

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Division of Social Services Child Welfare
Services

North Carolina Child and Family Services Plan 2025-2029

North Carolina Child and Family Services Plan FFY 2025–2029

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Introduction

States are required by the US Department of Health and Human Services, Administration for Children and Families (ACF) to develop a Child and Family Services Plan (CFSP), a five-year strategic plan that sets forth the vision and goals to be accomplished to strengthen the state's child welfare system. The primary purpose of the CFSP is to align programs that serve children and families, as well as older youth and young adults formerly in foster care. The CFSP consolidates plans for multiple programs to ensure a comprehensive approach to meeting the needs of children and families. States are also required to report on progress from the previous CFSP period, federal fiscal years (FFY) 2020–24.¹

North Carolina's child welfare system is supervised by the Division of Social Services (NC DSS) and administered through the county child welfare agencies. The state's intent is to support and integrate all programs that serve children and families into a seamless child welfare continuum. These include Title IV–B, subparts 1 (Stephanie Tubbs Jones Child Welfare Services Program) and subparts 2 (Promoting Safe and Stable Families Program); monthly case worker visits funds; Chafee Foster Care Program for Successful Transition to Adulthood and the Education and Training Voucher Program (ETV) programs for older and/or former foster care youth; adoption incentive funds; and training funded through IV–B and IV–E.

This plan has seven sections. Section 1 provides an update on how the state has been engaged in meaningful collaboration with youth and families, partners, tribes, and the judicial and legal community in recent years and how these persons will continue to be involved. Data and information about the recent performance of North Carolina's child welfare system are outlined in Section 2. Section 3, North Carolina's plan for enacting its vision, describes the goals, objectives, and strategies for strengthening the child welfare system during the 2025–2029 period. Section 4 describes the array of services that will need to be available to children and families, including older youth likely to age out of the foster care system and young adults between the ages of 18 and 21. All federally recognized tribes were consulted as a part of the development of this CSFP. Plans related to collaboration with these tribes to implement this plan and assess progress over time are described in Section 5. Included in Section 6 are four targeted plans all states are required to submit: Foster and Adoptive Parent Diligent Recruitment Plan; Health Care Oversight and Coordination Plan; Disaster Plan; and Training Plan. Required financial information related to allocation percentages that are expected for certain federally funded programs is in Section 7. This CFSP is posted on the NC DSS website at <https://www.ncdhhs.gov/divisions/social-services/program-statistics-and-reviews/child-welfare-statistics>

¹ Submission of this CFSP 2025–29 is required of all state agencies that administer or supervise Title IV–B, subparts 1 and 2, and Title IV–E of the Social Security Act. Contents of this plan are dictated by Administration on Children and Families Program Instruction ACF–CB–PI–24–02.

1 Collaboration and Vision

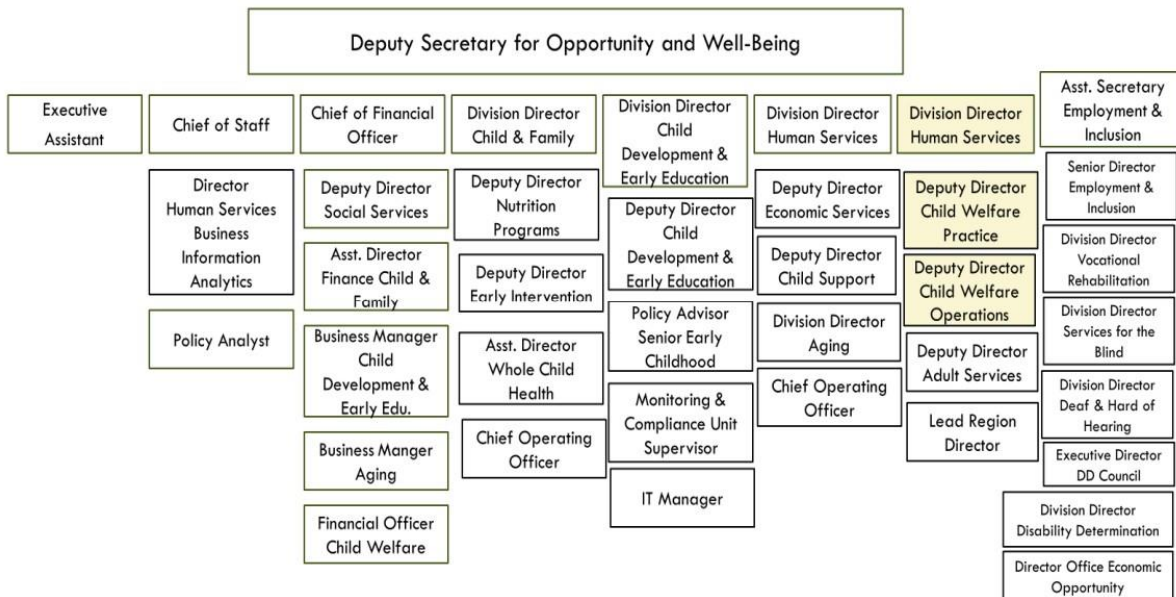
1.1 State Agency Administering the Programs

The North Carolina Department of Health and Human Services (NC DHHS) is the designated single state agency with authority to prepare and submit the CFSP and is the sole state agency responsible for administering or supervising the administration of the CFSP for the child welfare program within the state. Under NC DHHS, the NC DSS Child Welfare Services Section is tasked with ensuring the activities required to receive allotments under Titles IV– B, IV–E, and XX [45 CFR 1357.15(e)(1) and (2)] are being conducted. To have oversight and monitor service delivery, the Child Welfare Services Section is organized according to program services delivery such as: policy, permanency planning, local operations (includes all monitoring activities), staff development, and regulatory and licensing of public and private foster and adoptive families.



NC DEPARTMENT OF
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OPPORTUNITY AND WELL-BEING



North Carolina is a state-supervised, county-administered child welfare system as identified by N.C. G. S. §§ 7B-300, 108A-14, 108A-74. This law specifically states that county directors

of social services are responsible for the provision of protective services for all children who are abused, neglected, and/or dependent.

1.2 Mission, Vision, and Values

Mission

In collaboration with our partners, DHHS provides essential services to improve the health, safety and well-being of all North Carolinians.

Vision

Advancing innovative solutions that foster independence, improve health and promote well-being for all North Carolinians.

Values

1. **Belonging:** Intentionally promote an inclusive, equitable workplace that reflects the communities we serve, where everyone feels a sense of belonging, and our diverse backgrounds and experiences are valued and recognized as strengths.
2. **Joy:** Have joy and balance at work so we all bring our A-game when serving the people of North Carolina.
3. **People-Focused:** Focus on the people we serve, deliver value and make a positive impact on their lives and communities.
4. **Proactive Communication:** Maintain an open and trusting environment for collaboration and continuous improvement with our team, stakeholders and the people we serve.
5. **Stewardship:** Be good stewards of resources and time to create a positive impact for those we serve.
6. **Teamwork:** We are all one department, one team, working toward one goal: to improve the health, safety and well-being of all North Carolinians.
7. **Transparency:** Share expertise, information and honest feedback within the Department and with stakeholders and the community. Ask for help when needed.

1.3 Collaboration

NC DSS engages in meaningful collaboration with stakeholders and other child-serving systems to increase opportunities to ensure the safety, permanency, and well-being of children served by child welfare. Regular and consistent engagement with key partners, including families and youth with lived experience, is essential to assessing and improving the state's performance.

For example, as part of its 2024 Statewide Assessment, NC DSS leveraged its existing model of stakeholder engagement with partners, —including other service agencies, organizations, youth and families, and incorporated feedback and information. A total of 42 focus groups were held throughout the fall of 2023 including 21 sessions with DSS Caseworkers, Supervisors/Managers, and District Managers, and 21 with Stakeholders and Community Partners, including a total of 262 participants, 115 DSS Agency Staff and 147 Stakeholders and Community Partners. A state-wide survey was also distributed. The state-level stakeholders were asked to share a stakeholder survey with their various email list servers (295 case managers responded to the survey). Additionally, all 100 county DSS agencies were asked to send the stakeholder survey to their local stakeholders in their county, engaging them to provide crucial feedback. The feedback from the surveys and focus groups was incorporated into the strategic planning process. NC DSS solicited additional input from a broad range of partners through its in-person joint planning event in March attended by over 220 individuals.

To realize its vision of a more equitable, effective child welfare system, North Carolina often uses a team approach. Teams yield many benefits, including stronger relationships; increased learning, trust, and creativity; greater understanding of other perspectives; and improved decision making. Teams that epitomize NC’s collaborative approach include the following.

- Unified Leadership Team (ULT). Comprised of state and county leaders, the ULT exists to guide child welfare transformation and improve outcomes for children, youth, and families. This team meets twice monthly and is co-chaired by an executive leader from NC DSS and an officer of the North Carolina Association of County Directors of Social Services (NCACDSS). Other members include the NC DSS Child Welfare Deputy Directors, NC DSS Child Welfare Section Chiefs, the NCACDSS Executive Leadership Board, the county department of social services (DSS) directors that serve as tri-chairs for the NCACDSS Children’s Services Committee, and other members as designated. The ULT provides leadership to the Design Teams described below.
- Child Welfare Design Teams. NC has five Design Teams, one each for the following areas: safety, permanency, well-being, continuous quality improvement (CQI), and workforce development. These teams meet monthly and are comprised of persons with lived experience with the child welfare system in North Carolina, NC DSS staff, county child welfare staff, public and private service partners, and others. The Design Teams exist to provide guidance to NC DSS on all aspects of child welfare transformation. This includes developing new CFSP goals and objectives as well as monitoring and providing input on CFSP implementation. The teams have reviewed performance data related to safety permanency and well-being and advised NC DSS on policy development, implementation strategies, and practice standards. In addition, Design Teams have provided feedback on the development of new Structured Decision-Making (SDM) tools, focusing on issues of disproportionality and how improved SDM tools could impact these outcomes. Stakeholders serving on Design Teams include the following:

Collaboration and Vision

- Administrative Office of the
- Courts (AOC) partners
- Care management entities
- Community behavioral health providers
- Community stakeholders
- County DSS child welfare staff
- County DSS directors
- Continuous quality improvement (CQI)/Quality assurance staff
- Child Welfare Education Collaborative and training university partners
- Child Welfare Family Advisory Council (CWFAC) family partners
- Child welfare information system (CWIS) business analyst
- Data managers
- Managed care organizations
- NCACDSS Workforce Education Initiative
- NC Division of Child and Family Well-Being (DCFV) representatives
- NC Division of Health Benefits (DHB) representatives
- NC Division of Mental Health/ Developmental Disabilities/ Substance Use Services (DMH/DD/SUS) representatives
- NC DSS training manager & diversity, equity, and inclusion consultant
- Persons with lived experience
- Private and community agency staff
- Regional Abuse Medical Specialist (RAMS) staff
- SaySo youth partners
- Eastern Band of Cherokee Indians (EBCI)
- Family members with lived experience
- The Duke Endowment
- University partners
- Young adults with lived experience

1.3.1 Collaboration through Regionalization

Collaboration is also at the heart of North Carolina’s regional support model. In this model, NC DSS partners with county child welfare agencies by providing three Regional Child Welfare Specialists (RCWS) in every region of the state. Each specialist focuses on one of three areas: CQI, permanency, or safety. These positions assist county staff in a variety of ways, including staffing cases, reviewing records, troubleshooting placement issues, and providing technical assistance. This regional model increases collaboration between counties and NC DSS, strengthens the state’s understanding of and responsiveness to regional needs, and fosters collective commitment to improving services and outcomes.

Collaboration also occurs between the state and local agencies during joint planning sessions, regularly scheduled monthly meetings, meetings with directors within regions, and through partnership between NC DSS and the NCACDSS.

1.3.2 Collaboration with Persons with Lived Expertise

NC DSS values the voices of those with lived experience and partners with them to provide guidance and feedback to enhance the performance of the state’s child welfare system. The following are examples of people with lived experience who are involved in annual collaborative joint planning with the Children’s Bureau and in strengthening NC’s child welfare system in other ways.

- **SaySo (Strong Able Youth Speaking Out).** This is a statewide association of youth ages 14 – 24 who are or who have been in out-of-home care in NC. SaySo works on two levels: as a platform for youth in foster care to share their experiences with communities, professionals, and policy makers, and as a support group and educational resource for teens experiencing foster care. SaySo youth serve on all five Design Teams. In addition, by participating in and co-leading Listening Sessions and contributing to ongoing focus groups and surveys, SaySo provides a valuable and continuous source of guidance and input on the child welfare system’s performance.
- **Child Welfare Family Advisory Council (CWFAC).** This state-level group is comprised of 12 Family Partners who represent diverse experience in child welfare: young adults with experience of the child welfare system, birth parents who have received child protection services, foster parents, adoptive parents, and kinship parents. CWFAC gives these individuals opportunities to be full partners in the planning, implementation, and evaluation of child welfare services. In addition to serving on the Design Teams and state-level workgroups sponsored by NC DSS and its collaborative partners, CWFAC members have provided feedback on NC’s structured decision-making tools and helped develop NC’s child welfare practice standards. They have also facilitated parent cafes, written articles, presented at state and national conferences and webinars, and co-trained resource parents. Over the next five years, NC plans to develop similar

councils on the county level to provide feedback and guidance on the child welfare system at the local level.

- Foster Family Alliance of North Carolina (FFA–NC). This family–led nonprofit recruits, trains, and sustains resource families who serve children, youth, and their families receiving foster care, adoption, or kinship services. In addition to having members serving on the Permanency Planning Design Team and the kinship workgroup, in 2023 FFA–NC partnered with UNC to conduct a statewide needs assessment of current and former resource parents. This input helped NC DSS shape the state’s Diligent Recruitment and Retention Plan (see Appendix A).

NC DSS provides training, coaching, and ongoing support to ensure meaningful collaboration with these groups and other persons with lived expertise. For example, prior to seeking feedback from the CWFAC on a specific topic (e.g., disproportionality), NC DSS and its partners provide contextual information and time for discussion to ensure every Family Partner understands the issue and all voices are heard.

1.3.3 Court Collaboration

In North Carolina, the child welfare and court systems view themselves as intrinsically linked and recognize that each plays an important role in ensuring the safety, permanency, and well-being of children. The court system is a key collaborator for NC DSS. For example, both systems participate in an interagency collaborative that also includes the Court Improvement program, the Administrative Office of the Courts (AOC), the Guardian ad Litem program (GAL), the Indigent Defense Fund, the University of North Carolina (UNC), the Department of Public Instruction (DPI), and county child welfare agencies. This state– level group meets every other month to discuss proposed legislative changes impacting the field, promising local practices, and training to support the field. The group also reviews data and identifies ways to improve permanency outcomes for children in foster care.

Similar collaborative bodies exist at the judicial district levels. Known as District Permanency Collaboratives (DPCs), these local teams are comprised of key partners, including the county child welfare agency director who acts as the local team lead, judges (chief and/or juvenile), GAL district administrator, GAL attorney advocate, parent attorney representative, county DSS attorney, and clerks of court (elected and/or juvenile) from across the judicial district. DPCs are expected to meet quarterly to examine local permanency data and practices to decrease children’s time in custody and make the child welfare system a stronger support for children and families.

NC has implemented the Safe Baby Court Team (SBCT) model in two court districts/ three counties and has plans to expand to two additional counties. This model connects children and families with support and services needed to promote healthy child development, while ensuring speedier discharges from foster care. SBCT relies on strong judicial leadership and active cross–sector collaboration achieved through teams. A local Family Team of

professionals identifies and meets the needs of children and families in the program. A local Active Community Team discusses larger systemic barriers impacting children and families. A State Leadership Team focuses on systemic barriers and policies impacting families involved with child welfare and the judicial system. The target population for the SBCT model is children aged 0–3 in foster care due to abuse or neglect; these children make up the largest percentage of NC’s foster care population.

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

1.3.4 Collaboration with Guardian ad Litem Program

Members of the NC DSS and Guardian ad Litem (GAL) program leaders meet monthly. The goal these meetings is to share program information and bring awareness to any identified concerns regarding children in foster care. Juvenile court procedures are often discussed in the hopes of creating consistency across all court jurisdictions, and NC DSS shares programmatic data and new changes to policy.

1.3.5 Collaboration with Tribes

For a description of how NC DSS regularly partners and collaborates with American Indian tribes, including state-recognized tribes, please see [Section 5](#), Consultation and Coordination with Tribes.

1.3.6 Prevention Collaboration

NC DSS partners closely with other state-level, child-serving systems to maximize child abuse education and prevention efforts. NC DSS participates in the NC Child Fatality Prevention System and works closely with other public and private funders; and provides direct funding and technical assistance for community-based agencies providing family strengthening and support services.

Strengthened collaboration across divisions within NC DHHS has resulted in the planned expansion of behavioral health services, specialized foster care placements for children with complex needs, funding to implement new evidence-based practices such as the Sobriety, Treatment, and Recovery Teams (START) model, and the development Medicaid’s Managed Care Child and Family Specialty Plan. NC DSS is also working with other NC DHHS partners to use \$80 million in new funding in the Governor’s NC Medicaid Expansion Initiative to support families with children with behavioral health needs and to build treatment services.

Collaboration has also been crucial to North Carolina’s planning and implementation of the Family First Prevention Services Act (FFPSA). NC DSS has engaged stakeholders throughout all phases of FFPSA planning and implementation, including via town hall meetings and by

soliciting input from counties in Region 2 on materials and training created to support statewide FFPSA implementation.

1.3.7 Plans to Engage Stakeholders in CFSP Monitoring and Implementation

NC plans to use current structures and resources, including the ULT, Design Teams, and existing bodies (e.g., the interagency court collaborative) to engage parents, relative caregivers, foster parents, provider agencies, mental health agencies, court partners, and other stakeholders in the ongoing monitoring and implementing of the 2025–2029 CFSP.

2 Assessment of Current Performance Improving Outcomes

2.1 Child and Family Outcomes (Items 1–18)

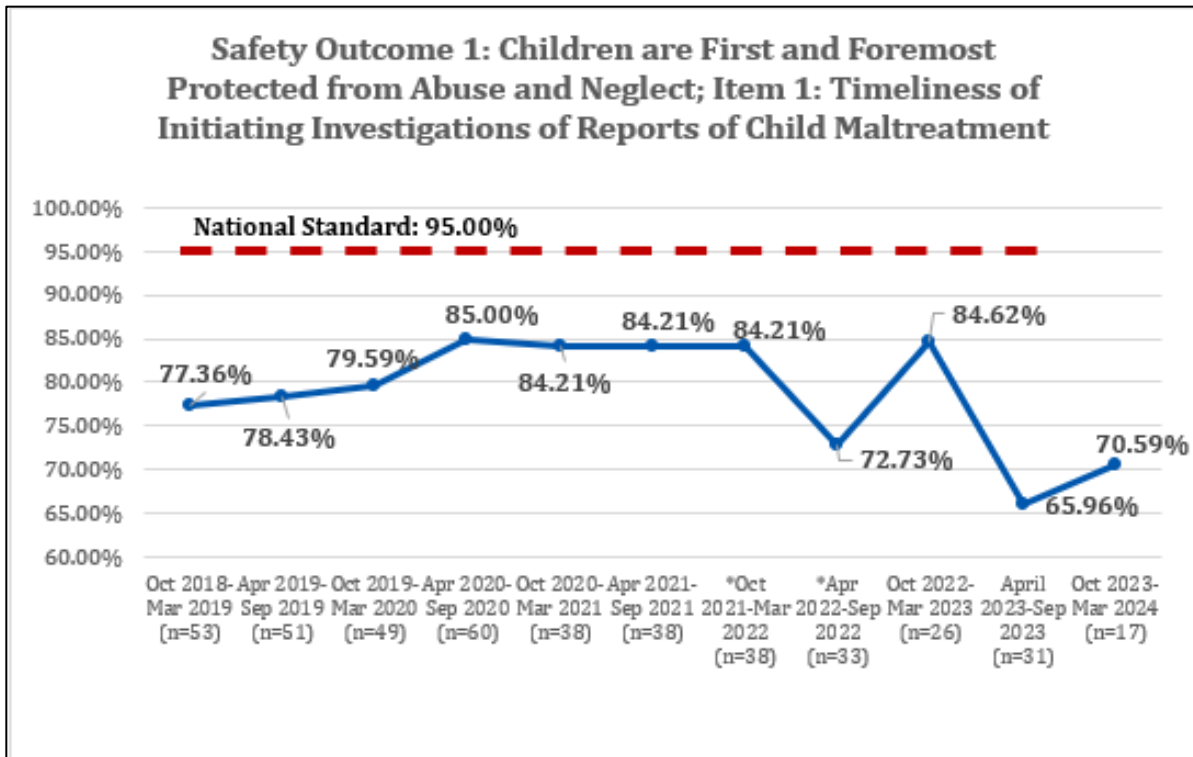
2.1.1 Safety Outcomes

2.1.1.1 Safety Outcome 1

As the figure below shows, NC's performance on Safety Outcome 1, Item 1 (timeliness of investigations of maltreatment reports) is below the national standard of 95% and therefore not in substantial conformity.

Assessment of Current Performance Improving Outcomes

Figure 1. Safety Outcome 1



Source: NC OSRI Case review data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

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

	OSRI Oct. 2023–March 2024 Applicable Cases	Total Children Assessed SFY 2023 by Race
Black or African American	8; 50.0%	42,838; 37.0%
White	8; 50.0%	57,767; 49.9%
Hispanic	Not collected	*
Multi–Race	Not collected	6,295; 5.4%
Other	Not collected	8,983; 7.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

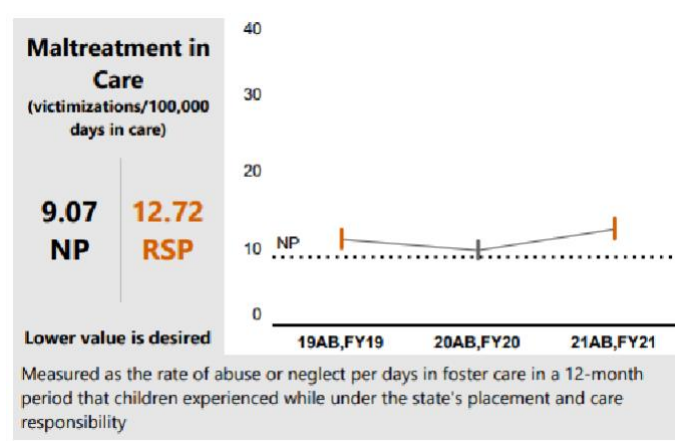
The percentage of cases pulled for the OSRI sample is in alignment generally with the total assessment by race. As the figure above shows, NC’s performance on Item 1 was fairly steady from October 2018 through March 2023. The notable decrease from March 2023 to September 2023 is largely attributed to a change in federal guidance for reviewing this item. In April

Assessment of Current Performance Improving Outcomes

2023, ACF instructed NC DSS to compute timeliness of initiation in hours, instead of days. Previous review periods may have been evaluated from a wider timeframe than the 24-hour and 72-hour timeframes listed in policy. From October 2023 to March 2024 there was an improvement of nearly 5% after the new requirements were communicated to local child welfare agencies. Additionally, reviews were completed regionally, not statewide, and are not representative of statewide performance. This change in review standards impacts all safety outcomes in this section.

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

Figure 2. Data Profile: Maltreatment in Care



Source: Children's Bureau CFSR Data Profile February 2024

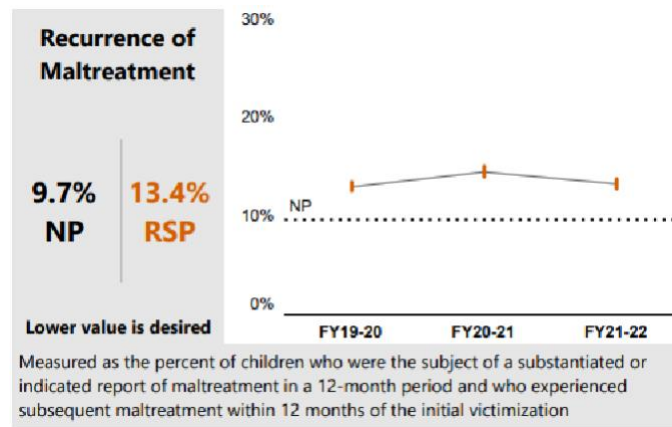
The CFSR data indicator for maltreatment in foster care measures the rate of maltreatment per 100,000 days of foster care during a 12-month period. NC's performance is shown in the figure above from the February 2024 CFSR data profile, which has been risk adjusted.

NC has not met the threshold for maltreatment in care. Performance on this measure is impacted by NC's CWIS system being deployed in only 25 counties and under redevelopment; NC currently cannot distinguish whether a newly reported incident occurred prior to entry into care or while in care.

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

Assessment of Current Performance Improving Outcomes

Figure 3. Data Profile: Recurrence of Maltreatment



Source: Children’s Bureau CFSR Data Profile February 2024

Performance in FY 2018–19 was below the threshold however performance in FY 2019–22 was above the threshold. One thing to keep in mind for this indicator is the change in how North Carolina codes positive findings. Previously, NC only coded positive findings from the investigative assessment track (substantiations), even though family assessment track findings (“services needed” and “services provided”) constitute the majority of CPS assessments. After NC began coding family assessment track findings in FY 2020–21, positive findings more than doubled. This change will continue to be tracked in the same way after implementation of the redeveloped CWIS system.

In addition, analysis conducted in 2024 in preparation for Round 4 of the CFSR identified three factors negatively impacting NC’s performance for Item 1: turnover and workforce vacancies, challenges with data collection, and jurisdiction issues.

Activities for Improvement:

NC is taking steps to enhance its performance on Safety Outcome 1, including through the following.

- To address workforce challenges affecting the state’s performance, NC worked with Public Consulting Group to conduct a Caseload and Workload Study. After receiving the final report in October 2023, NC DSS reviewed it internally and shared it with the ULT for feedback. Proposed recommendations are pending and will include local and statewide strategic changes.
- Implementation of NC’s child welfare information system (CWIS) intake and assessment modules will facilitate consistent record keeping by documenting the exact time an intake is received and the exact response time. CWIS implementation will also address jurisdictional challenges by mitigating delays caused by transferring cases to other counties at intake. For more on CWIS, please see Statewide Information System (Item 19) later in this section.

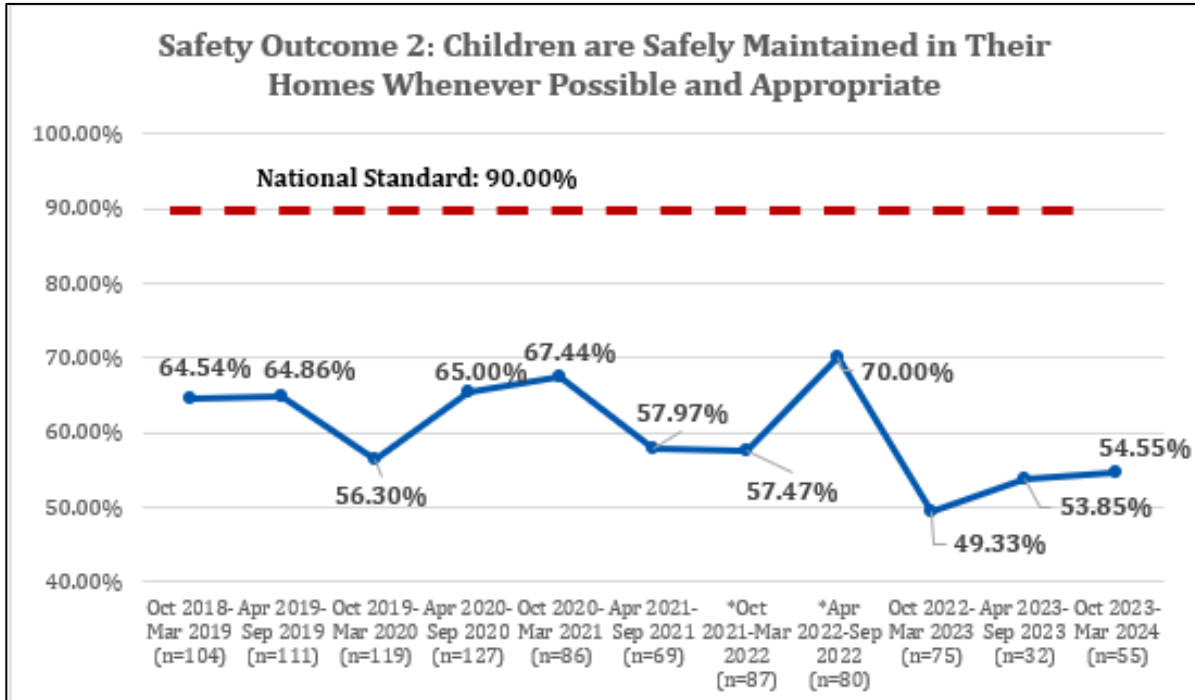
Assessment of Current Performance Improving Outcomes

- NC DSS plans for training and roll out of the revised Screening and Response Intake tool to begin in the next state fiscal year SFY26.

2.1.1.2 Safety Outcome 2

As the figure below shows, NC’s performance on Safety Outcome 2 has fluctuated but remains below the national standard.

Figure 4. Safety Outcome 2

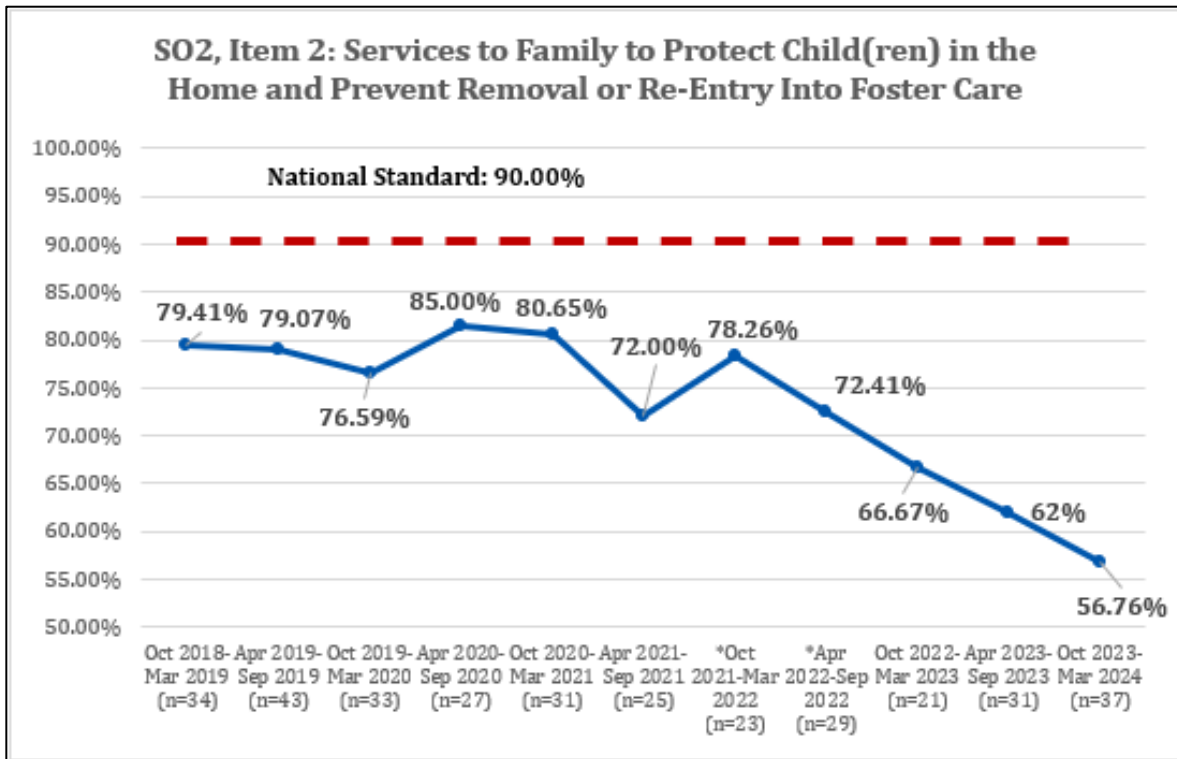


Data Source: NC OSRI Case review data

*The sampling methodology for Oct 2021–Sep 2022 was regional not statewide, as required by ACF

Assessment of Current Performance Improving Outcomes

Figure 5. Safety Outcome 2, Item 2



Source: NC Case Reviews using the OSRI instrument

Figure 6. Safety Outcome 2, Item 3



Source: NC Case Reviews using the OSRI instrument

Assessment of Current Performance Improving Outcomes

As the figures above show, NC’s performance on Items 2 (services to prevent foster care) and 3 (risk and safety assessment and management) is not in substantial conformity.

Analysis indicates performance on these items is affected by job vacancies/workforce turnover (especially in assessment and in-home positions), training availability, and service availability. NC also recognizes that Item 2 is impacted by lack of family engagement efforts by social workers after referrals have been made to service providers.

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

	OSRI Oct. 2023–Mar. 2024 Applicable Cases (Foster Care Cases)	OSRI Oct. 2023–Mar. 2024 Applicable Cases (In– Home Cases)	Total Children Entering Custody SFY 2023
Black or African American	5 (31.3%)	10 (40.0%)	1,453; 29.1%
White	9 (56.3%)	13 (52.0%)	2,834; 56.7%
Hispanic	2 (12.5%)	2 (8.0%)	*
Multi–Race	Not collected	Not collected	358; 7.2%
Other	Not collected	Not collected	355; 7.0%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

While sample numbers for Item 2 were quite small for foster care cases, most children in the sample were White. Black and Multi–Race children were slightly overrepresented, while White children were slightly underrepresented. All five cases of White children were rated a strength compared to 2 of 3 cases (66.7%) for Black children.

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

	OSRI Oct. 2023–Mar. 2024 Applicable Cases (Foster Care Only)	OSRI Oct. 2023–Mar. 2024 Applicable Cases (In– Home Only)	Percent Children in Custody by Race March 2024

Assessment of Current Performance Improving Outcomes

Black or African American	10; 29.4%	10; 40.0%	3,103; 29.8%
White	21; 61.8%	13; 52.0%	5,998; 57.4%
Hispanic	3; 8.8%	2; 8.0%	*
Multi-Race	Not collected	Not collected	812; 8.1%
Other	Not collected	Not collected	538; 4.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

The percentage of cases pulled for the OSRI sample for Item 3 is in alignment generally with the percent of children in custody by race.

Activities for Improvement:

NC is taking steps to enhance its performance on Safety Outcome 2, including through the following.

- Strategies to increase the availability of training are described in the discussion of Staff and Provider Training ([Items 26–28](#)).
- Efforts to improve the availability of services for in-home cases, and investigations where they do not have Medicaid include the following: Families receiving in-home service who are eligible for Title IV–E funding and meet evidence-based services eligibility will be referred to services included in North Carolina's Title IV–E Prevention Services Plan. Currently the Homebuilders service is being implemented in a phased approach in North Carolina, counties will be phased in as providers have capacity to serve them, Intensive Family Preservation Services funded by the State Legislature will continue in nineteen North Carolina Counties through December 2024. North Carolina is also piloting the Sobriety, Treatment, and Recovery Team model in four North Carolina counties, this service is provided to families involved throughout the continuum of child welfare and does not require families to have Medicaid funding. Other funding streams that support the funding of services for families receiving in home services and who are not eligible for Medicaid include those funded through North Carolina's mental health block grant, maternal health Title V block grant, child care services, Care Management for at Risk Children (CMARC) through Public Health and the Division of Child and Family Well-Being, and Work First Services when eligible.
- Practice Model implementation and ongoing training focused on family engagement are expected to improve the shortcomings in family engagement impacting performance on Item 2.

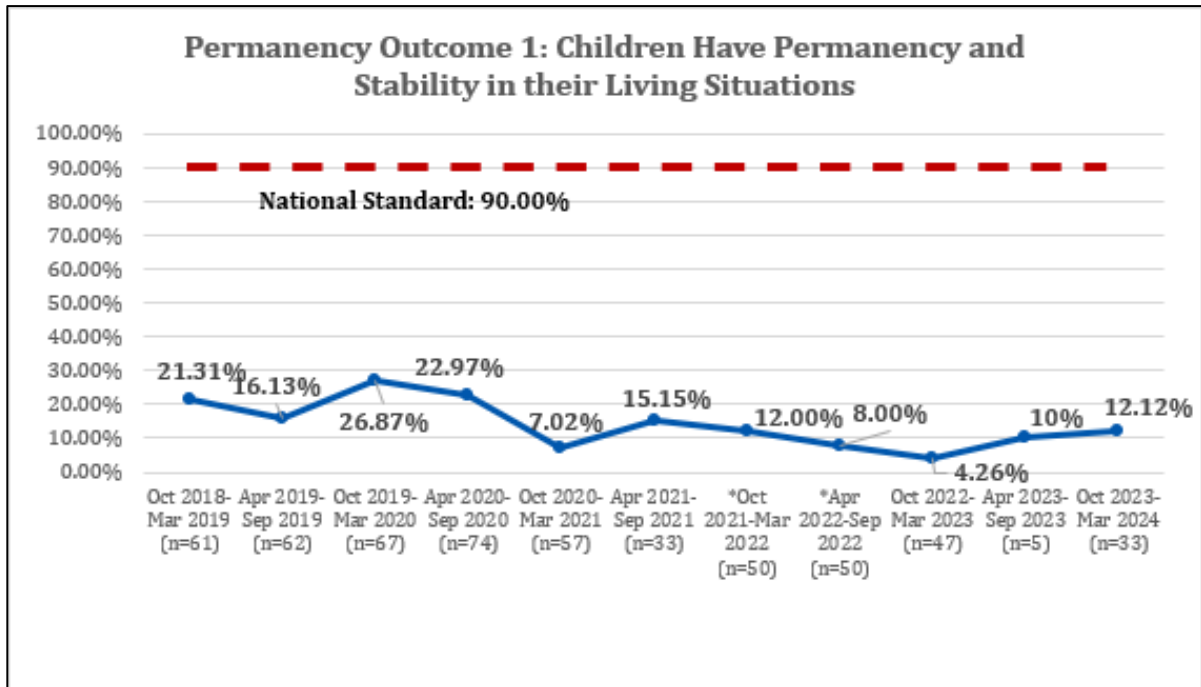
- The strategies to improve NC’s statewide data system described in Statewide Information System ([Item 19](#)), are also expected to positively impact performance on Safety Outcome 2.

2.1.2 Permanency Outcomes

2.1.2.1 Permanency Outcome 1

NC’s performance for Permanency Outcome 1 (and on Items 4–6) remains below the national standard, as the figure below shows.

Figure 7. Permanency Outcome 1



Source: NC OSRI Case Review Data

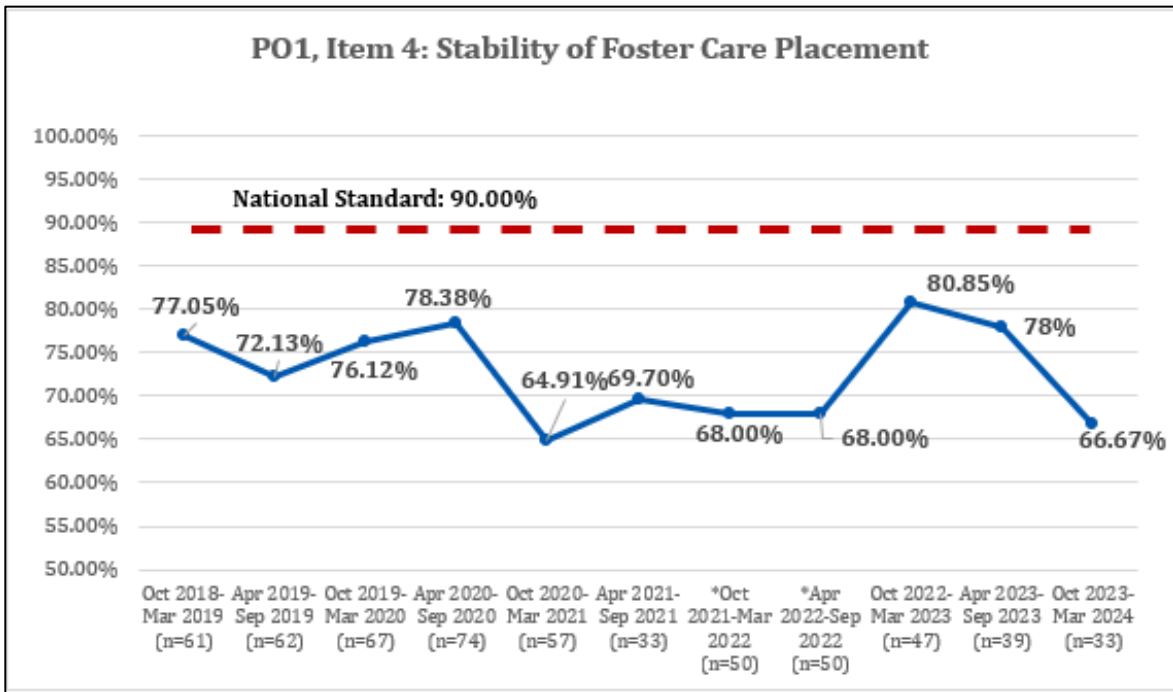
*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

2.1.2.2 Item 4

Case review data for Item 4 (stability of foster care placements) indicates NC’s performance in this area remains below the national standard of 90%. See figure below.

Assessment of Current Performance Improving Outcomes

Figure 8. Permanency Outcome 1, Item 4

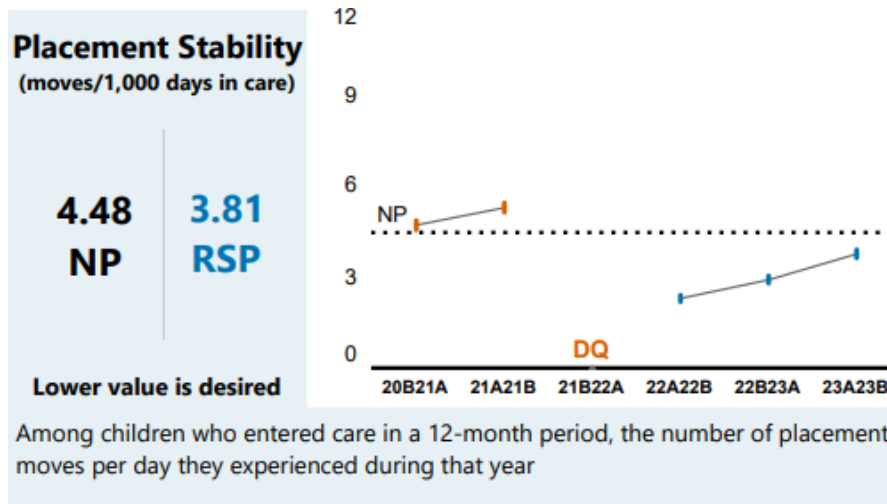


Source: NC OSRI Case Reviews

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

However, as the following figure illustrates, data from the Children’s Bureau indicate NC’s performance on placement moves per day is better than national performance. It is noted that placement stability is decreasing, and NC DSS will monitor placement stability. This can be attributed to consistency in practice, which NC has achieved with the implementation of Practice Standards for workers and supervisors.

Figure 9. Placement Stability



Data Source: Children’s Bureau CFSR Data Profile February 2024

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

	OSRI October 2023– March 2024 Applicable Cases	Percent Children in Custody by Race March 2024
Black or African American	10; 29.4%	3,103; 29.8%
White	21; 61.8%	5,998; 57.4%
Hispanic	3; 8.8%	*
Multi–Race	Not collected	812; 8.1%
Other	Not collected	538; 4.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

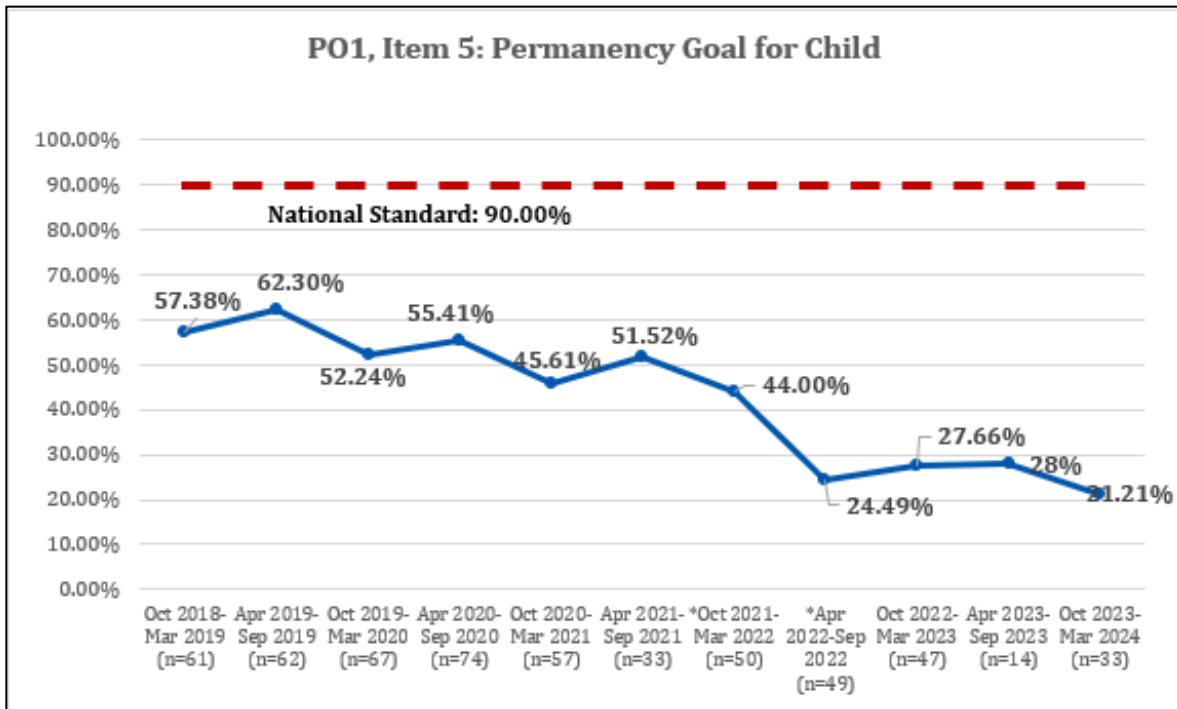
The table above shows how many children of applicable OSRI cases for Item 4 in each reporting period identified as Black/African American, White, Hispanic, Multi–Race, or Other in comparison to the percent of children in custody in April 2023. The percentages in the OSRI sample align generally with the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

2.1.2.3 Item 5

While NC has made improvement in Item 5 (permanency goal for child), performance remains below the national standard of 90%, as the figure below shows.

Assessment of Current Performance Improving Outcomes

Figure 10. Permanency Outcome 1, Item 5



Data Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

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

	OSRI Oct. 2023–March 2024 (Foster Care Only)	Percent Children in Custody March 2024 by Race
Black or African American	10; 29.4%	3,103; 29.8%
White	21; 61.8%	5,998; 57.4%
Hispanic	3; 8.8%	*
Multi–Race	Not collected	812; 8.1%
Other	Not collected	538; 4.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

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

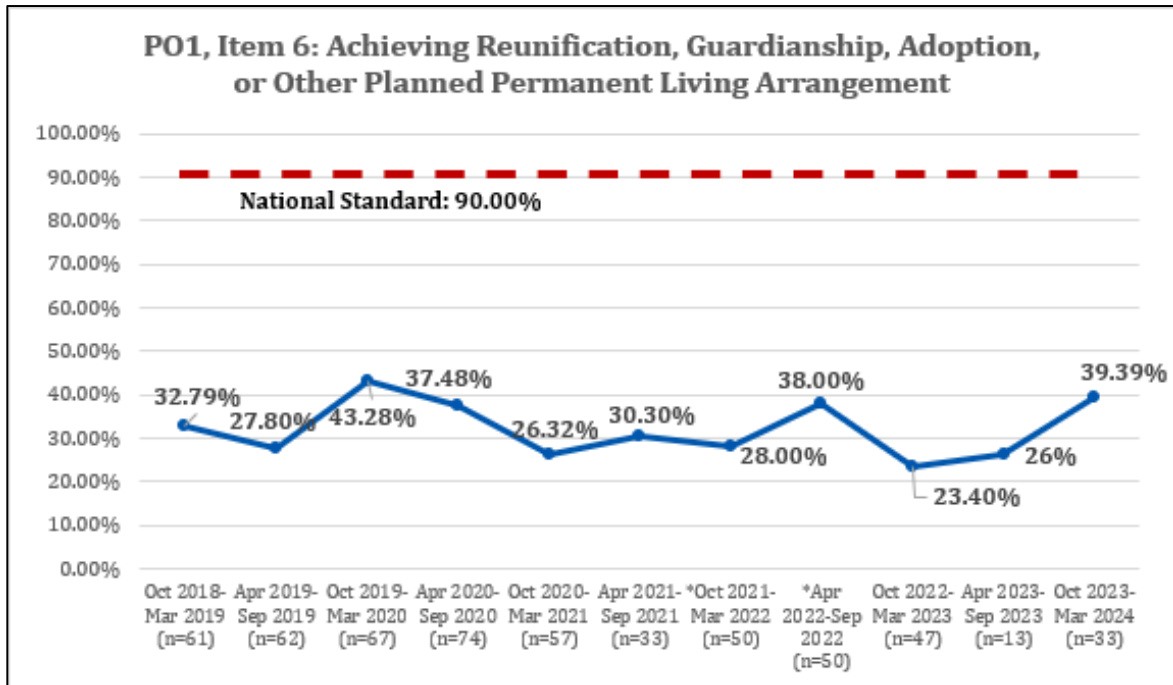
Assessment of Current Performance Improving Outcomes

Implementation of concurrent planning policy is an impediment to NC’s performance for Item 5. State law requires children to have both a primary and concurrent plan. This almost always creates a challenge when measured by the federal tool. For instance, if the primary goal is reunification and the concurrent plan is adoption, it is incongruent to achieve both goals simultaneously. Another challenge for NC on Item 5 is agencies not filing termination of parental rights (TPR) petitions consistent with federal requirements or documenting exceptions (e.g., relative placements).

2.1.2.4 Item 6

NC’s performance on Item 6 (achieving permanency goals) is an area in need of improvement, as the following data indicates.

Figure 11. Permanency Outcome 1, Item 6



Data Source: NC OSRI case review data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

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

	OSRI October 2023–March 2024 Applicable Cases	Percent Children Exiting Custody SFY 2023 by Race
Black or African American	10; 29.4%	1,370; 27.3%

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White	21; 61.8%	2,953; 58.9%
Hispanic	3; 8.8%	*
Multi-Race	Not collected	407; 8.1%
Other	Not collected	283; 5.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

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

Surveys and focus groups conducted in preparation for CFSR Round 4 revealed varying stakeholder opinions of NC’s performance on Item 6. As mentioned above, as part of its 2024 Statewide Assessment, NC DSS leveraged its existing model of stakeholder engagement with partners, including other service agencies, organizations, youth and families, and incorporated feedback and information. A total of 42 focus groups were held throughout the fall of 2023 including 21 sessions with DSS Caseworkers, Supervisors/Managers, and District Managers, and 21 with Stakeholders and Community Partners, including a total of 262 participants, 115 DSS Agency Staff and 147 Stakeholders and Community Partners. A state-wide survey was also distributed. The state-level stakeholders were asked to share a stakeholder survey with their various email list servers (295 case managers responded to the survey). Additionally, all 100 county DSS agencies were asked to send the stakeholder survey to their local stakeholders in their county, engaging them to provide crucial feedback. Fifty-six percent of respondents characterized NC as at least “somewhat effective” at achieving timely permanence. Yet 64% of responding caregivers found NC to be “not effective” in achieving timely permanency. These results suggest stakeholders have diverse perceptions.

Analysis of case review data suggests NC’s performance on Item 6 is negatively affected by difficulty addressing parental substance use (i.e., lack of treatment services in rural areas, long waitlists); challenges addressing both primary and concurrent plans; lack of sufficient court time to schedule, adjudicate, and review cases; and delayed adjudication hearings (which make it difficult to engage parents in case planning).

Activities for Improving:

NC is taking steps to enhance its performance on Permanency Outcome 1, including through the following.

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- Kin First Culture transformation, which includes the launch of the Unlicensed Kinship Reimbursement Program in November 2023 and the addition of training to build staff capacity to work with kin and conduct Family Search and Engagement. Adding supported kin providers will enhance placement stability (Item 4).
- The Governor’s NC Medicaid Expansion Initiative, which includes additional funding to support families with children with behavioral health needs and a new NC DHHS workgroup to address gaps in the care of children receiving foster care services will support performance on Items 4 and 6.
- Practice Standards are being included in training redesign to strengthen case workers’ and supervisors’ involvement of families in case plan development (Item 5).
- To ensure case plans align with permanency goals (Item 5), NC will provide counties with technical assistance (including through RCWS), deliver assistance with court collaborative implementation and Title IV–E Adoption Assistance, explore statutory changes to its concurrent planning requirements, and redesign SDM tools (currently underway).
- NC is strengthening practice around TPR exemptions by updating policy, ensuring counties know how to calculate TPR exemptions, and building TPR and exceptions data into CWIS (Item 5).

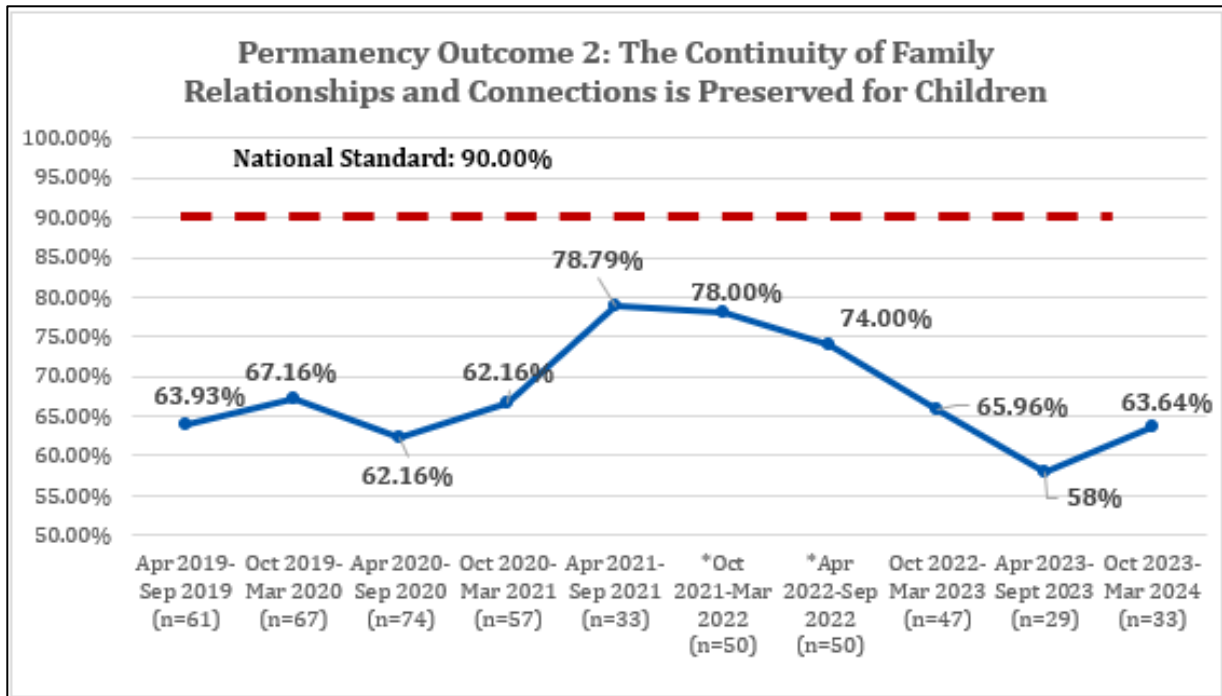
2.1.2.5 Permanency Outcome 2

As the figure below shows, NC’s performance on Permanency Outcome 2 (and on Items 7– 11) is below the national standard of 90% and therefore is not in substantial conformity.

OSRI case reviews have observed a steady decline in performance over the last several years.

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Figure 12. Permanency Outcome 2

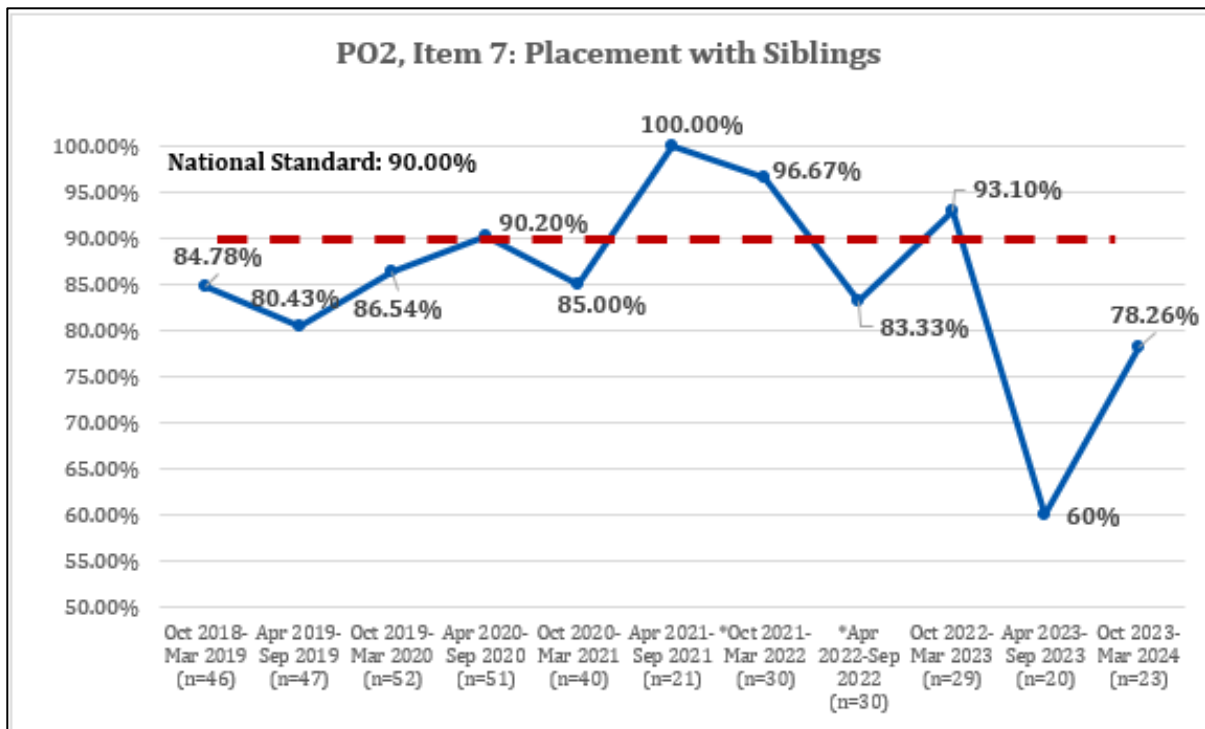


Source: NC OSRI Case Reviews

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

2.1.2.6 Item 7

Figure 13. Permanency Outcome 2, Item 7



Data Source: NC OSRI Case Reviews

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*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

Despite an overall declining performance in Permanency Outcome 2, performance on Item 7 (placement with siblings) has been improving. Progress on this indicator improved over the most recent 6 months but remains below the national standard. The challenge of recruiting foster parents, especially those willing to care for sibling groups, affects NC’s performance on this item.

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

	OSRI Oct. 2023–Mar. 2024 Applicable Cases	Percent Children in Custody March 2024 by Race
Black or African American	6; 26.1%	3,103; 29.8%
White	15; 65.2%	5,998; 57.4%
Hispanic	2; 8.7 %	*
Multi–Race	Not applicable	812; 8.1%
Other	Not applicable	538; 4.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

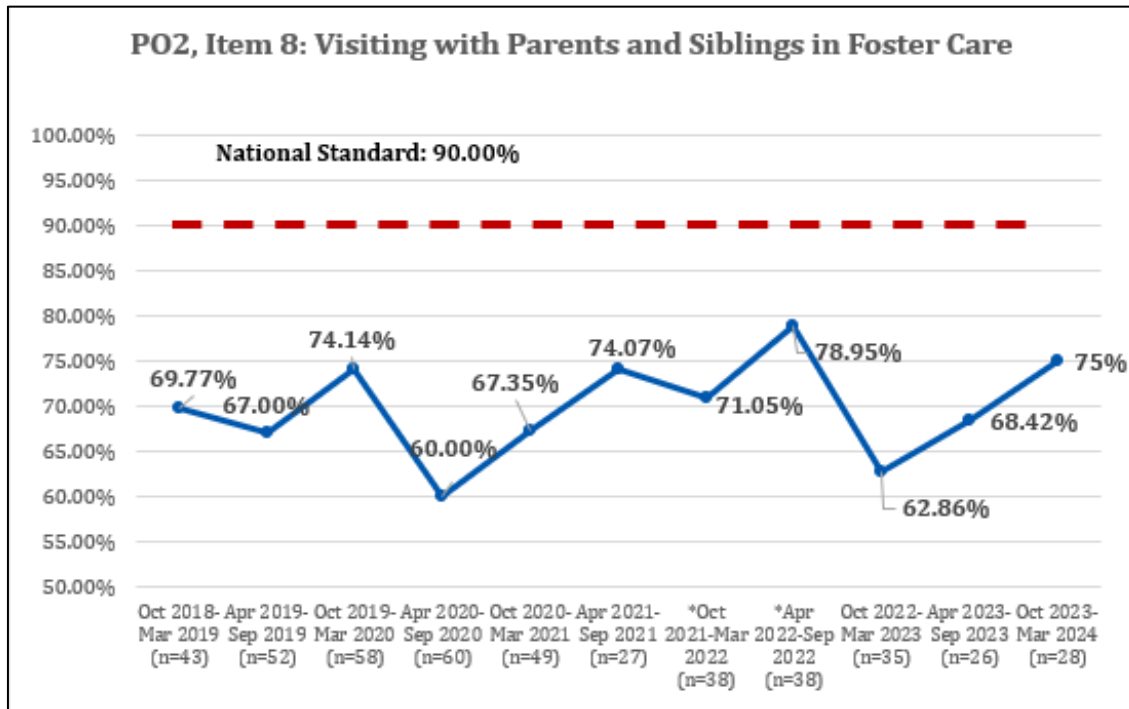
The percentage of cases pulled for the OSRI sample for Item 7 is slightly under representative of Black children and over representative of White children. The overwhelming majority of cases were strengths for this item, regardless of race. Only one each of White and Black cases were an Area Needing Improvement.

2.1.2.7 Item 8

NC’s performance on Item 8 (visiting with parents and siblings in foster care) is below the national standard. As the figure below shows, for the period Oct. 2023 – Mar. 2024 the percentage of cases where visitation efforts were rated as a strength was 75%.

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Figure 14. Permanency Outcome 2, Item 8



Data Source: NC OSRI Case Review

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

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

	OSRI October 2023–March 2024 Applicable Cases	Percent Children In Custody March 2024 by Race
Black or African American	9; 33.3%	3,103; 29.8%
White	17; 58.6%	5,998; 57.4%
Hispanic	3; 10.3 %	*
Multi–Race	Not applicable	812; 8.1%
Other	Not applicable	538; 4.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

For Item 8, the percentage of cases pulled for the OSRI sample is slightly over representative of both Black and White children. Proportionally, cases with White children and cases with

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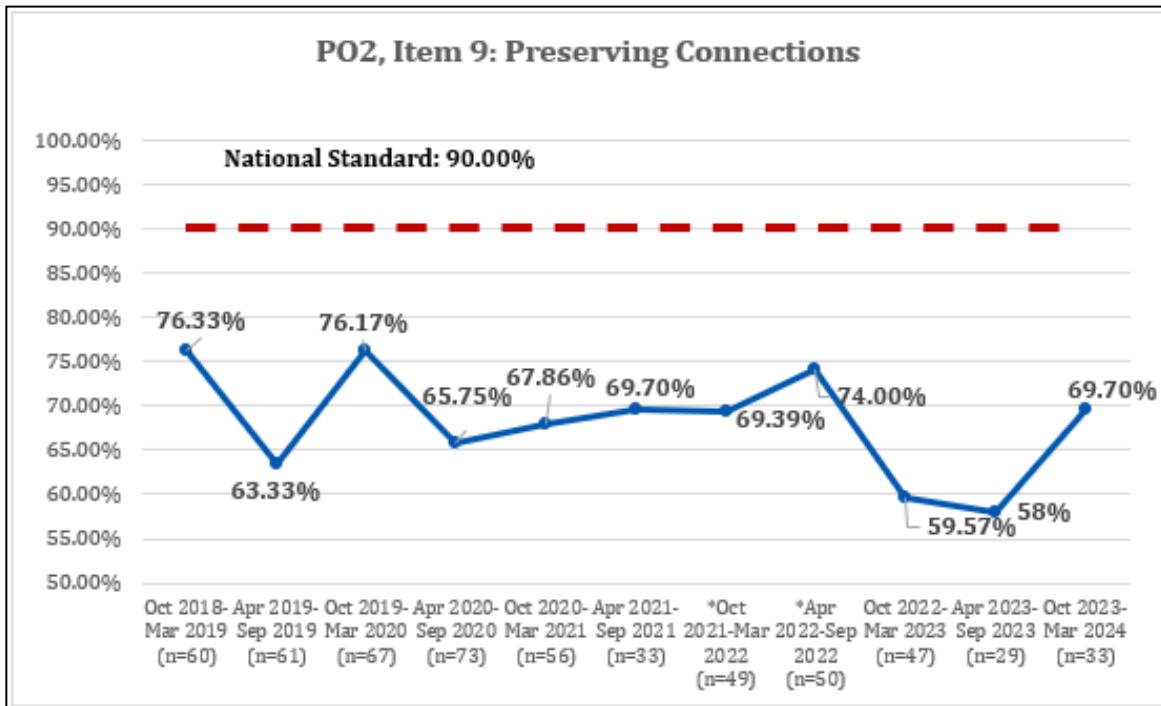
Black children had approximately the same strength ratings. Of cases of Black children, 60% were rated a strength compared to 57.9% of cases for White children.

Factors influencing NC’s performance on Item 8 include a lack of family friendly visitation centers in some communities and the difficulty some workers and supervisors have in identifying creative solutions for family time based on the unique needs of the family. The recent practice by some courts of withholding visits as a negative consequence for parents has also impacted NC’s performance on Item 8.

2.1.2.8 Item 9

Despite a strong improvement for the period Oct. 2023 – Mar. 2024, NC’s performance on Item 9 (preserving connections) is below the national standard and is not in substantial conformity.

Figure 15. Permanency Outcome 2, Item 9



Data Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

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

	OSRI October 2023–March 2024 Applicable Cases	Percent Children in Custody by Race March 2024
Black or African American	10; 29.4%	3,103; 29.8%
White	21; 61.8%	5,998; 57.4%

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Hispanic	3; 8.8%	*
Multi-Race	Not applicable	812; 8.1%
Other		538; 4.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

For Item 9, the percentage of cases pulled for the OSRI sample is slightly over representative of both Black and White children. While placing children with siblings and visiting with family was relatively strong regardless of race, significant differences emerge with preserving connections. Comparing those rated a strength for this item, 25% of cases that were Black or African American were rated a strength compared to 72% of White cases.

Data analysis of quality assurance (QA) reviews for Item 9 show NC has strengths in ensuring children who enter foster care are assessed for tribal connections. A renewed focus on relationships with the Eastern Band of Cherokee Indians (EBCI) has assisted in this effort.

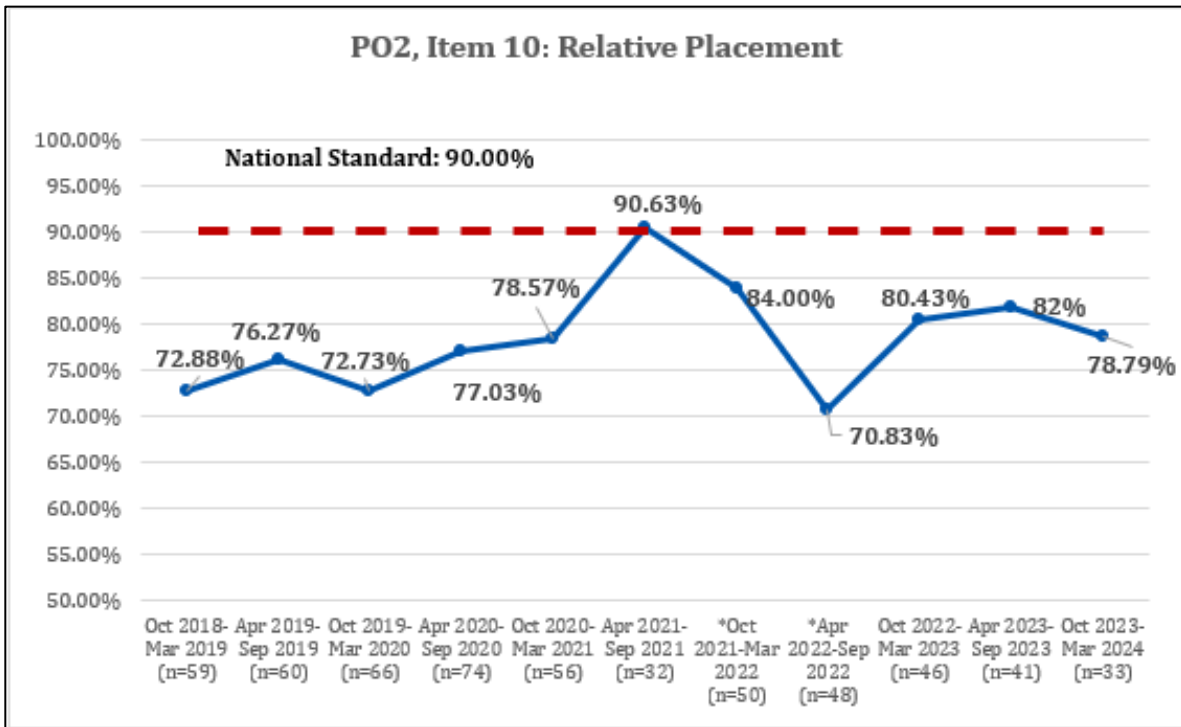
RCWS have noted a decrease in the availability of local foster families for the youngest children in foster care. This is attributed to the licensing of fewer foster families during the pandemic coupled with inflation, which has made caring for children significantly more expensive. There are also shortages in the availability of childcare, which makes working foster parents unwilling to accept placement of young children. As a result of these factors, children and youth are often placed outside their community of origin.

2.1.2.9 Item 10

NC's performance on Item 10 (relative placement) has fluctuated and remains below the national standard. As the figure below shows, for the period Oct. 2023 – Mar. 2024 the percentage of cases where efforts to place the child with relatives was rated as a strength was 78.79%.

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Figure 16. Permanency Outcome 2, Item 10



Data Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

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

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

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

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

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representative of white children. Cases of White children were slightly more likely to be rated a strength for this item (79.2%) than cases of Black children (66.7%).

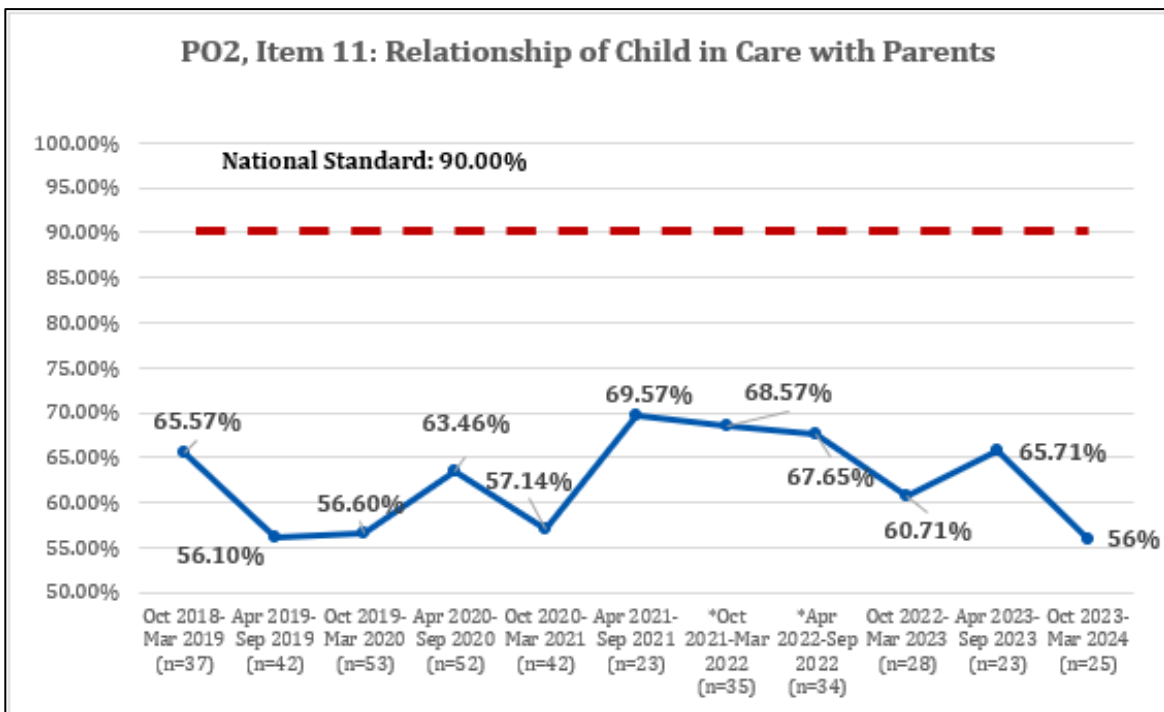
NC DSS has made significant progress in the use of relative placements. Previous policy changes, such as the use of Safety Circles to assist child welfare staff in engaging families to identify relative and kinship supports during initiation and assessment, have helped build capacity for counties to leverage relative connections.

Analysis of case review data indicates that initially identifying and assessing relatives is a strength for counties, but they struggle with identifying and assessing relatives/kin on an ongoing basis. Although counties demonstrate a strong ability to focus on maternal relatives, they demonstrate limited efforts with paternal family connections.

2.1.2.10 Item 11

As the figure below shows, NC’s performance on Item 11 (relationship of child in care with parents) is not in substantial conformity.

Figure 17. Permanency Outcome 2, Item 11



Data Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

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

	OSRI Oct. 2023–Mar. 2024 Applicable Cases	Percent Children in Custody March 2024 by Race
Black or African American	8; 30.8%	3,103; 29.8%
White	15; 57.7%	5,998; 57.4%
Hispanic	3; 11.5%	*
Multi–Race	Not collected	812; 8.1%
Other	Not collected	538; 4.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

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

Recent training initiatives have helped build worker capacity to engage families and improve case practice that support building family capacity and support reunification efforts. For example, the pre–service training (PST) for new child welfare staff was redesigned in 2022 and piloted in 2023. Content on diversity, equity, inclusion, and belonging (DEIB) was woven throughout this 22–day curriculum. Some of learners’ consistently identified areas of growth as documented by post–test knowledge gain included:

- Interviewing and assessing skills
- Diversity, equity, inclusion, and belonging (DEIB)
- Indian Child Welfare Act (ICWA)
- Engaging families through family–centered practice
- Quality contacts

NC’s performance on Item 11 is affected by a lack of local foster care placement providers. Due to this lack, some children are placed outside their parents’ community, which can undermine efforts to maintain or strengthen the relationship between parents and their children. Insufficient shared parenting between resource parents and birth parents also affects NC’s performance in this area.

Activities for Improvement:

NC is taking steps to enhance its performance on Permanency Outcome 2, including through the following:

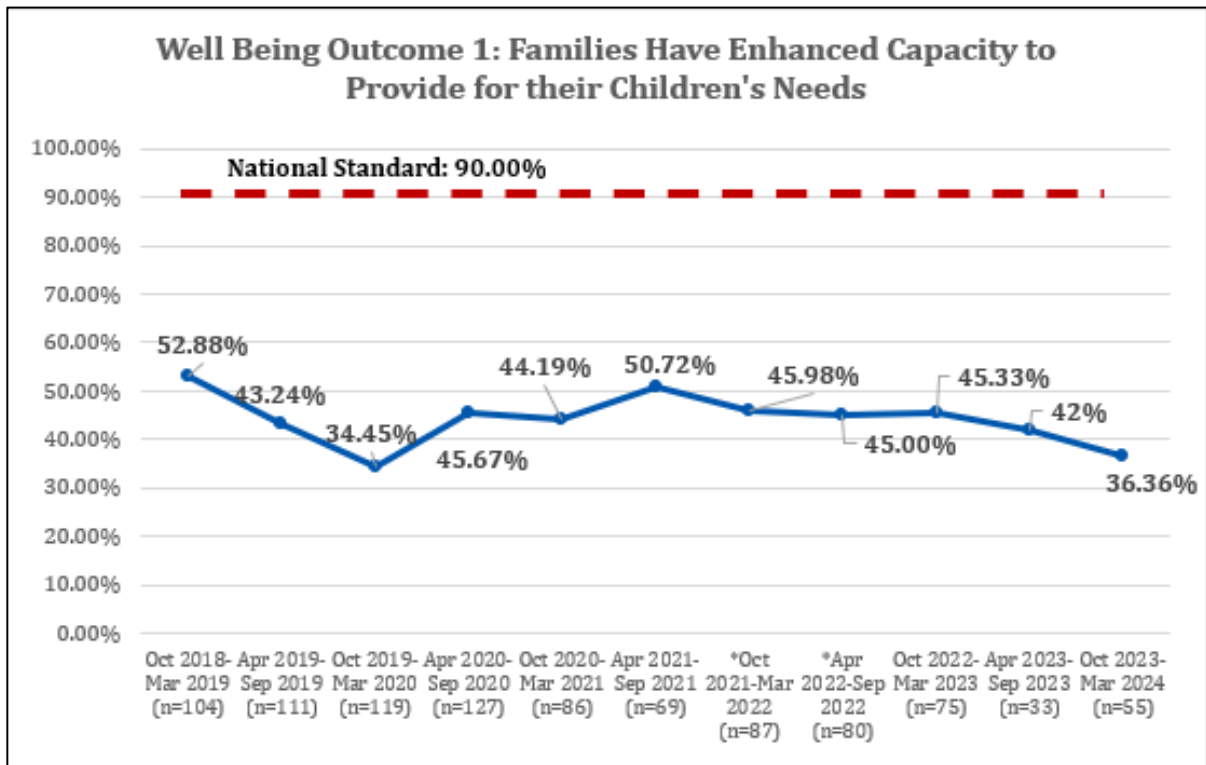
- Item 7 (placement with siblings): improvement efforts include a 2023 statewide resource parent recruitment campaign targeting families willing to accept larger sibling groups; offerings of the Resource Parenting Curriculum, a training that equips resource parents with the knowledge and skills needed to support children in care; and passage of the Loving Homes Act (S.L. 2023–82), which allows families with five children to pursue licensure and exceed the limit on placement for sibling groups.
- Item 8 (visiting with parents and siblings in foster care): improvement efforts include recent policy changes that allow more flexibility on when and how visits can occur; feedback, training, and technical assistance to county staff to support quality family time for families; planned work with the courts to provide education on the importance of quality family time; and implementation of the Unlicensed Kinship Reimbursement Program—by increasing placements with kin, this program will promote continuity in the child’s relationship with close family members.
- Item 9 (preserving connections): improvement efforts include NC’s Kin First initiatives, which ultimately will impact how a child can stay connected to their family and community, and listening sessions for kin and youth, the results of which will help NC integrate these voices into strategic planning efforts, and legislatively increased board rates for foster parents to assist with addressing the increased cost of caring for children.
- Item 10 (relative placement): improvement efforts include a new statewide Diligent Recruitment and Retention (DRR) plan that focuses on improved engagement and support of kinship providers and NC’s Kin First initiatives, which include the Unlicensed Kinship Reimbursement program, new training to build staff capacity to work with kin and conduct Family Search and Engagement, and the creation of kinship goals at regional CQI meetings.
- Item 11 (relationship of child in care with parents): improvement efforts include continued efforts to recruit foster families in communities where children enter care; inclusion of shared parenting content and skill–building activities in the redesigned PST and track training for foster home licensing and permanency planning services staff.

2.1.3 Well-Being Outcomes

2.1.3.1 Well-Being Outcome 1

NC’s performance for Well-being Outcome 1 (and on Items 12–15) remains below the national standard, as the figure below shows.

Figure 18. Well-Being Outcome 1



Source: NC OSRI Case Review Data

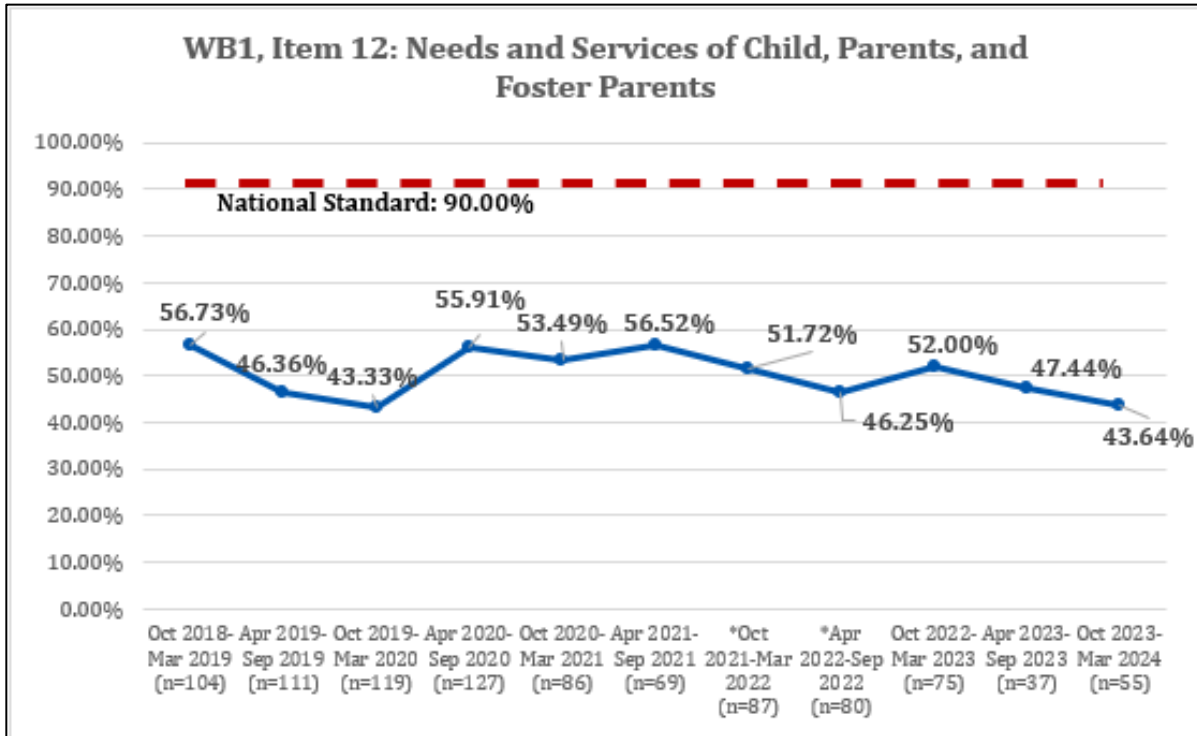
*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

2.1.3.2 Item 12

As the figures below indicate, NC is not in substantial conformity with Item 12 (needs, services of child, parents, and foster parents), particularly due to its performance assessing and providing services to parents (item 12A).

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Figure 19. Well-Being Outcome 1, Item 12



Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

Over the course of several years, Item 12 (needs and services of child, parents, and foster parents) has been rated by QA reviewers as needing improvement. For the period October 2023 to March 2024, 43.6% of cases reviewed were rated a strength, while 56.4% were rated as needing improvement. NC is doing better at assessing children’s needs and providing them services as compared to parents, and it is doing better at meeting the needs of White children compared to children of other races.

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

	OSRI Oct. 2023–Mar. 2024 Applicable Cases (Foster Care Only)	OSRI Oct. 2023–Mar. 2024 Applicable Cases (In Home Only)	Percent Children in Custody March 2024 by Race
Black or African American	10; 29.4%	10; 40.0%	3,103; 29.8%
White	21; 61.8%	13; 52.0%	5,998; 57.4%

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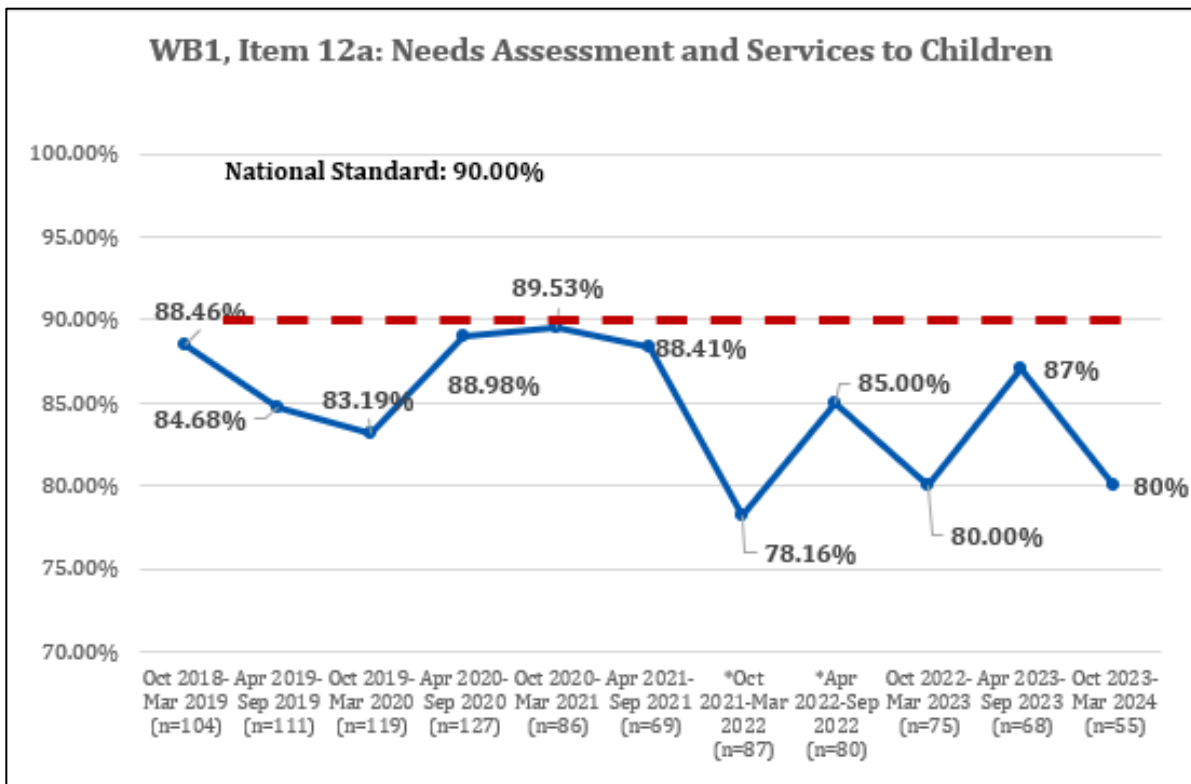
Hispanic	3; 8.8%	2; 8.0%	*
Multi-Race	Not collected	Not collected	812; 8.1%
Other	Not collected	Not collected	538; 4.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

The percentage of cases pulled for the OSRI sample for Item 12 is slightly under representative of Black children and over representative of White children. Cases of White children were rated strengths much more often (64%) than cases of Black children (33.3%). More effort must be made to meet the needs of all children and all parents (i.e., birth, kin, and foster parents).

Figure 20. Well-Being Outcome 1, Item 12A



Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

Item 12A (needs assessment and services to children) is an area needing improvement as the percentages for this item are all below the national standard. For the period October 2023 to March 2024, 80% of case records were found to be a strength.

Table 13. Racial Comparison of OSRI and State Profile for Sub-Item 12A

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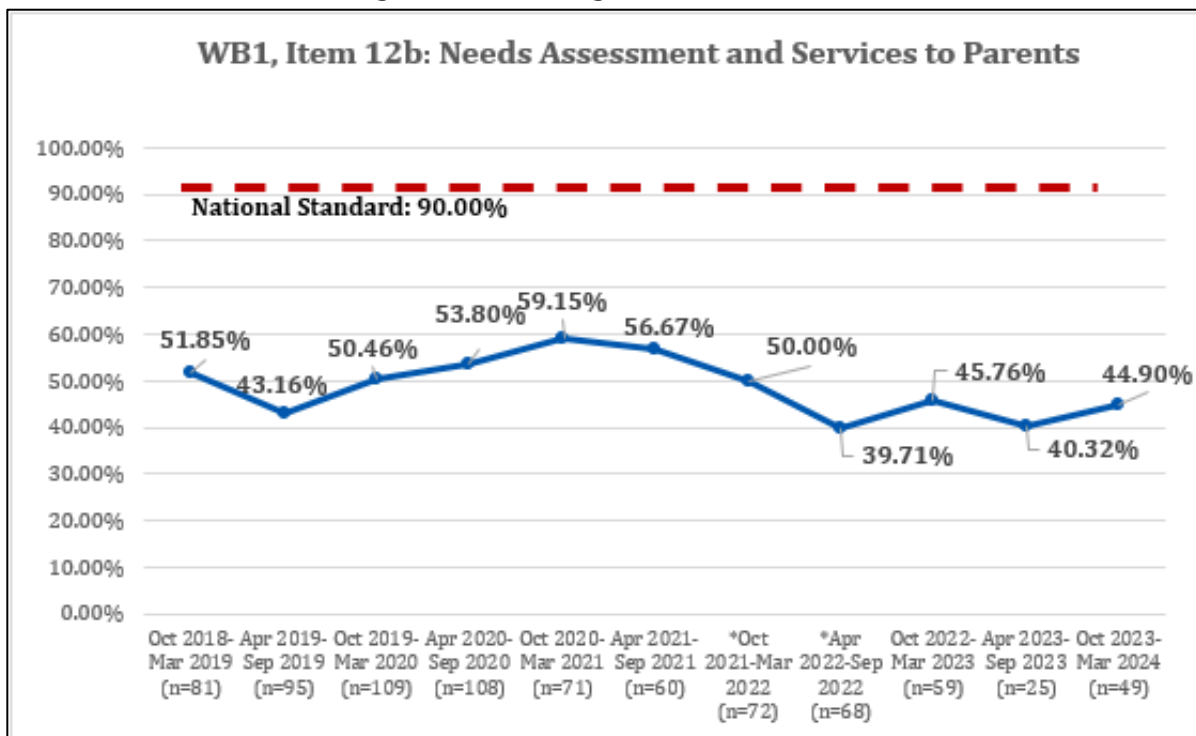
	OSRI Oct. 2023–Mar. 2024 Applicable Cases (Foster Care Only)	OSRI Oct. 2023–Mar. 2024 Applicable Cases (In Home Only)	Percent Children in Custody March 2024 by Race
Black or African American	10; 29.4%	10; 40.0%	3,103; 29.8%
White	21; 61.8%	13; 52.0%	5,998; 57.4%
Hispanic	3; 8.8%	2; 8.0%	*
Multi-Race	Not collected	Not collected	812; 8.1%
Other	Not collected	Not collected	538; 4.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

The percentage of cases pulled for the OSRI sample for Item 12A is slightly under representative of Black children and over representative of White children. Most cases were rated strengths regardless of race.

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



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Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

Although Item 12B (needs assessment and services to parents) is an area needing improvement, new data shows an upward trend in NC’s performance. For the period October 2023 through March 2024, 44.9% of reviewed cases were rated as strength—an almost 5% increase from the previous review period.

As evident across multiple reviews, North Carolina does better at engaging mothers (birth and foster moms) than fathers (birth, kin, and foster), for in-home and foster care cases. Above all, NC is better at engaging and meeting the needs of mothers with children in foster care than it is at serving fathers with children in their own home. Of the foster care cases reviewed, 80% were rated a “strengths for mothers.” In comparison, 37% of foster care cases showed “strengths for fathers.”

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

	OSRI October 2023– March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023– March 2024 Applicable Cases (In Home Only)	Percent Children In Custody March 2024 by Race
Black or African American	9; 32.1%	10; 40.0%	3,103; 29.8%
White	16; 57.1%	13; 52.0%	5,998; 57.4%
Hispanic	3; 10.7%	2; 8.0%	*
Multi-Race	Not collected	Not collected	812; 8.1%
Other	Not collected	Not collected	538; 4.7%

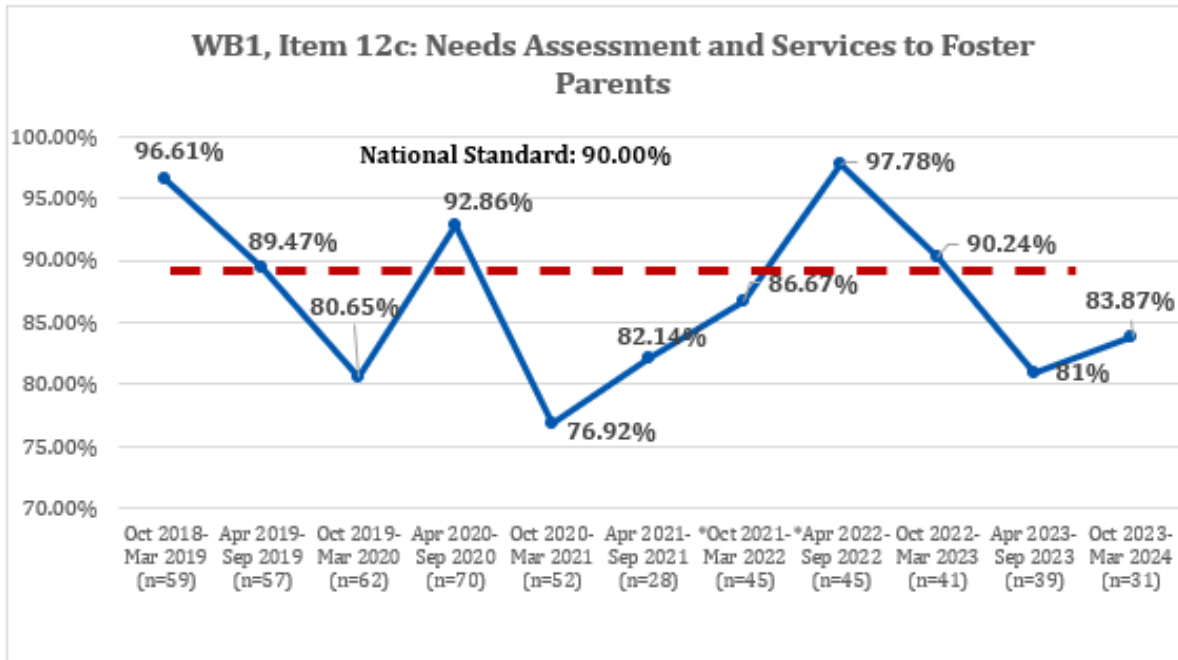
Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

There is much more disparity in Item 12B than in 12A. While for 12A (needs assessment and services to children) most cases were rated strengths regardless of the child’s race, in the sample for 12B (needs assessment and services to parents) only 25% of Black children were rated a strength compared to 47.1% of White children. The percentage of cases pulled for the OSRI sample is slightly under representative of White children and over representative of Black children.

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Figure 22. Well-Being Outcome 1, Item 12C



Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

Item 12C (needs assessment and services to foster parents) is rated as an area needing improvement. As the figure above shows, performance on this item began declining in September 2022, possibly due to residual effects of the COVID pandemic, such as the child welfare workforce crisis and changing foster family demographics (e.g., fewer foster families, newer foster parents with fewer years of service). Improvements on Item 12C in recent quarters—strength ratings rose from 81% for Apr.–Sept. 2023 to almost 84% for Oct. 2023–March 2024—suggest NC is successfully reversing this trend. To bring about this improvement, NC assessed foster parent needs and used the results to inform delivery of services and supports. QA reviewers also attribute improvements in 12C to enhancements in caseworkers’ ability to engage foster/resource parents, especially those with less experience.

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

	OSRI Oct. 2023–March 2024 Applicable Cases	Percent Children in Custody March 2024 by Race
Black or African American	9; 28.1%	3,103; 29.8%
White	20; 62.5%	5,998; 57.4%
Hispanic	3; 9.4%	*
Multi-Race	Not collected	812; 8.1%

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Other	Not collected	538; 4.7%
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Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

Of the 32 sample cases reviewed for Item 12C, four children’s cases were rated Area Needing Improvement. Of these four children’s cases, three were Black or African American and one was White. The percentage of cases pulled for the OSRI sample for Item 12C is slightly under representative of Black children and over representative of White children.

Qualitative data sources suggest there are not enough services in place to assess and meet the needs of families involved in NC’s child welfare system. A recent survey of parents found over two-thirds were unaware of services for children or did not believe services for children exist in the community. Service providers, especially those who accept Medicaid, are believed to be scarce or not readily available, particularly in remote counties. Of 14 birth parents surveyed in November 2023, only two indicated outpatient substance abuse wrap-around services, mentoring supports, and in-patient substance abuse for their children were in existence.

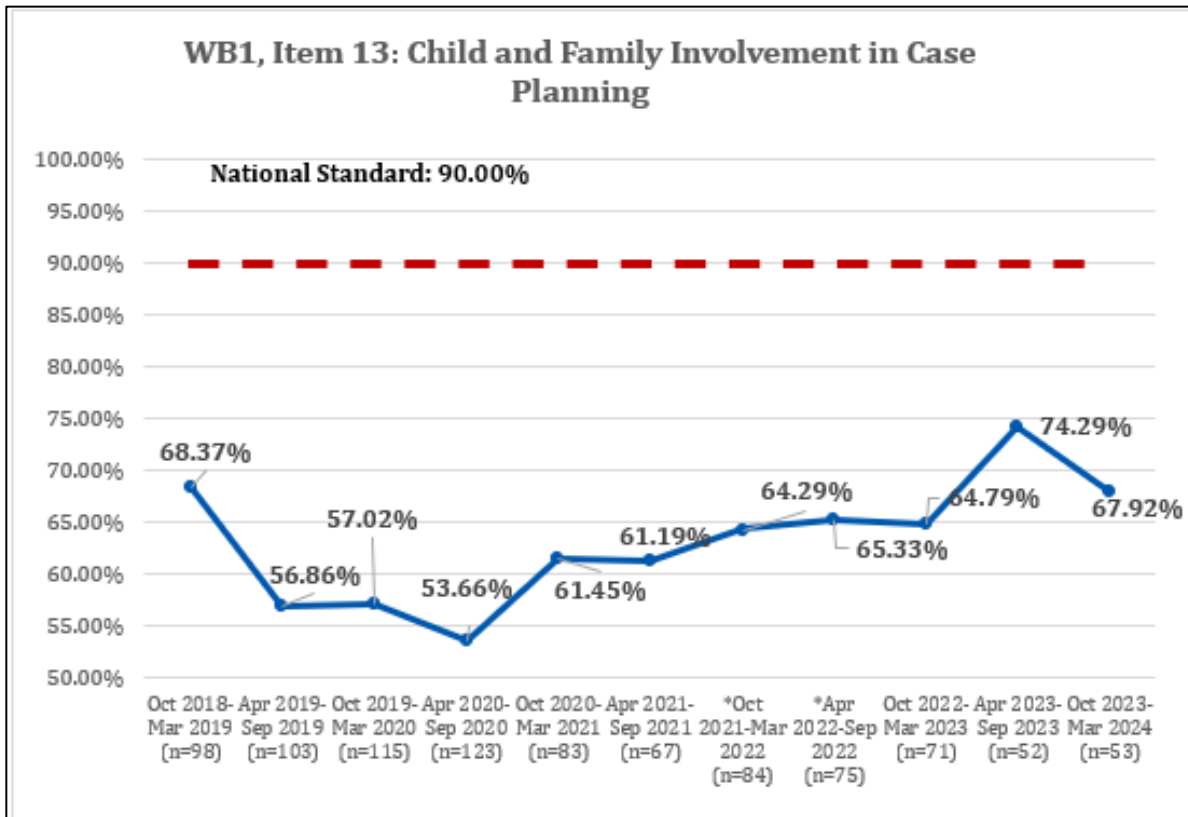
Engaging foster mothers and fathers is necessary to assess the individual needs and/or to provide identified services to foster families on behalf of foster children (e.g., case management services to resource parents, childcare, peer support, and community-based services for child and said family). To this effect, NC DSS will continue to ensure that training for child welfare workers includes the focus on engaging children during worker visits, as well as ensuring engagement of both parents during in-home and foster placement visits. NC DSS will continue to utilize enhanced pre-service and in service training for foster parents, to help them improve their fostering skills. NC DSS will continue to work with Foster Family Alliance to facilitate additional support groups for kinship families, foster families, adoptive families, and provide concrete supports, given FFA’s extensive network to provide tangible supports across the state. NC DSS will also continue to include kin placements in this focus, as according to records recently reviewed by QA reviewers, relative placement providers are not being informed or encouraged to become licensed. With the focus on engaging birth, kin, and foster parents, helping them to enhance, learned parenting skill, and encouraging child welfare agencies to ensure documentation of all assessments and treatment efforts are in child and family records, North Carolina hopes to improve overall performance related to all facets of CFSP Item 12.

2.1.3.3 Item 13

As the figure below shows—and as has been attested to in recent case record reviews, CQI meetings, statewide assessments, stakeholder surveys, and focus groups—NC’s performance on Item 13 (child and family involvement in case planning) is below the national standard and an area needing improvement.

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Figure 23. Well-Being Outcome 1, Item 13



Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

Seventy-three percent of caseworkers responding to a November 2023 survey described engagement of birth parents in case planning and family service agreements as “effective” or “very effective.” Most youth participating in focus groups and surveys said they were either “likely” or “very likely” to be included by their caseworker in developing their case plan. Similarly, most county leaders agreed child welfare workers were “very likely” or “likely” to authentically involve families in the development of case plans.

Birth families less satisfied, with only 11% of birth parent respondents of . a November 2023 survey described county DSS agencies as “effective” or “very effective” in engaging them in developing and implementing case plans.

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Table 16. Racial Comparison of OSRI and State Profile for Item 13

	OSRI October 2023– March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023– March 2024 Applicable Cases (In Home Only)	Percent Children In Custody March 2024 by Race
Black or African American	10; 31.3%	10; 40.0%	3,103; 29.8%
White	19; 59.4%	13; 52.0%	5,998; 57.4%
Hispanic	3; 9.4%	2; 8.0%	*
Multi-Race	Not collected	Not collected	812; 8.1%
Other	Not collected	Not collected	538; 4.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

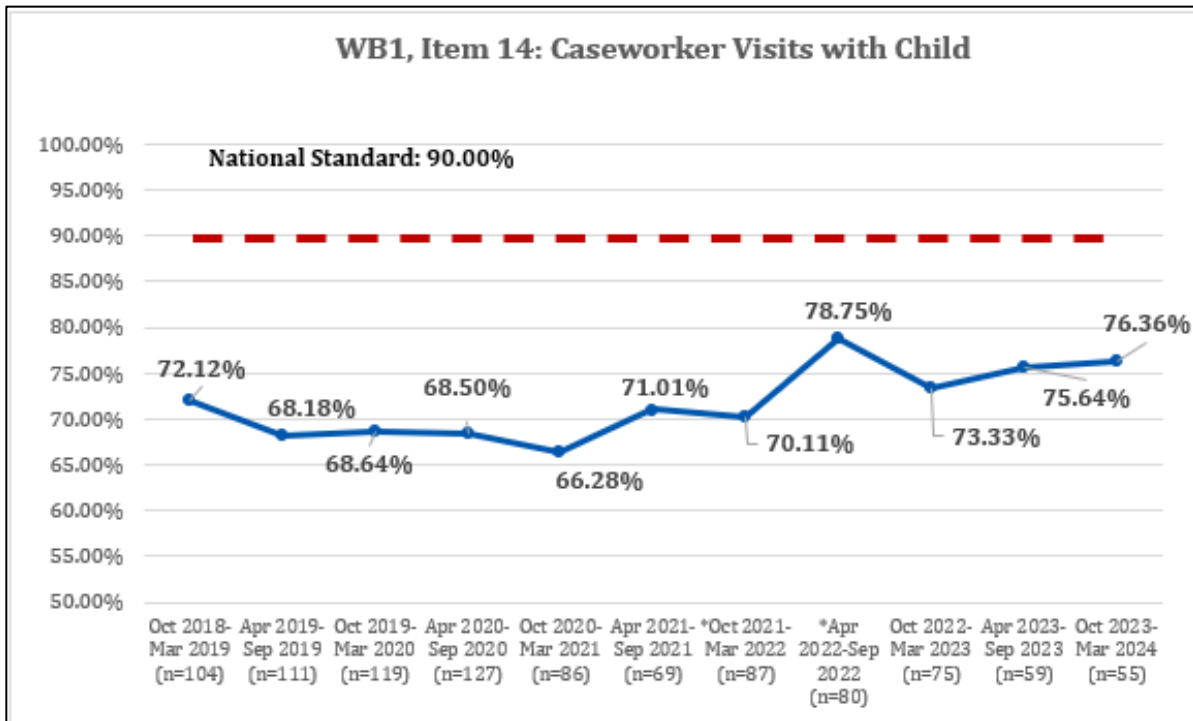
For Item 13, White children’s cases (77.3%) were more likely to be rated strengths than Black children’s cases (54.5%). The percentage of cases pulled for the OSRI sample is slightly over representative of both Black and White children.

2.1.3.4 Item 14

NC’s performance on Item 14 (caseworker visits with child) is below the national standard. See figure below.

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Figure 24. Well-Being Outcome 1, Item 14



Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

NC’s performance on Item 14 has been steady over the years. For the periods ending March 2023, September 2023, and March 2024 the percent of cases rated as strengths was 73.33%, 75.64%, and 76.36% respectively. Cases of children living with their parents were as strong as cases of children in foster care. For period ending September 2023, 78% of the foster care cases and 71% of the in-home cases were rated a strength. Cases yielded a strength rating based on documentation in the record noting quality of contacts for caseworker visit with child.

Table 17. Racial Comparison of OSRI and State Profile for Item 14

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

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Multi-Race	Not collected	Not collected	812; 8.1%
Other	Not collected	Not collected	538; 4.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

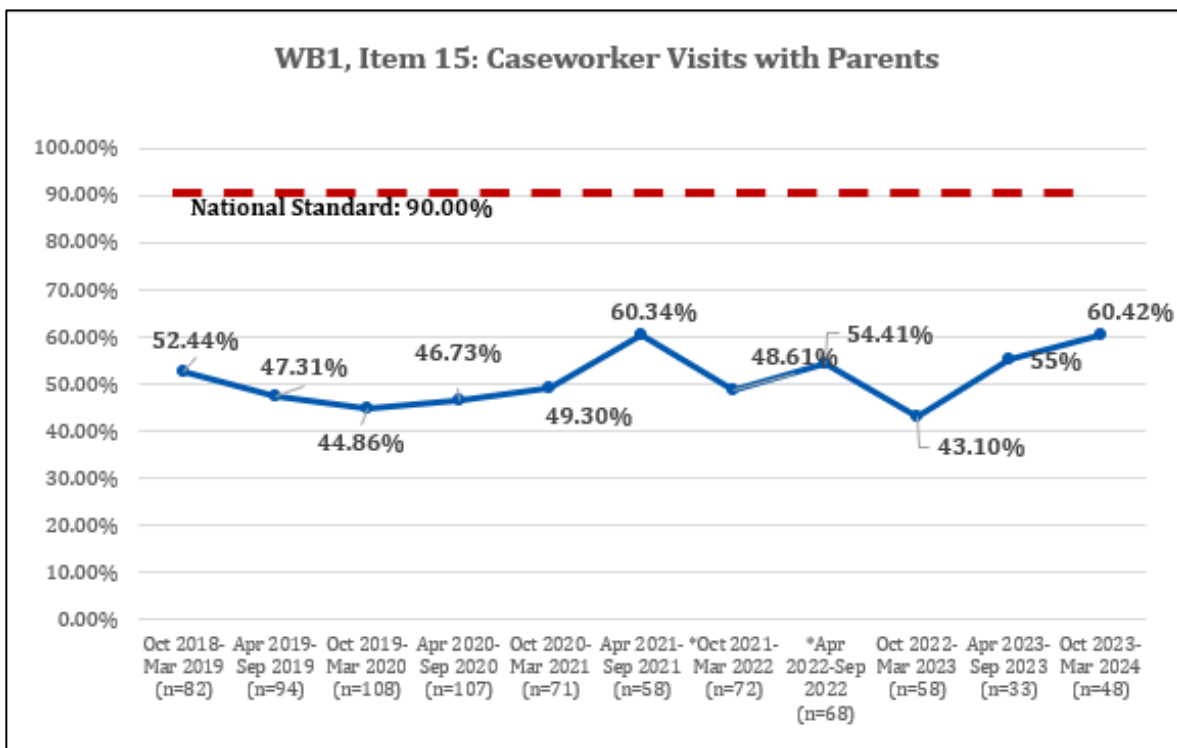
Strength ratings for Item 14 were comparable across races. The percentage of cases pulled for the OSRI sample is slightly under representative of Black children and over representative of White children.

Visit quality issues affect NC’s performance on Item 14. These quality issues include caseworkers not speaking with children alone during visits, or not talking to children about their interests or the permanency plan (if appropriate for the child's age). Caseworkers do not always give children a chance to express their needs during visits. Initial visits with children seem to be of higher quality than follow-up visits. Planned and purposeful visits are a priority for NC to improve performance on Item 14.

2.1.3.5 Item 15

As the figure below shows, NC’s performance on Item 15 (caseworker visits with parents) is in need of improvement.

Figure 25. Well-Being Outcome 1, Item 15



Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

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Table 18. Racial Comparison of OSRI and State Profile for Item 15

	OSRI October 2023– March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023– March 2024 Applicable Cases (In Home Only)	Percent Children In Custody March 2024 by Race
Black or African American	9; 33.3%	10; 40.0%	3,103; 29.8%
White	15; 55.6%	13; 52.0%	5,998; 57.4%
Hispanic	3; 11.1%	2; 8.0%	*
Multi–Race	Not collected	Not collected	812; 8.1%
Other	Not collected	Not collected	538; 4.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

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

Factors negatively influencing NC’s performance on Item 15 include ongoing workforce challenges (e.g., caseworker staffing shortages and higher caseloads), lack of quality documentation, and failure of caseworkers to complete visits with all parents—particularly visits with birth fathers.

Activities for Improvement:

NC is taking steps to enhance its performance on Well–Being Outcome 1, including through the following:

Item 12 (needs, services of child, parents, and foster parents).

- To better assess and identify needs, NC DSS will:
 - Provide technical assistance to caseworkers on documenting family assessment and service needs.
 - Offer relevant training to county child welfare agencies across the state in family engagement practices through the statewide practice model.
 - Implement the FFPSA using the Homebuilders model, which will provide intensive, in–home counseling, skill building, and support services for families using

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behaviorally specific, ongoing, and holistic assessments that gather information on family strengths, values, and barriers to goal attainment.

- Continue to also focus on strengths when assessing needs and providing services to children (Item 12A) in foster care, and In-Home with parents. Casework training is warranted to help caseworkers identify the needs of children and parents to achieve case plan goals and adequately address the issues relevant to the agency's involvement with the family. NC DSS will continue to assess existing processes to improve its assessment of needs and provision of child welfare services and supports.
- To better link identified needs with appropriate services, NC DSS will:
 - Build its referral process through FFPSA and other initiatives, improving its ability to connect identified needs with new and existing services.
 - Provide training about the developing service array to child welfare workers so they understand which service will meet the needs of parents and children.
- To monitor the provision of services for efficacy, NC DSS will:
 - Continue periodic case record reviews, conducted by RCWS for feedback and continuous quality improvement.
- To improve the existence and availability of quality services statewide, NC DSS will:
 - Continue to work with stakeholders, including legislators, state agency partners (e.g., Medicaid, therapeutic provider communities, pediatricians) to develop an array of service providers, create fiscal supports, inform existing providers of the need and the importance of timely assessments, and encourage healthcare professionals to use the medical home model for children receiving out-of-home care.
 - Align state-provided prevention services to ensure statewide coverage and accessibility of those services.
- Item 13 (child and family involvement in case planning): improvement efforts include taking extra steps to follow up with parents, particularly fathers and disengaged parents; working on court improvement and sharing court delay trend data with local court jurisdictions; exploring methods of collecting feedback from caseworkers, families, and persons with lived experience; encouraging caseworkers to invite youth to facilitate or engage in child and family team meetings when appropriate; and emphasizing and monitoring use of the DSS-5295 (NC Monthly Permanency Planning Contact Record), which captures, among other things, the child and family's involvement in case planning.
- Item 14 (caseworker visits with child): improvement efforts include emphasizing and monitoring use of the DSS-5295, which captures whether the caseworker privately met with the child; implementing practice standards statewide to improve visitation quality and frequency; analyzing worker caseloads and implementing caseload or workload

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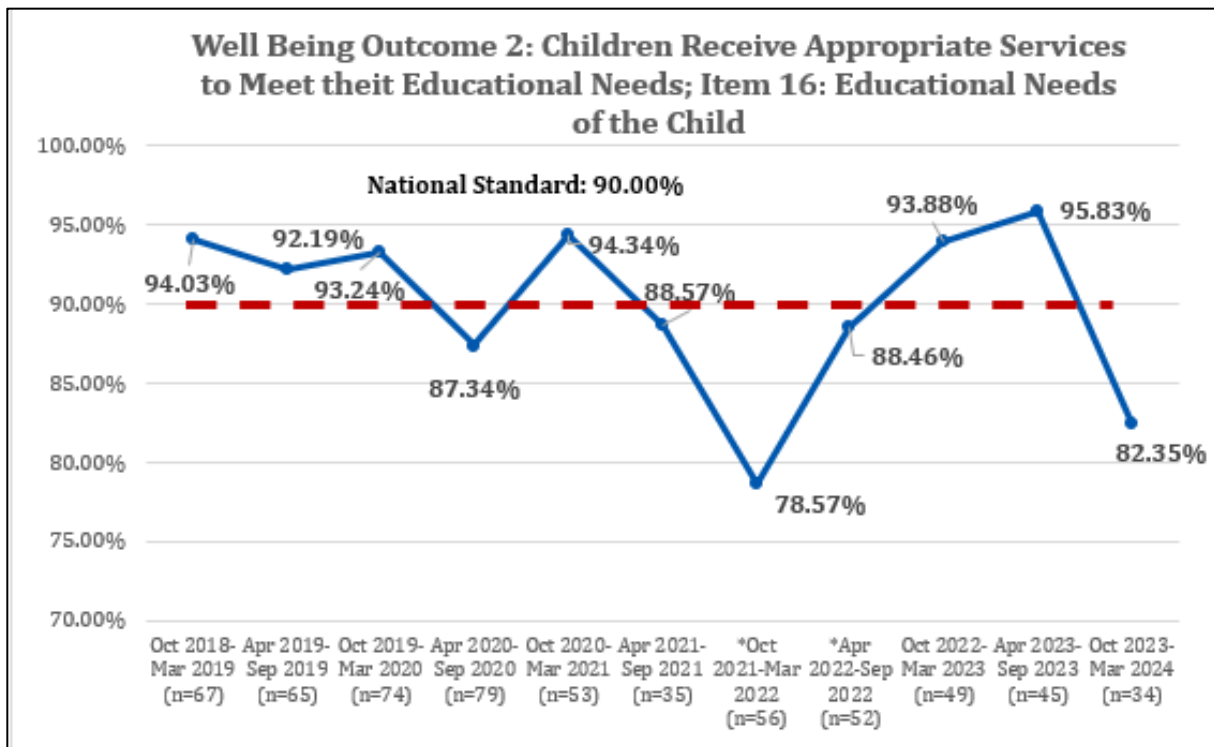
recommendations to improve quality of visits; and strengthening training curricula that promote higher quality visits. See [Items 26–28](#) below.

- Item 15 (caseworker visits with parents): improvement efforts, including continuing to address the child welfare staffing crisis.

2.1.3.6 Well-Being Outcome 2 (Item 16)

Although NC’s performance on Item 16 (educational needs of the child) typically has met or nearly met the national standard of 90%, for the period Oct. 2023 – Mar. 2024, it declined to 82.35% and is therefore not in substantial conformity.

Figure 26. Well-Being Outcome 2



Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

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Table 19. Racial Comparison of OSRI and State Profile for Item 16

	OSRI October 2023– March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023– March 2024 Applicable Cases (In Home Only)	Percent Children in Custody March 2024 by Race
Black or African American	8; 25.8%	1; 25.0%	3,103; 29.8%
White	20; 64.5%	2; 50.0%	5,998; 57.4%
Hispanic	3; 9.7%	1; 25.0%	*
Multi-Race	Not collected	Not collected	812; 8.1%
Other	Not collected	Not collected	538; 4.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

NC DSS will review data to better understand the recent downward spike in performance. Historically speaking, strengths were noted under Item 16 to include: (1) well-established, education-related rules embedded in statewide child welfare policies; (2) child welfare education-driven practices that are widely known and welcomed by local school districts across jurisdictions; and (3) collaborations that encompass successful partnerships between state agencies (NC DSS and NC DPI) and between child welfare agencies and local educational stakeholders across North Carolina. Following are examples of collaboration:

- NC DPI hired a foster care point of contact in early SFY 2024, which reinitiated collaborations between the NC DSS Every Student Succeeds Act (ESSA) child welfare point of contact and DPI to support local child welfare agencies and education agencies to support ESSA and educational well-being needs.
- NC DPI and NC DSS held a joint statewide webinar for child welfare and local to discuss ESSA, educational well-being, and the connection between educational stability and permanency and placement stability. In this webinar, which had 367 participants, the following three local county child welfare and education agencies presented examples of their local efforts to increase educational well-being and follow ESSA standards:
 - Buncombe County. Local MOU between Buncombe DSS, Buncombe County Schools, and Asheville City Schools is reviewed annually and revised as needed. Quarterly collaboration meetings with all parties to discuss strengths and needs and address topics such as reducing communication barriers, developing and implementing joint trainings, and financial agreements for transportation. Sharing of data occurs

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biannually. Buncombe DSS holds cross-divisional trainings to discuss topics such as mandated reporting, exceptional children's services overview, and McKinney Vento and Temporary Safety Providers. Best Interest Determination meetings are occurring more frequently.

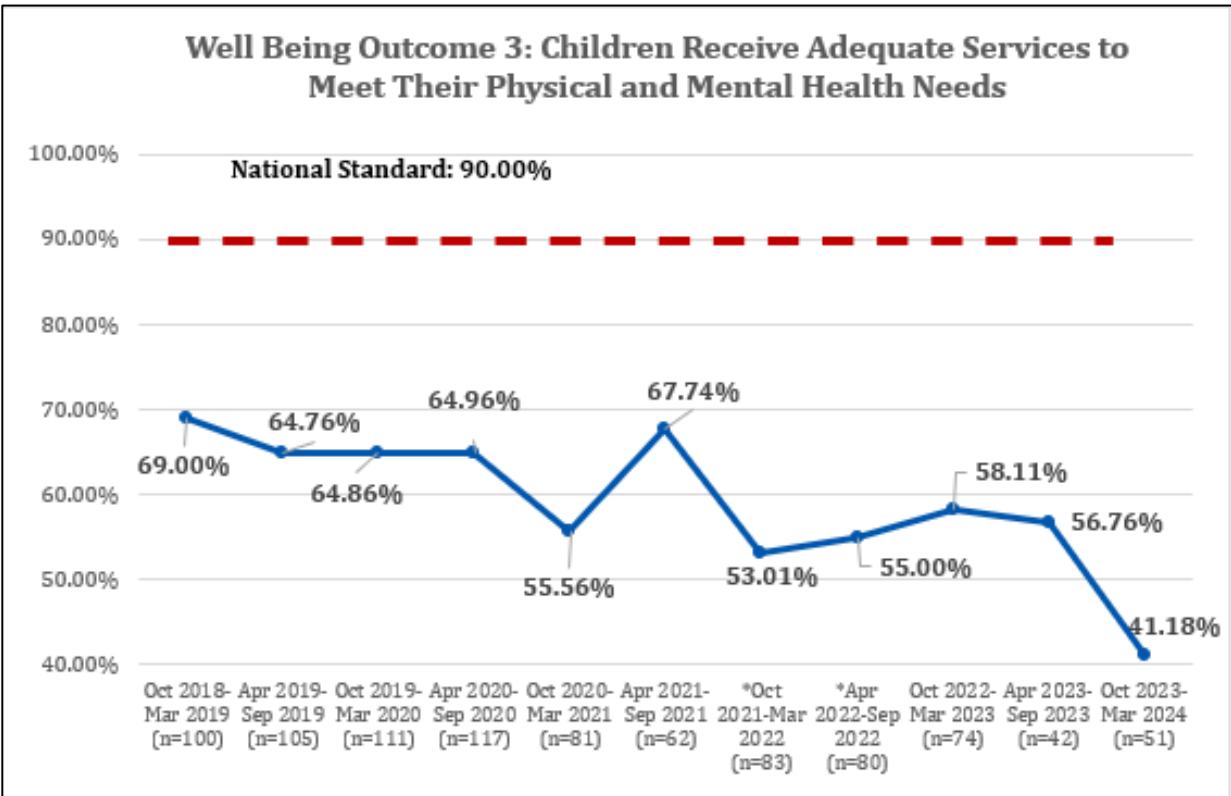
- Franklin County. Local MOU in place and reviewed annually and revised as needed. Collaboration meetings occur monthly between DSS and LEA to review current list of students enrolled in LEA and in DSS custody. Topics discussed include placement change, expressed needs of the foster parent or DSS worker, supports in place from the school level (e.g., tutoring, referrals, transportation needs, etc.). An LEA document is completed by local education points of contact when a student in foster care is identified. This form is reviewed during monthly meetings.
- Rowan County. Local MOU in place and reviewed annually and revised as needed. Collaboration meetings occur quarterly; additional communication occurs as needed. DSS holds cross-divisional trainings to support awareness and understanding of roles and responsibilities of social workers within DSS and the local school system. As appropriate, DSS and schools collaborate on case management to support youth and reduce duplication of services.
- NC DPI and NC DSS ESSA point of contacts attend American Bar Association Child Welfare Agency Education Network that brings state education agencies and state child welfare agencies points of contacts together for technical assistance.
- The NC General Assembly 2023 appropriations budget (S.L. 2023-134) passed the Extraordinary Transportation Costs Grant Program to provide transportation for high-needs students with disabilities, including children and youth experiencing foster care. NC DPI is developing an application for schools to apply for these funds.

2.1.3.7 Well-Being Outcome 3

NC's performance for Well-being Outcome 3 (items 17-18) remains below the national standard, as the figure below shows.

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Figure 27. Well-Being Outcome 3



Source: NC OSRI Case Review Data

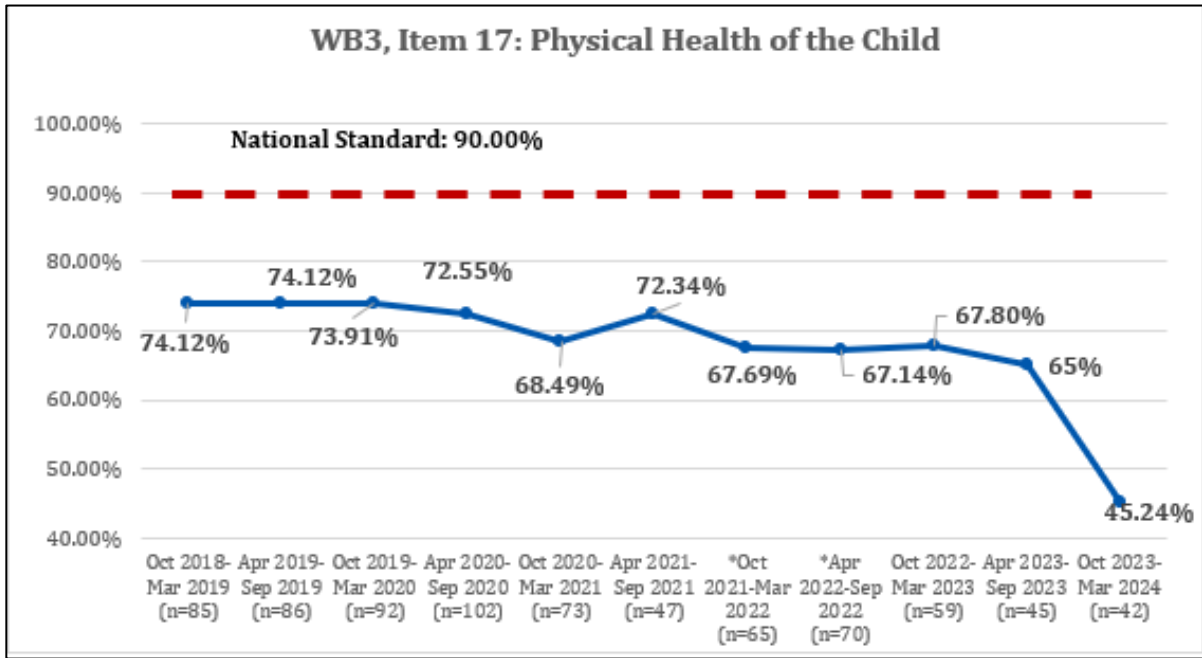
*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

2.1.3.8 Item 17

NC’s performance on Item 17 (physical health of the child) has shown a recent steep decline and is in need of improvement.

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Figure 28. Well-Being Outcome 3, Item 17



Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

NC’s performance on Item 17 has shown an abrupt recent decline, with cases rated as a strength dropping from 65% for the period ending Sept. 2023 to 45.24% for the period ending March 2024.

Table 20. Racial Comparison of OSRI and State Profile for Item 17

	OSRI October 2023– March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023– March 2024 Applicable Cases (In Home Only)	Percent Children In Custody March 2024 by Race
Black or African American	10; 29.4%	2; 22.2%	3,103; 29.8%
White	21; 61.8%	6; 66.7%	5,998; 57.4%
Hispanic	3; 8.8%	1; 11.1%	*
Multi-Race	Not collected	Not collected	812; 8.1%
Other	Not collected	Not collected	538; 4.7%

Source: OSRI and State Data

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* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

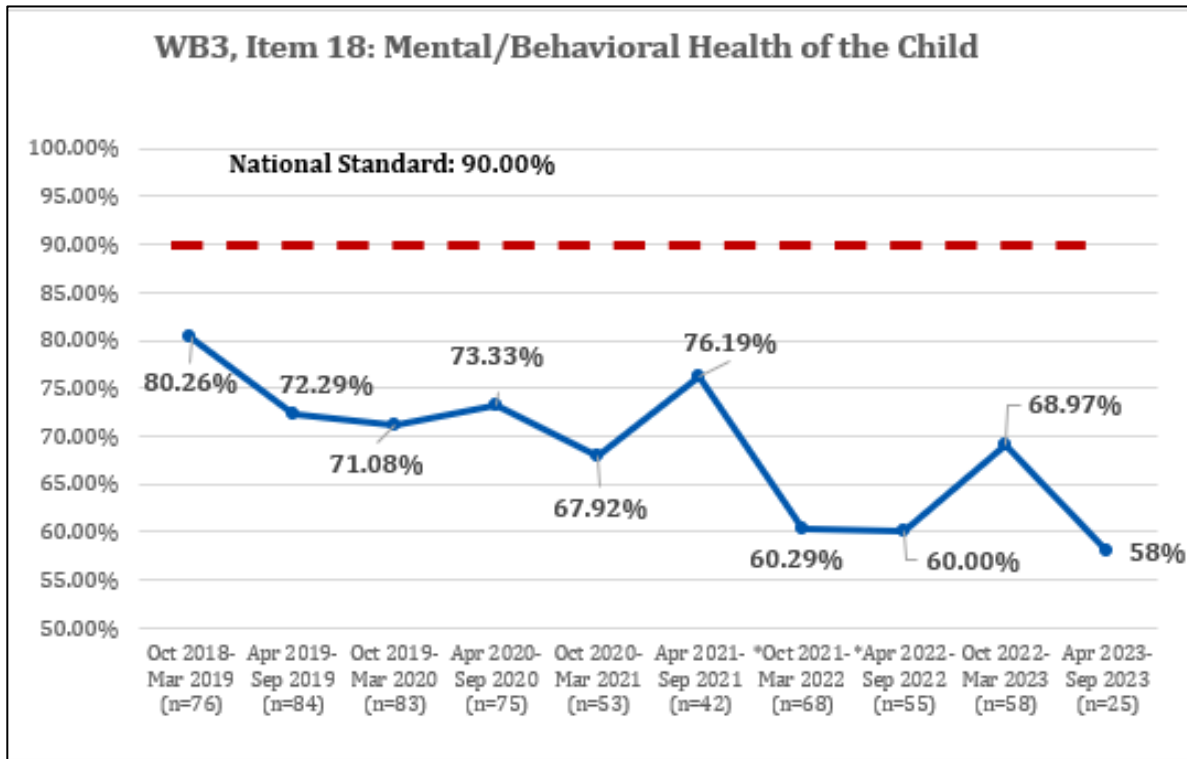
Ratings were comparable across races for Item 17. The percentage of cases pulled for the OSRI sample is slightly under representative of Black children and over representative of White children.

NC’s overall performance on Item 17 is adversely impacted by staffing shortages, wait times creating delays for access to providers and services, lack of providers available in all areas/counties across the state (e.g., dental providers exist in only half the state’s counties), and higher acuity needs of children in care. Other barriers, as reported by local agencies, are the inability to secure follow-up appointments on time and difficulty obtaining children’s health records from providers. The lack of a statewide tracking system hinders NC’s ability to measure efforts to meet the needs of children in their own home.

2.1.3.9 Well-Being Outcome 3, Item 18

NC’s performance on Item 18 (mental/behavioral health of the child) is below the national standard. See figure below.

Figure 29. Well-Being Outcome 3, Item 18



Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

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NC’s overall performance on Item 18 has improved from 58% for the period ending September 2023 to 63.41% for period ending March 2024. However, Item 18 continues to be an area needing improvement, as the measures are below the national standard of 90%.

Table 21. Racial Comparison of OSRI and State Profile for Item 18

	OSRI October 2023– March 2024 Applicable Cases (Foster Care Only)	OSRI October 2023– March 2024 Applicable Cases (In Home Only)	Percent Children In Custody March 2024 by Race
Black or African American	7; 24.1%	7; 50.0%	3,103; 29.8%
White	19; 65.5%	6; 42.9%	5,998; 57.4%
Hispanic	3; 10.3%	1; 7.1%	*
Multi-Race	Not collected	Not collected	812; 8.1%
Other	Not collected	Not collected	538; 4.7%

Source: OSRI and State Data

* Hispanic ethnicity is currently tracked separately from race in the current system, and therefore cannot be included as a distinct category in this table

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

Several factors negatively impact NC’s performance on Item 18. Children with acute mental health needs are being boarded in hospitals or county DSS offices, in part because these children do not have an appropriate placement for their required level of care and because long-term care is not available when it is most needed (i.e., during a crisis). The crisis is worse in rural communities. The shortage of healthcare professionals in rural areas is persistent.

Activities for Improvement:

NC is taking steps to enhance its performance on Well-Being Outcome 3, including through the following:

- Item 17 (physical health of the child): improvement efforts include continuing to use Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) under Medicaid, which allows agencies to secure medically necessary exams for individuals under 18.

Ultimately, deploying CWIS will address the lack of a statewide tracking system. In the interim, Medicaid Dashboards are being utilized by NC DSS to monitor trends and patterns of health and mental health services furnished to children in care, using Medicaid billing codes. Once Medicaid is fully expanded, it is expected families will realize increased access to services, including access to more inpatient/ outpatient health programs.

- Item 18 (mental/behavioral health of the child): improvement efforts include the creation of specialized behavioral health treatment options across the state to increase residential and inpatient settings for children, continued oversight and monitoring of psychotropic medications prescribed to children in foster care, and training for caseworkers on monitoring psychotropic medications.

2.2 Systemic Factors (Items 19–36)

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

There is no available data on disparities or disproportionality for systemic factor items, with the exception of diligent recruitment of ethnic and racially diverse families (Item 35) and cross-jurisdictional resources (Item 36).

2.2.1 Statewide Information System (Item 19)

North Carolina is in the process of developing a statewide information system and is therefore not in substantial conformity with Item 19.

Current Functioning: Data entry in North Carolina is a hybrid model, with 25 counties using the child welfare information system (CWIS). The remaining 75 counties key data relating to status, demographics, location, and placement goals into legacy systems (Central Registry for CPS Assessments, Services Information System for In-Home Services, and Child Placement and Payment System for Foster Care and Adoption Assistance).

Despite being able to identify key characteristics of children served, several data quality issues exist, primarily due to multiple data sources being patched together. Currently counties create their own child IDs, which may result in inability to accurately report precise counts and other information regarding children who receive services.

The Statewide Assessment conducted for CFSR Round 4 and stakeholder interviews show that NC uses its statewide information systems at the county and state levels to track the status, demographics, goals, and location of children in foster care. However, stakeholders reported current information and the immediately preceding 12-month history of children is not readily available because of the guidelines and timelines for data entry across the multiple

administrative layers within the state. Stakeholders also reported county-level users do not have direct access to historical foster care information for children served in other counties. Additionally, the multiple county experiences of children are not always accurate at the state level because the status and placements across counties cannot be identified and linked in the current information system. Community partner focus group participants also indicated data is not shared with them consistently, particularly outcome data and trends.

Despite current limitations, all counties have access to a query system with the Client Services Data Warehouse to provide data regularly. In addition, data reports on the MOU measures include monthly caseworker visits, foster care numbers at the end of each month, and number of entries per 1000. This information is sent to counties on a regular basis.

Strengths: There is a strong relationship between NC DHHS and county DSS leaders as part of the Child Welfare System Governance Committee (CWSGC). County members of the CWSGC include county directors, IT staff, program administrators, managers, and supervisors. The purpose of the CWSGC is to bring state and county leaders together to recommend how best to invest dollars and resources to achieve a statewide child welfare information system that aligns with the adopted vision and guiding principles. The CWSGC continues to play a significant role in providing valuable strategic input and feedback on NC DHHS' practice model efforts and how technology can best support those efforts.

The current CWIS system, while only in 25 counties, has notable strengths. It can pull information to inform the APSR and allows immediate entry of case record data. It expands the data variables NC captures, including those relating to families served, service providers (i.e., foster parents), and services provided. It allows easy correction or update of information when needed, and data entered in the application is available for reporting after an overnight refresh.

Activities for Improvement:

NC is working to improve performance on Item 19, including through the following activities.

- Efforts continue to provide a CWIS case management system to all 100 counties. The vendor hired is onsite and currently in the discovery phase, developing user stories and mapping out the long-term timeline. When fully implemented, it is anticipated the new CWIS will automate federal reporting and reduce the time required to input data on a case from three hours to 90 minutes.
- NC will increase communication between state and county staff about data quality issues, especially identifying child records with child identification numbers assigned in error, and where data for important variables are not reported as required.
- NC plans to increase reports available so counties can better evaluate performance and data quality.

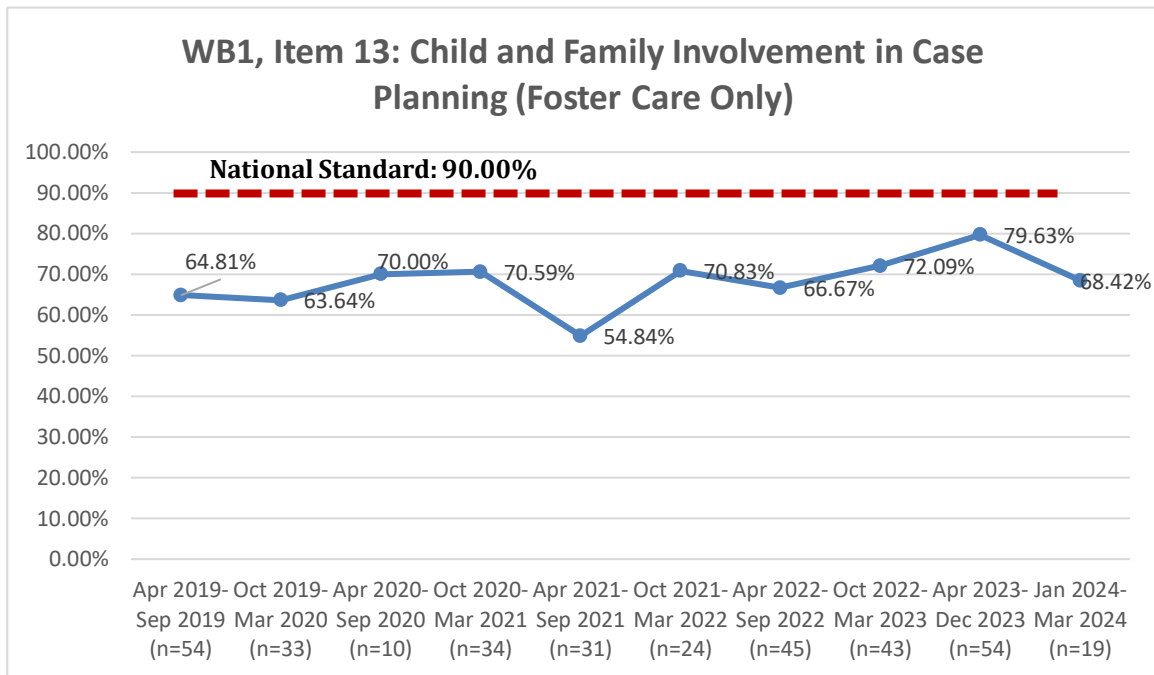
2.2.2 Case Review System (Items 20–24)

The Case Review System systemic factor is comprised of Items 20–24, which assess written case plans developed with the family, periodic reviews of those case plans, permanency hearings in court, termination of parental rights, and notice of hearings and reviews to caregivers. As discussion below of Items 20–24 indicates, despite notable strengths, NC’s Case Review System is not in substantial conformity.

2.2.2.1 Case Plans (Item 20)

While NC’s performance has improved, case review data and stakeholder input show Item 20 is an area needing improvement.

Figure 30. . Item 13, Foster Care Only



Source: NC OSRI Case Review Data

*The sampling methodology for October 2021–Sep 2022 was regional not statewide, as required by ACF

Item 13 looks at whether the agency made concerted efforts to involve the parents and children in the case planning process on an ongoing basis. As the figure shows, NC has showed steady improvement from April 2020 until the Oct. 2023–March 2024 review period, when performance declined to almost 68%. Administrative data does not currently disaggregate to show only parents of children in foster care.

Improvement is needed in father engagement. For example, a case review of April– September 2023 found mothers were engaged in case planning in 98% of the 55 applicable cases, exceeding the national standard. However, the same review found fathers were engaged in only 70% of applicable cases.

Findings from surveys and focus groups also indicate a need for improvement in Item 20. Among county caseworkers survey respondents, 74% felt DSS was “very effective” or “effective” 74% of the time in engaging birth families in developing and implementing case plans and 48% said their county was ‘very likely’ to authentically involve birth parents.

While responses from county leaders and legal partners were similar, families were more critical. Seventy-two percent of birth parents and family respondents felt DSS was “not effective” in engaging birth parents in the development and implementation of case plans. Birth parent focus group participants also expressed concern about lack of engagement in the development of case plans. This input suggests birth parents need better engagement in the development and implementation of case plans.

Activities for Improvement: NC is working to improve performance on Item 20, including through the following activities.

- Implementation of NC’s new CWIS will facilitate stronger data collection (e.g., of required case plan provisions) to improve its performance on Item 20.
- Practice Standards are being intertwined in track training redesign and Pre-service to strengthen case workers’ and supervisors’ involvement with families in child and family team meetings (CFTs) and case plan development.
- NC is exploring an initiative focused on fatherhood engagement to ensure the state continues to move towards the 90% goal.
- NC is using Permanency Roundtables in Burke, Orange, Catawba, Wake, New Hanover, and other counties to engage families and improve outcomes.
- NC is working with Evident Change and the Safety Design Team to develop a single electronic case plan rather than two separate case plans for CPS in-home services and permanency planning services.
- NC plans to contract with vendors to offer the Success Coach Model, a post-permanency service for reunified families, adoptive families, and guardianship families, to all 100 counties. Please see the description of Post Adoption Support Services in Section 4 for more about Success Coach.
- NC is soliciting vendors to provide two family search and engagement training sessions in each region in SFY 2024–25. Representing a broad approach to engaging youth and families, this training will focus on locating and engaging kinship families to achieve permanency and teach solution-focused interviewing skills and strategies.

2.2.2.2 Periodic Reviews (Item 21)

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Data from the courts (JWISE) and the Court Improvement Program (CIP) indicate NC’s performance on Item 21 is in substantial conformity and is a strength.² In recent years, North Carolina has successfully maintained the median length of time for case reviews below five months. The standard for the frequency of permanency hearings is within 90 days from the date of the initial dispositional hearing and at least every six months thereafter. In reviewing NC’s data for CIP Measure 2 from the JWISE system for the last five

(5) state fiscal years, NC successfully kept the median length of time between court reviews below 5 months, with the previous SFY year median length occurring under 4 months. NC’s data for CIP Measure 2 for SFY 2022–23 from the Odyssey Case Management System, representing five counties that have not yet converted to the JWISE system, show the median days to the subsequent hearing to be around five months. The table below shows NC’s successful performance on Item 21.

Table 22. Median Days to Subsequent Permanency Hearings

	FFY 2018–19	FFY 2019–20	SFY 2020–21	SFY 2021–22	SFY 2022–23
CIP Measure 2: Median Days to All Subsequent Permanency Planning Hearings–JWISE (n=95)	119	139	126	119	119
CIP Measure 2: Median Days to All Subsequent Permanency Planning Hearings–Odyssey (n=5)					147*

Source: JWISE and Odyssey CIP Measure 2 Data

*Odyssey data was provided for the most recent year only

Activities for Improvement: NC intends to sustain its performance on Item 21 through the following activities.

- Continue regular meetings with AOC as part of the CIP to improve data collection in both AOC data system and CWIS to increase capacity to track child welfare court hearings. These meetings also help NC ensure periodic reviews are occurring for children in care.
- Implementation of Odyssey by AOC will provide electronic court case information. The Odyssey suite will replace 40+ older legacy systems and integrate all products into one

² Raw Data was not received from JWISE and therefore the range of timeframes could not be analyzed, just the median length of time which was provided.

streamlined case management solution including eFiling, financial management, and document management for all case types. AOC is implementing a phased rollout of the Odyssey system statewide.

2.2.2.3 Permanency Hearings (Item 22)

As the table below shows, data from the courts JWISE indicate NC’s performance on Item 22 is a strength.³

Table 23. Permanency Planning Hearings

Measures	Measures	SFY 2020–21	SFY 2021–22	SFY 2022–23
CIP Measure 1: Median Days to First Permanency Hearing	PPH to be held 364 days (12 months) from the day child entered foster care	288 days	247 days	190 days*

Data Source: JWISE CIP Data. * Data does not reflect five counties in separate Odyssey Case Management.

CIP Measure 1 data indicates NC has successfully met the standard 12–month maximum time between days to first permanency hearings for the last three state fiscal years. Data above shows an approximately three–month decrease in the median days to the first permanency planning hearing over the last three state fiscal years.

Qualitative data also confirm NC’s success on Item 22. Caseworker focus group participants shared that despite challenges with continuances, efforts are being made to hold court hearings within required timeframes.

Activities for Improvement:

- Continue regular meetings with AOC as part of the CIP to improve data collection in both AOC data system and CWIS to increase capacity to track child welfare court hearings. These meetings also help NC ensure periodic reviews are occurring for children in care.

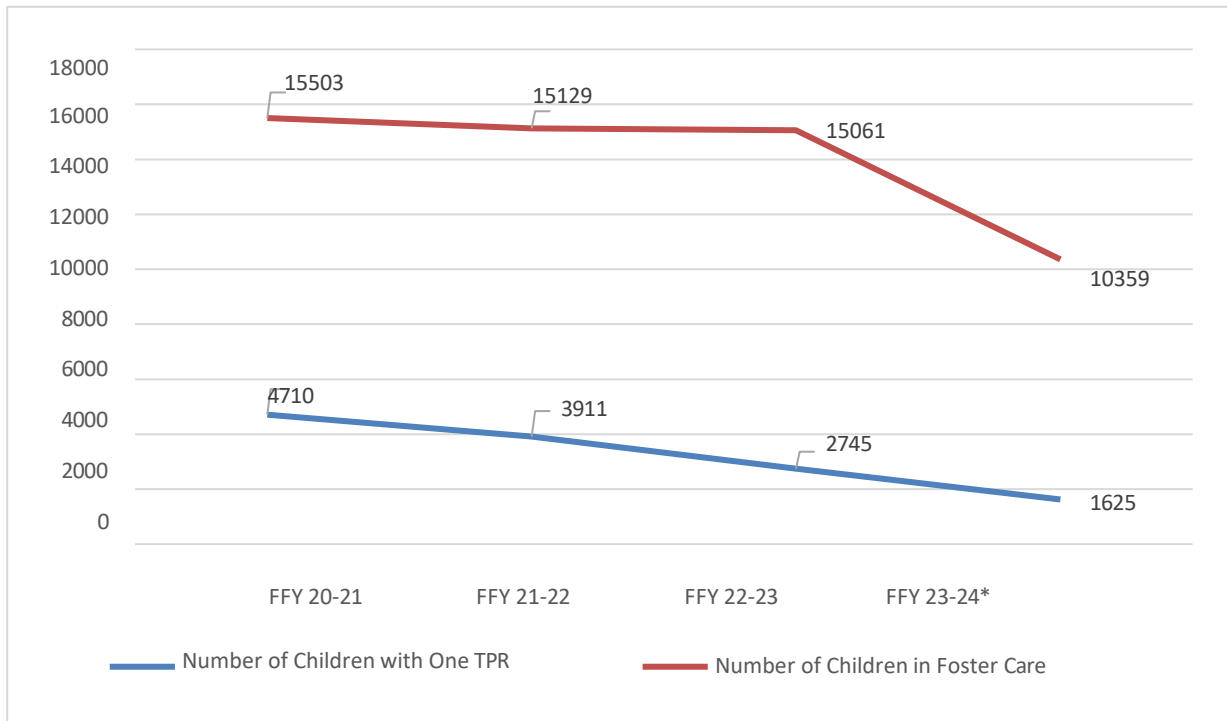
2.2.2.4 Termination of Parental Rights (Item 23)

Data from the Child Payment and Placement System and CWIS indicate NC is not in substantial conformity with Item 23 (TPR).

³ Raw Data was not received from JWISE and therefore the range of timeframes could not be analyzed, just the median length of time which was provided.

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Figure 31. Children in Regular Foster Care Who Currently Have at Least One TPR Compared to Number of Children in Regular Foster Care



Data Sources: Child Placement and Payment System and CWIS.

*Up to report run date of November 2, 2023.

As the figure above shows, the number of children in regular foster care with at least one TPR decreased over the last several years. This follows a decrease in the number of children in regular foster care across the state, though proportionally the number with at least one TPR decreased at a faster rate. In FFY 2020–21, the percentage of children in regular foster care with at least one TPR was 30.4%. By FFY 2023–24*, that percentage was nearly cut in half, to 15.7%. This may be reflective of the work to reunify and support kinship care, as well as due to courts being closed and/or having virtual hearings during the pandemic.

Table 24. Number of Children in Regular Foster Care at the End of the FFY or Custody End 15 and 22 Months and TPR Status

FFY	Children in Care at Least 15 Months by End of FFY (or End of FC Episode)**		Children in Care at Least 22 Months by End of FFY (or End of FC Episode)	
	# of Children in Care	# of Children with TPR by End of FFY or FC Episode	# of Children in Care	# of Children with TPR by End of FFY or FC Episode
2020–21	9025	2631	6493	2279

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2021–22	8993	2630	6416	2295
2022–23	8876	2322	6417	2102
2023–24*	9668	1418	7127	1392

Data Sources: Child Placement and Payment System and the NC Child Welfare Information System.

*Up to report run date of November 2, 2023.

**Children in Care 15 Months includes subset of those also in care 22 Months.

The table above reflects the number of children in custody 15 months and 22 months and whether they have a TPR by the end of the period. The proportion of children in custody 15 months with a TPR ranged from 14.7%–29.2% compared to 19.5%–35.8% for those in custody 22 months. It is important to acknowledge that the number of children in custody between 15 and 22 months has substantially increased in FFY 2023–24 compared to earlier years.

Activities for Improvement: NC is working to improve performance on Item 23, including through the following activities.

- NC recognizes data in this item needs to be built into CWIS to better track performance. NC DSS program staff are holding regular monthly meetings with CWIS staff to help communicate these data needs.
- The policy manual is being updated to include the TPR exemptions and provide technical assistance to counties in understanding how to calculate the exemptions. NC DSS will also work with CWIS to build TPR and exemptions data in the new system and around all court hearings.
- NC DSS has hired an adoption manager to lead the updates and changes to NC DSS policy on adoptions, TPR exemptions compliance, and act as the subject matter expert in this implementation with CWIS.
- Statewide rollout of AOC’s new Odyssey system should provide access to electronic court information.
- NC DSS is partnering with AOC to implement a Safe Babies Court Team pilot program in five counties: Mitchell, Yancey, New Hanover, Brunswick, and Durham. The teams are working with Zero to Three for implementation, with a goal to begin in each of the counties mid to late 2024. This program will support efforts to reduce the time children spend in foster care and improve the long-term well-being of children in the child welfare system by connecting children and families to intensive support and services and hold more frequent court hearings and visitation.

2.2.2.5 Notification of Caregivers (Item 24)

Based on input from stakeholders, an absence of other data, and NC’s current inability to track notifications of hearings to caregivers, NC found Item 24 is not in substantial conformity.

Most legal partners responding to a statewide survey believe foster parents, pre-adoptive parents, and relative caregivers are “always” (35%) or “usually” (29%) notified of any court review or hearing held with respect to the child, but only 19% indicated caregivers are “always” aware of their right to be heard in hearings. This was corroborated by focus groups with judges, who use a variety of notification practices.

Caretakers responding to the survey characterized county DSS agencies as less effective in notifications. Twenty-nine percent described DSS as “somewhat effective” in notifying caretakers of upcoming hearings and reviews and 48% indicated DSS was “not effective” in allowing input and opinions to be heard in hearings and reviews. Similarly, birth parents described DSS as “not effective” in both notifications (56%) and allowing input as well as opinions to be heard during court (67%). This suggests an opportunity to revise the court’s current notification processes.

Activities for Improvement: NC is working to improve performance on Item 24, including through the following activities.

- NC will include a caregiver notification data measure in CWIS.
- NC will continue its ongoing communication with AOC at monthly data meetings to include caregiver notification as a data measure in the AOC Odyssey system. NC DSS acknowledges this as a gap within the NC DSS and AOC systems. Currently, a major root cause is the lack of this data point being measured by any means other than a survey. Resolving this is a priority.

2.2.3 Quality Assurance System (Item 25)

Despite many strengths—including a strong quality assurance (QA) team and a cross-program continuous quality improvement (CQI) cycle—the QA and CQI system are not fully functioning statewide and therefore Item 25 is in need of improvement. While NC understands that building a strong CQI system at the state, regional, and county levels is critical to achieving its vision for child welfare transformation, it recognizes the steps currently in place do not adequately make use of a QA model to enhance performance and improve outcomes for families. NC has a robust process to review cases using the OSRI instrument to measure performance. However, NC has not fully utilized root cause analysis to develop and implement plans to address deficiencies. NC has begun to take steps to fully utilize the data obtained from the case reviews and will continue to build on that progress as outlined below.

NC’s QA/CQI system is robust. As interrater reliability testing confirms, the QA team is proficient in using the OSRI. Regional CQI meetings are well established and well attended by county staff. Awareness and understanding about what data is available has increased among NC DSS and county staff, and county staff can access data reports through established queries in the data warehouse which are aligned with the MOU measures.

Despite stable staffing on the QA team, reviewer resources and capacity continue to be a challenge. Corrective Actions in counties impact NC's progress on CQI efforts. Because several regional staff are assigned to counties where significant Corrective Action is in progress, currently all CQI regional staff are split between the designated areas of Permanence and Safety. Furthermore, NC needs to develop a system to measure improvement, particularly qualitative measures, based on practice observations. There is also a general need to improve on following through with monitoring implementation of initiatives and programs and evaluating their impact. In addition to these opportunities for improvement, there is the ongoing challenge of administrative data constraints that stem from needing to patch multiple information systems together until all counties are utilizing CWIS, which is currently under development.

Activities for Improvement: NC is working to improve performance on Item 25, including through the following activities.

- Efforts to Assure the Integrity of Administrative Data. The Regional Child Welfare Specialists will continue to work closely to assist with data clean up to ensure accurate data for NC. A report will be sent to the CQI Manager who will forward on to the specialists so they can work individually with their assigned counties to correct any inaccurate data entries on their end or report back the correct information so that it can be entered by NC DSS staff. This work will lead to the discovery of programming and data collection issues at the state level which will be corrected to ensure continued accuracy of reporting. NC DSS will continue working with those counties to clean up Common Name Data Service (CNDS) numbers. This will have the added benefit of matching with Medicaid so there is only one identifying number for children across systems. NC DSS will continue to send communications to counties notifying them of needed corrections and asking them to develop a QA process to minimize data entry errors. The Data Workgroup will continue its role as part of the CQI Design Team.
- NC DSS will continue to hold regional CQI meetings on a quarterly basis in each region formatted to demonstrate the use of the CQI model. The NC DSS CQI lead will also continue to lead the CQI Design Team in planning the regional CQI meetings to identify stakeholders' strengths and areas of concern. Following the meetings, the Regional Specialists will discuss with counties the solutions they are going to implement to address root causes identified from the data. Root cause analysis is an area that NC will continue to work on, and again counties are in different places in their understanding of root cause and ability to get to continue digging until a root cause is identified. The CQI Design Team will work on finalizing and securing approval of a draft statewide CQI plan which includes three 5-year goals that include annual milestones, data, objectives, and strategies. The format of this plan will also be used by counties as NC DSS continues to implement CQI on all levels. Currently the CQI Design team is drafting a CQI manual that will lay out what is expected on the county, regional, and state level.

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- Quality Assurance System Operations. NC remains committed to conducting case reviews using the OSRI throughout the entire state and to producing quality, accurate data statewide and for each county. NC's child welfare QA system will provide a framework of processes and practice measures to effectively evaluate and assess protective interventions and the delivery of services to children and families within the child welfare network. The overall objective will be to continually improve the child welfare system so children are kept safe, are able to live in a permanent, nurturing home, and have their educational, physical, and mental health needs met.
- Identification of Strengths and Needs of Service Delivery System. NC's overall goal will be to ensure conformity with Titles IV-B and IV-E child welfare requirements using a framework focused on safety, permanency, and well-being, and to ensure the children and families of NC are achieving positive outcomes through strong and effective case management practices. QA case reviews are intended to be a useful tool for practice improvement. Case reviews are a robust supplement—not replacement—to the quantitative data and county reviews historically used by administrators and supervisors to determine how their local systems of care are functioning and to identify areas of strength and needs in their service delivery systems.
- NC DSS will utilize its trained and dedicated team of five reviewers to conduct QA case reviews for the purpose of evaluating the quality of services provided to children and families. The goal will be to improve overall safety, permanency, and well-being outcomes for families by improving the quality of case work provided throughout the state. The QA Review team will conduct statewide case reviews based on random sampling and complete first and second level QA for the entire process. Interviews with families served in reviewed cases, with services providers, and with stakeholders are part of the review process. Upon completion of a case review, the results are aggregated through the Online Monitoring System (OMS). A portion of the cases are further reviewed by the Children's Bureau to ensure accuracy and consistency.
- Provision of Relevant Reports. NC will continue to use the OMS to generate quarterly reports that will be reviewed quarterly by the Executive Leadership team made up of the Division Director, Deputy Directors, and Section Chiefs to track progress in each of the seven outcome areas, to inform practice enhancements to address barriers that are impacting success, and to inform the level of technical assistance that will be provided. Some of the reports will include a State Rating Summary which is a report that will give aggregate summary of states performance for an entire review and will provide individual and combined county ratings for each item and outcome as well as individual and combined percentages. Item-Specific Reports will also be utilized detailing all responses related to the specific item and providing aggregate reports for every question. Practice Performance Reports will provide aggregated summary of practice performance for all 18 items across all cases. Muti-Item Data Analysis Tool will be used to view data by item rating and compare ratings across a maximum number of items

and by case characteristics (race, age, gender, permanency goal, etc.). Case record debriefs will continue to be held with county staff and NC DSS RCWCs to share outcomes of reviews that identify both strengths and areas for improvement.

- Evaluation of Implemented Program Improvement Measures. NC’s QA system will continue to use the OSRI for case reviews. This will provide an excellent assessment of NC’s progress overall. NC’s upcoming participation in CFSR Round 4 will provide a baseline for NC to take a deeper dive into the root causes of the results and develop and implement strategies to improve those outcomes. NC will then continue to use the CQI Design Team, ongoing regional meetings, and continued review by the Executive Leadership Team to regularly review and evaluate the progress NC is making.

2.2.4 Staff and Provider Training (Items 26–28)

As discussion below of Items 26–27 indicates, efforts are underway for improvements to NC’s system for training staff, including implementing a new pre–service training. However, because training for providers needs improvement, NC finds the Staff and Provider Training systemic factor is not in substantial conformity.

2.2.4.1 Initial Staff Training (Item 26)

NC’s performance on Item 26 (initial staff training) is not in substantial conformity. NC offers a pre–service training (PST) event nearly every week of the year. (Note: “Completions” in the table below represents the number of staff who successfully finished the course.)

Table 25. Pre–Service Training 2021–2023

Category	2021	2022	2023
Number of Events	38	50	47
Number of Completions	711	828	799

Data Source: NCSWLearn

In addition to PST, NC offers initial job–specific training for staff in the following positions/areas: supervision, CPS intake, CPS assessments, CPS in–home, permanency planning, foster home licensing, and adoptions. Content of job–specific training is detailed in Appendix D. The table below depicts initial job–specific training provided 2021–2024.

Table 26. Initial Job–Specific Training, 2021–24

Course	2021		2022		2023		2024	
	Events	Completions	Events	Completions	Events	Completions	Events	Completions

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Stepping Into Supervision	8	100	9	89	7	80	1*	13
CPS Intake	19	278	11	146	7	98	0	0
CPS Assessments	15	331	24	386	24	343	5*	81
CPS In-Home	13	175	13	185	8	125	7*	122
Permanency Planning	17	236	15	189	10	167	4*	77
Foster Home Licensing	9	117	9	143	5	81	1	12
Adoptions	4	46	9	106	3	42	0	0

Data Source: NCSWLearn

* Courses are underway; final totals for 2024 will be higher

Redesign of Initial Training. Starting in 2020, NC evaluated the effectiveness of its staff training, including PST and initial job-specific training. Based on this evaluation, which elicited input from a wide range of stakeholders, NC redesigned its staff training system. The redesigned PST, which provides new workers increased opportunities to practice knowledge, skills, abilities, and behaviors grounded in realistic on-the-job experiences, is comprised of two new curricula: Foundations, a four-day course required for new hires without a social work or child welfare-related degree, and Core, an 18-day course required for all new child welfare staff regardless of degree or experience. Both are led by an instructor and delivered in person, but both can be offered virtually if necessary. Statewide rollout of the new PST is expected to be complete by July 2024.

Practice Standards and Safety Organized Practice are integrated throughout its staff training system. Online courses for leaders, supervisors, and workers on the Practice Standards are a part of the pre-work required for the new PST.

NC is partnering with local county DSS agencies to co-deliver the redesigned PST. As of January 2024, six counties are confirmed to co-deliver the course with state staff from February-July 2024. Five more have expressed interest.

Also, in 2023-24 NC redesigned the current job-specific trainings into Track Trainings as follow-up courses to Core training. The aim was to streamline many standalone training courses into one track per discipline so that after PST, staff can attend a single course to get all the information needed to succeed in their roles. These Track Trainings are intake, CPS assessments, in-home, permanency, and foster home licensing. Projected completion of Track

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Training courses is fall 2024. Statewide implementation of all Track Training will occur by early 2025. Track Training courses will be required within six months of PST completion.

A comprehensive evaluation of the redesigned PST in Region 6 in 2023 found trainers delivered the course with fidelity; participants demonstrated an increase in knowledge every week; participating staff were overwhelmingly satisfied with the trainers, the training content, and opportunities for skill practice in PST; and participants’ supervisors appreciated the transfer of learning tools that are part of the new course.

Activities for Improvement: To ensure the ongoing effectiveness of initial staff training, NC will seek to address the following challenges.

- NC DSS is revising evaluations for all courses to mirror the one completed with the redesigned PST.
- NC DSS will continue to conduct the statewide Child Welfare Staffing Survey to assist with tracking the number of new hires per year.
- NC DSS is exploring data collection feasibility to identify possible solutions for developing data collection of foster parent training, workforce turnover rate, and the feasibility of centralizing this data collection via NCSWlearn.org.
- NC DSS will continue to partner with university partners to expand trainer capacity to meet training demand from the counties.

2.2.4.2 Ongoing Staff Training (Item 27)

NC’s performance on Item 27 (ongoing staff training) is in need of improvement. Child welfare staff and supervisors must complete 24 hours of continuing education every year after the first year of employment. To facilitate ongoing staff learning, NC offers the trainings in the table below. For additional information on these courses, see [Appendix D](#).

Table 27. Ongoing Staff Training Offered by NC DSS

Course	Audience	Platform
1. Advocating for Child and Adolescent Mental Health Services: The Basics of Behavioral Health Managed Care	All Staff	Online
2. Child Welfare Policy and Practice Update	All Staff	Online
3. Connecting with Families: Family Support in Practice	All Staff	Online
4. Critical Thinking	Supervisors	Online
5. Domestic Violence Policy and Best Practices in Child Welfare	All Staff	Classroom
6. Foster Care 18-to-21: Extended Foster Care as a Safety Net for Young Adults	All Staff	Online
7. Human Trafficking: How to Identify and Serve Victims	All Staff	Online

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8. Improving Practice and Performance: CQI in Child Welfare	Supervisors	Online
9. Managing Change in Child Welfare	Supervisors	Online
10. Medical Aspects of Child Abuse and Neglect for Non-Medical Professionals	All Staff	Online
11. Navigating Child and Family Teams: The Role of the Facilitator	All Staff	Online
12. Preventing Premature Case Closure in CPS In-Home	Supervisors	Online
13. Secondary Trauma: A Course for Supervisors & Managers	Supervisors	Online
14. Staying Power! A Supervisor's Guide to Developing and Retaining Staff	Supervisors	Online
15. Substance Use Disorder/Misuse and Child Welfare	All Staff	Online
16. Supporting Effective Documentation	Supervisors	Online
17. Welcome to Supervision	Supervisors	Online

Data Source: NCSWLearn

In March–April 2023, NC DSS staff reviewed all ongoing courses to identify training content that needed to be incorporated into Track Training, be discontinued because it is out of date, be converted to e-learning, or remain unchanged because it provides specialized content not offered elsewhere. Many courses were eliminated and rolled into Track Training and at least five new e-learning courses will be developed.

NC’s county DSS agencies also often offer their own ongoing training to staff. Counties have the option of using the state’s learning management system, NCSWLearn.org, to track this type of ongoing staff training.

Ongoing training is also offered by statewide partners, including the University of North Carolina at Chapel Hill (UNC), NC State University’s Center for Family and Community Engagement (CFACE), Positive Childhood Alliance North Carolina (PCANC) (formerly Prevent Child Abuse North Carolina), and the North Carolina Coalition Against Domestic Violence (NCCADV). For descriptions of courses offered by these partners, see [Appendix D](#).

All training offered by NC DSS and its training partners is tracked in NCSWLearn. Supervisors are responsible for tracking their employee’s training hours. County DSS program managers, administrators, and/or directors are responsible for tracking supervisors’ training. RCWS monitor county DSS staff training compliance. Using data from NCSWlearn.org, RCWS create and share with county leaders a report documenting the percentage of staff who have completed required training.

Counties with a Corrective Action Plan (CAP) receive priority enrollment in mandated training. When needed, RCWS help counties get staff into training. NC DSS also uses its County Training Manager listserv to promote upcoming training events.

NC DSS uses data from many sources to assess and identify ongoing training needs. These sources include case review data, input from Regional CQI meetings, feedback from the Workforce Design Team, and input collected from stakeholders. In 2023, NC conducted focus groups and surveys to solicit feedback about ongoing training from county workers, supervisors, leaders, community partners and stakeholders, and state staff. Responding to a 2023 survey, 61.6% of caseworkers, 46.1% of county leaders, and 45% of state staff stated NC DSS “always” or “frequently” provides ongoing training to county staff.

Activities for Improvement: To ensure the ongoing effectiveness of ongoing staff training, NC is planning or is actively taking the following steps.

- NC has a roadmap to successfully redesign job-specific training into Track Training.
- NC DSS partnerships with UNC, CFACE, and NCCADV produce quality training that is well attended. These partnerships will continue.
- NC will explore the development of a statewide automated process for tracking completion of all ongoing training, including training done outside NCSWLearn.
- All redesigned courses will only be offered in-person. Virtual instructor-led training will be an option in emergency situations only.

2.2.4.3 Provider Training (Item 28)

As the discussion and data below show, NC has numerous strengths in the area of provider training. However, because NC does not have a learning management system to track training for foster and adoptive parents, the state’s performance on Item 28 is found to be an area needing improvement.

Foster and Adoptive Parent Pre-Service Training. In partnership with county DSS agencies and private providers, NC DSS currently offers seven foster and adoptive parent pre-service training options: Becoming a Therapeutic Foster Parent, Caring For our Own (CFOO), Children and Residential Experiences: Creating Conditions for Change for Foster Carers (CARE), Deciding Together, Parent Resource for Information Development, and Education Model of Practice (PRIDE), Pressley Ridge’s Treatment Foster Care Pre-Service Curriculum, and TIPS/MAPP-Trauma Informed Parenting for Safety and Permanence. For descriptions of these courses, see [Appendix D](#).

All pre-service courses offer at least 30 hours of training and cover the topics required in NC 10A NCAC 70E. 1117. In addition to 30 hours of pre-service training, foster and adoptive parents must complete certification in first aid, cardiopulmonary resuscitation (CPR) and universal precautions before a foster child is placed with the foster family.

Therapeutic foster parents must also complete 10 additional hours of training after they complete the 30-hour pre-service.

Supervising agencies provide pre-service training to prospective foster and adoptive parents. NC DSS trains private agencies to deliver *Becoming a Therapeutic Foster Parent*. NC DSS also trains and certifies county DSS and private agency staff to deliver the most commonly used pre-service courses, TIPS/MAPP and *Deciding Together*. The table below shows recent data of this train-the-trainer effort.

Table 28. Completions of NC DSS Train-the-Trainer for TIPS-*Deciding Together*

Category	2021	2022	2023
Total Completions	15	47	60
Completions for County DSS Staff	9	27	35
Completions for Private Agency Staff	6	25	24

Source: NCSWLearn

Licensed Kinship Training Requirements. Kinship families who pursue licensure must meet the licensing standards for foster and adoptive families described above. CFOO, one of NC’s approved pre-service training courses, is specifically for kinship families. North Carolina does not have a tracking system in place that shows the number of eligible, interested, or completed pre-service training offered to kinship families.

Ongoing (In-Service) Training for Foster and Adoptive Parents. NC foster and adoptive parents must be relicensed every two years. To be eligible, they must have completed 20 hours of ongoing training. To help parents meet this requirement, supervising agencies must provide 10 hours of ongoing foster parent training each year. Parents may also obtain ongoing training through other sources, if approved by the supervising agency.

NC DSS provides *FosteringNC.org* to support ongoing training of foster and adoptive parents. Currently this site features 33 self-paced courses, including the following.

Table 29. *FosteringNC.org* Course Completions Since 2019 (Partial List)

Course	Completions
Child Development and the Effects of Trauma Series	1,823
Critical Partners for Permanency	2,863
Guardianship: Pathway to Permanence	2,687
Identifying and Managing Implicit Biases	378
Promoting Normalcy	2,781

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Supporting Kinship Caregivers	354
Supporting the Transition to Adulthood	1,785
Visitation Matters	3,230

To assess foster and adoptive parents’ needs for ongoing training, private and county DSS agencies meet with families quarterly. Annual mutual home assessments completed by supervising agencies with all families also identify ongoing training needs. NC DSS also solicits feedback on foster parent training from the Foster Family Alliance of NC (FFA-NC). In addition, in 2023 NC conducted an assessment of resource parent needs that asked caretakers to share their perspectives on training. Results suggest caretakers are not entirely satisfied with training provided by county DSS and private agencies. Only 39% of respondents said agencies “always” or “frequently” provided pre-service training and ongoing training that helped in carrying out their duties for foster and adopted children.

NC DSS relies on county DSS and private agencies to ensure foster and adoptive parents meet initial and ongoing training requirements. NC DSS is exploring the creation of a learning management system to track resource parent training completion.

Initial Training for Staff of Licensed Facilities. NC requires staff of licensed facilities to have training in first aid, CPR, and universal precautions provided by either American Heart Association, the American Red Cross, or equivalent organizations approved by NC DSS. In addition, staff of licensed facilities are required to receive training in the following areas: Child development

- Permanency planning methodology
- Group management
- Preferred discipline techniques
- Family relationship
- Human sexuality
- Health care and socialization
- Leisure time and recreation
- Child sexual abuse
- Personal hygiene

Licensed facilities are approved by NC DSS to use physical restraint. Staff must complete 16 hours of training in behavior management, including techniques for de-escalation, the appropriate use of physical restraint holds, monitoring of the child’s breathing, verbal responsiveness, and motor control. The training must include debriefing children and staff involved in physical restraint holds.

NC DSS collects data on licensed facility staff who complete the required 16 hours of initial training.

Ongoing Training for Staff of Licensed Facilities. NC requires staff of licensed facilities to receive 24 hours of ongoing training every year. Staff trained to utilize physical restraint holds must complete at least 8 hours of behavior management training, including de-escalation techniques. Some state licensed facility staff take courses on FosteringNC.org to meet the ongoing training requirement. NC DSS does not currently collect data on licensed facility staff who complete the required annual 24 hours of ongoing training.

Activities for Improvement: NC is working to improve performance on Item 28, including through the following activities.

- NC DSS will establish an electronic system to track completion of foster and adoptive parent requirements for initial and ongoing training, either by building this capacity into CWIS or by developing a learning management system.
- NC will explore development of a different licensing track for kinship families that does not require as many hours of initial and ongoing training. Requiring fewer training hours would help kin get licensed sooner, which would help them obtain needed support in a timely manner.
- NC is building its capacity to audit county DSS agencies' foster and adoptive licensing files annually.
- NC will continue to contract with UNC and NC State University to develop and deliver ongoing training for foster and adoptive parents on FosteringNC.org.
- NC is exploring the possibility of reducing the current number of approved foster and adoptive parent pre-service courses. Reducing the number of courses would ensure all families receive the same information.

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

NC's service array (items 29–30) has many strengths. However, because there are gaps, particularly for services addressing children's complex behavioral health needs, and because access to quality services is not equal in all areas of the state, NC finds this systemic factor is not in substantial conformity.

2.2.5.1 Array of Services (Item 29)

To assess Item 29, NC DSS used data from the fall of 2023 stakeholder surveys (in which 295 case managers participated); feedback from youth listening sessions, Design Teams, and focus groups; and data analysis conducted by RCWS.

NC DSS provides a variety of services tailored to individual needs, including child and family assessments for services, in-home services, primary and secondary family supports, post-placement services, adoption and post-adoption services, and physical, behavioral, and mental health services. Below is a partial list of services available through NC's service array.

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Table 30. NC's Service Array (Partial List)

<ul style="list-style-type: none"> • Adoption promotion and post-adoption services <ul style="list-style-type: none"> • Child welfare case management <ul style="list-style-type: none"> • Childcare • Community response programs <ul style="list-style-type: none"> • Dental services • Domestic violence services <ul style="list-style-type: none"> • for adults • Educational support and services <ul style="list-style-type: none"> • Family counseling • Family support and respite programs • Financial assistance (e.g., TANF) <ul style="list-style-type: none"> • Food and nutritional services and supplemental support (e.g., W.I.C.) 	<ul style="list-style-type: none"> • Housing assistance • Individual counseling for adults • Individual counseling for children/youth <ul style="list-style-type: none"> • In-home services • Inpatient substance abuse treatment for adults • Inpatient substance abuse treatment for children/youth <ul style="list-style-type: none"> • Job placement and vocational training <ul style="list-style-type: none"> • Medicaid care coordination • Medical and health care • Medication management <ul style="list-style-type: none"> • Mentoring and peer support • Outpatient substance abuse treatment for adults • Outpatient substance abuse treatment for children/youth 	<ul style="list-style-type: none"> • Parenting education and support <ul style="list-style-type: none"> • Post-adoption services • Primary prevention and public awareness for the general population <ul style="list-style-type: none"> • Psychiatric services • Psychological services • Reunification services • Specialized services for children (e.g., for intellectual and/or developmental disabilities (IDD), and/or complex needs) <ul style="list-style-type: none"> • Transportation • Transition age services for youth (e.g., LINKS, Chafee, Independent Living, NC Reach, Foster Care 18-21) • Wraparound services for the family
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Services provided through NC's service array are described in [Section 4, Services](#). All services are used by county DSS agencies and provider organizations to engage birth, kin, and adoptive parents and their children, and prevent or minimize out-of-home placements. Services are offered as needed and tailored towards assessing and addressing the basic and unique needs of children in out-of-home care.

As part of the array, NC DSS funds evidence-based services, including Sobriety Treatment and Recovery Teams (START), Intensive Family Preservation Services (IFPS) using HOMEBUILDERS®, Attachment and Biobehavioral Catch-up (ABC), Parent Child Interaction Therapy (PCIT), Incredible Years Pre-School and School-Age BASIC Parent Program, Parents as Teachers, Circle of Parents groups, Triple P (Level 4 Standard), Success Coach, and respite services.

The NC DSS assessment of performance on Item 29 finds strengths. For example, most agency partners responding to a 2023 survey characterized DSS as either "very effective," "effective," or "somewhat effective" in providing services to children and youth to ensure they are safe and protected from child abuse and neglect. Most caseworkers, youth, and caregivers agreed

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certain key services, such as CFTs and individual counseling, are available. Most caretakers say services exist for them, especially in the areas of foster parent training (86%), child and family team meetings (81%), and respite services (79%). In 2023 focus groups, youth reported they had adequate access to social workers who were responsive to their medical needs and could connect them to education, mental health resources, and tutoring. Youth knowledge of services for them is a strength.

However, NC DSS found concerning gaps in the service array, particularly for services addressing complex behavioral health needs of children, substance use disorder treatment, and developmental disability services. In addition, stakeholder feedback obtained in 2023 suggests assessments and delivery of desired services to address child and family needs do not all function equally across jurisdictions (e.g., from county to county) or program areas (e.g., across in-home, foster, and adoption programs).

Results from a November 2023 stakeholder survey show a large discrepancy between caseworker knowledge of existing services and parental awareness of these same services. Caseworkers largely report all prevention services exist, but 50% or more of parents and families surveyed did not know if services for their children existed. The table below illustrates that a significant percentage of county DSS staff, birth parents, and/or resource parents believe some services do not exist in some counties.

Table 31. Services Do Not Exist

	DSS Program Manager/ Supervisor	DSS Case Manager	Birth Parent	Foster Parent
Inpatient sub abuse treatment for children	77%	50%	25%	25%
Inpatient sub abuse treatment for adults	50%	36%	25%	0%
Mentoring services/supports for birth parents	37%	32%	25%	13%
Wraparound services for foster parents	32%	39%	n/a	13%
Mentoring services/supports for foster parents	37%	33%	n/a	13%
Peer groups/support for foster parents	33%	28%	n/a	13%

Data Source: APSR Cross Stakeholder Survey Responses for NC DHHS, dated March 22, 2023

In 2023 focus groups, birth parents noted they are aware services exist only after conducting their own research and advocating for themselves and for their child to secure services that would allow their children to return to their homes. Youth indicated challenges around accessibility, including wait times for services, timeliness of responses from county DSS, and dental services. Access to dental services was also noted as a barrier by foster kinship families.

2.2.5.2 Individualized Services (Item 30)

Item 30 assesses how well the statewide service array and resource development system ensures the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency. As the discussion and data provided below show, NC's performance on Item 30 is not in substantial conformity. Systemic improvements are needed to improve access to services within all jurisdictions within the state.

To assess Item 30, NC DSS used data collected and reported in the 2025 APSR, sources of which included county DSS focus groups, community child protection reports, SFY 2022–23 data from the NC DHHS Rapid Response Team, and 2023 stakeholder input surveys and focus groups. Analysis of this data shows gaps in the continuum of services, with more significant gaps in individualized services for children and youth with complex behavioral health needs.

In November 2023 focus groups, caseworkers identified access to and availability of mental health services as a challenge. In addition, they reported families often lack transportation options needed to access services outside their community, and that specialized services are often unavailable in smaller communities. Caseworkers did say in-home staff successfully individualize plans to promote permanency.

Responding to a 2023 survey, more than 50% of caseworkers said they were “very confident” that all listed services exist for parents and caretakers alike. They were highly confident that specific services exist for children/youth, including individual counseling (92%) and child and family team meetings (94%). They were much less confident that inpatient substance abuse treatment exists for youth.

Activities for Improvement: Closing service gaps is a priority for NC. They lead to poorer outcomes because of higher placement instability, lower utilization of kinship care placements, lower rates of permanency, over-reliance on institutional settings, over-medication, and inequitable outcomes, particularly among children and families of color. NC is working to improve performance on Items 29–30, including the following.

- Actions underway to improve the service array include implementing services included in North Carolina's Title IV–E Prevention Plan; aligning the services funded by Community Based Child Abuse Prevention (CBCAP) to increase access statewide; increasing access to new services and expanding services funded by the state's investment in behavioral health; and building prevention services networks at the regional level with the support of RCWS.

- On November 15, 2023, NC DHHS announced a historic Medicaid reimbursement rate increase to build capacity statewide for most mental health, substance use, intellectual and developmental disabilities, and traumatic brain injury services. Raising these rates will strengthen the behavioral and healthcare workforces which provide these services and increase access to care for children, youth, and families.
- North Carolina’s legislature allocated \$835M for funding in the state’s 2023–2025 budget. These funds will support behavioral health initiatives, including services specifically tailored for children in foster care, crisis services, services for children with complex needs and supports for their families, and strengthening the behavioral health workforce by raising Medicaid rates for providers. It is expected that this investment—along with Medicaid expansion and the launch of the Medicaid Managed Care Child and Family Specialty Plan—will result in systemic improvements.
- NC will continue to pursue strategies to strengthen service delivery for families who have children with special needs. This includes ongoing contracts with family support contractors who provide Circle of Parents support groups, and contracts with UNC to provide support, training, and technical assistance to NC’s 12 community-based Family Support Network (FSN) affiliates. As described in [Section 4.4](#), FSN provides specific, individualized services for families who have children with special needs.
- Once Medicaid expansion and child welfare transformation are fully implemented in NC, families will have increased access to services leading to improved child welfare outcomes. In particular, expanding Medicaid reimbursable services will address familial substance misuse and address the unique needs of children with complex health, intellectual and developmental disabilities (IDD), and mental and/or behavioral health.

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

As the discussion below shows, NC’s performance on the systemic factor Agency Responsiveness to the Community (items 31–32) is in substantial conformity.

2.2.6.1 State Engagement and Consultation with Stakeholders (Item 31)

To assess the extent to which, in implementing the provisions of the CFSP and developing APSRs, NC engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP, NC DSS performed an internal review.

Since Round 3 of the CFSP, North Carolina has made a significant investment in engaging stakeholders and system partners in identifying and working towards shared goals. This has included both ongoing stakeholder groups and time-limited groups. The engagement of these stakeholders has been critical in the development of the state’s CFSP, APSR, and FFPSA plan. The state’s PIP following Round 3 also included educating stakeholders about the CFSP and

APSR. This led to a shared understanding of what was expected to develop the state's CFSP. North Carolina intentionally chose “Engaging” as one of its practice standards to align with its focus on engaging and system partners to improve outcomes.

NC DSS values the voices of those with lived experience. To ensure there is a wealth of information obtained from and through partnership with people with lived expertise, NC DSS partners with SaySo and the CWFAC and incorporates those with lived expertise into a variety of other stakeholder engagement avenues. Because NC is state-supervised and county-administered, NC DSS implemented the ULT and Design Teams to share leadership with county child welfare agencies. NC’s 100 county DSS agencies engage with stakeholders in various ways. Many counties are part of memorandums of understanding (MOUs) with stakeholders around specific issues. Counties also use their Community Child Protection/Fatality Teams to engage stakeholders. Some counties have multi-disciplinary teams that also engage stakeholders.

NC DSS also engages stakeholders through the existing structures of the Design Teams, AOC/CIP, grantee meetings for CBCAP-funded prevention programs, FFA-NC, the Prevention Services Workgroup, and via quarterly meetings with the Eastern Band of Cherokee Indians (EBCI) and county DSS agencies near the Qualla Boundary.

NC DSS identifies the following strengths related to Item 31:

- Quarterly regional CQI meetings provide counties and state staff with the opportunity to come together and analyze data, consider root causes, and explore solutions. The CQI meetings are held in each of NC’s regions and have been well attended.
- As mentioned above, NC DSS used 42 focus groups (including a total of 262 participants, 115 DSS Agency Staff and 147 Stakeholders and Community Partners), a state-wide survey, and a joint planning meeting in March (attended by over 220 individuals) to solicit feedback and develop input on CFSP goals.
- The ULT is a partnership between state and county leaders to inform, lead, and think critically about child welfare work in North Carolina and to make the system more impactful. Integrally involved in decision-making, the ULT is the driver of child welfare transformation in NC. More specifically, the ULT sets priorities for this work and recommends strategies for improving the system.
- NC’s Design Teams continue to be an asset in providing input from both public and private partners. For more on the Design Teams, please see Section 1.
- NC DSS enjoys strong relationships with organizations for people with lived experience: SaySo, CWFAC, and FFA-NC. The relationships allow NC DSS to benefit from their expertise and partnership to improve the outcomes for families, children, and youth. For more on these organizations, see Section 1.
- Successful, well attended joint planning sessions illustrate the engagement NC DSS has with partners from various systems. At these events partners from the state, county,

private agencies, and those with lived experience hear about Design Team accomplishments and discuss next steps.

- “The Blueprint,” a weekly electronic publication that goes out to county staff at all levels, has been an effective form of communication.

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

To assess Item 32, the extent to which NC’s services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population, NC DSS performed an internal review. Given the many existing and new initiatives in place to promote interagency collaboration, fiscal accountability, and program and federal regulation compliance, NC DSS finds its performance on Item 32 to be in substantial conformity. The NC DSS coordination with the federal or federally assisted programs described below supports this conclusion.

Federal Temporary Assistance for Needy Families (TANF). North Carolina’s TANF program, known as Work First, promotes a strengths-based, family-centered practice. TANF helps those involved with the child welfare system with deposits for housing and utilities, cost of education, transportation, shelter services, legal fees, food, clothing, medical needs, childcare, and more. Child welfare families are directed by county DSS agencies to apply for TANF in person, in local offices and/or to utilize online options to access TANF assistance. Non-parent caretakers can also receive services and support which may prevent children from entering foster care unnecessarily; these are termed “Child-Only” cases. Between October 2022 and October 2023, there was a monthly average of 8,873 Work First cases, over 70% of which were Child-Only cases. Currently, a MOU (stemming from COVID) is in place. The MOU is used by Work First Family Assistance and NC DSS programs on an aggregate level to track familial and community trends. It is also used by local county DSS TANF offices to assist in maintaining up-to-date client contact information for enrollees.

NC DSS also uses TANF Maintenance of Effort (MOE) funds to enhance funding flexibility and better serve children and families. MOE funds in child welfare are used exclusively for services as opposed to financial payments such as foster care maintenance payments and adoption assistance payments. Clients of Work First also benefit from the cooperative and collaborative relationships between the domestic violence program and the county social services agency. This collaboration allows child welfare staff to positively address the needs of children and families exposed to domestic violence.

Work First, Division of Mental Health/Developmental Disabilities/Substance Use Services (DMH/DD/SUS), Child Protective Services Substance Use Initiative. NC DSS collaborates with DMH/DD/SUS on this ongoing initiative, which is available in all counties. It provides funding for staff to complete substance use disorder screenings and referrals to treatment for Work First and Food and Nutrition Services applicants and child welfare-involved parents with substantiated or “CPS services needed” cases involving substance use.

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NC Sobriety Treatment and Recovery Teams (START). NC DSS partners with DMH/DD/SUS to implement Sobriety Treatment and Recovery Teams, an approved evidence-based model on the Title IV-E Prevention Services Clearinghouse. Funding for START is provided by the Substance Abuse and Treatment Block Grant ARPA funds.

NC Mental Health Block Grant Planning Council. NC DSS is a member of this council managed by DMH/DD/SUS. NC DSS contributes to the council's mission, advises, and makes recommendations on the State Behavioral Health Plan(s) for services and programs for children and adults with serious mental health needs and their families.

Substance Abuse and Mental Health Services (SAMHSA). NC DSS coordinates with NC DHHS interdivisional partners that serve the child welfare involved populations. Ongoing collaboration with the NC Division of Child and Family Well-Being (DCFV), NC Division of Health Benefits (DHB), and DMH/DD/SUS has enabled these agencies to identify gaps and address needs recognized by child welfare, public health, substance use treatment providers, mental, intellectual, and behavioral health systems.

Division of Child Development and Early Education (DCDEE). NC DSS has an MOU with DCDEE to complete criminal background checks on potential foster and adoptive families. DCDEE is funded by a federal block grant from the US DHHS Office of Childcare. This partnership has helped increase the number of family-like settings in the state.

IFPS will continue in 24 counties through December 2024. NCDSS has collaborated with DCDEE on developing parent leadership in early childhood settings. NCDSS staff served on the Family Engagement & Leadership Accelerator Team for the Preschool Development Grant and the Family Engagement and Leadership Coalition (FELC) from May 2019 through December 2023. DSS staff will continue to build parent engagement and leadership through a collaboration with the NC Partnership for Children that started in July 2024. This is called the NC Family Engagement and Leadership Collaborative.

One of the biggest ways that DSS and DCDEE collaborate is through child care subsidies. Children who are receiving child protective services or children who "need care to support child welfare services" are eligible to receive subsidized child care services. These services are often administered in county DSS agencies.

Medicaid Expansion and Medicaid Transformation. Collaborative efforts between DHB and NC DSS include co-development and delivery of training for child welfare workers, with participation from the Center for Medicare and Medicaid Services (CMS) Affinity Group which supports the state in identifying process improvements in the delivery of healthcare for children and youth in foster care. NC DSS also has a MOU with Medicaid that allows the sharing of claims data for the purpose of psychotropic medication oversight as required by the Administration for Children and Families.

Multi-Systems Youth. NC DSS collaborates with North Carolina's Department of Public Safety (DPS), Division of Juvenile Justice (DJJ), and Department of Public Instruction (DPI) through inter-state agency workgroups. These workgroups have been instrumental in applying the system of care approach to address the needs of multisystem youth and have resulted in establishing joint collaborations (e.g., Rapid Response Team meetings), open communication channels, and more streamlined process (e.g., ESSA procedures) for the purpose of ensuring compliance with federal criteria for programming and funding. DPS, DJJ, and DPI receive federal funding for their programs.

North Carolina's Investment in Behavioral Health and Resilience. State/federal funding approved in October 2023 included a comprehensive plan to strengthen North Carolina's mental health and substance use disorder treatment systems. Recommendations in this plan include funding to increase the number of safe and stable homes, quality, timely mental health assessments for children, provide treatment and supports, and investment in the child welfare and behavioral health workforce.

Trauma Informed Evidenced Based Services for Children and Youth in Foster Care. DHB is required under 2023 legislation to convene a workgroup of designated entities to identify innovative Medicaid service options to address gaps in medical care for children receiving foster care services. Federally funded Medicaid services must be trauma-informed, evidence-based, and available statewide.

Trauma Informed Child Welfare. In collaboration with representatives from DHB/NC Medicaid, DMH/DD/SUS, DCFW, managed care plans, primary care management entities, departments of social services, Benchmarks, and persons with lived experience, NC DSS is developing and implementing a trauma-informed standardized assessment statewide. The assessments will be paid for by Medicaid.

Positive Parenting Program (Triple P). NC DSS collaborates with DFCW to fund and implement this evidence-based intervention to prevent and treat behavioral and emotional problems in children and teens. State appropriations to NC DSS from the legislature are transferred to the DCFW under an MOA, and additional funds from the Title-V Maternal and Child Health Block Grant have been utilized to expand Triple P coverage to all counties.

Children with Special Healthcare Needs. NC DSS collaborates with the DFCW to ensure services and supports are available for Children with Special Healthcare Needs.

Rapid Response Team/Executive Response Team (ERT). The Rapid Response Team is an NC DHHS cross-divisional team that meets every weekday to facilitate the placement of children in DSS custody at the medically necessary level of care. Coordinated by DCFW, the team includes representatives from NC DSS, DHB/NC Medicaid, DMH/DD/SUS, and the Division of State Operated Health Facilities. Comprised of division directors and senior NC DHHS leadership staff, the ERT meets weekly to review cases referred by the Rapid Response Team and engages in cross-division planning to address issues impacting the state's capacity to

deliver behavioral health, intellectual disability, and substance abuse services needed for children and youth in county DSS custody.

Department of Public Instruction (DPI). NC DPI hired a Program Coordinator for the Education of Children and Youth in Foster Care in August 2023. This coordinator and the ESSA point of contact meet regularly to discuss ESSA and educational stability needs. This has increased partnership between NC DSS and DPI to provide technical assistance to local educational agencies and child welfare agencies supporting children and youth in foster care.

Governor’s Crime Commission–Children’s Justice Act (CJA) Task Force. NC DSS serves on this task force, which oversees the appropriation of North Carolina CJA (CAPTA) funds to improve and strengthen front end, intake, and investigative components of child abuse and neglect. The task force also administers grants to support the implementation of its recommendations.

Administrative Office of the Courts (AOC). NC DSS is a member of the Judicially Managed Accountability and Recovery Court (JMARC) Advisory Committee managed by AOC. Recovery Courts assist chemically dependent offenders with their court ordered treatment plans, including child welfare involved families.

Activities for Improvement: NC is committed to sustaining its existing high levels of interagency collaboration, fiscal accountability, program, and federal regulation compliance, including the following.

- NC DSS will continue to devote significant efforts to enhance the state’s data collection and data sharing systems, as well as by continuing to strategically collaborate with other NC DHHS divisions, particularly with Medicaid and DMH/DD/SUS to build a more robust service array and ensure the success of program and policies that affect children and families.
- NC DSS will develop a timelier communication plan with counties around new policy, deadlines, and other announcements.
- NC DSS will hold quarterly Community Forums in each region to foster collaboration with the wider community on the CFSP goals.
- NC DSS will begin implementation of a statewide CQI plan, which will include each region. Each county will consider how they will contribute to the statewide goals.

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

As discussion below of Items 33–36 indicates, NC’s system for licensing, recruiting, and retaining foster and adoptive parents has many strengths. Standards are applied equally to every home, and the state has made notable improvements in its strategies and infrastructure for foster and adoptive home recruitment. However, for reasons such as gaps in how agencies

respond to criminal charges that occur after a family is licensed and a need to increase the number of families available, NC finds this systemic factor is not in substantial conformity.

2.2.7.1 Standards Apply Equally (Item 33)

NC's performance on Item 33 (standards apply equally) is in substantial conformity and is a strength.

NC DSS is the licensing authority for the state; it makes all licensing determinations and applies state standards to all licensed and approved foster family homes and childcare institutions receiving Title IV-B and/or IV-E funding to monitor licensing standards. NC DSS applies state standards from Administrative Code 10 A NCAC 70, which governs criteria for foster families. Standards for foster, adoptive, kinship providers and all types of child caring institutions are the same. Detailed standards, and how they are applied to all licensed family foster homes are outlined in the state's foster home licensing manual.

NC DSS processes all foster home licensing applications. Licensing and policy consultants review documentation from private and county DSS agencies to ensure all licensing materials meet Administrative Code, and rules are applied consistently during every licensing action. NC DSS uses a checklist to ensure licensing standards are applied equally to all foster family homes, therapeutic homes, and in the licensure of child placing and child caring institutions. The checklist identifies licensing requirements based on federal laws, rules, regulations, and guidelines. In addition, NC DSS reviewers are trained to ensure compliance with Title IV-B and IV-E funding requirements. Any application initially found not in compliance receives additional review to ensure standards are applied consistently. NC DSS only issues licenses to foster homes when all regulations are met.

For the safety of children, NC DSS ensures all documentation is submitted at initial licensure, relicensing, changes, waivers, and terminations. Biennially, NC DSS staff review a sample of each private agency's files to ensure documentation is complete.

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

NC DSS receives and approves waiver requests that are child-specific. However, after approval of a child-specific waiver, NC DSS does not have a system that tracks when the child in the waiver moves from the licensed foster home. Therefore, NC DSS cannot confirm waivers remain in compliance after they are issued.

2.2.7.2 Background Clearances (Item 34)

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There are significant strengths in the process NC DSS uses to conduct criminal background checks as part of foster home licensing. However, because there are gaps in how agencies respond to criminal charges that occur after a family is licensed, NC’s performance on Item 34 (background clearances) is not in substantial conformity.

NC DSS follows the standards and requirements for criminal background checks as established by law and Administrative Code (10A NCAC 70E .1114 & .1116). NC DSS requires potential foster and adoptive parents and individuals 18 or older who reside in their homes to consent to a criminal background check as outlined in G.S. 131D-10.3A.

NC Administrative Code 10 NCAC 70E .1116 identifies the types of checks completed, the submission process, and the frequency with which criminal background checks are to be conducted. NC DSS partners with DCDEE to complete fingerprint-based checks. NC DSS staffs all criminal histories of concern that pass fingerprints. Private or DSS agencies must respond to any NC DSS concerns (e.g., applicant histories involving robbery, DWI, assault, drugs) and monitor criminal histories to ensure all safety policies are being followed.

County DSS agencies are responsible for completing Responsible Individual List (RIL) checks on foster and adoptive families. Per G.S. 7b-311, NC DSS conducts RIL for private agencies. In 2022, NC DSS completed 15,088 RIL checks for private agencies.

No applications for licensure are approved without completed background checks. Criminal histories are run again every two years when foster families are relicensed.

To ensure the safety and well-being of children, county DSS agencies must complete a face-to-face visit within seven days of the initial foster care placement and within seven days of any subsequent placements. These visits must include the child and placement provider. Frequency of ongoing face-to-face contacts is based on the child’s needs but must occur at least once a month. Each county DSS contact with the foster or adoptive parent must adequately assess the provider’s needs and identify services to assist them in providing appropriate care and supervision of children placed in the home. An inspection of the child’s physical living environment must be conducted on a quarterly basis.

NC DSS conducts case reviews of private child placing and child caring agencies to ensure foster care and adoptive placements remain in compliance with required criminal background clearances. NC DSS also conducts case reviews with the state’s public child caring agency for the same purpose.

NC DSS began collecting data on CPS reports on licensed foster homes in March 2022. The following depicts the number of initial notifications NC DSS received in 2022 and 2023 indicating a CPS investigation was being conducted on a licensed foster home.

Table 32. Number Notifications to NC DSS of CPS Reports on Foster Homes

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total

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2022	--	--	80	55	57	78	60	77	65	39	46	54	611
2023	78	55	53	45	44	55	40	57	39	60	26	42	552

Data Source: Manual Tracking NC DSS Staff

When assessing performance on Item 34, NC DSS identified the following opportunities for improvement:

- Rule or policy do not currently address foster families who obtain a criminal charge while licensed.
- Policy and rule do not define “household member” in the same way.
- Currently, DSS and private agencies check a box at initial licensure and re-licensure to indicate that criminal records checks have been completed. NC DSS is concerned this process is not rigorous enough to ensure criminal checks have been completed on foster families and all adult household members.
- Notification around CPS reports on foster families is not always timely or consistent. County DSS agencies do not always notify private agencies timely when there is a screened-in CPS report on a foster home they supervise.
- Fingerprints are only done at initial licensure or if a license lapses. NC DSS is considering requiring fingerprints when families are relicensed.

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

North Carolina’s foster and adoptive parent recruitment efforts meet the racial and ethnic needs of the children coming into care. However, because the number of families available has decreased in recent years, NC’s performance on Item 35 is found to be not in substantial conformity.

North Carolina has a statewide diligent recruitment and retention (DRR) plan that provides concrete targets for statewide achievement, consistency, and structure, while also allowing for localized planning for diligent recruitment and retention efforts within each county DSS agency, in partnership with their private child placing agency partners. For more on this plan, please refer to [Section 6](#), Targeted Plans.

NC DSS provides training for county DSS agency staff on working with diverse communities, including those which are culturally, racially, and socio-economically diverse. This includes the newly redesigned pre-service training and the courses *Child Welfare in North Carolina: Pre-Service Training* and *Building Cultural Safety*. Training on the Multi-Ethnic Placement Act (MEPA) is provided in the NC DSS courses *Legal Aspects*, *Permanency Planning in Child Welfare Services*, *Foster Home Licensing in Child Welfare Services*, *TIPS- MAPP*, and *TIPS-Deciding Together*. NC DSS also provides the course *Managing Implicit Biases* to foster and adoptive families and public and private agency staff via FosteringNC.org.

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NC DSS ensures the recruitment and licensing process provides access and removes barriers to communication with agencies. For people with limited English proficiency (LEP)/sensory impairment (SI), NC DSS and local agencies must use a telephone interpreting service. NC DSS contracts with Propio Language Services to provide free interpreters to those who need them. NC DSS also requires county DSS agencies to develop a non-discriminatory fee structure for prospective and adoptive families.

To help the state recruit, train, and sustain the resource families who serve children, youth, and families receiving foster care, adoption, or kinship services, NC DSS contracts with Foster Family Alliance of North Carolina (FFA-NC), a family-led nonprofit organization.

NC recruits families who reflect the ethnic and racial diversity of the children who need foster and adoptive homes.

Table 33. Children in Care and Licensed Foster Parents– Race, March 31, 2024

Race	Number of Children and Youth	Percentage of Children and Youth	Number of Licensed Foster Parents	Percentage of Licensed Foster Parents
American Indian or Alaskan Native	224	2.22%	113	1.16%
Asian	26	0.26%	31	0.32%
Bi- or Multi-Racial	1,468	14.54%	68	0.70%
Black/African American	2,977	29.49%	3144	32.26%
Hawaiian or Pacific Islander	10	0.10%	9	0.09%
Unable to Determine	121	1.20%	19	0.19%
White / Caucasian	5,268	52.19%	6362	65.28%
Total	10,094	100.00%*	9,746	100.00%

Ethnicity	Number of Children and Youth	Percentage of Children and Youth
Not Hispanic or Latino	9,272	91.86%
Hispanic or Latino	822	8.14%
Total	10,094	100.00%

Data Source: Child Placement & Placement System, NCFast, NCXCloud XPTR Reports, FCF100 Licensed Home & FCF104 Agency Homes

However, as the table below shows, North Carolina has experienced a decline in the number of licensed foster homes.

Table 34. Foster Homes Licenses, Applications, and Terminations

Year	Total Licensed Foster Parents	New Applications	Terminations
2023*	6089	1378	822
2022	6502	1539	866
2021	6838	1711	897

Data Source: NCXCloud XPTR Reports and CWIS – *as of May 2023

Factors contributing to this decline as indicated by a focus group conducted by FFA-NC include the finalization of adoption or guardianship, after which the foster family does not want to continue to be licensed; lack of support from the supervising agency; and lack of training to meet the needs of children placed in the home.

2.2.7.4 Cross-Jurisdictional Resources (Item 36)

NC has strengths related to Item 36 (cross-jurisdictional resources), including statewide electronic processing of Interstate Compact on Placement of Children (ICPC) requests and use of the National Electronic Interstate Compact Enterprise (NEICE) clearinghouse system. However, because improvement is needed in completing foster care home study requests within compliance of the Safe and Timely Interstate Placement Act (P.L. 109-239), NC’s performance on Item 36 is not in substantial conformity.

North Carolina is a member of the ICPC, which provides a framework through which member states can plan cooperatively for interstate placements to ensure children receive appropriate care and supervision. NC DSS administers ICPC in North Carolina and is the state’s central point for all referrals for interstate placement. NC DSS is responsible for processing requests for the placement of children across state lines under ICPC. The NC DSS ICPC office works with other states and local agencies to process incoming and outgoing requests.

NEICE is a national electronic system for quickly and securely exchanging all the data and documents required by ICPC to place children across state lines. North Carolina uses CWIS to process all ICPC referrals electronically. CWIS interfaces and communicates directly with the NEICE, which provides a streamlined process across states, quick access to case status, reduced loss of case documentation by postal mail, and improved accountability and transparency with partnering states.

As the table below shows, on average, 40% of North Carolina ICPC cases have home studies completed within the required 60-day timeline.

Table 35. ICPC 60-Day Home Study Compliance

Assessment of Current Performance Improving Outcomes

Month	P.L. 109-239 Compliance Rate
Jul-22	61%
Aug-22	11%
Sep-22	57%
Oct-22	26%
Nov-22	33%
Dec-22	40%
Jan-23	29%
Feb-23	54%
Mar-23	35%
Apr-23	41%
May-23	52%
Jun-23	42%
Average Compliance Rate	40%

Data Source: CWIS Monthly Reports

Staff vacancies and limited foster parent training classes offered by the county agencies has impacted NC's completion of ICPC requests for foster family homes. Data indicated during a 60-day period, July 1, 2023 - August 31, 2023, North Carolina completed 28% of home study requests within 60 days (about two months) or less. Between July 1 and August 31, 2023, 16 children were recorded as placed in an approved ICPC home.

Table 36. NC as Receiving State: Median Days to Home Study Decision by Placement Type (2019 - 2022)

	2019 Median Days to Decision	2020 Median Days to Decision	2021 Median Days to Decision	2022 Median Days to Decision
Reg 1 - Intact Family (Calendar Day)				
Parent	161	110	140	139
Relative	10	113	105	149
Foster Care	136	271	207	166
Reg 2 - Standard Home Study Requests (Calendar Day)				
Parent	77	64	65	72

Assessment of Current Performance Improving Outcomes

Relative	90	104	117	76
Foster Care	106	140	74	54
Reg 7 – Priority Placements (Business Day)				
Parent	50	23	24	24
Relative	24	23	28	26
Reg 12 – Private Adoptions (Business Day)				
Non-relatives	1	1	1	1

Data Source: NEICE DATA Report

According to 2022 NEICE data, North Carolina as the receiving state showed improvements, as the median days to home study decision for standard home study requests decreased.

NC also showed improvement in completion of relative home study requests, with a decrease of 41 days. There was also noted improvement in completion and tracking of preliminary home assessments for foster care requests, and median days to home study decision for foster care requests decreased by 20 days. North Carolina also improved by decreasing median days to home study decision for priority relative home study requests.

NC DSS’s review of Item 36 performance also identified a need to improve monitoring of and compliance with ICPC articles and regulations. There is also a need to improve data reporting to measure median days to home study decision for NEICE and non-NEICE states, to more accurately monitor and meet timelines set by P.L. 109-239.

NC makes every effort to locate and place the child in an appropriate adoptive home. All children who are free for adoption and who are not in their identified adoptive home must be registered with the North Carolina Adoption Exchange (NC Kids), as well as regional and national adoption exchanges including electronic exchange systems, to facilitate matches between persons interested in adoption and the children who are available.

Children registered with NC Kids vary in age, race, gender, sexual orientation, and needs. The wait time for children in need of an adoptive placement also varies based on the child’s age, sibling group size, level of need, or behaviors. NC DSS maintains and reviews monthly data reports regarding children who are legally free for adoption and provides technical assistance to the child’s social worker to assist with recruitment. NC Kids maintains records pertaining to the child’s needs, family dynamics being requested based on the child’s needs, recruitment outcomes, and family inquires.

Currently, 124 youth receive services through NC Kids/AdoptUSKids. According to data from AdoptUSKids, 59 of these youth are African American, 2 are Hispanic, and 63 are Caucasian.

Assessment of Current Performance Improving Outcomes

Of these 124 youth, more than half (n=72) must be the only child or the youngest child in their adoptive home.

Table 37. Demographics of Children Served by NC Kids/AdoptUSKids

Ages	African American Boys & Girls	Hispanic Boys and Girls	Caucasian Boys and Girls
6–8 yrs.	2	0	1
9–11 yrs.	12	0	13
12–14 yrs.	21	2	28
15–18 yrs.	24	0	21
Total	59	2	63

Data Source: AdoptUSKids Monthly Report

Activities for Improvement: Improving Items 33–36 is a priority for North Carolina, which is working to enhance performance on the Foster and Adoptive Licensing, Recruitment, and Retention systemic factor, including the following.

- Item 33: NC DSS will: develop a system to track the status of child-specific licensing waivers to ensure they stay in compliance after they are issued; improve foster family recruitment by using information from the DRR plan to inform recruitment efforts; and explore the use of automated systems for monitoring all foster and adoptive parent licensing files.
- Item 34: NC DSS will:
 - Collect data regarding the reasons licensure applications are returned (including failure to complete background checks);
 - Develop a process (likely using CWIS) to conduct file reviews to ensure agencies are in compliance with the state standards for criminal background checks—this process may require agencies to submit evidence criminal checks have been completed;
 - Explore the creation of a system to ensure all CPS reports (screen outs) on foster homes are tracked for substantiations and unsubstantiations;
 - Explore modifying rule and policy to define “household member” in the same way, address foster families who obtain a criminal charge while licensed, and require new RIL queries and fingerprint clearances when families are relicensed.
- Item 35: NC DSS will:
 - Play a more active role in recruitment and retention activities; previously, these activities have occurred primarily at the local level.
 - Ensure feedback from foster parents informs recruitment efforts.

Assessment of Current Performance Improving Outcomes

- Continue developing and implementing a kinship licensure track to meet the needs of kinship families.
- Provide training for agencies on support for family foster homes on needed topics (e.g., trauma's effects, ESSA, effective and appropriate discipline, supporting LBGTQ+ children and youth).
- Item 36: NC DSS will: update to NEICE 2.0 to ensure continued smooth case processing with all NEICE states; monitor compliance and provide ICPC training and technical assistance to county DSS agencies to increase compliance with all ICPC articles and regulations, including home study requests; improve electronic tracking of ICPC compliance through CWIS implementation—tracking violations will help NC DSS target technical assistance to counties see [Plan for Enacting the State's Vision](#)

North Carolina's plan for strengthening its child welfare system during the 2025–2029 period has the following goals:

1. Strengthen all child welfare staff's ability to assess ongoing safety throughout the child/family's engagement with child welfare services.
2. Increase access to services for children and their families to keep children in the safest, least restrictive setting, and improve well-being.
3. Develop and support a stable, competent, and professional workforce in child welfare.
4. Implement continuous quality improvement.

The goals are to be based past performance on the 2020 – 2024 Child and Family Services Plan; the 2023 Child and Family Services Review Statewide Assessment; the assessment of CFSR outcomes and systemic factors (in section D2 *Assessment of Current Performance in Improving Outcomes*) and other reported data (2020–2024 Final Report, section C2); along with engagement with families, children, youth, and other partners including Tribes and courts; and joint planning with CB.

As noted above it was created based on significant input from stakeholders and the community, through design teams, the ULT, the input received from the focus groups and state-wide survey, and input on the strategic planning workshopped during the joint planning meeting in March 2024. In the tables below can be found detailed objectives, strategies, measures of progress, implementation timeframes, and impacted outcomes for each of these goals.

3 Plan for Enacting the State's Vision

North Carolina Division of Social Services Child Welfare is responsible for the oversight and strategic transformation of Child Protective Services Intake, Assessment, In Home Services, Foster Care, Adoptions as well as Licensing and Regulatory Services for group and foster care. As noted previously, NC is state supervised and county administered. Total staff includes 133 FTE's. Because there currently are not sufficient FTE's to manage the work, NC relies on approximately 30 temporary employees to augment the workforce.

Leadership includes two Deputy Directors. One responsible for Child Welfare Practice and one for County Operations. There are six sections Safety, Permanency, Child Welfare Services, County Operations, Workforce & Staff Development and Licensing and Regulatory staffed by Section Chiefs for each. There are four staff who work as policy consultants. County Operations has 27 regional child welfare consultants and services specialists who provide oversight and technical assistance to county departments of social services. There are 5 staff and one manager who work as ICPC consultants and 5 who review and index adoptions. There are 6 staff who work in the Black Mountain Office who process and approve foster parent licenses for county and private agencies and 5 consultants and 1 admin support who monitor private agencies and group homes. Additionally, there are administrative assistants who support teams and managers who provide supervision to staff. There is also a position designed as a federal liaison between and a communications manager.

Fiscal and monitoring staff include a Finance team of 5 led by the Child Welfare Finance Manager and the IV-E Coordinator and team of 2.

Like most human services agencies and government entities, NCDSS has been challenged to recruit and retain qualified staff. Contributory factors are lack of competitive salaries, excessive workload demands from expectations that exceed staffing and the decreased interest in pursuing a career in state government and child welfare. While there are strategies underway to address this, they do not have immediate impact.

North Carolina's plan for strengthening its child welfare system during the 2025-2029 period has the following four goals:

1. Strengthen all child welfare staff's ability to assess ongoing safety throughout the child/family's engagement with child welfare services.
2. Increase access to services for children and their families to keep children in the safest, least restrictive setting.
3. Develop and support a stable, competent, and professional workforce in child welfare.

4. Implement continuous quality improvement.

In the tables below can be found detailed objectives, strategies, implementation benchmarks and timeframes, and impacted outcomes for each of these goals.

3.1 Goal 1: Strengthen practice to improve outcomes for children, youth, and families.

Goal 1 Objectives	Year	Goal 1 Strategies	Implementation Benchmarks	Impacted Outcomes
Improve workforce ability to assess safety and risk throughout the case process.	Y2	Complete the design of the SDM Structured Intake Tool into PATH-N	<ul style="list-style-type: none"> Completed tool in PATH-NC 	<ul style="list-style-type: none"> Safety Outcome 1 (Children are, first and foremost, protected from abuse and neglect) Item 1 (Timely initiation of child maltreatment reports) will improve over the next 5 years Safety Outcome 2 (Children are safely maintained in their homes whenever possible), Item 3 (Risk assessment and safety management) will improve over next 5 years
	Y2	Updating Intake policy and procedures to include the new SDM Structured Intake Tool and Safety Organized Practice	<ul style="list-style-type: none"> Updated Intake Policy 	
	Y2	Implement the new SDM Structured Intake Tool and updated Intake policy	<ul style="list-style-type: none"> Number of curriculum or courses developed, number of staff completing training modules 	
	Y2	Complete the design of the revalidated SDM Risk Assessment in PATH-NC	<ul style="list-style-type: none"> Completed SDM Risk Assessment in PATH-NC 	
	Y1	Updating Assessment and In-Home Services policy and procedures to include the new SDM Risk Assessment and Safety Organized Practice	<ul style="list-style-type: none"> Updated Assessment and In-Home Services Policy 	
	Y2	Implement the SDM Risk Assessment and updated	<ul style="list-style-type: none"> Number of curriculum developed, number of 	

Goal 1 Objectives	Year	Goal 1 Strategies	Implementation Benchmarks	Impacted Outcomes
		Assessment and In-Home Services policy and procedures	staff attending training	
	Y2	Deliver coaching to NC DSS state leadership and county facing staff to learn, model, and mentor the principles of Safety Organized Practice to local child welfare leadership.	<ul style="list-style-type: none"> • Numbers of state staff who provide coaching to county facing staff using SOP principles • Number of coaching and mentoring sessions held. 	
Improve workforce ability to engage families in achieving timely permanence (reunification, adoption, or guardianship)	Y1 – 3	Implement Success Coach as the Post Permanency Model	<ul style="list-style-type: none"> • Updated Permanency Planning and Adoption policy to include Success Coach • Executed contracts with vendors to provide Success Coach in all Seven Regions • Number of notifications and presentations 	<ul style="list-style-type: none"> • Permanency Outcome 1 (Children have permanency and stability in their living situations) Item 4 (placement stability), Item 5 (timely permanency goals), Item 6 (efforts to achieve permanency) will improve over the next five years. • Permanency Outcome 2 (The continuity of family relationships and connections is preserved for children) Items 7 (siblings placed together), 8 (visitation between children and
	Y1	Update TPR Policy to clarify appropriate application of exemptions requested by counties	<ul style="list-style-type: none"> • Number of TPR policies updated • Number of communications to counties on updated policy 	

Goal 1 Objectives	Year	Goal 1 Strategies	Implementation Benchmarks	Impacted Outcomes
			<ul style="list-style-type: none"> • TPR policy integrated into Permanency track training 	<p>families), 9 (preserve the child’s connections), 10 (placement with relatives), 11 (relationships with parents while in care) will improve over the next five years.</p> <ul style="list-style-type: none"> • Well-Being Outcome 1 (Families have enhanced capacity to provide for their children’s needs) Items 12a, 12b (assess and provide services for children and parents) will improve over the next five years
	Y5	Update Adoption policy to focus on child specific recruitment efforts and strategies to identify and engage kin	<ul style="list-style-type: none"> • Updated Adoption policy around NC Kids • Number of Office Hours, Blueprint and DCDL communications on child specific recruitment 	
	Y2	Revise and implement changes to the Reunification Assessment Tool	<ul style="list-style-type: none"> • Updated policy manuals • Number of curriculum developed • Number of staff attending training 	

3.1 Goal 2: Increase access to services for children and their families to keep children in the safest, least restrictive setting.

Goal 2 Objectives	Year	Goal 2 Strategies	Implementation Benchmarks	Impacted Outcomes
<p>Increase the prevention services array for families</p>	Y1	<p>Implement updated Intensive Family Preservation Services policy and procedures on all populations eligible to be served by the Homebuilders program (Homebuilders has been trained in 49 counties, new policy and procedures are being developed. New policy and procedures will be given to all counties, including the counties that have already been trained on Homebuilders, this strategy is focused on implementation for remaining counties).</p>	<ul style="list-style-type: none"> • Number of policies added • Number of curriculum developed regarding the new Homebuilders policy and procedures, number of staff attending the training 	<ul style="list-style-type: none"> • Safety Outcome 1 (Children are, first and foremost, protected from abuse and neglect) Item 1 (Timely initiation of child maltreatment reports) will improve over the next 5 years • Safety Outcome 2 (Children are safely maintained in their homes whenever possible), Item 2 (Services to prevent entry) and Item 3 (Risk assessment and safety management) will improve over next 5 years
	Y1-5	<p>Develop a CQI plan and process for data collection, reporting, and monitoring for Homebuilders (see CQI in Goal 4); actively track which counties are implementing Homebuilders, identify barriers to implementation for counties,</p>	<ul style="list-style-type: none"> • Data identified • CQI Plan developed • Data gathered by counties 	<ul style="list-style-type: none"> • Well-Being Outcome 1 (Families have enhanced capacity to provide for their children’s needs) Item 12 (assess needs and provide services) and Item 13 (Involve families in case planning)

Goal 2 Objectives	Year	Goal 2 Strategies	Implementation Benchmarks	Impacted Outcomes
		and address barriers and problem solve		will improve over the next five years
	Y1-5	Develop and implement fiscal claiming process and monitoring tool for Homebuilders and future Title IV-E Prevention Services	<ul style="list-style-type: none"> • Implementation of real-time monitoring system (front-end and back-end) 	<ul style="list-style-type: none"> • Well-Being Outcome 2 (Children receive appropriate services to meet their educational needs) Item 16 (assess children’s educational needs) will improve over the next five years
	Y1-2	Develop and implement performance-based feedback tool for providers of Homebuilders	<ul style="list-style-type: none"> • Performance-based feedback tool developed • Number of providers using the performance-based feedback tool • Number of curriculum developed, number of providers attending training 	<ul style="list-style-type: none"> • Well-Being Outcome 3 (Children receive adequate services to meet their physical health needs) Item 17 (physical health needs and Item 18 (mental/behavioral health needs) will improve over the next five years
Increase the capacity to provide family-based care	Y1	Select and implement a Foster and Adoptive Parent Training curricula.	<ul style="list-style-type: none"> • Training program selected • Number of curriculum developed, number of staff attending training • Number of foster parents trained 	<ul style="list-style-type: none"> • Permanency Outcome 1 (Children have permanency and stability in their living situations) Item 4 (placement stability), Item 5 (timely permanency goals), Item 6 (efforts to achieve permanency)

Goal 2 Objectives	Year	Goal 2 Strategies	Implementation Benchmarks	Impacted Outcomes
	Y2-5	Expand the professional foster parenting program for Regions 4-7.	<ul style="list-style-type: none"> • Number of Professional Foster Parents in each Region 	<p>will improve over the next five years.</p> <ul style="list-style-type: none"> • Permanency Outcome 2 (The continuity of family relationships and connections is preserved for children) Items 7 (siblings placed together), 8 (visitation between children and families), 9 (preserve the child’s connections), 10 (placement with relatives), 11 (relationships with parents while in care) will improve over the next five years.
	Y1-5	Provide recommendations for Administrative Rule Change for kin-specific licensing standards for private providers	<ul style="list-style-type: none"> • Updated Administrative Rules approved 	
	Y1-5	Update and implement policy for kin specific licensing standards.	<ul style="list-style-type: none"> • Kin specific licensing policy standards drafted and approved • Number of curriculum developed, number of staff attending training 	
	Y1-2	Implement new Administrative Rules for private providers and implement new policy for counties	<ul style="list-style-type: none"> • Number of Office Hours for providers and staff developed • Number of providers and staff attending Office Hours 	
	Y2-3	Implement Sobriety, Treatment, and Recovery Team Pilots in the 4 identified counties	<ul style="list-style-type: none"> • Number of contracts established with counties • Number of Management tools provided 	

Goal 2 Objectives	Year	Goal 2 Strategies	Implementation Benchmarks	Impacted Outcomes
			<ul style="list-style-type: none"> Evaluation Data collected and reported 	
<p>Improve referral and feedback process for families to access services; consistency in practice and standardization for improvement of data collected for service array</p>	<p>Y4</p>	<p>Develop a services referral and feedback process or procedures or policy for counties to use when referring children, youth, and families to service providers (to capture needs, availability of services, and use of services)</p>	<ul style="list-style-type: none"> Referral Process developed and utilized by child welfare staff in all 100 counties Number of curriculum developed, number of staff completing the training 	<ul style="list-style-type: none"> Safety Outcome 2 (Children are safely maintained in their homes whenever possible), Item 3 (Risk assessment and safety management) will improve over next 5 years

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

Goal 3 Objectives	Year	Goal 3 Strategies	Implementation Benchmarks	Impacted Outcomes
Increase supervisory coaching knowledge and skills by implementing a customized, instructor-led coaching curriculum specific to county agency supervisors	Y2	Develop supervisory coaching curriculum materials and resources to include a facilitator manual, handouts, slide deck, and any necessary learning aids for training participants	<ul style="list-style-type: none"> Curriculum outline 	<ul style="list-style-type: none"> Systemic Factor Staff and Provider Training Item 26 (initial training) and Item 27 (ongoing training) will improve in the next five years
	Y3	Deliver supervisory coaching curriculum statewide	<ul style="list-style-type: none"> Number of supervisors trained 	
Improve case worker knowledge, skills, and abilities for job-specific, in-service (track) trainings, including Intake, CPS Assessments, In-Home Services, Permanency, and Licensing Services	Y1	Finalize in-service (track) training curricula, including Intake, CPS Assessments, In-Home Services, Permanency, and Licensing Services	<ul style="list-style-type: none"> Number of curricula 	<ul style="list-style-type: none"> Systemic Factor Staff and Provider Training Item 26 (initial training) will improve in the next five years
	Y1	Facilitate train-the-trainer (TOT) for each track training	<ul style="list-style-type: none"> Number of trainers attending and completing TOT 	
	Y1	Implement the new in-service (track) trainings named in 2.1	<ul style="list-style-type: none"> Number of county workers trained per track 	
	Y1-5	Evaluate new approach to the redesigned in-service training	<ul style="list-style-type: none"> Evaluation report 	

		to assess if the training meets the intended learning objectives		
Improve tracking for workforce, staff, provider and foster/adoptive parent training registration, attendance, and completion	Y1	Assess current capabilities and possible of NCSWLearn to track all aspects of training compliance for staff, providers, and foster and adoptive parents along with demographic information for each	<ul style="list-style-type: none"> • Final Report provided with findings and recommendations. 	<ul style="list-style-type: none"> • Systemic Factor Staff and Provider Training Item 26 (initial training), Item 27 (ongoing training) and Item 28 (foster parent training) will improve in the next five years

3.3 Goal 4: Implement continuous quality improvement.

Goal 4 Objectives	Year	Goal 4 Strategies	Implementation Benchmarks	Impacted Outcomes
<p>Improve use of CQI at the state level by using results from the CFSR Final Report outcomes and developing and implementing a statewide CQI plan and a Family First-specific CQI plan</p>	Y1	<p>Develop statewide CQI plan (based on CFSR results) that includes goals, objectives, strategies, timeframes, and measures of progress</p>	<ul style="list-style-type: none"> • CQI plan developed with identified goals, objectives, strategies, timeframes, and measures of outcomes 	<ul style="list-style-type: none"> • Systemic Factor Quality Assurance System Item 25 (quality assurance system) will improve in the next five years
	Y2-3	<p>As a part of the statewide CQI plan, identify strategies NC can use to support improving policies, procedures, programs, data collection, CQI, training, and implementation supports as appropriate</p>	<ul style="list-style-type: none"> • Number of strategies identified and implemented 	
	Y2	<p>Develop a Family First-specific CQI plan for counties in NC that includes reviewing and refining analytic questions, developing a process for collecting data from counties, and developing processes and procedures for counties to report data on an ongoing basis</p>	<ul style="list-style-type: none"> • Finalized data collection processes, reporting, and bi-directional communication is established 	
	Y2-5	<p>Facilitate quarterly regional CQI meetings with identified county directors, program managers,</p>	<ul style="list-style-type: none"> • Number of quarterly meetings facilitated 	

Goal 4 Objectives	Year	Goal 4 Strategies	Implementation Benchmarks	Impacted Outcomes
		supervisors, and caseworkers as a vehicle for implementing the statewide and Family First-Specific CQI plan by identifying data sources to analyze, regional root causes, and researching and identifying interventions to implement at the county level		
	Y3-5	Support counties in understanding the statewide CQI plan (including counties impacted by the Family First-specific CQI plan) by providing training and coaching	<ul style="list-style-type: none"> • Number of staff attending or completing trainings 	
	Y1	Identify metrics to be collected as measures of progress, develop a mechanism for collecting data from counties, and develop and share with regions and counties a dashboard for measuring progress for the CQI goals	<ul style="list-style-type: none"> • Dashboard developed 	
	Y2-5	Utilize the CQI Design Team for communicating to counties	<ul style="list-style-type: none"> • Number of communications sent 	

Goal 4 Objectives	Year	Goal 4 Strategies	Implementation Benchmarks	Impacted Outcomes
		about the statewide CQI plan and county-specific CQI plans		
	Y1-5	Provide coaching to state staff on applying CQI principles and the cycle to their work	<ul style="list-style-type: none"> • Observations of staff and feedback given 	
	Y1-2	Analyze regional data to understand regional performance on statewide CQI goals; facilitate meetings at the regional level to develop county-specific goals	<ul style="list-style-type: none"> • Number of coaching sessions provided 	
	Y3	Align the CFSR Program Improvement Plan with the CFSP goals once the PIP is approved	<ul style="list-style-type: none"> • Alignment of the CFSP 	
Improve use of CQI at the county level by identifying safety, permanency, and well-being outcomes and developing and implementing county-specific CQI and Family First-specific CQI plans	Y1-3	Develop implementation plan for CQI e-learning to be taken at the county level; develop support materials for county staff on CQI principles and CQI cycle; provide CQI consultation as requested at the CQI level; introduce concept of county CQI plan to inform statewide CQI plan	<ul style="list-style-type: none"> • Number of staff attending trainings 	<ul style="list-style-type: none"> • Safety Outcome 1 (Children are, first and foremost, protected from abuse and neglect) will improve over the next 5 years • Safety Outcome 2 (Children are safely maintained in their homes whenever possible), will improve over next 5 years
	Y3-5	Collaborate with counties to develop and implement county-	<ul style="list-style-type: none"> • Number of county-specific CQI plans 	

Goal 4 Objectives	Year	Goal 4 Strategies	Implementation Benchmarks	Impacted Outcomes
		specific CQI goals, objectives, strategies, timeframes, and measures of progress that align with the statewide CQI plan	developed and implemented	<ul style="list-style-type: none"> • Permanency Outcome 1 (Children have permanency and stability in their living situations) will improve over the next five years.
	Y4	Develop CQI processes and procedures for counties that includes Family-First specific guidance for data collection, reporting, communication streams, fiscal monitoring processes, and outcome measurements required to satisfy federal plans and monitoring that ensure the safety, permanency, and well-being of NC children	<ul style="list-style-type: none"> • Number of processes and procedures developed 	<ul style="list-style-type: none"> • Permanency Outcome 2 (The continuity of family relationships and connections is preserved for children) will improve over the next five years. • Well-Being Outcome 1 (Families have enhanced capacity to provide for their children’s needs) will improve over the next five years. • Well-Being Outcome 2 (Children receive appropriate services to meet their educational needs) will improve over the next five years. • Well-Being Outcome 3 (Children receive adequate services to meet

Goal 4 Objectives	Year	Goal 4 Strategies	Implementation Benchmarks	Impacted Outcomes
				<p>their physical health needs) will improve over the next five years.</p> <ul style="list-style-type: none"> • Systemic Factor Quality Assurance System will improve in the next five years
Continue to develop a statewide child welfare information system that meets the needs of both county and state leadership	Y1	Build, develop, and test Path NC as the CWIS system is being built	<ul style="list-style-type: none"> • Number of modules built 	<ul style="list-style-type: none"> • Safety Outcome 1 (Children are, first and foremost, protected from abuse and neglect) will improve over the next 5 years • Safety Outcome 2 (Children are safely maintained in their homes whenever possible), will improve over next 5 years • Permanency Outcome 1 (Children have permanency and stability in their living situations) will improve over the next five years. • Permanency Outcome 2 (The continuity of family relationships and connections is preserved for
	Y1	Implement a plan to ensure NC DSS staff are fully prepared to utilize CWIS	<ul style="list-style-type: none"> • Implementation of CWIS utilization plan 	
	Y1	Train and implement Intake and Assessments	<ul style="list-style-type: none"> • Number of counties and staff trained and using Path NC. 	
	Y2	Train and implement In-Home and Permanency (including Adoptions)	<ul style="list-style-type: none"> • Number of counties and staff trained and using Path NC. 	
	Y3	Ensuring continued implementation and coaching of Path NC	<ul style="list-style-type: none"> • Number of coaching sessions offered 	
	Y4-5	As policy updates and changes, Path NC enhancements will be made.	<ul style="list-style-type: none"> • Number of enhancements made. 	

Goal 4 Objectives	Year	Goal 4 Strategies	Implementation Benchmarks	Impacted Outcomes
	Y5		<ul style="list-style-type: none"> • 	<p>children) will improve over the next five years.</p> <ul style="list-style-type: none"> • Well-Being Outcome 1 (Families have enhanced capacity to provide for their children’s needs) will improve over the next five years. • Well-Being Outcome 2 (Children receive appropriate services to meet their educational needs) will improve over the next five years. • Well-Being Outcome 3 (Children receive adequate services to meet their physical health needs) will improve over the next five years. • Systemic Factor Case Review System will improve in the next five years.

Plan for Enacting the State's Vision

Goal 4 Objectives	Year	Goal 4 Strategies	Implementation Benchmarks	Impacted Outcomes
				<ul style="list-style-type: none"> • Systemic Factor Quality Assurance System will improve in the next five years

3.4 Implementation and Program Supports

North Carolina will continue to receive program and technical support from Public Knowledge®(PK) for coordinating connections between North Carolina's Unified Leadership Team (ULT) and design teams, to implement the NC practice model, for Fiscal support towards optimization and alignment of funding and organizational resources, and for implementation of a cross–programs CQI Cycle. North Carolina also anticipates needing continued technical assistance from Public Knowledge® to support implementing CFSP goals and objectives associated with workforce development and NC DSS' redesign and implementation of its new Preservice Training.

NC DSS continued to work with Chapin Hall, supported by The Duke Endowment, to utilize implementation science for preliminary implementation of FFPSA–funded EBPs. Chapin Hall will assist NC DSS with implementation support from contract years 2024 until 2026. The scope of this work includes:

- Development of FFPSA CQI measurement framework for collecting, analyzing, and reporting reach measures.
- Development of a plan, strategy and set of activities for identifying regional prevention service arrays in partnership with the Family Resources Center in NC.
- Recommendations for a structure, approach, and process for learning communities among counties who are implementing FFPSA–funded EBPs.
- Provide strategic advice, and ongoing skill and competency development for Regional Child Welfare Specialists.
- Conduct policy and landscape analysis of economic and concrete supports in NC to prevent maltreatment.
- Continue implementation support and innovative guidance by leveraging expertise in other jurisdictions.

North Carolina received technical assistance from Evident Change® to support the CFSP goals and objectives associated with implementing the statewide Practice Model, revalidation, and implementation of Structured Decision Making (SDM) tools, and implementation of Safety Organized Practice.

NC DSS is working with the Capacity Building Center for States (CBCS) who will provide technical assistance, capacity building supports and resources to NC – DSS in the identification, engagement, and preparation of diverse partner groups who will participate in stakeholder interview process as a part of CFSR Round 4. CBCS will engage in partnership with the Children's Bureau Regional Office and NC – DSS leadership and CFSR leads to provide support to various CFSR contributors including staff, those with lived experience, tribal community members, court and legal community representatives, community collaborators, and others who are representative of the organizations and individuals who participated in the

development of the SWA and the state’s Child and Family Services Plan (CFSP) to prepare them for stakeholder interviews.

The seven (7) regional teams comprised of a Regional Child Welfare Consultant (RCWC) for permanency, a RCWC for safety, a RCWC for CQI/County Operations, an FFPSA specialist, and trainers for each team is still in development. A safety manager position has been hired to oversee the 7 designated safety RCWC positions along with the existing CQI manager for the 7 CQI RCWC positions. In the next SFY, the manager for the permanency RCWC team will be hired. The FFPSA specialist positions will be fully hired (6 of the 7 positions are currently filled). Each team will be equipped to provide tailored training and support to the county child welfare agencies within their respective regions. The training and technical assistance will be targeted to support improved performance on outcomes by helping counties address areas of need with data and information obtained, reviewed, and utilized as part of a regional CQI model. Training and technical assistance to regions and counties will be provided on an ongoing, as needed basis.

3.5 Research, Evaluation, and Information Management Systems Supports for CFSP Implementation

NC DSS will continue to assess and utilize CQI and Quality Assurance (QA) processes to evaluate implementation of the CFSP goals, objectives, and strategies. No research regarding CFSP implementation has been conducted or is planned currently.

Research suggests it can take from two to four years to operationalize strategies and interventions fully and successfully for implementation (Bierman et al., 2002; Fixsen, Blase, Timbers, & Wolf, 2001; Panzano & Roth, 2006; Saldana et al., 2012). NC DSS identified measures of progress for implementation for each CFSP goal to track implementation progress. In addition, NC DSS has a robust evaluation plan for assessing the implementation and impact of the new Pre-Service Training program. NC DSS is working to refine and implement the CQI Plan outlined in its five-year Prevention Plan. The research questions included in this plan address reach, fidelity, and outcomes, and will allow NC DSS to evaluate if children and families are being appropriately identified and referred to EBPs. And will allow NC DSS to evaluate if children and families are receiving EBPs, do services result in better safety, permanency, and well-being outcomes.

4 Services

4.1 Child and Family Services Continuum

North Carolina’s service array is a continuum that includes primary prevention and public awareness for the general population, family support and respite programs, community response programs for families with a screened out or unsubstantiated CPS report, in-home

services and intensive family preservation services for children with an open CPS case, reunification services for families whose child has been placed in out-of-home services, and adoption placement and post-adoption services. NC DSS also helps support evidence-based child maltreatment prevention programs that provide parenting education, support, and home visiting services to North Carolina families to promote protective factors that strengthen families and communities. What follows is a brief description of key components of North Carolina’s child and family services continuum.

Public Awareness and Family Support Prevention Services. NC DSS partners with Positive Childhood Alliance North Carolina (PCANC) to provide primary prevention activities, such as training, public awareness activities for child abuse prevention month, and community child abuse prevention plans. Family engagement and parent leadership are embedded throughout all NC DSS prevention programs. These primary and secondary prevention activities are funded by statutes at the federal (P.L. 112–34, P.L. 111–320) and state (NCGS

§7B–1301–1302) level. For more on publicly funded family support services, please see [Family Preservation/Prevention](#) and in Section 4.5. As the table below shows, each year during the four-year period between July 1, 2019 and June 30, 2023, NC spent an average of \$6,157,725 providing prevention services to 204,570 parents, children, and professionals.

Table 38. Prevention Service Expenditures

State Fiscal Year	Parents and Children Served*	Amount Spent
2019–20	138,678	\$6,144,173
2020–21	213,150	\$5,924,144
2021–22	201,706	\$5,853,062
2022–23	264,738	\$6,709,516

* Includes the number of individuals participating in direct services and public awareness activities.

Source: NCCANDs Reports; Quarterly Reports; Invoice Summary Sheets

Child Protective Services (CPS) Intake. CPS Intake is the first stage of the child welfare process and involves screening CPS reports to determine whether the reported information meets North Carolina’s statutory definitions of child maltreatment. As the table below shows, each year during the FFY 2019–2023 period, NC received between 125,296 and 135,283 CPS reports and accepted between 63.71% and 64.73% of them for assessment.

Table 39. CPS Reports Received

Timeframe	CPS Reports Received	CPS Reports Accepted for Assessment	
	Number	Number	Percent of Reports Rec’d
FFY 2019	135,283	87,564	64.73%

FFY 2020	125,296	80,406	64.17%
FFY 2021	126,845	81,279	64.08%
FFY 2022	126,241	80,604	63.85%
FFY 2023	131,744	83,934	63.71%

Source: NC Workforce Databooks

CPS Assessments. CPS assessments are intended to protect children from further maltreatment and support and improve parental/caregiver abilities to assure a safe and nurturing home for each child. Child welfare workers conduct assessments that determine risk levels to children and identify strengths and needs of each family using Structured Decision-Making (SDM) tools. Completed assessments support case planning for children and families and help to determine other service needs. As the table below shows, between 113,461 and 125,868 NC children had a completed CPS assessment each year during the FFY 2019–2023 period.

Table 40. Completed Assessment Cases

Timeframe	Children with Completed Assessment Cases
FFY 2019	125,868
FFY 2020	117,628
FFY 2021	113,461
FFY 2022	117,810
FFY 2023	116,510

Source: Central Registry and the NC Child Welfare Information System

CPS In-Home Services. The primary goal of CPS in-home services is to support families in safely maintaining their children in their home by eliminating identified safety concerns and reducing risk of future child maltreatment. Services may include Intensive Family Preservation Services, which are described under “Family Preservation” in [Section 4.5](#). As the table below shows, each year during the FFY 2019–2023 period there were between 9,524 and 10,479 open in-home cases in NC, serving between 19,067 and 20,189 children.

Table 41. In-Home Service Cases

Timeframe	Children with In-Home Services Cases Open at Any Time during the FFY	Number of Open In-Home Services Cases during the FFY
FFY 2019	20,150	10,479
FFY 2020	20,189	10,437

FFY 2021	18,697	9,703
FFY 2022	19,084	9,607
FFY 2023	19,067	9,524

Source: Services Information System and the NC Child Welfare Information System

Services to Address the Needs of Families and Individual Children to Create a Safe Home Environment. To address the needs of families and individual children to create a safe home environment, NC DSS provides a range of services, including individual and family counseling (for child, youth, and adults), outpatient substance uses treatment (adults), domestic violence services (adults), parenting supports, childcare, medical health, dental services, and nutritional supports, e.g., North Carolina's TANF program, and Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Services to Enable Children to Remain Safely with their Parents When Reasonable. NC DSS funds the following services that enable children to remain safely with their parents when reasonable: Intensive Family Preservation Services (IFPS), Attachment and Biobehavioral Catch-up (ABC), Parent Child Interaction Therapy (PCIT), Incredible Years Pre-School BASIC Parent Program, Parents as Teachers, Circle of Parents groups, Triple P (Level 4 Standard), and Family Support Network (FSN) services. For more on publicly funded family preservation services, please see [Family Preservation](#) and in Section 4.5.

Permanency Planning Services. These services are provided to children and youth removed from their parents due to abuse, neglect, and/or dependency to support achieving permanency goals (reunification, adoption, guardianship, custody, and APPLA). Youth who turn 18 years of age while in foster care are eligible to continue to receive foster care benefits and services until their 21st birthday. The table below shows the number of children and young adults served and the cost of benefits for the foster care program from SFY 2021 to SFY March 2024.

Table 42. Foster Care Benefits Issued

State Fiscal Year	Children Age 0–17 Served in Foster Care	Young Adults Age 18 –21 Served in Foster Care	Benefits Issued for Children and Young Adults in Foster Care
2020 – 2021	15,459	1,263	\$101,513,510
2021 – 2022	15,048	1,284	\$101,451,915
2022 – 2023	15,043	1,274	\$105,992,920
2023 – 2024*	13,654	1,193	\$87,507,773

Source: Child Placement and Payment System (CPPS); NC Child Welfare Information System (CWIS – BIDP)

* As of March 31, 2024

LINKS Foster Care Program for Successful Transition to Adulthood. LINKS is North Carolina’s Chafee Foster Care Program for Successful Transition to Adulthood. The program provides services and supports to youth 14 years of age or older and not yet 21 who are or were in foster care as teenagers to assist in their successful transition to adulthood. The table below shares key information about the number of children, youth, and young adults served and expenditures for this program from SFY 2020–21 to March 31, 2024.

Table 43. LINKS Expenditures

State Fiscal Year	Youth Served by LINKS age 13–15	Youth Served by LINKS age 16–21	LINKS Housing Funds Expended	LINKS Transitional Funds Expended	LINKS County Allocations Expended
2020–21	1,793	2,913	\$140,000	\$756,160	\$2,019,579
2021–22	1,913	3,064	\$148,675	\$900,770	\$2,020,725
2022–23	1,883	3,128	\$180,954	\$1,994,932	\$2,020,722
2023–24*	1,398	3,021	\$191,215	\$948,280	\$1,557,765

Source: SIS

* As of March 31, 2024

Interstate Compact on the Placement of Children (ICPC). The purpose of the ICPC is to unify law across all 50 states, the District of Columbia, and the U.S. Virgin Islands to ensure protection and services to children who are placed across state lines for foster care or adoption. The table depicts new received by North Carolina’s ICPC program from SFY 2021 to SFY 2024

Table 44. ICPC Requests

State Fiscal Year	Total Number of New Requests
2020–21	3,203
2021–22	2,819
2022–23	2,765
2023–24*	2,432

Source: Child Welfare Information System

* As of May 24, 2024

Regulatory and Licensing Services. NC DSS issues licenses for foster homes and regulates and licenses child placing agencies that provide family and therapeutic foster care, residential child care, residential maternity homes, and adoption services. The table shows the number of agencies and foster homes served by NC DSS as of April 2024.

Table 45. Agencies Served

Services April 2024	County DSS Agencies	Private Agencies
Foster Care	100	79
Adoption	100	42
Residential Child Care	1	40
Residential Maternity Care	0	6
Licensed Foster Homes	2,391	3,691

Source: NCXCloud XPTR Reports

Services to Help Children in Foster Care and Adoptive Placement Achieve Permanency. The array of services funded by NC DSS to help children in foster care and adoptive placements achieve permanency include post-adoption supports, Family Network Support, IFPS, parenting skills, and respite.

NC uses Title IV–B, subpart 2 funds to support reunification services provided by county DSS agencies. Please see “Reunification Services” in [Section 4.5](#) for additional information.

County DSS agencies identify services from other publicly funded programs to prevent entry into foster care and support permanency. Economic support services are available through county DSS agencies statewide, including food and nutrition benefits, TANF program, and childcare subsidies. The full array of services can be found at <https://www.NC.DHHS.gov/assistance/low-income-services>. (See also Section 2, [items 31–32](#).)

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

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

Adoption services help children whose parents are incapable of assuming or continuing parental responsibilities to legally become part of a new permanent family. Adoption services

available in NC include, but are not limited to, ensuring timely permanence for children through legal adoption, preparing and assisting children in their transition to an adoptive family, supporting and strengthening adoptive families, and providing post adoption services. Most children exiting foster care to adoption (98%) are eligible for and receive adoption assistance benefits which include monthly cash payments, vendor payments, and Medicaid. The following table shows the number of adoptions completed and the amount of funds paid for adoption assistance from SFY 2019–20 to SFY 2022–23. NC projects it will spend \$138,393,551 on adoption assistance in SFY 2023–24; the state anticipates this amount will increase in future, in part due to the change in the age limit made by recent revisions to the Social Security Act.

Table 46. Adoption Assistance

State Fiscal Year	Adoptions Completed	Adoptions from Foster Care	Adoption Assistance Paid
2019–20	3,324	1,730	\$113,525,775
2020–21	2,961	1,383	\$112,694,028
2021–22	3,003	1,357	\$117,642,813
2022–23	2,900	1,146	\$121,658,185

Source: DHHS AIMS data system and Child Placement Payment System

NC uses Post Adoption Support Services and is transitioning to the Success Coach model for post permanency services. Please see the description of [Post Adoption Support Services](#) in Section 4 for more about Success Coach services.

NC provides child-focused recruitment services statewide through the Permanency Innovation Initiative, provided by the Children’s Home Society of NC. This initiative supports finding a permanent home for every child by providing child-specific recruitment services.

NC uses the North Carolina Adoption Exchange (NC Kids) to facilitate matches between persons interested in adoption and children who are legally free for adoption. For additional information, please see [Section 2, Item 36](#).

Adoption Promotion, a public and private agency collaboration NC DSS uses to enhance and expand adoption programs, to secure permanent homes for children in foster care with special needs who are harder to place, and to encourage partnerships between public and private agencies to achieve permanency for children in a timely manner. See “Adoption Promotion and Support Services” in [Section 4.5](#) for more information.

4.2 Service Coordination

NC DSS recognizes that families involved in child welfare may need multiple services and concrete supports to keep their children safely at home that may not be provided through our

agency. The development of an array of services and resources that meet an individual or family's needs requires collaboration and coordination with sections within NC DSS, interdepartmentally, and at the community level to leverage all funding streams available. NC DSS CSFP Goal 2 (Increase access to services for children and their families to keep children in the safest, least restrictive setting) intentionally identifies activities that support developing comprehensive networks of primary, secondary, and tertiary services at the local level to reduce child maltreatment and improve child and family well-being.

NC DSS will continue to coordinate with DHHS interdivisional partners who serve the child welfare involved population. Collaboration with the Division of Child and Family Well-Being (DCFW), NC Medicaid/Division of Health Benefits (DHB), Division of Mental Health, Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS) will continue to help with the identification of gaps and needs for both the child behavioral health and child welfare system. Additional funding to plan and implement the behavioral health services continuum was approved by the legislature in SFY24.

In addition to being North Carolina's Title IV-B and Title IV-E child welfare agency, NC DSS is also the lead agency for the Community Based Child Abuse Prevention (CBCAP) program. In the 2025-2029 CFSP period, NC DSS will finalize a prevention framework that integrates CBCAP primary and secondary prevention goals and strategies throughout the entire child welfare continuum. For example, NC DSS will use lessons learned in providing evidence-based programs through CBCAP as FFPSA expands substance treatment, and mental health services through Title IV-E for families already involved in child welfare to prevent out-of-home placement.

NC DSS will collaborate with the Court Improvement Project (CIP) on the development of Safe Babies Court Team (SBCT). More information on SBCT can be found in 4.4.2, "[Services for Children Under the Age of Five.](#)"

The Children's Justice Act (CJA) and Court Improvement Project (CIP) submit federal reports that reflect collaboration among agencies. During the 2025-2029 CFSP period, NC DSS will collaborate with CJA and CIP to ensure agencies have an opportunity to review and provide input into relevant plans that reflect shared goals to protect children. In particular, NC DSS staff have been invited to serve on the CIP Interagency Collaborative and plan the CIP Summit. AOC is aligned with NC DSS permanency goals. Together, we will continue to work with judicial districts to examine their Permanency Performance Profiles and develop strategies to improve permanency. The NC DSS Section Chief of Safety and Prevention is a voting member of the NC Children's Justice Act Taskforce, attending quarterly meetings, making presentations on NC DSS initiatives and services to inform the greater Taskforce about the intersection between the work including information on the Federal review process and CFSP process for their input. The Taskforce also participated in stakeholder interviews in 2024. Initiatives funded by the Taskforce during the last five years have included Trauma Informed Enhancements for Abused and Neglected Children Victims, Child Abuse Resource Prosecutor Program, Expansion and CQI

of Forensic Services to Child Abuse Victims, Building Trauma Informed Courts in North Carolina, and Safe and Secure Schools (SASS). Funding priority areas identified for 2024–2026 include:

- CJA Priority Area A. Investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions, such as intrastate, interstate, federal–state, and state–tribal, in a manner which reduces the additional trauma to the child victim and the victim's family, and which also ensures procedural fairness to the accused.
- CJA Priority Area B. Experimental, model, and demonstration programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases, particularly child sexual abuse and exploitation cases, including the enhancement of performance of court–appointed attorneys and guardians ad litem for children, and which also ensure procedural fairness to the accused.
- CJA Priority Area C. Reform of state laws, ordinances, regulations, protocols, and procedures to provide comprehensive protection for children, which may include children involved in reports of child abuse or neglect with a potential combination of jurisdictions, such as intrastate, interstate, federal–state, and state–tribal, from child abuse and neglect, including child sexual abuse and exploitation, while ensuring fairness to all affected persons.

4.3 Service Description

For an assessment of strengths and gaps in services, please refer to [item 29 in Section 2](#).

4.4 Stephanie Tubbs Jones Child Welfare Services Program (title IV–B, subpart 1)

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

4.4.1 Family Support Network of North Carolina

The service provided is the Family Support Network of North Carolina (FSN) through the UNC–CH School of Social Work and 12 regional FSN affiliate programs. FSN serves families across

North Carolina who are caring for children who are medically fragile or have special needs, including children who are substance-exposed, HIV positive, and/or developmentally delayed. This is a population that is traditionally underserved.

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

The FSN services meet these goals by providing education, training, and support services to all families caring for children with special needs. FSN:

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

FSN services include information and referral, training workshops, parent-to-parent matches, social activities, intensive one-to-one support, support groups, supplies (like preemie diapers), referrals to services, and community collaboration. All 12 FSN affiliates serve families with children who have developmental disability or special needs. Several work closely with neonatal intensive care units (NICUs) to support parents who have an infant who is medically fragile or has died. FSN also works closely with Children’s Developmental Services Agencies (CDSAs) by supporting Child Find activities, referring families to Early Intervention (EI), helping families understand the EI system, IFSPs, and transitioning to the Part B Preschool Program. FSN services are available to all families to support children who do not qualify for EI or EC services, and to meet the goals of preventing child maltreatment, preventing entry into foster care, and reducing time in foster care.

The table below shows the type of FSN services provided and the number of families and individuals served for SFY 2022–23 and the first half of SFY 2023–24.

Table 47. FSN Services Provided

Service	SFY 2022 - 23	SFY 2023 - 24*
Information and Referral	2,894 families	1,699 families
Training Workshops	1,538 individuals (1,028 parents & 545 service providers)	362 parents
Parent-to-Parent Matches	64 parents	18 parents
Social activities for families	2,397 parents and children	1,607 parents and children

Intensive one-to-one support	1,353 families	833 families
Support groups and SibShops™	75 parents and children	538 parents and children
Community Collaboration	2,629 agency referrals	1,414 agency referrals
TOTAL (without collaboration)	8,321 family members	5,057 family members

Source: Final and Mid-Year Quarterly Reports | * Q1 & Q2 only

In FFY 2024–25, FSN expects to serve 4,175 children with special needs and their parents in 2,160 families throughout NC with the services listed above.

The response to FSN training workshops, parent-to-parent matches, support groups, and SibShops provided in SFY 2022–23 has been overwhelmingly positive, with all outcome data exceeding the 85% benchmark of participant endorsement. For instance, 99% of training participants said they learned new information and would use this information to care for their child. Participants in parent-to-parent matches gave the highest rating to indicate that their peer partner understood their situation and provided good ideas for caring for their children, making it easier for them to care for and advocate for their child. In terms of support groups, 89% of participants said they learned about resources and services in their community to help their child, 86% reported they can turn to other people in the support group for help, and 85% said they felt more confident caring for their child.

In SFY 2024–25, FSN will continue to collect demographic information for families and children served to include the special needs and/or developmental needs of the children and how the needs are addressed and report this information quarterly to NC DSS.

During the period between 2020 and 2024, the number of children with special needs and their parents and siblings served by FSN increased 62%, from 5,145 to 8,321. This increase is due to greater funding provided by NC DSS, which allowed expansion of services in Wake, Durham, and Chatham Counties in SFY 2022–23. Serving this densely populated area increased the number of individuals served.

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

4.4.2 Child Welfare Rapid Response Team Consultants

The NC DHHS Rapid Response Team (RRT) is a cross-divisional team that meets on demand as requested by county DSS agencies to review and discuss child-specific incidents where children in DSS custody are housed in DSS offices or boarded in hospitals ready for discharge with no identified placement. NC DSS has included Child Welfare Rapid Response Consultant positions in its cost allocation plan under IV–B–1. These positions are vacant but may be in FFY 2024 if

state funding becomes available. When hired, these consultants would represent NC DSS on the RRT and support facilitation of meetings and follow-up activities to support appropriate placement as needed.

4.4.3 Permanency Roundtables

Permanency Roundtables (PRTs) are being implemented regionally across NC. This targeted approach addresses barriers impacting timely permanence for youth. PRTs are intensive, structured case consultations among agency case managers and supervisors, permanency consultants, and others related to a child's case who bring creativity and urgency to expediting permanency for children. A PRT differs from usual case staffing in that the primary purpose is to intensely focus on what permanency options are available to the individual child.

In SFY 2023, two new counties began implementing PRTs, bringing the current total number of participating PRT counties to nine. SFY 2024 saw an increase in the number of county agencies interested in holding roundtables and receiving PRT training. Agencies report the program's permanency values training strengthens partnerships and builds a "culture of permanence" within agencies and communities.

NC is working to increase the number of counties using PRTs in each region. In addition, NC DSS is expanding the PRT program to include a resource for older youth during transitional team meetings. It is also adding a train-the-trainer model for child welfare social workers. This model features strategies for engaging youth in foster care 14 years and older in the development of their transitional plans, with the goal of decreasing the length of foster care stays, supporting reunification, and preparing youth 18 and older to exit foster care.

In addition to PRTs, NC DSS supports county DSS agencies in serving youth of various ages in achieving independence through services delivered through Youth Villages LifeSet Program, Children's Home Society, Strong Able Youth Speak Out (SaySo) Advocacy Program and Foster Care to Success. Please refer to [Section 4.7](#) for more on these programs.

4.4.4 Services for Children Adopted from Other Countries

Once a child who has been adopted internationally is brought to the United States, the adoption is then completed in accordance with NC state laws. A final decree of adoption is issued. Once this decree is issued, the child becomes a legal resident of North Carolina and is eligible for all the supports and services available to all North Carolina children. Specifically, statewide Post Adoption Support Services (PASS) are available to any family with a decree of adoption regardless of adoption type including children adopted from other countries.

PASS is currently provided by four (4) contracted, community-based agencies that provide statewide coverage for the regions in the state: Catawba County Social Services, Children's Home Society of NC, Children's Hope Alliance, and the Center for Child and Family

Health. These providers connect with adoptive families through efforts including marketing on social media and agency websites, contacting adoption attorneys and Guardian ad litem (GAL)s, and sending program information to private adoption agencies statewide. In these contacts PASS providers include information and referral, training workshops, parent-to-parent matches, social activities, intensive one-to-one support, support groups, and community collaboration.

Services for children adopted from other countries will continue to be provided by the current PASS providers through SFY 2023–24, after which services will transition to the Success Coach model. For more on the Success Coach model, please refer to the description of [Post Adoption Support Services](#) in Section 4.

4.4.5 Services for Children Under the Age of Five

4.4.5.1 Activities to Reduce Length of Time in Care

North Carolina has implemented a Safe Babies Court Team (SBCT) model with local multidisciplinary teams in two sites with plans to expand to three additional sites. This initiative is in collaboration with the NC Administrative Office of Courts. AOC has hired a state-level SBCT team that includes a state director, state coordinator, and data coordinator to oversee and support implementation across all sites. AOC also hired two local Community Coordinators, one to support the local site in New Hanover County and another to support Yancey and Mitchell counties. Additional Community Coordinators will be hired to support additional pilot sites in Durham and Brunswick counties.

Implementation thus far in New Hanover, Yancey and Mitchell counties have included meetings with Zero to Three to develop case mapping, development of statewide eligibility criteria, and development of local county eligibility criteria. The state SBCT has begun engaging Durham County in the planning process.

NC DSS uses Title IV–B, subpart 2 Reunification funds, the use of which is described in [Section 4.5](#). In SFY 2023–24, NC DSS provided instruction to county agencies on use of this funding and instruction on development of reunification services plans, with a specific focus on special populations such as families with children under the age of five, targeting increased visitation with parents and siblings in family-like settings, utilizing funding for services supporting substance use needs (often a reason for removal for younger children), and increasing parental capacity through visitation coaching programs. NC continues to evaluate the current use of reunification funding and explore additional ways to use funding to enhance reunification for vulnerable populations, such as families and children under five.

NC DSS monitors the use of Title IV–B, subpart 2 Reunification funds. A summary of current SFY 2023–24 findings is shown in the table below.

Table 48. Reunification Funding Utilization Compliance Monitoring SFY 23–24

Counties Monitored	Cases Reviewed	Summary of Findings
20*	81	<p>84% of cases were non error</p> <p>16% of cases were in error and followed the corrective plan of action protocol in the NC DSS monitoring plan. Counties were notified of the ineligible use of the funds; these funds reverted.</p> <p>In general, ineligible uses were associated with (a) use not permissible for funding purposes and (b) case plan primary and secondary goals were not identified as reunification.</p>

*Data retrieved from NC DSS Monitoring Team 4-5-2024 and is for period July 1, 2023-March 31, 2024.

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

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

To address the developmental needs of all vulnerable children under age five, including those served in-home or in a community-based setting, NC DSS provides services through the Family Support Network and several community-based prevention programs. In SFY 2023- 2024, NC DSS funded the following six programs that served our youngest children:

- Attachment and Biobehavioral Catch-up (ABC) was offered in both English and Spanish in Chatham, Durham, and Orange counties.
- Parent Child Interaction Therapy (PCIT) is an evidence-based treatment model for caregivers with children ages 2 to 12 years, which helps to improve parent-child relationships, teach caregivers about child development, and equip the caregivers to calmly manage misbehaviors through coached interactions. PCIT was offered in both English and Spanish in Durham County.
- Incredible Years Pre-School BASIC Parent Program is an evidence-based parent training program is implemented with parents of children ages 3-6 years who are experiencing difficulties with child behavior management, parent/child interactions, and parent/child communication. Thirteen (13) agencies offered Incredible Years Pre-School to families in 23 North Carolina counties.
- Parents as Teacher (PAT) was offered in Ashe, Catawba, Durham, Guilford, Lee, New Hanover, and Randolph counties to serve parents of children prenatal to five years old. PAT helps parents build skills in developmental parenting and addresses family system needs including building connections to other community resources. Home visiting services are supplemented with monthly Group Connections meetings. Circle of Parents

groups were available in Randolph, Transylvania, and Buncombe counties for parents with children ages birth through 5 years. These groups were offered in English and Spanish. This model enhances families' strengths by allowing caregivers to increase their social support network, learn problem-solving skills, and develop new ways to cope with stress.

- Triple P (Level 4 Standard) helps parents build strong, healthy relationships and confidently manage their children's behavior. It was provided in Alamance, Anson, Cabarrus, Davidson, Durham, Forsyth, Mecklenburg, Richmond, Stanley, and Union counties.

These services are considered primary and secondary prevention services, the goal of which is to prevent initial incidents of child abuse and neglect and families' involvement in child protective services. These services are not designed to prevent children's placement in foster care or reduce the amount of time children under age five are in foster care.

Prevention services geared toward our youngest children and their families are critical.

4.4.5.3 Child Medical Evaluation Program/CAPP Program/Regional Abuse Medical Specialists

CAPTA funding will continue to be utilized to improve CPS services through a contract with the Child Medical Evaluation Program (NCA) to support the Clinical Assessment of Protective Parenting (CAPP) Program and Regional Abuse Medical Specialist (RAMS) program.

The Clinical Assessment of Protective Parenting (CAPP) is a semi structured interview comprised of findings from Centers for Disease Control and Prevention (CDC), National Institute of Mental Health (NIMH) and empirically validated literature on factors that have been found to have an impact on the likelihood of child maltreatment. This includes demographic factors such as age or developmental needs of children in the home, parental depression and trauma, intimate partner violence, parental appreciation for child development and parent child attachment impact.

The Child Medical Evaluation Program (CMEP) will continue to provide administrative oversight to the CAPP on behalf of NC DSS. CAPP providers are licensed master's level clinicians in mental health who have the oversight of their licensure boards for training. However, CMEP requires that CAPP providers have continuing education in relevant areas of the field and take a one-day training specific to the CAPP and how to complete the evaluation within their practice model.

4.4.5.4 RAMS

All 100 NC counties will continue to be active with RAMS. RAMS consultations are divided into 3 categories, screen out, post-initiation screen out, and accept consult. Screen Outs are consultations received pre-initiation and if the intake information does not fall into one of the

5 categories of criteria, RAMS will no longer be involved with the case. Post-initiation Screen Outs are cases that would receive pre-initiation planning support, but it was found post-initiation that the allegations in the intake report were not accurate and therefore do not fall into one of the 5 categories of criteria, so RAMS will no longer be involved. Accepted Consults are cases where RAMS will provide consultation throughout the life of the assessment and would conclude RAMS involvement at case decision.

Family Support Network

All Family Support Network affiliates serve families with children from birth to age five statewide. For more information about FSN, please see [Section 4.4](#).

4.4.6 Efforts to Track and Prevent Child Maltreatment Deaths

Over the last five years, NC DSS has worked to enhance its capacity and infrastructure for this work and is currently in the process of developing a replacement database for child welfare fatalities and near fatalities. The goal of this project is to deliver a new Child Welfare Fatality Information System (CWFIS) that will allow efficient record entry, record revision, and retrieval of data for recurring and ad-hoc reports. The new system will eventually become part of PATH-NC and will be delivered in two phases, a Minimum Viable Product Phase 1 and an Enhancement Phase 2. The Minimum Viable Product will be a functional system that provides the same functionality as the existing system, with improvements to the system's design, user interface, improved data storage and security. This application is required to capture and retain data needed to complete state child fatality reviews and evaluate the efficiency of review processes. It will also capture and retain data needed to enable NC DSS to meet state and National Child Abuse and Neglect Data System (NCANDS) reporting requirements. The new database will significantly enhance the amount of data we can collect, thereby enhancing our ability to analyze factors that might aid in preventing maltreatment deaths. NC DSS anticipates Phase 1 of this project will be complete in September of 2024. Phase 2 of this project will establish a portal in which local child welfare agencies can directly input notification data on all child fatalities that they are aware of. NC DSS staff will also have the ability to enter child fatality notifications that they obtain while matching Vital Records reports and collaboration with the Office of the Chief Medical Examiner to ensure that all known maltreatment fatalities are identified and tracked. Local child welfare will be able to use the system to identify local and regional trends in child maltreatment fatalities and areas for improvement. NC DSS will use this data with other data sources to develop the state maltreatment fatality prevention plan.

NC DSS also worked diligently to implement policies and practices to prevent fatalities. When a trend between sleep related deaths and maternal substance use was identified, NC DSS partnered with the NC Collaborative for Maternal and Infant Health to develop policy and guidance for all counties around safe sleep and Plans of Safe Care for substance affected infants. NC DSS has also implemented the Regional Abuse Medical Specialist Program statewide

to provide technical assistance and guidance on a case level to counties for children who are at high-risk of fatalities, including children under 3, children with medically complex issues, medical child abuse cases and cases that involve serious physical abuse. The RAMS are available for consultation and technical assistance 24 hours a day, 365 days a year.

While NC DSS will continue the development and implementation of the database, efforts to enhance practice around safe sleep and Plans of Safe Care , and the RAMS program moving forward, there will be a shift at the state level in the approach to child fatality reviews and prevention as Session Law 2023-134 is implemented. This statute repeals the current administrative code connected to the review of maltreatment fatalities by NC DSS effective January 2025 and establishes an office in Public Health to conduct reviews at the local level. The new legislation addresses recommendations made by the NC Child Fatality Task Force with the goal of strengthening the Child Fatality Prevention System. The legislation establishes a new State Office of Child Fatality Prevention at the Division of Public Health/DHHS and consolidates previous Community Child Protection Team functions with Child Fatality Prevention Team functions into one local team required to review the following categories of deaths: undetermined, unintentional injury, violence, motor vehicle, child abuse or neglect/CPS involvement, sudden and unexpected infant deaths, suicide, deaths not expected in next six months, and a subset of additional infant deaths that do not fall within these categories. Review of fatalities related to child maltreatment and/or if there was child welfare Involvement have specific procedures outlined in the legislation; these changes will take place on January 1, 2025. Under the new structure, NC DSS will partner closely with Division of Public Health and newly established Office of Child Fatality Prevention to provide training, tools, resources, and technical assistance to help the new local fatality review teams.

NC GS §§ 108A-15.20 Citizen Review Panels replaces the 100 Community Child Protection Team structure with the establishment of Citizen Review Panels. This legislation is also effective January 1, 2025. NC DSS has a Request for Proposal pending to contract with a provider agency that will establish and administer 3 Panels in compliance with CAPTA.

Additionally, NC DSS will enhance its reviews of child fatalities beginning January 1, 2025 when the new legislative changes become effective. The review will take place when a fatality occurs during an open child welfare case (Assessments, In Home Services and Permanency Planning). Policy for these reviews is under development, but will include a comprehensive case review that focuses on county child welfare practice, including the history of child welfare involvement with the family, what was the cause of the fatality and connection to the reported maltreatment if present, county practice concerns and corrective actions if needed. Information from these reviews will be entered into the CWFIS system. Reports will be created and shared with the State Office of Child Fatality Prevention for use by the Local Team review as requested.

As outlined above, North Carolina had made strategic improvements in our system of child fatality identification and review and will use these initiatives to develop a comprehensive plan to prevent child fatalities. NC DSS plans to collaborate with and use finding from the following:

- The State Office of Child Fatality Prevention is charged with identifying and implementing evidence-driven strategies to prevent child deaths and promote well-being. NC DSS will collaborate closely with them to analyze data and memorialize strategies into a plan to prevent maltreatment related fatalities in North Carolina.
- Citizen Review Panels will be developed and review child deaths in 3 areas identified by analysis of child fatality data and inform service needs in compliance with CAPTA.
- The Child Welfare Fatality Information System will collect information on child fatalities with the ability to track trends at the local, regional and state level in order to target services to families and children
- The NC DSS case reviews of fatalities that occur during the provision of child welfare services will identify county practice needs or policy enhancements to improve service delivery to children and families.
- NC DSS continues to provide the Regional Abuse Medical Specialist program to improve the local child welfare workforce skills and abilities to assess reports of serious injury for children age 3 and under, medical child abuse reports and reports of children with complex medical conditions and for Substance Affected Infants. Data collection from this program will also be used to further enhance services to children and families to prevent child fatalities.

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

4.5.1 Family Preservation

Using IV–B–2 and state family preservation funds, NC DSS provides Intensive Family Preservation Services (IFPS) to families deemed high risk by the Family Risk Assessment. These services will further overall program goals by preventing unnecessary out-of-home placements, prevent recurrence child maltreatment, and strengthen family functioning. The table below shows the number of parents/ caregivers, children and families served with the IFPS program from SFY 2019 to SFY 2023.

Table 49. Intensive Family Preservation Services (IFPS): Parents/Caregivers, Children, and Families Served

Intensive Family Preservation Services (IFPS)	Parents or Caregivers Served	Children Served	Total Individuals Served	# of Families Served
2018–19	1,015	2,508	3,523	1,015
2019–20	1,013	2,400	3,413	1,013
2020–21	982	2,291	3,273	982

2021–22	954	2,329	3,283	954
2022–23	838	2,180	3,018	838
TOTAL	4,802	11,708	16,510	4,802

Source: NCCANDS Data; Quarterly Reports, July 1, 2023 – December 31, 2023: Family Preservation Mid-Year Quarterly Reports

Beginning January 1, 2025, NC DSS will begin using HOMEBUILDERS® services under the Family First Prevention Services Act to support family preservation. Implementing HOMEBUILDERS® with model fidelity requires start-up activities before direct services can be provided to families, including provider selection, contract development, staff hiring, training, and shadowing. As it transitions to HOMEBUILDERS, NC DSS will continue providing IFPS services to minimize disruption to family preservation services. Between July 1, 2024 and December 31, 2024, NC DSS will continue IFPS services in the following 24 counties: Alamance, Alexander, Burke, Cabarrus, Catawba, Forsyth, Franklin, Gaston, Granville, Guilford, Halifax, Iredell, Johnston, Mecklenburg, Nash, Orange, Randolph, Rockingham, Stanly, Union, Vance, Wake, and Warren Counties. NC DSS will discontinue IFPS December 31, 2024 as it offers the availability of the HOMEBUILDERS program in all 100 counties.

NC DSS estimates it will provide 1,250 individuals in 525 families with family preservation services at an estimated cost of \$1,386,000. In FFY 2024–25, NC DSS anticipates spending at least 20% of IVB-2 funding on evidence-based services to preserve families. Please see the CFS-101, Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds for anticipated outputs for designated program areas.

4.5.2 Family Support/Prevention

As North Carolina’s Community-Based Child Abuse Prevention (CBCAP) lead agency, NC DSS uses federal CBCAP and IV-B-2 funding to support evidenced-based and evidenced-informed parenting education and support programs. The goals of these family support/prevention programs are to prevent child abuse and increase protective factors.

In support of these goals, NC DSS awards grants to community-based agencies to offer parent education, parent support, and home visiting. With this funding, these agencies implement one or more of the following evidence-based or evidence-informed programs:

- Attachment and Biobehavioral Catch-up (ABC)
- Circle of Parents (Circle)
- Incredible Years Pre-School BASIC Parent Program for parents of children 3–6
- Incredible Years School-Age BASIC Parent Program for parents of children 6–12
- Parent Child Interaction Therapy (PCIT)
- Parents as Teachers (PAT)

- Strengthening Families Program (SFP) for parents of children 6–11
- Stewards of Children– Darkness to Light Child Sexual Abuse Prevention Training
- Triple P, Level 4 Standard and/or Level 4 Group

In SFY 2023–24, NC DSS funded 31 agencies to provide one or more of the programs listed above. Awarded agencies are either nonprofits or local government agencies. When selecting family support providers NC DSS ensures there are programs in each of the state’s seven regions. However, while there are family support programs in all regions, due to limited funding, programs are not available in all 100 counties. NC DSS is working to improve alignment of community–based family support services with NC’s Prevention Framework, Family First Prevention Services, and NC Family Resource Network.

NC’s community–based family support programs provide outreach, parent engagement, and leadership opportunities; participate in implementation support to ensure model fidelity; and engage in qualitative and quantitative evaluation methods, as well as intentionally promote protective factors. Opportunities for parent engagement and leadership are offered to program participants in numerous ways, such as helping recruit families and acting as mentors to new parent participants, being trained as program facilitators, participating on agency advisory committees (e.g., DEI, childcare resource and referral, and health equity committees) and participating in a peer review process as a continuous quality improvement activity.

With collaborative support from other public and private funders, NC DSS has a long history of contracting with PCANC to provide program implementation support to family support agencies who offer the Incredible Years, Strengthening Families Program, Circle of Parents and most recently Triple P Level 4 (Standard and Group) programs. The overarching goal of PCANC implementation support is to increase the knowledge, skills, and capacity of parenting program coordinators and facilitators to help programs achieve outcomes and adhere to model fidelity in a manner that positively affects parenting strategies and enhances protective factors for families residing in North Carolina.

The tables below list the number and other demographic details for the parents/caregivers, children and families recently served through the Community–Based Prevention Family Support programs. Participant demographics are not yet available for SFY 2023–24.

Table 50. Family Support/Prevention Programs: Parents/Caregivers and Children Served

Evidence–Based Parenting Programs	Parents or Caregivers Served	Children Served	Total Served	# of Families Served
July 1, 2022 – June 30, 2023 (12 months)	1,188	1,684	2,872	999
July 1, 2023 – Dec 31, 2023 (6 months)	649	935	1,584	569

TOTAL SERVED – Between July 1, 2022, and December 31, 2023 (18 months)	1,837	2,619	4,456	1,568
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July 1, 2022 – June 3, 2023: Family Support Final Quarterly Reports (total of 31 of 31 agencies reporting)
 July 1, 2023 – December 31, 2023: Family Support Mid-Year Quarterly Reports (total of 30 agencies of 30 reporting)

Table 51. Family Support/Prevention Program Participant Demographics by Age, SFY 2022–23

Age	Data	
	Number	Percent
0 – 5	468	16.3%
6 – 12	399	13.9%
13 – 18	121	4.2%
19 – 29	362	12.6%
30 – 39	876	30.5%
40 – 49	376	13.1%
50–59	126	4.4%
60+	144	5%
TOTAL	2,872	100%

July 1, 2022 – June 30, 2023: Family Support Database (total of 31 agencies reporting)

Table 52. Family Support/Prevention Program Participant Demographics by Race, SFY 2022–23

Race	Data	
	Number	Percent
African American	735	25.6%
Asian American	32	1.1%
European American (Caucasian)	1,222	42.5%
Hispanic	612	21.3%
Native American	58	2%
Other	213	7.4%
TOTAL	2,872	100%

July 1, 2022 – June 30, 2023: Family Support Database (total of 31 agencies reporting)

Table 53. Family Support/Prevention Program Participant Demographics by Gender, SFY 2022–23

Gender	Data	
	Number	Percent
Female	2,010	70%
Male	862	30%
TOTAL	2,872	100%

July 1, 2022 – June 30, 2023: Family Support Database (total of 31 agencies reporting)

The tables above show NC DSS collects basic identifying information on individuals and families served by the Community-Based Prevention Family Support programs.

In addition to collecting outputs and demographic data, NC DSS will utilize the following evaluation approaches to assess program effectiveness:

- **Client Satisfaction Survey.** All Family Support grantees will be required to administer the Strengths Based Practices Inventory (SBPI), which has a trauma-informed approach. The SBPI will be offered in English and Spanish and administered at the close of each parenting program. NC DSS will aggregate the responses to the surveys and provide each agency with a snapshot of their results, including caregiver comments.
- **Collaborative Partnerships in Program Evaluation.** Under contract with NC DSS, PCANC will contract with independent evaluators to assess IY, SFP, Circle of Parents, and Triple P outcomes. The evaluation process will continue to be trauma-informed, focusing on safety, choice, collaboration, trustworthiness, empowerment, and equity. Family Support agencies will also continue to report on shared outcomes for each individual parenting program. As in previous years, both PCANC and NC DSS will provide technical assistance to agencies regarding the evaluation process. PCANC, NC DSS and other NC funders will continue to meet to update and develop a shared vision for a successful and collaborative evaluation process.
- **Contract Monitoring.** NC DSS conducts ongoing contract monitoring of all family support grantees; this includes fiscal and program reports, desktop monitoring, technical assistance, peer monitoring, and monitoring visits as well as ongoing telephone/e-mail contact with contractors to determine the agency's contractual compliance to administrative, programming, fiscal, and evaluation procedures.
- **NC DSS estimates it will provide 1,250 individuals in 525 families with family support services at an estimated cost of \$1,345,000. In FFY 2024–25, NC DSS anticipates spending at least 20% of IVB-2 funding on evidence-based services to preserve families. Please see the CFS-101, Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds for anticipated outputs for designated program areas.**

As NC continues to plan and implement its Family First Prevention Framework and Family First Prevention Services Act plan, NC will work to further align its community-based primary and

secondary prevention programs to ensure that programs are equitable and available to all families in North Carolina's 100 counties including those who belong to underserved communities. Additionally, NC DSS needs to enhance its data collection abilities to ensure that individuals who belong to underserved communities or have been denied services in the past, such as those who are members of religious minorities, those who identify as LGBTQI+, persons with disabilities, persons who live in rural areas or otherwise adversely affected by persistent poverty or inequality are receiving timely, fair, and equitable services. NC DSS staff will revise its quarterly report and data collection requirements for SFY24, to collect more diverse identifying information to ensure our programs are not unintentionally creating systemic barriers to services. This information will be beneficial as we plan for future Request for Applications for Community Based Prevention Programs to ensure that underserved populations have access to high quality, evidence-based and evidence-informed prevention programs that can help support families and strengthen communities' protective factors, to decrease the risk of maltreatment of children.

4.5.3 Reunification Services

NC DSS provides reunification services, the goal of which is to reunite children and youth in foster care with their parents/caregivers. All 100 county child welfare agencies are expected to provide services and activities to eligible families working toward the goal of reunification as defined in the Social Security Act. To be eligible, at least one caretaker must voluntarily agree to participate and be able to work toward achieving the goals in the case plan, and the child must be in the placement authority of a county child welfare agency in an out-of-home placement (or recently moved back home on a trial basis).

The funding formula for reunification services is (1) a base of \$5,000 for each county and (2) a percentage of the remaining funds available based on the number of children who entered the county's foster care system in the prior fiscal year. NC DSS provides technical assistance to county DSS agencies to support their use of Title IV-B-2 reunification funds.

Counties report annually on reunification services using two tools: one captures reunification services provided by the county during the fiscal year and the other captures the county's reunification services plan for the upcoming year. NC DSS uses this data to ascertain what reunification services are being provided. During SFY 2022-23, 96 county DSS agencies completed spending reports and projected plans.

In SFY 2022-23, NC allocated \$1,734,000 in reunification services funding to 88 counties. Counties report they primarily use the funds to support the facilitation of and access to parent-child visits, sibling visits, transportation to IV-B-2 eligible services, and mental health services such as therapy and psychological evaluations. Between July 1, 2023, and February 28, 2024, 85 counties spent 64% of the \$1,954,130 allocated for reunification services in SFY 2023-24. NC DSS estimates it will annually provide reunification services to 2,333 families, at

an estimated cost of \$1,954,130. In FFY 2023–24, NC DSS anticipates spending at least 20% of IV–B-2 funding on family support services.

4.5.4 Adoption Promotion and Support Services

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

4.5.5 Adoption Promotion Program

For the Adoption Promotion program, NC DSS uses TANF and state funds, supplemented with IVB–1 funds, to incentivize the completion of adoptions. Adoption Promotion services are offered statewide by all county DSS agencies and 14 contracted private child–placing agencies. There are four categories of services eligible for payment: adoptive family readiness, post–placement support for families, post–placement support for the child, and legal services. These services ensure the family has the knowledge and skills to parent children with special needs while ensuring the child is safe and secure in their placement. Legal services are defined as the completion of legal paperwork necessary to finalize an adoption.

Private child–placing agencies are paid on a fee–for service basis. Based on year–end calculations, county agencies receive a proportional share of the total statewide funding available to all counties, based on the sum of two factors:

1. The total number of adoptions completed (regardless of age) that *exceed* the federal adoption baseline targets for each county.
2. The total number of adoptions completed for (a) children aged 13 and older or (b) sibling groups of three or more placed together for adoption, that *fall under* the federal baseline.

The tables below show the funding provided and adoptions achieved through the Adoption Promotion program from SFY 2021–22 through 2023–24.

Table 54. County Child Welfare Agency Adoption Data

SFY	# Counties Receiving Funding	Total Funding Paid to County Child Welfare Agencies	Total NC Adoptions from Foster Care
2021–22	51	\$2,834,767	1379

2022-23	68	\$4,871,430	1333
2023-24	34	*Not Yet Calculated	803

*Counties provide DHHS the number completed adoptions quarterly.

Table 55. Contracted Private Agencies Adoption Data

SFY	Total Funding Paid to Contracted Private Agencies	Total Partner Adoptions	Percent of Total Statewide Adoptions
2021-22	\$3,091,000	295	24%
2022-23	\$2,230,050	314	24%
2023-24	*\$1,048,249	*158	Not yet calculated

*Year-end calculations have not yet been completed for SFY 2023-24. The data provided is based on contract amounts for 14 contracted private agencies between June 1, 2023, through March 12, 2024.

NC DSS estimates the Adoption Promotion Program will annually provide services to approximately 1,400 families. The total estimated funding for these services are included in CFS 101, Part III.

4.5.6 Other Programs Promoting Permanency

NC has additional programs it uses to promote adoption and other forms of permanency for children and youth in foster care. The Permanency Innovation Initiative, delivered through Children's Home Society of NC, supports permanency by providing child-specific recruitment services for children and youth in foster care. The Kinship Guardianship Assistance Program (KinGAP) program offers financial assistance and Medicaid for youth who are placed with licensed kin or foster parents who are committed to being a permanent home for the youth. This program helps youth ages 14-17 and their younger siblings achieve permanency through legal guardianship. NC DSS uses training and technical assistance to promote county DSS agencies' awareness and use of KinGAP.

4.5.7 Post-Adoption Support Services

NC DSS currently contracts with four community-based agencies to provide Post Adoption Support Services across the state: Catawba County Social Services, the Center for Child and Family Health, Children's Home Society of NC, and Barium Springs Home for Children/Children's Hope Alliance. These agencies provide evidenced-based, trauma-informed services to any North Carolina adoptive family, regardless of whether they adopted through the child welfare system. The goal of these services is to increase the stability of adoptive placements and to reduce the number of adoption dissolutions.

Services offered include case management, clinical services, crisis intervention, respite, and parenting education and support.

Table 56. Post Adoption Support Services

SFY	Children Served	Caregivers Served	Families Served
2022	611	762	602
2023	845	824	548
2024*	450	558	418

*Data provided by PASS contracted agencies: Catawba County Social Services, the Center for Child and Family Health, Children’s Home Society of NC, and Barium Springs Home for Children/Children’s Hope Alliance.

*Data is for services provided from July 1, 2023– March 31, 2024

Post Adoption Support Services will continue to be provided by the above providers through September 30, 2024, after which North Carolina will transition to the Success Coach model. NC DSS is contracting with Catawba County DSS to provide the statewide replication of Success Coach model to the state’s seven post–permanency regions. This program matches families with coaches who use support, education, and coordination of services to strengthen permanent placements and enhance child well–being. As Success Coach is implemented consistently across North Carolina, NC DSS expects an increase in the number of youth and families served. The Success Coach implementation plan is expected to be finalized by December 2024. NC DSS is using communication and consultation to prepare the state for the transition to Success Coach as the state’s post– permanency model for supporting families post adoption and post guardianship.

NC DSS estimates that annually it will serve approximately 950 caregivers and approximately 1 000 children with post–adoption support services. The total estimated funding for these services are included in the CFS–101, Part III.

In FFY 2023–24, NC DSS anticipates spending at least 20% of IV–B-2 funding on adoption promotion and support services.

4.5.8 Service Decision–Making Process for Family Support Services

NC carefully considers how it targets and distributes funds for family support services, examining where these services are located in communities. For example, as part of a competitive RFA for a 3–year grant cycle from SFY 2022–24 for family support and respite services, applicants were required to discuss how their agency collaborates with local organizations, coalitions, and/or parent partners that focus on child, family, and community–well–being. Applicants were required to submit three letters of support, including one from a current or past services participant. This helped application reviewers evaluate the applicants’ existing knowledge and relationships within the community. To ensure geographic distribution

across the state, NC DSS awarded family support grants to community-based agencies in all seven child welfare regions.

NC also makes efforts to ensure family support services are physically, culturally, and linguistically accessible to traditionally underserved populations. For example, NC DSS required SFY 2022–24 family support and respite applicants to describe the target populations for the proposed services. Grantees identified several underserved populations including racial and ethnic minorities, children and adults with disabilities, families and youth experiencing homelessness, and families experiencing domestic violence and/or substance use disorders. Additionally, in North Carolina’s prevention services applications, agencies are required to demonstrate how they affirm and strengthen families’ cultural, racial, and linguistic identities.

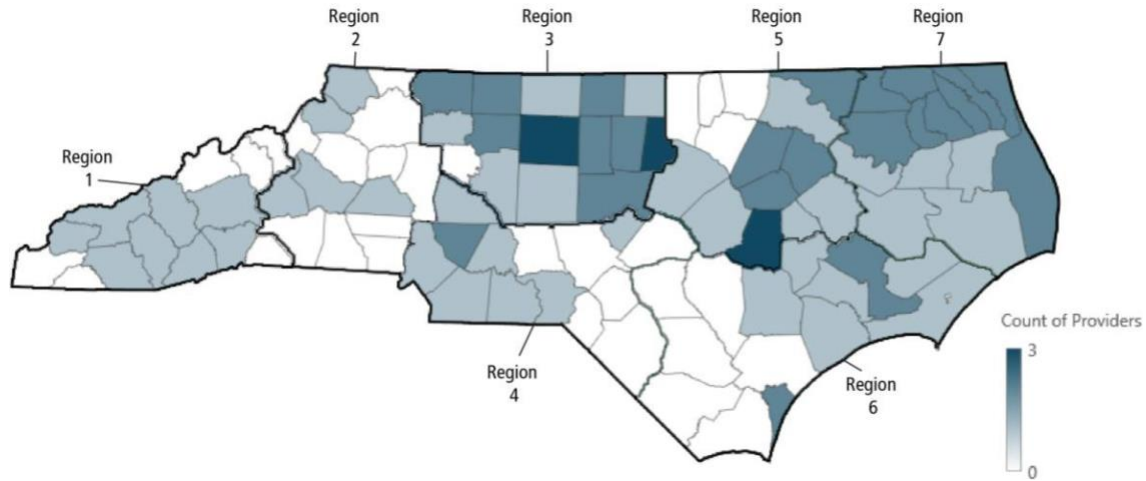
As part of a competitive RFA process for family support, applicants were required to discuss how they would meet all the following requirements to be eligible for funding:

- Provide voluntary services based on the Principles of Family Support Practice.
- Demonstrate a commitment to meaningful parent engagement and leadership opportunities.
- Provide prevention services that target populations most at risk of child abuse or neglect.
- Promote the five protective factors linked to lower incidence of child abuse and neglect.
- Provide a plan to maintain program fidelity through implementation support.
- Use evaluation tools to demonstrate positive outcomes for children and families.
- Promote racial equity, diversity and inclusion within the agency and programs.

In addition, each family support applicant had to submit a logic model for programs they were proposing to provide, as well as an annual line-item budget.

A grant review committee used a Family Support Application Review Tool to score applications. Although a primary factor, score alone was not the sole determinant for awards. NC DSS also considered factors such as regional distribution, program variety, target population, community needs, and previous program history when determining final award decisions.

Figure 32. NC DSS Family Support and Respite Providers by County, SFY 2023–24



The figure above depicts the counties served by the 31 family support provider agencies funded by NC DSS in SFY 2023–24; collectively these agencies provided services to 67 counties, plus the Qualla Boundary. Due to the number of agencies who applied, their geographic location, and those who were awarded funding, NC DSS does not have family support programming in all 100 counties. However, as the map shows, there is at least one agency providing family support in each of NC’s seven regions. Counties that are not represented include:

- Region 1: Buncombe, Cherokee, Clay, Madison, Mitchell, Polk, Yancey
- Region 2: Alexander, Alleghany, Avery, Caldwell, Cleveland, Gaston, Iredell, Lincoln, Rutherford, Wilkes
- Region 3: Services are available in all counties in this region except Davie
- Region 4: Harnett, Hoke, Montgomery, Moore, Robeson, Scotland
- Region 5: Franklin, Granville, Vance, Wake, Warren
- Region 6: Bladen, Brunswick, Columbus, Cumberland, Sampson
- Region 7: There is coverage in every county due to ECU serving a total of 21 counties. However, there are only 10 counties in this region that have access to the evidence-based/informed parenting prevention programs.

Although the above-mentioned counties do not necessarily have targeted, funded family support programs, NC DSS allowed agencies to serve neighboring counties during the COVID-19 pandemic due to services being offered virtually. Agencies had to get prior approval from NC DSS to serve families in these counties. Due to the success of families in neighboring counties receiving prevention services in this way, NC DSS added a clause in contracts that states agencies may serve families from neighboring counties with prior approval from NC DSS (and now applies to whether agencies are offering virtual or in-person programming).

NC DSS is currently in year three of a three-year grant cycle and has extended the cycle for one more year. After SFY 2024–25, NC DSS plans to release a new RFA for another three-year grant cycle which will align with the child welfare transformation that is happening in NC, including regionalization and FFPSA programs. When planning for the new RFA, NC DSS will strategically identify the prevention programs that agencies may apply for to align with FFPSA programs and strive for statewide coverage. For example, there are three prevention parenting programs [Attachment and Biobehavioral Catch-Up (ABC), Strengthening Families Program and Parent Child Interaction Therapy (PCIT)] that only a few agencies provide in a few counties. NC DSS is instead going to focus on programs that have a history of strong agency representation, as well as positive outcomes in NC, including the Incredible Years, Circle of Parents, Parents as Teachers, and Triple P.

In addition, NC has recently launched a Family Resource Center network. NC DSS will explore how the network can support FFPSA and family support prevention programs to ensure services are available in all 100 counties.

During the past two years, NC DSS has carefully analyzed spending patterns for services funded with Title IV–B–2 and began to align program contracting with funding streams. For SFY 2024–25, NC DSS will continue to contract and fund 25% family preservation services, 25% family support, 20% family reunification, 20% Adoption Promotion and Support Services, and 10% on administrative cost.

4.5.9 Populations at Greatest Risk of Maltreatment

4.5.9.1 Identifying and Describing Those at Greatest Risk

North Carolina identified the following populations of children and youth at the greatest risk of maltreatment in its 2020–2024 CFSP:

- Children under the age of 3 years
- Teenagers with mental health and behavioral health concerns
- Children born to young parents with little to no parenting education
- Children born to parents with significant histories of abuse and/or neglect; and,
- LGBTQIA+ youth

These populations were selected by identifying national trends and from child fatality reviews from 2018.

More recently, stakeholders have worked to understand and define the most at-risk groups of children in the larger population to establish eligibility criteria for the Care Management for At-Risk Children program (CMARC). Provided by local health departments in partnership with DHB and funded by Medicaid, CMARC offers care management services for at-risk children ages zero-to-five. DHB identifies at-risk children based on the social determinants of health.

Children are eligible to receive CMARC services if they are under age six and in one or more of these categories:

- Have long-term medical condition
- Long-term stressful situations (ACEs)
- Children in foster care
- Children in the neonatal intensive care unit
- Qualifies for the Infant Plan for Safe Care

These same criteria seem appropriate for identifying the population at risk for child maltreatment. All are strong predictors of child welfare system involvement.

Other efforts by North Carolina to define at-risk children include the NC Child County Data Cards, the NC Child Health Report Card, the NC Health Equity Impact Assessment, and the Kids Count Data Center. These are coordinated by NC Child, the state’s Kids Count contractor and a statewide child advocacy organization.

Evidence shows children living in financially secure families are more likely to succeed in school and stay healthy. According to 2022 Census data, there were 1.3 million North Carolinians, including 388,000 children, living in households with combined income below the poverty level. That is a rate of 12.8%, down from 13.4% in 2021, according to the official poverty rate.

The children most at risk of living in low-income homes, according to NC Child are:

- **Black and Latinx children.** Years of barriers to family economic mobility continue to hold back opportunity from many Black and Latinx families. The difference in poverty rate between Black and White children is substantial; 10.6% of Whites are in poverty as compared to 31.1% Blacks.
- **Children under age 6**, who are more likely to be born to parents who are younger and less financially established.
- **Children in rural counties**, where low incomes are often compounded by limited access to core needs such as transportation and health care.

These groups at risk of living in low-income homes merit attention, since the risk for child maltreatment increases with additional physical, social, and economic stressors.

Two stakeholder groups, CMARC and NC Child, have identified markers in North Carolina for poor outcomes that align with the main reasons families are involved with the child welfare system. These markers, shown in the following table, fall into two categories: individual and community.

Table 57. Risk Factors Identified by Stakeholders

Individual, Child-Level Risk Factors	Community-Level Risk Factors
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<ul style="list-style-type: none"> • Under 6 years old • Have long-term medical condition • Long-term stressful situation (ACEs) • Experienced foster care • Experienced the neonatal intensive care unit • Part of the Infant Plan for Safe Care 	<ol style="list-style-type: none"> 1. A strong start <ul style="list-style-type: none"> • Early prenatal care • Low birth weight • Pre-term births 2. Family economic security <ul style="list-style-type: none"> • Poverty or low-income • Food insecure 3. Nurturing homes and communities <ul style="list-style-type: none"> • Delinquency • Child maltreatment • Teen births 4. Education <ul style="list-style-type: none"> • Only reading at a 3rd grade level • Lack of high school graduation • Lack of college completion 5. Health and wellness <ul style="list-style-type: none"> • Children without health insurance
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Source: Individual-level factors by CMARC/Medicaid; Community-level factors by NC Child

Caregiver risk factors identified during the CPS investigation and assessment process are also relevant. These are reported by state in the annual federal child maltreatment report. The table below shows allegation reasons and caregiver risk factors and compares North Carolina to national performance.

Table 58. Caregiver Risk, FFY 2021

Rates	Alcohol Abuse	Domestic Violence	Drug Abuse	Financial Issues	Housing	Public Assistance	Disability
NC Number	1,483	3,637	4,795	1,114	1,248	1,848	2,120
NC Rate	7.0	17.1	22.6	5.2	5.9	8.7	10.0
National Rate	15.0	28.2	26.1	11.6	7.4	23.2	12.6

Source: Child Maltreatment 2021 (hhs.gov)

The most prevalent caregiver child maltreatment risk in North Carolina is drug abuse, followed by domestic violence. All areas of risk above are more prevalent nationally than in North Carolina, though this may be reflective of documentation and reporting practices.

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

Figure 33. Child Poverty Rate in North Carolina Over Time by Race



Source: Kids Count

Economic risk falls disproportionately on children of color. As the figure shows, in 2022 the child poverty rate for White children was about 10%, nearly triple that for Black, Latinx, and Native American children. That same year, the Latinx rate of child poverty slightly surpassed that of Black children. Just as has occurred nationally over the past decade, child poverty rates have declined for all racial groups in North Carolina, though the large difference between racial categories remains.

Age is also a strong predictor of child maltreatment. As the table below shows, while infants are only about 5% of the state’s child population, they make up one in five foster care entries. Half of children entering foster care in NC are under age six. This makes sense, given the vulnerability of young children, but it raises their risk of child maltreatment and child welfare involvement, especially for those in low-income households.

Table 59. Dynamics of Foster Care Entry Across Age Groups, FFY 2022

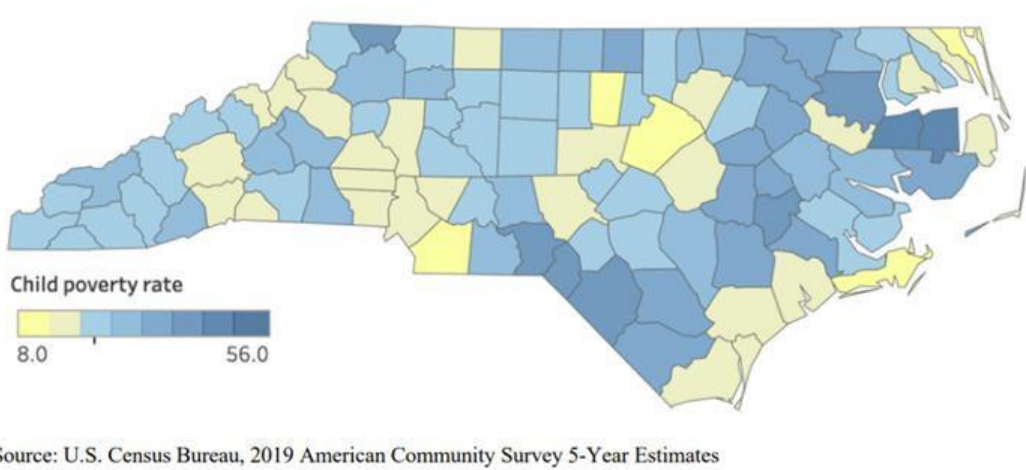
Age Group	% of Entries	% of NC’s Child Population	Foster Care Entries (per 1000 in Child Population)
< 1	20.7 %	5.1 %	8.3
1 to 5	29.4 %	26.6 %	2.3
6 to 10	22.2 %	27.6 %	1.6

11 to 16	26 %	34.9 %	1.5
17	1.8 %	5.8 %	0.6
Total	100 %	100 %	2.0

Source: Children’s Bureau; CFSR state contextual data; August 2023.

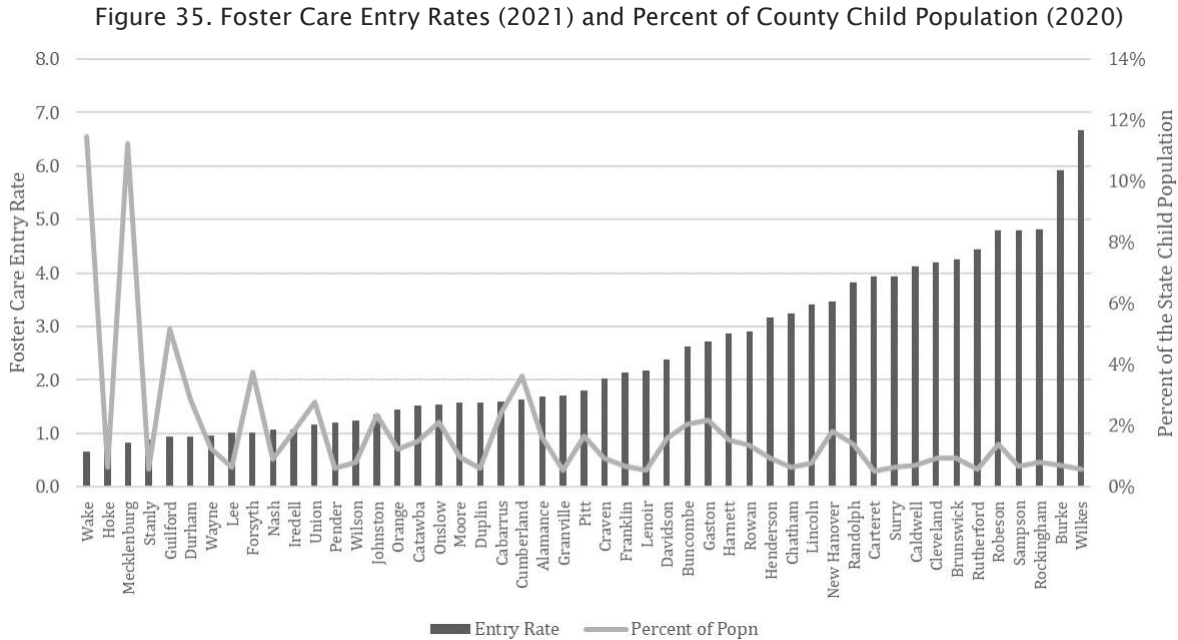
In the last 20 years, the number of poor children in North Carolina has grown three times faster than the total number of children in the state. Also, poverty rates are much higher in certain areas of the state. The figure below shows the concentration of the highest rates (shown in the deepest blue) in the eastern part of the state.

Figure 34. Child Poverty Rates in North Carolina Counties, 2019[1]



While poverty has decreased across the state, the poorer counties are poorer while wealthier counties have accumulated more wealth. Child poverty rates in counties in 2019 ranged from 8% to 56%. The poorest counties in North Carolina are Bertie, Washington, Tyrrell, Alleghany, Richmond, Scotland, Robeson, and Lenoir.

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



Source: Map extracted from “The Persistent and Pervasive Challenge of Child Poverty and Hunger in North Carolina” NC Poverty Research Fund, December 2021.

The figure above shows North Carolina’s 50 most populous counties. The two most populous, Wake and Mecklenburg, have among the lowest foster care entry rates while representing more than 6% of the state’s children. Wilkes and Burke have the highest rates of entry into foster care (of the 50 most populous counties), at over 6 children per 1000 entering care. Risk of foster care entry is higher in less populated areas of the state (not reflected in the figure), perhaps reflecting greater need or a lack of supportive services.

Comparing foster care entry rates and county child population warrants further investigation and analysis, as anomalies are present. For example, Cumberland County is the fifth most populous county for children yet has an entry rate nearly twice as high as Wake and Mecklenburg. Counties that appear on the high poverty list, such as Lenoir and Robeson, warrant further analysis compared to the foster care entry rate.

The following table summarizes the above discussion of populations of children and youth at the greatest risk of maltreatment.

Table 60. Summary Snapshot of Children at High-Risk for Maltreatment

Age	Under five years of age Under one years old
Race	Black Latinx

Living Environment	Live in a rural county Limited access to services (including no health care)
Exposure to Stress	High ACEs score Spent time in the NICU Has a Plan of Safe Care Spent time in foster care
Parental Risk Factors	Drug use/abuse Domestic/family violence

4.5.10 Services for Those at Greatest Risk

Over the next five years, North Carolina will target services to the populations of children and youth at the greatest risk of maltreatment, including through the use of the following.

Assessments. In North Carolina, provision of services is guided by risk and needs assessments. To prepare county child welfare workers for assessing and responding to the risk and needs of children and youth in the identified populations, NC DSS provides training and technical assistance, including the following courses:

- Child Development and the Effects of Trauma
- Supporting, Including, and Empowering LGBTQI+ Youth
- Understanding Child Mental Health Issues
- Advocating for Child and Adolescent Mental Health Services

CMEP, RAMS, and CAPP. NC DSS serves the children at greatest risk of maltreatment through the Child Medical Evaluation program (CMEP), the Regional Abuse Medical Specialist (RAMS) program, and the Clinical Assessment of Protective Parenting (CAPP) program funded through CAPTA. These programs target children under age four with reports of specific types of maltreatment as well as targeted programming on substance affected infants.

The CMEP has four components: 1) social workers and medical providers available for consultations during CPS assessments, (2) joint oversight with NC DSS of child medical consultations by rostered providers to assist county DSS agencies for any case open in CPS assessments that in their determination will assist them with the case decision, (3) joint oversight with NC DSS of RAMS, (4) joint oversight with NC DSS of CAPP providers.

RAMS provide consultation and assistance to county DSS agencies in the management of high-risk child welfare cases that overlap with medical issues, including injuries in young children less than 3 years old, medical child abuse/Munchausen by Proxy, cases involving children with complex medical issues, and sexual abuse concerns for children less than 3 years old. One of

the eight RAMS positions is designated as the SAI-RAMS and specifically focuses on cases involving substance affected infants. Additionally, RAMS help create and disseminate educational materials and assist rostered CME clinicians in training the course Medical Aspects of Child Abuse and Neglect for Non-Medical Professionals.

The CAPP program provides rostered providers who conduct clinical assessments of caregivers to aid in decision-making in CPS investigations. This program is driven by empirically supported measures in understanding a parent's ability and willingness to mitigate safety risks for their child.

Evidence-Based Community-Based Prevention Programs. NC DSS serves families with children under the age of 3 years old through the following six community-based prevention programs:

- Attachment and Biobehavioral Catch-up (ABC) Home Visiting. This 10-week home visiting parenting program is for families who have children between the ages of six and 48 months. Each session includes structured topics provided by an ABC Parent Coach. Positive feedback is provided by the Parent Coach to the caregiver during sessions by using video clip reviews and commenting on live interactions between the caregiver and child. The program helps caregivers nurture and respond sensitively to their infants and toddlers to foster their development and form healthy relationships.
- Parent Child Interaction Therapy (PCIT) Home Visiting. In this treatment program parents are coached by a trained therapist in behavior-management and relationship skills. PCIT is for parents/caregivers who have children ages two to seven and aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. PCIT is typically delivered over 12-20 weekly hour-long sessions and is usually delivered in playroom settings where therapist can observe behaviors through a one-way mirror and provide verbal direction and support to the parent using a wireless earphone.
- Parents as Teachers Home Visiting. This program teaches new and expectant parents skills to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success. The PAT model includes four components: home visits, group connections, child health and developmental screenings, and community resource networks.
- Circle of Parents support groups. This parent-led, professionally facilitated parent support group program that gives parents the opportunity to share in each other's challenges and successes while developing a network of support. The technical assistance provided includes coaching, training, and consultation focused on implementation with fidelity as defined by best practice standards, parent leadership, father engagement, and strengthening the five protective factors in families.

- Triple P (Level 4 Standard). This parenting and family support system draws on social learning, cognitive behavioral and developmental theory, and risk factor research to prevent and treat behavioral and emotional problems in children and teenagers. Triple P strategies help parents build strong, healthy relationships and confidently manage their children's behavior. Triple P has been shown to work across cultures, socio-economic groups, and in different kinds of family structures.
- Sobriety, Treatment, and Recovery Team (START). North Carolina is piloting up to ten START programs in county DSS agencies in 2024. This evidence-based child abuse and neglect prevention service serves families where substance use disorder (SUD) has impacted or impaired the safety of young children. START includes an array of strategies such as peer mentor support, quick access to intensive SUD treatment, cross-system collaboration, intensive case management, and a family-centered approach. The program targets families with children aged birth to five involved in child protection where a parent's substance use is a primary child safety risk factor.
- Sexual Health for Youth in Care (SYNC). This program, provided statewide by Children's Home Society of NC, uses *Making Proud Choices*, an evidenced-based curriculum for youth aged 12–18. SYNC also provides sexual health education for out-of-home teens and their caregivers and to the professionals (DSS staff, LINKS staff, Guardian ad Litem staff and volunteers, group home staff, juvenile detention staff, and other organizations) who work with them. The program provides access to appropriate information regarding sex, love, and relationships, including specialized content on LGBTQIA+.

Family Support Network. NC DSS contracts with the Family Support Network of North Carolina (FSN), whose affiliates provide education, training, and support services to all families who care for children who are medically fragile or have special needs, including children who are substance exposed, HIV positive, or who have developmental delays. For more on FSN, see [Section 4.4](#).

Child Welfare Practice Guidance for LGBTQ+ Youth. North Carolina disseminates to counties this guidance document for working with LGBTQ+ youth. The aim of this document is to ensure *LGBTQ+* youth involved in the child welfare system have equal access to services that are affirming and supportive including housing, medical and mental health care, and opportunities that promote positive youth development, and are emotionally and physically safe.

4.6 Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

North Carolina policy requires children in foster care be seen by their county child welfare worker at least monthly. To ensure caseworker visits are well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-

being of the children, county child welfare workers must use the Monthly Permanency Planning Contact Record (DSS-5295) to prepare for and document monthly visits. This documentation must reflect an ongoing assessment of needs and the services provided to meet identified needs. In accordance with federal requirements, in NC at least 50% of the total number of monthly visits made by caseworkers to children in foster care during a fiscal year occur in the child's residence.

To improve the quality of visits over the next five years, NC DSS will use the monthly caseworker visit grant to provide funding for the cost of staff to conduct visits. The allocations will be provided to counties based on each county's number of unduplicated children in care divided by the state's total number of unduplicated children according to the prior year. The counties will receive their allocation through submission of 1,571 monthly invoices based on the actual services documented on caseworker day sheets.

As a further means of improving the quality of visits, NC DSS will also continue to promote its practice standards. These standards (communicating, engaging, assessing, planning, and implementing), describe how workers should interact with children, youth, and families from the beginning to the end of child welfare services and how supervisors and leaders should support workers and help them be successful. Practice standards are the foundational component for North Carolina's practice model, Safety Organized Practice. NC promotes the practice standards through online e-learnings for staff at all levels, regional Office Hours, and other means (e.g., the NC DSS semiannual publication *Children's Services Practice Notes*).

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

4.7.1 Agency Administering Chafee

NC DSS Chafee program also known as LINKS serves youth ages 14 to 21 by assessing their needs, skills, and resources, engaging them in planning and implementing services, programming, and connecting them with services to support the accomplishment of their Transitional Living Plan goals.

NC DSS is the agency responsible for oversight of the Chafee Foster Care Program for Successful Transition to Adulthood, and the Education and Training Voucher Program (ETV), referred to as NC LINKS. LINKS is not an acronym; it is a word that captures the purpose of the Chafee Act to implement a robust, youth-guided program with a network of supports and outcome-based services for youth and communities. LINKS serves youth ages 14 to 21 by assessing their needs, skills, and resources; engaging them in planning and implementing services and programming; and connecting them with services to support the accomplishment of their Transitional Living Plan goals. The LINKS program is managed by a state-level coordinator within NC DSS whose role is to provide support, training, consultation, technical

assistance to county departments of social services and to engage key stakeholders in the development and implementation of individual and group services to eligible youth.

LINK-UP Calls. As part of its administration efforts, NC DSS conducts monthly LINK-UP calls with counties to discuss LINKS (Chafee) and Foster Care 18 to 21 programs and to provide oversight, technical support, and information about available services. County DSS social workers, their partners, and stakeholders have said they find these calls beneficial. Topics covered by these calls include workforce development, post-secondary education funding, financial literacy, life skills connected to LINK outcomes, health care management, health care power of attorney, and advance directives.

4.7.2 Description of Program Design and Delivery

Program Design. The LINKS program helps youth and young adults transitioning from the foster care system achieve the following outcomes, in alignment with the purposes of the Chafee program:

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

The key components of LINKS are as follows:

- **Independent Living Services.** These are provided directly to youth by county DSS agencies and contractors. LINKS services include, but are not limited to, individual life skills assessments designed to inform the development of a youth's Transitional Living

Plan, group classes and activities to teach youth life skills (e.g., cooking and budgeting), and the purchasing of goods (e.g., clothing for work or household items) youth need to help fulfill a specific program purpose.

- Education and Training Vouchers. The North Carolina Education and Training Voucher (ETV) program is available to youth who are eligible for LINKS and have attained 14 years of age and after attaining 16 years of age, exit foster care to adoption, guardianship, or remain in care after their 17th birthday.
- NC Reach. This is a state-funded scholarship program for former foster youth who meet eligibility criteria, which include: (a) legal NC resident, (b) adopted from NC DSS foster care after the age of 12, OR, aged out of NC DSS foster care at age 18 (must have been in care on 18th birthday), (c) exited from foster care to a permanent home through guardianship with the support of the Kinship Guardianship Assistance Program (KinGAP), (d) enrolled in one of the 74 NC public community colleges, colleges, or universities, (e) under age 26. Participants remain eligible until their 26th birthday.

Chafee funds support county LINKS programs through allocations, LINKS Special Funds, and contracts with agencies providing direct services and supports to eligible youth. County allocations are used for resources needed to offer programming, incentives for program participation, goods and services, and program operations (may include funding a position to provide services). LINKS special funds are used to support the costs associated with transitional housing and for services or supports needed to meet program outcomes. Amounts are up to \$1,500 for housing and \$3,000 for program outcome supports. These funds are in addition to county allocations and are available to youth annually. NC also contracts with SaySo, to provide comprehensive and professional training, leadership, and life skills activities to transition-age youth and young adults across the state.

Youth and Stakeholder Involvement in Program Design and Service Delivery. This plan was developed through ongoing consultation with current and former foster youth, caregivers, contract service providers, state agency staff, and county DSS staff. NC DSS gathers youth and stakeholder input on an ongoing basis. For example, NC’s LINKS coordinator attends the annual orientation of SaySo’s Young Adult Leadership Council and many of the organization’s events throughout the year and engages stakeholders through regular phone and in-person contact and the LINK-UP calls described above.

Child Welfare Family Advisory Council (CWFAC) members are regularly engaged for their input concerning the child welfare system, including LINKS programming. Members of this council, SaySo, and other stakeholders also provide input by participating in joint planning and in NC’s Design Teams.

To gain system-level feedback from youth and young adults, North Carolina also conducts virtual and in-person listening sessions—the most recent, which occurred between November 2022 and July 2023, were attended by a total of 132 youth and 91 adult supporters from every

region of the state. Themes from these listening sessions were analyzed and discussed during four strategic planning sessions (one of which was held with the SaySo Young Adult Leadership Council) as a way to collaboratively prioritize methods to address the four key themes that ultimately emerged from youth and young adults input: sibling contact, behavioral (and physical) health, training for resource parents related to normalcy, and lack of affordable/adequate housing. As a result of youth and young adult listening session feedback, in January 2024 NC DSS and SaySo began planning to expand youth advocacy services, supports, and financial literacy.

Input from youth and stakeholders through these various methods of engagement are shared with NC DSS leaders to review and determine what actions are necessary in response—for example, revisions to policy. In addition, the state LINKS Coordinator follows-up with individual youth and young adults who raise case-specific concerns and provides technical assistance to county DSS agencies to address concerns raised by youth and young adults.

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

Additionally, the foundational LINKS training course for child welfare workers, *Building a Successful LINKS Program*, incorporates the principles of Positive Youth Development by teaching workers to deliver LINKS services in a flexible manner that respects the individual youth's strengths and needs and provides young people with a safe environment to practice new skills.

National Youth in Transition Database (NYTD). County DSS agency staff contribute NYTD data (served population) bi-annually via an automation system introduced in 2024. The system automatically notifies local agencies of their eligible participants and reminds them to connect with the participant to complete the survey. County staff engage survey-eligible young people to complete the survey and submit completed NYTD surveys to the state. NC DSS provides technical assistance to counties on the survey submission process and outreach efforts for difficult to locate young adults.

North Carolina's strategies for sharing the results of NYTD data collection with families, children, and youth; tribes, courts and other partners; county LINKS coordinators; service providers, and the public includes the following:

Hosting targeted webinars regarding data collected for the most recent cohort and reflecting on past survey data to identify areas of improvement for programs.

Sharing data at community events with youth, stakeholders, and partners, including SaySo, Youth Villages, Youth Leadership Council, and Design Teams.

Providing data and resources on the updated NC DSS website.

As NC's NYTD data collection continues to improve, the state will continue to move towards a model of informing community members of collected data.

To strengthen practice and improve outcomes North Carolina continues to assess the data collected through NYTD. NC DSS plans to strengthen NYTD data collection over the next five by developing a one-page informational sheet regarding the 2023A and 2023B cohort responses to better convey the significance of NYTD. By increasing understanding of NYTD's purpose, NC DSS will accelerate survey submission times. In addition, an internal analysis of survey responses will be used as a quantitative metric to identify gaps in service delivery NC DSS will provide technical assistance to counties on the survey submission process and outreach efforts for difficult to locate young adults. In addition, an internal analysis of survey responses will be used as a quantitative metric to identify gaps in service delivery and to inform efforts to improve service delivery.

4.7.3 Serving Youth Across the State

NC DSS ensures all political subdivisions in the state are served by the LINKS program, ensuring adherence to state policy and procedures through continuous quality improvement activities of county programs and contracted agencies. NC DSS provides technical assistance to county DSS agencies regarding adherence to program policy. In addition, NC's LINKS coordinator works closely with NC DSS staff whose role is support to county DSS agencies, such as the Regional Child Welfare Specialists, to ensure county LINKS programs adhere to LINKS program policies and expend funds appropriately. All contracts are monitored using the NC DSS Subrecipient Monitoring Plan (<https://bit.ly/4apbPHI>).

Although LINKS services are available in all regions of the state, available data indicate the specific services and resources available at the local level vary. For example, Youth Villages' LifeSet program is available in 90 counties; plans are to expand to all 100 counties.

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

- Services to Current/Former Foster Youth Age 13–15
- Services to Current/Former Foster Youth Age 16–21
- Independent Living Needs Assessment

- Academic Support, Secondary School
- Academic Support, Postsecondary School
- Career Preparation
- Employment Programs or Vocational Training
- Budget and Financial Management
- Housing Education and Home Management
- Health Education and Risk Prevention
- Family Support and Health Marriage Education
- Mentoring / Personal Support
- Supervised Independent Living
- Room and Board Financial Assistance
- Other Financial Assistance

The table below includes the numbers of current and former foster youth served by the LINKS program during SFY 2023–24, as well as to–date expenditures of LINKS Housing Funds, LINKS Transitional Funds, and LINKS County Allocations.

Table 61. Current/Former Foster Youth Served by NC LINKS July 1, 2023–March 31, 2024

Youth Served by LINKS Age 13 –21	LINKS Housing Funds Expended	LINKS Transitional Funds Expended	LINKS County Allocations Expended
4,191	\$161,946.06	\$780,409.15	\$2,020,725.00

NOTE: The number of youth and young adults served is an unduplicated count of a partial service year. Source: SIS Monthly and Budget Tracking Processes / NC uses a State Fiscal Year (SFY) for services

4.7.4 Serving Youth of Various Ages and Stages of Achieving Independence

Over the next five years, NC DSS will ensure the following activities and services, at a minimum, are offered and delivered to LINKS–eligible youth based on their needs, age, and stage of achieving independence:

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

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

To ensure LINKS services are available to youth formerly in foster care who move to North Carolina after exiting foster care in another state, NC DSS and the county LINKS coordinator or child welfare social worker collaborate with each young adult's state of origin to ensure the young person is aware and connected to NC's local resources, services, and support available through the LINKS program. County DSS agencies maintain ongoing collaboration with the state of origin to ensure eligible young people receive information on how to apply for Medicaid, post-secondary educational funding, and financial support from the state of origin.

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

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

Participation in the Foster Care 18 to 21 program has grown every year since its initial implementation in January 2017. The table below displays the number of young adults served by the program between SFY 2017 and SFY 2024.

Table 62. Young Adults Enrolled in NC’s FC 18 TO 21 Program

SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
581	980	1,149	1,251	1,263	1,284	1,274	1,193

Source: Child Placement and Payment System and NC Child Welfare Information System (CWIS)

This growth corresponds with an increased use of LINKS housing funds by eligible young adults.

The growing participation in the Foster Care 18 to 21 program, and LINKS by extension, demonstrates the need for North Carolina to continue to strengthen efforts to comprehensively monitor county extended foster care and LINKS programs, which is an important component of a strong, consistent continuous quality improvement process.

Opportunities for Program Improvement. Strategies to strengthen program services are detailed in North Carolina’s 2025–29 Health Care Oversight and Coordination Plan, which can be found in [Section 6](#). This plan includes, but is not limited to, strengthening health programming for transition age youth (HOCP objective 2).

4.7.5 Collaboration with Other Private and Public Agencies

North Carolina partners with agencies and initiatives involving the public and private sectors to help youth successfully transition to adulthood. Past partnerships have been fruitful both for the state and for current and former foster youth. The youth and young adult [listening sessions](#) described in Section 4.7 are an example of this.

The Sexual Health for Youth in Care (SYNC) program provides sexual health education for youth in out-of-home care through Children’s Home Society of North Carolina (CHS). The program will partner with NC DSS at Regional Listening Sessions, and on LINKS Monthly Calls to share resources provided to counties to assist youth in care. The SYNC Program will offer the Making Proud Choices curriculum for ages 12 –18 and staff development for adults.

NC DSS will be in communication with Fostering Family Alliance for Foster Parents of NC to develop an information session with caregivers about the Chafee program, contracted services through SaySo, Foster Care to Success and Youth Villages, how to support LGBTQI+ youth and advice around sexual health, and the prudent parent standard.

NC DSS LINKS Assistant Coordinator will assist UNC with leading the Explicit Bias training for licensed caretakers and will participate in the core committee and subcommittee Jim Casey Initiative planning with for Children’s Home Society SaySo program.

NC DSS will continue to engage in cross-system collaborations, including partnering with culturally specific service providers, to achieve housing and access to mental health/behavioral health services as a priority area of focus. Over the next five years, NC will continue to engage a variety of stakeholders to ensure that young people in foster care are supported and able to make the successful transition to adulthood. The following table lists the partnerships NC DSS will continue to pursue during 2025–2029.

Table 63. Chafee-Related Collaborators and Partners

Type	Organization / Entity
Youth Engagement	Strong Able Youth Speaking Out (SaySo)
Family Engagement	NC Child Welfare Family Advisory Council
Health	NC Division of Public Health – Teen Pregnancy Prevention Initiatives: Fostering Health NC Sexual Health Initiatives for Teens (SHIFT) NC
Education	Foster Care to Success Johnson C. Smith University – Phasing Up to New Possibilities Program Wake Technical Community College – Fostering Bright Futures Program Western Carolina University – Resilient Independent Student Association (RISA) and Home Base
Employment	North Carolina Department of Commerce – Division of Workforce Solutions WIOA Programs
Housing	Local Housing Authorities throughout the State Federally-Funded Homeless Youth Agencies

Transition Support	<p style="text-align: center;">Youth Villages for LifeSet Program</p> <p style="text-align: center;">Residential Transitional and Independent Living Programs including, but not limited to:</p> <p style="text-align: center;">Elon Homes and Schools for Children; Black Mountain Home for Children; and, Sipes Orchard Home.</p>
Services Continuum and Improving Systems	<p style="text-align: center;">Jim Casey Youth Opportunities Initiative</p>

Juvenile Justice Transitional Living Programs. NC DSS participates in a monthly call with the NC Juvenile Justice Behavioral Health Team to provide insight on the support the LINKS and FC 18 to 21 programs can provide to young people involved with juvenile justice who also are or were in foster care. In addition, the NC DSS Special Programs Team and Juvenile Justice Department are partnering to strengthen relationships between DJJ and county DSS social workers by providing technical assistance regarding both programs, strengthening communication and implementing resources for youth exiting Department of Juvenile Justice. Expanding partnerships impact young people exiting DJJ before their 18th birthday and increase supports available through Chafee.

School-To-Work Programs. County DSS agencies use the NextGen program at NCWorks to help connect and support young people with workforce programs and jobs. NCWorks is a state-sponsored network that aligns and coordinates workforce development programs in North Carolina, including those from the Department of Commerce, community colleges, and DPI. As part of its collaboration with NextGen, NC DSS is working to obtain specific data needed to strengthen services and supports for young people.

NC DSS coordinates with DHB, the state’s Medicaid agency, to support implementation of requirements to offer Medicaid to youth formerly in foster care who move to North Carolina after exiting foster care in another state. DHB recently updated recently updated the Medicaid Former Foster Care policies provided to the county DSS agencies; these updates provide instructions on the identification and enrollment of Medicaid eligible youth from other states. Strengthening health programming for transition age youth is also key objective in NC's 2025–2029 Health Care Oversight and Coordination Plan. As outlined in that plan, between FFY 2025 and 2027 NC will continue to work with DHB to complete system functionality, policy updates, and monitoring to enroll Medicaid eligible former foster youth who move to North Carolina from other states.

To address the housing needs of young adults in transition from foster care NC DSS is building connections with community partners to expand the variety of placement options for young people. NCDSS will continue efforts to strengthen education on local housing programs and

provide education on the federally available Family Unification Program (FUP) and Foster Youth to Independence Initiative (FYI) to support young adults as they transition out of support provided through LINKS and Foster Care 18–21. NC Chafee Team will build on connections to the Greensboro Field Office’s Portfolio Management Specialist to ensure barriers to FUP and FYI expansion will be addressed. Most frequently cited barriers include lack of education and lack of administrative support for these programs. Based on the feedback shared during youth listening sessions and focus group sessions with young people, North Carolina will continue to build connections with community partners to expand the variety of placement options and to develop a FUP/FYI program in each region.

In the 2025–2029 CFSP period, NC DSS will increase access to services to improve outcomes that will assist youth in their successful transition into adulthood. NC DSS is committed to strengthening all child welfare staff’s ability to assess ongoing needs of youth by providing one-on-one consultation, online and in person peer group meetings, guide tools with resources and education on the federally available Family Unification Program and Foster Youth to Independence Initiative to support young adults and work towards the implementation of at least one active instance of these programs in each region to increase housing resources and opportunities for young people. NC DSS will continue to support outreach and technical assistance to local housing authorities and county departments of social services to maximize use of the Foster Youth to Independence (FYI) voucher program and prevent or address homelessness among former foster youth. North Carolina will support county DSS agencies that are knowledgeable available resources and supports as they ensure that the youth they serve are able to access and benefit from available services.

4.7.6 Determining Eligibility for Benefits and Services

In NC, all youth who are now 14 and are not yet 21 and who are or were in foster care after the age of 14 are eligible for LINKS services, with two exceptions. Youth are not eligible for LINKS funds if (1) they have personal reserves more than \$10,000 or (2) they are undocumented residents.

Eligibility for LINKS services and funds requires youth be active participants in their planning, including sharing in the responsibility of designing and implementing their Transitional Living Plan. Youth involvement in case planning must be documented in the case record and reflected on the case plan.

Eligibility for LINKS funds continues regardless of residence and access is coordinated between the county/state of residence with the North Carolina county who has or had legal custody of the young person. NC’s LINKS Coordinator is a part of the state’s Interstate Compact (ICPC) team. This unique team design facilitates the provision of LINKS and Foster Care 18 to 21 services when youth and young adults are placed across state lines.

4.7.7 Cooperation in National Evaluations

In FFY 2025–2029, NC DSS will cooperate in any national evaluations of the effects of the programs in achieving the purposes of the Chafee program.

4.8 Education and Training Vouchers (ETV)

NC's Education and Training Voucher (ETV) program is available to youth who are otherwise eligible for LINKS services who have attained 14 years of age and, after attaining 16 years of age, exit foster care to adoption or guardianship or remain in care after their 17th birthday. Vouchers apply toward the cost of attendance at an institution of higher education; the maximum annual voucher amount is \$5,000. Students may receive both Pell Grant and ETV if the total of these two programs combined is equal to or less than the cost of attendance. In accordance with FFPSA, young people eligible for ETV may receive ETV until age 26.

NC DSS contracts with the Orphan Foundation of America, DBA Foster Care to Success, to administer NC's ETV program. This program makes vouchers available to eligible youth to attend appropriately accredited postsecondary institutions of higher learning or access vocational training. Under this contract, Foster Care to Success helps manage the eligibility determination process, including ensuring that assistance provided to youth does not exceed the total cost of attendance. NC's LINKS coordinator and county LINKS coordinators work with Foster Care to Success to ensure youth who have applied for ETV are eligible and to avoid duplication by other assistance they receive. Together, NC DSS and Foster Care to Success ensure eligibility is correctly determined using contractor and state-level data.

NC DSS conducts monthly LINK-UP calls to share updates on educational and training programs available to youth to encourage networking and support between agencies and awareness for youth support. An example of coordination and awareness between education training programs is the participation of Foster Care to Success and Fostering Bright Futures, a student success program to create comprehensive support for former foster youth attending Wake Technical College, in youth events to share information and provide support to young people.

As part of the Annual Progress and Services Report, NC provides an unduplicated count of ETV recipients. To obtain this count, Foster Care to Success collects the number of students who have applied and received ETV awards and reports this data to NC DSS quarterly. Final numbers are reported to NC DSS by August 31 each year. The table below lists ETV awards for the 2022–23 and 2023–24 school years.

Table 64. ETV Awards for 2022–23 and 2023–24 School Years

Timeframes	Total ETVs Awarded	New ETVs
2022 – 23	321	130

2023 - 24*	276**	109**
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*As of January 30, 2023, Source: Quarterly Contract Reports | **Estimated based on prior years performance

4.8.1 Chafee Training

Over the next five years, NC DSS plans to provide the following training and technical assistance in support of the goals and objectives of the Chafee plan:

- LINK-UP Calls (details and benefits of which are described in [Section 4.7](#)) will continue to be held monthly.
- The online courses *Building a Successful LINKS Program* and *Foster Care 18 to 21/Extended Foster Care as a Safety Net for Young Adults* described in the 2025- 2029 Training Plan, will continue to be available.
- As described in the Training Plan, new child welfare staff across the state will receive information and skill-building focused on LINKS through NC's mandatory pre-service training.
- NC DSS will continue to provide technical support calls to individual counties in support of the NYTD, LINKS, and Foster Care 18 to 21 programs. This technical assistance increases county DSS agencies' understanding of Chafee outcomes, proper use of Chafee funds, and eligibility qualifications for these programs.

4.8.2 Consultation with Tribes

NC's efforts to consult with the state's Indian Tribes on determining eligibility for Chafee/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care is described immediately below in Section 5, Consultation and Coordination between States and Tribes.

4.9 Consultation and Coordination between States and Tribes

NC is home to seven state recognized tribes and four tribal organizations. These are the Coharie of Sampson and Harnett counties; the Haliwa-Saponi of Halifax, Warren, and adjoining counties; the Lumbee of Robeson, Hoke, and Scotland counties; the Meherrin of Hertford County; the Waccamaw-Siouan from Columbus and Bladen counties; the Sappony; and Native Americans located in Cumberland, Guilford, and Mecklenburg counties.

NC is also home to the federally recognized Eastern Band of Cherokee Indians (EBCI) located primarily in Swain and Jackson Counties. The EBCI began providing their own child welfare services in 2015.

4.9.1 Outreach and Engagement of Tribes

NC DSS routinely engages the EBCI and other tribes to gather their input related to monitoring and provision of child welfare services, including the development of and progress on CFSPs and APSRs.

NC DSS, EBCI, and the directors of the five county DSS agencies bordering the Qualla Boundary are committed to meeting quarterly to ensure smooth coordination and collaboration on child welfare related issues, including development of and progress towards CFSP goals and objectives. A portion of each meeting is dedicated solely to communication between EBCI and NC DSS to ensure information is shared and discussed as needed. Due to leadership changes at EBCI and other factors, in 2023–24 only two of the four quarterly meetings were held; one of them occurred in-person on the Qualla Boundary. At EBCI's joint planning meeting in April 2024, NC DSS, EBCI, and DSS directors of Qualla Boundary counties recommitted to meeting quarterly and set priorities for future meetings.

One barrier is due to small staffing size, because EBCI's Public Health and Human Services (PHHS) Family Safety program has a small staff, it can be difficult for EBCI representatives to attend meetings in Raleigh due to the distance. Another barrier is related to turnover in leadership. For example, in the past EBCI leadership have been unable to attend Joint Planning as many were new to their roles and were involved in the assessment of their local agency.

As it did in 2023–24, NC DSS routinely provides a staff directory to EBCI, including the names, titles, and contact information for NC DSS child welfare leaders and LINKS program staff. EBCI provides similar information to NC DSS each year.

In 2023–24, NC DSS engaged EBCI as it prepared the Statewide Assessment for Round Four of the Child and Family Services Review to gather feedback regarding child welfare transformation efforts. NC DSS created a survey and received over 30 responses from tribal partners. This information was included in NC's Statewide Assessment.

In 2024, NC DSS invited leaders from EBCI to participate in its annual joint planning, which was held March 5. EBCI's Interim Director for Human Services (Anita Losiah), Family Safety Manager (Amy Nations), and ICWT Supervisor participated and provided feedback on NC DSS current work and the proposed goals for this plan. NC DSS leaders also participated in EBCI's joint planning, which was held April 24, 2024. At this meeting new leaders at NC DSS and EBCI met for the first time and NC DSS learned of the progressive work being done by EBCI to prevent foster care entry.

NC DSS also engages the NC Commission of Indian Affairs to inquire about consultation and collaboration opportunities, especially with state-recognized tribes. NC DSS works with the commission's standing committee on NC Indian Child Welfare, the mission and members of which can be found online at: <https://ncadmin.nc.gov/public/american-indians/american-indian-initiatives/indian-child-welfare-program#mission-of-the-standing-committee-on-nc->

[indian-child-welfare](#). A particular focus of NC DSS' work with the commission is Indian children and families involved with child welfare and their inclusion in the state's diversity, equity, inclusion, and racial equity efforts.

On March 7 and 8, 2024, Peter West, NC DSS Section Chief for County Operations, participated in the 49th Annual Unity Conference sponsored by the United Tribes of North Carolina. This organization's mission is to promote educational, economic, religious, charitable, and cultural activities for American Indian people in North Carolina. At this event, NC DSS presented a workshop entitled "Reporting Child Maltreatment & Using Data to Better Serve American Indian Children Through Child Welfare," the goal of which was to provide an update on reporting requirements and to demonstrate how NC DSS uses data to ensure populations typically overrepresented in child welfare are served equitably. This workshop, which was attended by over 30 people, also highlighted policy changes and initiatives (e.g., KinGAP) that support American Indian families and children. Evaluations from workshop participants expressed appreciation for the data and work NC DSS is doing. While at the event, NC DSS made significant connections with several organizations to discuss future partnerships to better serve NC's American Indian children.

4.9.2 Ongoing Coordination, Collaboration in Implementation of CFSP/APSR

To ensure ongoing coordination and collaboration with Tribes in the implementation and assessment of its 2025–2029 CFSP, NC will do the following:

- Continue quarterly meetings with NC DSS, EBCI, and the directors of the five county DSS agencies bordering the Qualla Boundary.
- Encourage tribal representatives from EBCI and NC's state-recognized tribes to participate virtually in regional meetings held to elicit stakeholder feedback.
- Continue to participate in the NC Commission of Indian Affairs' Indian Child Welfare Committee to share information regarding NC's progress in meeting its goals and to solicit feedback from tribal partners.
- Continue to sponsor and participate in Annual Indian Child Welfare Gatherings to share information and to solicit feedback from tribal partners.
- Continue to participate in joint planning with EBCI and regularly exchange and review APSRs and CFSPs.
- Continue to ensure EBCI representatives serve on North Carolina's multidisciplinary CFSP Design Teams.

4.9.3 Arrangements for Providing Child Welfare Services and Protections for Tribal Children

In 2021, NC DSS issued a DSS Administrative Letter, Child Welfare Services CWS-AL-01-2021, which advised all county DSS agencies of the collaborative work between the EBCI's PHHS program and NC DHHS/DSS. The letter clarified expectations and the roles of county and tribal child welfare programs regarding services to and for children and families who are involved with both systems, including clarification that PHHS is the agency that provides child welfare services within EBCI jurisdiction, that it operates autonomously under the Cherokee Code of EBCI, and that the Cherokee Code pertaining to child welfare differs from North Carolina in significant ways, including the statutory definitions giving rise to the need for intervention. The letter makes clear that EBCI asserts its exclusivity in providing child protective services on Tribal lands, which requires county child welfare agencies to receive express permission from PHHS prior to any entry onto Tribal lands for contacts or service provision.

The letter clarifies that effective October 1, 2015, intake, child protection, foster care, licensing, adoption, and other child welfare services on the EBCI's Tribal trust land are to be provided exclusively by EBCI. This includes operation of a case review system for children in foster care, a preplacement prevention services program for children at risk of entering foster care to remain safely with their families, and service programs for children in foster care to facilitate reunification with their families when safe and appropriate, or to place a child in an adoptive home, legal guardianship, or other planned, permanent living arrangement. The letter also clarifies that the same child welfare services within North Carolina, but outside of Tribal trust land, will be provided exclusively by one or more counties, excluding the provision of certain services (e.g., Chafee/LINKS) for which NC DHHS/DSS is responsible, subject to the Indian Child Welfare Act (ICWA), when applicable.

Also, a work plan by and between EBCI, NC DSS, and the five county DSS agencies bordering the Qualla Boundary guides the work by and between the agencies. It includes an annual review and revision, as needed, of the Administrative Letter mentioned above.

4.9.4 ICWA Compliance

North Carolina monitors compliance with ICWA. North Carolina child welfare law and policy require workers to assess whether children receiving child protective services have Native American heritage (regardless of membership in federally- or state-recognized tribes). When a parent/guardian indicates they believe their child has an American Indian heritage, the worker completes a form with the family and then shares the information with the tribe. The form captures the child's identifying information and any family members that are/were tribe members. It also captures services the tribe may offer to prevent placement and/or move to expedite permanency, as well as potential foster care placements. Workers are expected to make active efforts throughout the life of the case to create and maintain a relationship with

the family and tribe. Child welfare professionals in North Carolina have multiple opportunities to learn about ICWA and how to comply with it through training provided to them by NC DSS. The redesigned Pre-Service training and the traditional Pre- service training required for all new social workers and supervisors before they have direct client contact includes ICWA training. New staff learn about ICWA again when they take *Legal Aspects of Child Welfare in North Carolina*, an online 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*, *Permanency Planning in Child Welfare*, and *Adoptions in Child Welfare*. Information about ICWA is also a part of the TIPS-MAPP and TIPS-Deciding Together courses. NC DSS continues to conduct program monitoring of county DSS agencies. Items in the review include determining whether Native American heritage was assessed as well as whether the tribe was contacted at the time of the decision to petition the court for the removal a child. The table below describes North Carolina's compliance with ICWA for the period October 2022 – March 2023.

Table 65. Compliance with ICWA, October 2023 – March 2024

	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?	If the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, during the period under review, was the Tribe provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights?	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?
Yes	47	2	1
No	0	0	0
N/A	--	45	46

CFSR Portal Online Monitoring System-OMS

4.9.5 Chafee Consultation with Tribes

NC consults with the state's Indian Tribes regarding eligibility for Chafee and ETV benefits and services to ensure fair and equitable treatment for Indian youth in care. For state- recognized tribes, NC DSS plans and coordinates services and benefits through its participation on the Indian Child Welfare Committee.

Although the EBCI provides most child welfare services to the population living on Tribal Land Trusts, it does not provide Chafee services. The LINKS benefits and services and the ETV program benefits provided by NC to Cherokee youth are described in [Section 4.7](#) and [Section 4.8](#); these are available on the same basis as for other youth in the state. Chafee services are provided to EBCI youth by county DSS agencies that border the Qualla Boundary. NC DSS provides technical assistance to these county DSS agencies to ensure LINKS services are provided to children who are tribal members.

When NC DSS provides special Chafee financial or service opportunities to all counties, it coordinates with EBCI to ensure young people receive special LINKS opportunities to support LINKS outcomes. In 2022, NC DSS coordinated a meeting with EBCI, Youth Villages, and SaySo to ensure EBCI can connect Tribal members to Youth Villages and SaySo.

NC DSS sought to engage EBCI youth and young adults in the regional [listening sessions and focus groups](#) described in Section 2.2.5; however, due to internal transitions and turnover within EBCI leadership, EBCI youth and young adults were unable to participate.

In spring 2024, NC DSS met the new EBCI leadership team and provided technical assistance regarding LINKS and Foster Care 18 to 21 policies, practice, and resources. NC DSS is coordinating ongoing meetings to strengthen partnerships and continue providing support and technical assistance to EBCI while providing Chafee services and youth engagement opportunities to eligible EBCI young people. As an example of the latter, NC DSS invites LINKS–eligible youth from EBCI to participate in youth listening sessions.

Unfortunately, due to communication disruptions caused by turnover of EBCI leadership, no Cherokee youth were able to attend listening sessions in SFY 2023–24.

During 2020–24 in North Carolina, no Tribe requested to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible Indian children or to receive an appropriate portion of the state’s allotment for such administration or supervision.

4.9.6 Exchange of the CFSP/APSRs

NC DHHS will share its approved CFSP 2025 – 2029 with the Indian Child Welfare Committee referenced above, as well as subsequent APSRs.

5 Targeted Plans within the 2025–2029 CFSP

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

- Appendix A: Diligent Recruitment and Retention Plan

- Appendix B: Health Oversight and Coordination Plan
- Appendix C: Disaster Plan
- Appendix D: Training Plan

6 Section G: Financial Information

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