

North Carolina Department of Health and Human Services
North Carolina Division of Social Services
Child Welfare Services

2018 Annual Progress and Services Report for the
North Carolina Child and Family Services Plan 2015-2019

North Carolina's Child and Family Services Plan (CFSP)
FY 2015 - 2019

2018 Annual Progress and Services Report (APSR)

SUBMITTED JUNE 2017

Application for Funding:

- Stephanie Tubbs Jones Child Welfare Services (CWS)
Title IV-B of the Social Security Act, Subpart 1
- Promoting Safe and Stable Families (PSSF)
Title IV-B of the Social Security Act, Subpart 2
- Monthly Caseworker Visit Funds
- Adoption and Legal Guardianship Incentive Payment Funds
- Child Welfare Waiver Demonstrations
- Chafee Foster Care Independence Program (CFCIP) and
Education and Training Vouchers (ETV) Programs
- Training Activities in Support of the CFSP

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Executive Summary

The submission of the 2018 Annual Progress and Services Report (APSR) is required of all state agencies that administer or supervise programs and services funded by Title IV-B, subparts 1 (IVB-1) and 2 (IVB-2), and Title IV-E of the Social Security Act. It provides an accounting of all child welfare programs and services delivered in North Carolina (NC) that were outlined in its five-year Child and Family Services Plan (CFSP). The content of this report are dictated by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families (ACYF), Program Instruction [ACYF-CB-PI-17-05](#).

The mission of the NC Department of Health and Human Services (NC DHHS) is to provide, in collaboration with our partners, essential services to improve the health, safety, and well-being of all North Carolinians. The vision of NC DHHS is to advance innovative solutions that foster independence and improve health and promote well-being. NC DHHS believes the following values are important:

- Teamwork and collaboration
- Continuous improvement and development
- Customer service
- Accountability
- Diversity and inclusion
- Safety and health

NC Division of Social Services (NC DSS) integrates these values into all aspects of its child welfare services program. The outcome of the CFSR Round 3 (CFSR R3) afforded North Carolina the opportunity to embrace these values and collaborate with its stakeholders to strengthen NC's child welfare system. NC DSS strives to coordinate all the programs that serve the children and families of NC into a seamless child welfare continuum.

These programs include: the IV-B, subpart 1 (also known as the Stephanie Tubbs Jones Child Welfare Services Program) and subpart 2 (also known as the Promoting Safe and Stable Families Program) of the Act; Monthly Caseworker Visit (MCV) funds; and the Chafee Foster Care Independence Program (CFCIP) and Education Training Voucher (ETV) programs for older and/or former foster care youth; adoption incentive funds, and training funded through IV-B and IV-E. Consolidation of these service plans will help NC integrate the full array of child welfare services, from prevention and protection through permanency (45 CFR 1357.15(a)).

I. General Information

North Carolina's 2018 APSR integrates outcomes from the CFSR R3, our state's federal Program Improvement Plan (PIP), and builds on and modifies the 2015-2019 CFSP. This APSR and other plans are located on the Program Statistics and Review Page of the NC DSS website, which can be found at <https://www2.ncdhhs.gov/dss/stats/cw.htm>.

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1. State Agency Administering the Programs

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

Ours is a state-supervised, county-administered child welfare system. North Carolina law (NC GS § 7B-302) specifically states that county directors of social services are responsible for the provision of protective services for all children who are abused, neglected, or dependent.

2. Vision Statement

The vision of NC DHHS is to advance innovative solutions that foster independence and improve health and promote well-being. Additionally, the NC DSS vision includes family-centered practice principles and the provision of services that promote security and safety for all. The values underlying a family-centered practice approach include: providing services with respect to the individual's family, kin, friend, and community networks; acknowledging families as experts in their own situations; promoting families generating their own solutions and participating in planning and decision making; focusing on strengths; promoting both family empowerment and family/service provider accountability; respecting diversity; and engaging and partnering with community, local, and informal supports using the principles of partnerships as a guideline for service provision. The principles of partnership are as follows: (1) everyone desires respect, (2) everyone needs to be heard, (3) everyone has strengths, (4) judgments can wait, (5) partners share power, and (6) partnership is a process.

NC DSS is committed to this vision of family-centered practice and to incorporating the Strengthening Families' five protective factors and trauma-informed practice into our work with children/youth, families, and communities.

II. 2018 APSR Requirements

1. Collaboration

Program Improvement Plan

NC DSS engaged in substantial and meaningful engagement of its stakeholders to develop its PIP, which was approved on January 1, 2017. We continue to build upon those relationships to implement PIP activities and collaborate on other child welfare activities outlined in this APSR.

NC DSS worked closely with the North Carolina Association of County Directors of Social Services (NCACDSS) to develop 13 PIP implementation teams to address the activities outlined in the PIP. Special attention was given to the composition of these workgroups to ensure they had representation from county department of social service (DSS) agencies, tribal communities, the court system, family and youth partners, university partners, and other stakeholders as needed.

PIP implementation teams collaborate through a variety of methods including, but not limited to face-to-face meetings, sub-workgroup meetings, virtual meetings utilizing the GoToMeeting platform, conference calls, e-mail correspondence, and surveys. In the upcoming year, NC DSS anticipates continuing these methods of collaboration, as well as several Listening Sessions, will allow stakeholders to continue to be involved in the implementation of the goals, objectives, and interventions outlined in this APSR and the monitoring of our progress.

To ensure there is continuous improvement of the provision of child welfare services in North Carolina, NC DSS and its partners use information and data from as many sources as possible to determine strengths and areas needing improvement. The newly-formed NC DSS REAP/CQI team (Reaching for Excellence and Accountability in Practice/Continuous Quality Improvement) as well as the NC DSS OSRI/Case Review team (Onsite Review Instrument/Case Review) have been instrumental in helping many PIP implementation teams gather data to monitor progress.

In addition, NC DSS has engaged in meaningful collaboration across child-serving systems to increase opportunities to ensure the safety, permanence, and well-being of children served by the foster care program. These efforts help NC DSS engage stakeholders in discussions regarding the progress NC DSS has made since the last submission of the APSR and to better integrate all programs, from prevention and protection through permanency. Several key collaboration activities are listed below.

Court Collaboration

NC DSS works closely with our court partners through an Interagency Collaborative. Participating agencies include the Court Improvement Program, the Administrative Office of the Courts (AOC), NC DSS, the Guardian ad Litem Program, the Indigent Defense Fund, the University of North Carolina (UNC), the Department of Justice, and representatives from county DSS agencies. These agencies meet every other month to review data and discuss issues that impact the permanency of children served by the foster care program. Data collected from more than 450 stakeholders

across 94 counties using a survey in March 2016 helped guide the work. See Appendix A, “Interagency Collaborative Court Survey Results.”

The Interagency Collaborative work is in addition to the specific activities outlined in our PIP regarding the development of a Performance Profile. These stakeholders will continue to be involved in the upcoming year in the APSR and PIP goals, objectives, and interventions.

School Collaboration

The Department of Public Instruction (DPI) facilitates an interagency collaborative effort called the School Mental Health Initiative. It is the mission of this partnership to develop recommendations for policy and/or legislative changes to ensure public school students have equitable access to a full continuum of high-quality and well-coordinated mental health services. NC DSS has collaborated in this effort, which includes close to 100 stakeholders from across the state. While this initiative addresses more than just the foster care population, it will strengthen the educational and mental health services for our youth. The NC State Board of Education adopted the recommendations from this initiative.

NC DSS collaborated with the Division of Public Health (DPH) to update the section of the NC School Health Program’s manual that instructs school nurses about child abuse and neglect reporting requirements.

NC DSS and DPI worked closely to ensure the provisions of the Every Student Succeeds Act (ESSA) were enacted to support educational stability. See Appendix B, “Every Student Succeeds Act: NC DSS and NC DPI Joint Guidance.” To facilitate communication and protocol development on the local level, seven training events were held between February and March 2017 in locations across the state; 358 individuals registered for these events. Additionally, NC DSS and DPI collaboratively developed several forms, including the NC Foster Care Notification of Placement form, the NC Foster Care Immediate Enrollment form, and the NC Best Interest Determination form. To facilitate collaboration in each county, points of contact were requested from every county child welfare agency and every local school district (including alternative and charter schools).

County child welfare staff were provided the NC DSS Educational Stability policy, including the new NC ESSA forms, for all students who enter county child welfare custody and/or experience a placement change. NC DSS and DPI are providing technical assistance for county-level implementation regarding the identification of transportation methods and the determination of which party will be responsible for the cost of that transportation. NC DSS and NC DPI are now developing a data collection process to track educational stability for all children in county child welfare custody. Data collection is the primary responsibility of NC DPI; however, identification of all children in child welfare custody will be provided by NC DSS.

NC DSS and DPI will continue collaborative efforts in the upcoming year to achieve APSR and PIP goals, objectives, and interventions.

Mental Health Collaboration

NC DSS has worked closely with the Division of Medical Assistance (DMA) and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) on several trauma-informed, cross-system initiatives. These include: (1) participating in the governance of the System of Care Expansion Grant that is piloting High-Fidelity Wrap Around Services, revising the Medicaid service definition for Mobile Crisis, and piloting a Mobile Outreach, Response, Engagement and Stabilization service for youth in foster care; (2) piloting a tiered case management program for youth in foster care; (3) meeting regularly to address the oversight and monitoring of psychotropic medications; and (4) collaborating with the Division of Health Benefits on the design of Medicaid Transformation in North Carolina to ensure the needs of the foster care population will be met.

NC DSS is presently working with other DHHS divisions to hold several Listening Sessions to obtain stakeholder input on meeting behavioral health needs in North Carolina and will assist in developing a North Carolina Behavioral Health Strategic Plan. NC DSS is also actively involved in the Mental Health Block Grant Advisory Council; the Traumatic Brain Injury Commission; the Children with Special Health Care Needs Commission (including a subcommittee on behavioral health); Project NO REST (human trafficking for child welfare population); the Crisis Solutions Initiative; and the activities of the Infant Mental Health Association.

In state fiscal year (SFY) 2016-17 two key data exchange agreements were executed: (1) NC DSS' access to behavioral health information from the North Carolina Treatment Outcomes and Program Performance System (NC TOPPS) and (2) medication utilization and physical health monitoring information from Medicaid claims data.

NC DSS will continue to work closely with these stakeholders in the upcoming year on APSR and PIP goals, objectives, and interventions.

Cross-System Collaboration

NC DSS is actively involved in a cross-system effort to improve the outcomes for children and families. Its mission is to develop and implement a sustainable, data-driven, inclusive, seamless support system across agencies that uses the best available science to promote well-being of children, youth, and young adults, and families. Key goals of this effort are to:

- Improve the ability of state and local agencies to share data to better inform decisions around children, youth, young adults, and families.
- Improve a system to build and support a workforce that meets the needs of children, youth, young adults, and families. The aim is for this workforce to deliver developmentally appropriate, evidence-based practices that promote protective factors and build resilience.
- Align cross-system efforts regarding state and local collaboration to increase efficiency and meet community needs.
- Create and implement a trauma-informed system from the child and youth perspective within and across all agencies.

These stakeholders will continue to be involved in the upcoming year in the APSR and PIP goals, objectives, and interventions. The cross-system collaborative group has been laying the foundation for a Child Well-Being Council or Children’s Cabinet; this was one of the recommendations included in the Final Report of the Governor’s Task Force on Mental Health and Substance Use Services.

Public and Private Agency Collaboration and Communication

NC DSS holds two online meetings each month for county child welfare agencies and child welfare system partners. Called “Staying Connected,” this forum allows for the exchange of information and ensures feedback loops are in place to strengthen the implementation of APSR activities. Between July 1, 2016 and May 30, 2017, over 1,250 people participated in “Staying Connected” calls on topics such as substance abuse, Foster Care to 21 program, Guardian Assistance program, Temporary Parental Safety Agreements, Every Child Succeeds Act (ESSA), and CPS intake and conflict of interest cases. Additionally, this forum reviewed the work of the NC DSS Program Monitors and the use of data workbooks to improve consistency across the state. Each meeting is recorded and posted online to keep our partners informed on these important issues.

NC DSS works with the NCACDSS and several of its committees (e.g., Children’s Services Committee, Supervisor Advisory Council) on critical issues facing our system. It also actively participates in the North Carolina Chapter of the Family-Focused Treatment Association (FFTA) and the Foster, Adoptive, and Residential (FAR) Committee of Benchmarks, which aid in the communication and feedback loops with private child-placing agencies. These stakeholders will continue to be involved in the upcoming year in the APSR and PIP goals, objectives, and interventions.

University Collaboration

NC DSS has strong relationships with several universities; universities are an integral part of the implementation of the goals, objectives, and interventions outlined in the APSR and PIP. University partners also assist in monitoring and reporting on the progress of these activities. UNC-Chapel Hill’s School of Social Work provides several services, including data analysis; maintenance of the Management Assistance website; training; technical assistance; and support for NC DSS continuous quality improvement (CQI) efforts. NC DSS collaborates with Methodist University to support the development of the Supervisory Academy and Duke University to support the implementation of trauma-informed practice. NC DSS also has a strong partnership with North Carolina State University, which assists NC DSS with Citizen Review panels/Community Child Protection Teams, the development of the Child Welfare Family Advisory Council, and the provision of trainings that help us incorporate the youth and family voice into our service programs. These stakeholders will continue to be involved in the upcoming year in the APSR and PIP goals, objectives, and interventions.

Family and Youth Collaboration

NC DSS has several methods of engaging youth and families involved in the child welfare system. Biological, foster, kinship, and therapeutic families were involved in various stakeholder meetings to provide input into the development of the PIP. Family and youth are actively

involved in producing the educational newsletter *Fostering Perspectives*, contributing articles and participating in including the selection of topics for each issue. Each edition of *Fostering Perspectives* solicits and publishes input from youth in foster care regarding a specific topic.

Additionally, NC DSS supports the efforts of the Family and Agency Collaborative Training Team (FACTT), which exists to unify efforts that support the growth and maintenance of family trainer development and family-agency training partnerships. Through the development of a Child Welfare Family Advisory Council (PIP Goal 1.5), families and youth have been part of curricula development, assisted with creation of a birth family handbook, helped present to stakeholders about the Reasonable and Prudent Parenting standard, and created videos for online courses for social workers.

Additional collaboration activities will be included in the North Carolina PIP Progress Report, which shall be submitted following the submission of the 2018 APSR.

Joint Planning

Annually, NC DSS meets with the Children's Bureau (CB) and a wide range of stakeholders to engage in joint planning related to the APSR and discuss the overall performance and improvement of our state's child welfare system. A joint planning meeting, held in April 2017, was attended by approximately 20 individuals representing county child welfare agencies, the courts, child advocacy centers (CACs), a tribal community, universities, youth, and other stakeholders.

2. Update on Assessment of Performance

North Carolina completed its CFSR Statewide Assessment as part of Round 3 of the CFSR in 2015. North Carolina was not in substantial conformity with the seven CFSR statewide data indicators or the seven systemic outcomes.

North Carolina has several sources of information it uses to measure performance. This includes, but is not limited to, the use of the Onsite Review Instrument (OSRI), Program Monitoring results, county staffing workbooks, Court Improvement Measures, and child welfare outcomes regarding safety, permanency, and well-being. North Carolina has been challenged by the lack of a statewide case management data system; however, it is anticipated that such a system (NC FAST) will be in place in 2018.

Throughout this document, there are performance updates to child welfare goals included in our CFSP. In addition, the PIP Progress Report, which shall be submitted by August 1, 2017, will include information from completed case reviews and an overview of our progress to-date on the seven data indicators and the seven systemic factors.

Another set of measures used to assess the progress on improving the safety, permanency, and well-being of children are the seven statewide data indicators. During the 2015 CFSR, three of North Carolina's statewide data indicators met the national standard. Since then we have made progress, as outlined in the table below. For calendar year 2016, five of the seven statewide data

indicators met national standards. We anticipate our continued use of the OSRI will help us meet or exceed all national standards in the future.

FEDERAL MEASURES FOR NORTH CAROLINA COUNTIES

January 1, 2016 to December 31, 2016

As Estimated by NC DSS

	National Standard	2015 CFSR	2016
Maltreatment in foster care (goal is below national standard)	8.5	11.7*	5.0
Recurrence of maltreatment (goal is below national standard)	9.00%	6.2%	7.48%
Permanency in 12 months for children entering foster care (goal is above national standard)	40.5%	30.7%*	31.4%*
Permanency in 12 months for children in foster care 12-23 months (goal is above national standard)	43.6%	43.2%*	45.1%
Permanency in 12 months for children in foster care for 24 months or more (goal is above national standard)	30.3%	33.1%	35.3%
Re-entry to foster care in 12 months (goal is below national standard)	8.30%	2.6%	2.01%
Placement stability (goal is below national standard)	4.1	4.8*	4.9*

* does not meet national standard

3. Update to the Plan for Improvement and Progress Made to Improve Outcomes

UPDATE TO THE PLAN FOR IMPROVEMENT

Revisions to Goals, Objectives, and Interventions

After the CB issued the CFSR report in February 2016 outlining NC's areas that were not in substantial conformity, North Carolina embarked on an extensive, inclusive process to develop a PIP. Throughout the PIP development, North Carolina began immediately working toward goals that would positively impact children and families. North Carolina's PIP was formally approved by the CB on January 1, 2017. Our state's approved PIP can be found on the Program Statistics and Reviews page of the NC DSS website (<https://www2.ncdhhs.gov/dss/stats/cw.htm>).

North Carolina has added its PIP to its 2015-2019 CFSP, thus updating our CFSP goals, objectives, and interventions. North Carolina believes the PIP provides an opportunity to strengthen child welfare services in North Carolina, including our quality assurance system and technical assistance protocols, laying the groundwork to support a comprehensive CQI model in the future.

Specific updates to the CFSR 7 data indicators, systemic factors, and/or case review outcomes will be included in the forthcoming PIP Progress Report.

The CB concluded a review of the North Carolina Adoption and Foster Care Reporting System (AFCARS) and notified NC DSS of their findings in August 2009. Since that time, North Carolina has been working to improve data collection concerns to ensure accuracy in the state's Child and Family Services Data Profile. North Carolina continues to address these issues in AFCARS data through the AFCARS Improvement Plan (AIP). (For more on this, please see Appendix C, "North Carolina AFCARS Improvement Plan (AIP).") As noted in the AIP, many of the issues will be resolved through the implementation of NC FAST.

Implementation Supports

The PIP process has given our state the opportunity to partner with national organizations to help successfully implement our revised goals, objectives, and interventions. For example, North Carolina is working closely with the Center for States (part of the CB's Child Welfare Capacity Building Collaborative) and the National Resource Center for Diligent Recruitment to help us achieve activities outlined in the PIP as well as evaluate its impact. In SFY 2017-18, our state will continue our work with these partners.

Additional PIP and APSR implementation supports of note include significant participation by county staff, community partners, and youth/family on PIP implementation teams, as well as the filling of the vacant NC DSS CFSR Coordinator position. Additional financing has also supported implementation, including the appropriation of funding to support PIP goals such as the Supervisor Academy, Family Advisory Council, Service Array, and Statewide Information System (NC FAST).

Ensuring the safety of children is of paramount importance to NC DSS and its partners. In April 2017, NC DSS released a statewide software application developed in collaboration with the North Carolina Department of Information Technology (NC DIT), Government Data Analytics Center (GDAC). Called "Child Welfare Accessing Sensitive Safety Information through Secure Technology" (CW ASSIST), this application provides authorized personnel at county DSS agencies access to data related to possible risk indicators while working with children and families. Information compiled from multiple sources can be used as an engagement tool with family members and other system stakeholders such as law enforcement to enable a stronger dialogue and to support better decision making around safety and risk issues.

These needed implementation supports are currently in place and NC DSS anticipates they shall remain in place in SFY 2017-18.

UPDATE ON PROGRESS MADE TO IMPROVE OUTCOMES

As the following illustrates, from July 1, 2016 to June 30, 2017 North Carolina continued its effort to improve outcomes for children and families and to provide a more comprehensive, coordinated, and effective child and family services continuum.

Progress Measures

The CB afforded states the opportunity to conduct case reviews during Round 3 of the CFSR. In 2015, NC DSS collaborated with 10 North Carolina counties to use the OSRI for this purpose. Since that time, North Carolina has adopted the OSRI as the foundation of its quality assurance system.

The initial 10 counties continue to use the OSRI as a mechanism to measure their performance in safety, permanency, and well-being. Additionally, the NC DSS OSRI/Case Review team is using the OSRI to measure performance statewide by randomly selecting cases from the remaining 90 counties. A minimum of 213 case reviews using the OSRI will be completed annually. Measuring performance statewide by randomly selecting cases from the remaining 90 counties will give NC DSS and its stakeholders ongoing insight into our statewide performance and help us assess the success of the interventions we employ to improve the system.

The CB and NC DSS agreed on the use of a prospective methodology to measure areas needing improvement. As such, a new baseline of case review information to evaluate NC is currently being collected. The data being collected will be used to measure our improvement on the seven CFSR outcomes for safety, permanency, and well-being.

Progress Benchmarks

Since last year's APSR, North Carolina has made progress regarding the following PIP and CFSP benchmarks.

Program Improvement Plan

In 2016, North Carolina worked with the CB to take the lessons of the 2015 CFSR Round 3 results and develop a comprehensive PIP. By July 2016, NC DSS, in collaboration with its partners, had identified the PIP goals and strategies needed to achieve measurable statewide improvement. By fall 2016, we had created a process for achieving the five goals and executing the 14 strategies outlined in the PIP, complete with detailed descriptions of the steps needed, as well as start- and end-dates. The PIP was approved by the CB with an effective date of January 1, 2017.

By June 30, 2017, North Carolina will have completed two quarters of PIP implementation. The PIP Progress Report, which will be submitted after the submission of this APSR, will cite relevant state and local data to describe the assessment of the progress for each PIP goal and strategy.

2015-2019 Child and Family Services Plan

- Monitoring and Oversight through Monthly Caseworker Visits. Since submission of the last APSR, North Carolina achieved compliance in the percentage of visits made on a monthly basis by caseworkers to children served by the foster care program (95%) and the percentage of visits that occurred in the residence of the child (89%). For more detail on monthly caseworker visits, see section II.7 of this report.
- Expanding Trauma-Informed Practice. North Carolina has continued to make meaningful progress in expanding trauma-informed practice statewide. Much of this progress is due to the hard work and success of those involved in Project Broadcast, a five-year initiative funded by ACYF (Grant #90CO1058). This project, which began in October 2011, is designed to improve safety, permanency, and well-being outcomes of children involved in the North Carolina child welfare system through improving their access to trauma- and evidence-informed practices and services. Highlights of this project include the following:
 - **Trauma Screenings**. The project developed two trauma-screening tools for use by child welfare professionals: one for children under age six and one for children age six and

older. Over the course of 36 months (January 2013 to March 2017), child welfare workers in 14 counties completed 20,241 trauma screenings, increasing our understanding of the trauma experiences of 14,399 unique children and allowing caseworkers to build plans to address the trauma experienced and make decisions in response to that information. For more information, please refer to Appendix D, “Project Broadcast Trauma Screening Report.”

- **Child Welfare Workforce Development.** As of June 2017, child welfare professionals from 29 counties were involved in Project Broadcast activities. Using the Learning Community methodology, Project Broadcast infuses trauma knowledge into the workforce, spreads trauma-informed practices, and helps counties build a sustainable trauma-responsive culture. In addition, project members were involved in several efforts described in section V.4. (Training Plan). This includes activities such as reviewing and embedding a trauma perspective in existing curricula, developing training and coaching around secondary traumatic stress, and ensuring trauma-informed information has been consistently highlighted in articles in the widely read NC DSS publications *Fostering Perspectives* and *Child’s Services Practice Notes*.
- **Resource Parent Workforce Development.** Project Broadcast is using the National Child Traumatic Stress Network’s *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents* (commonly referred to as the “resource parent curriculum,” or RPC) to train foster, adoptive, kinship, and therapeutic parents in project counties. As of June 2017, 94 individuals have started or completed training to become Staff Facilitators (i.e., trainers) of RPC. Twenty-four (24) county DSS agencies currently have trained RPC facilitators and eight counties have access to RPC facilitators through other NC DSS contracts. Approximately 18 private child-placing agencies have trained RPC facilitators, and we have approximately 22 family partners trained to co-facilitate the training. The [Center for Child and Family Health](#), which is training this curriculum, maintains a “roster” of those who have successfully completed training through their program.
- **Clinician Workforce Development.** A significant emphasis has been made during the last few years to fund trauma-informed, evidence-based treatments for children served by the child welfare system. Through the [North Carolina Child Treatment Program](#), we currently have 10 individuals trained in Attachment and Bio-Behavioral Catch-up (ABC); 552 clinicians trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); 80 individuals trained in Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS); 69 clinicians trained in Parent Child interaction Therapy (PCIT); and 46 clinicians trained in Child Parent Psychotherapy (CPP). Through these efforts, the North Carolina Child Treatment Program has added more than 750 trauma-informed treatment providers to our state’s capacity.
- **Collaboration across Systems of Care.** Project Broadcast continues to develop meaningful relationships to ensure children receive adequate services to meet their physical and mental health needs. In addition to PIP Goal 4.1 to strengthen cross-system service provisions, NC DSS has collaborated across systems of care on key activities,

including but not limited to the Behavioral Health Strategic Plan, the Mental Health Block Grant, the Traumatic Brain Injury Commission, the Children with Special Health Care Needs Commission, Project No Rest (human trafficking for child welfare population); Crisis Solutions Initiative; Infant Mental Health Association; Cross-System Workgroup; and the development of trauma-informed services, including High Fidelity Wrap-Around Services and Mobile Outreach and Response and Stabilization Services.

Another trauma-related initiative of note is ***Partnering for Excellence*** (PFE), an initiative that aims to create a coordinated system of screening and evidence-based service delivery between child welfare and mental health. Funded by The Duke Endowment and led by Benchmarks, PFE is working in Rowan County, NC to identify child mental health concerns as soon as families become involved with child welfare and to provide trauma-informed services to improve child outcomes, reduce use of high-end services, and prevent children from entering foster care. In 2017, PFE expanded to serve Cleveland County, NC.

- Exploration of a Child Welfare Services Practice Model. NC DSS continues to explore the adoption of an independently-developed “practice model” for child welfare services. Legislation currently being considered in the North Carolina General Assembly includes the steps to evaluate and recommend a practice model for consideration. Additionally, as noted in section II.3 (Update to the Plan for Improvement), NC DSS has drafted PIP Goal #1 to include establishing clear performance expectations for practice in child protective services (CPS) assessments, in-home services, and foster care services. The establishment of clear performance expectations for practice involves disseminating existing and revised risk and safety service expectations through a variety of mechanisms, including but not limited to training and technical assistance.

Feedback Loops

The inclusion of stakeholder voices is essential to our success. North Carolina continues to make a concerted effort to ensure community partners, tribes, courts, and other stakeholders play a key role in efforts to improve outcomes for children and families. One systemic feedback loop is the use of the PIP implementation teams. NC DSS has carefully and systematically identified appropriate stakeholders to serve on each of the PIP workgroups; the co-chairs of those teams ensure all voices are heard. A special emphasis has been made to ensure feedback loops are established for family and youth voice. With both PIP Goal 3.2 (regarding diligent recruitment) and PIP Goal 1.5 (regarding family leadership model), careful attention was made to ensure the process included adequate and diverse family representation. For PIP Goal 1.5 (regarding family leadership model), family partners have been involved in activities such as the review of educational materials and attendance at various social worker trainings, and their feedback has been incorporated. Looking ahead to SFY 2017-18, six Listening Sessions regarding the CFSP/APSR and PIP will be held; this will provide additional opportunity to strengthen these feedback loops.

4. Update on Service Description

Part II of the CFS-101 will provide the specific information for each service category regarding the estimated number of individuals and families to be served. Part III of the CFS-101 provides an update on Title IV-B, subparts 1 & 2 (Family Preservation, Family Support, Time-Limited

Reunification, and Adoption Promotion and Support Services), CFCIP, and ETV in regards to the population served, geographic areas where services are available, and estimated number of individuals and families to be served.

***The Stephanie Tubbs Jones Child Welfare Services Program
(Title IV-B, Subpart 1)***

NC DSS cost allocates 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. Additional specific programs are outlined below.

North Carolina Child Medical Evaluation Program

A strength of the NC child welfare system is the North Carolina Child Medical Evaluation Program (CMEP). The CMEP provides a structured system for medical and mental health evaluations in cases of alleged child maltreatment. The primary goal of the program is the provision of diagnostic services to be used by county DSS agencies in CPS investigations.

Each child medical evaluation (CME) consists of a medical/social history, interviews of the child and accompanying caretaker, and a complete physical examination. There can also be a mental health component, known as the Child/Family Evaluation (CFE), intended to provide extended evaluations. The objectives of these evaluations are: (1) to assist with disclosure and decision making in cases that cannot be substantiated through medical evaluation or social worker investigation; and (2) to determine caretaker capacity/child safety.

The following statistics highlight accomplishments of the CMEP for SFY 2016-17:

Number of CMEs paid by CMEP	474
Number of CMEs paid by Medicaid (estimated)	1,422
Number of CFEs paid by CMEP	468
Number of CQI reviews for CMEs completed ¹	155
Number of CQI reviews for CFEs completed ²	35
Number of CME medical providers currently active	96
Number of CFE medical providers currently active	38

To better capture the number of assessments across the state, CMEP is piloting with five county DSS agencies to submit their psychological evaluation requests electronically.

This year the CMEP launched a new training entitled *The ABC's of CMEs*. This is a two-day, specialized curriculum for child welfare investigators that focuses on the use of CMEs and CFEs. This course provides education about using the CMEP as a resource to county child welfare staff.

¹ An additional 43 CME CQI reviews have been submitted. These reviews ensure continuous quality improvement through direct feedback to the consultants.

² An additional 15 CFE CQI reviews have been submitted.

The course informs participants of the referral process and steps, expectations, and report findings of CMEs and CFEs. For more information about this course, see section V.4. (Training Plan).

In addition, the CMEP receives ongoing requests from county DSS agencies to train staff about responding to child sexual abuse. While NC DSS offers such a training, county DSS agencies cannot always arrange staff schedules to attend the state trainings or have limited travel budgets to send staff to trainings. This year the CMEP provided individual training in 10 counties (Craven, Moore, Beaufort, Carteret, Lenoir, Jones, Pamlico, Guilford, Forsyth, and Alamance). CMEP also assists the North Carolina’s CACs to educate their medical providers, law enforcement, and social workers at county DSS agencies.

Looking ahead to SFY 2017-18, NC DSS estimates there will be 1,100 CMEs conducted and 600 CFEs conducted in cases of alleged child maltreatment across North Carolina. NC DSS does not anticipate any changes to the administration of this program in the upcoming fiscal year.

Family Support Network of North Carolina

The Family Support Network of North Carolina (FSN), which is part of the UNC School of Social Work, provides services across North Carolina to protect and promote the welfare of all children, prevent child abuse and neglect or exploitation, and assist children to remain at home or return home when safe/appropriate. The Family Support Network subcontracts with regional FSN programs to provide education, training, and support services to all families caring for children who are medically fragile or have special needs, including children who are substance-exposed, HIV positive, or developmentally delayed. Research supports the concept that education and support of these vulnerable families helps reduce the likelihood of abuse or neglect of their children. The three goals of FSN are to: (1) provide education and training to foster, adoptive, birth, and kinship families caring for medically fragile or special needs children in order to improve their knowledge about the conditions affecting the children and how to care for them; (2) reduce isolation and improve family functioning through social support programs, including facilitating and leading support groups; and (3) enhance collaboration among local family support programs and service providers, including county DSS agencies, family resource centers, county foster parent associations, and neonatal intensive care units.

During SFY 2015-16, FSN served 3,833 families with information and referral services, 227 parents/ caregivers with training workshops, 182 parents with parent-to-parent matches, 648 individuals with social activities, 276 parents with Intensive one-to-one support, and 112 family members with support groups through the NC DSS family support services programs grant.

The actual and projected number served by FSN for SFY 2016-17 can be found in the table below.

Service	# Served SFY 2016-17: Q1-Q3 (Projected Q4 total)
Information & Referral	2,795 families (3,494)
Training Workshops	218 parents, 12 events (283 parents)
Parent-to-Parent matches	125 parents (156)
Social activities for families	219 family members, 2 events (319, 3 events)
Intensive one-to-one support	163 parents (204)

Service	# Served SFY 2016-17: Q1-Q3 (Projected Q4 total)
Support groups & SibShops™	51 parents + 34 children, in 5 groups, 35 meetings = 400 total attendees (44 meetings = 500 total attendees)

In SFY 2017-18, FSN will serve approximately 1,700 families across North Carolina (143 with intensive one-on-one support; 139 with parent-to-parent matches; 110 with parent training; 829 with information and referral services; 400 with social support activities; and 80 with support group services). NC DSS does not anticipate any changes to the administration of this program in the coming fiscal year.

Permanency Innovations Initiative

NC DSS uses IVB-1 funding in combination with other funding streams to increase permanency for children through a program called the Permanency Innovations Initiative. This program provides Family Finding services for children; child-specific recruitment; and training, coaching, and consultation to families, child welfare agencies, and community partners. More on this initiative can be found in section V.1 (Diligent Recruitment and Retention Plan).

In SFY 2017-18, it is estimated that this program will provide intensive permanency services to 330 youth through child-specific recruitment or Family Finding and 450 hours of training, coaching, or consultation to families, agencies, or community partners. NC DSS does not anticipate any changes to the administration of this program in the coming fiscal year.

Child Welfare Performance Management/Evaluation

NC DSS uses IVB-1 funding in combination with other funding streams to maintain and update longitudinal files for abuse and neglect, maintain and update the Management Assistance website (<http://ssw.unc.edu/ma/>), provide assistance to counties regarding the use of the Management Assistance website, assist in the implementation of the PIP, support CQI efforts, and support the analysis of data on psychotropic medication use in the foster care population. NC DSS does not anticipate any changes to the administration of this program in the upcoming fiscal year.

Additional IVB-1 dollars are cost allocated to protective services, reunification services, adoption promotion services, adoption subsidy and independent living services.

Promoting Safe and Stable Families Program (Title IV-B, Subpart 2)

Family Preservation

Since North Carolina created the 2015-19 CFSP, NC DSS has strengthened its intensive family preservation services (IFPS) program and included improvement strategies into a request for applications (RFA). The term of the competitive award is three years, from July 1, 2016 to June 30, 2019. Six community-based agencies were awarded contracts to provide IFPS across 11 regions serving all 100 NC counties. Each agency is required to use the same measurement tools and track the same short, intermediate, and long-term outcomes. The IFPS program is based on the evidence-based Homebuilders model. The RFA outlined the following additional requirements:

- Provide services based on the values and beliefs of family preservation services.

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

NC DSS had anticipated spending approximately 28% of IVB-2 funding on crisis intervention and family preservation activities. In the development of the 2016-17 state budget, the North Carolina General Assembly invested significant state funding for IFPS. The state funding provided enabled current providers to increase their capacity to deliver services. This additional funding allowed NC DSS to meet the needs of families across North Carolina for IFPS and review other needs for services eligible for Title IVB-2 funds. NC DSS responded by identifying a critical need to support adoption promotion services. We may be able to leverage state funding to serve more families while also investing in areas lacking enough funding, such as adoption promotion. This critical need is in response to the growing population of children served by the foster care program. Allocating additional funds for the adoption promotion program will increase the capacity for NC’s system to have adoptive homes available for those children who are unable to safely return home. This critical need will continue into SFY 2017-18.

In SFY 2017-18, IFPS agencies will enter their second year of the grant cycle. An estimated 513 families who are deemed high/intensive risk by the Family Risk Assessment will be served across North Carolina. NC DSS does not anticipate any additional changes to the administration of this program in the upcoming fiscal year.

Family Support/Prevention

Children’s Trust Program Services

As the Community-Based Child Abuse Prevention (CBCAP) lead agency, NC DSS has used a combination of CBCAP, IVB-2, and Children’s Trust funding to support evidenced-based and evidenced-informed parenting education/support programs as well as respite and Community Response Program services. NC DSS calls these services “Children’s Trust Programs.”

All contracted Children’s Trust Programs will be required to promote donations to the Children’s Trust Fund and the “Kids First” license plates. This will allow NC to increase revenue for prevention, as proceeds from the sale of these license plates go into the Children’s Trust Fund to sustain and/or increase community-based child abuse prevention programs. (See also Appendix E, “Community-Based Child Abuse Prevention (CBCAP) Application.”)

A. Children’s Trust Program Services: Evidence-Based Parenting Models

Beginning July 1, 2016, NC DSS awarded competitive grants for Children's Trust Program (CTP) services for the provision of primary and secondary child maltreatment prevention activities. The CTP awards were issued for a three-year grant period from July 1, 2016 to June 30, 2019. Agencies provide a service or implement a program that demonstrates an acceptable level of evidence-based or evidence-informed practice. In addition, each program includes qualitative and quantitative evaluation plans that have proven outcomes in increasing protective factors for the prevention of child abuse.

North Carolina CTP service providers are required to meet each of the following requirements to be eligible for funding:

- Provide services based on the principles of family support practice.
- Demonstrate a commitment to meaningful parent engagement and leadership opportunities.
- Demonstrate collaborative relationships with community partners in the prevention of child abuse and neglect.
- Implement primary and/or secondary prevention services.
- Serve target populations most at risk of child abuse or neglect.
- Promote two or more of the five protective factors linked to lower incidence of child abuse and neglect.
- Provide a service or implement a program that demonstrates an acceptable level of evidence-based or evidence-informed practice.
- Demonstrate a clear plan for implementation support.
- Use outcome accountability and evaluation tools that demonstrate positive outcomes for children and families.

Eighty percent (80%) of available funds were granted to 30 agencies implementing one or more of the following evidenced-based, evidenced-informed models:

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

Twenty percent (20%) of available funds were granted to seven (7) agencies implementing evidence-based, evidence-informed models and activities not listed in the 80% category above. These programs are implementing the following models:

- In-Home SafeCare
- Motivational Interviewing
- Nurturing Parenting and Circle of Parents
- Nurturing Parenting and Incredible Years

- Parent Child Interaction Therapy
- Parents as Teachers
- Parents as Teachers Play Groups

NC DSS's intent is to use this funding to support community-based programs to provide outreach, support, and services to individuals and families identified as being at-risk of compromised health and safety to eliminate or reduce those risks by promoting protective factors that strengthen and support families. NC DSS does not anticipate any changes to the administration of this program in the upcoming fiscal year.

In SFY 2017-18, NC DSS anticipates these IVB-2 funded evidence-based parenting services will reach 2,097 caregivers and 2,469 children across North Carolina who have been identified as being at-risk of compromised health and safety.

Additionally, in SFY 2016-17, the NC General Assembly appropriated approximately \$1.5 million to expand the Triple P – Positive Parenting Program. Triple P is an evidence-based parenting and family support system designed to prevent as well as treat behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school, and community before they arise and to create family environments that encourage children to realize their potential. Triple P is an internationally acclaimed, multi-tiered system of evidence-based parenting interventions (education and support for parents and caregivers of children and adolescents) the overarching goals of which are to:

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

In SFY 2016-17, NC DSS partnered with the NC DPH, the UNC Frank Porter Graham Institute, and The Duke Endowment to expand service delivery and strengthen implementation support for Triple P implementation. Activities include training approximately 485 individuals in the model within 33 counties, developing quality implementation tools and learning modules for Triple P, and hosting regional workshops to assist in implementation.

B. Children's Trust Program Services: Community Response Program

Between July 1, 2012 and June 30, 2016, NC DSS used NC Children's Trust Fund dollars to support four pilot sites implementing a Community Response Program (CRP). CRP builds on a family-centered, System of Care approach to child welfare and North Carolina's Multiple Response System by filling a gap in the continuum of child maltreatment prevention programming by reaching out to families who have been reported to child protection services, but whose cases

have been screened out at CPS intake or closed with a decision of “services recommended,” “no services needed,” or “unsubstantiated.”

In 2016, NC DSS transferred the CRP funding source from Children’s Trust Funds to IVB-2 to support a new three-year RFA targeted to county DSS agencies. The number of CRP grant awards was increased from four (4) in the prior funding period to eight (8) in the current grant period (July 1, 2016 to June 30, 2019). A total of \$800,000 is allocated each year. NC DSS does not anticipate any changes to the administration of this program in the upcoming fiscal year.

CRP recipients are required to:

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

NC DSS anticipates these services will reach 285 caregivers and 415 children in eight NC counties (Alamance, Catawba, Durham, Henderson, Iredell, Rutherford, Wake, and Wilson) in SFY 2017-18.

C. Children’s Trust Program Services: Respite

Beginning July 1, 2015, NC DSS awarded \$400,000 of competitive grants for respite services to promote protective factors that strengthen and support families to reduce the risk of child maltreatment. Eight (8) agencies were awarded contracts. Respite is a short-term service provided in the temporary absence of the regular caregiver to children who are at risk of maltreatment, who have experienced maltreatment, and/or who have disabilities or chronic or terminal illness. This service is provided within or outside the child’s home and is intended to enable the family to stay together and to keep the children living at home and in the community. NC DSS does not anticipate any changes to the administration of this program in the upcoming fiscal year.

In SFY 2017-18, it is anticipated that this program will serve 353 caregivers and 512 children covering 18 North Carolina counties (Alamance, Buncombe, Cherokee, Clay, Forsyth, Graham, Guilford, Haywood, Jackson, Macon, New Hanover, Stokes, Surry, Swain, Wake, Wayne, Wilkes, and Yadkin).

NC DSS had anticipated spending approximately 32% of IVB-2 funding on prevention and family support activities.

Time-Limited Family Reunification

Beginning July 1, 2013, NC allocated time-limited Family Reunification IVB-2 funds directly to all 100 county DSS agencies. The funding formula includes (1) a base amount 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 DSS agencies are expected to provide the services and activities to eligible families working toward the goal of reunification as defined in the Social Security Act. To be eligible for the time-limited reunification services, at least one caregiver must voluntarily agree to participate and be able to work toward achieving the goals in their case plan, and the child must be in the placement authority of a county DSS in an out-of-home placement (or recently moved back to home on a trial basis).

As county DSS agencies have increased awareness of these reunification funds, the amount of available funding, the number of children served, and expenditures have increased. In SFY 2016-17, NC DSS made a significant increase in county allocations to strengthen these efforts. The number of children served has steadily increased over the past four years. Counties served approximately 1,600 children in SFY 2013-14 and counties will serve more than 3,000 children in SFY 2016-17. NC DSS does not anticipate any changes to the administration of this program in the upcoming fiscal year. County agencies are using these reunification dollars as intended.

NC DSS anticipates spending 17% of IVB-2 funding to support time-limited family reunification.

Adoption Promotion and Support and Post Adoption Support Services

Adoption Promotion

NC DSS obligates IVB-2 funding, in combination with other funding sources, for adoption promotion services to county DSS agencies and to contracted private agencies. Available statewide, the purpose of adoption promotion is to help secure permanent homes for hard-to-place children. Participating agencies are reimbursed for adoption promotion services that culminate in the finalization of an adoption using an adoption services agreement (ASA). The four service areas for reimbursement are:

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

In FY 2017 enhancements were made to the program and communicated through an annual Dear County Director Letter (published September 15, 2016, CWS-07-2016), which serves as the primary source of program guidance and policy for county DSS and private child-placing agencies. The letter included clarifying examples regarding the four service areas, funding uses, and specific reimbursement instructions with examples for different scenarios. To further promote the

program and provide additional concrete guidance surrounding the program, NC DSS presented a webinar for county DSS agencies and private child-placing agencies in October 2016.

Through ongoing and meaningful engagement of its stakeholders, NC DSS identified challenges county DSS and private agencies were experiencing while negotiating ASAs. NC DSS engaged all parties in a brainstorming session in February 2017 to discuss areas for improvement in the program, including improvements regarding division of services/fund sharing and improvements to the ASA facilitation process. Based on the feedback gathered, an Adoption Promotion program workgroup formed to address key issues and facilitate potential changes/improvements to the program that will continue to enable all parties to focus on the overall goal of securing permanent homes for children who are hard-to-place while working in collaboration with our partner agencies.

NC DSS is also working to guide county DSS and private child-placing agencies on the appropriate use of program funds. Due to varying needs across the state, it is not possible to provide a comprehensive list of allowable uses of the funding. However, to increase information sharing on this topic, in the coming year NC DSS will engage agencies in sharing creative ways agencies are using the funds; NC DSS will also create an Adoption Promotion program listserv to facilitate regular information sharing. To increase the quality of data used to guide decision making and the structure of the program, NC DSS now requires and verifies that county DSS agencies have closed the child's DSS-5094 (Child Placement and Payment Report) with the correct termination code prior to payment being made.

Adoption promotion services are offered statewide through all 100 county DSS agencies and 14 contracted private child-placing agencies. In SFY 2017-18, NC DSS anticipates the adoption promotion program will assist in finalizing more than 800 adoptions of children from foster care across North Carolina, with private agencies assisting in more than half of those adoptions.

One of the goals in the PIP is to engage stakeholders and revise our Diligent Recruitment Plan. In June 2017 this work was finalized. In the coming year NC DSS will provide ongoing technical assistance and training to public and private agencies in support of adoption promotion.

Post Adoption Support Services

Post adoption support services are provided by contracted, community-based agencies across 11 regions serving all 100 NC counties. Agencies are currently finishing their final year of a three-year, competitive award cycle. Agencies continue to provide evidenced-based, trauma-informed services to any North Carolina family of an adopted child whether they adopted through the child welfare system or not. Services have included but are not limited to case management, therapy, crisis intervention, respite, and parenting education/support. At the end of March 2017, 1,853 families had received post adoption support services statewide for the current state fiscal year.

NC DSS has concluded the competitive bidding process for the upcoming three-year grant period (July 1, 2017 to June 30, 2020). Within the request for applications (RFA) for this period there were three significant changes and clarifications to post adoption services:

1. Respite services are now *mandatory*. Contract agencies must budget for and offer various types of respite for families in times of crisis. Agencies must demonstrate their ability to provide respite services (crisis and planned services) to the families they serve. Respite clearly supports one of the Protective Factors (Concrete Support in Time of Need) agencies are required to have in their project model. It is also a crucial tool in helping families maintain their family unit following an adoption.
2. Services provided to families regardless of type of adoption: While post adoption services have always been available to any adoptive family, regardless of adoption type, this information was not always widely marketed or advertised. In years past, the largest number of families served were those who had adopted through foster care. NC DSS remains committed to ensuring all families regardless of adoption type (i.e., foster care, relative, international, stepparent, independent, adult) can benefit from access to concrete post adoption services. Agencies must show how they will provide targeted outreach to and serve families, regardless of adoption type.
3. Unlawful Transfer of Custody of a Minor. In July 2016, North Carolina enacted G.S. 2016-115 HB 424. This law indicates that NC DHHS will develop a program to provide needed supports and services to families at risk of adoption dissolution to prevent potential illegal custody transfers and support families and children who have experienced an illegal custody transfer. The post adoption support services program meets this requirement. National data indicate that children adopted from another country are at highest risk of experiencing illegal custody transfers. Post adoption support agencies are now required to show how they could specifically target families at high risk for dissolution and illegal custody transfer and provide supports and services to keep families together and prevent illegal custody transfers. In the coming year, contract agencies will be developing that targeted outreach and solidifying the supports and services needed to serve these families.

Since the last APSR, NC DSS has enhanced efforts to increase the quality of data used to measure the effectiveness of the post adoption support services by updating the way performance measures are tracked when agencies provide services to more than one region. Previously, each agency reported outputs, outcomes, and quality measures for all regions combined, which made it difficult to determine how effectively services were being provided in specific areas of the state. For the new cycle, outputs, outcomes, and quality measures will all be reported by region, even when an agency manages multiple regions. Additionally, all contract agencies are measuring the same three outcome measures beginning in FY 2018; this will create consistency in data and the ability to compare performance among regions and providers.

In SFY 2017-18, NC DSS estimates that through IVB-2 funding, 1,966 parents and 802 children in all 100 counties will receive post adoption support. These services are available to any NC family of an adopted child, whether or not they adopted through the child welfare system.

NC DSS had anticipated spending approximately 19% of IVB-2 funding on adoption promotion and support services.

Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher (ETV) Program

All Chafee and ETV services may be accessed through any county DSS agency. In North Carolina, our Independent Living programming is referred to as the NC LINKS program.

Chafee Foster Care Independence Program

This program is available in all 100 NC counties. Between July 2016 and April 2017, 5,133 youth were served by CFCIP in NC. The table below provides the number of current and former foster youth ages 13-15 served by NC LINKS in this period, as well as the number of current and former foster youth ages 16-21 served by NC LINKS in this period.

**Current/Former Foster Youth Served by NC LINKS
between July 2016 and April 2017, by Age**

AGE	YOUTH SERVED*
Age 13-15	1,740
Age 16-21	3,393

*Data Source: SIS Monthly. *Note: youth who had birthdays during the period appear in both age categories*

One significant change since the submission of the last APSR has been the implementation of the program Foster Care 18 to 21. This program allows youth in foster care to choose to continue receiving services, including monthly foster care maintenance payments to support placement, until they reach age 21.

In December 2016, NC DSS released policy regarding Foster Care 18 to 21 and, in collaboration with stakeholders, developed tools for social workers to use with these emerging adults. These tools include a Transitional Living Plan, Semi-Supervised Independent Living Assessment, Placement Agreement, Specialized Monthly Contact Record, and support to transition to adult Medicaid. Each of these tools helps ensure youth receive the necessary financial, housing, counseling, employment, education, and other appropriate support and services they need to achieve self-sufficiency. These tools also ensure youth receive personal and emotional support through mentors and the promotion of interactions with dedicated adults.

NC DSS has a full-time employee administering this program who actively monitors this program and provides technical assistance to county DSS agencies. NC DSS anticipates that offering youth this option for remaining in care will lead to an increase in the number of youth participating in the CFIP in coming years.

In SFY 2017-18, NC DSS will continue administering CFCIP as it did in SFY 2016-17 and anticipates serving approximately 5,200 youth across North Carolina.

Strong Able Youth Speaking Out (SaySo)

NC DSS uses Chafee funding, in combination with other funds, to support leadership training for the youth served by the foster care system, as well as the adults who interact with them. SaySo is a statewide organization of youth aged 14 to 24 who are or have been in out-of-home care in

North Carolina. NC DSS does not anticipate any changes to the administration of this program in the upcoming fiscal year. The anticipated amount of funding supporting this program in SFY 2017-18 is \$311,219.

In SFY 2017-18, NC DSS anticipates SaySo programming will reach 380 adults, 669 youth, and provide information to approximately 5,500 individuals via the SaySo website (www.saysoinc.org).

Education and Training Voucher Program

NC ETV makes available vouchers for youth who were in foster care at age 17 and youth who were adopted out of foster care or placed in a relative guardianship on or after their 16th birthday. These vouchers can be used to attend appropriately accredited postsecondary institutions of higher learning or access vocational training. NC DSS does not anticipate changes to the administration of this program in the upcoming fiscal year. The anticipated amount of funding supporting this program in SFY 2017-18 is \$856,329.

In SFY 2017-18, this statewide program is expected to process 700 applications and provide vouchers for 360 individuals.

Pathways Project for NC Youth in Transition

The Consumer Financial Protection Bureau (CFPB) selected North Carolina for its Pathways Project. Ten (10) public and private agencies (Alamance County DSS; Rowan County DSS; Chatham County DSS; Onslow County DSS; Cumberland County DSS; Children’s Homes of Iredell; Sipe’s Orchard Homes; Black Mountain Home for Children, Youth, and Families; Elon Home and Schools for Children; and Nazareth Child and Family Connections) came together in May 2017 for a train-the-trainer workshop in the CFPB’s Toolkit called *Your Money, Your Goals (YMYG)*. Caseworkers and front line staff will receive technical assistance to use YMYG to help youth with goal setting, saving for emergencies, irregular bills, cash flow, credit, debt, financial services, and consumer protection. As we learn more from this project, we will explore expanding to additional agencies.

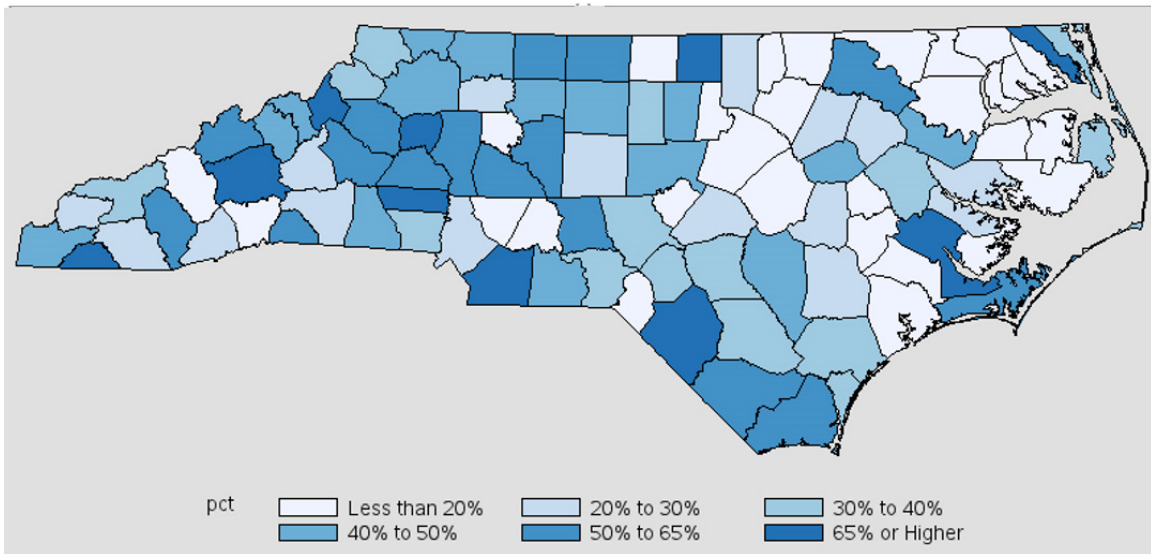
Populations at Greatest Risk of Maltreatment

Like other states, North Carolina has seen an increase in the number of children entering care for the first time due to parental substance abuse. The average number of foster care cases in which parental substance abuse is a factor has risen steadily across the whole state over the last three years (climbing from 37% to 41%), but there are many counties where substance use is even more prevalent (see figure below).

NC DSS has taken several steps since the submission of the last APSR to target services to this population. NC DSS has developed a *Spotlight on Practice* training kit called “Opioids: Signs and Symptoms of Misuse” to make it easy for supervisors provide in-service training to their staff on this important topic. NC DSS has also revised the two-day classroom course offered to social workers entitled “Substance Use: How to Work with Families Affected by Drugs and Alcohol” and in the upcoming year it will promote the advanced practice course “Motivating Substance Abusing Families to Change.” NC DHHS also recently conducted Listening Sessions across the state regarding the opioid epidemic. In addition, NC DSS is participating in cross-system meetings,

including the Crisis Innovations Initiative and the Mental Health Block Grant Planning Council to help make critical decisions to assist those using substances and putting children at risk. North Carolina also included as part of its 1115 Waiver application to the federal Centers for Medicare & Medicaid Services (CMS) the option to allow parents, who otherwise would lose their Medicaid if the state took custody of their child, to remain on Medicaid when their children are temporarily out of the home. If CMS approves this request, parents could receive treatment for addiction to substances as long as the child’s plan goal is reunification.

**Percentage of Children Entering Care for the First Time
In SFY 2015-2016 Due to Parental Substance Abuse**



NC DSS CTP services require agencies to serve families at greatest risk of child maltreatment. In FY 2018, grantees identified the following populations/risk factors in their communities in need of supportive services, such as parenting support groups, parenting classes, home visiting, and respite:

Populations in Need of Services	Activities Targeting Population (current and/or in the upcoming year)
Substance-exposed infants	<p>Significant collaboration occurred with stakeholders on this issue including attending the Policy Academy; developing policy to address CAPTA/CARA requirements (see ‘Services for Children Under the Age of Five’ section) and discussing new requirements with various stakeholder groups.</p> <p>NC also collaborates with the North Carolina Pregnancy and Opioid Exposure Project, through which information, resources, and technical assistance are disseminated regarding pregnancy and opioid exposure.</p>
Fathers, non-custodial parents, and parent companions	<p>NC DSS offers the course “Engaging the Non-Resident Father for Child Welfare Staff” to strengthen engagement techniques for fathers and non-residential parents.</p> <p>NC DSS now offers a <i>Spotlight on Practice</i> training kit (for supervisors to use with their staff) on diligent efforts to locate and engage parents.</p>

Populations in Need of Services	Activities Targeting Population (current and/or in the upcoming year)
	The Dec. 2016 issue of the NC DSS-sponsored publication <i>Children's Services Practice Notes</i> featured an article for child welfare professionals entitled "Suggestions for Engaging Families When a Parent Is Incarcerated."
Young parents and/or parents of young children age 0-5	NC DSS has embraced the Strengthening Families Five Protective Factors and required it of all providers serving families in the community. There are several programs in NC to address young parents including but not limited to SHIFT NC, Adolescent Parenting Program, Teen Moms Program, and Care House, which is a residential program that helps teenage, single mothers.
Parents of children with developmental delays, chronic health problems, or special needs	<p>NC DSS contracts with the FSN to offer education, training, and support to these families as well as parent mentors. This will continue in the upcoming year.</p> <p>NC DSS partnered with NCSU to develop the online course <i>Supporting Children and Youth with IDD in Foster Care</i>. This will be offered in the coming year.</p> <p>NC DSS continues to offer the online courses <i>Fostering Connections I</i> and <i>Fostering Connections II</i>, both of which focus on the health of children and youth in foster care.</p> <p>The Nov. 2016 issue of <i>Fostering Perspectives</i>, which is read widely by child welfare professionals and foster parents, included several articles focused on the physical health of children in foster care (www.fosteringperspectives.org).</p>
Parents with mental health disorders or disabilities	<p>NC DSS collaborates with the DMH/DD/SAS and the Local Management Entities/Managed Care Organizations (LME/MCOs) to strengthen trauma-informed service availability.</p> <p>NC DSS continues to partner with UNC to offer the online courses <i>Adult Mental Health Issues which Impact Families Served by Child Welfare</i> and <i>Advocating for Child and Adolescent Mental Health Services: The Basics of Behavioral Health Managed Care</i>.</p>
Families and children living in poverty or are homeless	NC DSS continues to partner with UNC to offer the online course <i>Understanding and Intervening in Child Neglect</i> , which speaks directly to practice with families in poverty. Additionally, NC DSS supports the Salvation Army of Wake County that houses homeless women and children and has a Circle of Parents support group for this vulnerable population.
Tribal populations	For information related to NC's support of tribal populations, please refer to section IV of this report.
Hispanic/Latino populations	NC DSS-supported community-based agencies offer support groups in Spanish. Partnering with Latino and Immigrant Families: Resources and Suggestions for Child Welfare Professionals was also developed.
Grandparent/relative caregivers	NC DSS is involving relative caregivers in the development of the Family Advisory Council (PIP Goal 1.5) and will ensure there is a relative caregiver on the Family Advisory Council once it is fully developed.
Separated parents and single parents	<p>NC DSS now offers a <i>Spotlight on Practice</i> training kit (for supervisors to use with their staff) on "Diligent Efforts to Locate and Engage Parents."</p> <p>The NC DSS Program Monitoring team has made a concerted effort to ensure counties are meeting policy as it relates to non-custodial parents. If needed, this issue becomes formally addressed in the county's Program Development Plan.</p>
Families experiencing domestic violence or substance abuse	<p>NC DSS completed revisions to the course <i>Domestic Violence Policy and Best Practices in Child Welfare</i>, which reached more than 147 individuals in SFY 2016-17.</p> <p>NC DSS participated in a Domestic Violence Summit in May 2017.</p> <p>NC DSS now offers a <i>Spotlight on Practice</i> training kit (for supervisors to use with their staff) on "Opioids: Signs and Symptoms of Misuse."</p>

Populations in Need of Services	Activities Targeting Population (current and/or in the upcoming year)
	The NC DSS-sponsored course “Substance Use: How to Work with Families Affected by Drugs and Alcohol” was revised to keep child welfare professionals current and enhance their effectiveness.
Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex (LGBTQQI) youth	NC DSS continued to partner with NCSU to offer the online course <i>Learning to Support, Include, and Empower Lesbian, Gay, Bisexual, Trans* and Questioning Youth in Substitute Care</i> .
Military families	Modified case studies in RPC Training now include work with military families.
Victims of human trafficking	<p>Project NO REST has developed a statewide plan for NC, and is currently funding five pilot sites to address this issue.</p> <p>The Dec. 2016 issue of the NC DSS-sponsored publication <i>Children’s Services Practice Notes</i> featured an article for child welfare professionals entitled “Identifying and Engaging Child Victims of Human Trafficking.”</p> <p>The May 2017 issue of the NC DSS-sponsored publication <i>Fostering Perspectives</i> featured the articles for resource parents “Fighting Human Trafficking in North Carolina” and “Youth in Foster Care Are Vulnerable to Exploitation.” This second article was an excerpt from a trafficking survivor’s testimony before Congress.</p>
Former adult victims of child abuse and neglect	The Dec. 2016 issue of the NC DSS-sponsored publication <i>Children’s Services Practice Notes</i> featured an article for child welfare professionals entitled “Engaging ‘Familiar’ Families by Considering Parent Trauma.” In addition, through Project Broadcast, the prevalence of intergenerational trauma is discussed at length and tools are provided to help child welfare professionals address former adult victims of child abuse and neglect.

Services for Children in Foster Care Under the Age of Five

County DSS agencies have a strong relationship with their local Children’s Developmental Services Agencies (CDSAs) to work with the children who enter foster care. Many children and families who encounter the child welfare system may not rise to the level of abuse or neglect but would benefit from services. Over the past year, over 450 children under the age of five fell into this “services needed” category.

Over the past year, North Carolina referred 262 children under the age of three for services to the CDSAs, which is supported by the North Carolina Early Intervention Branch (NCEI) of the DPH. NCEI is the lead agency for the NC Infant-Toddler Program (ITP). The ITP provides supports and services for children ages birth to three who have special needs, and to their families. Research shows this time-period offers a window of opportunity to make a positive difference in how a child develops and learns. Sixteen CDSAs across North Carolina work with county DSS agencies to help families help their children succeed.

Additionally, 197 children designated as “services needed” who were over three years of age but not yet five were also referred by child welfare staff for services in their community.

Project Broadcast has screened more than 8,000 young children for trauma exposure in 14 counties. More than 750 of these children were “screened in” for trauma; this represents 22% of all children “screened in” in these counties. In response, NC invested in several early childhood evidence-based models, including Attachment and Biobehavioral Catch-Up; Parent-Child

Interaction Therapy; Child First; and Triple P. In the coming year, Project Broadcast will continue to educate counties on the impact of childhood trauma, provide young child resources to counties, increase collaboration with NC's ITP, and continue to collaborate with the Infant Mental Health Association to better serve this vulnerable population.

NC DSS has partnered with NC Pediatric Society and the UNC School of Social Work to develop two self-paced, online courses for child welfare professionals, both of which describe the American Academy of Pediatrics' standards for medical visits. These standards call for more frequent medical visits for children in foster care under the age of five. As of May 2017, 439 social workers have taken the course *Fostering Connections – Part 1*, which is geared toward all child welfare professionals, and 205 have taken the course *Fostering Connections – Part 2*, which is designed for supervisors and other leaders from county DSS agencies.

North Carolina's policy regarding the timeliness of health screenings also helps to ensure children in foster care under age five receive the medical and mental health care they need to foster their development and facilitate their timely permanence. Through the Fostering Health NC Program, NC DSS has a strong collaboration with Care Coordination for Children (CC4C), which specializes in improving health outcomes and at-risk population management for children birth to five. Given that youth in foster care are formally designated as "children with special health care needs," all children in foster care under the age of five are referred to CC4C.

The CC4C Program began March 1, 2011 as a partnership between Community Care of North Carolina (CCNC), the NC DPH, and the NC DMA. Services provided by CC4C care managers are tailored to patient needs and risk stratification guidelines. A comprehensive health assessment, including the Life Skills Progression, assists care managers in identifying a child's needs, plan of care, and frequency of contacts required. CC4C contacts occur in medical homes, hospitals, in the community, and in children's homes.

NC DSS is collaborating in the NC Early Childhood Foundation's Pathways to Grade-Level Reading Project. This project creates partnerships among the state's early learning and education, public agency, policy, philanthropic, and business leaders to define a common vision, shared measures of success, and coordinated strategies that support children's optimal development beginning at birth. Its vision is to see all North Carolina children, regardless of race, ethnicity, or socioeconomic status reading on grade-level by the end of third grade, and to see all children with disabilities achieve expressive and receptive communication skills commensurate with their developmental ages, so that they have the greatest opportunity for life success.

Services for Children Adopted from Other Countries

Once a child who has been adopted internationally is brought to the United States, if the adoption was finalized in the country of origin, the family has the opportunity to "re-adopt" the child in North Carolina and receive a North Carolina-issued Decree of Adoption and Certificate of Foreign Birth. If the adoption was not finalized in the country of the child's birth, the family will then complete the adoption upon their arrival in North Carolina. Families that choose to re-adopt or finalize their adoption in North Carolina are notified of the readiness of their Certificate of Foreign Birth through a letter that is sent to them by NC DSS. Since the submission of the last APSR, North

Carolina has updated those birth certificate notification letters to all adoptive parents, including those who have adopted and re-adopted their foreign-born children, with the following statement:

“Post Adoption Services are available to all families in North Carolina who have finalized an adoption. To learn more about these services please visit www2.ncdhhs.gov/dss/adopt/resources.htm and contact the provider for your region.” This is NC DSS’s specific page for Post Adoption Support Services.

Children adopted from other countries are at highest risk of unlawful custody transfer. As such, in 2016 Session Law 2016-115 was passed. This law, entitled “An Act to Prohibit the Unlawful Transfer of Custody of a Minor Child and to Make Conforming Statutory Changes,” makes it illegal for anyone to participate in or facilitate an unlawful transfer of custody in North Carolina. An “unlawful transfer of custody” is defined as the transfer of physical custody of a minor child in willful violation of applicable adoption law or by grossly negligent omission in the care of the child, without a court order or other authorization under law, to a person other than a relative or another individual having a substantial relationship with the child.

SL 2016-115 also required DHHS to develop a program to provide needed supports to families at risk of adoption dissolutions to keep families together. As national statistics indicate that foreign adoptees are at highest risk of unlawful custody transfer, the NC DSS provided additional requirements for advertising and education around post adoption support services and unlawful custody transfer outside of the foster care community. Although post adoption support services have always been available to families who completed an out of country adoption, the post adoption support services contracts for SFY 2017-18 through SFY 2019-20 require each contractor to provide targeted outreach and education to families at risk of an illegal custody transfer and those who completed adoptions separate from the child welfare system. While service provision has not changed, the intent of this requirement is to more broadly advertise and educate about the availability of post adoption support services for families and children adopted through an out-of-country adoption.

5. Program Support

Provision of Training and Technical Assistance

General

The NC DSS Child Welfare Section is organized into the following teams: (1) policy; (2) staff development; (3) licensing and regulatory; (4) adoption indexing and NC Kids; (5) community-based services; (6) Interstate Compact for the Placement of Children (ICPC); (7) program monitoring; (8) OSRI/case review; (9) local support; and (10) REAP/CQI. These teams provide program support to the counties to facilitate the delivery of child welfare services and they play a key role in facilitating the achievement of CFSP, APSR, and PIP goals. Details about the efforts of many of these teams are found immediately below (e.g., program monitoring, adoption indexing/NC Kids, local support) and in other parts of this document. In addition, NC DSS supports child welfare programs statewide through the following avenues, which it will continue to use in the coming year:

- Mass Communication Vehicles. These include periodic “Dear County Director Letters”; frequent webinars and publications (e.g., *Children’s Services Practice Notes*, *Fostering Perspectives*, *Training Matters*) which are described in more detail in the section V.4 (Training Plan Update); and twice-monthly online meetings called “Staying Connected” calls, which allow NC DSS to address a wide variety of topics of interest to the counties in a format that is responsive, flexible, and timely. NC DSS also has multiple listservs it uses to communicate to internal and external stakeholders. These include but are not limited to:
 - County Directors of Social Services Listserv
 - Supervisors Listserv
 - Child Welfare Listserv
 - NC LINKS Coordinators Listserv
 - TIPS-MAPP Leaders Listserv
 - MRS / Staying Connected Listserv
 - Licensed Private Child-Placing Agencies Listserv
 - Residential Facilities Listserv
 - Behavioral Health County Liaison Listserv
 - Trauma Listserv
- TA Gateway. Described in NC’s CFSP and in previous APSRs, the TA (Technical Assistance) Gateway is a web-based portal that offers counties a streamlined method to request assistance and guidance from NC DSS. To date, use of the TA Gateway has been limited. However, North Carolina has built use of the TA Gateway into its PIP (see PIP Goal 1, Strategy 4, Activity G). To prepare for expanded use of the TA Gateway, representatives from the UNC School of Social Work held a re-orientation session for NC DSS staff in April 2017. Further preparations are scheduled for September 2017, and beginning October 1, 2017 NC DSS staff will begin actively using the Gateway to help track and meet the technical assistance needs of a limited number of counties. After this pilot, the TA Gateway will be gradually expanded by region to all 100 counties through the remaining period of the PIP. In SFY 2017-18, NC DSS will also use the TA Gateway’s Knowledgebase (KB) to support a pilot of the child welfare policy it is revising as part of PIP Goal 1, Strategy 1.

Program Monitoring Team

The purpose of and process used by the NC DSS Program Monitoring team were described in detail in North Carolina’s 2017 APSR. In SFY 2016-17, this team continued generating and reviewing data and records to evaluate county child welfare programs. These evaluations have resulted in the development and implementation of a program development plan (PDP) with each of the 100 county child welfare agencies. Each PDP addresses agency practice issues identified in the evaluations and is used as a guide for technical assistance provided by NC DSS.

Program Monitors provide guidance, coaching, and mentoring throughout the evaluation process. Benefits to counties from the program monitoring process include giving them a clearer understanding of requirements and best practice in child welfare and providing an opportunity to work with data to analyze their agency processes for efficiency. The monitoring process brings

county staff together to develop an agency plan; this promotes agency-wide ownership of all activities in the county's child welfare section.

After each evaluation, NC DSS surveys county participants to solicit feedback on the process. To date, 98% of survey respondents report a better understanding of their agency functioning and effectiveness. Survey respondents also have indicated they find the evaluation to be objective and meaningful in identifying areas of concern as well as the areas where the county is doing well.

The Program Monitoring team has not been in existence long enough to produce measurable results that would impact CFSP goals and objectives or the elements measured by the CFSR. NC DSS is still learning from the monitoring process. NC DSS is aggregating the outcomes of the program evaluations across county child welfare agencies and using them to identify statewide trends. In the last year, NC DSS and community partners have developed a variety of training opportunities to assist counties in improving practice related to these trends. For example, Program Monitoring data was featured prominently in webinars offered on February 23, 2017 ("How CPS Intake and Timely Initiation Can Improve CPS Assessments") and June 15, 2017 ("Strengthening Family Service Agreements in CPS In-Home Services"). The program evaluation process has established baselines NC DSS is using to measure each county's progress through its PDP. NC DSS is also working to establish additional means to measure progress across North Carolina.

In SFY 2016-17 the Program Monitoring team, in conjunction with county child welfare agencies, reviewed approximately 1,700 CPS intake reports, 1,400 CPS assessment records, 500 CPS in-home records, and 350 foster care records.

In SFY 2017-18, the Program Monitoring team will provide at least one 6-month follow-up evaluation/visit in each of the 100 counties. This visit will evaluate the county's progress implementing strategies to improve performance and to determine whether additional technical assistance is required from NC DSS or other resources.

Local Support Team

The NC DSS Local Support team is comprised 11 staff referred to as Children's Program Representatives (CPRs). CPRs provide training and technical assistance to NC's 100 county child welfare agencies. This year the number of CPR positions increased from 7 to 11, a 57% increase, expanding the Division's capacity to provide technical assistance related to child welfare. Since the submission of the last APSR, efforts of the Local Support team has included (but is not limited to) the following.

Quarterly Consultation. CPRs provide quarterly consultation with each county. The consultation has a set agenda but also allows for discussion of pressing issues and questions identified by either the county or NC DSS. Included in CPR consultation is a review of the county's data and possible root causes of any concerning numbers, a review of any recent changes to law or policy, discussion of issues identified as needing technical assistance, and discussion of the county's current quality assurance/CQI efforts. Consultation also involves review of the county's PDP and discussion and planning about areas where assistance is needed. PDP-related technical assistance focuses on improving a county's practice to ensure it is keeping children safe and moving children in foster care

to permanence. CPRs will continue to provide quarterly consultation to each county in the coming year.

Regional Meetings. Since July 1, 2016, CPRs also provided training and technical assistance through the provision of regional meetings for child welfare supervisors and workers across the state. Regional meetings address changes in policy, programs, and practice as well as identified areas of deficiencies. In SFY 2016-17, CPRs held 10 regional meetings to inform and train supervisors and relevant staff regarding the implementation of the Foster Care 18 to 21 and Guardianship Assistance programs. In addition, regional meetings were held to discuss IV-E and lessons learned from fatalities reviewed in the prior year. Also, over 50 meetings were facilitated with the assistance of the CPRs to train supervisors and CPS assessment workers across the state regarding changes in policy regarding temporary placement safety assessments (TPSAs). Three CPRs were also trainers in this TPSA training effort. CPRs will continue to facilitate regional meetings in the coming year; many of these meetings will focus on improving child welfare outcomes and outputs from the PIP.

TA Gateway. In SFY 2018, CPRs and other Division staff will begin actively using the TA Gateway to help track and meet the technical assistance needs of a limited number of counties. Initially the focus will be on 10 pilot counties. Based on the pilot and county feedback, the TA Gateway will gradually expand by region to all 100 counties through the remaining period of the PIP.

NC FAST Support. Starting in July 2017, CPRs will also be involved in supporting counties as the state's case management system, NC FAST, begins implementation.

Training. In SFY 2016-17, CPRs provided *Introduction to Child Welfare Data Sources* training five times across the state. This course teaches child welfare staff about the state's sources for child welfare data and how to access them. Participants learn where to look for reports that can help them identify areas needing improvement and inform counties' CQI and quality assurance (QA) efforts. CPRs will continue to offer this course in the coming year.

Adoption Indexing/NC Kids Team

The NC Kids Adoption and Foster Care Network team provides extensive program support and technical assistance to NC in the area of adoption. In SFY 2017-18, the NC Kids team will provide quarterly peer-to-peer training and technical assistance calls; offer training on the NC Kids program six times; offer training on the legal adoption process and post-adoption searches for the Confidential Intermediary program; and respond to daily e-mail and telephone requests from public and private child-placing agencies. For more on this please refer to sections II.8 (Adoption and Legal Guardianship Incentive Payments) and V.1 (Foster and Adoptive Parent Diligent Recruitment Plan).

Licensing and Regulatory Team

In SFY 2016-17, the Licensing and Regulatory team increased the number of positions from 13 to 18, a 33% increase. This has enabled the team to meet increased licensing and regulatory demands. In SFY 2017-18, the team will provide targeted training and technical assistance to public and private child-placing agencies. This may include regional meetings, one-on-one training and technical assistance, webinars, and/or conference calls with agencies.

Staff Development Team

The NC DSS Child Welfare Services Section Staff Development team provides extensive support to child welfare programs statewide. For more on this team, please refer to section V.4 (Training Plan).

Anticipated Technical Assistance and Capacity Building Needs

The PIP process has given NC a chance to identify and partner with national organizations to help us meet our child welfare technical assistance needs so that we can successfully achieve our CFSP, APSR, and PIP goals. For example, North Carolina continues to work closely with the Center for States (e.g., on PIP goal 1, strategy 3, *supervisor academy*; PIP goal 1, strategy 5, *family leadership model*), and the National Resource Center for Diligent Recruitment (e.g., on PIP goal 4, strategy 2, *diligent recruitment plan*). In SFY 2017-18 NC will continue working with these partners and, if necessary, identify others to help us successfully implement our newly identified/revised goals and strategies/objectives.

North Carolina's Work with the Center for States

Since 2016, North Carolina has been working with the Center for States to address items identified during its 2015 CFSR, as well as other issues of capacity and functioning across the child welfare system. Specifically, the work has focused on three main areas:

1. Developing a North Carolina Child Welfare Advisory Council. North Carolina is developing a parent leadership model to ensure the family voice informs and shapes our child welfare system. The Center for States is providing capacity-building supports and services to assist us with this effort. The Center's capacity-building services will promote systematic mechanisms to develop a team of family leaders ready to partner with NC DSS in various roles and capacities. This service focuses on strengthening representation of parents in the child welfare system at the state level through training and technical assistance for potential family members; offering networking opportunities; providing resources to improve parent role and responsibility; and supporting system reforms to ensure families are given a voice in the child welfare system.
2. Improve the Consistency and Quality of Child Safety Practices for All Program Areas. To improve safety and permanency outcomes, North Carolina is strengthening its risk and safety policies and practices including, but not limited to, the frequency, consistency, quality, and documentation of visits, risk assessments, safety plans, safety services, service agreements, family engagement, and case decision-making. Practice change is needed in all program areas of service delivery.

NC DSS recognizes that it has the foundational framework and interventions in place defining child safety practices. However, child safety assessments and planning have been inconsistent and of inadequate quality statewide.

The Center for States is providing capacity-building supports and services in the development and implementation of child safety practice expectations. The Center is guiding and coaching NC DSS through a change and implementation process that further identifies root causes,

articulates the pathway of change, designs the components and elements of practice expectations, develops an implementation plan, pilots the practice expectations strategies in select of the state areas, evaluates and adjusts implementation, and develops a plan for implementing child safety practice expectations strategies statewide.

The Center for States liaison and the consultation team have visited North Carolina four times to provide on-site consultation to NC DSS Child Welfare Services Section Leadership on topics ranging from developing a theory of change to drafting initial child safety practice expectations. The Center for States has also provided ongoing coaching around the topics of data, QA, and CQI.

Consultants and coaches on the Center for States team have taken an active role in North Carolina's policy, training, technical assistance, and family leadership PIP workgroups. Their participation in workgroup meetings, conference calls, and numerous planning activities have aided North Carolina in meeting many of its goals during the first two quarters of its PIP. North Carolina looks forward to a continued partnership with the Center for States as we continue to work toward enhancing services for children and families.

For more about NC's collaboration with the Center for States, see Appendix F, "Capacity Building Center (CBC) Work Plan."

Program Support Updates

The following child and family services-related management information systems, evaluation, and quality assurance systems have been implemented or updated since the submission of the 2017 APSR or will be implemented or updated in SFY 2017-18:

Management Information System

NC FAST P4 (Child Services) deployment is on track for a staged deployment starting July 2017. Deployment of NC FAST as described below will help North Carolina achieve PIP goal 5.

The system will be deployed to pilot counties in two releases of system functionality. See the release breakdown below for further details.

- July 2017: Release 1: Focused primarily on CPS intake, CPS assessment, and CPS in-home/out-of-home case management, and supporting capabilities
- December 2017: Release 2: Focused primarily on adoption functionality and supporting capabilities
- Subsequent deployments to remaining counties will be as follows:
 - Release 1: Through April 2018
 - Release 2: Through October 2018

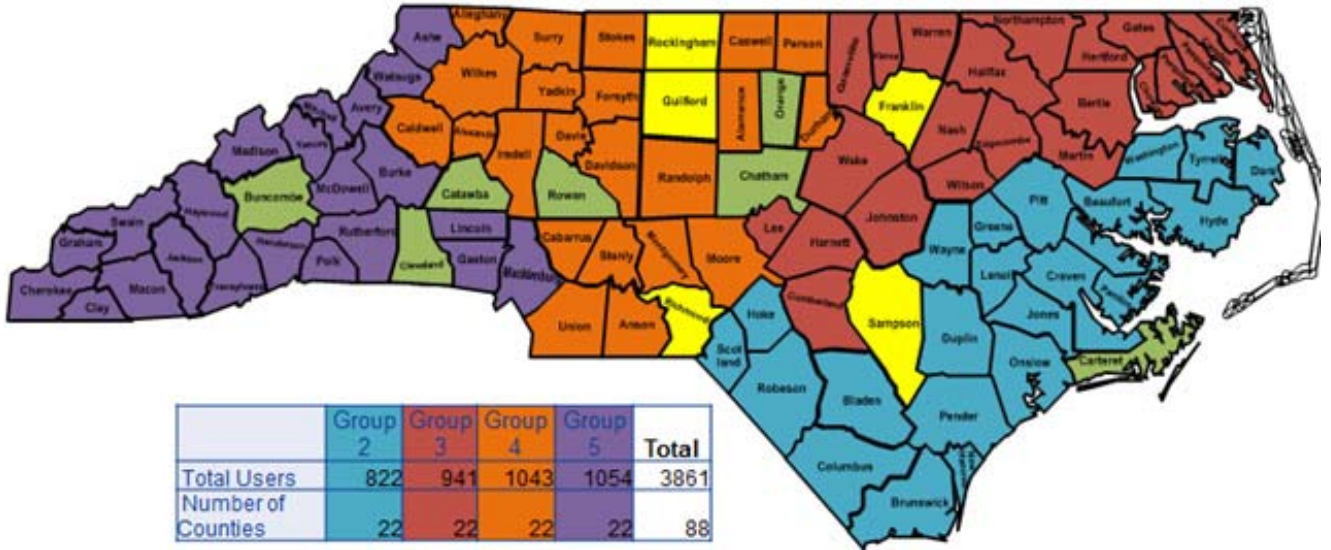
The project scope also includes the development and deployment of an optional mobile solution. Counties can choose to deploy the mobile child welfare investigator application, the first mobile application for NC FAST. The mobile solution provides child welfare workers with the ability to complete their casework outside the office via the mobile solution.

NC FAST RELEASE SCHEDULE

RELEASE 1		RELEASE 2	
<i>scheduled to include . . .</i>		<i>scheduled to include . . .</i>	
<ul style="list-style-type: none"> • Person • Intake & CPS assessments • Ongoing case management • Legal • Financials • IV-E eligibility 	<ul style="list-style-type: none"> • ICWA • Provider management • Process support • Management and federal reporting • Security 	<ul style="list-style-type: none"> • Adoption <ul style="list-style-type: none"> ○ Case management ○ Legal ○ Financial ○ IV-E eligibility ○ ICWA • Provider Management (R2) <ul style="list-style-type: none"> ○ Licensure/re-licensure 	<ul style="list-style-type: none"> • Process support (R2) • Security (R2) • QA • ICPC

NC FAST DEPLOYMENT PLAN

Below is the current planned rollout by county grouping:



Pilot	Group 1	Group 2	Group 3	Group 4	Group 5
Franklin	Buncombe	Scotland	Nash	Moore	Cherokee
Guilford	Carteret	Hoke	Wilson	Durham	Clay
Richmond	Catawba	Robeson	Edgecombe	Davidson	Graham
Rockingham	Chatham	Bladen	Wake	Davie	Swain
Sampson	Cleveland	Columbus	Harnett	Cabarrus	Macon
	Orange	Brunswick	Cumberland	Stanly	Transylvania
	Rowan	New Hanover	Johnston	Montgomery	Henderson
		Pender	Martin	Union	Polk
		Onslow	Bertie	Anson	Rutherford
		Duplin	Halifax	Alamance	Mecklenburg
		Jones	Northampton	Randolph	Lincoln
		Craven	Hertford	Stokes	Gaston
		Pamlico	Gates	Forsyth	Madison
		Lenoir	Chowan	Caswell	Yancey
		Wayne	Perquimans	Person	McDowell
		Greene	Pasquotank	Surry	Burke
		Hyde	Camden	Wilkes	Avery
		Pitt	Currituck	Yadkin	Mitchell
		Dare	Lee	Alleghany	Watauga
		Tyrrell	Granville	Alexander	Ashe
		Washington	Vance	Iredell	Haywood
		Beaufort	Warren	Caldwell	Jackson

A planned, geographic/user-balanced rollout after the pilot will enable NC FAST and Division staff to respond to county training needs and concerns following each stage of implementation.

Evaluation

NC DSS has entered a data exchange agreement with NC DMA, CCNC, and UNC-Chapel Hill that will allow for additional evaluation regarding the use of psychotropic medication. This will include utilization data as well as the appropriate physical health monitoring that is required by some medications. This additional analytical capacity will help us provide monitoring and oversight of this critical health and safety issue.

The first half of 2017 saw North Carolina establish a team entirely devoted to evaluating program performance using data collected in the field. Known as the REAP/CQI team, this unit consists four data analysts and a team lead. This team has four overarching goals: (1) assist in the execution of the PIP; (2) increase cross-team communication and information sharing within the Child Welfare Section; (3) support the use of and advance the CQI process within the Child Welfare Section; and (4) facilitate and improve the technical assistance process from state to county and provide quality assurance within the Child Welfare Section. This team is currently helping every unit within the Section manage data better, identify critical metrics, communicate data with other units, and use these data to inform practices that will improve performance in the future.

In SFY 2017-18, the REAP/CQI team will continue strengthening NC DSS data collection efforts (e.g., child fatality information, TA Gateway), work closely on PIP Goal 3.1 (*Permanency Profile*) and collaborate with the OSRI/Case Review team to better evaluate programs and identify strengths and needs of the service delivery system.

Quality Assurance

Since submission of the 2017 APSR, North Carolina has continued to develop its child welfare quality assurance system. These developments are described below in section II.10.

6. Consultation and Coordination with Tribes

As reported in last year's APSR, the responsibility for providing child welfare services and protections to children from North Carolina's only federally-recognized tribe, the Eastern Band of Cherokee Indians, has shifted from the state to the tribe. This was made possible through Session Law 2014-100 (Senate Bill 744), which was signed into law August 7, 2014. Full text of SB 744 can be found here: <http://www.ncleg.net/Sessions/2013/Bills/Senate/PDF/S744v9.pdf>.

The Eastern Band of Cherokee Indians (EBCI) assumed responsibility for certain human services by October 1, 2015. Over the last three years, leadership within the NC HHS, NC DSS, and counties bordering Tribal Trust lands have worked extremely hard to assist the Tribal leadership with their planning of a health and human services agency on Tribal trust lands. This level of commitment from NC DHHS, border counties, and EBCI has led to Tribal Public Health and Human Services being able to fully provide CPS intake, child protection, foster care, licensing, adoption, and other child welfare services to the population living on Tribal trust lands. EBCI has approval from the federal Administration for Children and Families (ACF) for its Title IV-E application. Federal approval was retroactive to October 1, 2015.

On December 15, 2016, NC DSS issued DSS [Administrative Letter CWS-AL-03-16](#), "Eastern Band of Cherokee Indians (EBCI) Public Health and Human Services Agency (PHHS)." In North Carolina.

administrative letters carry the same weight as policy. The letter informed NC's 100 counties DSS agencies of the collaborative work between EBCI and NC DSS. The letter: outlined EBCI's jurisdiction and services it would provide to children and families; described how county DSS agencies across North Carolina would interact with EBCI on all service areas of child welfare; detailed steps EBCI and NC DSS would take to ensure payment was made to foster families licensed by EBCI; and outlined the process for information sharing between EBCI and NC DSS including but not limited to the APSR. The information in CWS-AL-03-16 will be updated, reviewed, and reissued annually to ensure clear collaboration and communication between county and Tribal agencies regarding child welfare matters.

After CWS-AL-03-16 was issued, PHHS and NC DSS developed a clear and concise protocol to ensure the timely and accurate delivery of North Carolina's Central Registry information that PHHS needs to ensure a thorough and accurate assessment of tribal children who are the subject of a CPS report within the tribal boundary.

To date, 10 children have been transferred to EBCI custody. There are two more children whose transfer has been requested; these requests should be heard by the Tribal court by July 30, 2017. To date the primary barrier to transfers of Indian children to EBCI custody has been parental refusal to consent to the transfer.

NC DSS continues to meet monthly at EBCI headquarters with tribal leaders and area county DSS directors (or their representatives) so that all parties receive updates about the good progress being made. These meetings are also a time to discuss any challenges and solutions.

NC DSS has extended an invitation to EBCI child welfare leaders to observe North Carolina's Title IV-E Eligibility Review July 24 – 27, 2017. This would give EBCI an opportunity to observe the process as it anticipates notice of its own IV-E review.

North Carolina routinely involves Native American tribes in work related to the monitoring and provision of child welfare services, and will continue to do so in the coming year. During the past year, NC DSS sent NC's approved PIP to EBCI's Principal Chief, Patrick Lambert, and to Tribal Public Health and Human Services Secretary, Vickie Bradley (PO Box 666, Cherokee, NC 28719; 828/554-6180 or 828/497-7460). ECBI shared its 2017 APSR with NC DSS in summer 2016. NC DSS will share its 2018 APSR with ECBI via US mail and email.

Annie Francis, Director of Indian Child Welfare with the NC Commission of Indian Affairs, joined NC's Diligent Recruitment and Retention PIP Workgroup in spring 2017. She attended the workgroup's writing retreat in April, assisting in the final development of the state's diligent recruitment and retention plan. *(This plan can be found in Appendix H.)*

Our state's ongoing collaboration and coordination with tribes is also illustrated by the fact that North Carolina's Deputy Secretary for Human Services serves on the Commission of Indian Affairs and co-chairs the Indian Child Welfare Committee with Marvel Welch, a member of EBCI. American Indian members of this Commission are selected by tribal or community consent from Indian groups recognized by the State of North Carolina and are principally geographically located as follows: the Coharie of Sampson and Harnett Counties; the Eastern Band of the Cherokee Nation; the Haliwa-

Saponi of Halifax, Warren, and adjoining counties; the Lumbee of Robeson, Hoke, and Scotland Counties; the Meherrin of Hertford County; the Waccamaw-Siouan from Columbus and Bladen Counties; the Sappony; and Native Americans located in Cumberland, Guilford, and Mecklenburg Counties. The names of the representatives on the Commission can be found by visiting: <https://ncadmin.nc.gov/about-doa/divisions/commission-of-indian-affairs/commission-members>.

This past year the Commission's Indian Child Welfare Committee received a grant in the amount of \$60,000 from the North Carolina General Assembly to assist with Indian children in foster care. The grant funds a three-pronged approach: (1) to recruit and train American Indian foster families statewide, (2) to improve retention of American Indian foster parents by developing culturally appropriate supports, and (3) develop training for DSS county staff to enhance their ability to provide culturally-relevant services to American Indian children, including those from federal and state recognized tribes. Annie Francis is managing this effort. To date this project has accomplished the following:

- Recruitment. Efforts have included: (1) establishing a recruitment team consisting of tribal leaders and representatives to assist in targeted recruitment; (2) providing a presentation followed by active recruitment during quarterly Burnt Swamp Association meeting (this association consists of approximately 70 native churches in North Carolina); (3) discussing initiative during February 2017 Haliwa-Saponi tribal meeting; (4) recruiting at Haliwa-Saponi 2017 winter Pow Wow; (5) recruiting during 2017 annual Unity Conference in Charlotte; (6) placing ad in Unity Conference materials; (7) following up on referrals from recruitment team members; (8) recruiting during Haliwa-Saponi annual spring pow wow; (9) recruiting during Lumbee spring pow wow; (10) sending recruitment brochures and materials to 70 native churches; (11) advertising recruitment initiative in local newspapers; (12) follow-up recruitment event in the Haliwa-Saponi community; and (13) attending Annie E. Casey foster care recruitment conference to establish and receive feedback on recruitment plan for North Carolina.
- Training. Three individuals from ECBI have been trained as MAPP Leaders to support pre-service training. The program connected with 34 individuals interested in learning more about becoming a foster family. Six families have moved forward with training. Two families have successfully completed the training and four are current in progress.
- Retention. This initiative interviewed three native families with previous fostering experience regarding supports needed. The program is also working on identifying the native foster families currently available in North Carolina.
- ICWA Training. Provided ICWA training to 26 NC child welfare professionals from the following counties: McDowell (4), Guilford (2), Burke (4), Robeson (4), Mecklenburg (1), Graham (1), Davidson (1), Richmond (3), Scotland (1), and other DHHS staff (3).
- Future Plans: Scheduling a recruitment event with the Coharie tribal community, recruit during Lumbee Parade in July 2017, continuing to reach out to local church communities, and provide additional training to NC DSS agencies, especially agencies who currently have native children in foster care.

The annual Indian Child Welfare Gathering and Conference was held March 21, 2017 at Western Carolina University in Cullowhee, NC. All Indian communities across the state (especially tribal community members, tribal representatives, and tribal enrollment officers), NC DSS representatives, county DSS agency staff, guardians ad litem (GALs), court officials, and others were invited. This gathering was an opportunity for those in attendance to discuss issues and concerns related to Indian child welfare and to explore ways NC Indian tribes, the NC Commission of Indian Affairs, and NC DSS could build their capacities to improve to Indian child welfare in North Carolina.

Compliance with ICWA

North Carolina continues to monitor compliance with the federal Indian Child Welfare Act (ICWA). State law and policy require workers to assess whether children provided child protective services have Native American heritage (regardless of membership in federally- or state-recognized tribes). When a parent/guardian indicates they believe their child identifies with a particular tribe, the worker completes a form with the family and then shares the information with the tribe. The form captures the child's identifying information and any family members that are/were tribe members. It also captures services the tribe may offer to prevent placement and/or move to expedite permanency, as well as potential foster care placements. Workers are expected to make active efforts throughout the life of the case to create and maintain a relationship with the family and tribe. Though it is understood that information can be disclosed to the tribe without the family's consent, it is family-centered practice that the worker seek the family's consent to notify the tribe of all family meetings, court hearings, and any other proceedings involving the children.

Child welfare professionals in North Carolina have multiple opportunities to learn about ICWA and how to comply with it through training provided by NC DSS. All child welfare staff learn about ICWA when they take *Child Welfare in North Carolina: Preservice*, which is required for all new social workers and supervisors before they have direct client contact. New staff learn about ICWA again when they take *Legal Aspects of Child Welfare in NC*, a two-day classroom course they must take in their first year. *Legal Aspects* was offered eight times between July 1, 2016 and May 5, 2017 and was completed by 312 new child welfare workers and supervisors. ICWA is also covered in courses providing job-specific training, such as *CPS Assessments in Child Welfare Services*, *Placement in Child Welfare*, and *Adoptions*; as they have been in the past, these courses will be offered on an ongoing basis in the coming year.

NC DSS continues to conduct program monitoring of county DSS agencies. Items in the review include determining whether Native American heritage was assessed as well as whether the tribe was contacted at the time of the decision to petition the court for the removal a child. Following are examples of what the Program Monitoring team found about assessment of Native American heritage in several child welfare service areas:

- CPS Assessments. From Jan. 1 – Dec. 31, 2016, NC DSS reviewed 1,817 CPS assessment cases. Native American heritage was assessed in 87% of these cases.
- CPS In-Home Services. From Jan. 1 - Dec. 31, 2016, NC DSS reviewed 384 CPS in-home cases. Native American heritage was assessed in 86% of these cases.

- **Foster Care.** From Jan. 1 - Dec. 31, 2016, NC DSS reviewed 193 foster care cases. Native American heritage was assessed in 91% these cases.

After each monitoring review, counties must develop a PDP to correct issues identified in the review. Compliance with ICWA will continue to be tracked by the Program Monitoring team in the coming year.

7. Monthly Caseworker Visit Formula Grants

Standard for Content and Frequency of Caseworker Visits

Since the submission of the 2015-2019 CFSP, NC DSS continues its effort to reduce the number of incidences of maltreatment in foster care and the number of placement disruptions through the use of the Monthly Caseworker Visit (MCV) Formula Grant. NC DSS and county DSS agencies continue to use the Monthly Foster Care Record (documentation tool); since the submission of the CFSP there have been no changes in policy. NC DSS is currently tracking the following outcomes:

Outcome Measures	National Standard	NORTH CAROLINA PERFORMANCE			
		FY 2013	FY 2014	FY 2015	FY 2016
Absence of Maltreatment in Foster Care	99.68%	99.75%	99.77%	99.84%	99.86%
Nat'l Median					
Two or fewer placement settings for children in care less than 12 months	83.3%	88.22%	86.07%	85.23%	86.22%
Two or fewer placement settings for children in care 12 to 24 months	59.9%	69.44%	68.52%	66.74%	67.80%

Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., & Gwaltney, A.Y. (2017). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved [06-09-2017], from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: <http://ssw.unc.edu/ma/>.

FFY 2015-2019 USE OF MCV GRANT

Based on the data below and the information in the 2015-2019 CFSP, for 2016 NC DSS is able to report achieving compliance with MCV grant requirements. For counties not meeting the target, ongoing monitoring of this activity and technical assistance will be provided to ensure that performance standards are met.

FFY	MCV Measure	Target	Score	Met Target?
2014	Measure 1: Percentage of visits made on a monthly basis by caseworkers to children in foster care	90%	92%	Yes
	Measure 2: Percentage of visits that occurred in the residence of the child	75%	89%	Yes
2015	Measure 1: Percentage of visits made on a monthly basis by caseworkers to children in foster care	95%	92%	No
	Measure 2: Percentage of visits that occurred in the residence of the child	75%	88%	Yes
2016	Measure 1: Percentage of visits made on a monthly basis by caseworkers to children in foster care	95%	95%	Yes
	Measure 2: Percentage of visits that occurred in the residence of the child	75%	89%	Yes

Federal statute requires that 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. In North Carolina in FFY 2015-16, 89% of monthly caseworker visits with children in foster care occurred in the child’s residence.

8. Adoption and Legal Guardianship Incentive Payments

NC DSS uses adoption incentive payments in combination with other funding sources to promote adoptions in North Carolina. Since the submission of the 2015-2019 CFSP, no changes have been made to the plan for the funding and NC DSS has not encountered any challenges in expending the funds in a timely manner. There have, however, been challenges around sharing of funding between county DSS and private child-placing agencies. In response, NC DSS and stakeholders are convening a workgroup to generate suggestions for improving communication and negotiation around fund sharing. Recommendations of that workgroup will be incorporated into the 2017-18 program directions.

In the coming year, adoption incentive payments will continue to be used to support the following categories of services:

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

9. Child Welfare Demonstration Activities

Not applicable to North Carolina.

10. Quality Assurance

Assessment of NC's QA/CQI System

Since the submission of the last APSR North Carolina has continued to develop its system for quality assurance/continuous quality improvement in child welfare. The OSRI/Case Review team, the primary unit within NC DSS responsible for QA, is now completely staffed, with 5 full-time consultants, 1 program administrator, and 1 administrative assistant for unit support. The OSRI team works closely with the following NC DSS teams involved in our state's QA/CQI system:

- *REAP/CQI Team.* This new team includes data analysts who are instrumental in development/upgrade to NC's Measurement Plan, and in using the data from OSRI case reviews. This case review data is vital to ongoing development in all areas of the PIP and child welfare. The REAP/CQI team also conducts the case sampling services for the selection of OSRI case reviews.
- *Local Support Team.* OSRI team members inform CPRs whenever a county for which they are responsible is receiving an OSRI case review. If the OSRI team identifies issues, even if they are not directly related to the OSRI, OSRI consultants notify the CPRs.
- *Program Monitoring Team.* The OSRI team works with this team to identify any areas of strength or concern; it also provides the case review data needed for the Program Monitoring team's development work with each county agency.

North Carolina's county DSS agencies increasingly see the value of the OSRI/case review process. The feedback from counties that have had an OSRI review completed in the past year is that they wish to use the OSRI tool as much as possible. Many are considering developing their own internal QA mechanisms.

New QA Training Resource. In the past year, the OSRI team worked in collaboration with UNC, county agencies, and a PIP workgroup to develop the new training course *NC's OSRI/Case Review Process: What to Expect*. This self-paced, on-demand course explains what our state's OSRI/case review process is, what to expect when a review occurs, and what resources are available to county DSS agencies. This course is one of the first steps in communicating strategies for implementing quality assurance practices in North Carolina child welfare. This course was made available to all county DSS staff on May 30, 2017 through the Division's learning portal, www.ncswLearn.org.

Lessons Learned. NC DSS continues to use the federal Case Review Protocol, but modifications have been necessary. One lesson learned from the 2015 CFSR and use of the protocol was the discovery of the need to move the sample period for OSRI review closer to the actual period under review. This indicated the need to implement a "rolling sample period." Approved by the CB, this practice was implemented in 2016-17 to improve the frequency of successful contacts for the cases being reviewed. This proved especially helpful for in-home cases that might close during the period under review and for engaging case participants who might otherwise be unwilling to have contact from the county agency or NC DSS. This process also led to better communication between state and county QA teams and provided valuable information for future policy development around quality assurance in child welfare.

Measurement Plan. NC DSS developed the measurement plan for the completion of the OSRI in mid-2016. The measurement plan includes conducting 113 randomly selected case reviews of foster care and in-home records with the 10 counties that participated in the 2015 CFSR. The plan also includes 100 case reviews of foster care and in-home records randomly selected from the other 90 NC counties. These 213 case reviews were to have taken place between August 1, 2016 and July 31, 2017. Implementation of the measurement plan began August 1, 2016. The baseline measurement period was re-evaluated in April 2017 following guidance by the CB and extended through October 2017. The measurement plan will continue throughout the entire PIP period to provide data on individual item and outcome progress.

Anticipated Needs for Training or Technical Assistance:

- The CB recently provided feedback regarding specific item interpretation issues as well as concern for intensifying interview efforts, especially in in-home cases. NC DSS would benefit from monthly ongoing feedback calls with the CB during the PIP baseline and PIP progress measurement periods. These calls would not necessarily be about specific cases, but focus instead on OSRI items and QA issues.
- NC DSS anticipates continuing to use the CB's Online Monitoring System (OMS), which allows us to provide data about our state's QA efforts. It is also the most efficient way to receive ongoing guidance from the CB about OSRI and ongoing case review and quality assurance efforts.

Using QA/CQI Results to Update Goals, Objectives, and Interventions:

- The OSRI team has partnered with the REAP/CQI team to develop specialized reports and user-friendly formats of presenting OMS data. Reports have been made for specific audiences (e.g., PIP workgroups) around specific child welfare issues (e.g., Permanency Profile Development). Reports have also been used to demonstrate how all services within a child welfare agency are related and impact child safety and well-being. These reports close the communication "gap" between the state and the county agency, increasing all parties' understanding of what this data indicates about child welfare practice.
- As of the end of May 2017, the OSRI team has completed OSRI case reviews of 159 cases (foster care or in-home) from 50 NC counties (including the 10 counties that participated in the 2015 CFSR). To ensure we have a functioning statewide quality assurance system, all NC counties are eligible for case review. By expanding to a statewide system, all counties can now participate and benefit from a structured QA case measurement process. Information from case reviews is promoting the acceptance of QA and development of QA practice within agencies. Agencies increasingly have the capacity and willingness to take a critical look at their child welfare practice.
- The baseline measurement period was extended. This extension occurred following assessment by the CB regarding NC's interpretation of the OSRI tool (items 2, 12, and 14) and a desire for more participant interviews. The CB will support OSRI case review

protocol updates and development specifically around case participant interviews as well as buildup of policy support around OSRI case review.

III. Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements

CAPTA State Plan Update

The following serves as North Carolina’s annual report describing its use the CAPTA grant. NC DSS serves as both the lead CAPTA agency as well as the lead IV-B agency that facilitates significant collaboration of efforts across programming and ensures CAPTA funds are used in a manner that aligns with and supports the overall goals of the CFSP and APSR.

The Annual State Data Report is included in Section VI. Statistical and Supporting Information of this document.

State Legislation

Since the submission of the 2015-2019 CFSP, there have been no substantive changes to any law or regulation that would impact eligibility for the CAPTA State Grant. On June 21, 2017, Governor Cooper signed House Bill 630 / S.L. 2017-41, Rylan’s Law/Family and Child Protection and Accountability Act, which will reform child welfare services in North Carolina. This reform will not impact North Carolina’s eligibility for the CAPTA State Grant, but will strengthen the delivery of services in all CAPTA program areas.

Changes to CAPTA State Plan

Since the submission of the 2017 APSR, there have been no significant changes to the previously approved CAPTA plan or how North Carolina utilizes funds to support the 14 program areas enumerated in section 106(a) of CAPTA. The activities highlighted in the 2017 APSR Addendum remain key strategies. A few new or revised strategies employed to ensure North Carolina addresses each program are also outlined below for this current FFY.

CAPTA Program Areas	FY 2016 Response	FY 2017 Response
1. The intake, assessment, screening, and investigation of reports of abuse and neglect	<ul style="list-style-type: none"> As a continuation of its implementation of P.L. 114-22 (Justice for Victims of Trafficking Act) and P.L. 113-183 (Preventing Sex Trafficking and Strengthening Families Act) NC has updated its CPS Intake Form (DSS-1402-ia) to identify juveniles known or suspected to be victims of human trafficking. Also, a Human Trafficking Screening Tool has been developed and incorporated into the screening process. The 1402-ia was also updated to include clarifying questions to assist with screening domestic violence, illegal placement for adoption, and to include a distinction between medical and remedial 	<ul style="list-style-type: none"> Two new <i>Spotlight on Practice</i> kits (for supervisors to use with their staff) were created that address this program area: (1) safety thresholds and (2) considerations when removing a child from home. A new course was developed entitled <i>Supporting Effective Documentation: A Course for Supervisors</i>. This is designed to ensure documentation is

CAPTA Program Areas	FY 2016 Response	FY 2017 Response
	<p>care. This new tool has been added to the mandatory curriculum <i>CPS Intake</i>.</p> <ul style="list-style-type: none"> In 2016, the <i>Pre-Service, Domestic Violence, Intake</i> and <i>CPS Assessments</i> curricula are currently under review for possible revision. The <i>Intake</i> training describes a six-step intake process in detail. Additionally, the <i>Pre-Service</i> training describes the six-step intake process. It also covers the assessment process, including family-centered functional assessment using SEEMAPS and the distinction between family assessment and investigative assessment, including the steps involved in making a case decision. 	<p>complete and accurate to aid in the decisions regarding a child's case.</p> <ul style="list-style-type: none"> <i>Pre-Service</i> was redesigned and launched statewide in July 2016; this addresses this program area. On Feb. 23, 2017, a webinar was completed entitled <i>Well Begun is Half Done: How CPS Intake and Timely Initiation Can Improve CPS Assessments</i>; this addresses this program area.
<p>3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families</p>	<ul style="list-style-type: none"> Training directed toward CPS in-home services is being offered to county social workers. It covers the duties and responsibilities of in-home services social workers, including their assessment process. Direct and indirect services and ongoing assessment of safety and risk are discussed in detail. This content is also covered in detail in <i>Pre-Service</i> training, including the assessment process, direct and indirect services, and ongoing assessment of safety and risk. 	<ul style="list-style-type: none"> Two new <i>Spotlight on Practice</i> kits (for supervisors to use with their staff) were created that address this program area: (1) collateral contacts and (2) appropriate case-decisions and family assessments. As part of the responsibilities of the Program Monitoring and OSRI/Case Review teams, regular review of cases helps ensure counties provide the necessary case management and monitoring to ensure children and families receive the identified services and treatments needed.
<p>4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools & protocols</p>	<ul style="list-style-type: none"> North Carolina continues to review its tools. It is currently updating safety planning policy and the North Carolina Safety Assessment (DSS-5231) tool to enhance social work practices around safety and risk factors. All curricula are currently being updated to incorporate changes made to the TPSA policy and its related tools and protocols. 	<ul style="list-style-type: none"> A new <i>Spotlight on Practice</i> kit (for supervisors to use with their staff) was created that addresses this program area: safety thresholds. Over 50 meetings were conducted across the state to train supervisors and CPS assessment workers about changes in TPSA policy. A new course to improve risk and safety assessments was developed and implemented entitled <i>Preventing Premature Case Closures</i>. On Dec. 12, 2016, a webinar was conducted entitled <i>Distinguishing Safety and Risk in the Real World: A Key Skill at Every Stage in Child</i>

CAPTA Program Areas	FY 2016 Response	FY 2017 Response
<p>6. Developing, strengthening, and facilitating training including: (A) training regarding research-based strategies to promote collaboration with the families; (B) training regarding the legal duties of such individuals; and (C) personal safety training for case workers</p>	<ul style="list-style-type: none"> North Carolina is in the process of contracting with a university to develop a statewide Family Leadership Network. The statewide network is composed of an advisory council that serves as the hub of the spokes of the network. The spokes extend family voice into state planning, policy, programming, and training. The hub ensures family partners have the necessary support, training, resources, and coordination to carry out their role. The hub will use a community development strategy that involves family, youth, community, and systems in creating and sustaining the network. In Year 1, the university will engage family, community, government, and national partners in identifying the family leadership model and in laying the foundation for a NC Family Leadership Advisory Council. 	<p><i>Welfare Work</i>; this addresses this program area.</p> <ul style="list-style-type: none"> Families involved in the child welfare system have been an integral part of the development of a Child Welfare Family Advisory Council (PIP Goal 1.5). As part of the work of PIP Goal 1.5, families are included in the development of training curricula, participating in training themselves, and providing feedback on materials NC DSS is updating (e.g., Handbook for Biological Families). NC DSS purchased and will be offering an online training to promote personal safety training for caseworkers. <i>Working Safe, Working Smart</i> promotes collaboration for all staff interacting with families while teaching them how to protect themselves and watch for potential escalating situations.
<p>7. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers</p>	<ul style="list-style-type: none"> In addition to the current training offerings, North Carolina will be adding five additional webinars and four new online, on-demand courses to its program. These new offerings are currently being planned. One offering is a 90-minute webinar on "Child Trafficking" to be offered to directors, child welfare program administrators/managers, and all child welfare staff from North Carolina county DSS agencies. The webinar will give an overview of this serious threat to child well-being and teach child welfare professionals to identify and respond to victims. North Carolina offers a course "Staying Power! A Supervisor's Guide to Coaching and Developing Child Welfare Staff" which is a two-day, classroom-based training that introduces supervisors and agency leaders to advanced concepts, tools, and practices that enhance staff motivation and effectiveness. Applying strengths-based supervision and coaching techniques, participants improve their ability to retain and develop staff and to build effective teams. In 2016, the course 	<ul style="list-style-type: none"> Two courses were added to our array of trainings specifically to improve the retention of caseworkers. These courses are designed to educate social workers and supervisors on the impact of secondary traumatic stress (STS) and how to mitigate its effects. <ul style="list-style-type: none"> The STS course for social workers, a one-day course, was offered nine times and through March 2017, 152 caseworkers had completed the course. The STS course for supervisors and managers, a two-day course, was offered nine times and through March 2017, 106

CAPTA Program Areas	FY 2016 Response	FY 2017 Response
	<p>was revised from three to two days in length, and to increase focus on coaching and team development. Fifty-three supervisors across the state were trained.</p>	<p>supervisors had completed the course.</p> <ul style="list-style-type: none"> • NC DSS, in collaboration with NCACDSS, is exploring strengthening our relationships with community colleges and universities to recruit qualified individuals to the field of child welfare.
<p>9. Developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect</p>	<ul style="list-style-type: none"> • All training developed and facilitated by North Carolina Staff Development team and its university partners is researched-based and grounded in best practice. 	<ul style="list-style-type: none"> • All training developed and facilitated by NC DSS Staff Development team and its university partners continues to be researched-based and grounded in best practice.
<p>14. Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports</p>	<ul style="list-style-type: none"> • North Carolina fulfills its responsibility to comply with the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106) requirement to maintain Citizen Review Panels through the use of Community Child Protection Teams (CCPT). North Carolina General Statute § 7B-1406 established CCPTs as an interdisciplinary group of community representatives who meet regularly to promote a community-wide approach to the problem of child abuse and neglect and established one team in each of its 100 counties. • North Carolina Child Welfare offered child and family team meeting (CFT) trainings to all 100 counties in FY 2016. Fourteen CFT curricula were delivered a total of 52 times: 40 in face-to-face workshops; 11 in interactive, online forums; and 1 as an online, on-demand curriculum. • The availability of online formats facilitates access by agencies whose workers might lack the time and resources to attend in person. The online delivery also encourages statewide interactions by workers who share similar concerns but otherwise would be too distant to connect. In 2016-17, NC DSS will be expanding its online and on-demand delivery of training and making curricula readily accessible beyond child welfare workers to foster parents and other agencies. • In addition to the CFT trainings identified above, the Center for Family and Community Engagement at NC State University provides CFT technical assistance at the request of county DSS agencies. Often counties include 	<ul style="list-style-type: none"> • NC DSS collaborated with the NC DPH to update the section of the NC School Health Program's manual that instructs school nurses about child abuse and neglect reporting requirements. • Significant collaboration with medical and public health agencies through the Fostering Health NC Program help ensure children receive appropriate health and behavioral health screenings. • As noted earlier, NC DSS has an ongoing collaboration with DPI to improve the educational outcomes for this vulnerable population.

CAPTA Program Areas	FY 2016 Response	FY 2017 Response
	their community partners in locally-delivered workshops to increase understanding of CFTs in child welfare and strengthen collaboration among the partners working with the same families.	

Use of CAPTA State Grant

For the purposes of improving the child protective services system, NC DSS currently uses the CAPTA State Grant in combination with other federal and state funding to support the following programs/activities:

- Creating and improving the use of multidisciplinary teams to enhance investigations.
 - **Children's Advocacy Center of North Carolina** is an accredited state chapter of the National Children's Alliance, the national umbrella organization for CACs dealing with child abuse. This organization provides training and technical assistance to a network of accredited CACs across NC. CACs bring together partners on behalf of children and families to make accessing services easier. Some of the partners CACs bring together include local child protective services, law enforcement, prosecutors, and medical and mental health providers.
- Developing and updating systems of technology.
 - **Child Medical Exam Program (CMEP)** provides a structured system for medical and mental health evaluations in cases of alleged child maltreatment. NC DSS is using CAPTA funds to support the CMEP as it develops a database to provide a better understanding of CMEP-related needs across the state, the quality of assessments completed, and consistency of CMEP's evaluation approach.
- Developing, strengthening, and facilitating training.
 - **Family and Children's Resource Program (FCRP).** The CAPTA State Grant, in combination with other funding sources, enables NC DSS to partner with FCRP, part of the Jordan Institute for Families at the UNC School of Social Work, to support North Carolina's child welfare training system. FCRP contributes to workforce development in a variety of ways, including by developing, revising, and delivering classroom and online courses; maintaining and continually enhancing ncswLearn.org, NC's learning portal for child welfare workers; producing the practice-enhancing publications *Children's Services Practice Notes*, *Fostering Perspectives*, and *Training Matters*; and planning and hosting webinars on timely topics relevant to child welfare.
 - **Child Forensic Interviewing Course.** This four-day, competency-based, classroom training teaches child protective service workers the knowledge and skills needed to conduct legally-defensible interviews in cases of alleged child abuse. This research-based course presents an adaptation of the child forensic interview protocol developed by Michael Lamb and colleagues at the National Institute of Child Health and Development. CAPTA

funds enable NC DSS to offer this course in collaboration with faculty from the Program on Childhood Trauma and Maltreatment at UNC-CH.

Citizen Review Panels

North Carolina complies with the requirement to maintain citizen review panels through the use of Community Child Protection Teams (CCPT). North Carolina General Statute § 7B-1406 established one CCPT in each of our state’s 100 counties. In addition, a state CCPT Advisory Board regularly meets to examine policies, procedures, and practices of state and local agencies to evaluate the extent to which state and county child protection system agencies are effectively discharging their child protection responsibilities. For a copy of the annual report from the citizen review panels, see Appendix G, “2016 CCPT Final Report.” This annual report was provided to NC DSS on June 20, 2017; NC DSS will submit its written response to the state and local CCPTs no later than 6 months from that date, as outlined in Section 106(c)(6) of CAPTA.

NC DSS is pleased to provide an update on how it incorporated the 2015 recommendations from the CCPT Advisory Council. In 2015, there were three key recommendations. The table below outlines those recommendations and how NC DSS has incorporated them to make measurable progress to improve the child protection system.

2015 Recommendations	Update to System Improvements
Encourage common CFT practices in order to coordinate services for children, youth, and families.	During SFY 2016-17, NC DSS provided several courses to child welfare staff and community stakeholder regarding CFTs. <i>Step by Step: An Introduction to Child and Family Teams</i> was completed by more than 350 individuals; <i>Navigating Child and Family Teams: The Role of the Facilitator</i> reached more than 73 people; and <i>The 3rd Dimension of Supervision: The Role of Supervisors in CFT Meetings</i> reached more than 25 supervisors and will be incorporated into the Supervisor Academy (PIP Goal 1.3).
Strengthen the capacity of local CCPTs to work with social services.	NC DSS is in the process of allocating staff resources that can be dedicated to local social services and CCPTs to strengthen their collaboration. In addition, the development of a Child Welfare Family Advisory Council may be able to provide peer mentoring and ensure feedback loops are in place regarding local CCPT recommendations.
Create and maintain a survey to track CCPT reviews of child protection cases.	The REAP/CQI team is addressing this issue through the development of a statewide data collection system from CCPT case reviews. As county-level CCPT case review information is provided to NC DSS, the REAP/CQI team will begin synthesizing the information and identifying areas for policy recommendations, system improvements, and/or county-level technical assistance needs. The CCPT case review data collection system will help track and analyze strengths, gaps, and deficiencies statewide.

Amendments to CAPTA made by P.L. 114-22, the Justice for Victims of Trafficking Act of 2015

North Carolina continues to implement the requirements of P.L. 114-22 (Justice for Victims of Trafficking Act) and P.L. 113-183 (Preventing Sex Trafficking and Strengthening Families Act) as they pertain to operating a statewide program relating to child abuse and neglect. This implementation includes: (1) provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims; and (2) provisions and procedures for training CPS workers about identifying, assessing, and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law

enforcement, juvenile justice, and social services agencies such as runaway and homeless youth shelters. NC's efforts to address trafficking among the child welfare population, from the submission of the last APSR to present, include, but are not limited to, the following:

- August 1, 2016 – NC DSS released policy regarding the intake and screening of CPS reports alleging the trafficking of children and youth;
- October 24, 2016 – NC DSS partnered with UNC to deliver a webinar to county DSS agencies on human trafficking. This webinar gave an overview of labor and sex trafficking and emphasized how child welfare professionals can identify and respond to victims. This webinar was recorded and remains available through www.ncswlearn.org and YouTube; and,
- Continued partnership with and participation in a statewide collaboration, *North Carolina Organizing and Responding to the Exploitation and Sexual Trafficking of Children* (Project NO REST). Specifically, NC DSS contributed to these activities; provision of technical assistance to pilot sites; participation in Workgroups that developed content, material, and provided information for the Victims of Crime Act (VOCA)-funded work reaching out to victims and survivors of trafficking; and helped plan the August 2017 Project NO REST conference. An update about Project NO REST activities can be found below in the *Project NO REST* subsection.

In the last APSR, NC DSS stated a planned activity for calendar year 2016 was to release revisions to Child Protective Services Investigative and Family Assessments Policy, to include provisions for assessing and providing services to children and youth who have been trafficked or are at risk of being trafficked. This policy has not yet been released and is still in development.

Planned activities for 2017-18 include, but are not limited to:

- During the remainder of calendar year 2017 and into calendar year 2018, NC DSS will continue exploring and developing training opportunities to ensure child welfare workers across the state are prepared to recognize and respond to cases of child trafficking. Training opportunities and resources to be explored include written materials, web-based training or live webinars, and amending current job-specific courses to include information on recognizing and responding to child trafficking victims;
- Developing and/or amending other areas of child welfare policy and practice guidance materials to include assessing and providing services to children and youth who have been trafficked;
- Participation in planning the fall 2017 Project NO REST conference (August 15-16, 2017) and presenting at the conference;
- Presenting at the fall 2017 Project NO REST conference; and,

- Participation in and collaboration with the NC Administrative Office of the Courts' Human Trafficking Technical Assistance Project to address human trafficking involving youth in the North Carolina courts.

Project NO REST

Project NO REST (North Carolina Organizing and Responding to the Exploitation and Sex Trafficking of Children), funded through a five-year grant provided by ACF and begun in October 2014, is designed to increase awareness of human trafficking affecting children and youth involved in the child welfare system in North Carolina. NC DSS is partnering with the UNC School of Social Work to identify and address necessary system improvements for protection and service provision to children and youth, including child welfare-involved children and youth who have been trafficked or are at risk of being trafficked. Other key partners on the project include county DSS agencies; NC Conference of District Attorneys (AOC); NC DPI; NC DMH/DD/SAS; state and local law enforcement agencies; sexual assault response agencies; statewide coalitions against sexual assault and human trafficking; CACs; Prevent Child Abuse North Carolina; NC Child; North Carolina-based runaway and homeless youth grantees; and various nonprofit, anti-human trafficking agencies focused on victim services and advocacy.

The goals of Project NO REST are to build awareness of human trafficking affecting children and youth involved in the child welfare system in NC, reduce the number who are trafficked, and improve outcomes for those who are trafficked. The project's strategies include:

- Promoting a strategic, coordinated approach to the provision of services for children and youth who are victims of human trafficking and who have contact with the child welfare system.
- Expanding and coordinating human trafficking-related research data and evaluation—especially as it applies to children and youth involved with the child welfare system in NC.
- Providing and promoting outreach, training, and technical assistance to agencies and organizations at the state and local level to increase victim identification and expand the availability of services.
- Promoting effective, culturally appropriate, trauma-informed services that improve the short-and long-term health, safety, and well-being of victims who were or are involved with the child welfare system.

During 2016-17, the major activities and accomplishments of the project were:

- Awarded a two-year VOCA grant from the NC Governor's Crime Commission in the amount of \$4,998,404.84 to supplement and expand the activities identified in the initial Project NO REST proposal to the CB. These funds will be used for:
 - A \$2,000,000 effort to reach out and inform victims and survivors of trafficking on how and where to obtain services;

- \$1,000,000 to cover implementation and infrastructure costs for pilot sites in five communities across North Carolina;
 - \$274,000 to implement a workforce development and training initiative in the pilot sites and in other areas across the state to improve the ability to identify and respond to trafficking; and,
 - Funds to conduct an annual trafficking conference to bring together agencies, organizations, and stakeholders to receive training and technical assistance to improve outcomes for victims and to share successes and challenges from their communities within certain professional sectors. The conference also will highlight the achievements and challenges of the pilot sites. These conferences will include a combination of general sessions and smaller workshops.
- Provision of trafficking training and technical assistance to pilot sites; and,
 - Continued implementation of a comprehensive and coordinated plan to address human trafficking among child welfare-involved children and youth.

During 2017-18, the project anticipates:

- Creating a working group to develop one or more practice models to provide long-term services to survivors of trafficking. Membership will include organizations that provide residential services to youth who have been trafficked. Others to be invited include medical and behavioral healthcare providers along with representatives of government agencies and other organizations to provide services to survivors;
- Continued provision of trafficking training and technical assistance to pilot sites;
- Continued monitoring of and capacity building with pilot sites;
- Developing an inventory of the facilities across the state that provide services to youth who have been trafficked;
- Convening service providers, survivors of trafficking, child caring agencies, social service agencies, funders, and others from across the state to develop a service and practice model for youth who have been trafficked;
- Continuing an analysis of existing data sources and development of additional data sources to address gaps and report of findings to stakeholders and others; and
- Disseminating ongoing project information, including project milestones, to the CB, as well as to project stakeholders and others.

NC DSS will continue partnering with UNC to identify and address necessary system improvements for protection and service provision to children and youth, including child welfare-involved children and youth who have been trafficked or are at risk of being trafficked.

North Carolina does not have any technical assistance needs around trafficking, nor does it anticipate needs in this area in SFY 2017-18.

North Carolina has submitted new CAPTA assurances to address amendments made to CAPTA by the Justice for Victims of Trafficking Act of 2015 and CARA.

*Amendments to CAPTA made by P.L. 114-198,
the Comprehensive Addiction and Recovery Act of 2016 (CARA)*

Since the submission of our state's last APSR, North Carolina has taken numerous steps to respond to the amendments to CAPTA made by P.L. 114-198.

Update on Implementation of CARA Amendments to CAPTA

North Carolina was one of 10 states selected to participate in the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2017 Policy Academy, "Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers." Through this academy, NC DHHS formed, in collaboration with external partners, the North Carolina Plan of Safe Care Interagency Collaborative (NC POSCIC) with the mission of creating a state-specific policy agenda and action plan to address and implement the provisions of CAPTA amended by CARA. Additionally, NC POSCIC is working to strengthen collaboration across systems to address the complex needs of infants affected by substance use and their families. NC POSCIC is comprised of representatives from NC DMH/DD/SAS; NC DPH; NC DSS; CCNC; North Carolina Hospital Association; North Carolina Obstetrics and Gynecological Society; and NC Commission on Indian Affairs.

NC POSCIC has taken the following steps to address the needs of infants born and identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder (FASD):

- Convened stakeholders in the medical and substance use disorders fields to define for the state infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a FASD.
- Identified potential needs of these infants and their families and concerns to be addressed by the family and its service providers with respect to the circumstance of the infant's substance exposure. These needs were identified with input from public health pediatricians, the Perinatal Quality Collaborative of North Carolina's Neonatal Abstinence Syndrome Initiative, and the CCNC Pregnancy Medical Home Risk Screening.
- Identified NC DPH's program CC4C to serve as the entity to support families in implementing the Plan of Safe Care regardless of whether they are involved with the child welfare system. CC4C will provide the referrals and education to the family needed to ensure the safety and well-being of the infant following release from the care of health care providers.
- Engaged the hospital system in a dialogue about the notification requirement, best-practice discharge planning for this population, and coordination with county DSS agencies in developing a Plan of Safe Care.

- Facilitated an interagency discussion about a cross-systems approach to meet CAPTA's monitoring system requirement.

Additionally, NC DSS will implement child welfare policy that clarifies notification requirements, identifies infants that require child welfare intervention, and delineates how the Plan of Safe Care should be used in conjunction with already-required child welfare activities. NC DSS has modified already-existing CPS intake policy to describe the process through which a notification of a "substance affected infant" is received by the child welfare agency, the immediate referral of all identified infants to CC4C, and the screening process to determine whether the circumstances meet the statutory definitions of child maltreatment.

Laws, Policy, or Procedure Changes Related to Identification and Referral of Infants to CPS

NC DSS has refined its child welfare policy related to the identification and referral to CPS of "substance affected infants." The new policy will require that health care providers involved in the delivery and care of infants born with and identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a FASD must notify the county DSS agency of the occurrence. In North Carolina, the notification must occur upon identification of the infant as a "substance affected infant," as defined by NC POSCIC.

NC DSS policy is clear that no federal or state laws have changed the definition of child abuse, neglect, dependency. It also makes clear which infants require child welfare intervention, with respect to the infant's circumstance of exposure and a maternal history of child maltreatment related to an unresolved substance use disorder. The criteria for child welfare intervention remains focused on the effect the substance use has had on the infant, rather than the act of prenatal substance use.

Update on Development of Plans of Safe Care

NC DSS and the NC DPH are partnering to develop a process for referring infants to CC4C following the health care provider's notification to CPS that a substance affected infant has been identified. The Plan of Safe Care is developed in a process that is parallel to the hospital's notification to CPS; the plan will identify potential areas of need known to CPS at intake with respect to the infant's circumstance of substance exposure. CC4C will partner with the family on a voluntary basis to provide additional appropriate referrals and education to help ensure the infant's safety and well-being.

Child welfare policy has been updated to delineate how the Plan of Safe Care should be used in conjunction with already-required child welfare activities if the infant is appropriate for child welfare services.

Monitoring Plans of Safe Care

NC DSS has developed a survey system to elicit and collect the amended annual data report requirements from county DSS agencies. Additionally, this survey system will be used to garner feedback from county DSS agencies regarding the implementation process. In September 2017, NC FAST will begin collecting this data through its automated system; eventually all 100 counties will be using this preferred method to report the data.

Additionally, NC POSCIC will meet monthly and then quarterly to review the data collected on the population served to determine gaps and needs and to develop a plan of intervention and support as needed. To support implementation, there will be regional, quarterly webinars to include identified hospital staff, treatment professionals, local CC4Cs, county DSS agencies, CDSAs, Obstetrics Care Management providers, and Local Management Entities/Managed Care Organizations (LME/MCOs). It is expected that these local stakeholders will meet regularly as well.

Multi-Disciplinary Outreach, Consultation, and Coordination to Support CARA Implementation

As noted above, North Carolina participated in SAMHSA’s 2017 Policy Academy. The technical assistance received through the academy revealed North Carolina’s need for a state-specific policy agenda and action plan to address and implement the provisions of CAPTA amended by CARA. NC POSCIC was formed with representation from the following organizations to meet this need: NC DMH/DD/SAS; NC DPH; NC DSS; CCNC; NC Hospital Association; NC Obstetrics and Gynecological Society; and NC Commission on Indian Affairs.

Together, the members of NC POSCIC have agreed upon the following cross-agency principles to guide the collaborative’s work:

Principles Guiding NC POSCIC
Include infants, children and families in the Plans of Safe Care.
Support the health of the infant and mother, not to penalize the mother and family.
Increase access to treatment and support for all women with a substance use disorder and their children.
Provide access to appropriate screening and surveillance, assessment and intervention services for infants determined to be affected by substance abuse, withdrawal or FASD. Appropriate intervention services are to include acute and developmental services.
Ensure the development of an individualized Plan of Safe Care based on the needs of the infant families, in the context of the infants’ substance exposure.
Provide clarity for the health care providers involved in the delivery or care of infants born and identified as affected by substance abuse, withdrawal or FASD.
Establish monitoring systems and related data is to be used to facilitate North Carolina’s comprehensive non-punitive response.
Ensure the delivery of appropriate supportive services for the infant and affected family member or caregiver and for the purposes of federal CAPTA reporting requirements.

NC POSCIC is working to strengthen the collaboration across systems to address the complex needs of infants affected by substance use and their families. Each stakeholder has its own objectives in improving health and well-being outcomes for children families and NC POSCIC is working diligently to define each entity’s role in ensuring effective implementation of the CAPTA provisions.

In SFY 2016-17 NC DSS has made diligent efforts to comply with the provisions outlined in the Comprehensive Addiction and Recovery Act of 2016 (CARA). Given these efforts and the progress

made to date, on June 10, 2017 the CB granted NC DSS until August 1, 2017 (a 30-day extension) to implement CARA. In its annual APSR addendum, North Carolina will give the CB a comprehensive update demonstrating full compliance with CARA, including signed assurances by Governor Roy Cooper.

The CAPTA State Plan Coordinator is:

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IV. Chafee Foster Care Independence Program

Agency Administering CFCIP

NC DSS continues to be the agency responsible for administering the CFCIP and NC ETV. The NC DSS program under which these are administered is called NC LINKS. As the entity supervising a county-administered child welfare system, NC DSS provides oversight and monitoring to the 100 county DSS agencies that provide CFCIP/LINKS direct services and services to youth across the state. The process for determining eligibility for benefits and services outlined in NC's CFSP is unchanged since the submission of the last APSR.

Accomplishments/Updates

FOSTER CARE 18 TO 21

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

Contractual Agreement for Residential Services (CARS)

The NC DSS and county DSS agencies will continue to honor CARS executed prior to January 1, 2017 until those agreements are terminated (i.e., either the young adult reaches age 21 or requests termination of the CARS). Young adults requesting services on and after January 1, 2017 will enter the Foster Care 18 to 21 program through a Voluntary Placement Agreement.

Implementation of Foster Care 18 to 21

The following is a timeline of rule, policy, and procedure implementation activities related to the development of the NC's Foster Care 18 to 21 program:

- June 2016
 - The Foster Care 18 to 21 Program Coordinator hired.
- July – November 2016
 - The Division partnered with county and private stakeholders to develop program policies and procedures.
 - The Division partnered with Strong Able Youth Speaking Out (SaySo) to obtain feedback as to what an extended foster care program should look like. SaySo board members chose the name of the program, Foster Care 18 to 21, and suggested other terminology to be used when referring to young adults.
 - Amendments to the NC Administrative Rules (10A NCAC 70B and 10A NCAC 70M) were drafted and the proposed amendments to the rules and the fiscal impact note were approved by the Office of the State Budget and Management in August 2016.
- December 2016
 - The Division completed updates to the *Child Welfare Manual* to include Foster Care 18 to 21 (1201: Child Placement, XII. Foster Care 18 to 21 Services to Young Adults) as well as forms to support the new policy. Foster Care 18 to 21 policy and associated forms were published on the NC DHHS website on December 1, 2016.
- January – February 2017
 - NC DSS collaborated with NC DIT to complete technical changes. Modifications to the Child Placement and Payment System were completed and implemented on February 15, 2017. The system was modified to allow NC DSS to monitor participants in the program, including which program eligibility requirement each participant meets and the type of placement of each participant. The modifications also allow for reimbursements for foster care maintenance payments made to unlicensed placements, such as a landlord, relative, or young adult.
- March 2017
 - The effective permanent rule date for the Administrative Rule revisions pertaining to the program was March 1, 2017.

The program was successfully implemented across the state on January 1, 2017. After five months of implementation (i.e., as of May 30, 2017), there were 85 young adults in care under CARS agreements and 276 with a VPA participating in Foster Care 18 to 21, for a total of 361 young adults being served by NC's child welfare system.

To prepare county staff for implementation of Foster Care 18 to 21, NC DSS held in-person trainings between November 2016 and January 2017 in 12 regional locations, as follows:

Wake County	Rowan County	Caldwell County
Haywood County	Mecklenburg County	Onslow County
Washington County	Wilson County	New Hanover County
Vance County	Edgecombe County	Cumberland County

The purpose of these trainings was to educate county partners (front line staff, supervisors, program managers, and directors) on the new Foster Care 18 to 21 policy and program procedures. Information regarding the new program was also provided during offerings of the mandatory, NC DSS-sponsored course *Child Placement*, and through the Division's "Staying Connected" and "Everything IV-E" calls. A webinar (in partnership with UNC) was also conducted on December 13, 2016 and made available to both county and private child-placing agencies. A recording of this webinar is available at <http://fcrp.unc.edu/webinars.asp>.

Between January and March 2017, NC DSS held in-person informational sessions about Foster Care 18 to 21 for private child-placing agencies and other stakeholders in five locations across the state, as follows:

Fayetteville, NC	Raleigh, NC	Greensboro, NC
Charlotte, NC	Asheville, NC	

The purpose of these sessions was to educate private partners on the new program and discuss how to work in partnership to best serve young adults in this program.

Foster Care 18 to 21 activities planned for SFY 2017-18 include:

- Ongoing technical assistance to county DSS agencies, private child-placing agencies, and other stakeholders regarding policy and legislative efforts;
- A focus group of county child welfare staff to review implementation, policy, and forms to modify the program, as needed;
- Speakers from NC DSS will share information about the program at various forums and events across the state, including Benchmark's Foster/Adoptive/Residential Committee Meeting, NC Social Services Attorneys Association 2017 Winter Conference, NC Employment and Training Association 2017 Conference, Fostering Wellness Collaborative, and a Learning Symposium hosted by Johnson C. Smith University in August 2017.

GUARDIANSHIP ASSISTANCE PROGRAM (GAP)

North Carolina Session Law 2015-241 allows the NC DSS to provide for the financial support of children who are deemed to be (1) in a permanent family setting, (2) eligible for legal guardianship, and (3) otherwise unlikely to receive permanency. GAP reimburses for room and board at the same rate as the foster care room and board rates in accordance with rates established by the NC General Assembly. The federal legislation which forms the legal basis for GAP is Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-

351). This law provided that, at the option of states, kinship guardianship assistance payments may be provided on behalf of children to relatives who have assumed legal guardianship of children.

Implementation of GAP

The following is a timeline of rule, policy, and procedure implementation activities related to the development of NC's GAP:

- July – November 2016
 - The Division developed program policies and procedures.
 - Amendments to the NC Administrative Rules (10A NCAC 70B and 10A NCAC 70M) were drafted and the proposed amendments to the rules and the fiscal impact note were approved by the Office of the State Budget and Management in August 2016.
- December 2016
 - The Division completed updates to the *Child Welfare Manual* to include the GAP (Chapter XIII: Child Welfare Funding Manual, Section 1700 – Guardianship Assistance) as well as forms to support the new policy. GAP policy was published on the NC DHHS website on December 15, 2016.
- January – February 2017
 - GAP forms were published on the NC DHHS website on January 1, 2017.
 - NC DSS collaborated with NC DIT to complete technical changes. Modifications to the Child Placement and Payment System were completed and implemented on February 15, 2017. The system was modified to allow NC DSS to monitor participants in the program, including which program eligibility requirement each participant meets, and the type of placement of each participant. The modifications also allow for reimbursements for foster care maintenance payments made to unlicensed placements, such as a landlord, relative, or young adult.
- March 2017
 - The effective permanent rule date for the Administrative Rule revisions pertaining to the program was March 1, 2017.

To prepare county staff for GAP implementation, in-person trainings were offered between November 2016 and January 2017 in 12 regional locations, as follows:

Wake County	Rowan County	Caldwell County
Haywood County	Mecklenburg County	Onslow County
Washington County	Wilson County	New Hanover County
Vance County	Edgecombe County	Cumberland County

The purpose of the trainings was to educate county partners (front line staff, supervisors, program managers, and directors) on the new GAP policy and program procedures. Information regarding the new program was also provided during offerings of the

mandatory, NC DSS-sponsored course *Child Placement*, and through the Division's "Staying Connected" and "Everything IV-E" calls. A webinar (in partnership with the Jordan Institute at UNC) was also conducted on December 13, 2016 and made available to both county and private child-placing agencies. A recording of this webinar is available at <http://fcrp.unc.edu/webinars.asp>. The program was implemented across the state on January 1, 2017.

SUPPORTING TRANSITIONING YOUTH

In the NC General Assembly 2015 Appropriations (Session Law 2015-241), provisions were included to fund a "Foster Care Transitional Living Initiative Fund" to support a demonstration project with services by the private nonprofit Youth Villages to:

- Improve outcomes for youth ages 17-21 years who transition from foster care through implementation to 16 outcome-based transitional living services;
- Identify cost-savings in social services and juvenile and adult correction services associated with the provision of transitional living services to youth aging out of foster care;
- Establish an evidence-based transitional living program available to all youth aging out of foster care. The Foster Care Transitional Living Initiative Fund supports the following strategies:
 - *Transitional Living Services*. These services are to be provided through a program using Youth Villages' outcome-based transitional living model, "YVLifeSet." Outcomes on more than 7,000 participants have been tracked since the program's inception. The program has been evaluated through an independent randomized controlled trial. Results indicate that, in comparison to the control population, this model had positive impacts on a variety of areas including housing stability, earnings, economic hardship, mental health, and intimate partner violence.
 - *Public-Private Partnership*. This is a commitment by private-sector funding partners to match 100% of the funds appropriated to the Foster Care Transitional Living Initiative Fund for the 2015-17 fiscal biennium for the purposes of providing YVLifeSet transitional living services using to youth aging out of foster care.
 - *Impact Measurement and Evaluation*. This is funded through private partners to provide independent measurement and evaluation of the impact the YVLifeSet Model has on the youth served, the foster care system, and other programs and services provided by NC which are used by former foster care youth.
 - *Advancement of Evidence-Based Process*. This is the implementation and ongoing evaluation of YVLifeSet for the purposes of establishing the first evidence-based transitional living program in the nation. To establish the evidence-based program, additional randomized controlled trials may be conducted to advance the model.

Foster Care Transitional Living Initiative Fund Data, December 1, 2015 - June 30, 2016

Following are data on youth served through YVLifeSet in North Carolina from December 1, 2015 – June 30, 2016 compared to all other states where Youth Villages provides YVLifeSet.

Total Youth Served with YVLifeSet, FY 2016	
<i>Youth Villages (All Other States)</i>	<i>North Carolina</i>
2,448	147

Gender of Youth Served with YVLifeSet, FY 2016		
<i>Gender</i>	<i>Youth Villages (All Other States)</i>	<i>North Carolina</i>
Male	43%	50%
Female	57%	50%

Age of Youth Served with YVLifeSet, FY 2016		
<i>Age Group</i>	<i>Youth Villages (All Other States)</i>	<i>North Carolina</i>
17 years old or younger	51%	54%
18 years old	30%	30%
19 years old	9%	9%
20 years old	6%	5%
21 years old or older	4%	2%

Race of Youth Served with YVLifeSet, FY 2016		
<i>Race</i>	<i>Youth Villages (All Other States)</i>	<i>North Carolina</i>
African American	37%	48%
Caucasian	49%	39%
Hispanic	4%	5%
Other	10%	8%

Percent in school, graduated, GED, or working at Discharge or End of Period, FY 2016*	
<i>Youth Villages (All Other States)</i>	<i>North Carolina</i>
87%	90%

**represents discharge information for youth served during FY 2016*

Percent with “no police contact” at time of Discharge or End of Period, FY 2016	
<i>Youth Villages (All Other States)</i>	<i>North Carolina</i>
87%	91%

**represents discharge information for youth served during FY 2016*

Time to Discharge, FY 2016		
	<i>Youth Villages (All Other States)</i>	<i>North Carolina DSS</i>
At least 60 days	2,066	129
Less than 60 days	216	8
Total Discharged	2282	137

**represents discharge information for youth served during FY 2016*

Percent Discharged Successfully, FY 2016		
	<i>Youth Villages (All Other States)</i>	<i>North Carolina</i>
Successful Discharge – living independently or with family at time of discharge	89%	85%

**only includes youth served at last 60 days, represents discharge information for youth served during FY 2016*

Foster Care Transitional Living Initiative Fund Data, July 1, 2016 – April 30, 2017
 Following are data on youth served through YVLifeSet for North Carolina from July 1, 2016– April 30, 2017 compared to all other states where Youth Villages, Inc. provides YVLifeSet.

Total Youth Served with YVLifeSet • July 1, 2016 – April 30, 2017	
<i>Youth Villages (All Other States)</i>	<i>North Carolina</i>
2,422	363

Gender of Youth Served with YVLifeSet • July 1, 2016 – April 30, 2017		
<i>Gender</i>	<i>Youth Villages (All Other States)</i>	<i>North Carolina</i>
Male	41%	45%
Female	59%	55%

Age of Youth Served with YVLifeSet • July 1, 2016 – April 30, 2017		
<i>Age Group</i>	<i>Youth Villages (All Other States)</i>	<i>North Carolina</i>
17 years old or younger	52%	56%
18 years old	29%	28%
19 years old	10%	9%
20 years old	5%	5%
21 years old or older	4%	2%

Race of Youth Served with YVLifeSet • July 1, 2016 – April 30, 2017		
<i>Race</i>	<i>Youth Villages (All Other States)</i>	<i>North Carolina</i>
African American	34%	42%
Caucasian	49%	42%
Hispanic	5%	4%
Other	12%	12%

Percent in school, graduated, GED, or working at Discharge or End of Period • July 1, 2017 – April 30, 2017	
<i>Youth Villages (All Other States)</i>	<i>North Carolina</i>
85%	87%

**represents discharge information for youth served during FY 2017*

Percent with “no police contact” at time of Discharge or End of Period • July 1, 2016 – April 30, 2017	
<i>Youth Villages (All Other States)</i>	<i>North Carolina</i>
88%	88%

**represents discharge information for youth served during FY 2017*

Time to Discharge • July 1, 2016 – April 30, 2017		
	Youth Villages (All Other States)	North Carolina DSS
At least 60 days	1,194	178
Less than 60 days	166	14
Total Discharged	1,360	192

**represents discharge information for youth served during FY 2017*

Percent Discharged Successfully • July 1, 2016 – April 30, 2017		
	Youth Villages (All Other States)	North Carolina
Successful Discharge – living independently or with family at time of discharge	84%	82%

**only includes youth served at last 60 days, represents discharge information for youth served during FY 2017*

The funds appropriated to the Foster Care Transitional Living Initiative Fund in 2015 covered the 2015-2017 fiscal biennium.

Training to Support the 2015-2019 CFSP

NC DSS continues to contract with Independent Living Resources, Inc. (ILR) to provide transitional living education services to NC's foster youth, foster parents, and caseworkers. For more on this, see Appendix J, "Changes to North Carolina's Training Plan."

National Youth in Transition Database (NYTD)

Since the 2015-2019 CFSP and subsequent APSR submissions, the Division has conducted the following activities to improve NYTD data collection and engagement of key NYTD stakeholders:

- Provided regular updates regarding NYTD data collection on monthly calls with county foster care, NC LINKS staff, and community stakeholders, including:
 - Number of eligible youth per county and statewide;
 - Number of youth who have completed the survey per county;
 - Percentage of eligible youth who have completed the survey per county and statewide;
- Regularly disseminated updates on NYTD data collection to counties through the NC LINKS email listserv.
- Successfully submitted NYTD 2016A and NYTD 2016B reporting and met the required response rate, ensuring the state was compliant with the NYTD data submission requirements and would not incur a penalty.

Since the CB announced implementation of NYTD reviews, the Division has:

- Participated in the CB's February 22, 2017 webinar "Introduction to the NYTD Review";
- Reviewed the *NYTD Review Guide*; and,

- Planned and held a June 2017 webinar open to county DSS agencies, partner agencies that work with youth currently or formerly in foster care, and other relevant stakeholders. Topics covered by the webinar included:
 - NYTD overview and historical context
 - Data snapshots and national NYTD data context
 - Using NYTD data to inform programming
 - Introduction to NYTD review

Planned activities for 2018 include, but are not limited to the following:

- Schedule NYTD review with federal partners;
- Provide technical assistance to county DSS agencies to ensure ongoing and accurate collection and reporting of NYTD survey and population-served data,
- Begin preparing for the NYTD review. (Note: the schedule of preparation activities will depend on the agreed-upon NYTD review dates/schedule.)

Collaboration with Youth and Other Programs

In the 2017 APSR the Division reported on the contract with ILR, Inc. and SaySo, a youth-led advocacy organization, to engage key stakeholders. ILR, which employs foster care alumni, and SaySo provide advocacy for foster youth and incorporate the youth voice from around the state by engaging youth at county DSS agencies, community events, statewide meetings, and conferences.

NC DSS continues to contract with ILR and SaySo to provide NC LINKS services and training to young people, child welfare staff, foster parents, and supportive adults throughout the state. The Division is currently in the process of renewing the contract with ILR and SaySo for SFY 2017-18.

Outside of the Division's contract with ILR and SaySo, SaySo alumni have participated in:

- NC's PIP Diligent Recruitment and Retention Workgroup (PIP Goal 3.2, *diligent recruitment*) meetings on October 27, 2016 and January 25, 2017.
- The writing workshop on April 3-4, 2017 where the state's Diligent Recruitment Plan was outlined.

As noted previously, with PIP Goal 1.5 (regarding family leadership model), efforts were made in SFY 2016-17 to ensure the process included adequate and diverse family representation. Youth from SaySo, family partners, and others have been involved in activities such as the review of educational materials and attendance at various social worker trainings, and their feedback was incorporated.

In addition, to bring the voices of youth and their caregivers into child welfare training, in SFY 2016-17 video interviews were incorporated into the new courses *Applying the Reasonable and Prudent Parenting Standard* and *Supporting Successful Visits*. For more on these additions to NC's child welfare training offerings, see section V.4. (Training Plan).

Planned activities for 2018 include, but are not limited to:

- The Division will work closely with ILR and SaySo to engage young people currently or formerly in foster care to participate in the NYTD review process as part of NC’s NYTD Review Team;
- Ongoing delivery of training and coordination of the U.S. Consumer Financial Protection Bureau’s “Your Money, Your Goals” toolkit with social workers, foster parents, and foster youth across the state;
- Continued participation in quarterly meetings with NC DSS’s Work First program and other economic services units within NC DSS, as well as NC’s Division of Workforce Solutions to share information and strengthen inter- and intra-agency collaboration around services to young people currently or formerly in foster care;
- Continued participation in meetings and activities of the Advisory to Education and Employment Opportunities for Students with Disabilities (S.L. 2015-241), which is charged with: assessing gaps and system needs to support transitions of people with disabilities to adulthood; developing program and fiscal policies to expand and sustain postsecondary education and employment opportunities for people with disabilities; planning and implementing approaches to public awareness about postsecondary education and employment for people with disabilities; planning and implementing joint policies and common data indicators for tracking the outcomes of people with disabilities after leaving high school; and considering options for technology to link agency databases; and
- Continued participation in Project NO REST. Efforts will include: (1) involvement in activities to promote a safe transition to independence by reducing the risk that youth and young adults in the child welfare system will be victims of human trafficking; and (2) strongly linking the work and goals of Project NO REST to the work of NC LINKS. For more on Project NO REST see section III of this report.

Consultation with Tribes

As described above (II.6, Consultation and Coordination with Tribes), as of October 1, 2015, the Eastern Band of Cherokee Indians (EBCI), a federally-recognized Indian tribe under federal law, now provides child welfare services, including Chafee-related services and programming, to the population living on Tribal trust lands.

Education and Training Voucher Program

Since 2003, NC DSS has contracted with the Orphan Foundation of America, DBA Foster Care to Success (FC2S), to administer the NC ETV program. NC ETV makes available vouchers for youth who were in care at age 17 and youth who were adopted out of care or placed in a relative guardianship on or after their 16th birthday to attend appropriately accredited postsecondary institutions of higher learning or access vocational training. FC2S continues to have the expertise and commitment to address the needs of program participants throughout the state and effectively administer the NC ETV program.

The table below provides the total (unduplicated) number of ETV awards for the 2015-16 school year and the 2016-17 school year (as of April 1, 2017), as well as the number of youth who were new voucher recipients each school year.

	Total ETVs Awarded	Number of New ETVs
Final Number: 2015-2016 School Year (July 1, 2015 to June 30, 2016)	285	130
2016-2017 School Year* (July 1, 2016 to June 30, 2017)	309	158

**as of April 1, 2017*

The following successes were reported by FC2S during the 2015-16 school year:

- In September 2015, FC2S instituted a new communications protocol that allows students to use scheduling software to book 15-20 minute blocks of time to speak with their coordinator, up to six weeks in advance;
- Students were sent care packages in the fall, in February, and in early May;
- 81% of students who completed the year progressed satisfactorily;
- 91% of students who completed the end-of-year survey reported that ETV funding reduced the amount of money borrowed;
- 83% of students who responded to the end-of-year survey reported being “highly satisfied” with the NC ETV program; and,
- 33% of students who responded to the end-of-year survey reported being “satisfied” with the NC ETV program.

The Division does not anticipate changes to the way in which the NC ETV program is administered. Presently, NC DSS is in the process of renewing its contract with FC2S for SFY 2017-18 to continue administering the NC ETV program.

V. Targeted Plans Update

1. Foster and Adoptive Parent Diligent Recruitment Plan

North Carolina has 100 public child-placing agencies (county DSS agencies), 81 private child-placing agencies, and 97 residential facilities. As of April 2017, North Carolina had 6,843 licensed foster homes. Of these, 2,625 (38%) were supervised by public child-placing agencies, 3,947 (58%) were supervised by private child-placing agencies, and 271 (4%) were residential, group, or institutional settings. As of April 30, 2017, 54.5% of the publicly licensed homes and 52.7% of the privately licensed homes were being utilized for children in foster care. Private child-placing agencies also serve children not in DSS custody.

The primary progress made this year was to develop a new statewide Diligent Recruitment and Retention Plan for implementation in 2017-18. That plan can be found in Appendix H. Below are some additional updates since last year’s APSR.

NC Kids

This year, as in the past, the NC DSS NC Kids Adoption and Foster Care Network served as a statewide recruitment entity. NC Kids is a first point of contact for individuals interested in becoming resource parents; it is also a supportive service to county DSS agencies. The following update on our progress and accomplishments is broken down into two sections:

- Direct recruitment by NC DSS, and
- NC DSS support to public and private agencies in their recruitment of resource families.

Direct Recruitment

Adoption recruitment efforts through NC Kids are an important part of our CFSP. In January 2017, NC DSS successfully completed a two-year, time-limited partnership with the NC State Employees Credit Union (NC SECU) to display the **North Carolina Heart Gallery**, which specifically targets foster and adoptive parent recruitment for older children, children with disabilities, children of color, and sibling groups. NC SECU has expressed interest in future partnerships around recruitment of foster and adoptive families. Six additional Heart Galleries are in rotation around the state to various community partners. These displays appeared in 13 different venues during SFY 2016-17, including churches, social service agencies, and within the business community. In SFY 2016-17 there were seven inquiries made directly to NC Kids as a direct result of a prospective foster or adoptive parent viewing a display of the NC Heart Gallery.

NC's Permanency Innovation Initiative is an effort launched in 2013 by NC's General Assembly. Under this state-sponsored initiative, a private child-placing agency, Children's Home Society of North Carolina (CHS), provides services to improve permanency outcomes for children living in foster care, to improve engagement with biological relatives, and to reduce costs associated with maintaining children in foster care. Since July 1, 2016, CHS has achieved positive outcomes for children and families with the following services.

Family Finding. Family Finding is a six-step model offering methods and strategies to locate and engage family members of children living in out-of-home care, with a focus on achieving legal and relational permanence. Since July 1, 2016:

- 196 children have been served by CHS Family Finding efforts
- 72% of children receiving the most intensive level of Family Finding services have had a "Decision Making" meeting
- 63% of these children had five or more relatives or fictive kin commit to ongoing engagement with them
- 72% of children who had a Family Finding "decision making meeting" had one or more relatives or fictive kin commit to helping them achieve permanency
- 30% of children receiving Family Finding services were placed with a family
- 23% of children receiving Family Finding services achieved permanence with a family
- 100% of children and case workers involved in Family Finding report satisfaction with the services

Child Specific Adoption Recruitment. Child-Specific Adoption Recruitment (CSR) is an approach to finding adoptive families for children that involves developing an individualized plan for each child based on the child's background and needs. The goal is to identify specific

parents who meet the specific needs of each child awaiting a permanent family. Since July 1, 2016, CHS has provided CSR services to 120 children. Of these:

- 53% have been matched with a family
- 50% have been placed with a family
- 46% have been adopted
- 96% of CSR-involved children and case workers report satisfaction with the services

Permanency-Related Training. Since July 1, 2016, child welfare agencies and partners have received a total of 262 hours of permanency-related training and coaching/consultation from CHS as part of the Permanency Innovation Initiative. This includes 42 training sessions with 634 staff from 13 county DSS agencies and 363 staff from various partner agencies including private partner agencies, schools, GALs, NC LINKS programs, and infant and toddler programs.

Dissemination of information on how to become a foster or adoptive parent or about specific children legally free for adoption continues with the NC Kids website, hotline, and general email address. Since the submission of the APSR, NC Kids has been tracking calls, emails, and inquiries made by community members about becoming a resource parent. This tracking is done through a survey (when the inquiry is by email) or by a consultant during initial phone calls. Between July 1, 2016 and April 30, 2017 NC Kids responded to over 1,500 inquiries about becoming a foster or adoptive family.

Supportive Services Related to Diligent Recruitment

Since the submission of the CFSP, NC DSS has engaged in the following in fulfillment of the state's diligent recruitment plan:

- *Fosteringnc.org*, a learning site for North Carolina's foster and adoptive families and kinship caregivers, was launched on March 1, 2017. This site features on-demand courses, webinars, videos, resources, and answers to questions frequently asked by foster, adoptive, and kinship caregivers. NC DSS, in partnership with UNC-Chapel Hill, NC State University, and Independent Living Resources, will maintain and update the site with additional resources and trainings on a regular basis. Between March 1 and May 29, 2017 *fosteringNC.org* was accessed by 1,281 individuals.
- *Foster Care 18 to 21.* NC Session Law 2015-241 (2015 Appropriations Act) was passed to include "Fostering Success/Extend Foster Care to 21 Years of Age." NC DSS worked with collaborative partners and the General Assembly to afford the opportunity for youth to continue foster care services from 18 to 21 years of age if they are:
 - Completing secondary education or a program leading to an equivalent credential;
 - Enrolled in an institution that provides postsecondary or vocational education;
 - Participating in a program or activity designed to promote, or remove barriers to employment;
 - Employed for at least 80 hours per month; or
 - Incapable of completing the program's educational or employment requirements due to a medical condition or disability.

This law also makes adoption assistance payments available until age 21 for youth adopted at age 16 or 17. NC DSS implementation of the program began on January 1, 2017. The support for young adults available through the Foster Care 18 to 21 program will enhance NC's capacity to recruit and retain families for children and youth in need of foster and adoptive homes.

- *Continued Implementation of Trauma-Informed Partnering for Safety – Model Approach to Partnerships in Parenting (TIPS-MAPP) statewide.* This allows for better preparation of foster and adoptive parents. In TIPS-MAPP, special attention is given to addressing issues of fidelity to the training model, which will improve the assessment and selection of resource parents.
- *MAPP Materials in Spanish.* NC DSS continues to communicate with Children's Alliance of Kansas, the owner of MAPP, regarding the translation of additional MAPP and *Deciding Together* training materials into Spanish. We are told progress is being made in this area.
- *Online Orientation for Prospective Foster Parents.* NC DSS, in partnership the UNC School of Social Work, continues to offer its online, on-demand, self-paced orientation for prospective foster parents. NC DSS has asked public and private child-placing agencies to make completion of this online orientation mandatory for all foster parents. This orientation is located on the homepage of North Carolina's learning portal for child welfare professionals, ncswLearn.org and on fosteringNC.org. Since its deployment on Aug. 1, 2013, the orientation has been uniquely accessed 15,625 times and its certificate of completion has been uniquely accessed 7,601 times.
- *Webinar: Efficiently Licensing High Quality Foster Parents.* On May 16, 2017, NC DSS, in partnership with the UNC School of Social Work, hosted this 90-minute webinar, for which 303 individuals registered. Overall, the webinar received positive reviews from participants, with 96% of those who responded to a satisfaction survey saying their understanding of the topic increased and 98% saying they intend to use what they learned on the job. Webinar handouts and a recording of the webinar are available at <http://fcrp.unc.edu/webinars.asp>. For more on webinars, see section V.4 (Training Plan).
- *Webinar: Unveiling North Carolina's New Diligent Recruitment and Retention Plan.* On June 23, 2017 NC DSS, in partnership the UNC School of Social Work, hosted this 90-minute webinar, for which more than 300 individuals registered. Webinar handouts and recording of the webinar are available at <http://fcrp.unc.edu/webinars.asp>. For more on webinars, see section V.4 (Training Plan).
- *State-Funded Supplement for Children Exposed to the Human Immunodeficiency Virus (HIV).* NC provides supplemental board payments for children in foster care and supplemental adoption assistance payments for children who have been adopted that were diagnosed as having been prenatally exposed to HIV or who have developed symptoms of HIV/AIDS in foster care. Supplemental payments for HIV positive children may be made to foster/adoptive parents, group homes, or child caring institutions licensed by NC DSS. Reimbursement rates range between \$800-\$1,600 per month based on the age of the child and the status of the disease. Since July 1, 2016, \$127,200 has been

expended to provide 148 children an HIV adoption assistance subsidy and \$17,729 has been expended for 16 children in foster care as an HIV supplemental board payment.

- *Special Children Adoption Incentive Fund (SCAIF)*. The NC Appropriations Act annually authorizes Social Services Block Grant (SSBG) funding for a Special Children Adoption Incentive Fund. The SSBG funding is then combined with local and state matching funds to make adoption a possibility for children with special health care needs who would otherwise remain in the foster care system because of the financial loss to foster/adoptive parents. By the end of SFY 2016-17, an average of 209 families of adopted children will have been provided SCAIF monthly payments totaling approximately \$1,850,400.

As a strategy of the PIP, NC DSS worked closely with stakeholders and the National Resource Center for Diligent Recruitment to write a new statewide Diligent Recruitment and Retention (DRR) plan. The DRR plan was issued on June 15, 2017 and will be in place for SFY 2017-18. County DSS agencies will use SFY 2017-18 to write their own localized Diligent Recruitment and Retention Plans to be implemented beginning in 2018-19. To enhance agencies' implementation of the plan, the article "NC Refocuses on Diligent Recruitment of Families for Children in Foster Care" appeared in the June 2017 issue of the NC DSS-sponsored publication *Children's Services Practice Notes*, which focused on recruitment of families for children in foster care.

2. Health Oversight and Coordination Plan

North Carolina's Health Oversight and Coordination Plan was first developed in 2012. Over the last several years, NC DSS has strengthened its collaboration with NC DMA and consulted with pediatricians, pharmacists, psychologists, and other experts in health care to strengthen the provision of health services to the child welfare population. Through the Fostering Health NC Program, administered by the North Carolina Pediatric Society, NC DSS and its partners address systemic issues, develop policies, and embed feedback loops to ensure providers receive what they need to develop the best treatment plan to address the physical, behavioral, and oral health needs for each child.

After piloting new protocols and forms, NC DSS officially released new procedures and forms in April 2016 to support the American Academy of Pediatrics (AAP) recommended standards for vulnerable populations. Currently, the Fostering Health NC State Advisory Team is working to revise North Carolina Health Oversight and Coordination Plan. We anticipate the 2017 Revised HOCP will be released by September 30, 2017.

Several additional key accomplishments are especially noteworthy.

- A new resource to support the use and monitoring of psychotropic medication was published in March 2017. The *Psychotropic Medications in Children and Adolescents: Guide for Use and Monitoring* is a companion to the existing *Best Practices for Medication Management for Children and Adolescents in Foster Care*. Both documents outline our protocols for the appropriate use psychotropic medication and clearly outline how these drugs should be monitored, including possible side effects, what needs to be monitored, and

how often they should be monitored. These documents are both found in Appendix I, “Best Practices in Medication Management for Children and Adolescents in Foster Care.”

- The Medical Home Model now includes 60 county DSS agencies, 14 CCNC networks, and 106 medical practices. These counties, networks, and medical practices are now trained and equipped with tools and resources to better coordinate care for children in foster care. This has positively transformed medical care for nearly one-third of children in foster care. Work continues to be done to ensure the Medical Home Model is operationalized in all 100 counties.
- After piloting a new series of health forms, NC DSS released the forms in policy in April 2016. These forms provide continuity of medical records for children in foster care and ensure key physical, behavioral, and oral health needs are addressed. At least 26 counties are regularly using the updated forms and technical assistance is being provided to increase that number. NC DSS Program Monitors are also reviewing health records during site visits; if a county is not using the new forms a corrective action is included in its PDP.
- The number of counties that have access to the CCNC Provider Portal has increased. The Provider Portal allows authorized individuals in a county to see historical health information immediately upon receiving custody of a youth. This can be crucial information when working with children who have a physical or mental health care need that requires immediate attention (such as diabetes, asthma, or a mental health disorder) and where prescription medication may be required.
- Significant additions have been made to the Fostering Health NC Resource Library (www.ncped.org/fosteringhealthnc), including Best Practices for School Nurses, Billing Framework for Foster Care Visits (guidance for providers), General Resources for Foster Families (in Spanish as well), and Case Management Across LME/MCO Catchment Areas.
- As mentioned in the 2017 APSR, two courses were developed to help child welfare line staff, supervisors, managers, and directors better understand the Medical Home Model and collaborate to improve outcomes for children. As of May 2017, 439 child welfare professionals have completed *Fostering Connections I: Partnering to Improve the Health and Well-Being of Children in Foster Care* and 205 have completed *Fostering Connections II: Building Local Systems to Improve the Health and Well-Being of Children in Foster Care*. Additionally, 360 individuals have completed the online course *Advocating for Child and Adolescent Mental Health Services: The Basics of Behavioral Health Management*.

3. Disaster Plan

Since the submission of the last APSR, North Carolina experienced Hurricane Matthew. In October 2016, this Category 5 Atlantic hurricane brought torrential rains and widespread flooding. Governor McCrory declared a state of emergency and on October 4 made evacuation mandatory in some parts of the state. The storm killed 26 North Carolinians; nearly 900 had to be rescued by boat crews. In addition, 680,000 lost power. Sections of Interstate 95 in North Carolina were shut

down due to hurricane flooding. Roughly 100,000 structures were flooded across the state and damage reached \$1.5 billion.

Because of Hurricane Matthew all five of North Carolina's disaster plans were executed for mitigation, response, and recovery. The five plans are as follows: EOP, CCP, Mass Care, Disaster Case Management, and the DSS SERT Plan.

- 84 shelters were open during and after Hurricane Matthew.
- 1,800 NC residents were in hotels from October 2016 to January 2017.
- Currently there are 93 TSA-eligible survivors lodged in 114 hotel rooms in the following counties: Columbus, Cumberland, Edgecombe, Lenoir, Pitt, Robeson, Wayne, and Wilson.
- Disaster Case Management Services are being provided through county DSS agencies, community action agencies, and NC Volunteer Organizations Active in Disaster (VOAD).
- 53 children in foster care were displaced during Hurricane Matthew; all sheltered with families. Today, all of these displaced children and families have returned to their dwellings or have been placed in manufactured homes.

Since submission of the last APSR, North Carolina's five disaster plans proved effective. There have been no changes or updates to these plans.

4. Training Plan

After July 1, 2016, North Carolina made a number of changes to its Training Plan; these can be found in Appendix J, "Changes to North Carolina's Training Plan."

Update on Training Activities

NC DSS Child Welfare Professional Development Workforce

An increase in funding from the NC General Assembly enabled NC DSS to add five new training positions to its Staff Development team. These positions have been filled and the new staff are in the process of acquiring the necessary information to expand the training program. This expanded capacity will help NC address concerns identified in the CFSR systemic factor regarding Staff and Provider Training.

New Courses and Webinars

This year North Carolina added the following new courses and webinars to its child welfare training system. Unless otherwise noted, more detailed information for each item below can be found at www.ncswlearn.org.

New Courses

- ***ABC's of CMEs***
Format: Classroom-based, 2-day training (12 hrs.)
Audience: Child welfare professionals employed by county DSS agencies

Description: This 2-day, classroom-based course teaches CPS assessors about the use of the Child Medical and Child and Family Evaluations.

Title IV-E Administrative Functions this Training Addresses: Referral to services, preparation for and participation in judicial determinations

Estimated Total Cost: \$900 (Note: Costs for development and delivery of this course were borne by UNC-CH; IV-B1 and State funds covered trainer travel expenses only.)

Applicable Funding Sources: IV-B1, State funds

Duration: Short-term

Provided by: Child Medical Evaluation Program, UNC-Chapel Hill

- ***Applying the Reasonable and Prudent Parenting Standard***

Format: On-demand online course (1 hr.)

Audience: Child welfare professionals employed by NC county DSS agencies

Description: Explains what North Carolina's reasonable and prudent parent standard is, how it promotes the well-being of young people in foster care, and how agencies and resources parents can implement it successfully.

Title IV-E Administrative Functions this Training Addresses: Case management and supervision

Estimated Total Cost: \$14,587.74 (Direct Cost = \$13,261.58 + Indirect Cost = \$1,326.16)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1, IV-B2, CAN

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

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

- ***Child Development and the Effects of Trauma for Foster Parents***

Format: On-demand online course series (1 hr. per course, 6 hours total)

Audience: Foster and adoptive parents and kinship caregivers

Description: This series courses teaches caregivers to support healthy child development in infancy, early childhood, school-age, and adolescence. Caregivers also learn to support youth whose development has been disrupted due to trauma.

Title IV-E Administrative Functions this Training Addresses: Placement of child

Estimated Total Cost: \$87,526.44 (Direct Cost = \$79,569.48 + Indirect Cost = \$7,956.96)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1, IV-B2, CAN

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

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

- ***Domestic Violence Forum: Breaking the Silos to Break the Silence***

Format: Instructor-led online forum series (1.5 hrs. each) *Note: available through NCSU:*
https://cfface.chass.ncsu.edu/projects/family_engagement/dss/dvforum.php

Audience: Child welfare workers and supervisors, other county DSS staff, resource parents, GALs, and staff from domestic violence advocacy agencies and batterer intervention programs, group homes and private child-placing agencies, adoption agencies, Legal Aid of NC, clerks of court (DV units), police departments, and mentoring and community agencies

Description: These forums address different topics relevant to families impacted by domestic violence. They feature guest speakers, videos, and conversations among participants and forum facilitators. The forums aim to increase communication between agencies with similar goals but different methods of accomplishing them; all agencies that provide resources for families impacted by domestic violence will have a place to talk, learn, and collaborate.

Title IV-E Administrative Functions this Training Addresses: Case management

Estimated Total Cost: \$31,569 (Direct Cost = \$28,699 + Indirect Cost = \$2,869)

Applicable Funding Sources: State only

Duration: Part-time (training was 1.5 hours/month for 5 months this year)

Provided by: Center for Family and Community Engagement at NC State University

- ***Game Building as Engagement***

Format: On-demand online course (1 hr.). *Note: available through NC State Univ.:* https://cfface.chass.ncsu.edu/projects/family_engagement/dss/on_demand.php

Audience: Child welfare workers, fathers, and those employed with agencies that provide services or resources to children and families impacted by domestic violence

Description: Introduces learners to games as a mechanism for fostering engagement, reflection, and conversations with clients and children. Teaches learners to develop basic interactive narratives and use them to help clients and children to explore the consequences of certain courses of action, in scenarios such as dealing with a bully at school or encountering the threat of violence at home. The interactive format encourages self-efficacy, responsibility, and self-reflection. Through this course, professionals and parents can develop prompts and build interactive narratives that will allow exploration on the target area as well as potential context for further conversations about the topic areas.

Title IV-E Administrative Functions this Training Addresses: Case management

Estimated Total Cost: \$41,243 (Direct Cost = \$37,494 + Indirect Cost = 3,749)

Applicable Funding Sources: IV-B1 & IV-B2

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

Provided by: Center for Family and Community Engagement at NC State University

- ***How Loss Impacts Youth in Foster Care: Our Role in Acknowledging and Processing Ambiguous Loss***

Format: On-demand online course (0.5 hr.). *Note: available through NC State Univ.:* https://cfface.chass.ncsu.edu/projects/family_engagement/dss/on_demand.php

Audience: Foster parents, kinship caregivers, social workers, and community partners

Description: Examines types of losses youth experience, teaches learners to recognize unresolved loss and support children and youth with grief related to these losses, and

explores practical communication skills that can be used to help youth process ambiguous loss and express their loss in healthy ways.

Title IV-E Administrative Functions this Training Addresses: Placement of child

Estimated Total Cost: \$73,189 (Direct Cost = \$66,535 + Indirect Cost = \$6,654)

Applicable Funding Sources: State Funds, IV-B1, & IV-B2

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

Provided by: Center for Family and Community Engagement at NC State University

- ***North Carolina's OSRI/Case Review Process: What to Expect***

Format: On-demand online course (1 hr.)

Audience: Child welfare professionals employed by county DSS agencies

Description: Explains what our state's OSRI/case review process is, what to expect when an Onsite Review occurs, and what resources are available to county child welfare agencies.

Title IV-E Administrative Functions this Training Addresses: Data collection and reporting

Estimated Total Cost: \$29,432.70 (Direct Cost = \$26,757.00 + Indirect Cost = \$2,675.70)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1

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

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

- ***Preventing Premature Case Closure in CPS In-Home***

Format: On-demand online course (1 hr.)

Audience: Child welfare supervisors employed by county DSS agencies, especially those responsible for CPS In-Home Services

Description: Focuses on how child welfare supervisors can address—and prevent—premature case closure in CPS in-home services. Learners will particularly appreciate the strategies the course teaches for: ensuring assessments are comprehensive, preparing families and youth for CFTs, crafting appropriate family service agreement objectives, and linking the family with effective services.

Title IV-E Administrative Functions this Training Addresses: Development and maintenance of case plan, case management and supervision

Estimated Total Cost: \$29,432.70 (Direct Cost = \$26,757.00 + Indirect Cost = \$2,675.70)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1

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

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

- ***Project Broadcast Trauma-Informed Leadership Training (TILT)***

Format: Learning community (pre-work and consultation calls, three 2-day face-to-face trainings, and follow-up consultation calls)

<https://www2.ncdhhs.gov/dss/dcdl/famsupchildwelfare/CWS-06-2016.pdf>

Audience: Teams from county DSS agencies (child welfare workers, supervisors and program managers/administrators)

Description: The training helps social workers gain the knowledge, skills and competencies related to the impact of child abuse and neglect; the long-term effects of trauma on health and mental health issues; helps to screen children for trauma; and develop trauma-informed child welfare practice at the local agency level.

Title IV-E Administrative Functions this Training Addresses: Placement of the child, development of case plan, case management and supervision

Estimated Total Cost: \$130,000 Direct Cost

Applicable Funding Sources: TANF, SSBG, IV-E Foster Care Admin; IV-E Adoption Admin, IV-B (1); Medicaid, State

Duration: Long-term (9 months)

Provided by: Center for Child and Family Health and NC DSS

- ***Public-Private Toolkit Orientation***

Format: On-demand online course (0.5 hr.)

Audience: Child welfare professionals in NC county child welfare agencies, especially those working with resource parents and young people in foster care

Description: The Public-Private Toolkit is designed to help NC's public child welfare agencies improve outcomes for families by strengthening their partnerships and increasing accountability with private child-placing agencies. This course explains what the toolkit is, reviews the steps agencies go through to complete the toolkit, shares lessons learned from county DSS agencies already using the toolkit, and describes next steps for getting started with the toolkit.

Title IV-E Administrative Functions this Training Addresses: Placement of child, case management and supervision, recruitment/licensing of foster/adoptive homes & institutions

Estimated Total Cost: \$0 (*Note: IV-E funds were not used to develop this course; that funding was provided by The Duke Endowment.*)

Applicable Funding Sources: None

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

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

- ***Resource Parent Curriculum Staff Facilitator Training***

Format: Learning community (pre-work and consultation calls, 3-day face-to-face training, and follow-up consultation calls)

Audience: Child welfare workers and supervisors, other county DSS staff, staff from group homes and private foster care and adoption child-placing agencies

Description: *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents (RPC)*. RPC is a trauma-informed, 16-hour in-service training to help parents

understand the impact of child abuse and neglect; the long-term effects of trauma on health and mental health issues are working. Master RPC trainers will help ensure applicants fully understand the content of the curriculum, provide feedback on their delivery of RPC and provide on-going consultation to the applicant as they deliver the training to the parents in their home community.

Title IV-E Administrative Functions this Training Addresses: Recruitment and licensing of foster homes and institutions; placement of the child

Estimated Total Cost: \$80,000 Direct Cost

Applicable Funding Sources: TANF, SSBG, IV-E Foster Care Admin; IV-E Adoption Admin, IV-B (1); Medicaid, State

Duration: Long-term (8 months)

Provided by: Center for Child and Family Health and NC DSS

- ***Supervisory Features on ncswLearn.org***

Format: On-demand online course (0.25 hrs.)

Audience: Child welfare supervisors employed by county DSS agencies

Description: Teaches supervisors to use the “Supervisor Resources” section of North Carolina’s child welfare learning portal to perform a host of key training-related functions, including registering employees for training, viewing employees’ training histories, and more.

Title IV-E Administrative Functions this Training Addresses: Supervision

Estimated Total Cost: \$17,969.90 (Direct Cost = \$16,336.27 + Indirect Cost = \$1633.63)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1

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

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

- ***Supporting Children and Youth with IDD in Foster Care***

Format: On-demand online course (1 hr.). *Note: available through NC State Univ.:* https://cfface.chass.ncsu.edu/projects/family_engagement/dss/on_demand.php

Audience: Child welfare professionals and foster caregivers

Description: Teaches learners to answer the following questions: (1) What are intellectual developmental disabilities (IDD)? (2) What can foster parents expect from a child with IDD in their care? (3) How can foster parents best support children and youth with IDD?

Title IV-E Administrative Functions this Training Addresses: Placement of child

Estimated Total Cost: \$35,678 (Direct Cost = \$32,435 + Indirect Cost = \$3,243)

Applicable Funding Sources: State Funds, IV-B1, & IV-B2

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

Provided by: Center for Family and Community Engagement at NC State University

- Supporting Effective Documentation: A Course for Supervisors**

Format: On-demand online course (1 hr.).

Audience: Child welfare supervisors employed by county DSS agencies

Description: Teaches supervisors strategies for addressing—and preventing—common documentation problems. Through case examples, learners will practice identifying and correcting specific documentation issues, and they will learn effective ways to support the kind of documentation needed to make sound decisions in child welfare.

Title IV-E Administrative Functions this Training Addresses: Case management and supervision, data collection and reporting

Estimated Total Cost: \$29,432.70 (Direct Cost = \$26,757.00 + Indirect Cost = \$2,675.70)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1

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

Provided by: Family and Children's Resource Program, Jordan Institute for Families, UNC
- Supporting Successful Visits (for Foster Parents)**

Format: On-demand online course series (1 hr. per course, 3 hours total)

Audience: Foster and adoptive parents and kinship caregivers

Description: Parent-child visits are one of the best tools for maintaining connections and reunifying families safely. This series teaches you how to support youth throughout the visitation process while managing common concerns such as trauma reminders and behavioral challenges.

Title IV-E Administrative Functions this Training Addresses: Placement of child

Estimated Total Cost: \$43,763.21 (Direct Cost = \$39,784.74+ Indirect Cost = \$3,978.47)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1, IV-B2, CAN

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

Provided by: Family and Children's Resource Program, Jordan Institute for Families, UNC
- Working Safe, Working Smart**

Format: On-demand online course (4 hrs.).

Audience: Child welfare professionals employed by a county DSS, including social workers, supervisors, program managers, and administrators

Description: Addresses personal safety in the workplace, with a focus on interactions between staff and clients or the public. Participants learn to identify potentially dangerous situations and acquire skills to prevent and de-escalate such interactions. The course also familiarizes learners with strategies for managing interviews with specific populations and developing a safe culture within the agency.

Title IV-E Administrative Functions this Training Addresses: Other—Social worker safety

Estimated Total Cost: \$79,525.26 (Direct Cost = \$78,654.78 + Indirect Cost = \$870.48)

Applicable Funding Sources: TANF, SSBG, IV-E Foster Care Admin; IV-E Adoption Admin, IV-B (1); Medicaid, State

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

Provided by: Independent Living Resources, Inc.

Cost Allocation Methodology

The Cost Allocation Plan (<http://www.ncdhhs.gov/control/cost/CAP/ToC.htm>) is divided into 15 sections. Section XII is specific to NC DSS.

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

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

The NC DHHS DSS Cost Allocation Plan is organized by Sections within DSS and by RCC. The RCC Narrative provides the description of services provide, the allocation base definition, the source of statistical data, the time period used and the programs that benefit.

The RCCs for the training plan are:

- 2422, DV Consultants
- 2430, Child Welfare Services Staff Development Team
- 2431, Child Welfare Services Staff Development & Training
- 2432, Trauma Grant Support
- 2475, Training Contracts
- 2480, Training Contracts Grants Funded
- 2481, Education Collaborative
- 2492, Training Center Community College Contracts
- 2494, Regional Training Staff
- 6055, Trauma Grant Contract

Course Revisions/Updates

To ensure child welfare professionals in North Carolina have access to up-to-date information about the best ways to achieve positive outcomes for families and children, North Carolina is continually revising and updating its child welfare training courses. The PIP lists 5 goals for North Carolina to achieve by December 2018. Goal one of the plan is to improve the outcomes of safety, permanency, and well-being through the establishment of clear performance expectations for practice in CPS assessments, CPS in-home services, and foster care services (Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3, and Staff and Provider Training). Steps to achieve this goal include strengthening and clarifying North Carolina's child welfare policies and practices and enhancing the training system to support the consistent application of the revised policies and practices. A Training Systems PIP Workgroup began meeting in January 2017 to review and revise curricula associated with the service areas CPS

assessments, CPS in-home services, and foster care services. This Workgroup, comprised of NC DSS staff and county DSS directors, manager, and trainers, meets twice a month to review data to identify gaps in service delivery and training curricula content and design. This group will also review and revise the *Pre-Service* curriculum to align it with revised policy and other curricula previously mentioned.

The Training Systems Workgroup is also charged with strengthening the transfer of learning model for all curricula and mandating the utilization of the transfer of learning tool for county staff to ensure the social work competencies identified in the revised policies and practices are implemented consistently after staff attend training. Additionally, they will develop a series of “in-service” trainings (examples include scripted PowerPoints, webinars, role-play scenarios, videos, etc.) to be used by county supervisors and training divisions to reinforce consistent implementation of the revised policies and practices. All activities are targeted to be completed by March 2018.

The *Welcome to Supervision* module was developed by NC DSS in SFY 2016-17. After the initial development phase, NC DSS obtained input from the Child Welfare Supervisory Advisory Committee and incorporated it into the module. The *Welcome to Supervision* module provides information and resources for new supervisors. There are four separate videos within this module featuring interviews with NC DSS leaders, a county DSS director, and two county child welfare supervisors. *Welcome to Supervision* will include a link to the “Professional Development via ncswLearn.org” module.

Publications to Support Professional Development and Best Practice

- *Children’s Services Practice Notes*. Sponsored by NC DSS and produced by the Jordan Institute for Families at the UNC School of Social Work, *Practice Notes* (www.practicenotes.org) provides North Carolina’s child welfare professionals with information to enhance their practice and improve outcomes for children and families. Since July 1, 2016 issues were published on the following topics:
 - Engagement in child welfare
 - Making decisions in child welfare
 - Diligent recruitment of families for children in foster care
- *Fostering Perspectives*. Sponsored by NC DSS and produced by the Jordan Institute for Families at the UNC School of Social Work, *Fostering Perspectives* (www.fosteringperspectives.org) brings child welfare professionals and foster and adoptive parents strategies and innovative approaches for working with the children in care. Two issues have appeared since July 1, 2016.
- *Training Matters*. Sponsored by NC DSS and produced by the Jordan Institute for Families at the UNC School of Social Work, *Training Matters* (www.trainingmatters-nc.org) provides information on training and professional development to NC's child welfare workers and supervisors. Distributed electronically, the newsletter enhances the understanding, use, and

impact of North Carolina’s child welfare training system. The edition published in May 2017 gave readers training-related updates and an overview of the child welfare training system.

Treat Them Like Gold: A Best Practice Guide for Partnering with Resource Families. This detailed guidebook includes a full range of practical strategies for recruiting and retaining resource families. It also addresses broader considerations such as funding, diversity, community partnerships, and other systemic factors. Originally published in 2009, it was revised in Oct. 2015 and made available at: <https://www2.ncdhhs.gov/dss/publications/>. This guide continues to be available.

Ongoing Training Opportunities

A full calendar of training events is offered on a six-month basis each year. For the most recent course offerings as well as data on training completions and the number of training events, see Appendix K, “Child Welfare Training Registration Information: July 1, 2016 to March 30, 2017.”

Webinars

- ***Safety Plans are Changing: What You Need to Know***

Format: 90-minute webinar

Audience: Directors, program administrators/managers, supervisors, and child welfare staff in all roles from county DSS agencies

Description: Safety resource placements have frequently been used by CPS to ensure safety, permanence, and well-being for children and their families. However, in response to growing concerns regarding the overuse of safety resource placements and especially the length of time children are remaining in them, North Carolina has reviewed and revised its policy around this practice. This webinar provides an overview of impending policy changes, including the use of a new approach called the “Temporary Parental Safety Agreement.”

Title IV-E Administrative Functions this Training Addresses: Preparation for and participation in judicial determinations, placement of child, development and maintenance of case plan, case management and supervision

Estimated Total Cost: \$12,711.71 (Direct Cost = \$11,556.10 + Indirect Cost = \$1,155.61)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1, IV-B2, CAN

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

Provided by: Jordan Institute for Families, UNC-CH

- ***Human Trafficking: What Child Welfare Agencies Should Know***

Format: 90-minute webinar

Audience: Directors, child welfare program administrators/managers, and all child welfare staff from county DSS agencies

Description: This webinar gives an overview of labor and sex trafficking of minors, emphasizing how child welfare professionals can identify and respond to victims.

Title IV-E Administrative Functions this Training Addresses: Other—Human trafficking

Estimated Total Cost: \$12,000.00 (direct = \$10,909.10; indirect = \$1,090.90)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1

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

Provided by: Jordan Institute for Families, UNC-CH

- ***Developing and Implementing Family Service Agreements***

Format: 90-minute webinar

Audience: Child welfare program administrators/ managers, and all child welfare staff from county DSS agencies

Description: Family Service Agreements can be powerful tools for engaging families, ensuring accountability, and making children safer. Yet if they aren't done correctly, FSAs do few or none of these things. This webinar focused on how we can help families develop strong FSAs, while avoiding cookie cutter recommendations, allowing the family to help guide the agreement and achieve greater success through increased engagement.

Title IV-E Administrative Functions this Training Addresses: Preparation for and participation in judicial determinations, development and maintenance of case plan, case management and supervision

Estimated Total Cost: \$12,000.00 (direct = \$10,909.10; indirect = \$1,090.90)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1

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

Provided by: Jordan Institute for Families, UNC-CH

- ***Distinguishing Safety and Risk in the Real World: A Key Skill at Every Stage in Child Welfare Work***

Format: 90-minute webinar

Audience: Child welfare professionals in all roles from county DSS agencies

Description: This practice-focused webinar uses real-world examples to show how accurately distinguishing between safety and risk benefits families, workers, and agencies.

Title IV-E Administrative Functions this Training Addresses: Preparation for and participation in judicial determinations, development and maintenance of case plan, case management and supervision

Estimated Total Cost: \$12,000.00 (direct = \$10,909.10; indirect = \$1,090.90)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1

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

Provided by: Jordan Institute for Families, UNC-CH

- ***NC's Foster Care to 21 and Guardianship Assistance Programs: What You Need to Know***

Format: 90-minute webinar

Audience: (1) foster care social workers and supervisors from county DSS agencies; (2) social workers and supervisors from private child-placing agencies in NC

Description: This webinar offers an overview and implementation tips for two North Carolina programs designed to expand permanency options for young people in foster care: Foster Care 18 to 21 and GAP.

Title IV-E Administrative Functions this Training Addresses: Placement of child

Estimated Total Cost: \$12,000.00 (direct = \$10,909.10; indirect = \$1,090.90)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1

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

Provided by: Jordan Institute for Families, UNC-CH

- ***Well Begun is Half Done: How CPS Intake and Timely Initiation Can Improve CPS Assessments***

Format: 90-minute webinar

Audience: Child welfare professionals from county DSS agencies, especially those involved with CPS intake, CPS assessments, and on-call/after hours

Description: This webinar explores ways to strengthen CPS intake and CPS initiation in North Carolina.

Title IV-E Administrative Functions this Training Addresses: Preparation for and participation in judicial determinations, development and maintenance of case plan, case management and supervision

Estimated Total Cost: \$12,000.00 (direct = \$10,909.10; indirect = \$1,090.90)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1

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

Provided by: Jordan Institute for Families, UNC-CH

- ***Strengthening Family Service Agreements in CPS In-Home Services***

Format: 90-minute webinar

Audience: Child welfare professionals from county DSS agencies, especially CPS in-home services social workers and supervisors

Description: Family Service Agreements have a tremendous influence on the outcomes we achieve with families and children. This webinar describes how to avoid common errors related to FSAs in in-home services as well as strategies for ensuring effective communication between CPS assessors and CPS in-home staff.

Title IV-E Administrative Functions this Training Addresses: Preparation for and participation in judicial determinations, development and maintenance of case plan, case management and supervision

Estimated Total Cost: \$12,711.71 (Direct Cost = \$11,556.10 + Indirect Cost = \$1,155.61)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1, IV-B2, CAN

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

Provided by: Jordan Institute for Families, UNC-CH

- ***Efficiently Licensing High-Quality Foster Parents***

Format: 90-minute webinar

Audience: Child welfare professionals, especially those involved with foster home licensing, from county DSS agencies and private child-placing agencies

Description: This webinar describes what the NC DSS is doing to enhance the foster home licensing process and to support Supervising Agencies, and it shares effective strategies agencies are using to speed up licensing of families while maintaining an emphasis on quality and mutual assessment.

Title IV-E Administrative Functions this Training Addresses: Recruitment/licensing of foster/adoptive homes & institutions

Estimated Total Cost: \$12,711.71 (Direct Cost = \$11,556.10 + Indirect Cost = \$1,155.61)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1, IV-B2, CAN

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

Provided by: Jordan Institute for Families, UNC-CH

- ***NC's New Plan for Recruiting (and Retaining!) Families for Children in Foster Care***

Format: 90-minute webinar

Audience: Child welfare professionals from North Carolina public and private child-placing agencies, especially individuals involved in recruitment and retention of foster and adoptive families for children in foster care

Description: This webinar walks learners through NC's new Diligent Recruitment and Retention Plan, making it clear what the next steps will be at the state and local level and what the concrete implications and requirements are for public and private agencies.

Title IV-E Administrative Functions this Training Addresses: Recruitment/licensing of foster/adoptive homes & institutions

Estimated Total Cost: \$12,711.71 (Direct Cost = \$11,556.10 + Indirect Cost = \$1,155.61)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1, IV-B2, CAN

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

Provided by: Jordan Institute for Families, UNC-CH

- ***Regular Supervision as a Key to Consistency***

Format: 90-minute webinar

Audience: Child welfare supervisors and program managers from county DSS agencies

Description: Regular supervision promotes consistency in practice within individual supervised teams as well as among supervisors across an agency. This webinar will describe the difference between staffing and supervision, offer best practice recommendations for supervision, and explore how supervisors can use coaching to promote critical thinking among staff.

Title IV-E Administrative Functions this Training Addresses: Case management and supervision

Estimated Total Cost: \$12,711.71 (Direct Cost = \$11,556.10 + Indirect Cost = \$1,155.61)

Applicable Funding Sources: Medicaid, IV-E Foster Care Admin., SSBG, TANF, IV-E Adoption Admin., IV-B1, IV-B2, CAN

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

Provided by: Jordan Institute for Families, UNC-CH

Cost Allocation Methodology – *same as above*

VI. Statistical and Supporting Information

1. CAPTA Annual State Data Report SFY 2016

Child Maltreatment Reports and Findings SFY 16	2016
Total number of Assessments	70,015
Total number of Children ¹	125,982

Number of Assessments by Type Reported ²	2016	
Type Reported	Number of Assessments	Number of Children
Abuse	3,723	7,145
Abuse and Neglect	4,870	10,165
Dependency	541	839
Neglect	61,190	109,643
No maltreatment	1,170	2,088
Totals	71,494	129,880

Number of Assessments by Type Found ³	2016	
Type Found	Number of Assessments	Number of Children
Abuse and Neglect Substantiated	698	1,041
Abuse and Serious Neglect Substantiated	100	137
Abuse Substantiated	594	859
Dependency Substantiated	232	335
Neglect Substantiated	3,720	7,067
Serious Neglect and Neglect Substantiated	19	35
Serious Neglect Substantiated	80	147
Services Needed	7,514	14,134
Services Provided, CPS No Longer Needed	3,926	7,885
Services Recommended	19,365	37,041
Unsubstantiated	10,996	22,077
Services Not Recommended	24,571	47,546
Substantiated Subtotals	5,443	9,621
Family Assessment Finding Subtotals	30,805	59,060
Unsubstantiated/Services Not Recommended Subtotals	35,567	69,623
Totals	71,815	138,304
Maltreatment Findings Totals ⁴	12,957	23,755

¹ This table represents an unduplicated count of children.

² The numbers in this table represent partially unduplicated assessment and child counts. For example, if a report was made on two children, and one was alleged to be abused and the other neglected; this single assessment will appear twice, once in the abuse category and again in the neglect category. Similarly, if a child was reported more than once in

a year, and was reported as a victim of different types of maltreatment, that child will be counted once in each category. However, if a child is reported as a victim of the same type of maltreatment multiple times, that child would only be counted once, since all reports were for the same maltreatment type. Therefore, the totals in this table are greater than the unduplicated totals in the first table.

³ The numbers in this table represent partially unduplicated assessment and child counts. Just as in the second table, if an assessment includes multiple findings, it will be included in each category, and if a child is a victim of more than one type of maltreatment within a year, that child will be counted in both categories. Therefore, the totals in this table are greater than the completely unduplicated totals in the first table.

⁴ Maltreatment findings include all substantiations as well as findings of Services Needed.

Information on Child Protective Service Workforce

There has been no change to the state-mandated educational, qualification, and training requirements for child protective service professionals. This includes requirements for entry and advancement in the profession, as well as requirements for advancement to supervisory positions.

Child welfare staff are managed by each of the 100 counties through standards set by the State Office of Human Resources or through the county with a substantially equivalent human resource system. Due to the lack of a single data base for child welfare staff in North Carolina, comprehensive demographic information on the workforce is unavailable. After coming improvements to ncswLearn.org are complete and full implementation of NC FAST, North Carolina will be able to report complete demographic information about our state's child welfare protective services workforce.

NC DSS does collect information annually on specific areas by way of an annual survey completed by county staff December-February of each year for the prior calendar year. This information includes:

- The total number of child welfare social worker full time equivalent positions (FTEs)
- The total number of child welfare social work supervisor FTEs
- Academic degrees of social worker staff
- Academic degrees of social work supervisors and program managers
- Total number of FTEs hired during the year
- Reasons for vacancies in social worker, supervisor, and program manager FTEs

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

Following is an update about North Carolina's child welfare workforce.

Education. Each year, NC DSS administers an annual Child Welfare Staffing Survey with county DSS agencies. In addition to collecting other data, this survey captures responses as to the education levels of current child welfare staff in the state. The table below depicts results from the latest survey, which ended Jan. 31, 2017.

EDUCATIONAL PROFILE OF NC'S CHILD WELFARE WORKFORCE, JAN. 1, 2017

Title	Total	Bachelor (Social Work)	Bachelor (Other)	Masters (Social Work)	Master's (Other)	Higher
Social Worker	2,637	725	1,206	423	277	6
Social Work Supervisor	573	107	227	114	74	1
Program Manager	81	17	35	15	12	2
Program Administrator	40	5	15	15	5	0

Qualifications. As in years past, qualifications of child welfare staff vary across counties. The Child Welfare Staffing Survey ending Jan. 31, 2017 indicated that county DSS agencies hired 755 workers in 2016. Of these, 231 (31%) were fully qualified to assume a caseload immediately upon hiring. Large- and medium-sized counties tend to have the most fully qualified employees; these counties offer higher compensation packages and have more resources available to support staff development.

Training. In the Child Welfare Staffing Survey ending Jan. 31, 2017, counties reported that it takes an average of 9.38 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>. However, given that extracting aggregate data on training compliance is not possible through ncsWLearn, the Program Monitoring team has reviewed training compliance in all 100 counties. Sixty-one counties included training compliance as a goal in their PDP. Because the Program Monitoring team is highlighting training requirements with counties, there is an increased demand to attend training. NC DSS is exploring options to expand the offerings of various courses to meet the increased demand and will continue to monitor training compliance in each county.

Caseloads. Current NC child welfare policy provides guidance on expected caseload sizes:

- Child welfare 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 are evaluated in two ways. The first is through a quarterly county DSS 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. However, this data is not fully vetted and verified.

County DSS agencies maintain a monthly Child Welfare Workforce Data Workbook; counties submit this data to NC DSS on a quarterly basis. For the 12/31/2016 submission, the average caseload sizes in NC were as shown in the table below. As a reminder, it is not unusual for staff to manage cases that cross over into other child welfare service areas.

AVERAGE CASELOAD SIZES

Title	Cases per available staff	Cases per FTEs budgeted
Intake	68.5	64.3
Assessments	11.4	9.67
In Home	8.9	7.9

Supervision. NC 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 12/31/2016 Child Welfare Workforce Data Workbook.

SUPERVISION RATIOS

	Available Staff	Budgeted Staff
Budgeted Supervisors	4.3	4.9
Available Supervisors	4.5	5.1

More accurate caseload and supervisory ratio data will be available as NC implements NC FAST.

Juvenile Justice Transfers

Based on data retrieved from North Carolina’s Child Placement and Payment System, between July 1, 2016 through June 13, 2017, 47 children left DSS custody through transfer to another agency. Unfortunately, due to shortcomings in North Carolina’s data systems, it is not possible to say how many (if any) of these children transferred from county DSS custody to the custody of juvenile justice. It is anticipated that the implementation of the child welfare module of NC FAST will address this shortcoming.

2. Sources of Data on Child Maltreatment Deaths

North Carolina currently uses data from the Office of the Chief Medical Examiner in reporting the number of child maltreatment fatalities in our state to NCANDS. In reporting the number of child maltreatment fatalities to NCANDS, the prior year’s total is provided. This is due to the lag time in the local medical examiners’ offices sending their reports to the Office of the Chief Medical Examiner. The Office of the Chief Medical Examiner is part of NC DHHS through NC DPH. The Office of the Chief Medical Examiner is the only source consulted; to seek the information from other sources would risk duplication and inaccuracy in our NCANDS reporting.

- **Impact of NC’s Child Fatality Task Force (CFTF).** The CFTF is a legislative study commission that examines the causes of child death and makes recommendations to the Governor and General Assembly on how to reduce child death, prevent abuse and neglect, and support the safe and healthy development of children. The CFTF was created in 1991 by state statute. Between 1991 and 2014 the child death rate in NC decreased 46%. This reduction represents 15,000 more children reaching adulthood. For more on the CFTF visit <http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Homepage/>.

3. Education and Training Vouchers

For information related to NC’s ETV program, including the unduplicated number of youth who received NC ETV awards, please refer to the "Education and Training Voucher Program" subsection of section IV.

4. Inter-Country Adoptions

Four children who were adopted from other counties entered foster care in North Carolina in FY 2016-17 because of the disruption of a placement for adoption or the dissolution of an adoption. The table below shares information about these children.

	Original Adoption Handled by	Reason Entered Care	Permanent Plan
Child 1	International Child Foundation	Dependency	Adoption
Child 2	Christian Adoption Services	Neglect	Court Approved Caretaker
Child 3	Carolina Adoption Services	Dependency	Aged out of care; on a CARS until June 8, 2017
Child 4	Unable to determine	Dependent	Prior to exiting foster care on May 4, 2017, permanent plan was guardianship with a court-approved caretaker with a concurrent plan of custody with a court-approved caretaker. Youth turned 18 and signed a Voluntary Placement Agreement to remain in foster care. Youth terminated VPA on May 4, 2017.

5. Monthly Caseworker Visit Data

States are required to collect and report data on monthly caseworker visits with children in foster care. Data for FY 2017 is to be reported separate from the 2018 APSR and will be due for submission to the CB by December 15, 2017. For preliminary data on this topic, please refer to section II.7 (Monthly Caseworker Visit Formula Grants).

VII. Financial Information

1. Payment Limitations – Title IV-B, Subpart 1

In FFY 2015, North Carolina spent \$1,590,655 in IV-B, subpart 1 funding for child care, foster care maintenance, and adoption assistance.

The FFY 2015, North Carolina matched the IV-B, subpart 1 funding with non-federal funds in the amount of \$530,218 to support foster care maintenance.

2. Payment Limitations – Title IV-B, Subpart 2

North Carolina is not currently expending at least 20% of the funds in each of the four programmatic areas. As the North Carolina General Assembly provided significant state funds for the provision of IFPS, the use of the state’s allocation for family preservation services would be better invested in the other program areas. North Carolina has identified a critical need for

adoption promotion funding. As the statewide population of children served by foster care continues to grow, resources to support the adoption program is a prospective investment.

- 3. FY 2017 Funding—Revised CFS-101 Budget Request**
- 4. FY 2018 Budget Request—CFS-101, Parts I and II**
- 5. FY 2015 Title IV-B Expenditure Report—CFS-101, Part III**
- 6. Standard Form 425 (SF-425) Federal Financial Report (FFR)**

- *Title IV-B, subpart 1
- *Title IV-B, subpart 2 – PSSF
- *Title IV-B, subpart 2 – Monthly Caseworker Visit Funds
- *CAPTA
- *CFCIP and ETV

Appendix

- A. Interagency Collaborative Court Survey Results**
- B. Every Student Succeeds Act: NC DSS and NC DPI Joint Guidance**
- C. North Carolina AFCARS Improvement Plan (AIP)**
- D. Project Broadcast Trauma Screening Report**
- E. Community-Based Child Abuse Prevention (CBCAP) Application**
- F. Capacity Building Center (CBC) Work Plan**
- G. 2017 CCPT Final Report**
- H. North Carolina Diligent Recruitment and Retention Plan**
- I. Best Practices for Medication Management for Children and Adolescents in Foster Care**
- J. Changes to North Carolina’s Training Plan**
- K. Child Welfare Training Registration Information: 7/1/16 – 3/30/17**

Attachments

- 1. CFS-101, Part I, II, III**