

NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

Division of Social Services
Child Welfare Services

2021 Annual Progress and Services Report for the
North Carolina Child and Family Services Plan
2020-2024

*North Carolina Child and Family Services Plan
FY 2020-2024*

**2021 Annual Progress and
Services Report**

SUBMITTED JUNE 2020

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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Introduction

The 2021 Annual Progress and Services Report (APSR) focuses on updates and changes since the North Carolina Department of Health and Human Services (NC DHHS), Division of Social Services (NC DSS), submitted its 2020 Child and Family Services Plan (CFSP). The 2020 CFSP, previous years' APSRs, the 2017 Program Improvement Plan (PIP), and other federal reports are located on the NC DSS website and may be found following the link:

<https://www.NC.DHHS.gov/divisions/social-services/program-statistics-and-reviews/child-welfare-statistics>

In the 2020 CFSP, North Carolina committed to improving outcomes for children and families served by the child welfare system as part of its efforts towards child welfare transformation and by embracing a vision of a North Carolina where every child and family is safe, healthy, and well. In the first half of federal fiscal year 2020, North Carolina enthusiastically began working towards its 2020 CFSP goals and objectives. During the first six months, North Carolina achieved four significant accomplishments critical to creating the infrastructure, partnerships, and stakeholder participation for successful CFSP implementation, as follows:

- 1) NC DSS county operational resources were realigned to create and support a regional model of state supervision and support to counties mandated by Rylan's Law. Prior to receiving funding to open physical offices in each of seven regions, central office staff were organized into virtual, regional groups to begin providing a higher level of support and oversight to child welfare agencies statewide. NC DHHS's capacity to successfully implement the CFSP was further strengthened in two important ways. Responsibility for program management within the main NC DSS office was clarified and strengthened by creating four high-level positions with clear delineation of program responsibility in alignment with the CFSP. This was accomplished in federal fiscal year 2020 by redeploying positions to create managers responsible separately for Safety and Prevention, Permanency, Licensing and Regulatory Services, and Continuous Quality Improvement; also, the NC DSS workforce was transitioned into these four distinct sections.
- 2) NC DHHS recognized that successful transition to regional support and successful child welfare transformation through implementation of the CFSP required additional operational support. To that end, NC DHHS added a Chief Operating Officer of Human Services to provide oversight of business and operations with a specific focus on child welfare. NC DHHS also recognizes that launching the regional support model and implementing the Family First Prevention Services Act (FFPSA) requires additional fiscal staff and capacity. While there is a plan to add a lead financial officer and direct reports, an interim plan calls for using contract staff through the Center for Support of Families to provide oversight and consultation regarding child welfare fiscal matters.
- 3) The Unified Public Agency Leadership Team (ULT) was chartered to help cement the necessary partnership between NC DSS and counties necessary for successful CFSP implementation in North Carolina's state-supervised, county administered system. The groundwork for creating the ULT was laid during the writing of the 2020 CFSP, when five county social services directors (including the tri-chairs of the county directors association's Children's Services Committee) worked with state leaders to create the plan. Early in federal fiscal year 2020, the same group of county

directors—with the sanction of the directors association—agreed to form the ULT to guide CFSP implementation. The ULT is described in more detail in the collaboration section.

- 4) To assure robust participation of diverse groups of partners, stakeholders, and persons with lived experience in the implementation of child welfare transformation, the ULT created five design teams—one for each strategic priority of the CFSP. More detailed information about the design teams is contained in the collaboration section.

North Carolina’s Child and Family Services Plan identified commitments, targets, and benchmarks scheduled to be addressed and accomplished in 2020 for each of the following five strategic priorities.



While significant progress was made, the state experienced two major challenges in fully executing the 2020 plan. State budget funding was not allocated for additional child welfare regional support model positions at the close of the General Assembly’s long session. And, on March 10, 2020, North Carolina declared a state of emergency as a result of the COVID-19 pandemic. NC DHHS has served as a leader in educating and informing the public of the impact of COVID-19, and in ensuring measures to protect and serve North Carolinians, including children and families. The NC DHHS and NC DSS have devoted significant resources to addressing the pandemic while ensuring continuous, accessible services and supports for children and families in need. This mammoth undertaking has resulted in the utilization of existing workgroups and stakeholder groups to evaluate the holistic needs of children and families and to enact measures to enhance, secure, connect, and support viable, critical services within and across departmental programs during this ever-evolving healthcare crisis. NC DSS has provided targeted, continuous guidance and consultation to county child welfare agencies, and it has responded to inquiries from senior state leaders, individual youth and families (including foster parents and resource providers), and others regarding impacted child welfare services delivery.

North Carolina's child welfare system continues meaningful engagement with stakeholders in aligning its efforts with additional state and community efforts to improve the health, safety, and well-being of all North Carolinians, including:

- The *Early Childhood Action Plan* efforts aimed at giving children a healthy start and to develop their full potential in safe and nurturing families, schools, and communities. (For more on this effort, see "Updates on Service Descriptions" in section five of this report.)
- North Carolina's *Opioid Action Plan* that involves strategies for prevention, treatment, prescriptions, law enforcement, and legislation for addressing the opioid crisis. (For more on this effort, see "Populations at Greatest Risk of Maltreatment" in section five of this report).
- Implementation of the Family First Prevention Services Act of 2018 (Public Law 115-123). In consultation with Chapin Hall and The Duke Endowment, NC DHHS has created a multidisciplinary, executive-level Leadership Advisory Team (LAT) to inform the efforts and activities of NC DHHS and NC DSS towards development of a prevention plan and continuous (congregate) care plan, including selection of evidence-based practices (EBPs) and candidacy population determinations. North Carolina is utilizing a NC DHHS steering committee to lead project management and implementation efforts towards fiscal and programmatic alignment of the requirements and services related to Title IV-B and Title IV-E funding, including but not limited to time-limited foster care prevention program and services, licensing standards for foster family homes, adoption assistance, adoption and legal guardianship incentive programs, and the Chafee Foster Care Independence Program.

2021 APSR Requirements

I. General Information

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State Agency Administering the Programs

The 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.

North Carolina 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 for whom allegations of abuse, neglect, or dependency are made.

1. Collaboration (Section C1)

North Carolina has a wealth of stakeholders who share the goal of improving outcomes for children and families. An exhaustive list of stakeholders is included in the CFSP. Representatives of NC DSS are engaged as both members of and presenters during stakeholder group meetings to ensure there is both awareness and alignment with the CFSP.

To execute the CFSP, North Carolina is focusing on the following stakeholder groups who will provide iterative, meaningful consultation and collaboration to ensure the plan is tailored to the needs of our state.

The Public Agency Unified Leadership Team (ULT)

The North Carolina Public Agency Unified Leadership Team (ULT) was formed to assure joint state-county leadership for child welfare transformation and the implementation of the CFSP. The team is co-led by the state child welfare director and a member of the leadership of the North Carolina Association of County Directors of Social Services (NCACDSS). Also serving on the ULT are members of the state child welfare leadership team and four other county DSS directors. The team is responsible for providing guidance, direction, and sequencing instructions for child welfare transformation work in North Carolina. Key 2020 accomplishments and ongoing responsibilities of the ULT include:

- Recruitment, selection, direction and oversight of the child welfare design teams for the five strategic priorities of the CFSP;
- Development of a communication plan to provide information about child welfare transformation and receive feedback from state and county leadership, public and private partners, and community stakeholders including persons with lived experience;
- Leadership to the development and adoption of practice standards for the implementation of North Carolina's child welfare practice model; and,
- Ongoing decision making and communication about how North Carolina will provide child welfare services during the COVID-19 pandemic.

This team currently meets twice per month.

Design Teams

North Carolina has created five design teams to assure the child welfare transformation effort is informed and shaped by the diverse voices critical to its success. Each design team has been charged with providing input and guidance to the implementation of initiatives within one of the strategic priorities of the CFSP, and each design team consists of a diverse group of state and county child welfare staff, representatives from public and private partner agencies, and persons with lived experience. The diverse membership of

the design teams ensures that a variety of perspectives and ideas can be solicited and included, while also ensuring connections with and between key stakeholder organizations and initiatives. For example, the two members of the NC Children’s Justice Act Grant Task Force, including the Chair who also serves on the CIP’s Interagency (Court) Collaborative, serves as a member of the CFSP Safety Design Team. The design teams are intended to provide input and guidance to the ULT, various work teams, agencies, and contractors responsible for the major initiatives within their strategic priorities. Other key responsibilities include providing feedback on needs and barriers with a focus on identifying and proposing solutions and reviewing and providing feedback to NC DSS on proposed policy changes relevant to their respective design groups. Design teams are intended to assure that all initiatives within the strategic priorities (including initiatives already underway and groups involved) are informed by diverse groups of stakeholders and partners. Membership of the design teams was determined by the ULT following a nomination process, with a requested commitment of 10 hours per month by each member (to include monthly meetings) for design team activities. The CFSP design teams met in February 2020 during the statewide CFSP design team “kickoff” conference and reviewed the design teaming structure; their respective CFSP strategic plan priorities’ targets, benchmarks, and metrics; and prepared for ongoing monthly meetings and activities. Due to COVID-19 and related travel restrictions implemented in March 2020, design team meetings were cancelled in March and April 2020. Recently, the design team leads/facilitators have rescheduled and are convening virtual meetings as possible, beginning in May 2020. While certain “in-person” activities have been suspended, online meetings and communications will allow for continued engagement and participation of the multidisciplinary team members, with emphasis on the teams’ goals and objectives that can be accomplished through virtual activities (e.g., review of proposed policy and practices, review of research and information related to certain strategic priority subject matter, etc.).

Family First Prevention Services Leadership Advisory Team (LAT)

North Carolina has an abundance of services provided by private agencies that support the work of county departments of social services. These agencies provide prevention services, foster care, post-permanency services, and congregate care. The Family First Prevention Services Act (FFPSA) will dramatically change services for both departments of social services and private agencies. To provide an ongoing opportunity for joint planning for implementation of FFPSA, representatives of departments of social services, private agencies, and NC DHHS leaders meet bi-monthly. This team has developed a draft definition of “candidates for foster care” and made preliminary recommendations for the evidence-based programs that will most benefit children and families in our state. The work of the LAT is expedited by specific focus groups, and the LAT also serves to ensure FFPSA implementation is aligned with the CFSP.

Engagement of Youth, Family, and Parent Voice

North Carolina has three advocacy groups that have and continue to provide input into the CFSP, reflective of lived experience in the child welfare system, as follows:

The Child Welfare Family Advisory Council. This council continues to meet monthly and provides ongoing feedback related to policies and practice changes in child welfare. This process occurs through “Family Partner Feedback Day,” where NC DSS staff provide specific information for the council to provide feedback, shaping information and strategies for informing and engaging families. A priority for this council is to recruit, train, and equip family partners to ensure North Carolina has a sufficient pool of

stakeholders with have lived experience in the child welfare system available to be equal partners at the transformation table. Members of this group are represented on the design teams and the LAT. They are fully invested in North Carolina's CFSP.

SAYSO. North Carolina's youth advocacy agency SAYSO (Strong Able Youth Speaking Out) has been in existence for 22 years to advocate for the needs of young adults in foster care. Regular meetings with this group occur with the NC LINKS coordinator, to ensure the CFSP is reflective of youth perspectives and needs. SAYSO representatives are included on each design team and on the LAT.

Foster Family Alliance. The Foster Family Alliance (FFA) is a statewide peer network for foster parents to provide advocacy, support, and training to/for foster parents. The Alliance focuses on activities that recruit and retain foster parents. The Alliance has been engaged in development of the CFSP, and its members serve on the Permanency and Well-Being Design Teams. This year, a part-time position has been added to support the needs of foster parents. This position will ensure that FFA remains a partner in all transformation work.

Ongoing Collaboration with the Courts

Interagency (Court) Collaborative. In North Carolina, the judicial system is a critical collaboration partner of NC DSS and an important stakeholder in ensuring safety, permanency, and well-being outcomes for children, youth, and families. In 2020, NC DSS served on the Interagency (Court) Collaborative, a state-level multidisciplinary group convened by the Juvenile Court Improvement Program (CIP) and comprised of representatives from the NC Administrative Office of the Courts (AOC), NC DSS, the Guardian ad Litem (GAL) Program, the Indigent Defense Fund, the University of North Carolina at Chapel Hill (UNC-CH), the NC Department of Public Instruction (DPI), and county child welfare agencies. During alternating monthly meetings in October 2019 through February 2020, the Collaborative discussed proposed legislative changes related to child welfare practices and objectives, considered local county-level issues and perspectives, and shared information about professional development needs and resources. In March 2020, COVID-19 prevented NC DSS and other members of the Collaborative from attending the national CIP State Planning conference; however, NC DSS and Collaborative members did attend the conference virtually, and did engage in post-event discussions regarding North Carolina's plans for 2020 and 2021, as aligned with the 2020 CFSP. NC DSS maintained regular, virtual communications and connections with AOC and the CIP, especially as related to the impact of COVID-19 on state and local judicial and child welfare practices. The Interagency Collaborative spearheaded a workgroup of its members to create a proposal to AOC for recommended practices for juvenile court cases. Representatives are on three of the five CFSP design teams from North Carolina's judicial system, serving as key members towards forwarding the goals and objectives of North Carolina's child welfare reform efforts, including specific permanency targets and benchmarks as well as targets and benchmarks related to safety and well-being. Additionally, Assistant Attorneys General with the North Carolina Department of Justice (NC DOJ) are available for consultation and contributions towards the work of the design teams, in promoting achievement of optimum outcomes for children, youth, and families experiencing North Carolina's child welfare system.

Joint Planning Meetings. In February 2020, NC DSS partnered with the CIP to coordinate a joint planning session by and between the Children's Bureau, NC DSS, AOC, and key members of the Interagency Collaborative to discuss North Carolina's permanency work, including specific efforts towards improving

performance on Item #6 of North Carolina’s 2017 PIP. Additionally, NC DSS and the Children’s Home Society presented on Kinship Navigation plans and efforts, which are part of the first target in the permanency strategic priority of the CFSP. In May 2020, representatives from AOC, the GAL Program, and CIP participated in virtual joint planning sessions related to statewide CQI needs and plans; the impact of COVID-19 on child welfare policies, practices, and outcomes (including the role of the courts); and the creation of a statewide prevention services network. During the joint planning sessions, court representatives shared information about challenges experienced at the local level related to court closings, technical assistance being provided to help local judicial districts utilize virtual hearings and electronic operations resources, and about the state task force convened by NC Supreme Court Chief Justice Beasley for continued pandemic-mitigation recommendations and strategies.

District Permanency Collaboratives. North Carolina implemented District Court Collaboratives through its 2017 PIP. About one-half of these Collaboratives (in 20 of the 41 judicial districts) have continued to meet quarterly or monthly. These collaboratives will be leveraged to address timely permanence at the local level. There is renewed interest in the Collaboratives due to the need to address the impact that COVID-19 has had on North Carolina’s court system. The Collaboratives have been able to jointly plan how to address any delays or needed modifications. In 2019, NC DSS’ Permanency Coordinator worked with the Interagency Collaborative and CIP to support efforts towards full utilization and proposed expansion of local District Permanency Collaboratives to engage local stakeholders in analysis and activities towards enhancing local court-related permanency outcomes. While District Permanency Collaboratives exist in 20 of the 41 judicial districts, NC DSS’ work to promote and support expansion of the local collaboratives will continue into 2021. This includes using this resource in various CFSP initiatives and efforts.

Tribes

Collaboration with American Indian tribes occurs primarily through the North Carolina Indian Child Welfare Committee, which meets quarterly. This committee includes representatives of the Eastern Band of Cherokee Indians and the seven state tribes. Each year, the committee hosts a statewide Indian Child Welfare gathering. This year, the gathering was scheduled for March 2020, but was postponed due to COVID-19. Progress on the CFSP is discussed at each committee meeting and will be included in discussions at the next Indian Child Welfare gathering, as well.

2. Update to Assessment of Current Performance Improving Outcomes (Section C2)

Child and Family Outcomes

North Carolina’s PIP ended in 2019, with a non-overlapping measurement period continuing until December 31, 2020. While the focus of the continued measurement plan is Item 6, which is the only target North Carolina has not yet met, the completion of the entire OSRI tool allows for continued data to assess all outcomes. The performance goal of all outcomes and items is the federal Child and Family Services Review (CFSR) compliance standard of 95%.

The charts below present North Carolina’s OSRI baseline item scores including baseline, PIP goal (when available) and for case record reviews for each of the last three 6-month review periods (October 2018

through March 2020). Data for April 2019 – September 2019 and October 2019 – March 2020 represent data that is newly available since the submission of North Carolina’s 2020 CFSP, with the April 2019-September 2019 data corresponding to the final six months of the previous CFSP and the October 2019 to May 2020 data representing data for the first six months of the 2020 CFSP. Although the data is very informative about the current trends in North Carolina’s performance, it is generally too early to assess the impact of new initiatives in the 2020 CFSP.

After the discussion for each of the seven child and family outcomes and each of the seven CFSR systemic factors, current and planned activities targeted at improving performance are updated briefly.

Safety Outcomes

The table below illustrates North Carolina current performance in Safety Outcomes 1 and 2 in the past 18 months.

Safety Outcomes 1 and 2	Performance		Number of Applicable Cases
Safety 1, Item 1	Baseline	71.7%	
	PIP Goal	76.1%	
	Oct 2018 - Mar 2019	77.36%	53
	Apr 2019 – Sept 2019	78.43%	51
	Oct 2019 – Mar 2020	79.59%	49
Safety 2, Item 2	Baseline	61.7%	
	PIP Goal	66.4%	
	Oct 2018 – Mar 2019	79.41%	34
	Apr 2019 – Sept 2019	79.07%	43
	Oct 2019 – Mar 2020	79.59%	33
Safety 2, Item 3	Baseline	58.7%	
	PIP Goal	62.2%	
	Oct 2018 – Mar 2019	61.54%	104
	Apr 2019 – Sept 2019	62.27%	110
	Oct 2019 – Mar 2020	58.47%	118

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

North Carolina’s performance on Item 1 (timely initiation of investigating reports of child maltreatment) has continued to show modest improvement and to exceed the PIP goal. North Carolina will continue with focused technical assistance efforts around diligent efforts to timely response.

North Carolina’s performance on Item 2 (services to prevent foster care) has maintained but not further improved upon the very substantial progress above the baseline and PIP goal that was evident in the October 2018 – March 2019 period.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Scores on Item 3 (risk and safety assessment and management) showed very slight improvement in the April 2019 – September 2019 period, but then declined slightly in the October 2019 – March 2020 period.

Activities to improve performance on Safety Outcomes 1 and 2: In October 2019, North Carolina held seven regional meetings for supervisors in which training was delivered on the “Role of Supervision in Case Practice,” with an emphasis on supervisors providing ongoing direction in the life of a case to ensure that safety and risk are adequately assessed. Through February, the County Operations Team offered county-specific technical assistance in the form of regular on-site consults that included review of data, targeted review of cases, training, and the development of improvement plans that are monitored regularly. Since the State of Emergency declaration for COVID-19, North Carolina has been working to convert to a virtual technical assistance process until on-site visits are again possible.

Revisions have been made to the 200-level courses *CPS Assessments* and *Medical Aspects* to improve safety responses.

During federal fiscal year 2020, North Carolina has taken preparatory steps for implementation of a practice model that includes elements of Safety Organized Practice and to strengthen workforce development and CQI strategies. Those activities are updated in greater detail in Section C3 and elsewhere in the APSR.

Permanency Outcomes

The table below illustrates North Carolina current performance in Permanency Outcomes 1 and 2 in the past 18 months.

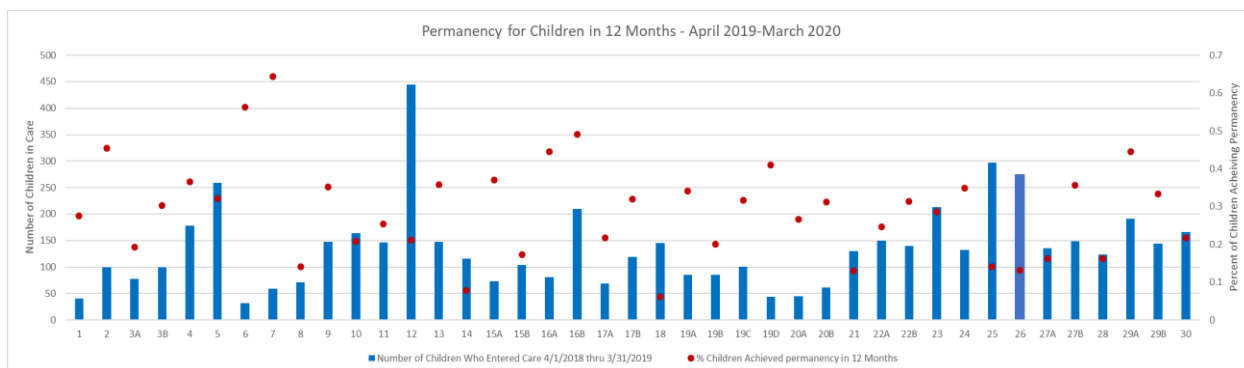
Permanency Outcomes 1 and 2	Performance		Number of Applicable Cases
Permanency 1, Item 4	Baseline	66.1%	
	PIP Goal	70.6%	
	Oct 2018 – Mar 2019	77.05%	61
	Apr 2019 – Sept 2019	72.13%	61
	Oct 2019 – Mar 2020	76.12%	67
Permanency 11, Item 5	Baseline	50.0%	
	PIP Goal	54.7%	
	Oct 2018 – Mar 2019	57.38%	61
	Apr 2019 – Sept 2019	62.3%	61
	Oct 2019 – Mar 2020	52.24%	67
Permanency 1, Item 6	Baseline	43.5%	
	PIP Goal	48.3%	
	Oct 2018 – Mar 2019	32.79%	61
	Apr 2019 – Sept 2019	27.8%	61
	Oct 2019 – Mar 2020	43.28%	67
Permanency 2, Item 7	Baseline	66.1%	
	PIP Goal	70.6%	

	Oct 2018-Mar 2019	84.78%	46
	Apr 2019 – Sept 2019	80.43%	46
	Oct 2019 – Mar 2020	86.54%	52
Permanency 2, Item 8	Baseline	47%	
	Oct 2018 – Mar 2019	69.77%	43
	Apr 2019 – Sept 2019	67.00%	57
	Oct 2019 – Mar 2020	74.14%	58
Permanency 2, Item 9	Baseline	71%	
	Oct 2018 – Mar 2019	73.33%	60
	Apr 2019 – Sept 2019	63.33%	60
	Oct 2019- Mar 2020	76.17%	67
Permanency2, Item 10	Baseline	70%	
	Oct 2018 – Mar 2019	72.88%	59
	Apr 2019 – Sept 2019	76.27%	59
	Oct 2019 – Mar 2020	72.73%	66
Permanency2, Item 11	Baseline	53%	
	Oct 2018 – Mar 2019	65.57%	37
	Apr 2019 – Sept 2019	56.10%	41
	Oct 2019 – Mar 2020	56.60%	53

Placement Stability in the First Year of Foster Care

Number of Placements	July 2016- June 2017	July 2017 - June 2018	July 2018 – June 2019
Total Number of Children	5512	4584	4333
1 Placement	42%	41%	40%
2 Placements	23.5%	23.5%	23%
3 Placements	13%	13%	12%
4 or More Placements	19%	20%	22.5%
No Countable Placements	2.5%	2%	2%

Source: Retrieved on June 3, 2020 from UNC at Chapel Hill Jordan Institute for Families. URL: <http://ssw.unc.edu/ma/>.



Permanency Outcome 1: Children have permanency and stability in their living situations.

North Carolina’s performance on Item 4 (stability in foster care) has fluctuated in the two measurement periods of the past year but has remained above both the baseline and the PIP goal.

North Carolina’s performance on Item 5 (permanency goal for child) showed continued improvement in the April 2019 – September 2019 time period and was significantly higher than both the baseline and the PIP. However, the score on this item dropped sharply in October 2019 – March 2020 time period.

Performance on Item 6 (achieving permanency goal(s)) remains a major challenge for North Carolina. Scores on Item 6 fluctuated in the last year, with some improvement in the second 6-month period. However, scores remain very low and below North Carolina’s PIP goal.

To address challenges on Permanency Outcome 1, North Carolina conducted eight regional meetings in January and February of 2020 on “Effective Practice in Permanency Planning.” The meetings included a strong emphasis on the timely development of a permanent plan for the child and ensuring that the plan is what drives all the goals and activities established to fulfill the plan.

Through February, the County Operations Team offered county-specific technical assistance in the form of regular on-site consults that included review of data, targeted review of cases, training, and the development of improvement plans that are monitored regularly. Since the State of Emergency declaration for COVID-19, North Carolina has been working to convert to a virtual technical assistance process until on-site visits are again possible.

Additionally, North Carolina continued to address achieving timely permanence in 2020 through continued collaboration with North Carolina’s Administrative Office of the Courts (AOC), and all of North Carolina’s 41 judicial districts. North Carolina continues to emphasize the need for ongoing local collaboration using the District Permanency Collaboratives that were established during the prior Program Improvement Plan, and through promotion of the Permanency Roundtables.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Overall, North Carolina has demonstrated substantially more improvement on items related to Permanency Outcome 2. North Carolina’s performance on both Item 7 (placement with siblings) and Item 8 (visiting with parents and siblings in foster care) fluctuated in the past year but remained very substantially higher than its baselines. For both items, performance improved further during the most recent 6-month period.

On Item 9 (preserving connections), North Carolina’s performance has also fluctuated, with performance in the 6-month period from April 2019 – September 2019 dipping slightly below the baseline and then improving sharply in the most recent 6-month period.

On Item 10 (relative placement), North Carolina’s performance has fluctuated in the past 12 months while remaining slightly above the baseline. On Item 11 (relationship of child in care with parents), North Carolina scored lower in the last 12 months compared to the April 2019 – September 2019 period, while remaining slightly above the CFSR baseline. Further analysis of Item 11 indicates a slight decrease in the identification and utilization of relatives, specifically paternal relatives, for placement options.

North Carolina conducted seven regional meetings in October 2019 on “Ongoing Diligent Efforts” to locate relatives. The theme was that diligent efforts must continue throughout the life of a case. There was a specific emphasis on the necessity of ongoing searches for relatives to provide support for children in custody, as well as on the need for continuous engagement of nonresident fathers. North Carolina will work to ensure an emphasis on fathers and paternal relatives in its KinGAP training and continue to use OSRI data to assess progress in this area.

Through February, the County Operations Team offered county-specific technical assistance in the form of regular on-site consults that included review of data, targeted review of cases, training, and the development of improvement plans that are monitored regularly. Since the State of Emergency declaration for COVID-19, North Carolina has been working to convert to a virtual technical assistance process until on-site visits are again possible.

Well-Being Outcomes

The table below illustrates North Carolina current performance in Well-Being Outcomes 1, 2, and 3 in the past 18 months.

Well-Being Outcomes 1, 2 and 3	Performance		Number of Applicable Cases
Well-Being 1, Item 12	Baseline	45%	
	PIP Goal	48.5%	
	Oct 2018 – Mar 2019	56.73%	104
	Apr 2019 – Sept 2019	46.36%	110
	Oct 2019 – Mar 2020	43.33%	118
Well-Being 1, Item 13	Baseline	48.6%	
	PIP Goal	52.2%	
	Oct 2018 – Mar 2019	68.37%	98
	Apr 2019 – Sept 2019	56.86%	102
	Oct 2019 – Mar 2020	57.02%	114
Well-Being 1, Item 14	Baseline	62.4%	
	PIP Goal	65.8%	
	Oct 2018 – Mar 2019	72.12%	104
	Apr 2019 – Sept 2019	68.18%	110
	Oct 2019 – Mar 2020	68.64%	118
Well-Being 1, Item 15	Baseline	43%	
	PIP Goal	46.7%	
	Oct 2018 – Mar 2019	52.44%	82
	Apr 2019 – Sept 2019	47.31%	93
	Oct 2019 – Mar 2020	44.86%	107
Well-Being2, Item 16	Baseline	90%	
	Oct 2018 – Mar 2019	94.03%	67
	Apr 2019 – Sept 2019	92.19%	64
	Oct 2019 – Mar 2020	93.24%	74
Well-Being 3, Item 17	Baseline	78% (In-Home)	

	PIP Goal	77% (Foster Care)	
	Baseline	82% (In-Home)	
	PIP Goal	82% (Foster Care)	
	Oct 2018 – Mar 2019	74.12%	85
	Apr 2019 – Sept 2019	74.12%	85
	Oct 2019 – Mar 2020	73.91%	92
Well-Being 3, Item 18	Baseline	76%	
	Oct 2018 – Mar 2019	80.26%	76
	Apr 2019 – Sept 2019	72.29%	83
	Oct 2019 – Mar 2020	71.08%	83

Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.

North Carolina’s performance on Item 12 (needs, services of child, parents, and foster parents) has declined in the last 12 months. Analysis within that item shows services to children have increased but North Carolina has experienced challenges with assessing the needs of parents, particularly fathers.

On Item 13 (child and family involvement in case planning), North Carolina’s performance has declined significantly in the past year compared to the April 2019 – September 2019 period, though it still is stronger than the baseline and PIP goal.

North Carolina’s performance on Items 14 (caseworker visits with child) and 15 (caseworker visits with parents) also declined in the past 12 months compared to the April 2019 – September 2019 period. Analysis indicates the frequency of visits with children and families was usually consistent and appropriate, but the quality of visits and involvement of fathers needs improvement.

North Carolina has begun and will continue to work with specific agencies, providing technical assistance in service planning. This technical assistance includes conversations with local child welfare staff about root cause, to ensure understanding of barriers and challenge. Also, Regional Child Welfare Consultants will provide immediate feedback on specific agreements and towards enhancing skills for system improvements to family engagement and family services agreements.

North Carolina will look at its current strategies on improving work with fathers and determine what is working and what else needs to be developed. North Carolina has developed a review tool that will be used to evaluate caseworker visits with children and parents in CPS Assessments, CPS In-Home, and Permanency Planning cases on a quarterly basis for all counties. The result of these reviews will guide additional technical assistance provided, including referrals to on-line trainings, in-person local trainings, conversations with county staff, and ongoing review of records for immediate improvement.

Through February, the County Operations Team offered county-specific technical assistance in the form of regular on-site consults that included review of data, targeted review of cases, training, and the development of improvement plans that are monitored regularly. Since the State of Emergency declaration for COVID-19, North Carolina has been working to convert to a virtual technical assistance process until on-site visits are again possible.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

North Carolina's performance on Item 16 (educational needs of the child) continues to be a relative strength. North Carolina's performance in the most recent 6-month period (93.24%) is close to the 95% CFR goal for Item Well-Being 2 and Item 16.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

North Carolina's performance on Item 17 (physical health of the child) has not shown improvement in the 12 months while performance on Item 18 (mental/behavioral health of the child) has declined. Analysis indicates that North Carolina continues to appropriately assess and monitor medications of children and youth in foster care but continues to be challenged with identifying and accessing services across the state, particularly mental/behavioral health services for children and youth.

North Carolina has worked at improving its partnership with sister agency, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (NC DMH/DD/SAS), and those agencies are well represented on the Leadership Advisory Team for FFPSA and the design teams formed to implement child welfare transformation and the CFSP. A process has been developed to support counties challenged to find appropriate services to meet a child's needs by elevating the concern to appropriate leadership to engage with our LME/MCO organizations across the state. As part of the CQI Strategic Priority, North Carolina will conduct record reviews that will include a focus on Well-Being 2. These reviews and subsequent findings will aid Regional Child Welfare Consultants in determining additional technical assistance needs associated with educational, physical health, and mental health for the families they counties serve.

Through February, the County Operations Team offered county-specific technical assistance in the form of regular on-site consults that included review of data, targeted review of cases, training, and the development of improvement plans that are monitored regularly. Since the State of Emergency declaration for COVID-19, North Carolina has been working to convert to a virtual technical assistance process until on-site visits are again possible.

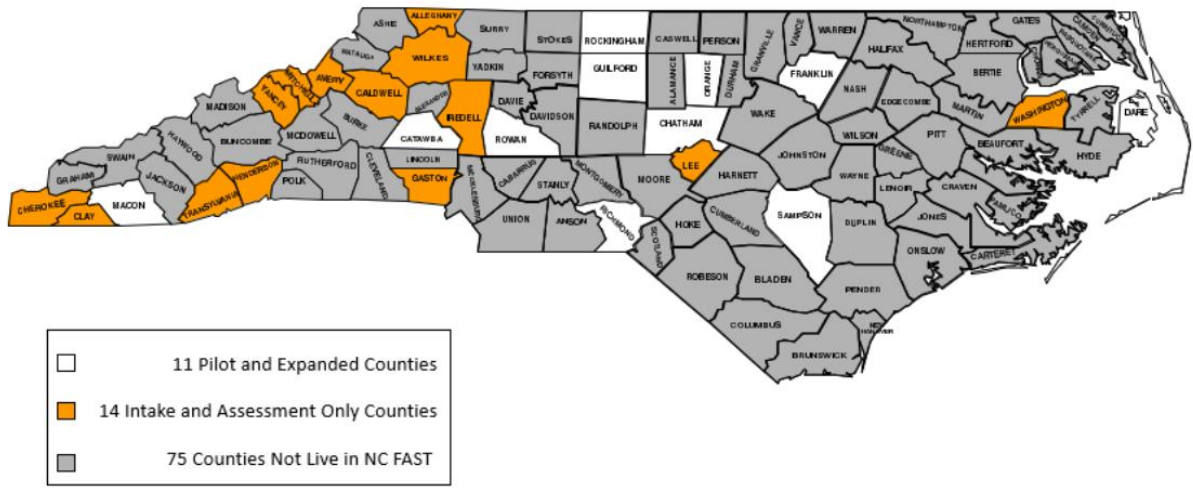
Systemic Factors

In addition to the outcomes of safety, permanency, and well-being, North Carolina's child welfare system also recognizes the myriad factors that inform and influence the broader scope of success for children, youth, and families across the state. Some of the most significant systemic factors that contribute to North Carolina's success include the following.

Information System

NC FAST is North Carolina's statewide Case Management System. The Child Welfare component of NC FAST is called Project 4 (P4). Because NC FAST P4 has not been implemented across the state, NC DSS continues to maintain the Legacy System which captures data based on worker entry. Please see the chart below for the information regarding county utilization of NC FAST P4.

Counties Currently Live in NC FAST



While North Carolina recognizes the need and benefit of a statewide Case Management System, implementing P4 has been a challenge. NC Session Law 2019-240 and the lack of a budget at the close of the North Carolina General Assembly’s long session impacted P4 by limiting funding for planned enhancements, delaying future roll out of P4, and allowing counties that were using the system for Intake and Assessment to opt out. The legislation directed the Program Evaluation Division (PED) to examine the child welfare case management functionality of NC FAST P4.

The PED evaluation concluded that the NC FAST Case Management System demonstrated adequate functionality, but usability was poor. More specific findings of the evaluation lead to the General Assembly directing NC DHHS to do the following:

- collaborate with a qualified organization to implement a statewide practice model and standardize business processes;
- require any future training contractor to conduct culture and readiness training;
- prioritize improvements in the usability of NC FAST in future vendor contracts; and
- require a proof of concept for any additional software purchased to reduce risk to the state.

Additionally, the PED evaluation recommended that the North Carolina Department of Information Technology should be directed to embed staff within the NC FAST team if the NC General Assembly chooses to fund NC FAST in FY 2020-21. The complete report can be found at the following link:

https://www.ncleg.gov/PED/Reports/documents/NC_FAST_ChildWelfare/NC_FAST_ChildWelfare_Report.pdf

NC Session Law 2019-240 also directs NC DHHS to work with the NCADSS as it develops a request for information to improve or replace the child welfare case management component of NC FAST. NC DSS has contracted with Gartner to support the Department’s compliance with the legislation, which requires NC DHHS to do the following:

- identify the most viable way forward to minimize risk and loss of investments made by NC DHHS and its federal partners in NC FAST “to-date,” to achieve a fully CCIWS-compliant CWS System;
- identify the best value investment strategy for going forward with a CWS System both for complete development and deployment, as well as for ongoing maintenance, operations, and future enhancements and changes; and,
- conduct a focused RFI from vendors in the marketplace to:
 - validate the findings from the Child Welfare Services Assessment;
 - assess the current state of viable vendors aligned with NC DHHS CWS go-forward recommendations; and,
 - identify additional considerations to support the assessment recommendations and procurement strategy.

The RFI process has closed and proposals are now under review. A Core Team has been convened to work with Gartner. That team includes county child welfare staff, NC DSS child welfare staff, NC DHHS technology staff, and the ULT. This team’s charge is to develop a roadmap that will serve as a collaborative framework to inform future development and/or procurement strategies. During June 2020, Gartner is partnering with the Core Team to complete an Alternatives Analysis. The Alternatives Analysis involves a systematic weighing of the various global criteria and sub-criteria that impact selection of the best path forward. The global criteria include business alignment, technical alignment, total cost of ownership, risk (fiscal and other), and time to deployment. The roadmap will be developed in the context of the preferred alternative(s). The alternatives being considered are as follows:

- A. Enhance and Optimize NC FAST CWS System;
- B. Augment NC FAST CWS System;
- C. Replace NC FAST with COTS Application / Framework / Cloud Platform Solution;
- D. Replace NC FAST with Transfer Solution from Another State; and
- E. Replace NC FAST with Custom Developed Solution.

The final roadmap deliverable is targeted for completion by the end of July 2020.

Some of the identified strengths of North Carolina’s approach include that 25 counties already utilize P4 for Intake and Assessments, providing counties with access to statewide case information. There is consensus that this component of the system is acceptable but would benefit from improved usability. Another strength is that the Gartner Core Team represents a commitment to engaging stakeholders in key decision making and identifying a governance structure which is essential to successful implementation of an electronic case management system. One of the findings in the PED report was that when P4 was originally developed, NC DSS program staff were not involved or that those involved in P4 did not have the level of authority to make decisions about business practices and policy needed to fully develop P4. Now, involvement of the four NC DSS Child Welfare section chiefs is occurring as a result of the new organizational structure, ensuring that those responsible for the continuum of child welfare work are able to provide the high level of leadership and decision-making needed. Additionally, two of these section chiefs have staff that are end-users of P4, ensuring that they will be actively involved in the work

of the Core Team. The inception of the Business Intelligence Office has also provided additional resources specifically in the form of dual expertise in both child welfare programming and information technology. And, state child welfare staff have spent considerable time learning P4 and providing technical assistance to counties regarding system use, with a specific focus on entering information correctly to ensure that reports are accurate – this is a testament to NC DSS’ commitment to partner with and support counties in a collaborative effort to improve data collection and entry efforts

Although North Carolina has made significant strides this past year, data challenges still exist. Only 11 of the 100 counties currently utilize NC FAST P4 for the continuum of child welfare services. As stated in the PED report, while P4 is functional, end usability is poor. Also, while North Carolina is implementing a practice model, the disparity among the 100 counties based on size and access to resources still makes implementation of a consistent case management system difficult. The workforce shortage in child welfare impacts all aspects of successful implementation of an electronic case management system. Staff turnover at the state and county levels both increases the need for staff training while diminishing NC DSS’ capacity to provide needed training and technical assistance. The workforce shortage inhibited previous efforts to hire trainers and P4 staff with a comprehensive knowledge of child welfare programs, business operations, and information technology. North Carolina also did not pass a state budget last year and funding was not allocated, thus delaying improvements for P4 and increasing the overall project costs, possibly at a loss/decrease of federal revenues. Without a consistent case management system, North Carolina lacks data needed to evaluate outcomes for children and families.

North Carolina plans to address these challenges by completing the strategic road map for moving forward, considering information provided through the RFI. Additionally, North Carolina will capitalize on the partnership that has developed in the Core Team and build a governance structure that defines how decisions are made and aligned with the intended outcome. NC DSS will imbed its new section chief positions in the process, as business owners, to provide decision making authority, and will continue to focus on improved usability for end users. NC DHHS will provide updates to the NC General Assembly as required, and North Carolina will continue efforts noted in the CFSP to address workforce shortages, implementing a practice model in tandem with NC FAST P4. Given the workforce shortage, NC DSS will strongly consider further implementation with Software-as-a-Service (SaaS) which would provide training and technical support by the vendor. And, given the need for additional data and the lack of a statewide electronic case management system, NC DSS will update the Legacy system to capture information that is critical to evaluate outcomes.

Case Review System

North Carolina is committed to ensuring a functional, statewide case review system that ensures children in out-of-home placements are in the least restrictive, most family-like placements appropriate to their needs, and that their placements are in close proximity to their home communities and schools, where such placements are in their best interests.

North Carolina’s case review system includes five elements, as follows:

1. case plans developed with the parents/family;
2. periodic reviews of those case plans;
3. permanency hearings in court;

4. termination of parental rights hearings; and
5. notice of hearings and reviews to caregivers.

Case Plans and Periodic Reviews

Child welfare agencies in North Carolina work with, include, and engage parents and families in the process of developing case plans and in steps towards creating permanent plans for children in care. However, Item 20 of the CFSR indicates that this is a place for improvement for North Carolina. A review of the OSRI and program monitoring data indicates that mothers are more likely to be engaged than fathers, and that case plans do not always sufficiently address the entirety of families' and children's needs. North Carolina counties reviews case plans periodically through an administrative review called Permanency Planning Reviews. These reviews follow the cadence of court hearings and provide an opportunity for engagement prior to court. The reviews allow for recommendations for the case plan to be discussed, and for opportunities for the perspectives of the child welfare agency, parent(s), resource parent(s), and Guardians ad Litem to be shared.

In December 2019, North Carolina revised the Family Services Case Plan to be more inclusive of the needs of children and families and more specific about safety monitoring. Also, Permanency Planning Review forms were updated to ensure that critical case elements were reviewed. An online training entitled "Collaborative Case Planning" is also available on demand. The training highlights strategies to involve children, parents, Guardians ad Litem, and community treatment and service providers, in regular communication and case planning practices. The NC DSS Child Welfare policy manual was also revised in July 2019 to increase the frequency of Permanency Planning Reviews at the following intervals: **60** days of the child coming into the agency custody or placement responsibility, and every **90** days thereafter throughout the life of the case and when there is a recommended change in the permanent plan outside of the regular review schedule. In response to COVID-19, NC DSS provided guidance and support encouraging the use of web-based technology for conducting virtual Permanency Planning Review Team meetings.

As mentioned, North Carolina has challenges with this performance goal. Case plans do not always fully address the needs of children and families and do not correlate to the Family Assessment of Strength Needs, as required. Also, fathers are still less likely than mothers to be engaged in case planning. Record reviews also have revealed that Permanency Planning Reviews are being conducted to address global concerns for the child and family, as opposed to conducting them with the intent of targeting and addressing efforts to permanency.

To help address these concerns, North Carolina's structured decision-making tools will be validated in 2021, including the Family Assessment of Strengths and Needs, which provides assessment information needed for case planning. Additionally, 200-level courses for Permanency Planning will be updated to focus on assessing the needs of families and children through the Family Assessment of Strength/Needs and engaging of fathers in case planning. Child welfare supervisor training will be updated to address the need for Permanency Planning Reviews targeted at addressing efforts to permanency. NC DSS also plans to implement a new model of continuous quality improvement that focuses on ensuring that case plans sufficiently address the needs of children and families, and to ensure the integrity of Permanency Planning Reviews. This will include NC DSS staff using the Casey Roundtable Model for staffing cases with county departments of social services, provided that the anticipated positions are allocated by the North Carolina

General Assembly. The Family Leadership Advisory Council will be engaged to make recommendations regarding improved engagement of fathers.

Hearings

Permanency Planning Hearings Status Update

For each child, a permanency hearing in a qualified court or administrative body should occur no later than 12 months from the date the child enters foster care and no less frequently than every 6 months thereafter. Data from August 2018-January 2019 used to measure North Carolina’s performance towards this goal rated this as an area of strength for the state, at 62% of all children having permanency planning hearings for the last 6 months of 2019.

North Carolina’s achievement of this permanency goal depends on multiple factors, including North Carolina’s court partners to schedule hearings in a timely manner. The current case review system and data shared by the Court Improvement Program (CIP) Manager provides information regarding permanency hearings occurring no later than 12 months from the date the child enters foster care initially, and no less frequently than every 6 months thereafter. This data indicates that this goal is met for most children, given that the median number of days for children receiving a Permanency Planning hearing within 365 days of entry into foster care was 260 days in FFY 2018-19 and 256 days from April 2019 – March 2020, and that the median number of days for children receiving subsequent permanency planning hearings was 120 days in FFY 2019-10 and 119 days from April 2019 – March 2020, respectively.

Measure	Target Performance Goal	FFY 2018-19 Median Days	APSR Timeframe April 1, 2019-March 31, 2020 Median Days
CIP 1: Time to First Permanency Hearing	365 days (12 months) from time of entry into foster care	260	256
CIP 2: Time to all Subsequent Permanency Hearings	(6 months) from time of last hearing	120	119

Source: NC Court Improvement Program Manager

Termination of Parental Rights Status Update

Data from the 2019 OSRI indicate that the case review system’s functioning to ensure the timely filing of termination of parental rights (TPR) proceedings was an area that needed improvement. The following chart indicates the number of days between the filing of a petition for abuse, neglect, or dependency and the filing of a TPR petition.

Measure	FY 218-19 Occurrences	FY 2018-19 Median Days	4/1/19-3/31/20 Occurrences	4/1/19-3/31/20 Median Days
CIP 4: Time to Termination of Parental Rights Petition	1482	523	1402	511
CIP 5: Time to Termination of Parental Rights	297	688	241	714

North Carolina continuance data also suggests that lack of court time is an issue, with the continuance rate growing over the past five years. Large foster care and legal caseloads can cause county DSS staff and county attorneys to accept more continuances rather than proceed toward progress towards permanency, in accordance with required provisions.

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

North Carolina’s Interagency Court Collaborative, which was described in the Collaboration Section of this document, has been meeting regularly to address timely court hearings statewide while District Court Collaboratives continue to meet to plan improvements at the judicial district level. The District Court Collaboratives use Permanency Performance Profiles (PPPs), a consolidated synopsis of the key components of OSRI data, CFSR Data Indicators, and J-Wise (juvenile court) data, which can be reviewed towards discussions about permanency goals and outcomes. These data sources were compiled into one profile for effective usability. The PPPs are easily populated at the county and state levels. PPP data points focus specifically on the timely permanency and termination of parental rights hearings. The Regional Child Welfare Consultants provide regular technical assistance and support to counties towards meeting permanency goals, and the PPPs assist in this effort.

Although North Carolina has made considerable efforts to improve this factor, the legislative allocation for the judicial budget providing support for juvenile court judges has been reduced in recent years, resulting in fewer judges presiding over cases and therefore less court time. Also, of concern is the declining pay rate for parent attorneys, which was reduced to \$55.00 from \$75.00. Given the increase in children in foster care over the past four years, DSS attorney caseloads have increased as well, which can impact timely achievement of permanency particularly for termination of parental rights filings and hearings. Anecdotally and prior to COVID-19, NC DSS frequently heard that while foster care caseloads have increased in recent years resulting in increased numbers of child welfare court hearings, the court and legal resources needed to handle this influx (i.e., availability of court time, Judges, GALs, etc.) have not increased, making it increasingly difficult for North Carolina’s child welfare system to achieve permanency outcomes for children and families. And, the impact of COVID-19 recently created additional challenges regarding the timely filing of termination of parental rights (TPR) proceedings, as there is an anticipated large backlog of criminal cases and a perceivable lower priority provided to juvenile hearings.

North Carolina plans to address these challenges in a variety of ways. North Carolina’s regional support model includes a study of the use of Child Support Tribunal Hearings to decrease the time for Child Support hearings, potentially increasing the time available for abuse, neglect, and dependency court. Also, final work is being completed to allow for IV-E reimbursement for legal services to improve the quality of legal representation for parents and children. North Carolina will consider conducting an attorney caseload/workload study in tandem with the study for child welfare workforce. North Carolina’s Supreme Court Chief Justice convened a COVID-19 Task Force in April 2020 to issue emergency directives, initiate policy changes, and provide recommendations for best practices statewide to operate the courts during the pandemic and in the future (including the use of technology for conducting virtual hearings). Specific court guidance that has been issued to date related to juvenile court hearings can be found at: <https://files.nc.gov/ncdhhs/NC-Child-Welfare-Court-Plan-during-COVID-19-Pandemic-branded->

NWX.pdf. One of North Carolina's lead child welfare judges is the representative for the COVID court workgroup. NC DSS and the Assistant Attorney Generals of the NC DOJ who represent NC Child Welfare are providing information about the impact of COVID-19 on child welfare court processes and how continued delays in court have negative consequences for children and families. Local solutions to these issues will be discussed at District Court Collaboratives.

Notice of Hearings

Notice of Hearings and Review to Caregivers has been rated as an area needing improvement in CSFR assessments and reports of caretakers not receiving notices of their right to be heard in reviews has been reported in stakeholder interviews.

To improve notices, the AOC developed a notification form for resource parents: the NC AOC-G- 180. One of the PPP data points focuses specifically on whether foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of their rights to be heard in any review or hearing held with respect to the child(ren) in their care. This information is published and accessible, thus allowing for stakeholders to know whether this permanency goal is being achieved, informing their work at local levels towards achievement of this goal. There is still no consistent tracking mechanism for notification of hearings to caregivers.

North Carolina plans to address these concerns, in part, by providing technical assistance through the Regional Child Welfare Consultants to ensure that each county department of social services or district court has a documented business process for notification of caregivers. Additionally, NC DSS will provide a reminder to all counties of an "On Demand" webinar about caregiver notification that was developed in May 2019.

Quality Assurance System

In 2020, North Carolina reorganized its state office staff assigned to county operations to enhance its CQI/QA system. These changes were in alignment with the NC DSS Regional Support Model. The reorganization involved two previously separate units of staff and their managers:

- Children's program representatives, who provided technical assistance to counties, and the
- Program monitors who conducted detailed record reviews and worked with counties to use case review and administrative data to assess strengths and weaknesses and create program development plans.

Effective February 1, 2020, these units were combined into a CQI team and the job descriptions for the positions were redesigned to include the tasks from the job descriptions from both units. Staff in this new CQI unit are now referred to as CQI consultants. The consolidated unit now has 20 positions, which allows each consultant to be responsible for working with a reduced number of counties (3 to 10 counties, depending on county size and location). This change gives consultants the capacity to make an on-site visit (virtual during COVID-19) to each county a minimum of once a month, with each visit including a review of data and records. The two managers are now responsible for managing the CQI consultants as two teams, which serve the eastern and western parts of the state.

North Carolina has provided additional training to these positions in preparation for this change. Multiple trainings have been focused on helping consultants understand and interpret data reports and work with counties to understand the story behind the data. Training in Crucial Conversations was provided in January of 2020 to give consultants skills for difficult but constructive discussions with counties about poor performance and outcomes.

An unforeseen barrier to North Carolina's progress is that 11 new positions were not received as anticipated. It is too early to determine whether these positions will be authorized in SFY 2021. The addition of these positions would allow the state to conduct all OSRI reviews allowing county departments of social services to deploy their OSRI dedicated positions other continuous quality assurance work. Additionally, DSS plans to create CQI specialist positions in CPS and Permanency so that experts in both areas will be available to counties.

North Carolina will continue to use the OSRI to ensure quality services are provided for children and families. In addition, tools and documents continue to be developed to improve the CQI system including a CQI assessment document that will contain a county's performance in multiple areas and inform the level of technical assistance that will be provided on a regular basis. The Program Development Plans that previously were created as a result of record reviews have been redesigned to be CQI plans that will be developed and monitored monthly for challenges and barriers and to identify needed implementation supports.

As part of the ongoing monthly consultations with counties, North Carolina will be looking at indicators and benchmarks to measure performance. Each county's OSRI scores will be considered as well as any fatalities or constituent concerns. The county operations section of child welfare at DSS has created a feedback loop for each group to share issues and concerns in writing. These are placed in designated folders available to all consultants electronically and managers are notified that information has been placed there for review.

North Carolina has also streamlined the focus of its quarterly regional supervisor meetings. Each meeting will include a focus on both a safety issue and a permanency issue identified through data and trends, feedback loops, and policy needs. As North Carolina's state child welfare office continues its transition to a regional support model, these meetings will also become more targeted for the issues identified in the region.

These changes collectively allow North Carolina to continuously assess child welfare performance in each county. Regular data and record reviews will inform areas needing improvement as well as areas of strength. Plans will be developed for improvement and regularly evaluated for impact. Technical assistance and implementation support can be provided timelier and be targeted at key outcomes.

During 2020, data and information from the CQI system as well as from NC's business information office has been used to assess progress towards achieving outcomes. That data is presented in the "Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes." It is anticipated that the CQI system will play a greater role informing decisions about needed revisions to the strategic plan in subsequent years when there has been time to both implement planned interventions and collect data to assess their effectiveness.

The development of a CQI system that is consistent across counties, regions, and the state is a target in North Carolina's strategic plan. It is anticipated that the CQI/QA process will continue to be refined and improved over the next four years. North Carolina recognizes it still has much to do to continue improving its CQI/QA system. DSS currently has a contract with UNC that will assist in identifying the data that should be utilized and ensure its validity. One component of this contract is to develop guidance documents for county staff to ensure they are entering data correctly in the current systems. The data work is just beginning.

North Carolina's new leadership structure also provides additional capacity to focus on CQI for the NC DSS child welfare team. This will occur during weekly meetings with child welfare leaders through targeted reviews of performance and evaluation of the state's response. As North Carolina implements a child welfare practice model, its CQI system will need to look at fidelity measures. New and different data points will be identified as key in looking at outcomes. The focus of CQI plans will change as will technical assistance and implementation supports. Feedback loops will improve externally with the use of the Unified Leadership Team as well as the Design Teams. NC DSS is setting the foundation for an ever improving CQI system through its reorganization, regionalization, and enhancements to practice.

Staff and Provider Training

North Carolina relies on its child welfare professionals to deliver high quality services and support to children and families with child welfare system involvement. Therefore, it is imperative that child welfare professionals develop and maintain the requisite knowledge, skills, and abilities to engage families towards reaching successful outcomes. In order for child welfare workers to have the capacity and competency needed, they must demonstrate professional behaviors and achieve specific competencies that enable them to perform tasks along each stage of the child welfare casework process and services continuum. Staff development and training are essential to ensuring optimal outcomes for children, youth, and families. Attachment D provides additional details describing North Carolina's Training Plan.

In part as a response to the COVID-19 crisis, North Carolina has successfully converted training to virtual delivery platforms including pre-service training modules and core courses, as well as *Medical Aspects* and *Legal Aspects*. North Carolina will evaluate delivery of these classes in the virtual environment to inform decisions about future, continued use of virtual classrooms to increase opportunities for distance learning.

Work has also begun for NC DSS to take on the responsibility of managing the North Carolina Child Welfare Education Collaborative and to partner with identified universities in the collaborative to re-institute the collaborative with enhanced IV-E claiming. In January 2020, NC DSS met with all the current universities participating in the collaborative to discuss this plan. In September 2019, using a re-purposed vacant position, DSS hired a Workforce Development Coordinator to lead the work of the Child Welfare Education Collaborative as well as the work of the Workforce Development Design Team towards targets and benchmarks in the 2020 CFSP strategic plan. NC DSS continues to contract with NCACDSS to expand internships at county child welfare agencies.

Train the trainer for training/licensure of foster parents continued during the COVID-19 pandemic through the provision of "Deciding Together" in a virtual classroom (via special permission from Children's Alliance of Kansas). In a 7-week period (May 7, 2020-June 26, 2020), NC DSS delivered 8 virtual Deciding Together

events, certifying 104 people from DSS and private agencies across the state. Those 104 certified DT leaders are from a total of 32 DSS agencies and 45 private agencies.

“Caring for Our Own” will be provided statewide through a contract with Children’s Home Society, providing kinship caregivers with foster parent training tailored to their needs. And, North Carolina expanded opportunities for the “Resource Parent Curriculum.” Also, as North Carolina implements a practice model, training will need to be revised to be inclusive of the practice model. North Carolina will need to interface with other child-serving agencies to improve opportunities to expand training opportunities. This includes ensuring that training is provided to partner agencies as North Carolina implements a practice model.

North Carolina needs to expand its skills-based instruction in the curricula so that classroom skills translate into better outcomes for families and children. This includes enhancing training of child welfare interviewing and other competencies needed by the child welfare workforce. Principles of racial equity and social justice need to be incorporated, to enhance practice. And, the Train-the-Trainer model for Child Welfare Pre-Service needs to be expanded with county co-trainers.

In late 2020, North Carolina plans to issue an RFP that will include: 1) All course curriculum infused with identified competencies for a Safety Organized Practice model; 2) All course curriculum reflective of trauma-informed practice; 3) Review of all curriculum for adaptability to virtual classroom or other delivery modalities other than in-person class (i.e., online/on demand, etc.); 4) Evaluation component in all courses for knowledge gained; and 5) Recommendation for simulation/skill building opportunities.

In 2021, NC DSS also plans to evaluate virtual training of Pre-Service and the additional 4 core courses modified during COVID-19, to determine the best mode of training delivery once in-person training is allowed. In 2021, North Carolina will pilot “First Call,” a child welfare first responder training. And, NC DSS will revise its 200 level Permanency Planning training to improve case planning and engagement of fathers.

NC DSS will revise the course *CPS Intake* to improve consistency of screening decisions. And, North Carolina will develop a “Bridge Course” to update CPS Assessment staff on the changes to the course *CPS Assessments*. Lastly, NC DSS will develop a required Annual Update Course to incorporate education of all statutory/policy changes and to highlight updates to additional curricula.

Initial and Ongoing Training Efforts

From July 1, 2015 to April 30, 2020, approximately 8,141 child welfare staff in public and private child-placing agencies completed one or more Division-sponsored child welfare training events, totaling 30,640 training completions. This includes data from all 100 county child welfare agencies and private child-placing agencies. North Carolina provides initial training for new employees through *Child Welfare in North Carolina: Pre-service*. This 3-week, blended course is required of child welfare workers prior to direct client contact. Once child welfare workers have completed Pre-service, they are eligible to enroll in courses specific to the role they perform. The following five core courses provide basic knowledge of child welfare practice and policy. All five courses have been revised to reflect the modified policy as identified in our PIP Goal 1.2.

Participation in Core Course Training: Number of Completions

	Child Welfare in NC: Pre-service	Intake in Child Welfare	CPS Assessments in Child Welfare	In-Home in Child Welfare	Permanency Planning in Child Welfare
7/1/19 to 4/30/20	626	216	222	150	207
7/1/18 to 6/30/19	780	374	286	134	193
7/1/17 to 6/30/18	674	441	364	181	127
7/1/16 to 6/30/17	587	244	245	184	174
7/1/15 to 6/30/16	544	142	253	138	180

This chart reflects numbers trained over a 5-year period for the five core courses, with partial data for 2020. The demand for Pre-service, Intake, and Assessments has declined in the last year, while completions for In-Home and Permanency Planning trainings slightly increased. Of note, the COVID-19 crisis negatively impacted delivery of in-person classes beginning March 16, 2020. Virtual class delivery of the above courses was implemented on 3/31/20.

Service Array and Resource Development

Child maltreatment is a complex problem that requires a comprehensive, multidisciplinary and collaborative approach towards remediation. To ensure children, youth, and families have access to an effective array of critical services across the state, NC DSS worked with valued partners from local child welfare agencies, public and private service providers, members of the CWFAC and SAYSO, AOC and the courts, community-based organizations, NC DHHS Divisions, and additional child welfare stakeholders to address the concerns identified in Round 3 of the CFSR in 2015, and in the Child Welfare Reform Plan submitted to the NC Joint Legislative Committee on Health and Human Services in May 2019.

NC DSS’ planned activities towards a service array and resource development system that functions to ensure that services are accessible statewide are reflected in the 2020 CFSP. North Carolina’s service array and resource development system is comprised of services that accomplish the following: (a) assess the strengths and needs of children and families to inform service needs; (b) address the needs of families to create a safe home environment; (c) enable children to remain safely with their parents when possible; and, (d) help children in foster and adoptive placements achieve permanency. A complete list of the services array can be found in the CFSP. An update follows to include any current or planned activities to strengthen North Carolina’s service array.

NC DHHS / DSS has re-written its CBCAP plan to align traditional prevention services with North Carolina’s Family First initiative, with the intention of including evidence-based practices towards prevention of entry/re-entry of children and youth into foster care. NC DHHS is currently assessing existing prevention programs towards a mapping process of/across primary/secondary/tertiary prevention levels. To prepare for implementation of the Families First Prevention Services Act (FFPSA), NC DSS conducted a Provider

Readiness Assessment Survey to gain an understanding of the array of evidence based Mental Health, Substance Use Disorder, and In-home parenting services available in NC. The assessment survey also collected information about the counties where services were offered, the target populations served, and the trauma-informed approaches used. Survey findings are being used to identify gaps and inform which evidence-based practices are needed to meet the individual needs of children and families by creating safe home environments. Once implemented, children, youth, and families will have increased access to services.

In 2019-20, North Carolina issued a statewide survey and determined that the current NC DSS CPS intake structure and system is inconsistent in screening decisions statewide. North Carolina recognizes that the Structured Decision Making (SDM) tools used to assess safety and risk for families are outdated. North Carolina is currently working towards validating the SDM tools as a primary benchmark of the CFSP and towards implementation of a Safety Organized Practice (SOP) model. To improve the consistency in screening decisions, North Carolina has contracted with NCCD/Children's Resource Center (CRC) to complete and update North Carolina's SDM system beginning in summer 2020, including updating the Intake tool. This is NC DSS' priority step towards achieving consistency in screening and assigning appropriate response times to screened-in reports and accurately assessing risk of harm to children.

The Child Medical Evaluation Program (CMEP) is a service available statewide. The primary mission of the CMEP is to provide quality and experienced medical and mental health consultation during investigations of allegations of child abuse or neglect. North Carolina is funding eight serious injury specialist positions to support local child welfare agencies in assessing serious abuse cases in young children. Seven of these positions will be assigned as regional support to provide guidance to the child welfare workforce in the management of high-risk children welfare cases that overlap with medical issues. One position will provide guidance and support to counties, in coordination with NC DSS Regional Child Welfare Consultants, on substance affected infant case planning. The serious injury specialists will also provide assistance to NC DSS regarding improvements to policy, training, and court preparation for these cases; these specialists will be supervised by DHHS / NC DSS and the CMEP program director.

Intensive Family Preservation Services (IFPS) are available statewide. These services provide in-home crisis intervention services to help families at high risk of having a child(ren) removed from the home and are based upon the evidence-based Homebuilders model. North Carolina's CFSP projected that IFPS would serve 1,009 families across the state through a combination of state and IBV-2 funding of approximately \$6.9 million. NC DHHS submitted a formal request to include additional state funds to expand IFPS services for 5 years.

Without an approved budget, NC DSS did not receive the additional state allocation and therefore did not expand IFPS. North Carolina will continue work on aligning all prevention services to meet the needs of our FFPSA candidate populations. This will include transitioning from IFPS to the Homebuilders Model, which would allow claiming of IV-E revenues and continued expansion of this model.

Positive Parenting Program (Triple P) is an evidence-based parenting support program aimed at enhancing protective factors in children and their families, to mitigate the effects of maltreatment and reduce repeat child maltreatment. North Carolina planned to expand Triple P to allow 40 county child welfare agencies to provide this program directly to families with open CPS In-Home Services cases. However, NC DSS was not able to successfully receive a Victims of Crime Act (VOCA) grant to support the expansion due to

incompatibility with the federal grant's requirements for use of funds. Funds were allowable to provide Triple P to resource parents; therefore NC DSS modified the VOCA grant to serve this population rather than the parents of children open to CPS. NC DSS will explore alternative funding options to serve this population and will revisit this CFSP benchmark in the second year.

Additional resources that support improved permanency outcomes are the Permanency Roundtables. There are Permanency Roundtables in five counties. In partnership with the Interagency (Court) Collaborative, NC DSS intends to expand Permanency Roundtables to additional counties/judicial districts.

NC DSS has increased staff resources to focus on and promote permanency, kinship support, and programming for older youth in and transitioning from foster care. In 2019, NC DSS hired a Permanency Coordinator. NC DSS has also designated a Kinship Consultant to coordinate Kinship Navigator grants and supports throughout the state. And, a Coordinator position has been approved for hire in 2020 for the 18-21 Foster Care Program. This position will support LINKS work, as well.

"Caring for Our Own" classes will start in July 2020 and target 400+ kinship providers for youth ages 14-17 and their siblings who qualify for the Kinship Guardianship Assistance Program (KinGAP). There are plans to expand the Resource Parent Curriculum in FFY20-21; this skills-building training bolsters placement stability and reduces placement disruptions.

Safe Babies Court Teams (SBCT) are being implemented in five North Carolina counties. The SBCTs are a community engagement and systems' change initiatives focused on improving how the courts, child welfare agencies, and related child-serving organizations work together, share information, and expedite services for children aged birth to 3 years old who are in the child welfare system.

The Permanency Innovations Initiative (PII) provides child-specific recruitment services statewide, although not all local child welfare agencies are utilizing this resource. To increase the utilization rate of PII and increase permanency outcomes for youth in care, North Carolina included PII within our Adoption Call to Action plan. Beginning in July 2020, an automatic referral will be made for any child or youth referred to the NC Kids Adoption Registry who is available for adoption with no identified adoptive home.

In a state supervised, county administered system, disparities exist between counties primarily due to available resources. The Family First Prevention Services Act and the NC DSS Regional Model will address this by identifying and, to the extent possible, providing core services that all regions need. While this is impossible to achieve for 100 counties, it is feasible for seven regions in our state. These two drivers will move North Carolina from "piloting" programs to scaling services across the state to ensure that all families have access to services that will assess and provide services to address their needs.

Agency Responsiveness to the Community

NC DSS is responsive to the community system in the implementation of provisions of the 2020 CFSP and in developing this 2021 APSR by engaging tribal representatives, consumers, services providers, foster care providers, our juvenile court partners, and additional public and private agencies serving children and families across the state, as outlined below. Major concerns of our community stakeholders have been solicited, addressed, and included in this APSR's update to our 2020 CFSP's goals and objectives.

North Carolina understands that ensuring the safety, permanency, and well-being of children and families in North Carolina is a community effort. As the lead agency for ensuring protection of and services to/for children, youth and families, NC DSS recognizes that it cannot effectively protect children from abuse and neglect alone. NC DSS has therefore developed a variety of methods for engaging and partnering with community and individual stakeholders, including persons with lived experience with the child welfare system. NC DSS consults with and engages community partners and stakeholders through listening and joint planning sessions, through the North Carolina Family Leadership Model and Child Welfare Family Advisory Council (CWFAC), through parent engagement in family support programming, and through our Community Child Protection Team (CCPT) survey results.

Listening Sessions

In 2019-20, as a result of previous listening session results and recommendations, NC DSS planned to proceed in efforts towards child welfare transformation by continuing to engage and ensure a forum for stakeholders to share their experiences and ideas for improvement. During 2020-2024, NC DSS plans to conduct town hall meetings regularly to support the ongoing assessment of the health of the child welfare system. NC DSS also plans to conduct targeted focus groups with existing groups such as SAYSO (Strong Able Youth Speaking Out), the Foster Family Alliance, and the CWFAC.

While NC DSS did not conduct town hall meetings or targeted focus groups during this reporting period, our valued community partners and stakeholders have been invited to, included in, and listened to via a variety of engagement initiatives. NC DSS plans to conduct town hall meetings and targeted focus groups in the future Joint Planning Meetings

NC DSS invited, included, and engaged SAYSO youth; members of the CWFAC; county DSS directors and their child welfare staff; court partners including members of the Court Improvement Program (CIP), state GAL program, and AOC; statewide public and private prevention services and foster care providers; faith communities; Tribal representatives; and additional stakeholders in meaningful consultation and collaboration efforts, including in (1) joint planning sessions with the Children’s Bureau on February 24, February 25, May 20, and May 21, 2020; (2) via membership and participation in five design teams charged with forwarding the respective strategic priorities of the 2020 CFSP; (3) via requests for input and feedback during monthly meetings of the CWFAC; and (4) during the statewide “Kickoff” conference of the CFSP design teams.

February 2020

NC DSS hosted three (3) joint planning meetings with the Children’s Bureau in February 2020. The joint planning meetings were hosted individually to promote discussions by and between the Children’s Bureau, NC DSS and County DSS Director members of the ULT and the NCACDSS; representatives of the NC Administrative Office of the Court (Court Improvement Program (CIP) and state Guardian ad Litem Program; and, executive and CQI staff of the Durham County Department of Social Services (DSS), respectively.

Information from the first meeting was shared by County DSS Directors with the full ULT and Center for Support of Families (with whom NC DHHS contracts for child welfare transformation support of the ULT

and CFSP Design Teams). Specifically, information discussed related to NC's 2020-2024 plans for CQI was shared and continues to be utilized in the ULT's review and consideration of the CFSP CQI Strategic Priority annual benchmarks.

Input and feedback from our court partners related to ensuring positive permanency outcomes and placements for children and families was received during the second joint planning meeting, and continues to be considered by NC DSS in participation in the monthly Interagency Collaborative meetings and activities, and in consideration of our CFSP's collaborative strategies towards court-related permanency efforts (e.g. issuance of notices of hearings to foster and adoptive parents, timely TPR proceedings, etc.). The team lead for the CFSP Permanency Design Team of the CFSP also serves as a liaison with the Interagency (Court) Collaborative, ensuring that the CFSP Permanency Strategic Plan targets and benchmarks are aligned with and informed by the work of the multidisciplinary Interagency (Court) Collaborative and CIP.

May 2020

Due to COVID-19 related restrictions on travel and social distancing requirements, the three (3) joint planning sessions held in May 2020 were hosted virtually. The Capacity Building Center for States provided technical assistance and support in North Carolina's hosting and facilitating of the May 2020 Joint Planning sessions. In attendance during the first joint planning meeting were thirty (30) participants from the CWFAC; SAYSO youth; representatives of the NC AOC, the state Guardian ad Litem program and CIP; NC DHHS, DSS and county DSS Director members of the ULT; university partners with UNC-CH; representatives from the NC DOJ; the Duke Endowment; and, the Center for Support of Families. Information and input was provided by participants, and information specifically related to the need for development of a formal state CQI plan along with recommendation for a communication plan, education and onboarding towards initial implementation of said plan, was taken back to the CFSP CQI Design Team by the ULT and CFSP CQI Design Team Lead, for consideration and involvement in work towards identified benchmarks.

The second joint planning meeting was attended by thirty-one (31) representatives from NC DOJ; NC DSS and county DSS Director members of the ULT; representatives of the NC AOC, the state Guardian ad Litem program and CIP; the Children's Home Society (provider of foster care services); SAYSO youth representatives; members of the CWFAC; and, university partners with NC State University. Information and input were provided by participants, and information specifically related to the need for child welfare stakeholders to partner with and engage youth and family partners / persons with lived experience in planning for development and provision of services to children, youth and families was taken back to the Safety Design Team by the ULT and CFSP Safety Design Team Lead, for consideration and involvement in work towards identified benchmarks related to the development of a child maltreatment prevention framework and alignment of state-level strategies designed to promote healthy families and strengthen communities. Additionally, information shared by SAYSO youth partners and family representatives about successful outreach methods for dissemination of guardianship and kinship educational materials, and educational materials on the Foster Care 18 to 21 program, were taken back to the Permanency Design Team by the ULT and CFSP Permanency Design Team Lead, for consideration and involvement towards those identified benchmarks. The third May 2020 joint planning meeting was attended by forty (40) representatives from NC DOJ; NC DHSS, DSS and county DSS Director members of the ULT; members of

the CWFAC; SAYSO youth; prevention and support services providers (including a local Partnership for Children, Children’s Home Society, substance abuse services provider); representatives of the NC AOC, the state Guardian ad Litem program and CIP; representatives of a local child advocacy center; faith community representatives/providers (The Salvation Army, Methodist Homes for Children), a representative from the NC Division of Public Health; the CEO of Prevent Child Abuse NC; a representative from the Duke Endowment and from Chapin Hall; and, our university partners with UNC-CH. Again, information and input were provided by participants, and information specifically related to the CFSP Safety, Permanency and Well-Being Design Teams’ targets were taken back to the respective design teams by attending Team Leads, to inform plans and activities in forwarding specific benchmarks, goals and objectives for 2020 and 2021.

February 2020 CFSP Design Teams’ “Kickoff” Conference

NC DSS invited family and youth partners, service and foster care providers, juvenile court partners, state DHHS leadership, county DSS Directors and their child welfare staff, university partners, key child welfare consultants, and additional public and private child welfare agencies to its statewide conference to initiate the work of the CFSP Design Teams in forwarding the strategic goals and objectives of NC’s child welfare transformation efforts. Over one-hundred participants joined to hear from member-speakers from SAYSO and the CWFAC, along with national, state and local child welfare leaders. And, the diverse group of stakeholders also participated in “breakout” sessions to allow the members of the five (5) CFSP Design Teams to convene and begin work on forwarding the goals of the 2020 CFSP. Multidisciplinary membership of the five (5) CFSP Design Teams, as convened around the five (5) Strategic Priorities of NC’s Child Welfare plan, included family partners, youth partners, court partners, county child welfare agency representatives. And, while the CFSP Design Teams have met only one-two times virtually due to COVID-19 limitations on travel, the Team Leads have continued to engage and involve design team members in review of proposed policy changes, in discussions regarding trainings, workforce development and CQI plans, and in will be consulted as part of North Carolina’s identification of a Safety Organized Practice Model with selected practice standards for child welfare across the state.

North Carolina Family Leadership Model

During this year, NC DSS promoted and supported the involvement of families at case practice, policy, and system levels across the child welfare continuum, from primary prevention to adoption services. NC DSS sponsored monthly meetings of the CWFAC, adopting a “Lunch and Learn” model to ensure that educational and informational materials and presentations would be made available to CWFAC members. Presenters were invited to provide information about changes in services and programs, and to provide updates and requests for participants’ feedback and input. Via a contract with NC DSS, NC State University offered professional development opportunities to Family Partners, to enhance child welfare, family support and prevention knowledge and strengthen their presentation, advocacy, and facilitation skills through ongoing training, technical assistance and coaching. NC DSS has worked through NC State University to ensure that members of the CWFAC have participated in state-level committees such as the Community Child Protection Team (CCPT) Advisory Board, the Kinship Navigator Advisory Council, the Family First Leadership Advisory Team (LAT), on the five (5) CFSP Design Teams, and at NC CARE360 meetings. Over the past year, the Child Welfare Family Advisory Council (CWFAC) has provided feedback to several policies, programs, and state/federal plans, as well as aided in the co-development of materials and presentations. Examples are outlined as follows:

1) Practices, Policies, and Plans

- a) Child and Family Services Plan (CFSP)
- b) Expansion of Triple P Parenting Program
- c) Guardianship policy, practices, and training
- d) Kinship care and KinGAP programming
- e) Incarcerated parent programming
- f) Fatherhood programming
- g) Health programming
- h) CMEP Programming
- i) Birth to 5 programming
- j) Adoption Call to Action

2) Stakeholder presentations co-development and preparation

- a) NC Association of County Directors of Social Services' (NCACDSS') Annual Institute
- b) Permanency Summit
- c) National AdoptUSKids Presentation
- d) Parent Cafe presentation (at Joint FEC/CWFAC meeting)
- e) Prevent Child Abuse NC Webinar
- f) Casey Family Programs convening of County-Administered States
- g) NC DSS Staff Meeting

3) CWFAC received education on:

- a) Safety Organized Practice Model (SOP)
- b) State-County Technical Assistance
- c) Family First Prevention Services Act (FFPSA)
- d) North Carolina Families United
- e) Child and Family Services Plan overview
- g) Annual CFSP/APSR Training
- h) ACF Guidance on Family Engagement and Family Leadership
- i) CAPTA legislation and requirements

This ongoing education prepares Family Partners to provide informed feedback when asked to review, revise and/or provide guidance on NC DSS policy.

In addition, CWFAC Family Partners helped revise the Family Engagement and Leadership Model and develop skills through the following activities:

4) Model co-development

- a) Membership eligibility and new member onboarding
- b) Interconnectivity of Family Partners and agency partners
- c) Model Theory of Change
- d) Family Partner recruitment
- e) Membership selection criteria
- f) CWFAC Charter development/updates

5) Family Leadership Development

- a) Co-authored Fostering Perspectives articles
- b) Strategic Sharing
- c) Co-presenting and co-facilitating opportunities
- d) Listener for NC DSS Town Hall NC DSS and its university partner, the Center for Family and Community Engagement at NC State University, supported the three (3) pilot Family Engagement Committees (FEC) during the past year. This support includes funding, technical assistance, and evaluation. NC DSS will continue supporting the pilot counties in the upcoming year to help them fully implement their family engagement and family leadership programming. Over the 2020 CFSP, data will be collected and analyzed to determine the viability of expanding to other counties and/or regions. Parent Engagement in Family Support Programming

North Carolina values parents' and other caregivers' contributions and believes that parents play an essential role in improving the quality of services through their unique perspectives as consumers. Therefore, NC is requiring its contractors to support parent engagement and leadership, and to report quarterly on how their agencies are supporting the meaningful involvement of parents and families in opportunities to contribute to program planning, governance, and administration. DSS monitors parent engagement through monitoring phone calls, quarterly reports, monitoring site visits and participation in a peer review process during their awarded 3-year funding cycle, which will occur in SFY21. Within their application, the contractors are required to demonstrate how they will model the Principles of Family Support and include opportunities for parents and other caregivers to contribute to program planning, governance and administration.

DSS tracks parent engagement and leadership in the following ways:

- Tracking forms to document dates when each contractor submits quarterly reports, when monitoring phone calls or site monitoring visits occur, as well as when peer review documents are submitted.
- Program Consultant documents information provided by the contractor through monitoring phone calls and site monitoring visits

- Program Consultant reviews quarterly reports, which includes a specific question regarding parent engagement and leadership.
- The Peer Review tool that contractors use includes a comprehensive section on parent engagement and leadership. Each agency submits their Peer Review tool and a Peer Review report to their DSS Program Consultant for review.

Examples of parent engagement and leadership that contractors offer include parents / caregivers:

- Serve on advisory committees and boards,
- Participate in the Peer Review process,
- Assume leadership roles during support groups
- Serve as mentors to new parent/caregiver participants
- Recruit new participants

Volunteer for activities such as field trips, fundraisers and events. Assessing Needs through Community Child Protection Teams

The local Community Child Protection Teams (CCPTs) serve as the primary mechanism for compiling an accounting of unmet needs, as identified by community stakeholders, as well as a list of the array of community-based child abuse and neglect prevention programs and activities. The CCPTs are an interdisciplinary group of community representatives that identify gaps and deficiencies within the child welfare system. In June 2018, the North Carolina CCPT Advisory Board submitted recommendations to NC DSS based on four years of aggregate data collected regarding unmet needs. NC DSS’ response is as follows:

The NC CCPT Advisory Board oversees the annual survey to 101 local CCPTs, develops recommendations based on survey data, and writes the annual report. In June 2020, the NC CCPT Advisory Board synthesized the local CCPT activities, recommendations, and survey responses to make five statewide recommendations to NC DHHS/DSS in the 2019 CCPT End of Year Report. This report will be posted at <https://www.NC DHHS.gov/divisions/dss/community-child-protection-teams>.

NC uses CCPTs as the state’s mechanism for meeting the federally mandated Citizen Review Panel requirements under CAPTA. CAPTA requires each state child welfare agency to submit a written response to the recommendations made by its CRPs, also known in NC as CCPTs, within six months of receipt. The State’s response describes how NC DHHS/DSS will respond to the recommendations submitted to make measurable progress in improving the State and local child welfare system. NC DSS will write a response to the 2019 CCPT End of Year Report, submit it to ACF, and post it on the NC DHHS website by December 31, 2020.

Currently, two members of the CWFAC serve as voting members of the CCPT Advisory Board and workgroups.

Coordination of Federal Services and Benefits

NC DSS is working to ensure that services provided as part of its CFSP are coordinated with services and benefits of other federal / federally assisted programs serving the same population. In North Carolina, the

NC Department of Health and Human Services is a consolidated human services agency that serves as the single administrative agency. This umbrella agency is comprised of thirty divisions across four broad categories of service areas. In collaboration with its partners, NC DHHS provides essential services to improve the health, safety and well-being of all North Carolinians. Many of the divisions' programs and services seek to advance innovative solutions that foster independence of and support for at-risk and vulnerable populations, including children and families interfacing with NC's child welfare system. Some of the other DHHS divisions that supervise federally-funded programs and services that have the greatest impact on local offices and the children, adults and families served by the child welfare system include: (1) the Division of Health Benefits (Medicaid); (2) the Division of Child Development and Early Education; (3) the Division of Mental Health/Developmental Disabilities/Substance Abuse Services; and, (4) the Division of Public Health.

As a division within the NC DHHS, the Division of Social Services (NC DSS) seeks to protect the safety, security and well-being of children and vulnerable adults, while promoting family economic independence and self-sufficiency. North Carolina is a federally mandated, state supervised, county administered social services system, meaning that the federal government authorizes national programs and most of the funding, and the state provides oversight and support. Statewide, local social services agencies deliver the services and benefits directly to recipients.

Two federal departments oversee the major social services programs: the US Department of Health and Human Services (HHS), specifically the Administration of Children and Families, and the US Department of Agriculture. HHS oversees WorkFirst, Child Welfare, Child Care, Child Support, Adult and Family Services, Low Income Energy Assistance, and Medicaid. The USDA oversee Food and Nutrition Services (Supplemental Nutrition Assistance Program – SNAP) and Commodities. Under the supervision of the NC DSS, county departments of social services provide a wide variety of social work and economic services, including but not limited to social work services such as protective services, family preservation and support services, foster care placement, adoption services, and recruitment and licensing of foster homes.

Children and families at risk of interfacing with the child welfare system often need social work and economic services and supports including Medicaid, NC Health Choice for Children, Work First Family Assistance, Work First Employment Services, Emergency Assistance, Child Day Care Subsidies, Electronic Benefit Cards (EBT)/Food and Nutrition Services, Low Income Energy Assistance, Child Support Services and transportation services.

NC DSS is working to ensure that efforts to develop a child maltreatment prevention framework at the state, regional, and local levels and to create and implement its five-year FFPSA prevention plan as part of the CFSP Safety Strategic Priority benchmark is a collaborative, coordinated effort. NC DSS has collaborated with NC DHHS and its other divisions to ensure that representatives serve on CFSP Design Teams, the FFPSA Leadership Advisory Team (LAT), and all additional workgroups tasked with forwarding the work of North Carolina's child welfare transformation efforts. Additionally, NC DSS will partner with additional DHHS divisions to map an alignment between all federally funded prevention (primary, secondary and tertiary) programs and other state-level strategies (the Opioid Action Plan, the Early Childhood Action Plan, Healthy Opportunities), to promote healthy families and strengthen communities. NC's commitment to safely preventing children and families from involvement in the child welfare system will rely heavily on the combination of and connections between a multitude of support services aimed at

reducing and mitigating risk and contributing factors known to place children and families at risk, including but not limited to housing and food insecurity, unemployment, untreated mental health and substance use disorders, domestic and family violence, poverty, academic and educational instability, limited transportation, and lack of parenting skills. Ensuring that children and families at risk of child welfare system involvement have access to WorkFirst benefits, childcare subsidies, Medicaid and NC Health Choice for Children, Emergency Assistance and LIEP for emergencies, and FNS benefits is essential.

Additionally, COVID-19 has recently prompted NC DSS to work innovatively and intentionally towards increased alignment of and efficiencies across and within social work and economic services. One example of coordinated benefits and services is the issuance of P-EBTs to children in foster care who are eligible for free and reduced-cost meals at their local schools but who are unable to access such benefits due to COVID-19 related school closings.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

The foster and adoptive parent licensing, recruitment, and retention system to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds continues to function well in part because the requirements for foster home licensing and childcare institutions are established by law in North Carolina Administrative Code.

North Carolina utilizes a system of supervising agencies, public and private, that recruit, screen, and train all prospective foster families. All applications for foster home licensure are submitted to the state office for review and approval to ensure that state requirements and standards are applied for all prospective foster homes equally. Applications that require additional scrutiny are staffed by the licensing team for consensus decision making.

An increase in foster home licensing staff in 2017 resulted in a major improvement in processing applications for foster home licensing. The average number of days for a new foster home application to be processed by NC DSS decreased from an average of 34 days in October 2016 to an average of 10 days in April 2019. This trend has continued to decrease. The average number of processing days for foster home licensing applications decreased to 3.9 days in 2020.

NC DSS requires Diligent Recruitment and Retention Plans for all agencies that license foster homes. This year the plan was updated to include the eight (8) Multi-Ethnic Placement Act (MEPA) requirements to ensure compliance. The updated DRR template for SFY 2020-2021 was developed and shared during a quarterly call with DSS and private agencies held on 5/28/2020. By December 2020, DRR data from 2019 plans and 2020 plans will be published and analyzed to affect DRR outcomes for ensuring the effective use of cross-jurisdictional resources to facilitate timely foster or adoptive placements are occurring statewide. Data will be located on the DHHS website.

In April 2020 NC DSSNC DSS hired a staff person whose main function will be to oversee implementation of recruitment and retention activities statewide. This individual will coordinate with existing agencies and entities who currently engage in recruitment activities to ensure overall effectiveness and monitor outcome data.

NC DSS is partnering with AdoptUsKids, to implement a Family Engagement and Response system for resource parents. Family Engagement and Response system will provide consistent messaging to

prospective and current resource families, recruiting and retaining resource families as valued partners, ensure consistent, positive experiences for families, and create a culture where resource families are viewed and treated as valued resources. The NC Family and Engagement Response system is scheduled to be fully established by September of 2021, with training and education on the statewide family response system provided to all 100 counties by December 2022.

To achieve these goals, DSS will implement Peer Connection Forums to facilitate in person engagement with local child welfare staff to provide education, guidance and coaching regarding the Family Engagement and Response system goals. The Forums will allow for effective use of cross-jurisdictional resources by creating an environment for peer discussions around quality family engagement from the time of initial inquiry through post-placement. This will allow for evaluation of current practices and identify any gaps or areas of improvement. A webinar was conducted in June 2020 to focus on cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children statewide. Peer Connection Forums are scheduled to begin in July 2020.

The COVID-19 public health crisis has created a significant impediment to obtaining fingerprint-based criminal background clearance for prospective foster parents and adoptive parents. Most fingerprint collection agencies in NC discontinued all public access in mid-March 2020. This may have an impact on NC's ability to achieve 2020 CFSP Safety and Permanency Strategic Priorities related to licensing and foster and adoptive parents. Additionally, the annual Child Welfare Summit scheduled in May of this year was cancelled due to the pandemic.

3. Update to Plan for Enacting the State's Vision and Progress Made to Improve Outcomes (C3)

Revision to Goals, Objectives, and Interventions

North Carolina approached the writing of its 2020-2024 child welfare strategic plan very seriously, and produced an ambitious and comprehensive blueprint for child welfare transformation during the next five years. We continue to be proud of our plan and to be committed to it towards transforming child welfare in North Carolina and for improving child and family outcomes. As we began work with counties, partners and stakeholders to implement the plan last fall, and as we review progress made during the first eight (8) to nine (9) months of FFY 2019-2020 this spring, we have come to appreciate the plan's ambitiousness and monumental potential even more. Other than needing to reluctantly push back completion of many of the 2020 benchmarks to 2021 because of COVID-19, we have relatively few changes to make.

A significant exception is that we want to change our planned approach to the CFSP Safety Strategic Priority's Target 4, which states that: "By 2024, North Carolina will have a process in place to identify where and how racial and other disproportionality and disparities are occurring in its child welfare system and implement strategies to reduce these inequities." Since the submission of our 2020 CFSP, we have decided to work in partnership with Casey Family Programs (CFP) on reducing racial disproportionality and, in consultation with CFP, have decided to begin our work with an internal focus on state child welfare staff. For this reason, we are moving this target to the CFSP Workforce Development Strategic Priority. We expect that work on racial disproportionality will cut across Safety, Permanence, and Well-Being outcomes, and that we will be further refining our strategies and goals for this work together with CFP, partners and stakeholders in the months ahead.

We are also making a more modest change to our benchmark for District Permanency Collaboratives under the CFSP Permanency Strategic Priority's Target 1, which states that: "By 2024, North Carolina will decrease the number of days it takes a child to exit foster care and increase the rate of permanent exits..." The first 2020 Benchmark under this Target 1 in the CFSP commits to: "Sustainable implementation of District Permanency Collaboratives in all 100 counties." At present, collaboratives are operating in about half of North Carolina's 41 judicial districts. We believe it would be more realistic and more useful to rewrite this benchmark to focus on judicial districts that include the one hundred counties across the state, since the expansion and strong support for the local District Permanency Collaboratives will rely heavily on the success of the Interagency (Court) Collaborative and local judicial leadership and partnership. We intend to establish a new goal of steadily increasing the number of functioning collaboratives to 100% over the course of the five (5) years, with a benchmark for the anticipated increase each year. Additionally, we now plan to seek to engage the Capacity Center for Courts, for assistance towards implementing this strategy.

Throughout the preparation of this APSR, we have relied on our CQI/QA system for data on the current functioning of North Carolina's child welfare system. The data is presented throughout this report but especially in Section 2, "Update to Assessment of Current Performance," and in the "Update on Progress Made to Improve Outcomes" subsection herein. Because we only have six (6) months of data for the time period in which CFSP strategies were initially being implemented, we think it premature to use the data to form any conclusions about the impact of North Carolina's plans. Rather, we see the data as strongly confirming the need for the goals and strategies the CSFP includes and outlines.

North Carolina is not aware of new goals that need to be added to address newly identified areas needing improvement.

In response to the Children's Bureau's "Adoption Call to Action," North Carolina finalized its own "Adoption Call to Action" in January 2020. An overview of North Carolina's "Adoption Call to Action," benchmarks added in support of the initiative, and progress made thereon, are found in the update to North Carolina's Foster and Adoptive Parent Diligent Recruitment Plan, an appendix to this report.

The update on "Progress Made to Outcomes" includes trend data on metrics, details progress made on 2020 benchmarks, and indicates whether benchmarks are expected to be achieved in FFY 2020 or continued into FFY 2021.

Implementation and Program Supports

North Carolina's 2020 Strategic Plan included detailed information about implementation supports for each major target within the five (5) strategic priorities of its CFSP. This section provides updates to progress achieved in procuring implementation supports, with a focus on supports that are aligned with multiple priorities or targets.

Enhancing Internal Capacity Towards Implementation Supports: North Carolina DSS enhanced its capacity to provide implementation support statewide by transitioning to a virtual, regional approach for providing supervision, technical assistance, training and CQI assistance, although funding was not available this year to open brick and mortar regional offices. Also, program implementation capacity within the state child welfare office was significantly strengthened by creating and filling four (4) high-

level staff positions with clearly delineated responsibility for implementing sections of the CFSP. Additionally, operational capacity was strengthened by the creation within NC DHHS of a Chief of Operations position for Human Services, who will focus on child welfare transformation.

North Carolina also experienced some challenges. The implementation of NC FAST is currently stalled and under study. Detailed updates concerning NC FAST are found in the Section 2 update on the Statewide Information System, Systemic Factor Item #19. A positive development is that North Carolina has engaged the Gartner Group to assess NC FAST and to engage county DSS directors in decision making here forward.

Also, some positions that NC DSS anticipated receiving in the SFY 2020 budget were not funded because the budget was not finalized. NC DSS hopes to receive funding to move forward with additional positions and regional offices in 2020, but there is uncertainty due to COVID-19. North Carolina anticipates moving forward with virtual regional support and anticipates decisions will be made in partnership with counties about proceeding with NC FAST, in the near future.

Accessing Capacity-Building Supports

- North Carolina received continued support from Chapin Hall, with funding from the Duke Endowment, towards development and implementation of its FFPSA Prevention Services and Congregate Care plans.
- North Carolina also received continued support from the Center for Support of Families (CSF), funded by Rylan’s Law, to support the creation of its teaming structure for CFSP implementation, to improve its fiscal capacity, and to support development of practice standards for implementation of a statewide practice model. A contract for support through July of 2021 is scheduled for finalization. Fiscal work areas and activities will include:
 - Maximizing federal grant and adoption savings reinvestment dollars;
 - Implementing FFPSA;
 - Claiming Title IV-E, including for education and parent legal representation;
 - Re-instituting a stipend program in the child welfare collaborative;
- Contracting with the Gartner Group to assess NC FAST and options for moving forward;
- Finalizing a multi-year contract with NCCD CRC for validation of the structured decision-making tools, revision of structured intake, and training for Safety Organized Practice implementation;
- Engaging the Capacity Center for Courts to support court-related strategies for permanency, including District Court Collaboratives and developing action plans for the themes identified at the 2019 National Judicial Leadership Summit; Partnering with Casey Family Programs to support permanency strategies and targets to reduce racial disproportionality;
- Maintaining ongoing relationships with the University of North Carolina (UNC-CH) and NC State University (NCSU) for the development of training, support for data and CQI, and support for family engagement;
- Workplan with from the Capacity Center for States to develop a progress measurement procedure and tools for continuous CFSP implementation updates;

- Contracting with “ZERO TO THREE (ZTT)” to establish five (5) Safe Baby Court Teams in 2021; and,
- Contracting with the Child Medical Evaluation Program (CMEP).
- Collaborative work with Prevent Child Abuse North Carolina to build statewide child protection plans and other prevention strategies

North Carolina has also been working to speed the process of making training accessible virtually as a result of COVID-19, and will be assessing what is learned about the advantages and disadvantages of virtual training, in the near future. Enhancements and updates to training are discussed in further detail in both Section 2 and in the update to the Training Plan, Attachment D.

Progress Measures—How Updates to Progress Measures Are Organized

Progress Measures and Benchmarks. This subsection reviews progress on progress measures (metrics) and benchmarks for each target within each of the five (5) Strategic Priorities of the 2020 CFSP. For all metrics within each target, data is presented when available that illustrates the trend in state performance. The plan has two types of benchmarks: completion of strategy benchmarks and achievement of outcome benchmarks. This section reports whether each 2020 Benchmark has been achieved or is on track to be achieved before the end of the federal fiscal year. For 2020 Benchmarks that are not on track to be achieved this federal fiscal year, the section briefly summarizes progress that has been made, assesses why the Benchmarks are not being achieved as planned, and states whether the Benchmarks are being continued with a new target completion date or is being otherwise modified.

Updates are provided for 2021 Benchmarks only if significant progress has been made or the Benchmarks have been adjusted.

Feedback loops. North Carolina made significant progress creating an infrastructure for feedback loops during the first half of federal fiscal year 2020. As part of its formation, the Unified Public Agency Leadership Team (ULT) adopted a communication plan describing the strategies to be used to keep all partners informed about progress on child welfare transformation, as described in the CFSP. Additionally, five (5) design teams—one for each strategic priority—were formed specifically to assure stakeholders, including state staff, county leaders and staff, public and private partners, and persons with lived experience were fully involved in the implementation of North Carolina’s Strategic Plan. A wide net was cast in December 2019 when requesting volunteers to serve on the Design Teams. The Design Teams had their first meeting in February 2020 during a statewide convening, the CFSP Design Teams’ “Kickoff” conference. Associate Commissioner Jerry Milner gave the keynote speech, and NC DHHS leaders and persons with lived experience gave their visions for Child Welfare Transformation in North Carolina. Unfortunately, COVID-19 not only forced postponement of future in-person meetings of the Design Teams, it disrupted plans for regular communication about CFSP progress, as communication has instead been dominated by the impact of the pandemic and strategies to provide child welfare services in its context. The state has strived to maintain regular communication with the Design Teams. When it became clear that in-person meetings would not be possible for some time, NC DSS pivoted to virtual meetings, to maintain momentum.

Update on Progress Measures and Benchmarks

Strategic Priority 1: Safety

METRICS:

The charts below display OSRI data for safety outcomes. The April 2019 - September 2019 data became available after submission of the 2020 CFSP, with the October 2019 - March 2020 data representing data collected during the first six (6) months of CFSP implementation.

The table below illustrates North Carolina current performance in Safety Outcomes 1 and 2 in the past 18 months.

Safety Outcomes 1 and 2	Performance		Number of Applicable Cases
Outcome 1, Item 1	Baseline	71.7%	
	PIP Goal (Oct 2020)	76.1%	
	Oct 2018 - Mar 2019	77.36%	53
	Apr 2019 – Sept 2019	78.43%	51
	Oct 2019 – Mar 2020	79.59%	49
Outcome 2, Item 3	Baseline	58.7%	
	PIP Goal (Oct 2020)	62.2%	
	Oct 2018 – Mar 2019	61.54%	104
	Apr 2019 – Sept 2019	62.27%	110
	Oct 2019 – Mar 2020	58.47%	118

Target 1 – Assess Safety and Risk

North Carolina’s performance on Item 1 (timely initiation of investigating reports of child maltreatment) has remained above its PIP performance goal and continued to show modest improvement. North Carolina will continue with focused technical assistance efforts around diligent efforts to timely response.

After improving to meet the PIP goal in the April 2019-September 2019 time period, North Carolina’s performance on Item 3 (Risk and Safety Assessment and Management) declined in the October 2010 – March 2020 time period. This decline occurred despite provision of technical assistance to local counties including seven (7) regional supervisors’ meetings in October 2019, during which training was delivered on the “Role of Supervision in Case Practice” with an emphasis on supervisors providing ongoing direction in the life of a case, to ensure that safety and risk are adequately assessed. The County Operations Team and Regional Child Welfare Consultants also have continued to offer county specific technical assistance in the form of regular on-site consultations that include review of data, targeted review of cases, training, and the development of improvement plans that are monitored regularly. North Carolina expects that NCCD’s upcoming revalidation of and worker training on SDMs, together with the implementation of

Safety Organized Practice (SOP) elements in the practice model, will substantially improve risk and safety assessment and management. North Carolina will monitor progress on this item closely.

2020 BENCHMARK: Validate SDM Tools

This benchmark will not be fully achieved in 2020 and is now scheduled for completion in 2021. In addition to COVID-19, this benchmark was delayed by complications resolving data and security issues. Those issues have now been resolved, and NC DSS has drafted a contract with NCCD CRC for finalization in August 2020, to validate the SDM tools. CRC will make updates to the intake tool for screening and response priority, safety assessment, risk assessment, family strengths and needs, risk reassessment and reunification. CRC will also conduct a preliminary implementation analysis. The validation work products will include: a validated risk assessment; suggestions for revised risk assessment policies and procedures; a report that describes the process and findings of the validation study. Validation of SDM tools is anticipated 9-12 months after the contract is finalized.

2020 BENCHMARK: Eliminate case info inconsistent with risk assessment tools

This benchmark will not be achieved in 2020, however some work has occurred on this benchmark. The 200-level course, CPS Assessments, has been revised to include information related to the completion of assessments and a specific segment on what must be included as well as what does not need to be included in documentation.

2020 BENCHMARK: Train staff in validated tools & required documentation

This benchmark will not be achieved in 2020 as training in SDM tools cannot be completed until the tools are revised and validated. The contract with NCCD CRC will include an Inter-Rater Reliability testing, field testing of the tools and revisions if necessary. Completion of this benchmark is expected in 2021 but, depending on revisions and the length of time to validate the tools, it is possible this benchmark may not be fully achieved until 2022.

2021 BENCHMARK: Incorporate expectations into practice model

Progress has been made in 2020 towards this 2021 benchmark. The Unified Public Agency Leadership Team (ULT), along with the CSF consultants, has begun to work on practice expectations/standards. The practice standards will detail specific behavioral expectations of workers, supervisors and leaders for essential functions of Child Welfare Services and elements of Safety Organized Practice (SOP). These practice standards will be developed with input from the child welfare design teams and focus groups of child welfare workers, partners, and persons with lived experience. The practice standards will be structured to inform training, coaching, and the development of fidelity measures.

Target 2 – Implement Practice Model

PROGRESS MEASURES (METRICS):

By the end of 2024, all services delivered in child welfare will be consistent with requirements and values of chosen practice model.

This metric continues to reflect North Carolina’s goal for the end of 2024. North Carolina anticipates developing fidelity measures for practice standards and tracking fidelity to the practice model through a CQI process.

2020 BENCHMARK: Develop practice standards and assess readiness for implementation.

This benchmark will not be completed in 2020 and is now scheduled for completion in 2021. The delay is partly the result of the state and counties needing to focus attention on developing safe protocols and approaches to providing child welfare services during an unprecedented pandemic. Development of Practice Standards is now underway. In June 2020, the ULT approved a detailed methodology and plan for developing practice standards that involves extensive input from county child welfare staff, public and private partners, persons with lived experience, and other stakeholders through focus groups and the Child Welfare design team process. Consultation with NCCD, which will provide training on SOP as part of the contract to be finalized by August 2020, will occur throughout the development of practice standards. The development of practice standards and readiness for beginning a phased implementation should occur in 2021.

Target 3 – Create a Comprehensive Framework to Strengthen Families & Prevent Child Maltreatment

PROGRESS MEASURES (METRICS):

Rates of Repeat Maltreatment within 12 Months

Baseline in SFY 2017-2018:	12.2%.
Goal:	9.1%
FFY 18-19 rate:	11.32%

Rates of positive maltreatment findings (substantiated; Services Needed, Services Provided, No Longer Needed) in CPS assessments

All rates in the table below are per 1000 children

Age	Baseline	Goal	FFY 19 result
0-3	20.1	18.1	17.78
4-5	14.5	13.1	13.19
6-8	13.4	12.1	12.20
9-12	10.86	9.77	10.51
13-17	7.96	7.16	7.27

The data above indicates that the rates of repeat maltreatment and the rates of positive findings in CPS assessments both decreased slightly from a SFY 2018 baseline to FFY 2019.

2020 BENCHMARK: Meet with the Child Welfare Family Advisory Council (CWFAC), North Carolina Association of County Directors of Social Services (NCACDSS), FFPSA Leadership Advisory Team, Chapin Hall, The Duke Endowment and other stakeholders to identify key considerations in the development of a child maltreatment prevention framework at the state, regional, and local level.

This benchmark will not be fully accomplished in 2020 and is now scheduled for completion in 2021. The development of a child maltreatment prevention framework that would integrate statewide primary, secondary and tertiary prevention efforts across multiple departments with regional and local efforts is an ambitious target in North Carolina’s strategic plan. It includes not only implementation of FFPSA

prevention services but integrating them within a larger prevention framework. North Carolina has started gathering information for this work with the identified partners but work to integrate the information and identify key considerations has not taken place. Less progress has been achieved than hoped because of COVID-19 and personnel changes within NC DHHS. North Carolina is still committed to this target. A key step will be to quickly identify who will lead this work going forward.

2020 BENCHMARK: Finalize the five-year FFPSA prevention plan

This benchmark will not be fully achieved in 2020 although substantial progress has been made. North Carolina hopes to submit its Five-Year FFPSA Prevention Plan by July 2021.

IN 2019, North Carolina, with support from Chapin Hall and the Duke Endowment, created an executive level FFPSA Leadership Advisory Team (LAT) with representation from state child welfare leadership, state partner agencies including the court system, private provider agencies, CWFAC, SaySo, and key prevention stakeholders.

Progress made on the Five-Year FFPSA prevention plan in 2020 includes:

Between October 2019 - December 2019

- Launching a Provider Readiness Assessment Survey to gain an understanding of the array of EBPs in Mental Health treatment, Substance Use Disorder treatment, In-home parenting services, trauma-informed interventions, as well an understanding of the counties where services are being offered, the service target populations, how data is being used and the continuous quality systems that exist. Survey findings were reviewed to identify gaps and to inform the recommendations of EBPs to meet needs of children and families.
- With assistance from Chapin Hall, North Carolina analyzed the data collected and shared the preliminary findings with the Leadership Advisory Team (LAT). LAT provided feedback, identified additional resources to help everyone understand the array of EBPs.
- The Candidacy and Target population workgroup was launched. Data was reviewed and it was determined that some data elements were still needed.
- The Continuum of Care Survey Team was created to develop a survey tool to collect information to inform the vision, theory of change, and decision making about the continuum of care and placement array in NC.
- The UNC-CH Data Team began analysis of data, to inform decision and recommendations.

Between January 2020 and May 2020

- Data was analyzed and case flow visualization was performed to inform candidacy and target population decisions. This work continues.
- The EBPs Ad Hoc Workgroup was convened to review and recommend EBPs, for possible inclusion in North Carolina's Prevention Plan
- LAT continued to review the progress of the candidacy and EBP workgroups, offering feedback and suggestions for next steps.

- The Candidacy workgroup shared preliminary recommendations to adopt a phased candidacy determination approach, with traditional candidates to be included in Year One, and additional candidate populations to be added in Phases 2 and 3. NC DSS developed a survey of all counties to collect additional data to predict the numbers of children and families in the target populations. The projected completion dates for the survey are July 2020.
- Recommendations for Candidacy determinations and EBPs will be analyzed through a return on investment lens and finalized in August 2020 - September 2020. NC DHHS will complete a financial resource map to include primary and secondary prevention services.
- Work is beginning on the development of Child Specific Prevention Plans and Monitoring Safety
 - An assessment of existing prevention programs and mapping across primary/secondary/tertiary prevention levels that visualize target populations, desired outcomes, investment levels, is being planned.
 - An approach to evaluate North Carolina's prevention services' framework is being developed, to include an agreement on the metrics selected to track progress.

2020 BENCHMARK: Secure resource to expand the FFPSA strategic plan to include primary and secondary prevention and facilitate development of a child maltreatment prevention framework

This benchmark will not be completed in 2020; the target date is now 2021. See update for the first benchmark for this target.

2020 BENCHMARK: Collaborate with DHHS and its Divisions to map alignment between ECAP, Essentials for Childhood, Healthy Opportunities, Opioid Action Plan, Home Visiting, InCK Model, and other state-level strategies designed to promote healthy families and strengthen communities.

This benchmark will not be completed in 2020; the target date is now 2021. See update for the first benchmark for this target.

BENCHMARK: Expand Triple P levels 3, 4, 5 for CPS In-Home Services in up to 40 counties

This benchmark will not be achieved in 2021 and will be removed from North Carolina's strategic plan. DHHS hoped to accomplish this benchmark by applying for a grant from North Carolina's Victims of Crime Act (VOCA) but has been advised that VOCA policy does not allow grant money to be used for services to/for perpetrators. This effectively eliminated the possibility of DHHS using VOCA funds to expand Triple P parenting to families active in the In-home Services program. The grant has been re-written to provide Triple P Services to caretakers of children in foster care.

2020 BENCHMARK: Conduct assessment of existing DHHS investments in child maltreatment prevention programs and services and map those investments across primary, secondary, and tertiary prevention levels that visualize target populations, desired outcomes, and investment levels for each program and service.

This benchmark is largely accomplished. A catalogue of DHHS investments by both DSS and public health in child maltreatment prevention programs has been completed.

2020 BENCHMARK: Develop an approach to evaluating the prevention framework and agreeing on appropriate metrics to track progress

This benchmark has not been accomplished. Planning for evaluation will be concurrent with the development of the prevention framework and the FFPSA prevention plan.

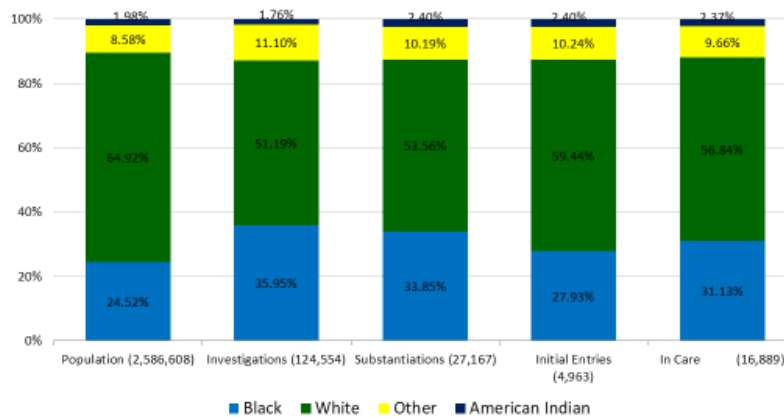
Target 4 – Reduce Racial and Other Disproportionality & Disparities

PROGRESS MEASURES (METRICS):

The strategic plan stated the following about metrics for Safety Target 4: This will begin with measuring entry into the foster care by race. Disproportionality outcomes will be tracked through administrative data at key points in the child welfare process (e.g., reports made, reports accepted, positive findings, entry into care, length of stay in care, permanency outcome). Data may need to be developed or refined for some measures with some key groups.

The charts below present statewide disproportionality data for the last completed state fiscal year.

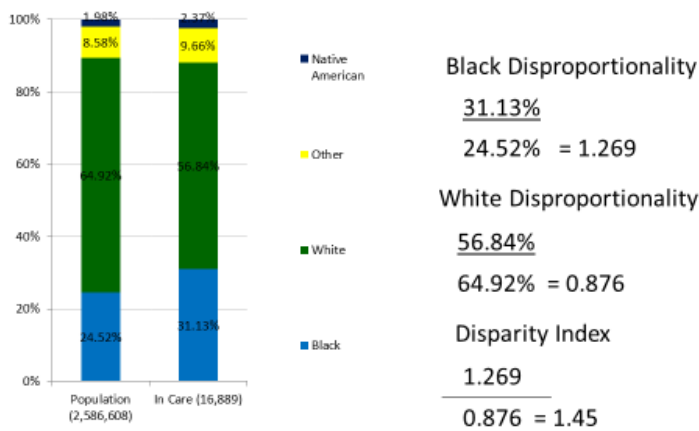
North Carolina:
Race and Path Through the Child Welfare System, SFY 18-19



The chart above shows the numbers and proportions of four racial groups (black, white, other, and American Indian) in North Carolina’s child population, children involved in CPS assessments, children found to have been maltreated, initial entries to foster care during the year, and total number of children in foster care during the year. Data for all three charts comes primarily from forms counties submit to the state when a CPS assessment is completed, a child enters foster care, or a child in foster care changes placement or exits. For this reason, statewide data on CPS reports and the percentage of reports accepted by race is not currently available.

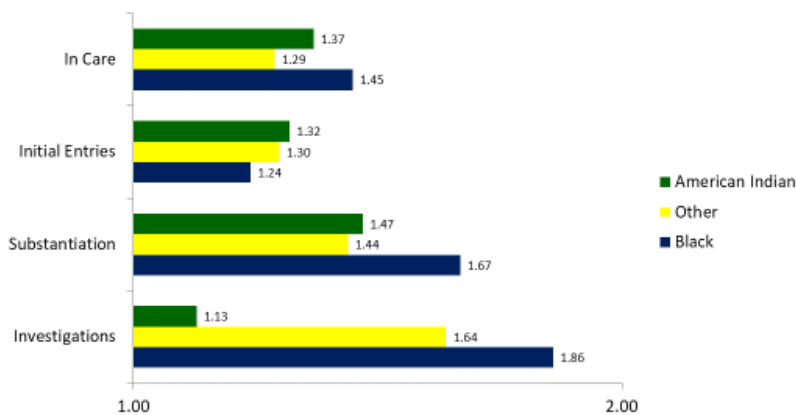
In the chart above, the largest overrepresentation of black children compared to the population is in the number of children subject to CPS investigations. Of children investigated, black children were slightly less likely than white children to have positive maltreatment findings; of children with positive findings, black children were less likely to enter foster care. However, the data suggests that once in foster care, black children stay longer.

North Carolina: Disparity Index for SFY 18-19



The Disparity index chart for children in foster care quantifies the extent to which black children are overrepresented and white children underrepresented in foster care compared to their numbers in the state population.

North Carolina: Disparity Indices for Race SFY 18-19



The disparities indices for race SFY 18-19 chart quantifies the disparities for American Indian and black children in the number of children subject to a CPS assessment (investigations), the number of children with a positive maltreatment finding (substantiation), initial entries into foster care, and total number of children in foster care. As shown in the first slide, the greatest disparity index for black children is in the number of children subject to a CPS assessment. This slide shows that disparity pattern for Native American children follows a different pattern, with the disparity for children with a positive finding being higher than the other disparity indices.

2020 BENCHMARK: Develop a process for tracking demographics and other characteristics that identify disparities and analyze related performance data.

This benchmark is largely but not completely accomplished as evidenced by the data and discussion in the Progress Measures (Metrics) section above.

As stated in the Revisions to Goals, Objectives and Interventions section, North Carolina is moving this Target to the Workforce Development Priority in the Strategic Plan and anticipates making some additional changes in consultation with Casey Family Programs, with whom we will partner in this work.

Strategic Priority 2: Permanency

METRICS

The metrics for this target in the CFSP for which updates are available are displayed below.

The table below illustrates North Carolina current performance in Permanency Outcome 1 in the past 18 months.

Permanency Outcomes	Performance		Number of Applicable Cases
Permanency 1, Item 5	Baseline	50.0%	
	PIP Goal (Oct 2020)	54.7%	
	Oct 2018 – Mar 2019	57.38%	61
	Apr 2019 – Sept 2019	62.3%	61
	Oct 2019 – Mar 2020	52.24%	67

North Carolina’s performance on Item 5 (permanency goal for child) showed continued improvement in the April 2019 – September 2019 time period and was significantly higher than both the baseline and the PIP. However, the score on this item dropped sharply in October 2019 – March 2020 time period.

The table below illustrates North Carolina current performance in Safety Outcome 1 in the past 18 months

Permanency Outcomes	Performance		Number of Applicable Cases
Permanency 1, Item 6	Baseline (Round 3 CFSR)	43.5%	
	PIP Goal (Oct 2020)	48.3%	
	Oct 2018 – Mar 2019	32.79%	61
	Apr 2019 – Sept 2019	27.8%	61
	Oct 2019 – Mar 2020	43.28%	67

North Carolina did not meet its PIP Goal of 48.3% during any of the included three quarters (Oct 2018-Mar 2019; Apr 2019-Sept 2019; Oct 2019-Mar 2020).

Measure	FFY 2018-19	Most recent 12 months (4/1/2019-3/31/2020)	Reference
Re-entry to foster care within 12 months of achieving permanency	4.66%	6.28%	CPPS & NC FAST
Permanency in 12 (see "Permanency Charts" tab for data by judicial district)	26.80%	27.29%	CPPS & NC FAST
Permanency in 12 Months for Youth in Care 12-23 Months	43.77%	44.22%	CPPS & NC FAST
Permanency in 12 Months for Youth in Care 24+ Months	23.83%	22.99%	CPPS & NC FAST
Recurrence of Maltreatment	11.19%	10.62%	CENTRAL REGISTRY & NC FAST

Median Days to Reunification 4/1/2019 – 3/31/2020

Age	Baseline	Goal	4/19 – 3/20
0-3	371	334	434
4-5	390	351	473
6-8	371	334	421
9-12	370	333	428
13-17	310	270	348

Data in this table indicates North Carolina’s median days to reunification increased instead of decreased in the past 12 months.

***Adoption**

- For children aged 0-3, decrease the median number of days from 822 to 730
- For children aged 4-5, decrease the median number of days from 1,006 to 730
- For children aged 6-8, decrease the median number of days from 988 to 730
- For children aged 9-12, decrease the median number of days from 1,065 to 730
- For children aged 13-17, maintain the number of days of 712 to not exceed 730

Median Days to Adoption 4/1/2019 – 3/31/2020

Age	Baseline	Goal	4/19 – 3/20
0-3	822	730	868
4-5	1,006	730	1,050
6-8	988	730	1,080
9-12	1,065	730	1,102
13-17	712	712	878

Data in this table indicates that the median time to adoption increased across age groups in the last 12 months.

The table below presents Court Improvement Program (CIP) metrics for the most recent 12-month period.

Measure	(4/1/2019-3/31/2020) Occurrences	(4/1/2019-3/31/2020) Median Days
CIP 1: Time to First Permanency Hearing	4621	256
CIP 4: Time to Termination of Parental Rights Petition	1402	511
CIP 5: Time to Termination of Parental Rights	241	714

* Data Source for all: JWISE, NC AOC, or replacement system

The median time to first permanency hearing of 256 days suggests the great majority of children are having their first permanency hearing within the 12-month goal. The median time to termination of parental rights approached two years.

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

2020 BENCHMARK: Reunification, Adoption, Guardianship, and Custody: Sustainable implementation of District Permanency Collaboratives in all 100 counties

This benchmark will not be achieved in 2020. District Permanency Collaboratives continue to meet across the state. Approximately half of the 41 judicial districts are meeting regularly in this format. Initial strategies to strengthen District Permanency Collaboratives include identifying a Judge and DSS representative from each District to champion District Permanency Collaboratives and support their success. To hold regional meetings with districts to review the Collaborative process, goals, address questions and hear feedback. Involve DHHS-DSS Regional Child Welfare Consultants in engaging local partners and supporting the Collaboratives.

Additionally, North Carolina plans to engage the Capacity Center for Courts for assistance.

North Carolina has determined that it would be more realistic and constructive to set benchmarks for the number of functioning district collaboratives to increase each year. The new benchmarks will be as follows:

- 2021: 65% of judicial districts
- 2022: 80% of judicial districts
- 2023: 90% of judicial districts
- 2024: 100% of judicial districts

2020 BENCHMARK: Guardianship and Custody: Begin formal evaluation process on effectiveness of guardianship and kinship educational materials disseminated in SFY 2019-2020.

This benchmark will not be achieved in 2020 and will be moved to 2021. Due to COVID-19, the dissemination of the educational materials has been delayed until 2021 through a statewide marketing plan. This benchmark is now scheduled to be achieved in 2021

2020 BENCHMARK: Increase or maintain monthly caseworker visits at no less than 95%

North Carolina believes it was on track to meet this benchmark when the state of emergency was declared in March due to COVID-19. Since that time, North Carolina has issued guidance to counties about conducting face-to-face visits consistent with guidance received from the Children’s Bureau. North Carolina plans to continue to issue guidance consistent with ongoing guidance from CB, the evolving public health situation, and the safety and well-being of foster children.

2020 BENCHMARK: Improve the quality of visits as measured by Item 14 of the OSRI

This item, which is an ongoing benchmark for this topic, has not been fully achieved. Data on Item 14 is displayed in the table below.

Permanency Outcomes	Performance		Number of Applicable Cases
Well-Being 1, Item 14	Baseline	62.4%	
	PIP Goal (Oct 2020)	65.8%	
	Oct 2018 – Mar 2019	72.12%	104
	Apr 2019 – Sept 2019	68.18%	110
	Oct 2019 – Mar 2020	68.64%	118

2021 BENCHMARK: Reunification, Adoption, Guardianship, and Custody: Implementation of court training for all child welfare stakeholders including but not limited to: judges, clerks, attorneys, child welfare staff, and GAL staff

2020 update on this 2021 benchmark. As identified above, the District Permanency Collaborative Documentation Tool articulates the training and TA needs in each judicial district. Through engaging more intentionally with each judicial district over the next three months, and collecting additional Documentation Tools, a summary report will be created of desired trainings and TA needs. NC-DSS and AOC will work closely together to create a timeline and plan for trainings. The need for virtual trainings will be addressed given the current travel restrictions due to Covid-19.

A training that will be available in July 2020 is currently being created by UNC School of Social Work. The training will give an overview of Kinship Care in North Carolina and requirements and benefits of Kinship Guardian Assistance Program (KinGAP). This training will be available online for all stakeholders to view as needed.

Additionally, the CFSP Permanency Design Team will brainstorm and gather information on trainings currently available that could be helpful to provide to court and child welfare staff.

2021 BENCHMARK: Sustainable implementation of Safe Babies Court Teams to increase reunification of children ages 0-3.

North Carolina made progress in 2020 toward this 2021 Benchmark. NC DSS worked with the North Carolina Governor’s Crime Commission (GCC) to finalize an application for Victim of Crime Act (VOCA) funds to implement Safe Babies Court Teams (SBCT) in 5 counties.

As the SBCT service relies on face-to-face contact that is not feasible in the current COVID-19 Pandemic environment, NC DSS requested and received permission from GCC to modify the time frame, so the project will start on October 1, 2020 and the end on September 30, 2022. This gives NC DSS more time to determine whether services can be delivered as intended or if they can be modified to deliver remotely while maintaining model fidelity.

NC DSS is currently finalizing the selection of five SBCT sites. It is anticipated that each site will hear 10 cases by the end of the first year on September 30, 2021 and 20 cases in the second year on September 30, 2022. Using the tool, Sustaining New Approaches in Child Welfare: A Framework for Sustainability for Research-Based Infant-Toddler Court Teams, each site will be required to develop a sustainability plan to continue SBCT after VOCA funding expires.

2021 BENCHMARK: Guardianship and Custody: Completion of formal evaluation regarding guardianship and kinship educational materials and the evaluation of CHS' NJ Kinship Navigator Model for feasibility in NC

North Carolina made progress in 2020 towards this 2021 goal. This goal will be slightly revised in 2021:

Completion of a formal evaluation of kinship educational materials and evaluation of kinship navigator models for feasibility in NC.

North Carolina had planned to for DSS to contract with Children's Home Society during SFY 2019-2020 to assess the fit and feasibility of implementing the Children's Home Society of New Jersey's Kinship Navigator Model in North Carolina. Due to unforeseen circumstances, the California Evidence-Based Clearinghouse for Child Welfare website removed the previously approved list of Kinship Navigator models, including the selected Children's Home Society of New Jersey Kinship Navigator Model. Instead, North Carolina has redirected its attention to the well-established model, A Second Chance, LLC based in Pittsburg, Pennsylvania. Due to COVID-19, selected staff to travel for an on-site visit for further study has been suspended and will occur once travel is approved. Funds from the FY 2019 application have been earmarked for this. If it is determined this model will meet the unique needs of kinship caregivers in North Carolina, and can be sustained either regionally or statewide, implementation will begin no later than July 2021. North Carolina is also looking at other proven models such as Florida's Children's Home Network to evaluate if parts of their model will enhance the statewide model we design. DSS will also partner with UNC-Chapel Hill School of Social Work to develop an evaluation methodology and study design for the review of any evidence-based kinship navigator model and the capacity needs to implement such a model in North Carolina.

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

METRICS

OSRI Item 4. Stability in Foster Care

Permanency Outcomes 1 and 2	Performance		Number of Applicable Cases
Permanency 1, Item 4	Baseline	66.1%	
	PIP Goal (Oct 2020)	70.6%	
	Oct 2018 – Mar 2019	77.05%	61
	Apr 2019 – Sept 2019	72.13%	61
	Oct 2019 – Mar 2020	76.12%	67

North Carolina’s performance on Item 4 (stability in foster care) has fluctuated in the two measurement periods of the past year but has remained above both the baseline and the PIP goal.

Placement moves per 1,000 days in foster care

- Baseline in SFY 2017-2018: 5.6 per 1,000 days in care
- Decrease to 4.1 per 1,000 days in care

Calendar year 2019: 5.9 moves per 1,000 days in care

North Carolina had slightly more moves per 1000 days in care in calendar year 2019.

2020 BENCHMARK: Sustainable implementation of comprehensive localized diligent recruitment and retention plans that are data-driven, and reflective of the needs of children in foster care in all 100 counties

North Carolina has made substantial progress on this Benchmark in 2020.

All agencies submitted a Diligent Recruitment and Retention plan along with a data profile for their county for the 2019-2020 year. The plans were due on September 1, 2019 for implementation on October 1, 2019. NC KIDS Adoption and Foster Care DRR plans were updated to include the (8) required Multi-Ethnic Placement Act (MEPA) requirements. Technical assistance has continued with agencies are requested to assist in updating and complying with the Multi-Ethnic Placement Act requirements. Specific template questions that focus on recruitment and retention of Foster, Adoptive and Kinship families were incorporated to guide child specific recruitment discussions within the counties. These efforts will assist in achieving more timely permanency through targeted plans and increased knowledge of specific recruitment needs in each county.

Through ongoing technical assistance, DSS will provide county child welfare agencies and private child placing agencies with an updated universal Diligent Recruitment and Retention template for 2021, aligned with the three statewide targets to facilitate counties’ developing strategies specific to their community to meet the statewide targets. The three identified targets are 1) Family Response and Engagement System, 2) Family Capacity Development and Support, and 3) Increase the number of licensed kinship placements. A webinar to discuss the new DRR template was held in June 2020.

Additionally, technical assistance and resources are provided by NC Kids Adoption and Foster Care Exchange. From July 1, 2019, to May 5, 2020, NC Kids provided technical assistance around DRR 448 times to all 100 counties in some capacity. This included bi-monthly DRR calls with county and private agencies.

2021 BENCHMARK: County CW agency staff will have ability to instruct skill-building training for foster, adoptive and kinship families as measured by the number of county staff who have been trained to provide the Resource Parenting Curriculum (a skill building curriculum appropriate for all resource parents) and Caring for Our Own, a skill building curriculum designed for kinship families

North Carolina made progress on this 2021 Benchmark, in 2020.

A contract is currently being created to begin July 1, 2020 that will train an additional two cohorts of staff to provide Resource Parent Curriculum to any resource parent who may request the training. Staff trained will be County CW staff and private agency staff. There are currently no active plans to train County CW staff to be able to offer the Caring For Our Own curriculum. With the expansion of Caring For Our Own training offerings starting July 1, 2020, there will be growing awareness of the curriculum and County CW leadership will be engaged in conversations regarding training County CW staff to offer the training and expand training access even wider.

2021 BENCHMARK: The number and percentage of kinship caregivers of foster children who are licensed will be significantly increased

North Carolina made progress on this 2021 Benchmark, in 2020. North Carolina is working diligently to Increase the number of licensed Kinship Care providers, and has been successful in this effort.

Kinship caregivers licensed in FFY 18-19	257
Kinship caregivers licensed in the past 12 months (4/1/2019-3/31/2020)	324

With the expansion of the Caring For Our Own training class offerings starting July 1, 2020, the goal is to train at least 180 individuals or approximately 120 families over 12 months. DSS and the training agency will work with the families to complete the Mutual Home Assessment, and licensing process, with the ultimate goal of achieving relational and legal permanency for the young people in their home. This is a part of North Carolina’s Adoption Call To Action.

Target 3 – Foster Care 18 to 21 Program

METRICS:

Utilization rates for Extended Foster Care are the following

Baseline	55%
Goal by 2023	75%
4/1/2019-3/31/2020	47.68%

2020 BENCHMARK: Develop educational materials on Foster Care 18 to 21

Although this work is behind schedule, partly due to COVID-19, this benchmark is on track to be completed by September 2020.

This work is being completed by a collaboration between the University of North Carolina at Chapel Hill School of Social Work, Children’s Home Society of North Carolina, Methodist Home for Children, the Duke Endowment, county DSS agencies, the Child Welfare Family Advisory Council and SaySo. In September of

2020 this group anticipates releasing information that will include updated information on options for foster youth including Foster Care 18 to 21.

2020 BENCHMARK: Disseminate educational materials among county child welfare professionals, youth and stakeholders

This benchmark will not be completed this year because the educational materials to be disseminated will not be completed until September 2020. The revised plan is to complete this benchmark in 2021.

Strategic Priority 3: Well-Being

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

METRICS:

NC Performance on OSRI Item 17 for In-Home Cases

Well-Being Outcome 3	Performance	
Outcome 3, Item 17	Baseline	78% (In-Home)
	PIP Goal (Oct 2020)	82% (In-Home)
	Apr 2019 – Sept 2019	76%
	Oct 2019 – Mar 2020	50%

From April 2019 through September 2019, the achieved performance was 50%, and from October 2019 through March 2020, the achieved performance was 76% therefore, this goal was not met during the two six-month review periods occurring between April 2019 and March 2020. Focus group and survey data will provide information on healthcare access including barriers that impact the delivery of healthcare services to children and youth receiving in-home services. CQI/QA continues through ongoing case monitoring by the NC DSS CFSR / OSRI Team.

2020 BENCHMARK: Conduct interviews and/or focus groups with in-home service staff to ensure barriers to health programming are known and can be addressed

This benchmark is unlikely to be completed in 2020 and will need to be completed in 2021. Activities to support progress towards this target are underway. CFSP Well Being Design Team members were selected from a wide variety of child welfare stakeholders including family and youth. The Design Team met once during this reporting period and in person meetings were suspended due to COVID-19.

Plans for completing this target are:

1. Identifying trends in unmet health programming needs based on data available from:
2. Town Hall meetings for local Department of Social Services in-home services staff and families receiving services.
3. Community Child Protection Teams Survey Data.

4. Engage the members of the Child and Family Services Plan Well Being Design Team to develop interview and focus group questions to be used at town hall meetings. NC DSS is explore the possibility of engaging the CSFP design team members virtually.
5. Utilize Regional Child Welfare Consultant staff and the Family and Child Wellness Coordinator employed by NC DSS to conduct the interviews and focus groups.
6. Barriers to completing this target during this reporting period included the suspension of the Child and Families Services Plan Well Being Design Team in person meetings due to COVID-19 in addition to the necessity to utilize staff resources to respond to programmatic changes required due to COVID-19.

Target 2 - Ensure Initial Health Screenings for Children & Youth in Foster Care

METRICS:

Initial Health Screening

By 2024, at least 80% of children/youth in foster care will receive an initial health screening as evidenced by Child Welfare

This data is not yet available, in part, because data agreements still need to be developed to obtain Medicaid data.

CFSR Item 17 – Physical Health of the Child (foster care cases)

Well-Being Outcome 3	Performance	
Item 17	Baseline	77% (Foster Care)
	PIP Goal (Oct 2020)	82% (Foster Care)
	Apr 2019 – Sept 2019	85%
	Oct 2019 – Mar 2020	73%

From April 2019 through September 2019, the performance of 85% was achieved, and from October 2019 through March 2020, the performance of 73% was achieved. During this reporting period progress was made towards this goal during the first six-month review period. In the second six-month reporting period, the percentage decreased. This decrease may be the effect of COVID-19 as adjustments were made due to social distancing requirements. In response to concerns that children/youth entering foster care or in foster care may have difficulty obtaining their appointments as directed in policy, NDSSS worked with Fostering Health Program through the North Carolina Pediatric Association and experts at public health to develop guidance on the use of telemedicine if appropriate by the pediatrician based on the child/youth’s needs. NC DSS guidance documents were sent to each county Department of Social Services. CQI/QA continues through ongoing case monitoring by the NC DSS CFSR / OSRI Team.

North Carolina’s performance on Item 17 (physical health of the child) has demonstrated some strengths of North Carolina child welfare practice overall, however, in the last six months, there is a slight decline in

this item. Strengths indicated are that North Carolina continues to appropriately assess and monitor medications of children and youth in foster care. North Carolina continues to be challenged with identifying and accessing services, particularly mental/behavioral health services for children and youth, across the state. North Carolina has worked at improving its partnership with sister agency, DMH/DD/SAS. A process has been developed to provide support to counties challenged to find appropriate placements to meet a child's needs that elevates to appropriate leadership to engage with our LME/MCO organizations across the state. As part of the CQI Strategic Priority, North Carolina will conduct record reviews that will include a focus on well-being II items. These reviews and subsequent findings will aid Regional Child Welfare consultants in determining additional technical assistance needs associated with educational, physical health and mental health for the families the counties serve.

2020 BENCHMARK: Establish the necessary data exchange protocols with CCNC to be able to track compliance with child welfare policy that children/youth receive an initial health screening within seven days of entry into foster care

This benchmark is unlikely to be completed in 2020. It will need to be completed in 2021. The establishment of data exchange protocols is in progress. Efforts to develop written guidance to county DSS social workers on the monitoring process are underway.

Additionally, the establishment of data exchange protocols between the NC DSS and CCNC/North Carolina Medicaid remain under development. Access to Medicaid claims data is required to track compliance with child welfare policy that children/youth receive an initial health screening within seven days of entry into foster care. This activity will be moved into year two to allow for additional time for data exchange protocols to be finalized.

During this reporting period, 77 of the 100 county departments of social services have participation agreements in place to allow county staff access to data on healthcare visits and claims via the Virtual Health Platform.

Current plans to be completed include: engaging Community Care of North Carolina (CCNC), Division of Health Benefits (DHB), University of North Carolina, Fostering Health Staff, and the Fostering Health State Advisory Team, to identify remaining barriers to completion of data exchange protocols; and, utilizing implementation supports available from Fostering Health to increase the number of local Departments of Social Services that have signed participation agreements.

Target 3 - Medicaid Tailored & Specialty Plans Reflect Needs of Families

METRICS:

By 2024, the county child welfare agencies will report at least a 25% increase in accessibility of the services array. The state will assume more responsibility for this with the addition of more comprehensive prevention services.

NC DSS is in the implementation phase of the Families First Prevention Act. Evidence Based Practices for serving the population served by child welfare are being evaluated, these services will support increased

access to services statewide. NC DSS collaborates regularly with the DMH/DD/SAS and DHB to identify and address barriers to accessing services. During these collaborations case specific barriers are addressed and systemic trends are being identified. In the context of COVID-19, a survey of counties on the accessibility of the service array was not conducted.

2020 BENCHMARK: Develop and execute an annual survey to distribute to county child welfare agencies and stakeholder to assess (and establish a baseline) regarding the service array's accessibility and capacity to individualize services

This benchmark was not completed in 2020. Medicaid transformation was postponed in 2020 because a state budget with necessary funding was not passed. Completion of this benchmark is delayed pending implementation of Medicaid transformation.

Preparatory activities to support progress towards this benchmark are in progress. CFSP Well Being Design Team members were selected from a wide variety of stakeholders including subject matter experts, family and youth. The Design Team met once during this reporting period and in person meetings were suspended due to COVID-19

Plans for developing the questions for the interviews and focus groups include:

1. Identifying areas of needing improvement based on data available from:
 - a. Survey data collected from the Community Child Protection Teams
 - b. Data collected from the survey conducted for the Families First Prevention Services Act on Evidence Based Practices available in North Carolina.
 - c. Data collected by the county operations team on child and family wellbeing needs
 - d. Available data from subject matter experts in on the Child and Family Services Well Being Design Team from Public Health, Fostering Health, Departments of Social Services, and the Division of Mental Health/Developmental Disabilities/Substance Abuse Services.
 - e. Stakeholder input collected from family and youth organizations.
2. Engage the members of the Child and Family Services Plan Well Being Team to develop survey and plan to execute survey to child welfare staff and stakeholders.

Additional barriers to activities supporting this benchmark included the suspension of the Child and Families Services Plan Well Being Design Team meetings due to COVID-19.

2020 BENCHMARK: Develop comprehensive data metrics for medication patterns and trends and establish baseline for key metrics

This benchmark has not been completed and will need to be completed in 2021.

Plans to complete this benchmark include: (1) engaging stakeholders at quarterly meetings of the Fostering Health psychotropic workgroup to identify data sources for medications prescribed to children and youth in foster care; and (2) identifying, obtaining and evaluating available Medicaid Claims Data on prescription patterns and trends for children and youth in foster care.

2021 BENCHMARK: Collaborate with NC Medicaid and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services to strengthen collaboration with the Tailored Plans and the county child welfare agencies

North Carolina has made progress on this 2021 Benchmark, in 2020. NC DSS made progress towards the target of ensuring the Medicaid Tailored and Specialty Plans are informed by and reflective of the needs of child welfare-involved children and youth.

NC DSS and DHHS Division of Health Benefits (DHB) developed draft disenrollment protocols for children transitioning into the specialty plans to ensure continuity of care, access to medical records, and to facilitate referrals for services.

NC DSS and Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS) and DHB identified care coordination needs and specific mental health services to be included in Medicaid Specialty plan for children in foster care.

Barriers to completing this goal was the statewide suspension of Medicaid managed care implementation in November of 2019.

Target 4 – Trauma-Informed Practice Model & WF Development

2020 BENCHMARK: Conduct interviews and/or focus groups related to Project Broadcast trauma programming efforts; synthesize lessons learned; highlight implementation challenges and gaps/needs; to inform statewide trauma-informed programming for families

This benchmark is in progress and completion is anticipated in 2020. Interviews and focus groups related to Project Broadcast have been completed.

2021 BENCHMARK: Conduct interview and/or focus groups related to the Resource Parent Curriculum efforts; identify strengths and needs as it relates to RPC; and develop a comprehensive strategic plan for statewide scale-up and sustainability

This benchmark is in progress and is expected to be complete in 2020.

Strategic Priority 4: CQI

Target 1 – Develop a Statewide Continuous Quality Improvement Model

METRICS:

There will be a 20% increase (for up to 90% of all employees, whichever is less) of NC county CW employees who will be able to: 1) accurately describe the state CQI model; and 2) say the state model and their local efforts are in alignment

NC did not conduct this survey in 2020 due to delays related to COVID-19.

2020 BENCHMARKS: Establish a CQI Steering committee, inclusive of state and county leadership and key stakeholders, to facilitate statewide planning efforts

North Carolina accomplished this Benchmark in 2020 by establishing a CQI Steering Committee as part of its overall strategic plan. There is a leading committee known as the Unified Public Agency Leadership

Committee. This committee is comprised of both county and state child welfare leaders. All work developed as part of the strategic plan comes through the committee for its approval and feedback. This committee established a CQI design team that is inclusive of state and county membership, managers and line staff, family partners, SAYSO, and university partners. The CQI design team will be responsible for moving the benchmarks pertaining to CQI in the strategic plan.

The CQI design team met for the first time in February of 2020, following North Carolina's kick-off event for its strategic plan, identified as Strong Families, Bright Futures.

2020 BENCHMARKS: Begin development of a formal state CQI plan including engagement with county CW agencies and stakeholders

This benchmark was minimally accomplished in 2020. Development will continue in 2021. At the first meeting of the CQI design team, the benchmarks of the plan were highlighted. Work has begun on ensuring all engaged clearly understand what CQI is and what its components are. Unfortunately, due to COVID-19, in-person meetings that had been scheduled were cancelled and the group is now re-focusing for virtual meetings for the foreseeable future. In May, the CQI design team had planned to hold a training and discussion of CQI.

2020 BENCHMARKS: Work with counties on current CQI plans (new name for PDPs) to integrate focus on strategies that tie with the state's CFSP efforts

North Carolina accomplished this Benchmark as Regional Child Welfare Consultants who interface with counties daily have been targeting their work toward North Carolina's remaining CFSR item, Timeliness to Permanence, this year. They assisted counties with prioritizing permanency practice issues that needed improvement in what are currently Program Development Plans. Additionally, they have provided training for adequate supervision of permanency cases, diligently seeking kinship placements, and working to improve systemic issues through collaboration with judicial and guardian ad litem stakeholders in each district.

2020 BENCHMARKS: The State CQI plan will be used across NC at county, regional, and state levels

This benchmark will not be achieved in 2020. Completion is scheduled for 2021.

While the constructs of a robust CQI system are being developed, North Carolina is continuing to utilize and improve its enhanced technical assistance with counties so that improved outcomes can be achieved. Currently NC DSS staff have been working on a CQI assessment document that will be able to provide county, regional, and state data on outcomes and components of the child welfare system that are key to better outcomes for children and families. This document and its framework will be brought to the Unified Leadership Team and the CQI Design Team for consideration and feedback.

2020 BENCHMARKS: Realign state staff to coincide with CQI plan

This benchmark was met in 2020, albeit with fewer state CQI staff than anticipated.

North Carolina had planned to hire at least 7 CQI specialists this year, however as stated previously positions were not allocated as expected. It was decided to realign Children's Program Representatives (CPRs) and Program Monitors as one team with the same job functions. This allowed NC to reduce the number of counties that each consultant is assisting. The realignment was launched February 1 and has already allowed more direct, specific work with counties to improve outcomes. Unfortunately, the effects

that NC believes will occur have not had enough time to come to fruition due to COVID-19 which has forced interactions to be virtual and stretched county staff with additional responsibilities.

2020 BENCHMARKS: Conduct statewide survey of NC county child welfare employees to obtain feedback about the NC DSS/County Child Welfare CQI model and if it aligns with county and statewide efforts in order to obtain a baseline to measure ongoing improvement

This benchmark has not been completed. It is now scheduled for 2021.

Target 2 - Ensure Access to Reliable Data

METRICS:

There will be a 20% increase (or up to 90% of all employees, whichever is less) of NC county child welfare employees having access to reliable data to use in the CQI process by 2024 via survey of employees through the NC Child Welfare Listserv

A meaningful improvement in accessibility to reliable data did not occur this year.

2020 BENCHMARKS: Convene a working group. This group will include new Business Information Officer, program leaders, and needed external support to develop a data plan to ensure leaders and staff have access to reliable qualitative and administrative data that can be broken down by race, age, county, region and provider

This benchmark is on target for completion by 2020. This group has not been convened but will begin this summer. It is anticipated to include a subgroup of the CQI Design Team as well as additional program and county leadership. North Carolina has a contract with university partners to assist in leading this work.

2020 BENCHMARKS: Develop a data plan. This data plan will identify key administrative data elements focused on improving practice in the areas of Safety, Permanency, and Well-Being. The data plan will include a consistent data profile to be used across NC at county, regional, and state levels. A focus of the data plan will be to provide leaders and stakeholder with data needed to understand the extent to which the practice model is being implemented as envisioned and its impact on children and families in implementing counties

This benchmark has not been met. It will be scheduled for 2021.

2020 BENCHMARKS: Determine the benefits of creating an analytic data file that can be periodically updated, and that links NC FAST data with the legacy systems

This benchmark has not been met and is pending decisions about NC FAST.

2020 BENCHMARKS: Conduct a training on the key data elements with DHHS and county staff

This benchmark has not been met. Work will begin after the development of a data plan and be completed in 2021 or 2022.

Target 3 - Statewide Case Management System

METRICS:

All 100 counties will utilize an electronic case management system by 2024

NC FAST is currently on pause and being studied.

Metrics related to user efficiencies will be developed in tandem with Workload Study in Target 3: Workforce Development.

This metrics is being reconsidered pending the outcome of the Gartner Assessment.

2020 BENCHMARKS: Updates to this target with direction from the Children's Bureau after actions are taken by the NCGA and DHHS has developed future implementation activities that would align with future legislation (accurate benchmarks were not provided due to the proposed legislation that may alter the trajectory of implementing and further development of NC's CW information system)

North Carolina is awaiting the outcome of the Gartner Assessment as well as the NCGA's response to these evaluations.

Strategic Priority 5: Workforce Development

Target 1 - Conduct a Caseload and Workload Study

2020 BENCHMARKS: Agree on project plan for caseload and workload study to include some or all of these critical components: 1) agree on research questions; 2) create data plan to confirm actual caseloads, supervisory activities and administrator workloads and understand how these persons are spending their time; 3) identify efficiencies that can be created; and 4) support staff that could takeover certain activities

This benchmark has not been met as it required significant input from the ULT. During the COVID-19 pandemic the ULT was resourced for decision making regarding continued provision of services. It will be rescheduled for 2021.

2020 BENCHMARKS: Conduct study as agreed upon in the project plan

This benchmark has not been met and will be moved to 2021. Currently, North Carolina child welfare workers regular processes for completing work have been completely disrupted by COVID-19, and work processes continue to evolve as the pandemic continues. North Carolina will need to assess the appropriate timing of completing this study based on the progress of the pandemic and the extent to which work processes have stabilized.

Target 2 - Revive & Retool the Child Welfare Education Collaborative

2020 BENCHMARK: Partner with agreed-upon universities to define core competencies for students, better understand allowable costs for identified curricula, and determine the likely percentage of IV-E eligible students to make recommendations for a revised Title IV-E traineeship program

This benchmark has not been met. It is scheduled for 2021. This delay is to allow NC DSS to add fiscal staff needed to manage any substantive changes to IV-E claiming.

A meeting with the NC Child Welfare Collaborative partners was held on January 31, 2020. The following colleges/universities were represented: Methodist University, Fayetteville State, Appalachian State, Campbell University, UNC-CH, NC State, UNC-Pembroke, NC A&T, UNC-Greensboro, Shaw University, East Carolina University and Bennett College along with the North Carolina Association of County Directors of Social Services and Center for Support of Families. The highlights of the plan that was discussed included: 1) NC DHHS/DSS' plan to assume responsibility for administering the NC Child Welfare Collaborative, which includes 13 colleges/universities; 2) NC DHHS/DSS' plan to re-institute the stipend program was described which will include continuing the waiver program as well; 3) NC DHHS/DSS is seeking public universities to participate in a "proof of concept" approach to improve sustainability of the Child Welfare Collaborative through improved IVE claims. Next steps are to meet with interested universities and work on the fiscal aspect of claiming IV-E as well as identifying and/or developing an appropriate curriculum for the proof of concept. Due to COVID-19, the next steps have not begun at this time.

2020 BENCHMARK: Make recommendations for a revised funding structure, stipend component, and reporting and claiming structure.

This benchmark will not be fully met in 2020 and is now scheduled for 2021. Broad recommendations for these issues have been reviewed by state staff, with the county director's association, and with university members of the collaborative. This work was suspended this spring and is now scheduled for 2021.

Target 3 - Create a Workforce Development Program

2020 BENCHMARKS: Develop RFP to align training contracts with learning needs and revamp NC's approach to professional development

This target is in progress to be met by 2020. A RFP has been developed and will be ready for dissemination by August of 2020.

2020 BENCHMARKS: Identify design team to redesign preservice training

North Carolina met this Benchmark. The Workforce Development Design Team was created as one of the five teams to drive child welfare reform over the next five years. The purpose of the team is to build and support a stable child welfare workforce that is well-qualified, trained, supervised and supported to promote positive outcomes for children, youth and families. The team had an organizational meeting in February before COVID-19 suspended in-person meetings.

2020 BENCHMARKS: Design team to identify core competencies that are skills-based and align with practice model

This benchmark has been met. The Workforce Development Design Team will assist with identification of core competencies that are skills-based and align with practice model.

2020 BENCHMARKS: Design team to develop a new preservice program that builds the basic, introductory behaviors identified in the practice model

This benchmark has been met. The Workforce Development Design Team will assist with the development of the pre-service program.

4. Quality Assurance System (C4)

North Carolina has made some enhancements to its CQI/QA system. North Carolina's CQI plan is the program monitoring required by state statute. To improve the plan, North Carolina has reorganized its county operations staff. Consultants who were previously program monitors or children's program representatives had a primary focus of either regular data and record reviews or consultation and technical assistance. Effective February 1, 2020, 20 positions were redesigned to include the tasks from both job descriptions that North Carolina believes will affect improved county child welfare practice. This allows each consultant to be responsible for between 3 and 10 counties; the number varies based on the size and location of the counties involved. This change allows consultants to make at least one monthly on-site visit to each county; visits include review of data and records.

North Carolina has provided additional training to consultants in preparation for this change. This training has focused on analyzing data reports and understanding what the story is behind the data. Additionally, in January 2020 consultants received training to help them navigate difficult discussions with counties about performance and outcomes. Tools and documents continue to be developed to improve the CQI system, including a CQI assessment tool that will capture a county's performance in multiple areas and inform the level of technical assistance to be provided. CQI plans will now be developed and monitored monthly for challenges and barriers to identify the implementation supports needed.

As part of monthly consultations with counties, NC DSS will be looking at numerous QA points. Each county's On Site Review Instrument (OSRI) scores will be considered as well as any fatalities or constituent concerns. The county operations section at NC DSS has created a feedback loop for each group to share issues and concerns in writing. These are placed in designated folders available to all consultants electronically; NC DSS managers are notified when information is placed there for review.

North Carolina has also streamlined the focus of its quarterly regional supervisor meetings. Each meeting will include a focus on a safety issue and a permanency issue. These will be identified through data trends, feedback loops, and policy needs. As North Carolina moves into regions, these meetings will be targeted to issues identified in each region.

With these changes, North Carolina will be regularly assessing its child welfare performance in each county. Regular data and record reviews as well as additional QA points will inform the areas needing improvement and areas of strength. Plans will be developed for improvement and evaluated regularly for impact. Technical assistance and implementation support will be provided timelier and targeted at key outcomes.

One target in North Carolina's strategic plan is the development of a CQI system that is consistent across counties, regions, and the state. It is anticipated that the CQI/QA process will continue to be refined and improved over the next four years. North Carolina recognizes it still has much to do to improve its CQI/QA system. NC DSS currently has a contract with UNC-CH to help identify the data that should be utilized and ensure its validity. Through this contract, guidance documents will be developed for county staff to ensure they enter data correctly. This work is just beginning.

It was anticipated that the NC General Assembly would add 10 positions to the CQI/QA section in SFY 2019-20. However, because the state did not pass a SFY 2019-20 budget, that did not occur. It is too early

to say whether these positions will be in the state’s SFY 2020-21 budget. If they are, these positions would add consultants to the NC DSSCQI/QA team and create CQI Specialists in county operations. With these positions, NC DSS would be able to narrow the focus to CPS and Permanency so that experts in both these areas are available to counties.

With the addition of a practice model for child welfare, North Carolina’s CQI system will need to look at fidelity measures. New and different data points will be identified as key in looking at outcomes. The focus of CQI plans will change, as will technical assistance and implementation supports. Feedback loops will improve externally with the use of the ULT and the design teams. NC DSS is setting the foundation for an ever-improving CQI system through its reorganization, regionalization, and enhancements to practice.

5. Update on the Service Descriptions (C5)

Stephanie Tubbs Jones Child Welfare Services Program

Title IV-B Subpart 1, Child Welfare Services Funds

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

Child Protective Services (CPS)

In North Carolina, CPS Assessments are intended determine if maltreatment has occurred and assess family strengths and needs and child safety with a goal of protecting children from further maltreatment and supporting and improving parental/caregiver abilities to assure a safe and nurturing home for each child. Child Protective Services In Home Services are provided when children can safely remain in the home with monitoring and supportive services.

In 2020, NC DSS did not experience changes or additions to these core services except for modifications to respond to the impact of COVID-19. These included the designation of CPS worker as first responders and the flexibility to use virtual visits after case initiation if safety could be assured.

In 2021, North Carolina’s Structured Decision Making (SDM) tools will be validated.

Services for Children Adopted from Other Countries

Post adoption support services (PASS) continue to be available for families who completed an out-of-country adoption. As in previous years, PASS requires 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 PASS for families and children adopted through an out-of-country adoption

The NC Permanency Coordinator facilitates quarterly calls with the five (5) statewide providers on a variety of topics ranging from improving or engaging families in support groups, starting groups for teens,

engaging county DSS agencies to make referrals and addressing high turnover in the county, to managing in a COVID environment. The PASS providers continue to make available the following services:

1. **Respite:** These services remain mandatory and incorporated into the project model. In FFY 2018-2019, respite was provided to 146 individuals or families. At the end of Quarter 2 in FFY 2019-2020, 28 individuals or families had received respite services from PASS providers. The need for respite continues, however providers are being creative with resources. Providers are working with families to utilize family supports as respite providers when available.
2. **Services provided to families regardless of type of adoption:** PASS providers are responsible for providing outreach and education to families who have adopted outside of foster care to inform them that they are eligible for services. PASS providers continued outreach efforts in FFY 2018-2019 to connect with this specific population by marketing on Facebook and agency websites, contacting adoption attorneys, Guardians ad Litem, and sending program information to all private adoption agencies statewide. In FFY 2018-2019, providers could capture the types of adoptions related to 1,071 families tracked. Data is presented in the chart below:

Types of Adoptions	Percent Served
Foster Care	80%
International	8%
Independent/Private	8%
Relative	3%
Adult	1%
Step Parent	0%

3. **Supports and services to support 2016 Illegal Custody Transfer Law:** PASS providers incorporated into their program, supports and services to families at risk of dissolution, to prevent potential illegal custody transfers, as well as supports for families and children who have experienced an illegal custody transfer. This has been a challenge for PASS providers, as most had no experience with illegal custody transfers. To learn about this issue, providers participated in the webinar, “Unregulated Custody Transfer/Re-homing: An Introduction for Adoption and Hotline/Intake/Screening Staff,” conducted by the Capacity Building Center for States. This webinar provided a foundation of information and helpful handouts. Providers continue to use the quarterly provider calls to collaborate and communicate on various levels of partnerships and experiences. In FFY 2018-2019, fifteen (15) families identified as at-risk for an illegal custody transfer were served by PASS providers. In FFY 2019-2020, PASS providers have continued to reach out individually to their counties and community stakeholders to offer ongoing outreach and education. Providers have developed materials for agencies to share with all staff. At the end of quarter 2 in FFY 2019-2020, seven (7) families identified as at-risk for an illegal custody transfer were served by PASS providers.

The annual Child Welfare Summit scheduled for May 2020 has been canceled as a result of the COVID pandemic. NC DSS and PASS providers planned a half-day workshop the spring of 2020 to host for

adoption professionals. This workshop will be rescheduled for fall 2020 or spring 2021 as COVID permits. A virtual event will also be explored.

The number of youth exiting foster care to guardianship has increased over the last several years as indicated in the chart below:

2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
852	908	1004	1049	1104	1003

Through a contract with the University of North Carolina – Chapel Hill (UNC-CH) School of Social Work in SFY 2018 -2019, a set of educational materials were developed to bolster the use of the KinGAP program and encourage the number of youth exiting to guardianship, when appropriate. The contract was extended to SFY 2020-2021 to market those materials and educate child welfare staff and stakeholders across the state regarding the benefits of KinGAP.

In partnership with county child welfare agencies, private child placing agencies, the KinGAP workgroup, Child Welfare Family Advisory Council, and the University of North Carolina – Chapel Hill School (UNC-CH) of Social Work, NC DSS will evaluate the specific needs of this population when developing post permanency services.

Services for Children Under the Age of Five

NC DHHS’ partnership with the Early Childhood Council developed the Early Childhood Action Plan (ECAP). North Carolina’s Early Childhood Action Plan (ECAP) was released in February 2019. The ECAP focuses on children up to age eight (8) and serves as the state’s primary framework to address the development of all vulnerable children. Additionally, North Carolina continues to provide Care Management for At-Risk Children (CMARC), previously named CC4C, for birth to five years of age. The partnership offers an array of services for children under four (4) years of age, to support proper child development. Early Intervention Services, Pre-K, Head Start, Smart Start and Medicaid among other services were offered for children under the age of five (5) years, as shared in the Early Childhood Action Plan.

Ages of Youth in Foster Care in FFY 18-19

Age 0	2017
Age 1	1331
Age 2	1172
Age 3	1029
Age 4	908
Total Children in Foster Care Ages 0-4	6457

Data from NC Performance Management Team June 2020

Forty percent (40%) of the children in foster care are under the age of five (5) years.

The tables below provide permanency trend data for children under five in the context of all children.

Median Days to Adoption FFY 18-19	
Ages 0-3	867

Median Days to Adoption 4/1/2019-3/31/2020	
Ages 0-3	868

Ages 4-5	1026
Ages 6-8	1106
Ages 9-12	995
Ages 13-17	839

Ages 4-5	1050
Ages 6-8	1080
Ages 9-12	1102
Ages 13-17	878

Median Days to Reunification FFY 18-19	
Ages 0-3	455
Ages 4-5	483
Ages 6-8	435
Ages 9-12	407
Ages 13-17	327

Median Days to Reunification 4/1/2019-3/31/2020	
Ages 0-3	434
Ages 4-5	473
Ages 6-8	421
Ages 9-12	428
Ages 13-17	348

Data from the NC Performance Management Team May 21, 2020.

North Carolina’s data for ages 0-3 and 4-5 median days to adoption data shows a slight increase while the same age groups for median days to reunification shows a slight decrease. The Permanency and County Operations Sections staff partnered to present at eight (8) regional supervisors’ meetings and an NCACDSS Children’s Services Committee on KinGAP, Adoption Call to Action Plan, Caring for Our Own and Permanency Planning, during 2020 to address timely permanency.

As stated previously North Carolina will implement Zero to Three Safe Babies Court Teams to improve permanency outcomes for this population. This was slated to be implemented in 2020 but was delayed due to COVID-19.

In 2021, the Interagency (Court) Council will consider promotion of expanding the Permanency Roundtables to counties across the state in addition to the existing five (5). Currently, the Permanency Roundtables are being utilized for cases involving older youth, but there may be opportunities to include a focus on enhancing timely permanency outcomes for children 0-5 years of age, as well.

Developmental Needs of Vulnerable Children Under Five

The N.C. Early Intervention Branch (NCEI) is a part of the N.C. Division of Public Health and is the lead agency for the N.C. Infant-Toddler Program (ITP) (<https://beearly.nc.gov/>). ITP is the program that supports and provides services for families, and their children, birth to three who have special needs. There are 16 Children’s Developmental Services Agencies (CDSAs) statewide that provide local services. Services offered include:

- Service coordination;
- Physical, occupational and speech-language therapies;
- Family support;
- Special instruction;
- Assistive technology; and
- Other services as needed.

Families are referred to ITP whenever there is a concern over a child’s developmental status or as indicated on the Family Assessment of Strengths and Needs (DSS- 5229). Child Welfare referrals are a priority population for CDSA’s. For the first six months of this SFY the following data is provided by NC Division of Public Health, Early Intervention Branch.

Month	Total # Referred by DSS	Total # who enrolled	Referral still in progress
July 2019	188	42	0
August 2019	168	19	1
September 2019	135	14	0
October 2019	139	25	3
November 2019	120	21	0
December 2019	109	20	2
Total YTD	859	141	6

** Note – referral still in progress are those referrals where the family has not been located and the ITP continues efforts to engage the family.*

Efforts to Track and Prevent Child Maltreatment Deaths

NC DSS provides fatality reviews within 7 days of cases open to Child Protective In-Home Services and Foster Care using the OSRI instrument. Additionally, NC DSS conducts intensive community fatality reviews of cases that were known to child welfare within one year and if maltreatment could be a cause of the death. NC DHHS continues to match any child found to have been served within DSS to the state Vital Records Office death records for all children 18 years or younger, with county child welfare agency data and utilize information from relevant agencies to identify fatalities where maltreatment may have been a factor in the child’s death. . NCDSS continues to work with performance management to enhance data collection to support a comprehensive statewide plan for prevention of maltreatment.

The development of a comprehensive, statewide plan for the prevention of child maltreatment fatalities will be integrated in the planning of the 5-year strategic plan for prevention, required under FFPSA. As previously noted, Chapin Hall at the University of Chicago is partnering with NC DSS on this work with a draft 5-year FFPSA prevention plan, scheduled to be completed in 2021. That plan will anchor the development of a comprehensive statewide fatality prevention plan.

Currently, North Carolina’s Child Fatality System has four (4) distinct components to address efforts to prevent child maltreatment, as follows: (1) the North Carolina Child Fatality Task Force (CFTF), (2) State Child Fatality Prevention Team (SCFP), (3) Community Child Protection Teams (CCPT) and (4) Local Child Fatality Prevention Teams (CFPT). Legislation proposed in 2019, “Strengthen Child Fatality Prevention System,” was included in the 2019 Appropriations Act which was ratified but never became law. This proposed legislation was in response to recommendations made by the North Carolina Child Fatality Task Force (CFTF), and these recommendations have been repeated by the Child Fatality Task Force for 2020 (a copy of the NC CFTF Final Report is available at:

<https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/in%20the%20spotlight/CFTF%20Child%20Fatality%20Prevention%20System%20Recommendations%20for%202019.pdf>).

The recommendations of the CFTF were also adopted in the Child Welfare Reform Plan Final Report submitted by the Center for the Support of Families (CSF) to the North Carolina Office of State Budget and Management and NC Department of Health and Human Services (NC DHHS).

NC DHHS has undertaken further study and planning related to these CFTF recommendations to strengthen the CFP System, as the recommendations are also aligned with current NC DHHS priorities and the statewide Early Childhood Action Plan. These recommendations would establish a single State Office of Child Fatality Prevention that would serve as the lead agency for child fatality prevention in North Carolina, which would be housed within NC DHHS, with the goal of coordinating and streamlining state-level support functions for the system. The recommendations would also request that NC DHHS develop a plan that would consolidate the functions of the four (4) types of child fatality review teams in North Carolina into local teams at the county (or sometimes multi-county) level, and have a centralized data and information system that includes joining the National Child Death Review Case reporting system.

NC DHHS formed a group of leaders from DHHS focused on developing an overall plan to address these recommendations to strengthen the CFP System, with the intention that the work of this group would be informed by a group of stakeholders currently involved in child fatality prevention. NC DHHS partnered with the NC Institute of Medicine (NCIOM) who facilitated this stakeholder workgroup. This stakeholder workgroup was to provide input in the following four (4) areas of action that the NC DHHS plan would ultimately need to address:

- Create a plan for restructuring and consolidating 4 types of review teams into one local team
- Create a plan for a more effective framework for Citizen Review Panels and for reviewing active DSS child welfare cases;
- Create a plan to change the types of death requiring team review to those categories of death most likely to yield prevention opportunities, including nine (9) specific categories articulated in the recommendations; and,
- Create a plan to implement a centralized electronic data and information system that includes NC joining the National Child Death Review Reporting System.

The stakeholder group met three times in 2020, and the NCIOM is currently preparing a report on the work of the stakeholder group which will go to NC DHHS for its consideration as it develops an overall plan for restructuring the Child Fatality Prevention System. The original target dates set for NC DHHS development of a plan have been pushed back as NC DHHS leaders involved in this work were required to prioritize COVID-19 response efforts.

The NC DHHS Child Fatality Prevention Project Team began planning internal changes to improve and reimagine the state's Child Fatality Prevention Plan in the absence of legislative support. Members from this group also serve on the ICOM/CFTF stakeholder group. While this group continues to meet, preliminary recommendations include:

- Understand what legislative changes, administrative rule changes or policy changes if any need to take place to implement the following proposals:

- 7 Day fatality reviews would continue with minor changes in time frame and will include review of open Child Protection assessment cases when fatalities occur. This could prompt the Division to provide technical assistance or a corrective action plan as needed. The focus of the assistance will be on improving practice and compliance.
- Information from these reviews would be shared with the local team (Currently existing Community Child Protection Teams and Child Fatality Prevention Teams would combine into one group). This combined team would also review Child Welfare open cases and near fatalities. Work is planned to clarify the definition of near fatalities as an active case for the combined team, train the team and local DSS agencies on near fatalities in active cases to ensure consistency, and begin collecting the same data on near fatalities reviewed by local teams as collected on fatalities. Their focus will be on community resources and improvement of collaboration.
- Information from both processes (the intensive reviews and the combined teams) would be pushed up with mandated time frames to what is now the CCPT Advisory Board.

Additionally, as an adjunct to this work, DHHS leadership has formed a Child Medical Examination (CME) Taskforce in partnership with the UNC School of Medicine Child Medical Evaluation Program (CMEP) to develop a team of Serious Injury Specialists on their Young Child Team. This team of eight (8) Social Work Practitioners will function as consultants to county child welfare agencies. These positions will provide guidance and oversight to counties in the management of high-risk child welfare cases which overlap with medical issues. The Taskforce has the following goals:

- Improve understanding of when to access CMEs;
- Raise awareness that children under the age of three (3) years are more susceptible to sentinel injuries that may otherwise be overlooked in this non-verbal population;
- Revise the CME consent/referral form to improve consistency and quality of information sent to the medical provider;
- Improve social worker understanding of medical findings so documentation reflects accurate information and safety plans, or placement recommendations address safety and risk appropriately;
- Increase social worker understanding of the diagnostic process and its application to determine the risk of harm to pre-verbal children;
- Raise awareness that young children with injuries should be seen by a CME provider that specializes in serious injury, in addition to any prior visits to a pediatrician or emergency room physician;
- Improve/revise policy concerning access and use of the CME program; and,
- Ensure CME provider and forensic interviewer compliance with CME guidelines through quality assurance activities.

MaryLee Allen Promoting Safe and Stable Families Program **(title IV-B, subpart 2)**

Family Preservation

Intensive Family Preservation Services (IFPS) are available statewide, across eleven (11) regions. The services are provided through six (6) community-based, non-profit agencies selected through a competitive RFA process. NC IFPS provides in-home crisis intervention services, based on the HOMEBUILDERS model, to help families at high risk of having a child(ren) removed from the home. This model is characterized by very small caseloads for workers, short duration of services, 24-hour availability of staff, and home-based services.

In SFY 2019, DSS provided IFPS to 1,015 families and 494 families during the first half of SFY 2020 through a combination of IVB-2 and state funding. In sum, DSS provided IFPS services to 1,509 families between July 1, 2018 and December 31, 2019. The IFPS providers offered the following services to participating families, as planned per the 2020 CFSP: (a) assessing risk and developing a safety plan; (b) teaching parenting skills; (c) family/individual/marital counseling; (d) teaching budgeting skills; (e) aiding the family in meeting medical needs; (f) teaching homemaking skills; (g) linking the family with concrete services and follow-up services; (h) assisting the family with transportation; and, (i) providing flex funds (average \$500/family).

The flex funds component helped support families participating in IFPS during the COVID-19 pandemic, when people experienced more difficulty meeting their basic needs.

The goals of the service are to:

- keep children safely in their homes and prevent unnecessary separation of families;
- prevent repeat maltreatment reports; and
- improve family functioning and increase protective factors.

During SFY 2019-2020, NC DSS achieved the following average outcomes through the IFPS provision:

- 99% of participating families' children were not in foster care at case closure.
- 97% of participating families had improved functioning at case closure.
- 96% of participating families demonstrated some improvement in protective factors at case closure.
- 94% of participating families' children were not in foster care at 6 months after closure.
- 95% of participating families did not have repeat maltreatment at 6 months after closure.
- 93% of participating families' children were not in foster care at 12 months after closure.
- 93% of participating families did not have repeat maltreatment at 12 months after closure.

In SFY 2019 and SFY 2020, NC DSS implemented monthly peer conference calls and quarterly in person team meetings with IFPS grantees, to provide consistent support and solicit grantee feedback for continuous quality improvement. During the COVID-19 Pandemic, DSS staff provided individual technical

assistance with IFPS providers and sponsored a group phone meeting to provide guidance, answer questions, and share resources.

NC DSS expects to continue this program in SFY 2020- 2021 with no significant changes, and the IFPS program will continue to be based on the evidence-based Homebuilders model in 2020-2021. As indicated in the 2020-2024, NC DSS will explore other evidence-based models listed on the Title IVE Prevention Services Clearinghouse, during this same time.

In SFY 2021, DSS anticipates spending approximately 20% of IVB-2 funding on family preservation services.

Family Support

As the Community-Based Child Abuse Prevention (CBCAP) lead agency, NC DSS has used a combination of federal CBCAP and IVB-2 funding, and North Carolina Children’s Trust Fund revenues to support evidenced-based, evidenced-informed parenting education and support programs, as well as respite and Community Response Program services. Although NC DSS family support services have consistently demonstrated strong efficacy, and the use of blended funding streams has allowed North Carolina to maximize resources, the total amount of funding has been insufficient to implement prevention programming in every county. North Carolina plans to continue initial efforts towards developing a comprehensive, five (5) year child abuse and neglect prevention strategic plan that aligns with FFPSA and Rylan’s Law, towards this goal.

The Family Support Network of North Carolina (FSN) provides services through the UNC-CH School of Social Work and eleven (11) regional FSN programs. FSN serves families across North Carolina who are caring for children who are medically fragile or have special needs, including children who are substance-exposed, HIV positive, or developmentally delayed.

FSN meets the goal of preventing child maltreatment by providing education, training, and support services to all families caring for children with special needs. In particular, FSN:

1. Provides education and training to improve caregiver knowledge about specific conditions affecting the children and how to care for them;
2. Reduces isolation and improves family functioning through social support programs for both parents and siblings; and
3. Enhances collaboration among local family support programs, public agencies, and community service providers.

The data for FSN services provided and the number of families and individuals served for SFY 2018 – 2029 and the first half of SFY 2019 – 2020 (*Q1 & Q2 only*) are captured in the table below:

Service	SFY 2018 – 2019*	SFY 2019 – 2020 (Q1 & Q2 only)
Information and Referral	3,658 families	1,887 families
Training Workshops	716 parents	190 parents
Parent-to-Parent matches	108 parents	75 parents
Social activities for families	388 parents and children	907 parents and children

Intensive one-to-one support	484 parents	229 parents
Support groups and SibShops™	123 parents and children	159 parents and children
Community Collaboration	2,192 agency referrals	960 agency referrals
TOTAL (without collaboration)	5,477 family members	3,447 family members

These outputs are consistent with previous years of the funding cycle since funding amounts remained constant.

Between 2020 and 2024, NC DSS committed to utilizing CAPTA funding to contract with the Family Support Network of North, for carrying out activities to support the work of eleven (11) local affiliates. These activities were provided, and NC DSS expects to continue this program in 2021 with no significant changes.

Evidence-Based Parenting Programs

These services are primary and secondary child maltreatment prevention services, including evidence-based parent education classes, parent support groups, and in-home visiting. In SFY 2018-2019, thirty-six (36) community-based agencies and local government agencies implemented parenting programs based on the principles of family support practice that demonstrated parent engagement and leadership opportunities, collaboration with community partners, formal implementation support, and positive evaluation outcomes. Person County declined to continue providing Parents as Teachers during SFY 2019-2020.

In SFY 2019-2020, DSS funded family support programs in fifty (55) counties and The Qualla Boundary. Counties represent a variety of geographic communities across the state.

In SFY 2018-2019, NC DSS served 3,880 parents / caregivers and 2,730 children across North Carolina. In the first half of SFY 2019-2020, NC DSS served 2,058 parents / caregivers and 1,514 children across North Carolina. In sum, NC DSS provided family support services for 5,938 parents / caregivers and 4,244 children for a total of 10,182 between July 1, 2018 and December 31, 2019. These outputs are consistent with previous years of the funding cycle since funding amounts remained constant.

Evidence-Based Parenting Programs	Parents /Caregivers Served	Children Served	Total Served
July 1, 2018 – June 30, 2019 (12 months)	3,880	2,730	6,610
July 1, 2019 – Dec 31, 2019 (6 months)	2,058	1,514	3,572
TOTAL SERVED Between July 1, 2018 – December 31, 2019 (18 months)	5,938	4,244	10,182

NC DSS required providers implementing Incredible Years, Strengthening Families, and/or Circle of Parents to participate in an outcome evaluation provided by independent evaluators. Evaluations were model specific and measured parents' use of appropriate discipline, positive parenting practices, parents' use of clear expectations, the change in the frequency and perceptions of problematic nature of children's behavior, family communication and cohesion, parental supervision, children's social behavior, family functioning, concrete supports, and knowledge of child development. For SFY 2018-2019, these evaluations found that NC had statistically significant results in all outcomes, usually exceeding national evaluation results. The Incredible Years' reports for SFY 2019-2020 show statically significant results in all

outcomes. The 2020 coronavirus pandemic resulted in a statewide social distancing and stay-at-home order that disrupted in-home visiting and parenting group activities. In consultation with the outside evaluators, NC DSS decided to not complete the SFY 2019-2020 program outcome evaluations because services were/would be incomplete, thus compromising the reliability and validity of any data collected.

During the COVID-19 Pandemic, NC DSS staff provided individual technical assistance with Family Support providers and sponsored five (5) listening sessions to provide guidance, answer questions, and share resources. During these sessions, grantees discussed how to support families emotionally, socially, and physically through parenting tip sheets, child activities, and concrete supports, such as food and diapers. Grantees also discussed how to provide parenting services and support virtually while maintaining model fidelity.

In SFY 2020- 2021, NC DSS will not renew the contract with Family Resources of Cherokee County. Otherwise, NC DSS expects to continue this program with no significant changes.

Community Response Program

Community Response Programming (CRP) is provided in eight (8) child welfare agencies in North Carolina. In SFY 2020, Iredell County Department of Social Services declined to continue with their CRP program and NC DSS shifted this funding to Orange County.

CRP services fill a gap in the continuum of child maltreatment prevention programming by reaching out to families, with children age birth to 5 years old, who have been reported to local Departments of Social Services, Child Protection Services, but whose cases have been screened out at intake, closed with a decision of services recommended, closed with a decision of no services needed, or closed with an unsubstantiated finding after an initial assessment.

CRP services meets the goals of preventing child maltreatment and promoting protective factors through:

- Collaborating with community partners
- Providing services based on the principles of family support and System of Care practice;
- Building meaningful parent and family engagement.
- Providing and/or making referrals to evidence-based services or evidence-informed practices.
- Ensuring families have access to supports, services, and flex funds to meet their basic needs, including economic support, benefits access, employment coaching, and financial literacy programming.

In SFY 2018-2019, CRP served 521 parents / caregivers and 584 children. In SFY 2019-2020 (July 2019 – December 2019), CRP served 261 parents / caregivers and 339 children. In total, NC DSS provided CRP services for 784 parents / caregivers and 923 children for a total of 1,707 between July 1, 2018 and December 31, 2019. These outputs are consistent with previous years of the funding cycle since funding amounts remained constant.

Like IFPS flex funds, CRP funding proved indispensable during the COVID-19 pandemic, which resulted in an unprecedented increase in families' basic needs. By meeting a family's unmet food, housing, or

transportation needs and/or by addressing unsafe living environments, North Carolina was able to mitigate the risks of child maltreatment.

In SFY 2018-2019 and SFY 2019-2020, NC DSS implemented monthly peer conference calls and quarterly in person team meetings with CRP grantees to encourage sharing of information and networking, to provide consistent support, and to solicit grantee feedback for continuous quality improvement. In March 2020, these monthly calls focused on transitioning from home visiting to teleservices, while providing families with additional emotional and practical support they might need during the COVID-19 pandemic.

NC DSS expects to continue this program in SFY 2020- 2021 with no significant changes.

During 2020-2024, NC DSS committed to exploring the feasibility of expanding the CRP program to more counties and evaluating its effectiveness in strengthening families and preventing child maltreatment reports. Although COVID-19 interfered with North Carolina's efforts, NC DSS plans to continue collecting information for discussions regarding expansion of this program in the future.

Respite

Ten (10) short-term respite programs provide services/support for care during 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. The services are provided for nineteen (19) North Carolina counties.

The service meets the goals of preventing child maltreatment and promoting protective factors by providing a variety of programs, including vouchers for in-home care, center-based drop-in care, short-term residential care, crisis and emergency care, after school care, school break camps, and respite support groups for qualified families.

In SFY 2018-2019, NC DSS served 579 parents / caregivers and 626 children across North Carolina with respite services. In the first half of SFY 2019-2020, NC DSS served 216 parents / caregivers and 336 children across North Carolina with respite services. In sum, NC DSS provided respite services for 795 parents / caregivers and 962 children for a total of 12,757 between July 1, 2018 and December 31, 2019. These outputs are consistent with previous years of the funding cycle since funding amounts remained constant.

During SFY 2019-2020, respite agencies participated in two evaluation activities using the client satisfaction survey and protective factors survey. Client satisfaction has been consistently high across all ten (10) programs. It has been challenging to find a standard outcome tool for all ten (10) agencies because their respite programs vary tremendously, however NC DSS continues to work on creating a uniform evaluation tool and ensuring that all Family Support Programs and Respite grantees conduct peer reviews with consistent tools and reports as committed to on the CFSP 2020-2024 period. During the COVID-19 Pandemic, NC DSS staff provided individual technical assistance with Respite Services providers and conducted a group phone meeting to provide guidance, answer questions, and share resources.

NC DSS expects to continue this program in SFY 2020- 2021 with no significant changes.

In SFY 2020-2021, DSS anticipates spending approximately 24% of IVB-2 funding on family support services.

Family Reunification

Funds for Family reunification services are allocated directly to all one hundred (100) county child welfare agencies. Eligible services for children in out-of-home placement and their families include:

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

County child welfare agencies provided reunification services to 3,814 children.

One challenge that North Carolina faces is that outcome data, including the number of families served with reunification funds and the number and the percentage that were reunified, is not available until *after* a fiscal year ends, which makes it difficult to improve programming and determine the program's effectiveness. To help resolve this issue and achieve the 2020 CFSP commitment of developing a quantitative and qualitative data collection system, NC DSS will develop and implement monitoring procedures for family reunification services directly with each county child welfare agency. Monitoring will confirm the eligibility of families served, allowable services provided, supporting fiscal documentation, the number of children served, and the number of families who received this service and were reunified. NC DSS will also review and update NC's Family Reunification Policy to reflect both the new monitoring plan and FFPSA changes. This work is in process and will be complete in 2021. NC DSS is also considering funding a specific program or service rather than providing funding to all county agencies.

In SFY 2020-2021, NC DSS anticipates spending approximately 24% of IVB-2 funding on family reunification services.

Adoption Promotion and Support Services

Adoption Promotion Program (APP)

NC DSS uses TANF and state funds, supplemented with IVB-1 funds, to incentivize the completion of adoptions among county child welfare agencies and contracted private child-placing agencies. Adoption Promotion services are offered statewide in all one hundred (100) county child welfare agencies and fourteen (14) contracted private licensed child-placing agencies.

In SFY 2019-2020, reporting procedures for county child welfare agencies were updated requiring all one hundred (100) county child welfare agencies to complete and submit the DSS-5320 *Monthly Adoption Reporting Workbook* to NC DSS on a quarterly basis. The workbook allows for easy transfer to a master statewide workbook for end-of-year analysis. The updated quarterly reporting workbook improved data

collection by gathering data points reflecting age, member of a sibling group of three (3) or more, partnership with private agency, and amount paid to private child placing agency (if applicable).

	# Counties Receiving Funding	Total Funding Paid to County Child Welfare Agencies	Total NC Adoptions from Foster Care
2017-2018	41	\$4,023,800	1,496
2018-2019 (July – May)	68	\$3,198,080	1,298*
2019-2020 (Q1 & Q2)	N/A	N/A	942

**July-June total adoptions are 1,456; due to restrictions in 2018-2019, only includes 11 months in order to get payments out on time*

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

The data for Contracted Private Child Placing agencies shows a marked increase in total partner adoptions with county child welfare agencies, as well as increased expenses.

	Total Funding Paid to Contracted Private Agencies	Total Partner Adoptions	Percent of Total Statewide Adoptions
2016-2017	\$1,717,800	219	16%
2017-2018	\$1,845,540	206	14%
2018-2019	\$2,105,850	333	23%
2019-2020 (Q1 & Q2)	\$1,521,300	212	

DSS is evaluating whether the current services provided under the APP contracts are the most effective ways to support the goal of improving time to permanence. Some of the services currently provided in the fee for service contract include training and preparing adoptive families and preparing the Pre-Placement Assessment. The specific services are allowable costs under Title IV-E. DSS is exploring pathways to permit private agencies to pull down IV-E funding when they are completing these services. This would provide opportunities to broaden the scope of the contract and focus on building the capacity of our adoptive families to increase placement stability and timelier permanence.

In 2021, NC DSS will issue an RFA for Adoption Promotion allowing the opportunity for any agency to apply for funding. The focus will be on improving diligent recruitment and retention efforts across the state to secure stable and permanent homes for children and youth in foster care. DSS will concentrate on bolstering the quality rather than quantity of available foster and adoptive parents.

North Carolina’s Adoption Call to Action (ACTA) Plan focuses on achieving safe and timely permanency for youth ages 14-17 and their siblings, who are living with an unlicensed relative and quality for the Kinship Guardianship Assistance Program. Nearly 380 youth have been identified in this target group and the state has created several targets and strategies to achieve safe and timely permanency. Due to the nature of the ACTA targets, PSSF funds are not being used to implement the targets and strategies below; however,

PSSF funds *were* used to travel to the two Adoption Call to Action summits in Washington DC (2019 and 2020).

Post Adoption Support Services

There are five (5) PASS agencies serving the eleven (11) regions of the state.

Total Participants Served

SFY	Caregivers	Youth	Total
2018-2019	1,857	919	2,776
2019-2020 (Q1 & Q2)	1,234	582	1,816

In SFY 2020-2021, NC DSS estimates that through IVB-2 funding, 1,874 parents and 425 children in all 100 counties will receive post adoption support. These services are available to any North Carolina family of an adopted child.

NC DSS continues to facilitate Quarterly Provider calls to build on agency strengths and improve service provision across the state. Providers use this time to engage in conversations regarding effective practices, brainstorm strategies for challenging cases and collaborate to provide education and awareness for the PASS program statewide.

This current bid cycle saw three significant enhancements to Post Adoption Support Services:

1. Respite: These services are mandatory and must be incorporated into the project model. Respite is a critical tool in helping families following an adoption. Adoptions, especially those involving children who have experienced trauma, often experience periods of stress during different stages of development. Agencies provide crisis out-of-home respite services and case-specific planned services designed to alleviate extreme stress in the household. The intent is to provide short-term relief to families to avoid placement disruptions. As of Quarter 2 (December 2019), 59 families have received respite services through North Carolina’s PASS programs.
2. Services provided to families regardless of type of adoption: While PASS have always been available to all adoptive families, this was not always widely marketed or advertised. In years past, the largest number of families served were those who had adopted through foster care. NC DSS remains committed to the concept that any family, regardless of the type of adoption (foster care, relative, international, step parent, independent, adult) can benefit from access to concrete post adoption support services. PASS providers must provide outreach and education to families who have adopted outside of foster care to inform them they are eligible for services. PASS providers continued outreach efforts in S2020 to connect with this specific population, including marketing on Facebook and agency websites, contacting adoption attorneys, Guardians ad Litem, and sending program information to all private adoption agencies statewide. Some providers connected with schools that noticed they had a high population of adopted children. Another provider issues quarterly newsletters devoted to post adoption services and resources. The newsletter is available to all families served in their regions, private and public adoption agencies across the state, and professionals on the provider’s listserv.

3. Provide supports and services to support 2016 Illegal Custody Transfer Law: PASS providers must incorporate into their program supports and services to families at risk of dissolution to prevent potential illegal custody transfers, as well as supports for families and children who have experienced an illegal custody transfer. This has been a challenge for PASS providers, as most had no experience with illegal custody transfers. To learn about this issue, providers participated in the webinar, “Unregulated Custody Transfer/Re-homing: An Introduction for Adoption and Hotline/Intake/Screening Staff,” conducted by the Capacity Building Center for States. This provided a foundation of information and helpful handouts. National data indicates children at highest risk of illegal custody transfers following an adoption are those adopted from another country. This underscored the need to connect with private adoption agencies across the state, specifically those facilitating international adoptions, to ensure agencies know PASS is available for their families and to educate them about illegal custody transfers. Coordinated efforts between providers to host regional lunch and learns to educate private and international adoption agencies about PASS and Illegal Custody Transfers resulted in increased communication and partnership with their local private and international adoption agencies in SFY 2018-19. Their email listservs have grown, as have family referrals and participation in community events.

As of December 2019, PASS providers have served 7 families identified as at risk of an illegal custody transfer. PASS has reported one instance of an illegal custody transfer. One of the providers became involved with a family after an illegal custody transfer occurred of a child adopted from the Ukraine. The local county child welfare agency became involved and referred the case to the PASS provider. The county child welfare agency awarded guardianship to the new caretaker and the PASS provider is supporting the family and child. They are learning to navigate sibling visits and the behavioral issues and anxiety the child is exhibiting as a result. The provider continues to provide services to this family in FY 2019-2020

Engaging county child welfare agencies continues to be one of the biggest challenges for PASS providers. At the end of SFY 2019-2020 Q2, county child welfare agencies completed 942 adoptions in North Carolina. PASS providers received a total of 90 referrals from county child welfare agencies. Most PASS providers report good relationships with county agencies and have made multiple contacts and visits to discuss PASS services, but referrals are not received. There are a couple of possible explanations. Many county agencies are experiencing high staff turnover rates and PASS providers are having difficulty maintaining contacts. Another issue is child welfare workers and families incorrectly perceive PASS as a crisis service. Because of this, many families are not referred at the time of adoption, but only when they are in a significant crisis. Although NC DSS and PASS providers have provided education surrounding this issue, this problem still exists. NC DSS will implement policy change requiring county child welfare agencies to refer all families completing an adoption to their identified PASS provider. This will allow PASS providers to have the families’ contact information. NC DSS will work with the 2020 CFSP Permanency Design Team regarding improving messaging and marketing PASS to county child welfare agencies to emphasize it as a support to permanency rather than only a crisis resource.

Another challenge for the PASS program is North Carolina does not have a statewide practice model for post adoption services. Contractors are required to build their programs around a set of guidelines, however specific services can look different region to region. Families in one region of the state may have access to a greater array of services than those in another region. An opportunity to address this became possible with the Family First Prevention Services Act (FFPSA). The award cycle for PASS was scheduled to

end on June 30, 2020. North Carolina elected to extend the current RFA an additional year to align and implement services with the new federal FFPSA, as well as the state Family/Child Protection and Accountability Act (Rylan’s Law). Current PASS awards are extended through June 30, 2021 and a new RFA will be issued for services to begin July 1, 2021. Under FFPSA, children who are “candidates” for foster care if they are identified in a prevention plan as being in imminent risk of entering care but can safely remain in their home or kinship placement if provided services that prevent entry into foster care. This includes children whose adoption or guardianship placement is at risk of disruption or dissolution that would result in entry into foster care. North Carolina has identified this population as “candidates” for foster care. FFPSA requires implementation of specific well-supported and evidence-based programs. This, in addition to providing services to newly identified candidates for foster care will change the scope of Post Adoption Support Services since we currently do not have a standard practice model across the state for Post Adoption. One has been identified; however, time will be needed for implementation planning.

Along with implementing a statewide practice model for post adoption, post guardianship will be added to the service array in 2021. As North Carolina continues to promote and grow KinGAP, the need for quality post guardianship services is recognized. This will ensure kinship families caring for youth exiting foster care through guardianship will also have access to educational resources, support services, crisis management, and counseling services.

Lastly, COVID-19 impacted many of the activities provided by PASS providers. Most providers schedule end of year conferences or Adoption Celebrations. Due to social distancing guidelines, these in person events were cancelled. Some providers were able to pivot and provide virtual events that were successful. Others were creative and came up with other ways to celebrate the families. While In-home services were largely unavailable, providers maintained connections and services virtually with their families, or by phone.

In SFY 2020-2021, DSS anticipates spending approximately 24% % of IVB-2 funding on adoption promotion.

North Carolina used PSSF funds for primary and secondary children maltreatment prevention programs. North Carolina funds thirty-four (34) parent education, parent support, and respite programs to help nurture children, while strengthening families and communities. Agencies were selected based on the need to provide regional services as well as their capacity to provide quality services. North Carolina plans to continue initial efforts towards developing a comprehensive, five (5) year child abuse and neglect prevention strategic plan that aligns with FFPSA and Rylan’s Law towards this goal. NC DSS Regional Support Model will divide the state into seven regions allowing an opportunity to provide consistent services state wide. (See reference to Family Support Services under IV-B, subpart 1 above)

Populations at Greatest Risk of Maltreatment

The CFSP identified the following populations as the greatest of maltreatment:

- Children under the age of 3
- Teenagers with mental health and behavioral health concerns

- Children born to young parents with little to no parenting education
- Children born to parent with significant history of abuse and/or neglect
- LGBTQ youth

Information was gleaned from the State Child Fatality Review 2018 Annual Report as well as national trends to identify these populations.

Services to these populations are provided by staff completing CPS Assessments and CPS In-Home services. In order for staff to be able to complete thorough assessments of safety, risk and well-being and then assist families with identifying services that will meet the needs of the children and families, NC DSS provides a number of training courses for staff to address these at risk populations. One goal of having staff attend the following training is that they are better prepared to assess appropriate services for families in these at risk populations:

- Advocating for child and adolescent mental health services
- Child development and the effects of trauma
- Understanding child mental health issues
- Supporting, including and empowering youth who are LGBTQ

NC DSS, through a contract with the NC Child Medical Evaluation Program (CMEP), is creating 8 positions specifically targeted at assisting counties with assessing cases involving young children. 7 of the positions will focus on cases involving serious injury, sexual abuse and complicated medical issues and one position will focus on substance affected infants. All of the positions will participate in training and development of county staff. In addition, NC DSS is clarifying policy related to the use of the Child Medical Evaluation Program (CME). Some cases, particularly cases involving abuse of children under the age of 3, will be required to have a CME. These services use a medical provider specifically trained in the assessment and diagnosis of child maltreatment and is used by child welfare to assist in decision making. In addition, revisions to the intake policy are being developed to assist staff in properly screening cases involving sentinel injuries of young children.

A guidance document for work with the LGBTQ youth is complete and will be disseminated after it is reviewed by the Permanency Design Team and SAYSO Youth.

Ongoing strategies such as identifying prevention services from FFPSA, expanding Triple P and Family Preservation Services will continue through NC's strategic plan.

There are specific concerns about the populations at greatest risk of maltreatment during the pandemic. In response to that, NC DSS provided access to online Triple P and Parenting Tools through a network of child service providers who made this information available through social media. Additionally, the NC DHHS website provided information about services and relief programs to alleviate stressors that can lead to maltreatment.

Kinship Navigator

North Carolina's second round of Kinship Navigator grant funding timeframe is October 2019 – September 2020. Activities funded during FY19-20 built on those of the first round of grant money in FY18-19 were used to build and support the implementation of the statewide Resource Platform NCCARE360, including Kinship Navigator functionality. In FY 2020-21, grant funds will be used to further tailor the NCCARE360 platform to kinship caregivers by developing a website, kinCare.org, that will provide additional content for kinship caregivers, directories of local kinship support groups, and educational materials specific to kinship caregivers.

With the expansion of the North Carolina Kinship Navigator Program NCCARE360 being at the core of NC DSS's Kinship Navigator Program, NC DSS is currently expanding services to include a training and licensure program for kinship caregivers who are caring for children in foster care. NC DSS will continue to strengthen its capacity to provide services by increasing the number of trainers certified to train Caring for Our Own curriculum with plans to increase the number of certified trainers from 28-48 in FY20-21.

In FY19-20, NC DSS planned to contract with the Children's Home Society to assess implementing the Children's Home Society of New Jersey's Kinship Navigator Model. The focus of this assessment was shifted to A Second Chance, Inc. based in Pittsburg, Pennsylvania when NC learned the original provider was removed from the approved list of Kinship Navigator models. Staff planned to travel for an on-site visit for further study of the Second Chance model; however, travel is suspended due to the COVID-19 pandemic. Grant Funds from the FY 2019 application have been allocated for virtual consultation until on-site travel is permitted. NC DSS is also looking at other proven models such as Florida's Children's Home Network to evaluate in addition to the Pennsylvania model. The University of North Carolina at Chapel Hill is collaborating with the NC DSS on the model selection, design and evaluation. However, North Carolina is unique in its system design and the Kinship Navigator model will need flexibility and adaptability to the current county administered, state supervised governance infrastructure and the ability to transition efficiently to a regionally based system. Implementation of the Kinship Navigator model is designated for July 2021.

As part of the Adoption Call to Action target, NC DSS plans to increase the number of licensed kinship caregivers and increase the permanency rates for older youth in foster care through reunification, guardianship and adoption by enhancing partnerships among child welfare stakeholders. In order to expedite this process, \$120,000 from the 2019 Kinship Navigator Program grant allocation will be used to contract with Children's Home Society to license the identified kinship families; the Children's Home Society has certified facilitators for the Caring for Our Own curriculum across the state. The number of newly licensed kinship placements from July 1, 2019 to June 26, 2020 is one-hundred and sixty-nine, of those, thirty were to out of state homes for North Carolina children served through Interstate Compact Placement for Children.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Since the submission of the 2020 CFSP, NC DSS continues its effort to reduce the number of incidences of maltreatment in foster care and the number of placement disruptions using the Monthly Caseworker Visit (MCV) Formula Grant. NC DSS and county child welfare agencies continue to use the Monthly Foster Care

Record (documentation tool). Since the submission of the 2020 CFSP, there have been no changes in policy.

In 2020, the Monthly Caseworker Visit grants was allocated to county departments of social services proportional to the population of children in foster care. These funds used for worker salaries and to cover the cost of travel to ensure that children are visited at least monthly and in the home as often as possible.

Training is provided to ensure the importance of quality visits remains a focus. One example of training provided is specific to monthly foster care visits, their purpose, and what should be discussed as an additional supplement to placement training. The purpose of the training is to assist workers in developing skills to build trusting relationships with both the children and their resource families. This relationship builds a foundation to work with the child and family should there be concerns that could lead to a placement disruption or potential abuse or neglect. In addition, NC DSS Regional Child Welfare Consultants through regional meetings in October 2019 with local county departments of social services child welfare supervisors, conducted training on “Using Supervision to Ensure Permanency.” A portion of the training’s focus was how to coach social workers on having meaningful dialogue with foster children and placement providers, that covers safety and wellbeing as well as identifying barriers to permanence.

Based on the data below, for FFY 2018-19, North Carolina achieved compliance with MCV grant requirements by achieving 95% of caseworker visits on a monthly basis, and by achieving 92% of caseworker visits in the residence of the child(ren). From April 1, 2019 – March 31, 2020, 94% of caseworker visits were made on a monthly basis and 91% of monthly caseworker visits with children in foster care occurred in the child’s residence, representing a slight decline in performance towards this goal.

DSS provides ongoing monitoring and technical assistance to counties not meeting the target, to ensure performance standards are met. This is accomplished through the Monthly On-site visits conducted by the Regional Child Welfare Consultants. A requirement for these visits is to, at least quarterly, share with county leadership the most recent data as to progress in making the monthly visit and to discuss barriers to assess the need for any targeted technical assistance.

	% of Caseworker Visits Made on a Monthly Basis	% of Caseworker Visits Made on a Monthly Basis that Occurred in the Residence of the Child
National Target	95%	50%
FFY 2018-19	95%	92%
Apr 2019 – Mar 2020	94%	91%

Adoption and Guardianship Incentive Payment Funds

NC DSS plans to use Adoption Incentive Payments in combination with other funding sources to support the Adoption Promotion Program (APP) in North Carolina. The APP is available in all one hundred (100) county Departments of Social Services and through partnerships with fourteen (14) contracted private child placing agencies. The services that the funds will support in FY 2021 are include:

Adoptive Family Readiness--work completed by licensing agencies to recruit potential adoptive families and deliver preparatory training that provides the foundational knowledge and skills for parenting

children with special needs. Licensing agencies guide prospective families through the decision-making process and evaluate a family's ability to meet the needs of children in foster care. This includes but is not limited to:

- individual and joint interviews with family members
- assessment of strengths and needs through the 12 skills For Successful Foster and Adoptive Parenting
- completion and approval of a Pre-Placement Assessment
- additional training as identified and provided by the family's licensing agency through the assessment process.

Family Post-Placement Support-- services provided to the family by the family's licensing agency from the time a child is placed in the family's home through the time the child's adoption is finalized. These services include but are not limited to:

- one-on-one consultations with the family
- facilitating supportive decision-making
- adoption preparation activities
- support and referrals specific to the family's needs to ensure the success of the adoption.

Child Post-Placement Support--services provided to the child once the child is placed in a home for adoption. It is the hands-on social work provided to ensure a child is secure in their placement. This work goes beyond the monthly mandated visits and referral for services required by the county child welfare agency. It includes activities that prepare children for the next steps in their adoption journey, such as completing their life book or life story. Additionally, when children understand they are not returning home, it may trigger a variety of emotions and behaviors. Working individually with children through feelings of grief and loss, abandonment, and attachment to support them in their placements is crucial. This includes but is not limited to the use of workbooks, teaching techniques from various practice models, and the use of books or drawings to engage children in conversation about how they are feeling about adoption.

Legal Services--completion of legal paperwork necessary to finalize an adoption. This includes completion of legal documentation such as the DSS-1801 (Agency Consent for Adoption), DSS-5102 & DSS-5103 (Non-Identifying Background Information), DSS- 1808 (Report on Proposed Adoption), DSS-5191 (Affidavit of Fees), DSS-1814 (Decree of Adoption), and DSS-1815 (Report to Vital Records). NC DSS does not anticipate any challenges in timely expenditure of these funds.

Adoption Reinvestment Savings

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

- Implementation of a Child Welfare Practice Model

- Expansion of Triple P Online
- Adoption Promotion and
- Post Adoption and Post Guardianship Services

In 2019, Adoption Reinvestments Savings funded Adoption Promotion Services as described in Section 5 of this document. Additionally, funds were used for Triple P online codes. While these are prioritized for families receiving child welfare services, they were also available to all families during the pandemic. This provides online support for parents experiencing stressors that may lead to child maltreatment.

In 2021, NC DSS will use Adoption Reinvestment Savings for the purposes stated above primarily focusing on implementation of a practice model and continuing to fund Adoption Promotion Services. Additionally, funds may be used to provide child welfare services that were not funded due decreased revenues caused by the pandemic.

North Carolina has a total of \$11,113,382.60 in Adoption Reinvestment in prior FFY savings and projects to spend this by the end of FFY 2024 as outlined above. Initially NC DSS did not spend Adoption Reinvestment due to lack clarity as to how the funds could be used. Going forward, NC DSS recognizes the value of these funds and they are being used as intended to invest in our child welfare system.

Adoption Savings

North Carolina continues to utilize the same methodology as in the prior FFY.

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

In 2020, North Carolina has provided myriad services to assist and support youth who have experienced foster care at age 14 or older in their transition to adulthood through the NC LINKS program. The NC DSS LINKS program served approximately 3,469 North Carolina youth ages 13-21 from April 2019 through March 2020. The following table illustrates the number of current and former foster youth served in the 13-15 age and 16-21 age categories during this time period.

Current / Former Foster Youth Served by NC LINKS between April 2019 and March 2020, by Age

Age	Youth Served*
Ages 13 - 15	755
Ages 16 - 21	2,714

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

In alignment with the state’s vision that every child and family is safe, healthy, and well, NC DSS committed to ensure activities and services would be offered and delivered to LINKS-eligible youth based on their needs,

age, and stage of achieving independence during FFY 2020-24. In keeping with this commitment, youth across the state received one or more of the following services from NC DSS in 2019-20:

- Independent Living Needs Assessment
- Supervised Independent Living
- Outreach Services
- Academic Support (including postsecondary education)
- Career Preparation
- Budget and Financial Management
- Housing Education and Home Management
- Health Education and Risk Prevention
- Family Support and Healthy Marriage Education
- Mentoring
- Financial Assistance

These services comprise the key components of North Carolina's LINKS model: Independent Living Services, Education and Training Vouchers (ETVs), and NC Reach. The LINKS program interfaces with, is impacted by, and is a central part of North Carolina's Child and Family Services Continuum – from prevention to permanency to post-adoption services. The components assist North Carolina in achieving Chafee program goals, including that all youth leaving foster care shall:

- have a safe and stable place to live;
- attain academic or vocational/educational goals;
- have a sense of connectedness to persons and community;
- avoid illegal/high risk behaviors;
- postpone parenthood until financially established and emotionally mature;
- have access to physical and mental health services, as well as means to pay for those services; and
- that all youth age 13 years or older who are likely to remain in foster care until age 18 years have ongoing access to engage in age- and developmentally-appropriate activities (also known as normalcy).

In providing these services, NC DSS not only worked to achieve the above program goals but also promoted Chafee-funded services in support of the goals identified in North Carolina's PIP, specifically as related to permanency and well-being. In 2019-20, NC DSS promoted the development and utilization of District Permanency Collaboratives and Permanency Roundtables for local efforts towards enhancing permanency outcomes for older youth in foster care. In 2020-21, NC DSS will promote the expansion of these resources towards improved performance of CFSR Permanency Outcome Item #6.

Additionally, NC DSS is working to enhance performance of CFSR Well-Being Outcome Items #17 and #18 to address the physical/dental and mental/behavioral health needs of children, including initiatives such

as **Fostering Health NC**, which is a project of the North Carolina Pediatric Society. The mission of Fostering Health NC is to make measurable improvements in the healthcare outcomes for North Carolina’s foster care population. NC DSS’ LINKS Coordinator participates in the Transition Age Youth group (a sub-group of the Fostering Health State Advisory Workgroup). This group works to address health issues impacting transition-age youth and to strengthen health programming for transition-age youth, defined as youth between ages 14 and 18.

In 2020, the Transition Age Youth sub-group developed an Adolescent Health Survey designed to gather information about youth experiences with doctors, their health, and what is important to them about their healthcare. The survey is scheduled to be disseminated in summer 2020. Also, the sub-group has worked to develop a “Youth Health Passport” mobile application to include the following desired capacities:

- Creating lists of providers (including dental);
- Capturing and recording healthcare appointments and sending appointment reminders;
- Including predictive text for search and data entry (street names, zip codes);
- Capturing and storing family history information;
- Tracking immunizations;
- Including power of attorney information, such as “five wishes” information;
- Capturing and storing scanned documents; and,
- Allowing access control (e.g., NC DSS, foster parent) with privacy and security (i.e., consent)

Additional information about Fostering Health NC and Transition Age Youth targets can be found in the state’s Healthcare Oversight and Coordination Plan.

In 2020-21, NC DSS will work with Fostering Health NC to implement the Healthcare Oversight and Coordination Plan, including working within the Transition Age Youth subcommittee to explore policy and practice improvements that will support the development of youth and young adults to understand and manage their health and navigate healthcare systems.

In addition to Fostering Health NC’s Transition Age Youth sub-group, NC DSS has also partnered with initiatives such as **Sexual Health Initiatives for Teens (SHIFT) NC** to improve health and well-being outcomes for older youth with child welfare experience. SHIFT NC works to empower North Carolinians so that every adolescent grows up in a state that is equipped to support their sexual health. SHIFT NC’s Every Teen Counts initiative is designed to increase the state’s capacity to help young people in out-of-home care (e.g., foster care, juvenile justice detention centers) stay healthy and avoid unplanned pregnancy. Since the submission of the 2020 CFSP, SHIFT NC has presented on the monthly LINK-Up calls to share information about Every Teen Counts initiative, explain how counties can become partners in the work to provide sexual health education to teens in foster care, and provide guidance related to COVID-19 supports and resources. Currently SHIFT NC partners with 12 county departments of social services to deliver evidence-based sexual health programming to young people in foster care. In addition, SHIFT NC partners with SAYSO to deliver sexual health programming in counties that have not partnered with SHIFT NC, to be trained to deliver the programs in their own counties.

In 2021, NC DSS will explore ways to expand evidence-based sexual health education programming to young people in foster care throughout the state, as provided by the North Carolina Division of Public Health programs, SHIFT NC, or other agencies and programs.

NC DSS also contracts with provider agencies to serve older youth with child welfare system involvement. NC DSS continues to contract with Youth Villages for LifeSet services. LifeSet delivers highly individualized services tailored to meet the strengths and needs of individual youth and young adults ages 17 to 21 who are likely to or who have already aged out of foster care. This is a public-private partnership in which a match of at least 50% of the appropriated funds is provided by private-sector funding partners cultivated by Youth Villages. The 2020 goal of this multi-year project is to build capacity for LifeSet services to be offered to every youth aging out of foster care across the state, to help assure a successful transition to adulthood.

From July 1, 2019 through April 15, 2019, LifeSet served 446 youth ages 17 to 21. Of the youth receiving LifeSet services during this period, 89.7% had housing that could be maintained upon discharge from the program, 92.6% had no additional trouble with the law during participation in the program, and 87% were employed, in school, had graduated from high school or college, or had obtained a GED.

LifeSet Services July 1, 2019 – April 15, 2019

Youth Ages 17 – 21 Served (statewide)	Obtained Sustainable Housing	No Juvenile / Criminal Justice System Involvement	Employed / In School / Graduated School or College / Obtained GED
446	89.7%	92.6%	87%

In 2021, NC DSS will continue to work with Youth Villages to expand access to LifeSet services to youth across the state. NC DSS will work to develop relationships between other private residential facilities and agencies that provide transitional living services and programs to youth leaving the foster care system. NC DSS will also develop a comprehensive list of agencies in the state that provide transitional living services to youth and young adults under age 21, and to young adults over age 21. It is expected that residential childcare programs may increase provision of transitional living services in preparation for FFPSA.

North Carolina also offers expanded foster care to youth ages 18 to 21. The number of youth participating in this program continue to increase.

State Fiscal Year	Young Adults Served in Foster Care 18 to 21*
2016-2017	407
2017-2018	968
2018-2019	1,029
2019-2020	1,172**

* Foster Care 18 to 21 was implemented on January 1, 2017

** SFY 2019-2020 includes young adults served between July 1, 2019 and April 30, 2020

One of North Carolina's strategies to strengthen program services, as detailed in the 2020 CFSP (see Permanency Priority Target 3) and in the Healthcare Oversight and Care Plan, includes increasing utilization of the Foster Care 18 to 21 program for youth who emancipate from foster care.

National Youth in Transition Database (NYTD) data will be integrated into the state's quality assurance system in 2021 as the NC DSS LINKS Coordinator collaborates with the state's Regional Child Welfare Consultants to utilize this data when providing targeted consultations and technical assistance to local county child welfare agencies. Additionally, NYTD data will be shared by and between the LINKS Coordinator and the NC DSS County Operations Section and the CQI design team. In the 2020 CFSP, NC DSS committed to engaging families, children, youth, tribes, courts, county child welfare workers and leaders, and service providers in NYTD data collection and data sharing efforts. North Carolina planned to develop the capacity of youth leaders to share information about NYTD; to explore and develop opportunities to use both print and digital media to reach out to stakeholders; and to regularly disseminate the analyses of NYTD data to stakeholders through multiple outlets.

In 2020, NC DSS has communicated weekly with county child welfare LINKS programs and leaders about their survey-eligible youth and the status of survey submissions. NC DSS has also worked closely with its Performance Management Section to strengthen written internal protocols, including developing detailed schedules to facilitate and strengthen data collection and ensure timely submission of NYTD data. In addition, NC DSS is working to create an online survey process that will reduce or eliminate the use of paper surveys and increase the response rate. The goal is to have this process complete and available for use by the end of December 2020.

In 2021, NC DSS will continue to work with SAYSO, the Child Welfare Family Advisory Council (CWFAC), and other stakeholders to develop youth-friendly informational materials about NYTD. NC DSS will also create a webpage with information about NYTD targeted to different stakeholder groups such as youth, county child welfare workers, and private agency partners. The enhanced use of digital media and technology to disseminate information – including about NYTD – to youth, families, and additional stakeholders aligns with recommendations provided by SAYSO representatives during the May 2020 Joint Planning Session.

North Carolina recognizes that the improvement of NYTD data collection, analysis, and reporting will be a focus of North Carolina's data plan and a core target of NC DSS' targeted CQI efforts. NC DSS will include LINKS in its data collection system infrastructure in 2021 and beyond.

Every month in 2019-20, NC DSS' LINKS Coordinator hosted a web conference for county LINKS and Foster Care 18 to 21 staff, as well as for partner agencies such as SAYSO, Youth Villages, Foster Care to Success, and private child-placing agencies/foster care facilities. These calls were a time for these groups to connect and exchange information about events, youth programming, availability or changes in funding, and more. The NC DSS LINKS Coordinator often invited guest speakers to share information on issues important to transition-age youth. In February 2020, a representative from the North Carolina Coalition Against Domestic Violence joined the call to present information about teen dating violence, discussing statistics, dynamics of teen dating violence, and helping teens acquire healthy relationship skills.

NC DSS has adopted a regional model of supervision, allowing for enhancement of the support of local LINKS administration and programming to youth and young adults by Regional Child Welfare Consultants,

who will provide targeted technical assistance to county staff. This will allow for increased statewide sharing of NYTD data and increased capacity to build local SAYSO chapters across the state.

One way in which North Carolina will use NYTD data to improve service delivery and refine program goals is to meaningfully engage and partner with collaborative stakeholders. In the 2020 CFSP, NC DSS committed to developing concrete, meaningful ways to promote and improve engagement of youth and stakeholders including, but not limited to, annual agenda setting and formal feedback mechanisms between NC DSS and SAYSO's Young Adult Leadership Council, Division-sponsored regional events, and/or training opportunities for local LINKS and Foster Care 18 to 21 staff, and for Division-organized forums for providers to provide input on and participate in future APSR/CFSP planning processes.

Additional Updates:

- In partnership with the SAYSO, NC State University's Center for Family and Community Engagement (CFACE), and the CWFAC added a member to the CWFAC to represent the youth voice. This young adult alumnus of the foster care system in North Carolina has been a member of SAYSO for many years and has worked with SAYSO as a Regional Program Assistant;
- Involved young people from SAYSO in the following work groups and events to:
 - serve on each of the five CFSP implementation design teams,
 - participate in Joint Planning Sessions with the Children's Bureau in February and May 2020,
 - involve young people in NC's first Permanency Summit in 2019, and
 - involve young people in NC's first Kinship Summit;
- Participated in county-organized regional LINKS meetings throughout the state to build relationships and share important program information and updates.

In 2021, NC DSS will work in partnership with SAYSO, CFACE, and CWFAC to recruit and on-board an additional member to represent the youth voice on CWFAC. Also, NC DSS will host monthly conference calls with the SAYSO Young Adult Leadership Council to provide an open line of communication, to ensure up-to-date information about programs and services for youth is being shared directly with youth, and to maintain a focus on joint work and agenda items between NC DSS and SAYSO. Depending on the evolving COVID-19 pandemic, NC DSS will also plan and host a series of regionally-based LINKS events for county departments of social services, private child-placing and residential agency staff, and staff of other youth-serving organizations, for relationship building, sharing program information, and gathering feedback on programs and services to inform improvements.

Juvenile Justice

NC DSS' LINKS program coordinates services with other federal and state programs for youth, including programs funded by the Juvenile Justice Section of the NC Department of Public Safety (NC DPS). In June 2020, the NC DSS participated in a virtual meeting with the Child Welfare-Juvenile Justice Learning Collaborative hosted by the Annie E. Casey Foundation and Casey Family Programs. This meeting provided the opportunity to learn and exchange information and strategies for cross-systems work during the COVID-19 pandemic, and to explore how states and counties are reinvesting money saved from institutional care into community-based programs and support systems for older youth. Collaboration

with the Juvenile Justice Section of NC DPS occurred in 2019-20 through monthly meetings of the LAT. In 2020-21, NC DSS will continue to participate in learning and engagement opportunities with the Child Welfare-Juvenile Justice Learning Collaborative facilitated by the Annie E. Casey foundation and Casey Family Programs. NC DSS will also connect with NC DPS to explore opportunities for partnership to best serve youth involved in both the juvenile justice and child welfare systems, and to explore opportunities for NC DSS to be involved in any ongoing work within NC DPS around the “Raise the Age” initiative.*

**The Raise the Age initiative was established to implement the state statutory change which provided that 16 and 17-year-olds who commit crimes will no longer automatically be charged in the adult criminal justice system.*

Housing

NC DSS shares information about the Housing and Urban Development Family Unification Voucher and Foster Youth to Independence programs with county child welfare agencies through monthly LINK-Up calls with county staff who work directly with youth and young adults and other communications with county agencies. To provide these housing programs to youth, local public housing agencies must work in partnership with county departments of social services (i.e., public child welfare agencies).

In 2021, NC DSS will increase awareness about the Foster Youth to Independence (FYI) initiative by creating additional written materials and doing outreach with county agencies about this program and the need to utilize FYI vouchers. NC DSS will create a list of local public housing authorities that administer FYI vouchers to disseminate to county child welfare agencies.

NC DSS will also develop and provide to counties written guidance that provides information about the FYI and how county child welfare agencies can collaborate with public housing authorities to utilize FYI tenant protection vouchers. NC DSS will also build connections with local housing programs to promote the administration of the Family Unification Program and the FYI voucher program, and to explore opportunities for further collaboration between local housing agencies, county departments of social services, and NC DSS to support youth and young adults leaving the foster care system.

Disabled Youth and Workforce Initiatives

In 2021, NC DSS will connect on a quarterly basis with each of the youth leads of the local NCWorks Workforce Development Boards to develop stronger relationships among the state LINKS program and local providers of Workforce Innovation and Opportunity Act (WIOA) services to youth and young adults who are or were in foster care. NC DSS will connect, on a quarterly basis, with the Division of Vocational Rehabilitation Services to share information and explore opportunities to better support current and former foster youth with disabilities to achieve their goals for employment and independence. The purpose of these meetings will be to explore opportunities for greater collaboration among LINKS, WIOA, and Vocational Rehabilitation programs and services across the state, and to ensure young people in foster care who are eligible for and would benefit from these services are aware of said services and that such services are accessible and responsive.

WIOA programs in North Carolina are overseen by the North Carolina Department of Commerce, Division of Workforce Solutions. These programs are administered local through local Workforce Development Boards, NCWorks Career Centers, and other local partners. Young people seeking employment and development services and opportunities must fall into one of two categories: in-school or out-of-school.

Services available to these young people include, but are not limited to, tutoring and study skills training, alternative secondary school, summer employment opportunities, paid and unpaid work experiences (including internship and job shadowing), occupational skill training, leadership development, supportive services, adult mentoring, financial literacy education, and other activities to help prepare for training and education.

The NC Department of Commerce also provides Finish Line Grants, a program to help community college students complete their training when facing unforeseen challenges. Grants of up to \$1,000 are awarded to students faced with an unanticipated financial hardship that may prevent them from completing their studies.

In 2020, NC DSS communicated regularly with the North Carolina Department of Commerce, Division of Workforce Solutions to exchange information and resources to support youth and young adults in foster care and understand any changes or updates to programming offered by the Department of Commerce and Division of Workforce Solutions to youth and young adults in foster care. This information was also shared with county departments of social services through email, regular web conferences, phone calls, and in-person and virtual LINKS meetings.

Public Private Sector

Private child-placing and residential agencies are welcomed and encouraged to participate in the monthly LINK-Up call with county departments of social services and other partner agencies. Since the submission of the 2020 CFSP, participation of these agencies has increased. Private child-placing and residential agencies are welcomed and encouraged to bring youth and young adults to participate in LINKS and SAYSO events.

Public and private agencies of all types frequently serve as vendors at LINKS and SAYSO events. For example, at SAYSO Saturday 2020, vendors included Foster Care to Success, SHIFT NC, Fostering Health NC, and the Empty Frames Initiative. County departments of social services hosted college and career nights for their LINKS youth that have included vendors from local universities and community colleges, hospitals, branches of the armed services, private business owners, and entrepreneurs.

Additional Initiatives

In 2020, the Jim Casey Youth Opportunities Initiative worked with partners in North Carolina to co-create a plan to re-engage the state to improve outcomes for older youth who have experienced foster care. This work is being accomplished through a work group that consists of young people with lived experience and representatives from public and private sector agencies connected to child welfare. The work group commenced meeting in April 2020 and will continue to meet through the end of 2020 in a series of virtual and in-person meetings. The group will work through three modules designed to create a strong results-oriented plan that holds equity at the center for young people who have experienced a day in foster care after their 14th birthday towards ensuring that they have the relationships, resources, and opportunities to ensure their well-being and success. This plan will focus on a single data indicator and serve as the central component of the recommended plan for partnership between the Jim Casey Initiative and North Carolina.

Education and Training Vouchers (ETV)

North Carolina contracts with the Orphan Foundation of America, dba Foster Care to Success, to provide education and training vouchers to youth. North Carolina ensures that the total amount of expenditures/costs for ETVs does not exceed total cost of attendance by overseeing the following steps: each academic semester, prior to awarding ETV funding, the colleges provide Foster Care to Success with the student’s enrollment status (full time or part time), the amount of aid s/he is receiving from all other sources, and the college’s published cost of attendance (COA). This information is used to confirm that the ETV award and other dollars do not exceed the COA. Also, NC DSS avoids duplication of benefits by overseeing the following steps: through a two-step process, the financial aid information provided by the college is collated with the required budget students develop each semester that includes expenses and financial assistance from all other sources including federal or federally assisted benefits. The review is done prior to ETV funding being allocated each semester to prevent duplication of services and funding.

Since the submission of the 2020 CFSP, 265 students have received ETV funds.

The table below provides the total (unduplicated) number of ETV awards for the 2018-19 school year and the 2019-20 school year (as of June 2, 2020), as well as the number of youth who were new voucher recipients each year.

	Total ETVs Awarded	Number of New ETVs
Final Number 2018-19 (July 1, 2018 to June 30, 2019)	299	150
2019-20 School Year* (July 1, 2019 to June 30, 2020)	273	120

**as of June 2, 2020*

In 2021, NC DSS will evaluate the current data collection methods of the contracted agency, Foster Care to Success, and implement any changes that may be necessary to ensure high-quality data is collected and reported. NC DSS will also convene stakeholders to discuss and develop ways to improve the state’s ETV and NC Reach programs. This will occur through the use of the Permanency Design Team.

In addition to the ETV Program, North Carolina has a program entitled **NC Reach**, which is a state-funded scholarship program for former foster youth who are legal residents of North Carolina. In 2019, Session Law 2019-240 was passed by the North Carolina General Assembly, which revised eligibility for the NC Reach program by including youth who exit foster care to guardianship via the Kinship Guardianship Assistance Program (KinGAP); previously only youth adopted after the age of 12 could benefit. A total of 309 students have been funded by NC Reach since the submission of the 2020 CFSP. All these students’ funding resources met their cost of attendance needs, including housing.

Chafee Training

In 2020, the LINKS 101 training for case workers has been delivered once to 22 participants. The NC DSS website www.fosteringnc.org provides on-demand courses, videos, webinars, and publications for foster, adoptive, and kinship caregivers. **Supporting the Transition into Adulthood** teaches strategies resource parents can use—including North Carolina’s LINKS goals and Transitional Living Plan—to help youth in

foster care successfully transition into adulthood. Includes candid, practical suggestions from an experienced foster parent.

In 2021, NC DSS will assess the training needs of both resource parents and workers to inform the development of new or supplemental trainings related to transition-age youth, as well as revisions to the LINKS 101 curriculum to ensure consistency with current policies and practices, and to include more detailed information about the Foster Care 18 to 21 program and services. For more on NC DSS training to support LINKS-age youth, please refer to the Training Plan attached to this APSR.

Consultation with Tribes

There are opportunities for enhanced collaboration and partnership by and between child welfare agencies and North Carolina's tribal communities. In 2021, North Carolina will increase collaboration efforts across the state to serve older youth and young people with child welfare experience. For more please refer to "6. Consultation and Coordination between States and Tribes (C6)" below. Additionally, NC DSS will ensure that information regarding ETVs is provided to the Eastern Band of Cherokee Indians and state tribes, and that counties receive targeted technical assistance and consultations from Regional Child Welfare Consultants and the LINKS Coordinator, along with Foster Care to Success, in 2021.

Mitigating the Impact of COVID-19

The COVID-19 pandemic created challenges for many youth and young adults regarding housing, school, employment, and access to services. In response to these impacts, NC DSS has:

- Issued guidance to county departments of social services regarding conducting outreach to young adults to ensure they have safe and stable housing and access to needed services;
- Modified the service definition to allow youth to remain in care if they need to return to the home of their parents;
- Issued P-EBT cards to all caregivers of LINKS youth and directly to youth in high school that are 18 or above to provide food assistance in lieu of school lunch;
- Provided additional funding to the LINKS program to support young adults who are no longer in foster care, who have experienced the impacts of COVID-19 and need assistance with housing and other transitional costs;
- Provided a supplement of \$100 to each child or youth in foster care for the months of April, May, and June 2020. This includes young adults who are in the Foster Care 18 to 21 program. Additional supplements are also being considered;
- Directed Foster Care to Success to reach out to college students to assess and help provide for their needs, especially related to housing. Foster Care to Success is providing continuous, intensive support services to students. Contract staff have communicated weekly with all ETV students via phone, Face Time, Skype, email, and text messaging;
- Foster Care to Success staff have also administered surveys to monitor the status of all funded students specific to COVID-19 related changes in their circumstances and emerging needs around housing, employment, finances, transition to online classes, and providing information about how individual colleges and universities will be holding classes during the fall semester;
- In partnership with Children's Home Society of North Carolina, moved all SAYSO meetings events from in-person to virtual platforms.

North Carolina will continue to monitor and make necessary and authorized adjustments to programs and services for older youth with child welfare system experience, as related to COVID-19, and towards enhanced outcomes for children, youth, and families affected by the pandemic.

6. Consultation and Coordination between States and Tribes (C6)

Collaboration with the Eastern Band of Cherokee Indians

The Eastern Band of Cherokee Indians (EBCI) is a federally-recognized Indian tribe under federal law and asserted its inherent sovereign authority to assume responsibility for certain human services October 1, 2015. Over the last five years, leadership within the NC Department of Health and Human Services (NC DHHS, Division of Social Services, and Tribal leadership of the EBCI have worked together to ensure a consistent provision of Child Welfare Services that ensures that children within the Qualla Boundary and in surrounding counties receive the highest level of services to ensure safety and permanence.

NC DHHS continues to operate under the 2016 NC DSS-issued DSS Administrative Letter CWS-AL-03-16 entitled “Eastern Band of Cherokee Indians (EBCI) Public Health and Human Services Agency (PHHS).” The letter outlined the process for the sharing of information between the two agencies, including but not limited to the North Carolina Annual Progress and Services Report. Since the letter was issued, PHHS and NC DSS continue to utilize a clear and concise protocol to ensure the timely and accurate delivery of North Carolina’s Central Registry information that PHHS needed to ensure a thorough and accurate assessment of tribal children who are the subject of a child protective services report within the tribal boundary. 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 FY 2021. NC DHHS submitted its 2020 CFSP to the Children’s Bureau that was approved at the beginning of the current FFY. The final CFSP was shared with Principal Chief Richard Sneed and Tribal Public Health and Human Services Secretary Vickie Bradley (PO Box 666, Cherokee, NC 28719; 828/554-6180 or 828/497-7460).

In August 2019, PHHS and NC DHHS reinstated quarterly meetings that include the Program Manager for the EBCI, directors of county social services agencies from counties contiguous to the Qualla Boundary, and leadership from NC DHHS. At this meeting, participants agreed to revisit the administrative letter to develop needed updates to address circumstances that have arisen in the last four years that were not specifically addressed in the administrative letter. These groups have managed these circumstances but recognize the need to formalize procedures to minimize any potential risk to families being served. It was agreed that the focus of the group would be to explore the possibility of a Memorandum of Understanding between the EBCI PHHS and NC DHHS that addresses all the necessary protocols to ensure a smooth operation between PHHS and NC DHHS, including the development of a data sharing agreement to include the Central Registry and Responsible Individuals List, as well as Medicaid information that EBCI needs to determine IV-E eligibility for children entering their care. It was agreed that the current administrative letter would serve as a guide for development of needed protocols. To that end, a second meeting was held in November 2019. In this meeting, an agreement was reached on protocols for most service areas with a plan to meet again in February 2020 to discuss additional protocols. Unfortunately, the February 2020 meeting was rescheduled to March 2020 due to inclement weather, and the March 2020 meeting was postponed indefinitely due to COVID-19. The current plan is to hold this meeting once COVID-19

related travel and convening restrictions are lifted. NC DSS will suggest and explore online virtual meeting options in order to maintain momentum if restrictions are not lifted soon.

Collaboration and coordination with tribes is also illustrated by the fact that the NC DSS Deputy Director for Economic Services serves on the Commission of Indian Affairs. In addition, the Deputy Director for Child Welfare for NC DSS serves on and co-chairs the Indian Child Welfare Committee. NC DSS also participates in the Annual Indian Child Welfare Gatherings, although the 2020 gathering scheduled in March was canceled due to COVID-19 travel and convening restrictions. Greg Richardson, Executive Director of the NC Commission of Indian Affairs, participated in Joint Planning in May 2020 to provide input and feedback from North Carolina's tribal communities and share information about achievements in 2020-21 towards CFSP goals and objectives. American Indian members 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 accessed at this link: <https://ncadmin.nc.gov/about-doa/divisions/commission-of-indian-affairs/commission-members>.

In 2020, NC DHHS continued to further its work to ensure American Indian children in North Carolina receive the same level of protection and permanence due all children. NC Regional Child Welfare Consultants provided targeted monitoring and technical assistance to local county departments of social services. This included a renewed emphasis on the policy requiring that tribes be notified when one of their members is substantiated or found in need of services, as well as emphasis on ensuring that American Indian children who come into protective custody achieve timely permanence.

In 2016 the Indian Child Welfare Committee received a small grant to assist with Indian children in foster care. The goal of the grant was to recruit, train, and license Native Indian families to serve as foster parents for Native Indian children who are in foster care across the state of North Carolina. The initiative continues to expand as county departments of social services continue to reach out for assistance with recruitment and training. As of December 31, 2019:

- 3 American Indian families have completed the Deciding Together curriculum and are in the process of being licensed; and
- 24 families have participated in training to become licensed foster parents.

NC DSS will continue diligent recruitment and retention work to develop and maintain a sufficient pool of families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed. The Indian Child Welfare Committee continues to serve as an important NC DSS partner towards efforts to recruit and retain licensed Native American foster families. To support licensing of American Indian foster parents, NC DSS plans to also work with state-recognized tribes to ensure American Indian families are made aware of and given access to the permanency options available through the KinGAP program in 2021. Also, NC DSS will provide Kinship Navigation Services in 2021 through a contract with the Children's Home Society, which will increase the number of "Caring for Our Own" statewide classes and trainings for kinship care providers. The "Caring for Our Own" program will increase the number of

licensed relatives for American Indian children and youth, and will align with NC DSS' efforts to support Indian kinship providers in their efforts to care for Indian children and youth in foster care.

In 2020, NC DSS supported events to ensure updated understanding and ongoing compliance with the Indian Child Welfare Act (ICWA) that unfortunately were cancelled due to COVID-19.

- The Indian Child Welfare Gathering scheduled to be held on the Campus of the University of North Carolina Asheville for April 23, 2020. A workshop at the National ICWA Conference in Denver, Colorado on March 30, 2020, scheduled to be presented by the Executive Director of the NC Commission of Indian Affairs, the Co-Chair for the Indian Child Welfare Committee, and the Manager for the NC DSS Regional Child Welfare Consultants. The workshop, entitled *Gathering: A Story of Collaboration Building*, detailed the success of the annual Gathering the Indian Child Welfare Committee had hosted over the previous four years as a means for ongoing collaboration. There is a commitment to request the opportunity to present at next year's conference in 2021.

North Carolina is also home to seven state-recognized tribes and four tribal organizations. State tribes are not covered under ICWA, but N.C.G.S. § 143B-139.5A—entitled *An Act to Require Collaboration between the Division of Social Services, the Commission on Indian Affairs, and the NC Directors of Social Services Association on Indian Child Welfare Issues*—states that state-recognized tribes merit similar considerations as federally-recognized tribes. Among other points, G.S. § 143B-139.5A also states that the named agencies should collaborate to develop a process to assist in identifying American Indian children. As stated earlier, the Deputy Director and her designee serve on the Indian Child Welfare Committee, which is made up of members from each of the state recognized tribes as well as representatives from the Guardian ad Litem Office and the Jordan Institute for Families at the UNC-CH School of Social Work. To spur results from this collaboration, the committee participated in a working retreat to craft a strategic plan to improve collaboration on October 23, 2019, at UNC-CH's American Indian Center. Members from the seven state recognized tribes, the Commission of Indian Affairs, the Guardian ad Litem office, and NC DHHS attended and developed the following mission and vision statements:

Mission: The well-being of American Indian children is directly connected to the relationships they have with their culture and community. We advocate to improve the child welfare system and practice in NC as it relates to American Indian children and families.

Vision: NC's American Indian children, families, and tribes have the support and resources they need to thrive.

The group decided to focus on and prioritize three goals:

Priority 1: Collect and share data re: American Indian youth by tribe; identify data points needed; use that to inform the work; create tribal specific reports; build a profile of each tribe (e.g., sharable history, placement data, how the tribe is working on child welfare issues, American Indian foster parents in community, American Indian GALs)

Priority 2: Tribal engagement: increase tribal participation, targeted recruitment of American Indian foster parents/GALS, develop a structure to address Indian Child Welfare issues, local collaboration between tribe/DSS

Priority 3: Address training needs for child welfare staff, attorneys, GALs, tribes

NC DHHS immediately began work on the first goal. After further conversations with tribal members of the Indian Child Welfare Committee, NC DHHS created a quarterly data report that includes the number of American Indian children who have entered foster care in North Carolina; the living arrangement at the time of coming into care; the number of American Indian children adopted in North Carolina; the number of American Indian children experiencing re-entry into foster care; and the number of American Indian children experiencing repeat maltreatment in North Carolina. The first report was shared with the NC Commission of Indian Affairs in November 2019. Follow up meetings since that time were cancelled due to COVID-19. NC DHHS is committed to use the data in the reports to inform work on the other two priorities and to realize those priority goals in 2021.

Compliance with ICWA

North Carolina continues to monitor compliance with the federal Indian Child Welfare Act. NC child welfare 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 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 seeks 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 to them by NC DSS. All child welfare staff learn about ICWA when they receive preservice training required before they have direct client contact. New staff learn about ICWA again when they take *Legal Aspects of Child Welfare in NC*, a course they must take in their first year. ICWA is also covered in courses providing job-specific training, such as *CPS Assessments in Child Welfare Services*, *Placement in Child Welfare*, and *Adoptions*. As in the past, these courses will be offered on an ongoing basis in FY 2021.

1. Through March 2020, NC DSS continued to conduct program monitoring of county social service agencies as well as continued reviews using the OSRI, specifically Item 9: Preserving Connections. From October 2019 through March 2020, NC DHHS reviewed 67 cases using the OSRI. The results are listed below:

	Yes	No	N/A
Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe?	64	3	0
If the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, during the period under review, was the Tribe provided timely	1	2	64

notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights?			
If the child is a member of, or eligible for membership in, a federally recognized Indian Tribe, was the child placed in foster care in accordance with Indian Child Welfare Act placement preferences or were concerted efforts made to place the child in accordance with the Act's placement preferences?	0	2	65

The data suggest sufficient inquiries are made in the great majority of cases. However, in the relatively rare circumstances that the inquiries indicate the child may be a member of or eligible for membership in a federally recognized tribe, notification and placement efforts consistent with ICWA were not consistently made.

2. Additionally, NC DHHS receives reports from PHHS regarding the number of ICWA referrals received in the previous month as well as the number of cases they are involved in across North Carolina. PHHS reports the following from October 2019 – April 2020:
 - a. 157 ICWA notices received from local county departments of social services
 - b. Of those, 13 were enrolled or eligible to be enrolled in the EBCI
 - c. PHHS is currently involved with 25 cases representing 42 children across North Carolina

Section D: CAPTA State Plan Requirements and Updates

In 2020, North Carolina has made substantial changes to strengthen its capacity to drive practice and programming to meet CAPTA requirements. These changes include establishment of a new Section within NC DHHS-Child Welfare for Safety and Prevention Services and the redeployment of two positions. One to serve as a CAPTA administrator and the other to focus specifically on child protective services policy. Joining the Community Based Programs and Child Fatality Review Teams, this provides the staff resources to manage the continuum of child abuse prevention to intervention services for children and their families. This Section will bring focus and a deeper understanding of the impact of North Carolina's response to address the needs of populations more likely to be abused or neglected such as substance affected infants, children under the age of three and victims of human trafficking.

State Legislation:

The Child Abuse Prevention and Treatment Act requires that governors provide assurance that CAPTA requirements are met. In 2019, it was determined that North Carolina's child protective services law did not provide adequate language regarding the immunity from civil or criminal liability for individuals making good faith reports. In September of 2019 North Carolina entered into a Program Improvement Plan until compliance could be assured. Passage of **Session Law 2019-240** revised North Carolina's law and brought the state in compliance.

NC GS §7B-309 sets out that "anyone who makes a report pursuant to this Article, cooperates with the county department of social services in a protective services assessment, testifies in any judicial proceeding resulting from a protective services report or assessment, or otherwise participates in the program authorized by this Article, is immune from any civil or criminal liability that might otherwise be

incurred or imposed for that action provided that the person was acting in good faith. In any proceeding involving liability, good faith is presumed.” As such, this fulfilled the criteria of the NC CAPTA (PIP).

Source: https://www.ncleg.gov/enactedlegislation/statutes/pdf/bychapter/chapter_7b.pdf

CAPTA Plan:

North Carolina’s previously approved CAPTA plan submitted in 2012 identified 12 of the 14 program areas that CAPTA funds would be used to improve the child welfare system. Currently, North Carolina is in the process of drafting an updated CAPTA plan targeted for completion in October 2020. This will include a focus on the following four areas:

- (1) The intake, assessment, screening and investigation of reports of abuse and neglect
- (3) Case Management, including on-going case monitoring and delivery of services and treatment provided to children and their families
- (4) Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols
- (13) Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs— A. to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and the use of differential response; and B. to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports

In 2020, CAPTA State Grant funds were used to support North Carolina’s approved CAPTA plan by providing support and training to community prevention providers in evidence-based practices and providing child welfare training. CAPTA funding was also used to provide child abuse services through Child Advocacy Centers across North Carolina. Family Preservation Services were provided by community partners who contracted with the Division. CAPTA also funded an FTE: the Child and Family Wellness Coordinator who provides behavioral health and trauma informed support and coordination and cross system advocacy for children and families. Use of CAPTA funds for these purposes will continue in 2021.

Additionally, in 2021, NC DSS will use CAPTA funding to improve child protective services through the following:

1. The establishment of 7 social work positions to provide case specific consultation to county departments of social service regarding children at most risk serious injury or fatality through a contract with the Child Medical Evaluation Program. These positions will be regionally deployed and ensure that medical aspects indicative of abuse and neglect are considered in safety and case planning.
2. The establishment of one position to address improvements to services for substance affected infants also through a contract with the Child Medical Evaluation Program. This position will be

strategically deployed in both the health and child welfare service arenas to further build the system to provide infants with a plan of safe care.

3. Further development of First Call, a method of narratively interviewing children and young adults. This model is for both child welfare workers and law enforcement and used effectively will lead to disclosure of child abuse and partnerships between law enforcement and child welfare.

While it does not require funding, improvements to data collections systems will provide information needed to better monitor the effectiveness of CAPTA funded programs. This will include changes to both NCFAST and the Legacy system to capture information about near fatalities, juvenile justice transfers and additional details regarding substance affected infants as described below.

Citizen Review Panels:

North Carolina complies with the requirement to maintain citizen review panels using Community Child Protection Teams (CCPT). North Carolina General Statute § 7B-1406 established a CCPT in each of North Carolina'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 D, "2019 CCPT Final Report." This annual report was provided to DSS on May 15, 2020. 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.

DSS is pleased to provide an update on how it incorporated the 2018 recommendations from the CCPT Advisory Council. In 2018, there were five key recommendations. These recommendations addressed the child protection system as well as spoke to the Council's concern about the overall well-being of children. The response letter from NC DSS is attached but notable recommendations that were accepted included: aligning all work with the Early Childhood Action Plan, adding dedicate staff to work with substance affected infants, launching NCCARE360 to provide a 24/7 resource for parents, and provided additional training to local CCPTs and continuing to build a child abuse prevention network for children.

Services and Supports: Infant Plans of Safe Care

An internal group of DHHS leadership from the Secretary's Office and Division leadership from Social Services Child Welfare, Mental Health/Developmental Disabilities/ Substance Abuse, Public Health Women's and Children, the Child Welfare Family Advisory Council, UNC School of Social Work-Behavioral Health Spring Board and local departmental representative as the Plan of Safe Care Interagency Council (POSC-IC). This group started meeting in 2017 to design the POSC process that we have in place today and continues to work with the N.C. Department of Health and Human Services (DHHS) to coordinate with other public and private agencies impacted by the POSC requirement. Consultation has been provided by an ACF site visit in July 2019 and February 2020. NC DSS has also formed an internal work group to improve child welfare practice with substance affected infants. These groups have led North Carolina's growth in developing, implementing and monitoring POSC for infants as described in more detail below.

As required by CAPTA, North Carolina defined the population of infants who are "substance affected" and identified who was responsible for developing a plan of safe care. In order to increase the number of children who benefit, North Carolina's definition is broad and includes all children who are born affected by substance abuse, affected by withdrawal symptoms or affected by fetal alcohol spectrum disorder.

Medical providers are required to notify child protective services when a child is born substance affected. All notifications are screened to determine if they meet the legal definition of abuse, neglect or dependency. Those that do receive a CPS response. An infant plan of safe care, which is a referral to Care Coordination for Children (CC4C), now known as Case Management for At-Risk Children (CMARC), is developed for all children when a notification is made. This includes information about services and linkages that the infant and family may benefit from.

Since 2018, there are many lessons learned regarding this process.

1. Some medical providers have been hesitant to contact child protectives services to notify that a child has been born substance affected given that a notification does result in screening to determine if a CPS response is warranted.
2. Risk of harm to substance affected infants is difficult to determine at CPS Intake particularly for first time parents.
3. Plans of Safe Care focus on the well-being of children and service referrals. When a CPS response is needed, additional safety planning is required and coordination between CMARC and the child welfare agency must occur.
4. Plans of safe care should be developed before children are discharged from the hospital. Current staffing of CMARC is insufficient for this to occur.
5. While plans of safe care specifically focus on the needs of the infant, it is critical that services are provided to the mother to address substance use disorder.
6. Monitoring and evaluation is required for all children who are identified as substance affected. If a child welfare response is not required, CMARC services are voluntary and families may not choose to participate making it difficult to obtain follow up information.

Responding to what we have learned:

NCDHHS is considering if the definition for substance affected infant should be changed. This could include not identifying infants who present as substance affected because of maternal Medical Assisted Treatment when there is no concern about their ability to parent. There is also consideration of notifications being directed to NC DHHS rather than the county child protective services agencies. Training of healthcare providers and revising policy, procedures and training to improve notifications is also in process.

DHHS leadership and the NC Healthcare Association are currently exploring ways to partner to improve collaboration. The group met with the NC Hospital Association (NCHA) to discuss the POSC process as currently implemented. NCHA has committed to participating in our stakeholder group and have extended an invitation to NC DHHS to provide technical assistance. Implementation plans created by this group will incorporate lessons learned.

Child welfare policy and practice guidance is being revised. This includes changes to the Structured Intake tool and the strategies to coordinate plans of safe care into both the CPS safety plan and case plan. This will include training in how to engage reporters to obtain vital information during intake and to build workforce skills in developing plans and partnerships that create safety for this special population. A

specific case plan for POSC has already been developed and will be presented to the Safety Design Team in 2020. Additional focus on the child welfare response to this vulnerable population will occur with validation of the risk assessment tools.

As part of the overall scope of work with providing services to families with substance use, NC DSS has provided technical assistance to support the development of assessment resources in collaboration with the Division of Mental Health, Developmental Disabilities and Substance Abuse (DMH/DD/SA)'s SAMHSA grant that provides substance abuse assessments for TANF, SNAP and Child Welfare cases. This grant serves child welfare involved families that have had a substantiation or a positive finding.

The current monitoring process of infant plans of safe care includes a survey sent to county child welfare agencies who report out on the number of notifications received, and the number of screened in and screened out reports. Data collection began in August 2017 and the total number of referrals or notifications have remained steady and the number of referrals accepted as an assessment has also remained steady.

A new monitoring plan and data collection plan are being drafted and a process will be available for use in June 2020. Additional data elements in the Legacy data system (DSS-5104) for capturing service delivery and outcomes for screened in notifications that have had an assessment have been completed. For notifications that are screened out, the Division is exploring a new data platform for reporting outcomes for screened-out cases and referral to CMARC or other prevention programs.

Measure	FFY 18-19	APSR (4/1/2019- 3/31/2020)
The number of infants— a) identified under subsection (b)(2)(B)(ii); b) for whom a plan of safe care was developed under subsection (b)(2)(B)(iii); and c) for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B)(iii)	Infant Referrals = 4631 POSC = 4541	Infant referrals = 4734 POSC=4615

See below for numbers from the first quarter of 2020.

Month	Number of Infants	Screened-In	Screened-Out	POSC	Referred to CMARC	Reported from CMARC
January '20	380	322(84.7%)	67 (17.6%)	378 (99.5%)	381 (100.3%)	
February '20	329	290 (88.1%)	40 (12.2%)	324 (98.5%)	327 (99.4%)	
March '20	444	372 (83.8%)	77 (17.3%)	432 (97.3%)	436 (98.2%)	

Source, N.C. DSS, child welfare performance management section summary from surveys sent to all 100 counties.

North Carolina is requesting Technical Assistance from ACF regarding confidentiality and referrals to prevention programs. One barrier is the absence of legislative authority to mandate healthcare providers to provide notification with sufficient information to decide if child protective services is needed or if the family would benefit from prevention services. North Carolina recognizes the need to improve data collection specific to SAI and POSC. DHHS leadership will continue to work with POSC-IC to determine the best path for NC to overcome these barriers.

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Annual Data Report is submitted electronically via NCANS as required.

Child Protective Services 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. Workforce data in 2019 identified 171 workers as intake, 1116 as CPS Assessment and 466 as CPS In Home Services.

In June of 2020, in response to the pandemic, North Carolina Child Protective services were designated as a first responders in our state. This gave priority for this staff to receive Personal Protective Equipment as First Responders

Due to the lack of a single database for child welfare staff in North Carolina, comprehensive demographic information on the workforce is unavailable. After coming improvements to ncswLearn.org are complete, North Carolina will be able to report complete demographic information about our state's child welfare protective services workforce. This should be complete at the end of December and an update can be provided at that time.

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

Following is an update about North Carolina's child welfare workforce based on the latest Child Welfare Staffing Survey, which ended January 31, 2019.

Education. The table below depicts the current educational profile of North Carolina's child welfare workforce.

EDUCATIONAL PROFILE OF NC'S CHILD WELFARE WORKFORCE, JAN. 1, 2019

Title	Total	Bachelor (Social Work)	Bachelor (Other)	Masters (Social Work)	Masters (Other)	Higher
Social Worker	2811	786	1,155	438	428	4
Social Work Supervisor	587	123	244	124	92	4
Program Manager	96	17	38	18	22	1
Program Administrator	48	8	14	18	7	1

Qualifications. As in years past, qualifications of child welfare staff vary across counties. The latest Child Welfare Staffing Survey indicates county child welfare agencies hired) 1040 workers in 2019. Of these, 340 (33%) 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 more compensation and have more resources available to support staff development. Child Protective Services professionals are classified as Social Worker Investigative and Treatment under the standards set by the NC Office of Human Resources or through a substantially equivalent system. Details are located at the following website:

https://files.nc.gov/ncoshr/migrated_files/Guide/LocalGovmt/LocalGov%27tSpecs/Social%20Worker%20-%20Investigative-Assessment%20and%20Treatment.pdf

Training. In the latest Child Welfare Staffing Survey, counties reported it takes an average of 9.02 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>.

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

- CPS Intake shall be no greater than one worker per 100 CPS referrals a month
- CPS Assessments shall be no greater than 10 families at any time per worker
- CPS In-Home Services shall be no greater than 10 families at any time per worker

Compliance with workload standards is evaluated in two ways. The first is through a quarterly county child welfare agency self-report on workloads and staffing patterns. The second is through the semi-annual program evaluations conducted in collaboration with counties. Information provided in the agency self-report is used as a source of data for the program evaluations. This data, however, is not fully vetted and verified.

County child welfare agencies maintain a monthly Child Welfare Workforce Data Workbook; counties submit this data to DSS quarterly. For the December 31, 2019, submission, the average caseload sizes in NC were as shown in the table below.

AVERAGE CASELOAD SIZES

Title	Cases per available staff	Cases per FTEs budgeted
Intake	72.4	66.4
Assessments	11.25	9.26
In Home	9.36	8.15

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 December 31, 2019, Child Welfare Workforce Data Workbook.

SUPERVISION RATIOS

	Available Staff	Budgeted Staff
Budgeted Supervisors	3.86	4.49
Available Supervisors	4.09	4.76

Juvenile Justice Transfers: North Carolina Counties reported that 107 Juvenile Justice transfers have occurred to date in SFY 19-20. This includes all children who entered foster care from a juvenile delinquency court proceeding. This information was obtained from a survey of county departments of social services

North Carolina is considering including youth open to child protective services and juvenile justice as candidates for foster care for prevention services through the Family First Prevention Services Act.

Inter-Country Adoptions: In FFY 2018-2019 (Oct 2018-Sept 2019), North Carolina had four (4) International Adoptions. From April 2019-March 2020, North Carolina had three (3) International Adoptions. The initial plan for all children was reunification, and the children were served by county department of social services. The placement disruptions were due to child characteristics.

SECTION E: Updates to Targeted Plans

Foster and Adoptive Parent Diligent Recruitment Plan

During this past year, no changes were made to North Carolina’s 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan. All 100 counties submitted localized Diligent Recruitment and Retention Plans in September of 2019, and NC KIDS Adoption and Foster Care DRR plans were updated to include the required Multi-Ethnic Placement Act (MEPA) requirement. Technical assistance regarding the changes was provided then and has continued to ensure compliance with the Multi-Ethnic Placement requirements.

Technical assistance and resources for recruiting families were provided by *NC Kids Adoption and Foster Care Exchange*. From July 1, 2019, to May 5, 2020, *NC Kids* provided technical assistance in some capacity to all 100 North Carolina counties via a total of 448 interactions.

Updates and Progress: Data Regarding North Carolina’s Children in Foster Care and Foster and Adoptive Families:

The tables below provide the annual update of DRR information from FFY 2018-2019 (9/30/19).

Table 1: Total Children in Care at the end of FFY 18-19

Table 2: Total Foster Care Exits in FFY 18-19

Table 3: Licensed Facilities at the end of FFY 18-19

Table 4: Completed Adoptions

TOTAL CHILDREN IN CARE AT THE END OF FFY 18-19 (9/30/2019)		10747	
Sex			
	Count of Children in Care on 9/30/2019		%
Male	5452		50.7%
Female	5295		49.3%
Age			
	Count of Children in Care on 9/30/2019		%
0	1651		15.4%
1	809		7.5%
2	717		6.7%
3	641		6.0%
4	556		5.2%
5	562		5.2%
6	532		5.0%
7	518		4.8%
8	515		4.8%
9	529		4.9%
10	496		4.6%
11	498		4.6%
12	513		4.8%
13	480		4.5%
14	547		5.1%
15	588		5.5%
16	565		5.3%
17	14		0.1%
18	9		0.1%
19	2		0.0%
20	0		0.0%
21	4		0.0%
UNKNOWN	1		0.0%
<i>Unknown age= 1 CNDS ID/Child with 2 birth dates</i>			
Race			
	Count of Children in Care on 9/30/2019		%
WHITE	6177		57.5%
BLACK	3316		30.9%
BI-RACIAL/MULTI-RACIAL	718		6.7%
AMERICAN INDIAN	254		2.4%
UNABLE TO DETERMINE	231		2.1%
HAWAIIAN OR PACIFIC ISLANDER	30		0.3%
ASIAN	21		0.2%

X/PTR: A report distribution system maintained by NC Department of Health and Human Services (DHHS's) Information Technology Division (ITD).

TOTAL FC EXITS IN FFY 18-19		5571	
Sex	Count of Children with FC Exits in FFY 18-19		%
Male		2886	51.8%
Female		2685	48.2%
Total		5571	100.0%
Age Group	Count of Children with FC Exits in FFY 18-19		%
Ages 0-5		2307	41.4%
Ages 6-10		1347	24.2%
Ages 11-14		825	14.8%
Ages 15-17		640	11.5%
Ages 18-21		460	8.3%
<i>More than the number of exits because some children exited care more than once during the FFY and at different ages.</i>			
Race	Count of Children with FC Exits in FFY 18-19		%
WHITE		3253	58.4%
BLACK		1637	29.4%
BI-RACIAL/MULTI-RACIAL		396	7.1%
AMERICAN INDIAN		157	2.8%
UNABLE TO DETERMINE		101	1.8%
ASIAN		18	0.3%
HAWAIIAN OR PACIFIC ISLANDER		9	0.2%
Total		5571	100.0%
Ethnicity	Count of Children with FC Exits in FFY 18-19		%
Non-Hispanic Ethnicity		5118	91.9%
Hispanic Ethnicity		442	7.9%
Unknown		11	0.2%
Total		5571	100.0%
ICWA-ELIGIBLE YOUTH WITH EXITS IN FFY 18-19		7	0.13%
FC Exit Reasons	Count of Children with FC Exits in FFY 18-19		%
Reunification with Parents or Primary Caretakers		1589	28.5%
Adoption		1431	25.7%
Guardianship with a Relative		787	14.1%
Custody with non-removal Parent or Relative		530	9.5%
Emancipation		504	9.0%
Guardianship with other court-approved caretaker		242	4.3%
Custody with other court approved caretaker		186	3.3%
Authority Revoked for other reasons.		161	2.9%
Transfer to Another Agency		57	1.0%
Other		38	0.7%
Termination of Foster Care under 18		19	0.3%
No Exit Reason Listed		17	0.3%
Death of Child		13	0.2%
Runaway		9	0.2%
Termination of VPA for FC Under 18		3	0.1%
Termination of CARS agreement		1	0.0%
Termination of Foster Care 18 to 21		1	0.0%
<i>More than the number of exits because some children exited care more than once during the FFY and with different exit reasons</i>			

X/PTR: A report distribution system maintained by NC Department of Health and Human Services (DHHS's) Information Technology Division (ITD).

# of Licensed Beds for Facilities Licensed as of 9/30/2019	# of Licensed Beds as of 9/30/2019	% of Total Licensed Beds	% w/o Special Programs
Foster Care (privately licensed)	5348	19.9%	28.8%
Special Program	8293	30.9%	
Therapeutic Homes (privately licensed)	5750	21.4%	31.0%
Foster Care (county licensed)	7454	27.8%	40.2%
Total	26845	100.0%	
<i>includes kinship homes</i>			
RACE of Foster Families (Private Agency Supervised) with Licenses as of 9/30/2019			
	#	%	Race/Ethnicity of household/facility
White	1453	68.3%	
Black	512	24.1%	
Bi-Racial/Multi-Racial	96	4.5%	
Unknown	47	2.2%	
Unable to Determine	8	0.4%	
American Indian	7	0.3%	
Asian	3	0.1%	
Total	2126	100.0%	
Ethnicity of Foster Families (Private Agency Supervised) with Licenses as of 9/30/2019			
	#	%	
Non-Hispanic Ethnicity	1959	92.1%	
Hispanic Ethnicity	104	4.9%	
Multiple Ethnicities	61	2.9%	
Unknown	2	0.1%	
Total	2126	100.0%	
RACE of Foster Families (County DSS Supervised) with Licenses as of 9/30/2019			
	# of Family Foster Homes Licensed as of 9/30/2019	%	
White	2315	70.2%	
Black	673	20.4%	
Unknown	140	4.2%	
Bi-Racial/Multi-Racial	128	3.9%	
American Indian	30	0.9%	
Unable to Determine	10	0.3%	
Asian	2	0.1%	
Hawaiian or Pacific Islander	1	0.0%	
Total	3299	100.0%	
Ethnicity of Foster Families (County DSS Supervised)			
	#	%	
Non-Hispanic Ethnicity	2988	90.6%	
Hispanic Ethnicity	91	2.8%	
Multiple Ethnicities	82	2.5%	
Unknown	138	4.2%	
Total	3299	100%	

X/PTR: A report distribution system maintained by NC Department of Health and Human Services (DHHS's) Information Technology Division (ITD).

North Carolina Completed Adoptions			
07/01/2019 - 06/15/2020			
State Totals			
	TOTAL		TOTAL ALL
	ADULTS	CHILDREN	
Male	85	1438	1523
Female	171	1374	1545
Unknown	1	4	5
RACE			3073
White	219	2068	2287
Black	17	494	511
Indian	3	27	30
Asian	5	55	60
Hawaiian or Pacific Isl.	0	7	7
Unable To Determine	0	0	0
Other	13	165	178
			3073
Hispanic Origin	18	185	203
Bi-Racial	4	361	365
TYPE OF ADOPTION			
Public Agency	6	1486	1492
Private Agency	0	110	110
Independent/Non-Related	41	196	237
Other Relative	27	316	343
Step-Parent	180	646	826
Foreign	3	62	65
Other	0	0	0
HANDICAPS			3073
Mental Retardation	0	11	11
Blind or Visually Impaired	0	25	25
Deaf or Hard of Hearing	0	9	9
Physically Disabled	0	31	31
Emotionally Disturbed	1	181	182
Learning Disability	1	80	81
Other Medical Conditions	0	5	5
HIV	0	1	1
Other	5	884	889
FUNDING SOURCE			1234
Title IV_E	6	1363	1369
Title IV_B	0	98	98
State	0	0	0
Unknown	251	1355	1606
			3073

Adoption Information Management System (AIMS): A database that maintains indexed adoption information on all adoptions in the state of North Carolina. The database also houses information on children in foster care who are legally free for adoption and awaiting an adoptive home.

On June 15, 2020, the NC Adoption Exchange and Photo listing (NC KIDS staff) was recruiting adoptive families for 199 legally free children, with 108 youth in active recruitment, 25 children in legal risk status, and 91 on hold at the time for a variety of reasons. Some are older youth who are uncertain about the decision to be adopted and some are experiencing illness that prevent adoption from moving forward at this time.

Systemic Updates and Progress

North Carolina made progress in implementing the state's Foster and Adoptive Parent Diligent Recruitment Plan, including NCDSS hiring an additional employee in April 2020, to focus specifically on foster family recruitment and retention. This individual will work with the Foster Family Alliance of North Carolina (FFA-NC) to increase foster family support and training, and to increase recruitment activities, and will work with individual counties and private agencies to coordinate efforts statewide to increase the number of well-trained, skilled, and diverse foster and adoptive families in North Carolina.

NCDSS is also engaged in 10A NCAC 70M Rule revisions, (NC Administrative Rule that governs adoption assistance) and initial edits have been completed. NCDSS is in the process of determining what revisions, if any are needed to eligibility requirements for Special Children's Adoption Incentive Fund (SCAIF). NCDSS plans to convene a SCAIF workgroup in 2020-2021 to prevent overspending of SCAIF payments, and equitable distribution of budgeted SCAIF funds. The workgroup will include representation from NCDSS permanency staff, Assistant Attorney Generals assigned to NC DSS, representatives from the Child Welfare Family Advisory Council, SCAIF parents, and county DSS-approved staff.

The TA Gateway, which houses Diligent Retention and Recruitment Permanency Profiles and information from the District Permanency Collaboratives, will be moved from UNC to a new digital home on the NCDHHS website by end of SFY 2019-2020. And, the CFSP Permanency Design Team, officially convened in February 2020, is actively providing consultation, advocacy and mentorship to all participants, to expand diligent recruitment efforts and promote permanency.

Updates and Progress: Plan Targets and Benchmarks

Target 1: *Family Response and Engagement System*

In June 2019, NC Kids began collaborating with *AdoptUSKids* to gather information from North Carolina's 100 counties, to develop a family engagement model for state. In January 2020, *AdoptUSKids* facilitated a face-to-face meeting to assist in moving this work forward through the statewide campaign for Diligent Recruitment and Retention, as well as through the Peer Connection forums. The statewide campaign focusing on the recruitment and retention of Foster, Adoptive, and Kinship families was to "kick-off" and be introduced at our 2nd Annual Child Welfare Summit scheduled for May 2020. Peer Connection forums were scheduled to begin on March 24, 2020. These forums, for the initial year, were to be focused on gathering information from counties, to assist in the creation of a statewide Family Response and Engagement Model.

The Child Welfare Summit and forums were canceled due to COVID-19. A preliminary plan has been developed to implement the Peer Connection forums later in 2020 when the pandemic recedes. The Family Engagement and Response Model will remain in development over the next year and will be established by September 2021. Training and education on the statewide family response system will be provided to counties throughout 2022. The model will be developed based on the feedback of counties through surveys and information gathered during forums and quarterly calls. *NC Kids* will continue collaboration with *AdoptUSKids*, the NC Child Welfare Family Advisory Community, Children's Home Society of North Carolina, the University of North Carolina at Chapel Hill (UNC-CH) and Strong Able Youth Speaking Out (SAYSO), concerning work around family engagement and recruitment. *NC Kids* will partner with North Carolina's Regional Child Welfare Consultants and the Foster Family Alliance, to provide Diligent Recruitment and Retention technical assistance.

Throughout 2019 and 2020, the foster home licensing team has worked to streamline the licensing review process. Reviewing an average of 2500 licensing actions per quarter, the time it takes for review has decreased significantly, from an average of 5.2 days in 2018 to an average of 2.94 days in 2020. This team has implemented a system to document technical assistance questions and answers that come to the office, allowing for review of Administrative Rules, as needed, and for consistency in follow-up. They also created training documents designed to provide consistency in applying NC Administrative Rules for foster home licensing statewide; NCDSS anticipates that these training documents will be distributed to public and private agencies by the end of 2020.

In response to COVID-19, NCDSS worked with the NC DHHS Secretary's office to identify the most critical areas of licensing regulation obstacles and to address those identified in a way that promoted both safety of children and prevented disruptions. As a result, Governor Cooper issued executive orders that addressed the need for flexibility for fire inspections for homes that were due to have licenses renewed, for face-to-face contacts to be conducted using virtual technology, for capacity in times of need for emergency placements, and for timeframes for required medical exams and dental examinations. NCDSS conducted four webinars during April and May 2020 to share information with county DSS agencies and stakeholders across the state, regarding allowable flexibilities, answer questions, identify barriers and problem solve, to strengthen partnerships with public and private foster care and adoption providers and to improve communication regarding foster home licensing. NCDSS has and will continue to participate in weekly calls with foster care and residential providers, as needed.

Target 2: Family Capacity Development and Support

Completion of guardianship and kinship educational materials was scheduled for June, 2020. Due to COVID-19 restrictions, full dissemination of these materials was delayed. The SFY 2019-2020 contract with UNC-CH was amended to include a recruitment marketing campaign and a formal evaluation of the KinGAP educational materials.

By September 2020, the materials developed by UNC-CH will be delivered to the NC Regional Child Welfare Consultants via in-depth training; the Regional Child Welfare Consultants serve as subject matter experts to their assigned counties. Then, the materials will be delivered to counties via seven (7) Regional Supervisors' meetings before being offered via a recorded webinar, to all key stakeholders.

Quarterly “Peer-to-Peer” Diligent Recruitment and Retention Calls were facilitated by NCDSS *NC Kids* staff. The January 2020 call theme was “Recapping 2019 and Exploring What is to Come in 2020” and it summarized the diligent recruitment and retention activities held in 2019. Highlights of the call centered around the resources, tools, and plans to create a DRR call framework, regional forums, and events throughout the year. A total of 92 participants from across the state joined the call. The April 2020 scheduled call was postponed due to COVID-19 and rescheduled for May 2020. One hundred and thirty seven individuals participated on the call. The May call focused on introducing the new Statewide Diligent Recruitment and Retention plan and new template. Participants were provided access to new resources, tools, and information to ensure they can successfully implement the new plan in October 2020. The January and May 2020 calls were recorded and can be accessed at <https://www2.ncdhhs.gov/dss/publications/>. Remaining quarterly calls scheduled for 2020 will focus on Interstate Compact for the Placement of Children (ICPC), Kinship Service Awareness Event in collaboration with UNC and the Kinship Navigator. The calls are scheduled for July, October, and December 2020.

Due to the impact of COVID-19, the Diligent Recruitment and Retention Workgroups implemented in 2019-2020 have not convened since March 2020. North Carolina has also experienced staff turnover in this area and is in process of realigning the Diligent Recruitment and Retention work to the Regulatory and Licensing Section.

Target 3: *Increase the number of licensed kinship placements*

Although development of the educational materials is on target for June 30, 2020, dissemination has not yet occurred due to COVID 19 remote work adaptations. NCDSS anticipates dissemination will begin as soon as the educational materials are received, and a formal evaluation process on the effectiveness of the materials will be conducted by UNC during the remainder of 2020 and into 2021.

Target 1 of NCDSS Adoption Call to Action focuses on increasing licensed Kinship Providers and increasing permanency for older youth in foster care through reunification, guardianship and adoption by enhancing partnerships with key stakeholders. To that end, NCDSS and stakeholders identified the target population of youth 14-17 (and their younger siblings) who are placed with relatives in foster care in NC. As of May 15, 2020, 323 Kinship Guardianship Assistance Program (KinGAP) candidates and their siblings were identified. The NCDSS Action Plan, Caring for Our Own (CFOO) pre-service training information, and data supporting the initiative were presented during eight regional Child Welfare supervisors’ meetings across the state and during the February Children’s Services Committee meeting. Curriculum implementation will begin in FY 2020-2021.

Kinship Navigator funds were used for the recently awarded “Caring for Our Own” contract to Children’s Home Society (CHS), to expand classes across the state and increase the number of licensed relatives for the target population of youth 14-17 (and their younger siblings). CHS was awarded the \$120,000 contract to target the identified top 20 counties and 323 KinGAP-eligible youth placed with kinship caregivers in unlicensed homes. An application has been submitted for 2020 Kinship Navigator funding for SFY 2020-2021, to increase the number of certified trainers in the Caring For Our Own curriculum, to increase the number of CFOO classes, and to develop a white label website, kinCare.org, within NCCARE360, that will be tailored to the needs of kinship caregivers and partners by December, 2021.

NCCARE360 has been introduced in all NC counties now, six months ahead of schedule. This introduction

has included the on-boarding and training of community-based organizations, child welfare agencies, local social service agencies, healthcare providers, and other organizations that serve kinship caregivers and children. The fully awarded amount of the funding for 2018 was allocated to organization licenses, community engagement staff, building the NCCARE360 resource repository, NC 2-1-1 resource verification and navigation, and Foundation for Health and Leadership administration rate.

North Carolina applied for the FY 2019 Kinship Navigator grant and was awarded additional funding. NCDSS has directed its focus on the development of a proven Kinship care model to one well established in Pittsburg Pennsylvania, A Second Chance, Inc. An on-site visit for further study of the Second Chance model was cancelled due to COVID-19, but NCDSS will continue to partner with UNC-CH School of Social Work, to develop an evaluation methodology and study design for the review of any evidence-based kinship navigator model and the capacity needs to implement such a model in North Carolina.

In 2020, NCDSS designated a program consultant to coordinate Kinship Navigator grants and support for Kinship caregivers, statewide. Towards that end, KinGAP workgroup meetings were held bi-monthly, to explore strategies for removing barriers experienced by kinship caregivers. The workgroup has two subcommittees which also met bi-monthly: (1) Licensing and Outreach, and (2) Dissemination. KinGAP will continue to be promoted in 2020-2021 through the educational materials developed by UNC-CH.

Progress towards Adoption Call to Action and Diligent Retention and Recruitment Commitments and Targets:

North Carolina's progress and accomplishments in implementing the state's Foster and Adoptive Parent Diligent Recruitment plan also included a particular attention to and alignment with the work of North Carolina's Adoption Call to Action work.

The North Carolina Adoption Call to Action was finalized in January 2020 and incorporates additional benchmarks to those highlighted in the 2020-2024 Diligent Retention and Recruitment Plan. As NCDSS moves into year two of the implementation of the 2020-2024 CFSP, additional emphasis will be placed on aligning the work of recruiting and retaining foster and adoptive families with that of the state's Adoption Call to Action plan.

Adoption Call to Action: Target 1

As of January 2020, NCDSS had identified 343 youth ages 14-17 years (and their younger siblings), who were placed with relatives in 20 counties statewide, as part of our "Caring For Our Own RFP". Rather than providing data to judges in those jurisdictions through the Court Improvement Representative (CIP) however, it was determined that the District Permanency Collaboratives would be the best venue for such information sharing, and thus this goal was deferred and combined with activating District Permanency Collaboratives judicial districts across the state.

By February 2020, presentations on permanency planning and KinGAP were provided at eight regional Child Welfare Supervisors' meetings across the state; an additional presentation regarding the Adoption

Call to Action Plan and “Caring for Our Own” was provided during the February 2020 NCACDSS Children Services Committee meeting.

An RFP was disseminated for the “Caring for Our Own (CFOO)” training and licensure contract, and Children’s Home Society (CHS) was subsequently awarded a \$120,000 grant to provide training and licensure services to our target group. The contract with CHS begins July 1, 2020, at which time NCDSS will collaborate and partner with county agencies and CHS, to engage kinship providers. In the second year of the 2020-2024 CFSP, NCDSS will continue to partner with county agencies, to promote safe and permanent outcomes for children in need of permanent homes through reunification, guardianship, and/or adoption. This work will be continued through the CFOO initiative and via work with NC’s Regional Child Welfare Consultants.

Adoption Call to Action: Target 2

NCDSS continues to plan for a second annual Permanency Summit for judges, attorneys, GAL and Administrative Office of the Court (AOC) staff, county DSS Directors, and additional child welfare stakeholders. Due to COVID-19 however, the event may not occur in-person by December 2020. North Carolina will continue to monitor and plan according, considering alternative methods of convening, as appropriate and needed. North Carolina will also engage the Governor’s Office for support of timely permanence for children in the foster care system, and will work to leverage the Interagency (Court) Collaborative to promote local collaboration among county children welfare agencies, courts, and other child welfare stakeholders, towards activating District Permanency Collaboratives in all 41 judicial districts, during the next year.

Adoption Call to Action: Target 3

North Carolina has updated policy to reflect the 2019 legislative changes/updates related to concurrent planning, and has communicated to county child welfare partners about these updates via a webinar provided in May 2020. NCDSS will continue ongoing communications with county partners as additional changes and updates occur. NCDSS receives weekly and monthly reports from *AdoptUSKids* regarding children in need of families; *NC Kids* works to support adoption activities on an on-going basis with public and private partners. NCDSS will continue to partner with SAYSO in 2020-2021, towards developing and evaluating materials for youth and young adults related to permanency outcomes and timely permanency through concurrent planning.

Health Care Oversight and Coordination Plan

In September 2019, North Carolina submitted its Child Welfare 2020-2024 Health Care Oversight and Coordination Plan (HOCP). During this past year, the plan's vision, principles, commitments and targets remained unchanged.

The 2020-2024 plan included performance metrics for Child and Family Services Review (CSFR) measurement Well-Being Outcome 3. There have been two reporting periods since the 2020-2024 HOCP was submitted. Based on somewhat smaller sample sizes, in the 4/19-9/19 review period, the percentage of cases in which Well-Being Outcome 3 was substantially achieved increased to 73.8% during the 4/19-9/19 review period, but decreased to 62.7% in the 10/19-3/20 period. The percentage decline in the period between 10/19-3/20 needs additional analysis to assess contributing factors including the possibility that some cases may have been impacted by COVID-19 and the declaration of a state of emergency for North Carolina in March 2020. Assuring appropriate access to healthcare during the COVID-19 pandemic will be an ongoing focus for the coming year.

Making Connections Between the Child Welfare and Health Care Communities

North Carolina made some progress in implementing its HOCP and towards accomplishing the plan's commitments and targets. Specifically, to ensure that a process for oversight of the healthcare of children and youth in foster care is streamlined across the child welfare workforce and medical community, NCDSS hired a full-time Children's Health and Development Coordinator in October 2019, to lead and connect healthcare programming within the child welfare section.

Additionally, NCDSS added an online course titled *Collaborative Case Planning* in order to incorporate health programming content into training for child welfare staff and resource parents. As part of the online course, more educational materials specific to best practices for connecting children and youth in foster care to a medical home and for referring them to Community Care NC (CCNC) and Care Management for At Risk Children (CMARC) for case management services, were made available. Although the course is not part of the core curriculum at this time, it is strongly encouraged for local DSS child welfare staff who need training to identify available physical and behavioral health resources, to learn how to access such services, and to learn how to collaborate across disciplines. NCDSS will consider embedding content regarding health programming into core training curricula in the near future.

NCDSS also met with Fostering Health NC (FHNC) staff, the FHNC Advisory Team and its subcommittees regularly this past year and as a result, additional health care resources for the Fostering Health NC Resource Library, that promote best practices for meeting the health care needs of children and youth in foster care, are slated to be developed and published by September 2020.

Strengthening Transition-Age Youth Health Care Programming

Although North Carolina made some progress towards strengthening health care programming for youth transitioning out of foster care, North Carolina has opportunities for enhanced progress in 2021. To strengthen protocols and guidance on how to ensure informed and shared healthcare decision making is occurring, the FHNC Transition Age Workgroup met six (6) times this past year, identifying and beginning the activities needed to meet this benchmark. NCDSS staff and Fostering Health NC have reviewed current

policies for existing content and will continue to identify best practices information related to shared decision-making, in 2021.

Additionally, NCDSS continues to work with FHNC and the FHNC Transition Age Workgroup towards developing a health passport, which is slated to include resources, educational materials and literature on health care programming. The development and statewide distribution of the health passport is slated to occur in 2021. NCDSS will also collaborate with NC Medicaid, SAYSO and additional health care stakeholders in 2021, to create educational resources for transition-age youth, to include information such as healthcare power of attorney (POAs), information about applying for Medicaid, and other health programming information. Guidance to prepare transition-age youth moving from a pediatric medical home to an adult medical home has already been posted on the FHNC library. In 2021, this guidance will be disseminated by FHNC staff to pediatric offices, SAYSO, and the stakeholders on the Fostering Health Transition Age Youth Advisory Team subcommittee.

During this past year, SAYSO youth representatives and medical stakeholders – as members of the FHNC Transition Age Workgroup – were engaged in developing a health care survey for transition-age youth. The surveys were designed to obtain information about and suggestions for supporting transition-age youth’s health care preferences and needs. The survey instrument is under review by NCDSS and will be disseminated in fall of 2020. Focus groups will be scheduled during Fall 2020, and NCDSS plans to engage SAYSO and medical stakeholders in the development, review and updates of protocol and guidance on informed and shared decision-making at that time.

In 2021, North Carolina will utilize information and input provided by SAYSO youth as a result of the Fall 2020 Focus Groups, to develop, publish and distribute protocol and guidance on informed and shared decision making.

Strengthening Monitoring of Psychotropic Medications

The gap and needs analysis on the NC Child Welfare Manual that is specific to health programming and psychotropic medication oversight requirements, is in progress. Specific attention will be paid during the analysis to ensure that the Child Welfare Manual includes psychotropic medication oversight requirements that align with all federal laws and regulations accordingly. NCDSS plans to conclude the analysis in 2021.

Upon completion of the analysis, NCDSS will review and update all protocols regarding medication utilization, including addressing assent/consent issues, side effects, metabolic monitoring, interaction with trauma and misdiagnosis, etc., for child welfare workers, for use in their role towards management of psychotropic medications.

Once all protocols have been updated, NCDSS will both: (1) include education and training for child welfare workers and resource parents regarding medication utilization, collaboration and informed decision making, and strategies for preventing misdiagnosis in existing training and educational courses; and, (2) develop additional trainings and resource materials to provide education about medication oversight and monitoring programming for child welfare workers who work with transition-age youth in foster care, ad for transition-age youth and young adults.

Disaster Plan

Since the submission of the 2020-2024 *North Carolina Child Welfare Disaster Plan*, North Carolina has experienced two disasters: (1) Hurricane Dorian, and (2) the COVID-19 Pandemic. In preparation for and in response to Hurricane Dorian – which made landfall on September 6, 2019 - North Carolina activated the state’s Disaster Plan accordingly in late August 2019, and no changes were made to the plan. NCDSS engaged in a disaster response prior to, during and after Hurricane Dorian. The storm displaced fifty-four (54) children in seven (7) counties; all children returned to their pre-storm placements by September 11, 2019.

The second disaster North Carolina experienced was the COVID-19 pandemic. COVID-19 was unique in that it affected the entire state at once and has required unprecedented changes in the provision of child welfare services at both the state and local levels. A State of Emergency was declared on March 10, 2020, and COVID-19 began affecting local county operations on March 12, 2020. Once the declaration occurred, NCDSS implemented the 2020 *North Carolina Child Welfare Disaster Plan* just as it has for other natural disasters.

Because COVID-19 presented unique challenges and concerns that required “real time” responses, certain temporary changes and additions to the disaster plan were made. NC DSS staff quickly revised workflow procedures to ensure that critical, state level work would be completed. NCDSS created adaptations to policy and developed guidance for local child welfare agencies towards meeting legal requirements while keeping the workforce safe. Changes and exceptions had to be implemented quickly in order to meet federal and state requirements during the health emergency.

North Carolina continues to utilize a phased approach to re-opening, however the state remains under a statewide emergency declaration. NCDSS will continue to monitor the delivery of child welfare services and make adjustments to policy and guidance, as needed. And, although the fundamental elements of the 2020 *North Carolina Child Welfare Disaster Plan* remain unchanged at this time, North Carolina will respond to and ultimately evaluate the efficacy of its response, making more permanent changes to the disaster plan, once abated. In the interim, the following temporary adaptations and accommodations have been and are made as follows:

Preparation for and Response to Disaster

Specific procedures in preparation for an emergency outlined in the 2020 *North Carolina Child Welfare Disaster Plan* were followed during both disasters in FY19-20.

Identification and Location Procedures for children under the supervision or in the custody of NC child welfare agencies, including open CPS cases, non-minor dependents, residing in foster care, out-of-county placements, ICPC children, and out of-state non-minor dependents who may be displaced:

Due to the nature of the COVID-19 healthcare crisis, North Carolina was not able to pre-plan for this state of emergency. NCDSS and DHHS made temporary changes to accommodate immediate needs and provide “real time” responses. NCDSS will evaluate the effectiveness of temporary changes and adaptations, to determine which changes need to become permanently included in North Carolina’s Child Welfare Disaster Plan.

Identification, location, for caseworkers and other essential child welfare personnel

In response to the COVID-19 pandemic, NCDSS began communicating with counties through regularly scheduled, statewide conference calls and webinars. Internally, NCDSS requested that all state level staff update their contact information on the state-maintained spreadsheet.

Local Disaster Plan

Each county has a county-wide disaster plan that is reported to the statewide Emergency Operation Center.

During Disaster / Post Immediate Disaster

Identification, location and continued availability of services for children under the supervision or in the custody of NC county departments of social services and respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases

As required in the 2020 *North Carolina Child Welfare Disaster Plan*, the State Child Welfare Director worked with the local Departments of Social Services to determine strategies and resource needs to continue the work of child protection in counties. During the two disasters that occurred in FY19-20, NCDSS provided support to counties. Ongoing guidance and policies were developed based on best practices identified through collaboration with public health, medical providers, and through participation in national “peer-to-peer” calls, convened by Casey Family Programs. Additionally, North Carolina utilized technical assistance provided by the Children’s Bureau, including the strategic sharing of information provided from the Children’s Bureau and other national resources with state and local child welfare partners and stakeholders.

During FY19-20, online systems remained accessible and available, and updates to NCFAS, the Central Registry, and CPPS were processed, as required. During both Hurricane Dorian and the COVID-19 disasters, NCDSS provided technical assistance via designated staff, including Regional Child Welfare Consultants and Interstate Compact Placement of Children (ICPC) staff. NCDSS management staff also responded to afterhours requests via a response line, for assistance with placement of COVID-19 positive children.

To ensure that ongoing operations at NCDSS were maintained while mandatory teleworking was initiated, a small number of staff were designated to work safely onsite at the central office, to ensure essential activities were completed. NCDSS and local DSSs began utilizing more technology in their day-to-day operations, and many meetings previously held in-person or onsite were moved to virtual platforms.

NCDSS developed and utilized a standardized COVID template to disseminate changes in policy and to provide guidance to local child welfare agencies. This information was disseminated weekly and addressed practices related to the provision of child protective services, court-ordered visitation, benefits, foster care 18-21 program services, foster care waivers, licensing changes, and the provision of medical care for children and youth entering foster care. Utilizing a standardized template allowed counties to quickly track changes in guidance, within program areas.

COVID-19 required a systemic response across all child serving agencies, to ensure that the needs of children, youth and families were being met. NCDSS followed the policy guidance from the Administration for Children and Families (ACF) and implemented such guidance, as allowable. To support coordination across statewide systems, NCDSS engaged in partnerships with the Governor's Office, NC DHHS leadership, the Administrative Office of the Courts (AOC), the Division of Public Health, the Division of Mental Health/Developmental Disabilities/Substance Abuse Services, state and local law enforcement agencies, child advocacy and provider organizations, and invited and included many of its stakeholders and partners in a May 2020 joint planning session, to discuss the impact of COVID on children, youth, families and child welfare services in North Carolina.

In response to COVID-19, systemic adjustments were made to facilitate the need to both continue licensing new foster homes while continuing to renew licensing of existing foster homes. NCDSS worked with the DHHS Secretary's office to identify the most critical areas of licensing, regulation, and obstacles, along with a manner that promoted both safety of children and prevented disruptions of placements. As a result of this efforts, Governor Cooper issued executive orders that addressed the need for flexibility for fire inspections for homes that were due to have licenses renewed, for face-to-face contacts to be conducted using virtual technology, for capacity in times of need for emergency placements, and for timeframes for required medical exams and dental examinations. NCDSS conducted four webinars during April and May 2020, to share information regarding allowable flexibilities, to answer questions, to identify barriers and to problem solve, all in an attempt to strengthen partnerships with public and private foster care and adoption providers, and to improve communication regarding foster home licensing. NCDSS continues to participate in bi-weekly calls with foster care and residential providers.

NCDSS worked with the Children's Alliance of Kansas, proprietors of *MAPP* and *Deciding Together* training curricula, to develop options for conducting pre-service training virtually and for designing virtual train-the-trainers formats within the approved curricula, to support providers across the state in their abilities to continue engaging and training prospective foster parents during the ongoing healthcare crisis.

NCDSS engaged the Administrative Office of the Courts to strategize on how to continue with court hearings and to mitigate the effects that COVID-19 related court closures had on achieving permanency for children and youth. Court closings occurred in March and April 2020, and this caused some challenges for county child welfare agencies in efforts to ensure timely permanency hearings. Additionally, varied responses of judicial districts statewide created a lack of cohesiveness and consistency of practice across the state. North Carolina's Supreme Court Chief Justice convened a COVID-19 Task Force in April 2020 to issue emergency directives, initiate policy changes, and to provide recommendations for best practices statewide, to assist courts in providing services to the public during the pandemic and in the future. Specific court guidance has been issued related to juvenile court hearings, including information about the use of technology for conducting virtual hearings. As of June 2020, courts are beginning to increase the number of court cases heard in court rooms, and local DSS agencies are working together with court partners to prioritize permanency hearings.

NCDHHS implemented temporary policy changes that allowed for exemptions for certain rules pertaining to receiving Food and Nutrition Services and TANF benefits. NCDSS worked with the NC General Assembly regarding funding priorities, to reduce the negative financial impact of COVID and to ensure that children,

youth and families had access to financial benefits to help them meet their basic needs during this pandemic.

Reduction in Reports

NC DSS recognizes that disasters may result in a widespread reduction in reports. To track this, NCDSS requests CPS Intake data for widespread disasters having impact greater than 30 days and may request this data related to local disasters, on a needed basis.

As a result of COVID-19, many of the traditional agencies such as school systems and medical providers that report concerns of child abuse and neglect no longer had access to children and/or their families. NCDSS staff began to gather monthly data from local Departments of Social Services on the number of intakes that were received. NCDSS staff communicated with counties to ascertain how they were accepting reports and making case assignments, to ensure that cases were being staffed consistently.

NCDSS communicated regularly via the monthly “100 County Call” with local DSS Directors, to encourage them to address the reduction of reports of abuse and neglect at the local level. Information was provided to county intake child welfare workers, to support their gathering of information from reporters who may have less information to provide. NCDSS encouraged Community Child Protection Teams (CCPTs) to engage in community awareness efforts, coordinating with local media. NCDSS also partnered with Prevent Child Abuse North Carolina (PCANC) to increase the statewide awareness of the importance of reporting abuse and neglect. NCDSS staff continue to remain available to provide ongoing technical assistance to counties during the different phases of the COVID-19 pandemic.

To support children, youth and families during the aftermath of Hurricane Dorian, the NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services provided additional funding for the Hope4NC behavioral health crisis counseling line. In response to COVID-19, the Hope4NC crisis line was expanded to all one-hundred counties across the state, allowing for all North Carolinians to access mental health and resilience supports/resources, to help them cope and build resilience during this time of crisis. NC DHHS / DSS posted information for families about COVID-19 related healthcare resources and strategies for preventing exposure and the spread of infection. NCDSS encouraged parents to utilize positive parenting programs and widely advertised the free online “Triple P Positive Parenting Program,” available free to all North Carolinians. Additional information to help parents talk with their children about COVID-19, to help cope with stress, and for accessing services, supports and resources, were posted on the NC DHHS website.

Remain in communication with caseworkers and other essential child welfare personnel who are displaced due to the disaster

NCDSS maintains an accurate and current roster of contact information for internal and external use. In the aftermath of Hurricane Dorian, NCDSS ensured that all affected children and youth were evacuated according to policy and subsequently monitored their safe return to previous homes. In FY19-20, Regional Child Welfare Consultants maintained regular contact with local child welfare agencies to determine their

functioning status and to ensure essential functions were occurring. In the early stages of the COVID-19 pandemic, ongoing technical assistance was provided to counties on a weekly basis. Each phase of the state's reopening efforts presents different challenges and communication continues to occur with county Departments of Social Services, as needed while North Carolina remains under the emergency order.

NCDSS and local Departments of Social Services utilized a number of strategies to ensure staff could complete their essential functions, including:

- Teleworking
- Staggered work schedules
- Use of technology
- Use of Personal Protective Equipment (PPE)

Preserving Essential Program Records

NCDSS will, as the keeper of records, coordinate with its IT Division to ensure steps are taken to maintain the NCFAST, CCPS and Central Registry systems active, as possible, before, during and following a disaster. It is expected that local child welfare agencies will work with their local IT offices to handle local access issues to all state systems.

After Hurricane Dorian, NCDSS contacted county staff to follow up on their ability to provide services. Several counties lost power and they used cellular telephones and generators to ensure uninterrupted provision of child welfare services.

Unlike the historical disasters the state has experienced, COVID-19 did not affect access to power or create concerns about the destruction of records. Instead, NCDSS and local Departments of Social Services modified practices to increase the utilization of technology for data collection, and this supported the ongoing OSRI case review process as well as the submission of reports in other program areas.

Coordinate services and share information with other states

NCDSS responded to COVID-19 related to interstate placements, by:

- Communicating daily with the national office, Association of Administrators of ICPC (AAICPC), on the executive orders and public health directives that were initiated due to COVID, to ensure that the AAICPC had the most recent information on our state's response to COVID-19 and its effects on ICPC placements;
- Working with local agencies to coordinate out-of-state placements or visits;
- Initiating a new process for out-of-state placements (prior to making the placement, local Departments of Social Services are required to contact the NCDSS consultants to discuss the

receipt of executive orders and public health care directives, to determine if placement can be made safely); and,

Communicating continuously on the status of placement and the safety and well-being of children through supervision reports, provided by the receiving state. When information was not received, state consultants contacted the other state's ICPC office for an update. This tracked the safety and well-being of the child(ren) on a state and local level, as well as tracking the impact of COVID-19.

Maintain communication and collaboration during an ongoing disaster, that results in changes to Child Welfare guidance

In FY19-20, NCDSS remained in communication and collaboration with its partners and external stakeholders, including the Unified Leadership Team (ULT), the North Carolina Association of County Directors of Social Services (NCACDSS), Benchmarks, etc., in order to prepare feedback and engage in joint decision making towards changes to guidance. NCDSS remained in contact with impacted counties through the aftermath of Hurricane Dorian, and continues to do so during the COVID-19 healthcare crisis. NCDSS has communicated about the changes in Child Welfare guidance, including via the monthly "100 County Directors" calls, Dear County Director Letters, Bi-weekly conference calls, webinars, monthly NCACDSS Children Services Committee meetings, and via engagement with county staff by NCDSS Regional Child Welfare Consultants, for additional opportunities for clarifications and discussions on the impact that COVID-19 has had on counties.

Effectiveness and Necessary Changes

NCDSS implemented its 2020 Disaster Plan twice since the plan was submitted in the fall of 2019. An initial review of the processes and procedures NCDSS implemented in response to the two disasters experienced in FY 19-20, indicates that the disaster planning elements included in the 2020 *North Carolina Child Welfare Disaster Plan* were implemented as intended. NCDSS engaged in activities that supported the ongoing provision of child welfare services across the state. Through utilization of this plan, there are two tools that will become permanent additions. The two changes/additions include the structured provision of policy guidance and flexibilities via an increased number of activities, and the use of a tracker that maintains information about any waivers, flexibilities and/or modifications to policy, as a result to a disaster. North Carolina has not fully reviewed the effectiveness of the child welfare disaster plan due to responses to multiple major hurricanes over the last year and due to COVID-19, but funding has been secured to support the activities needed for the review.

In February 2020, North Carolina applied for a federal emergency disaster grant which will assist NCDSS in performing a review of the co-occurring disasters, including COVID-19. The review will help identify ways that North Carolina may improve preparedness for future disasters. North Carolina received this grant which will provide funding for NCDSS to host a day-long summit with and for state and local stakeholders. During the summit, lessons learned from past disasters will be shared and responses to address lessons learned in both state and local child welfare disaster planning will be developed. Each

agency will be able to take away from the summit, a draft child welfare disaster plan based upon a template provided by NCDSS. Planning for the summit will occur in 2020, with the summit occurring in the spring of 2021. This will ensure a thoughtfully planned event, as well as ensure that local agencies have had an opportunity to revise their plans prior to the next hurricane season in 2021.

The COVID-19 disaster response created the need to address barriers that exist in a child welfare services delivery system that relies heavily on face-to-face contact. While recognizing that in many instances, face-to-face contact is necessary, this disaster presented some opportunities for change in the way child welfare services are provided. NCDSS will take these lessons learned from this disaster and incorporate best practices for ensuring positive experiences and outcomes in future disaster planning efforts.

Training Plan

The NC DSS Training Plan was effective in meeting its objectives in FY 2019-2020, as trainings were available for all child welfare workers employed in the state, foster parent trainings continued with changes to curriculum due to COVID-19, and training system improvement activities continued. During this reporting period, there were no substantial changes to the Training Plan submitted with the 2020-2024 Child and Family Services Plan (CFSP), however, adjustments to individual training courses did occur.

NC DSS made improvements in and adaptations to its trainings during this calendar year, and this included both planned updates, COVID-19 adaptations, and training-related activities focused on the FY2021 training improvement plan. The internal and external infrastructures that support NCDSS in implementing its training plan were essential in supporting NCDSS in quickly moving all mandatory trainings into an online format in response to the COVID-19 pandemic. NCDSS engaged in regular communication with counties and stakeholders to ensure that they were aware of the COVID-19 related changes that impacted their work.

FY 2019-2020 Training Plan Updates and Progress

NCDSS increased the use of technology to integrate the distance learning modalities, to improve accessibility of training for child welfare social workers, as follows:

- *CPS Assessments in Child Welfare Services* has been revised for delivery in a combination of online and classroom learning modalities. The online portion is completed prior to the classroom course and lays the policy foundation. The classroom course has been modified to provide more instruction on interviewing and to allow for skills practice. This change was launched in March 2020.
- *Legal Aspects of Child Welfare in NC* has been converted to a 4 module online/on-demand learning format. This change was deployed June 2020.
- *Conversion of Child Welfare in NC: Pre-Service*, as well as 4 Core Courses (*Intake, CPS Assessments, CPS In-Home, and Permanency Planning*), was moved into virtual delivery platforms and successful delivery of these courses has occurred since March 2020.

Expansion of skills-based instruction in the curricula

The NCDSS child welfare training improvement plan acknowledges the need to improve the competencies of the current child welfare workforce while preparing the future workforce for entering the field. Several steps were taken prior to COVID-19, to move North Carolina's 2020-2024 CFSP commitment to reinstitute the Child Welfare Education Collaborative stipend program.

NC DSS has been exploring options with consultation from the Center for Support of Families (CSF) to enhance allowable IV-E funds claiming to support the stipend. In December 2019, NCDSS began meetings with county leaders and NCACDSS to share plans for phased reinstatement of the collaborative, working first with a small group of public universities that would co-create a child welfare course for which IV-E funds would be claimed. In January 2020, NCDSS Child Welfare leaders met with representatives of child welfare collaborative schools and presented its plan and intent to solicit interested partner schools to move forward with a "proof of concept" approach.

NC DHHS worked collaboratively with the University of North Carolina at Chapel Hill (UNC-CH) to develop competency-based pre and post surveys for participants of Child Welfare in NC's Pre-Services course. These surveys will be utilized beginning with offerings of this training in July 2020. NCDSS plans to develop additional competency-based surveys of the remaining core trainings.

More instructional time has been dedicated to practicing, assessing and reflecting on skills to engage families. Skills development in curricula should have a direct correlation to child development across the lifespan, so that classroom skills translate into better outcomes for families.

Additionally, the *CPS Assessments in Child Welfare Services* course has been revised for delivery in a combination of online and classroom learning modalities. The online portion is completed prior to the classroom course and lays the policy foundations. The classroom course has been modified to provide more instruction on interviewing and to allow for skill practice. This was launched in March 2020.

COVID-19 Adaptations

North Carolina's response to the COVID-19 crisis included converting *Child Welfare in NC: Pre-Service* as well as the other 4 Core Courses (*Intake*, *CPS-Assessments*, *CPS-In Home*, and *Permanency Planning*) into virtual delivery platforms. The 5 Core Courses have been successfully delivered via the virtual platform modality beginning in March 2020. North Carolina's evaluation of delivery of these classes in the virtual environment will inform decisions about future, continued use of virtual classrooms for delivery of courses/training.

Medical Aspects of Child Abuse and Neglect for Non-Medical Professionals has been converted to a virtual platform and is successfully being delivered in this modality.

There are also current plans to convert the following additional courses to a virtual format: *Stepping Into Supervision* and the *TIPS-MAPP 3-day update* course.

Lastly, in response to the COVID-19 crisis, Children's Alliance has given temporary permission to North Carolina to deliver the "train-the-trainer" for TIPS-Deciding Together, in a virtual format to certify leaders. Additionally, permission has been granted for leaders to use TIPS-Deciding Together with families as a

part of the licensing process. When face-to-face trainings resume, virtual Deciding Together will no longer be offered.

Planned Improvements in FY 2020-2021

Validation of the Risk Assessment Tools will require updates to core courses of CPS Intake, Assessments, Permanency Planning. Also, updates to In Home and Permanency Planning Training will occur to better provide targeted focus on services to case planning and assessment of risk. A Request for Proposal (RFP) will be developed to identify an agency or university to update all child welfare training, in alignment with North Carolina's practice model. And, revisions to the Intake Training will occur, to increase consistency in Intake Screening Decisions across the state. A "Bridge" course for CPS Assessments highlighting changes to the curriculum specifically related to interviewing techniques, and a required annual Update course curriculum to highlight statutory/policy changes and updates to other course curricula for all child welfare, will both be created. Courses delivered in virtual settings will be evaluated to determine feasibility of continued delivery in this modality and what, if any design adjustments are needed to courses delivered virtually. Lastly, the LINKS training will be updated.

FY19-20 NC Child Welfare Course Updates and Cost Allocations

The following information applies to all NC trainings listed via the North Carolina Training Information Management System, www.ncswLearn.org. The Total Training Cost Estimate: \$13,440,450 (Based on SFY18-19 Training Budget), Applicable Funding Sources: Medicaid, IV-B-1, IVB-2, IV-E Foster Care Admin (50%), IV-E Foster Care Training (75%), IV-E Adoption Admin (50%), IV-E Adoption Training (75%), SSBG Admin (75%), CAN, TANF, State Appropriations.