

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

Division of Social Services  
Child Welfare Services

2024 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**  
**2024 Annual Progress and Services Report**  
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# Introduction

The North Carolina Department of Health and Human Services (NC DHHS), Division of Social Services (DSS) submits its 2024 Annual Progress and Services Report (APSR) as the fourth update to its 2020–2024 Child and Family Services Plan (CFSP). This 2024 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 (<https://www.NC DHHS.gov/divisions/social-services/program-statistics-and-reviews/child-welfare-statistics#2020---2024-child-and-family-services-plan>) and as instructed by ACYF–CB–PI–23–01.

North Carolina has continued to embrace, promote and align its efforts with the Children’s Bureau’s priorities for creating an equitable child welfare system, which resulted in notable accomplishments this year towards advancing racial equity and supporting underserved communities; preventing children from coming into foster care; supporting kinship caregivers, ensuring youth leave care with strengthened relationships, holistic supports and opportunities; and, investing in the child welfare workforce.

## *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 that the provision of child welfare services in NC is reflective of this. Intentional focus on DEI is reflected in the newly redesigned preservice 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 populations underrepresented.

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

	Staff	Management	General Population (All NC Residents <18yo)	Foster Care (April 2023)	In Home (SFY 2022)
Black or African American	43.4%	44.9%	21.3%	30%	32.4%
White	39.7%	49.8%	49.1%	57%	52.7%
Multi Race	1.7%	0.7%	6.8%	8%	7.2%
American Indian/ Alaskan Native	1.4%	1.8%	1.0%	3%	3.8%

Other	13.8%	2.8%	21.8%	2%	4.0%
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Source: Staffing Survey, Census Data, Services Information System (SIS), NC Child Welfare Information System (CWIS)

### *Preventing Children from coming into Foster Care*

In SFY 22–23 NC DSS has focused on supports to 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: Safe Sleep Guidance issued in October 2022, Changes to Child Welfare In–Home services policy to clarify statutory changes and guidance on cases, Removal of the case decision option for “Services Recommended” to support case decisions aligned with safety issues as opposed to well–being, Emphasis on firearm safety, Unsafe discipline vs. Physical Abuse guidance, Continued implementation of the Regional Medical Abuse Specialists (RAMS) program within the Child Medical Evaluation Program (CMEP), Continued implementation of FFPSA to support families with access to prevention programs, Ongoing revision and implementation to the Structured Decision–Making Tools, Contracts with 31 Family Support agencies to provide evidence–based/informed parenting programs across the state, Ongoing provision of Triple P and Intensive Family Preservation Services (IFPS).

NC DSS recognizes and supports the right for families to have access to legal services to advocate for their needs. NC DSS is allowing IDS, Indigent Defense Services, to access IV–E funding to enhance the rate of reimbursement for parent attorneys. IDS has also initiated a pilot project, Quality Legal Representation, in four counties that pairs a social worker with a parent attorney to support the parent through the court process in order to achieve timely permanency.

### *Supporting Kinship Caregivers*

NC DSS recognizes the importance of providing adequate support to kinship providers. Senate Bill 20 <https://www.ncleg.gov/Sessions/2023/Bills/Senate/PDF/S20v6.pdf> passed on 5/4/23 and effective 6 months from the passing of this bill, unlicensed kinship caregivers (related by blood, marriage, or adoption) will receive half board payments. NC DSS provided funding for statewide implementation of Caring for Our Own, a curriculum designed and tailored towards kinship caregivers. 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.

### *Ensuring Youth leave care with Strengthened Relationships, Holistic Supports, and Opportunities*

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 the listening sessions was to ensure that NC is providing youth with opportunities for successful transition into adulthood. Lessons learned from the sessions will be compiled into a report that 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 are: Permanency Roundtables, Youth Villages LifeSet (an individualized, evidence-informed community-based program that is highly intensive and continues to provide case management services to young people ages 17 to 21 to assist with life goals consisting of building healthy relationships, obtaining safe housing, and pursuing educational and employment goals and LifeSet is available in 90 of North Carolina's 100 counties), Strong Able Youth Speaking Out (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.

### *Investing in the Child Welfare Workforce*

NC DSS redesigned the legislatively required child welfare Pre-Service Training. The final curriculum was completed in December 2022, with the first 2 cohorts in the selected Innovation Zone of Region 6 ending in June. A comprehensive evaluation component is a part of the redesigned training to assure that the curriculum is adequately preparing the NC child welfare workforce (see [Section 3, Goal 3-Objective 3](#)).

NC DSS continued to deploy e-learning modules for all levels of child welfare staff to support Safety Organized Practice Model through the foundational component of practice standards (see Goal 1, Objective 1-Strategy 1).

NC DSS funded a statewide child welfare recruitment media campaign- *Child Welfare Careers: Invest in You and Your Community* that launched October 2022. The goal of the campaign was to increase awareness of child welfare work as a rewarding career and to strengthen the workforce. To support local recruitment efforts, all 100 county agencies received a strategic toolkit of items to support each county's local recruitment efforts for child welfare staff. The toolkits are user-friendly, evergreen and included various materials with standardized messaging and some that are customizable, such as social media ads, brochures, posters, flyers, banner, ask me buttons, stickers, etc. Recruitment videos were created and are fully visible to target audience members of Facebook/Instagram, LinkedIn, and Snapchat. Key metrics of the media campaign include impressions or number of times an ad is served on a page that a user is viewing and the number of times a user clicked on an ad. There was a total of 32,017,322 impressions from October through December 2022.

The following landing webpage was created for posting statewide job openings and to view all child welfare vacancies: <https://www.ncdhhs.gov/childwelfareworks>.

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

*Agency Administration and Organization Information*

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*State Agency Administering the Programs*

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

## 2024 APSR Requirements and Updates to the 2023 APSR and 2020–2024 CFSP

# 1 Collaboration

NC DSS has continued to engage and partner with county DSS agencies, the courts, individuals with lived experience, community-based services, public and private providers and practitioners, and additional child welfare stakeholders through its five (5) 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 has participated in two (2) meetings with the Eastern Band of Cherokee Indians (EBCI) and Qualla Boundary County DSS agencies including participating in the joint planning meeting for EBCI in April of this year. 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 130 individuals representing over 20 agency partners.

North Carolina’s FFPSA work has fully transitioned from the Family First Prevention Services Act Leadership Advisory Team (LAT) to the design teams and to the Child Welfare Family Well Being Transformation group. Many of the stakeholders who originally served as members of the LAT are also members of the design teams and/or are represented in the NC DHHS multidisciplinary teams, informing, and forwarding the departmental cross-sector work for child and family well-being.

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 voices of parents, families, and youth through regular attendance and participation in meetings and events. This includes monthly meetings of the Children Services Committee of the County DSS Directors’ Association, quarterly regionally based CQI meetings with county DSS agencies, monthly meetings of the Child Welfare Family Advisory Council (CWFACT), 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 the youth and young adults provide feedback through focus group settings. SAYSO is a group of youth who have been or are currently in out of home care that works 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 the listening sessions was to ensure that NC is providing youth with opportunities for successful transition into adulthood. Lessons learned from the sessions will be compiled into a report that 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 NCDSS are: Permanency Roundtables, Youth Villages LifeSet (an individualized, evidence–informed community–based program that is highly intensive and continues to provide case management services to young people ages 17 to 21 to assist with life goals consisting of building healthy relationships, obtaining safe housing, and pursuing educational and employment goals and LifeSet is available in 90 of North Carolina’s 100 counties). Strong Able Youth Speaking Out (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.

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

NC DSS has a strong partnership and financially supports via a contract, the Child Welfare Family Advisory Council (CWFAC). The CWFAC is made up of individuals with lived experience in the NC child welfare system, including biological, relative/kin, foster and adoptive parents. A member of CWFAC was a co–presenter at the Child Welfare League of America Conference in Washington DC in May 2023 “Stronger Together: Uniting to Advance Change” The presentation, *North Carolina Family Leadership Model: Building Meaningful, Authentic Collaboration with Families*, outlined how NC DSS developed the current model for family engagement, honoraria for family partners and lessons learned. Our family partner was reimbursed for her travel expenses, so she was able to attend. NC DSS partners with Strong Able Youth Speaking Out (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 federally recognized tribe Eastern Band of the Cherokee Indian (EBCI) as well as participated in the larger Indian Child Welfare Annual Gathering, which included both EBCI and representatives from our 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 Collaboration with State Courts, Legal and Judicial Communities, and CIP

This year, NC DHHS/DSS purposefully engaged North Carolina's CIP in monthly leadership meetings for joint planning and alignment of efforts towards enhanced experiences and outcomes for children, youth, and families with child welfare court involvement. NC DSS 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 (CBCC) assigned to North Carolina, joined several of our joint CIP/AOC/NC DSS monthly meetings to assist in furthering our joint endeavor to work collaboratively to positively impact our unified goals of improvement to the service delivery for children and families involved in both the child welfare and court system.

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 towards our shared permanency goals, and to explore ideas for use of emergency and regular CIP funds to enhance permanency outcomes. This year, NC DHHS/DSS has continued to work with AOC and CIP, as part of the Interdisciplinary Collaborative and Indigent Defense Services' (IDS) Interdisciplinary Representation Program (IRP) to discuss and advocate for access to data and information regarding child welfare court cases and permanency. Also, feedback is provided on program manuals and training, and updates given regarding NC DSS' child welfare transformation work, in advance of the state's CFSP. NC DSS continues to work with IDS directly and via participation in monthly advisory group meetings for IDS' Interdisciplinary Representation Program (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 NC GAL have met monthly to build relationships, discuss partnership opportunities, and to develop communication and problem-solving protocols. During these monthly stakeholder meetings, data concerns and needs have been identified. NC DSS and NC GAL will be working to coordinate efforts to identify shared data indicators, and to develop methods for collecting and sharing data by and between the agencies. Also, during the monthly meetings, NC DSS leadership has shared information on federal reporting requirements related to CAPTA, the APSR, and preparation for the next Child and Family Services Review (CFSR). NC DSS continues to work with the NC GAL to obtain data and information necessary to ensure CAPTA assurances are complete.

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

North Carolina's five (5) design teams were designed to engage families, children, youth, tribes, courts and additional partners and child welfare stakeholders in assessing agency strengths and areas needing improvement, including those identified in the Statewide Data Indicators and in supplemental context data. Each year, the ULT and design teams assesses current membership to ensure appropriate representation from all regions across the state, underserved populations, families and youth, Tribes, Courts, stakeholders, and DSS county and state staff. When gaps for membership are identified, recruitment of new members occurs. All 5 of the design teams utilized meetings to share, receive and review available and relevant data and information with families, children, youth, tribal representatives, court representatives and additional partners who were members of the teams, towards identifying and assessing areas of agency strengths and areas needing improvement. Supplemental information, input and feedback was also solicited from multidisciplinary design team members and used during the design team meetings and considered by NC DSS child welfare leadership. Additionally, NC DSS staff solicited input and feedback ongoing from families, children, youth, tribes, courts and additional partners regarding what is working well in North Carolina's child welfare system and what are areas needing improvement during meetings of the Child Welfare Family Advisory Council (CWFAC), Strong Abuse Youth Speaking Out (SaySo), NC Administrative Office of the Courts' Court Improvement (CIP) Interagency Collaborative, Unified Leadership Team (ULT), NC Association of County Directors of Social Services' Children Services Committee, and meetings with providers.<sup>1</sup> As design teams have considered strategies to improve outcomes for children and families, they have used data to inform decision making. As North Carolina prepares for Round 4 of the CFSR, design teams will be presented with data regarding the Statewide Data Indicators to identify strengths and areas of need. Also, while North Carolina solicits and utilizes supplemental data and information, input and feedback from family, youth, tribal, court and provider partners and stakeholders regularly, there is lack of a uniform collection process and a repository from which such supplemental data and information can be obtained. Data and information gathered from surveys and focus groups from NC DSS' March 2023 Joint Planning event were assimilated into usable formats to inform the overall functioning of the NC child welfare system. In FY 2023, North Carolina worked to improve accessibility to data via a data quality plan by identifying primary errors from review of NC DSS data error reports. The Data Workgroup created a plan identifying areas of need for targeted assistance to the counties with the most critical needs. The Regional Child Welfare Consultants began working with those counties to address and

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<sup>1</sup> No data is collected on the racial breakdown or representativeness of group members, however they are stakeholders of the system.

correct Common Name Data Service (CNDS) numbers. This will have the added benefit of matching with Medicaid so that there is only one identifying number for children across systems. NC DSS sent communications to counties notifying of needed corrections and asking that they develop a QA process to minimize data entry errors. The Data Workgroup is now incorporated into the CQI Design Team. The CQI design team reviews all CFSP Measurement Data and sets the goals for the quarterly regional meetings. The CQI Design Team will also set the goals for the coming year as to which measurements North Carolina will target for improvement through the regional meetings as well as ongoing work with local county staff. These efforts will support design teams' regular review of the data for monitoring of CFSP progress, and for identifying and planning towards agency strengths and areas needing improvement, for purposes of forwarding the work of the CFSP and for revisions of its goals, objectives, and interventions, as needed.

No modifications were needed nor made to North Carolina's CFSP goals, objectives, and intervention during this reporting period. Families, children, youth, tribes, courts and additional child welfare partners and stakeholders are involved in reviewing and, if necessary, assisting with modifying the CFSP goals, objectives, and interventions as members of the five design teams. 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 training curriculum for new child welfare workforce, Structured Decision Making (SDM) tools, North Carolina's practice standards, the FFPSA prevention plan and implementation strategies, kinship program activities, permanency strategies and foster and adoptive parent recruitment and retention efforts, workforce development initiatives, and Continuous Quality Improvement (CQI) efforts. As multidisciplinary Design Team members, they worked with NC DSS towards accomplishing CFSP goals, objectives and strategies, agency strengths and needs were identified and assessed. Family Partners also served on NC DSS Prevention Workgroup which was charged with meeting our CFSP goal of creating a Prevention Framework, a document that was also presented to the full Child Welfare Family Advisory Council. The CWFAC gave critical feedback that led to substantive changes to the final product.

## **1.4 Proactive Communication and Feedback Loops**

The ULT and five (5) design teams provide proactive communication channels and feedback loops on the CFSP. The ULT has responsibilities for providing leadership, direction, and feedback to the implementation of the 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 to implementation of CFSP goals discuss progress of implementation activities, review any evaluation data for suggestions for improvement, and discuss impacts of all implementation activities affecting counties and stakeholders. For example, the Workforce Design Team provided input and suggestions for implementation activities and reviewed evaluation data from trainings of the Practice Standards for [Goal 1, Objective 1](#). Shifts were made in implementation activities (changing onsite, in person supervisor trainings to e–learnings) based on the feedback of the Workforce Design Team.

NC DSS worked with NC State University (CWFAC program support) to ensure that at a minimum, at each quarterly meeting, NC DSS leadership will provide progress reports and updates to CWFAC members. A recent example of this type of feedback occurred when CWFAC was updated on efforts to include lived experience voices from NC in the redesigned pre–service training ([CFSP Goal 3, Objective 3](#)) by recruiting CWFAC members to participate in a round table discussion of their experience with child welfare that will be recorded and used ongoing in the pre–service training. This was in response to feedback from CWFAC requesting that they have opportunity to be represented in the training for new child welfare staff.

NC DSS partnered with UNC, Strong Able Youth Speaking Out (SaySo) and additional community partners and stakeholders from fall 2022 until Spring 2023 to host seven regional in–person Youth Listening Sessions. The feedback shared will be assessed to assist with strategies to expand, improve or create services, resources and support for young people that experience foster care.

NC DSS has sent bi–monthly email communiques, called “Blueprints”, to county DSS Directors and agency staff. Blueprints have included information and updates from NC DSS about policy and legislative changes, training and technical assistance opportunities, updates to implementation of all CFSP goals, and resources from the Children’s Bureau with a specific focus on preparation for Round 4 of the CFSR. Blueprints are complementary resources to the monthly Children Services Committee meetings. NC DSS also met with EBCI and our State tribal partners to re–establish relationships after program and agency

staffing changes, and to plan for coordination and collaboration efforts. During those meetings, EBCI requested that information and updates be shared with them in addition to information within the design teams. NC DSS will continue to ensure that youth (including via SAYSO), the Foster Family Alliance of North Carolina, the Commission on Indian Affairs' Child Welfare Committee, and other key stakeholders will be provided routine, regular reports, and status updates on North Carolina's progress towards accomplishing its CFSP goals, objectives, and strategies and will be fully engaged in preparation for and participation in Round 4 of the CFSR.

### Joint Planning

NC DSS hosted an in person joint planning event on March 1, 2023, the first in person event since the start of the COVID-19 pandemic. A highlight of the collaborative efforts between NC DSS and stakeholders involved presentations on the updates from the 5 design teams by stakeholders, many with lived experience. With over 130 in attendance and over 20 partner agencies represented (see below), the event was a successful opportunity to engage in obtaining feedback and input via breakout sessions focusing on the work of the 5 design teams and specific systemic factors. The breakout sessions allowed the design teams, and additional stakeholders, to meet separately in order to further develop and tailor their Design Team charters to support the best ways to achieve substantial, meaningful, and ongoing engagement with/of stakeholders, and to engage in consultations and collaborations with key partners. Feedback and input were gathered from the breakout sessions via notes from comments along with stakeholder feedback via surveys. The surveys were also sent out to stakeholder groups after the Joint Planning event to gather additional feedback.

**Table 2. 2023 Joint Planning Attendance**

<b>Agency Affiliation</b>	<b>Numbers of Participants</b>
NC DSS	34
County DSS	29
Service Provider	15
Courts/Legal	10
Universities	8
NC DHHS	8
Consultant	5

Agency Affiliation	Numbers of Participants
Family Partner	4
Children’s Bureau	4
Tribe	2
Youth Representative	1
Not Identified	4
Other*	10

\*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 April 2023, NC DSS attended EBCI’s joint planning meeting onsite at the Qualla Boundary. EBCI shared updates and information regarding progress made towards their strategic plan. The Interim Deputy Director of Child Welfare Operations, the Section Chief for County Operations and the Family First Prevention Services Manager attended the meeting in person, along with representatives from 3 of the 5 Qualla Boundary local county DSS agencies. Joining the event was the Region 4 Program Specialist for the Children’s Bureau. Information was exchanged and discussions occurred regarding successes and ongoing needs for work by and between EBCI, NC DSS, and the five Qualla boundary county DSS agencies. NC DSS will use information from the meeting for ongoing communications, collaboration and coordination of activities and resources to enhance outcomes and experiences of children, youth, and families.

## 2 Update to Assessment of Current Performance Improving Outcomes

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

NC DHHS recognizes the importance of collecting, sharing, and effectively using quality data to guide the development of strategies and to improve outcomes in safety, permanency, and well-being for North Carolina’s children, youth, and families. North Carolina used administrative data, OSRI and targeted case review data, and supplemental information, including input and feedback from stakeholders and partners, including families, youth, courts, county child welfare partners, and providers towards identifying strengths and concerns related to performance on each outcome and systemic factor. The

review noted that addressing disproportionality and disparities will require a planned statewide and local approach as there are variances across the state.

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

As NC DSS is implementing a statewide child welfare information system, data collection for all demographics (including race) will make it easier for NC analyze data and to identify underserved populations more accurately. In FY 2024, NC will improve accessibility to data via a data quality plan and will support regular review of the data for identifying strengths and concerns related to performance on each outcome and systemic factor. NC will include the specific collection and review of evidence of disproportionality and disparities in services and outcomes with granularity at the local level. NC will also obtain supplemental and qualitative data towards identifying strengths and concerns on systemic factors by utilizing and sharing results from surveys and focus groups and will share such information across programs.

#### Case and Record Review Data

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

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

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

NC resumed statewide sampling in FFY 2022–2023.

The updates below on NC's safety, permanency, and well-being outcomes briefly describe each OSRI outcome and item, display NC's statewide results in 6-month increments since October 2018 and discuss NC's performance towards the 95% standard. The updates include a review of the factors NC previously determined contributed to performance

challenges, including root causes of difficulties meeting the 95% standard, as well as the progress NC has made implementing strategies to improve performance.

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

This section update includes NC's observed performance on the CFSR data indicators as calculated by UNC from the administrative data submitted by counties to NC DSS. UNC and the state's business intelligence unit have worked diligently to assure that the observed performance accurately reflects the data submitted by counties. NC looks forward to resubmitting its AFCARS data so it will again be able to benefit from the risk adjusted data and context measures calculated by ACF. NC also looks forward to the enhancements to its administrative data that will be achieved once NC has a statewide operating system.

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

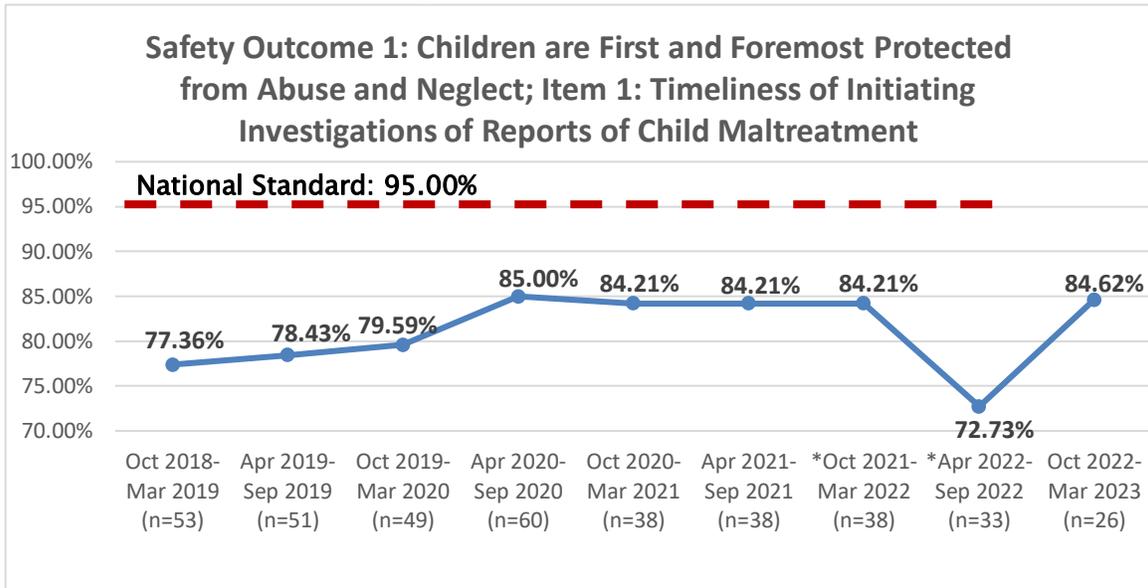
### **2.1.1 Safety Outcomes**

#### **Safety Outcome 1**

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

NC was not in substantial conformity with Safety Outcome 1 during the 2015 CFPSR and received an overall rating of Area Needing Improvement for Item 1 during the 2015 CFPSR. 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 graph below.

**Figure 1. Safety Outcome 1**



Source: NC Case Reviews using the OSRI instrument

NC’s performance was steady through the pandemic (April 2020–Mar 2022), then experienced a significant drop of over 10 percentage points in April 2022–September 2022, before returning to previous performance levels around 85%. Reviews were completed regionally, not statewide, during this dip in performance, which contribute to the shift in data from 2021–2022 as it was not representative of statewide performance. Timeliness of initiation and safety performance continues to be a focus of state work with counties. Below is an analysis of how the cases in the last month sample compare to the overall population by race.

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

	OSRI October 2022–March 2023 (Foster Care Only)	Total Assessments SFY 2022
Black or African American	2; 18.2%	34,736; 37.9%
White	5; 45.5%	42,818; 46.7%
Hispanic	1; 9.1%	
Multi Race	3; 27.3%	5,774; 6.3%
Other		8,424; 9.2%

Source: OSRI and State Data The racial breakdown of the case review sample for Item 1 compared to all children who experienced a CPS assessment shows black or African American and multi-race children were underrepresented, though this is based on a very small sample, as racial information is only collected for foster care cases in the OSRI.

### ***Strengths and Needs***

A strength supporting performance on Safety Outcome 1 is the continued employment of the CQI process by Regional Child Welfare consultants who review records, share data, and engage with local agencies in developing county specific strategies to improve outcomes. However, practice issues regarding jurisdiction, policy interpretation, lack of training and an inability to determine appropriate initiation timeframes based on record reviews and interviews continue to impact timeliness of initiation.

The role of the pandemic continues to factor into performance for Safety Outcome 1 and Item 1 over the last four years, specifically, the workforce crisis leading to counties not having enough staff to complete timely initiations. Its cumulative effects account for the significant drop from 2021 to 2022. Timely initiations were not just impacted at line level staff, but every level up to and including directors.

NC will continue to implement strategies identified in the CFSP, Safety Priority 1, Targets 1, 2, and 3 to improve Safety Outcome 1. Additionally, NC is restructuring the roll out of Safety Organized Practice (SOP) to be combined with the roll out of each Structured Decision-Making (SDM) tool as they are re-validated. This approach would embed the SOP practices appropriate for each tool and will be trained concurrently with the tool. This change will help NC move beyond simply a compliance culture in its use of the tools. Training for SOP will include e-learning that the workforce can consult whenever needed and in-person training is being planned statewide. Valuable feedback from local agencies and their participation on Safety Design Teams is guiding how best to support the workforce and develop tools and policy that will improve practice and outcomes.

NC DSS plans for training and roll out of the revised Screening and Response Intake tool to begin in the next state fiscal year and is hopeful it will have a positive impact on Safety Outcome 1. Increased quality of data from local agencies is also expected with the implementation of the CWIS system statewide, including the incorporation of the Screening and Response Intake tool, which will require the exact time the report is received.

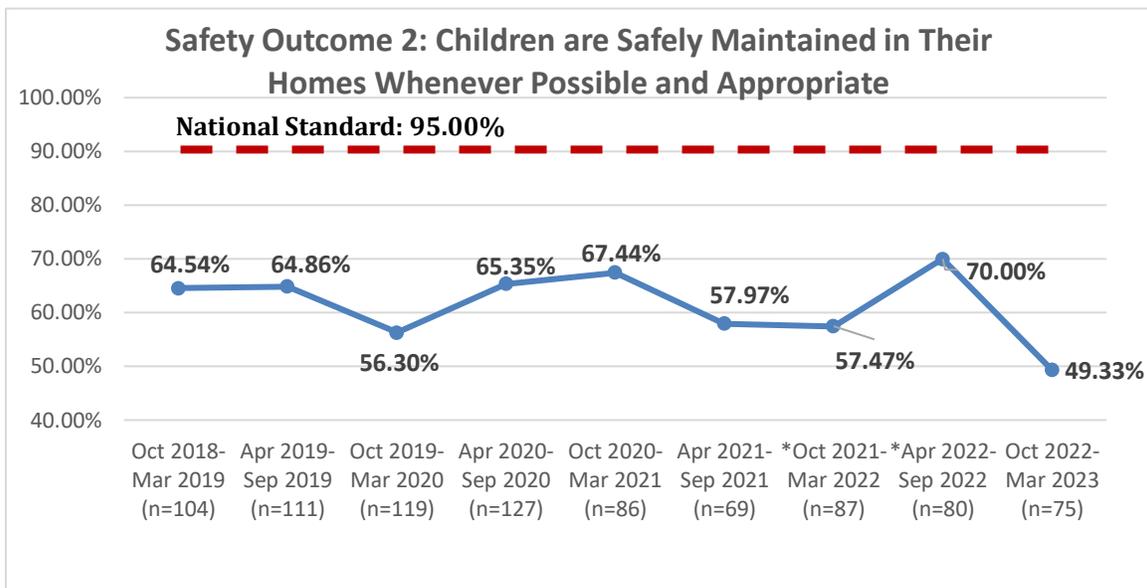
Current data also indicates that jurisdictional issues, especially conflict of interest cases, have negatively impacted timeliness of initiations. While NC DSS does have a process in place detailed in policy for these cases for this to occur currently, NC DSS believes that the implementation of the Screening and Response Intake tool will streamline and improve the

process for assigning and initiating jurisdictional cases. In addition, SB 6252, currently being legislated, includes changes to all areas of child welfare, but specifically related to jurisdictional issues and conflicts of interest, this bill would allow DHHS to make decisions on which county DSS is responsible for investigating a conflict-of-interest case.

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, and recent performance fluctuates but continues to be below the national standard of 90%, as shown in the graph below.

**Figure 2. Safety Outcome 2**



Source: NC Case Reviews using the OSRI instrument

Performance in Safety Outcome 2 has fluctuated since the last reporting year, including a drop of over 20 percentage points in the last reporting period, and continues to lack significant improvement in meeting the 95% federal standards. The previous reporting period that showed a 70% compliance included reviews from regions 2, 3, 5, and 6, who 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.

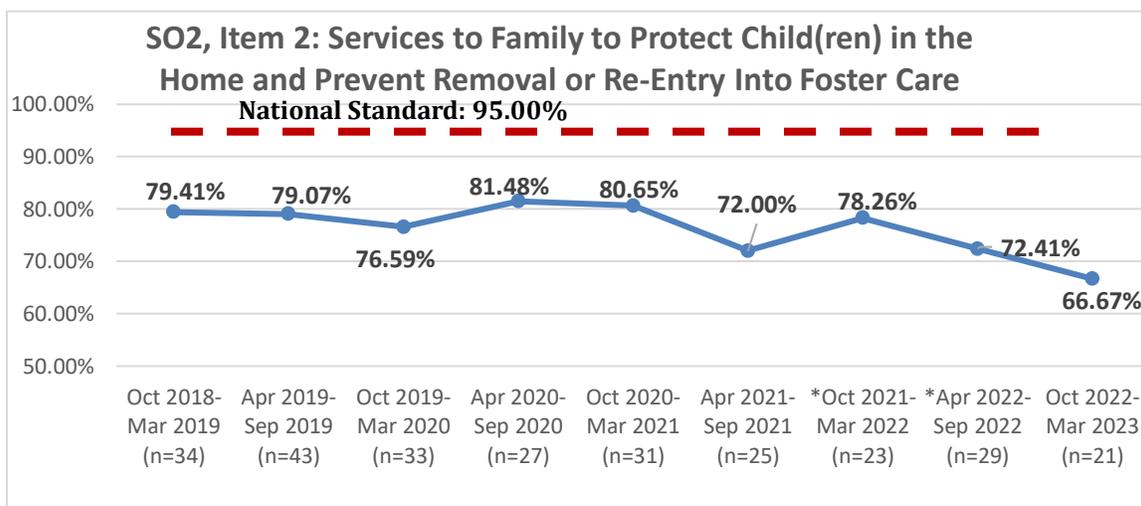
**Strengths and Needs**

2 <https://www.ncleg.gov/BillLookUp/2023/SB%20625>

Additional training was provided such as Back2Basics (a deep review on SDM tools and the appropriate use of them), as well as practice standards for frontline staff, supervisors, and leaders on how to engage, assess, communicate, plan, and implement as a part of their work with families. 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. Revisions in policy have been made to strengthen safety assessments by modifying terminology for better understanding of maltreatment such as the use of the term unsafe discipline vs. improper discipline and developing a tip sheet to provide guidance in determining when unsafe discipline has occurred vs. physical abuse. Additional clarifications have been made to policy regarding case decisions when a child has died from maltreatment and safety planning for children when there is an unknown perpetrator. NC DSS has completed the process of re-validating the SDM Safety Assessment and will begin roll out of this tool in SFY 24. The SDM Risk Assessment is pending review and should be approved in early SFY 24. NC DSS believes the revalidation of both these tools and the adjacent training will improve the child welfare workforce’s ability to assess and plan for the safety of children.

Data indicates that additional support is needed in services to infants affected by prenatal substance use. The SAI RAMS position was hired and began providing technical assistance alongside Regional Child Welfare Consultants (RCWCs) in addition to the revised SAI policy and statewide POSC form that connected seeking relatives and building safety circles with families. Case reviews in counties who received this targeted technical assistance will be assessed for improvement in case planning and outcomes for families and children to measure the impact of the position.

Figure 3. Safety Outcome 2, Item 2



Source: NC Case Reviews using the OSRI instrument

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 child(ren) eventually entered or re-entered foster care. Performance in Safety Outcome 2, Items 2 received an overall rating of Area Needing Improvement and has shown a decrease in this reporting period and lacking significant improvement in meeting the 95% federal standards, having the lowest performance in the last four and a half years.

**Table 4. Racial Comparison of OSRI and State Profile for Item 2**

	<b>OSRI October 2022–March 2023 (Foster Care Only)</b>	<b>Total Children Entering Custody SFY 2022</b>
Black or African American	3; 33.3%	1,239; 25.3%
White	5; 55.6%	3,035; 61.9%
Hispanic		
Multi Race	1; 11.1%	393; 8.0%
Other		240; 4.9%

Source: OSRI and State Data

While sample numbers were quite small for foster care cases, the majority of kids 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 strengths compared to 2 of 3 cases (66.7%) for black or African American children.

### ***Strengths and Needs***

NC DSS has executed a contract with the Institute for Family Development (IFD) to implement HOMEBUILDERS®, the first of the planned Evidence Based Practice included in North Carolina’s Family First Prevention Services Plan. Sole source contracts are in process and should be executed by August 2023 with agencies who will provide direct services to children at imminent risk of entry into foster care and their families. Expected phased roll out of HOMEBUILDERS® should begin in the fall of 2023.

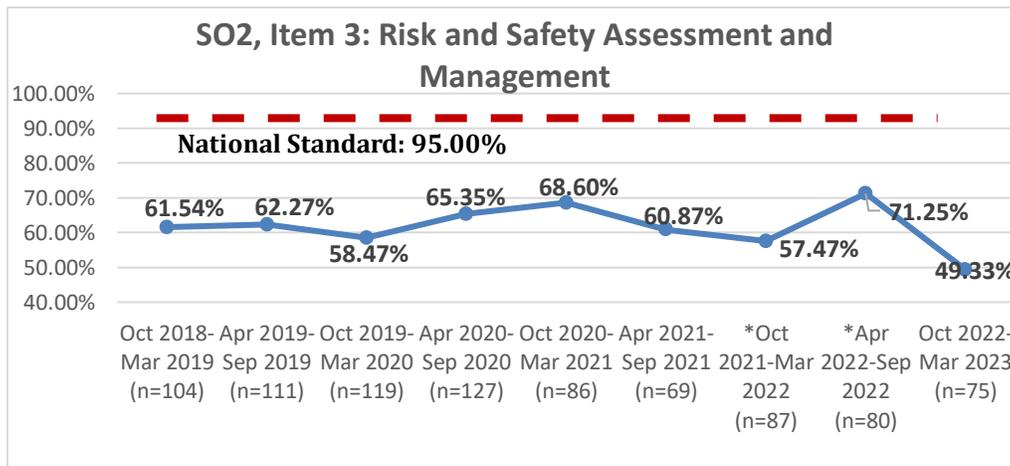
NC DSS is using an Innovation Zone approach to begin implementation of HOMEBUILDERS® in region 2 to provide feedback before implementing the changes statewide. New policy has been developed to guide social workers in identifying needed behavioral changes and family engagement as well as revised family case plans and tools to assist in determining candidacy for foster care. Training for Supervisors and Social workers took place in May

2023 and feedback was collected on the training as well as the policy and tools. Revisions to the policy and tools have been made, with expected testing to begin in June of 2023.

Work has begun on revalidating the Family Strengths and Needs (FSNA) tool that will assist social workers in accurately identifying family needs, behaviors that need to change and developing case plans to address them in the tools mentioned above. The FSNA will be trained concurrently with the SOP practices that enhance family engagement in case planning and services delivery.

The role of the pandemic and workforce crisis continues to factor into performance for this outcome. Local child welfare agencies report that 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 services to become more selective and increased wait times. Even with appropriate assessment and engagement of families, child welfare agencies struggle to connect families with effective services.

Figure 4. Safety Outcome 2, Item 3



Source: NC Case Reviews using the OSRI instrument

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 continue to decline, dropping over 20 percentage points in the last two reporting periods.

Table 5. Racial Comparison of OSRI and State Profile for Item 3

	OSRI October 2022–March 2023 (Foster Care Only)	Percent Children In Custody April 2023 by Race

Black or African American	12; 25.5%	30%
White	25; 53.2%	57%
Hispanic	6; 12.8%	
Multi Race	4; 8.5%	8%
Other		5%

Source: OSRI and State Data

Black or African American children and White children in the sample were both slightly underrepresented compared to the population of children in custody April 2023, though this can likely be attributed to the fact that Hispanic children (who represent 9% of the foster care population) are not separated out in the foster care population analysis, just the OSRI analysis. Comparing those rated a strength, 50% of cases that were black or African American were rated a strength compared to 68% of white cases.

### ***Strengths and Needs***

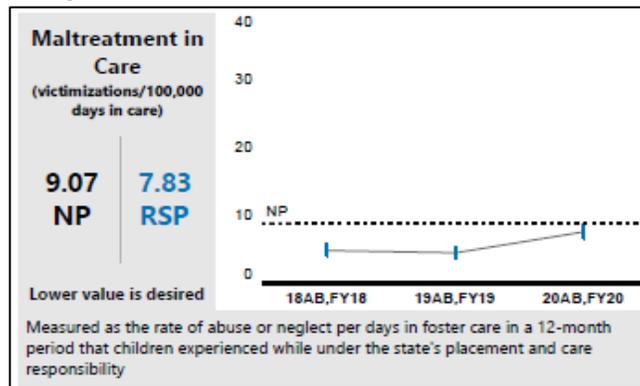
Strengths supporting Risk and Safety Assessment and Management include trainings, technical assistance and CQI feedback loops with local agencies. Back2Basics training was mandatory for all child welfare social workers and supervisors. The training provided a realignment with policy for use of the SDM Safety and Risk Assessments with fidelity. Practice standards stimulated engagement in case planning at various levels through e-learning that are available for viewing through ncswLearn, North Carolina's virtual learning platform. The Regional Abuse Medical Specialists 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. 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 in policy 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 child welfare social workers to use in assessing Firearm safety.

Data also indicates that additional support is needed for services to infants affected by prenatal substance use. The SAI RAMS position was hired and began providing technical assistance to local child welfare social workers and supervisors on how to accurately assess the risk to this population, alongside RCWCs. In addition, the SAI policy was revised to include mandatory use of the POSC form which also assists social workers in engaging families about the safety of infants including safe sleep. Revised policy on seeking relatives and building safety circles with families also serves to enhance safety and family engagement.

Improvement in North Carolina’s assessment and management of safety and risk is projected to continue to improve with the implementation of the Child Welfare Practice model. The two foundational pieces of this model are practice standards and SOP which includes the revalidated SDM tools and associated training. The Screening and Response Intake tool has been completed and is scheduled for statewide roll out to begin in July of 2023. The Safety Assessment is under review by senior leadership and the Risk Assessment is nearly complete. Development of these elements have been 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 the CWIS system statewide.

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 2023 CFSR Data Profile, which has been risk adjusted.

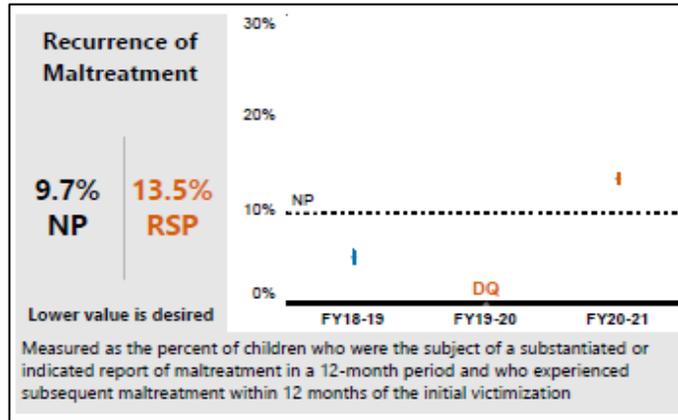
**Figure 5. Data Profile: Maltreatment in Care**



Source: Children’s Bureau CFSR Data Profile February 2023

North Carolina has remained below the threshold for the period 2018–2020, a strength, though there was an observed increase from 2019 to 2020. 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 2023 data profile.

Figure 6. Data Profile: Recurrence of Maltreatment



Source: Children’s Bureau CFSR Data Profile February 2023

Performance in FY 2018–2019 was below the threshold while performance in FY 2020–2021 was above the threshold. One thing to keep in mind for this indicator of recurrence of maltreatment was a change that was made in how North Carolina codes positive findings. Previously, North Carolina was not coding findings from the family assessment track which represents the majority of CPS assessments, just the investigative track. Once they corrected this in FY2020–2021, positive findings more than doubled.

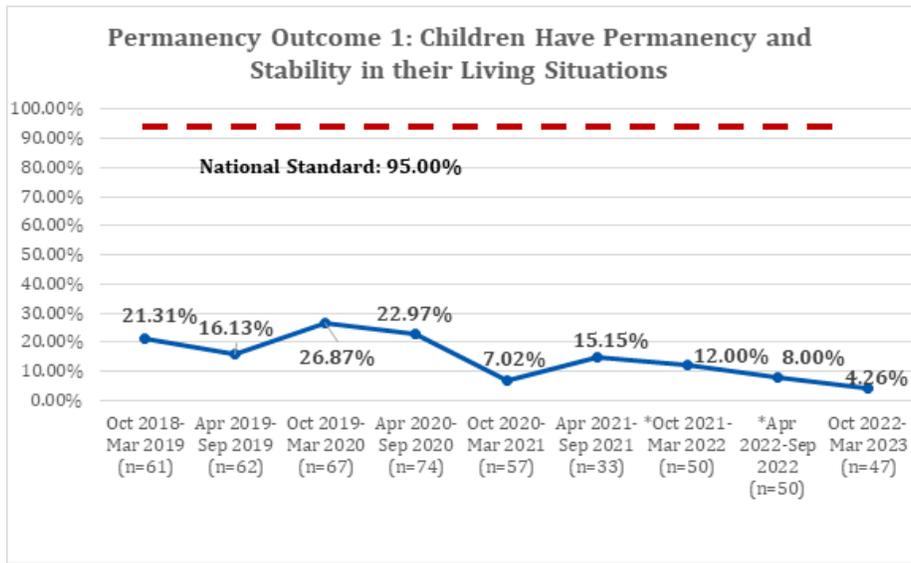
## 2.1.2 Permanency Outcomes

### Permanency Outcome 1

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

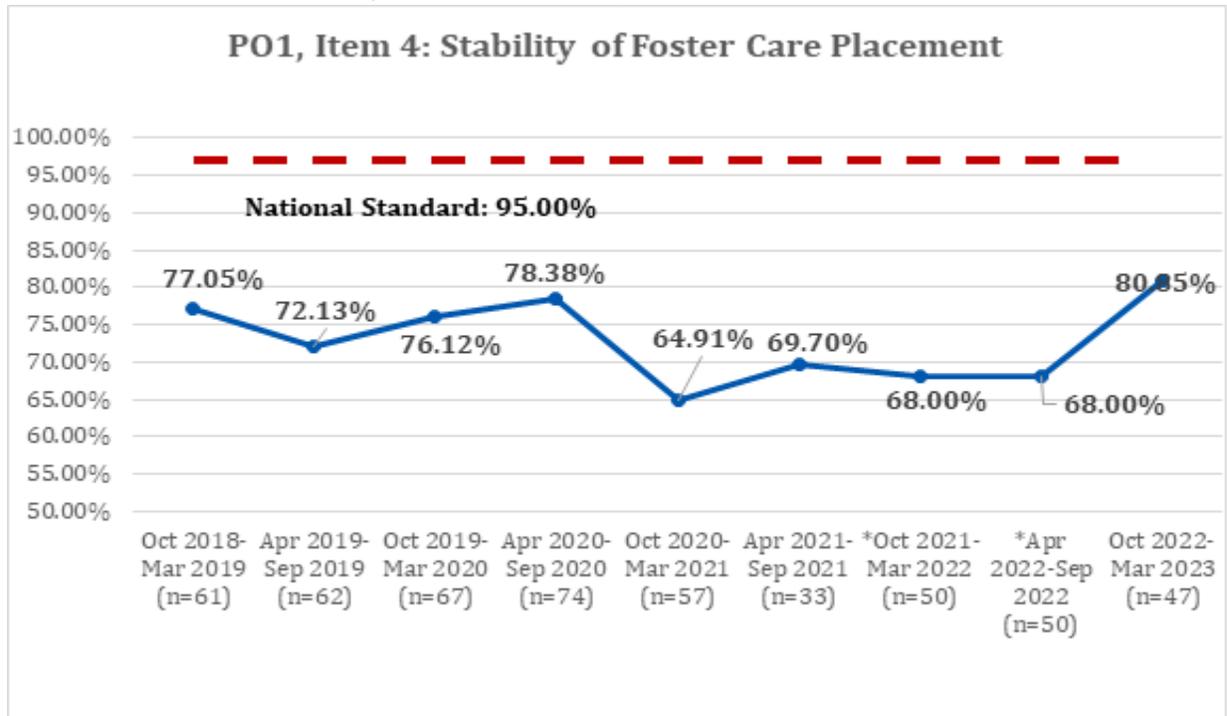
Figure 7. Permanency Outcome 1



Source: NC Case Reviews using the OSRI instrument

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.

Figure 8. Permanency Outcome 1, Item 4



Source: NC Case Reviews using the OSRI instrument

Item 4 showed an increase of over twelve percentage points from the previous reporting period to the most recent reporting period, which is encouraging, and the closest this item has been to reaching the national standard threshold in the last five years.

**Table 6. Racial Comparison of OSRI and State Profile for Item 4**

	OSRI October 2022–March 2023	Percent Children In Custody April 2023 by Race
Black or African American	12; 25.5%	30%
White	25; 53.2%	57%
Hispanic	6; 12.8%	
Multi Race	4; 8.5%	8%
Other		5%

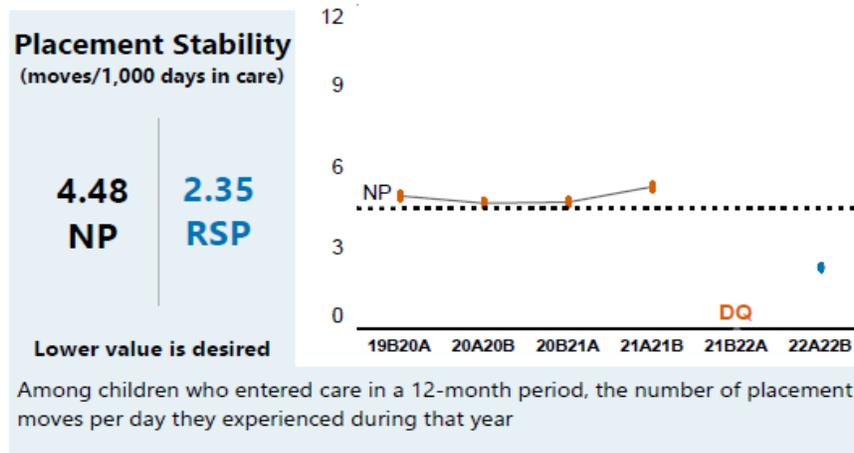
Source: OSRI and State Data

Comparing those rated a strength, 75% of cases with children who were black or African American were rated a strength compared to 88% of cases with children who were white.

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

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

**Figure 9. Data Profile: Placement Stability**



Source: Children’s Bureau CFSR Data Profile February 2023

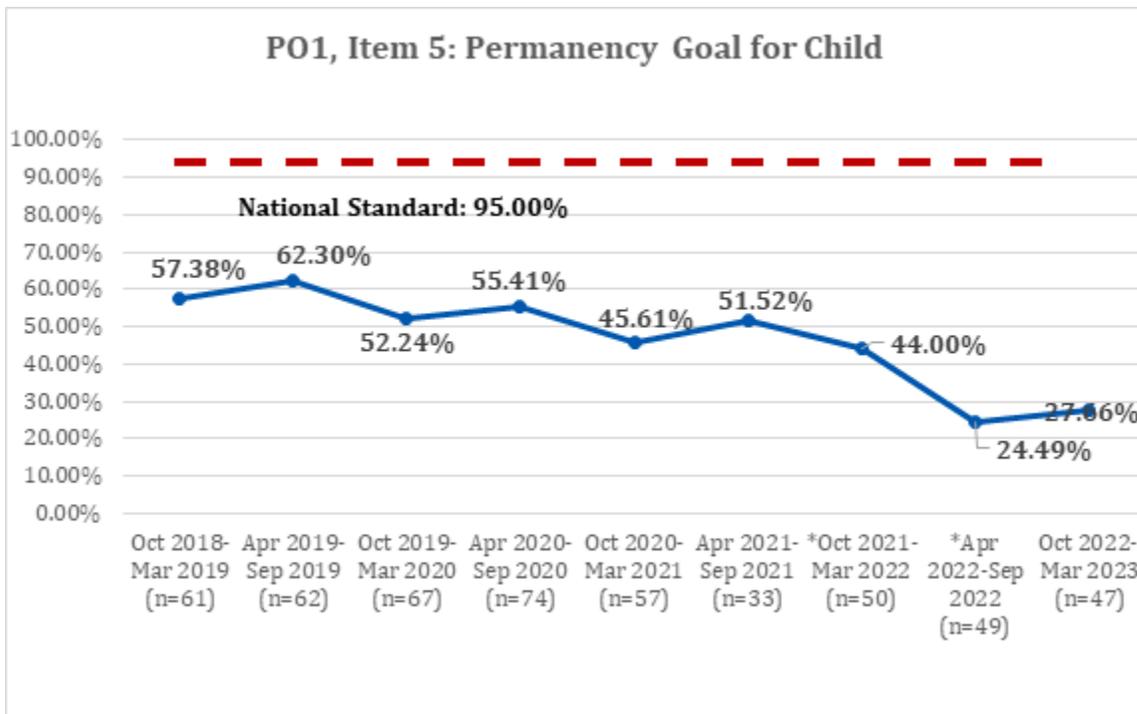
***Strengths and Needs***

NC is in the process of transforming its current system by implementing a Kin-First culture. In November of 2022, NC DSS updated policy to include the use of Safety Circles to assist child welfare staff in engaging families to identify relative and kinship supports during initiation and assessment. NC’s activities to support moving to a Kin-First culture is one effort to increase placement stability.

Additionally, QA reviewers found through data analysis that more support and training are needed for placement providers to address child behaviors as an effort to minimize placement disruptions. 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.

Rapid Response Teams (RRTs) were established to promote safe and appropriate placements for children with emergency behavioral health needs. RRTs include collaboration with Department of Health Benefits, Department of Child and Family Well-Being, North Carolina Psychiatry Access Line, Department of Mental Health, Developmental Disabilities, and Substance Abuse Services to improve access to critical services that support well-being and permanency stability.

Figure 10. Permanency Outcome 1, Item 5



Source: NC Case Reviews using the OSRI instrument

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 7. Racial Comparison of OSRI and State Profile for Item 5**

	<b>OSRI October 2022–March 2023 (Foster Care Only)</b>	<b>Percent Children In Custody April 2023 by Race</b>
Black or African American	12; 25.5%	30%
White	25; 53.2%	57%
Hispanic	6; 12.8%	
Multi Race	4; 8.5%	8%
Other		5%

Source: OSRI and State Data

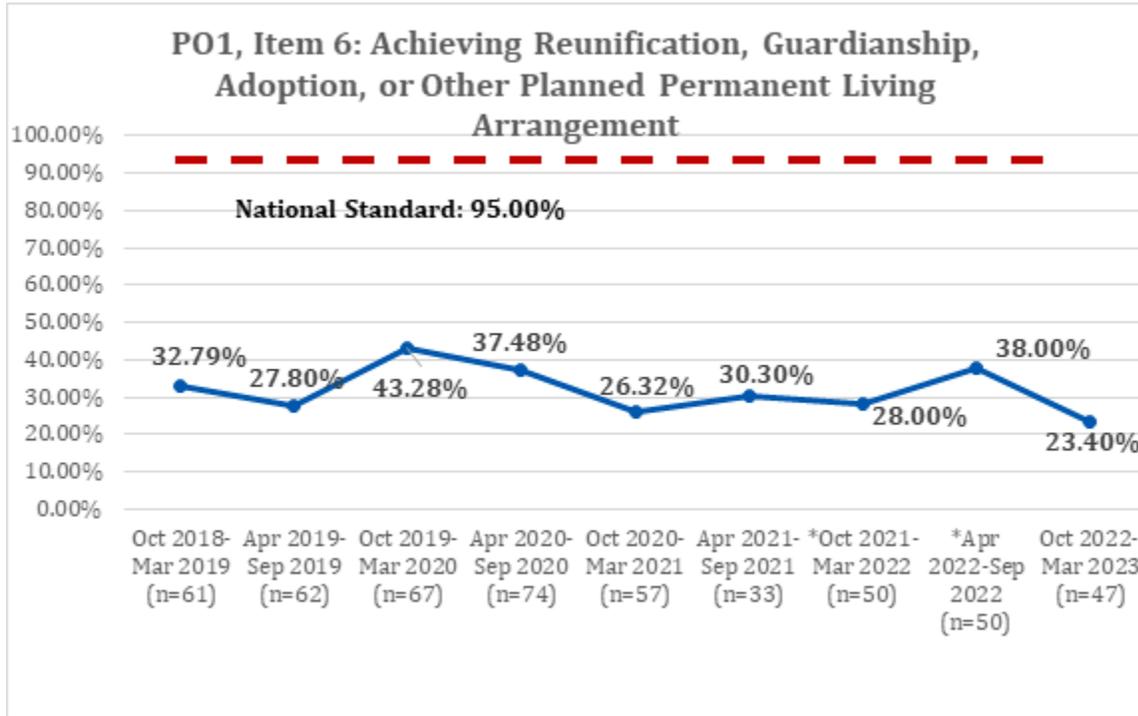
Comparing those rated a strength, 41.7% of cases with children that were black or African American were rated a strength compared to 24% of cases with children who were white, differing from several of the other items.

### ***Strengths and Needs***

QA reviewers found that permanency plans did not consistently meet the child's needs and case circumstances. Permanency Planning, more specifically establishing appropriate permanency goals, in North Carolina is an area that needs strengthening. 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. One Office Hours session was offered each month from January–June 2022. Each session focused on a different area of policy.

Data analysis by the QA reviewers of Item 5 for the case review period shows the need for case plan goals to be clearly documented and ensure the identified needs of children and youth are met through services provided. NC is working to improve documentation of appropriate case plan goals by providing targeted technical assistance with counties by the RCWCs. Additionally, RCWCs are providing training and technical assistance on utilizing permanency planning reviews more effectively and as a communication tool on progress for parents, GAL, service providers, workers, supervisors, and other key supports.

Figure 11. Permanency Outcome 1, Item 6



Source: NC Case Reviews using the OSRI instrument

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 is an area needing improvement for North Carolina.

Table 8. Racial Comparison of OSRI and State Profile for Item 6

	OSRI October 2022–March 2023	Percent Children In Custody April 2023 by Race
Black or African American	12; 25.5%	30%
White	25; 53.2%	57%
Hispanic	6; 12.8%	
Multi Race	4; 8.5%	8%
Other		5%

Source: OSRI and State Data

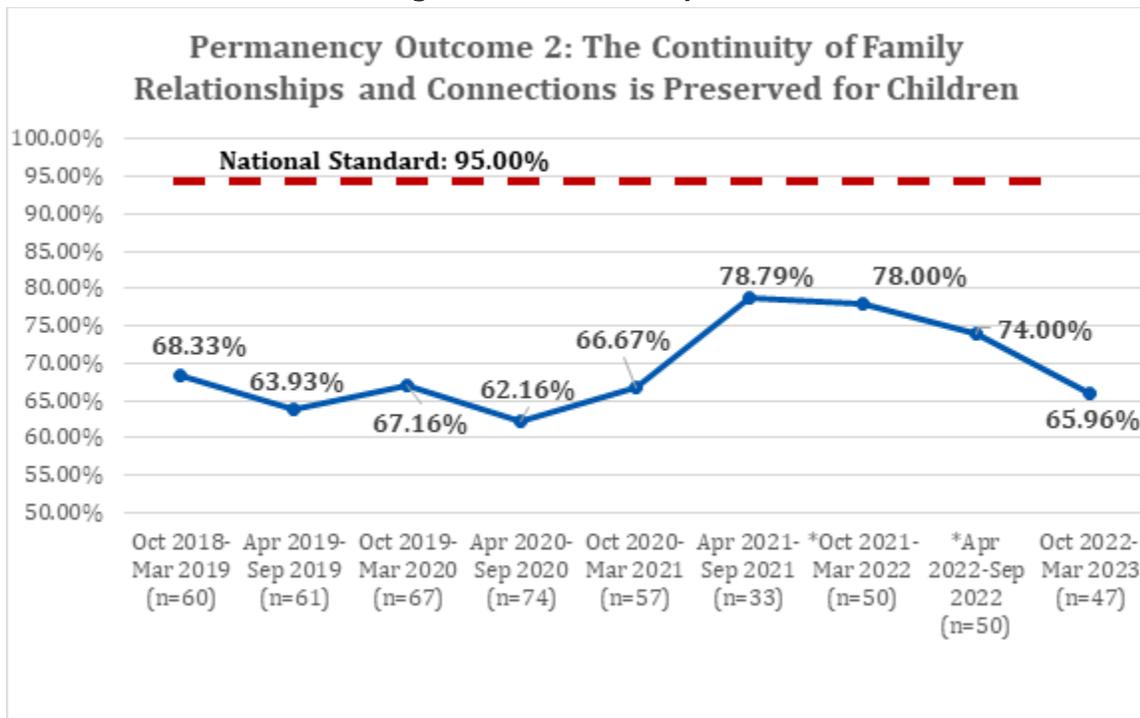
Comparing those rated a strength, 8.3% of cases that were black or African American were rated a strength compared to 28% of white cases. This suggests black or African American children are not exiting custody as well as children that are white, though both, in general, do not have many cases rated a strength.

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

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.

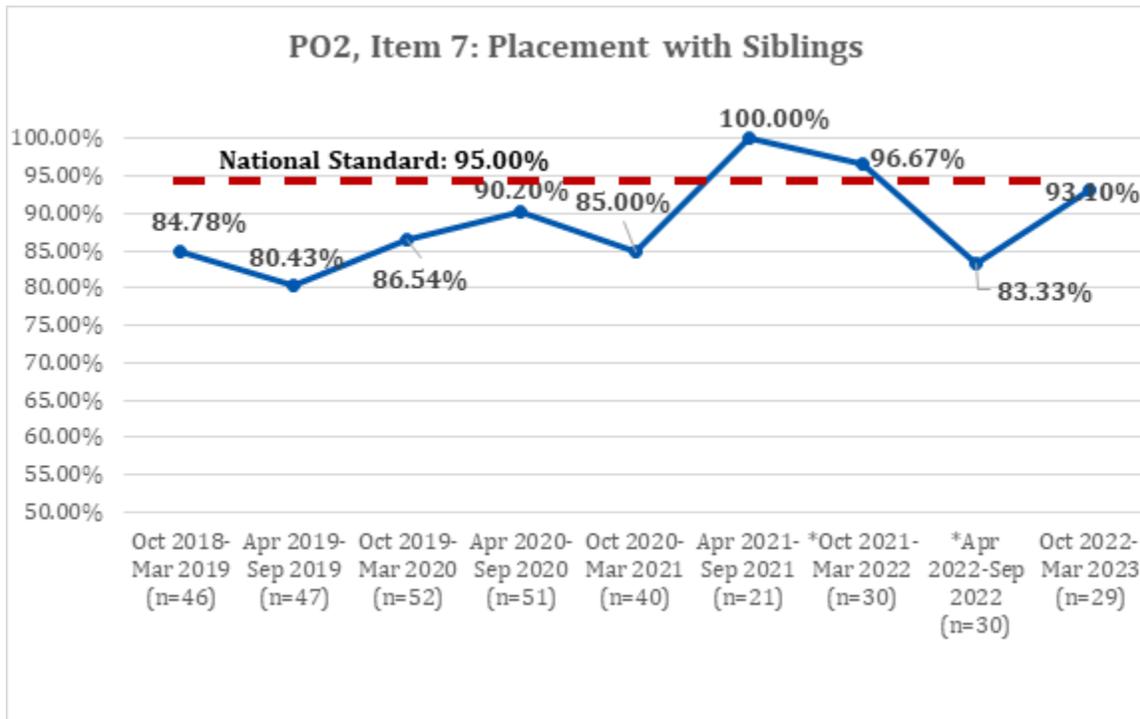
Figure 12. Permanency Outcome 2



Source: NC Case Reviews using the OSRI instrument

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 13. Permanency Outcome 2, Item 7



Source: NC Case Reviews using the OSRI instrument

Despite an overall declining performance in Permanency Outcome 2, progress has been improving for Item 7, with the most recent data showing a performance just below the national standard.

Table 9. Racial Comparison of OSRI and State Profile for Item 7

	OSRI October 2022–March 2023 (Foster Care Only)	Percent Children In Custody April 2023 by Race
Black or African American	10; 34.5%	30%
White	16; 55.2%	57%
Hispanic	2; 6.9%	
Multi Race	1; 3.4%	8%
Other		5%

Source: OSRI and State Data

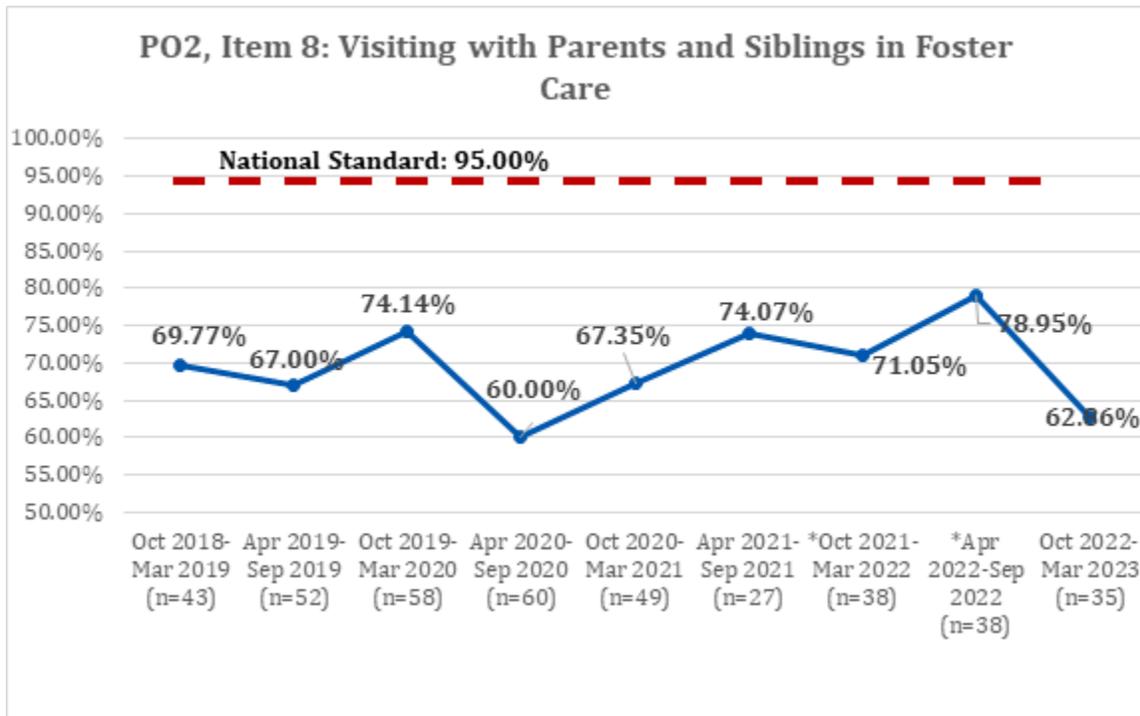
The overwhelming majority of cases were strengths for this item, regardless of race. Only one each of white and black or African American were an Area Needing Improvement.

**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. 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. The data above indicates that these efforts are positively impacting sibling placement and NC DSS plans to continue these efforts in SFY24.

**Figure 14. Permanency Outcome 2, Item 8**



Source: NC Case Reviews using the OSRI instrument

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

**Table 10. Racial Comparison of OSRI and State Profile for Item 8**

	OSRI October 2022–March 2023	Percent Children In Custody April 2023 by Race
Black or African American	10; 28.6%	30%
White	19; 54.3%	57%
Hispanic	3; 8.6%	
Multi Race	3; 8.6%	8%
Other		5%

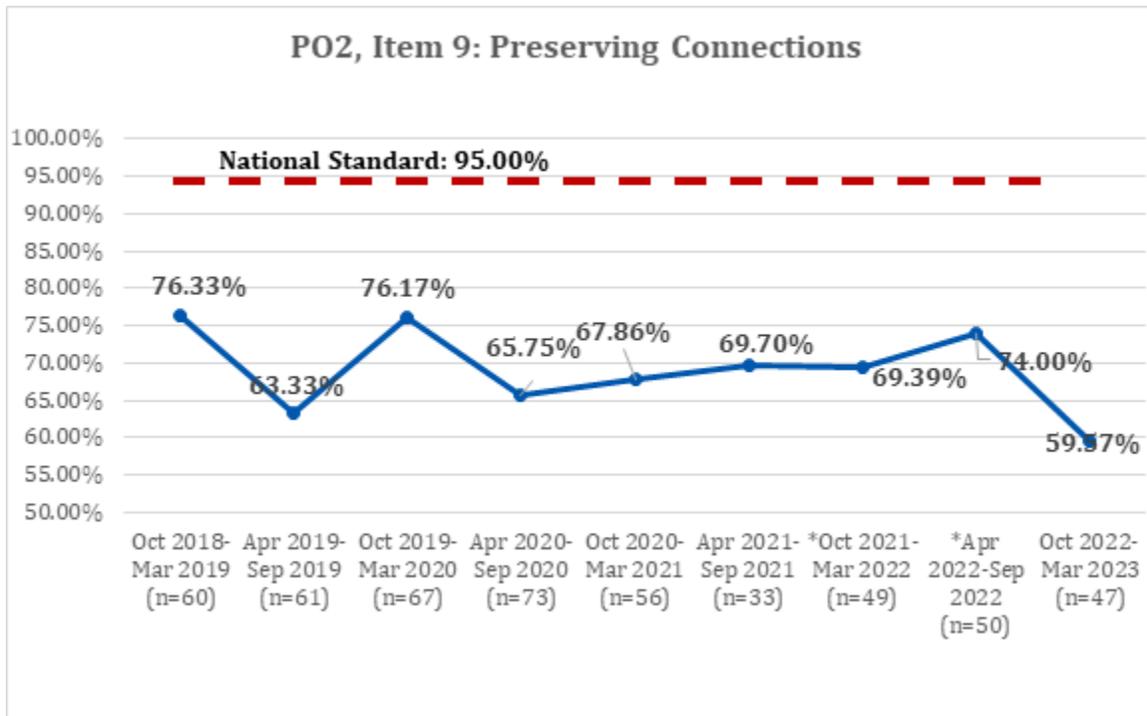
Source: OSRI and State Data

Proportionally, approximately cases with white children and cases with black or African American children had the same strength ratings. Sixty percent of cases that were black or African American were rated a strength compared to 57.9% of cases that were white.

**Strengths and Needs**

NC made concerted efforts between QA reviews and RCWC 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 RCWCs will continue to provide training and technical assistance to county staff to support quality family time for families. DSS will work 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. DSS will provide technical assistance to counties to support them as they request creative family time arrangements with the courts.

Figure 15. Permanency Outcome 2, Item 9



Source: NC Case Reviews using the OSRI instrument

Item 9 assesses if a child’s connections were maintained while in foster care and continues to be an area needing improvement. 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 steep decline in performance most recently.

**Table 11. Racial Comparison of OSRI and State Profile for Item 9**

	OSRI October 2022–March 2023	Percent Children In Custody April 2023 by Race
Black or African American	12; 25.5%	30%
White	25; 53.2%	57%
Hispanic	6; 12.8%	
Multi Race	4; 8.5%	8%
Other		5%

Source: OSRI and State Data

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.

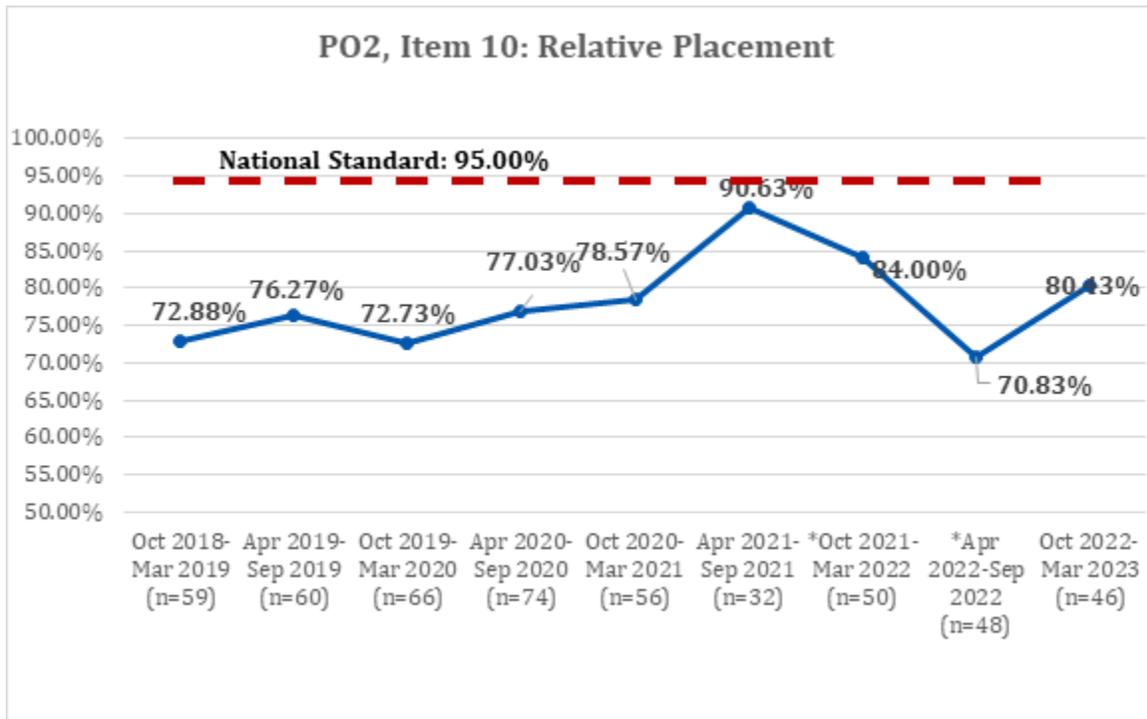
### ***Strengths and Needs***

RCWCs have noted a decrease in the availability of local foster families for the youngest population of children in foster care, which is attributed to the fewer foster families that were licensed during the pandemic coupled with inflation that has 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. A full report from the Youth Listening Sessions will be available in August 2023 and will inform additional efforts to address this issue. 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 Eastern Band of Cherokee Indians (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 that children are maintained in their school even when they are not able to be placed in their community of origin.

Figure 16. Permanency Outcome 2, Item 10



Source: NC Case Reviews using the OSRI instrument

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

Table 12. Racial Comparison of OSRI and State Profile for Item 10

	OSRI October 2022–March 2023	Percent Children In Custody April 2023 by Race
Black or African American	12; 26.1%	30%
White	24; 52.2%	57%
Hispanic	6; 13.0%	
Multi Race	4; 8.7%	8%
Other		5%

Source: OSRI and State Data

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%.

**Strengths and Needs**

The Family First Placement and Services Act (FFPSA) of 2018 was a springboard to assess alternatives to congregate care via placement with relatives. Counties show strength in

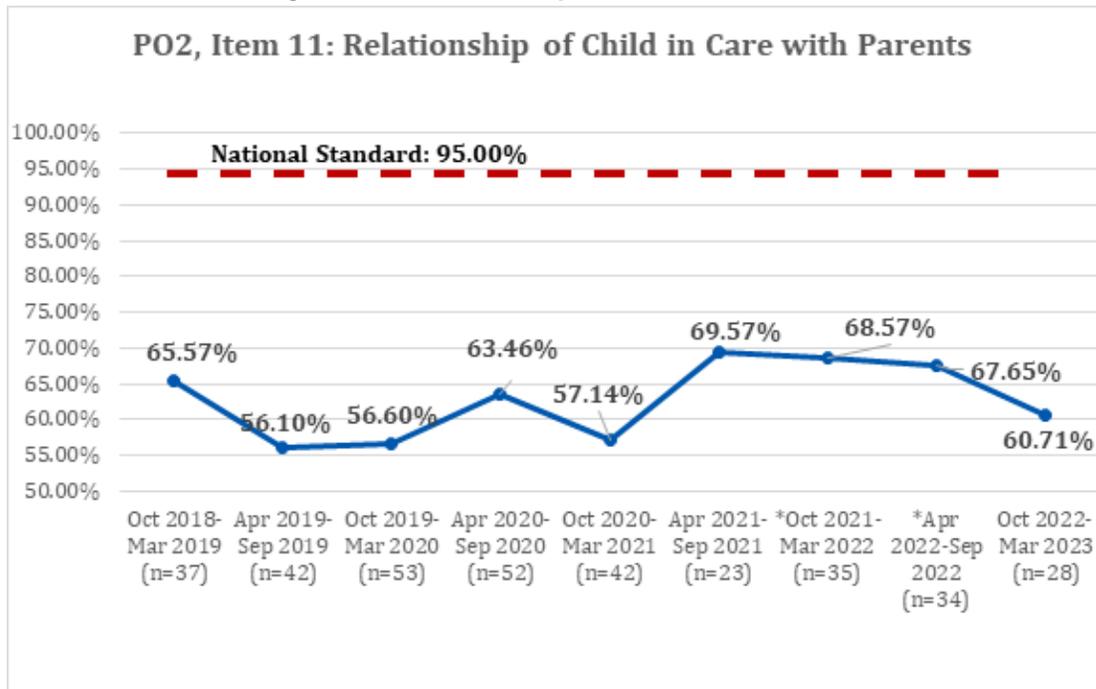
initial identification and assessment of relatives, and struggle to continue to identify and assess kin resources on an ongoing basis. Counties show strengths in focusing on maternal relatives and demonstrate limited efforts with paternal family connections. NC will review current local initiatives on 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 efforts in coordinating a Family Search and Engagement training to be offered SFY24. In addition, NC DSS will be seeking to post and solicit 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.

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 is in the process of developing new policy to adhere to statute with the goal to create and establish a Kin-First Culture in North Carolina.

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.

Figure 17. Permanency Outcome 2, Item 11



Source: NC Case Reviews using the OSRI instrument

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 13. Racial Comparison of OSRI and State Profile for Item 11

	OSRI October 2022–March 2023	Percent Children In Custody April 2023 by Race
Black or African American	7; 25%	30%
White	16; 57.1%	57%
Hispanic	2; 7.1%	
Multi Race	3; 10.7%	8%
Other		5%

Source: OSRI and State Data

Strengths 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.

**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 Pre-Service Training curriculum.

As noted in interviews conducted by the QA Team, one challenge impacting counties' ability to provide family time and encourage parent/child relationships via extended visitation, is the impact of the current child welfare workforce crisis in NC. NC launched a statewide child welfare workforce campaign in the Fall of 2022 and provided tangible resources to all 100 counties to aid them in recruitment of child welfare staff.

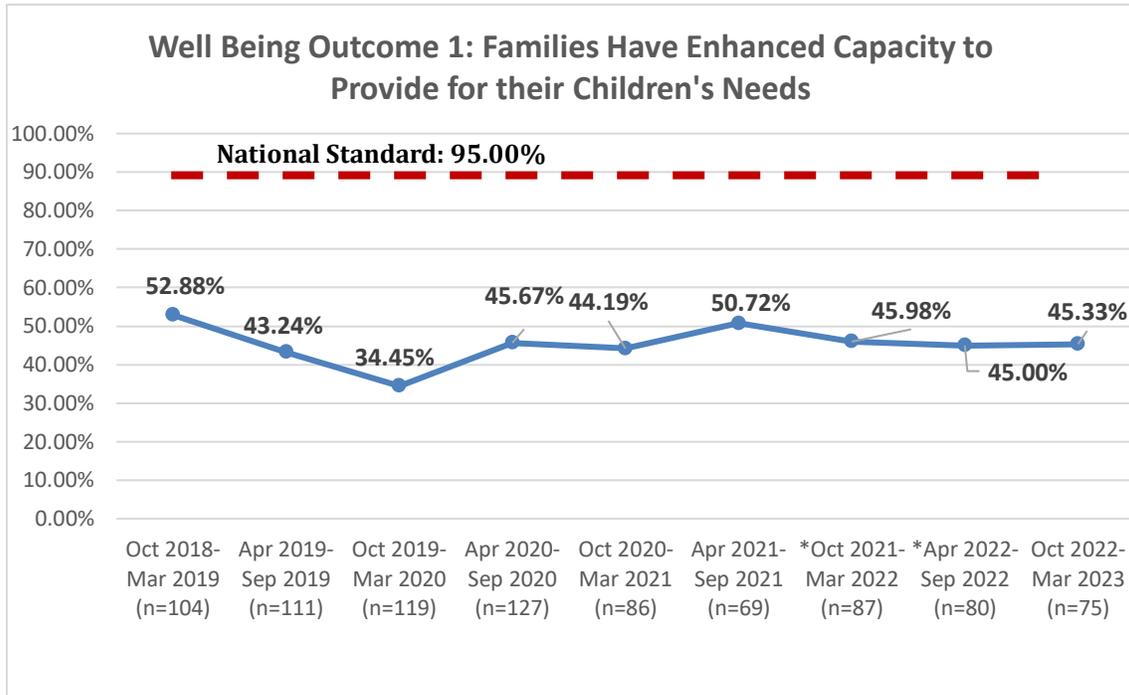
As referenced earlier in Item 9, the lack of community of origin foster family placements also negatively impacts this Item due to distance between the parent's community and the community of the child's placement. Continued efforts to recruit foster families in communities where children are coming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

### **2.1.3 Well-Being Outcomes**

#### *Well-Being Outcome 1*

Well-Being Outcome 1 states that families have enhanced capacity to provide for their children's needs and is an area needing improvement. NC's performance on Well-Being Outcome 1 is presented in the table below.

Figure 18. Well-Being Outcome 1



Source: NC Case Reviews using the OSRI instrument

Well-Being Outcome 1 continues to be an area needing improvement, though performance has remained steady over several years.

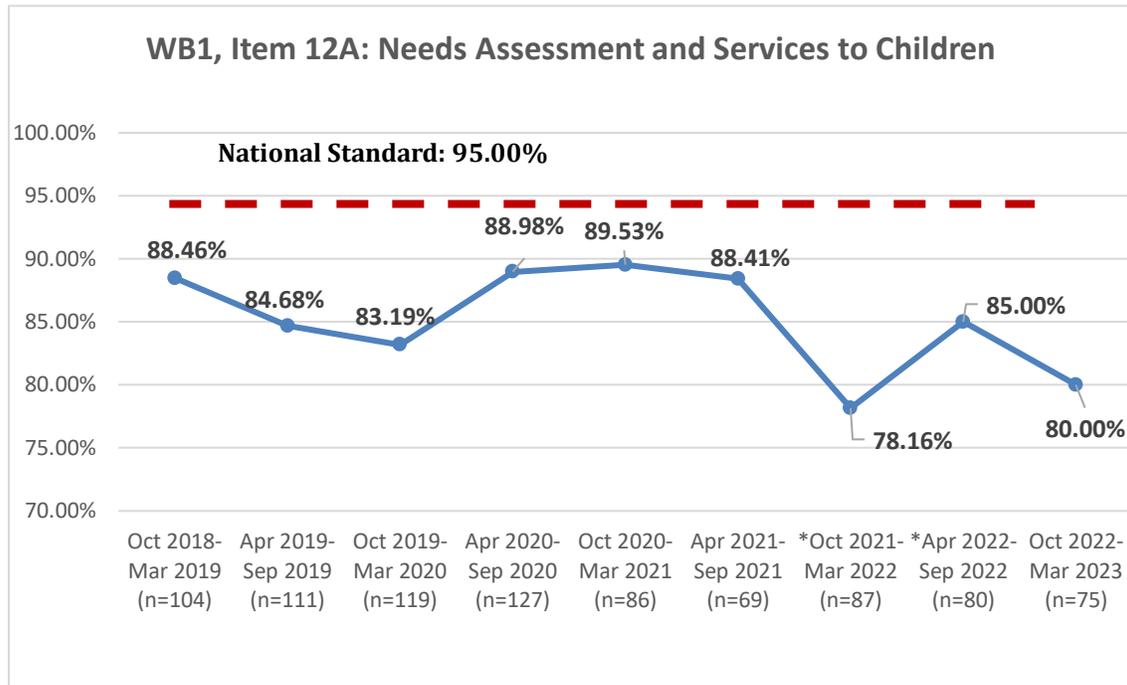
Table 14. Racial Comparison of OSRI and State Profile for Item 12

	OSRI October 2022–March 2023 (Foster Care Only)	Percent Children In Custody April 2023 by Race
Black or African American	12; 25.5%	30%
White	25; 53.2%	57%
Hispanic	6; 12.8%	
Multi Race	4; 8.5%	8%
Other		5%

Source: OSRI and State Data

Comparing strengths, 64% of cases with white children were rated strengths, compared to 33.3% strengths for cases with black or African American children.

Figure 19. Well-Being Outcome 1, Item 12A



Source: NC Case Reviews using the OSRI instrument

Well-Being Outcome 1, Item 12A, assesses the agency’s efforts to assess the needs of and provision of services to children, and is an area needing improvement. Performance shows a decline, from 85% of the cases documented needed assessments and services to children to 80%. Due to provider supply and demand, child welfare agencies reported ongoing struggles in securing provider appointments for children –more noticeable at the end of the pandemic –which created roadblocks for child welfare agencies’ striving to assess and address child and family physical, dental, and mental health needs in a timely manner.

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

	OSRI October 2022–March 2023 (Foster Care Only)	Percent Children In Custody April 2023 by Race
Black or African American	12; 25.5%	30%
White	25; 53.2%	57%
Hispanic	6; 12.8%	
Multi Race	4; 8.5%	8%
Other		5%

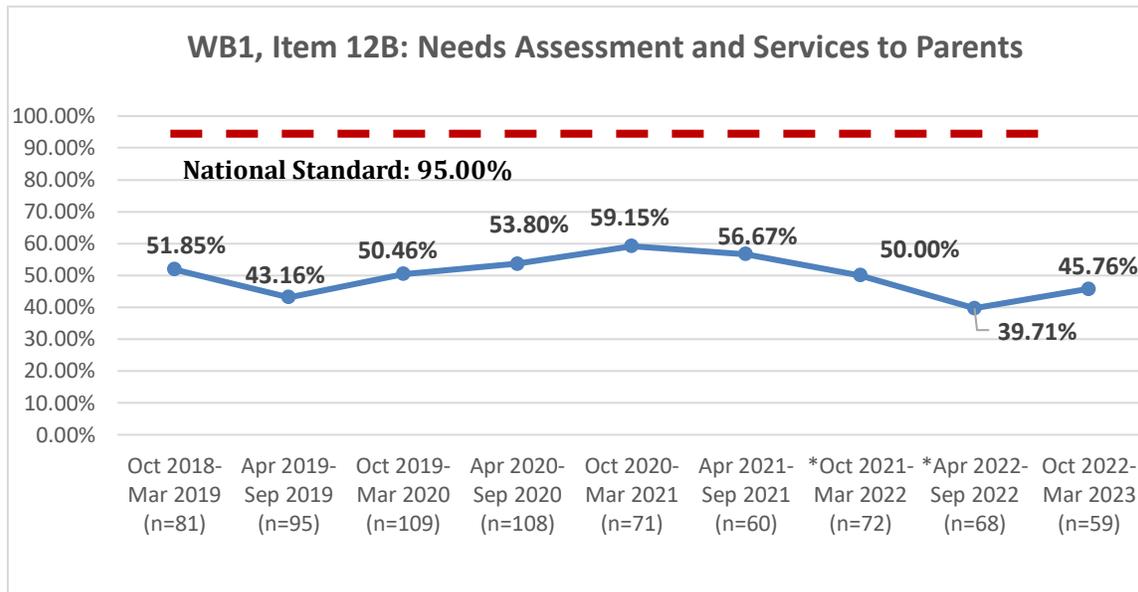
Source: OSRI and State Data

Comparing strengths, the majority of cases regardless of race, 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.

**Strengths and Needs**

Data analysis by QA reviewers for Item 12A shows strength in the ability to engage and assess needs but struggle with connecting children the appropriate resources and services needed. NC DSS has historically done well with connecting older youth to services that assist in the transition into adulthood and will continue to collaborate with NC LINKS and SaySo in providing services. NC DSS will seek to expand collaborations with infant and early childhood mental health stakeholders and gain input from university experts on the current strengths and challenges within the early childhood system. Additionally, NC DSS will continue to work with pediatricians and other primary care providers 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.

**Figure 20. Well-Being Outcome 1, Item 12B**



Source: NC Case Reviews using the OSRI instrument

Well-Being Outcome 1, Item 12B, assesses the needs of and provision of services to parents, is an area needing improvement. Data analysis by QA reviewers during the case review period noted an increase in performance on this measure since the previous review. NC identifies the need to continue to improve performance on assessing the needs and providing services particularly for fathers. Ongoing diligent efforts to locate, assess, and provide services for parents that are tailored to their circumstances is an additional need.

As noted above, NC has strengths in engaging maternal relatives and needs to further engage paternal relatives.

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

	<b>OSRI October 2022–March 2023 (Foster Care Only)</b>	<b>Percent Children In Custody April 2023 by Race</b>
Black or African American	8; 25.8%	30%
White	17; 54.8%	57%
Hispanic	2; 6.5%	
Multi Race	4; 12.9%	8%
Other		5%

Source: OSRI and State Data

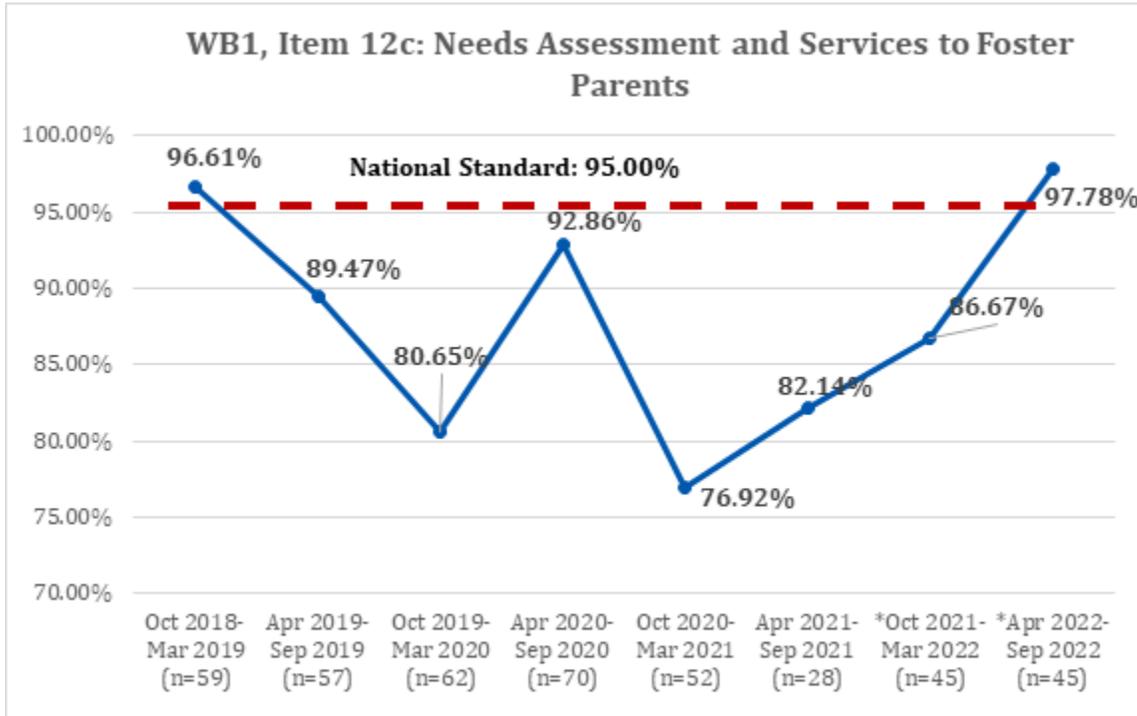
Unlike Needs Assessment and Services for Children, Needs Assessment and Services for Parents shows a lot more disparity. Twenty-five percent of black or African American children in the sample were rated a strength compared to 47.1% of white children in the sample.

### ***Strengths and Needs***

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. In doing so, NC DSS believes family engagement and parental participation will improve, 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.

HOMEBUILDERS® will also be emphasized in FY 2023–2024, under the Family First Prevention Services Act (FFPSA) in an added effort to meet families where they are. HOMEBUILDERS® will work with families (parents/caregivers and their children) of children between the ages 0 to 18, 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® will provide 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.

Figure 21. Well-Being Outcome 1, Item 12C



Source: NC Case Reviews using the OSRI instrument

Well-Being Outcome 1, Item 12C, assesses the needs and provision of services to foster parents, is a strength. Ratings for Item 12C illustrate a steady increase since March 2021 in performance on this measure, which is above the national standard. Data analysis by QA reviewers demonstrates NC’s ratings can be largely attributed to caseworkers’ efforts in engaging foster moms.

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

	OSRI October 2022–March 2023 (Foster Care Only)	Percent Children In Custody April 2023 by Race
Black or African American	11; 26.8%	30%
White	21; 51.2%	57%
Hispanic	5; 12.2%	
Multi Race	4; 9.8%	8%
Other		5%

Source: OSRI and State Data

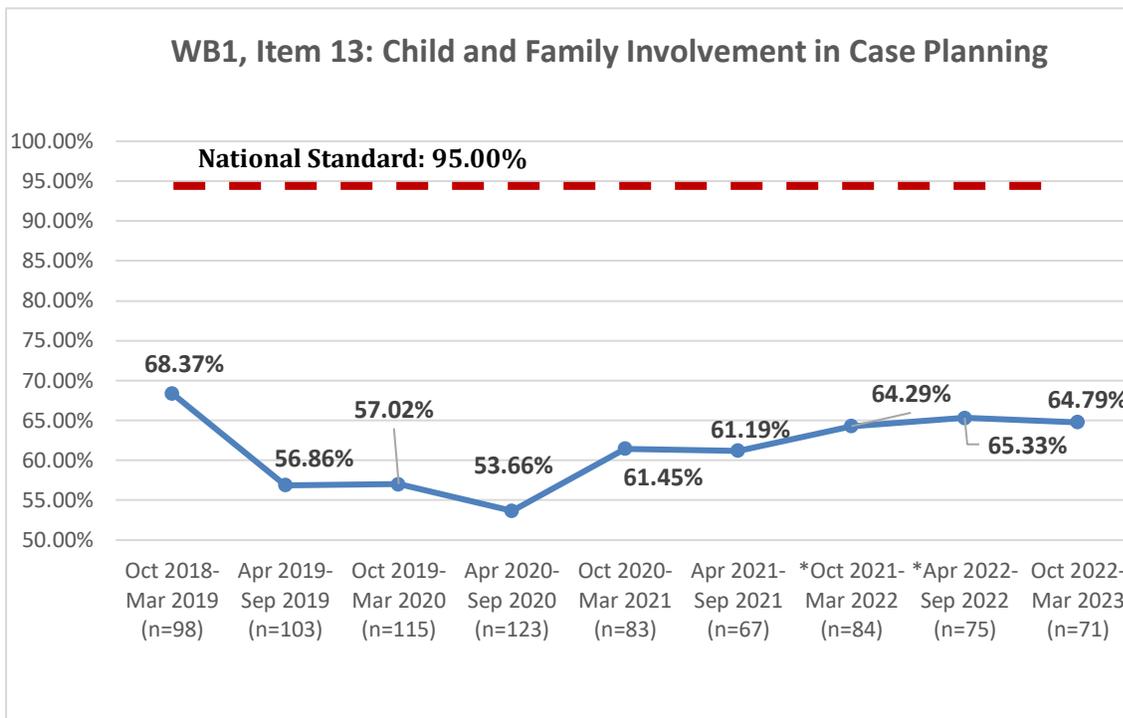
Needs and Services to Foster Parents was rated the strongest compared to children and parents, however of the four cases rated Area Needing Improvement, three were black or African American and one was white.

**Strengths and Needs**

As evidence in NC’s Foster Parent Bill of Rights, NC recognizes the importance of foster parents in the vital role of supporting children and families experiencing foster care<sup>3</sup>.

A strong emphasis on the relationship between county child welfare agencies and foster parents is included in expectations of child welfare workers. To this effect, strengths in engaging with foster mothers were noted by QA reviewers, to assess the individual needs or to provide identified services to foster families on behalf of foster children (childcare, peer support, and community-based services). However, in-depth analyses and observations from case record reviews show caseworkers’ effort in engaging foster fathers during foster home visits an area of improvement.

**Figure 22. Well-Being Outcome 1, Item 13**



Source: NC Case Reviews using the OSRI instrument

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

<sup>3</sup> <https://www.ncleg.gov/Sessions/2021/Bills/House/PDF/H769v6.pdf>

has happened. Data has also reflected a need to improve paternal engagement and racial disparities in family involvement in case planning.

**Table 18. Racial Comparison of OSRI and State Profile for Item 13**

	<b>OSRI October 2022–March 2023 (Foster Care Only)</b>	<b>Percent Children In Custody April 2023 by Race</b>
Black or African American	11; 25.6%	30%
White	22; 51.2%	57%
Hispanic	6; 14.0%	
Multi Race	4; 9.3%	8%
Other		5%

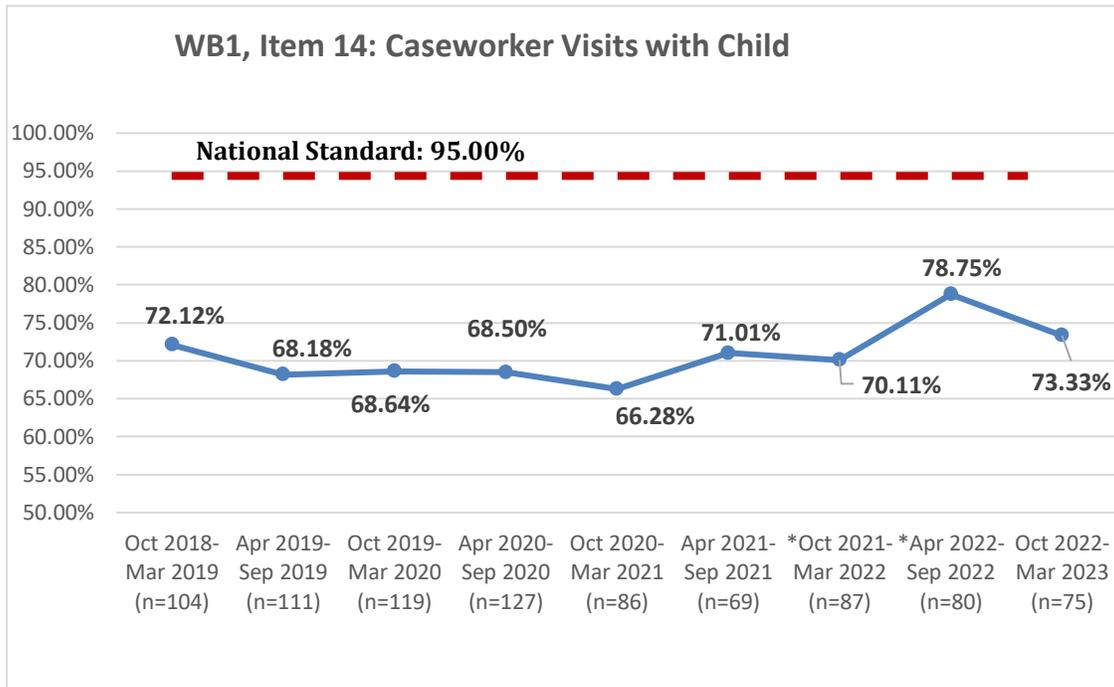
Source: OSRI and State Data

Comparing strengths, 77.3% of cases with white children were rated strengths, compared to 54.5% strengths for cases with black or African American children.

### ***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. NC will continue to work with the CIP and courts to present data regarding delays in adjudication hearings and the impacts on engagement with families and case planning processes. NC DSS will continue to encourage county casework staff to invite youth to facilitate Child and Family Team Meetings 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., data reviews, county monitoring, listening sessions, and casework webinars.

Figure 23. Well-Being Outcome 1, Item 14



Source: NC Case Reviews using the OSRI instrument

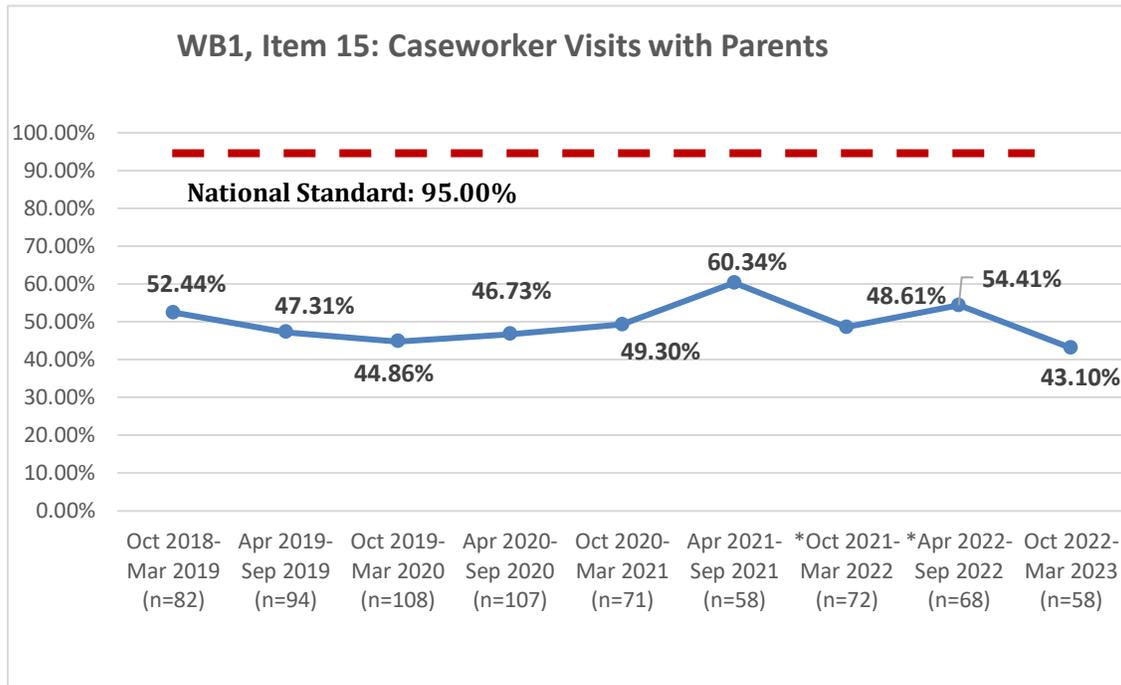
Table 19. Racial Comparison of OSRI and State Profile for Item 14

	OSRI October 2022–March 2023 (Foster Care Only)	Percent Children In Custody April 2023 by Race
Black or African American	12; 25.5%	30%
White	25; 53.2%	57%
Hispanic	6; 12.8%	
Multi Race	4; 8.5%	8%
Other		5%

Source: OSRI and State Data

Strengths ratings were comparable across races.

Figure 24. Well-Being Outcome 1, Item 15



Source: NC Case Reviews using the OSRI instrument

Item 14 & 15 assesses 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. Staff are overwhelmed with excessive responsibilities and are covering for workers resigning from their positions. Completing adequate documentation in case files has also contributed to the performance of both items.

Table 20. Racial Comparison of OSRI and State Profile for Item 15

	OSRI October 2022–March 2023 (Foster Care Only)	Percent Children In Custody April 2023 by Race
Black or African American	7; 23.3%	30%
White	17; 56.7%	57%
Hispanic	2; 6.7%	
Multi Race	4; 13.3%	8%
Other		5%

Source: OSRI and State Data

Strengths ratings were comparable across races.

### ***Strengths and Needs***

The CFSP Strategic Goal 3 (develop and support a stable, competent, and professional workforce in child welfare) highlights several objectives for improving workforce retention including:

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

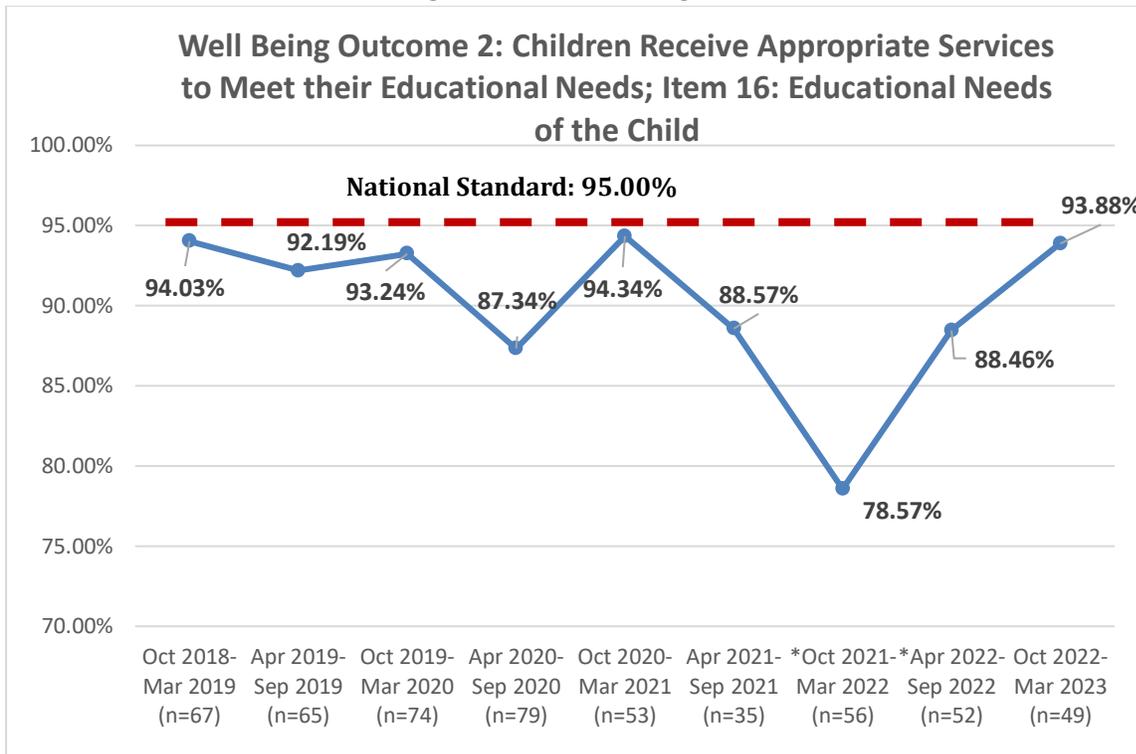
This past year, NC made steady progress towards all three objectives. Particularly with improving pre-service training for the child welfare workforce, which builds a solid foundation that helps prepare workers for their job duties, including content focused on appropriate and complete documentation strategies. Additionally, NC continues to roll out and train the workforce on the State's practice model and practice standards.

### ***Well-Being Outcome 2***

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

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

Figure 25. Well-Being Outcome 2



Source: NC Case Reviews using the OSRI instrument

Well-Being 2 is a relative strength for NC. NC’s performance over the past three years has consistently exceeded 87% while falling just short of the 90% federal standard.

Table 21. Racial Comparison of OSRI and State Profile for Item 16

	OSRI October 2022–March 2023 (Foster Care Only)	Percent Children In Custody April 2023 by Race
Black or African American	9; 23.7%	30%
White	21; 53.8%	57%
Hispanic	6; 15.4%	
Multi Race	3; 7.7%	8%
Other		5%

Source: OSRI and State Data

Cases across races were overwhelmingly rated a strength for this item, with only one case with a multi-race child being rated an Area Needing Improvement.

**Strengths and Needs**

The rebound, since COVID, in NC DSS’s performance measure of Well-Being Outcome 2 -- upwards of near 94 percent, for the period, October 2022 to 2023 -- can be attributed to several strengths: (1) well established, education-related rules embedded in Statewide

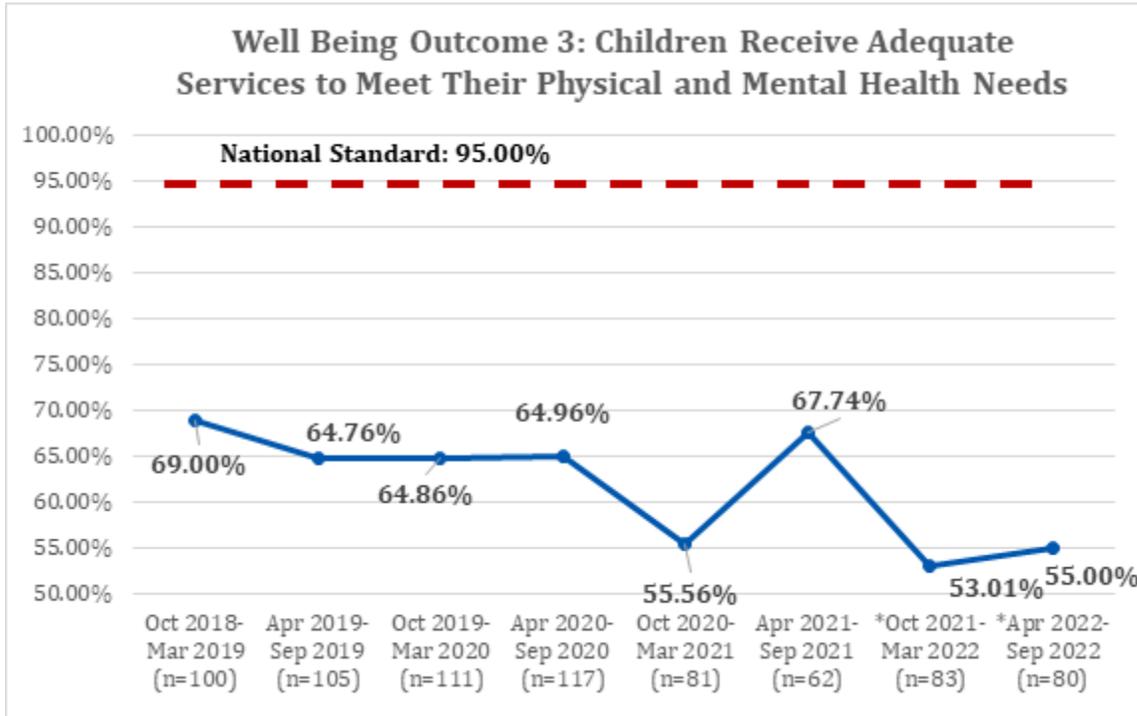
child welfare policies; (2) child welfare education-driven practices that are widely known and welcomed by local school districts across jurisdictions; and (3) successful partnerships between child welfare agencies and educational stakeholders across North Carolina. NC has strong engagement with education partners. Counties work well with local school systems to ensure the educational needs of children and youth are met. NC DSS RCWCs will continue to encourage counties to maintain their focus on educational issues. This will include noting this in targeted record reviews and following up with county strategies to bring this up to 95%. NC will continue to work with our school partners to meet the educational needs of children in care.

To focus on bringing performance above the 95% benchmark, NC DSS will offer training to caseworkers and supervisors on completing clinical narratives to clearly denote the educational assessments completed, how educational needs were identified, which services were put into place to address child's education needs, and caseworker's effort to ensure services are adequately monitored. As an added effort to continue upward performance of Item 16 in SY2023–2024, NC DSS will continue to support North Carolina's plan under the U.S. Department of Education's Every Student Succeeds Act (ESSA), which aims to advance student academic achievement and monitor how schools will continue to aid the vulnerable student populations in addressing and overcoming known barriers that present themselves in the classroom and education system, such as student's unmet physical and mental health needs, truancy, and non-educational determinants of health. NC DSS will also continue to encourage DPI to identify an ESSA Foster Care Point of Contact for NC DSS to work with, and for NC DSS to assess the attainment of educational needs of children involved with child welfare, particularly youth who are aging out of the foster care system, through planned Listening Sessions.

### Well-Being Outcome 3

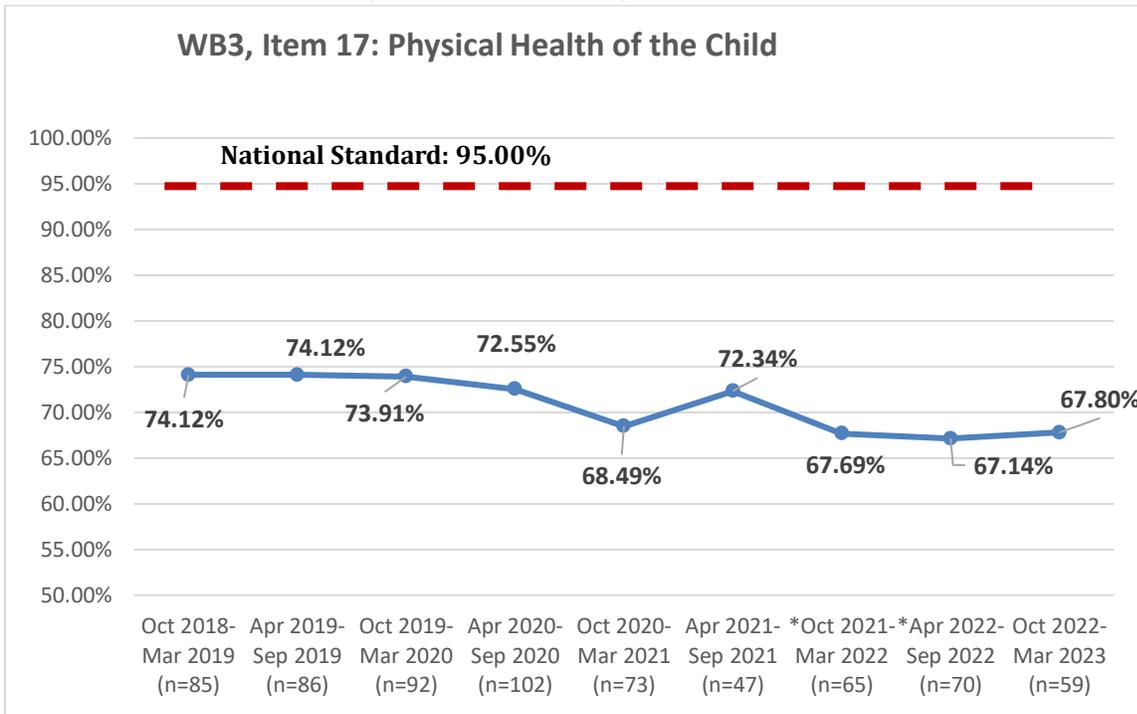
Well-Being Outcome 3 states that children should receive adequate services to meet their physical and mental health needs. Item 17 assesses whether the agency adequately addressed the physical health needs of children including their dental needs, and was rated as an area needing improvement, while Item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

Figure 26. Well-Being Outcome 3



Source: NC Case Reviews using the OSRI instrument

Figure 27. Well-Being Outcome 3, Item 17



Source: NC Case Reviews using the OSRI instrument

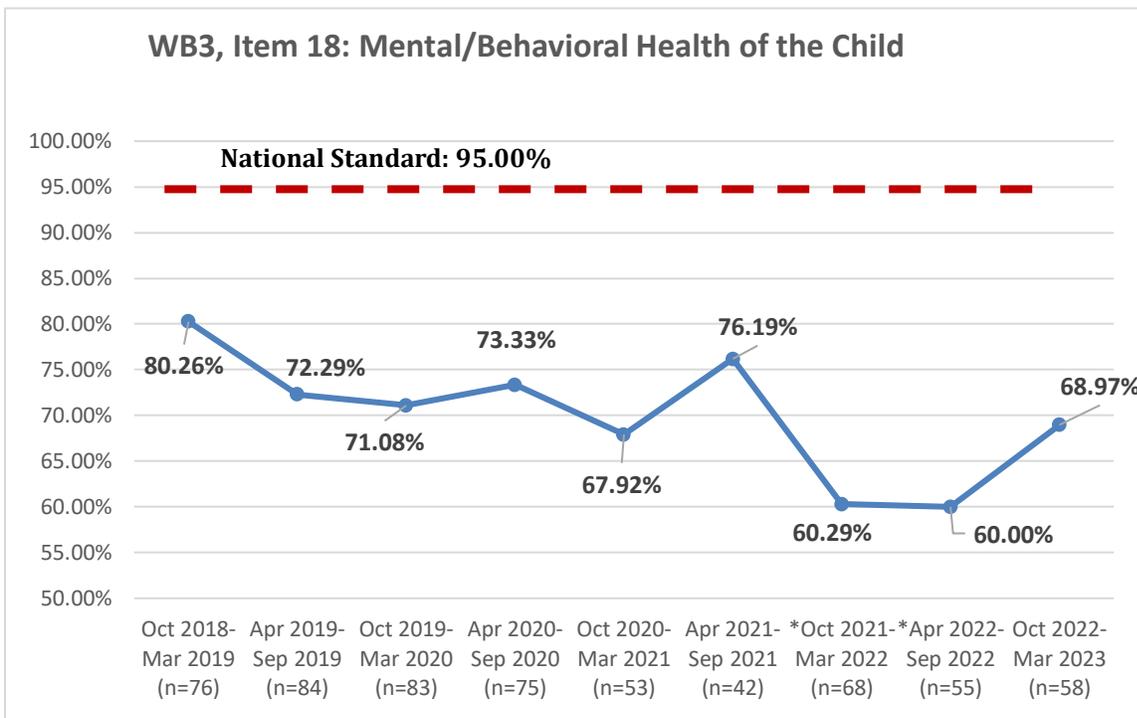
**Table 22. Racial Comparison of OSRI and State Profile for Item 17**

	OSRI October 2022–March 2023 (Foster Care Only)	Percent Children In Custody April 2023 by Race
Black or African American	12; 25.5%	30%
White	25; 53.2%	57%
Hispanic	6; 12.8%	
Multi Race	4; 8.5%	8%
Other		5%

Source: OSRI and State Data

Strengths ratings were comparable across races for this item.

**Figure 28. Well-Being Outcome 3, Item 18**



Source: NC Case Reviews using the OSRI instrument

NC overall performance on items 17 and 18 has tended to remain between 60% and 80% for both physical and behavioral health, making it continued areas needing improvement. Current mental health resources for children are still a critical issue across the nation, as is the lack of preventive strategies and early interventions. North Carolina is no exception.

Cross county agencies, Local Management Entity/Managed Care Organizations (LME/MCOs), and geographic variation exist.

**Table 23. Racial Comparison of OSRI and State Profile for Item 18**

	<b>OSRI October 2022–March 2023 (Foster Care Only)</b>	<b>Percent Children In Custody April 2023 by Race</b>
Black or African American	7; 21.2%	30%
White	18; 54.5%	57%
Hispanic	6; 18.2%	
Multi Race	2; 6.1%	8%
Other		5%

Source: OSRI and State Data

All seven of the black or African American cases were rated a strength, while 14 of the 18 white cases (77.8%) were rated a strength.

### ***Strengths and Needs***

A new NC DHHS transformation initiative has brought together leadership from divisions across the department to address the well-being of children. One of the three major workgroups in this initiative is assigned to focus services needed to promote permanency and well-being for children in foster care. In FY 2022–2023, NC DSS began the Medicaid transformation to Managed Care. The undertaking has required training and change management efforts to be deployed across NC, amongst local casework staff, Medicaid administrators, and community-based care coordinators. To this regard, several webinars were presented in 2022–2023 and made available on the state’s online resource library page, and at <https://NCSWlearn.org/>, North Carolina’s learning site for human services professionals, including other helpful training resources on the topics of child physical and mental health e.g., *Monitoring and Oversight of Psychotropic Medications for Children in Foster Care in North Carolina*.

The RCWCs note continued improvements in children having their Early Periodic Screening Diagnosis and Treatment (EPSDT) checks within 30 days of entering foster care. Data analysis from QA reviewers during the review period shows there is improvement in workers overseeing the use of prescription medications. Counties need to ensure medical records are in case files. When medical records are updated, caseworkers should ensure that the updated records are included in the case file.

NC DSS will continue work with the LME/MCOs across North Carolina to implement Tailored Plans and Tailored Care Management which covers both physical and behavioral health of child members. Also, NC will continue to incorporate oversight of Item 17 and 18 through the implementation of North Carolina’s Healthcare Oversight and Coordination Plan, and

through other initiatives, e.g., Foster Care Specialty Plans, and various Affinity groups. Partnerships will continue with community associations, e.g., to continue Fostering Health NC, and North Carolina – Psychiatry Access Line (NC-PAL), a free telephone consultation and education program for health care providers to address the behavioral health needs of pediatric and perinatal patients. Behavioral Health Consultants respond to questions about behavioral health and local resources and connect providers to one of on-call psychiatrists to assist with diagnostic clarification and medication management questions.

Further work is being pursued to bring together programs and data to identify and support children’s behavioral health needs in communities. Encourage county, regional and state DSS leadership to host meetings with pediatric providers about the crisis facing children in care and why children need to be seen within certain time frames.

## **2.2 Systemic Factors (Items 19–36)**

North Carolina’s ULT and five (5) design teams were designed to engage families, children, youth, tribes, courts and additional partners and child welfare stakeholders in assessing agency strengths and areas needing improvement, including those identified in the systemic factors. NC uses case review reports, administrative data, and the measures of progress for CFSP goals (found in Section 3.4, Update on 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. 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. Currently, NC DHHS is working through the RFP and vendor selection process (with assistance from the Children’s Bureau Division of State Systems) to select a final contractor with a goal to begin work by end of summer 2023.

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 Intake and 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. Regional Child Welfare Consultants work with agencies through record and data reviews, discussing strengths and concerns when the case updates are not made timely, with the expectation agencies put a plan in place to address deficiencies noted. When there are concerns noted about data at a

statewide level, the Child Welfare Business and Performance Management teams work together to assess the root cause. The results of the assessment may include logging a defect due to system issue, creating a change request for the system to be updated to address the concern, or notification to the County Operations Section Chief and Regional Child Welfare Consultant team to develop a plan of action.

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 (CPPS) for Ongoing Case Management). The counties using legacy systems only update much of the data 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) for dashboards and analytics.

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 2022–2023. 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. In SFY 2022–2023, the primary focus is on the new CPS Intake system.

CPS Intake module design elements were identified, approved, and submitted to CWIS team for integration in the future CWIS system and the CWIS team in partnership with Child Welfare Safety team designed the new intake module in winter 2023. In February 2023 NC DHHS staff began the engagement process for feedback on the design before CWIS development began. The chart below includes the various groups who provided feedback to the design.

**Table 24. CWIS Engagement**

Working Groups In-Depth Feedback	County/State Stakeholder Groups	External Stakeholder Groups
<ul style="list-style-type: none"> <li>• Child welfare Section Safety Team</li> <li>• I&amp;A Users and Business Team Partnership Group</li> <li>• Safety Design Team</li> </ul>	<ul style="list-style-type: none"> <li>• CWSCG</li> <li>• 100 County Directors</li> <li>• ULT</li> <li>• NCACDSS Executive Board</li> <li>• Children’s Services Committee</li> <li>• Eastern/Western Directors Meetings</li> <li>• Other selective outreach to counties</li> </ul>	<ul style="list-style-type: none"> <li>• Family Partners</li> <li>• Evident Change (certification)</li> </ul>

The other selective outreach to counties included 13 agencies that have their own child welfare technology. These conversations focused on what exists in their systems today, resulting in a gap analysis. When feedback from the engagement process or gaps were identified they were assessed with the NC DHHS team. Identified areas that aligned with practice and were feasible, were then identified as system improvements in this process and incorporated into the Intake CWIS design. Development of the ne CPS Intake Module in the CWIS is underway with a planned State and County User Acceptance testing scheduled for July 2023. The new Intake Module will be used by all 100 counties using the CWIS, starting with a pilot in Fall 2023.

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)

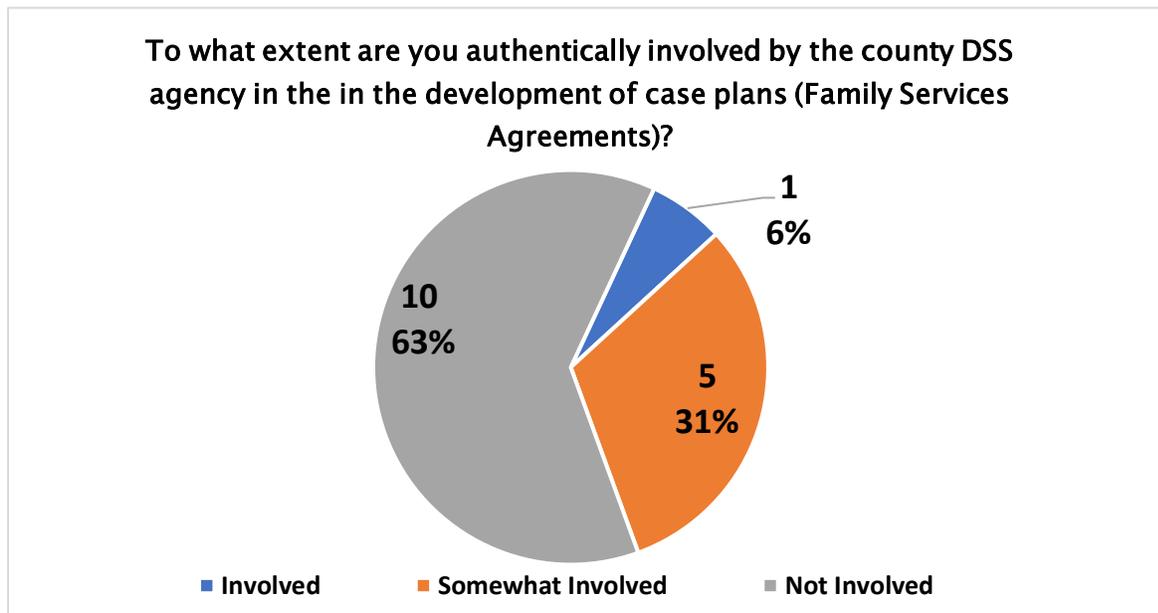
NC’s performance in this item is an area in need of improvement. NC continues to struggle to consistently engage parents in the case planning process according to policy. NC’s performance on OSRI Item 13 (assessment of whether concerted efforts were made to actively involve the child, mother, and father in the case planning process) indicates that NC did not meet federal and state policy expectations.

A continued area of improvement for NC is consistent and quality engagement of children and families in the case planning process. To address this, NC implemented quarterly CQI

meetings across each of the 7 seven regions in SFY 23. The fourth quarter regional CQI meetings, held in May 2023, focused on caseworker visits with children and parents. State and regional data related to quality visits was provided to counties and participants the root causes and solutions to the lack of quality engagement with children and families in visits, as well as how quality visits impact case planning with families. NC is compiling the root causes and solutions at the county, regional, and state levels to determine next steps. NC continues to implement and engage county DSS agencies in practice standards, which impact engagement with families in case planning.

In 2023, NC surveyed birth parents who experienced child welfare interventions to better understand their perspectives on case planning. This was the first time NC has reached out to birth parents in this way, and despite the low response rate, NC gathered valuable information from the results. The 2023 Stakeholder Survey data below indicates that of the 16 birth parents who responded, 63% (10) noted that the county DSS did not authentically involve them in developing case plans. Most of these respondents reported they were involved in case planning in court proceedings and Child and Family Team Meetings. A few respondents noted they engaged in case planning through quality case visits.

**Figure 29. 2023 Stakeholder Survey: Authentic Engagement**



Source: APSR Stakeholder Survey Responses 2023

Father engagement continues to be an area of focus on improving the involvement of families in case planning. NC DSS reported in last year’s APSR of the continued development of NC DSS’ Fatherhood Engagement Initiative. NC DSS explored ways to increase education of county child welfare agencies and their partners to enhance permanency by strengthening their ability to and awareness for engaging fathers and

paternal relatives. NC is in the process of developing a Request for Proposal for 24/7 Dad, a statewide program as part of the Fatherhood Engagement Initiative.

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

Periodic Reviews (Item 21)

As stated in last year’s APSR, QA reviewers continue to note most counties are conducting periodic reviews more frequently than required. Although initial adjudication is a struggle, once the adjudicatory hearing is held, counties hold regular reviews. During COVID–19, several judicial districts utilized available technology to hold virtual hearings. Local agencies in those districts found that while they could not hold every hearing virtually, they were able to hold a significant number of hearings. To date, those districts continue to utilize virtual hearings as a resource to combat delays. As a result, AOC is moving to ensure every district has the equipment and technology to utilize virtual hearings. Since last year’s report, AOC is in the process of implementing a new technology, the Odyssey System.

NC continues to collect data on the median length of time 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 recently completed federal fiscal years is shown in the table below.

**Table 25. Frequency of Subsequent Permanency Hearings**

	FFY 2019–2020	FFY 2020–2021	FFY 2021–2022
CIP Measure 2: Days to All Subsequent Permanency Planning Hearings	139	123	119

Source: JWISE CIP Data

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 three (3) federal fiscal years, NC successfully kept the median length of time between court reviews below 5 months, with the previous FFY year median length occurring under 4 months. NC attributes these improvements to statutory changes that occurred in 2021, requiring permanency planning hearings to be complete within 90 days of the dispositional hearing.

NC will continue regular meetings with AOC as part of the Court Improvement Program to improve data collection in both AOC data system and Child Welfare Information System to increase capacity to track child welfare court hearings.

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 26. Permanency Planning Hearings**

		FFY 2019–2020	FFY 2020–2021	FFY 2021–2022
CIP Measure 1: Days to First Permanency Hearing	PPH to be held 364 days (12 months) from the day child entered foster care	274 days	283 days	223 days

Source: JWIS CIP Data

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 three (3) federal fiscal years. Data above shows approximately a 2 month decrease in the in the median days to the first permanency planning hearing over the last 2 federal fiscal years. The primary cause may be attributed to the law established approximately 18 months ago changing the frequency of hearings to 90 days after the initial disposition and every 6 months thereafter.

Although pleased with the data on median performance, NC DSS acknowledges that it does not have data on how frequently (or not) initial or subsequent permanency planning reviews occur and does not have a statewide system that helps proactively assure that hearings are timely. As mentioned above, NC DSS will continue to discuss with AOC, the need for child welfare court data. As a concurrent strategy, NC DSS will work to ensure that the statewide Child Welfare information System, as it is developed and implemented over the next few years, will have the capacity to track court hearings.

NC will continue to improve how data measures are tracked in both of the new AOC and CWIS systems.

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

Termination of Parental Rights (Item 23)

NC DSS policy requires if the permanent plan is adoption, 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.
- 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.
- As stated in last year's APSR, NC DSS recognizes data in this item as an area that needs to be built into the statewide case management system to better track performance. NC DSS program staff are holding regular monthly meetings with CWIS staff to assist in communicating these data needs.

#### Notification of Caregivers (Item 24)

Requirements are 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. Data from the previously mentioned 2023 Stakeholder Survey indicates that many caregivers find this process ineffective. Also, many caregivers felt that their input was not effectively gathered or addressed at court hearings.

NC intends to include the data measure regarding caregiver notification in the statewide case management system. NC will continue its ongoing communication with AOC at monthly data meetings about including this data measure in the AOC system. North Carolina Division of Social Services acknowledges this as a gap of importance within the NC DSS and AOC systems. Currently, a major root cause is the lack of this data point being measured in any means other than a survey. It remains a priority challenge to resolve via appropriate data measures being made available in CWIS.

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

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

Quality assurance system is an area needing improvement. NC understands that building a strong continuous quality improvement system at the state, regional, and county levels is critical to achieving its vision for child welfare transformation. NC has five (5) trained Quality Assurance Reviewers to conduct reviews utilizing the OSRI. The Quality Assurance Review process is utilized to determine strengths and opportunities for growth in state and county practice and is a foundation for its CQI focus 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 that additional capacity for the Quality Assurance 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 state-wide case record review process for several years. North Carolina's plan 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 Quality Assurance Team participates in monthly Secondary Oversight Calls/ meetings with the Children's Bureau. Technical assistance will also be sought during onsite visits by CB staff as well as through ongoing technical assistance bulletins, trainings, and other forms of communication through the CB website. Prior to and during the CFSR and PIP measurement period, North Carolina Quality Assurance Team will continue to have technical assistance through secondary oversight of cases reviewed and may seek Technical Assistance from other partnering agencies or consultants as needed. The Quality Assurance Review team would benefit from technical assistance related to Data Analysis, pertaining to case reviews. NC will work towards enhancing capacity in FY 2023, to complete development and initial implementation of a CQI model at the state, regional and local levels.

#### *Use of the OSRI and Sampling Plan Here Forward*

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

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

North Carolina returned to selecting samples of cases for review that are representative of the state to track statewide performance. Because North Carolina values the entire state in the case review process, it plans to conduct random sampling of all applicable cases during each 6-month period. Results will be tracked both statewide and by region, and region-

specific reports will be developed and shared with counties by the 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 proposed sampling plan includes the following information:

- North Carolina 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 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 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 the Online Monitoring System 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 and address barriers and inform the level of technical assistance needed.
- Currently NC DSS Quality Assurance staff participate in monthly Secondary Oversight calls with CB Staff. Currently, CB conducts Secondary Oversight on all cases completed by NC DSS Quality Assurance Reviewers to ensure to demonstrate consistency in applying the OSRI.
- In December 2022 All NC DSS Quality Assurance Reviewers including the team manager completed the CFSR Rd 4 OSRI modules which is a series of short videos about areas of the review instrument. In February/March 2023 All NC DSS Quality Assurance Reviewers and the team manager completed a foster care mock Case (Round 3) using the Rd 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 Rd 4 Online Monitoring System (OMS) to all NC DSS Quality Assurance Reviewers and the State CQI Lead. The objective was to provide a demonstration of how to enter a case, overview of the E-Learning Academy, and data reporting functionality.

- NC DSS Quality Assurance Team Manager attends and participates in CFSR Region 4 calls.

### Efforts to Assure the Integrity of Administrative Data

NC DSS contracted with Public Knowledge® (PK) to identify primary errors from review of NC DSS data error reports and the Data Workgroup created a plan identifying area of need for targeted assistance to the counties with the most critical need. The Regional Child Welfare Consultants 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 that there is only one identifying number for children across systems. NC DSS sent communications to counties notifying of needed corrections and asking that they 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 who ensures that state leaders are engaged in the CQI process, coordinates and implements the regional support model approach to CQI, and involves local county child welfare agencies and stakeholders in CQI development. NC DSS continues to facilitate CQI Design Team Meetings for overall guidance and direction for CQI activities for child welfare.

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.
- 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.

Following these meetings, the CQI Design Team reviews the root causes and proposed solutions to identify any needed work in Data Quality. A significant root cause that was identified in the reporting of Placement Stability is the definitions of what constitutes a placement move towards permanence are difficult to understand because there are too

many options for placement types. This has led to inconsistency in reporting by county staff. As a result, NC DSS committed to asking the Permanency Design team to add this to their work for FFY 23–24. The goal being that placement types are better defined so county staff can better report placement moves.

#### Quality Assurance System Operations

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

#### Standards to Evaluate Quality of Services Towards Health and Safety

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

#### Identification of Strengths and Needs of Service Delivery System

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

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

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

#### *Provision of Relevant Reports*

NC uses the OMS to generate quarterly reports that are reviewed quarterly by the Executive Leadership team made up of the Senior 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. 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.

#### *Evaluation of Implemented Program Improvement Measures*

NC's QA system uses the OSRI instrument for case reviews. This provides an excellent assessment of NC's progress overall. NC is developing a CQI plan that includes directing the CQI Design Team to set goals for the coming year for improvement that are based on the seven outcomes on the OSRI instrument. 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 Instrument the primary tool that North Carolina uses to measure performance. NC's upcoming participation in Round 4 of the Child and Family Services Review (CFSR) 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, the ongoing regional meetings along with 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 27. Training Completions by Child Welfare Staff – July 1, 2022–May 26, 2023**

Activities	Total Child Welfare Staff	Total Individual Completions
Completions of 1 or more pre-scheduled courses	2,463	4,161 completions (representing 26 pre-scheduled courses)
Completions of 1 or more online/on-demand child welfare courses	3,776	22,377 ( <i>representing 47 on-demand courses</i> )
<b>TOTAL</b>	<b>4,305</b>	<b>26,538</b>

Source: NCSWlearn.org

A total of 2,463 child welfare staff in public and private child placing agencies completed one or more pre-scheduled courses, totaling 4,161 training completions. A total of 3,776 child welfare staff in public and private child placing agencies completed one or more online on-demand child welfare courses (registration not required), totaling 22,377 completions. A total of 4,305 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 provides initial training for new employees through a course titled “Child Welfare in NC: Pre-Service” (PST). All new NC child welfare staff working in a public Department of Social Services are legally mandated to attend this 3-week, or 72-hour, blended course prior to direct client contact.

NC has a two-step process of evaluating whether new staff who are required to complete pre-service training did complete the course. The 2022 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 28. New Hires January 2022–December 2022**

Dates	New child welfare workers hired	New child welfare workers who were required to complete PST
January 1, 2022– December 31, 2022	1,187	906

Data Source: NC 2022 Child Welfare Staffing Survey

Staffing survey data in the table above indicates that 906 new workers hired in the calendar year 2022 required pre-service training. NC DSS offered fifty (50) Pre-Service Training events during Jan.1-Dec.31,2022. A total of 991 individuals submitted one or more registration applications to these events for a total of 1,279 registration applications processed during this period. The table below breaks down the training attendance status for each of the 991 individuals who submitted a registration application to attend Pre-Service Training:

**Table 29. Completion Rates for Pre-Service Training (PST)  
January 2022–December 2022**

Participant Status	# Participants
Complete	827
Incomplete	22
Waiting List/Event Full*	0
Cancelled	105
No Show	5
Ineligible	32

\*Includes only individuals who were not admitted in the training during this period  
Source: NCSWlearn.org

The data above indicates that a total of 127 individuals (22 incompletions and 105 cancelations) did not complete Pre-Service, which may illustrate a high number of staff leaving the NC child welfare workforce; more data analyses would be needed to confirm this assumption.

**Table 30. NC Pre-Service Individual Completions & Events 2021–2023**

Dates	Completions	Events Delivered
July 1, 2022–May 26, 2023	661	41
July 1, 2021–May 13, 2022	692	39
July 1, 2020–April 30, 2021	491	29

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.

**Table 31. Breakdown of NC Pre-Service Completions: July 1, 2022 – May 26, 2023**

Participant Status	# Participants
Complete	661
Incomplete	34
Waiting List/Event Full*	0
Cancelled	249
No Show	5

\*Includes only individuals who were not admitted in the training during this period – Source: NCSWlearn.org

Out of the 34 individuals with “incompletion” status:

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

NC DSS experienced a high rate of training cancellations. The high cancellation number is also related to turnover. Many of the cancellations were from staff who enrolled in a pre-service training event and left the agency prior to attending. Out of the 249 cancellations, 126 individuals who canceled their registration application one or more times re-registered for an event and received “completion” within this time period.

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

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

**Table 32. PST Pre-and Post-Survey Responses: Improvement of Knowledge**

Competency Measure	Pre-Survey	Post-Survey
I can conduct a Child Protective Services investigative assessment.	61.7%	86.4%
I can conduct a Child Protective Services family assessment.	62.7%	87.1%
I have acquired strategies to assist the adjustment of children and their caregivers to a new placement.	65.6%	88.7%
I have acquired skills to maintain family relationships for children in out-of-home care.	66.4%	89.2%

Source: NC 2021 Child Welfare Staffing Survey

Pre- and post-survey data have been collected by our UNC partners for the pre-service course completed by new hires from July 2020–January 2023. For each competency measure, the mean rating was higher on the post-survey compared to the pre-survey, suggesting respondents saw improvements in competencies after completing the training. The surveys have a total of 56 competency measures.

The four competency measures in the above table were specifically selected for this report because they describe the main job duties of CPS Assessment and Permanency Planning

staff. We need to know if staff can do their jobs when they leave PST. The data suggest that new hires who complete pre-service training perceive an average 23.75% increase in their knowledge. However, it has been identified that the survey questions need to be revised so more data can be gathered that gets at whether they left PST knowing how to do their jobs.

With the Pre-Service Training Redesign Project in progress, described in detail below, NC plans to improve the post-survey averages to at least 90%. NC's Training Redesign project has developed training to improve these data points, so child welfare staff leave initial mandated training knowing how to do their jobs, particularly in the areas of CPS Assessments and Permanency Planning. Additionally, the updated evaluation methodology that accompanies the redesigned pre-service training will measure a worker's demonstrated knowledge and skillset as opposed to their perceived knowledge and skills.

Another challenge in assessing the effectiveness of the current pre-service training is that the Participant Satisfaction Feedback Surveys (PSF) completed by the participants directly after training have not been providing relevant data. This is due to:

- The questions on the survey do not accurately assess skill acquisition or demonstrated skill and instead assess the worker's perception of their skill.
- Completing surveys directly after training does not adequately assess ongoing application of knowledge or skill development and only considers a point in time estimate of knowledge gain.
- Usefulness of the current PSF is limited due to extremely low response rates.

To address this challenge, NC DSS worked with the vendor of the Training Management System to revise the questions on the PSF and developed a plan to implement surveys 3 and 6 months after leaving training. Survey completion is not required, which is attributed to the low response rate. NC DSS is exploring a requirement for staff to submit the PSF as a prerequisite to receiving a training status of "Complete" to increase survey participation.

To further assess the effectiveness of the pre-service training, during a Joint Planning Session on March 1, 2023, workers, supervisors, birth parents, resource parents, court partners, and youth were surveyed and asked the question, "To what extent are new county DSS staff prepared to deliver services after completing pre-service training?" Their responses are reflected in the below table.

Table 33. Stakeholder Survey

Stakeholder	Number of Respondents	Very Prepared	Prepared	Somewhat Prepared	Not Prepared	Don't Know
Workers	90	13%	25%	44%	18%	N/A
Supervisors/Program Managers	145	1%	24%	49%	26%	N/A
Birth Parents	16	0%	31%	37%	19%	13%
Foster/Adoptive/Kin Parents	16	18.8%	0%	18.8%	25%	37.5%
Court Partners	179	1%	17.3%	37%	19%	24%
Youth	12	0%	17%	25%	0%	58%

Source: Stakeholder Survey 2023

Qualitative data were also collected during the Joint Planning Session from a focus group with approximately 30 DSS directors, program managers, and supervisors. The focus group was asked the following scaling question, “On a scale from 1 to 10, with 1 being not prepared at all and 10 being as prepared as they can be, how prepared are workers to deliver services to families after pre-service training?” The majority of the group answered with the number 1, 2, or 3 and no one in the group scaled this question over 5, indicating that all participants in the focus group feel that workers are not prepared, or well-prepared, to deliver services to families after completion of pre-service training. Results from the survey and the focus group further confirmed that the revision of our pre-service training is needed, which supports the investment NC has made in its child welfare workforce as part of CFSP Goal 3.

#### 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. The following are the goals of the Pre-Service Training Redesign Project:

- Provide new workers with a training experience that encompasses the knowledge, skills, behaviors, and real-time skills practice needed to engage families and improve safety, permanency, and well-being outcomes.
- Provide training and support that encourages worker retention during a time of high turnover.
- Align with North Carolina's newly revised Practice Model that includes the practice standards, revisions to the Structured Decision-Making Tools, and Safety Organized Practice.
- Maximize resources at the county, regional, and state levels while providing clarity on roles and responsibilities for providing instruction, feedback, support, and guidance to new workers.

Public Knowledge® was the vendor selected for this project. A thorough Academy Model Training Assessment of the existing pre-service training curriculum was completed. The comprehensive process included assessing training needs, collecting data, and managing limitations and risks. Through this process, concrete recommendations for curriculum revisions were provided to meet the needs of child welfare staff as they begin their child welfare careers. The Training Design Plan was finalized and approved in May 2022.

Once the Training Design Plan was approved, development and finalization of a new pre-service training Curriculum was achieved. The redesigned curriculum provides new workers opportunities to practice knowledge, skills, abilities, and behaviors grounded in realistic on-the-job experiences.

The redesigned training includes two new curricula:

- Foundation Training
- Core Training

Foundation training is a four-day, instructor-led training for child welfare new hires that do not have a social work or child welfare-related degree. Staff with a background, degree, or experience in child welfare or a social work-related field can be exempt from Foundation Training. The purpose of this training is to provide a foundation and introduction to social work and child welfare. After completing Foundation training, these new hires continue their training and job preparation with Core Training. The Foundation Training includes approximately four hours of e-Learning pre-work that must be completed prior to attending classroom-based training. Once the e-Learning pre-work has been completed, learners continue to approximately three and a half days of classroom-based training.

Core Training is required for all new child welfare staff, regardless of degree or experience. This course provides an overview of the roles and responsibilities of a child welfare worker

in North Carolina working with families throughout the duration of their involvement with the child welfare system. The course provides opportunities for skills-based learning labs. Core Training includes 18 days of classroom-based training, completed over six consecutive weeks.

The redesigned training includes a new training cadence that provides for three classroom-based training days per week. Learners then have two days per week back at their county DSS agencies. During their time at their agencies, they complete mentoring activities, such as on-the-job training and observation, as part of their Core Training and have the opportunity to attend to their casework duties, as applicable.

The redesigned pre-service training is being delivered in an Innovation Zone in Region 6 that began in February 2023 and will continue through September 2023. The Innovation Zone will consist of three training cohorts over this period that are delivered in three different locations within the region. Train the Trainer Workshops were facilitated to NC DSS training staff in January and February 2023 and the first training cohort kicked off on February 20, 2023, and was completed on April 6, 2023. Eleven child welfare workers completed the first training cohort. The second cohort began on May 9, 2023, and will end on June 23, 2023. Nineteen child welfare workers registered for the second training cohort. The third cohort will take place between July and September 2023.

The redesigned pre-service training includes substantial support for child welfare supervisors. Supervisors play a pivotal role in translating and fulfilling their agencies' missions and values, which leads to improved child welfare outcomes for children and families. Supervisors affect the quality and effectiveness of casework practice, influence agency culture, and have a direct correlation with staff retention. Given the crucial role supervisors play in supporting frontline staff and ensuring effective practice with families, NC DSS designed supervisory support materials and a Supervisor Community of Practice. This level of support has never been offered to NC supervisors before, and with this support comes increased responsibility to support staff.

- As part of the pre-service training redesign, the Supporting New Workers During Pre-Service Training: Guide for Supervisors was 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 will provide supervisors with skills and behaviors that they can observe in their new workers as they complete their pre-service training and begin their work with children and families. The guide provides concrete strategies that supervisors can use with their new staff week-by-week as they complete pre-service training. Supervisors will have the knowledge of how to support their staff as they come back to the agency in between classroom days.

- NC DSS recognizes that with the longer pre-service training curriculum, supervisors will need to be more involved in the transfer of learning process, including assisting workers to make up missed classroom time as needed. The Transfer of Learning Tools was revised to be more thorough and encourage more detailed conversations between supervisors and workers about what is being learned in the classroom. The Transfer of Learning Tool has been designed to include distinct steps where the worker and supervisor highlight their goals and action plan related to participating in training, reflect on lessons and outstanding questions, and create an action plan to support worker growth.
- In addition to the supervisory guide and Transfer of Learning Tool, a Supervisor Community of Practice (CoP) has been convened for supervisors in the Innovation Zone. The CoP was created to allow supervisors of workers registered for training in the Innovation Zone the opportunity to engage with other supervisors within the region. The purpose of the CoP is to provide additional support and guidance to supervisors so they may support their new workers using best practice standards. The CoP will provide supervisors with the opportunity for peer-to-peer learning with other supervisors within their region that are supervising new staff. Supervisors will discuss and receive support on transfer-of-learning strategies that they have implemented or wish to implement but may need additional support prior to doing so. The CoP will be evaluated, and revisions will be made to the CoP as necessary prior to statewide implementation of the redesigned pre-service training.

Stringent evaluation processes have been embedded throughout and after the pre-service training in the Innovation Zone. Information will be collected in the Innovation Zone as part of the evaluation methodology. Information will be collected from trainers, participants, and supervisors via various evaluation tools. Evaluation of the pilot will be conducted through:

- Pre-and Post-Tests to assess knowledge gained from the training.
- Observation of the pilot training to gather information on the effectiveness of the curriculum to meet its stated learning outcomes, to assess the modality of the training, and to observe trainer effectiveness to identify strengths and needs.
- Satisfaction surveys at the conclusion of each cohort, which includes surveys at the completion of the Foundation curriculum and again at the completion of the Core curriculum.
- Focus groups with key groups of participants including trainers, participants, supervisors of participants, youth and families (as part of the Workforce Design Team), judges and legal community members, and others to identify challenges, barriers, and successes to the curriculum to inform any needed curriculum revisions.

Preliminary results from the training evaluation of cohort 1 highlight the benefits of the enhancements made to the content, particularly content related to Diversity, Equity, Inclusion, and Belonging, and assessing for safety and risk. Trainers, supervisors, and participants all noted increased knowledge gain and worker confidence following training as compared to the prior version of the pre-service training.

All of the information gathered through the evaluation will be synthesized and analyzed to determine needed revisions to the curriculum through each of the three cohorts. After the completion of the third cohort in September 2023, all the evaluation data will be compiled into an evaluation report. This report will inform curriculum revisions, which will be made in November and December 2023. A final pre-service training curriculum will be issued in December 2023.

Statewide implementation of the pre-service training is set to begin in January 2024. A statewide implementation plan is being developed, which will inform implementation methodology. Statewide implementation will occur in a regionally based phased approach, which will account for staffing capacity needs as well as allow for minimal interruption in training delivery within the NC DSS child welfare regions.

#### Ongoing Training (Item 27)

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

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

Once workers and supervisors have completed pre-service training, staff are eligible to enroll in courses specific to the child welfare role they perform. The nine core courses listed in the table below provide basic knowledge of child welfare practice and policy for each respective job function. The table captures the job-specific function course completions per Functional Area from July 2020 through December 2022.

**Table 34. Pre- and Post-Survey Data: PST Completions per Functional Area  
July 2020–December 2022**

Functional Area	PST Completions per Functional Area
CPS Intake	94
CPS Assessments	741
CPS In-Home Services	246
Permanency Planning	395
Family Foster Home Licensing	99
Adoptions	35
Blended Services	66
Prevention Services	14
Other	151

Source: 2023 NC Child Welfare Staffing Survey

Data from pre- and post-surveys referenced above show that in a 30-month period, over 40% of child welfare staff who completed Pre-Service Training were hired for CPS Assessments, with Permanency Planning being the second highest functional area for hires with over 21%.

**Table 35. Ongoing Training Completions: July 2022–May 2023**

	CPS Intake	CPS Assessments	CPS In-Home	Permanency Planning	Adoptions	Foster Home Licensing
# Events Held	10	23	13	13	5	5
Complete	145	329	192	162	60	84
Incomplete	15	58	18	17	3	2
Waiting List /Event Full	119	51	24	133	13	31
Cancelled	76	155	84	86	19	22
No Show	12	36	18	17	5	2

Source: NCSWlearn.org

To further assess the effectiveness of ongoing training, during a Joint Planning Session on March 1, 2023, supervisors/program managers were asked, “Do your staff complete the ongoing training requirement?”, and workers were asked, “Are you able to complete your ongoing training requirement annually?” Their responses are reflected in the below table.

Data from this survey indicates that NC DSS offers ongoing training frequently enough to meet the ongoing training needs of workers and supervisors.

**Table 36. APSR Stakeholder Survey Responses: Completion of Ongoing Training 2023**

Stakeholder	Number of Respondents	Yes, staff complete their ongoing training requirement	No, staff do not complete their ongoing training requirement
Workers	90	92%	8%
Supervisors/Program Managers	145	83%	17%

Source: Stakeholder Survey 2023

Additionally, birth parents, resource parents, court partners, and youth were asked, “How frequently does NC DSS provide training to staff?” A majority of respondents indicated they were unaware of how frequently ongoing training is offered, which indicates a disconnect with stakeholders’ understanding of the North Carolina child welfare training system. To address this, NC DSS will provide communication to stakeholders to increase awareness of training requirements and training courses, including the Track Training Redesign Project which is detailed below.

**Table 37. APSR Stakeholder Survey Responses: Frequency of Ongoing Training March 2023**

Stakeholder	Number of Respondents	Very Frequently	Frequently	Somewhat Frequently	Not Frequently	Don’t Know
Birth Parents	16	N/A	N/A	N/A	N/A	N/A
Foster/Adoptive/Kin Parents	16	6.2%	6.2%	18.8%	0%	68.8%
Court Partners	179	2.8	11.7%	11.2%	3.4%	71%
Youth	12	0%	8.3%	8.3%	0%	83.3%

Source: Stakeholder Survey 2023

*Additional Mandatory Ongoing Training*

In addition to the required job-specific courses, 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. Child welfare workers and supervisors who assume a new job function within their agency or a new agency and have met the pre-service training requirements based upon their date of employment must attend the 200 series, Tier 1 training within the first year of assuming the new job function role.

**Table 38. Ongoing Training Completions: 200 Series Classroom–Tier 1**

	<b>Building Cultural Safety</b>	<b>Child Development</b>	<b>Legal Aspects</b>	<b>Medical Aspects</b>
# Events Held	11	27	n/a	24
Complete	174	531	805	580
Incomplete	6	121	n/a	99
Waiting List/Event Full	185	20	n/a	105
Canceled	140	109	n/a	99
No-Show	19	39	n/a	134

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 the month of June 2023.:

- Annual Policy Update Webinars
- Structured Decision Making in Practice
- 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
- Substance Affected Infants: Plan of Safe Care
- Foster Care 18 to 21: Extended Foster Care as a Safety Net for Young Adults
- Shared Parenting
- Building a Successful LINKS Program
- Permanency Planning Contact Record

Annual Child Welfare Policy and Practice Update Webinars

In March 2022, NC DSS first iteration of a mandatory, annual course that provides staff with an overview of the changes to law, policy, and practice was delivered via a webinar. The first event was titled “2020–2021 Child Welfare Annual Policy and Practice Update,” and was offered in March 2022. An additional webinar was offered in December 2022. This webinar was titled, “2021–2022 Child Welfare Annual Policy and Practice Update” and provided updates about law, policy, and practice changes in 2021–2022. Below is the completion data for these courses.

**Table 39. Child Welfare Policy and Practice Annual Update Webinars: Completions July 2022–May 2023**

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

Source: NCSWlearn.org

Structured Decision Making in Practice

In July 2022, a training was delivered for state staff titled, “Structured Decision Making in Practice.” Regional Child Welfare Consultants and Staff Development Trainers attended the training and learned about key decision points in structured decision making, Safety Assessment and Risk Assessment planning and completion, Harm and Danger Statements, use of Temporary Safety Providers, Solution–Focused Supervision, and Appreciative Inquiry.

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 and supervisors. Except for the implementing e–Learning module that will be deployed in July 2023, all other e–Learning modules for leaders have been deployed. Below is the completion data for the e–Learning module series. All trainings for the Practice Standards are mandatory for staff to complete.

**Table 40. Ongoing Training Completions:  
NC Practice Standards for Leaders: Completions October 2022–June 2023**

Practice Standard	Module Launch date	Completions
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Intro .to the NC Practice Standards	10/1/22	1676
Communicating	3/20/23	175
Engaging	4/17/23	90
Assessing	5/15/23	58
Planning	6/12/2023	18 (as of 6/15/2023)
Implementing	Scheduled launch in 7/2023	Not Available

Source: ncswwlearn.org

Table 41. Ongoing Training Completions:  
NC Practice Standards for Supervisors: Completions April 2022–May 2023

Practice Standards e–Learning	Module Launch date	Completions
Communicating	4/25/22	924
Engaging	5/31/22	874
Assessing	6/27/22	882
Planning	8/1/22	753
Implementing	9/1/22	710

Source: NCSWlearn.org

Table 42. Ongoing Training Completions:  
NC Practice Standards for Workers: Completions October 2022–May 2023

Practice Standards e–Learning	Module Launch date	Completions
Communicating	10/1/22	2,201
Engaging	11/1/22	2,171
Assessing	12/1/22	2,043
Planning	1/1/23	1,723
Implementing	2/1/23	1,453

Source: NCSWlearn.org

### North Carolina Practice Standards Office Hours for Supervisors

In addition to the practice standards e–Learning modules, NC DSS provided five Practice Standards Office Hours sessions for Supervisors from October 2022–April 2023. The purpose of the Office Hours was to provide updates related to the implementation of the

practice standards, as well as additional skills practice. These sessions were well attended. Sessions were held on the following dates:

- October 25, 2023, Supervisors Practice Standards Office Hours on Communicating
- December 7, 2023, Supervisors Practice Standards Office Hours on Engaging
- January 25, 2023, Supervisors Practice Standards Office Hours on Assessing
- March 14, 2023, Supervisors Practice Standards Office Hours on Planning
- April 19, 2023, Supervisors Practice Standards Office Hours on Implementing

A practice standards champions training was developed and delivered twice to approximately 50 total supervisors and middle managers to further develop their skillset on the practice standards, as well as how they can support workers and peers in their counties and regions in the implementation of the practice standards. The learning objectives for the practice standards champions training were:

- To increase understanding of the champions' roles in communicating, engaging, assessing, and implementing in an organization
- To increase skills of staff by using skills practice to demonstrate okay, better, best behaviors of the supervisor practice standards in each of the essential functions
- To increase understanding of their role in assisting staff/supervisors in implementing their practice standards

#### *Family First Prevention and Services Act (FFPSA) Training*

As part of the FFPSA implementation pilot in the FFPSA Innovation Zone, NC DSS has developed training materials to prepare county child welfare staff for FFPSA implementation. FFPSA training was provided to staff in eight counties in Social Services Region Two who self-selected to participate in the FFPSA Innovation Zone. The six-hour training was provided to in-home services staff who attended one of four training sessions held during the week of May 8, 2023. During the training, staff were introduced to new case plans, candidacy determination forms, and the first FFPSA service, HOMEBUILDERS®, which will become available later in 2023. Staff will be testing the new materials and applying the training during an eight-week pilot period and providing feedback to NC DSS on recommendations for improvement before finalization of the training and materials for use with statewide implementation.

Concurrently, NC DSS is utilizing the contract with UNC to develop three one-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. This training is scheduled to be deployed after July 1, 2023. The content areas of the three one-hour trainings will provide child welfare workers training on, 1) Family First Prevention Services ACT and North Carolina's FFPSA-related

policies and forms; 2) evidence-based programs included in North Carolina's Title IVE Prevention Plan; and 3) FFPSA IV-E eligibility.

### *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. One Office Hours session was offered each month from January–June 2022. Each session focused on a different area of policy. Within the last year, two more were provided on the following dates:

- July 2022: Rapid Response Policy and Referral Process
- November 2022: Verification of Custody Letter

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

### *Shared Parenting*

This course contains an online self-paced component with a live online session. NC DSS has not yet opened enrollment for this course and there is no data to report. The course is designed to be foundational training for all child welfare staff. This training explores the philosophy, rationale, and benefits for practicing shared parenting in child welfare services. Practical strategies, tools, and techniques for facilitating the shared parenting partnerships between the agency, birth parents, and resource parents are emphasized. The roles that child welfare workers play in developing, encouraging, and facilitating the relationships between the agency, birth families and resource parents will be explored in depth. This training will emphasize the importance of agency supported partnerships among birth families and resources with a focus on shared parenting as an essential element of family-centered practice leading to the best outcomes for youth in care. See Appendix E: Training Plan Update for more details.

### *Permanency Planning Contact Record*

This self-paced, online course describes the purpose of the Monthly Permanency Planning Contact Record (DSS-5295) and how it can be used as tool for engaging children, youth, and placement providers. This course integrates policy, guidance, and skill development for child welfare professionals by providing strategies to prepare for monthly home visits; assess safety, permanency, and well-being of children experiencing the foster care system. See Appendix E: Training Plan Update for more details.

### *Substance Affected Infants: Plan of Safe Care*

This is a self-paced online course that will assist child welfare professionals to understand what needs to be addressed within the North Carolina Division of Social Services Plan of Safe Care, DSS-6191, to safely respond to the needs of substance affected infants. This course integrates policy, guidance, and skill development by providing resources and strategies to engage families in the development of a plan. See Appendix E: Training Plan Update for more details.

*Foster Care 18 to 21: Extended Foster Care as a Safety Net for Young Adults*

This course was deployed in June 2023 on the NC DSS LMS. It is an online course that will provide participants with the knowledge and skills necessary to work effectively with young adults in the extended foster care program in NC. Throughout the course, participants will learn about the purpose of the program, policy requirements for county agencies and child welfare staff, and how to support young adults as they transition from foster care to independent living. See Appendix E: Training Plan Update for more details.

*Building a Successful LINKS Program*

This self-paced, online course will provide participants with the knowledge and skills necessary to build and sustain a local LINKS program that is tailored to the unique needs of youth in the program. Throughout the course, participants will use a Program Planning Framework to assess the strengths of their program and will develop a plan for addressing the needs of their program. See Appendix E: Training Plan Update for more details.

**Table 42. Training Completions for Courses deployed June 1–30, 2023**

<b>Course Title</b>	<b>Deployed Date</b>	<b>Total # Staff Completions</b>
<b>Shared Parenting</b>	6/4/23	N/A
<b>Permanency Planning Contact Record</b>	6/5/23	70
<b>Substance Affected Infants: Plan of Safe Care</b>	6/20/23	113
<b>Foster Care 18 to 21: Extended Foster Care as a Safety Net for Young Adults</b>	6/20/23	25

<b>Building a Successful LINKS Program</b>	6/27/23	8
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300-Series Ongoing Training

Ongoing training events offered in the 300 series provide child welfare staff with knowledge and skills practice regarding specialized and related topics that are associated with child maltreatment and achieving permanence for children. These courses are designed to refine the knowledge and practice that child welfare staff has previously gained through the 100 series, 200 series, and on-the-job training. The 300 series training events are targeted toward child welfare staff who possess more than one year of child welfare experience. Many of the training events in this series incorporate a high degree of skill development among the participants.

Training that is offered in the 300-Series includes:

- Adoption Assistance and KIN GAP: “What Social Workers Need to Know”
- Adoption Assistance Eligibility
- Advanced Practice Skills with Child Welfare-Involved Families
- Advocating for Child and Adolescent Mental Health Services: The Basics of Behavioral Health Managed Care
- Collaborative Case Planning
- Court: Roles and Obligations of Foster Parents, Social Worker-Only Version
- Domestic Violence Policy and Best Practices in Child Welfare
- Drafting Abuse, Neglect, or Dependency Petitions with or without Requests for Non-Secure Custody
- Engaging the Non-Resident Father for Child Welfare
- Foster Care 18 to 21: Extended Foster Care as a Safety Net for Young Adults
- Human Trafficking – How to Identify and Serve Victims
- IV-E: An Overview
- Kinship Guardianship Assistance Program: Supporting Kinship First Permanency
- LINKS 101
- Managing Change in Child Welfare: A Course for Agency Leaders
- Medicaid Administrative Claiming for Adults and Children
- Methamphetamine: What a Social Worker Needs to Know
- Money Matters: Foster Care Funding Basics

- North Carolina Pre-Service Training Overview
- Opioid Misuse and Child Welfare Practice
- Partnering with Parents of All Ages and Stages to Strengthen Caregiver Capacity
- Preventing Premature Case Closure in CPS In-Home Services: A Course for Supervisors
- Responding to Child Sexual Abuse
- Secondary Stress: A Course for Supervisors and Managers
- Secondary Traumatic Stress: Strategies for You
- Substance Affected Infant: Plan of Safe Care
- Substance Use: How to Work with Families Affected by Drugs and Alcohol
- Supporting Effective Documentation: A Course for Supervisors
- TIPS-Deciding Together Train-the-Trainer for Becoming a Therapeutic Foster Parent
- Train-the-Trainer for Becoming a Therapeutic Foster Parent
- Trauma-Informed Partnering for Safety & Permanence: Model Approach to Partnerships in Parenting (TIPS-MAPP)
- Trauma Screening 101
- Understanding and Intervening in Child Neglect
- Understanding Child Mental Health Issues
- Welcome to Supervision
- Working Safe, Working Smart

### Track Training Redesign Project

Beginning in December 2022, NC DSS kicked off the Track Training Redesign Project. This project's implementation strategies were 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. With the large number of courses offered, North Carolina's structure of delivering ongoing training is a challenge that has created barriers for child welfare staff. New workers must complete several standalone trainings to learn all the policies and practices related to their specific job function to be prepared for child welfare work with children and families. This is time-consuming and staff who do not complete one or more standalone training do not have the information they need to effectively complete their job functions. To address this, NC DSS is working to redesign its ongoing training system.

The following are the goals of the Track Training Redesign Project:

- Provide workers with a robust child welfare training curriculum that teaches the knowledge, skills, behaviors, and real-time practice needed to engage families and improve safety, permanency, and well-being outcomes.
- Provide support for new workers with onboarding, completing on-the-job learning experiences, and continued learning opportunities for new workers after completion of pre-service training to encourage worker retention during a time of high turnover.
- Align with North Carolina's newly revised Practice Model that includes the practice standards, revisions to the Structured Decision-Making Tools, and Safety Organized Practice.
- Maximize resources at the county, regional, and state levels while providing clarity on roles and responsibilities for providing instruction, feedback, support, and guidance to new workers.

An assessment of the current 200-level training curricula was completed in May 2023. The scope of the assessment included interviews and focus groups with NC DSS county and state staff, reviews of past NC DSS child welfare training assessments, and a review of current curricula. Key findings from the assessment included:

- The 200-level training curricula are outdated and focus on training policies and not training new staff on developing skills needed to work with children and families. The training does not reinforce practice, focuses on teaching new staff how to complete forms instead of how to work with families, and focuses on compliance.
- New workers completing training are not fully prepared to work with families. There is currently no mechanism to assess new workers' skillset upon training completion. There are limited opportunities for transfer of learning activities, coaching, and mentoring new workers during the training process.
- There is a lack of consistency in training across the state. There is a lack of agreement among counties regarding what training is needed for new workers to complete before working with families and when that training should be completed. There is not enough support and guidance for supervisors as they onboard and prepare new staff for child welfare work with children and families.
- A plan is being developed to address all key findings from the assessment. Once the Training Design Plan is finalized and approved, content will be developed for modules for each of the new Track Training courses, which includes new courses for Intake, CPS Assessment, In-Home Services, Permanency Planning, and Foster Home Licensing. The training curricula will be developed in FY 2024. All new courses will be evaluated for effectiveness. This project will enable NC to build on the successes of its Pre-Service Training Redesign Project to move us towards an Academy Model of Training to offer its child welfare workforce.

### Implementation of a Workload/Caseload Survey

North Carolina's child welfare workforce has a turnover rate exceeding 30%. In part, this is due to increased workloads as workers are spending 78% of their time on casework/paperwork and only 20% of their time with families, which impacts outcomes for children.

Casework does not encompass the entire scope of work included in child welfare workers' duties. Consequently, NC DSS issued a Request for Proposals to conduct an in-depth workload study for a better analysis of how workload contributes to turnover. 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.

In October 2022, Public Consulting Group, LLC (PCG), was awarded the contract to conduct a statewide caseload/workload study. NC DSS established a Steering Committee, and a project kick-off meeting was held with PCG. NC DSS reviewed and approved PCG's project charter. This firm will provide recommendations for NC DSS to streamline internal processes, more equitably allocate staff and contracted resources statewide, reduce workload through technology, reduce staff attrition, and increase direct service time. During the kickoff meeting, it was agreed that PCG and NC DSS's Steering Committee will begin monthly meetings to evaluate the ongoing work. PCG will submit a final report by the end of September 2023.

The overarching goal of the study is to review current workloads for program area workers and staff at various levels of the organization, including supervisors, administrative support, and management, and to make recommendations regarding manageable workloads for all in these programs.

Achieving this goal involves meeting the following three objectives:

- Understand the routine activities conducted by child welfare staff within each program and at various levels of each program to fulfill their duties.
- Understand the time needed to complete all mandated and/or generally recommended practice activities.
- Estimate the time required to engage in these mandated practices and, to the extent practicable, to include consideration of state-of-the-art practice that is reflected in national standards and developing initiatives in the field.

A review of NC Child Welfare policy manuals and created a list of case types and tasks that staff perform. NC DSS determined data needs and submitted them to PCG, including a variety of county sizes, locations, and populations served.

NC DSS notified the counties of the workforce study, via Dear County Director Letter, detailing the purpose and the next step of the process, conducting regional focus groups. The purpose of the focus groups is to identify and validate the range of activities that must be completed to manage a case successfully and in accordance with policy.

County directors selected 1 to 2 staff from the following child welfare program areas to participate in the focus group applicable to their region:

- Intake
- CPS Assessment
- CPS In-home/Family Preservation
- Permanency Planning/Foster Care
- Adoption
- Foster Family Home Licensing

The participants for the focus groups included new and seasoned workers and supervisors from small, moderate, large, rural, and metropolitan counties. Also in attendance were administrative support staff whose responsibilities are specific to child welfare. At least two state-level staff attended as well. During the focus groups, PCG walked through the draft case types and tasks list and worked with participants to confirm the activities completed on a day-to-day basis that have been identified and that the descriptions listed are accurate. Data aggregation is in process and should be available in May.

**Table 43. Focus Group Participation**

Date	Regions	Participants
March 28, 2023	1	15
	2	26
March 27, 2023	3	23
	4	14
March 28, 2023	5	15
March 29, 2023	6	22
March 28, 2023	7	11
<b>Total</b>		<b>126</b>

*Reinstating the IV-E Child Welfare Collaborative Stipend Program*

One of the core strategies for reducing worker turnover is educating and preparing students for a career in child welfare. To address the workforce needs, NC DSS partnered

with NC College/University Schools of Social Work and developed the Child Welfare Education Collaborative (CWEC). CWEC is an incentive program for BSW and MSW students to join the child welfare workforce. To date, there are twenty-one (21) approved social work programs affiliated with CWEC.

By participating in the CWEC program, students fulfill their pre-service training requirements while in school and receive priority placement for college internships in local DSS offices. The program is designed to include tuition payback after students fulfill a work requirement in child welfare; however, there is currently no monetary incentive for participating in the program. NC DSS is working to reinstate the CWEC stipend to both encourage child welfare workers to pursue higher education, and to encourage BSW and MSW students to join the workforce.

On January 21, 2022, NC DSS held a visioning session with state and county stakeholders to establish goals and identify data needs and funding sources for reimplementing a stipend program. In addition, regional meetings were held with University/College Liaisons, Field Placement Directors, DSS Directors or designees, and DSS staff who are responsible for field placements of CWEC students at their agency and NCACDSS. These regional meetings were held to enhance the partnerships with all CWEC partners, including affiliated Schools of Social Work, County DSS agencies, the NC Association of County Directors of Social Services (NCACDSS), and the University of North Carolina at Chapel Hill– School of Social Work, Family and Children’s Resource Program (UNC–FCRP). These meetings also served as a platform to facilitate information sharing for problem-solving, decision-making, relationship, and culture building, encourage enthusiasm, and improved performance, all of which are pertinent to the success of the CWEC program. NC DSS provided updates on the CWEC program, gathered feedback on how the program is working, and discussed program planning for 2023–2024, including re-establishing the stipend.

There was a resounding concern about the decrease in student enrollment, largely due to the absence of a financial incentive program.

**Table 44. Regional Meeting Participation**

DSS	Colleges/Universities	NCACDSS	FCRP	Other	Total Attendance
38	14	3	1	17	79

NC DSS contracted with Public Knowledge (PK), to facilitate the development of the foundational structures for administering the collaborative program. These structures include the following components: application and selection process, student agreement, graduates’ work commitment, monitoring work commitments, and required paybacks.

Additionally, NC DSS has worked with PK to develop a plan to fund stipends and to determine the administration for the Collaborative, inclusive of the stipend program.

NC DSS identified the following University Partners: Appalachian State University (ASU), East Carolina University (ECU), and NC Agricultural and Technical State University (NCA&T). These three (3) schools were selected based on their ongoing support of the CWEC program, average student graduation rate, physical location across the state (eastern, western, and central), intentionally including a historically Black College/University (HBCU) to ensure a diverse population are actively recruited. NC DSS met with the CWEC liaisons at each school to determine 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 comprised of statewide stakeholders from local DSS agencies, NCACDSS, CWEC University Partners, CWEC graduates, and NC DSS staff. The implementation team will work to achieve the following goals:

- Support NC DHHS/DSS in effectively reincorporating a stipend component into the CWEC Scholars Program.
- Guide the revisions of the CWEC Scholars Program manual to establish consistent and sustainable protocols and governance structure.

The implementation team kickoff meeting was held on April 5, 2023, with fifteen (15) attendees. Prior to the meeting, the charter was developed and shared with the group, along with a prep-work assignment. During the meeting, the discussion included goals, roles and responsibilities, an overview, an approach to the CWEC manual, a timeline, and the next steps. The group will meet biweekly until May 31, 2023.

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

North Carolina's 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 six (6) NC DSS approved pre-service curricula used by private and public agencies for the licensure of foster parents.

- Trauma Informed Partnering for Safety & Permanence: Model Approach to Partnerships in Parenting (TIPS–MAPP)

- TIPS–MAPP Deciding Together
- Caring For Our Own, a training specifically designed for kinship families
- Pressley Ridge’s Treatment Foster Care Pre–Service Curriculum
- Parent Resources for Information, Development, and Education (PRIDE) Model of Practice
- Children and Residential Experiences: Creating Conditions for Change (CARE) for Foster Carers

On October 24, 2022, a Dear County Director Letter was issued that notified all 100 counties and private licensing agencies of the North Carolina–approved list of resource parent pre–service training curricula. NC DSS has not yet developed a process to track the pre–service curricula used by each NC licensing agency as planned and continues to assess the best way to achieve this goal.

In April 2023, a survey was deployed by the Foster Family Alliance that among other items, asked foster parents which pre–service training they completed as part of the licensing process. Please refer to section below “Training for Staff Who License Foster Parents” for survey results.

#### *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>, which is a learning site for NC foster and adoptive parents and kinship caregivers. The site features free:

- On–demand courses: Available any time, these short, 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, 2022, and May 31, 2023, a total of 9,122 visitors to FosteringNC.org and completed one or more of the on–demand courses for a total of 21,226 completions.
- Webinars: Recorded webinars 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: Helpful, short 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, 2022 through May 31, 2023, there were 1,635 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, 2022 through May 31, 2023, there were 12,316 views.

All other training for foster/adoptive parents is offered directly by the supervising licensing agency, whether that be a private agency or a public county Department of Social Services. NC DSS is informed of 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. Last year, NC DSS began exploring available options to achieve an established system for tracking the number of foster and adoptive parents licensed by local staff after they complete the mandatory 30 hours of pre-service training, however that goal has not been achieved and we continue to assess the best way to achieve this goal for next year’s reporting.

To assess the effectiveness of foster/adoptive parent training, during a Joint Planning Session on March 1, 2023, resource parents were asked the following two questions:

- “How often does NC DSS provide initial or ongoing training in order for you to complete required training hours?”
- “How prepared were you to carry out your duties regarding foster and adopted children once you completed training?”

Their responses are reflected in the below tables:

**Table 45. Joint Planning Session Survey of Foster Parents: Ongoing Training  
March 2023**

	Very Frequently	Frequently	Somewhat Frequently	Not Frequently	Don’t know
How often does NC DSS provide initial or ongoing training in order for you to complete required training hours?	3; 18.7%	4; 25.0%	6; 37.5%	3; 18.8%	0; 0%

Source: 2023 APSR Stakeholder Survey Responses

**Table 46. Joint Planning Session Survey of Foster Parents: Preparedness to Foster  
March 2023**

	<b>Very Prepared</b>	<b>Prepared</b>	<b>Somewhat Prepared</b>	<b>Not Prepared</b>	<b>Don't know</b>
How prepared were you to carry out your duties regarding foster and adopted children once you completed training?	2; 12.5%	8; 50.0%	4; 25.0%	2; 12.5%	0; 0%

Source: 2023 APSR Stakeholder Survey Responses

The tables above show the responses to the two survey questions about foster/adoptive training. The first question speaks to the frequency of training offered and the second asks how prepared foster/adoptive parents were after training to complete their fostering/adopting duties. Of the 16 respondents, 43.8% of them answered that NC DSS provided training “Very Frequently” or “Frequently,” with 37.5% answering “Somewhat Frequently.” This data suggests that foster/adoptive parents perceive that NC DSS does not provide training frequent enough to meet their needs. Many foster parents may not be aware of the many on-demand trainings available on fosteringNC.gov, and we will communicate this via our Foster Family Alliance, quarterly private provider meetings and Child Welfare Family Advisory Council. In the second question, 62.5% perceived themselves as “Very Prepared” or “Prepared, which suggests that the majority of them believed the pre-service training they received was adequate.”

*Training for Staff Who License Foster Parents*

NC DSS has used the MAPP curriculum for decades, which was upgraded to Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting (TIPS–MAPP) in 2014. NC DSS delivers a “train-the-trainer” model for TIPS–MAPP and TIPS–Deciding Together. NC DSS provides training to local county child welfare staff and licensed private agencies, and they provide training for their current or prospective foster and adoptive parents. The train the trainer and training materials for TIPS–MAPP are provided to staff free of charge. Licensing agencies that choose to utilize one of the remaining five pre-service training curricula assume all financial responsibility for the training, training materials, and the continuous quality improvement process as NC DSS not provide a train the trainer for these courses.

In March–April 2023, a comprehensive survey was administered to NC resource parents with support of the Foster Family Alliance titled, NC Resource Parents Needs Assessment. The survey focused on services and training provided to foster parents and included

specific questions about the TIPS–MAPP and Deciding Together programs. The data shows that out of the 833 respondents, 74.79% of them were licensed with either TIPS–MAPP or Deciding Together. Only 9.6% of the respondents were licensed with a different pre–service. 15.6% responded that they were “not sure” which pre–service program they attended. The assessment did not include a question that asked respondents who were not licensed with TIPS–MAPP or DT to specify their specific pre–service program. This was a missed opportunity for NC DSS to collect data on the use of the five other pre–service curricula.

There is currently no Continuous Quality Improvement process in place that tracks and provides data that informs NC DSS of what happens after staff are certified in TIPS–MAPP. Specifically, there is no way 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 the TIPS–MAPP program and do not to get licensed and reasons for non–licensure.
- The number of foster/adoptive parents who did not complete the program 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 to capture:

- The pre–service program utilized for licensure
- The start and end dates of the program
- Narrative documentation of the 12 criteria for successful fostering
- Dates of the family consultations required by the program

**Table 47. Staff Completions of TIPS–MAPP Train–the–Trainer Certification Course  
July 2022–May 2023**

Activities	TIPS–MAPP	TIPS–DECIDING TOGETHER
Number of Events Offered	10	4
Completed	118	77
Incomplete	3	0
Waiting List	2	2
Event Full	8	1
Cancelled	62	9
No Show	7	2

Source: NCSWlearn.org

This is a strength for NC. The aggressive onboarding plan put in place in 2020–2021 to increase the number of trainers for this course so that we could increase course offerings has been successful. From July 2022 through May 2023, there were ten (10) TIPS–MAPP events offered with 118 TIPS–MAPP completions, which is an increase from the seven (7) 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 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 2022–May 2023**

Activities	Foster Home Licensing in Child Welfare Services (classroom-based course)	Foster Home Licensing: The Keys to Success (on-demand course)	Train-the-Trainer for Becoming a Therapeutic Foster Parent (on-demand course)	Adoptions in Child Welfare (classroom-based course)
Number of Events Offered	5	N/A	N/A	5
Completed	84	198	68	60
Incomplete	2	N/A	N/A	3
Waiting List/Event Full	31	N/A	N/A	13
Cancelled	22	N/A	N/A	19
No Show	2	N/A	N/A	5

Source: NCSWlearn.org

### Ongoing Training for Staff of State Licensed Facilities

Administrative code 10A NCAC 70G .0501 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 the licensed facility. Administrative code 10A NCAC 70A .0102 and 10A NCAC 70I .0401 requires supervising agencies to maintain a log or record of the completed 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.

## 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)

NC DSS understands the importance of a statewide service array that is accessible and provides effective, individualized services to promote positive outcomes for children, youth and families served by the child welfare system. To assess the current service array, NC DSS used data from the 2023 Stakeholder Survey, feedback from focus groups at the Joint Planning meeting, youth listening sessions and design teams, and data analysis from RCWSs. NC DSS found that there continue 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 with information about specific service areas below.

In last year's APSR, NC DSS recognized data collection regarding service provision, utilization and outcomes as an area needing improvement. To supplement data collection this year, NC DSS disseminated the 2023 Stakeholder Survey and will hold regional joint planning meetings during the summer and fall of 2023 to gather local data about services, identify root causes of challenges and develop solutions to better serve families throughout the state. Additionally, work to develop a CWIS and provider portal to capture detailed service information continued throughout FY '23.

In SFY 2023–2024, the Family Support Network will 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. The collection of this data will aid in identifying the specific populations and needs of the children and families addressed by the services provided by UNC FSN.

*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 Structured Decision-Making (SDM) Tools including:

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

Completed assessments support the case planning for children and families and help to determine other service needs. In addition to case planning and casework assessments, workers identify interventions, refer to supportive services, and monitor progress towards reducing risk so children and youth can remain with their families when possible. When children and youth are not able to remain in their homes, child welfare workers provide case management services that support children and youth to achieve permanency and to

have successful adoptions. The service system that child welfare workers refer to must be responsive, accessible, and provide high-quality evidence-based interventions. Services should be readily available to support all families. Caseworkers then are responsible in each case to help individual families identify their strengths, help them to create and/or maintain a safe home environment, position themselves to address residual trauma –all with the goal of reaching permanency for children, and adult-preparedness for youth in and out of care.

According to the *APSR Cross Stakeholder Survey Responses For: North Carolina DHHS, March 22, 2023*, completed as part of NC DSS' 2023 Joint Planning Meeting, the services in North Carolina that are crucial to case assessments and planning may be widely known, but reportedly vary in availability and functioning from county to county. According to the survey, DSS staff may feel an array of services are in place for children and their parents, when at the same time, birth and/or foster parents counter-indicate otherwise, reporting such services do not exist.

Through the implementation of the State'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 2024, NC DSS will continue to build upon the Practice Model framework through the roll out of Safety Organized Practice (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 in Order to Create a Safe Home Environment*

As noted in the 2023 Stakeholder survey NC DSS supports the following services that address the needs of families in addition to individual children in order to create a safe home environment: individual and family counseling (for child, youth and adults), outpatient substance abuse treatment (adults), DV services (adults), parenting supports, childcare, medical health, dental services, and nutritional supports, e.g., North Carolina's Temporary Assistance for Needy Families (TANF) program, and Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

In the 2023 Stakeholder Survey, county DSS managers, supervisors and case managers identified wrap around services and peer mentoring services as gaps in the service array for children and families.

This year NC DSS engaged in the implementation of Integrated Care for Kids (InCK), a pilot project of a child-centered local service delivery and state payment model aimed at improving the quality of care and reducing expenditures for children insured by Medicaid or CHIP (NC Health Choice). The program acknowledges that children are affected by their

health needs, social needs, and parents' needs. It aims to integrate services for children, including physical and behavioral health, food, housing, early care and education, Title V, child welfare, mobile crisis response services, juvenile justice, and legal aid.

*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), voluntary community response programming (CRP), and Family Support Network (FSN) services. (For additional information, see [Section 5](#), Update on the Service Descriptions.)

In the 2023 Stakeholder Survey, county DSS managers, supervisors and case managers identified inpatient substance abuse treatment for children, youth and birth parents as the top need for preventative services. Sobriety Treatment and Recovery Teams (START) allows NC to expand its capacity for child welfare evidence-based substance use disorder model and address this gap. NC DSS has collaborated with DMH/DD/SAS on statewide planning for the START model, as funded by Substance Abuse Treatment Block Grant, and American Rescue Plan Act (ARPA) funds, allocated to DMH/DD/SAS. NC DSS will have contracts executed with the model purveyor Children and Family Futures (CFF) in June 2023 and implementation activities will begin in July 2023. NC DSS is developing a Request for Applications (RFA) for interested counties who apply for the ten pilot slots. The criterion for county selection is under development and the RFA will be posted in summer 2023. A statewide steering committee will support START implementation, membership will include representation from DHHS divisions and persons with lived experience.

NC DSS continues to work to implement HOMEBUILDERS® as part of its Family First Prevention Plan and anticipates services will be available to families during the fall of 2023.

*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, Intensive Family Preservation Services, parenting skills, and respite.

Post Placement Services – Individualized and/or unique services to address cultural, geographical and/or familial norms, are necessary to yield sustainable, well-being outcomes, e.g., providing literacy support for individuals with language barriers and behavioral health needs, validating the needs of vulnerable populations, e.g., minoritized communities, impoverished and/or rural areas, and/or groups with unique needs, such as youth in foster care with LGBTQ needs. For this, NC DSS will continue to consult with young

people with lived experience to examine the relevancy of post-placement services being offered across the state, and work with adoptive families to support family stability and permanency.

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, Temporary Assistance for Needy Families (TANF) program, 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 [Systemic Factor Items 31–32, Agency Responsiveness](#).)

Additionally, counties can access an array of behavioral health, substance use disorders, developmental disability, and physical health services that help children achieve permanency through NC Division of Health Benefits (DHB)/NC Medicaid. Examples of this may 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>.

Adoption Promotion, 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 5.

Additional services and providers are needed statewide to address the needs of children with mental health and/or special needs, including comprehensive assessments, partial hospitalization programs for children with mental health needs, more inpatient/outpatient mental health programs resulting from Medicaid expansion, and additional substance abuse treatment programs – inpatient, family-based, and outpatient. Particular priorities are:

- Emergency/respite facilities and diversion programs for older children with no placement were also cited as an imminent service need, given the number of children who were housed in DSS offices in 2022–2023.
- Substance assessment and treatment services, psychotropic medication, more providers across state particularly in regions where little to no providers are available to accept Medicaid and/or foster children to complete assessments and psychiatric to manage medication from placement to placement, ideally through the child’s medical home.

### **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 department of social services’ focus groups, community child protection reports, FY 2022–2023 data from the interdepartmental Rapid Response Team, 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 services 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.

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 NC Medicaid/Division of Health Benefits. 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 in this plan when funded will increase access to community based behavioral health services and supports for children, youth, and adults. NC DHHS continues to support Medicaid expansion which when implemented will be transformative in that it will lead to increased access to health and behavioral health care across North Carolina. Research conducted on Medicaid Expansion’s impact on child welfare indicates positive correlations in the reductions in child neglect and fewer foster care entries due to

neglect. NC DSS expects that once Medicaid expansion is implemented along with child welfare transformation and child well-being initiatives outlined above that families will have increased access to services leading to improved child welfare outcomes.

## **2.2.6 Agency Responsiveness to the Community (Items 31–32)**

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

### **State Engagement and Consultation with Stakeholders (Item 31)**

In FFY 2022–2023 NC DSS continued to engage stakeholders through the existing structures of the multidisciplinary CFSP Design Teams, the Unified Public Agency Leadership Team (ULT), the Administrative Office of the Courts/CIP, the Child Welfare Family Advisory Council (CWFAC), service providers, foster care providers, Grantee meetings for CBCAP funded prevention programs, Strong Able Youth Speaking Out (SAYSO), Foster Family Association, Prevention Services Workgroup, and via quarterly meetings with the Eastern Band of Cherokee Indians (EBCI) and Qualla Boundary County DSS agencies.

In FFY 2022–2023 NC DSS identified additional strategies to collect stakeholder feedback, these included focus groups, surveys, and listening sessions. Regional listening sessions were conducted with youth and young adults who had been in foster care, these sessions occurred during the fall of 2022 and spring 2023. In addition to reviewing new processes, policy and data design team members also participated in focus group meetings in April 2023 and provided feedback that will be used to inform the state’s Training Design Plan. Stakeholder surveys were developed and conducted as part of the state’s joint planning process in March 2023.

NC DSS was responsive to community system stakeholders and partners as it implemented the CFSP and developed this year’s APSR. NC DSS continued utilizing the monthly CSFP design teams to support the continued implementation of the CSFP and engaged county leadership in strategic planning via the Unified Public Agency Leadership Team (ULT), and the North Carolina Association of County Directors of Social Services (NCACDSS). NC DSS continued to strengthen the partnerships between divisions under NC DHHS whose programs support NC DSS in meeting the objectives of the CSFP. Ongoing engagement occurred during this reporting period with the Administrative Office of the Courts/CIP, the Child Welfare Advisory Council (CWFAC), services and foster care providers, and in quarterly meetings with the Eastern Band of the Cherokee Indians (ECBI) and Qualla Boundary County DSS agencies. Additionally, NC DSS engaged and partnered with stakeholders and community partners via an annual Joint Planning event held in March 2023, and by participating in EBCI’s Joint Planning event in April 2023.

During FFY 2022–2023, in each of the seven regions of the state, NC DSS conducted regional listening sessions with transition age youth and young adults who had previously been in foster care. The Youth and Young Adults Listening Sessions are facilitated focus groups modeled to learn more about their experiences in the NC child welfare system. Information gathered during these sessions will be utilized to identify areas of strengths and areas that need improvement. The listening sessions have identified trends that those who have been in foster care have experienced concerns over lack of sibling visitation, normalcy, lack of foster parent support for those who identify as LGBTQI+, lack of statewide funding for transportation (purchasing a vehicle), and concerns about group home staff and environment. This information has been shared with the Permanency Design Team.

Throughout the year CFSP Design Team members contributed to the development of policy and practice to support the state in making progress towards the goals of the 2020–2024 Child and Family Services Plan (CFSP). During the year each design team worked on specific objectives of the CFSP, the specific accomplishment of each design team along with NC DSS progress towards CFSP goals was reported out participants that attended the March 2023 Joint Planning.

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

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

In FFY 2022–2023 NC DSS continued to coordinate with 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), Division of Mental Health, Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS) led to continued identification of gaps and needs for both the child behavioral health and child welfare system. Efforts included community-based services, such as high-fidelity wrap-around services, family peer support, access to timely quality assessments, increased number of mobile crisis teams that specialize in working with children, youth and their families during times of crisis. Other service needs include increased capacity to provide inpatient psychiatric treatment, and services for children/youth who have complex needs due to dual diagnosis such as mental health, substance use disorders, intellectual/developmental disabilities, or hard to manage medical conditions.

Priorities for funding were identified and included in the Governor’s state plan “Investing in Behavioral Health and Resilience: A comprehensive plan to strengthen North Carolina’s mental health and substance use disorder treatment system, March 2023.”

Recommendations in this plan include one billion dollars of funding that will be used to increase the number of safe and stable homes; quality, timely mental health assessments for children; provide treatment and supports, and investment in the child welfare and

behavioral health workforce. NC DSS also collaborated with the Division of Child and Family Well-Being to implement three child welfare pilot sites who would receive expert consultation from the Health Resources and Services Administration funded North Carolina Psychiatry Access Line (NCPAL) project. The pilot began in December 2022, currently the three counties enrolled in the pilots are receiving technical assistance and case level support provided by NCPAL psychiatrists, psychologists and other NCPAL staff with the goal of ensuring children and youth in foster care are receiving behavioral healthcare interventions that are effective.

During FFY 2022–2023, North Carolina Medicaid Transformation continued. Collaborative efforts between DHB and NC DSS included co-development and delivery of training for child welfare workers, participation in the Center for Medicare and Medicaid Services (CMS) Affinity group which supports the state in identifying process improvements in the delivery of healthcare for children and youth in foster care.

In FFY 2022–2023, NC DSS continued collaboration with Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS) on the Work First/Child Protective Services Substance Use Initiative. This initiative is available in all one hundred counties and provides funding for staff who complete substance use disorder screenings and referrals to treatment for Work First and Food and Nutrition Services applicants and child welfare involved parents who have a substantiated cases of child abuse, neglect and/or dependency that involve substance abuse or cases found ‘in need of services’ that involve a substance abuse.

In FFY 2022–2023, NC DSS developed a plan to make changes to the current policies that led to child support orders for parents whose children are in foster care. NC DSS researched all NC laws, Administrative Rules, policies, and forms to determine what changes would need to be made to all these areas with the elimination of child support. NC DSS collaborated with Child Support to develop a plan to ensure that county child support enforcement would understand what to do with current child support referrals, current child support orders, and child support arrears. Child support also developed a template to provide to counties for dismissal of current child support orders and child support arrears. A bill was introduced (SB 625), which includes the language that will eliminate the requirement for county social services to refer parents to child support enforcement if their child enters foster care. The bill is currently being legislated and has not yet passed the North Carolina General Assembly

NC DSS has also continued to partner with the Division of Mental Health to implement Sobriety Treatment and Recovery Teams (START), an approved FFPSA model. Progress towards implementation includes the development of an Intra-Departmental Memorandum of Agreement between DMH/DD/SAS and NC DSS, and the development of a contract for

the model purveyor Child and Family Futures, this contract is expected to be executed by 7/1/2023. Selection of county pilot sites will begin in the summer of 2023.

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

## **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 needed improvement in NC. NC DSS remains the licensing authority and continues to be responsible for establishing state licensure standards, establishing statewide board rates, and the processing of applications for licensure submitted to by public and private agencies.

### **State Standards (Item 33)**

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

NC DSS revised data collection methods to enhance business practices. It now collects data related to licensure applications received from county and provider agencies, applications approved, applications denied, and corrective action plans issued. During this reporting period, as of April 2023:

- 4,652 license actions received
- 2,863 applications approved
- 0 applications denied
- 965 applications returned, submitted, and approved

The state's standard that is applied to all licensed or approved foster family 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 for 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 March 31, 2023, there were 1,302 renewed foster home licenses.

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

NC DSS will develop a monitoring process to determine if state staff are issuing and renewing family and therapeutic licenses according state standards by December 31,2023. The monitoring will determine the strengths, weakness, and gaps to streamline the licensing process once the licensing packet is received.

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 10 days to grant or deny the waiver. Waiver requests are specific to the child.

**Table 49. Licensing Waiver Requests**

2023*		2022		2021	
Approved	Denied	Approved	Denied	Approved	Denied
72	1	127	7	150	5

\*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

The current process is once a waiver is granted the information is placed in the foster or adoptive parent’s electronic file.

**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, 10A NCAC 70I .0101.

NC DSS 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 DSS does not have its own criminal background check system and relies on the NC Department of Child Development and Early Education (DCDEE) to complete the fingerprint-based check. As required by G.S. 7b-311, the licensing authority is responsible for the Responsible Individual List (RIL) check. Since July 1, 2022, NC DSS completed 10,805 RIL checks.

For the licensure packets that were approved (both initial and renewal packets) 2,863, the process includes confirming that appropriate background checks have been completed. No licensure applications are approved without first having ensured that background checks have been completed. In FY2023, NC DSS will collect data regarding the reasons for returning licensure applications, including failure to complete background checks.

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

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

The process for ensuring that foster care and adoptive placements remain in compliance with required criminal background clearances is through case reviews conducted by NC DSS with the private child placing and child caring agencies including the one public child caring agency.

NC DSS will develop a process to conduct file reviews for public child caring agencies June 30, 2023. The initial strategy is to utilize the IV-E reviews conducted by the IV-E monitoring team to determine if the public child caring agencies are in compliance with the state standards for criminal background checks. When a childcaring or child placing agency is not in compliance, the licensing authority can deny, suspend, or revoke a license as indicated in 10A NCAC 70I .0101. If the agency submits a plan of correction within 10 working days, denial, suspension, or revocation of a license can be avoided.

NC DSS began collecting data on CPS reports on licensed foster homes. The following table indicates the number of initial notifications the State received indicating that a CPS investigation is being conducted on a licensed foster home.

**Table 50. CPS Reports: Licensed Foster Homes**

Activities	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
CPS Notifications	39	46	54	78	55	53
CPS Substantiation Reviewed	7	2	1	5	4	0
Revocation of License	4	2	0	3	1	0

NCDSS 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 Health Care Personnel Registry or the NC Sex Offender and Public Protection Registry.

Since October 2022, NC DSS has revoked the license of 10 foster parents due to the severe nature of the abuse or neglect. When a license is revoked, the foster parents 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(s) who falls under the circumstances detailed in 10 NCAC 70E .0708.

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

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

NC DSS completed a statewide awareness campaign which focused on the need for placement for teenagers and sibling groups. The slogan of the campaign – You Can Be Their Yes! The ads were on Facebook, Twitter, and the radio. The recruitment campaign ran from November – December 2022.

The media summary completed by Clean, Inc., the vendor who designed the campaign, indicated that the campaign had the highest click through rate of any traffic-driving NC DHHS campaign on Facebook over the past two years. The click through rate is the ratio of clicks on a specific link to the number of total users who viewed the advertisement. The Want a Teenager ad creative asset delivered the most impressions while the Brother/Sister ad had the strongest click through rate. An impression occurs any time a user opens an app or website, and the advertisement is visible.

The campaign also developed a new landing page. The link to the new page is <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). As of March 1, 2023, the website has had 453,550 site visits.

In July 2022, NC DSS entered into a workplan with Capacity Building Center for States (CBCS) to revise the North Carolina Diligent Recruitment and Retention (DRR) Plan. An initial draft of the DRR Plan was submitted to ACF on March 31, 2023, for review and feedback. In May 2023, CBCS and NC DSS held a two-day, in-person meeting. The purpose of the meeting was to map out implementation steps, sequencing of the steps, and a communication plan. The input from this meeting will be incorporated in the DRR Plan.

The new DRR 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, for medically fragile and developmental disabilities

NC DSS continues to maintain data for the DRR Plan. Through the revision of the DRR Plan, the goal is to identify alternative data points to support the strategies named above.

The data demonstrates that NC continues to meet the racial/ethnic background that is representative of the population of children in foster care. As of March 31, 2023, there are 10,760 children and youth in care, of which 57% are Caucasian, 30% are Black, 9% are Hispanic, 3% are American Indian or Alaskan Native, and less than 1% of children who identified as Asian and Hawaiian or Pacific Islander. Statewide, Caucasian, and Black/Brown children and youth are the largest population represented in placement.

The largest group in foster care (41%) is between 0 and 5 years of age, followed by children ages 6–12 (31%), and youth ages 13–17 (28%). There are 924 youth participating in the

extended foster care program, Foster Care 18–21. There may be less adolescents in foster care than children 5 years or younger, however history has shown that the adolescent population is the most challenging age group to place. The challenge in placement is due to several factors such as lack of interest in fostering older youth, behavior and mental health, and involvement in the juvenile justice system.

NC DSS will begin to collect regional–level data regarding the racial and ethnic background of children/youth in foster care and licensed foster parents by December 31, 2023. The purpose of this data will be to assist in identifying regions where racial disparity is indicated in the number of children and youth who enter care. In addition, the information will inform as to the make–up of the racial/ethnic background of licensed foster parents and if the region has met the racial/ethnic needs of the children and youth in care.

**Table 51. Race of Children in Foster Care on 3/31/2023**

Race/Ethnicity	Number of Children and Youth	Percentage
American Indian or Alaskan Native	328	3%
Asian	24	0%
Bi- or Multi-Racial	863	8%
Black/African American	3,207	30%
Hawaiian or Pacific Islander	31	0%
Hispanic	924	9%
Unable to Determine	194	2%
White / Caucasian	6,113	57%

Source: Child Placement & Payment System and NCFASST

As of March 31, 2023, the racial and ethnic breakdown of the 9,746 licensed foster parents is depicted in the chart below. The largest group of foster parents identified as White/Caucasian, followed by Black/African American. Of the 9,746 licensed foster parents, 414 (4.26%) identify their ethnicity as Hispanic/Latino.

**Table 52. Race/Ethnicity of Licensed Foster Parents on 3/31/2023**

Race	Licensed foster parents	Percent
White	6362	65.28%
Black/African American	3144	32.26%
American Indian or Alaskan Native	113	1.16%
Bi-racial/multi-racial	68	0.70%
Asian	31	0.32%
Unable to Determine	19	0.19%
Native Hawaiian or Other Pacific Islander	9	0.09%
Total	9746	100.00%

Sources: NCXCloud XPTR Reports, FCF100 Licensed Home & FCF104 Agency Homes – as of 3/31/2023

There was less than 1% of licensed foster parents who identified as Bi-racial/multi-racial, Asian, and racial/ethnic identity could not be determined.

NC DSS will begin to collect regional-level data regarding the racial and ethnic background of children/youth in foster care and licensed foster parents by December 31, 2023. The purpose of this data will assist in identifying regions where racial disparity is seen in the number of children and youth who enter care. In addition, the information will provide insight on if the region has meet the racial/ethnic background of licensed foster parents to meet the of the children and youth in care.

### **Cross-Jurisdictional Resources (Item 36)**

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

ICPC applies to the sending or receiving of any child any type of legal jurisdiction relating to:

- 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 since July 2022.

**Table 53. ICPC Requests by Type**

Category	Jul. 2022	Aug. 2022	Sept. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023
Adoption IV-E Subsidy	9	13	15	12	5	1	13	17	13
Adoption Non-IV-E Subsidy	15	27	22	13	22	4	19	17	25
Foster Family Home	57	61	49	34	39	49	45	29	48
Parent	53	35	40	31	16	21	33	32	27
Relative	83	72	71	77	53	60	65	68	98
<b>TOTAL</b>	<b>217</b>	<b>208</b>	<b>36</b>	<b>167</b>	<b>135</b>	<b>135</b>	<b>175</b>	<b>163</b>	<b>211</b>

Source: Child Welfare Information System

Pursuant to P.L. 109-239, the Safe and Timely Interstate Placement of Foster Children Act of 2006, within 60 days after receiving a home study request, the Receiving State shall directly or by contract conduct, complete, and return a report to the Sending State on the results of the study of the home environment for purposes of assessing the safety and suitability of the child remaining in the home. If additional education and training by the placement resource is required, the report shall reference this information and must include a prospective date of completion; this home study is referred to as a “preliminary study”. Approval of the request may be conditioned in the preliminary study upon compliance by the placement resource with any education or training requirements. If such condition is placed upon approval, a reasonable date for compliance with the education or training requirements shall be set forth in the documentation granting approval. Final approval or denial of the placement resource request shall be provided by the Receiving State’s compact administrator as soon as practical, but no later than 180 days from receipt of the initial home study request.

In July 2022, NC’s automated system was set up to track the 60-day compliance with the Safe and Timely Act. The state’s experience with ICPC home study requests being

responded to within the 60-day federal requirement is an area needing improvement as NC DSS recently started collecting data.

The following table indicates the percentage of preliminary home studies when NC is the sending and receiving state that met the 60-day requirement.

**Table 54. ICPC Preliminary Home Studies Compliance**

July 2022	August 2022	September 2022	October 2022	November 2022	December 2022
61%	11%	57%	26%	33%	40%

Source: Child Welfare Information System

NC DSS started collecting data on the 60-day requirement. 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 department of social services cite shortage of workers to complete the preliminary home study within the 60-day requirement.

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.

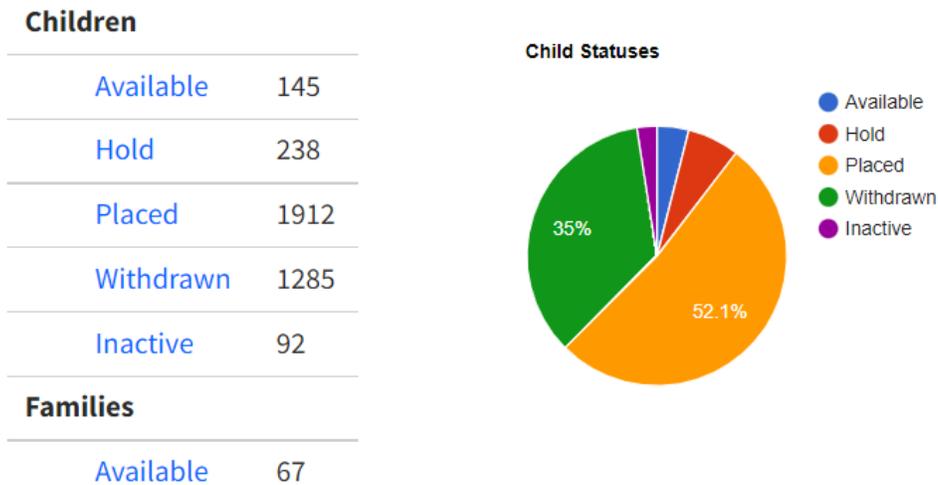
The state’s process for using cross-jurisdictional resources is outlined in NC DSS policy. When a child is legally freed for adoption, the child welfare worker must:

- Make every effort to locate and place the child in an appropriate adoptive home.
- Develop a child-specific, written strategy for recruitment of an adoptive home within 30 days. At a minimum, the plan must document the child-specific recruitment efforts such as the use of state, regional, and national adoption exchanges, including electronic exchange systems, to facilitate orderly and timely in state and interstate placements.
- Develop a Child Profile that describes the child needing placement to be available for prospective adoptive families.
- Conduct or arrange for a Pre-Placement Assessment (PPA) or a PPA Addendum based on potential adoptive family’s status.
- Register all children who are free for adoption and who are not in their identified adoptive home with the North Carolina Adoption Exchange (NC Kids), as well as

regional and national adoption exchanges including electronic exchange systems, in order to facilitate matches between persons interested in adoption and the children who are available.

The chart below represents the children receiving services through NC Kids/AdoptUSKids as of March 2023. A child is placed on hold status due to registration has expired or placement is pending. Withdrawn status indicates that a child aged out of care. Inactive status means their registration has expired.

**Figure 30. AdoptUSKids: Children Receiving Services**



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

#### 3.1 Revision to Goals, Objectives, and Interventions

North Carolina 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 4 design teams, 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 to the design and development of the Child Welfare Information System design and development of the 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.

## 3.2 Implementation and Program Supports

North Carolina completed its Program Improvement Plan from Round 3 of the Child and Family Services Review 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 Unified Leadership Team (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 Preservice Training ([Goal 3, Objective 3](#)). PK provided technical assistance to NC DSS regarding reinstating 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 Child and Family Services Review.

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

service array ([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 Structured Decision Making (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 (CBCS) to revise its Diligent Recruitment and Retention Plan (DRR). The DRR Plan include strategies and progress measures that are reflective of and in alignment with North Carolina's CFSP goals, objectives, and interventions, specifically as related to the recruitment and retention of resource parents, especially including kinship care providers. NC DSS does not anticipate needing further assistance from the CBCS 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.

### **3.3 Research, Evaluation, and Information Management Systems Supports for CFSP Implementation**

NC DSS will continue to assess and utilize CQI and Quality Assurance (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<sup>4</sup>; Fixsen, Blase, Timbers, & Wolf, 2001<sup>5</sup>; Panzano & Roth, 2006<sup>6</sup>; Saldana et al., 2012<sup>7</sup>). NC DSS identified measures of progress for implementation for each CFSP goal (see Section [3.4 Update on Progress Made to Improve Outcomes](#) for specific details for measures of progress for implementation for each goal) to track 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 evaluate if children and families are being appropriately identified and referred to EBPs. And will allow NC DSS to evaluate if children and families are receiving EBPs, do services result in better safety, permanency, and well-being outcomes.

Strategies for information systems supports for [Goals 1](#) and [4](#) are detailed in [Section 3.4 Updates on Progress Made to Improve Outcomes](#).

### 3.4 Update on Progress Made to Improve Outcomes

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

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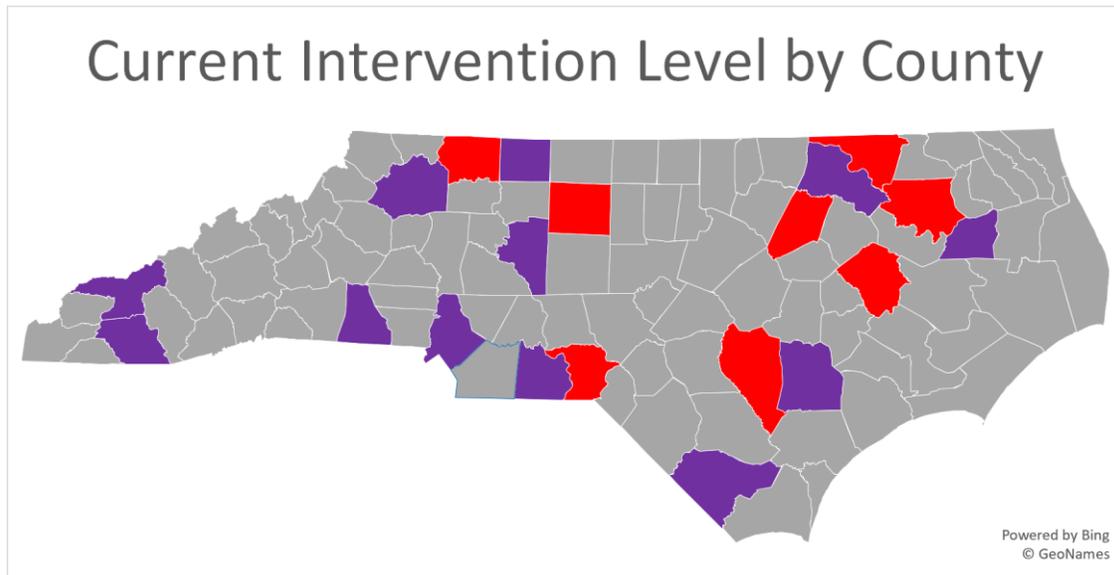
<sup>4</sup> Bierman, K.L., Coie, J.D., Dodge, K.A., Greenburg, M.T., Lochman, J.E., McMahon, R.J., & Pinderhughes, E., (2002). The implementation of the fast track program: An example of a large-scale prevention science efficacy trial. *Journal of Abnormal Child Psychology*, 30(1), 1-17.

<sup>5</sup> 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.

<sup>6</sup> 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

<sup>7</sup> 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

Figure 31. Current Intervention by County



\*Red = Corrective Action Plan  
Purple = Enhanced Technical Assistance Counties

North Carolina’s CQI plan includes quarterly Regional CQI meetings held in each Region for further assess both county level and regional data to further inform continued areas of technical assistance and provide feedback to 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 2020–2024 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 Online Monitoring System (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 use the available OMS reports to review 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 that will be operationalized throughout the continuum of services for families.	Year 3	Numbers of leaders, supervisors, and frontline staff participating in training and coaching activities, number of communications sent about the practice standards
<b>Progress Report</b>		<b>Progress Measure Update (as of May 30, 2023)</b>
<u>Implementation Status: Initial implementation (end phase)</u> Initial implementation of this objective is underway and at the end phase. For 2022–2023, NC DSS completed providing all practice standards trainings for leaders, supervisors, and workers. Staff engaged in transfer of learning webinars (called Office Hours)		<u>Strategy 1:</u> Numbers of staff participating in coaching and training activities: ongoing, see below table for updates.

Progress Measures updates for implementation of the practice standards (trainings and activities completed as of 5/31/2023).

Table 55. 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	

Target Audience	Activity (with launch date)	Number of Participants	
	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	
	Implementing module Estimated for 7/12/23	NA	
	Leaders Office Hours		
	Implementation Updates Webinar February 1, 2023	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 <ul style="list-style-type: none"> <li>• 10/25/2022: Communicating</li> <li>• 12/7/2022: Engaging</li> <li>• 1/25/2023: Assessing</li> <li>• 3/14/2023: Planning</li> </ul>	Approximately 150 participants for each webinar	

Target Audience	Activity (with launch date)	Number of Participants
	<ul style="list-style-type: none"> <li>4/19/2023: Implementing</li> </ul>	
Workers	<b>Workers E-Learning Trainings</b>	
	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
	Implementing module 2/1/23	1,453 completions
	Pre-Service Training Incorporated into new curriculum in 2023	Ongoing
	Workers Office Hours Planned for 2024	To be determined
Change Champions	Trainings February 2023 May 2023	60 total attendees

Data Source: NCSWLearn

<b>Objective 2: Revise and implement Structured Decision-Making (SDM) tools, policies, procedures, and practices</b>		
Strategies	Timeframe	Progress Measure
Strategy 1: Assess and revise Intake tools, policies, procedures, and practices	Year 3	Revised Intake tools, policies, procedures, and practices

Strategy 2: Develop curriculum and train the revised Intake tools, policies, procedures, and practices	Year 3 Years 3 – 4	Number of staff completing the training
Strategy 3: Assess, revise, and implement Structured Decision-Making 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
Strategy 4: Develop curriculum and train the revised SDM Risk and Safety tools, policies, procedures, and practices	Years 3 – 4 Years 4 – 5	Number of staff completing the training
<b>Progress Report</b>		<b>Progress Measure Update</b>
<p><u>Implementation Status: Initial Implementation</u>                  NC DSS is in the initial implementation of this objective. NC DSS revised the Screening and Response Intake Tool, updated intake policies and procedures, and developed a Screening and Response Intake Tool Manual in March 2023. The changes in intake policy will take effect on July 1, 2023. To support implementation of the new policy changes, NC DSS sent out a Dear County Director Letter in May 2023, and further communication has and will continue in June and July of 2023, through meetings, webinars, and office hours. The Screening and Response Intake Tool in the CWIS Module is in the design and development completion stage with User Acceptance Training planned for June 25–27, 2023. Implementation is scheduled to begin in a phased statewide rollout in the first quarter of SFY 2024.</p> <p>In January 2022, a training plan was created to conduct a “Train the Trainer” for Regional Child Welfare Consultants and Workforce</p>		<p><u>Strategy 1:</u>                  Revised Intake tools, policies, procedures, and practices: COMPLETE</p> <p><u>Strategy 2:</u>                  Training Plan included completing a “Train the Trainer” for state staff in July 2023: In progress</p> <p><u>Strategy 3:</u>                  Module Design elements and gap analysis: COMPLETED                  Risk Assessment Actuarial Document and Draft Risk Assessment: In Progress                  Draft Safety Assessment Manual: In progress</p>

<p>Development Staff (at the state level) in July 2023. The “Train the Trainer” will equip state staff to roll out the new Screening and Intake Response Tool to counties. The training will also incorporate Safety Organized Practice (SOP) into the training of each of the SDM tools. Additional resources from the University of North Carolina and County Champions are being leveraged for implementation and training to build capacity for roll out.</p> <p>In October 2022, NC DSS received the actuarial model from North Carolina’s data for the basis of a new Risk Assessment. From November 2022 through January 2023, NC DSS held Listening Sessions and policy review meetings with representatives from counties to provide input, feedback, review, and approve the risk assessment model. The Safety Design Team reviewed each item in the Risk Assessment for clarity and alignment with policy and statute. Receipt of the draft is set for June 2023.</p> <p>In January 2023, the draft Safety Assessment Manual was received for final NC DSS review. Field testing will begin in August of 2023 after identification of an Innovation Zone. Roll out will be incorporated in the above-mentioned Intake then Assessment CWIS implementation plan through 2023 and 2024.</p>	
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<b>Objective 3: Implement Safety Organized Practice</b>		
<b>Strategies</b>	<b>Timeframe</b>	<b>Progress Measure</b>
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	Years 4 - 5	Number of trainers and early adopters trained;

staff and early adopters from local child welfare agencies		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
<b>Progress Report</b>		<b>Progress Measure Update</b>
<p><u>Implementation Status: Installation</u></p> <p>NC DSS made the decision to utilize limited implementation and training resources by integrating training of SOP into the training of SDM tools. NC DSS strives to move use of the SDM tools from a compliance activity to a value-based approach and believes integration of SOP into this training approach will enhance the safety of children and the well-being of families. Policy edits that include the incorporation of SOP language and tools began with the addition of Safety Circles to assist workers with Building Safety Networks and can be found in the In-Home Services Manual. This guidance was previously added to the Assessments Manual. NC DSS is in the process of developing a training and implementation plan for SDM and SOP. Trainings will begin in July 2023.</p>		<p><u>Strategy 1:</u></p> <p>Number of child welfare workforce members and stakeholders completing orientation sessions: To be determined</p> <p><u>Strategy 2:</u></p> <p>Number of trainers and early adopters trained; modules, workbooks, training resources and trainer notes developed: To be determined</p> <p><u>Strategy 3:</u></p> <p>Number of child welfare staff trained: To be determined</p> <p><u>Strategy 4:</u></p> <p>Number of activities provided: To be determined</p>

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

<b>Objective 1: Develop capacity to deliver Evidenced Based Practices (EBPs) to children in their homes</b>		
<b>Strategies</b>	<b>Timeframe</b>	<b>Progress Measure</b>
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 supporting FFPSA implementation	Year 3 Years 4 – 5	Infrastructure for the Regional Support Model in place
Strategy 3: Continue to increase accessibility of EBPs and the number of EBPs provided statewide	Year 4–5	Number of EBPs in continuum, number of families receiving FFPSA funded EBPs
Strategy 4: Establish and utilize infrastructure (forms, processes, procedures, and other tools) in the regions and counties to create a comprehensive array of prevention services funded by FFPSA and other sources, 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
<b>Progress Report</b>		<b>Progress Measure Update</b>
<p><u>Implementation Status: Installation</u>                      NC DSS is in installation. In 2022–2023, NC DSS worked to contract for HOMEBUILDERS® and Parents as Teachers services. The Institute for Family Development (IFD) is reviewing the contract for delivering HOMEBUILDERS® training to providers and NC DSS staff. It is expected that contract will be executed by 6/30/2023. RFQs and RFPs for Parents as Teachers (PAT) (secondary EBP) are drafted. North Carolina is exploring how to support existing Family Resource Centers to increase access to prevention services and to strengthen the</p>		<p><u>Strategy 1:</u>                      RFQs, RFPs for HOMEBUILDERS® completed, provider selection is in process. Contract awards and execution will be complete by 6/30/2023.                      RFQs, RFPs for Parents as Teachers is drafted and will be released in the fall of 2023.</p> <p><u>Strategy 2:</u></p>

<p>prevention services infrastructure in local communities. Intensive Family Preservation Services (IFPS) contracts will continue through December 2023, and IFPS services will be available concurrently with initial HOMEBUILDERS® services to ensure family needs are met while HOMEBUILDERS® providers build capacity in each region. New Child Welfare Policy and case plans have been drafted. These will be utilized by county child welfare staff in Region Two, the FFPSA Innovation Zone. Local Departments of Social Services in this region have been trained on the new policy, forms, and provided feedback to improve training materials and processes. Staff in the Innovation Zone will provide information back to the state using the state’s Continuous Quality Improvement process. The Innovation Zone feedback will support the development of processes, procedures, and refinement of the tools the state will use for statewide FFPSA implementation. Processing mapping of existing revenue codes has been completed. The state has determined the need to add one new service code and one new program code, these technology updates will allow counties to claim I-VE revenue for FFPSA Candidates. NC DSS is providing regular communications about FFPSA implementation through Dear County Director Letters, presentations, and print material.</p>	<p>Three of seven Regional Prevention Services Consultants were hired as of June 2023 date. This staff is in place and completing NC DSS onboarding and training. Remaining staff will be hired and are expected to be in place by August 2023.</p> <p>Development of Statewide Prevention Framework approved June 5, 2023.</p> <p><u>Strategy 3:</u> Number of EBPs in continuum, number of families receiving FFPSA funded EBPs: to be determined</p> <p><u>Strategy 4:</u> 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. Implementation activities in the Innovation Zone including training for 40 county staff (representing 8 counties in Region 2) on newly developed policies and forms. Local DSS child welfare staff will test the usability of these materials during the months of June and July 2023. Feedback from local staff on recommended changes in the materials will be collected monthly and support the state in finalizing materials and training in preparation for statewide FFPSA implementation.</p>
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	Provider Portal development in process
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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
<b>Progress Report</b>		<b>Progress Measure Update</b>
<u>Implementation Status: Installation</u> NC DSS continued to work with the Capacity Building Center for States to update the Diligent Recruitment and Retention (DRR) plan. The draft DRR plan was submitted to ACF (Children’s Bureau) on March 31, 2023. The updated DRR Plan is attached to the APSR.		<u>Strategy 1:</u> 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
<p><u>Implementation Status: Exploration</u></p> <p>NC DSS is transforming its current culture by implementing a strong foundation to the kin first shift and establishing family-based care while moving away from congregate care settings where appropriate. Leadership utilized the Social Services Institute in August 2022 and the Children’s Services Committee Meeting in September 2022 to share messages about the importance of family-based care for children in DSS custody.</p> <p>NC DSS continued to provide prevention services available from state and federal funding streams during the last FFY. In 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.</p> <p>NC DSS will establish standards of need for referral to Congregate Care facilities when necessary and when all family-based care or other options are exhausted. Standards for referrals will be developed in 2024.</p> <p>On October 7, 2022, completed a QRTP Information Session webinar for public and private agencies. On November 22, 2022, NC DSS completed a QRTP Interest Survey for public and private agencies. Four private agencies responded indicating they “may be” interested in implementing a QRTP. In December 2022 and January 2023, NC DSS met with two states who implemented QRTPs to obtain information they learned during the implementation process. NC DSS is still considering pursuing QRTPs as a part of our continuum.</p>		<p><u>Strategy 1:</u> Leadership messaging: ongoing SSI: August 3, 2022 CSC meeting: September 7, 2022</p> <p><u>Strategy 2:</u> Utilization of prevention services: ongoing FFY 23 – 4,956 individuals FFY 24 – 4,509</p> <p><u>Strategy 3:</u> Standards established: to be developed in 2024</p> <p><u>Strategy 4:</u> Feasibility Assessment: in progress</p>

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

<b>Objective 1: Complete a caseload/workload study for all child welfare positions</b>		
<b>Strategies</b>	<b>Timeframe</b>	<b>Progress Measure</b>
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 of 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
<b>Progress Report</b>		<b>Progress Measure Update</b>
<p><u>Implementation Status: Installation</u></p> <p>Public Consulting Group (PCG) was selected as the vendor to design, develop, and complete the Workload/Caseload Study. The goals of the project are to provide NC DSS with recommendations for NC DSS to streamline internal processes, more equitably allocate staff and contracted resources statewide, reduce workload through technology, reduce staff attrition, and increase direct service time with families. PCG is working with a Steering Committee to review current workloads for program area caseworkers and staff at various levels of the organization, including supervisors, administrative support, and management and to make recommendations regarding manageable workloads for all the following programs:</p> <ul style="list-style-type: none"> <li>• Intake</li> <li>• CPS Assessment</li> <li>• CPS In-home/Family Preservation</li> <li>• Permanency Planning/Foster Care</li> <li>• Adoption</li> </ul>		<p><u>Strategy 1:</u></p> <p>Vendor is chosen, and the study is initiated: COMPLETED</p> <p><u>Strategy 2:</u></p> <p>The final report will be submitted by September 2023.</p> <p><u>Strategy 3:</u></p> <p>Proposal will be submitted in FFY 2024.</p>

<ul style="list-style-type: none"> <li>Foster Family Home Licensing</li> </ul>	
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Objective 2: Reinstigate the stipend support program into the NC Child Welfare Education Collaborative (CWECC) 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
<p><u>Implementation Status: Installation</u></p> <p>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, DSS Directors or designee, and DSS staff who are responsible for field placements of CWECC students at their agency and NCACDSS. These regional meetings were held to enhance the partnerships with all CWECC partners, including affiliated Schools of Social Work, County DSS agencies, NC Association of County Directors of Social Services (NCACDSS) and University of North Carolina at Chapel Hill– School of Social Work, Family and Children’s Resource Program (UNC–FCRP). These meetings also served as platform to facilitate information sharing for problem solving, decision making,</p>		<p><u>Strategy 1:</u></p> <p>A funding plan and protocol for administering the stipend: COMPLETED</p> <p><u>Strategy 2:</u></p> <p>Collaborative Stipend Support Program Manual: Draft in progress</p> <p><u>Strategy 3:</u></p> <p>The stipend support program for the NC Child</p>

<p>relationship and culture building, encourage enthusiasm and improved performance, all of which are pertinent to the success of the CWEC program.</p> <p>NC DSS has a draft CWEC Manual currently being finalized. 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&amp;T). These three (3) 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&amp;T, which is a HBCU, furthers NC DSS’ intentional focus on recruitment of a diverse child welfare workforce as part of our DEIB focus. NC DSS met with the CWEC liaisons at each school to determine their willingness to participate in an Innovation Zone to re-establish the stipend program. ASU, ECU and NCA&amp;T expressed their gratitude and excitement to be selected and all agreed to participate.</p> <p>NC DSS established an implementation team comprised of statewide stakeholders from local DSS agencies, NCACDSS, CWEC University Partners, CWEC graduates and NC DSS staff. The implementation team will work to achieve the following goals:</p> <ul style="list-style-type: none"> <li>• Support NC DHHS/DSS in effectively reincorporating a stipend component into the CWEC Scholars Program.</li> <li>• Guide the revisions of the CWEC Scholars Program manual to establish consistent and sustainable protocols and governance structure.</li> </ul>	<p>Welfare Education Collaborative will be implemented in FFY 2024.</p>
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<b>Objective 3: Implement a new approach to pre-service training for the child welfare workforce</b>		
<b>Strategies</b>	<b>Timeframe</b>	<b>Progress Measure</b>
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),	Year 3	Curriculum outline

<p>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)</p>		
<p>Strategy 2: Evaluate the redesigned training curriculum with the first three new employee cohorts</p>	<p>Years 3 - 4</p>	<p>Evaluation results from the innovation zone cohorts</p>
<p>Strategy 3: Revise and finalize NC’s pre-service training, based on feedback from the pilot employee cohorts</p>	<p>Year 4</p>	<p>Evaluation results from the innovation zone cohorts</p>
<p><b>Progress Report</b></p>		<p><b>Progress Measure Update</b></p>
<p><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 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 will be completed in June 2023. The third cohort will occur from July through September 2023.</p>		<p><u>Strategy 1:</u>                  Curriculum Outline: COMPLETED</p> <p><u>Strategy 2:</u>                  Evaluation results from pilot cohorts: evaluation activities in progress</p> <p><u>Strategy 3:</u>                  Evaluation results from pilot cohorts: evaluation activities and revisions in progress</p>

<p>During each of the pilot cohorts, evaluation activities of the redesigned curriculum will be completed. Information will be collected from trainers, participants, and supervisors through various evaluation activities. The evaluation activities include pre- and post-tests to assess knowledge gained, satisfaction surveys, training observation, and focus groups. Evaluation activities for cohort 1 have been completed and revealed both knowledge gained through the new curriculum, as well as satisfaction with the curriculum. Evaluation activities for cohort 2 are underway. The evaluation activities will be completed in October 2023. Information gathered through the evaluation will be synthesized and analyzed to determine needed revisions to the curriculum through each of the three cohorts. After completion of the third cohort, all evaluation data will be compiled into an evaluation report. This report will inform curriculum revisions, which will be made in November and December 2023. A final Pre-Service Training curriculum will be issued in December 2023 and will be implemented statewide through a phased regional-based approach beginning in January 2024.</p>	
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<b>Objective 4: Implement a new approach to ongoing training for the child welfare workforce</b>		
<b>Strategies</b>	<b>Timeframe</b>	<b>Progress Measure</b>
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
<b>Progress Report</b>		<b>Progress Measure Update</b>
<u>Implementation Status: Pre-Implementation</u>		Strategy 1:

<p>NC DSS will begin this objective and related strategy in year 5 of the 2020–2024 CFSP. NC DSS will contract with Public Knowledge® (PK) 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.</p>	<p>Evaluation report with recommended changes: not yet started</p> <p>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.</p>
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<b>Objective 5: Train child welfare staff in a race equity framework as a first step to reduce disproportionality within the NC child welfare system</b>		
<b>Strategies</b>	<b>Timeframe</b>	<b>Progress Measure</b>
<p>Strategy 1: State child welfare staff will be trained on a race equity framework.</p>	<p>Year 3</p>	<p>Number of state and regional office staff completing race equity framework training.</p>
<p>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.</p>	<p>Years 3 – 4</p>	<p>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.</p>
<p>Strategy 3: Training from the race equity framework will be delivered to county child welfare staff.</p>	<p>Year 4</p>	<p>Numbers of county child welfare staff receiving training.</p>
<p>Strategy 4: Implementation of strategies consistent with the race equity framework to reduce disproportionalities and disparities in child welfare outcomes.</p>	<p>Year 5</p>	<p>Report on trends in racial disproportionality and disparities and the strategies implemented. These reports will be produced by the CQI Team. Progress to be reported.</p>

Progress Report	Progress Measure Update
<p><u>Implementation Status: Initial Implementation</u></p> <p>In January, 21 NC DSS state staff and 5 county child welfare staff completed the “Racial Equity in Child Welfare” 3–day training series. NC DSS has experienced significant staffing issues and is in process of filling several vacancies. NC DSS has approximately 75 state level staff who will need to attend this training.</p> <p>The plan for full implementation of training county child welfare staff is to begin with the 7 county programs that are currently supported by Casey Family Programs to address racial equity in child welfare. Additionally, intentional focus on disparity in child welfare through a racial equity lens is infused throughout the newly redesigned pre–service training curriculum for new child welfare staff.</p> <p>The NC DSS Child Welfare DEI Team completed a 2–year Racial Equity Improvement Collaborative sponsored by Casey Family Programs in October. This collaborative further supports efforts to address racial disparities in prevention, child protective services, kinship and permanency planning.</p> <p>NC DSS staff attended the Casey Family Programs Convening in Arizona to further support NC DSS’ DEI efforts.</p> <p>The NC DSS Child Welfare DEI Team began participation in June for a Race Equity Virtual Mini–Series: Leading through Challenges, a Casey Family Programs initiative. This will focus on team turnover and internal or external resistance to racial equity work.</p> <p>NC DSS staff attended the Ujima Black Family Connection with the National Adoption Association: The State of Black Families in Washington, D. C. in May. This was a Think Tank opportunity for Black/African American leaders about decision–making, critical points of intervention, etc. Speakers</p>	<p><u>Strategy 1:</u></p> <p>21 state child welfare staff and 5 county child welfare staff completed the training; 75 state staff need to complete the training</p> <p><u>Strategy 2:</u></p> <p>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: In progress</p> <p><u>Strategy 3:</u></p> <p>Chatham County Child Welfare Leadership Team (5) completed the training</p> <p><u>Strategy 4:</u></p> <p>Reports on trends in racial disproportionality and disparities will be produced by the CQI Team: in progress.</p>

<p>included those with lived experiences including former foster youth. This information will aide NC DSS in furtherance of NC DSS’ Goal of training NC Child Welfare staff in racial disparity.</p>	
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**Goal 4: Improve processes for Continuous Quality Improvement**

<b>Objective 1: Revise current CQI structures and processes</b>		
<b>Strategies</b>	<b>Timeframe</b>	<b>Progress Measure</b>
<p>Strategy 1: Re-assess current CQI activities conducted at the state, region, and county levels to identify and fill gaps</p>	<p>Year 3</p>	<p>Reassessment Report</p>
<p>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</p>	<p>Year 4</p>	<p>CQI Manual</p>
<b>Progress Report</b>		<b>Progress Measure Update</b>
<p><u>Implementation Status: Implementation</u>                      NC DHHS revise 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. NC DSS is in the process of developing a CQI Plan with goals, objectives, and strategies for tackling key areas of performance. The CQI Plan is under development and will be finalized by August 2023.</p>		<p><u>Strategy 1:</u>                      Reassessment Report:                      COMPLETED</p> <p><u>Strategy 2:</u>                      CQI Manual Outline:                      COMPLETED</p>

<b>Objective 2: Continued implementation of CQI processes at the state, region, and county levels</b>		
<b>Strategies</b>	<b>Timeframe</b>	<b>Progress Measure</b>

Strategy 1: Continue to implement the CQI strategies outlined previously in the CFSP and in the CQI Manual	Years 3 – 5	Number of completed CQI activities
Strategy 2: Use CQI processes to ensure implementation of and fidelity to the NC Practice Model, FFPSA implementation, and the other goals reflected in this plan	Year 3- 5	Number of completed CQI activities
<b>Progress Report</b>		<b>Progress Measure Update</b>
<p><u>Implementation Status: Initial Implementation</u></p> <p>NC DSS hired a CQI state lead in August 2022 who coordinates and implements the regional support model approach to CQI, involves local county child welfare agencies and stakeholders in CQI development. NC DSS continues to facilitate CQI Design Team Meetings for overall guidance and direction for CQI activities for child welfare.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• To create regional identities and relationships</li> <li>• To analyze regional data, discussing root causes, and sharing possible solutions, as well as how those solutions might be implemented</li> <li>• To improve consistency in practice across regions and the state.</li> <li>• After attending the Regional CQI Meetings, participants report: <ul style="list-style-type: none"> <li>• A better understanding of data quality and how counties can contribute data clean up</li> <li>• Taking a deeper dive into the root causes of data errors (changed practices, i.e., assigning data entry to different employees)</li> <li>• Using targeted reviews on cases to better understand root causes to develop better solutions</li> </ul> </li> </ul>		<p><u>Strategy 1:</u></p> <p>Number of completed CQI activities:</p> <p>CQI Design Team Meetings:</p> <ul style="list-style-type: none"> <li>• August 2022</li> <li>• September 2022</li> <li>• December 2022</li> <li>• January 2023</li> <li>• February 2023</li> <li>• March 2023</li> <li>• April 2023</li> <li>• May 2023</li> <li>• June 2023</li> </ul> <p>Regional CQI Meetings (7 regional meetings):</p> <ul style="list-style-type: none"> <li>• October 2022, 298 participants</li> <li>• January 2022, 278 participants</li> <li>• May 2023, 273 participants</li> </ul> <p>County–Led Regional CQI Calls held each month of the year</p>

<ul style="list-style-type: none"> <li>• Finding the opportunity to share ideas and solutions among counties to be productive</li> <li>• Buncombe County leads a County CQI Call monthly where counties discuss CQI practices and provide peer-to-peer support to each other. Currently 28 counties have signed up for the quarterly calls, including 82 individuals.</li> </ul>	<p>Joint Planning Meeting, CQI Focus Group: March 2023</p> <p><u>Strategy 2:</u> Development of FFPSA CQI processes: to be determined</p>
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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
<p><u>Implementation Status: Installation</u></p> <p>NC DSS contracted with Public Knowledge® (PK) to identify primary errors from review of NC DSS data error reports and the Data Workgroup created a plan identifying areas of need for targeted assistance to the counties with the most critical need. The Regional Child Welfare Consultants 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 that there is only one identifying number for</p>		<p><u>Strategy 1:</u> Data Report List: In progress</p> <p><u>Strategy 2:</u> Data guides that align with the North Carolina Child Welfare</p>

<p>children across systems. NC DSS sent communications to counties notifying of needed corrections and asking that they develop a QA process to minimize data entry errors. The Data Workgroup is now incorporated into the CQI Design Team. Consistent, quarterly reports were created based on needs identified. Data presentations were to the Executive Leadership Team, the Unified Leadership Team, and the Children’s Services Committee of the Director’s Association in late 2022 and early 2023. In 2023, the CQI Design Team plans to develop a Data Report List.</p> <p>Due to the need to focus attention on eliminating as many errors as possible for the AFCARS and NCANDS report, NC DSS chose to delay the development of the data guides to the upcoming year.</p> <p>NC DSS is submitting the Child and Family Services Review (CFSR) Round 4 State Led Review Plan, Sampling Plan on June 30, 2023, it is anticipated that this will be NC DSS’s case review plan moving forward. In 2024, the CQI Design Team is charged to develop a NC DSS 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.</p>	<p>Information System: In progress</p> <p><u>Strategy 3:</u> A case review plan developed: COMPLETED</p>
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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	Years 3 – 5	Actionable Blueprint developed

priorities, and driven by child welfare program and model of practice		
Strategy 3: Develop and release a Request for Proposal (RFP) to augment (bring in new technologies) to improve the statewide child welfare information system	Year 3 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
<b>Progress Report</b>		<b>Progress Measure Update</b>
<p><u>Implementation Status: Installation</u></p> <p>As decisions are considered around child welfare implementation, NC DSS works to develop proposed plans, obtaining feedback as appropriate. This is a new group of county Child Welfare Technology System users from caseworkers through program managers, who provide feedback to the state on priorities, design and development. The initial plan is then discussed with the Child Welfare Leadership Team (CWLT) and the Child Welfare Practice and Technology Team (CWP&amp;T). Edits are made before presenting the information to the Child Welfare System Governance Committee (CWSGC) and if recommended to the Unified Leadership Team (ULT). Each step of this process includes opportunities for feedback and edits to the plan. During this SFY, the implementation focus has been on developing a plan for design, development, engagement and implementation plan for the new intake screening and response.</p> <p>The agency has an Integrated Workplan, which are priorities of NC DSS. The Child Welfare Technology System team uses this plan to look at dependencies and analysis for what is needed in the technology to plan design and development accordingly. The HSBI team works closely with the Section Chiefs on timeframes and prioritization of priorities based</p>		<p><u>Strategy 1:</u> Implementation System Plan: COMPLETED and in use</p> <p><u>Strategy 2:</u> Actionable Blueprint Plan via the Integrated Work Plan: COMPLETED</p> <p><u>Strategy 3:</u> RFP released: COMPLETED</p> <p><u>Strategy 4:</u> Vendor identified: to be determined</p> <p><u>Strategy 5:</u> NC staff are consistently using the information system for documentation</p>

<p>on the necessary changes to meet the priorities. During SFY 2023, the primary priority is focused on designing, developing, and implementing the new intake screening and response system.</p> <p>The Request for Proposal (RFP) was posted in August 2022 to augment (bring in new technologies) to improve the statewide child welfare information system. Vendor proposals have been reviewed, interviews conducted and negotiations to take place in the SFY 22/23. We hope to announce the contract award this summer. When the vendor selection has been finalized, we will work closely with the CWSGC, CWP&amp;T, and CWLT as we develop the information system plan</p>	<p>and decision support: ongoing</p>
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## 4 Quality Assurance System

NCDSS is refining its CQI system as stated in the CFSP Strategic Goal 4, Objectives 1 and 2. NCDSS continues to modify and update our CQI approach and model. NCDSS has identified a 4 step CQI model that will be used across programs including Child Welfare, Economic and Family Services (Food and Nutrition Services (FNS) and Work First), Child Support and Aging and Adult Services (DAAS). Training on the application of the model was provided for CQI staff in all the above-named areas.

### Foundational Administrative Structure

NCDSS continues to build up the CQI system. A Statewide CQI Lead was hired in July of 2022. Along with leading the CQI Design team’s work on the CQI plan and protocol, the CQI Lead has also begun quarterly regional CQI meetings. The regional CQI meetings allow NCDSS to share data and encourage county staff to analyze root causes, and plan for solutions, while further training county staff on the CQI model. As of June 1, 2023, 3 regional CQI meetings have been held in each of the 7 regions.

NCDSS has also completed development of the Cross-Programs CQI cycle. During the last year, the Child welfare Section of NCDSS participated in Cross Program Training with Aging and Adult Services, Child Support, and Economic Benefits that 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. NCDSS is also working to create a statewide CQI Plan. The CQI Design Team has been tasked with this activity as well as developing the process for measuring performance in North Carolina. NCDSS stated in last year's APSR that the model would be complete, and that training and support would begin in 2023. Due to staff turnover and a lack of resources, NCDSS made the decision to put the training and support on pause until the CQI Design Team has completed its work.

#### Case record review data and process

As mentioned in Section 2.3.2 (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 7 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. The new sampling approach began in October 2022.

North Carolina implemented its statewide sampling approach on October 1, 2022. This will give the state lead time necessary to both fine tune the parameters for the statewide random sampling of cases and to inform counties of the cases that have been selected for review.

The proposed 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.

NCDSS continues to use the federal Onsite Review Instrument (OSRI) to collect information on all CFSR items (using the Online Monitoring System, OMS). NCDSS uses the Online Monitoring System 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 NCDSS Quality Assurance staff participate in monthly Secondary Oversight calls with CB Staff. Currently, CB conducts Secondary Oversight on all cases completed by NCDSS Quality Assurance Reviewers to demonstrate consistency in applying the OSRI.

In December 2022 All NC DSS Quality Assurance 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 and March 2023 All NC DSS Quality Assurance Reviewers and the team manager completed a foster care mock Case (Round 3) using the Round 4 OSRI which was observed by ACF and CB staff. The objective of the training was to practice applying the new OSRI with fidelity and align with ACF and 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 Online Monitoring System (OMS) to all NC DSS Quality Assurance Reviewers and the State CQI Lead. The objective was to provide a demonstration of how to enter a case, 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. Challenges of not having a comprehensive child welfare information system make the collection, analyzation, and dissemination of quality data resource intensive and difficult. North Carolina is currently in the process of procuring a vendor for a Child Welfare Information System (CWIS) which will aid in the ability to use administrative data to support continuous quality improvement. The Request For Proposal (RFP) for the vendor specifically requests prospective vendors to share how their solution will provide data and information services capabilities to support the state's needs with regards to CQI. The work on this is described in Systemic Factor 19 and Strategic Goal 4, Objectives 3 and 4.

Despite the barrier of NC DHHS and DSS 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 and Nutrition Services in North Carolina is a partnership among the [UNC-CH School of Social Work](#) at The University of North Carolina at Chapel Hill, the North Carolina Division of Social Services, and the North Carolina Department of Health and Human Services. Human services professionals (and the public) can access [data for all counties in North Carolina](#) in the areas of Child Welfare, Work First, and Food and 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 Human Services Business Information and Analytics Sharepoint site, including workload and staffing information for each child welfare program area by county and statewide. State and county staff have access to this information.

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

NCDSS 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, NCDSS 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 Children's Bureau. 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 of the root causes that was identified is lack of understanding from county staff who enter the placement data into the Legacy system. The team acknowledged from a state perspective that the codes used to identify a move are confusing and difficult to navigate. As a result, the Permanency team agreed to examine the code descriptions to work towards updating them. In November 2022, a similar presentation and process was completed with the NC Unified Leadership Team, which is comprised of NCDSS Executive Leadership and Executive Leadership from the North Carolina Association of County Directors of Social Services (NCACDSS). This process was repeated in March of 2023 when the February 2023 data profile was released by the Children's Bureau. This process will continue as standing items each time a data profile is released.

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

The structure established with NC's 2020-2024 CFSP Strategic Plan provides multiple feedback loops for NCDSS, stakeholders, families, youth, and decision makers to provide input on the implementation of the Strategic Plan. Qualitative and quantitative data are shared with the design teams and the ULT to make data-driven decisions regarding any

adjustments that need to be made. 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. NCDSS will continue to revise the feedback loop structures as a part of the CQI process during the Cross-Programs CQI project. See additional detail regarding feedback loops in the [Section 1.4 Proactive Communication and Feedback Loops](#) and [Section 3.1 Revisions to Goals, Objectives, and Interventions](#).

## 5 Updates on the Service Descriptions

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

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

#### Family Support Network of North Carolina

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

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

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

- 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 2021 – 2022 and the first half of SFY 2022 – 2023 (Q1 & Q2 only) are captured in the table below:

**Table 56. FSN Services Provided**

Service	SFY 2021 – 2022	SFY 2022 – 2023 (Q1 & Q2 only)
Information and Referral	2,876 families	1,584 families
Training Workshops	647 parents	361 parents
Parent-to-Parent Matches	91 parents	30 parents
Social activities for families	2,151 parents and children	1,357 parents and children
Intensive one-to-one support	1,077 parents	689 parents
Support groups and SibShops™	63 parents and children	231 parents and children
Community Collaboration	2,815 agency referrals	1,314 agency referrals
TOTAL (without collaboration)	7,646 family members	4,444 family members

Source: Final and Mid-Year Quarterly Reports

In FFY 2023–2024, the Family Support Network expects to serve 5,900 children with special needs and their parents in 2950 families throughout NC with the services listed above (NC uses a SFY to calculate services data). The service activities provided by the Family Support Network will not change and there are no additions in services or program design for FY 2024. 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 2021 – 2022 and the first half of SFY 2022 – 2023 (Q1 & Q2 only) has been overwhelming positive, with all outcome data exceeding the 85% benchmark of participant endorsement.

In SFY 2023–2024, the Family Support Network will 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. NC DSS will discuss with the Family Support Network a plan to collect more specific data on members of religious minorities, those who identify as LGBTQI+, persons with disabilities, persons who live in rural areas or otherwise adversely affected by persistent poverty or inequality are receiving timely, fair, and equitable services. The collection of this data will aid in identifying the specific populations and needs of the children and families addressed by the services provided by UNC FSN.

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

*Child Welfare Rapid Response Team Consultants*

The 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 ’24 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.

## 5.2 Services for Children Adopted from Other Countries

Post–Adoption Support Services (PASS) providers continued outreach efforts in SFY 2022 to connect with families who adopted children from other countries through efforts including marketing on Facebook and agency websites, contacting adoption attorneys and Guardians ad Litem, and sending program information to private adoption agencies statewide. 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. In addition, PASS providers have initiated partnerships with faith–based organizations including developing an educational training, “Trust Based Relational Intervention.” This training was provided in April 2023 to 20 adoptive families and 19 children. Childcare was provided to the families, so they were able to be engaged in the training opportunity.

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 fifty–four (54) children adopted from other countries between May 2022 and May 2023.

**Table 57. Services for Adopted Children**

Country	Number of Children	Service Provided
China	2	Therapy, Parent Conference, Assessment
Republic of the Congo	2	Therapy, LEAF, Parent Conference
Guatemala	3	therapy
India	3	Therapy, assessment
Columbia	2	Therapy, consultation
Ukraine	1	Therapy
Unknown	37	Receive newsletter
Ethiopia	1	Parent Conference, Consultation, Assessment
Haiti	2	Assessment, Consultation (1 legal guardianship)
Vietnam	1	Consultation

Source: Duke Center for Child and Family Health, received April 10, 2023.

Services will continue to be provided in SFY 2023–2024 for this population and will include:

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

Services to this population will continue to be provided by the current PASS providers through SFY 2023–2024. The Success Coach Model, developed by the Catawba County Department of Social Services, was planned for implementation during SFY 2022–2023; however, due to the modifications to the State’s current contract system the model is planned for implementation SFY 2024–2025.

Request for Proposals will be posted to solicit vendors intended to be replication sites for the model. NC DSS is contracting with Catawba County Department of Social Services to provide the statewide replication of Success Coach model to 7 post permanency regions across the State. The 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 across North Carolina's seven (7) regions, NC DSS expects an increase in the numbers of youth and families served. This effort is directed toward improving placement stability across the State.

### 5.3 Services for Children Under the Age of Five

#### Activities to Reduce Length of Time in Care

North Carolina explored the possibility of developing and implementing a Safe Babies Court Team (SBCT) model with local multidisciplinary teams in five (5) sites across the state beginning in 2019 through 2020. Although NC DSS was awarded a two-year federal VOCA grant for initial implementation, NC DSS was unable to lift the project due to limitations caused by the COVID-19 pandemic. One of the lessons learned during the development and initial implementation process was that the SBCT model requires strong judicial leadership and ownership. As such, with a renewed interest in the model, North Carolina's Administrative Office of the Courts (AOC) and its Court Improvement Project (CIP) committed to leading a second attempt at successfully lifting a SBCT model program in multiple sites across the state. The SBCT model, if implemented as designed, will promote permanency and reduced time in foster care for children under the age of five years. The SBCT project is a joint project by and between North Carolina's CIP and NC DHHS / DSS. Once funding and program supports are secured, the SBCT model is slated for initial implementation in two pilot sites in late 2023.

NC DSS transitioned the oversight of Title IV-B, subpart 2 funds from the Prevention Team to the Permanency Team in March 2023. The Permanency Team is currently coordinating a transition proposal and plans to work with counties to determine how these funds can support targeting reunification for children under the age of 5. Meanwhile, the current reunification process and planning will remain in place until SFY 2023-2024. The current reunification process requires the counties to submit an annual reunification plan to the NC DSS on the utilization of the reunification funding. The plans and data have been used to determine the reunification services being provided in counties and the NC Division of Social Services' monitoring team manages the onsite monitoring of the funding source.

NC DSS recently received the reunification funding and planning and will be reviewing the process for strengths and gaps in service delivery and planning.

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

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

needs of all vulnerable children under five years of age, including those served in-home or in a community-based setting, NC DSS served families with children under the age of 5 years of age through several community-based prevention programs, the Community Response Program, and Family Support Network in FFY 2022– 2023. NC DSS continues to fund the following eight (8) programs that served our youngest children:

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

These services are considered primary and secondary prevention services. The goal of these services 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 2023–2024 and there are no current programmatic changes to report

#### Community Response Program

As described in greater detail in the Update on the Service Descriptions, NC DSS funded eight (8) county child welfare agencies to provide voluntary community response programming (CRP). The CRPs serve families, with children age birth to 5 years of age who have been reported to local departments of social services, child protective services (CPS), closed with a decision of services recommended, closed with a decision of no services needed, or closed with an unsubstantiated finding after an initial assessment. The goal of CFP services is to strengthen and stabilize participating families to prevent 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 the Update on the Service Descriptions and the section on Populations of Greatest Risk of Maltreatment. All the FSN Affiliates serve families with children from birth to 5 years of age 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 aged 4 and 5 years. FSN services are available to all families to support those whose children who do not qualify for Early Intervention (EI) or EC services, and to meet the goals of preventing child maltreatment, preventing entry into foster care, and reducing the amount of time in foster care.

## 5.4 Efforts to Track and Prevent Child Maltreatment Deaths

NC has continued to track maltreatment deaths in accordance with [NCGS §143B-150.20](#). This statute mandates reviews of cases where children and families were North Carolina involved with local departments of social services, child protective services, in the twelve (12) months preceding the fatality. In addition, NC DSS collects baseline information on all

children to whom county child welfare agencies send a notification form, regardless of whether the cases meet the 12-month criteria.

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

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

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

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

The new system will be delivered in two (2) phases: A Minimum Viable Product (MVP) phase and an Enhancement Phase. The MVP will deliver a functional system that will provide the same functionality as the existing system, with some improvements to the system's design, user interface, data storage and security.

The project has been delayed due to some unexpected approval flows at the State level. The NC Office of State Budget and Management (OSBM) extended the time to review budgets and to approve the business case. Of more concern was the deployment of a new automated eProcurement tool (SAP Ariba) during a critical stage in our approval flow which caused schedule delays for this and many other DHHS projects. This alone caused more than an 8-week delay in moving the project through State approval.

Currently, we believe these issues have been resolved and we expect the procurement phase to proceed in a more normal fashion.

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. As we move toward selecting a vendor, we are looking for one that can create the requested product with the ability to integrate into the CWIS system once it is operational across the state.

While NC DSS does not yet have a written Maltreatment Prevention Plan, it has been working diligently to build infrastructure and begin to utilize the data from death reviews done by public and private agency partners mentioned earlier. These partners and stakeholders produce findings and recommendations in the fatality report at the conclusion of the review. The findings and recommendations are dependent on the case review and not limited to child welfare, but any area deemed by the team to have been an opportunity to mitigate the maltreatment factors which contributed to the death. After collecting three years of data, NC DSS identified a need to address substance use and Safe Sleep in our effort to prevent maltreatment fatalities. Once the Plan of Safe Care was concluded, NC DSS convened a group of local and state DSS persons in areas of CPS and prevention to develop a plan to lower the number of children dying by unsafe sleep with a maltreatment factor of substance use. An expert in safe sleep with NC Collaborative for Maternal and Infant Health joined this group to provide expertise in safe sleep. From this effort policy was written for all areas of CPS, a guidance document provided for workers to utilize in their work and resources were provided. Additionally, the safe sleep plan is required to be a part of any Plan of Safe Care developed.

Once the policy was put in place for child welfare, training was provided to Prevention Programs under contract with NC DSS and local Community Child Protection teams. This ensured the continuum of services to families have been trained and expectation set to address safe sleep. It also will enhance community understanding of the need for

addressing safe sleep and having a united voice providing the same message to parents. It is hoped that a joint understanding of the problem and the strategies for addressing the problem will support the work of the local CPS worker's around safe sleep. The work on Safe Sleep concluded in February 2023.

Through the work with the county regional support team, we have looked at how we use near fatal and fatal event notification to ensure comprehensive safety plans are in place for the child and/or any surviving siblings. With the new policy the Intensive Review Team will be identifying any immediate safety issues for the regional support personnel to work with the local child welfare agency. Data collected from fatalities can also be used when looking at what is going on in a county and will be enhanced with the new fatality database coming later in 2023.

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

NC DSS developed a state level consultant team working with the Child Medical Evaluation Program (CMEP) to provide support to local child welfare agencies to improve the child welfare response to high-risk cases for fatalities in children under the age of 3 years old. This team of seven (7) Regional Abuse Medical Specialists (RAMS) clarify the local workforce's understanding of medically complex issues, assist with securing appropriate medical evaluations, and support and improve social work practice during the Child Protective Services Assessment beginning at initiation. The RAMS assist with developing questions for medical providers and provide guidance on case investigations to include policy, timeline development and scene investigations. The RAMS are available at all hours, weekdays, weekends, and holidays. The RAMS have significant oversight of county practice that includes review of intake reports, review of completed Structured Decision-Making tools and documentation. They bridge communication gaps between child welfare and the medical providers to ensure clarity about maltreatment allegations and medical findings. This consultation and oversight results in reports that are properly assessed at the point of the first report or injury, safety assessments and risk assessments that ensure children are protected and correct services are put in place to address the behaviors that placed children at risk thereby preventing repeat maltreatment or maltreatment fatalities. The RAMS team began a statewide rollout in April of 2022 with the goal of statewide onboarding by July 1, 2023. Currently 74 of 100 counties are active with RAMS consultants, 18 are in the onboarding process and 8 have yet to engage in the process. Consultation with the RAMS will become policy as of July 1, 2023 with the objective of

onboarding the last 8 counties by August 1, 2023. Data collection about consultations and outcomes has been collected beginning with the first consultations and will be analyzed in coming months as a part of an ongoing CQI process.

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

### Family Preservation

Using IVB–2 and state family preservation funds, NC DSS provided Intensive Family Preservation Services (IFPS) to 954 families deemed high risk by the Family Risk Assessment in SFY 2022. 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 2022, IFPS agencies served 400 families across North Carolina through a combination of IVB–2 and state funding. In sum, NC DSS provided IFPS services to 1,354 families between July 1, 2021 and December 31, 2022. Data for IFPS runs one year behind because NC DSS must wait one year to know outcomes for the families served (the main outcome is that children are not in foster care six months or 12 months after the last date of service).

During the FFY 2021–2022 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.
- 97% of participating families had improved functioning at case closure.
- 96% of participating families demonstrated some improvement in protective factors at case closure.
- 94% 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.
- 85% of participating families did not have repeat maltreatment at 12 months after closure.

The lower percentage outcomes in SFY 2022 than in SFY 2020–2021 are in part due to the impact of the COVID–19 pandemic which resulted in fewer referrals overall, which in turn meant less services were provided. CPS also experienced fewer child abuse and neglect reports which may be due to parents and families remaining at home instead of at work or

school and less interactions with children outside of their home. Additionally, the IFPS services were being provided virtually for the first time and there was an adjustment period related to establishing best practices and program effectiveness.

Once the program delivery methods resumed in home visitation in SFY 2021–2022 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. 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 noted above along with serving families with higher acuity of needs identified post pandemic.

In FFY 2022 and SFY 2023, NC DSS continued monthly team conference calls with IFPS grantees to provide more regular support and quarterly face to face meetings when possible. These meetings will continue in SFY 2024.

In SFY 2024, NC DSS will extend the current IFPS contracts through December 31, 2023, while the agency continues to build infrastructure to provide HOMEBUILDERS® services under the Family First Prevention Services Act. Implementing HOMEBUILDERS® with model fidelity will require start up activities before direct services can be provided to families, including provider selection, contract development, staff hiring, training, and shadowing. During this transition to HOMEBUILDERS®, NC DSS plans to continue IFPS services to minimize disruption to family preservation services. If necessary, the IFPS contracts can be extended through SFY 2024. Eventually HOMEBUILDERS® will replace IFPS.

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 IVB–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 SFY22 and the first two quarters of SFY23.

#### *Evidence-Based Parenting Programs*

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

- Attachment and Biobehavioral Catch–up (ABC)

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

It should be noted that in SFY23, NC DSS is funding 31 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 SFY24. Awarded agencies are a combination of non-profit and local government agencies. As NC continues to plan and implement its Family First Prevention Framework and Family First Prevention Services Act plan, NC will work to further align its community-based primary and secondary prevention programs to ensure that programs are equitable and available to all families in North Carolina’s 100 counties.

When selecting Family Support contractors NC DSS made sure that there would be programs in each of the 7 DSS regions. It should be noted that even though there are Family Support programs in each of the 7 regions, the programs are not available in all 100 counties, due to most agencies providing services to only one or two counties based on the location of their agency. Due to COVID, NC DSS made some exceptions for agencies to serve families in neighboring counties due to programs being offered virtually. NC DSS is currently planning on how we will ensure Family Support Programs are available in all 100 counties by tapping into already established Family Resource Centers across the state and considering continuation of virtual programming for certain parent curriculums. In addition, NC DSS is currently in the process of seeking approval to extend the current 3-year RFA cycle (SFY22 –24) for one more year (SFY25). This extension will allow NCDSS to plan for better alignment with NC’s newly developed 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 SFY22 and the first two quarters of SFY23, as well as participant demographics by age, race and gender for SFY22. Participant demographics are not yet available for SFY23.

**Table 58. Parents/Caregivers and Children Served**

Evidence-Based Parenting Programs	Parents or Caregivers Served	Children Served	Total Served	# of Families Served
July 1, 2021 – June 30, 2022 (12 months)	1,198	1,257	2,455	958
July 1, 2022 – Dec 31, 2022 (6 months)	1,705	881	2,586	577
<b>TOTAL SERVED – Between July 1, 2021, and December 31, 2022 (18 months)</b>	<b>2,903</b>	<b>2,138</b>	<b>5,041</b>	<b>1,639</b>

July 1, 2021 – July 30, 2022: Family Support Final Quarterly Reports (total of 32 of 32 agencies reporting)

July 1, 2022 – December 31, 2022: Family Support Mid-Year Quarterly Reports (total of 31 agencies of 31 reporting)

**Table 59. Participant Demographics by Age**

Age of Participants	Data	
	Number	Percent
0 – 5	336	13.7%
6 – 12	304	12.4%
13 – 18	103	4.2%
19 – 29	333	13.6%
30 – 39	734	29.9%
40 – 49	400	16.3%
50–59	132	5.4%
60+	113	4.6%
<b>TOTAL</b>	<b>2,455</b>	<b>100.00%</b>

July 1, 2021 – July 30, 2022: Family Support Final Quarterly Reports (total of 32 agencies reporting)

July 1, 2022 – December 31, 2022: Family Support Mid-Year Quarterly Reports (total of 31 agencies reporting)

**Table 60. Participant Demographics by Race**

Race of Participants	Data	
	Number	Percent
African American	621	25.3%
Asian American	34	1.4%
European American (Caucasian)	1,019	41.5%
Hispanic	503	20.5%
Native American	74	3%
Other	204	8.2%
<b>TOTAL</b>	<b>2,455</b>	<b>100.00%</b>

July 1, 2021 – July 30, 2022: Family Support Final Quarterly Reports (total of 32 agencies reporting)  
 July 1, 2022 – December 31, 2022: Family Support Mid-Year Quarterly Reports (total of 31 agencies reporting)

**Table 61. Participant Demographics by Gender**

Gender of Participants	Data	
	Number	Percent
Female	1,733	70.6%
Male	722	29.4%
<b>TOTAL</b>	<b>2,455</b>	<b>100.00%</b>

July 1, 2021 – July 30, 2022: Family Support Final Quarterly Reports (total of 32 agencies reporting)  
 July 1, 2022 – December 31, 2022: Family Support Mid-Year Quarterly Reports (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. NC DSS needs to enhance its data collection abilities to ensure that individuals who belong to underserved communities or have been denied services in the past, such as those who are members of religious minorities, those who identify as LGBTQI+, persons with disabilities, persons who live in rural areas or otherwise adversely affected by persistent poverty or inequality are receiving timely, fair, and equitable services. NC DSS staff will revise its quarterly report and data collection requirements for SFY24, to collect more diverse identifying information to ensure our programs are not unintentionally creating systemic barriers to services. This information will be beneficial as we plan for future Request for Applications for Community Based Prevention Programs to ensure that

underserved populations have access to high quality, evidence-based and evidence-informed prevention programs that can help support families and strengthen communities' protective factors, to decrease the risk of maltreatment of children.

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 occurs once during the grant cycle and will take place in the fall of SFY24.

With collaborative support from other public and private funders, NC DSS has a long history of contracting with Prevent Child Abuse North Carolina (PCANC) 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.

During SFY22, a total of 130 Incredible Years, Circle of Parents, Strengthening Families and Triple P program coordinators/facilitators were invited to participate in a process evaluation to assess whether PCANC implementation support services continue to result in desired outputs. A total of 64 (49%) individuals responded and reported that PCANC services were highly accessible to program coordinators/facilitators across NC, and that all five outputs– Service Accessibility, Trust, Appropriateness, Feasibility, and Use of Acquired Knowledge – exceeded PCANC standards.

The North Carolina Family Support Outcome Scale (NCFOS) is a strength-based assessment tool that measures outcomes in the following four domains: Child Functioning, Parent Functioning, Family Functioning, and Family's Relationship to the Community. Program facilitators complete the NCFOS with all participants to measure their progress on program goals. In SFY 2022, the NCFOS results indicated that Family Support programs help both individual family members and families as a whole develop skills to strengthen their relationships and increase family functioning. All domains showed that participants

enhanced their functioning or retained previously effective levels of functioning. Few participants overall saw a decrease in functioning.

To measure client satisfaction, NC DSS shift used the Strengths Based Practices Inventory (SBPI), which focuses on the protective factors and resiliency with a trauma informed approach. The instrument measures four program areas using multiple questions for each area that are measured on a 7-point Likert scale with higher ratings indicating more positive reviews. Statewide average results for each program area in SFY 2022 are listed in the table below.

**Table 62. SBPI Average Results**

<b>SBPI Program Area</b>	<b>Average</b>
Empowerment	6.62
Cultural Competency	6.06
Staff Sensitivity	6.51
Relationship Supportive	6.46

Data source: NCFSES database SFY 2022

As program delivery schedules vary among all Family Support agencies, SFY23 evaluation data including the Adaptive Parenting Practices Inventory, the retrospective Protective Factors Survey, NCFSES and SBPI will be analyzed at the end of the fiscal year.

*Respite Programs – Funded by NC Children’s Trust Fund Revenues*

In SFY 2021–2023, NC DSS contracted with 8 agencies to provide Respite Services. The agencies served 280 parents/caregivers and 379 children across North Carolina with respite services. In the first half of SFY 2022–2023 NC DSS served 199 parents/caregivers and 273 children across North Carolina with respite services. In sum, NC DSS provided respite services for 479 parents/caregivers and 652 children for a total of 1,131 between July 1, 2021, and December 31, 2023. In SFY 2022, DSS began implementing 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 2022, the average improvement in specific protective factors of the 8 agencies was:

**Table 63. Average Protective Factor Improvement**

Improvement in Family Functioning	Improvement in Social Emotional Support	Improvement in Concrete Support	Improvement in Parenting Knowledge
74%	44%	38%	88%

Data source: Protective Factor Survey SFY 2022

Scores collected from a participant Satisfaction Survey showed that overall satisfaction of the service in SFY 2022 was 97%. 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 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.

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

Positive Parenting Program (Triple P)

During SFY 2023, 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 2024, 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 and supports the Family First Prevention Services Act (FFPSA).

Community Response Program

In SFY 2022, NC DSS awarded each of the following eight county social service agencies \$100,000 to provide a Community Response Program (CRP) using Promoting Safe and Stable Families funding: Alamance, Catawba, Durham, Henderson, Orange, Rutherford,

Wake, and Wilson Counties. In SFY 2022, NC DSS continued facilitating monthly team conference calls with CRP grantees to provide peer support.

In SFY 2022 NC DSS informed the 8 counties implementing CRP that SFY 2023 would be the last funding year for the program due to NC DSS efforts in working towards establishing programs and policies that align with NC Rylan's Law and the federal Family First Prevention Services Act to strengthen child welfare services across the state. Within the context of child welfare transformation, NC DSS has concluded that the state does not have the capacity to implement CRP statewide expansion. In SFY 2023, 6 counties continued implementation of CRP, while 2 counties opted to end the program early. In terms of community response program outputs for the 2021–2022 CFSP period:

- In SFY 2022 DSS served 230 parents/caregivers and 376 children across North Carolina.
- In SFY 2023 (July– December) DSS served 54 parents/caregivers and 94 children across North Carolina.

#### CBCAP ARPA Funds

NC's comprehensive American Rescue Plan Act (ARPA) includes activities funded by CBCAP ARPA to benefit children and families through primary and secondary prevention. CBCAP ARPA strategies were informed through consultation with the Child Welfare Family Advisory Council, PCANC, the Prevention Workgroup, and other NC DHHS Divisions.

SFY23 is the first year that CBCAP ARPA funds were included in both the Community Based Prevention Family Support and Respite contracts to provide concrete support to families during times of need. These concrete supports can be things such as diapers, food, rent, utilities, beds etc... Thirty (30) Family Support contracts received an additional \$11,500 and (8) Respite contracts received an additional \$5,000 for a total of \$385,000. Through December 31, 2022, a total of ~1,110 individuals have received an average amount of \$190 for concrete support, for a total of \$212,332. Data shows that the most requested needs include food, utilities and rent assistance. The table below shows the percentage of individuals served by race/ethnicity.

**Table 64. Percentage of Individuals Served by Race**

Race	Percentage
Black/African American	31.80%
Bi-Racial/Multi Racial	12.90%
American Indian or Alaskan Native	0.92%
White/Caucasian	35.94%
Hispanics	18.44%

Contractor quarterly reports SFY 2023

This information will be shared with current contractors to ensure that agencies are making concerted efforts to provide support to families in marginalized communities. Contractors are required to collect demographic information, as well as describe within their SFY23 quarterly reports the impact ARPA funds have had on families and will be required to do the same in SFY24. In SFY24, thirty (30) Family Support contractors will receive an additional \$15,000 CBCAP ARPA funds, and Respite Contractors will continue to receive an additional \$5,000 CBCAP ARPA dollars to continue to provide concrete supports to families in times of need.

In SFY 2022–2023, CBCAP ARPA funds are awarded to Prevent Child Abuse of NC (PCANC) in the amount of \$612,245. The total PCANC ARPA spent from June 1, 2022, through December 31, 2022, is \$208,127. ARPA funds are being utilized for Family Resource Center (FRC) Network Planning /Development to include establishing advisory committee, training PCANC staff as trainers for Family Strengthening & Support Training and establishing and launching of FRC Network. ARPA funds are also being utilized to formative evaluation of CBCAP–funded Networks: as the Prevention Action Network (PAN) has grown, NC DSS and PCANC are considering other ways to improve the coordination and dissemination of resources, programs, and strategies to prevent abuse and neglect. PCANC conducted a Formative Evaluation of CBCAP–funded networks in other states, as well as analyze historical data from our existing PAN to clarify and strengthen the network moving forward. In addition, ARPA funds were utilized for Protective Factors (PF) Trainings & curriculum development for PF Trainings and ACEs trainings.

**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).

In SFY 2022 NC DSS created 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. The data has been used to determine what reunification services are being provided in counties.

During the SFY 2021–2022 CFSP, county child welfare agencies provided the following reunification services and activities to eligible children and their families (90 out of 100 counties reported):

- Individual, group, and family counseling – 11%
- Inpatient, residential, or outpatient substance abuse treatment services – 6%
- Mental health services – 16%
- Assistance to address domestic violence – 4%
- Services to provide temporary childcare and therapeutic services for families, including crisis nurseries – 6%
- Peer-to-peer mentoring and support groups – 4%
- Facilitation of access to and visitation of children with parents and siblings – 31%
- Transportation to or from any of the services and activities listed above – 22%

### **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 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 65. County Child Welfare Agency Adoption Data**

SFY	# Counties Receiving Funding	Total Funding Paid to County Child Welfare Agencies	Total NC Adoptions from Foster Care
2020–2021	62	\$2,891,349	2547
2021–2022	51	\$2,834,767	2996
2022–2023	72	*Not Yet Calculated	820

\*Year-end calculations have not yet been completed for SFY 2022–2023. Data provided is based on adoptions reported on the DSS–5320 between June 1, 2022, through February 28, 2023.

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, that fall under the federal baseline.

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

**Table 66. Contracted Private Agencies Adoption Data**

SFY	Total Funding Paid to Contracted Private Agencies	Total Partner Adoptions	Percent of Total Statewide Adoptions
2020–2021	\$2,173,700	212	14%
2021–2022	\$3,091,000	295	24%
2022–2023	*\$1,479,000	*215	Not yet calculated

\*Year-end calculations have not yet been completed for SFY 2022–2023. The data provided is based on contract amounts for 14 contracted private agencies.

NC DSS’ infrastructure continued to develop a Request for Application (RFA) to be posted, which will allow additional private agencies to apply for funding through the Adoption Promotion Program. With the modifications to the State’s contract system and process there have been unplanned delays, which has prevented the RFA from being posted as previously planned. Therefore, the current fourteen (14) contracted private licensed child-

placing agencies will continue to provide services through SFY 2023–2024. The RFA has been completed and confirmed to be posted prior to the end of this SFY (2022–2023).

North Carolina’s Adoption Call to Action (ACTA) Plan focuses on achieving safe and timely permanency for youth ages 14–17 and their siblings, who are living with an unlicensed relative and qualify for the Kinship Guardianship Assistance Program. NC DSS identified children aged fourteen (14) years and older, including their younger siblings, who were or had been in relative home placements during SFY 2022. With this information, NC DSS contacted the respective county child welfare agencies and guided them in ensuring that the children’s families received and understood information about accessing resources such as Caring for Our Own (CFFO) and training towards licensing and KinGAP resources. The number of families receiving Guardianship Assistance has increased to 180 over the last SFY as a result.

North Carolina continues to provide Permanency Innovation Initiative (PII) through Children’s Home Society. PII works to ensure a permanent home for every child by providing child-specific recruitment services. Children identified in the Adoption Call to Action were referred to PII for child-specific recruitment.

NC DSS will continue to participate and engage in ACF Adoption Call to Action regional meetings towards enhanced permanency outcomes for North Carolina’s children and families in SFY 2022–2023. Additionally, NC DSS will continue outreach to counties to bring more awareness and education regarding the Kinship Guardianship Assistance Program. These efforts will include training towards licensing and KinGAP resources and technical assistance to counties as needed. PII will continue to be offered through Children’s Home Society to increase child-specific recruitment for eligible children and their families.

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

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, an RFQ was developed to contract with Catawba County DSS to provide training to replication sites across the state. A Request for Proposal (RFP) was developed to solicit

replication sites and is currently in process. 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 for one year during this transition phase. NC DSS will continue to communicate and prepare the regions and over this next for the transition from PASS to Success Coach as a statewide post-permanency model, to support families post adoption and post guardianship.

**Table 67. Post Adoption Services SFY 2023**

SFY	Children Served	Caregivers Served	Families Served
2022	611	762	602
2023	409	481	380

\*Data provided by CHS, Catawba County Social Services, Center for Child and Family Health, and Children’s Hope Alliance from July 1, 2022–April 2023

In FFY 2023–2024, NC DSS anticipates spending at least 20% of IVB-2 funding on adoption promotion and support.

## 5.6 Division X Supplemental Funding form the Supporting Foster Youth Families through the Pandemic Act

This section provides the final update on how the FY 2021 supplemental funding from Division X was used. The FY2021 Supplemental Funding from Division X was used to strengthen the services provided by the state under the PSSF program, including for IFPS family preservation services; Triple P parenting education and support services, respite and the Community Response program for family support and prevention services family reunification services; and PASS and Success Coach.

The Success Coach Model RFP has been completed and the replication site models RFP are under development. The RFP for Success Coach cannot be published without the replication site models. There have been procurement delays and to date the RFP has not been released.

North Carolina reports that spending in each service category was approximately 20% of the grant.

## 5.7 Service Decision–Making Process for Family Support Services

As part of a competitive RFA for a 3–year grant cycle from SFY22–24 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 logic 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. NCDSS staff also considered factors, such as regional distribution, program

variety, target population, community needs, and previous program history when determining final award decisions.

**Table 68. NC DSS Family Support and Respite Programs**

Agency (Name, Website, and Phone)	Programs Offered	Counties Served
<b>Region 1</b>		
Children & Family Resource Center of Henderson County <a href="https://childrenandfamily.org/">https://childrenandfamily.org/</a> (828) 698-0674	The Incredible Years Circle of Parents PCIT	Henderson
Southwestern Child Development Commission <a href="https://www.swcdcinc.org/">https://www.swcdcinc.org/</a> (828) 586-5561	The Incredible Years Circle of Parents	Jackson, Macon Haywood
County of Swain (Swain County Family Resource Center) <a href="https://swainfrc.com">https://swainfrc.com</a> (828) 488-7505	Circle of Parents Strengthening Families Program	Swain, Graham, Qualla Boundary
The Family Place of Transylvania County <a href="https://www.thefamilyplacenc.com/">https://www.thefamilyplacenc.com/</a> (828) 883-4857	The Incredible Years Circle of Parents	Transylvania
<b>Region 2</b>		
Partnership of Ashe <a href="https://ashechildren.org/">https://ashechildren.org/</a> (336) 982-4588	Parents as Teachers	Ashe
Burke County Public Schools <a href="https://www.burke.k12.nc.us/">https://www.burke.k12.nc.us/</a> (828) 439-4312	Circle of Parents	Burke

**Table 68. NC DSS Family Support and Respite Programs**

Agency (Name, Website, and Phone)	Programs Offered	Counties Served
	Triple P (Level 4 Group)	
Catawba County Partnership for Children <a href="https://catawbakids.com/">https://catawbakids.com/</a> (828) 695-6505	Triple P (Level 4 Group) Parents as Teachers	Catawba
Children’s Council of Watauga <a href="https://www.thechildrenscouncil.org/">https://www.thechildrenscouncil.org/</a> (828) 262-5424	The Incredible Years Circle of Parents	Watauga
McDowell County Schools <a href="https://www.mcdowell.k12.nc.us/">https://www.mcdowell.k12.nc.us/</a> (828) 652-4535	Circle of Parents	McDowell
Region 3		
Alamance Partnership for Children <a href="http://www.alamancechildren.org/">http://www.alamancechildren.org/</a> (336) 513-0063	The Incredible Years	Alamance
Exchange Club Center in Alamance County <a href="https://exchangefcp.com/">https://exchangefcp.com/</a> (336) 227-5601	Triple P (Level 4 Standard)	Alamance Orange Chatham Person Caswell
Families & Communities Rising, Inc. (KidSCOpe) <a href="https://fcrinc.org/">https://fcrinc.org/</a>	The Incredible Years Attachment and Biobehavioral Catch-Up (ABC)	Chatham Orange

Table 68. NC DSS Family Support and Respite Programs

Agency (Name, Website, and Phone)	Programs Offered	Counties Served
Fairgrove Family Resource Center <a href="https://fgfrc.org/">https://fgfrc.org/</a> (336) 472-7217	The Incredible Years Circle of Parents Triple P (Level 4 Group & Standard)	Davidson
Exchange Clubs' Child Abuse Prevention Center in Durham <a href="https://www.exchangefamilycenter.org/">https://www.exchangefamilycenter.org/</a> (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 <a href="https://www.ccfhnc.org/">https://www.ccfhnc.org/</a> (919) 419-3747	Parents as Teachers Attachment and Behavioral Catch-up (ABC)	Durham
Help, Incorporated: Center Against Violence <a href="https://helpincorporated.org/">https://helpincorporated.org/</a> (336) 342-3331	The Incredible Years	Rockingham, Stokes, Guilford, Caswell
Communities In Schools of Durham <a href="https://www.cisdurham.org/">https://www.cisdurham.org/</a> (919) 403-1936	The Incredible Years Circle of Parents	Durham

**Table 68. NC DSS Family Support and Respite Programs**

Agency (Name, Website, and Phone)	Programs Offered	Counties Served
The Parenting Path <a href="https://parentingpath.org/">https://parentingpath.org/</a> (336) 748-9028	Triple P (Level 4 Standard)	Forsyth, Stokes
YWCA High Point <a href="https://ywcahp.com/">https://ywcahp.com/</a> (336) 882-4126	Parents as Teachers	Guilford, Randolph
Children’s Center of Northwest North Carolina (Children’s Center of Surry) <a href="https://childrenscenternwnc.org/">https://childrenscenternwnc.org/</a> (336) 386-9144	The Incredible Years Strengthening Families Program	Surry, Yadkin
Region 4		
Thompson Child & Family Focus <a href="https://www.thompsoncff.org/">https://www.thompsoncff.org/</a> (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 <a href="https://www.cabarrushealth.org/">https://www.cabarrushealth.org/</a> (704) 920-1000	Triple P (Level 4 Group & Standard)	Cabarrus, Rowan
Partnership for Children & Families (Lee County) <a href="https://www.pfcf.org/">https://www.pfcf.org/</a> (919) 744-9496	Circle of Parents Parents as Teachers	Lee
Region 5		

Table 68. NC DSS Family Support and Respite Programs

Agency (Name, Website, and Phone)	Programs Offered	Counties Served
Down East Partnership for Children <a href="https://depc.org/">https://depc.org/</a> (252)985-4300	The Incredible Years Circle of Parents Triple P (Level 4 Group)	Edgecombe Nash
ECU TEDI BEAR CAC <a href="https://tedibear.ecu.edu/">https://tedibear.ecu.edu/</a> (252) 744-8334	Stewards of Children: Darkness to Light	Edgecombe Greene Halifax Nash Northampton Pitt Wayne Wilson
Partnership for Children of Johnston County <a href="https://partnershipforchildrenjoco.org/">https://partnershipforchildrenjoco.org/</a> (919) 202-0002	The Incredible Years Circle of Parents	Johnston
Partnership for Children of Wayne County <a href="https://pfcw.org/">https://pfcw.org/</a> (919) 735-3371	The Incredible Years Circle of Parents	Wayne
Wilson County DSS <a href="https://www.wilsoncountync.gov/departments/social-services">https://www.wilsoncountync.gov/departments/social-services</a> (252) 206-4000	Strengthening Families Program	Wilson
Region 6		
ECU TEDI BEAR CAC	Stewards of Children:	Carteret Craven

Table 68. NC DSS Family Support and Respite Programs

Agency (Name, Website, and Phone)	Programs Offered	Counties Served
<a href="https://tedibear.ecu.edu/">https://tedibear.ecu.edu/</a> (252) 744-8334	Darkness to Light	Duplin Jones Lenior Onslow Pamlico
Coastal Horizons <a href="https://coastalhorizons.org/">https://coastalhorizons.org/</a> (910) 343-0145	The Incredible Years	New Hanover, Pender
Smart Start of New Hanover County <a href="https://www.newhanoverkids.org/">https://www.newhanoverkids.org/</a> (910) 815-3731	Circle of Parents Parents as Teachers	New Hanover
ECU TEDI BEAR CAC <a href="https://tedibear.ecu.edu/">https://tedibear.ecu.edu/</a> (252) 744-8334	Stewards of Children: Darkness to Light	Carteret Craven Duplin Jones Lenior Onslow Pamlico
Coastal Horizons <a href="https://coastalhorizons.org/">https://coastalhorizons.org/</a> (910) 343-0145	The Incredible Years	New Hanover, Pender
Region 7		
Albemarle Alliance for Children and Families, Inc. <a href="https://www.aacfnc.org/">https://www.aacfnc.org/</a> (252) 333-1233	The Incredible Years Circle of Parents	Bertie, Camden Chowan Currituck Dare

Table 68. NC DSS Family Support and Respite Programs

Agency (Name, Website, and Phone)	Programs Offered	Counties Served
		Gates Hertford Northampton Pasquotank Perquimans
ECU TEDI BEAR CAC <a href="https://tedibear.ecu.edu/">https://tedibear.ecu.edu/</a> (252) 744-8334	Stewards of Children: Darkness to Light	Beaufort Bertie Camden Chowan Currituck Dare Gates Hertford Hyde Martin Pasquotank Perquimans Tyrell Washington

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 work 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 plans to release a new Request for Application (RFA) for another two-to-three-year 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 IVB-2 and began to align program contracting with funding streams. For FFY 2024, NC DSS will continue to contract and fund

25% family preservation services, 25% family support, 20% family reunification and 20% Adoption Promotion and Support Service Services and 10% on administrative cost.

## 5.8 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

In FFY 2024, NC DSS will continue to focus on serving families with children under the age of 3 years old through several community-based prevention programs, the Community Response Program, and Family Support Network. NC DSS 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 – Triple P is an evidence-based parenting and family support system that draws on social learning, cognitive behavioral and developmental theory, and risk factor research to prevent and treat behavioral and emotional problems in children and teenagers. Triple P strategies help parents build strong, healthy relationships and confidently manage their children’s behavior. Triple P has been shown to work across cultures, socio-economic groups, and in different kinds of family structures.

NC DSS will fine tune its data collection process in order to also 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. We will be able to collect this information using the Family Support database and will begin requiring agencies to do this in SFY24.

Community Response Program

NC DSS funds eight (8) county child welfare agencies to provide voluntary community response programming (CRP). CRP sites include Alamance, Catawba, Durham, Henderson, Orange, Rutherford, Wake, and Wilson Counties. The CRP serve families, with children age birth to 5 years old, who have been reported to local Departments of Social Services, Child

Protection Services, but whose cases have been screened out at intake, closed with a decision of services recommended, closed with a decision of no services needed, or closed with an unsubstantiated finding after an initial assessment.

### Family Support Network

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

### Families with Children with Special Needs

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

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

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

### NC DSS System-Level Collaboration

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

- North Carolina Interagency Coordinating Committee (ICC) facilitates service delivery to young children, age birth to three years old, with developmental disabilities and developmental, as well as their families. ICC advises on policy related to early intervention services; evaluates services; supports interagency agreements; promotes early detection, identifies preventative and early intervention services; and guides local Interagency Coordinating Councils (LICCs).
- North Carolina Council on Developmental Disabilities (NCCDD) is dedicated to empowering people with intellectual and other developmental disabilities (I/DD) by

supporting self-advocacy, independence, and the right to self-determination. The Council promotes advocacy development, community living, and financial asset development so people with I/DD have options to make choices about work, where to live, friendships, taking part in the various activities of their community and other personally defined outcomes. Research indicates that providing parents with I/DD or parents of children with I/DD with information, resources, services, and peer support helps mitigate the risk of child maltreatment.

- North Carolina's Lifespan Respite Project seeks to enhance and expand the quality and availability of lifespan respite services for all age groups (including children with developmental delays or disabilities) via consumer and provider education and informational activities; volunteer and provider training; and resource development.

Additionally, North Carolina continues to disseminate the guidance document developed 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 work with youth representatives, county DSS LINKS programs, and services providers to advocate for available, accessible, and responsive behavioral and mental health services for older youth and young adults. 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 Townhall. More information regarding targeted youth services can be found in in the Division X Additional Funding from the Supporting Foster Youth and Families through the Pandemic Act and the Chafee Program.

## 5.9 Kinship Navigator

North Carolina used FY 2023 Kinship Navigator Funding to provide supports to kinship families, for resources to build a practice model for kinship care and to support the development of interactive referral data base. Specific expenditures are detailed below.

- Provision of Caring for Our Own through a contract with the Children's Home Society. This program provides peer support as families are trained to become licensed foster parents.

- A fit and feasibility study to determine which model for kinship care aligns with North Carolina’s practice model that is under development.
- Events to raise awareness of the importance of kinship and creating a kinship first culture.

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

NC is committed to increasing the numbers of licensed kinship providers who are licensed. As of February 2022, North Carolina has 10,337 children in regular foster care. Of the 10,337 children, 2463 children are placed with relatives and 180 are placed with licensed relative caregivers. Resources are being developed to assist in supporting kinship caregivers such as an updated version of KinGap Training: “Kinship Guardianship Assistance Program: Supporting Kinship First Permanency.”

The accomplishments achieved with the use of the funds appropriated in FY2018–2021 to support or evaluate kinship navigator programs in the state include:

- NCCARE360 is a statewide resource database with a referral platform for families, social workers, healthcare providers, care coordinators, and others to connect directly to resources in their communities and track connections and outcomes. It is designed to help families, including kinship families be connected to community-based resources to support health and well-being for children and families.
- Caring For Our Own is established and available to kinship families for the purpose of licensure, support, and networking. The support and training that derives from Caring for Our Own is designed to enhance and increase placement stability with kinship families. As of March 2022, 133 families and 205 individual participants have completed Caring for Our Own classes. 93% of families participating in Caring for Our Own class reporting improved knowledge about parenting or child wellbeing.
- The Caring for Our Own Program is available statewide.

- KinGAP materials were created and shared to educate both professionals and families regarding KinGAP benefits. Placement with kinship families has been promoted through these materials to increase the number of kinship caregivers and the number of children placed with kinship families.
- Counties were provided with additional funding to help support, develop, and enhance their kinship services.

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

FY 2023 funds are being utilized for strategies to support and encourage a Kin-First culture. These strategies include supporting the provision of Caring For Our Own, Kinship Navigator Fit and Feasibility Study, County collaboration events that focus on developing, promoting and maintaining a kinship first culture.

Caring for Our Own is supported through a contract with the Children’s Home Society. The Caring For Our Own curriculum is designed to provide kinship caregivers with assistance and ideas to help them work in partnership with a helping network, the children, and the birth parents of the children in their care. The Caring For Our Own curriculum provides a tailored and relevant path for kinship caregivers to complete the foster parent training and become licensed; receiving financial assistance and relational support in caring for their kin, and ultimately permanency with safe and timely exists from foster care. As of March 2023, 254 families and 395 individual participants have completed Caring For Our Own classes.

In FY2023, The Kinship Navigator Fit and Feasibility study conducted by Human Services Research Insititute, was utilized to determine which model for kinship care aligns with North Carolina’s practice model. The study was completed in partnership with Human Services Research Institute (HSRI) through weekly meetings, surveys, and interviews. There were three (3) recommendations yielding from the HSRI research and study for NC DSS to consider in moving toward its goal of implementing a Title IV–E Kinship Navigator program. Recommendations are provided for each option.

- Option 1: Develop a program that can be submitted to the Title IV–E Prevention Services Clearinghouse.
- Option 2: Replicate a program already approved by the Title IV–E Prevention Services Clearinghouse.
- Option 3: Build on and improve supports for kin and increase county DSS readiness to implement a Kinship Navigator program at a later point in time.

NC DSS intends to implement a Title IV–E Kinship Navigator program approved by the Prevention Services Clearinghouse. Through the Fit and Feasibility study, it was determined the two models that were identified on the Clearinghouse at the conclusion of the study did not align with the needs of the children and families of NC. The models did not include components that NC DSS considers essential to a model for NC, including family search and engagement and a peer support element. As more approved Kinship Navigator Models are added, NC DSS will select a model that will support and address the needs of our children, youth, and families.

NC DSS is committed to increasing the number of children placed with kinship care providers. Currently, NC DSS is implementing the following strategies to support efforts toward implementation of a Kinship Navigator Model and increasing the number of kinship placements:

- 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 meeting
- Team of Kin First Champions
- Internal Kinship Workgroup

County collaboration included a Foster Care/Reunification event held in June of 2022 honoring Foster Care and Reunification months. Key stakeholders in attendance included a NC Senator, Retired Judge, a City Council Member, Public and Private Program Managers, and those with lived experience shared their knowledge, experience, and expertise with attendees. The event was pivotal in strongly engaging families, who were in attendance, and those with lived experience. More than 100 participants, including vendors, attended. A youth with lived experience ended the event with a solo and it had to be one of the most powerful expressions on a child welfare experience ever shared through song.

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.

NC DSS has met with six counties, listed below that are dedicated to improving their kinship efforts and supports. Mecklenburg, New Hanover, Orange, Chatham, Wake, and Ashe counties have shared their experiences, knowledge, and strategies that have had a positive impact on their kinship work. Some of the strategies identified include:

- Practice Models that emphasize priority of kinship placements
- Kinship teams/units
- Kin First Committee that examines and analyzes finances, training, and data
- Town Hall meetings with youth and kinship care providers
- Providing ½ board rate while kin are becoming licensed
- Ongoing family search and engagement
- Use of Permanency Roundtables
- Support with concrete items

There is pending kinship legislation that, with its passage and fiscal support, will provide payments to non-licensed kinship providers, allow one-time payment to support the placement and provide a leverage of services to increase the stability of the kinship placement. The pending legislation is essential in furthering the Kin First culture North Carolina is working to cultivate Statewide and will support current legislation and policy impacting kinship in NC.

Additionally, as included in prior APSR submissions, NC continues to offer NCCare360, as a network for families to access resources in their communities.

## 5.10 Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

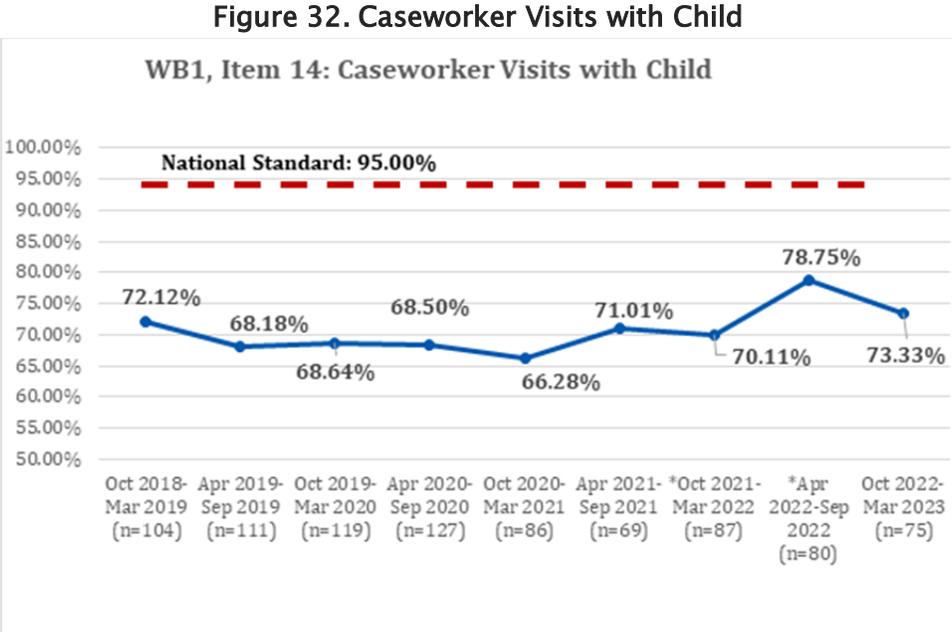
NC DSS has achieved compliance with the annual federal target of 95% since 2017 with last FFY 21–22 seeing a rate of 97%. Through April of the FFY 22–23, the rate is 93%. This data is collected from 89 counties who enter the data into North Carolina’s Legacy system. There are 11 counties that enter the 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. A requirement for these visits is to, quarterly, share with county leadership the most recent data as to progress in making the monthly visit and to discuss barriers to assess the need 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 21–22 being at 92%. For FFY 22–23 North Carolina’s rate is 93%.

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 case worker visits. The quality of the visits is measured by case reviews conducted by the Quality Assurance Team using Item 14 of the On-site Review Instrument.

The following chart shows the outcome of these reviews over the last five years:

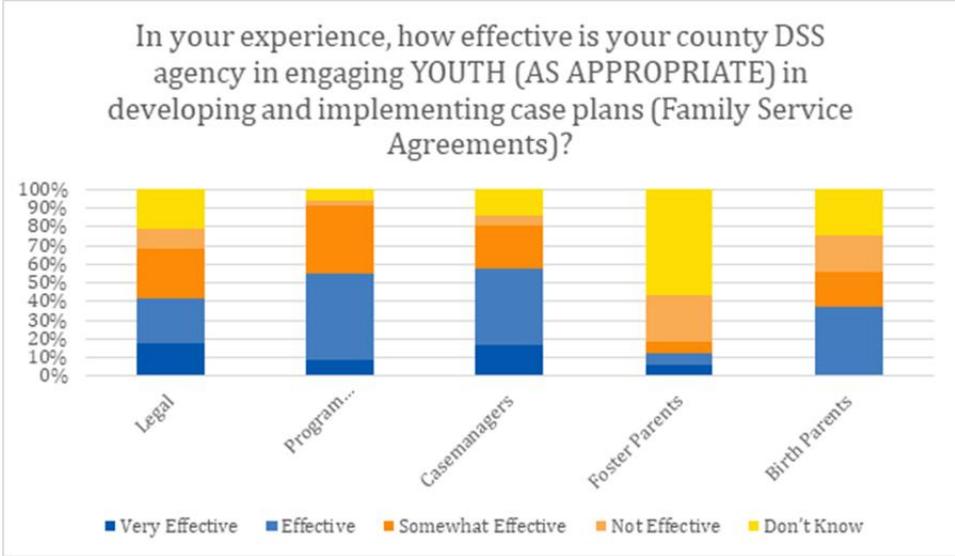


Source: QA Reviews using the OSRI Instrument

The data indicates that North Carolina has consistently struggled with quality visits with children in foster care.

During North Carolina’s recent joint planning, stakeholders 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 33. APSR Survey Results Youth Engagement



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 used 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 introduced 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 e-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, North Carolina held virtual Office Hours monthly to review each Practice Standard with county staff and support implementation strategies across the state. Two Practice Standards Champion’s Trainings

were held to include Regional Child Welfare Specialists (RCWS) to further support and implement Practice Standards. For FFY 23–24, North Carolina intends to continue to promote the Practice Standards by expanding the Office Hours to be regionally based. The goal is improved performance in the quality of case worker visits by fully implementing the Practice standards.

NCDSS 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.

## 5.11 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 include: use of the funds for North Carolina’s Special Children Adoption Incentive Fund (SCAIF) which is a fund designed to support permanency for children who otherwise may have lingered in the foster care system by providing fees to certain eligible children with special needs prior to finalization of adoption decrees. Funds may also be used to support a statewide resource parent recruitment campaign.

The table below indicates 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 69. Youth Who Received Guardianship Assistance Payments**

FFY 2020–2021	FFY 2021–2022	FFY 2022–2023
203	264	295*

\*Data Source: Child Placement Payment System for FFY 2022–Jan. 2023

In FY 2024, NC DSS expects the number of youths receiving guardian assistance payments to increase to approximately 450 as coding errors continue to be corrected. In addition, with the Kinship Awareness events and as educational materials on Kinship Guardianship Assistance continues to be distributed, it is anticipated that numbers will continue to increase.

### 5.12 Adoption Reinvestment Savings

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

In FFY 2023, 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 Incentive Adoption Fund (SCIAF)
- 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, North Carolina is committed, however, 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 down the accumulated savings in a real reinvestment in improved services.

NC DSS will continue to use CB methodology to calculate Adoption Savings.

## 5.13 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, the total grant expenditures through March 2023 is \$3,135,925.57. NC DSS expects increased expenditures in FFY 2023–2024 due to the progress the state has made since North Carolina’s Title IVE Prevention Services Plan was approved in August 2022. These funds paid for:

- Prevention Plan Development, including time limited staff salary and contracted technical assistance and advisory support.
- Practice and Technology Management support to ensure the integration with all IT and data systems.
- DSS administrative functions that support the State Director, DSS Commission, and Child Welfare Services Administration.
- Continuation of Intensive Family Preservation Services. The operational cost of these services to date is \$1,897,408.71. Services were provided to 764 children representing 343 families.

North Carolina’s Title IV–E Prevention Services Plan was approved in August 2022. Implementation of the first evidence–based prevention service HOMEBUILDERS® will begin in the last quarter this federal fiscal year. NC DSS will fund IFPS services through December 31, 2023, to ensure families have access to these services while building capacity to deliver HOMEBUILDERS® statewide.

**Table 70. Children Served by IFPS by Child Race**

<b>Child Race</b>	<b>Number</b>	<b>Percent</b>
American Indian or Alaskan Native	7	0.92%
Asian/Asian American	10	1.31%
Black/African American	274	35.86%
Hispanic/Latino	97	12.70%
Multi-racial	68	8.90%
Unknown	25	3.27%
White/Caucasian	283	37.04%
<b>Total</b>	<b>764</b>	<b>N/A</b>

Data Sources: Client Services Data Warehouse Central Registry Universe and NCFASST Child Welfare Universe source

**Table 71. Children Served by IFPS by Child Age**

Age Category	Number
0-2	185
3-5	133
6-7	92
8-10	119
11-13	111
14-17	124
Unknown	0
Total	764

Data Sources: Client Services Data Warehouse Central Registry Universe and NCFAST Child Welfare Universe

**Table 72. Children Served by IFPS by Child Gender**

Gender	Number
Female	396
Male	359
Unknown	9

Data Source: Client Services Data Warehouse Central Registry Universe and NCFAST Child Welfare Universe

**Table 73. Children Served by IFPS by DSS Region**

Region	Number	Percent
1	34	4.45%
2	76	9.95%
3	95	12.43%
4	264	34.55%
5	159	20.81%
6	119	15.58%
7	17	2.23%

Data Sources: Client Services Data Warehouse Central Registry Universe and NCFAST Child Welfare Universe

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

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

### Collaboration and Solicitation of Youth Feedback

#### Individual-Level Youth Feedback

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

North Carolina Division of Social Services (NC DSS) Special Programs Team partnered with the University of North Carolina at Chapel Hill School of Social Work (UNC-SSW) to conduct Youth and Young Adult Listening Sessions about Chafee and Foster Care 18-to-21 services across the State. NC DSS staff began visiting each of North Carolina's seven regions in November 2022 to collect feedback from teens and young adults about North Carolina's LINKS Services and Foster Care 18 to 21 Program.

While the listening sessions are held in each of the 7 regions, an additional series of virtual listening sessions were held in July for youth and young adults who were unable to participate in the onsite sessions. Common themes discussed in the listening sessions included: Concerns around lack of sibling visits, normalcy, support for LGBTQI+ community, need for statewide vehicle assistance program, and group home staffing and environment.

*System-Level Youth Feedback*

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

- Permanency Roundtable Resource (PRTs)
- LINK-UP Calls
- Fostering Family Alliance (FFA) Teaming with Teens
- SaySo
- Mental Health Town Hall Meeting

*Permanency Roundtable Resource (PRTs)*

Permanency Roundtable Resource (PRTs) are being reintroduced and implemented across the counties in North Carolina. The goal of the Permanency Roundtable process remains facilitating a targeted approach to permanency, including diligent search family engagement, strengthening child connections and services to meet the child's needs. Additionally, the Permanency Roundtable Program seeks to achieve permanency by engaging and supporting older youth with their transitional plan goals.

*LINK-UP Calls*

Each month NC DSS Special Programs Team including the LINKS Coordinator, the LINKS Assistant and as needed the Program Manager meet with Child Welfare LINKS Coordinators from the counties to share program updates, review policy updates, when necessary, provide technical assistance, and collaborate significantly on special initiatives such as the School Clothing Allowance Initiative held during late summer of 2022. Counties also collect feedback from their youth and young adults during Permanency Roundtable discussions, group meetings, surveys, and home visits.

*Fostering Family Alliance (FFA) Teaming with Teens*

NC DSS partnered with FFA to promote Teaming with Teams February 2023 virtual event. Young people in foster care and licensed resource parents participated in presentations led by service providers within physical and mental health on healthy communication and a variety of youth related topics.

*SaySo Young Adult Leadership Council*

Annually in March, the organization hosts SaySo Saturday, where a new Youth Advocacy Leadership Council (YALC) is elected by their peers. The Youth Advocacy Leadership Council would like to see all 100 counties have a local SaySo Chapter for youth to advocate for needed changes in foster care within their counties and communities. They also expressed that NC needs more support to help youth obtain their driver's license. In fall

2022 the State LINKS Coordinator shared information with Special LINKS Funding resources with YALC, including car matching and car insurance payments resources available per state fiscal year. The gap in the car matching program remains that some counties have the fiscal ability to match up to \$1500 while others are unable to match at that level.

In 2022 SaySo YALC and leaders visited with several youth advocacy programs in surrounding states to gain knowledge of innovative techniques used to engage youth partners that included updating payment systems to include PayPal, Zelle or cash app.

SaySo assisted counties with implementing local SaySo chapters in 2022, by hosting a LINK-UP event in New Hanover County to assist in engaging approximately 40 young people in various independent living skills discussions, assisted Forsyth County in establishing a local chapter and are currently in communication with Buncombe County to support starting a local chapter.

#### *Mental Health Town Hall Meeting*

In March 2023, the Special Programs Team Leader attended a mental health town hall meeting in Winston Salem, NC. In attendance was a young adult from North Carolina with lived experience who shared her experience accessing mental health services.

Key leadership from the Department of Health and Human Services (DHHS) were in attendance including Kody Kinsley, Secretary of DHHS. Currently, there is proposed legislation Senate Bill (SB) 673 entitled Protect our Youth in Foster Care which proposes a standardized trauma assessment for youth in foster care. To strengthen mental and behavioral health services, a Child and Family Specialty Plan is pending legislative approval; additionally, Governor Roy Cooper has signed Medicaid Expansion and has designated a percentage of the savings for investment in mental health and substance use services.

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

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

- Regional Conferences across North Carolina's seven (7) regions to gather ideas, feedback, and suggestions on LINKS and Foster Care 18–21 Program
- Ongoing exploration of new and innovative ways to support counties in engaging youth and including youth in feedback loops and processes
- Develop a data collection process to obtain information regarding how counties engage their youth in individual-level feedback.
- Disseminate additional resource guidance to county staff on Authentic Youth Engagement and Positive Youth Development.

- Ongoing involvement of young people in the work of the Fostering Health Transition Age Youth Subcommittee
- Ongoing planning of quarterly opportunities for youth listening sessions organized by NC DSS and open to young people continuing through 2024
- Collaborate and plan with young leaders and appropriate CFSP design teams on how to implement or update strategies based on feedback from listening sessions, youth engagement opportunities, and regional meetings.
- NC DSS will continue to conduct Regional Transitional Living Regional Meetings, to see how young people, ages 14 to 21 years, are engaging within their Independent Living Program and to receive their feedback. The purpose of the regional meeting is to enhance youth engagement, evaluate and create opportunities, plan for youth voice and assistance throughout all areas of the child welfare system, improve the Chafee program, and provide resources and support to teens, young adults, caregivers, and professionals to better support transitional-age teens and young adults in North Carolina. A variety of seminars and workshops will be offered about transitional-age youth Chafee outcomes, educational resources and supports, extended foster care, and additional supportive resources for professionals, caregivers, teens, and young adults. Ongoing group meetings will be implemented based on the feedback received after these meetings. The information will be used both to inform future implementation of additional funding, services, and plans for meeting the stated goals of the Child and Family Services Plan and Annual Progress and Services Report.

## **Chafee Program Services Provided**

### *LINKS*

LINKS serves youth ages 14 to 21 by assessing their needs, skills, and resources, engaging them in planning and implementing services and programming, and connecting them with services to support the accomplishment of their Transitional Living Plan goals. The table below includes the numbers of current and former foster youth served by the LINKS program during SFY 2022–2023, as well as to–date expenditures of LINKS Housing Funds, LINKS Transitional Funds, and LINKS County Allocations.

**Table 74. 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
2022–2023	4805	Original Amount \$140,000  Increase Amount July 2022: \$100,000  Total Budget: \$240,000  Balance: \$77,757 (As of 3/2023)	Original Amount \$756,334  Increase Amount in July 2022: \$100,000  Total Budget: \$856,334  Balance: \$0 (As of 3/2023)  Additional funds added in April 2023  Balance: \$100,000	\$1,628,041.99  Expended as of March 2023: \$997,316

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

In July 2022, NC DSS offered a one-time clothing voucher of \$500 to each youth between the ages of 14-to-17 that was currently in foster care as of April 30, 2022. This one-time clothing voucher was to assist youth with clothing for school, work, or an extracurricular activity. Approximately 2,204 youth were eligible, including those eligible from the Eastern Band of Cherokee Indians, for the one-time clothing allowance and \$997,316.00 was expended to support the one-time clothing allowance initiative.

*Strong Able Youth Speaking Out (SaySo) Program*

The Strong Able Youth Speaking Out (SaySo) Program provides comprehensive and professional training, leadership opportunities, and life skills activities to transition-age youth and young adults involved in the NC LINKS program and SaySo, as well as adults serving those young people in all local child welfare agencies. This program is provided through a contract between NC DSS and Children’s Home Society.

The contract amount for Strong Able Youth Speaking Out (SaySo) was increased to allow for Regional Assistant consisting of current and previous teens and young adults in foster care between ages 18 to 24 to assist NC DSS with planning and facilitation of the Youth and Young Adults Listening Sessions. SaySo participated in the planning meetings and follow-up meetings and planning for the virtual sessions that will take place after July 2023.

SaySo workgroups and activities include:

- Participation on the Permanency Design Team and the Workforce Design Team
- Fostering Health of NC Transition Age Youth Group
- Leaders for Change in NC
- Make A Difference Day
- Jim Casey Convening in Arizona.

These activities assist teens and young adults that are members of the State YALC team improve their speaking skills, build confidence, speak on sensitive topics, and understand their value as advocates for positive change.

LifeSet Program

LifeSet is an individualized, evidence-informed community-based program that is highly intensive provided to youth transitioning from foster care between the ages of 17 and 21. LifeSet helps young people stabilize, build healthy relationships, obtain safe housing, and pursue educational and employment goals. This program is provided through a contract between NC DSS and Youth Villages. Since the submission of the last APSR, the LifeSet program has served 531 youth ages 17 to 21.

**Table 75. LifeSet Services July 1, 2022–April 15, 2023**

<b>Youth ages 17–21 Served (Statewide)</b>	<b>Obtained Sustainable Housing</b>	<b>No Juvenile/Criminal Justice System Involvement</b>	<b>Employed</b>	<b>Completed GED or Obtained HS Diploma</b>
531	80%	95.1%	57.5%	57%

Source: Quarterly Contract Reports as of 04/2022

LifeSet is available in 90 of the state’s 100 counties. They continue to have a goal to expand to all 100 counties, but due to Covid-19, they experienced staff turnover and were unable to expand into all 100 counties.

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

NC DSS expended all Division X additional funding for Supporting Foster Youth and Families through the Pandemic Act in FFY 2022 (July 2021–June 2022). No Division X funding was spent in FFY 2023.

### National Youth in Transition Database (NYTD)

NC DSS has implemented financial incentives to increase youth and young adults' completion of the NYTD surveys. The incentives have been increased from \$50.00 for all age groups to Youth who complete the 17-year-old baseline cohort being eligible to receive \$100, follow-up cohorts age 19 receive \$150, and age 21 receive \$200. This increase in incentives has initially had a positive impact on the youth and young adults completing the NYTD surveys.

**Table 76. National Youth in Transition Database (NYTD)**

<b>NYTD Follow-Up Cohorts</b>	<b>2021B (09/30/2021) Before incentive increase</b>	<b>2022A 09/30/2022 after incentive increase</b>	<b>2022B 03/2023 After incentive increase</b>
<b>Performance</b>	Non-Compliant	In Compliance <i>Increased Participation</i>	In Compliance <i>Increased Participation</i>

Data source: <https://nytd.acf.hhs.gov/nytd/>, March 2023

The implementation of NYTD discussions including questions and answer sessions during all Youth and Young Adult Regional Listening Sessions, youth events, community events, Permanency Design Teams, has been a pivotal strategy to aid in improving cross system collaboration. The NYTD information has been disseminated to county child welfare agencies, private and community agencies to share with staff and youth.

NC DSS continuous to implement the following steps to assist in NYTD awareness, collaboration and increase participation:

- NYTD awareness at Joint Planning and Regional Listening Sessions
- Listserv and Monthly LINK-Up Call survey announcements, progress and updates
- Permanency Design Team Presentations
- Regional Child Welfare Consultants support
- Dear County Director Letters were sent out to counties on 11/16/22 and 03/16/23.
- Private Agencies and Contracting partners that include Strong Able Youth Speaking Out (SaySo) and Youth Villages have partnered to assist in NYTD Awareness.

The Online Data Survey option has been very useful for completing surveys; however, over the past several months it has been unavailable requiring staff to manually input all survey data collected from eligible youth by the appropriate deadline. The Special Programs Team will continue to utilize the CQI model for improvements until the NYTD outcomes are consistently achieved.

*Services to Support LBTQI+ Youth and Young Adults*

NC DSS partnered with Outreach Youth, an LGBTQI+ center, during the first listening session. The Center’s mission is to serve, empower and advocate for the well-being of

diverse LGBTQ+ communities. The organization was unable to attend additional sessions due to their availability, but their information has been made available as a resource for local and private agencies in North Carolina.

Child welfare staff across North Carolina provided feedback concerning placements for young people who identify with LGBTQ+ that social workers, resource parents, and group homes would benefit from more training about the LGBTQI+ community.

County child welfare agencies are provided guidance to research curriculum and resources that are available to support the young people in foster care and staff on the availability of LGBTQI+ community resources.

Counties with LGBTQIA+ centers connect with those programs to bring resources and information to their youth and young adults. Children’s Home Society Sexual Health for Youth in Out of Home Placements (SYNC) also provides education to county agencies about the LGBTQIA+ population. They also provide education and resources to young people who identify as members of this community. NCDSS also collaborated with OUTright Youth LGBT Center for the first Youth and Young Adult Listening Sessions. Unfortunately, they were unavailable for the remaining sessions, but the young people did appreciate them being there.

#### *Collaboration with additional Public and Private Sectors*

The Sexual Health for Youth in Care (SYNC) program provides sexual health education for youth in out-of-home care through Children’s Home Society of North Carolina (CHS). The program partnered with NC DSS at Regional Listening Sessions, and on LINKS Monthly Calls to share resources provided to counties to assist youth in care. The SYNC Program offers the Making Proud Choices curriculum for ages 12 –18 and staff development for adults.

NC DSS is in communication with Fostering Family Alliance for Foster Parents of NC to develop an information session with caregivers about the Chafee program, contracted services through SaySo, Foster Care to Success and Youth Villages; how to support LGBTQI+; and advice around sexual health, and the prudent parent standard.

NC DSS LINKS Assistant Coordinator assisted UNC with leading the Explicit Bias training for licensed caretakers and participates in the core committee and subcommittee Jim Casey Initiative planning with for Children’s Home Society SaySo program.

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

engagement with culturally specific service providers as an area of improvement and will look at opportunities where increased collaboration can take place.

*Coordinating Services with Other Federal and State Programs for Youth*

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

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

*Juvenile Justice Transitional Living Programs*

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

The NC DSS LINKS Coordinator participates in the monthly Juvenile Justice and Behavioral Health meetings with the Department of Juvenile Justice to answer questions surrounding Chafee support services for their young people who are or were in foster care.

*Local Housing Programs*

NC DSS will continue to support outreach and technical assistance to local housing authorities and county departments of social services to maximize use of the Foster Youth to Independence (FYI) voucher program and prevent or address homelessness among former foster youth. North Carolina believes that county DSS agencies that are knowledgeable available resources and supports will ensure that the youth they serve are able to access and benefit from available services.

NC DSS has provided guidance to young adults who have exited foster care services and no longer meet the Chafee requirements, to provide additional support surrounding housing needs. NC DSS contracts with Youth Villages who assist young adults with needs identified to support transitioning into adulthood including, attaining, and maintaining stable and safe housing. Also, North Carolina contracts with Foster Care to Success to provide educational services for students who face housing issues for the summer.

Wake County: Wake County Human Services has contracted with The Hope Center at Pullen to assist with independent living services for young people ages 14 to 21. The Hope Center

a Pullen has also contracted with Wake County’s Public Housing Authority (PHA) to provide Foster Youth Independence Initiative (FYI) vouchers.

Orange, Durham, Buncombe, and Pitt Counties: These County Agencies currently have a MOU in place with their PHA to provide FYI vouchers to referred clients. If young people are over the age of 21, the County Independent Living Coordinators still refer the young people to help them with housing.

Pitt County: Greenville Housing Authority in Pitt County has received a grant for \$2,085,540 to build an apartment complex for youth aging out of foster care. The complex will have 20 apartments for youth, an apartment for one on site staff person, and a training center to teach life skills. An article about the project is linked here:

[Housing project a ‘small step:’ ARISE to help youth exit foster care | Local News | reflector.com](https://www.reflector.com/news/local-news/housing-project-a-small-step-ARISE-to-help-youth-exit-foster-care)

LIFESkills is an agency in Durham County helping young people who are transitioning out of foster care. Since 2022 they have received funding from Healthy Blue with Blue Cross Blue Shield (BCBS) of NC. This funding is to develop safe and stable housing for young people with history of foster care across Wake, Orange, and Durham Counties.

Strong Able Youth Speaking Out (SaySo) have also partnered with Healthy Blue with BCBS of NC to assist young people with history of foster care in NC with housing support. They were awarded a grant of approximately \$75,000 in 2022 and 2023. With this grant they can assist young people with their rent deposit and monthly rent. This has been extremely helpful for young people who aged out of foster care who have needed more funds outside of the Independent Living Housing funds of \$1,500. These funds have also been helpful to young people with history of foster care who did not age out of foster care but still need housing help.

*Promote Wellness and Mental Health Needs of Youth Formerly in Foster Care*

Access to medical care is important for youth and young adults in foster care. In support and advocacy of the medical access, the NC State LINKS Coordinator participates in Fostering Health of North Carolina, Transition Age Youth Subcommittee Workgroup, to help reduce barriers for young people who are at risk of aging out or who has aged out of foster care have a better understanding of services for their overall wellbeing needs. The subcommittee consists of NC DSS LINKS team, Fostering Health of North Carolina, NC DHHS Medicaid Team, and two young adults with lived experience in foster care.

NC DSS is providing local counties with the “Five Wishes” Booklet that includes steps to identify a Health Care Power of Attorney that the youth will designate as an individual to speak on their behalf if they become unable to make decisions regarding health care

treatment. Five Wishes meets the legal requirements for an advance directives document in the state of North Carolina.

Fostering Health of North Carolina has partnered with NC DSS at NC's Regional Listening Session by providing a resource table in March, April, and May 2023. Fostering Health of North Carolina provided information about extended Medicaid and wellbeing resources available to youth and young adults.

NC Special Programs Team and Fostering Health of North Carolina Transition Youth Age Group developed a one-pager Medicaid document to assist young adults in navigating Medicaid services.

Refer to [Service Array](#) for information on Medicaid Expansion.

### *School-To-Work Programs*

NC DSS Special Programs Team met with the NC Works NexGen Youth Program for Workforce Services. They shared with the Special Programs Team that in 2022 they had 75.7% of young people employed within six months; 73% of young people remained employed beyond 1 year; and 52.7% who participated in training earned a credential. The following counties, Wake, Durham, Mecklenburg, New Hanover, Guilford, Orange, Buncombe, Rutherford, Cumberland, Harnett, Alamance, and Johnston County utilize the NextGen Program to assist their young people on how to develop resumes.

NC DSS is collaborating with NC Works NexGen Program to collect specific data pertaining to the number of young people in foster care receiving NexGen services. NextGen will be presenting to Child Welfare Social Workers during the June 2023 LINK-Up call to provide information about their program.

### *Life Skills*

North Carolina is in development of an "Opportunity Passport," geared toward older youth in foster care (ages 16–26 years), designed to implement resources based on the feedback from young people about preparations needs to make critical financial decisions during transition to adulthood. This includes financial literacy, education, partnerships with financial institutions and asset purchases. The program provided stipends for financial literacy class participants, for an initial deposit into an account at a financial institution. Community partners including financial institutions and local businesses help youth develop financial capacity skills. In FY2023, NC DSS will provide awareness and assistance to support this initiative, currently administered by the Children's Home Society. The program currently has fourteen (14) youth participants enrolled who are scheduled to graduate in August 2022.

Additionally, NC DSS supports the “Fostering Bright Futures” program, which assists with eliminating barriers that would typically derail foster youth from meeting educational and life goals, by providing financial, academic, and social supports. The program also teaches independent living skills to youth along with training and education needed for youth to secure meaningful employment. By October 2022, NC DSS will explore partnership opportunities with private sector companies to provide employment, training, and career pathways to youth and young adults who are or have been in foster care.

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

#### *Access to Medicaid for Former Foster Youth*

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

NC Medicaid/Division of Health Benefits submitted the State Plan Amendment (SPA) in March 2023 and Centers for Medicare and Medicaid Services (CMS) for approved the amendment to extend Medicaid coverage to former foster youth from other states, in compliance with the SUPPORT Act. NC DSS efforts to provide support to youth formerly in foster care include:

- NC DSS State Chafee Coordinator assisted Fostering Health NC with developing a one–pager with facts and information about extended Medicaid services for young people who age out of foster care at the age of 18.
- NC DSS State Chafee Coordinator Assistant shared the one–pager on the Chafee listserv email listing and through a Dear County Director’s Letter to help spread the information.
- NC Medicaid/Division of Health Benefits is currently updating their foster care policies. Policies will be provided to Local Departments of Social Services.

- Changes are being made to the Foster Care Enrollment application.
- Additional work within NC DSS on transition-age youth healthcare programming includes:
  - Supporting youth access to advance directive documents by purchasing the “Five Wishes” documents for counties to utilize with transition-age youth.
  - Regional Listening Sessions Resource Table for youth and Young Adults.
  - Inclusion of transition-age youth in the development of the future Medicaid Managed Care Child and Family Specialty Plan.
  - Collaboration with NC Medicaid/DHB towards meeting the requirements outlined in Section 1002 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018 (SUPPORT Act)<sup>8</sup>. NC DSS met with NC Medicaid/DHB to review the 2022 State Health Official Letter regarding Coverage of Youth Formerly in Foster Care in Medicaid, covering the required Medicaid Eligibility changes NC Medicaid/DHB reports they are working with CMS to complete the state plan amendment required to enact this legislation.

Regarding NC DSS’ efforts to coordinate with the state’s Medicaid agency to support the state’s implementation of requirements to offer Medicaid to eligible young adults formerly in foster care who move to a new state after January 1, 2023, policy updates are being incorporated into both the LINKS program policy and the Permanency Planning policy, to provide guidance to make sure young adults are equipped with the tools, resources and steps to access and advocate for health care needed and how to access and maintain healthcare coverage with existing care. NC DSS and Fostering Health of North Carolina Transition Youth Age Group developed a one-page Medicaid document to assist young adults in navigating Medicaid services. In FY2023, the Medicaid document was provided to county child welfare agencies and providers for dissemination to and sharing with young adults transitioning and transitioned from foster care.

## 5.16 Education and Training Vouchers (ETV)

Since the submission of the last APSR, Foster Care to Success, the agency that administers the ETV program in North Carolina, has served 336 young people. Services provided include but are not limited to:

- Identified qualified applicants by processing electronically submitted applications and confirming applicants were enrolled, in good standing if attended prior semesters, under the Cost of Attendance, and required forms were completed.

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<sup>8</sup> 85 FR 69153

- Reviewed students' financial aid information and worked directly with students to prevent unnecessary or excessive student loan borrowing.
- Trained financial aid officers at public institutions in the use of the contractors' application portal.
- Awarded funds to 336 students and counseled students to ensure their understanding of the funding they received, including non-cash assistance, Pell Grant, work-study, state grants, stipends, scholarships, and other sources of support.
- Held individualized budget conversations with students to increase the student's financial literacy and enable staff to appropriately allocate ETV funding.
- Coordinated funding and services with the NC Reach program to ensure students eligible for both programs received funding and services through both programs.
- Conducted monthly phone meetings with students to discuss progress and problems, academic challenges, information gaps, and to reinforce attitudes and behaviors of successful students.
- Connected students with counseling resources in their local community.
- Provided ongoing support and coaching specific to managing day-to-day responsibilities and completing assignments.
- Provided support and coaching for online learning platforms.
- Sent care packages to students.
- Conducted virtual ETV information sessions for students, LINKS social workers, and community providers, including the statewide LINKS 101 training and LINKS Regional Meeting for the Mountain Region.
- Coordinated an ETV information session for EBCI.

NC DSS has continued to use the results of the survey administered by Foster Care to Success in May 2020 to Success to students regarding the impact of COVID-19 on their overall well-being. These results have been used to help Foster Care to Success and NC DSS understand and respond to the needs of students and plan for supportive services. Please see the section on [Division X Additional Funding](#) from the Supporting Foster Youth and Families Through the Pandemic Act above for additional information on how NC DSS has used this funding. During SFY 2022, Foster Care to Success resumed on-site visits with ETV participants.

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

**Table 77. The table below provides a count of ETV awards for the 2021–2022 and 2022–2023 school years.ETV Awards for 2021–2022 and 2022–2023**

<b>Timeframe</b>	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
2021 – 2022 School Year (July 1, 2021 – June 30, 2022)	330	124
2022 – 2023 School Year* (July 1, 2022 – June 30, 2023)	276	31*

\*As of January 30, 2023, Source: Quarterly Contract Reports

Since the COVID–19 Pandemic, NCDSS has continued to contract with the Foster Care to Success Organization to help young people with post–secondary education in NC with the Education Training Voucher (ETV) and NC Reach Program. Foster Care to Success have been meeting with county agencies more to help train and inform child welfare staff members about the programs. Foster Care to Success case managers are going out into the community more to share more information about ETV and NC Reach with SaySo, Youth Villages, and different activities hosted by county agencies. Foster Care to Success also participated in the Youth and Young Adult Listening Sessions, hosted by NCDSS, as a free vendor to inform young people about the services that they offer.

Since July 2022 Foster Care to Success has completed the following with county departments of social services and stakeholders to increase enrollment in post–secondary education, retain youth enrolled, and support efforts towards graduation:

- Worked with Office of Financial Aid at various school to assist student with verification process;
- Collaborated with Youth Villages’ workers to assist student with appeal process during recent campus visit at UNC–Pembroke;
- Offered ongoing assistance to LINKS Coordinators to provide information about ETV; Program and assist with completion of Free Application for Federal Student Aid (FAFSA)
- Facilitated two online NC Reach and ETV Trainings for LINKS Coordinators, Social Worker and DSS Supervisors;
- Participated in Gaston County Real World Event in September. They had the opportunity to run the “Loan Table” meeting with middle and high school, educating them about student loans and discussed the benefits of the NC Reach and ETV program;

- Coordinators worked closely with social workers, LINKS workers, foster and adoptive parents, and Youth Village workers to assist students with submitting documents required for financial aid and/or ETV funding, and registering for classes. When possible, coordinators included the youths' team in monthly meetings to ensure that relevant information was shared, and that the youth's team was aware of their expectations and responsibilities specific to school;
- Vendor table at LINKS Listening Sessions;
- Offered two different NC Reach/ETV trainings to social workers.

Foster Care To Success is offering a virtual College Readiness 101 Training for Graduating High School Seniors planning to start college the Fall of 2023 on April 27, 2023. They will discuss the NC Reach and ETV application, 2023/2024 FAFSA application, and the importance of meeting college deadlines. This training is also open to young people's caretakers. Foster Care To Success also provides outreach to young people who no longer participate in any post-secondary education courses about post-secondary opportunities available.

Fostering Bright Futures is an educational support program at Wake Tech Community College in Wake County to help assist young people from any county in NC with a history of foster care that attends the community college. They provide the young adults with tutors, book stipends, computers, cell phone stipends, transportation, food, and help to assist them with finding housing. In 2022, they extended their program to assist foster care young people who are attending the college's GED Program.

Plans for ETV for 2023 and 2024 include:

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

For 2023-2024, coordinators will continue to assist students in completing appeals and developing financial back-up plans for future semesters if Pell grant eligibilities were not reinstated. Coordinators also assisted students revise budgets and evaluate the number of

hours available to work while maintaining work–school–life balances. Coordinators helped students develop housing plans for students needing to stay on campus year–round or who needed to secure off campus independent living resources. Extensive outreach to students was conducted, and continuous contact was maintained with youth by social workers, community partners, providers, and other stakeholders and support persons, to sustain social connections. Coordinators also collaborated with social workers, LINKS coordinators and community partners to advocate for accessible behavioral and medical health services, including mental health and substance use disorder resources, for students. Also, coordinators participated in in–person and virtual information sessions for LINKS meetings with teens and participated in college tours with young adults, to provide support.

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

The final update on how NC DSS used the additional funding provided by Division X was submitted in the last APSR. North Carolina expended all additional funding for ETVs provided by Division X as follows:

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

## 5.18 Chafee Training

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

### Monthly LINK-Up Calls

NC DSS has continued to host monthly collaboration LINK-Up calls for county LINKS workers and supervisors, as well as foster care workers, extended foster care workers, foster care supervisors, partner agencies, group care facilities, and other youth-serving agencies to share information and resources and to provide updates about LINKS funding, policy, programming, and youth events. In addition, these calls often incorporate presentations by guest speakers on issues concerning youth and young adults.

NC DSS Special Programs Team has contracted with UNC Chapel Hill School of Social Work to implement a LINKS (Chafee) 102 training for child welfare staff working with youth and young adults eligible for Chafee services and funds. This training goes more in-depth about Chafee funding and how to utilize Chafee services to help young people transition into adulthood.

Partnership presentations during monthly LINK-Up meetings with county child welfare staff include:

- Children's Home Society SaySo Program
- Foster Care to Success Program for ETV
- NC Reach post-education funding and services
- Youth Villages LifeSet Program
- Fostering Health NC
- Jim Casey Initiative by Erica Burgess
- NextGen Workforce Development Program
- Fostering Bright Futures Program of Wake Tech Community College
- Orange County Chafee Coordinator on the importance of helping youth in high school.
- Children and Family Organization on Teen Pregnancy Prevention
- Children's Home Society Sexual Health Education, Youth in Out-of-Home Care (SYNC)
- NC DSS Diversity, Equity, and Inclusion Leader
- LGBTQI+ Youth and Young Adult Resources at Listening Sessions
- Juvenile Justice committee team member
- Housing and HUD Resources

- ReThink Guardianship Youth w/Disabilities

Additionally, NC DSS Special Teams conducted the following presentations:

- Presentations for NC DSS Permanency Design Team to gather input from counties and stakeholders about Youth Listening Sessions (ULT, CWFAC)
- Presented about current feedback from the first two listening sessions to NC's Benchmark Team in February 2023
- Presented to Child Welfare Staff members at SaySo Saturday in March 2023
- NC DSS State Chafee Coordinator presented about the Youth Listening Sessions to the NC GAL team.
- Arizona for the 2022 Race Equity Convening. Networked with different states across the U.S
- Orlando, FL for the Daniels Independent Living Conference
- Presented to Wake Co. LINKS on behalf of SaySo and NC DSS about 8 LINKS outcomes and resources available to young adults.
- California with SaySo, Representing NC DSS for the Leaders for Change Conference to gather information on policy priorities. Also participated in community building, training and focus groups.
- Presented at Qualified Residential Treatment Program Information Session in September 2022

## 5.19 Consultation with Tribes

The Special Programs team met with Eastern Band of Cherokee Indians (EBCI) to discuss how to improve Chafee services for their young people between the ages 14 to 17. The EBCI youth are served through five counties, Jackson, Swain, Haywood, Cherokee, and Davie for services.

Meetings were being coordinated between the five supporting counties and EBCI in October 2022 to discuss Chafee services for EBCI's young people. Leadership from the North Carolina Division of Social Services and the EBCI leadership have been having quarterly meetings and participated in the onsite joint planning meeting April 18, 2023. These meetings included the 5 counties, as listed above, as well.

NC DSS previously invited EBCI to the Youth Listening Sessions in Fall 2022 prior to EBCI's staff changes and recently contacted EBCI's new director, Jenna Wiggins in March 2023, to invite young people and child welfare staff members to the Youth Listening Session for Region 1 on March 30, 2023. The LINKS listserv continues to be updated to include the EBCI.

Eastern Band of Cherokee Indians youth ages 14–17 were eligible and approved to receive the special one-time clothing allowance, which was \$500 per young person during July 2023 until September 30, 2023.

## 6 Consultation and Coordination between States and Tribes

In FFY 2023, NC DSS, and the Eastern Band of Cherokee Indians (EBCI) continued to experience staffing transitions. As a result, NC DSS and EBCI worked to re-engage collaboration and partnership. In FFY 2024, NC DSS will continue to establish a teaming structure for outreach to, partnership with, and engagement of EBCI’s Public Health and Human Services (PHHS) Family Safety program in a manner that will create connections between programs that serve and support children and families.

### Outreach and Engagement of Tribes

In FFY 2022–2023, NC DSS provided North Carolina’s CFSP goals, objectives, and strategies to the Eastern Band of Cherokee Indians (EBCI) and engaged them to gather feedback regarding child welfare transformation efforts. NC DSS provided a staff directory to EBCI, including the names, titles, and contact information for NC DSS child welfare leadership and LINKS program staff. NC DSS and EBCI met together during two quarterly meetings with EBCI child welfare leadership and the directors of five Qualla-boundary county departments of social services, one of which was held in-person on the Qualla-boundary. NC DSS invited leadership from the EBCI to participate in its annual Joint planning held on March 1, 2023. In addition, leadership from NC DSS participated in EBCI’s Joint Planning held on April 18, 2023. 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 establish a new cadence and priorities for future meetings.

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

- Human Services Director, Public Health and Human Services (PHHS), EBCI
- Family Safety Manager, PHHS, EBCI
- Indian Child Welfare Team Supervisor, PHHS, Family Safety, EBCI

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

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

In February 2023, the NC Commission of Indian Affairs hosted its 7th Annual Indian Child Welfare Gathering. The theme of this year's gathering was "Bringing Our Relatives Home". NC DSS participated in the planning and implementation of the event, including panel discussions, hosting a resource table, and providing data on tribal representation in the North Carolina Child Welfare System.

In March 2023, NC DSS participated for the first time in the 48th Annual Unity Conference, sponsored by the United Tribes of North Carolina. While only attending as a participant, NC DSS Leadership was able to make significant connections with several organizations to discuss future partnerships to better serve American Indian Children in North Carolina. One such connection was with The North Carolina Native American Youth Organization (NCNAYO). Conversations were started with a plan to introduce the leadership of NCNAYO to Strong Able Youth Speaking Out (SAYSO) to explore ways the two organizations can work collaboratively to support young people in North Carolina.

NC DSS will continue to reach out to the NC Commission of Indian Affairs for ongoing consultation and collaboration, particularly related to NC DSS' inclusion of and focus on Indian children and families involved with the child welfare system as part of its diversity, equity, inclusion, and racial equity work. As an example, NC DSS included a resource book on North Carolina's Lumbee Tribe as part of its racial equity training of NC DSS staff.

#### *Coordination, Collaboration in Implementation of CFSP/APSR*

To ensure engagement, partnership, and inclusion of tribal input and feedback towards achieving North Carolina's CFSP goals and objectives, NC DSS specifically contacted and invited EBCI representatives to participate in NC DSS' Joint Planning Held on March 1, 2023, in Raleigh. EBCI leadership were unable to attend as many were new to their roles and were involved in the assessment of their local agency.

One barrier to this coordination approach is that EBCI's Public Health and Human Services Family Safety program is small with few staff members. As such, staff transitions and few staffing resources can make it difficult for EBCI to have representatives attend and participate in 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 joint planning meetings at least twice in the coming year. These meetings will be held in each region allowing tribal representatives 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 continues to have a standing agenda item at the quarterly meetings with the directors on the Qualla-

Boundary. In addition, a portion of the meetings is designated for meetings just between EBCI and NC DSS, to ensure that information is being shared and discussed as needed. NC DSS has and will continue to provide information and updates to EBCI via regular meetings and ongoing programmatic communications. NC DSS is also exploring options for expanding its “Blueprint” communiques and for proactively and regularly communicating with its EBCI partners, sharing notices about policy and practice changes, exchanging data and outcomes information, and providing information about trainings and collaboration opportunities.

*Arrangements for Providing Child Welfare Services and Protections for Tribal Children*

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<sup>9</sup>, effective October 1, 2021, that was sent to all county departments of social services, advising of the collaborative work between the Eastern Band of Cherokee Indians’ (EBCI’s) Public Health and Human Services (PHHS) department and NC DHHS/DSS. The Administrative Letter clarified expectations and the roles of county and tribal child welfare programs regarding services to and for children and families who are involved with both systems, including clarification that EBCI’s Public Health and Human Services (PHHS) is the agency that provides child welfare services within EBCI jurisdiction, that is operates autonomously under the Cherokee Code of EBCI, and that the Cherokee Code pertaining to child welfare differs from North Carolina in significant ways, including the statutory definitions giving rise to the need for intervention. The letter explains that with the initiation of the child welfare program, EBCI asserts its exclusivity in providing child protective services on Tribal lands, which requires county child welfare agencies to receive express permission from PHHS prior to any entry onto Tribal lands for contacts or service provision.

The letter clarifies that effective October 1, 2015, intake, child protection, foster care, licensing, adoption, and other child welfare services on the Eastern Band of Cherokee Indians’ Tribal trust land are to be provided exclusively by EBCI. This includes operation of a case review system for children in foster care, a preplacement prevention services program for children at risk of entering foster care to remain safely with their families, and service programs for children in foster care to facilitate reunification with their families when safe and appropriate, or to place a child in an adoptive home, legal guardianship, or other planned, permanent living arrangement. The letter also clarifies that the same child welfare services within North Carolina, but outside of Tribal trust land, will be provided

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<sup>9</sup> <https://www.NC.DHHS.gov/cws-al-01-2021/download?attachment>

exclusively by one or more North Carolina counties, excluding the provision of certain services (e.g., Chafee/LINKS) for which NC DHHS / DSS is responsible, subject to the Indian Child Welfare Act (ICWA), when applicable.

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

ICWA Compliance

During the ongoing OSRI reviews, NC DSS again reviewed forty-seven (47) child welfare cases during October 2022 – March 2023. NC DSS determined compliance with ICWA, as follows:

**Table 78. Compliance with ICWA, October 2022 – March 2023**

<b>Options</b>	<b>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?</b>	<b>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?</b>	<b>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?</b>
<b>Yes</b>	47	2	2
<b>No</b>	0	0	0
<b>N/A</b>	0	45	45

CFSR Portal Online Monitoring System–OMS

As the data indicate, in forty-seven (47) cases, a sufficient inquiry was conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe. In those forty-seven (47) cases, two (2) were determined to have received 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 2022 through March 2023, the EBCI reported receiving fifty-nine (59) ICWA inquiries from twenty-seven (27) counties.

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 2023–2024. One step NC DSS has taken to enhance county DSS child welfare agencies’ compliance with ICWA requirements, including notifications to the EBCI, NC DSS has shared information and training webinar opportunities with county DSS directors via monthly emailed Blueprint communications and via the county DSS Attorneys’ listserv, supported by the UNC School of Government. Specifically, the Capacity Building Center for Tribes’ series highlighting the four key components of ICWA as the gold standard in child welfare placements, was shared with NC DSS staff and county DSS agencies, including county DSS Attorneys. Additionally, the Capacity Building Center for Tribes’ ICWA Compliance Webinar Series, “Sharing New Knowledge and Lessons Learned”, was shared with NC DSS and county DSS child welfare staff, including NC DSS’ Assistant Attorney Generals with the NC Department of Justice. As NC DSS shifts to a regional support model, targeted technical assistance may be provided to county child welfare agencies based on data and documented need for information and training.

*Chafee Consultation with Tribes*

This year, the NC DSS Chafee (LINKS) program continues the partnership with EBCI. NC DSS’ LINKS staff have coordinated, scheduled, and hosted regular meetings to provide information about LINKS program services, funding and support resources, and opportunities for youth engagement and representation, including discussions on partnership opportunities and provision of LINKS services and education supports to eligible youth. The EBCI has been invited to participate in these meetings. The Tribe is also included in the LINK UP calls, that the NC Division of Social Services conducts monthly. The calls provide updates on any programmatic and policy changes, provide technical assistance as needed and provide a forum to support the Tribe and county departments of social services with the varying needs of managing the LINKS program. In October 2022, meetings were being coordinated between the five county departments of social services and EBCI to discuss Chafee services for EBCI’s young people.

The North Carolina Division of Social Services and the EBCI hold quarterly leadership meetings. The agenda is designed to strengthen the overall relationship between State and Tribe. At times, Chafee is included as a part of the agenda. This year, one of the program activities the NC Division of Social Services supported was the special one-time \$500

clothing allowance for each young person during the period of July through September 2022. Eligible youth from the Tribe were also supported and authorized to receive the same level of clothing allowance.

In FFY 2023–2024, NC DSS’ LINKS program will continue its outreach, enhancing and expanding efforts to jointly serve and support youth and young adults in North Carolina. This will include creating and providing presentations on LINKS, ETVs and 18–21 programs and services to all staff, youth, and young adults. NC DSS will also follow-up with EBCI regarding the use of Caring for Our Own, a resource for tribal families who are interested in becoming licensed foster parents. NC DSS will also meet with EBCI to discuss available post-secondary educational, and LINKS supports, and to implement a protocol for determining eligibility of youth who are or were in foster care through the EBCI, to ensure they can apply for and receive NC ETV program benefits.

NC DSS will make the 2024 Annual Progress and Services Report (APSR) available online via the NC DHHS website. Additionally, NC DSS will send the 2024 APSR to EBCI partners upon approval as well as to the Commission of Indian Affairs. The 2024 APSR will be emailed to the Director/Interim Director of Human Service, PHHS, Family Safety, EBCI.

## 7 Section D: CAPTA State Plan Requirements and Updates

North Carolina submitted a Child Abuse Prevention and Treatment Act (CAPTA) State Plan in 2012; it remains in effect. NC DSS has developed and submitted a revised CAPTA plan that is included as an attachment to this APSR.

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### Substantive Changes to Law and Regulations

As of May 2023, there are no changes to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect North Carolina’s eligibility for the CAPTA State Grant.

## Significant Changes to State CAPTA Plan

North Carolina’s current state CAPTA Plan was approved by the Administration for Children and Families (ACF) in 2012. Legislation requires that state plans “be periodically reviewed and revised as necessary by the State to reflect changes in the State’s strategies and programs” (CAPTA § 5106a.(b)(1)(B)(ii)). In July 2021, NC DSS submitted a revised 2020–2024 Child and Family Services Plan (CFSP) to elevate and align key foundational initiatives at the core of its child welfare transformation work. Given the extensive work underway, NC DSS is submitting a revised CAPTA Plan with this APSR to ensure alignment with other agency priorities.

Priority areas for the revised CAPTA Plan were collated from North Carolina’s Child and Family Services Plan (CFSP), Annual Progress and Services Report (APSR), and Citizen Review Panels (CRP)/Community Child Protection Teams (CCPT) annual reports. The goals and objectives identified in the revised plan directly support goals in the CFSP, are aligned with key recommendations from CCPTs, and offer opportunities for the state to continue to invest in activities that further child welfare transformation and support the goals of the CAPTA Basic State Grant.

The methodology to develop the revised plan was to reach beyond legislative requirements and look at opportunities for system alignment that will further North Carolina’s mission. Aligning the state CAPTA Plan with the CFSP and other NC DSS priorities was a central goal. The CFSP and other priorities were examined through the lens of CAPTA legislation, specifically the assurances in § 106(b)(2)(B), and the 14 improvement areas that govern allowable spending in §106(a), along with recommendations from North Carolina’s Community Child Protection Teams, which serve as the Citizen Review Panels.

Additionally, NC DSS reorganized the structure of the CAPTA Plan. The structure of the revised plan identifies priority areas and then goals and objectives that will advance better outcomes in those areas. The revised plan also outlines the CAPTA improvement areas that encompass activities that will support the objectives. The new structure places emphasis on outcomes that are priorities for North Carolina’s child welfare system and provides more flexibility around directing the use of grant funds throughout the life of the plan. This structure also supports continuous quality improvement and allows NC DSS to assess the effectiveness of spending rather than just assessing whether stated activities were completed.

NC DSS reviewed CAPTA requirements, CCPT recommendations, the CFSP, and other NC DSS priorities, to identify opportunities for alignment. As a result of this review, four priority areas directly related to CAPTA mandates in §106(b)(2)(B) emerged. The priority areas are:

- Plans of Safe Care
- Workforce Development
- Improving Information Systems
- Interagency and Community Collaboration and Public Education around Child Abuse and Neglect

NC DSS then drafted goals and objectives for each area to align with existing state plans and agency priorities. The structure of the revised plan, priority areas, goals, and objectives were shared with a stakeholder group for review and input. The stakeholder group was comprised of cross-sectional NC DSS staff and leadership, child welfare family partners, CCPT representatives, interagency staff and leadership, and NC's Children's Bureau liaison. NC DSS incorporated stakeholder feedback into the revised plan and documented a reservoir of initiatives and ideas that can be drawn upon as North Carolina carries out its approved CAPTA Plan.

NC DHHS has made an explicit commitment to greater equity in its structure, staffing, values, and service delivery. Plans and activities related to NC DSS' child welfare transformation have been developed to promote a racially equitable approach to child welfare. This commitment is expected to decrease racial disproportionality and disparate outcomes for children and families of color with child welfare involvement in North Carolina. CCPT recommendations and stakeholder feedback on the proposed plan support the critical importance of approaching child welfare with a commitment to diversity, equity, and inclusion (DEI).

NC DSS has also set specific targets in its Child Welfare Diversity, Equity and Inclusion Action Plan as part of the 2020–2024 CFSP. The priority areas within the revised CAPTA Plan align with and can support NC DSS in system improvement efforts. Rather than adding racial equity as a separate priority area in the revised plan, NC DSS considers it a crosscutting priority that applies to all the outlined goals and objectives. Proposed work within each area will be considered from a racial equity lens and efforts that promote DEI will be prioritized.

### **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 79. CAPTA expenditures 7/1/22–4/30/23**

<b>Funded Activities</b>	<b>Amount</b>
Two Substance Use Disorder Technical Assistance Consultants	\$501,991.60
Workforce Development Campaign	\$1,300,000.00
Training Contracts	\$379,591.50
Family Preservation & Support Contracts	\$205,873.92
Child Medical Evaluation Program/Regional Abuse Medical Specialists	\$754,852.50
Child Advocacy Centers	\$43,822.47
<b>TOTAL</b>	<b>\$3,186,131.99</b>

*Substance Use Disorder Technical Assistance Consultants*

NC DSS continues to fund two temporary positions through CAPTA. These positions provide local child welfare agencies with technical assistance and with the knowledge and skills to appropriately implement policy. CAPTA also partially funds the Child Health and Development Coordinator position. This position supports the sections within NC DSS by managing programming related to the well-being needs of children, youth, and families served by child welfare.

*Workforce Development Campaign*

CAPTA funds were used to support a Workforce Development Media Campaign launched by NC DSS in October 2022. The campaign goal was to increase awareness for the child welfare services career path to strengthen NC's child welfare workforce. The target audience of this media campaign was high-schoolers, college students, community college students, retirees, and other adults who previously qualified to join the child welfare workforce. The campaign was released via social media and video ads, as well as marketing display materials. The ads ran from September 2022 through March 2023. The ads and materials were tailored to the DSS regions across NC.

*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 27 events offered with 580 total completions.

Family Preservation and Support Contracts

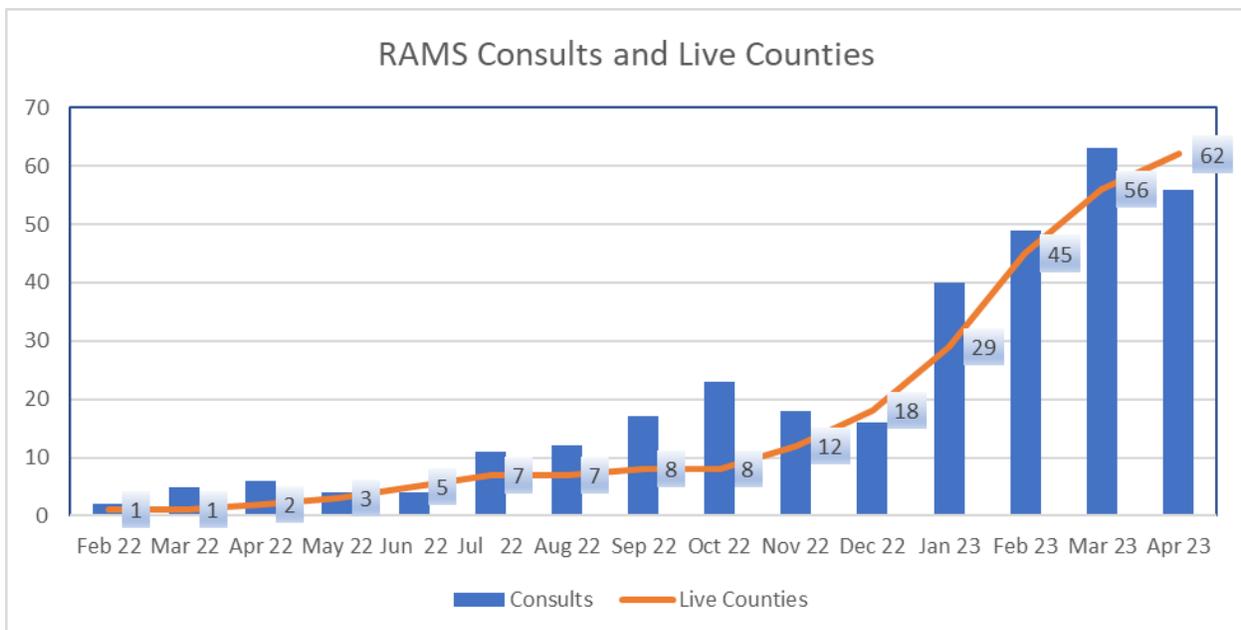
CAPTA funds continued to support agencies contracted by North Carolina Family Support Program. These programs implement one or more of the described programs below under *Funding Expenditures in Combination with Title IV-E and CBCAP*. These programs demonstrate an acceptable level of evidence-based or evidence informed practice.

Child Medical Evaluation Program/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 implement the Regional Abuse Medical Specialist (RAMS) program. As of June 15, 2023, 74 of the 100 NC counties are active with RAMS, and 14 counties are being on-boarded. RAMS policy was developed and incorporated into the NC Child Welfare manual and RAMS will reach out to every county that has not begun the on-boarding process. Per policy, one meeting between RAMS and inactive counties must occur prior to July 1, 2023, and all counties shall be actively engaged with RAMS by Aug 1, 2023.

The following figure shows the number of consults provided by RAMS as counties became live with program, collected from February 2023 to April 2023.

**Figure 34. Number of Consults by RAMS**



CAPTA funds are supporting a dedicated Plan of Safe Care RAMS position and a substance abuse specialist available to county DSS agencies for technical assistance. Further efforts are address in the section below titled: Efforts to Support the Needs of Infant Born and Identified as Affected by Substances.

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

In 2023–2024, NC DSS will fund 31 family support agencies through blended funding with Title IV-E and CBCAP. These agencies implemented evidence-based or evidence-informed programs that have proven outcomes in increasing protective factors for the prevention of child abuse. These community-based programs provided outreach, support, and services to children and their families, participate in implementation support to ensure model fidelity, and engage in qualitative and quantitative evaluation plans.

North Carolina Family Support Program contracted agencies implement one or more of the following programs that demonstrates an acceptable level of evidence-based or evidence informed practice:

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

The Center for Child and Family Health that provides education and training on trauma informed child welfare practice is also funded through CAPTA contracts.

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

North Carolina's CAPTA expenditures for SFY2023 through June 24, 2023, are \$3,186,131.99.

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

North Carolina complies with the requirement to maintain Citizen Review Panels (CRPs) using Community Child Protection Teams (CCPT). North Carolina General Statute § 7B-1406 established a CCPT in each of North Carolina's 100 counties. In SFY 2023 the CCPT Advisory Board form the POSC and Near Fatality subcommittees to support local CCPTs around these cases. The CCPT Advisory Board worked in conjunction with North Carolina State University Center for Family and Community Engagement to provide the annual survey, compile and determine recommendations. The 2021 Annual Report can be found at <https://www.NC DHHS.gov/ccpt-2021-end-year-report/download?attachment> and the 2021 State Response can be found at <https://www.NC DHHS.gov/state-response-2021-report/download?attachment>.

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

#### **Efforts to Support the Needs of Infants Born and Identified as Affected by Substances**

**Table 80. Children with Plan of Safe Care, FFY 2021, FFY 2022, FFY 2023**

<b>Timeline</b>	<b>SAI Notifications (Cases Referred to CMARC)</b>	<b>SAI notifications (Child Welfare Screened Out)</b>	<b>Cases Referred to other Community Based Programs</b>	<b>Child Welfare POSC Created (Screened-In)</b>
FFY 2023*	1,944	401	265	2,223
FFY 2022**	3,443	674	254	3,680
FFY 2021	5,039	1,000	297	3,744

Notes: \*Date Range 10/1/2022-3/31/2023; \*\*POSC Survey is incomplete  
Data Sources: POSC Survey, CWS

Due to a collapse of the survey tool, SurveyMax beginning in October 2022, there was a gap in POSC data collection from county agencies. A temporary data workbook was developed once it was determined SurveyMax would no longer be a viable service. NC DSS will continue to collect POSC data from county agencies with the data workbook until the statewide implementation of the CWIS. NC DSS expects more accurate and consistent data with the statewide system in place.

### CAPTA Funding to Support Development, Implementation and Monitoring

CAPTA funds are supporting a dedicated Plan of Safe Care RAMS position and a substance abuse specialist available to county DSS agencies for technical assistance. During the reporting period, the RAMS–SAI position provided direct technical assistance has been provided to 4 counties and general consults to approximately 7 counties. This position also served on inter–agency committees such as the Perinatal Quality Collaborative of North Carolina (PQCNC) and the North Carolina Pediatric Society’s Committee on Child Abuse and Neglect (CCAN) groups. Additionally, participation in 3 fatality reviews, where the child was a SAI, occurred during the reporting period.

Technical assistance includes scenario–based guidance on POSC and safe sleep as it impacts child safety. Each element of the POSC form is completed with child welfare staff. Coaching on collecting and documenting information occurs including the need for specific details on how the family is providing a safe environment for the child. Follow up TA is available upon request. A survey is being developed to use to determine usefulness of the TA to improve this service.

A Referral Partnership form was developed to assist local hospital staff with understanding what local child welfare agencies require when a SAI notification is made. This form will support the child welfare intake process and if accepted for child welfare intervention, bolster the assessment and safety planning process. It was developed through focus groups with local child welfare agencies who have had successful communication regarding SAI notifications. These focus groups were facilitated by the RAMS–SAI position.

### Changes to Policy, Practice

There were no changes to policy regarding support for infants born and identified as affected by substances. Continuous Quality Improvement feedback loops as described in last year’s APSR continue to provide data and feedback to be addressed through technical assistance with the Regional Child Welfare Consultants. NC DSS continues to work towards an updated CW Intake process that accurately captures and collates notifications and referrals regarding POSC. The implementation of the statewide CWIS will further support data collection and review efforts regarding CQI around child welfare interventions to meet the need of SAIs and their families.

### Multidisciplinary Outreach and Coordination

Multiple meetings were held with NC Department of Public Health (DPH) that 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 that additional coordination of services is needed to address the needs of SAI who do not receive a CPS

response and will continue to work with DPH to meet the needs of this population. NC DSS worked last year with the Attorney General Office to address confidentiality concerns in developing new notification pathways. Legislation was proposed, but not passed in the 2023 long session.

In addition to collaboration with other divisions North Carolina continues to work with North Carolina's Plan of Safe Care Interagency Council (POSC-IC). POSC-IC members include leaders from NC DHHS as well as representatives from the NC DSS (Child Welfare Section) and Mental Health/Developmental Disabilities/Substance Abuse (Public Health Women's and Children Section), the Child Welfare Family Advisory Council, UNC School of Social Work (Behavioral Health Springboard), and local child welfare agencies. The POSC-IC works with NC DHHS to coordinate with other public and private agencies impacted by the POSC requirement.

One outcome of NC DSS's initiatives to identify opportunities to engage, consult or coordinate with hospitals and health care professionals was the development of the Referral Partnership form described above. Collaboration with the PQCNC and CCAN 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 NC 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 Continuous Quality Improvement 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 Regional Child Welfare Consultants (RCWC). The RAMS POSC position has supported this process since the fall of 2022. When a county is identified in need of technical assistance by the RCWC, they will engage the RAMS POSC in developing and providing targeted TA in this area. Regional Child Welfare Consultants will continue to conduct CQI reviews of POSC. The data elements for POSC have been added to their workbook and findings will inform additional policy and training needs to support practice.

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 structured decision making (SDM) tools which are being primed for county roll out in SFY 2024. Substance Affected Infants (SAI) were an area of focus on both the safety and risk assessments to ensure appropriate identification of concerns in this population.

#### *Challenges in Implementation and Technical Assistance*

NC DPH reports barriers to data collection for this population. CMARC services are not funded in all 100 counties of NC 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 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 plans to continue to seek out these opportunities, as well as plan for more substantive work with these providers as we develop a pathway for non-screened in POSC in FY2024.

#### *Prior Children's Bureau Site Visit*

NC DSS participated in a Children's Bureau 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 substance use identified and services provided. This data collection is only for screened in SAI notifications. NC DSS continues to work with counties by providing technical assistance on the submission of this data.
- Engaged CMARC (formerly CC4C) in discussions about program requirements, parent engagement and follow-up. Data sharing requests are ongoing.
- Revising state CAPTA Plan to include significant focus on Plans of Safe Care and services for substance affected infants.

#### **ARPA Update of Use and Planned Use of Supplemental Funding**

CAPTA–ARPA expenditures for 7/1/2022 through 4/30/2023 supported research and development of a statewide CPS Hotline. NC DSS contracted with Public Knowledge to conduct research and develop a feasibility and operational plan. This was completed and submitted to NC DSS senior leadership in May 2023. To date, the planned use of supplemental funding through ARPA is a Fatality Database. The procurement process on this project has not begun yet.

Total Expenditures: \$62,565.00; \$338,195 is encumbered at the time of this report.

*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 2022–2023 NC DSS carried out planned expenditures from last year. Under the newly submitted CAPTA Plan, NCDSS considers racial equity a crosscutting priority that applies to all outlined goals and objectives. Going forward, proposed work to be funded by CAPTA will be considered through an equity lens and efforts that promote DEI will be prioritized.

*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.

## 8 Section E: Updates to Targeted Plans

### 8.1 Foster and Adoptive Parent Diligent Recruitment Plan

The new NC DSS Foster and Adoptive Parent Diligent Recruitment Plan is attached.

### 8.2 Healthcare Oversight and Coordination Plan

The NC DSS Healthcare Oversight and Coordination Plan was submitted June 30, 2019; it remains in effect.

### 8.3 Disaster Plan

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

### 8.4 Training Plan

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

## 9 Section F: Statistical and Supporting Information

### 9.1 CAPTA Annual State Data Report Items

The CAPTA Annual Data Report is submitted electronically via NCANDS as required.

#### Child Protective Services Workforce

There has been no change to the state-mandated educational, qualification, and training requirements for child protective service (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. The 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:
  - a. “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.
    - vi. 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.

- vii. 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 North Carolina child welfare experience and a three-year or more gap in child welfare services have the option of completing the module, *Returning to the North Carolina Child Welfare Workforce*, and 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 North Carolina child welfare workforce. If it is assessed that the module will not adequately prepare staff for return to the North Carolina child welfare workforce, then retaking Pre-Service would be required.
- Child Welfare Worker – Employed staff, contracted staff, and student interns who work in a NC county department of social services in the following functional areas: Family Preservation, Family Support, Children's Protective Services (Intake, On-Call, CPS Assessment and CPS In-Home Child Welfare Services), Permanency Planning,

Foster Home Licensing, and Adoption (Placement of children, recruitment of families, licensing, and adoption assessment).

- Training – Any formal educational session with predetermined competencies and outcomes.
- Primary responsibility for a case – When a child welfare worker is assigned principal case work and decision-making responsibilities with a child and/or family (including foster and adoptive families) and provides direct case work services.

Below is a description of the current minimum requirements for child welfare social workers, occasional on-call social workers, child welfare supervisors, as required by law.

- All Child Welfare Services workers and supervisors who are hired or who assume child welfare services responsibilities (including staff hired for on-call responsibilities involving direct client contact) must complete a minimum of 72 hours of pre-service training titled, *Child Welfare in North Carolina*, and the designated Transfer of Learning booklet prior to direct client contact or assuming supervisory responsibilities. In addition, all CPS staff must have an additional minimum of 18 hours of in-service training within the first year; and foster care and adoption workers must have an additional 39 hours of in-service training within the first year of employment. An additional 24 hours of continuing education for all workers/supervisors, regardless of employment date, is required every year after the first year of employment. Social work supervisors must also attend an additional 54 hours of supervisory training within the first year of employment. Child welfare services workers and supervisors who assume a role in a new or different functional area and who met the pre-service training requirements at the time of their employment are not required to attend *Child Welfare in North Carolina*. However, these individuals are required to attend the job specific training (200 series, Tier 2) within 3 months of assuming their job assignment/responsibility.
- For staff whose primary job function is in an area other than child welfare yet serve occasional on-call (with duties involving direct contact with clients) or occasional on-call supervisory back-up for these staff members, *Child Welfare In North Carolina* (pre-service training) is required prior to direct client contact.
- For staff primarily working in non-child welfare areas yet serving occasional on-call (with duties that do not include direct client contact) or on-call supervisory backup for these staff the requirement is either *Child Welfare in North Carolina* (pre-service training) OR *Intake in Child Welfare Services AND CPS Assessments in Child Welfare Services*.
- DSS collects information annually on specific areas by way of an annual survey completed by county staff December-February of each year for the prior calendar year. This information includes:

- The total number of child welfare social worker full time equivalent positions (FTEs)
- The total number of child welfare social work supervisor FTEs
- Academic degrees of social worker staff
- Academic degrees of social work supervisors and program managers
- Total number of FTEs hired during the year
- Reasons for vacancies in social worker, supervisor, and program manager FTEs

Following, is an update about North Carolina’s child welfare workforce based on the latest Child Welfare Staffing Survey, which ended December 31, 2021, and the Child Welfare Workforce Data Book.

**Education.** Child Protective Services professionals are classified as Social Worker Investigative and Treatment under the standards set by the NC Office of Human Resources or through a substantially equivalent system. For Social Worker Investigative and Treatment, education requirements include a master’s degree from an accredited school of social work and one year of social work experience; or a bachelor’s degree from an accredited school of social work and two years of social work or counseling experience; or a master’s degree in a counseling field and two years of social work or counseling experience; or a four–year degree in a human services field or related curriculum and three years of social work or counseling experience; or graduation from a four–year college or university and four years of experience in rehabilitation counseling, pastoral counseling, or a related human service field providing experience in the techniques of casework, groupwork, or community organization; or an equivalent combination of training and experience. One year of work experience can be credited for completion of the CWEC.

The tables below depict the current educational profile of North Carolina’s child welfare workforce by staff and management positions.

**Table 81. Education, Staff Positions**

Position	FTEs Available	BSW	Other Bachelors	MSW	Other Masters	Higher Degree
Intake	172.12	45.35	77.29	9.37	17.46	6.28
Assessments	923.67	212.61	370.56	123.15	136.63	4.33
In Home	396.54	81.15	172.75	49.5	58.58	2
Foster Care	1055.84	527.92	300.08	112.88	99.8	1
FC 18–21	67.12	13.64	19.95	17.6	9.88	2
Adoptions	162.61	48.81	61.24	23.41	23.65	0

Other SWs	471.5	84	179	55.1	66	2
Total	3249.4	1013.48	1180.87	391.01	412	17.61
% of positions		31%	36%	12%	13%	1%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2022 Child Welfare Staffing Survey"; data is from: January 1–December 31, 2022

**Table 82. Education, Management Positions**

Position	FTEs Available	BSW	Other Bachelors	MSW	Other Masters	Higher Degree
Social Work Supervisor	660.45	148	231.7	9.37	140.05	4
Program Manager	125.90	19.5	33.05	123.15	33.35	5
Program Administrator	46.80	7	15.55	49.5	9.25	1
Total	833.15	174.5	280.3	112.88	182.65	10
% of positions		21%	34%	18%	22%	1%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2022 Child Welfare Staffing Survey"; data is from: January 1–December 31, 2022

**Qualifications.** Qualifications of child welfare staff vary across counties. Child protective services professionals are classified as Social Worker Investigative and Treatment under the standards (set by the NC Office of Human Resources as mentioned above). Qualifications under the Social Worker Investigative and Treatment state the following information.

**Knowledges, Skills, and Abilities.** Thorough knowledge of social work principles, techniques and practices and their applications to complex casework, treatment, and investigation of abuse or neglect of children; thorough knowledge of policies and procedures as evidenced by the ability to cite the authority of federal and state law; thorough knowledge of individual and group behavior, family dynamics, and medical, behavioral and/or psychosocial problems and their treatment theory. Considerable knowledge of governmental and private organizations and resources in the community.

Ability to interact and motivate a resistant involuntary client population and the public who may not agree with the laws, rules, or policies of the process or the programs; ability to prepare documentation such as written investigative reports for the court, case records, and treatment plans; ability to testify as an expert witness; ability to employ advanced case

management interview techniques to establish a supportive relationship and involve families in the initial assessment for the need of services; ability to quickly assess the risks and safety of the client environment during daylight hours, after dark, and in high crime areas; ability to employ expert negotiation skills in the most complex cases; ability to analyze and assess child development safety issues in relation to risk factors; ability to analyze tense family situations and make decisions about removing children when the decision has to be made with limited direct information and limited access to consultation; ability to communicate effectively and establish supportive client relationships. Ability to perform manual work exerting up to 50 pounds of force occasionally and/or up to 10 pounds of force constantly to move objects.

**Training.** In the latest Child Welfare Staffing Survey, counties reported it takes an average of 11.9 weeks to fully prepare a new child welfare worker to carry a caseload.

In collaboration with UNC-Chapel Hill, a website (<https://www.ncswlearn.org/>) for registering and tracking training for county child welfare staff is used to collect training information. Information on all the training requirements for child welfare staff can be found here: <https://www.ncswlearn.org/help/pdf/childrenguidelines.pdf>.

**Demographic Information.** The table below contains demographic information of child protective services personnel.

**Table 83. Race of Child Protective Services Personnel, Staff Positions**

Position	FTEs Available	AI/AN	Asian	AA/Black	NH/PI	White	Bi-Racial
Intake	172.12	3	2	64.66	0	74.655	2.53
Assessments	923.67	10	4	347.62	1	321.36	15.5
In Home	396.54	12.5	0	199	0	162.35	5.5
Foster Care	709.54	8.5	1	294.94	1	318.705	13.25
FC 18-21	67.12	0	0	38.76	0	25.65	1.25
Adoptions	162.62	2	0	78.9775	0	70.5375	5.5
Other SWs	471.50	5	2	236.37	0	179.13	4.5
Total	2903.11	41.00	9.00	1260.33	2.00	1152.39	48.03
% of positions		1%	0%	43%	0%	40%	2%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2022 Child Welfare Staffing Survey"; data is from: January 1-December 31, 2022

**Table 84. Race of Child Protective Services Personnel, Management Positions**

Position	FTEs Available	AI/AN	Asian	AA/Black	NH/PI	White	Bi-Racial
Social Work Supervisor	660.45	12	0	301	0	325.45	6
Program Manager	125.90	1	1	51.25	0	67.65	0
Program Administrator	46.80	2	0	22	0.25	21.55	0
Total	833.15	15	1	374.25	0.25	414.65	6
% of positions		2%	0%	45%	0%	50%	1%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2022 Child Welfare Staffing Survey"; data is from: January 1–December 31, 2022

**Table 85. Ethnicity of Child Protection Personnel, Staff Positions**

Position	FTEs Available	Hispanic/Latino	Non-Hispanic/Latino
Intake	172.12	88.28	17.89
Assessments	923.67	527.09	116.63
In Home	396.54	223.9	49.5
Foster Care	709.54	400.06	93.48
FC 18–21	67.12	33.81	10.05
Adoptions	162.62	100.59	24
Other SWs	471.5	251.8	31.4
Total	2903.11	1625.53	342.95
% of positions		56%	12%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2022 Child Welfare Staffing Survey"; data is from: January 1–December 31, 2022

**Table 86. Ethnicity of Child Protection Personnel, Management Positions**

Position	FTEs Available	Hispanic/Latino	Non-Hispanic/Latino
Social Work Supervisor	660.45	410.45	70
Program Manager	125.9	70.9	12
Program Administrator	46.8	33.3	3
Total	833.15	514.65	85
% of positions		62%	10%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2022 Child Welfare Staffing Survey"; data is from: January 1–December 31, 2022

**Table 87. Age of Child Protection Personnel, Staff Positions**

Position	FTEs Available	18–24	25–34	35–44	45–54	55–64	65–74	75 +
Intake	172.12	2.17	33.81	37.96	53.82	30.09	0.25	0
Assessments	923.67	80.5	309.17	256.87	188.91	52.08	3	0
In Home	396.54	23	106.04	104.68	92.21	37.47	4	0
Foster Care	709.54	72.05	233.67	167.42	141.37	48.37	4.5	1
FC 18–21	67.13	1.5	16.9	19.29	19.13	6.1	1.25	0
Adoptions	162.62	6.50	41.60	40.50	37.01	26.50	1.90	0.00
Other SWs	471.50	9.5	99.57	135.85	123.73	64.2	10.65	0
Total	2903.11	195.22	840.76	762.57	656.18	264.81	25.55	1
% of positions		7%	29%	26%	23%	9%	1%	0%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2022 Child Welfare Staffing Survey"; data is from: January 1–December 31, 2022

**Table 88. 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	660.45	2	72.15	217.2	266.3	88.8	4	0
Program Manager	125.9	0	3	43.35	57.55	18	1	0
Program Administrator	46.8	0	2	12.75	20.05	11	0	0
Total	833.15	2	77.15	273.3	343.9	117.8	5	0
% of positions		0%	9%	33%	41%	14%	1%	0%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, “2022 Child Welfare Staffing Survey”; data is from: January 1–December 31, 2022

**Caseloads.** Current North Carolina child welfare policy provides guidance on expected caseload sizes.

- CPS Intake shall be no greater than one worker per 100 CPS referrals a month.
- CPS Assessments shall be no greater than 10 families at any time per worker.
- CPS In-Home Services shall be no greater than 10 families at any time per worker.

Compliance with workload standards is evaluated in two ways. The first is through a quarterly county child welfare agency self-report on workloads and staffing patterns. The second is through the semi-annual program evaluations conducted in collaboration with counties. Information provided in the agency self-report is used as a source of data for the program evaluations. This data, however, is not fully vetted and verified.

County child welfare agencies maintain a monthly Child Welfare Workforce Data Workbook. Counties submit this data to NC DSS quarterly. For the December 31, 2022, submission, the average caseload sizes in North Carolina were as shown in the table below.

Table 89. Table CPS Intake Referrals Caseload, 2022

Avg. Number of CPS Reports Screened During the Month	Avg. Number of FTEs Available for More than 2 Weeks in the Month	Caseload Ratio
10769	171	62.97 reports per FTE

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2022 Child Welfare Staffing Survey"; data is from: January 1–December 31, 2022

Table 90. CPS In-Home Service Cases Caseload, 2022

Avg. Number of CPS In-Home Cases Open on the Last Day of Month	Avg. Number of FTEs Available for More than 2 Weeks in the Month	Caseload Ratio
3193	378	8.44 reports per FTE

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "Child Welfare Workforce Data Book"; data is from: January 1–December 31, 2022

**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, 2022, Child Welfare Workforce Data Workbook.

Table 91. Supervisor to Worker Ratio, 2022

Avg. Number of FTEs Available for More than 2 Weeks in the Month for Services with Caseload Standards	Avg. Number of Supervisor FTEs Available to Cover the Workload During the Month	Supervisor to Worker Ratio
2383	641	1 supervisor to 3.71 workers

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "Child Welfare Workforce Data Book"; data is from: January 1–December 31, 2022

**Turnover.** The following data tables describe turnover data by staff and management positions.

Table 92. Turnover, Staff Positions

Program Area	Budgeted FTEs	Promotion	Lateral Transfer	Voluntary Resignation	Involuntary Dismissal	Retirement	Death	RIF	Other	Total	%
Intake	185.48	13.69	3.03	19.34	1	5.09	0	0	0.85	43	23%
Assessments	1208.33	35	66.8	361.63	31	4	1	0	12.1	511.53	42%
In Home	488.35	14.6	25.25	111.37	10	10	6	0	4.1	181.32	37%
Foster Care	894.12	29.9	30.5	269.84	15	11.25	0	0	9	365.49	41%
FC 18-21	82.23	0.07	2	15.06	0	2	0	0	1	20.13	24%
Adoptions	176.35	8.75	5.5	36.25	1	5.01	0	0	1	57.51	33%
Other	551.3	19.27	13.5	70.05	4	15.75	0	0	4.25	126.82	23%
Totals	3586.16	121.28	146.58	883.54	62	53.1	7	0	32.3	1305.8	36%

Source: NC DHHS Performance Management, Data Reporting, and Analytics, "2022 Child Welfare Staffing Survey"; data is from: January 1–December 31, 2022

Table 93. 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, "2022 Child Welfare Staffing Survey"; data is from: January 1–December 31, 2022

Juvenile Justice Transfers

North Carolina counties reported that 44 Juvenile Justice transfers have occurred during FFY 2022. This includes all children who entered foster care from a juvenile delinquency court proceeding. This information was collected after a modification of the NC DSS Child Placement and Payment Report (DSS-5094).

Fatalities

North Carolina reported 45 deaths during FFY 2021 resulting from child abuse or neglect. Two of these fatalities were children in foster care.

Near Fatalities

North Carolina reported 126 near fatalities during FFY 2021. The tables below depict a breakdown of these figures by sex, age range, case finding, race, and ethnicity.

**Table 94. Near Fatalities by Sex**

Gender	Number of Near Fatalities
Female	47
Male	79

[Insert data source]

**Table 95. Near Fatalities by Age Range**

Age Range	Number of Near Fatalities
0-3 years	95
4-5 years	10
6-17 years	21

**Table 96. Near Fatalities by Case Finding**

Case Finding	Number of Near Fatalities
Services Needed / Provided	56
Services Recommended / Not Recommended	18
Substantiated	51
Unsubstantiated	16
Unable to Locate	11

**Table 97. Near Fatalities by Race**

Race	Number of Near Fatalities
Amer. Ind. or AK Native	3
Unable to determine	5
Bi- or Multi-Racial	9
Black or African American	44
White or Caucasian	65

**Table 98. Near Fatalities by Ethnicity**

Ethnicity	Number of Near Fatalities
Hispanic or Latino	9
Not Hispanic or Latino	117

## 9.2 Education and Training Vouchers

See [Appendix: Attachment C ETV Chart](#)

### *Foster Care to Success: Post-Secondary Educational Supports*

No changes or updates to North Carolina’s Education and Training Voucher (ETV) program were made this year. The North Carolina Education and Training Voucher (ETV) Program is available to youth eligible for LINKS services and may be attained by youth once they are 14 years of age. Additionally, youth who are 16 years of age who exit foster care because of adoption or guardianship, or who remain in foster care after their 17th birthdays, are eligible to receive these benefits. NC DSS contracts with Foster Care to Success for the administration of ETVs, which include outreach to stakeholders and potentially eligible young people, identification of qualified applicants, processing applications, and awarding funding to eligible students. Foster Care to Success also monitors student progress. The table below provides a count of ETV awards for the 2021–2022 and 2022–2023 school years.

**Table 99. ETV Awards for 2021–2022 and 2022–2023**

Timeframe	Total ETVs Awarded	Number of New ETVs
2021 – 2022 School Year (July 1, 2021 – June 30, 2022)	330	124
2022 – 2023 School Year* (July 1, 2022 – June 30, 2023)	276	31*

\*As of January 30, 2023; Source: Quarterly Contract Reports

(For additional information, see [Section 5](#), Chafee Program, ETV Program.)

### 9.3 Intercountry Adoptions

For the first three quarters of FFY 2022, North Carolina completed one international adoption. 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 54 children adopted from other countries between July 2021 and April 2023. There were no children who entered custody in FY22.

**Table 100. Inter-Country Adoptions FFY 2022**

Country	Number of Children	Service Provided
China	2	Therapy, Parent Conference, Assessment
Republic of the Congo	2	Therapy, LEAF, Parent Conference
Guatemala	3	Therapy
India	3	Therapy, assessment
Columbia	2	Therapy, consultation
Ukraine	1	Therapy
Unknown	37	Receive newsletter
Ethiopia	1	Parent Conference, Consultation, Assessment
Haiti	2	Assessment, Consultation (1 legal guardianship)
Vietnam	1	Consultation

Source: Duke Center for Child and Family Health, received April 10, 2023.

(For additional information see [Section 5](#), Services for Children Adopted from Other Countries.)

## 9.4 Monthly Caseworker Visits Data

Table 101. Monthly Caseworker Visits 2022

2022 Monthly Caseworker Visits				
FFY	Measure 1:	Target	Score	Met Target
2022	Measure 1: Percentage of visits made monthly by caseworkers to children in foster care	95%	97%	Yes
2022	Measure 2: Percentage of visits that occurred in the residence of the child	75%	93%	Yes

Data Source: Child Welfare Business Information Team (Legacy and CWIS)

Table 102. Monthly Caseworker Visits 2023

2023 Monthly Caseworker Visits				
FFY	Measure 1:	Target	Score	Met Target
2023**	Measure 1: Percentage of visits made monthly by caseworkers to children in foster care	95%	92.71%	No
2023**	Measure 2: Percentage of visits that occurred in the residence of the child	75%	92.45%	No

\*\* Data through 4/2023

Data Source: Child Welfare Business Information Team (Legacy and CWIS)

(For additional information, see [Section 5, Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits](#).)

## 10 Section G: Financial Information

### 10.1 1. Payment Limitations – Title IV–B, Subpart 1

Title IV–B Subpart 1 funds expended for childcare, foster care maintenance payments and adoption assistance payments in FY 2005 was \$1,590,655. North Carolina did not exceed that amount for FY 2021

The amount of non–Federal funds North Carolina expended for foster care maintenance payments and applied as match for the title IV–B, subpart 1 program in FY 2005 was \$0. The State will not exceed this amount for FY 2023 as part of state match.

### 10.2 2. Payment Limitations – Title IV–B, Subpart 2

States are required to spend a significant portion of their title IV–B, subpart 2 PSSF grant for each of the four service categories of PSSF: family preservation, community–based family support, time–limited reunification, and adoption promotion and support services.

For each service category that does not approximate 20 percent of the grant total, the State must provide a rationale for the disproportion.

The state and local spending figure for the Title IV–B subpart 2 programs in FY 2021 was \$8,611.604 compared against the 1992 base year subpart 2 figure of \$3,006,626

The state does not expect any challenges in expending Title IV–B, Subpart 2 funds in a timely manner in FY 2023.

### 10.3 2. Payment Limitations –Chafee Program

The State spent \$896,336 for room and board for youth which does not exceed the 30 percent of their FY 2021 allotment of Federal Chafee funds.

# 11 Appendices and Attachments

## Appendices

- A. Community Child Protection Team (CCPT) Final Report and NC DSS Response
- B. Foster and Adoptive Parent Diligent Recruitment Plan
- C. Healthcare Oversight Coordination Plan Update
- D. Disaster Plan Update
- E. Training Plan Update

## Attachments

CAPTA Plan

Foster and Adoptive Diligent Recruitment Plan

CFS 101s