, Virtual Meetings
Getting people to attend and participate.
Particularly the individuals that need to participate.
Lack of participation by some members who are mandated members of the CCPT
COVID, the lack of staff or staff turnover
Getting all members to regularly participate - partly due to various demanding and conflicting schedules of parties
vacancies in various organizations (turnover), reluctance of anyone to assume the chair role
Lack of attendance by community partners
Family member attendance, low front-line staff supervisors have to present.
Getting all members to regularly participate - partly due to various demanding and conflicting schedules
Some members are not consistent with attending meetings
mandated team member attendance; resources available to implement ideas and community changes
Difficulties in getting a quorum
Moving from virtual to in-person meetings, participation from all agencies for meeting agendas.
There is some lack of exchange because all is virtual
Filling a couple vacant positions, however, all positions are now filled.
Getting people to the table. Getting appropriate feedback/help from others.

Miscellaneous:

Well, other than the pandemic, we are struggling with action. We have great ideas but lack of clear ownership and resources to carry them out has been a HUGE barrier. :-(We are also not managing data well so completing these reports, for example, is frustrating.
difficulty solving systemic issues relating to substance abuse and mental health placements for youth needing leveled care
Funding for CCPT is extremely limited to non existent.
DSS not bringing cases to the table
Limitations in the local resources available for referral for SW in Child Welfare/DSS; complexity of cases and issues faced by families of cases.
Buy in, investment, & commitment from community partners has been an ongoing challenge.
Issues obtaining medical records from hospitals and medical providers in other states. Obtaining CPS records from other states has also been a challenge.
Delayed death certificates

New Co-chairs and inconsistent participation from certain partners in the community
Identifying community mental health resources for the cases we discussed
Completing fatality reviews with limited information such as parent's DOB.
Work duties among all members has made it difficult to complete CCPT tasks as times.
Transitioning back to in person meetings from virtual.
Having a new team who handles the fatality reviews.
Not many resources available for housing and transportation

COVID-19 Related Barriers

Lack of Face-Face Interactions

You can't replace an in person meeting for these types of cases.
some families have a hard time with virtual intake appointments due to their work schedules or lack of internet service.
virtual did not work as well.
some agency representatives did not want to meet in person.
not being able to attend in person.
limited in person contact and/or access to virtual meetings.
Having face to face meetings.
Families were more resistant.
face-to-face contact.
Face to face interaction with parents and children.
Face to Face Contact with Mental Health Providers.
Rural Area-Virtual Communication Difficulty.
Early struggles in the year to connect, avoiding in-person meetings.

Limited Support and Underreporting

Long waitlists for services and if client is unable to attend due to COVID, having to wait months before getting a rescheduled appointment.
Limited resources for families appeared to be an issue.
Limited number of providers, clients having to complete services virtually.
Limited in person services.
Many mental health services are still being offered virtually - even to children. This presents a barrier to the effectiveness of the service.
increase in MH needs and decrease in services.
less attendance of participants due to sickness, unavailability of the resource provider, vacancies, turnover.
Isolation challenges – kids experienced education slide; rising psychological issues anxiety/depression; children unable to return to the classroom; increased homeschool?; school is serious about attendance/truancy; bottle neck from COVID-19 (services, court, waiting list); families recovering from strain (employment, etc.); custody increased – coparenting needs.

Staff Personnel and Wellness

Team members were out sick and/or felt uncomfortable meeting in person.
providers not meeting in person or staff turn-over due to COVID.
Part of the barriers with the pandemic have to do with staff turnover with community stakeholders and difficulty maintaining community partner connections.
Covid may have limited some of the partners from participating in person.
CFT was virtual and not as productive, home visit cancellation due to symptoms of COVID-19 from staff or family members and effects of COVID-19 on staff and families.

Adjusting to Virtual Platform

We met virtually or hybrid.
most visits were virtual.
Telehealth--limited staff--limitations of Wi-Fi Access.
Remote provision of services, staffing issues for providers, lack internet access for clients both service and hardware to access, poor internet service in the county.
I think overall some mental health/SUDS services are just being offered differently, ie...virtually/telephone.
At the beginning of the year CCPT meetings were held in a virtual format.

Miscellaneous
member attendance/flexibility to find meeting times for all individuals.

Less discussion when done virtually, less attendance when done in person.
Attendance/full participation.

Solutions to Address COVID-19 Barriers

Virtual Meetings
We did Zoom but got back in person ASAP.
virtual meetings
We continued to hold meetings in a manner that allowed for social distancing, as well as offering online attendance options for every meeting. This helped create security for team members and increased attendance rates due to safety and convenience.
Virtual meetings
Virtual Meetings have continued
None, During Covid we did have virtual meetings, and still offer that for members that cannot attend
virtual visits
Implemented virtual meetings
webex meeting
Still offer virtual meetings to those who prefer; most meet in-person.
discussion, PPE for staff, home visit and CFT held outside with family and continued virtual as needed.
We moved it from virtual to in person and are hoping to build numbers back up gradually.
Zoom
Virtual meetings

Technology and Remote Access:
School sent students home with hotspots and also allowed some parents to come into TCDSS agency to complete intake.
Parents use of public Wi-Fi and hotspots
Used WebEx and tele-conferenced people so they could attend CFTs.
Telehealth and virtual meetings outside visits
Telehealth was provided to most.
We make it available for team members to participate by telephone if they are not able to be in person.

Concerns and Challenges:
No issues due to COVID-19 were identified in 2022.
Encouraging families to re-enter services that may have been stopped due to Covid illness.
Team continues to express concern around the earlier impact of Covid on children and families - the isolation of children from friends/school/teachers/etc.; the stress this has created for children and families as they resume in-person activities; etc. Recognize the need for continued partnership and communication with one another (resource agencies) as we support children and families in the community.
Our team did not identify solutions to this issue.
Increase need for communication between agencies to discuss the urgent need for client to be seen sooner.
The barriers did not affect the team or the review.
In [COUNTY NAME] County there were several children's deaths by drowning. The team promoted swim lessons for the community and children in foster care.
Provided transportation to families to meet at locations other than DSS and held more evening CFT's when parents schedules conflicted.
Need for additional MH services in community for children and parents – more collaboration with Vaya; Family Centered Treatment SPARC - team members in DSS office. Community Awareness Services – GET SET newsletter, library, mailing lists for committees. DSS applies for endowment fund grant – smoke detectors; carbon monoxide; fire ext.

Collaboration and Communication:
searching for additional resources, use of school counselors/therapist
Developing a countywide strategic plan with the help of [UNIVERSIRTY NAME] to utilize evidenced based models to address the lifespan of individuals and families in [COUNTY NAME] County.
Thinking outside of the box--for example- utilizing the option of telephonic services for a father that works long daytime hours.
tried to encourage. Partners to send other representatives when possible.

We moved it from virtual to in person and are hoping to build numbers back up gradually.

Barriers to participation and family/youth partner engagement

Recruitment Difficulties

The lack of actual providers

limited providers in our rural county, provider chose not to attend or could not attend, not being invited

COVID-19 Pandemic

Covid Restricitions

COVID

COVID-19 restrictions, providers schedule conflict and staff changes.

Miscellaneous

Fee for service billing

Large Regional System and they cannot be at all meetings

Motivation; not well trained in CFT principles; facilitators of meetings not taking role as facilitator as key

coordination/communication/scheduling conflict

Limited resources

Providers are not able to bill for time spent attending CFT's

Strategies to engage family and youth partners

This does not apply to our team.

We did not engage family and youth partners on our team this year.

We did not actively seek involvement this past year

The family partner is member of our CCPT

Discussion among team regarding strategies to identify youth Partners

[COUNTY NAME] CCPT does not invite/engage family/youth partners (N/A)

Incorporating family and youth partners is a future goal for our team.

Used other CCPT members to assist in locating a family member for the CCPT.

No engagement due to confidentiality concerns

we were not successful at the time but are continuing our efforts

no strategies used

we did not engage family/youth partners other than the member that is mandated on our team

our team did not engage family or youth partners on our team this year

Proposal for family partner expansion

invite family partner to join team

List of Organization Collaborators

DJJ

DSS CPS Supervisor

Child Abuse Prevention Agency

LME

Family Services/Victim Services

School SW

REACH

DJJ

Victim Service Organization

SOC Community Coordinator

[DOMESTIC VIOLENCE CENTER]

[COUNTY NAME] County Family Violence Center

[COUNTY NAME] County Office/Legal

Mental Health [ORG NAME]

Juvenile Justice

Juvenile Justice, Rep (bilingual behavioral health provider)

CDSA

A.S.H.E./DV Victim Services

Smart Start

SOC

NC Cooperative Extension; [COUNTY NAME] Fire Department

LME/MCO

Court Adminstrator

Director [FOSTER CARE HOME]

Children’s Development Services Agency

Military

DJJ

Health Department

Guardian ad Lidum Coordinator

Division of Juvenile Justice

SAFE HAVEN OF [COUNTY NAME] COUNTY

System of Care Community Coordinator Trillium

Victim Services

Youth Services

County Health & Nutrition Center

LME/MCO System of Care Coordinator
System of Care Commuunity Coordinator
System of care community coordinator
Juvenile Justice Rep
Hospitality House
[UNIVERSITY NAME] Staff
Juvenile Crime Prevention Council (JCPC)
Nonprofit Organization
MCO
Public School Social Work Staff
LME/MCO
Department of Social Services
[COUNTY NAME] Community College
Pregnancy Care center
Juvenile Justice
MCO representative
Partners (LME/MCO)
2 school district reps
Domestic Violence Agency
[DOMESTIC VIOLENCE CENTER]
MH Provider
Cooperative Extension
Juvenile Justice
[COUNTY NAME] County Citizen Rep
School Counselor
Juvenile Justice
Depart. Of Juvenile Justice
Emergency Services
Local Children's Home
Service Agency
Parent Rep
Daymark (behavioral health provider)
[NONPROFIT NAME]
Partnership For Children
VAYA/ALME
Child Advocacy Center – [CENTER NAME] Center
Retired Educator
[COUNTY NAME] County DHHS – Public Health & Social Services
Hospital
Child Advocacy Center
Juvenile Justice representation
Mountain Child Advocacy Center
Domestic Violence Agency
Families First
Law enforcement
Caring for Children
Victim Services
VAYA HEALTH
Sheriff Department
Private Child and Family Counseling Agency
Juvenile Justice Rep
Local Hospital Rep
Oasis
DJJ
[COUNTY NAME] County Partnership for children
Nonprofit Organization
LME
Public School Nurses
Victim Services
Health Department
Former Nurse and now private business owner
Child Care Agency rep
Hunger Relief (Esther's Heart)
Public Health Nursing Supervisor
Extra Law Enforcement
LME; East pointe
Appalachian Community Services
Partnership for Children
Local LME
Child Advocacy Center
CACNC
CDSA
Domestic Violence Shelter and Services
CAC
NC Highway Patrol; The Lighthouse Children's Advocacy Center
EIC
Child Pediatric Champion-Family Connects
Emergency Services
Project CARA (OB Clinic for pregnant persons with substance use disorder at Mountain Area Health Education Center
MH Managed Care Organization
County School Social Workers
DJJ Representative
[COUNTY NAME] CDSA
Family Advocacy Program – Military
County Office of Substance Abuse Recovery
Domestic Violence agency
Victim Service Org Rep
CDSA
LME/MCO
DACJJ
City Council Member
Child Developmental Service Agency Director
School Health
Partnership for Children
Sheriff's Office
Safe Kids Coalition Rep
Fire Dept.
Extra Medical
Be a Voice for Kids
MDT Member
Court System Commissioner Appointment
[COUNTY NAME] County Victim Services
Communities in Schools
[TOWN NAME] Housing Authority
Resiliency Task Force
[NONPROFIT ORG];
Department of Juvenile Justice
Kintegra; Partners Behavioral Health Management
Health Dept
Military BH/FA/ACS

Child Maltreatment Specialist- AHEC
Community Partner
Juvenile Justice representation
Helpmate (Domestic Violence agency)
Community Care of NC (Care Management of Children)
Partnership for Children
County School SW
[COUNTY NAME] COUNTY SCHOOL SYSTEMS
GUARDIAN AD LITEM
Juvenile Justice
Fire Department
Children's Center of [COUNTY NAME]
County Office of Substance Abuse Recovery
Get Ready [COUNTY NAME]
Victim Services
Mental Health Providers
Mental Health Provider

Intensive Review Process

Subcommittee formed

For any concerns noted, we work together in subcommittees to develop and implement a plan.
Action steps assigned based on applicable department/agency.
Collaborative partnership to identify concerns and develop resources; assess common themes and similarities in cases reviewed.
For any concerns noted, we work together in subcommittees to develop and implement a plan.

Whole Group Review

In full team.
The Full committee discusses the recommendations of intensive team and endorses next steps.
The recommendations are discussed with the team. Recommendations are also discussed with the organizations in which they affect.
The recommendations are taken to the full team and to the relevant community partners. Action steps are identified through both processes.
The Team reviews the recommendations outlined in the report. The Team then identifies how we will follow up on these, including who needs to be involved in what role. If there are already activities in the community that can have a positive impact, we evaluate whether they are being used and how to ensure the referrals and involvement for families is occurring.
We discuss these as a group and come up with a plan.
During combined meetings with the local CFPT, members collaborate to create action steps. If outside resources are needed to make a recommendation, the review is tabled until the following meeting when members can review and approve of recommendations.
Draft report and report to full team.
Discuss at the CCPT meeting as a team.
The Full committee discusses the recommendations of intensive team and endorses next steps
The recommendations are taken to the full team and to the relevant community partners. Action steps are identified through both processes.
The Team reviews the recommendations outlined in the report. The Team then identifies how we will follow up on these, including who needs to be involved in what role.
During combined meetings with the local CFPT, members collaborate to create action steps.
We discuss these as a group and come up with a plan.
Discuss at the CCPT meeting as a team.
Draft report and report to full team.
We have discussed recommendations as a team and review the case quarterly for updates.
We just discuss the findings with the team.
Team together discusses strategies and makes recommendations.
Through discussions in meetings. Discuss recommendations as a team and develop action steps.
During the meeting through input of group.
We have discussed recommendations as a team and review the case quarterly for updates.
We just discuss the findings with the team.

Collaboration with Outside Agencies

Follow up with local community members to see if recommendations that were recommended actually happened.
The recommendations are discussed with the team. Recommendations are also discussed with the organizations in which they affect.

Communicate to specific programs what additional needs/trainings.
Collaborative partnership to identify concerns and develop resources; assess common themes and similarities in cases reviewed.
Review information from DHHS.
Discussion during CCPT and how county agencies are educating on SAI prevention.
The recommendations are also discussed with the organizations in which they affect.
Communicate to specific programs what additional needs/trainings.
Collaborative partnership to identify concerns and develop resources; assess common themes and similarities in cases reviewed.
Review information from DHHS.
Discussion during CCPT and how county agencies are educating on SAI prevention.

Miscellaneous
Recommendations are made for cases as they are presented during regular meetings if necessary.
No intensive reviews occurred in 2022 due to their not being any fatalities.
We will plan to use the report for action steps toward local recommendations.
Continue to look for ways to reach the community.
Yes.
Concerns or needs are identified.
Discuss what current resources are in place to address the issue and if not, then problem solve steps.
Action planning in meeting.
Following up with local community members to see if recommendations that were recommended actually happened.
Recommendations are made for cases as they are presented during regular meetings if necessary.
No intensive reviews occurred in 2022 due to their not being any fatalities.
Discuss and assign jobs to complete recommendations.
In 11/2022, we had our first intensive review in several years. No findings/recommendations have been received yet. In the past, the team reviews and discusses the local recommendations to identify action steps.
We will plan to use the report for action steps toward local recommendations.
continue to look for ways to reach the community.
Action steps assigned based on applicable department/agency.
If outside resources are needed to make a recommendation, the review is tabled until the following meeting when members can review and approve of recommendations.
By reviewing the recommendations from the Intensive Review.
Concerns or needs are identified.
Question and answer session.
action planning in meeting.

Case Selection

Child Issues
Child sexual abuse
child placement issues
Seeking other's ideas for children
Child characteristics: mental health; high acuity
For 2022 we did all Child Fatalities
child mental health services
undocumented children
Children under age one
Child Fatalities from DHHS
Truancy concerns
school issues

Abuse
Sexual abuse allegations
Domestic Violence
substance abuse
physical abuse

Mental Health
Lack of Mental Health Resource
Mental health Needs
Complex mental health needs - parent and child

Fatalities
We only review fatality cases. The protection piece stems from those themes and also themes of being a resident here. DHHS does not release active child protection cases to our team.
Near fatalities
Reviewed all fatalities

Referrals/Requests
any requested
An email would be sent to discuss cases for review
Cases referred to Reginal Abuse and Medical Specialists
Cases Needing Recommendations

Miscellaneous
Gaps in Services
Substantiated case
We used the memorandum submitted by the NC CFTF.
Cases that we are seeing the types of issues often
chronic issues/multiple reports
Not enough for court, but not enough to close
conflict of interest case for another county
lack of resource
Language Barriers
Health Department Cases
Lack of Resources
age of case
Homelessness
Substantiated or Services Needed cases

Information Used to Review Cases

Medical, Legal, and School Records
We review everything we can get our hands on with regards to Child Fatality cases.
Medical records
medical records
CME report
Medical records on other family members
Category 2: Social Services & Child Advocacy
DJJ Records
Criminal History
DJJ reports
Truancy records
School records
Mental Health records
Documentation

Children's Advocacy Center Involvement
Information for DJJ
SW Report to CCPT
forensic interview information from child advocacy center
Agency's information
Social Worker report out
SW presented case & completed Case Review form prior to share
ACS/FMBH
involvement in other agencys
SW information
Verbal report from the Social Worker assigned to the case
verbal case presentation and questions from the assigned caseworker

Miscellaneous
staff member notes and in-person presentations
Other team member information
Child's Needs
more frequent meeting attendance
Forensic Interview

Improvements for Case Reviews

Uniform Data Collection
review tool
better data
Having a tool to compile data and information from case reviews that can be used at the local and state level to study trends and compare information to inform future efforts.
More structured tool for diseminiation of information

Increase Participation/Collaboration
More community partners involvement when it comes down to case reviews.
Increased participation
We need to be diligent in getting more team members
Understanding how to include youth or family partners in case reviews in a way that is not traumatizing
More participation from team members
Continued open communication among all team members

More time being devoted to CCPT meetings and better participation
Participation of all mandated members.
Increased participation from mandated members.
Better buy in and attendance from community partners
Active participation and engagement from multiple agencies. Full attendance every meeting.
Increased member attendance
Having more community stake holders involved get more people at the table and team members attending regularly
Increased participation from mandated members.
Better buy in and attendance from community partners
Active participation and engagement from multiple agencies. Full attendance every meeting.
Increased member attendance
more frequent meeting attendance
more attendance by community partners
Having more community stake holders involved having more involvement with other organizations
Workers present to discuss the case.

Education/Training
Training from the state, especially around the issue of confidentiality. Some members wanted more information than they needed.
Tailored information for CCPT's wishing to evaluate race equity issues in their case reviews
Training and what is expected.
better orientation and training from agencies for staff they designate to be on the Team
more dedication from mandated members, additional cross training of agencies, family and youth representation on the team

Time and Resources
More time; adequate staff
Timely access across all agencies to needed information
More timely reports from the Medical Examiner.
getting all medical records more timely
Easier access to cross-state medical and CPS records and the ability to review cases with pending criminal charges.
quicker access to medical record documentation
more community resource options for mental health and substance use

Better Selection Guidelines
Maybe selecting cases w/ a specific goal in mind for what to gain from the team & state that goal prior to presenting the case so the team can be solution focused.
Members identifying cases for review
Guidance from State CCPT Coordinator with NCDSS in determining case selection process.
The Chair has depended on team members to bring or recommend cases and shared information about the process. In the coming yuear the Chair will coordinate with DSS leadership to identify and bring cases for review.
assure to follow policy criteria to select cases for review. assure all CCPT members attend especially law enforcement & DA office
For all agencies to provide cases to review to get different perspectives and types of cases other than CPS.
Request CW Supervisors to identify a case each quarter that meet criteria for review. Arrange for SW and SWS to present to the team and then rotate agenda items among the team.
More structure as to how to choose cases.
Specific guidelines on what criteria is needed to review cases

Miscellaneous
We do a great job with those because we are an established and a cohesive team.
Unsure
Need all to look for information before. We need more info on families to be shared prior to meetings so folks can check records
I am new in my position, and I am gaining more knowledge on the purpose of CCPT.
Team members are great to share information, there have been no issues with this.
Need to follow up with CCPT members to be better able to answer this question
Consistent participation by team members.
I don't know at this time
Regular attending team members prepare and participate for case reviews.
Easier access to information across county lines from all child serving systems.
Our CCPT is well informed and has information regarding cases reviewed.

if CPS would bring cases to the table
I believe we excel in this area.
Schedule Interim/separate CCPT meetings for the primary purpose of reviewing cases. As a combined team, CCPT case presentation, reviews and discussion does not receive the necessary time and attention since combined meetings focus on CFPT fatality reviews first.
more efficient processing of cases with pending criminal charges
Perhaps not having a combined team as we had very limited time in 2022 to devote to CCPT due to the number of fatalities that the CFPT was required to review. A co-chair who is dedicated to CCPT activities.
Chairperson better prepared
Continued and better communication with community partners and agency involvement
Our blended team reorganized in 2022 and started meeting again in April 2022 (we had a virtual training provided to us by the State. We met again in November 2022. We had to catch up on child fatality reviews. We will begin focusing on CCPT in 2023.
for members to feel like they are worth their time
We only reviewed 2 cases so just encouraging DSS and other agencies to present cases
Having cases to review
A review of what this is supposed to look like provided to the team.
For all agencies to provide cases to review to get different perspectives and types of cases other than CPS.
Complete information on the parents involved such as DOB so we are able to pull records.
Team members not trying to monopolize the entire time talking, giving others a chance to talk
Request CW Supervisors to identify a case each quarter that meet criteria for review. Arrange for SW and SWS to present to the team and then rotate agenda items among the team.
Funding
Change in the format in which it is presented.
Having more frequent case reviews in general the team does a great job selecting cases
If more services existed within the county, possibly connect people to services.

Limitations to accessing MH/DD/SA/DV services

Unreceptiveness to families

Parents are not willing to participate.
Lack of motivation from clients to obtain and get to needed services.
lack of parent/family accountability.
Parent unwilling to participate in needed services.
Parent not ready to engage in services.
Family refusal.
Parents Unwilling to Participate.
Mother did not trust recommendation from provider even after being court ordered.
resistance to engage with services.

Limited resources

limited services for adults.
Limited Resources for Parents.
limited services for youth with complex behavioral health needs.
Limited availability of eating disorder services.
limited services for parents for DV.
Limited services for children/youth with Problematic Sexual Behaviors (PSB's).
Limited availability of transgender affirming placements for youth.
limited available resources.
Need for interpreters, language barriers.
Limited residential programs for children/youth with aggressive behaviors.
Long waiting times to access services which resulted in youth spending the night at DSS over 40 nights this year.
time restraints.
Extensive waitlist for services

Staffing

Constant turnover of service providers.
staff working from home and at times not being accessible for in-office or virtual services.

Finance

Financial issues
Insurance coverage or lack of

Miscellaneous

Covid.
facility denial.

Providers using technology for service delivery and families had no access.
services available; non-compliance.
Transportation Services.
Local Shelters for DV.
poor engagement.
Conflict with time classes offered and parents' work schedule.
Parent Incarcerated.

Issues Related to Racial and Cultural Equity

Awareness/Training

continued lack of training and ability to measure competency of staff and agencies.
Continued lack of training and ability to measure competency of staff and agencies.
Stigmas regarding MH services, access to MH providers who look like the clients being served.
We need better education regarding impaired parenting.
discussed services that the team was aware of.
We plan to research racial and cultural equity in the future.
We have discussed training in the area.
Self-awareness, education resources and guidance from community partners within the school system and mental health services that addresses equity and inclusion.
recommendations focused on inclusivity for families.
Continue to engage in training initiatives to address inequities through RMJJ and the hospital initiatives.
Educating the families that services and resources are available and providers as well as the agency are culturally competent and sensitive. Addressed concerns with family when they felt they were experiencing issues.

Diversity

Impaired parenting impacts all races.
concerns that service providers were uncomfortable having difficult conversations with a black family in the community.
a need for providers who speak Arabic.
Language barrier and common biases about a particular culture's behaviors and beliefs.
Language barriers with Spanish speaking families.
lack of resources for Hispanic families.
Stigmas regarding MH services, access to MH providers who look like the clients being served.
lack of inclusivity of service providers.
identifying providers that can work with different cultures.
Use interpreter line and staff fluent in Spanish.
Ensuring that we have medical and mental health providers that speak the language of those we serve and have culturally sound practices.
Look for additional supports in translators/interpreters.

Separate Task Forces

Training, partnerships with family-serving agencies, and Latinx community resources.
Partnerships; working with local AHEC to see how they can assist in the community; encouraging training resources of CAC to address topics in sponsored events.
ensuring community partners were identified.
mental health community rep is discussing with Sandhills Center as to need for additional resources.

Equitable Resources

Availability to services for Non-English speaking families.
access to services.
availability of resources.
Lower income, making sure same services are offered and provided.
Transportation issues (public transportation), virtual services.

Miscellaneous

This has particularly been discussed in regards to bad housing areas and the racial imbalance.
communication barriers.
Trust, Communication, non-bias opinions, everyone matters and deserves respect.
We need to do a better job of tracking this issue.
School RN & Social Worker attended appointments with the family.
transportation, community engagement, outreach.
Continue to normalize MH services.

Share information with each other.
discussed services that team was aware of.
Yes.
discussed training in the area.

Strategies to Address Issues Related to Racial and Cultural Equity

Education and Training

We need better education regarding impaired parenting.
We plan to research racial and cultural equity in the future.
We have discussed training in the area.
Partnerships; working with local AHEC to see how they can assist in the community; encouraging training resources of CAC to address topics in sponsored events.
Self awareness, education resources and guidance from community partners within the school system and mental health services that addresses equity and inclusion.
Continue to engage in training initiatives to address inequities through RMJJ and the hospital initiatives.
Educating the families that services and resources are available and providers as well as the agency are culturally competent and sensitive. Addressed concerns with family when they felt they were experiencing issues.

Community Engagement and Outreach

transportation, community engagement, outreach.
Partnerships; working with local AHEC to see how they can assist in the community; encouraging training resources of CAC to address topics in sponsored events.
ensuring community partners were identified.
mental health community rep is discussing with Sandhills Center as to need for additional resources.
recommendations focused on inclusivity for families.

Inclusivity and Equity

identifying providers that can work with different cultures.
Use interpreter line and staff fluent in Spanish.
Look for additional supports in translators/interpreters.
recommendations focused on inclusivity for families.

Miscellaneous

We need to do a better job of tracking this issue.
discussed services that team was aware of.
Share information with each other.

Top three recommendations for improving child welfare and protection services at the local level

Local DSS

Less discretion on policy at local level
Better education of local leaders/community on placement crisis of children with acute behaviors (including foster children)
Educating the community on CPS reporting
Involving outside agency training about child maltreatment
Better education of local leaders/community on placement crisis of children with acute behaviors (including foster children)
Ensuring that placement providers are available at the local level and that they meet the kid's needs
Review child welfare policies with CCPT Team to assure their understanding of policy
The need for “compliance petitions” when families are not following through with services
Making sure everyone has a clear understand of CW Policies
Review child welfare policies with CCPT Team to assure their understanding of policy

Resources

Making sure that community is aware of the resources in the community
Community resources for shareholders
County agencies assisting families with more financial assistance for food and gas

County agencies assisting families with more financial assistance for food and gas
Resources Available in the Community
provide local DSS with information on what resources are available on a state level
Recruiting more mental health providers to provide services in the local area
More Mental Health Providers at the local level that will provide appropriate services to children
Identify providers locally to address opioid dependency
Recruiting more mental health providers to provide services in the local area
Housing programs
Increase number of licensed foster homes
More options for placements for undisciplined youth
Continue to work to protect undocumented children
Affordable housing
Increase number of licensed foster homes
Access to affordable housing in the county
Affordable housing
Housing Issues
Increased access to safe and affordable housing
Increase number of licensed foster homes
Access to affordable housing in the county

Training/Education

Local education campaigns
Attend more trainings
Collaboration and cross training with agency stakeholders
Continued Training in Child Welfare
Continued Training in Child Welfare
Provide education on CPS reporting & referral sources for testing
Awareness of nonconscious bias, diversity and inclusivity in the community,
cultural/generational gaps
Car seat safety and education
Child welfare staff to educate the public, elected officials and other agencies about local laws and policies so they will understand child welfare limitations and policies. They could then advocate for changes.
educating others in the community about child welfare and policies
More awareness about poison control
Provide education on CPS reporting & referral sources for testing
Trainings
Training for CCPT Members
Training for judges, attorneys, court officials
Continued education and training for child welfare
continue to educate child welfare staff on state level policy changes or changes in the law
offer education campaigns - water safety, safe sleep, animal safety education.
POSC additional training for staff that is in the field. New policy and forms come out but no training. This allows staff to understand the importance of POSC in all cases despite what the type of illegal substances used by the parent.
Continue to provide education and resources for social workers
Car Seat Installation Training/Education
Car seat knowledge and safety with families
Continued Training in Child Welfare
Collaboration and cross training with agency stakeholders
Educating the community on CPS reporting
Training and Education
Training for social workers on mental health first aid
More resources for parenting education
Effective recruitment, training and preservation of child welfare social workers
Increase knowledge on trafficking on all levels
requiring education after baby's birth prior to discharge
Effective recruitment and training for social workers
Provide adequate training to staff before implementation
Ensure staff are properly trained on the latest policies and procedures
Making sure everyone has a clear understanding of CW Policies
Golf cart safety
Car Seat Installation Training/Education
Bicycle Safety Education
Car seat knowledge and safety with families
Address lack of child development knowledge and belief in harsh discipline
Ensure staff are properly trained on the latest policies and procedures
Training for CCPT Members
Training for judges, attorneys, court officials

Safe Sleep
Education on Safe Sleep and learning about what other partners are doing
Educating staff on Safe Sleep Practices
Continued focus and education regarding infant safe sleep
PSA for Safe Sleep
Safe Sleep
Continue to educate safe sleep habits
safe sleeping
Continued infant safe sleep education
Educating staff on Safe Sleep Practices
Safe Sleep
Safe sleep education to be implemented in birthing/parenting classes

Substance Use/Substance Affected Infant
education for parents with substance use and improve early detection and referral to treatment
CPS to educate local hospitals to make timely reports on substance affected infant cases prior to the family being released from the hospital.

Communication
Continued communication with community partners
Communication with other agencies
Continue communication with LME/MCO
Strengthening communication between agencies
Community awareness
Communication between child welfare staff and other agencies involved
Increased knowledge of community resources

Collaboration
Better collaboration across counties when there is a conflict-of-interest case
Collaboration and cross training with agency stakeholders
Improved communication and collaboration between community partners
Community Stakeholder working together to ensure a safe community
Increase communication and community engagement that allows for shared learning, collaboration, partnership, and training
Better work relationship with Department of Juvenile Justice
Building stronger partnerships with community agencies
Collaboration and cross training with agency stakeholders
Community events and networking
Strengthening of relationships with law enforcement
Continue involving the school systems to best understand and support their efforts
Better involvement with DJJ that does not mean that DJJ dumps cases on DSS
Increase collaborative efforts to prevent truancy and holding parents/children accountable (court, DSS, school)
Outreach to primary care providers about making reports to DSS when there are concerns about weight or failure to gain weight
Better collaboration across counties when there is a conflict of interest case
Collaboration and cross training with agency stakeholders
Coming together as community agencies to see what can be done on the local level
Create and fund/sustain collaborative efforts to build/enhance/better integrate family-based services with lived experience, equity, and prevention principles
Community events and networking

Miscallenous
Continue reunification efforts with families
Family and youth participation
Bridging the gap in racial disparities
Roles of School Social Workers with families in need

Top three recommendations for improving child welfare and protection services at the state level

RESOURCES
Mental Health Services
Advocate for better access to Mental Health Services
Increase Mental Health Services

More community resources for mental health
Help with mental health treatment, availability
Access to better quality Mental Health/Substance Abuse Services offered for adults (especially with no insurance)
Access to mental health services
Better quality and better access to MH services for children and adults
Increased mental health and substance abuse services including interpreter services more community resources for mental health
More accessible mental health services
increase access to mental health services for parents by ensuring they maintain health coverage even when their children are removed from their care
more placement options for children in need of MH services
Therapeutic/Mental Health Placement
Access to mental health services
Better quality and better access to MH services for children and adults
Services for dual diagnosed youth (MH/SA, MH/Autism, MH/DD)
More accessible mental health service
Increase inpatient behavioral health facilities (in progress)
Increase the number for leveled care placements for all children (TFC, Group Home, PRTF)
Better support for placement of behaviorally challenging youth

Substance Use /Substance Affected Infant
Help with substance abuse treatment availability
Outreach regarding marijuana use during pregnancy
Substance Use
Access to better quality Mental Health/Substance Abuse Services offered for adults (especially with no insurance)
More community resources for substance use
Establish drug testing for families
Address need for more comprehensive and accessible substance abuse resources
more community resources for substance use
Access to needed services such as adult substance abuse and prenatal care
Address increasing drug addiction issues
Substance Use Disorders
Establish drug testing for families

Domestic Violence
There is a need for additional providers of services to address domestic violence, and for domestic violence services that are more effective than the ones currently available
Need to address batterer intervention programs for perpetrators of DV
DV treatment for victims and perpetrators
Need to address batterer intervention programs for perpetrators of DV

General Resources
ACE Score for children and caretakers included during assessment and ongoing service provision
concerns of facilities not accepting youth due to behaviors
Continue to promote kinship placements
72hr/30 day check at pediatrician – need psychological intake at timeframes to assess trauma
more resources
more statewide providers
more resources and funding
Access to Services

POLICIES
Mental Health Services
Address the mental health crisis facing children and youth
Advocate for better access to Mental Health Services
Advocate for better access to Mental Health Services

Substance Use /Substance Affected Infant
Address increasing drug addiction issues
Address increasing drug addiction issues
Universal screening for trauma/substance misuse/behavioral health with all pediatric practices

General
Resolving conflicting child welfare policy and statutory law
Need local policies and incentives to enforce ongoing use of CFTs ensuring inclusion of relevant individuals and groups
Create laws similar to gun safety laws related to the safe storage of medication and illegal substances
Medicaid Expansion

Policies that are written to give direct guidance
Resolving conflicting child welfare policy and statutory law
resolving State vs federal requirements
Create laws surrounding the requirement that children receive education related to abuse/neglect in developmentally appropriate ways (through school)
Continue with unit meetings to discuss policies
Communicate with DHHS any concerns with current policy or law that is identified during CCPT
Consistent implementation of policy from county to county
NCDHHS should finalize and implement statewide child welfare record system in all counties
continue to align NC Fast with policy/practice model
Development of an EMR
Create a standardized office of CCPT/CFPT at the State level to provide administrative support for the local teams
Increase network capacity for emergency placements, ongoing placements, and treatment supported placements to serve children in the legal custody of ANY DSS agency
Insuring that there is a very fast admission and placement process for placing youth with aggressive behaviors in appropriate residential settings
Create a standardized, timely process for sharing records between DSS agencies
Improvement to the LME/MCO
Centralized state Intake
A state system for foster care Medicaid

CAPACITY

Workforce

General staffing
Needing more workers
Reduce case load size for DSS investigators, work ratio too high
Funding for DSS staffing
Needing more funding for child welfare workers
Funding for additional staff for counties
Increase qualified staff and maintain
Workforce issues - recruitment and retention
Changes to the worker to caseload ratio
Recruitment and retention of well-qualified social workers

Mental Health Service personnel
More mental health providers
Identification of Mental Health Nurse
Mental health case managers
Collaboration with substance abuse and mental health professionals
Collaboration with substance abuse and mental health professionals
Mental health case managers
Increase LME/MCO providers in area for MH/SA
Increase LME/MCO providers in area for MH/SA
Increased availability of behavioral health services in Spanish
Increase quality mental health providers

Trainings/Education

General Trainings/Education
Additional face to face trainings
More Training
more trainings
Accessibility and availability of increased child welfare staff training
increase amount of trainings for staff
Mandatory safe sleep training and policy

Funding

General Funding
Financial assistance for service providers
Funding
Funding for evidence-based programs
Funding for local teams
More Funding
more support/funding for Improved access to In-Home Parenting Programs for families with children older than 5 years old
Funding for service resource development & expansion
More state funds available for services for families involved in child welfare sent to local level
Funding for Child Welfare for more services for families
Expanding financial support of kinship care
Funding for residential programs for aggressive youth
Funding
More funding
More Grants/ Funding for Housing

Substance Use funding for a regional, on sight testing lab (drug lab)	State to provide financial assistance for counties to have parents receive drug testing

Appendix D: Copy of 2022 Survey

CCPT Survey 2022
2022 Survey North Carolina Community Child Protection Teams Advisory Board

The NC CCPT Advisory Board is asking that all Community Child Protection Teams (CCPTs) in North Carolina complete this 2022 survey. The NC CCPT Advisory Board is responsible for conducting an end-of-year survey of local CCPTs and preparing a report to the North Carolina Division of Social Services (NC DSS). The state-level report is compiled from aggregated data without identifying individual team responses. This year, the Board and NC DSS will have access to individual county data which will allow for targeted support and communications to facilitate CCPTs' optimal functioning. The NC CCPT Advisory Board will make recommendations on how to improve public child welfare. NC DSS will write a response to the report.

The survey results assist local teams in preparing their annual reports to their county commissioners or tribal council and to their DSS. You can choose whether to complete the survey and can decide which questions to answer. The one exception is that local teams will be asked to provide the name of their county or Qualla Boundary. This makes it possible to track which CCPTs completed the survey and to acknowledge the participation of the specific local CCPT in the annual report. The survey responses are transmitted directly to the researcher, TBD, at North Carolina State University. De-identified findings may also be included in presentations, trainings, and publications.

The 2017 through 2021 Community Child Protection Team End of Year Reports including recommendations from the Advisory Board, are available through the links provided below.

Please follow this link to view past year's reports and responses.

North Carolina State University

INFORMED CONSENT FORM for RESEARCH

Title of Study: Community Child Protection Team 2022 Survey (6430)
Principal Investigator: Dr. Anna Abate acabate@ncsu.edu

What are some general things you should know about research studies?
You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate and to stop participating at any time without penalty. The purpose of this research study is to gain a better understanding of how to improve child welfare services across the state. We will do this through collecting survey data from local CCPTs regarding their functions and objectives. You are not guaranteed any personal benefits from being in this study. Research studies also may pose risks to those who participate. You may want to participate in this research because your CCPT has the opportunity to contribute to improving public child welfare and protecting children from maltreatment. You may not want to participate in this research because NC DSS and the NC CCPT Board will be able to connect your team to some survey answers.

In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above or the NC State University Institutional Review Board office (contact information is noted below).

What is the purpose of this study?
The purpose of the study is to assist local CCPTs in preparing the annual reports to their county commissioners or tribal council and to the NC Division of Social Services. The North Carolina CCPT Advisory Board uses the survey results to prepare recommendations to the North Carolina Division of Social Services on improving public child welfare. The survey results also assist in providing local CCPTs with individualized support.

Am I eligible to be a participant in this study?
There will be potentially 101 participants in this study, representing all counties in North Carolina and the Qualla Boundary. The chairpersons of the CCPT in each county or Qualla Boundary will be sent a survey.

In order to be a participant in this study you must have been an active member of your local CCPT for the past year.

You cannot participate in this study if you are no longer a member of your CCPT.

What will happen if you take part in the study?
If you agree to participate in this study, you will be asked to do all of the following: complete and submit the online survey.

The total amount of time that you will be filling in the survey is approximately 25 minutes. In preparation for filling in the survey, it is recommended that the local CCPT Chair meet with the team to discuss what responses to provide to the survey questions.

Risks and benefits
The local CCPTs are asked to identify by name their county or Qualla Boundary, and the responding CCPTs are listed in the end-of-year CCPT report that is shared with state and federal authorities and posted on a public website. In addition, the results may be shared in presentations, trainings, and publications. The responses of the local CCPT may identify that they made a particular answer. This risk is minimized because the NC CCPT Advisory Board and NC DSS will only use data identifying the local CCPT to inform what resources and support a particular CCPT might need to improve their functioning. The survey will indicate for which questions the Research Team will identify the local CCPT giving the response to the NC CCPT Advisory Board and NC DSS. All public facing reports will be in aggregate, which means that the responses of the individual CCPTs are combined together.

There are no direct benefits to your participation in the research. The indirect benefits are that your CCPT has the opportunity to contribute to improving public child welfare and protecting children from maltreatment.

Right to withdraw your participation
You can stop participating in this study at any time for any reason. In order to stop your participation, please refrain from submitting the survey. Any time before submitting the survey, you may choose to withdraw your consent and stop participating. If you choose to not submit your survey, results will not be included in analyses.

Confidentiality
The information in the study records will be kept confidential by the parties listed above to the full extent allowed by law. Data will be stored securely on an NC State University managed computer. Unless you give explicit permission to the contrary, no reference will be made in oral or written reports which could directly link you to the study. The responses of the local CCPT may indirectly identify that they made a particular answer due to other information shared with authorities.

Compensation
You will not receive anything for participating.

What if you have questions about this study?
If you have questions at any time about the study itself or the procedures implemented in this study, you may contact the researcher, Dr. Anna Abate, at Center for Family and Community Engagement, North Carolina State University, at ccpt_survey@ncsu.edu.

What if you have questions about your rights as a research participant?
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the NC State University IRB (Institutional Review Board) Office via email at irb-director@ncsu.edu or via phone at 1.919.515.8754. The IRB office helps participants if they have any issues regarding research activities.

You can also find out more information about research, why you would or would not want to be a research participant, questions to ask as a research participant, and more information about your rights by going to this website: http://go.ncsu.edu/research-participant.

Consent To Participate
"I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time before submitting the survey without penalty or loss of benefits to which I am otherwise entitled."

- **Yes**, you can now proceed to the next page.
- **No**, please contact Jadie Baldwin-Hamm at the NC Division of Social Services for technical assistance on completing the survey: email jadie.baldwin@dhhs.nc.gov. Once your questions are answered and you wish to take the survey, email ccpt_survey@ncsu.edu to receive a new link to the survey.

Instructions: When completing this survey, please remember the following:

1. This survey covers the work of your CCPT for the period January – December 2022.

2. Your survey responses must be submitted online (via Qualtrics). Do not submit paper copies to NC DSS or NC CCPT Advisory Board. As you work in your survey, your work will save automatically, and you can go back to edit or review at any time before you submit.

3. You can print a blank copy of this survey to review with your team, and you will be able to print a copy of your completed survey report when you finish the survey.

4. Your team members should have the opportunity to provide input and review responses before your survey is submitted. Please schedule your CCPT meeting so that your team has sufficient time to discuss the team's responses to the survey.

5. In addition to the CCPT meeting time, set aside approximately 25 minutes for filling in the team's responses on the survey.

6. For questions about the survey and keeping a copy for your records, contact the Research Team at ccpt_survey@ncsu.edu.

Please complete and submit the survey online (via Qualtrics) on or before **January 13th, 2023**.

Note. The questions for which the Research Team will NOT provide the identity of the responding CCPT to the NC CCPT Advisory Board or NCDSS are shaded blue and have the caption "Confidential"

Select your CCPT from the list below.
(DROP DOWN LIST WILL BE PRESENTED IN THE ELECTRONIC VERSION)

Who completed this survey? (Please do not provide any identifying information) (*Confidential*)
- The CCPT chair
- A designee of the CCPT chair
- The CCPT team as a whole
- A subgroup of the CCPT team
- Other _____

By state statute all counties are expected to have a CCPT. Some CCPTs are well established while others are just getting started or are starting up again.

Which of the following statements best characterizes your CCPT? *(Meetings include both in person and virtual formats)*

- Our team is not operating at all.
- Our team was not operating, but we recently reorganized
- Our team recently reorganized, but have not had any regular meetings
- We are an established team that does not meet regularly
- Our team recently reorganized and are having regular meetings
- We are an established team that meets regularly.
- Other _____

What difficulties has your CCPT faced while trying to meet and complete your work? (*Confidential)*

_____

How often does your CCPT meet as a full team?

- Annually
- Biannually
- Quarterly
- Bimonthly
- Monthly
- Other

If your team has subcommittees, how often do subcommittees within your CCPT meet?

- We do not have subcommittees
- Annually
- Biannually
- Quarterly
- Bimonthly
- Monthly
- Other_____

Some CCPTs combine their CCPT and Child Fatality Prevention Team (CFPT).

Which of the following applies to your CCPT?

- Separate CCPT and CFPT
- Combined CCPT and CFPT
- Other _____

CCPTs have members mandated by General Statute 7B-1407.

Within the last two years, has your CCPT moved from:

- A separate to combined team
- A combined to separate team
- We have not changed the format of our CCPT within the last two years

In 2022, how frequently did the following mandated members participate in your CCPT?

	Never	Rarely	Occasionally	Frequently	Very Frequently
DSS Director	o	o	o	o	o
DSS Staff	o	o	o	o	o
Law Enforcement	o	o	o	o	o
District Attorney	o	o	o	o	o
Community Action Agency	o	o	o	o	o
School Superintendent	o	o	o	o	o
County Board of Social Services	o	o	o	o	o
Mental Health Professional	o	o	o	o	o
Guardian ad Litem	o	o	o	o	o
Public Health Director	o	o	o	o	o
Health Care Provider	o	o	o	o	o

Only to be shown to those counties who indicated a combined CCPT/CFPT.

In 2022, how frequently did the following mandated members participate in your CCPT?

	Never	Rarely	Occasionally	Frequently	Very Frequently
DSS Director	o	o	o	o	o
DSS Staff	o	o	o	o	o
Law Enforcement	o	o	o	o	o
District Attorney	o	o	o	o	o
Community Action Agency	o	o	o	o	o
School Superintendent	o	o	o	o	o
County Board of Social Services	o	o	o	o	o
Mental Health Professional	o	o	o	o	o
Guardian ad Litem	o	o	o	o	o
Public Health Director	o	o	o	o	o
Health Care Provider	o	o	o	o	o
District Court Judge	o	o	o	o	o
County Medical Examiner	o	o	o	o	o
Emergency Medical Services (EMS) Representative	o	o	o	o	o
Local Child Care Facility or Head Start Representative	o	o	o	o	o
Parent of Child Fatality Victim	o	o	o	o	o

Besides mandated CCPT members, boards of county commissioners can appoint five additional members.

In 2022, how many additional members took part in your CCPT:
A family or youth partner is a youth or adult who has received services or is the caregiver/parent of someone who has received services, and who has firsthand experience with the child welfare system.
If zero, type 0

- Organizations ____
- Family Partners ____
- Youth Partners. ____

List the organization that additional members represent. (System of Care Community Coordinator (LME/MCO), Other LME/MCO representation, Juvenile Justice representation, Victim Service organization, etc.)

Member 1 _____
Member 2 _____
Member 3 _____
Member 4 _____
Member 5 _____

In 2022, how well did your CCPT accomplish the following:

Prepare for meetings?

Not at all	Marginally	Moderately	Well	Very well
o	o	o	o	o

Share information during meetings?

Not at all	Marginally	Moderately	Well	Very well
o	o	o	o	o

Make desired changes in your community?

Not at all	Marginally	Moderately	Well	Very well
o	o	o	o	o

In 2022, other than mandatory members, did family or youth partners serve as members of your CCPT? *A family or youth partner is a youth or adult who has received services or is the caregiver/parent of someone who has received services, and who has firsthand experience with the child welfare system.*

- Yes
- No

In 2022, other than mandatory members, how frequently did family or youth partners participate in your CCPT?

	Never	Rarely	Occasionally	Frequently	Very Frequently
Youth partner	o	o	o	o	o
Biological parent	o	o	o	o	o
Kinship caregiver	o	o	o	o	o
Guardian	o	o	o	o	o
Foster parent	o	o	o	o	o
Adoptive parent	o	o	o	o	o
Other	o	o	o	o	o

In 2022, were family or youth partners invited to attend CCPT meetings?

- Yes
- No

Have you requested resources or assistance from DSS to assist in family partner involvement?

- Yes
- No

In 2022, which of the following strategies did your CCPT use to successfully engage family and youth partners on your team? (The checklist below comes from CCPT survey responses in past years. Check all that apply and add your own.)

- Outreach through community networks to identify family and youth partners
- Repeatedly extending invitations by multiple means (e.g., phone, email)) to possible family and youth partners
- Having a senior agency representative extend the invitation
- Putting CCPT membership into family or youth partner's job description
- Explaining purpose of CCPTs in jargon-free and inviting language
- Describing the role of the family and youth partners on the team
- Emphasizing the value that family and youth partners bring to the team
- Providing information on opportunities available to participants (e.g., training)
- Rescheduling meeting times to accommodate family and youth partners
- Preparing family and youth partners for the meetings
- Drawing family and youth partners into the meeting discussions
- Ensuring that discussions are in clear and understandable language for all participants
- Debriefing with family and youth partners after meetings
- Using team members already on the CCPT to offer family perspectives
- Other _____

During 2022, did your CCPT partner with other organizations in the community to create programs or inform policy to meet an unmet community need?

- Yes
- No

Active Cases

What is the total number of active cases reviewed by your CCPT between January and December 2022?

Number of cases reviewed _____

How many of these active cases entailed Substance Affected Infants[8]? *If zero, type 0.*

[8] An infant identified as a "substance affected infant" (SAI) is defined by: (1) An infant has a positive urine, meconium or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standard. (2)The infant's mother has had a medical evaluation, including history and physical, or behavioral health assessment indicative of an active substance use disorder, during the pregnancy or at time of birth. (3) An infant that manifests clinically relevant drug or alcohol withdrawal. (4) An infant affected by FASD with a diagnosis of Fetal Alcohol Syndrome (FAS), Partial FAS (PFAS), Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (NDPAE), Alcohol-Related Birth Defects (ARBD), or Alcohol-Related Neurodevelopmental Disorder (ARND). (5) An infant has known prenatal alcohol exposure when there are clinical concerns for the infant per current evaluation and management standards.

_____

How many of these active cases entailed a near fatality[9]? *If zero, type 0.*

_____

Fatalities Cases

How many cases did your CCPT review that included maltreatment fatality factors? (Do not include those done through an Intensive Fatality Review).

_____

Of these fatalities reviewed, how many of these children had a history of identification as a Substance Affected Infants?
If zero, type 0.

_____

After an intensive review has occurred, describe how the findings and recommendations coming out of the review were typically communicated.

_____
_____

After an intensive review has occurred, how does your CCPT typically identify action steps for working on the local recommendations?

_____
_____

In reviews of active or fatalities cases did you identify any issues related to the reporting of substance affected infants in accordance with the law?

- Yes
- No

Which of the following criteria did your CCPT use in 2022 for selecting cases for review? Check all that apply. Please write in other criteria that you used.

- Child Maltreatment Fatality
- Court Involved
- Multiple Agencies Involved
- Repeat Maltreatment
- Active Case
- Closed Case
- Stuck Case
- Child Safety
- Child Permanency
- Child and Family Well-being
- Parent Substance Use
- Child Trafficking
- Other 1 _____
- Other 2 _____

[9] According to NC General Statute § 7B-2902, a child maltreatment near fatality is "a case in which a physician determines that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment."

Which of the following contributory factors to children being in need of protection did you use in 2022 for selecting cases for review? Check all that apply.

Terms such as alcohol use have been inserted as preferred identifiers but current terms on the child protection form are in parentheses. Definitions for these terms may be found in the NCANDS Child File Codebook

- Caregiver(taker) - Alcohol use (Abuse)
- Caregiver(taker) - Drug use disorder (Abuse)
- Caregiver(taker) - Intellectual/Developmental Disability (Mental Retardation)
- Caregiver(taker) – Mental Health Need (Emotionally Disturbed)
- Caregiver(taker) – Visually or Hearing Impaired
- Caregiver(taker) - Other Medical Condition
- Caregiver(taker) - Learning Disability
- Caregiver(taker) - Lack of Child Development Knowledge
- Child - Alcohol Problem
- Child - Drug Problem
- Child - Intellectual/Developmental Disability (Mental Retardation)
- Child – Mental Health Need (Emotionally Disturbed)
- Child - Visually or Hearing Impaired
- Child - Physically Disabled
- Child - Behavior Problem
- Child - Learning Disability
- Child - Other Medical Condition
- Household - Domestic Violence
- Household - Inadequate Housing
- Household - Financial Problem
- Household - Public Assistance

Which of the following types of information did you use in reviewing cases? Check all that apply.

- Reports from Members of the CCPT and/or Case Managers/Behavioral Health Care Coordinators/Care Managers
- Information on Procedures and Protocols of Involved Agencies
- Case Files
- Medical Examiner's Report
- Child and Family Team Meeting Documentation
- Individualized Education Plan
- Other 1 _____
- Other 2 _____

What would help your CCPT better carry out case reviews?

_____

_____

How many of the cases reviewed in 2022 were identified as having children and/or youth who needed access to the following services?

- Mental Health (MH) _____
- Intellectual/Developmental Disabilities (I/DD) _____
- Substance Use Disorder (SUD)[10] _____
- Domestic Violence (DV) _____
- Child Trafficking _____

Please indicate if any of these services had a waitlist.

- Mental Health (MH) _____
- Intellectual/Developmental Disabilities (I/DD) _____
- Substance Use Disorder (SUD) _____
- Domestic Violence (DV) _____
- Child Trafficking _____

Please indicate how many of these cases received the needed service.

- Mental Health (MH) _____
- Intellectual/Developmental Disabilities (I/DD) _____
- Substance Use Disorder (SUD) _____
- Domestic Violence (DV) _____
- Child Trafficking _____

How many of the cases reviewed in 2022 were identified as having parents or other caregivers who needed access to the following services?

- Mental Health (MH) _____
- Intellectual/Developmental Disabilities (I/DD) _____
- Substance Use Disorder (SUD) _____
- Domestic Violence (DV) _____

Please indicate if any of these services had a waitlist.

- Mental Health (MH) _____
- Intellectual/Developmental Disabilities (I/DD) _____
- Substance Use Disorder (SUD) _____
- Domestic Violence (DV) _____

Please indicate how many of these cases received the needed service.

[10] Added as Footnote: The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), published in 2013, by the American Psychiatric Association (APA) provides criteria to be used by clinicians as they evaluate and diagnose different mental health conditions. Previous editions of the DSM identified two separate categories of substance-related and addictive disorders, "substance abuse" and "substance dependence". The current diagnostic manual combines these disorders into one, "substance use disorders" (SUDs). SUDs have criteria that provide a gradation of severity (mild, moderate and severe) within each diagnostic category. (Diagnostic and statistical manual of mental disorders (5 ed.). Arlington, VA: American Psychiatric Association. 2013. p. 483. ISBN 978-0-89042-554-1) Although this change was made in the DSM 5, the term substance abuse is still utilized when referring to certain titles, services or other areas that require general statute, policy or rule revisions to change the language. Substance use disorder is generally utilized to identify a diagnosis or service to treat for someone with a substance use diagnosis (i.e., substance use disorder treatment).

- Mental Health (MH) _____
- Intellectual/Developmental Disabilities (I/DD) _____
- Substance Use Disorder (SUD) _____
- Domestic Violence (DV) _____

In 2022, which of the following limitations prevented children, youth, and their parents or other caregivers from accessing needed MH/DD/SU/DV services. Check all that apply.

- Limited services or no available services
- Limited services for youth with dual diagnosis of mental health and substance use issues
- Limited services or youth with dual diagnosis of mental health and developmental disabilities
- Limited services for youth with dual diagnosis of mental health and domestic violence
- Limited transportation to services
- Limited community knowledge about available services
- Limited participation of MH/DD/SUD/DV providers at CFTs
- Other 1 _____
- Other 2 _____

(If yes to "limited participation of MH/DD/SUD/DV providers at CFTs) What barriers contributed to the limited participation of MH/DD/SUD/DV providers at CFTs?

_____
_____

Of the cases reviewed, what barriers did COVID-19 pose?

_____
_____

What creative solutions did your team identify to address those issues?

_____
_____

Racial and Cultural Equity: *A racially and culturally equitable approach to child welfare is responsive to and invests in families and their communities with the result that children remain safely at home and their families are respected and supported in making and carrying out decisions for the care and well-being of their children.*

Has your team discussed issues of racial and cultural equity in child welfare?

- Yes
- No

While conducting your case reviews, what were the issues identified by the team relating to racial and cultural equity?

_____
_____

What strategies did your team identify to address these issues?

_____
_____

Are you currently utilizing the resources provided to your team to explore a racially and culturally equitable approach to child welfare?

- Yes
- No

If not, what would help your CCPT to use these and other resources that are provided?

_____

_____

NC DHHS: Child Welfare: An agency with defined mandates and policies

Based on your 2022 case reviews, what were your team's top three recommendations for improving child welfare policies and statutory law at the local level? (*Confidential*)

- Recommendation 1 _____
- Recommendation 2 _____
- Recommendation 3 _____

Based on your 2022 case reviews, what were your team's top three recommendations for improving child welfare policies and statutory law at the state level? (*Confidential*)

- Recommendation 1 _____
- Recommendation 2 _____
- Recommendation 3 _____

NC DHHS: Child Protection: A Community effort where everyone has a role

Based on your 2022 case reviews, what were your team's top three recommendations for improving child protection at the local level? (*Confidential*)

- Recommendation 1 _____
- Recommendation 2 _____
- Recommendation 3 _____

Based on your 2022 case reviews, what were your team's top three recommendations for improving child protection at the state level? (*Confidential*)

- Recommendation 1 _____
- Recommendation 2 _____
- Recommendation 3 _____

Please use this space to provide any additional information you would like to communicate.

_____

_____

Please contact Jadie Baldwin-Hamm jadie.baldwin@dhhs.nc.gov for technical support with regards to training, community engagement, active and fatality case review concerns, and any other local team guidance your team may need.

Once you continue to the next page, you will be directed to a copy of your completed responses, and you may print the screen to have a record of your responses. Once you have reached the "completed responses" page, you have successfully submitted your 2022 CCPT Survey.

Thank you for taking the time to complete the 2022 CCPT Survey, your responses are appreciated. If you have questions about the survey and keeping a copy for your records, please contact ccpt_survey@ncsu.edu.

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Helen Oluokun
Joan Pennell
Jeanne Preisler
Paige Rosemond
Starleen Scott-Robbins
Meghan Shanahan
Heather Skeens
Emily Smith
Lynda Stephens
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Bernetta Thigpen
Cherie Watlington
Marvel Welch
Paula Yost
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NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Division of Social Services
Child Welfare Services

North Carolina State Response

Community Child Protection Team 2022 Recommendations

December 19, 2023

Introduction and Background

The federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106) requires each state's child welfare agency to maintain Citizen Review Panels (CRPs). CRPs are charged with evaluating the extent to which the state is effectively fulfilling its child protection responsibilities in accordance with the CAPTA State Plan; examining the policies, practices, and procedures of the state and county child welfare agencies; reviewing child fatalities and near-fatalities; and examining other criteria important to ensuring the protection of children. Based on this work, CRPs develop annual reports with recommendations to improve the child protective services system at the state and local levels. The reports are made available to the public online at: https://www.ncdhhs.gov/divisions/social-services/child-welfare-services/community-child-protection-teams. CAPTA requires state child welfare agencies to submit a written response to the recommendations made by its CRPs within six months of receipt of the annual report.

CRPs in North Carolina

The North Carolina Department of Health and Human Services (NC DHHS), Division of Social Services (NC DSS) is the state's child welfare authority responsible for the oversight of CRPs in North Carolina. Currently, to meet federal requirements, NC DSS has designated the state's existing Community Child Protection Teams (CCPTs) as CRPs. CCPTs are interdisciplinary groups of community representatives that were established in 1991 under N.C. General Statute § 7B-1406, and further formalized and expanded in 1993, to promote a community-wide approach to the problem of child abuse and neglect. The primary function of CCPTs is to review active child welfare cases, fatalities, and other cases brought to them to identify gaps and deficiencies in a county's child protection system response. As of October 2023, new legislation (NC SL 2023-134) will alter NC DHHS's structure for CPRs. The revised structure is to be implemented by January 2025.

There are 100 CCPTs, representative of each NC county, and one territory of the Eastern Band of the Cherokee Indians (EBCI). Each team meets a minimum of four times per year to review cases. Additionally, CCPTs work to increase public awareness of child protection in the community, advocate for system changes and improvements, assist the county director in the protection of children, and develop strategies to ameliorate child abuse and promote child well-being at a local and state level. For more information on CCPTs, see N.C. General Statute § 7B-1406. CCPTs are required to provide an annual summary of case review activities, local initiatives, and recommendations to their county Board of Commissioners and to NC DSS. CCPTs are also asked to respond to an annual survey to inform the development of a statewide report.

Annual Report

Each year, the NC CCPT Advisory Board compiles and synthesizes CCPTs' local activities, annual summaries, and survey responses into the North Carolina CCPT End of Year Report (EOYR) which offers statewide recommendations to NC DSS. The 2022 survey was distributed to 101 local CCPTs, of which 88 completed the survey. This was an increase from last year's response of 85 teams. These survey responses, along with CCPT annual reports, helped to inform the three categories of recommendations (Policy, Practice and Resource/Training) provided in the 2022 CCPT EOYR. This report is available to the public online at: https://www.NC DHHS.gov/divisions/social-services/child-welfare-services/community-child-protection-teams.

Aggregated responses from the CCPT annual survey enable NC DSS to inventory and report current unmet needs as required in the state's Annual Progress and Services Report (APSR). Additionally, unmet needs recorded through the 2022 CCPT survey and EOYR will help NC DSS to assess the state's Child and Family Services Plan (CFSP) for 2020–2024, which serves as a five-year child welfare strategic plan, including implementation of Federal and State Child

Welfare Reform through Family First Prevention Services Act (Family First) and Rylan's Law, respectively. Subsequently, local CCPTs have a significant influence in NC's strategic planning to improve child welfare services.

Per federal requirements, NC DSS has prepared the following written response to the recommendations included in the 2022 CCPT EOYR. It describes how NC DSS will incorporate the recommendations submitted to make measurable progress in improving the North Carolina child protection system. Although NC DSS acknowledges and supports the 2022 EOYR recommendations for strategies best implemented by local communities, the written response focuses on the systemic issues identified in the EYOR as warranting a state-level response.

NC DSS Response to Recommendations

The 2022 CCPT End of Year Report outlined three categories of recommendations for statewide and local child welfare system and practice improvements. NC DSS welcomes the recommendations and, to the extent possible, will incorporate them into the NC DSS Child Welfare Strategic Plan in the state's APSR. In this response, NC DSS focuses on actions for calendar year 2024. The recommendations and responses are provided below:

POLICY RECOMMENDATIONS

1. *North Carolina should develop and disseminate a statewide evidence-based campaign promoting best practices for Safe Sleep.*

NC DSS has, and will continue to, prioritize education and training on Safe Sleep consistently with the workforce and community stakeholders. Policy and guidance for child welfare workers has been provided around assessment and support for families regarding safe sleep practices. Those resources can be found here:

https://policies.NC DHHS.gov/divisional/social-services/child-welfare/policy-manuals/

https://policies.NC DHHS.gov/divisional/social-services/child-welfare/policy-manuals/safe-sleep

These amendments were bolstered by webinars and office hours conducted by NC DSS and subject matter experts to enhance knowledge and practice skills statewide.

Additionally, NC DSS has worked with the NC Conference of District Attorneys to incorporate and train Safe Sleep identification and education for the statewide law enforcement in-service training to enhance prevention of unsafe sleep deaths. These educational resources were also shared with CCPTs through a webinar to increase awareness and continuity of response from community partners and stakeholders, that can be found at: https://www.youtube.com/watch?v=FOEAZ3pmmmE.

Continued work at NC DSS around best practices for safe sleep is occurring with the committee on unsafe sleep within the Fatality Task Force, as well as the Maternal Child Welfare group through the University of North Carolina at Chapel Hill. These collaborations support North Carolina championing evidenced-based practice and education around Safe Sleep.

a. *More specifically, North Carolina should develop a culturally competent dissemination plan to reach historically marginalized populations, to include translation to native languages.*

NC DSS complies with federal requirements that any family who comes to the attention of child welfare receives translation services, if needed. NC DHHS continues to carry out the commitment to greater equity in structure, staffing, values, and service delivery. As reported in the 2021 State Response, the promotion of a racially and culturally equitable approach to child welfare is being addressed across systems and found in statewide plans and initiatives, child welfare practice, policy, and training improvements, as well as through the inclusion of youth voices and a variety of community partners with lived experience.

The DSS Child Welfare Diversity, Equity, and Inclusion (DEI) Action Plan established a DEI Advisory Council which has representatives from all agencies. The Council maintains a list of work to begin addressing in their monthly meetings. This recommendation will be added to the December 2023 meeting and the Councill will keep the Division informed of the progress toward this item.

2. *North Carolina should examine existing child welfare policy and consider policy changes in order to provide kinship caregivers the same level of funding and other supports received by licensed resource parents.*

NC DSS is committed to promoting a "KinFirst" culture in child welfare. A kinship work group was formed with cross-sectional membership to champion this goal. In 2022 a Kinship Fit and Feasibility study was conducted and NC DSS is currently monitoring the Title IV-E Prevention Services Clearinghouse for a Kinship Navigator model that is a best fit for local child welfare agencies and the families they serve. NC DSS is also utilizing a Kinship Care media campaign, ongoing through 2023 and into 2024, to target key audiences about the importance of children being placed with and connected to kin. NC DSS has continued to work with the Capacity Building Center for States to revise its statewide Foster and Adoptive Parent Diligent Recruitment and Retention (DRR) plan and strategies, with a focus on improved engagement and support of kinship providers.

In November 2023, the Unlicensed Kinship Reimbursement Program was launched. This program offers unlicensed kinship providers ½ of the current foster care board rate as reimbursement for the costs of caring for children in care who are related by blood, adoption, and marriage. By improving equity and access to financial assistance for kinship providers, more relatives will be able to sustain care while reunification efforts are underway and preventing children from requiring non-relative or congregate care placements.

To gather additional feedback and strategize for continued improvement, Kinship Listening Sessions will begin December 2023 and are intended to occur throughout State Fiscal Year 2024 (SFY24). Additionally, North Carolina has a contract with Foster Family Alliance (FFA), an organization that provides support to kinship, foster, and adoptive families. These supports are available statewide and work to address placement challenges, provide training and support groups, and assist in the retention of families providing care to children and youth in foster care. NC DSS and FFA will work collaboratively to provide more support and training to placement providers to minimize placement disruptions.

Additionally, with the release of the rule "Separate Licensing or Approval Standards for Relative or Kinship Foster Family Homes" by the Children and Families Administration in September 2023, NC DSS has begun the process of developing a separate licensing process for kin placements. This rule is a significant and much needed step towards supporting kinship families. The goal will be to reduce barriers to licensure of kin placements while ensuring they receive the same amount of financial and concrete supports as non-related or non-kinship family foster homes.

3. *To ensure an equitable approach to resources across counties throughout North Carolina, North Carolina should conduct a review of policy processes to ensure equity in resources and service access, provision, and quality across rural and urban communities*.

NC DSS is working diligently through multiple arms of work to increase equity and availability of services statewide. A follow up on the revalidation of the child welfare Structured Decision Making (SDM) Tools as mentioned in the last two consecutive state response reports, the Intake Screening tool revalidation has been completed along with initial phases of training. Roll out of this tool within the NC Child Welfare Information System (CWIS) will be begin at the start of 2024. The Safety and Risk Assessments are both completed and field testing has begun as of November 2023. Implementation planning includes roll out of these tools into the NC CWIS,

following the Intake tool. NC DSS is mid-way with the Family Strengths and Needs Assessment, Risk Re-Assessment, and Reunification Assessment, which require cross-sectional input. Revalidation of these tools will reduce the patterns of unconscious bias at each decision point in the child welfare process and support equity of service identification for families who need them most.

To equalize resources across the state, NC DHHS hired 7 Family First Prevention Services Act (FFPSA) consultants in 2023. These Regional Prevention Specialists will connect county DSS leadership and frontline staff to available services through child welfare, Medicaid, and the community within their region and county. The Regional Prevention Specialists will provide ongoing technical assistance to their assigned regions to ensure that families are linked to the most appropriate service, regardless of how that service is funded. They will also support development of regional Family Resource centers to address equity in services, access and provision.

Additionally, within the NC FFPSA plan, there was intentional selection of evidenced-based services that are delivered to families, in-home, as a way reduce barriers of access and transportation. NC selected evidenced-based programs rated by the Title IV-E Prevention Services Clearinghouse as having achieved an approvable evidence rating with to ensure high quality of service provision. NC DSS will also include an evaluation partnership to conduct a rigorous evaluation and reflect a CQI strategy for each of these programs as they are implemented. More about these services can be found in NC's Title IV-E Prevention Services Plan.

Lastly, NC DSS issued a comprehensive Workload Study in June 2023 for better analysis of how workload contributes to turnover and impacts outcomes for children and families. With the Workload Study data, NC DSS will be able to better identify and address disparities in workload

among counties and support consistency in practice statewide. Additional information and implementation planning from this survey will be shared in the coming year.

PRACTICE RECOMMENDATIONS

1. *North Carolina should continue to work on access to appropriate and trauma-informed mental/behavioral health and substance use prevention and intervention services including both residential/inpatient and outpatient options for children and families.*

Access to trauma-informed services continues to be a leading priority for NC DHHS. As part of Medicaid transformation efforts, on April 1, 2023, NC Medicaid launched the NC Medicaid Direct Local Management Entity-Managed Care Organization (LME/MCO) care management program. This program detailed requirements for tailored care management coordination with county child welfare workers on behalf of child and youth members in foster care, who are receiving services. The specialized integrated care management model was designed to meet the needs of children with a behavioral health condition, intellectual/developmental disability, or traumatic brain injury.

In October 2023 NC Medicaid and NC DSS set up a survey to assess the effectiveness of the collaborative relationship between LME-MCOs and local DSS agencies. Data collected from this survey will capture the experiences from the point of view of the county child welfare caseworker since the launch of the Medicaid Direct LME-MCO Tailored Care Management program. NCDHHS also developed a portal that includes information on Medicaid income requirements, flyers with more information, videos on how to apply and other essential information.

In addition to Medicaid expansion for Child Welfare involved families, work continues to be done with the Child and Family Well-Being division to increase access to substance use disorder screenings, supports for residential treatment, and ensure substance use disorder education is

included in child welfare mandatory trainings. Two substance use disorder specialists were added to the Safety and Prevention Section of NC DSS, to provide technical assistance to local child welfare agencies in their delivery of services around substance use. These positions also support and identify effective policy changes and initiatives for families impacted by substance use.

In May 2023, NC DHHS, NC DSS, and the Center for Child & Family Health (CCFH) hosted two webinars to help child welfare professionals move from “policy to practice” in the delivery of trauma-informed child welfare services. The first webinar provided information about the use of the NC Child Welfare Trauma Screening Tool and the role it will play in the statewide implementation of FFPSA. The second webinar provided an opportunity for participants to explore why trauma-informed care is so vital for child welfare workers, families, and communities. Practical components of trauma-informed care in child welfare agencies were discussed and shared amongst participants.

In October 2023, NC DHHS received $835 million for behavioral health services within the North Carolina State Budget. A few of the budget aspects include a pay increase for mental health care workers and efforts to provide alternatives to the emergency room. Funding will also go toward increasing the number of crisis stabilization beds for children statewide and expanding the statewide bed registry. The investment in crisis services will help ensure NC citizens will not have to wait in emergency departments for behavioral health care because as a result of limited openings in appropriate referred services.

As a follow up to the 2021 State Response regarding the Sobriety Treatment and Recovery Teams (START), NC DSS has contracted with Children and Family Futures (CFF) to pilot START in 10 local DSS agencies. NC DSS along with the START Training and Technical Assistance Program, hosted an informational webinar for interested counties in November 2023. The webinar introduced the START Model, installation, and implementation processes, and

accompanying technical assistance. The webinar was open to all local DSS teams, and any community partners interested in attending. When implemented with fidelity, START will improve outcomes for children and families affected by parental substance use and child maltreatment.

2. *North Carolina Department of Health and Human Services (NC DHHS) should finalize and implement statewide child welfare record system in all counties.*

At this time, the NC Child Welfare Information System (CWIS) is underway and projected to be live in all 100 counties for Intake Services, with subsequent services coming onboard in sequence, by the end of 2024. NC DHHS made an award for its CWIS Request for Proposal (RFP) in September 2023. The RFP issued for a full array of technology and services needed to implement a statewide CWIS that is user-friendly, supports child welfare decision-making, and aligns with NC's unified model of practice. NC DHHS selected Deloitte Consulting LLC. The scope of work includes integrating new capabilities with our existing Intake & Assessment modules that is currently utilized in 25 NC counties. Additionally, it will establish a new Ongoing Case Management functionality, bring end to end dashboarding and analytics, and provide services such as data conversion, data integration, change management, training, and communications. Initial work will include finalizing a "Product Roadmap" that meets the needs of all 100 counties and NC DHHS.

3. *North Carolina should continue to work toward uniformity in its intake process across counties.*

A key aspect of the new Intake SDM tool being integrated into the CWIS is that it will enhance uniformity of the child welfare intake process across the state. Not only will reporters be met with a uniform and streamlined intake process, but families and children, no matter what county they reside, will receive a more consistent screening decision and, if screened in, a more consistent response type and time from their local child welfare agency. Integration into the

CWIS will provide a data feedback loop to further identify and correct any concerns with uniformity of child maltreatment screening.

RESOURCE/TRAINING RECOMMENDATIONS

1. *North Carolina should increase funding to victim service agencies to assist with intervention and prevention services for adults, children, and teenagers.*

NC DSS manages a $10 Million annual monitoring contract for Children's Advocacy Centers of NC (CACNC). CACNC provides services to maintain and develop effective children's advocacy centers (CACs) and multi-disciplinary teams (MDTs) across North Carolina. The amount each CAC receives varies as CACNC awards on a competitive basis. The CACs' awards range from $56,000 to $1,379,635. The total amount that CACNC provides to the CACs overall is $8,498,000. Services to CACs provided by CACNC include:

- Statewide advocacy
- Legal and medical guidance
- Technical assistance
- Training and networking
- Center development
- Outreach to underserved communities

Performance requirements within the CACNC contract include:

- Support child protective services by providing victim advocacy and case management for 11,500 unduplicated individuals and their non-offending parents (8,050 children, 3,450 teens).
- Conduct forensic interviews, lasting approximately one hour at the CAC for child protective services and law enforcement with 9,000 individuals (6,300 children, 2,700 teens).

- Coordinate the multidisciplinary team to provide comprehensive case management and case review for 9,000 children involved in investigations of sexual or physical abuse.
- Refer 10,000 children to trauma-focused child behavioral therapy in house or through an external linkage agreement (total of 70,000 one-hour sessions of therapy at the CACs).
- Provide 6,000 child medical evaluations for children at the CACs.
- Provide 125,000 individuals with awareness and outreach education

All services of CACs in North Carolina are aimed at reducing trauma and are free of charge to children and families. North Carolina is home to 39 accredited and 12 provisional CACs. Additionally, several NC counties are developing task forces or active multi-disciplinary teams to address victims and community needs. CACs ensure the needs of children, and their families, are met through a range of services:

- Family advocacy
- Mental health services and referrals
- Community awareness and education
- Medical evaluations
- Forensic interviews
- Multi-disciplinary team reviews

Performance standards are assessed on statewide outcomes per fiscal year. Benchmarks include that 90% of caregivers will report that the CAC facilitated healing for the child and caregiver. These results are based upon the “Initial Visit Caregiver Survey” administered within the first two weeks after the initial visit to the CAC. The Caregiver follow-up survey is administered within 45-90 days of the initial visit. Additionally, 90% of MDT members will report that the CAC process results in more collaborative and efficient case investigations as measured by Multi-disciplinary Team Survey conducted twice per year.

NC DSS also funds services for children and families who are child welfare involved through the Child Medical Evaluation Program (CMEP). In SFY23 NC DSS spent $881,599.26 in total. CMEP is a resource for North Carolina's child welfare agencies when assessing concerns for child maltreatment. A statewide network of qualified providers assist North Carolina child welfare by providing medical evaluations, treatment plans, Child/Family Evaluations (CFEs), and Clinical Assessments of Protective Parenting (CAPP). The total amount spent on CFEs in SFY23 was $33,225 and $4,140 on CAPPs. NC DSS and CMEP concluded the CFE service at of the end of SFY23. In alignment with FFPSA's prevention approach, and the need for assessing parental protective factors, the CAPP program is currently being provided. Since its inception in 1976, CMEP has served as a model for the development of similar programs in other states in efforts to identify, treat, and prevent maltreatment of children.

2. *The North Carolina Child Welfare Workload Study, which began June 12th and was designed to collect the necessary data for understanding the current workload demands on local child welfare staff, should continue in order to address the staffing and workload needed for adequately protecting children.*

At this time, the Workload Study is complete, and a formal report has been submitted. NC DSS leadership is in the process of evaluating the data and recommendations to determine the appropriate course of action to address the staffing and workload crisis North Carolina child welfare is facing.

a. Likewise, this study should examine the need for securing additional foster parents.

To address the need for additional foster parents statewide, NC DSS revised the NC DSS Foster and Adoptive Parent Diligent Recruitment (DRR) Plan along with the submission of the NC 2024 APSR. NC DSS worked with the Capacity Building Center for States (CBCS) to focus the statewide strategic vision. Revisions to the DRR were made in alignment with the State's Kin-First Culture, focusing on increasing the use of

relative placements and building capacity to support placement stability. The new DDR Plan targets the following areas:

• Regionalization of the DRR Plan

• Supporting efforts for a KinFirst culture

• Retention efforts for resource families

• Development of a CQI process

• Recruitment efforts for specific populations such as LGBTQ+ youth, children who are medically fragile and/or with developmental disabilities

The campaign also developed a new landing page. The link to the new page is https://www.ncdhhs.gov/fostering. The purpose of the landing page is to provide ongoing information regarding kinship care and becoming a foster or adoptive parent(s) to the public.

3. *North Carolina should provide information and available resources to local agencies in order to improve access to affordable housing throughout the state.*

The North Carolina Housing and Urban Development (NC HUD) program is managed on a local level. Federal HUD funding goes to government agencies, housing organizations, nonprofits and private developers that have programs to help people where they live. Local DSS agencies incorporate their local programs into the service array offered to families who are child-welfare involved.

Additionally, the federal program Foster Youth to Independence (FYI) (Notice PIH 2020-28) allows for Public Housing Authorities (PHAs) to request housing choice vouchers to serve youth under the age of 25 with a history of child welfare involvement for up to 36 months. Local DSS agencies may work with their local Housing Choice Voucher Programs and other non-profit

agencies to offer these vouchers along with supportive services for the participating youth, such as:

- Basic life skills training
- Housing counseling
- Landlord support services
- Employment and training
- Education and career advancement services

PHAs requesting FYI voucher assistance from HUD must enter into a partnership agreement with a public child welfare agency to ensure supportive services are provided in addition to the vouchers.

As a follow up from the Transition Aged Youth Listening Sessions from SFY23, affordable housing resources were marked as a priority. In response, a component of the Strategic Plan is to build connections with community partners to expand the variety of placement options and to have at least one active Family Unification Program (FUP)/FYI program in each region by December 2024.

4. *Local DSS should support training for CCPTs on strategies for sustainably incorporating family partners on their teams. Local DSS should facilitate training for CCPTs, child welfare workers, and other agencies (e.g., juvenile justice) on domestic violence and mental health.*

In support of local CCPTs, NC DSS is committed to assisting throughout various avenues. NC DSS will continue to provide technical assistance as well as disseminating materials and resources that support the integral work of CCPTs. Some examples of information shared this year were resources on mental health first aid trainings, prioritizing lived experience expertise in child welfare, updated legislation and policy on firearm safety, and information and resources

from the National CRP peer group. NC DSS will continue to provide up to date information and resources as they become available.

A recorded training was provided to local CCPTs in February 2023 on Family Engagement by the CCPT Advisory Board, the NC DSS and the NC State Center for Family and Community Engagement. The 90-minute webinar focused on how teams can include families in their work, why families are a vital part of how to keep children safe and how engaging families can help local CCPTs develop solutions that work for their respective community. The training offered wisdom directly from family partners on how to recruit, support, and retain families for their essential work.

Additionally, a North Carolina Fatality Prevention System Summit was hosted by the Jordan Institute for Families and UNC School of Social Work, in partnership with NC DHHS in March 2023. Leaders and members of local CCPTs were encouraged to attend at no cost to:

- learn from one another;
- increase knowledge about causes of child death and prevention strategies;
- build skill in conducting effective and equitable reviews of child deaths;
- and learn how to cope with secondary trauma and prevent burnout.

With the backing of the CCPT Advisory Board, NC DSS assisted with revamping the End of Year Survey to reduce redundancy and ensuring compliance and alignment with CAPTA/CRP reporting requirements. As mentioned earlier in this report, new legislation (NC SL 2023-134) was passed that will alter NC DHHS's structure for CRPs. The revised structure is to be implemented by January 2025 and NC DHHS will work diligently to keep review groups apprised of the changes and impacts.

Conclusion

NC DSS appreciates the collaboration and commitment of the CCPT Advisory Board and each of the local CCPTs in the development of the 2022 EOYR. The report demonstrates a thoughtful effort to promote strategies that will best contribute to the overall and long-term safety, well-being, and permanence of children and families in North Carolina. As part of this commitment, NC DSS will continue to support community efforts and system improvements to provide safe, stable, and nurturing environments for children and families.

The response to and implementation of the strategies outlined in these CCPT recommendations require cross-system collaboration and partnership, especially during this period of unprecedented child welfare reform. NC DSS will use these multi-disciplinary recommendations to inform updates to its 2020-2024 CFSP through the 2024 APSR and the development of the 2025-2029 CFSP. The CFSP delineates the vision and goals necessary to strengthen the child welfare system and offers a comprehensive approach to meet the needs of children and families by consolidating and aligning plans for multiple programs, from prevention and protection programs through permanency. Therefore, the gaps, strategies, and recommendations identified in the 2022 CCPT EOYR will serve as a critical tool for NC DSS' continuous quality improvement as well as ongoing state and local child welfare reform and maltreatment prevention planning.

Title IV-B, subpart 1 Assurances for States

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:

    a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;

    b. A case review system (as defined in section 475(5) and in accordance with the requirements of section 475A) for each child receiving foster care under the supervision of the State/Tribe;

    c. A service program designed to help children:

        i. Where safe and appropriate, return to families from which they have been removed; or

        ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement subject to the requirements of sections 475(5)(C) and 475A(a) of the Act which may include a residential educational program; and

    d. A preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families [Section 422(b)(8)(A)].

2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children [Section 422(b)(8)(B)].

3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children [Section 422(b)(10)].

4. That State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs [Section 422(b)(14)].

5. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].

6. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: DocuSigned by: D7816E4CBA6F4A8... _____

Title: Secretary

Agency: North Carolina Department of Health and Human Services

Dated: 06/20/24 | 12:41 PM EDT

Title IV-B, subpart 2 Assurances for States

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432(a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that after the end of each of the first four fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances [Section 432(a)(2)(C)(i)].

2. That State assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishment of the goals, and on the basis of the final review:

    a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and

    b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b) of the Act) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year [Section 432(a)(2)(C)(ii)].

3. The State assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, family reunification services, and adoption promotion and support services) of:

    a. The service programs to be made available under the plan in the immediately succeeding fiscal year;

    b. The populations which the programs will serve; and

    c. The geographic areas in the State in which the services will be available [Section 432(a)(5)(A)].

4. The State assures that it will perform the annual activities described in section 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.

5. The State assures that Federal funds provided to the State under this subpart will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of this subpart [Section 432(a)(7)(A)].

6. The State will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's compliance with the prohibition contained in 432(a)(7)(A) of the Act [Section 432(a)(7)(B)].

7. The State assures that in administering and conducting service programs under the plan, the safety of the children to be served shall be of paramount concern [Section 432(a)(9)].

8. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].

9. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].

10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program [Section 432(a)(4)].

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: DocuSigned by: D7816E4CBA6F4A8...

Title: Secretary

Agency: North Carolina Department of Health and Human Services

Dated: 06/20/24 | 12:41 PM EDT

State Certifications for the Chafee Foster Care Program for Successful Transition to Adulthood

As Chief Executive Officer of the State of North Carolina, I certify that the State has in effect and is operating a Statewide pursuant to section 477(b) and that the following provisions to effectively implement the Chafee Foster Care Program for Successful Transition to Adulthood are in place:

1. [Check one of the following boxes]:
   - (●) The State will provide assistance and services to youths who have aged out of foster care, and have not attained 21 years of age [Section 477(b)(3)(A)(i)];
   - OR
   - ( ) The State will provide assistance and services to youths who have aged out of foster care, and have not attained 23 years of age[Section 477(b)(3)(A)(ii)];.
     - AND:
     - (●) the State has elected under section 475(8)(B) of title IV-E of the Social Security Act to extend eligibility for foster care to all children who have not attained 21 years of age;
     - OR:
     - ( ) the State agency responsible for administering the State plans under titles IV-B and IV-E of the Social Security Act uses State funds or any other funds not provided under title IV-E to provide services and assistance for youths who have aged out of foster care that are comparable to the services and assistance the youths would receive if the State had elected to extend eligibility for foster care up to age 21 under section 475(8)(B) of title IV-E;
2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room or board for youths who have aged out of foster care and have not attained 21 years of age (or 23 years of age, in the case of a State with a certification under section 477(b)(3)(A)(ii) to provide assistance and services to youths who have aged out of foster care and have not attained age 23) [Section 477(b)(3)(B)];
3. None of the amounts paid to the State from its allotment will be expended or room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training including training on youth development to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult [Section 477(b)(3)(D)];
5. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
6. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State with other Federal and State programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];

7. Each Indian tribe in the State has been consulted about the programs to be carried out under the plan; that there have been efforts to coordinate the programs with such tribes; that benefits and services under the programs will be made available to Indian children in the State on the same basis as to other children in the State; and that the State will negotiate in good faith with any Indian tribe, tribal organization, or tribal consortium in the State that does not receive an allotment under subsection (j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriate portion of the State allotment for the cost of such administration, supervision, or oversight [Section 477(b)(3)(G)];
8. The State will ensure that youth participating in the program under this section participate directly in designing their own program activities that prepare them for independent living and that the youth accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)];
9. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)]; and
10. The State will ensure that a youth participating in the program under this section is provided with education about the importance of designating another individual to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, whether a health care power of attorney, health care proxy, or other similar document is recognized under State law, and how to execute such a document if the youth wants to do so [Section 477(b)(3)(K)].

Signature of Chief Executive Officer

June 28, 2024

Date

State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Program for Successful Transition to Adulthood

As Chief Executive Officer of the State of North Carolina, I certify that the State has in effect and is operating a Statewide program relating to the Chafee Foster Care Program:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
   - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
   - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).

Roy Cooper

Signature of Chief Executive Officer

June 28, 2024

Date

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2025: October 1, 2024 through September 30, 2025

1. Name of State or Indian Tribal Organization AND Department/Division:	**3. EIN:**	1561636462A3
North Carolina Department of Health and Human Services Division of Social Services	**4. UEI:**	DKT3LLBWFVL3
2. Address: (insert mailing address for grant award notices in the two rows below)		
820 S. Boylan Avenue, MSC 2401	**5. Submission Type:** (mark X next to option)	
Raleigh, NC 27699-2401	- New	x
a) **Contact Name and Phone** for Questions: Erin Dickmeyer (984)-365-7389	- Reallotment	
b) **Email address** for grant award notices (one only) teresa.rawls@dhhs.nc.gov		

REQUEST FOR FUNDING for FY 2025:

The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula.

Hardcode all numbers; no formulas or linked cells.

6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		$9,468,147
a) Total administrative costs (not to exceed 10% of the CWS request)		$946,814
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:	**% of Total**	$0
a) Family Preservation Services	25.0%	$2,448,754
b) Family Support Services	25.0%	$2,448,753
c) Family Reunification Services	20.0%	$1,959,002
d) Adoption Promotion and Support Services	20.0%	$1,959,002
e) Other Service Related Activities (e.g. planning)	0.0%	$0
f) Administrative Costs (*STATES: not to exceed 10% of the PSSF request; TRIBES: no maximum %*)	10.0%	$979,501
g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.	100.0%	*$9,795,012*
8. Requested Monthly Caseworker Visit (MCV) funds: *(For STATES ONLY)*		$619,152
a) Total administrative costs (not to exceed 10% of MCV request)		$61,915
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (*STATES ONLY*)		$3,172,330
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (Chafee) funds:		$3,464,197
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).		$990,000
11. Requested Education and Training Voucher (ETV) funds:		$1,193,652

REALLOTMENT REQUEST(S) for FY 2024:

Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.

12. Identification of Surplus for Reallotment:

a) Indicate the amount of the State's/Tribe's FY 2023 allotment that will not be utilized for the following programs:

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

13. Request for additional funds in the current fiscal year (should they become available for re-allotment)**:**

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

14. Certification by State Agency and/or Indian Tribal Organization:

The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official Erin Dickmeyer		***Signature of Federal Children's Bureau Official***
Title ***Child Welfare Financial Officer***		***Title***
Date June 26, 2024		***Date***

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization: North Carolina Department of Health and Human Services Division of Social Services **For FY 2025: OCTOBER 1, 2024 TO SEPTEMBER 30, 2025**

No entry required in the black shaded cells

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (describe)	(L) Geographic Area To Be Served
1.) PROTECTIVE SERVICES	$ 662,233			$2,022,174				$ 202,168,900	116,000	N/A	Eligible Child	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ 692,143	$ 2,448,754		$ 385,307				$ 30,577,100	3,500	1,500	Eligible Child / Family	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ -	$ 2,448,753		$ -				$ 913,500	1,300	550	Eligible Child / Family	Statewide
4.) FAMILY REUNIFICATION SERVICES	$ -	$ 1,959,002		$ -				$ 653,100	2,500	1,250	Eligible Child / Family	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ 2,885,694	$ 1,959,002						$ 10,985,600	2,400	1,200	Eligible Child / Family	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	$ 2,342,471	$ -						$ 1,000,000	N/A	N/A	N/A	N/A
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$ -						$ 19,623,200	$ 37,662,700	11,300	8,000	Eligible Child / Family	Statewide
(b) GROUP/INST CARE	$ -						$ 3,425,200	$ 36,730,700	2,200	1,550	Eligible Child / Family	Statewide
8.) ADOPTION SUBSIDY PYMTS.	$ 1,590,655						$ 76,655,100	$ 61,255,700	15,800	11,000	Eligible Child / Family	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	$ -						$ 1,185,900	$ 2,413,800	475	350	Eligible Child / Family	Statewide
10.) INDEPENDENT LIVING SERVICES	$ 124,758				$ 3,464,197			$ 494,500	4,200	N/A	Eligible Child	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	$ -					$ 1,193,652		$ -	320	N/A	Eligible Child	Statewide
12.) ADMINISTRATIVE COSTS	$ 946,814	$ 979,501	$ 61,915				$ 75,001,400	$ 168,854,300				
13.) FOSTER PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ 772,900	$ 256,900				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ 46,800	$ 15,500				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -						$ -	$ -	N/A	N/A	N/A	N/A
16.) STAFF & EXTERNAL PARTNERS TRAINING	$ 223,379	$ -		$ 764,849	$ -	$ -	$ 3,147,000	$ 8,644,700				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$ -	$ -	$ 557,237				$ -	$ 185,800				
18.) TOTAL	$ 9,468,147	$ 9,795,012	$ 619,152	$3,172,330	$ 3,464,197	$ 1,193,652	$ 179,857,500	$ 562,812,800				
19.) TOTALS FROM PART I	$9,468,147	$9,795,012	$619,152	########	$3,464,197	$1,193,652						
20.) Difference (Part I - Part II)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00						

21.) Population data required in columns I - L can be found: (mark X below the option)

	On this form	In the APSR Narrative	

(If there is an amount other than $0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses ($) means Part II exceeds the amount on Part I.)		x		

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher

Reporting on Expenditure Period For Federal Fiscal Year 2022 Grants: October 1, 2021 through September 30, 2023

No entry required in the black shaded cells

1. Name of State or Indian Tribal Organization:	**2. Address:**	**3. EIN: 1561636462A3**
North Carolina Department of Health and Human Services Division of Social Services	820 S. Boylan Avenue, MSC 2401	**4. UEI: DKT3LLBWFVL3**
5. Submission Type: (type New or Revision) New	Raleigh, NC 27699-2401	

Description of Funds	**(A) Actual Expenditures for FY 22 Grants** (whole numbers only)	**(B) Number Individuals served**	**(C) Number Families served**	**(D) Population served** (describe)	**(E) Geographic area served**
6. Total title IV-B, subpart 1 (CWS) funds:	$ 9,609,246	6,769	3,174	Eligible Child / Family	Statewide
a) Administrative Costs (not to exceed 10% of CWS allotment)	$ 960,924				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	$ 9,788,381	14,191	9,313	Eligible Child / Family	Statewide
a) Family Preservation Services	$ 1,298,297				
b) Family Support Services	$ 1,815,218				
c) Family Reunification Services	$ 2,457,608				
d) Adoption Promotion and Support Services	$ 3,238,420				
e) Other Service Related Activities (e.g. planning)	$ -				
f) Administrative Costs *(FOR STATES: not to exceed 10% of PSSF spending)*	$ 978,838				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	*$ 9,788,381*				
8. Total Monthly Caseworker Visit funds: *(STATES ONLY)*	$ 618,733				
a) Administrative Costs *(not to exceed 10% of MCV allotment)*	$ 61,873				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: *(optional)*	$ 3,323,352	4,191	0	Eligible Child	Statewide
a) Indicate the amount of allotment spent on room and board for eligible youth *(not to exceed 30% of Chafee allotment)*	$ 181,432				
10. Total Education and Training Voucher (ETV) funds: *(Optional)*	$ 829,943	321	0	Eligible Child	Statewide

11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan which was jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		***Signature of Federal Children's Bureau Official***	
Erin Dickmeyer			
Title	***Date***	***Title***	***Date***
Child Welfare Financial Officer	***6/26/2024***		

JOSHUA H STEIN
ATTORNEY GENERAL

STATE OF NORTH CAROLINA
DEPARTMENT OF JUSTICE
PO BOX 629
RALEIGH, NORTH CAROLINA 27602

REUBEN F. YOUNG
CIVIL BUREAU CHIEF
TEL: (919) 716-6400

June 10, 2024

VIA ELECTRONIC MAIL

Ms. Tammy Shook
Child Welfare Chief of Staff
Division of Social Services
NC Department of Health and Human Services
Email: Tammy.Shook@dhhs.nc.gov

Ms. Tammy Shook:

In 2023, the North Carolina General Assembly passed a new law, House Bill 259, instituting the State Child Fatality Prevention System. This law does not affect North Carolina's eligibility for CAPTA funding.

Sincerely,

Reuben F. Young
Civil Bureau Chief