NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Division of Social Services
Child Welfare Services
Child and Family Services Review Round 4
Statewide Assessment

February 15, 2024

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

1 Section I: General Information 6
1.1 State Child Welfare Contact Person(s) for the Statewide Assessment 6
1.2 List of Statewide Assessment Participants 6
1.3 Description of Stakeholder Involvement in Statewide Assessment Process 16
1.3.1 Stakeholder Identification 17
1.3.2 Stakeholder Surveys 18
1.3.3 Focus Groups 18
1.3.4 Data Analyses 18
2 Section II: State Context Affecting Overall Performance 20
2.1 Vision and Tenets 20
2.2 Cross-System Challenges 24
2.3 Current Initiatives 27
3 Section III: Assessment of Child and Family Outcomes 28
4 Section IV: CFSR Period 29
4.1 Safety 30
4.1.1 Item 1: Timeliness to Initiating Investigations of Reports of Child Maltreatment 30
4.1.2 Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care 32
4.1.3 Item 3: Risk and Safety Management 34
4.2 Permanency 36
4.2.1 Item 4: Stability of Foster Care Placement 36
4.2.2 Item 5: Permanency Goal for Child 39
4.2.3 Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement 41
4.2.4 Item 7: Placement with Siblings 44
4.2.5 Item 8: Visiting with Parents and Siblings in Foster Care 46
4.2.6 Item 9: Preserving Connections 47
4.2.7 Item 10: Relative Placement 48
4.2.8 Item 11: Relationship of Child in Care with Parents 49

4.3 Well-Being 51
4.3.1 Item 12: Needs and Services of Child, Parents, and Foster Parents 51
4.3.2 Item 13: Child and Family Involvement in Case Planning 55
4.3.3 Item 14: Case Worker Visits with Child 57
4.3.4 Item 15: Caseworker Visits with Parents 59
4.3.5 Item 16: Educational Needs of the Child 60
4.3.6 Item 17: Physical Health of the Child 62
4.3.7 Item 18: Mental/Behavioral Health of the Child 63
5 Section V: Assessment of Systemic Factors 64
5.1.1 Item 19: Statewide Information System 64
5.2 Case Review System 67
5.2.1 Item 20: Written Case Plan 67
5.2.2 Item 21: Periodic Reviews 72
5.2.3 Item 22: Permanency Hearings 74
5.2.4 Item 23: Termination of Parental Rights 76
5.2.5 Item 24: Notice of Hearings and Review to Caregivers 79
5.3 Quality Assurance System 81
5.3.1 Item 25: Quality Assurance System 81
5.4 Staff and Provider Training 87
5.4.1 Item 26: Initial Staff Training 87
5.5 Supervision 107
5.5.1 Item 27: Ongoing Staff Training 125
5.6 Foster and Adoptive Parent Training 137
5.6.1 Item 28: Foster and Adoptive Parent Training 137
5.6.2 Item 29: Service Array 149
5.6.3 Item 30: Individualized Services 160
5.7 Agency Responsiveness to the Community 163
5.7.1 Item 31: State Engagement and Consultation with Stakeholders Pursuant to the CFSP and APSR 163

5.7.2 Item 32: Coordination of CFSP Services with Other Federal Programs 189
5.8 Foster and Adoptive Parent Licensing, Recruitment, and Retention 199
5.8.1 Item 33: Standards Appy Equally 199
5.8.2 Item 34: Requirements for Criminal Background Checks 203
5.8.3 Item 35: Diligent Recruitment of Foster and Adoptive Homes 206
5.8.4 Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements 211
Appendix A: CFSR State Data Profile 219
Appendix B: Focus Group Themes 219
Appendix C: Statewide Assessment Survey 219
Appendix D: Pre-Service Training Content 219
Appendix E: Ongoing Trainings 219
Appendix F: Foster and Adoptive Parent, Licensed Facilities Training 219

1 Section I: General Information

1.1 State Child Welfare Contact Person(s) for the Statewide Assessment

Name: Lisa Tucker Cauley, MSW

Title: Senior Director of Human Services North Carolina Division of Social Services, North Carolina Department of Health and Human Services

Address: 820 South Boylan Ave Raleigh NC 27603

Phone: 919-527-2005

E-mail: lisa.cauley@dhhs.nc.gov

1.2 List of Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process and identify their roles in the process. Identify individuals with lived experience by including an asterisk (*) after their name.

Table 1. Statewide Assessment Participants

Name	Affiliation	Role in Statewide Assessment Process
Michael Ward	NC DSS QA Manager	Child Welfare Subject Matter Expert, Logistics, Contributor
Tammy Shook	NC DSS Child Welfare Chief of Staff	Child Welfare Subject Matter Expert, Logistics, Contributor
Adrian Daye	NC DSS Deputy Director	Child Welfare Subject Matter Expert, Contributor
Katie Swanson	NC DSS Deputy Director	Child Welfare Subject Matter Expert, Contributor
Kathy Stone	NC DSS Section Chief	Child Welfare Subject Matter Expert, Contributor
Kimaree Sanders	NC DSS Section Chief	Child Welfare Subject Matter Expert, Contributor
Jenny Millsaps	NC DSS Manager	Child Welfare Subject Matter Expert, Contributor
Mary Mackins	NC DSS Manager	Child Welfare Subject Matter Expert, Contributor

Name	Affiliation	Role in Statewide Assessment Process
Shirley Williams	NC DSS Manager	Child Welfare Subject Matter Expert, Contributor
Holly McNeill	NC DSS State CQI Lead	Child Welfare Subject Matter Expert, Contributor
Jessica Frissina	NC DSS Coordinator	Child Welfare Subject Matter Expert, Contributor
Crystalle Williams	NC DSS Manager	Child Welfare Subject Matter Expert, Contributor
Amy Eaton	NC DSS Coordinator	Child Welfare Subject Matter Expert, Contributor
Tracy Malone	Public Knowledge	Child Welfare Subject Matter Expert
Christina Remlin	Public Knowledge	Child Welfare Subject Matter Expert, Focus Group Facilitator
Tony Mack	Public Knowledge	Child Welfare Subject Matter Expert
Julie Breedlove	Public Knowledge	Child Welfare Subject Matter Expert, Focus Group Facilitator
Melissa Murphy	Public Knowledge	Child Welfare Subject Matter Expert, Focus Group Facilitator
Eliza Byrne	Public Knowledge	Child Welfare Subject Matter Expert, Focus Group Facilitator
Shelby Zimmer	Public Knowledge	Child Welfare Subject Matter Expert, Focus Group Facilitator
Jillian Young	Public Knowledge	Child Welfare Subject Matter Expert, Focus Group Facilitator
Brenna Keslar	Public Knowledge	Focus Group Facilitator, Logistics
Kamasia Wright	Public Knowledge	Focus Group Facilitator, Logistics
Carol Goins	Parent Attorney Practicing, Buncombe County	Focus Group Participant
Catherine L. Constantinou	Assistant PD, Durham County	Focus Group Participant
Ivana Hughes	Parent Attorney Practicing, Cleveland County	Focus Group Participant

Name	Affiliation	Role in Statewide Assessment Process
Jason Gast	Parent Defender Practicing, Buncombe County, Yancey County	Focus Group Participant
Jeff Jones	Parent Attorney, General Practice Attorney, Cabarrus County	Focus Group Participant
Leanna Hunter	Parent Representation, Wilmington County	Focus Group Participant
Eulonda*	Birth Parent/Lived Expertise	Focus Group Participant
Gail*	Birth Parent/Lived Expertise	Focus Group Participant
Angela Cole	Program Manager, Alamance County	Focus Group Participant
Angela Long	Caseworker, Dare County	Focus Group Participant
Ariana Mitchem	CPS Assessments Investigator, Mecklenburg County	Focus Group Participant
Christine Gilmore	Quality Improvement Supervisor, Wake County	Focus Group Participant
Cynthia Michele Lindsay	In-Home Caseworker, Henderson County	Focus Group Participant
Dana Stewart	Adoptions Case Worker, Durham County	Focus Group Participant
Danielle Ward	Caseworker, Gates County	Focus Group Participant
DeVon Grant	CFT Facilitator, Mecklenburg County	Focus Group Participant
Grace Lee	Johnston County, LINKS Coordinator	Focus Group Participant
Heather Hill-Pavone	Foster Home Licensing, Buncombe County	Focus Group Participant
Holly Royals	Program Manager, New Hanover County	Focus Group Participant
Jacqueline Sommerset	After Hours (Assessment and Intake), Mecklenburg County	Focus Group Participant
Joel Paige	Policy and Practice Model Coach, Mecklenburg County	Focus Group Participant
Joelle Begic	Caseworker, Rockingham County	Focus Group Participant

Name	Affiliation	Role in Statewide Assessment Process
Joelle Scholer	Caseworker, New Hanover County	Focus Group Participant
Johnette Whichard	Caseworker, Durham County	Focus Group Participant
Kathleen Sanders	Caseworker, Buncombe County	Focus Group Participant
Kecia Adams Council	Program Manager, Pitt County	Focus Group Participant
Kelly Schaefer	Licensing Social Worker, Buncombe County	Focus Group Participant
Lisa Sellers	Quality Assurance Consultant, Wake County	Focus Group Participant
Margaret Peck-Robinson	CPS Assessor, Forsyth County	Focus Group Participant
Marlo Washington	CPS Assessments, Mecklenburg County	Focus Group Participant
Mary Liantonio	Caseworker, Union County	Focus Group Participant
Melissa Dawn Lester	Caseworker, Craven County	Focus Group Participant
Paige Hauser	Caseworker, Yadkin County	Focus Group Participant
Rachel Floyd	Caseworker, Orange County	Focus Group Participant
Rey Ferreira	Program Manager, Lee County	Focus Group Participant
Rhonda Massengill	Lead Social Worker, Avery County	Focus Group Participant
Robyn Howell	Caseworker, Alleghany County	Focus Group Participant
Sarah Bradshaw	Permanency Planning, LINKS Coordinator, Dare County	Focus Group Participant
Senikka Caldwell	Program Manager, Wayne County	Focus Group Participant
Sharon Latrice Laney	Caseworker, Union County	Focus Group Participant
Sharon Wynn	QA reviewer, Wake County	Focus Group Participant
Skylar Gandolfi	Caseworker, Haywood County	Focus Group Participant
Tina Barnes-Dawson	Program Manager, Robeson County	Focus Group Participant
Tracy Lanning	Caseworker, New Hanover County	Focus Group Participant
Tyler Terry	Program Manager, Person County	Focus Group Participant
Vanessa Schaller	Caseworker, Buncombe County	Focus Group Participant
Veta Ham	Program Manager, Wayne County	Focus Group Participant

Name	Affiliation	Role in Statewide Assessment Process
Stacie Thompson	School Counselor, Pender County Schools	Focus Group Participant
Alaka Ayres	Multidisciplinary Team Coordinator, Pat's Place CAC	Focus Group Participant
Amanda Easter	Nursing Supervisor, Wilson County Health Department	Focus Group Participant
Amanda Leggett	Child Placement Lead Clinician, Easterseals UCP	Focus Group Participant
Angie Craft	Public Health Nurse, Wilson County Health Department	Focus Group Participant
Annie Smith	Youth Villages	Focus Group Participant
Antonia Cawley	School Social Worker, Mount Airy City Schools	Focus Group Participant
Arlene Whiteside	School SW, Washington Montessori Public Charter School	Focus Group Participant
Ashley Parks	Continuum Director, Vaya Health	Focus Group Participant
Catherine Joyner	DPH	Focus Group Participant
Catherine Vickers	Practice Manager, Ardmore Family Practice	Focus Group Participant
Cindy Hartley	Safe Spot Child Advocacy Center	Focus Group Participant
Courtney Dupree	Social Work Supervisor, Nash County Health Department	Focus Group Participant
Deana Joy	Executive Director, Children's Advocacy Centers of North Carolina	Focus Group Participant
Deanna Cornett	Easterseals UCP	Focus Group Participant
Erica Burgess	Burgess Consultative Group	Focus Group Participant
Gail Osborne	Foster Family Alliance	Focus Group Participant
Gwen Burns	NCACDSS	Focus Group Participant
Jamaica Pfister	Children's Home Society of NC	Focus Group Participant
Jeanie Walker	School Counselor, Burke County Schools	Focus Group Participant
Jenny Cooper	Research/Development, Benchmarks	Focus Group Participant

Name	Affiliation	Role in Statewide Assessment Process
Karen McLeod	President/CEO, Benchmarks	Focus Group Participant
Kate Schultz	Deputy Director, Foster Family Alliance of NC	Focus Group Participant
Kate Webb	Supervisor Care Management for At Risk Youth	Focus Group Participant
Katy Malley	Researcher, UNC Chapel Hill School of Social Work	Focus Group Participant
Kevin Fitzgerald	Retired DSS state director	Focus Group Participant
Kimberly DeBerry	Community Care of North Carolina (CCNC) Maternal Child Health Director	Focus Group Participant
Kristen Windsor	Domestic Director, Carolina Adoption Services	Focus Group Participant
Kyle Coleman	Regional Supervisor, Youth Villages Fayetteville NC	Focus Group Participant
Leah Harvell	Executive Director, CTS Health	Focus Group Participant
Lisa Melton	Crossnore	Focus Group Participant
Melissa Godwin	Clinical Assoc. Professor, UNC School of Social Work and DMH/DD/SUS	Focus Group Participant
Meredith Bremmer	Physician Assistance for Advent Health	Focus Group Participant
Meredith Newman	Rapid Resource for Families	Focus Group Participant
Molly Berkoff	Pediatrician with UNC School of Medicine and the Child Medical Evaluation Program (CMEP)	Focus Group Participant
Nicole Nix	Director of Tailored Plans & Foster Care, WellCare of NC	Focus Group Participant
Rachel Johnson	School Adolescent Child Health Unit Manager, Division of Child and Family Wellbeing NC DHHS	Focus Group Participant
Ryan Estes	Coastal	Focus Group Participant
Safiyah Jackson	Chief Strategy Officer, North Carolina Partnership for Children	Focus Group Participant

Name	Affiliation	Role in Statewide Assessment Process
Sara LeCroy	Director of Student Services, Burke County Public Schools	Focus Group Participant
Sean Kenny	Head of DSS Engagement, Trillium Health Resources	Focus Group Participant
Shemeca Dogan	Founder and President of Jyra's Angels Inc. Non-Leveled Group Home	Focus Group Participant
Stephanie Klitsch	Assistant Director of Education Law Program at Council for Children's Rights	Focus Group Participant
Stephanie Parker	Crossnore Communities for Children	Focus Group Participant
Susan Brown	New Hanover County School Nurse Supervisor	Focus Group Participant
Suzan Evans	CACNC	Focus Group Participant
Tammy Fickling	Catawba Co. Public Health CMARC CCM	Focus Group Participant
Tracy Hadjipetrou	MSW-CMARC (Care Management for At-Risk Children) Social Work Supervisor-Johnston County Public Health Dept	Focus Group Participant
Wanda Reives	UNC Data team	Focus Group Participant
Sharon Hirsch	CEO, Prevent Child Abuse NC	Focus Group Participant
Rachel Donelli		Focus Group Participant
Melissa Gordon-Pitts	Assistant Director of Clinical Social Work, Duke University Hospital	Focus Group Participant
Stephanie Klitsch	Assistant Director of Education Law Program at Council for Children's Rights	Focus Group Participant
Stephanie Parker	Crossnore Communities for Children	Focus Group Participant
Susan Brown	New Hanover County School Nurse Supervisor	Focus Group Participant
Suzan Evans	CACNC	Focus Group Participant

Name	Affiliation	Role in Statewide Assessment Process
Tammy Fickling	Catawba Co. Public Health CMARC CCM	Focus Group Participant
Tracy Hadjipetrou	MSW-CMARC (Care Management for At-Risk Children) Social Work Supervisor-Johnston County Public Health Dept	Focus Group Participant
Wanda Reives	UNC Data team	Focus Group Participant
Sharon Hirsch	CEO, Prevent Child Abuse NC	Focus Group Participant
Nancy Coston	Director, Orange County	Focus Group Participant
Algernon McKenzie	Director, Columbus County	Focus Group Participant
Amanda Vanderoef	Director, Transylvania County	Focus Group Participant
Angela Ellis	Director, Martin County	Focus Group Participant
Angi Karchner	Director, Gaston County	Focus Group Participant
Annie Murrell	Director, Duplin County	Focus Group Participant
Betty Battle	Director, Edgecombe County	Focus Group Participant
Clifton Hardison	Director, Washington County	Focus Group Participant
Cris Weatherford	Director Jackson County	Focus Group Participant
Daphine Little	Director, Bertie County	Focus Group Participant
Debbie Green	Director, Pamlico County	Focus Group Participant
Felicia Exum	Director, Halifax County	Focus Group Participant
Felissa Ferrell	Director, Rockingham County	Focus Group Participant
Jessica Adams	Director, Carteret County	Focus Group Participant
Josh Kennedy	Director, Polk County	Focus Group Participant
Karen Tucker	Deputy Director, Union County	Focus Group Participant
Kathy Ford	Director, Pasquotank County	Focus Group Participant
Kim Arnett	Director, Caldwell County	Focus Group Participant
Kimberly McGuire	Director, Wayne County	Focus Group Participant
Korey Fisher-Wellman	Director, Burke County	Focus Group Participant
Kristy Perry	Deputy Director, Person County	Focus Group Participant
LaToya Toussaint	Director, Granville County	Focus Group Participant
Laurie Potter	Director, Hyde County	Focus Group Participant

Name	Affiliation	Role in Statewide Assessment Process
Lori Leggett	Deputy Director, Beaufort County	Focus Group Participant
Lula Jackson	Director, Anson County	Focus Group Participant
Lynn Fields	Director, Sampson County	Focus Group Participant
Marissa Adams	Deputy Director, Forsyth County	Focus Group Participant
Matthew Hillman	Director, Lincoln County	Focus Group Participant
Melanie Corprew	Director, Beaufort County	Focus Group Participant
Patrick Betancourt	Director, Macon County	Focus Group Participant
Patty Santos	Deputy Director, Sampson County	Focus Group Participant
Renae Alston	Director, Warren County	Focus Group Participant
Rhonda Taylor	Director, Northampton County	Focus Group Participant
Sharon Rochelle	Director, Pitt County	Focus Group Participant
Sonya Morgan	Director, Yancy County	Focus Group Participant
Stacy Presnell	Director, Alleghany County	Focus Group Participant
Stephanie Wyche	Director, Camden County	Focus Group Participant
Steve Eaton	DHHS Director, Gaston County	Focus Group Participant
Stoney Blevins	Director, Buncombe County	Focus Group Participant
Susan Thigpen	Director, Onslow County	Focus Group Participant
Takishia McMiller	Director, Lee County	Focus Group Participant
Thomas Mitchell	Director, Alexander County	Focus Group Participant
Tyeisha Phelps	Director, Chowan County	Focus Group Participant
Velvet Nixon	Director, Robeson County	Focus Group Participant
Vicky Smith	Director, Balden County	Focus Group Participant
Lisa Cauley	Sr. Director for Child, Family and Adult Services, NC DSS	Focus Group Participant, Contributor
Chuck Lycett	Director, Dare County	Focus Group Participant
Jennie Kristiansen	Chatham County DSS	Focus Group Participant
Ahsley Lantz	Director, Union County	Focus Group Participant
Kimberly McGuire	Wayne County DSS	Focus Group Participant
Kathy Ford	Pasquotank County DSS	Focus Group Participant

Name	Affiliation	Role in Statewide Assessment Process
Angela Ellis	Greene County DSS	Focus Group Participant
Katie Swanson	Cleveland County DSS (Interim)	Focus Group Participant
Willie Smith	Director, Gates County	Focus Group Participant
Elsie*	Foster Parent/Lived Expertise	Focus Group Participant
Mitzi*	Foster Parent/Lived Expertise	Focus Group Participant
Beth*	Foster Parent/Lived Expertise	Focus Group Participant
Consuelo*	Foster Parent/Fictive Kin/Lived Expertise	Focus Group Participant
Chanise*	Foster Parent/Lived Expertise	Focus Group Participant
Gina Brown*	Kinship Partner/Lived Expertise	Focus Group Participant
Beth Dixon	Judge	Focus Group Participant
Judge Doretta Walker Durham County	Judge	Focus Group Participant
Judge Elizabeth Heath	Judge, Wayne, Lenoir, and Greene Counties	Focus Group Participant
Judge Rebecca Gryder	Judge	Focus Group Participant
Julius Corpening	Judge, New Hanover and Pender Counties	Focus Group Participant
Morgan Swinson	Judge	Focus Group Participant
Pauline Hankins	Judge, Brunswick, Columbus, and Bladen Counties	Focus Group Participant
Angela Cole	Program Manager, Alamance County	Focus Group Participant
Holly Royals	Program Manager, New Hanover County	Focus Group Participant
Kecia Adams Council	Program Manager, Pitt County	Focus Group Participant
Rey Ferreira	Program Manager, Lee County	Focus Group Participant
Senikka Caldwell	Program Manager, Wayne County	Focus Group Participant
Tina Barnes-Dawson	Program Manager, Robeson County	Focus Group Participant
Tyler Terry	Program Manager, Person County	Focus Group Participant
Veta Ham	Program Manager, Wayne County	Focus Group Participant

Name	Affiliation	Role in Statewide Assessment Process
Sarah Nelson	CPS Supervisor, New Hanover County	Focus Group Participant
Adrienne Turner	Supervisor, Forsyth County	Focus Group Participant
Christin Brooks	Supervisor, Hoke County	Focus Group Participant
Ed Hurst	Supervisor, Ashe County	Focus Group Participant
Gregory Harvey	Supervisor, Mecklenburg County	Focus Group Participant
Heather Kurkowski-Wolcott	Supervisor, Forsyth County	Focus Group Participant
Kelli Buckner	Supervisor, Buncombe County	Focus Group Participant
Kirk Douglas Hampton	Supervisor, Mecklenburg County	Focus Group Participant
Laurie Jones	Supervisor, Guilford County	Focus Group Participant
Michelle Rogers	Supervisor, Yancey County	Focus Group Participant
Trisha Moser	Supervisor, Buncombe County	Focus Group Participant
Carla McNeill	Chief for Permanency Planning, NC DSS	Focus Group Participant, Contributor
Heather McAllister	Family First Prevention Service Manager	Focus Group Participant, Contributor
Peter West	NC DSS Section Chief	Focus Group Participant, Contributor

1.3 Description of Stakeholder Involvement in Statewide Assessment Process

As part of its 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. NC DSS sought meaningful engagement and participation of parents, children and youth, resource families, legal and judicial community, tribes, front-line caseworkers, and supervisors.

NC DSS holds bi-weekly meetings targeted specifically at engagement of both internal staff from NC DSS at all levels of the organization as well as key partners, such as the Court Improvement Program (CIP) Manager. This bi-weekly meeting includes systematic review and discussion of Outcomes and Systemic Factors led by designated key staff for each area. The discussions involve brainstorming about how to include other partners,

specifically those with lived experience, the Eastern Band of Cherokee Indians (EBCI), and other key stakeholders.

NC DSS contracts with North Carolina State University to provide administrative and leadership support to the Child Welfare Family Advisory Council (CWFAC). The CWFAC meets twice monthly and is an avenue for NC DSS to engage those with lived experience—biological parents, kin/relatives, foster and adoptive parents, to provide input and feedback into key initiatives and policy development.

NC DSS supports Strong Able Youth Speaking Out (SaySo), an organization made up of youth and young adults with lived experience in the foster care system. This organization is key in engaging youth across the state in providing feedback and input into strategic planning to address barriers identified in the child welfare system. Over the last year, NC DSS held Youth Listening Sessions across the state to ascertain the critical themes or issues that youth and young adults identified as important for inclusion in future strategic planning. These identified themes were shared during a Strategic Planning event kick off in November, with additional events planned across the state. Engagement of the youth/young adults in creating the strategic plan to address their identified concerns is a key component in further authentic engagement with this demographic.

NC DSS has multiple monthly meetings with state level court partners to include—Administrative Office of the Courts (AOC), Guardians ad Litem (GALs), Indigent Defense Services (IDS), CIP, and others, to share and learn various strategies and initiatives across agencies that collectively assist the court system in achieving timely permanence for court involved families and children.

NC DSS holds Joint Planning events every year, usually in the month of March, to engage a broad range of stakeholders in providing input into the progress/barriers of NC DSS's strategic plan. Last year was the first in-person event since the pandemic. It provided a robust opportunity to engage more with stakeholders face-to-face. Plans for the next in-person Joint Planning event are underway for March 5, 2024.

1.3.1 Stakeholder Identification

NC DSS identified the following stakeholders to provide feedback:

- County DSS staff representing all 100 counties
- Child Welfare Family Advisory Council (CWFAC)
- Strong Able Youth Speaking Out (SAYSO)
- Biological Parents with Lived Experience
- Eastern Band of Cherokee Indians (EBCI)
- Local Management Entity/Managed Care Organization (LME/MCO)

- Division of Mental Health/Division of Health Benefits (DMH/DHB)
- Prevent Child Abuse North Carolina
- Medical Community
- Community Child Protection Teams
- North Carolina Sheriff's Association

1.3.2 Stakeholder Surveys

The state-level stakeholders were asked to share a stakeholder survey with their various email list serves. 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.

1.3.3 Focus Groups

A total of 42 focus groups were held with a total of 262 participants.

Group Sessions:

- 21 with DSS Caseworkers, Supervisors/Managers, and District Managers
- 21 with Stakeholders and Community Partners

Group Participants:

- 115 DSS Agency Staff
- 147 Stakeholders and Community Partners

A detailed list of the sessions can be found in Appendix B.

1.3.4 Data Analyses

Based upon the information received, NC DSS has identified key insights into its operations and engagement with parents, youth, caseworkers, supervisors, managers, legal representatives, and community partners. The findings, outlined in various tables, shed light on critical aspects such as parent and youth involvement, staff and foster parent training, service array, working with courts, agency engagement, and additional feedback from staff and stakeholders.

In the realm of parent and youth involvement, the report indicates that caseworkers are making efforts to authentically engage both foster and birth parents through direct conversations and Child and Family Team (CFT) meetings. Challenges arise in achieving consistent involvement, particularly from birth parents. The perspectives of youth vary, some feel included in case planning and others expressed a sense of exclusion.

The training landscape within NC DSS highlights challenges in pre-service training and calls for more specificity and hands-on learning. Ongoing training is deemed beneficial and noted obstacles such as limited time and accessibility hinder their completion. Foster parent turnover emerges as a significant factor impacting training consistency, emphasizing the need for tailored and accessible training options.

Service array and individualized services present both successes and challenges. While innovative solutions have been implemented to address service access issues, there is a recognized need for more individualized services, especially for unique populations. Inconsistencies in trauma-informed training for foster parents and group homes underscore an area for improvement. Implementing evidence-based interventions included in North Carolina's Title IV-E Prevention Plan will increase access to services in all jurisdictions of the state. Additionally, $835 million was allocated for behavioral health services by the state legislature in the fall of 2023. This will increase access to evidence-based behavioral health services across the state including placements for children and youth to meet their individualized needs.

Navigating the complexities of working with courts, NC DSS encounters challenges such as continuances, communication gaps, and court staff who are not always prepared. Notifications and court participation also vary among foster parents and birth parents, emphasizing the importance of consistent communication and clear policies. Additionally, a call for training on policy and procedure within the court system is evident.

In terms of agency engagement, information sharing, feedback, and continuous quality improvement efforts, the report highlights significant investment from NC DSS in improving quality and quantity to improve outcomes, varying feedback mechanisms, and challenges in data sharing. While improvements are noted, there is room for enhancing feedback loops and communication transparency.

Additional feedback from agency staff and stakeholders brings attention to behavioral health service limitations, workforce challenges, pay equity issues, and the need for more trauma-informed practices. Stakeholders express concerns about the foster care system's impact on individuals' life prospects, emphasizing the urgency for systemic improvements and increased support.

A full summary of key themes from the focus groups can be found in Appendix B.

2 Section II: State Context Affecting Overall Performance

2.1 Vision and Tenets

In 2017, North Carolina embarked on a transformative journey to overhaul its child welfare system through the enactment of "Rylan's Law", a legislative mandate for comprehensive reform across the state's social services. The reform encompassed child welfare, adult protective services, economic and family services, and child support enforcement. Key objectives included enhancing supervision and accountability and improving the overall effectiveness of social services. This transformation work also recognized the need for integrated coordination among child welfare, healthcare, mental health, and economic support services. It represented an opportunity to develop a broader vision for promoting better outcomes for children and families in North Carolina.

This transformation began with conducting comprehensive analyses and assessments to develop strategic reform plans. The reform plans included specific recommendations aimed at creating a regional management structure and establishing effective communication and collaboration across various services. The reform plan specific to child welfare was used as a reference for the Child and Family Services Plan. North Carolina Department of Health and Human Services (NC DHHS), Division of Social Services (DSS) is a state-supervised, county-administered child welfare system. North Carolina General Statute § 7B-302 states that county directors of social services are responsible for the provision of protective services for all children for whom allegations of abuse, neglect, or dependency are made. NC DHHS, DSS is, however, the designated state agency with authority to prepare and submit the Statewide Assessment and is the sole state agency responsible for administering or supervising the Child Welfare Services Program in North Carolina.

NCGS § 108A-71 authorizes NC DHHS to administer and supervise programs under the Federal Social Security Act to allow benefits from federal aid. NCGS § 108A-74 further outlines NC DHHS's responsibility and authority for supervision. State responsibilities include:

- Establishing laws, administrative rules, and policies for counties to follow when providing child welfare services.
- Assuring counties follow the laws, rules, and policies and meet performance standards.

- Liaison with the federal government to receive federal funds including required reporting, required planning, and required inclusion of stakeholder input on the operation of the child welfare system.

The NC DHHS, DSS's vision is a North Carolina where every child and family is safe, healthy, and well. Child Welfare Services is committed to operating with cultural humility and providing family-centered services to children, youth, and families to achieve well-being through ensuring self-sufficiency, support, safety, and permanence. NC DSS works to accomplish this through the following Family Centered Principles of Partnership:

- Everyone desires respect.
- Everyone needs to be heard.
- Everyone has strengths.
- Judgments can wait.
- Partners share power.
- Partnership is a process.

The core components of the NC child welfare system include Child Protective Services, Child Placement Services, Foster Care, Adoption, Well-Being, Independent Living Services for Foster Children, Pregnancy Services, and Safe Surrender (for newborns). NC DSS is currently implementing evidence-based programs in its Title IV-E Prevention Plan starting with Homebuilders in early 2024. The NC child welfare practice model includes two primary components, the Practice Standards that workers, supervisors and leaders follow from the beginning to the end of child welfare services, and Structured Decision Making and Safety Organized Practice, which includes specific policies and tools for working with children and families to achieve safety, permanency, and well-being.

In a collaborative endeavor to reshape child welfare in North Carolina, the Unified Leadership Team (ULT) stands at the helm. Comprising a dynamic coalition of state and county leaders, the ULT is dedicated to fostering a child welfare system that is both effective and fiscally prudent. The ULT was established in October 2019 to provide a forum for state and county leaders to come together to provide guidance, direction, and sequencing instruction for child welfare transformation and implementation work in North Carolina. The ULT's collective vision is to steer North Carolina's child welfare reform with critical thinking, strategic decision-making, and a commitment to solutions that are straightforward yet impactful. The team consists of experienced leaders, including members of NC DSS leadership and county DSS directors, whose combined expertise and authority ensure that major decisions are made with the well-being of children at the forefront. This team was thoughtfully assembled to ensure a balanced partnership, capable of enacting significant decisions to advance child welfare efforts in the state.

The goal of the ULT is to promote the effective implementation of child welfare transformation and improve outcomes for children, youth, and families. The ULT meets twice monthly and is co-chaired by the Senior Director of Human Services and an officer of the North Carolina Association of County Directors of Social Services (NCACDSS). Members include the NC DSS Child Welfare Deputy Directors, NC DSS Child Welfare Section Chiefs, the NCACDSS Executive Leadership Board, the county DSS directors that serve as tri-chairs for the NCACDSS Children's Services Committee, and other members as designated. Responsibilities include:

- Joint state-county leadership for implementation of NC's child welfare plans.
- Leadership to the Child Welfare Design Teams through a state and county ULT liaison to each team.
- Active communication and championing of decisions made on implementation of child welfare transformation.

Child Welfare Design Teams were formed in February 2020 to provide ongoing stakeholder input into implementation of major initiatives of North Carolina's Child and Family Services Plan (CFSP). The ULT and five (5) Design Teams provide proactive communication channels and feedback loops on the 2020-2024 CFSP. The ULT has responsibilities for providing leadership, direction, and feedback to the implementation of the CFSP goals, objectives, and strategies. Each design team is responsible for the overall implementation for the CFSP goals, provides feedback regarding implementation, and serves as communication channels for implementation activities and updates.

Five Design Teams were formed, one for each of the five priorities outlined in North Carolina's 2020-2024 CFSP: Safety, Permanency, Well-Being, Continuous Quality Improvement (CQI), and Workforce Development. Design Team members include:

- State child welfare staff
- County child welfare staff
- Public and private service partners
- Persons with lived experience with the child welfare system in North Carolina

In addition to the components mentioned above, since the passage of Rylan's Law, NC DSS has other substantive reforms described in more detail below.

Regional Model: One component of Rylan's Law has been the implementation of a regional support model to assist local county staff. NC DSS has created three teams of Regional Child Welfare Specialists (RCWS) in CQI, Permanency, and Safety. The purpose is to have subject matter experts in each of those areas within each region that county leadership and staff can reach out to for direction and technical assistance. These positions are available to assist county staff in a variety of ways that include but not limited to the staffing of

cases, review of records, troubleshooting placement issues, technical assistance, and to be a direct support to local county staff.

Workforce Initiatives: As a part of NC's CFSP 2020-2024, NC DSS commissioned a workload study using the Public Consulting Group (PCG) to determine how county staff spend time in their day and how much time it is taking to work on a case under current law and policies. This was accomplished through a Random Moment in Time (RMT) and activity study. North Carolina had a 65% response rate for the RMT study and time was entered for 1,655 cases from across the state. PCG submitted the final report in October 2023. NC DSS leadership and the ULT are currently reviewing the report to determine the next steps.

NC DSS has been working to revamp the Child Welfare Education Collaborative (CWEC). CWEC has been in existence for some time. In its beginning, BSW and MSW students were invited to apply for the program at over 20 universities and colleges across NC. If accepted into the program, they had to complete a specific course of study in child welfare that included Pre-Service training as well as an internship in a local DSS. In return, NC provided funds for students to assist with college expenses. Once they graduated, if they worked in a local county child welfare agency, they would not need to pay back the funds. Several years ago, NC discontinued the funding but continued the course of study and the internships. Over the last year, NC DSS has been working to reinstate funding to provide students with financial assistance again. North Carolina has identified and secured the funding and is in the process of redesigning the acceptance criteria. NC DSS has identified universities to participate in a pilot of the redesigned program. They were chosen for proximity, number of graduates, and diversity. The schools are Appalachian State University in the west, North Carolina A & T in the central (a historically black college and university), and East Carolina University in the east. CWEC has traditionally provided prepared and trained social workers to local agencies. The goal is to increase that even further with the redesign.

Finally, NC DSS has completed several initiatives to assist with the recruitment of staff. NC DSS created regionally specific materials including flyers, social media, and other items. Each county was provided a supply of these as well as customizable files they could insert their county name. In addition, NC DSS recently completed several "real life" videos featuring local staff explaining the day-to-day work of a child welfare social worker that local counties can use for local campaigns.

In 2022 and 2023, NC DSS developed a new cross-program CQI cycle that provides counties a consistent approach and model for continuous quality improvement. This new cycle is being implemented by Child Welfare Services, Adult Services, Child Support, and Economic Services.

Pre-service Training: North Carolina's new Child Welfare Pre-Service Training was created for new child welfare workers, to better equip new hires with the necessary knowledge and skills that are aligned with the child welfare practice model. The redesigned curriculum will provide new workers opportunities to practice knowledge, skills, abilities, and behaviors grounded in realistic on-the-job experiences. The redesigned training includes two new curricula: Foundation Training and Core Training.

FFPSA: The Family First Prevention Services Act (FFPSA) represents a pivotal shift in North Carolina's approach to child welfare, emphasizing prevention and early intervention to keep children out of foster care. It enables the state to channel Title IV-E funds into evidence-based services that tackle issues like parental substance use and mental health, which are often precursors to children entering the foster care system. The act also aims to minimize the use of congregate care settings and upholds the principles of safety, permanence, and well-being for children.

Implementation of Statewide Practice Model: Adopting a statewide practice model is paramount to transforming the child welfare system and improving outcomes for children and their families. It helps assure that child welfare services are provided consistently for children and families across the 100 counties in North Carolina. North Carolina elected to develop their own practice model to ensure it was tailored to North Carolina's core values of being safety-focused, trauma-informed, family-centered, and culturally responsive.

Collaboration and Coordination: NC DSS recognized that to fully realize systemic improvements and increased access to services that increased collaboration and coordination with other federally funded child and family services programs was needed. Leadership from the Division of Mental Health/Developmental Disabilities/Substance Use Services, Division of Child and Family Well-Being, Division of Health Benefits/NC Medicaid, Division of Health Services Regulation, and Division of State Operated Facilities meet regularly to address the service gaps and needs of the child welfare population. Strengthened collaboration across divisions 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 (START) model, and the development of the Medicaid managed care Child and Family Specialty Plan.

2.2 Cross-System Challenges

The remainder of the Statewide Assessment describes specific challenges related to outcomes, items, and systemic factors. NC DSS identified several core challenges that directly impacted programs and practice. The following challenges had widespread impact on the outcomes, items, and systemic factors described in the Statewide Assessment.

Workforce Crisis: Since 2021, NC experienced a 41.5% staff turnover rate for local county child welfare staff including a 16% turnover rate at the manager level. As of 12/31/22, the last date that full data is available, there was a 22% vacancy rate for frontline child welfare staff and an 8% vacancy rate for child welfare supervisors.

As a state supervised, county administered child welfare system, the wide variance in pay among the 100 local county child welfare agencies has added to the workforce crisis, negatively impacting the ability to address the child welfare workforce issues at a state level.

The workforce crisis in child welfare encompasses staff at multiple levels in both state and county organizations. The ongoing challenges to recruit, hire and retain quality child welfare staff at all levels of the organization have created additional strain on the system to be able to cohesively address challenges.

Data Limitations: NC DSS is implementing a new child welfare information system. NC DSS has contracted with a vendor, Deloitte, to develop a statewide child welfare information system. Until this system is operational and deployed in all 100 counties, NC will continue to struggle to obtain comprehensive child welfare data to assist in informing strategies and evaluation of initiatives. The primary issue that has affected quality has been unique identifiers for children. North Carolina has used a Services Information System (SIS) to identify clients. This identifier is county specific. North Carolina began to use a Common Name Data Base (CNDS) system that is specific to the client regardless of county of residence. NC DSS has done much work over the last several years to move county staff to using the CNDS identifier. Recent AFCARS and NCANDS submissions have demonstrated that while there has been improvement with NC's most recent Data Profile from the Children's Bureau from February 2023, there is still work to be done as there were two items not measured due to data quality. NC DSS has been consistently addressing this with local county staff through technical assistance provided by the Regional Child Welfare Specialists.

Another impact of not having a statewide data system is the difficulty in coordinating changes to Structured Decision-Making (SDM) tools to improve child welfare practice when these tools are imbedded in the child welfare information system that is currently deployed in 25 counties. NC DSS has completed work on a Structured Screening and Response tool to address consistency, equity, and utility in the CPS Intake process. This new tool is awaiting deployment within the new system being developed by Deloitte along with its intended improvements in screening accuracy and ability to track timeliness of initiations. Other SDM tools are in differing stages of development.

Additionally, while data may be available in both the legacy system and the child welfare information system, collecting, compiling, and analyzing data in two systems is cumbersome and time consuming.

COVID-19: The impact of COVID-19 on NC DSS child welfare transformation work was a barrier to full implementation of the strategies to achieve the desired outcomes of the CFSP. Negative impacts of COVID-19 included:

- Conversion of all required child welfare training to virtual platform. This was a conversion and not designed training for virtual delivery. This negatively impacted the effectiveness of the training delivered.
- Foster Parent Licensing Training-TIPS-MAPP; there was significant delay in getting permission from the training purveyor to deliver the training virtually. This led to delays in the provision of training to prospective foster parents and a decline in licensed foster homes for the state.
- Allowance of virtual visits with families/children, while necessary, negatively impacted accurate assessments of situations, support to birth families, support to relatives/kin and foster families which further impacted outcomes for children and families.
- Court access in multiple court jurisdictions was delayed or not available for much of the time of the emergency order preventing in-person meetings. These court delays created longer stays in care for children who would have otherwise achieved permanency. North Carolina is continuing to see negative impacts to court access due to an ongoing backlog of court cases as a result of the pandemic.

Crisis of Children without Placement: NC DSS has experienced an increase in the number of children and youth in foster care that live in settings not meeting their behavioral health treatment needs. NC DSS continues to work collaboratively across NC DHHS divisions to identify gaps in the services system and to develop new programs and specialized placements to meet the needs of children and youth with complex treatment needs.

Budget Impacts: NC DSS has been implementing a regional support model since 2018. The North Carolina General Assembly has supported this endeavor by allocations of positions to NC DSS for regional deployment. This has included positions for child welfare staff and State Regional DSS directors. The model has experienced some delays due to a year when NC did not have a finalized budget and a year when the budget did not pass by the beginning of the state fiscal year.

2.3 Current Initiatives

The 2020-2024 Child and Family Services Plan (CFSP) outlines cross-cutting improvement initiatives in the goals and objectives of the plan.

Table 2. Improvement Initiatives

Strategic Goals			
Goal 1: Strengthen practice to improve outcomes for children, youth, and families	Goal 2: Implement the Family First Prevention Services Act (FFPSA) Plan	Goal 3: Develop and support a stable, competent, and professional workforce in child welfare	Goal 4: Improve processes for Continuous Quality Improvement
Objectives			
Objective 1: Implement the practice standards of the NC Practice Model Objective 2: Revise and implement Structured Decision-Making (SDM) tools, policies, procedures, and practices. Objective 3: Implement Safety Organized Practice	Objective 1: Develop capacity to deliver Evidence Based Practices (EBPs) to children in their homes. Objective 2: Increase the capacity to provide family-based care. Objective 3: Reduce use of Congregate Care	Objective 1: Complete a caseload/workload study for all child welfare positions. Objective 2: Reinstitute the stipend support program into the NC Child Welfare Education Collaborative with NC colleges and universities. Objective 3: Implement a new approach to pre-service training for the child welfare workforce. Objective 4: Implement a new approach to ongoing training for the child welfare workforce. Objective 5: Train child welfare staff in a race equity framework as a first step to reduce disproportionality within the NC child welfare system	Objective 1: Revise current CQI structures and processes. Objective 2: Continued implementation of CQI processes at the state, region, and county levels Objective 3: Improve access to quality data. Objective 4: Continue to develop a statewide child welfare information system

Source: 2020-2024 Child and Family Services Plan

NC has completed several goals and objectives: NC completed Goal 1, Objective 1; Goal 3, Objective 3; and Goal 4, Objective 1. All remaining goals and objectives are in progress for

implementation. An update will be provided in the next Annual Progress and Services Report.

3 Section III: Assessment of Child and Family Outcomes

Each section below contains tables illustrating case review outcomes across various points in time. Measurements have been extracted from an in-depth review of individual cases. Both in-home and foster care cases were randomly selected during the period under review (PUR).

Information compiled and analyzed through the statewide assessment process may be used to support the CFSR process in the following ways:

- Provide an overview of the state child welfare agency's performance for the Children's Bureau team conducting onsite interviews.
- Facilitate identification of issues that need additional clarification before or during the onsite review.
- Serve as a key source of information for rating the CFSR systemic factors.
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their performance improvement plan.[1]

This Statewide Assessment is a point in time assessment of specific metrics and systemic factors. Results should not be considered representative of all cases statewide. Successful completion of a comprehensive statewide assessment serves as one component of what should be a more comprehensive and robust CQI program.

[1] https://www.acf.hhs.gov/sites/default/files/documents/cb/round3_cfsr_sai.pdf

Table 3. NC Performance

Data Source	Time Period	Total Number of Cases and Case Breakdown
CFSR Round 3 Review	4/1/15-10/30/15	Total cases=105 59 Foster Care and 46 In-Home
CFSR Round 3 PIP Review	1/1/17-12/31/2020 PIP implementation Period ended 6/30/19 * includes the Non-Overlapping Period.	Total Cases =869 503 Foster Care and 366 In-Home *Includes PIP implementation Period 1/1/17-6/30/19 and non-overlapping period of 7/1/19-12/31/20
Round 3 National Review	FY 2015-FY 2018	National Performance (All CFSR cases n=4, 067) Safety Outcome 1 73% Safety Outcome 2 55% Permanency Outcome 1 27% Permanency Outcome 2 61% WB Outcome 1 36% WB Outcome 2 82% WB Outcome 3 57%
CFSR Round 4 Preparation	4/1/23-9/30/23	Total Cases=78 50 Foster Care and 28 In- Home

Data Source: cfsrportal.acf.hhs.gov

4 Section IV: CFSR Period

CFSR Sample Period: CFSR foster care cases will have a sample period from April 1, 2023, through September 30, 2023, and in-home service cases will have a sample period from April 1, 2023, through November 14, 2023, for case samples April -June 2024. CFSR foster care cases will have a sample period from July 1, 2023 – December 31, 2023, and in-home service cases will have a sample period from July 1, 2023, through February 14, 2024.

Period of AFCARS Data: The foster care sampling period coincides with the 6-month AFCARS period (April 1, 2023, through September 30, 2023).

Period of NCANDS Data: The sampling frame for in-home service cases will include all family units referred to CPS In-Home Services after a CPS Investigative Assessment substantiation of maltreatment or a CPS Family Assessment finding of "Services Needed" that meet federal eligibility requirements for review. The 45-day period is determined by comparing the in-home case start date and the in-home case end date. North Carolina

does not contract for case management for CPS In-Home Services from private vendors. The in-home services sampling frame will also include foster care cases where children are in a trial home visit living arrangement active for at least 45 consecutive days from the start of the sampling period. The sampling frame for foster care will consist of the state Adoption and Foster Care Analysis and Reporting System (AFCARS), defined foster care case population for a recent 6-month sampling period that meets federal eligibility requirements for review. Plus, the families with children on trial home visits 45 days from the start of the sampling period will be part of the state's in-home services population.

Case Review Period Under Review (PUR): Starts at the beginning of the sampling period of April 1, 2023, and continues until the case is reviewed (April 1, 2024, through September 30, 2024).

North Carolina will review 65 cases, including 25 in-home and 40 foster care cases.

4.1 Safety

4.1.1 Item 1: Timeliness to Initiating Investigations of Reports of Child Maltreatment

Purpose: To determine whether responses to all accepted child maltreatment reports received during the period under review (PUR) were initiated, and face-to-face contact with the child(ren) made, within the timeframes established by agency policies and state statutes.

Table 4. Item 1 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation April 2023-September 2023)
Item 1: Timeliness of initiating investigations of reports of child maltreatment	75% of 51 applicable cases	78% -308 of 394 applicable cases strengths FC-143 of 182 applicable cases Strengths =78.57% IH-165 of 212 applicable cases Strengths=77.83%	66% -78 total cases, 48 applicable cases, 31 strengths FC-20 of 25 applicable cases strengths=80% IH-11 of 22 applicable cases Strengths=50%

Data Source: Case review data from 2015 CFSR PIP, and April 2023-September 2023

Item 1 is an Area Needing Improvement based on case review data. North Carolina is not in substantial conformity with Safety Outcome 1.

Performance on Safety Item 1 measured by Quality Assurance reviews in preparation for Round 4 indicates an opportunity for improvement in timely initiation of investigations. In case reviews conducted between April 2023 and September 2023, timeliness to initiating investigations was identified as a strength in 31 out of 48 applicable cases. Results of a root cause analysis identified three contributing factors to the change in performance for Item 1from Round 3 to current reviews. Turnover and workforce vacancies, specifically in assessment positions, are a barrier to timely initiation. Data from the 2021 workforce survey showed that assessments had the highest number of vacancies of any program area, with only 75.97 % (888.18/1169.145) of full-time positions filled. The 2022 workforce survey also demonstrated that turnover in assessment positions is higher than any other program area with a rate of 42%. Challenges with data collection also impact performance on this item. Without a statewide information system in place, it is difficult to assess when cases are initiated. Counties do not consistently document the exact response time including the time of initiation in case records. Variation in how data is recorded has impacted performance on this item since OSRI guidance for measuring timely initiation in the review process changed effective April 2023. Finally, when reports are received by a county in which the family does not live or there is a conflict of interest, and an assessment must be done by a neighboring county, the transfer of those cases can create delays that negatively impact timely initiation.

Conclusion: NC DSS is taking several actions to address performance on this item. NC DSS workforce strategies for improvement are addressed in Section 2.1 above. The implementation of the 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. It will also mitigate delays caused by transferring cases to other counties at intake. Policy changes have already been implemented that allow counties to take the information from the reporter and send it to the responsible county for screening and response. In the CWIS counties, they will ensure the information is sent electronically. While the CWIS is under development, NC DSS is utilizing the Safety Design Team to develop policy defining timeframes for immediate initiation and Quality Review continues to provide guidance to counties about required documentation.

4.1.2 Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care

Purpose: To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification.

Table 5. Item 2 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation
Item 2: Services to protect child(ren) in the home and prevent removal or re-entry into foster care	66% (62 cases) (68% of 22 FC; 65% of 40 In-Home)	75% (258 of 342 applicable cases strengths) FC 113 of 132 applicable cases Strengths =85.61% IH 145 of 210 applicable cases Strengths=69.05%	62% (50 applicable cases cases) 31 strengths FC-17 of 24 applicable cases Strengths =70.83% IH- 14 of 28 applicable cases Strengths= 53.85%

Data Source: Case review data from 2015 CFSR PIP and April 2023-September 2023

Item 2 is rated as an Area Needing Improvement based on case review data.

Performance on Safety Item 2 measured by Quality Assurance reviews in preparation for Round 4 indicates an opportunity for improvement in services to families to protect child(ren) in the home and prevent removal or re-entry into foster care, especially for in-home cases. In case reviews conducted between April 2023 and September 2023, services to families to protect child(ren) in the home and prevent removal or re-entry into foster

care were identified as a strength in 31 out of 50 applicable cases. Quality Assurance, Regional Child Welfare Consultant, and IV-E reviews all identify consistent challenges related to this item. Challenges include poor matching between identified needs of children and families and services offered, lack of follow up from social workers to ensure parents are engaged in services after referrals are made, and inconsistent monitoring of services.

These challenges are attributed to job vacancies, workforce turnover and availability of training. Workforce survey data from 2021 shows that 79% (382.265/482.58) budgeted FTEs for in-home service staff were filled and only 84% (700.985/833.445) of budgeted FTEs for foster care service staff were filled. In 2022, the turnover rate for in-home positions was 37% and the rate for foster care was 42%, both higher than the average for all program areas combined. In addition to vacancies and turnover, In-Home Track training was not offered from April-November 2023, which resulted in newer staff not receiving specialized training on case planning and service provision. In-Home Track training was not offered during this time because NC DSS placed a priority on providing as many options for Pre-Service Training to ensure that newly hired staff received training to begin fieldwork. Service availability statewide also impacts performance on this item. Service array and efforts to improve the availability of services is discussed more in item 29.

Conclusion: NC DSS has identified several strategies to address performance for Item 2 including training, policy changes and work to revalidate Structured Decision Making (SDM) tools, and the Clinical Assessment of Protective Parenting (CAPP) program. In 2023, NC DSS provided Back-to-Basics and Practice Standards training statewide. The Back-to-Basics training included a deep dive into the SDM tools to facilitate better identification of safety concerns, risks, and strengths and needs to inform service decision making. Practice Standards support staff at all levels with engagement, assessment, communication, planning, and implementation during work with families. These foundational skills address concerns identified in practice around identifying appropriate services and engaging with families throughout service provision.

The Clinical Assessment of Protective Parenting (CAPP) was launched in 2023 as part of the NC Child Medical Evaluation Program (CMEP) and is available in all 100 counties. CAPP is an empirically supported evaluation of a parent's ability to safely care for their child and provides specific recommendations for services needed to support DSS with case planning.

In 2024, revalidated SDM safety and risk assessment tools, and policies and procedures to support the implementation of the Family First Prevention Services Act (FFPSA) will be rolled out statewide. Both these efforts provide staff with access to additional training, more effective decision support, and new service capacity, all of which enhance practice.

NC DSS is also training a pool of temporary staff to better manage the demand for training.

4.1.3 Item 3: Risk and Safety Management

Purpose: To determine whether, during the period under review, the agency made concerted efforts to assess and address risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

Table 6. Item 3 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation
Item 3: Risk and safety assessment and management	57% (105 cases) (64% of 59 FC; 48% of 46 In-Home)	59% (519 of 869 applicable cases rated strengths) FC 326 of 503 cases Strengths=70.78% IH 163 of 366 applicable cases Strengths=44.54%	58% (78 total cases) 45 cases strengths FC 32 of 50 applicable cases Strengths=64% IH-13 of 28 applicable cases Strengths=46.43%

Data Source: Case review data from 2015 CFSR PIP and April 2023-September 2023

Item 3 is an Area Needing Improvement based on case review data. North Carolina is not in substantial conformity with Safety Outcome 2.

Performance on Safety Item 3 measured by Quality Assurance reviews in preparation for Round 4 indicates an opportunity for improvement in concerted efforts to address risk and safety concerns relating to the children in their own homes or while in foster care. In case reviews conducted between April 2023 and September 2023, risk and safety management were identified as a strength in 45 out of 78 applicable cases. Quality Assurance, Regional Child Welfare Consultant, and IV-E reviews all identify consistent challenges related to this item. These include safety plans that do not provide behaviorally specific actions to ensure safety and staff not following policy guidance for the use of SDM tools, specifically the timing of completing the risk assessment tool. The root cause of these challenges is attributed to workforce challenges, specifically vacancies and turnover in assessment and in-home positions. Twenty percent turnover in supervisory positions has also resulted in fewer experienced supervisors able to coach staff and provide guidance around safety and risk assessment, and decisions.

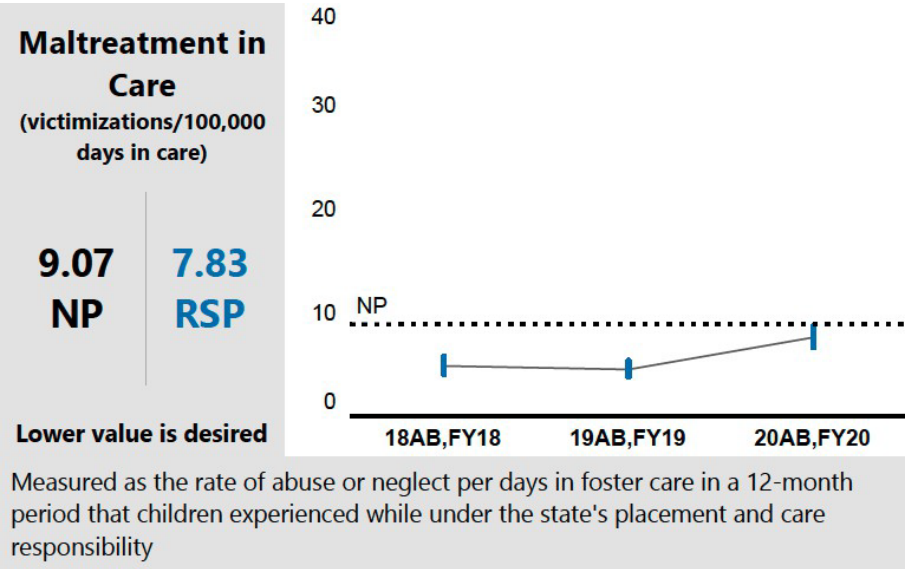
Conclusion: In 2023, NC DSS provided Back-to-Basics and Practice Standards training (described in item 2) statewide. Longer term, NC DSS is working to implement Safety Organized Practice and revalidated SDM tools in 2024. Revalidated SDM safety and risk assessments will support better identification of specific safety and risk concerns. Tools of

Safety Organized Practice (SOP) will facilitate engagement with the family to address concerns and develop behaviorally specific safety plans. The implementation of the SDM tools and SOP will include training and practice resources for frontline staff and supervisors.

The new intake policy has also clarified maltreatment definitions and the adoption of the new Structured Decision-Making process for intake will result in higher quality intakes that provide a clearer basis for assessment staff to begin their work with families.

Finally, the statewide rollout of the Regional Abuse Medical Specialist (RAMS) in 2023 has provided additional support to counties as they are actively investigating or assessing cases. RAMS engage in real time discussions about practice concerns, thoroughness of assessments and safety plans. Any case that does not have an adequate safety plan is escalated to include a higher level of management. Additionally, because the RAMS team helps counties understand the Child Medical Evaluation (CME), they can assist the county with obtaining clarifying information from the CME provider to implement changes to a safety plan if needed.

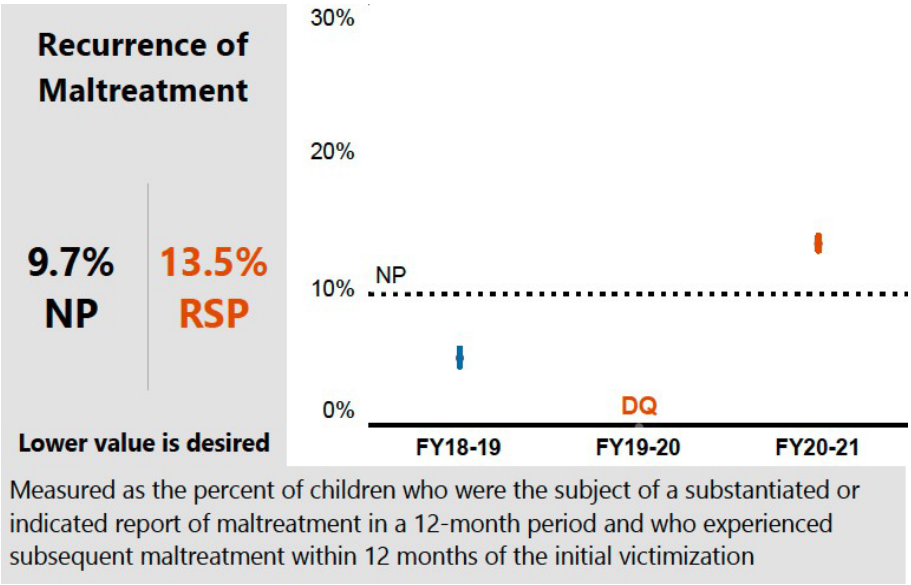
Figure 1. Maltreatment in Care



Data Source: Children's Bureau CFSR Data Profile February 2023

North Carolina's performance is below the national performance, indicating a lowered instance of maltreatment in care. The strength in this area is attributed to strong policies for monitoring safety of children in placement by DSS permanency planning social workers and licensing staff.

Figure 2. Recurrence of Maltreatment



Data Source: Children's Bureau CFSR Data Profile February 2023

North Carolina's instance of recurrence of maltreatment is higher than the national performance. This is attributed to the challenges identified for Items 1–3. Challenges with appropriate safety and risk assessment impact case decisions and can result in premature case closure. Not identifying and supporting behavior change through safety and case planning and services means the reason families came to DSS's attention is not being remediated and can result in repeat maltreatment. In addition to efforts to improve assessment practice outlined above, effective July 1, 2023, "Services Recommended" is no longer a case decision option. This change means that at the end of a CPS Assessment, social workers must determine that a child is safe, and the family has resources to maintain safety, or that ongoing services will be provided.

4.2 Permanency

4.2.1 Item 4: Stability of Foster Care Placement

Purpose: To determine whether the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child's permanency goal(s).

Table 7. Item 4 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation
Item 4: Stability in foster care placement	76%	380 of 503 total cases Strengths=71.57% IH (Not Applicable)	39 of 50 applicable cases Strengths=78% IH (Not applicable)

Data Source: Case review data from 2015 CFSR, PIP, and April 2023-September 2023

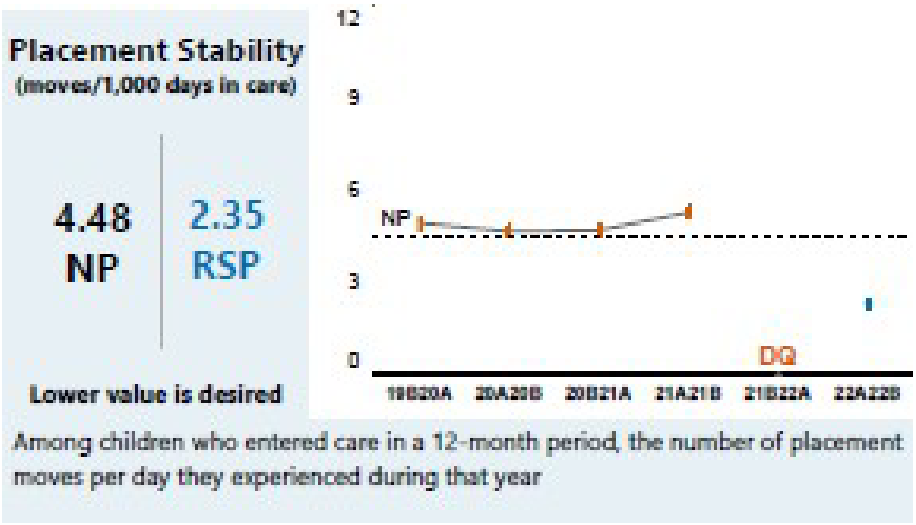
Item 4: Stability for Placement is an Area Needing Improvement based on case review data and stakeholder input.

According to recent case record reviews, efforts to maintain a child in a stable foster care placement was a strength in seventy-eight (78) percent of cases. North Carolina has made progress with the improvement of this item over several case review reporting periods.

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

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

Figure 3. Placement Stability



Data Source: Children's Bureau CFSR Data Profile February 2023

North Carolina's performance in this item can be attributed to consistency in practice with the implementation of Practice Standards for workers and supervisors and the continued work to roll out Safety Organized Practice as part of the NC's practice model.

The Kin First Culture transformation in NC continues. In November 2023, the Unlicensed Kinship Reimbursement Program was launched. This program offers unlicensed kinship providers ½ of the current board rate as reimbursement of the costs of caring for children in care who are related by blood, adoption, and marriage. By improving equity and access to financial assistance for relatives caring for children, more relatives will be able to sustain care while reunification efforts are underway, preventing children from requiring non-relative or congregate care placements and securing placement stability. North Carolina is planning to extend the definition of kinship to include fictive kin placements in these reimbursement payments.

To continue to strengthen its Kin First Culture, North Carolina is investing in training that is focused on kinship and supporting relative efforts. North Carolina is developing a Family Search and Engagement training which will support the 7 regions. This will include improving diligent search efforts and following up with relatives who may have been initially ruled out as a placement provider. The Request for Proposal was posted, and the training development is expected to begin in SFY 23-24.

NC will continue to work with Foster Family Alliance (FFA) to provide support to foster, kinship, and fictive kin placement providers. FFA and NC DSS will collaborate with providing peer support to placement providers when assistance is needed.

Conclusion: In partnership with UNC Chapel Hill, NC DSS is also developing a kinship training series. It is projected to be available to county staff in SFY 24-25. The training series will include the following:

- Understanding the significance of kinship relationships to a child
- Understanding the individual and family characteristics
- Dynamics that contribute to effective kinship parenting

To gather additional feedback for a better understanding of the needs for kinship providers as well as to strategize for continued improvement, Kinship Listening Sessions began in December 2023 and are intended to occur throughout SFY 23-24.

Also, included in the Governor's NC Medicaid Expansion Initiative, an allocation of $80 million was specified for SFY's 24 and 25 to support families with children with behavioral health needs. NC DSS staff will be working with other NC DHHS partners to implement some of these funds that will impact behavioral health needs and support for children and youth in foster care. NC DHHS has new legislation that requires it to form a work group of child welfare experts and agencies to identify innovative Medicaid service options to address gaps in the care of children receiving foster care services. This funding support and collaborative work will support children and youth placement stability.

4.2.2 Item 5: Permanency Goal for Child

Purpose: To determine if appropriate permanency goals were established for the child promptly.

Table 8. Item 5 Performance

Outcome to be achieved	Round 3 CFSR Strengths (April-September 2015)	Round 3 PIP Strengths (2017-December 2020)	Round 4 Preparation (April 2023-September 2023)
Item 5: Permanency goal for child	63.8% of 58% applicable cases	284 of 501 applicable cases Strengths=56.69% IH (NOT APPLICABLE)	14 of 50 applicable cases Strengths=28% IH (NOT APPLICABLE)

Data Source: Case review data from 2015 CFSR, PIP and April 2023-September 2023

Item 5: Establishing Timely and Appropriate Permanency Goals is an Area Needing Improvement based on case review data.

In the most recent round of case reviews, only twenty-eight (28) percent of cases were rated as a strength. Concurrent planning is a policy area where caseworkers continue to struggle. Agencies are not filing Termination of Parental Rights (TPR) petitions consistent with federal requirements or documenting exceptions, such as relative placements.

North Carolina is required by law to have a primary and concurrent plan. This concurrent planning requirement will almost always create 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 plans of permanency simultaneously.

Conclusion: This is an item where NC DSS has a significant margin for improvement. While this is a poor performing area for North Carolina, there has been substantial progress made in addressing practice as it relates to permanency. There are initiatives in the very early stages of planning. Some of the opportunities that NC DSS has taken on to strengthen Item 5 include:

- Permanency Regional Child Welfare Specialists will work to support improvement for children by providing technical assistance to counties.
- The Permanency Regional Child Welfare Specialists will be engaged in work with new county supervisors to review and follow up on case plans, and LINKS transition plans.
- Follow up on Rapid Response Team referrals.
- Participate in permanency roundtables.
- Review fatality cases.

- Review cases where children have been in care for longer than 24 months.
- Observe permanency planning reviews and provide feedback.
- Provide consultation Conflict of Interest and Jurisdiction cases.
- Provide technical assistance on the development of behaviorally appropriate case plans and services.
- Review cases for quality of visits and case plans.
- Use OSRI to develop plans and guidance to support the plans.
- Provide technical assistance with reunification reports and plans.
- Assist with court collaborative implementation.
- Assist with Title IV-E Adoption Assistance.
- Assist with development of diligent recruitment and retention plan.
- Review of licensing files.
- Provide technical assistance on intensive intervention plans.
- Practice Standards are being intertwined in track training redesign and Pre-service to strengthen case workers and supervisors' involvement with families in case plan development.
- Update policy manual 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 exceptions data in the new system and around all types of court hearings.
- NC DSS will also work to explore statutory changes to the concurrent planning requirements.

Organizing and planning the redesign timeline for the SDM tools in Permanency Planning began in July 2023. In October 2023, Evident Change started the Permanency Policy and form analysis. They convened a focus group with the Permanency Design Team in November 2023 to discuss the following forms:

- DSS-5226, Family Risk Re-Assessment
- DSS-5227, Family Reunification Assessment
- DSS-5229, Family Assessment of Strength and Needs; in collaboration with the Safety SDM redesign review

The SDM tool redesign work with Evident Change will continue with Permanency Planning for at least 24 months. This includes review and analysis, training, and implementation. These tools are vital in developing case plans that align with permanency goals.

Additionally, RCWCs are providing training and technical assistance on utilizing permanency planning reviews more effectively and as a communication tool on progress for parents, GAL, service providers, workers, supervisors, and other key supports.

4.2.3 Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement

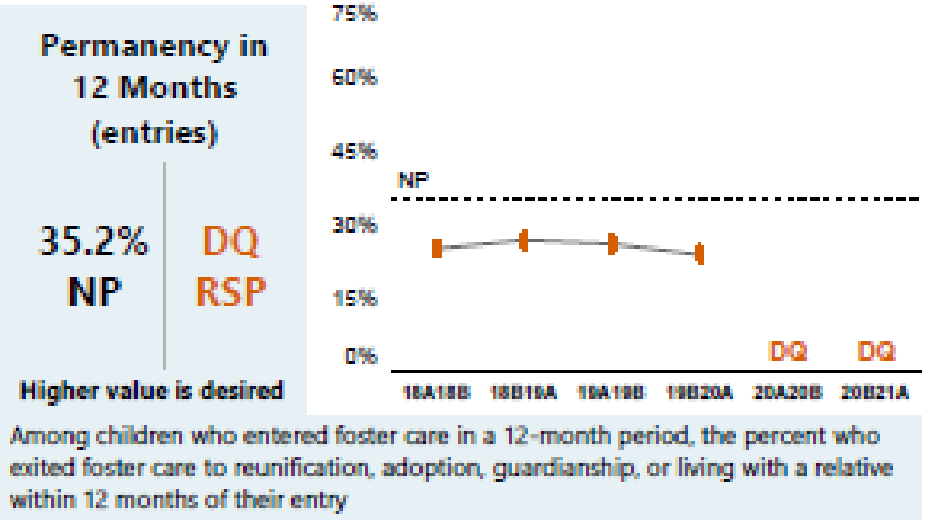
Purpose: To determine whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or another planned permanent living arrangement.

Table 9. Item 6 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation
Item 6: Achieving reunification, guardianship, adoption, or another planned permanent living arrangement	40.7% of 59 applicable cases	198 of 503 applicable cases Strengths=39.36% IH (NOT APPLICABLE)	13 of 50 applicable cases Strengths=26% IH (NOT APPLICABLE)

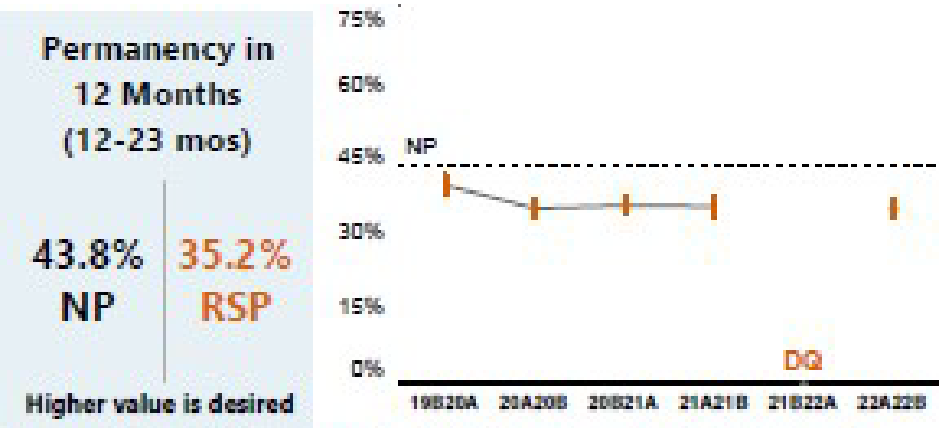
Data Source: Case review data from 2015 CFSR, PIP and April 2023–September 2023

Figure 4. Permanency in 12 months



Data Source: Children's Bureau CFSR Data Profile February 2023

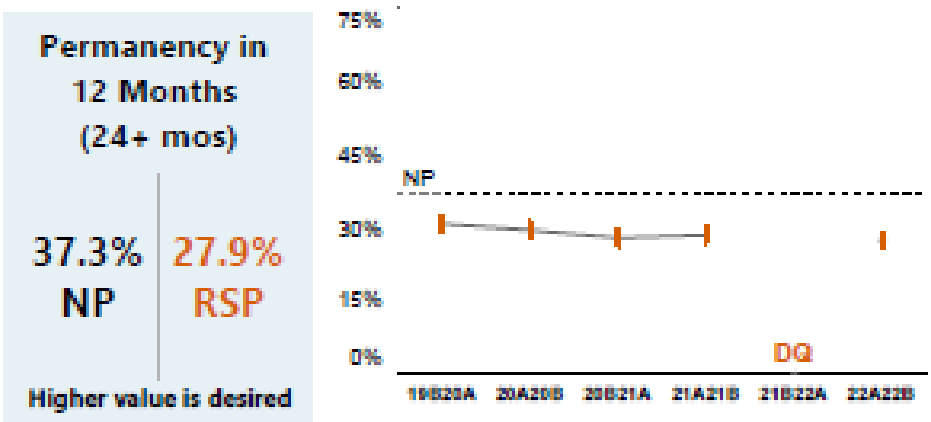
Figure 5. Permanency in 12 months (12–23 months in care)



Among children in foster care at the start of the 12-month period who had been in care for 12 to 23 months, the percent who exited to permanency in the subsequent 12 months

Data Source: Children's Bureau CFSR Data Profile February 2023

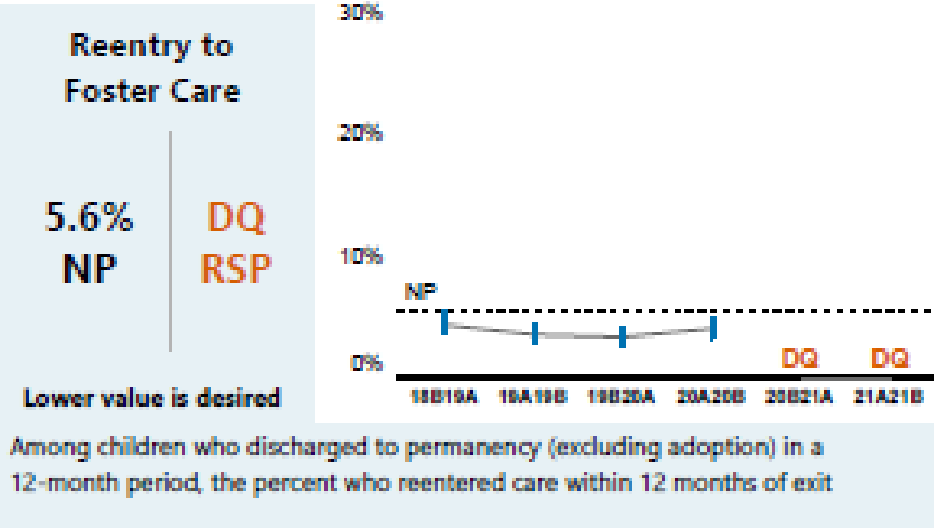
Figure 6. Permanency in 12 months (24 plus months)



Among children in foster care at the start of the 12-month period who had been in care 24 months or more, the percent who exited to permanency in the subsequent 12 months

Data Source: Children's Bureau CFSR Data Profile February 2023

Figure 7. Re-entry to Foster Care



Data Source: Children's Bureau CFSR Data Profile February 2023

Item 6: Achieving Timely Permanence is rated as an Area Needing Improvement based on case review data. North Carolina is not in substantial conformity with Permanency Outcome 1.

According to recent case record reviews, North Carolina's concerted efforts to achieve reunification, guardianship, adoption, or APPLA for children in foster care continues to be below the national standard with twenty-six (26) precent of cases rating it as a strength. Data indicates that substance use remains the driving factor for children coming into care. As of April 30, 2023, the NC Child Placement and Payment System data indicates that approximately 42.49% of children in foster care came into care because of parental substance use. Treatment timelines, including the wait time to be accepted into treatment programs, often do not allow for reunification to safely be achieved within 12 months. Reviews have cited a lack of treatment services for parents in rural areas and long waitlists as contributing factors to delayed permanency time.

QA reviewers have noted challenges in adequately addressing both primary and concurrent plans, and the lack of sufficient court time to schedule, adjudicate and review cases. Delayed adjudication hearings have negatively impacted parent willingness to engage in case planning.

Quality assurance reviews related to the implementation of goals created with the family continue to be an area of targeted support by Regional Child Welfare Consultants (RCWC). NC DSS's planned regional support model, to include permanency specific RCWC support will continue to provide targeted support and case reviews. This targeted approach will provide quality data to inform future training and technical assistance needs.

Survey and Focus Group Findings: Stakeholders had varying opinions on whether permanency was achieved in a timely manner for children and youth. Legal partner survey respondents identified that North Carolina was "not effective" 29% of the time. In 56% of respondents, it was noted that North Carolina was at least "somewhat effective" (see Survey Appendix Table 13). However, 64% of caregivers reported that North Carolina was "not effective" in achieving permanency for children in foster care in a timely manner (see Survey Appendix Table 16). The perspectives of legal partners on timely permanency are consistent with findings from case reviews. Some of the identified barriers can be tied back to court challenges and delayed court proceedings. Similarly, the perspective of caregivers, such as foster parents and adoptive parents, demonstrate varying expectations of stakeholders which may or may not align with federal benchmarks.

Conclusion: There is a promising movement happening in the state that may allow for future improvement in the timely achievement of permanency. As a part of NC Medicaid Expansion, the NC budget passed in October 2023 provides $80 million over two years. These funds will support families with children with mental health needs and in building treatment services that impact timeliness to permanency. North Carolina's decision to expand Medicaid, the implementation of the Medicaid managed care Children and Families Specialty Plan, and investments in the behavioral health service system are expected to increase access to services and support. These changes will support timely permanence by providing family-focused care coordination, increased access to behavioral health, substance use disorder treatments, and support for families whose children are diagnosed with developmental disabilities.

To assist with reentry to foster care, NC is working on implementing Success Coach as a statewide post-permanency model. Currently, NC only has post permanency services statewide for adoptive families. Success Coach would be a post-permanency service for all forms of permanency, including reunification with families.

4.2.4 Item 7: Placement with Siblings

Purpose: To determine whether, during the period under review, concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.

Table 10. Item 7 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation
Item 7: Placement with siblings	77.5% of 40 applicable cases	295 of 346 applicable cases Strengths=85.26% IH (NOT APPLICABLE)	21 OF 33 applicable cases Strengths=63.64% IH (NOT APPLICABLE)

Data Source: Case review data from 2015 CFSR, PIP and April 2023-September 2023

Item 7 is an Area Needing Improvement based on case review data.

According to the most recent case record reviews, concerted efforts to ensure that siblings in foster care were placed together, unless separation is necessary, was rated a strength in almost sixty-four (64) percent of cases. Since COVID, it has been more challenging to secure placements for sibling groups as foster homes did not want to accept any placements during the pandemic. Group homes were a resource for placement of siblings; however, placement in more restrictive settings, such as group homes, are not conducive to child well-being and connections to their community. Recruitment of foster parents is challenging, especially those willing or able to care for sibling groups.

Conclusion: NC DSS will continue to improve assurances for sibling group placements so that sibling connections can be maintained and supported throughout a child's involvement in foster care. There has been recent progress on recruiting families who will provide for larger sibling groups, and training and skill development to build capacity among currently licensed homes. Some recent efforts and legislation include:

- NC launched a statewide resource parent recruitment campaign targeted at recruiting foster families that would be willing to accept larger sibling groups.
- The Resource Parenting Curriculum (RPC) was provided to resource parents.
- RPC training better equips resource parents with the knowledge and skills needed to support children in care, with emphasis on the impacts of trauma for children in care.
- Recent legislation, the Loving Homes Act, allows homes that have five children to pursue licensure and to be able to accept and exceed the limit on placement for sibling groups.
- The Loving Homes Act is being reviewed for implementation in NC; with ACF currently reviewing North Carolina's policy related to the maximum capacity for a home.

4.2.5 Item 8: Visiting with Parents and Siblings in Foster Care

Purpose: To determine whether, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and their mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

Table 11. Item 8 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation
Item 8: Visiting with parents and siblings in foster care	59.1% of 45 applicable cases	258 of 393 applicable cases Strengths=65.65% IH (NOT APPLICABLE)	26 OF 38 applicable cases Strengths=68.42% IH (NOT APPLICABLE)

Data Source: Case review data from 2015 CFSR, PIP and April 2023-September 2023

Item 8 is an Area Needing Improvement based on case review data.

In the most recent round of case reviews, the percentage where concerted efforts to maintain a child's visit with parents and siblings while in foster care was sixty-eight (68) percent.

Practice needs for improving quality family time include identifying family friendly visitation centers, as well as workers and supervisors identifying creative solutions in facilitating family time based on the unique needs of the family. An emerging practice among courts using access to visitation as a negative consequence has impacted continued visits with parents and siblings in care.

Conclusion: NC DSS will continue to work on the identified root causes for insufficient sibling and family connections while in care. Recent policy changes have allowed more flexibility on when and how visits can occur; however, there has not been a steady trend of improvement since the policy was implemented. Some recent legislative changes and targeted support to county agencies include:

- Under NCGS § 7B-505, if after making reasonable efforts, the director is unable to place the juvenile siblings in the same home, the director shall make reasonable efforts to provide frequent sibling visitation and ongoing interaction between the juvenile siblings, unless the director documents that frequent visitation or other ongoing interaction between the juvenile siblings would be contrary to the safety or well-being of any of the juvenile siblings.
- North Carolina made concerted efforts between QA reviews and RCWC targeted case reviews to reinforce the critical need for frequent and quality visitation (family time). QA reviewers and RCWCs will continue to provide feedback,

training, and technical assistance to county staff to support quality family time for families and encourage practice of all associated foster parents coming together to have parents able to visit the children in one visit, all together.

- DSS will work with the courts to provide education on the importance of quality family time, and the benefits for children, youth, families, and the agency when family time occurs.
- Legislation has now established that relative kinship caregivers will receive ½ of the current board rate. This is a resource to support kinship care providers and increase placement with kin.

4.2.6 Item 9: Preserving Connections

Purpose: To determine whether, during the period under review, concerted efforts were made to maintain the child's connections to their neighborhood, community, faith, extended family, kin, tribe, school, and friends.

Table 12. Item 9 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation
Item 9: Preserving Connections	72.9% of 59 applicable cases	368 of 498 applicable cases Strengths=73.9% IH (NOT APPLICABLE)	29 OF 50 applicable cases Strengths=58% IH (NOT APPLICABLE)

Data Source: Case review data from 2015 CFSR, PIP and April 2023–September 2023

Item 9 is an Area Needing Improvement based on case review data.

NC struggles with placing children in their communities of origin and in the least restrictive placement, such as a foster home versus a congregate care placement setting, showing a recent steep decline in performance.

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

Conclusion: To address the performance in preserving connections for children in foster care, NC DSS made gains in gathering and incorporating youth voice into strategic planning efforts. Additionally, progress has been made with moving forward kin first initiatives, which ultimately will impact how a child can stay connected to their family and community upon entering care. Here are some of the highlights that NC DSS continues to work on:

- Youth Listening Sessions held in SFY23 have provided an avenue for feedback around connections with siblings and families. A full report from the Youth Listening Sessions was made available in August 2023, will inform additional efforts to address this issue.
- Data analysis of 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.
- CQI topic for quarter 1 focused on Kin First Culture. Goals were established within the CQI regional meetings around increasing placement with kin.
- Kinship Listening Sessions began in December 2023 and continue throughout SFY 24 to better assess how to engage and support kinship placements.
- Kin First Culture training is being developed as a three-part series in conjunction with UNC to educate and promote a kin-first culture in the child welfare workforce.

4.2.7 Item 10: Relative Placement

Purpose: To determine whether, during the period under review, concerted efforts were made to place the child with relatives when appropriate.

Table 13. Item 10 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation
Item 10: Relative Placement	78.6% of 56 applicable cases	365 of 494 applicable cases Strengths=73.89% IH (NOT APPLICABLE)	42 OF 50 applicable cases Strengths=82% IH (NOT APPLICABLE)

Data Source: Case review data from 2015 CFSR, PIP and April 2023-September 2023

Item 10 is an Area Needing Improvement based on case review data.

Counties show strength in initial identification and assessment of relatives, and struggle to continue to identify and assess kin resources on an ongoing basis. Counties show

strengths in focusing on maternal relatives but demonstrate limited efforts with paternal family connections.

Conclusion: NC DSS has made significant progress with the increased 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 in their case work. New initiatives supporting kin first culture continue in the state and build off the progress already made. Some of the areas that can be highlighted for this Item are:

- The newly released unlicensed kinship reimbursement policy provides ½ the current board to support and reimburse kinship providers for the cost of care they provide to children in their home who are related by blood, marriage, or adoption.
- North Carolina completed a new statewide Foster and Adoptive Parent Diligent Recruitment and Retention (DRR) plan and strategies, with a focus on improved engagement and support of kinship providers.
- Regional CQI meetings took place with state and county staff where barriers to kinship placements were discussed, along with potential solutions. Each region established kinship goals.
- North Carolina posted a solicitation for a vendor to provide Family Search and Engagement Training throughout SFY 24. This training will assist in supporting counties in their ongoing efforts to become a kin-first agency, including enhancing diligent search efforts, and following up with relatives who may have initially been ruled out as a placement option.
- Kinship Listening Sessions began December 2023.
- NC is working with UNC to develop a 3-part kinship care training series to be complete in SFY 24 and available SFY 25 for county staff focusing on the following:
    - Understanding the significance of kinship relationships to a child
    - Understanding the individual and family characteristics
    - Dynamics that contribute to effective kinship parenting

4.2.8 Item 11: Relationship of Child in Care with Parents

Purpose: To determine whether, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and their mother and father or other primary caregiver(s) from whom the child had been removed through activities other than arranging for visitation.

Table 14. Item 11 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths (2017-2020)	Round 4 Preparation (2023)
Item 11: Relationship of child in care with parents	57.5% of 40 applicable cases	206 of 345 applicable cases Strengths=59.71% IH (NOT APPLICABLE)	23 OF 35 applicable cases Strengths=65.71% IH (NOT APPLICABLE)

Data Source: Case review data from 2015 CFSR, PIP and April 2023-September 2023

Item 11 is an Area Needing Improvement based on case review data. North Carolina is not in substantial conformity for Permanency Outcome 2, having not met the federal benchmark for the overall outcome as well as all related items.

Lack of community of origin foster family placements also negatively impacts this item due to distance between the parent's community and the community of the child's placement. Continued efforts to recruit foster families in communities where children enter care will positively impact this barrier by reducing travel time and promoting increased relationship building between parents and their children.

North Carolina identified encouraging shared parenting between resource parents and birth parents as an ongoing needed area for improvement. Skill-building activities around shared parenting are included in the redesign of the Pre-Service Training and is also planned to be heavily covered in the Track Training: Foster Home Licensing, and in the Track Training: Permanency Planning Services, that are currently under development.

Conclusion: To help maintain strong parent-child relationships while a child is in care continues to be rated as an Area Needing Improvement, despite modest progress. Recent workforce training initiatives have helped build worker capacity to engage families and improve case practice that support building family capacity and support reunification efforts. Some specific initiatives that NC DSS is working through include:

- Regional CQI meetings that focused on placement stability identified the current policy requirement that shared parenting occur within 14 days, should be reduced to 7 days as a strategy to positively impact this Item. Additionally, enhanced discussions and skill-building activities around shared parenting and the importance of a child's connections are topics included in the redesign of the Pre-Service Training curriculum.
- Continued efforts to recruit foster families in communities where children enter care will positively impact this barrier by reducing travel time and promoting increased visitation/relationship building between parents and their children. The new statewide DRR plan includes strategies to increase access to family-based care for children and youth.

4.3 Well-Being

4.3.1 Item 12: Needs and Services of Child, Parents, and Foster Parents

Purpose: To determine whether, during the period under review, the agency made concerted efforts to (1) assess the needs of children, parents, and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provide the appropriate services.

Table 15. Item 12 Performance

Outcome to be achieved	Round 3 CFSR Strengths (April- Sept. 2015)	Round 3 PIP Strengths (2017-Dec. 2020)	Round 4 Preparation (April-Sept. 2023) *January 2021-March 2023 data available upon request*
Item 12: Needs and services of child, parents, and foster parents	**43.9% 56 applicable cases**	**432 of 869 applicable cases Strengths=49.71%**	**37 of 78 applicable cases Strengths=47.44%**
	51% of the 59 foster care cases	FC 286 of 503 applicable cases Strengths=56.86%	FC 26 of 50 applicable cases Strengths = 52%
	35% of the 46 In-Home cases	IH 146 of 366 applicable cases Strengths=39.89%	IH 11 of 28 applicable cases Strengths=39%
Item 12A: Needs assessment and services to children	**80% of 105 applicable cases**	**740 of 869 applicable case Strengths=85%**	**68 of 78 applicable cases Strengths=87.18%**
	88% of 59 foster care cases	FC4 57 of 503 applicable cases Strengths=90.85%	FC 47 of 50 applicable cases Strengths=94%
	70% of 46 applicable In-home cases	IH283 of 366 applicable cases Strengths=77.32%	IH 21 of 28 applicable cases Strengths=75%
Item 12B: Needs assessment and services to parents	**40% of 42 applicable cases**	**371 of 752 applicable cases Strengths=49.34%**	**25 of 62 applicable cases Strengths=40.32%**
	43% of the 42 applicable foster cases	FC 207 of 386 applicable cases Strengths=53.63%	FC 15 of 35 applicable cases Strengths=42.86%
	37% of the 46 applicable In-Home cases	IH 164 of 366 applicable cases Strengths=44.81%	IH 10 of 27 applicable cases Strengths=37%
Item 12C: Needs assessment and services to foster parents	**87% of 52 applicable foster care cases**	**414 of 467 applicable cases Strengths=88.65%**	**39 of 48 Applicable Cases Strengths=81.25%**
	IH not applicable	IH (NOT APPLICABLE)	IH (Not APPLICABLE)

Data Source: Case review data from 2015 CFSR, PIP and April 2023-September 2023

NC DHHS CFSR Well-Being Outcome Item 12 performance is rated as an Area Needing Improvement (ANI), primarily for Items 12 A and 12 B, in determining North Carolina's concerted efforts to assess and meet the needs of birth parents and their children.

12C is rated as an Area Needing Improvement. A strong emphasis on the relationship between the county child welfare agency and foster parent is included in expectations of the caseworker to confer with foster parents during visits to their home. Quality assurance reviewers noted worker visits to foster homes, as well as conversations between worker and one or both foster parents about the foster parents' and foster children's needs (e.g., childcare, peer support, transportation, and linkage to community-based education and counseling services). Case record reviews for the same period also illustrated the need for caseworkers to document assessing and addressing the needs of foster fathers during foster home visits.

OSRI record reviews for the period between April 2021 and September 2022 and feedback from the 2023 Joint Planning meeting reported as part of the most recent APSR show the struggle in North Carolina of connecting families and children with the appropriate resources and services needed, such as substance use treatment for parents. It is widely perceived that there are not enough services in place to assess and meet the needs of families involved in the child welfare system in North Carolina.

According to the recent survey and focus groups results, parent and family perspectives on services for children and youth indicate that over two-thirds of those surveyed are not aware of services for children or do not believe that services for children exist in the community. Service providers, especially those who will accept Medicaid, are believed to be scarce or not readily available, particularly in remote counties. In the November 2023 results of the 14 birth parents surveyed, only two indicated outpatient substance abuse wrap-around services, mentoring supports, and in-patient substance abuse for their children were in existence (Table 23).

Evidence of the child welfare agency's effort to assess and address family needs for interventive services with In-Home cases also contributed to the ANI rating, as documentation was determined to be inadequate or absent in most of the applicable records reviewed. Community-based assessments and services may be available and even put in place for the youth and or their family; however, documentation of said actions were not evident in the youth or family's file (e.g., missing documentation to support education services, financial assistance, job placement efforts, and childcare put into place through referrals and linkages made by child welfare). Consequently, it may erroneously appear that the child welfare agency made insufficient efforts to assess all parent needs (mother's and father's) and failed to adequately address the issues relevant to the agency's involvement with the family, and/or that are deemed necessary to preserve and/or restore the child's family structure. By merely doing a better job of documenting assessments and treatment

efforts in child and family records, North Carolina will improve overall performance related to Item 12.

Conclusion: Using the continuous quality improvement model, NC DSS will work statewide to enhance families' capacity to provide for their children's needs by improving the NC DSS' ability to assess and identify needs, improve the existence and availability of quality services statewide, link children and families to appropriate services that address the behavior creating the risk to safety, and monitor the provision of those services for efficacy.

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 through use of the Homebuilders model, which will provide intensive, In-Home counseling, skill building and support services for families using behaviorally specific, ongoing, and holistic assessments that gather information on family strengths, values, and barriers to goal attainment.
- Continue to also focus on "strengths" when assessing the needs and 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 those services for efficacy NC DSS will:

- Continue periodic case record reviews, conducted by Regional Child Welfare Consultants 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., NC Medicaid, therapeutic provider communities, pediatricians and other primary caregivers across the state) 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.

4.3.2 Item 13: Child and Family Involvement in Case Planning

Purpose: To determine whether, during the period under review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

Table 16. Item 13 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation
Item 13: Child and family involvement in case planning	**45.9% of 98 applicable cases**	**479 of 833 applicable cases Strengths=57.5%**	**52 of 70 applicable cases Strengths=74.29%**
	54% of the 52 applicable FC cases	FC 304 of 467 applicable cases Strengths=65%	FC 34 of 42 applicable cases Strengths=80.95%
	37% of the 46 applicable IH cases	IH 175 of 366 applicable cases Strengths=47.81%	IH 18 of 28 applicable cases Strengths=64.29%

Data Source: Case review data from 2015 CFSR, PIP and April 2023-September 2023

According to recent case record reviews, North Carolina is not in substantial conformity with Item 13, and therefore the state's performance on families having enhanced capacity to provide for their children's needs is rated as an Area Needing Improvement. However, as noted in recent surveys and focus groups results, North Carolina's concerted efforts to involve parents and children in the case planning process may be improving.

Case Record Reviews: Seventy-four percent of the cases reviewed for the period April through September 2023 documented family involvement in case planning through caseworker visits and Child and Family Team (CFT) meetings. The use of virtual platforms, accommodating the work schedules of parents, and diligently seeking the inclusion of parents when absent from the home favorably contributed to findings. For children in foster care, close to 81% of the applicable case records were rated as a strength.

Child Welfare Professional – Survey and Focus Group Findings: 295 county caseworkers participated in the NC DSS Statewide Assessment Survey in November 2023. Seventy-three percent reported perceiving their county engagement of birth parents in case planning and family service agreements as "effective" or "very effective." Caseworkers report challenges, such as high caseloads contributing to their inability to regularly connect with parents, but attribute their favorable performance rating for Item 13, in part, to incorporating the desired supports of parents into case planning and steady court improvement processes, such as courts doing a better job addressing delays in child abuse and neglect hearings involving adjudications against parents. The rollout of the redesigned pre-service training and practice standards also contributed to the improved performance by holding supervisors accountable for the transfer of learning for child welfare caseworkers around engaging parents in case planning and services.

When county leaders were asked whether they felt child welfare workers were authentically involving families in the development of case plans, per Survey Appendix Figure 43, the majority felt workers were either very likely or likely to do so.

Youth Involvement in Case Planning – Survey and Focus Group Findings: When youth were asked whether they were authentically involved in their case planning, Survey Appendix Figure 24 shows that the majority felt they were either likely or very likely to be included by their caseworker in developing their case plan (Family Services Agreement).

Birth Family and Caretakers – Survey and Focus Group Findings:
In Table 15 of the Statewide Assessment Survey completed in November 2023, 40% of the caretakers surveyed indicated that in their experience, county DSS agencies were effective or very effective in engaging birth parents in developing and implementing case plans. When asked to assess to what extent DSS authentically engaged them in the development of their case plans, Survey Appendix Figures 16 and 17 show that most caretakers report that they are engaged by DSS through Child and Family Team meetings, in court proceedings, and during quality home visits, but most caretakers felt either somewhat, or not authentically involved in the development of their case plan. Further, Survey Appendix Table 16 shows caretakers felt DSS is somewhat effective achieving timely permanency, but not effective in timely notification of court proceedings, nor effective in allowing caretakers to have input during court hearings and panel reviews. As Table 21 shows, of the 18 birth parents surveyed in November 2023, 72% felt their county was not effective in engaging birth parents and guardians in developing and implementing case plans.

During the December 2023 Child and Family Service Review Round 4 focus groups, when birth parents were asked about their involvement in their case plans, they indicated that

this is an area needing improvement. They reported they had not been involved in the development of case plans nor involved in family and child meetings. They also reported difficulty in getting case managers to keep them informed about the status of their case and the services their children were receiving. They indicated a strong desire to be involved in the investigative process and form a stronger relationship with their caseworker. They expressed a desire to understand what was expected of them to secure placement permanency and a belief that this would be achieved through more frequent communication with their caseworker.

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

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

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

4.3.3 Item 14: Case Worker Visits with Child

Purpose: To determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

Table 17. Item 14 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation
Item 14: Caseworker visits with child	61% of 105 applicable cases	572 of 869 applicable cases Strengths=65.82%	59 of 78 applicable cases Strengths=75.64%
	75% of 59 applicable FC cases	FC 397 of 503 applicable cases Strengths=78.93%	FC 39 of 50 applicable cases Strengths=78%
	43% of 46 applicable IH cases	IH 175 of 366 Applicable Cases Strengths=47.81%	IH 20 of 28 applicable cases Strengths=71.43%

Source: Case review data from 2015 CFSR, PIP and April 2023-September 2023

Item 14, Caseworker Visits with Child, is a performance measure rated by NC DSS as an Area Needing Improvement. North Carolina did not reach substantial conformity with this measure, though it is noted that child welfare workers in North Carolina have improved greatly with visiting children. Based on data from January 2021 to March 2023, child welfare agencies in NC, while managing heavy caseloads per worker and a workforce crisis, struggled to maintain quality connections, to see assigned children, and to keep up with documentation in case records. This contributed to the performance for Items 14 and 15. NC DHHS notes marked improvement on Item 14, from 65.8% to 75.6%, with 59 of 78 applicable cases showing strength after March 2023. Cases reviewed for children living In-Home with their parents were equally strong compared to children in foster care and other out-of-home settings. These improvements may be attributed to better caseworker training, the implementation of caseworker practice standards, and the regional child welfare consultant model which provides technical assistance and hands-on feedback to counties.

The Quality Assurance review, as part of North Carolina's Continuous Quality Improvement (CQI) process, found that the frequency and quality of visits are areas needing continued improvement. The feedback noted issues with the quality of contacts, including caseworkers not speaking with children alone during visits, or not discussing the case, the child's interests, or the permanency plan with the child (if appropriate for child's age). The feedback also noted concerns with caseworkers not giving children a chance to express their needs during caseworker visits. Feedback also indicates that initial visits with children seem to be higher in quality than follow-up visits. Planned and purposeful visits are a priority for North Carolina to improve this performance on caseworker visits with children.

Conclusion: To continue this upward path towards the national standard of 95% for CFSR Item 14, Caseworker Visits with Child, North Carolina will continue to:

- Emphasize and monitor the ongoing utilization of the DSS Form 5295 (NC Monthly Permanency Planning Contact Record), which captures details about visits, including whether the caseworker privately met with child.
- Implement practice standards statewide to improve visitation quality and frequency.
- Analyze worker caseloads and implement caseload or workload recommendations to improve quality of visits.
- Further develop quality visits through training. See Training Section Items 26-28 below.

4.3.4 Item 15: Caseworker Visits with Parents

Purpose: To determine whether, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

Table 18. Item 15 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation
Frequency and quality of visits	33.7% of 89 applicable cases	356 of 747 applicable cases Strengths=47.66%	33 of 60 applicable cases Strengths=55%
	37% of 43 applicable FC cases	FC 186 of 381 applicable cases Strengths=48.82%	FC 15 of 33 applicable cases Strengths=45.45%
	30% of 46 applicable IH cases	IH 170 of 366 applicable Strengths=46.45%	IH 18 of 27 applicable cases Strengths=66.67%

Data Source: Case review data from 2015 CFSR, PIP and April 2023-September 2023

CFSR Item 15, Caseworker Visit with Parents, appears to be trending favorably and is a performance measure continuing to be rated as an Area Needing Improvement. The root cause of this need for improvement can be attributed to ongoing workforce challenges (e.g., caseworker staffing shortages and higher caseloads), the lack of quality documentation evident in case files on the day of their respective review, and the lack of caseworkers' completion of visits with all parents—particularly when it comes to caseworker visits with birth fathers.

Statewide, engaging absent fathers, including incarcerated fathers, is a challenge for caseworkers because they currently report having heavier than normal caseloads and are

focused on completing visits with In-Home birth families and adoptive and foster parents. Staffing shortages and demands on caseworkers' time are taxing North Carolina's child welfare system as well. There is a shortage of caseworkers across the state. This is causing supervisors to carry cases and make visits to see families rather than focusing on worker skill building and professional development. Geographically, North Carolina is large in land area, and the time caseworkers spend driving to and from visits during business hours hinders the quality and frequency of visits with parents, particularly fathers who live outside of the child's home and/or parents who work outside the home during regular business hours. As a result, caseworkers struggle to engage them in meetings to discuss their children's needs.

Conclusion: NC DSS will continue to explore strategies for improving the frequency of caseworker visits with mothers and fathers and to improve performance on Item 15, Caseworker Visit with Parents. NC DSS will continue to address the child welfare staffing crisis. NC DSS contracted with PCG, Public Consulting Group, to conduct a workload/caseload study for all areas of the child welfare workforce. NC DSS has received the final report from PCG and is reviewing and considering the recommendations from this study to determine possible adjustments to caseload and supervisory/oversight standards.

4.3.5 Item 16: Educational Needs of the Child

Purpose: To assess whether, during the period under review, the agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the PUR) or on an ongoing basis (if the case was opened before the PUR), and whether identified needs were appropriately addressed in case planning and case management activities.

Table 19. Item 16 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation
Item 16: Educational needs of the child	**88.1% of 67 cases**	**487 of 536 applicable cases Strengths=90.86%**	**45 of 47 applicable cases Strengths=95%**
	96% of 45 applicable FC cases	FC 386 of 405 applicable case Strengths=95.31%	FC 37 of 39 applicable cases Strengths=95%
	73% of 22 applicable IH cases	IH 101 of 131 Applicable Cases Strengths =77.1%	IH 8 of 8 applicable cases Strengths=100%

Data Source: Case review data from 2015 CFSR, PIP and April 2023-September 2023

For Well-being Outcome 2, Item 16, North Carolina's performance is at the national standard of 95% and is rated a Strength. The observations driving the success under Item 16 point to the state's investment in ensuring the child's educational plans are part of the case planning goals by embedding education-related rules in statewide child welfare policies. Education-related policies are embedded in the state's Child Welfare Permanency Planning manual and collaborations between child welfare agencies (CWA) and local education agencies (LEA) are being promoted within local educational jurisdictions. NC DSS also has a strong collaborative relationship with the Department of Public Instruction (DPI) through the statewide Every Student Succeeds Act (ESSA) liaison.

Of the 683 respondents who participated in North Carolina's November 2023 Statewide Assessment Survey, 189 were from the education/school system.

Conclusion: To ensure the continued enactment of ESSA, NC DSS advances the equity of foster students by ensuring that vital information is provided to educators, families, students, and communities. Routine procedures are in place for child welfare agencies to work together with their local school districts to meet the educational needs of children from early childhood to post high school support. Successful partnerships between child welfare and educational stakeholders are occurring in rural and urban areas across North Carolina, resulting in innovative ways to progress the educational pursuits of foster students (e.g., in Mecklenburg County, training is offered by Foster Family Alliance). Other ways the state has contributed to consistently meeting the educational needs of children involved in the child welfare system include using the following statewide educational stability forms to track the child's educational updates and needs:

- DSS-5133: Foster Care Notification of Placement (Change) Form: Due within a day of a child's placement, this form must be provided to the child's school. It provides all information required for the county child welfare agency to notify the school principal and or school superintendent that a child is in the non-secure custody of the county child welfare agency and/or there has been a foster care placement provider change.
- DSS-5137: Best Interest Determination (BID) Form: Required to document the child's BID meeting and other federal requirements surrounding a child's education plans, this form captures familial information, safety considerations, child's academic performance history, student's IEP or 504 Plans (if applicable), transportation needs, and any other specialized instructions necessary to engage a child in a new school setting. If a BID meeting does not occur prior to first entry into foster care or change in placement, it must be completed within 5 school days of a child's entry into foster care or change of placement.

- DSS-5135: Foster Care Immediate Enrollment Form: Captures the outcome of BID meeting to enroll a foster child into their new school. It captures the federal requirement for the county child welfare agency to coordinate with the local educational agency to ensure that a child in foster care is immediately and appropriately enrolled in school, with all educational records provided to the new school. This form is provided to the new school within one school day.
- DSS-5245: Child Education Status Form: Documents ongoing reviews of the education needs for every child in the non-secure custody of a child welfare agency. It is to be completed within 7 days of a child entering care and updated as needed.

4.3.6 Item 17: Physical Health of the Child

Purpose: To determine whether, during the period under review, the agency addressed the physical health needs of the children, including dental health needs.

Table 20. Item 17 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation
Item 17: Physical health of the child	**75.6% of 82 applicable cases**	**501 of 688 applicable case Strengths=72.82%**	**45 of 69 applicable cases Strengths=65%**
	78% of 59 applicable FC cases	FC 379 of 503 cases Strengths=75.35%	FC 32 of 50 applicable cases Strengths=64%
	70% of 23 applicable IH cases	IH 122 of 185 applicable cases Strengths=65.95%	IH 13 of 19 applicable cases Strengths=68%

Data Source: Case review data from 2015 CFSR, PIP and April 2023-September 2023

Well-being Item 17 warrants statewide attention and is an Area Needing Improvement. North Carolina's overall performance on this item 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, and higher acuity needs of children in care. North Carolina notes several areas across the state where health professional shortages exist; for example, dental providers are available in only half of the state's counties. Other barriers to meeting the physical and mental health needs of children in care, as reported by local agencies, are inability to secure follow-up appointments on time and difficulty in obtaining children's healthcare records from external providers when requested by the custodial agency or foster parent.

Conclusion: NC DSS will continue its efforts to improve performance on Item 17 and to better provide for the physical health needs of children. North Carolina continues to use federal provisions using the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) under Medicaid, which allows agencies to secure medically necessary exams for individuals under 18.

The lack of a statewide tracking system hinders the state's ability to measure performance and efforts to meet the needs of children in their own home. The lack of a statewide tracking system is being addressed through the development of new technology and services to support the development, configuration, and deployment of NC Child Welfare Information System (CWIS) modules and interfaces.

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 expansion is fully implemented, it is expected families will realize an increased access to services, including access to more inpatient/outpatient health programs.

4.3.7 Item 18: Mental/Behavioral Health of the Child

Purpose: To determine whether, during the period under review, the agency addressed the mental/ behavioral health needs of the children.

Table 21. Item 18 Performance

Outcome to be achieved	Round 3 CFSR Strengths	Round 3 PIP Strengths	Round 4 Preparation
Item 1 Mental/behavioral health of the child	**66.7% of 75 applicable cases**	**434 of 584 applicable cases Strengths=74.32%**	**25 of 43 applicable cases Strengths=58.14%**
	72% of 39 applicable FC cases	FC 280 of 345 Applicable cases Strengths=81.16%	FC15 of 25 applicable cases Strengths=60%
	61% of 36 applicable IH cases	IH 154 of 239 Applicable Cases Strengths=64.44%	IH 10 of 18 applicable Cases Strengths=55.56%

Source: Case review data from 2015 CFSR, PIP and April 2023-September 2023

Item 18 is an Area Needing Improvement for North Carolina. Counties experience children with acute mental health needs being boarded in hospitals or 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 of care is compounded in the rural communities where one in five North Carolinians

live. These rural communities have increased risk factors for poor health outcomes, fewer health professionals and health care facilities, higher poverty rates, and isolation that exacerbates the mental health crisis. Recruitment and retention of health care professionals in rural areas continues to be challenging and an ongoing strategy to combat these issues.

Conclusion: In collaborative efforts to combat the crisis and to improve its ability to meet the mental and behavioral health needs of children, NC DSS has invested in initiatives to create specialized behavioral health treatment options in local communities and across the state, to increase both residential and inpatient settings for children, and to prevent children from having unnecessary stays in Emergency Rooms and local DSS offices. Collaborative efforts include the development of treatment programs geared to safely stabilize children experiencing a behavioral health crisis, mobile crisis teams to respond to a child/youth experiencing a mental health crisis, specialty treatment programs for children with complex behavioral health needs such as those with dual diagnosis of a mental health issue and intellectual disabilities, development of the Medicaid managed care Children and Families Specialty Plan, and the development of the North Carolina Psychiatric Access Line DSS pilot project.

North Carolina also continues to oversee and promote the monitoring of psychotropic medications prescribed to children in foster care. Specialized training is devoted to caseworkers and supervisors on the monitoring of psychotropic medications, including how to recognize patterns where children are prescribed higher than average psychotropic medications, types of medications prescribed, frequency, and/or dosage appropriate for their age.

In addition, once Medicaid expansion is fully implemented, it is expected families will realize increased access to services, including access to more inpatient and outpatient mental health programs.

5 Section V: Assessment of Systemic Factors

5.1.1 Item 19: Statewide Information System

Item 19 remains an Area Needing Improvement for North Carolina as the state is still in the process of developing a statewide information system.

Overview of Current SACWIS System

Data entry in North Carolina is a hybrid model, with 25 counties using the Child Welfare Information System (CWIS). Of these 25 counties, 11 use CPS Intake, CPS Assessment, and Ongoing, and 14 only use Intake and Assessment. The remaining 75 counties key data

relating to Status, Demographics, Location, and Placement Goals into legacy systems (Central Registry for CPS Assessments and Child Placement and Payment System for Ongoing Case Management). The counties using legacy systems only update much of the data monthly for permanency planning cases or at the time of case closure for other child welfare program areas. This data is denormalized and combined through data integration jobs in NC DHHS' data warehouses, including the Oracle based Cúram Datawarehouse (CDW) and Client Services Data Warehouse (CSDW) for reporting, and the Amazon Redshift based Business Intelligence Data Platform (BIDP) for dashboards and analytics. A vendor for the new CWIS system is onsite in North Carolina and currently in the discovery phase of data gathering of user stories.

Department Policy and Procedures for Data Entry into SACWIS

Policy and practice in North Carolina require that all documentation be up to date within 7 days, though this will only be able to be tracked with the new CWIS system. There is a specific policy that dictates requirements for data entry, primarily tied to payments for licensed placements. Report PQA020 is made available to counties three times a month to allow them to compare their own data and verify Title IV-E status or the appropriate funding source and make changes as needed to ensure information is correct for accurate payment. The 19th of every month is the cut off so final payments can be made in a timely manner in the next report.

Data Findings and Output

The Child Placement and Payment System and the NC Child Welfare Information System collects the following data for foster care children and/or in-home children: Race, Ethnicity, Gender, Age, Placement Setting, and Permanency Goals.

Despite being able to identify key characteristics of children served, several data quality issues persist, primarily due to multiple data sources being patched together. Currently counties create their own child IDs, which may result in inability to accurately report very precise counts and other information regarding children who receive services including a child associated with multiple identification numbers and conversely an identification number associated with multiple children. To illustrate data quality issues that stem from multiple data sources, the following data quality issues were found with data for children who received foster care services at any time from FFY 2021 through the report run date, 11/2/2023.

- 211 identification numbers associated with multiple race categories
- 45 identification numbers associated with multiple ethnicities
- 13 identification numbers associated with multiple races

- 37 identification numbers associated with multiple age ranges based on report date

Despite the 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 in each month, and number of entries per 1000. This information is sent to counties on a regular basis.

Round 3

North Carolina was not in substantial conformity with the systemic factor of the Statewide Information System during Round 3. The one item in this systemic factor was rated as an Area Needing Improvement. Information in the Statewide Assessment, and confirmed during stakeholder interviews, showed that North Carolina 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 that the 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 that county-level users did 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.

Strengths: There is a strong relationship between NC DHHS and county DSS leadership as part of the Child Welfare System Governance Committee (CWSGC), which met regularly during SFY 2022-2023. 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 into achieving a statewide child welfare information system that aligns with the adopted vision and guiding principles. The CWSGC continues to play a significant role providing valuable strategic input and feedback on NC DHHS' practice model efforts and how technology can best support those efforts.

The current CWIS system, while only in 25 counties, has some strengths worth illustrating. It can pull information to inform the APSR and allows immediate entry of case record data. It captures more data variables 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 of the data tables.

Opportunities for Improvement: There are several opportunities for improvement as it relates to a statewide information system beyond the known need to have an information

system in all 100 counties. There is a need to increase communication with state program 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 or not at all. There is also an opportunity to increase the availability of reports that counties can access to evaluate performance and data quality. Community partner focus group participants also indicated that data is not shared with them consistently, particularly outcome data and trends. Those with regular data access work on design teams directly with state staff.

Promising Practices: Progress has been made towards the creation of a CWIS case management system. The vendor hired is onsite and currently in the discovery phase, developing user stories and mapping out the long-term timeline. As part of this process, which began November 27, 2023, two county staff from each region participated in the gathering of user stories, which will be completed by the second week of January. The discovery phase is followed by the confirmation phase, and the development phase which includes user testing. A workload study was recently completed which found that it takes three hours per month to input data on a given case, and it is anticipated that this time could be cut in half with the new CWIS system, based on comparisons with other jurisdictions. Another benefit of the new CWIS system will be that federal reporting will be automated.

5.2 Case Review System

5.2.1 Item 20: Written Case Plan

Item 20 is an Area Needing Improvement based on current performance. While there is an increase noted in the OSRI data for engagement of families, survey results show Item 20 is an area needing improvement. NC DSS is moving towards offering a variety of services to continue to improve the engagement of families, especially fathers. Permanency Roundtables, Success Coach, and Family Search and Engagement are all tools that will continue to move NC towards the 95% goal.

Department Policy and Procedure for Case Plans

DSS policy states that the purpose of the In-Home Family Services Agreement (DSS-5239) is to develop a plan together with the family that specifies the services to be offered or provided to the family. It addresses why the child is at-risk of entering foster care and the safety reasons the family was referred to CPS In-Home Services. The plan should build on identified strengths to address needs. These are identified in the Family Assessment of Strengths and Needs (DSS-5229). The In-Home Family Services Agreement (IH-FSA) documents activities agreed to, the family's safety network to assure the safety of children in the family, meets federal requirements for documenting candidacy for foster care, and

meets federal requirements in Title IV-B to address well-being needs for individuals receiving CPS In-Home Services. The IH-FSA must be developed by the CPS In-Home Services social worker or other worker as assigned jointly with the family. The county child welfare services agency must engage or make efforts to engage all parents and caretakers in developing the IH-FSA.

DSS policy states the purpose of the Permanency Planning Family Services Agreement (FSA) is to clarify with the reasons for county child welfare services involvement; identify resources within the family that will help the child achieve a safe, permanent home; involve the family in identifying areas that need improvement; clarify expectations for behavioral change with all persons involved; and acknowledge the family's strengths and commitment to their child. Policy clarifies that the Permanency Planning FSA needs to be completed within 30 days of removal, reviewed within 60 days of removal, updated every 90 days thereafter or when circumstances change, and updated within 30 days of the court's decision to change the child's permanent plan.

Data Sources:

- Child welfare policy manuals
- Surveys
- Focus groups
- Administrative data

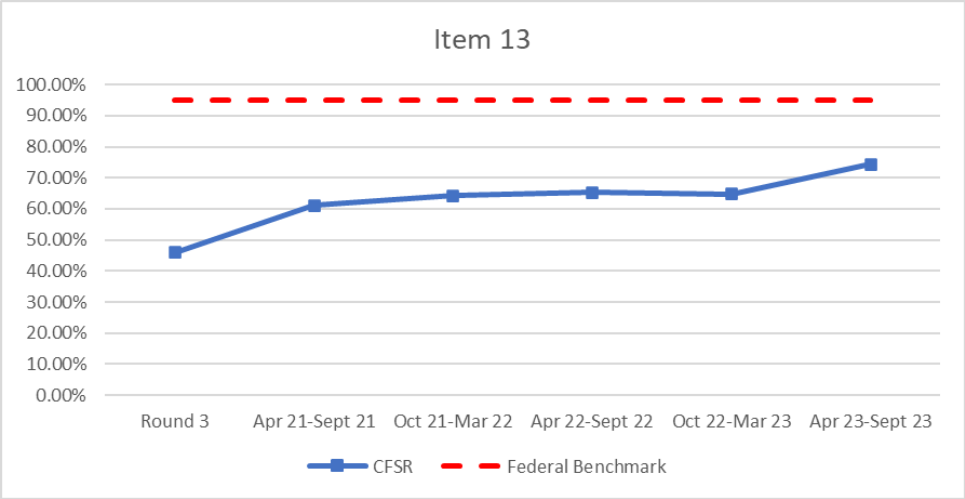
Engagement of Parents in Development of Case Plans

North Carolina utilizes Permanency Planning Reviews to review case plans and engage parents in having input into the service needs of the child and family. Policy dictates that efforts should be made to involve both parents in the development of case plans and subsequent case plan reviews.

Child and Family Team Meetings (CFTs) are required to be held when there is a change in placement or potential change in placement, change in family circumstance including a change in the child's school, change in the permanent plan, or anytime the family or child request the team to be convened.

Data

Figure 8. Item 13

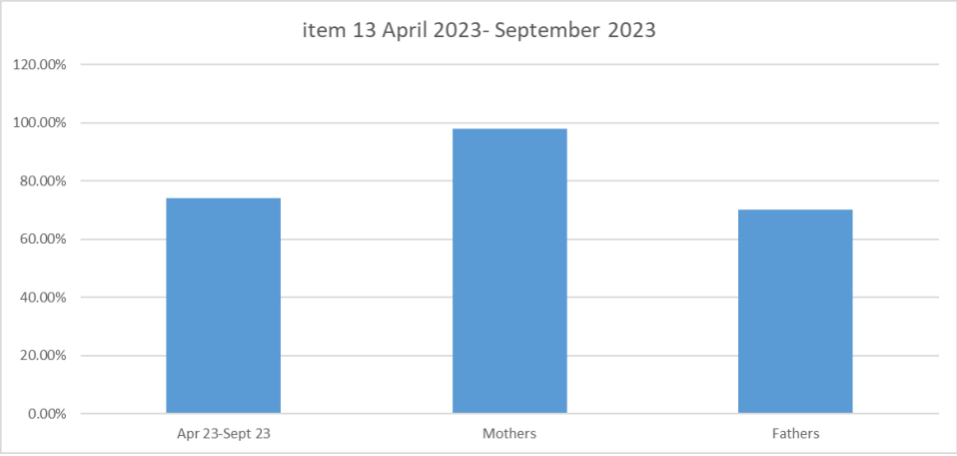


Data Source: Case review Data April 2021–September 2023

Item 13, which looks at whether the agency made concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis, has shown steady improvement since Round 3 of the CFSR.

Technical Assistance was provided to counties through "Office Hours", discussing the CFT policy requirements and how it impacts practice and engagement with families, supporting improvement in this item.

Figure 9. Item 13, Mothers and Fathers



Data Source: Case Review Data April 2023–September 2023

During the most recent 6-month period (April 23–September 2023), in 98% of the 55 applicable cases, mothers were engaged in case planning. In 70% of the 46 applicable cases, fathers were engaged in case planning.

Although 70% of fathers were engaged in case planning, NC DSS recognizes this remains a priority. NC DSS is exploring an initiative focused on fatherhood engagement to ensure that North Carolina continues to move towards the 95% goal.

This initiative would include a father specific resource, called the 24/7 Dad® Program. This training addresses the benefits of involved fathers, and the unique challenges fathers may face. The program is based on a philosophy that supports the growth and development of fathers as caring, compassionate people who treat themselves, others, and the environment with respect and dignity. This philosophical basis of caring and compassion forms the underlying structure that constitutes the values that are taught in the 24/7 Dad® Program. Each 24/7 Dad® Program consists of 12 group-based sessions that build on each other.

In addition, NC DSS is in the process of restructuring training into Track Trainings for case workers, including fatherhood engagement resources and strategies in these trainings. National research shows when fathers are involved in their children's lives, child welfare outcomes such as timeliness to permanency in reunification rates improve.[2]

The North Carolina Permanency Design Team comprises various stakeholders, including the Executive Director of the Family Resource Center of South Atlantic, which supports fatherhood engagement efforts in multiple North Carolina counties. This stakeholder is a key participant in strategic planning for permanency and an advocate for fatherhood engagement. NC DSS is committed to ensuring concerted efforts are made for fathers to have equitable opportunities to be involved.

Survey and Focus Group Findings

Stakeholders had varying opinions on how much parents were engaged in developing case plans. Legal partner survey respondents identified mothers as being 'very likely' (39%) to be engaged in the development of case plans whereas fathers were only 'very likely' to be engaged at 32% (see Survey Appendix Table 10). County DSS survey respondents similarly indicated that birth parents were engaged in case plan development and implementation. County caseworkers indicated that DSS was 'very effective' or 'effective' 74% of the time in engaging birth families in the development and implementation of case plans and approximately 48% of caseworker respondents indicate their county was 'very likely' to authentically involve birth parents in the development of case plans (see Survey Appendix Table 32 and Figure 35). County leaders reported similar findings with DSS being 'very effective' or 'effective' 68% of the time in engaging birth families in the development and implementation of case plans and approximately 43% of county leader respondents

[2] source: https://www.mathematica.org/publications/a-pathway-to-engaging-fathers-and-paternal-relatives-in-child-welfare

indicate their county was 'very likely' to authentically involve birth parents in the development of case plans (Survey Appendix Table 37 and Figure 43).

Parents, however, identified the engagement of families, caretakers, and youth in developing and implementing case plans as an area for improvement. Birth parent and family survey respondents indicated DSS was 'not effective' in engaging birth parents in the development and implementation of case plans 72% of the time (see Survey Appendix Table 21). This is a critical perspective to consider when reflecting on North Carolina's performance and suggests birth parents need better engagement in the development and implementation of case plans. This perspective on lack of engagement in the development of case plans was also shared by birth parent focus group respondents. Not to take away from these results, it is important to note that there was a low response rate from birth parents which impacts the percentages.

Key Findings (Round 3)

In Round 3, North Carolina was rated as strength in 54% of the 52 applicable foster care cases and 37% of the 46 applicable in-home cases. The case system is functioning statewide to ensure that each child has a written case developed jointly with the child's parents and includes the required provisions. North Carolina received an overall rating of Area Needing Improvement for Item 20 based on information from the Statewide Assessment and stakeholders' interviews. Information in the Statewide Assessment, and confirmed during stakeholder interviews, indicated that the state has no ability to monitor the functioning of this systemic factor item and that families are not consistently engaged in case planning, especially non-custodial parents. Stakeholders expressed concern that parents were not provided timely notification of case planning meetings and that diligent efforts to locate and serve notice of the proceedings to non-custodial parents were not made. Stakeholders indicated that plans are not reflective of the needs of the child and family. Since Round 3, North Carolina has experienced significant improvements in this area and would rate this as a strength.

Strengths: Several strengths have been identified for this item. In the most recent 6-month period (April 23-Sept 23), 52 of the total 70 (74%) applicable cases were rated a strength, and in this area, North Carolina has shown improvement compared to CFSR Round 3 performance. The implementation of North Carolina's practice standards has also supported improved performance in this item, as it helps articulate how workers are to communicate, engage, assess, and plan with families. Practice Standards are being intertwined in track training redesign and Pre-service to strengthen case workers and supervisors' involvement with families in CFTs and case plan development. Permanency Roundtables are being used around the state to engage families and improve outcomes for children, youth, and families, including in Burke, Orange, Catawba, Wake and New Hanover counties. In addition, Success Coach is a model that is currently used by a select number of

counties. This is a post permanency service offered to families that have been reunified, adoptive families, and families that achieve permanency through guardianship.

Opportunities for Improvement: Increasing the availability of key data would improve the State's ability to advance its performance in this systemic factor. North Carolina has entered a contractual partnership with Deloitte on the development and implementation of a new child welfare information system (CWIS). North Carolina is confident the new CWIS will play a pivotal role in stronger data collection to improve the outcomes on this systemic factor.

NC DSS plans to contract with vendors to offer the Success Coach Model to all 100 counties. In addition to Success Coach, NC DSS will contract with a vendor to provide training in each of the seven regions for Family Search and Engagement. This training will focus on locating and engaging kinship families to achieve permanency.

Promising Practices: Organizing and planning the redesign of Structured Decision Making (SDM) tools in Permanency Planning Services began in July 2023. In October 2023, the vendor, Evident Change, has started the Permanency Policy and form analysis, by holding a focus group with the Permanency Design Team in November to receive feedback on the Family Risk Re-Assessment, Family Reunification Assessment and the Family Assessment of Strength and Needs. The SDM tool redesign work with Evident Change will continue with Permanency Planning Services for at least 24 months, from review and analysis to training and implementation. North Carolina is aligning this SDM tool redesign with its CWIS activities. North Carolina will also work with Evident Change and the Safety Design Team to develop one electronic case plan rather than two separate case plans for CPS In-Home Services and Permanency Planning Services.

5.2.2 Item 21: Periodic Reviews

Item 21 is a strength. In recent state fiscal years, North Carolina has successfully maintained the median length of time for case reviews below five months. Policy and practice support this by articulating the required timeframes for case plan reviews.

Department Policy and Procedure for Periodic Reviews

North Carolina defines periodic reviews as court reviews. North Carolina utilizes Permanency Planning Reviews (PPRs) as administrative reviews. PPRs are used to review case plans, engaging parents in sharing input into the service needs of the child and family. Policy dictates that efforts should be made to involve both parents in the development of case plans and subsequent case plan reviews. These are held within 60 calendar days of placement, within 90 days of the 60-day CFT/PPR, and every 90 days

thereafter. Data items 40 and 41 for agency reviews of the Child Placement and Payment Report assist in the State tracking county data.

Administrative reviews also occur via court hearings. North Carolina General Statute §7B-906.1 states that the court shall conduct a review or permanency planning hearing within 90 days from the date of the initial dispositional hearing held pursuant to N.C.G.S. §7B-901. Review or permanency planning hearings shall be held at least every six months thereafter. If custody has not been removed from a parent, guardian, caretaker, or custodian, the hearing shall be designated as a review hearing. If custody has been removed from a parent, guardian, or custodian, the hearing shall be designated as permanency planning hearing.

Data sources that were utilized included:

- Permanency Planning Manual
- North Carolina General Statute
- JWISE (automated information system for juvenile courts) Court Improvement Program Data

Data

North Carolina continues to collect data on the median length of time from the first permanency planning hearing to all subsequent permanency planning review hearings, obtained from the JWISE system. The data for two recently completed federal fiscal years is shown in the table below. According to the data, the number of permanency hearings has increased and the number of days between hearings has slightly decreased from six months to four months. North Carolina attributes these improvements to statutory changes that occurred in 2021, requiring permanency planning hearings to be complete within 90 days of the dispositional hearing.

Table 22. Frequency of Permanency Hearings

Measures	SFY 2020-2021	SFY 2021-2022	SFY 2022-2023
CIP Measure 2: Median Days to All Subsequent Permanency Planning Hearings	126	119	119*
Number of Permanency Hearing Occurrences	12,830	13,076	13,942*

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

Key Findings (Round 3)

North Carolina received an overall rating of Strength for Item 21 on information from the stakeholder interviews. Stakeholders concurred that periodic reviews occur no less frequently than once every six months, that most hearings occur every three months, and sometimes more frequently. Stakeholders reported that even when there are continuances, periodic reviews still occur within federally required timelines.

Strengths: The standard for the frequency of permanency hearings is within 90 days from the date of the initial dispositional hearing and at least every six months thereafter. In reviewing NC's data for CIP Measure 2 from the JWISE system for the last three federal fiscal years, NC successfully kept the median length of time between court reviews below five months, with the previous FFY year median length occurring under four months.

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

North Carolina General Statute §7B-906 allows for hearings to be held less frequently if the court finds that the juvenile has resided in the placement for a period of at least one year or the juvenile has resided in the placement for at least six consecutive months and the court enters a consent order, and the court finds that the placement is stable and continuation of the placement is in the juvenile's best interests.

Promising Practices: Ongoing data collection meetings with AOC and NC DSS not only strengthens North Carolina's relationship with their court partner but allows the state to ensure periodic reviews are occurring for children in care. The implementation of Odyssey by AOC will provide electronic court case information and is a promising practice. The Odyssey suite will replace 40+ older legacy systems and integrate all these products into one streamlined case management solution including eFiling, financial management, and document management for all case types. The new system will bring higher efficiencies to the justice system, electronic access to information, reduce manual processes and reliance on paper, and increase collaboration among court officials, lawyers, and law enforcement officers. NCAOC is implementing a phased rollout of the Odyssey system statewide.

5.2.3 Item 22: Permanency Hearings

Item 22 is a strength as North Carolina has successfully met the standard 12-month maximum time between days to first permanency hearings for the last three federal fiscal years and the JWise CIP data above shows approximately a three month decrease in the median days to the first permanency planning hearing over the last three state fiscal years.

Department Policy and Procedure for Permanency Hearings

North Carolina General Statute (N.C.G.S.) §7B-906.1(a) states a review or permanency planning hearing must be held within 90 days from the date of the initial dispositional hearing, and then held at least every 6 months thereafter. At any permanency planning hearing, the court shall adopt concurrent permanent plans and shall identify the primary plan and secondary plan. Reunification shall be a primary or secondary plan unless the court made findings under N.C.G.S. §7B-901(c) or N.C.G.S. §7B906.1(d)(3), the permanent plan has been achieved, or the court makes written findings that reunification efforts clearly would be unsuccessful or would be inconsistent with the juvenile's health or safety. Unless reunification efforts ceased, at each permanency planning hearing the court shall find whether the reunification efforts of the county child welfare agency were reasonable.

Survey and Focus Group Findings

Caseworker focus group participants shared that despite challenges with continuances, there are intentional efforts to hold court hearings within required timeframes, which is supported by the data in Table 23 (see below).

Key Findings (Round 3)

North Carolina received an overall rating of Strength for Item 22 based on information from the Statewide Assessment and stakeholder interviews. In the Statewide Assessment, North Carolina provided data that demonstrated that initial permanency hearings were routinely occurring in a timely manner. Information received from stakeholder interviews confirmed this. Stakeholders reported that subsequent permanency hearings occurred timely as well.

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

Table 23. Permanency Planning Hearings

Measures	Measures	SFY 2020-2021	SFY 2021-2022	SFY 2022-2023
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.

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

Opportunities for Improvement: NC DSS acknowledges that it does not have data on how frequently (or not) initial or subsequent permanency planning reviews occur and does not have a statewide system that helps proactively assure that hearings are timely.

Promising Practices: Ongoing data collection meetings with AOC and NC DSS not only strengthens North Carolina's relationship with their court partners but allows the state to ensure periodic reviews are occurring for children in care.

5.2.4 Item 23: Termination of Parental Rights

Item 23 is an Area Needing Improvement as North Carolina will need to strengthen its capacity to track and calculate the termination of parental rights (TPR) timeframes and exemptions.

Department Policy and Procedure for Case Plans

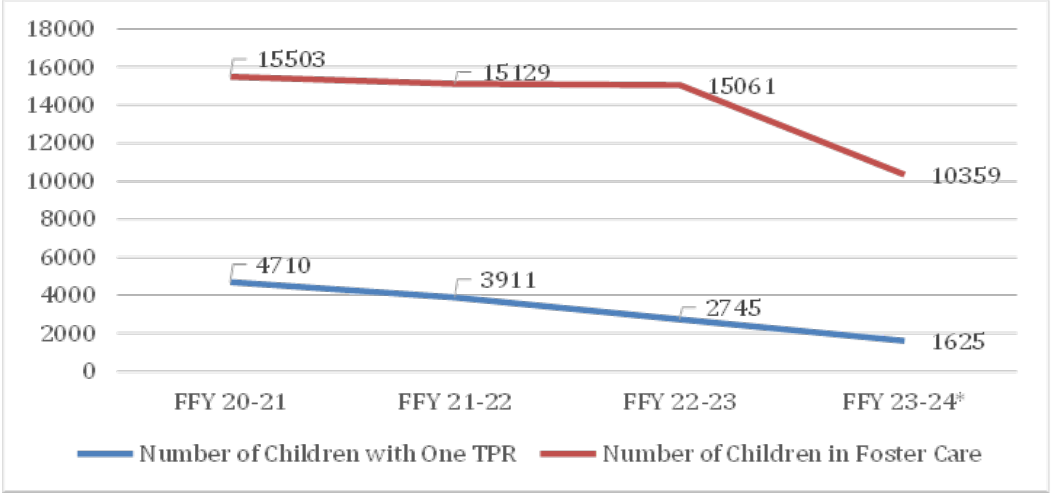
According to policy, when the court has ordered a primary permanent plan of adoption, the county child welfare services agency must file a petition for TPR within 60 calendar days of the hearing that determines the primary permanent plan is adoption unless the court makes other findings. There must be legal grounds to terminate each parent's rights. The TPR hearing must be held no later than 90 days from filing the petition or motion, and the post TPR review hearing must be held within six months after the TPR order has been entered. Any additional post-termination hearings are held every six months until the Final Decree of Adoption is entered. If an American Indian parent or custodian relinquishes their rights or consents to the plan of adoption, the consent is not valid unless procedures of the Indian Child Welfare Act are followed. This includes certification that the American Indian parent or custodian fully understood the nature of their relinquishment of rights and that interpreter services were provided if necessary.

Data sources that were utilized included:

- Policy Manual
- Child Payment and Placement System
- North Carolina Child Welfare Information System

Data

Figure 10. 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 the NC Child Welfare Information System.
*Up to report run date of November 2, 2023.

The number of children in regular foster care with at least one TPR has decreased over the last several years, which follows the decrease in 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 23-24*, 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

	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)	
FFY	# 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
2020-2021	9025	2631	6493	2279
2021-2022	8993	2630	6416	2295
2022-2023	8876	2322	6417	2102
2023-2024*	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 2023–2024 compared to earlier years.

Key Findings (Round 3)

North Carolina received an overall rating of Area Needing Improvement from Item 23 based on information from the Statewide Assessment and stakeholder interviews. Information provided in the Statewide Assessment and collected through stakeholder interviews could not confirm that TPR proceedings were occurring as required. Stakeholders reported that compelling reasons for not filing TPR in accordance with federal requirements were inconsistent across the state.

Strengths: The Statewide rollout of Odyssey, the new system with North Carolina Administrative Office of the Courts (NCAOC), should provide access to electronic court information. 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.

North Carolina Child Welfare leadership have quarterly interagency meetings with the Court Improvement Program. NC DSS is also partnering with NCAOC 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 North Carolina's 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.

Opportunities for Improvement: NC DSS recognizes data in this item as an area that needs to be built into the statewide child welfare information system (CWIS) to better track performance. NC DSS program staff are holding regular monthly meetings with CWIS staff to help communicate these data needs.

Promising Practices: 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 exceptions data in the new system and around all court hearings.

5.2.5 Item 24: Notice of Hearings and Review to Caregivers

Item 24 is an Area Needing Improvement due to North Carolina's inability to currently track this data as well as the fact that there is currently no automated system for notifications of hearings to caregivers.

Department Policy and Procedure for Notice of Hearings

Permanency planning policy states that child welfare agencies must ensure parents are notified of their right to attend judicial review hearings. Policy also states, "the director of the county child welfare agency must make a timely request to the clerk to calendar each review or permanency hearing at a session of court scheduled for the hearing of juvenile matters and the clerk must give 15 days' notice of the hearing to the person providing care for the juvenile as provided for in N.C.G.S. §7B-906.1." The manual also states "the county child welfare agency should provide verbal notification to the placement provider of upcoming court hearings should they not receive notice from the Clerk of Court. The notification should occur during monthly home visits and documentation should reflect that the conversation occurred." While NC does not currently have notice of hearings incorporated into a statewide case management system. This is a goal for NC as we move to a statewide CWIS system.

From Juvenile Courts, RULE 12.18 from the NC Rules of Recordkeeping titled, "Notification of foster parents," states that the foster parent of a juvenile must be given 15 days' notice of all review hearings. NC DSS must provide the clerk with the name and address of the foster parent providing care for the juvenile or provide written documentation to the clerk that the foster parent was sent notice of the hearing. Per Administrative Office of the Courts, there is no uniform method of how this is facilitated throughout the state. In some counties, the juvenile clerk may prepare the notice and send it while in other counties, the local agencies prepare and send the notice, and notify the juvenile clerk it has been completed. This information is not tracked in the AOC JWISE information system.

Data sources that were utilized included:

- Permanency policy manual
- North Carolina Rules of Recordkeeping
- Survey and Focus Group Data

Survey and Focus Group Findings

Most legal partners stated that foster parents, pre-adoptive parents, and relative caregivers are "always" or "usually" notified of any court review or hearing held with respect to the child. Thirty-five (35) percent of legal respondents indicated caregivers are "always" notified of hearings with regards to the child(ren) in their care, and 19% indicated

caregivers are "always" aware of their right to be heard in hearings (see Survey Appendix Table 9). This information was corroborated by focus groups with judges, which highlighted a variety of practices including providing the next hearing date in writing to the caretaker before they left the current hearing and having staff dedicated to reaching out in advance of the meetings.

Foster/Adoptive/Relative caretaker survey respondents felt county DSS are less effective in notifications. Twenty-nine (29) percent of foster/adoptive/relative caretakers indicated the county DSS is "somewhat effective" in notifying caretakers of upcoming hearings and reviews and 48% indicated the county DSS was "not effective" in allowing input and opinions to be heard in hearings and reviews (see Survey Appendix Table 16). Similarly, birth parents also found county DSS as "not effective" in both notifications (56%) and allowing input as well as opinions to be heard during court (67%) (see Survey Appendix Table 22). This suggests an opportunity to revise current notification processes from the court.

Key Findings (Round 3)

North Carolina received an overall rating of Area Needing Improvement for Item 24 based on information from the Statewide Assessment and stakeholder interviews. In the Statewide Assessment, North Carolina reported that there is not a statewide uniform system for tracking or for providing notice to foster parents, pre-adoptive parents, and relative caregivers of children in foster care, and therefore the functioning of this systemic factor item is unknown. During interviews, stakeholders reported that the process of providing notification and the right to be heard varies across the state.

Strengths: Legal partners indicated in the survey and focus groups that they have processes in place to ensure caretakers receive notification of hearings. In addition, North Carolina has legislation and policy on the process to notify the person(s) providing care for the juvenile. The law and policy allow for the county department of social services to notify the provider if the clerk of court does not notify. The policy offers the liberality of providing the notification verbally, allowing flexibility in notification and participation for the provider.

Opportunities for Improvement: North Carolina intends to include the data measure regarding caregiver notification in the statewide case management system. North Carolina will continue its ongoing communication with AOC at monthly data meetings to include this data measure in the AOC 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. It remains a priority challenge to resolve via appropriate data measures being made available in CWIS.

Promising Practices: As NC DSS develops and implements the CWIS, it is a key opportunity for the development and implementation of the notification tracking functionality to measure the notifications the county department of social services submits to the clerk of court and the notifications the county department of social services provides to the provider. DSS will work with CWIS and AOC Odyssey system implementations to integrate functionality to track notifications to caregivers of court hearings at the local level.

5.3 Quality Assurance System

5.3.1 Item 25: Quality Assurance System

Item 25 is rated an Area Needing Improvement despite known strengths in this area including the Quality Assurance (QA) Team and their ongoing QA reviews, the established rapport with the Children's Bureau and the development of the cross-program continuous quality improvement (CQI) cycle. The QA and CQI system are not fully functioning statewide.

Overview

North Carolina is a state supervised, county administered system with a multi-layered quality assurance system designed to confirm that the county child welfare agencies are focused on ensuring safety, permanency, and well-being for children and their families. The quality assurance system in North Carolina is carried out through the following mechanisms:

- Quality Assurance Reviews
- Regional Child Welfare Specialist
- Child Fatality Reviews

The Continuous Quality Improvement Design Team supports county child welfare agencies to consistently implement all policies, protocols, practices, and procedures for data-driven decisions by:

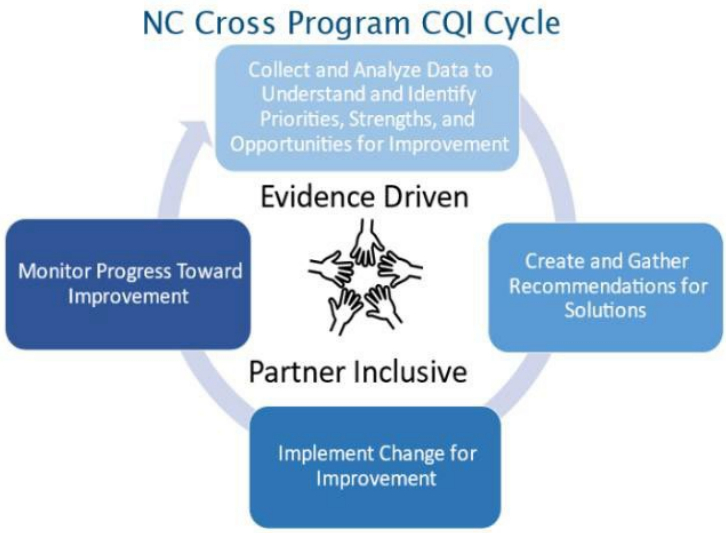
- Aligning the statewide CQI model with county and state efforts.
- Ensuring that state and county child welfare professionals have access to reliable, relevant data.
- Developing and utilizing a statewide case management system that effectively captures all federal and state-required data.

Continuous Quality Improvement Program Implementation

The 2020-2024 CFSP includes the goal of improving processes for continuous quality improvement. Objective 1 includes revising current CQI structures and processes and

Objective 2 includes continued implementation of CQI processes at the state, region, and county levels. In 2022 and 2023, NC DSS developed a new cross-program CQI cycle that provides counties a consistent approach and model for CQI. This new cycle is being implemented by Child Welfare Services, Adult Services, Child Support, and Economic Services.

Figure 11. NC Cross Program CQI Style



To ensure consistency in practice and fidelity to the CQI cycle, state and regional staff received training introducing the cycle and discussed CQI foundational concepts. Six months later, a two-day training was provided. This included hands-on, skills-based exploration into the CQI cycle as well as how to apply it to their work with counties.

NC DSS facilitates Regional CQI meetings quarterly. These meetings are attended by state staff, county staff, family partners, and university partners. In the most recent CQI meetings, some community partners participated in the meetings. State and county DSS staff and community partners found this valuable. The goals of the Regional CQI meetings are:

- To create regional identities and relationships.
- To analyze regional data, discuss root causes and share possible solutions, as well as how those solutions might be implemented.
- To improve consistency in practice across the state.

The CQI Regional Meetings have been well attended thus far and have had positive outcomes. Below is a summary of the first five quarters of Regional CQI Meetings.

Table 25. Regional CQI Meetings

SFY/Q	Topic	# of Counties	# of Participants	County Leadership (above Supervisor)	Supervisor	Other (trainers, state staff, community partners)
22-23, Q2	Repeat Maltreatment	91	298	106	126	76
22-23, Q3	Placement Stability	90	278	85	110	83
22-23, Q4	Quality Visits	82	265	68	117	79
23-24, Q1	Kinship First Culture	78	241	43	119	79
23-24, Q2	Domestic Violence	73	203	33	78	62

Data Source: Regional CQI Meeting Attendance Logs

Each CQI meeting follows a pattern that models the 4-step CQI cycle. Meetings begin with the "Monitor" step of the CQI cycle, in which counties are asked to report what actions they have taken to address root causes identified in previous meetings. This allows counties to share ideas and learn from each other. Next, a subject matter expert discusses a topic, ensuring that all parties understand the policy, the expectations, and the data surrounding the topic. Then counties have a chance to study and analyze shared data. Counties are also asked to share and discuss local, aggregated data. Following the data discussion, small groups are formed to discuss root causes. There is a report out to the larger group, with attention paid to trends. Small groups are brought back together to brainstorm and consider possible solutions. Those solutions are shared with the larger group and implementation steps are discussed. It is at this stage that the group also considers both impact and feasibility of different solutions. Care is taken to gather information about how NC DSS can support counties in these solutions.

Participants report a better understanding of data and how it can be reconciled because of the Regional CQI meetings. Participants also report benefiting from taking a deeper dive into the root causes of data error and the opportunity to share ideas and solutions. Overall satisfaction with the meetings was rated as 4.7 on a 5-point scale. North Carolina's 100 counties are in different stages of understanding and implementing CQI. These meetings provide an opportunity for them to learn from each other and build connections that assist in cross-county work.

Data Sharing

Counties are provided, via the state consultation form, data on a quarterly basis. This includes the Memorandum of Understanding data measures, monthly visit data, number of open cases, backlog of open assessments, cases sent to foster care versus in-home, and case decisions compared to the state average for these data points. Counties are provided data a week before the regional CQI meetings to have time to review. This data provides a springboard to discuss the agency's perception of how things are going compared to what the data shows, and what might explain any discrepancy between the two.

Quality Assurance Reviews

NC DSS has operated and implemented a statewide case review process for several years as a systemic and consistent method to review child welfare practice at the county level. The Quality Assurance (QA) team has stable staffing. QA reviewers are employees of NC DSS within the County Operations Section. There are five (5) QA Reviewers. Three (3) reviewers have been with the team for six (6) years, one (1) reviewer joined the team in December 2020, and the newest reviewer joined the team in May 2021.

The quality assurance system provides a continuous cycle for assessment and improvement for performance. NC DSS assesses statewide performance in the domains of safety, permanency, and well-being annually by conducting case reviews using the Onsite Review Instrument (OSRI) on a random sample of the state's applicable child welfare cases every six months.

The following table outlines the reviews undertaken by the NC DSS Quality Assurance Team to date:

Table 26. Quality Assurance Reviews

Date	Region	# Cases Reviewed
April 2021 -September 2021	Regionally	69(33FC and 36 IH)
October 2021-March 22	Regions 3 and 6	88(50FC and 38IH)
April 22 -September 2022	Regions 2 and 5	80 (50 FC and 30 (IH)
October 2022-March 2023	Statewide	76(47 FC and 29 IH)
April 2023-September 2023	Statewide	78(50 FC and 28 IH)

Data Source: Case Review Data April 2021-September 2023

Regional Child Welfare Specialists

NC DSS, Child Welfare Section employs twenty-one (21) field staff titled, Regional Child Welfare Specialists (RCWS), each assigned to one of the state's seven regions. The mission of the RCWS is to provide supervision and support to county departments of social services that will improve their capacity to ensure safety, permanency, and well-being for children.

To achieve this mission, RCWS are committed to:

- Providing comprehensive consultation on programmatic, policy and practice issues affecting children's services.
- Facilitating communication and the bi-directional flow of information.
- Designing, developing and/or delivering technical assistance and training strategies to meet identified needs.
- Participating in program assessment, development, and improvement.

RCWS provide the first line of state supervision and quality assurance for counties. They are charged with knowing all the relevant laws, policies, funding requirements, and best practices to provide appropriate guidance from the state to counties as well as obtaining feedback from the counties to the NC DSS leadership. RCWS are directly supervised by a Regional Child Welfare Consultant Manager from the County Operations Section within Children's Services. They report to the Section Chief on an ongoing basis about the progress of counties' performance, areas needing improvement, and training needs. They also work closely with policy consultants regarding implementation and ongoing clarification of laws, policies, and funding requirements. RCWS work closely with the Quality Assurance Team to follow up with counties on findings from Quality Assurance Reviews.

State Child Fatality Review Teams

The State Child Fatality Review teams are formed around each death reviewed. They consist of representatives from the local child welfare agency, the local community child protection team, the local child fatality prevention system, local law enforcement, NC DSS, a prevention specialist, and a medical expert. They are facilitated by a state consultant with expertise in fatality reviews. This team approach is utilized to identify systemic factors that may have contributed to the death. Some examples of identified systemic issues include unsafe sleep practices, lack of reporting by community and professional providers, lack of resources to address parental substance use and behavioral health counseling/treatment, and insufficient assessment of safety and risk by child welfare staff. Each review results in a report with recommendations for improving coordination between local and state entities and improvements for local practice. All recommendations relate to areas where the trajectory of the case may have been altered had these measures been in place/taken.

All fatality reviews look back five years and include Information from each agency that worked with the family. The collaborative, multi-disciplinary approach to these reviews contributes to a better understanding of case information as well as serves as a learning tool for the entire community. These reviews enhance the critical thinking of those involved through a timeline, nine life domains, and interviews. The timeline shows patterns, and who knew what when. The nine life domains ensure a thorough review inclusive of the

larger child protection system and focuses on questions for interviewees and identification of areas for findings and recommendations. In addition to the data obtained from these reviews, the review teaches participants to critically think about the connection of policy and practice and the impact on child safety.

CFSR Round 3

North Carolina was not in substantial conformity with the systemic factor of Quality Assurance System. The one item in this systemic factor was rated as an Area Needing Improvement because although recent improvements have been made, North Carolina does not have a uniform QA system functioning statewide or consistent statewide standards for evaluating the quality of services across the state. Stakeholders indicated that the state's existing QA system does not identify strengths and needs of the services delivery system and does not have a standard format in place to evaluate implemented program improvement measures statewide.

Strengths: The Quality Assurance Team is proficient in utilizing the OSRI instrument with fidelity, confirmed through doing interrater reliability when the state transitioned to the new instrument. Regional CQI meetings are well established and well attended by county staff. There is an improved awareness and understanding of what data is available by both state and county staff, and county staff can access data reports through established queries in the data warehouse which are aligned with the MOU measures. The state has also developed new positions titled, Intensive Technical Assistance Trainers, to support counties, which is described further below in Promising Practices.

Opportunities for Improvement: Despite stable staffing on the Quality Assurance Team, reviewer resources and capacity continue to be a challenge. Corrective Actions in counties are impacting the progress on CQI efforts. Because several regional staff are assigned to counties where significant Corrective Action is in progress, currently all regional staff who had been assigned to CQI are split between the designated areas of Permanence and Safety. North Carolina needs to develop a measurement 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, currently under development.

Promising Practices: Regional CQI meetings, supporting the development of the regional model, are a promising practice. Notes for each meeting are sent to regional CQI county participants and executive reports are developed that summarize details from meetings.

Reports are shared with the Unified Leadership Team, Children's Services Committee, and Child Welfare Leadership. North Carolina continues to grow a CQI/data-informed culture.

In August 2022, two newly created positions were hired to deliver intensive technical assistance to counties placed on Corrective Action by NC DSS. These positions titled, Intensive Technical Assistance Trainers (ITAT), are a part of the implemented CQI process. They provide one-on-one coaching and training to directors, program managers, administrators, and supervisors. The ITAT and the RCWS work closely while onsite to provide coaching and training to agency leaders. Within 7 days of a county going on a Corrective Action Plan (CAP), an ITAT meets with the assigned RCWC and managers to discuss the specifics of the CAP, establishing a plan for integrating the ITAT with county staff and to share any other information relative to the county's practice or needs.

Once onsite, the ITAT develops with the county a training plan for how the ITAT will support them to successfully address and remedy practice issues. They work closely with the RCWC as part of the CQI process and assess the county's processes by observing county supervisors during supervision and case staffing meetings with staff.

Since October 2022, the ITAT positions have provided intensive technical assistance to 5 Corrective Action Plan counties including supervision coaching and education, Intake Screening, and development of Service Agreements. While it is too early to see quantitative changes in outcomes, both county leaders and NC DSS staff report seeing changes in behavior that are likely to lead to better outcomes.

In addition to statewide CQI efforts, several counties (approximately 36) have established quality assurance or CQI efforts to monitor their own progress and practice. A survey was distributed to these counties and 15 responded. On average the counties have 2.5 staff dedicated to CQI activities, and the counties have been involved in CQI activities for approximately the last 15 years. Case reviews at the county level were reported by all fifteen respondents as the most common QA/CQI activity, followed by training (13 of 15), and coaching and mentoring (11 of 15). The fact that QA and CQI activities are happening at the local level will help support NC DSS' transition toward regional CQI practice to improve outcomes for children and families. Worker and supervisor focus group respondents also indicated that most counties are using data to make improvements and achieve desired outcomes.

5.4 Staff and Provider Training

5.4.1 Item 26: Initial Staff Training

North Carolina assesses Item 26 to be a Strength. NC DSS is committed to the improvement of its child welfare workforce to improve the safety, permanence, and well-being outcomes

for children and families. In the 2020-2024 Child and Family Services Plan, Goal Three is to develop and support a stable, competent, and professional workforce in child welfare. The NC DSS Pre-Service Training has a foundation of the Principles of Partnership and family-centered practice. The Principles of Partnership are:

- Everyone desires respect.
- Everyone needs to be heard.
- Everyone has strengths.
- Judgments can wait.
- Partners share power.
- Partnership is a process.

Hiring and Caseload Assignment

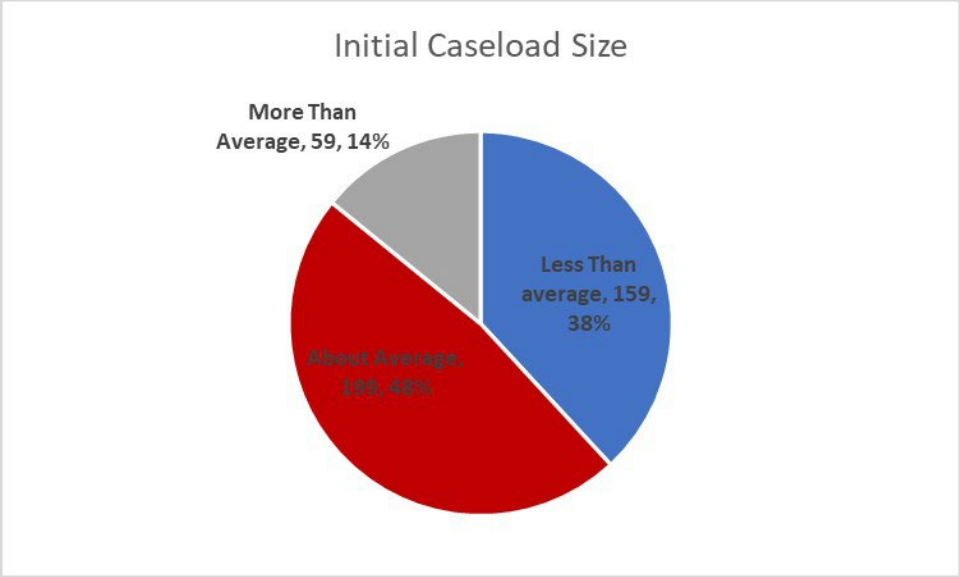
North Carolina is a county-administered child welfare system where county directors are responsible for all human resource practices including hiring and onboarding of all employees. Each county has its own system for hiring and tracking human resource functions (outside of training). Hiring data is not sent to the state, so it does not track the hiring of staff related to training requirements.

NC DSS caseload standards state that average child protective services caseloads shall be no greater than 10 families at any time for workers performing CPS Assessments, and 10 families at any time for staff providing CPS In-Home Services. Results from the workload/caseload study will inform future changes to these caseload standards and establish caseload standards for Permanency Planning. County directors have the sole responsibility for assigning caseloads to their staff. NC DSS does not have a mechanism to track when caseload assignments are made. In addition, NC DSS does not have a fully implemented CWIS system and is not able to monitor when caseloads are assigned.

NC DSS does have data from three-month follow-up post-surveys that were completed by staff who completed Pre-service from July 2020 and May 2023. Two of the questions shed light on caseload assignments for newly hired workers.

Question: How did your caseload size after Pre-service training compare to the average caseload size for workers in their county agency?

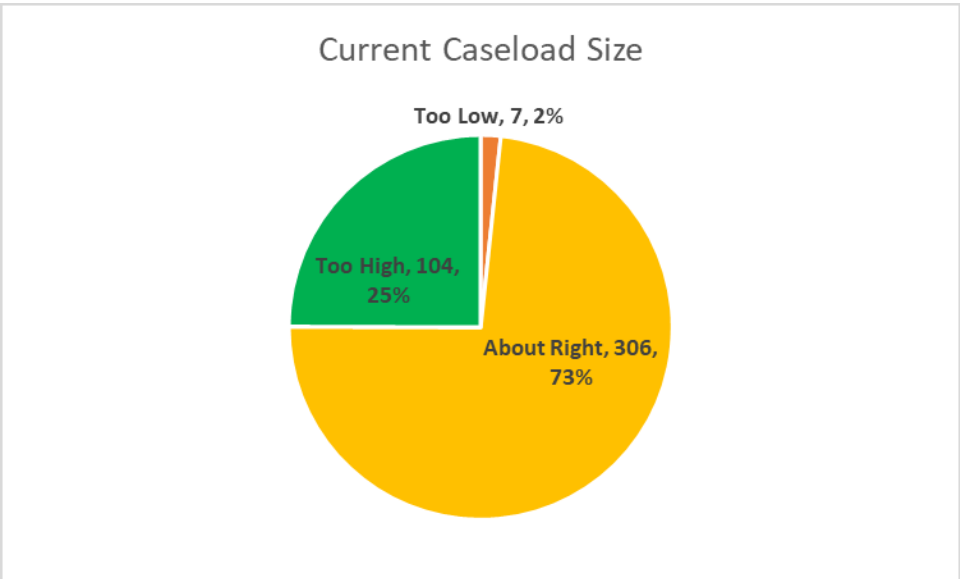
Figure 12. Initial Caseload Size



Data Source: Semi-Annual Report of Evaluation of Child Welfare Courses- August 2, 2023

Staff were also asked about how their caseload size after Pre-Service Training compared to the average caseload size for workers in their county agency. Respondents who described their caseload to be "about average" made up 48% (n=199) of the sample followed closely by those with a less than average caseload size, 38% (n=1059). Those respondents reporting more than average caseload size represented only 14% (n=59) of the sample.

Figure 13. Current Caseload Size



Data Source: Semi-Annual Report of Evaluation of Child Welfare Courses- August 2, 2023

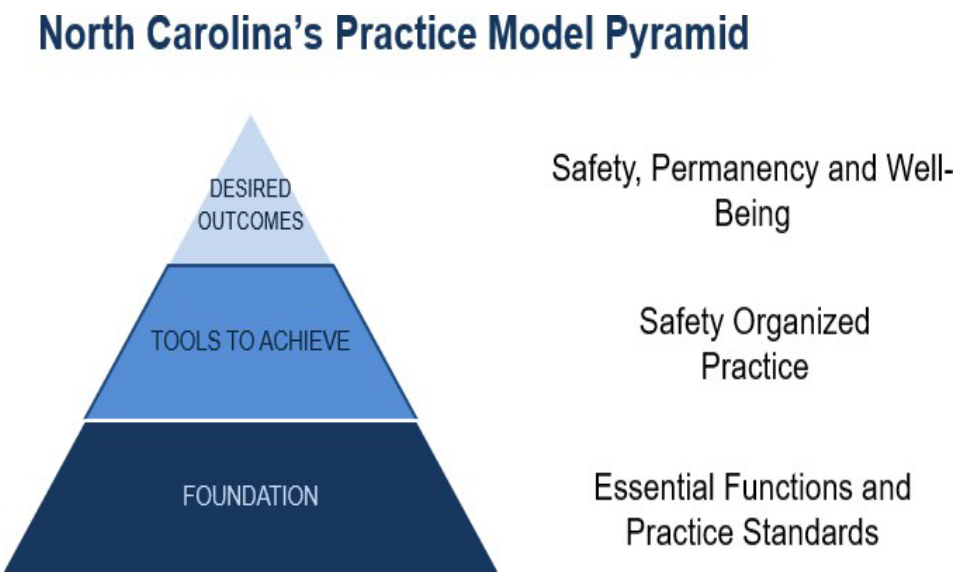
In addition to initial caseload size, staff were asked to rate the size of their current caseload. Most respondents (n=306 or 73%) indicated that their caseload was about right while 25% (n=104) of the sample indicated too high and a small number (n=7 or 2%) said their current caseload was too low.

In a cross-tabulation of initial caseload size and current caseload size, NC DSS found that 59% (n=35) of respondents who indicated that their initial caseload size was more than average also reported their current caseload size as too high. In comparison, only 28% (n=55) of the average caseload size and 9% (n=14) of the less than average initial caseload size groups reported that their current caseload was too high. This may indicate that those counties who practice a more graduated/balanced case assignment for new caseworkers, continue to practice a more equitable distribution of cases for their staff.

NC Child Welfare Practice Model

North Carolina elected to develop their own practice model to ensure it is tailored to North Carolina's core values of safety focused, trauma informed, family centered, and culturally competent. North Carolina's practice model includes two primary components: Practice Standards that workers, supervisors and leaders will follow from the beginning to the end of child welfare services are the foundation of the practice model, and Structured Decision Making and Safety Organized Practice includes specific policies and tools for working with children and families to achieve safety, permanency, and well-being. The practice standards are described in observable, behaviorally specific terms, how workers will conduct the essential functions of child welfare (Communicating, Engaging, Assessing, Planning, and Implementing), and how supervisors and leaders will support them. The Practice Standards provide the basis for teaching these core skills to the workforce critical to working with children and families and successfully use Safety Organized Practice. Practice Standards were implemented in 2020 for all staff.

Figure 14. North Carolina's Practice Model Pyramid



Data Source: NC DHHS Practice Model Training

NC DSS is currently in the process of updating its policies, procedures, and practices related to intake through case closure. NC DSS contracted with Evident Change®, the purveyor of Structured Decision-Making™ Tools (SDM), to create a Screening and Response Intake Tool as well as revalidate the tools currently being used by North Carolina's child welfare workforce. These tools are the Safety Assessment, Risk Assessment, Family Strengths and Needs Assessment, Re-Risk Assessment, and Reunification Assessment. The Screening and Response Intake Tool has been developed and is in the final stages of quality assurance testing for use in the Child Welfare Information Services (CWIS) system. Roll out will be staggered in six groups beginning with the current 25 counties that are using the CWIS system in early 2024. Roll out should be completed by early 2025. Training for the Screening and Response Tool includes the applicable elements of Safety Organized Practice (SOP). NC DSS's strategy to layer SOP with the SDM tools will move the workforce from a compliance culture when using the tools to a value-added, skills-based culture.

The Safety and Risk Assessments have been completed and were Field Tested in November 2023. NC DSS will use the same strategy for training these tools by layering SOP practices. Preliminary work has begun on the development of the tools within the CWIS system. The Family Strengths and Needs Assessment (FSNA) tool prework has begun with Evident Change conducting a policy analysis and listening sessions with current users of the FSNA tool in November of 2023 and January of 2024. While training is occurring, the new content will be incorporated into Pre-Service Training by Summer 2024.

Pre-Service Training Requirements

NC statute mandates initial training for all child welfare staff prior to direct client contact. Specifically, NC statute requires that all staff hired on or after January 1, 1998, complete at least 72 hours of Pre-Service Training before assuming direct client contact responsibilities. NC DSS provides initial training for new employees through a course titled "Child Welfare in NC: Pre-Service Training (PST)." The course is a three-week, 72-hour, blended course, including self-paced online learning modules and eight classroom days of training. Newly hired workers and supervisors must complete this course and the designated Transfer of Learning packet before assuming direct client contact responsibilities.

Child welfare supervisors shall complete the minimum of 72 hours of Pre-service Training before assuming supervisory responsibilities, and a minimum of 54 hours of training targeted specifically to supervisors during the first year via the course, "Stepping into Supervision."

Other initial training requirements vary depending on the staff's prior child welfare experience.

Returning to the NC Child Welfare Workforce Module

For newly hired staff with prior NC child welfare experience who have been out of the field for three or more years, supervisors have the option of having them complete the self-paced module, "Returning to the Child Welfare Workforce," and the accompanying knowledge assessment in lieu of them completing Pre-Service Training again. North Carolina has no mechanism to track how often this course is accessed or the number of completions. Options of how to track this via NCSWlearn.org are being explored.

Pre-Service Waiver for Staff with Out-of-State Child Welfare Experience

Recent legislation (NC Session Law 2023-65) granted an exception to the Pre-Service training requirement for new hires who come to North Carolina with child welfare experience from another state. NC DSS has established a Pre-Service Waiver Request process and created a form that assesses the eligibility of each employee hired from out-of-state. Supervisors are responsible for downloading, completing, and submitting the form to NC DSS. The form is reviewed by the Staff Development Program Manager and/or the Section Chief of County Operations to determine whether a waiver is granted. If granted, the supervisor must complete the following steps:

- Ensure the employee completes the "Returning to the North Carolina Child Welfare Workforce," online module and the knowledge assessment within one week of employment.
- Complete the last section of the Pre-Service Waiver Request Form for Staff with Out-of-State Child Welfare Experience form, affirming the date the employee

completed the Returning to the North Carolina Child Welfare Workforce" module and the knowledge assessment and ensuring that the employee and supervisor sign.
- Before direct client contact, re-submit the completed form to NC DSS per the instructions on the form.

If the waiver request is not granted, the employee must complete Pre-service Training prior to direct client contact.

The NC DSS Staff Development Program Manager and/or Section Chief reserve the right to deny waivers and require the new employee to complete the Pre-Service Training course. From November-December 2023, eight waivers were requested, seven were granted full exemption, and one was denied due to having less than one year of child welfare experience.

The Pre-Service Waiver Request Form requests the following information:

- The state(s) where the employee held the child welfare position(s)
- Specific dates of employment in the child welfare positions(s)
- Out-of-state child welfare role(s) served and total number of years served
- The child welfare role/roles the employee will be filling in North Carolina
- Affirmation from the employee and the supervisor that the information provided is correct

If approved, the form must be signed by the supervisor and employee affirming that the employee has completed the “Returning to the North Carolina Child Welfare Workforce" online module and the knowledge assessment.

Determination of Waiver Eligibility

Eligibility is determined by assessing the staff’s years of out-of-state child welfare experience, and the recency of that child welfare experience. Staff with less than one year of child welfare experience in another state do not qualify for the waiver, despite the recency of that experience. For example, if an employee has worked in child welfare in another state for 7 months (January- July), and begins working in North Carolina in August, although the experience is recent, that experience is less than one year.

Staff who have not served in a child welfare role for over three years do not qualify for the waiver, despite the total number of years of child welfare experience. For example, if an employee from out of state has 5 total years of child welfare experience but has not served in a child welfare role for over 3 years, they would not qualify.

NC DSS reserves the right to make exceptions on a case-by-case basis.

Pre-Service Training Registration

Once interview candidates are offered and accept a position, supervisors are responsible for choosing a Pre-Service Training event for the new hire to attend and pre-register for the course on the new hire's behalf via NC's learning management system, known as NCSWLearn. Once the application is submitted for a new account, supervisors are sent a "Conditional Enrollment" letter from the registrar that confirms receipt of the registration application and details next steps. The timeline for supervisors to ensure staff are fully enrolled begins on the first day of staff employment. Supervisors have from the time staff start employment up to one week before the first day of the selected Pre-Service Training event to ensure staff are fully enrolled. During this time supervisors are required to:

- Contact the Registrar via email to confirm that the new hire has officially been hired and what the first date of employment is.
- Ensure that their new hire has created a login account on NCSWLearn.
- Log into NCSWLearn and update their employee's personnel record by entering the new employee's functional work email address.

The mechanism for ensuring that supervisors meet the one-week deadline is a reminder email from the registrar. Staff whose supervisors complete the action steps by the deadline of one week before the first day of training will be fully enrolled and will receive an email with a confirmation letter. If supervisors do not complete the action steps within one week before the first day of training, they will be instructed to enroll staff in another event. Staff are typically enrolled in training the same day that the supervisor completes the above steps. While staff await Pre-Service, they complete county onboarding requirements and can take many online, on-demand courses, including the NC Practice Standards.

Staff are required to complete the Transfer of Learning Part A with their supervisors and submit it to the course trainer by the Friday before the classroom portion begins. The trainer reviews the TOL Part A of the enrolled participants to gain a broader understanding of the learning needs of the group to ensure they are met.

Training is provided in-person at regional training centers (Fayetteville, Charlotte, Asheville, and Greensboro), virtually, and other identified locations.

Training is coordinated online through NCSWLearn. Staff and supervisors have access to their training history (see section describing NCSWLearn.org).

Pre-Service Training Completion

During the classroom training, staff complete the TOL Part B at the end of each training day which requires them to journal about the information most helpful, most challenging, and their top three takeaways from the training day. After completion of Pre-Service Training,

staff are required to review their answers for Part B and complete the Transfer of Learning Tool Part C with their supervisor. Part C includes:

- the top 3 things learned from the training,
- an action plan in response to the training,
- potential barriers to applying what was learned, and
- what is needed from their supervisor to apply what was learned.

A signed copy of the TOL Part C must be submitted to the registrar inbox to receive credit for the course. The registrars typically respond the same day by marking them as complete in NCSWLearn, which triggers the issuance of a certificate, and staff are then allowed to have direct client contact.

Staff who do not submit the TOL Part C will be marked as "Incomplete" in NCSWLearn until it is submitted, and they are unable to register for job-specific or ongoing training until the course is complete. Staff who do not complete the course are sent an email letting them know that they are "Incomplete" for Pre-Service. Supervisors are responsible for completing and signing the Transfer of Learning Part C with staff and for ensuring that it is submitted timely and that their employee has a status of "complete" in the NCSWLearn.org. Other than the information provided in NCSWLearn, NC DSS does not have a system in place to alert supervisors of staff's incomplete status.

Other reasons for staff having an "Incomplete" status include:

- Staff missed one or more days of Pre-Service Training and need to make it up.
- Staff are no longer employed with the agency.

Child Welfare in NC: Pre-Service Training Course Curriculum, Learning Objectives, Hours, and Modalities of Learning

Child Welfare in North Carolina: Pre-Service Training is a three-week competency-based pre-service curriculum designed to give new social workers and supervisors an overview of the North Carolina child welfare system. Participants complete self-paced online learning modules, a discussion forum, online activities workbook, Transfer of Learning Tool Parts A, B, and C, and attend eight classroom days of training. There is no prerequisite for this course (see appendix for training content). NC DSS's Staff Development Team delivers all initial Pre-Service and initial Job-Specific courses.

The course is offered most weeks in both virtual and in-person classroom formats. Training is provided in-person at regional training centers (Fayetteville, Charlotte, Asheville, and Greensboro), virtually, and other identified locations. In 2020, 12 Pre-Service events were offered in-person before the pandemic in March. All courses held from that point through 2022 were delivered virtually, except for two. Three more were scheduled

for in-person in the Fall of 2022, however counties were hesitant to attend, there was low enrollment, and those events were changed to virtual. In May 2023, NC DSS began offering more regular in-person PST mostly in the Regions of 1 and 3 due to trainer and space availability.

Table 27. Training Events

Year	Number of In-Person Events	Number of Virtual Events
2020	12	27
2021	0	38
2022	2	48
2023	11	36

Data Source: NCSWLearn

The course is organized as follows:

- Week One, new staff complete self-paced online modules, an online activities workbook, and a transfer of learning packet.
- Week Two, there are four Instructor Led Training (ILT) training days.
- Week Three, there are four ILT training days.

Content for Pre-Service Training is detailed in Appendix D.

Initial Job-Specific Training Requirements

The 2020-2024 Child and Family Services Plan describes Pre-Service Training as consisting of the course titled "Child Welfare in NC: Pre-Service Training (PST)," and initial job-specific training was categorized as "ongoing training." NC has updated its definition of Pre-Service Training to include the following initial job-specific trainings, based on staff positions in:

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

NC will be updating what is included in Pre-Service Training in its 2025-2029 CFSP.

Child Welfare Services workers and supervisors who assume a role in a new or different functional area and who met the Pre-Service Training requirements at the time of their employment are not required to attend Child Welfare in NC: Pre-Service Training. However,

these individuals must attend the Initial job-specific training within three months of assuming their job assignment/responsibility.

For staff primarily working in non-child welfare areas yet serving occasional on-call (with duties that do not include direct client contact) or on-call supervisory backup for these staff, the requirement is either Child Welfare in North Carolina (Pre-Service Training) or a combination of Intake in Child Welfare Services and CPS Assessments in Child Welfare Services.

Initial Job-Specific Training Course Curriculum, Learning Objectives, Hours, and Modalities of Learning

Content for all job specific training is detailed in Appendix E.

Stepping Into Supervision Training

The Stepping into Supervision course is a 54-hour, nine-day, classroom-based training designed for new child welfare supervisors. The course is structured to be three days a month for three consecutive months and is delivered in-person. The first three days concentrate on new supervisors and focus on frameworks for building individual and group supervision skills. The training is facilitated in a learner-centered format to strengthen and enhance the skills of supervisors and requires them to engage in self-evaluation in terms of their learning styles as well as attitudes and values that influence them as supervisors. The course helps new supervisors to understand their role within the agency, their strengths as a supervisor, and ways to manage change. This format emphasizes assessing worker skills, using individual development plans for workers, and providing feedback prior to the formal evaluation process. Supervisors leave this training with concrete tools to use as they interact with staff and supervisors.

CPS Intake Training

Intake in Child Welfare is an 18-hour course focusing on providing the knowledge base and skills to prepare workers responsible for receiving reports of child maltreatment. This course will provide social work staff with knowledge of the strengths-based, structured intake process and with an opportunity to practice using the structured intake tool. The first of seven Multiple Response System (MRS) strategies, Strengths-Based, Structured Intake, was designed to achieve greater consistency across workers/counties in information gathering and decision-making. The Strengths-Based, Structured Intake process also includes information on interviewing from a strengths-based perspective. Much of the learning will involve participant interaction and opportunities to practice with the intake process and form.

CPS Assessments in Child Welfare Training

CPS Assessments in Child Welfare is a 24-hour course that provides participants with knowledge and skills necessary to complete CPS assessments with families who have been referred for possible child abuse, neglect, or dependency. This training provides instruction and skills practice in a family-centered approach while conducting both family assessments and investigative assessments. Training topics include CPS Assessments Policy, strengths-based, solution-focused interviewing with parents, children, and collaterals, recommended formats for initial and follow-up home visits, structured decision-making tools, frontloading services, child and family teams, cultural competency, and case documentation.

CPS In-Home in Child Welfare Training

CPS In-Home Child Welfare Services is a 24-hour curriculum focusing on the skills, beliefs, and competencies necessary to achieve successful outcomes with families and children. This training is interactive and includes numerous opportunities for skill practice. Topics covered include the role of the case manager, relationships as a foundation for practice, identifying and building on strengths, family centered casework, meeting with resistance, policy for In-Home Services provision, reassessment decision-making tools, child and family teams, monitoring the case, case closure/transition, and case documentation.

Permanency Planning in Child Welfare Training

Permanency Planning in Child Welfare Services is a 24-hour curriculum designed to help placement workers become more knowledgeable about their job. This curriculum provides participants with information about Permanency Planning philosophy, child and family preparation for placement, making appropriate placements, and gives opportunities for development through skills practice. It focuses on strategies to minimize trauma to the child, reunification and permanence, preserving family connections and forming collaborative partnerships between birth parents and substitute caregivers. Participants will use a case study to complete structured decision-making tools and service agreements to make determinations for timely reunification and permanence.

Foster Home Licensing in Child Welfare Training

Foster Home Licensing in Child Welfare Services is a three-day specialized curriculum which covers the process of licensing foster parents in a county Department of Social Services or licensed private child-placing agency. The curriculum topics include NC licensing procedures, forms, regulations, the roles of a licensing worker, the mutual home assessment process, the family assessment, MEPA, and skills for working with foster parents. Prerequisite for this training is Child Welfare in North Carolina or completion of other required Pre-Service Training based on date of employment and functional responsibilities (For NC DSS Child Welfare Staff). Contact hours for this training are 18

hours. This training can be credited toward the required 18 of 39 hours of additional training within the first year or the 24-hour continuing education requirement.

Foster Home Licensing in Child Welfare Training Content

Foster Home Licensing in Child Welfare training is an instructor lead classroom course with a 3-day, 18 hours specialized curriculum that covers licensing foster parents in county DSS and private agencies. The topics include NC Licensing procedures, forms, regulations, the roles of a licensing worker, the mutual home assessment process, the family assessment, MEPA, and skills working with foster parents. The course is to be taken within 3 months of assuming the new responsibility.

Foster Home Licensing: The Keys to Success is a 3-hour self-paced online course. This course teaches the participant what constitutes an incorrect or incomplete foster home licensing packet to improve the thorough assessment and screening of foster home licensing applicants. This course is required for all staff from county DSS and private agency social workers before they can submit an application for issuance of a foster home license to Regulatory and Licensing.

Adoptions in Child Welfare Training

Adoptions in Child Welfare is an 18-hour specialized curriculum focusing on children awaiting adoptive placement and families who are involved in the adoption process. Topics covered in this curriculum include: the policies, laws, and values that support a strength based, family centered approach to working with families and children in the adoption process; the importance of gathering accurate assessment information about the child's strengths and needs and the prospective adoptive family's strengths, and accurate and detailed medical and social information from birth families; the skills necessary to prepare the child and family for the adoption experience, the need for post placement and post adoption supports for the family to increase permanence, and a review of the forms that social workers are to complete for the process of adoption.

Initial Job-Specific Training Registration

Each staff member can access their NCSWLearn account and Personalized Learning Portfolio (PLP) at any time. NCSWLearn has an Individualized Training Assessment (ITA) feature that helps workers to identify areas to enhance their professional development. The ITA allows child welfare county DSS supervisors and social workers to:

- Discover their training needs based on current job responsibilities.
- Find their highest priority training.
- Get a list of the required, recommended, and elective courses offered by NC DSS.

- Provide an overall view of their training expectations for themselves, supervisors, and administrators.

Supervisors have access to their staff's training history under the "Supervisor Resources" tab in NCSWLearn. With this feature, they can also view each employee's training schedule, search for training events and the training catalog, and can view each worker's completed ITA.

Staff are required to attend their initial job-specific training within three months of completing Pre-Service Training. Supervisors are responsible for ensuring that staff complete this requirement. The state has no mechanism in place to ensure that counties are adhering to this requirement. Staff self-register for their initial job-specific training by logging into their NCSWLearn account, searching for training, and applying for the course. Once enrolled, they receive a confirmation letter informing them:

- They are enrolled in the training.
- The date.
- The location if in person.
- The link to the virtual classroom if virtual.
- How to access the course materials.
- How to access self-paced modules, if applicable.

The initial, job-specific courses of Stepping into Supervision, CPS Assessments, CPS Intake, CPS In-Home, and Permanency Planning require the Transfer of Learning Tool, Parts A-C (the TOL packet is not required for the Foster Home Licensing and Adoptions courses). As with Pre-Service Training, Part A is completed with the worker and supervisor and is emailed to the course trainer the Friday before the training begins. The trainer reviews the TOL Part A of the enrolled participants to gain a broader understanding of the learning needs of the group.

The course registrar prioritizes staff enrollment into the course based on many factors, including when they completed Pre-Service, how long they have been in the position, and whether their county is prioritized due to them having an identified staffing shortage, or that the county is engaged in a Corrective Action Plan.

Staff who have an "Incomplete" status for initial Pre-Service Training are not eligible to register for the job-specific and ongoing training.

Completion of Initial Job-Specific Training

As with Pre-service Training, during the Stepping into Supervision, CPS Intake, CPS Assessments, CPS In-Home, and Permanency Planning classroom training, staff complete

the TOL Part B at the end of each training day and after completion of the classroom training, staff are required to review their answers for Part B and complete the Transfer of Learning Tool Part C with their supervisor. A signed copy of the TOL Part C must be submitted to the registrar to receive credit for the course. Once received, staff are sent an email informing them that they completed the course with a course certificate, and the registrar updates the course status in the system to "Complete." Staff who do not submit a TOL Part C are sent an email informing them that they are "Incomplete" for the course until it is submitted. The Foster Home Licensing and Adoptions courses do not require completion of a TOL packet.

NCSWLearn informs supervisors of their employees training history with access to monitor employees' training records, and it is the responsibility of the supervisor to know when their employees attend and complete training.

NCSWLearn

NCSWLearn, the LMS for North Carolina, tracks all Pre-Service Training and Job-Specific Training completions. Training courses are posted on the website, and staff can search for and register for training. Staff can also look up training history, and supervisors and managers can publish reports. NC DSS has a contract with the University of North Carolina, at Chapel Hill, Family and Children's Resource Program to manage the site which serves as our official training registration system, and where e-learnings are posted. The Help Desk/Technical Support is available for all components of NCSWLearn, Monday through Friday, 8 a.m. to 5 p.m.

Pre-Service Training Attendance and Data

Please see data below for the Pre-Service Training completions. Attendees are defined as those enrolled in the course. Completions are those who have successfully completed the training. Hiring data is not provided to NC DSS by the local county DSS agencies therefore NC DSS cannot track the number of new hires per year or whether training is completed in time.

Pre-Service Training Attendance

Table 28. Pre-Service Training Completion Data

Category	2021	2022	2023
Number of Attendees	743	876	854
Number of Completions	711	828	799
Number of Incompletions	32	48	55

Data Source: NCSWLearn

There were twelve more Pre-Service events offered in 2022 than in 2021, with 117 more Pre-Service completions. There were a similar number of events and completions in 2023. Due to the ongoing child welfare workforce crisis, Pre-Service Training is a high demand course and NC DSS offers an event nearly every week of the year. In 2023, five NC DSS trainers were reassigned to deliver the redesigned Pre-Service in the Innovation Zone, leaving less trainers to deliver the current Pre-Service Training. As a result, the remaining trainers had to focus on making the current Pre-Service Training available to meet the demand for the course. As a result, there were less offerings of the initial job-specific training.

Stepping Into Supervision Attendance

Table 29. Stepping Into Supervision Training Attendance

Category	2021	2022	2023
Number of Attendees	122	96	85
Number of Completions	100	89	80
Number of Incompletions	22	7	5

Data Source: NCSWLearn

In 2021, eight Stepping into Supervision events were delivered resulting in 100 completions. In 2022, nine courses were delivered, with slightly less completions. In 2023, only seven events were offered resulting in 80 completions. The classes are designed to accommodate 16-18 attendees per class, however attendance over the last three years has been below this target with an average of 12.5 attendees per class in 2021, 9.8 in 2022, and 11.4 in 2023. Although this course is mandatory for new supervisors, the critical workforce crisis in NC has led to many supervisors being required to carry caseloads, leading to a lower number of attendees being able to participate in this training course.

CPS Intake Training Attendance

Table 30. CPS Intake Training Attendance

Category	2021	2022	2023
Number of Attendees	304	166	101
Number of Completions	278	146	96
Number of Incompletions	26	20	5

Data Source: NCSWLearn

There were 19 CPS Intake events delivered in 2021, and only 11 events delivered in 2022 due to resource allocation in NC DSS training staff and a need to focus resources to ensure Pre-Service Training was sufficiently available. This resulted in 132 less people attending

the training than the previous year. For the same reasons, Intake training was not offered between April-November of 2023, as evidenced by a total of 96 completions.

CPS Assessments Training Attendance

Table 31. CPS Assessments Training Attendance

Category	2021	2022	2023
Number of Attendees	382	450	411
Number of Completions	331	385	341
Number of Incompletions	51	65	70

Data Source: NCSWLearn

The CPS Assessments training is delivered in partnership with the University of Chapel Hill-Family and Children's Resource Center (UNC-FCRP). This course is delivered with one NC DSS trainer and one trainer from UNC-FCRP. In contract years 2021-2022 and 2022-2023, CPS Assessments events were increased to meet the high demand for this course. This resulted in an increase in events and completions from 15 events in 2021 to 24 events in 2022 and 2023. There were less completions in 2023 than 2022, which is contributed to last minute cancellations and no-shows by registered attendees. The ongoing child welfare workforce crisis and the unavailability of staff to provide coverage for other staff to attend necessary training may have contributed to this decline in attendance.

CPS In-Home in Child Welfare Training Attendance

Table 32. CPS In-Home Training Attendance

Category	2021	2022	2023
Number of Attendees	194	201	132
Number of Completions	175	185	125
Number of Incompletions	19	16	7

Data Source: NCSWLearn

There were 13 CPS In-Home training events offered in 2021 and in 2022 with similar completion rates. However, due to resource allocation in NC DSS training staff and a need to focus resources to ensure Pre-Service Training was sufficiently available, there were no In-Home training events offered from May-November of 2023, resulting in less completions.

Permanency Planning in Child Welfare Training Attendance

Table 33. Permanency Planning in Child Welfare Training Attendance

Category	2021	2022	2023
Number of Attendees	274	208	177
Number of Completions	236	189	167
Number of Incompletions	38	19	10

Data Source: NCSWLearn

There were 17 Permanency Planning events offered in 2021, 15 offered in 2022, and only 10 offered in 2023 due to resource allocation in NC DSS training staff and a need to focus resources to ensure Pre-Service Training was sufficiently available. This resulted in lower completion for this course.

Foster Home Licensing in Child Welfare Training

Table 34. Foster Home Licensing in Child Welfare Training Attendance

Category	2021	2022	2023
Number of Attendees	123	145	82
Number of Completions	117	143	81
Number of Incompletions	6	2	1

Data Source: NCSWLearn

There were more Foster Home Licensing Training completions in 2022 than in 2021 with the same number of events offered due to larger class sizes for this course in 2022. As with the other job-specific training courses, due to resource allocation in NC DSS training staff and a need to focus resources to ensure pre-service training was sufficiently available, less course offerings resulted in lower completions.

Adoptions in Child Welfare Training

Table 35. Adoptions in Child Welfare Training Attendance

Category	2021	2022	2023
Number of Attendees	48	110	58
Number of Completions	46	106	42
Number of Incompletions	2	4	16

Data Source: NCSWLearn

In 2021, only 4 Adoptions training events were offered with 46 completions due to available resources. Additional NC DSS trainers were onboarded to this curriculum in 2022, resulting in the ability to offer 9 events with 106 completions. However, due to resource allocation in NC DSS training staff and a need to focus resources to ensure Pre-Service

Training was sufficiently available, less course offerings resulted in lower completions in 2023.

Training Content Input, Feedback, and Evaluation

The Workforce Development Design Team builds and supports a stable, well-qualified, trained, supervised child welfare workforce to promote positive outcomes for children, youth, and families by:

- Identifying appropriate caseload maximums via a workload study of each child welfare services area.
- Reinstituting a stipend program for MSW and BSW students in the child welfare education collaborative.
- Implementing a workforce development program that integrates knowledge and skills assessment with racial equity and inclusion, towards state, regional and local child welfare workers' enhanced capabilities to improve outcomes for children and families.

The Workforce Development Design Team is the forum where county staff and stakeholders give input and feedback to the development, content, and delivery of Pre-Service and Job-Specific Trainings (as well as ongoing trainings). Additional input and feedback to the development and delivery of training is provided by the Unified Leadership Team, Safety Design Team, Permanency Design Team, Well-Being Design Team, and the Continuous Quality Improvement Design Team. For example, the Safety Design Team is facilitating the implementation of Safety Organized Practice and Structured Decision Making and is providing oversight and coordination of training for implementation.

The Workforce Development Design Team membership comprises state leadership, workforce and staff development/training, curriculum development and diversity equity and inclusion (DEI) staff, local DSS agency directors, child welfare managers, trainers, Child Welfare Education Collaborative (CWEC) Partners, NCACDSS Workforce Education Initiative Team, Private child placing agencies, Strong Able Youth Speaking Out (SaySo) youth, family partners, Eastern Band of Cherokee Indians (EBCI) representatives, Duke Endowment Child Well-Being Associate Director, and mental health agencies.

Training Evaluation

NC DSS uses the following types of evaluations: The Participant Satisfaction Form (PSF), Pre-tests, Post-tests, and follow up surveys. After each training session, staff complete a PSF that measures their perception of what was learned in training. Pre-Service Training also has a pre- and post-test evaluation.

Training is often described as 'skills-based' but feedback from participants and a review by the Child Welfare Capacity Building Center for States suggest the training provides information rather than skills and lacks a CQI process for evaluating whether the training is effective, whether learning is transferred into practice, and whether training results in improved outcomes for children and families. In 2020, NC DSS partnered with The Data Team at UNC-Chapel Hill to develop and implement an evaluation that included a pre-survey that is completed before participants begin the course and a post-survey that is completed at the conclusion of the course. These surveys reflect the course competencies and learning objectives. They are designed to assess participants' growth in knowledge and skills after completing the course and the most recent report includes comprehensive data for 2020-2023.

Table 36. Pre-Service Training Pre- and Post- Test Scores: 2021-2023

	Average Pre-test	Average Post-test	Average Gain
2021	74.2%	90.2%	16%
2022	72.7%	89.2%	16.5%
2023	71.1%	89.5%	18.4%

Data Source: Pre-Service Pre-Post Test Results Summaries 2021, 2022, 2023

Staff rated their level of agreement to 56 competency measures on a scale of strongly disagree (1), disagree (2), somewhat disagree (3), neither agree nor disagree (4), somewhat agree (5), agree (6), and strongly agree (7). For each competency measure, the mean rating was higher on the post-survey compared to the pre-survey each year in 2021, 2022, and 2023, suggesting that respondents saw improvements in competencies after receiving the training.

Most of the competencies that indicated more need were skills-related, especially interviewing skills with children and adolescents, case planning effectively with families, and using strategies to increase cooperation. Other more highly rated competencies were related to specific aspects of functional areas, such as policies and procedures in permanency planning, the TPR process, and conducting family or investigative assessments. Respondents did indicate a need for more content about state laws and legal definitions impacting child welfare, and, to a lesser extent, federal laws.

Results from these surveys further confirm that redesigning Pre-Service Training was necessary, as it is more focused on improving interviewing and case planning skills. Pre-Service Training participants from July 2020 and May 2023 were asked to complete a follow-up survey 3 months after the training to provide feedback on how well the course content and instruction addressed the child welfare competencies now that they had experience in the field. They were also asked to provide information about other factors that may affect their jobs, such as caseload size, job stress, supervision, and agency

experiences. The July 2023 semi-annual evaluation report looked at surveys from 482 respondents who completed training with an overall response rate of 30%, which was a slight increase from the July 2022 response rate of 28%. Some of the low response rate may be due to individuals who are no longer employed by that agency, although this would not account for the totality of the low response rate. The three-month surveys were not available to be broken down by year at this time, however yearly data will be available moving forward.

In addition to the competencies, respondents were asked to rate five items related to job performance, thirteen items about supervision, and five items about the agency on an agreement scale: *strongly disagree* (1), *disagree* (2), *somewhat disagree* (3), *neither agree nor disagree* (4), *somewhat agree* (5), *agree* (6), and *strongly agree* (7). The tables below include the number of respondents, mean, and standard deviations for each of these sets of items.

Table 37. Job Performance

	Job Performance Items	N	Mean	SD
1	I am effective and confident in doing my job.	417	5.49	1.20
2	I have the skills that I need to do my job effectively.	417	5.54	1.31
3	I have been effective in my work here.	417	5.58	1.16
4	I consistently plan ahead and then carry out my plans.	416	5.65	1.06
5	I usually accomplish whatever I set my mind to.	417	5.79	1.03

Data Source: Semiannual Report Course Evaluation July 2023

This table is sorted by lowest to highest mean score. Lower scores indicated a less positive response to the item statement. In general, respondents rated job performance to be high given that the lowest mean score was 5.49. There were no significant differences in mean scores for the job performance items by functional area, social work degree, or initial caseload size.

5.5 Supervision

Like job performance, items related to supervision were rated positively overall with the lowest mean score at 5.29.

Table 38. Supervision Data

	Supervision Items	N	Mean	SD
1	My supervisor works with me on a personal safety plan.	411	5.29	1.79
2	My supervisor works with me to address the effects of vicarious trauma and burnout.	411	5.64	1.65
3	My supervisor helps me apply clinical knowledge to cases.	411	5.67	1.59
4	My supervisor teaches me new ways of thinking and skills.	410	5.76	1.55
5	My supervisor helps me create a strong plan of action.	411	5.85	1.48
6	My supervisor sets aside protected, uninterrupted time for individual supervision with me.	411	5.87	1.45
7	Meetings with my supervisor are purposeful and structured.	411	5.89	1.44
8	My supervisor teaches me new skills.	411	5.90	1.46
9	My supervisor asks good questions to elicit relevant case information from me.	411	5.91	1.39
10	My supervisor facilitates a strong, mutual assessment of the case.	411	5.93	1.36
11	My supervisor values my opinions in difficult case situations.	411	5.94	1.39
12	My supervisor supports me in difficult case situations.	411	6.00	1.43
13	My supervisor genuinely cares about me.	412	6.01	1.41

Data Source: Semiannual Report Course Evaluation July 2023

Differences by Functional Area and Initial Caseload Size

There were significant differences in supervision item ratings by functional area and initial caseload size. Permanency planning workers had a significantly lower rating on average in that their supervisor asks good questions to elicit relevant case information than the other functional areas, particularly, CPS Assessments workers. Those in CPS Assessments ranked these questions with 6.12, CPS In-Home was 5.89, and Permanency Planning was at 5.65. This suggests that more work needs to be done with supervisors of Permanency Planning and CPS In-Home.

Lastly, the 3-month follow-up evaluations looked at differences between initial caseload size with staff who had caseloads that were less than average, about average, or more than average, and cross-referenced with questions about supervision.

Table 39. Training Evaluation Feedback

Initial Caseload Size			
	Less than average	About average	More than average
Competency	Mean	Mean	Mean
My supervisor genuinely cares about me.	6.19	6.01	5.26
My supervisor supports me in difficult case situations.	6.12	6.03	5.26
My supervisor teaches me new skills.	6.05	5.99	4.89
My supervisor values my opinions in difficult case situations.	6.06	6.04	5.00
My supervisor works with me to address the effects of vicarious trauma and burnout.	5.84	5.70	4.60
My supervisor works with me on a personal safety plan.	5.28	5.47	4.34
Meetings with my supervisor are purposeful and structured.	6.03	5.92	5.13
My supervisor helps me apply clinical knowledge to cases.	5.74	5.92	4.49
My supervisor teaches me new ways of thinking and skills.	5.88	5.90	4.87
My supervisor asks good questions to elicit relevant case information from me.	5.99	6.01	5.23
My supervisor facilitates a strong, mutual assessment of the case.	6.05	6.04	5.30
My supervisor helps me create a strong plan of action.	5.94	5.99	5.17

Data Source: Semiannual Report Course Evaluation July 2023

There were significant differences between initial caseload size groups for 12 of the 13 supervision items, which is similar to the 2022 findings. Specifically, the *less than average* and *about average* initial caseload size group tended to rate supervision items more positively as compared to the *more than average* initial caseload size group.

These results show that the higher the caseload at 3 months, the less satisfied staff are with their supervisors, further highlighting that supervisors need support to support their workers. Also, the Workload Study will help with establishing appropriate workload targets for staff.

Provide Necessary Skills and Knowledge

Focus Groups, Surveys, and Interviews were conducted with community stakeholders to elicit feedback about the pre-service and initial job-specific training. This feedback is consistent with prior feedback received in surveys and focus groups conducted in 2022 and provided further confirmation that NC DSS' redesign of the Pre-Service Training is an essential component to improving the readiness of child welfare workers initially entering the field.

Focus Groups

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

Caseworkers:

- Training should provide more specific information about expected job roles like CPS Assessments or in-home tasks.
- Doing actual cases during preservice is crucial to remember information and apply it later.
- Managers and supervisors are handling cases because of a lack of staff and increased reports.
- Training is criticized for being too general, especially for those without a social work or mental health background.
- Many workers want consistent training across counties and believe internships and case shadowing are effective ways to prepare.

Supervisors/Managers:

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

Directors:

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

Legal:

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

Youth:

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

Parents:

- Preparedness was inconsistent.

Foster, Adoptive, & Kinship Caregivers:

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

Surveys

Stakeholder surveys were completed in November 2023.

To what extent are new county department of social services staff prepared to deliver services after completing initial training requirements prior to direct client contact?

Table 40. Stakeholder Responses

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

Data Source: Statewide Assessment Survey Results, November 2023

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

Strengths: NC DSS identifies the following strengths for Item 26:

- NCSWLearn is NC DSS's online learning management system that provides registration, tracking, and access to online courses for all child welfare staff.
- NCSWLearn provides critical training system data.
- North Carolina's Staff Development Trainers are highly skilled in training facilitation, are child welfare subject matter experts, and know the North Carolina Practice Model. Trainers consistently receive positive evaluations from county and state staff.
- North Carolina piloted Pre-Service Training redesign and is in the process of statewide implementation.
- Since 2020, NC established pre-service training evaluations to analyze Pre-Service Training data.

- The Workforce Development Design Team is used as a feedback mechanism to evaluate and give recommendations on training needs.
- NC DSS recognizes the need to revise pre-and post-test evaluation questions to mirror those utilized in the redesigned Pre-Service Training and is in the process of revising.

Opportunities for Improvement: NC DSS identifies the following opportunities for improvement for Item 26:

- Loose connection between hiring of new employees and completion of training
- No accountability for incomplete courses
- No process in place to alert supervisors that their staff have not completed the training
- NC DSS Staff Development Team is overwhelmed with training needs and struggles to keep up with training demands from the counties.

Promising Practices: The 2020-2024 CFSP includes a goal to develop and support a stable, competent, and professional workforce in child welfare. Objective 3 is to implement a new approach to Pre-Service Training for the child welfare workforce. NC has redesigned the Pre-Service Training curriculum for new child welfare staff. The new training includes an alignment of Practice Standards and Safety Organized Practice throughout the curriculum. E-learning courses on the Practice Standards for Leaders, Supervisors, and Workers were developed and deployed to staff and are a part of the pre-work required for Pre-Service Training. The new training includes increased opportunity for experiential learning through skills-based learning labs, offering opportunities to practice and receive feedback on new knowledge and skills.

As stated earlier, NC law requires 72 hours of Pre-Service Training for all new child welfare workers prior to direct client contact. The redesigned course exceeds that requirement as staff will complete 108 hours of Pre-Service Core Training in a 6-week period, and those without social work degrees will complete an additional 24 hours of training before starting Core. The course is offered in person and can be offered virtually, if necessary, in extreme situations (weather, public health, etc.).

The redesigned NC Pre-Service provides new workers opportunities to practice knowledge, skills, abilities, and behaviors grounded in realistic on-the-job experiences and includes two new curricula.

Foundations Training (24 hours in length, four-days, in-person, instructor-led training for child welfare new hires that do not have a social work or child welfare-related degree). Staff with a background, degree, or experience in child welfare or a social work-related

field can be exempt from Foundation Training. This course does not count towards the 72-hour legislative requirement for training prior to direct client contact.

Core Training (108 hours in length; 18 days of instructor-led, in-person, classroom-based training, completed over six consecutive weeks and is required for all new child welfare staff, regardless of degree or experience). This course provides an overview of the roles and responsibilities of a child welfare worker in North Carolina working with families throughout the duration of their involvement with the child welfare system. The course provides opportunities for skills-based learning labs.

The new curriculum, Pre-Service: Child Welfare in North Carolina, was developed in 2022 and implemented in the Innovation Zone of Region 6 from February-November 2023. NC DSS will be in a period of transition in 2024, as the new Pre-Service is implemented statewide while delivering the current Pre-Service simultaneously. The current one will be phased out in the summer/fall of 2024. Statewide implementation of the redesigned Pre-Service is underway and will be rolled out regionally, in the following order:

- Region 6, February 2023
- Regions 5 and 7, February 2024
- Regions 3 and 4, April 2024
- Regions 1 and 2- May 2024

Each phase of the statewide rollout begins with state and county trainers preparing for and completing the Train-the-Trainer course.

Evaluation of the Redesigned Pre-Service Training

In partnership with the North Carolina Department of Health and Human Services, Public Knowledge® conducted a comprehensive evaluation of the Redesigned Pre-Service Training as implemented in an Innovation Zone in Region 6. The evaluation highlights the fidelity of implementation, demonstrates participant knowledge gain, describes the strengths of the content, and considers perspectives from social workers and their supervisors. Specifically, the strategies that were used to evaluate and measure the objectives of the Pre-Service Redesign evaluation are as follows:

- Fidelity was measured through observation of two separate weeks of the Core Training, survey responses, and focus group interviews with social workers, supervisors, and trainers.
- Knowledge gain was measured through pre- and post-testing of social worker participants in training, including a comprehensive pre-test and topic-specific post-tests following each week of training.

- Social worker perception of competency and confidence was measured using participant satisfaction surveys following completion of Foundation Training and Core Training. Future measurement of perception of competency and confidence will be measured with a 6-month follow-up survey to social worker participants.
- Social worker and supervisor satisfaction with training were measured using satisfaction surveys following completion of Foundation Training and Core Training and through focus group interviews with social workers and supervisors.
- Use of tools developed to support training and onboarding of new staff were measured via supervisor survey and through focus group interviews.
- Efficacy of cohort model of training was measured through caseworker satisfaction surveys following completion of week six of Core Training, including validated scales of career-commitment, job-fit, and general support.

The evaluation of the Redesigned Pre-Service Training in the Innovation Zone identified the following key themes and results described below.

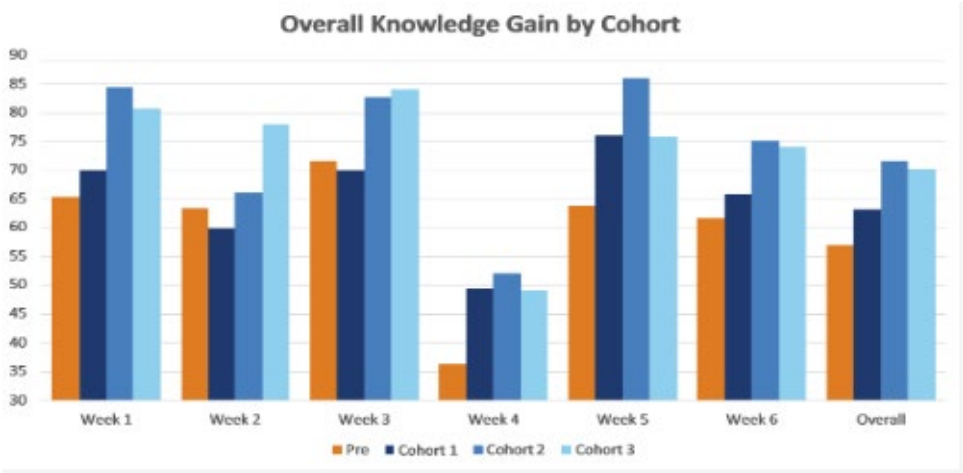
- Fidelity
- Knowledge Gain
- Social Worker Perspectives
- Supervisor Perspectives
- Transfer of Learning

Fidelity

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

Knowledge Gain

Figure 15. Overall Knowledge Gain by Cohort



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

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

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

Figure 16. Week-by-Week Knowledge Gain by Cohort

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

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

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

Documented Knowledge Gain

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

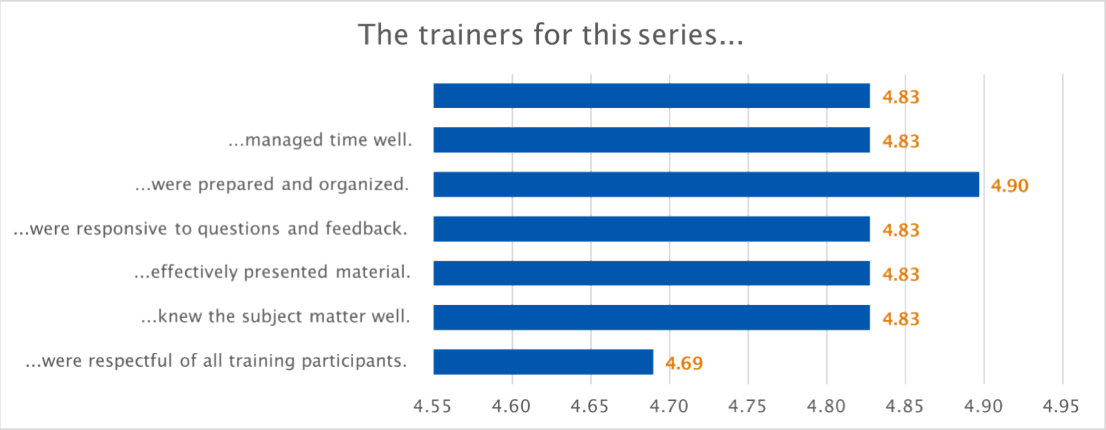
- Child Welfare Overview, Roles, and Responsibilities
- Interviewing and Assessing Skills
- Diversity, Equity, Inclusion and Belonging (DEIB)
- Indian Child Welfare Act (ICWA)
- Engaging Families Through Family-Centered Practice
- Quality Contacts
- Intake and CPS Assessments
- In-Home Services
- Permanency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

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

Social Worker Perspectives

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

Figure 17. Average Trainer Satisfaction Scores



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

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

Figure 18. Average Content Satisfaction Scores



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

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

In particular, survey and focus group results suggest that social workers appreciated:

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

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

Supervisor Perspectives

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

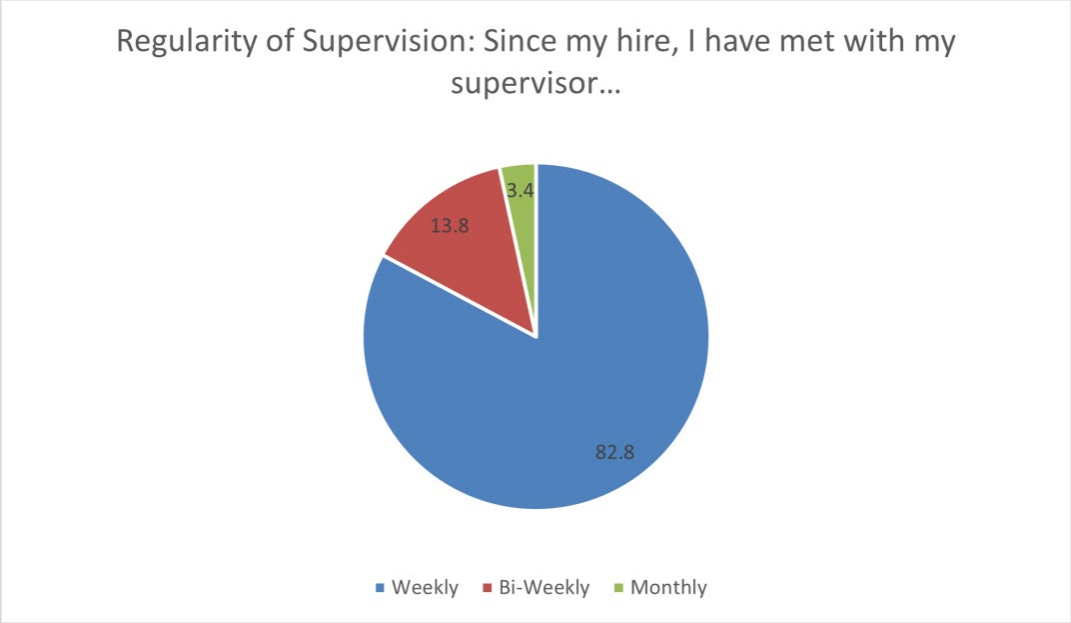
- Supervisors appreciated that the Redesigned Pre-Service Training gave their social workers a baseline of best practice standards for work in child welfare.
- Supervisors appreciated having their social workers at the agency two days each week of training to engage in field training opportunities and targeted supervision.
- Supervisors appreciated the opportunities for skill practice and transfer of learning support from the Community of Practice.
- Supervisors enjoyed hearing from other supervisors outside of their county for different perspectives about how to support new social workers.
- Supervisors also mentioned time, travel, and scheduling logistics as challenges.

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

Transfer of Learning

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

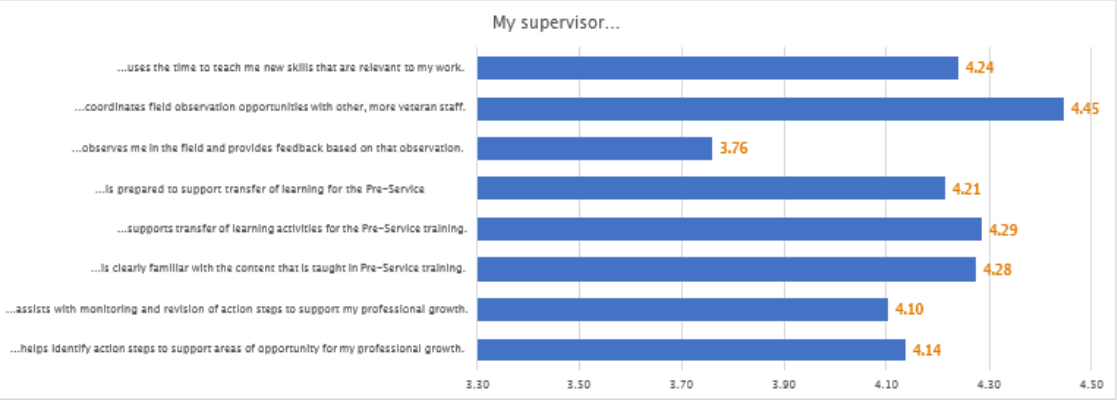
Figure 19. Regularity of Supervision



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

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

Figure 20. Transfer of Learning

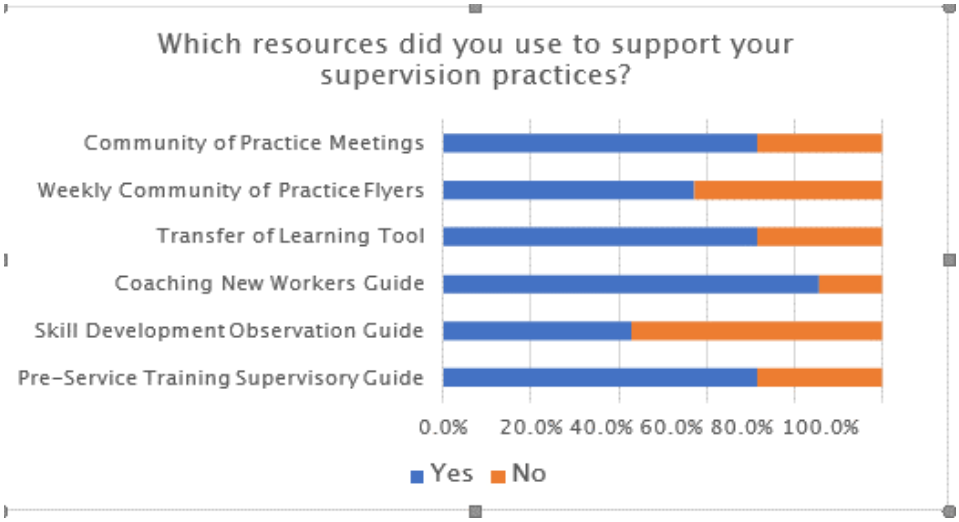


Data Source: Redesigned Pre-Service Evaluation Report, November 2023

In addition, social workers answered eight questions about the ways that their supervisor utilizes their supervision time. On a scale from 1 to 5 (1=never, 2=rarely, 3=sometimes, 4=often, 5=extremely often), social workers indicate that their supervisors generally engaged in transfer of learning activities with an average rating of 4.18 across all eight

statements. Social workers more specifically identify that their supervisors consistently coordinate field observation opportunities for them (4.45 average), but that supervisors observe them in the field less often (3.76 average).

Figure 21. Supervisor Resources



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

The Redesigned Pre-Service Training includes various tools to support these transfer of learning activities, all of which were made available to supervisors before their social worker began training and throughout the training period during Supervisor Community of Practice sessions. While only 7 supervisors who participated responded to the survey request, they indicated that they used most of the tools provided to support their supervision practices. The table above outlines which tools were used with the most used supervisor resource reflected as being the Coaching New Workers Guide (85.7%), while the least used resource is the Skill Development Observation Guide (42.9%). This largely matches how the social workers described their interactions with their supervisors.

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

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

Partnership with County DSS Agencies

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

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

Creating training partnerships with counties benefits NC DSS in that:

- County staff become champions of the new Pre-Service, increasing the likelihood of buy-in from other counties. The new Pre-Service is a significant change for county staff, especially due to the increased length of the course from three weeks to six or seven weeks. County buy-in is critical.
- The capacity of the state training team is extended when county trainers co-deliver the new course with state trainers. With increased capacity, Pre-Service will be sufficiently available to all seven regions.

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

In 2023-2024, NC DSS redesigned the current Job-Specific Trainings into Track Trainings, as follow up courses to Core Training. The purpose is to streamline many standalone training courses into one track per discipline so that after Pre-Service, staff can attend one training course that will have all the information needed to be successful in their designated roles. These Track Trainings are Intake, CPS Assessments, In Home, Permanency, and Foster Home Licensing. The specific curricula for each Track Training are currently in development with a projected completion of this project by the fall of 2024 with statewide implementation of all Track Trainings to occur by the end of 2024/beginning of 2025. The Track Training courses will be required within six months of Pre-Service Training completion.

Conclusion

The North Carolina initial training system has many strengths, including an established and functional online learning management system that provides for training registration, tracking, and online course access for all child welfare staff. The system allows North Carolina to collect critical training system data. The Staff Development Team trainers are highly skilled in training facilitation, are child welfare subject matter experts, and have a

foundation in the North Carolina Practice Model. The trainers consistently receive positive evaluations.

With the workforce crisis, NC prioritized the delivery of Pre-Service Training to ensure that a new cohort was available almost every week out of the year to meet the demand from counties and ensure that counties were able to bring on new staff to assist with addressing turnover.

At the same time more of the current Pre-Service was being offered, NC also piloted a redesigned, seven-week Pre-Service Training.

Since 2020, NC DSS has collected pre- and post- test evaluations of the current Pre-Service Training. While the information learned from these evaluations was helpful, a much deeper dive was needed with evaluations, in comparison to the comprehensive evaluations that were done with the redesigned Pre-Service. The move from competency-based evaluations to evaluations that assess knowledge, skills, and behaviors is a positive one for North Carolina and will give us a better assessment of what is learned in Pre-Service Training. NC DSS is already in the process of revising all evaluations for all courses to mirror the one completed with the redesigned Pre-Service Training.

The evaluations for the new Pre-Service were overwhelmingly positive and showed great gains in knowledge for staff in the four cohorts offered in 2023.

Along with evaluations, for the last year, NC DSS has been intentional in seeking feedback about initial training from field staff, supervisors, and administrators, and from our community stakeholders. The Workforce Design Team and the Safety Design Teams are also utilized in feedback loops to improve training.

With CFSP Goal 3, Objective 3, North Carolina aspired to redesign Pre-Service Training for the purpose of developing a stable, competent, and professional workforce and that goal has been achieved. NC DSS has invested in collecting feedback from stakeholders and learned what was working and not working with Pre-Service Training and initial job-specific training. Focus groups and surveys conducted in 2022 and 2023 confirmed that Pre-Service Training was not preparing the workforce for direct contact with families and that it needed more skills-based training, more information about diversity, equity and inclusion, more detailed information about trauma, etc. NC DSS took that feedback and heavily invested funds and staff time to redesign the training.

Considering the vast improvements made in the initial training system with the 2020-2024 CFSP, the functionality and accessibility of an established learning management system, the skill of state trainers, the successful 2023 rollout of the redesigned Pre-Service in Region 6 and subsequent positive evaluations from staff and supervisors, the efforts of

partnership and buy-in with County DSS to deliver the new Pre-Service, and the 2024 statewide rollout, NC DSS currently assesses performance on this item to be a strength.

5.5.1 Item 27: Ongoing Staff Training

North Carolina rates this item as a Strength. Providing child welfare services in any capacity requires certain knowledge, skills, personal qualities, and respect for the values of others. To be recognized as competent, agency administrators, supervisors and social workers must demonstrate professional behaviors that achieve the overall purposes of child welfare. Specific competencies are sets of knowledge and behaviors required of child welfare professionals that enable staff to perform effectively the tasks associated with each stage of the child welfare casework process. Developing competence in child welfare is an ongoing process. To assist in achieving this competence, supervisors and social workers are expected to meet all training requirements specified in law. Training requirements are currently in place for all child welfare workers, supervisors, and foster parents.

Requirements for Ongoing Training

Child welfare services staff and supervisors are required to complete 24 hours of continuing education every year after the first year of employment. In completing this requirement, this includes mandatory completion of the annual Child Welfare Policy and Practice Update course from the previous and current year.

Ongoing Training for Supervisors

NC DSS offers the following ongoing trainings for supervisors to complete their 24 hours of continuing education:

- Critical Thinking: A Course for Supervisors (online)
- Improving Practice and Performance: CQI in Child Welfare (online)
- Managing Change in Child Welfare: A Course for Agency Leaders (online)
- Preventing Premature Case Closure in CPS In-Home Services: A Course for Supervisors (online)
- Secondary Trauma: A Course for Supervisors & Managers (online)
- Staying Power! A Supervisor's Guide to Developing and Retaining Child Welfare Staff (online)
- Supporting Effective Documentation: A Course for Supervisors (online)
- Welcome to Supervision (online)

Ongoing Training Offered by NC DSS

NC DSS offers the following ongoing trainings to staff:

- Human Trafficking: How to Identify and Serve Victims
- Substance Use Disorder/Misuse and Child Welfare
- Advocating for Child and Adolescent Mental Health Services: The Basics of Behavioral Health Managed Care
- Navigating Child and Family Teams: The Role of the Facilitator
- Medical Aspects of Child Abuse and Neglect for Non-Medical Professionals
- Connecting with Families: Family Support in Practice
- Foster Care 18-to-21: Extended Foster Care as a Safety Net for Young Adults
- Domestic Violence Policy and Best Practices in Child Welfare

Cross-Program CQI Training

Following the development of the cross-program CQI cycle by the cross-program CQI governance team, leaders across the four programs (child welfare, child support, adult and aging services, and economic and family services) identified a need to have a level setting on CQI in general, while also introducing the cycle for staff in the state and county regions to implement. A CQI foundations training was developed in partnership with Public Knowledge, which covered CQI core components, the difference between QA and CQI, an introduction to the cycle, what activities may be involved in each step of the cycle, facilitation and communication, and giving and receiving feedback with counties. A total of 5 sessions were held between January and June 2023 around the state with a total of 100 state and regional staff registered: 43 from child welfare, 21 from adult and aging services, 19 from economic and family services and 17 from child support. Training evaluation data showed the information was well received, with the following statements receiving an 'absolutely or mostly' from the 39 respondents:

- 100% – I had the opportunity to meet CQI peers in other program areas.
- 94.9% – I can describe the four steps of the NC DSS/DAAS cross-program CQI cycle.
- 86.9% – I know my roles and responsibilities in CQI for my job.
- 100% – I can explain how facilitation techniques will enhance my CQI work.
- 94.9% – I can describe communication techniques to use when engaging others in CQI work.
- 100% – I am aware of how to give and receive feedback from others.

One of the primary goals with the training and the cross-program CQI initiative underway is to ensure that counties interacting with and being provided technical assistance from the state are experiencing the same approach in understanding the problem, developing a solution, implementing the solution, and monitoring for impact. Due to the training

program being well-received, three eLearning modules were developed based on the content of the foundations learning. A development team with representatives from each program was involved in reviewing, editing, and approving the scripts for the eLearning and approving the final products. The governance team is currently discussing how they plan on disseminating the modules to staff around North Carolina.

Ongoing Training Offered by County DSS

North Carolina has 100 county DSS agencies that often offer their staff ongoing training locally. NCSWLearn offers a feature where staff can enter and receive credit for other training or conferences offered outside of NCSWLearn.org. Training must meet the definition of continuing education and may be applied to the 24 hours of continuing education required annually. Continuing education is defined as training that teaches knowledge and skills that will improve social work practice with children and families and is approved by a supervisor. It is up to each county DSS agency to decide to use this feature, who will enter data, and who is responsible for the validity of information entered. The following information must be entered into NCSWLearn to receive training credit:

- Training date
- Training title
- Instructor name
- Provider
- Location
- Contact hours

NC DSS will continue to explore the functionality of NCSWLearn to aggregate the data of the trainings that are completed outside of NCSWLearn. Below are a few examples of ongoing training and topics offered by four counties to their staff locally.

Table 41. Ongoing Training Offered by County DSS: July 1, 2022 – June 30, 2023

County Name	Training Name/Topic	Modality and Hours
Buncombe	Reflections from Youth on their time in foster care	Instructor Led Training/ 2 hours
Lincoln	Drug Endangered Children Academy	ILT/ 10 hours
Mecklenburg	Inclusive Language as Harm Reduction	ILT/ 2 hours
Wake	Child Welfare Foundations of Quality Contacts	ILT/ 2 hours
Wake	Social Worker- Father Engagement Training	ILLT/ 2 hours

Data Source: Regional Child Welfare Specialist documentation

Ongoing Trainings and Webinars Offered by Statewide Partners

Prevent Child Abuse North Carolina: NC DSS contracts with Prevent Child Abuse North Carolina (PCANC) to provide the following two ongoing, self-guided trainings:

- *Recognizing and Responding (R&R) to Suspicions of Child Maltreatment* is an online, self-guided training providing information on recognizing and reporting child maltreatment, the NC Multiple Response System, the Protective Factors Framework, Safe Surrender, Children's Trust Fund, North Carolina Division of Child Development and Early Education reporting rules, Preventing Sex Trafficking and Strengthening Families Act.
- *What is Prevention* is an online, self-guided training that provides an increased understanding of child maltreatment prevention; how prevention is different from intervention; risk and protective factors; and prevention services.
- In addition to these online trainings, NC DSS partners with PCANC to host a *Learning and Leadership Summit* every other year for approximately 400 participants. In 2023, the theme was "Nurturing Positive Childhoods."

Agencies that participate in these three educational opportunities include: county social service agencies, family resource centers, local health departments, childcare providers, schools, and family support agencies.

Medicaid

During FFY 2022-2023, North Carolina Medicaid Transformation continued. Collaborative efforts between the NC Division of Health Benefits (DHB) and NC DSS included co-development and delivery of training for child welfare workers on November 15 and November 29 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. DHB is unable to provide the number of child welfare workers who attended.

North Carolina Coalition Against Domestic Violence (NCCADV)

In 2023, the partnership with NC DSS and NCCADV was further strengthened when NC DSS invited NCCADV staff to attend the Quarter 2 CQI meetings in all seven regions to discuss CQI in domestic violence cases. Counties were asked to bring their own domestic violence data to the meetings to center the conversation. This collaboration allowed NCCADV staff to offer domestic violence training opportunities with county child welfare staff and as a result, NCCADV hosted a training called, Serving Youth Exposed to Domestic Violence, on September 20-21, 2023, for child welfare staff at New Hanover Department of Social Services. In conjunction with understanding how exposure to domestic violence affects youth, also shared were steps to implement activities highlighted in the Youth Resiliency-

Building Toolkit. This toolkit provides an assortment of activities addressing reactive behaviors displayed by youth exposed to domestic violence. NC DSS will continue to partner with NCCADV and encourage training opportunities to support child welfare staff in growing their understanding of trauma-informed information and resources for the betterment of children and their families affected by domestic violence.

North Carolina State University Center for Family and Community Engagement

NC DSS partners with North Carolina State University's Center for Family and Community Engagement (NC State CFACE) to provide the following online, on-demand trainings to child welfare staff:

- A Resource Parent's Guide to Intellectual and Developmental Disabilities
  - It is estimated that anywhere between 30 and 60 percent of children and youth in foster care have an intellectual or developmental disability (IDD). Unfortunately, most resource parents do not receive training to support the special needs of this population. This training provides basic background information about IDD, the services you may need as a resource parent, and where to find them and best practices for parenting a child or youth with IDD. Whether you are planning on becoming a resource parent and you are not sure if you can meet the needs of a child with IDD, or if you currently are a resource parent caring for a child with IDD, this training will serve as a guide to help you on your way.
  - **Participants**: Resource Parents
  - **Approximate Length**: 1 hour
- Game Building as Engagement
  - This self-paced, on-demand course will introduce learners to games as a mechanism for fostering engagement, reflection, and conversations with clients and children. The course teaches learners to develop basic interactive narratives and use them to help clients and children to explore the consequences of certain courses of action, in scenarios such as dealing with a bully at school or encountering the threat of violence at home. The interactive format encourages self-efficacy, responsibility, and self-reflection. Through this course, professionals and parents can develop prompts and build interactive narratives that will allow exploration of the target area as well as potential context for further conversations about the topic areas. Developed in partnership with the Division of Social Services by the Center for Family and Community Engagement at NC State University.

  - **Participants:** Child welfare workers, fathers, and those employed with agencies that provide services or resources to children and families impacted by domestic violence.
  - **Approximate Length:** 3 hours
- How Loss Impacts Youth in Foster Care: What is Our Role and Responsibility?
  - Oftentimes in foster care, foster youth may encounter unexplained loss of someone or something immeasurably important that forces unwelcome change(s) in their lives, ultimately leaving children/youth in a lifelong state of grieving. In this training, characteristics of this ambiguous loss will be explained with clear examples by showing how this loss can have a deeper impact on foster care transitions and lived experience. In addition, this training will provide you with important and innovative information about the communication skills needed to engage in open, positive communication to ensure your youth feel heard and supported.
  - **Participants**: Resource Parents and Child-and-Family-Serving Workers
  - **Approximate Length:** 1 hour
- Learning to Support Lesbian, Gay, Bisexual, Trans, Questioning, and more Youth in Substitute Care
  - Sexual orientation, gender identity and gender expression are increasingly emerging as issues that hugely impact the lives of youth. Youth in foster care are in especially unique positions and need extra support and affirmation. Learn the basics of these issues as they relate to foster youth in this online training.
  - **Participants:** Foster parents, foster care workers, and community supports
  - **Approximate Length:** 4 hours
- Guidance for Family and Youth Partner Trainers
  - This online resource is designed to support the development of partnership training teams — two or more trainers who work together to create and deliver training materials in support of research, practice, and policy implementation. These teams are comprised of at least one trainer who represents experience within the system being trained and one trainer who has experience as the recipient of the services, policies or research findings being trained. Materials for this training have been developed by the North Carolina Family and Agency Collaborative Training Team (FACTT) and are hosted by the Center for Family and Community Engagement at North Carolina State University. This training is integral to capacity building in the Family Leadership Model. To learn more about the model, check out our Family Leadership Model page.

- **Participants:** Family and youth partners
- **Approximate Length:** 1 hour

Tracking Ongoing Training Requirements

All training offered by NC DSS and training partners is tracked in NCSWLearn. Supervisors are responsible for tracking their employee's training hours to ensure they meet the 24-hour yearly ongoing training requirement via NCSWLearn. Regional Child Welfare Specialists are responsible for monitoring staff training compliance. Program managers, administrators, and/or directors are responsible for tracking training for supervisors.

Regional Child Welfare Specialists (RCWS) have access to county training data within NCSWLearn. Staff training is discussed at each quarterly consultation with counties, and staff training records are reviewed annually to ensure mandated training courses are completed and that the 24-hour training requirement is being met. The Regional Child Welfare Specialists annually collect training for county staff to verify that staff have completed required pre-service and initial job-specific training, and the 24 hours of ongoing training. The county uses this information to plan for needed training for their staff for the coming year.

RCWS develop a spreadsheet in collaboration with the county, and they are given access to the final product as a shared document. Staff training data should be entered in the spreadsheet by county staff and can also be entered by RCWS. If the county does not enter their locally provided trainings in NCSWLearn, they must provide their internal training logs to RCWS. RCWS review the reasons why the county staff did not attend trainings and summarize that data to identify the following reasons:

- No efforts to apply
- Event full/waitlisted/event cancelled
- Currently applied
- Currently enrolled at the time report is pulled and completed,
- Cancelled (by county employee) and
- No show/incomplete

The spreadsheet shows the percentage for staff who have completed their required first year training, job specific training, and the 24-hour requirement.

This report is shared and discussed with county leadership. RCWS assist counties with getting staff into training. As of December 1, 2023, there are eight NC counties that have been issued a Corrective Action Plan (CAP). Counties on a CAP are given priority enrollment in mandated training. The spreadsheet report is stored in the shared drive for counties to

easily access and update data, and the discussion is documented on the consult form for accountability.

Local counties assign Training Managers in NCSWLearn, and they have access to see staff training histories and can aggregate data for their staff. A County Training Manager listserv was created and is maintained by UNC FCRP staff. This listserv is used to announce space availability of upcoming training events sponsored by NC DSS and system upgrades. The listserv was developed in 2021and is updated by UNC FCRP staff when counties add or remove a Training Manager. There is no cap on how many Training Managers a county can have.

Identifying Training Needs

The Workforce Design Team is committed to ensuring that NC has a workforce development program that includes training, coaching, leadership development, and skills assessments, which addresses race equity and inclusion and builds the capabilities of the child welfare workforce at state, regional, and county levels to improve outcomes. As stated in the Initial Training Section, the Workforce Design Team is a network of diverse child welfare professionals with expert knowledge and experience in education/training, developing, and managing child welfare programs. These professionals were actively engaged and provided comprehensive input in the development of curricula.

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

Caseworkers:

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

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

Supervisors/Managers:

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

Directors:

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

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

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

Caseworkers:

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

Supervisors/Managers:

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

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

- NC DSS is partnering with internal trainers at county DSS agencies to co-deliver state training.
- NC DSS has partnered with NC State CFACE to expand opportunities for training on domestic violence for supervisors and workers (see promising practices below).
- NC DSS has partnered with the North Carolina Coalition Against Domestic Violence to create opportunities for domestic violence training on a local level.
- All redesigned courses will only be offered in-person. Virtual Instructor Led Training will be an option in emergency situations only.

- The new evaluations have language that focus more on the impact and content of training,
- The Transfer of Learning tools will be revised to mirror those in the redesigned pre-service.

Table 42. To what extent does the State Division of Social Services provide training on an ongoing basis to County staff that strengthens their ability to serve children and families?

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

Data Source: Statewide Assessment Survey Results, November 2023

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

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

Strengths

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

Opportunities for Improvement

- A statewide automated tracking process is needed regarding completion of annual ongoing training.
- There is a need to streamline ongoing training so staff do not have to attend multiple courses to get the information needed to do their jobs effectively.

Promising practices

In March-April of 2023, all standalone courses were individually reviewed by NC DSS staff to identify training content that needed to:

- Be rolled into track training.
- Be discontinued due to out-of-date content.
- Convert to e-learning.
- Remain a standalone training due to specialized content.

This process resulted in many standalone courses being eliminated and rolled into track training and at least 5 e-learnings will be developed to replace old course content.

NC DSS has partnered with NC State CFACE to conduct research and expand domestic violence training by June 30, 2023. Specifically, research is being conducted on:

Figure 1. The success of the Safe and Together© Model for child welfare cases involving domestic violence, and how the model aligns with Safety Organized Practice nationally and internationally.

Figure 2. The financial cost of North Carolina adopting the Safe and Together© model.

Additionally, NC State CFACE is in the process of:

- Revising the Supervisor Tool for Domestic Violence Cases.
- Developing a two-day supervisor training course that focuses on supervising domestic violence cases.
- Developing two domestic violence webinars.

Conclusion

The North Carolina ongoing training system has many strengths that support its child welfare workforce. As with the initial training system, NCSWLearn provides for ongoing training registration and the collection and tracking of critical training data. Focus group feedback confirmed that NC DSS provides ongoing training opportunities, including 24/7 access to online, on-demand courses that improve the knowledge and skills of all child welfare workers on a variety of training topics.

NC DSS has long-standing, strong training partnerships with the University of North Carolina, Chapel Hill and North Carolina State University that have produced quality training that is well attended by staff. These partners help develop and deliver various child welfare training.

Focus groups expressed the need for specific training on topics such as domestic violence, and NC DSS has already taken steps. NC DSS is investing in the development of training focused on serving families affected by domestic violence, including the explorations of the Safe and Together Model alongside Safety Organized Practice, domestic violence training, support for supervisors, and webinars.

NC DSS has completed extensive evaluation of all standalone courses to ensure that those courses with basic information on how to do the job are rolled into the initial job-specific track training. Also, courses with advanced-level skills will remain standalone courses that staff can take as part of their 24-hour annual training requirement.

NC DSS has been intentional in seeking input and acting on feedback from county staff, supervisors, and stakeholders about ongoing training needs. With this, and the success of the pre-service redesign, North Carolina has a roadmap to successfully redesign job-specific training into Track Training that will also include content from retired curricula.

Considering North Carolina's investment and improvement in the ongoing training system, the functionality and accessibility of the learning management system to provide ongoing training opportunities to staff, the strong and longstanding university partnerships that support development and delivery of ongoing training, the investment to improve domestic violence training and supports for supervisors, the solicitation and use of feedback from stakeholders, and the redesign of the job-specific track trainings, North Carolina assesses this item as a strength.

5.6 Foster and Adoptive Parent Training

5.6.1 Item 28: Foster and Adoptive Parent Training

Item 28 is rated as an Area Needing Improvement, as North Carolina does not have a learning management system to track pre-service and in-service training for foster and adoptive parents.

NC DSS and private agencies provide a minimum of 30 hours of pre-service training to prospective foster and adoptive parents three to four times throughout the year depending on the number of applications received. NC DSS offers the following pre-service training (either through DSS or private providers) options for foster and adoptive parents:

- Trauma Informed Partnering for Safety and Permanence: Model Approach to Partnerships in Parenting (TIPS, MAPP)
- Deciding Together
- Pressley Ridge's Treatment Foster Care Pre-Service Curriculum
- Parent Resource for Information Development, and Education Model of Practice (PRIDE)
- Children and Residential Experiences: Creating Conditions for Change for Foster Carers (CARE)
- Caring For our Own (CFOO, for relatives or fictive kin only)
- Becoming a Therapeutic Foster Parent (therapeutic families only)

At the state level, NC DSS provides train-the-trainer curriculum and training for TIPS/MAPP and Deciding Together to county DSS and private agency staff. Once county DSS staff and private agency staff are certified to deliver TIPS/MAPP and Deciding Together trainings, the trainings are then offered to prospective foster and adoptive parents. The NC DSS provides train-the-trainer curriculum and training for Becoming a Therapeutic Foster Parent to private agencies only. Once private agency trainers are certified to deliver this training, they can offer the training to prospective foster and adoptive parents.

County DSS offices provide TIPS/MAPP, Deciding Together, and CFOO training directly to prospective foster and adoptive parents. Private agencies can provide TIPS/MAPP, Deciding Together, Presley Ridge, PRIDE, CARE, CFOO, and Becoming a Therapeutic Foster Parent.

Each of the approved pre-service training courses are a minimum of 30 hours. All the approved pre-service training includes the following:

- General orientation to foster care adoption process
- Communication skills
- Understanding the dynamics of foster care
- Separation and loss
- Attachment and trust
- Child and adolescent development
- Behavior management
- Working with birth families and maintaining connection
- Life book preparation
- Planned moves and the impact of disruption
- The impact of placement on foster and adoptive families
- Teamwork to achieve permanence

- Cultural sensitivity
- Confidentiality
- Health and safety
- Trauma informed care
- The Reasonable and Prudent Parent Standard

As foster and adoptive parents participate in training, county DSSs and private agencies can assess the knowledge, skills, and abilities of foster and adoptive parents to fulfill their role as caretaker. NC DSS relies on county DSS and private agencies to ensure pre-service training requirements for prospective foster and adoptive parents are met. The state does not require county DSS or private agencies to send reports regarding who has completed the training requirements. NC DSS is looking into a learning management system to track pre-service training completion.

Data

Table 43. Pre-Service Training Offerings for Foster and Adoptive Parents

Name of Training	Frequency of Training Offerings	Modalities
TIPS/MAPP-Trauma Informed Parenting for Safety and Permanence	Offer up to 4 times a year 1 time a week for 10 weeks or 2 times a week for 5 weeks	Instructor led-virtual or in-person
Deciding Together	Offered as needed	Self-paced 6 workbooks Instructor meetings
Pressley Ridge's Treatment Foster Care Pre-Service Curriculum	Offer up to 4 times a year	Instructor led-virtual or in-person
Parent Resource for Information Development, and Education Model of Practice (PRIDE)	Offer up to 4 times a year	Instructor led-virtual or in-person
Children and Residential Experiences: Creating Conditions for Change for Foster Carers (CARE)	Offer up to 4 times a year	Instructor led-virtual or in-person
Caring For our Own (CFOO)	Offer 12 trainings a year (Specifically for kinship families)	Instructor led-virtual
Becoming a Therapeutic Foster Parent	Offer up to 4 times a year	Instructor led-in person

Data Source: Resource Parents Needs Assessment 2023-DSS, Private Agencies

Training Process

Potential foster and adopted families research becoming a foster family online and are directed to the website https://www.ncdhhs.gov. Information is given on this website on the requirements, the Foster Parent Orientation video, and information about county DSS and private foster licensing agencies. Families choose to go with county DSS or a private agency, attend an orientation with the chosen agency, complete the 30 hours of pre-service training, and complete the mutual home assessment for the foster home licensing. Families work with the agency to complete the foster home application. The application is submitted to the NC DSS for review and licensure. Medical information, criminal background checks, home assessment, and fire inspection are included in this information.

TIPS/MAPP Training Content

TIPS/MAPP is a 30-hour, instructor led in-person or online, pre-service training offered to prospective foster and adoptive families. The training is offered up to four times a year by county DSS and private agencies to meet the need of prospective foster and adoptive families. TIPS/MAPP is broken down into 10 meetings, each meeting being three hours. The topics covered in TIPS/MAPP include the Group Preparation Selection process, A Foster Care and Adoption Experience, Loses and Gains: The Need to be a Loss Expert, Helping Children with Attachments, Helping Children Learn Healthy Behaviors, Helping Children with Birth Family Connections, Gains and Losses: Helping Children Leave Foster Care, Understanding the Impact of Fostering or Adoption, Perspectives in Adoptive Parenting and Foster Parenting, and Teamwork and Partnership.

Deciding Together

Deciding Together is a pre-service 30-hour training offered to allow families flexibility when they are not able to go to the traditional scheduled training courses. Families meet weekly one on one with the instructors for one hour a week for seven weeks. During the weeks, they are working through a set of six workbooks at their own pace for 23 hours, and meeting one hour once a week for seven weeks totaling 30 hours. During this, families are gaining knowledge on foster care and adoption, understanding separation and loss, helping children express and meet their needs, helping children maintain connections, understanding the impact of fostering and adopting on families, and building a support network.

CARE Training

CARE is a 35-hour, instructor led in-person or online, pre-service training offered to prospective foster and adoptive families. The training is offered over a 10-week course. The training is offered up to 4 times a year by private agencies to meet the need for prospective foster and adoptive families. The topics covered in CARE are building a foundation for children, the importance of caring for children, responding to trauma, self-understanding and emotional competence, creating conditions for change, helping children

manage behaviors, striving for normalcy in foster homes, being trauma informed home, building a community, and best interest for the child.

Presley Ridge Training

Presley Ridge training is a 30-hour, instructor led in-person or online, pre-service training offered to prospective foster and adoptive families. The training is offered up to 4 times a year by private agencies to meet the need for prospective foster and adoptive families. Presley Ridge is broken down into 10 meetings, each meeting being 3 hours. The topics covered are treatment foster care, professional parenting, trauma and child development, understanding childhood mental health diagnoses, developing healthy relationships, therapeutic communication, understanding and changing behaviors, skills teaching, conflict resolution, and understanding and managing conflict resolution.

PRIDE (Parent Resources for Information, Development and Education) Training

PRIDE is a 36-hour pre-service training, instructor led in-person or online, offered to prospective foster and adoptive families. The training is offered over 9 weeks, 4 hours per meeting. The training is offered up to 4 times a year by private agencies to meet the need for prospective foster and adoptive families. The topics covered are learning the Pride model of practice, teamwork toward permanence, meeting developmental needs of attachment, loss, discipline, and loss, strengthening family relationships and connections, planning for change, and making an informed decision on becoming a foster and adoptive family.

Caring for Our Own Training

Caring for Our Own (CFOO) is a 30-hour, instructor led in-person or online, pre-service training offered to prospective kinship only foster and adoptive families. The training is offered up to 12 times a year by a private agency, Children's Home Society, to meet the need for kinship families to become a licensed foster family. CFOO is tailored to have an added support for kinship families. CFOO is broken down to 10 virtual meetings that are instructor led. The topics covered in CFOO are Introduction to Caring for Our Own, assessing the impact of children living in-home, looking at the role of achieving permanency, assessing the strengths and needs of children, building on the strengths and needs of children, preparing children and youth for the future, understanding issues of birth parents, working with birth parents to achieve permanency, networking, and ending and beginnings.

Becoming a Therapeutic Foster Parent

Becoming a Therapeutic Foster Parent pre-service training is an additional 10 hours of instructor led in-person or virtual course for foster and adoptive families who choose to become a therapeutic foster family for children with a higher level of behaviors. The

training is once a week for five weeks, with 2 hours training each meeting. This training is offered by private agencies after a foster adoptive family has completed the initial 30 hours of pre-service. The training topics covered in Becoming a Therapeutic Foster parent are: Identifying the role of a therapeutic foster parent, safety planning, and use of effective parenting tools to in managing behaviors. There are no additional requirements or experience required to become a therapeutic foster parent.

All pre-service trainings are listed in Appendix F for more information about the content of each training.

Licensed Kinship Training Requirements

Kinship caregivers are offered the 30 hours of pre-service training to become a licensed foster parent. Currently, kinship families who pursue licensure are required to attend the 30-hour pre-service training to become a licensed foster parent and meet the same licensing standards as foster/adoptive families. Kinship families can attend any of the approved pre-service training courses as referenced above. Pre-service training that is specifically for kinship families is Caring for Our Own. It provides support groups specifically for kinship caregivers to assist with working in partnership with the helping network, the children, and the children's birth parents. 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.

Training Requirements for Licensure

All potential foster and adoptive parents must complete a minimum of 30 hours of pre-service training as reference in approved trainings before they can be licensed.[3] Potential foster and adoptive parents choose to either be licensed by county DSS or a private agency. The training is offered by the county DSS or private agency. All foster and adoptive parents must complete certification in first-aid, cardiopulmonary resuscitation (CPR) and universal precautions provided by either the American Heart Association, the American Red Cross, or equivalent organizations before a foster child is placed with the foster family. Successful completion means demonstrating competency, as evaluated by the instructor who has been approved by the American Heart Association, the American Red Cross, or other organizations approved by NC DSS to provide first-aid, CPR, and universal precautions training. Documentation of completion is maintained by the supervising county DSS or private agency. The prospective therapeutic foster parent must complete an additional 10 hours of training before they can be licensed. All private therapeutic foster care agencies use a course called “Becoming a Therapeutic Foster Parent.”

[3] NC 10A NCAC 70E. 1117

Training Completions

Training attendance from the past three years is outlined below:

Table 44. NC DSS- Train the Trainer Completions for County DSS Staff: TIPS-MAPP

Category	2021	2022	2023
Total # Completions	40	118	To be determined
# of Completions for County DSS staff	21	70	To be determined
#Completions for Private agency staff	19	48	To be determined

Data Source: NCSWLearn

Table 45. NC DSS- Train the Trainer Completions for County DSS and Private Agency Staff: TIPS-DECIDING TOGETHER

Category	2021	2022	2023
Total # Completions	15	47	To be determined
# of Completions for County DSS staff	9	27	To be determined
#Completions for Private agency staff	6	25	To be determined

Source: NCSWLearn

In 2021, NC DSS had limited capacity to offer TIPS-MAPP and TIPS-Deciding Together to child welfare staff. With the onboarding of more certified TIPS trainers in 2021, more events were offered in 2022 resulting in 34% more completions for TIPS-MAPP and a 32% increase in completions for TIPS-Deciding Together.

By having more trainers for pre-service training, there will be more opportunities for families to get licensed and become licensed.

Ongoing (In-Service) Training for Foster and Adoptive Parents

NC calls ongoing training for foster and adoptive parents "in-service" training. Prior to licensure renewal every two years, each foster parent shall complete 20 hours of in-service training (in the two-year period). [4] This training may be child-specific or may concern issues relevant to the general population of children in foster care. Each supervising county DSS or private agency is required to provide 10 hours of in-service training for foster parents each year. The training shall include subjects that would enhance the skills of

[4] NC 10A NCAC 70E. 1117

foster parents and promote stability for children. Foster parents may complete training provided by a community college, a licensed supervising agency, or other departments of state or county governments as long as approved by the supervising county DSS or private agency. The supervising county DSS or private agency documents in the foster parent record the type of training the foster parent has completed.

Supervising agencies maintain the log of records of foster and adoptive parents attending trainings.[5] Once foster and adoptive parents complete in-service training, the training certificate or log is kept in the file of the supervising county DSS or private agency.

NC DSS does not currently utilize an electronic system to track the number of foster parents, adoptive parents, or staff of state-licensed or approved facilities who completed initial training or in-service training. DSS and private agencies track families who are due for ongoing training and re-licensure. DSS and private agencies report to the state that the families have completed the initial training and the completed number of hours for in-service training hours. DSS and private agencies do not report the specific training completed by the family.

In-Service Trainings Offered

Foster and adoptive parents can access in-service training through fosteringNC.org and NCSWLearn. NC DSS contracts with UNC to develop and maintain the website, including in-service courses that foster and adoptive parents can take to complete their in-service training requirements.

Since 2019, fosteringNC.org has 113,238 trainings completed. However, training completed is not broken down by year. Below is a list of examples of training offered and the number of training courses completed on fosteringNC.org. Some of the trainings were developed in 2023.

- Child Development and the Effect of Trauma Series – 1,823
- Identifying and Managing Implicit Biases – 378
- Promoting Normalcy – 2,781
- Supporting the Transition into Adulthood – 1,785
- Critical partners Permanency – 2,863
- Guardianship Pathway to Permanence – 2,687
- Supporting Kinship Caregivers – 354
- Visitation Matters – 3,230

[5] Administrative Code 10A NCAC 70A .0102 and NCAC 701 .0401

Private and county DSS agencies offer in-service training tailored to the needs of foster and adoptive families. County DSS and private agencies meet with families quarterly to identify strengths and needs of the families. Annually, county DSS and private agencies complete a mutual home assessment with the families to identify strengths and needs of the families.

County DSS and private agencies keep a log on the foster parent file of training completed. At re-licensure, the county DSS and private agencies document on the Foster Care Facility Action Request form (DSS-5015) that the 20 hours of in-service training has been completed each year. North Carolina does not have data on families that completed 20 hours of in-service training. A family cannot be relicensed if the county DSS or private agency has not documented that the family has completed the 20 hours of in-service training.

County DSS and private agencies can approve and offer training throughout the year for foster and adoptive families. County DSS and private agencies approve what in-service training that foster and adoptive families can attend. NC DSS contracts with UNC and NC State to develop approved courses for foster and adoptive parents.

Functioning of Initial and Ongoing Training for Foster and Adoptive Parents

Table 46. Caretaker Perspectives on Training

Question	Always	Frequently	Sometimes	Never	Don't Know
To what extent does the State Division of Social Services provide training on an ongoing basis to staff?	11 5%	27 13%	31 15%	11 5%	127 61%
To what extent does the County Department of Social Services provide initial and ongoing training in order for you to carry out your duties with regard to foster and adopted children?	23 11%	57 28%	62 30%	34 16%	31 15%

Data Source: North Carolina Resource Parents Needs Assessment 2023

Strengths

Private and county DSS agencies request the train-the-trainer for TIPS/MAPP and Deciding Together through NCSWLearn. A North Carolina Resource Parents Needs Assessment showed over 75% of families completed TIPS/MAPP and Deciding Together. Private agencies request the train-the-trainer for Becoming a Therapeutic Foster Family through

NCSWLearn. North Carolina private agencies offer an additional 10 hours of pre-service training for therapeutic foster families. Private and county DSS agencies offer in-service training several times a year, providing foster and adoptive families the opportunity to attend training in-person or virtually. Private agency files are monitored by private agency consultants to ensure that they are following NC licensing training rules. County DSS and private agencies submit to NC DSS that 30 hours of pre-service training has been completed, and at re-licensure, the on-going training has been completed. North Carolina has a long-time partnership with Children's Alliance of Kansas (Alliance), the owners of TIPS/MAPP, Deciding Together, and CFOO. During the COVID pandemic, the Alliance created and dispersed TIPS/MAPP, Deciding Together, and CFOO virtually. North Carolina offers CFOO specifically for kinship and fictive kin to ensure kinship families are getting training tailored toward their needs. NC DSS is partnering with Foster Family Alliance and working on offering a statewide training in 2024 for foster/adoptive families. Private agencies are monitored by NC DSS agency consultants to ensure pre-service training and on-going training for foster/adoptive parents are being completed. County DSS and private agencies report on the Foster Home License Application (DSS-5016) that the pre-service has been completed, and on the Foster Care Facility Action Request form (DSS-5015) that in-service training has been completed for re-licensure. NC offers in-service training online through NC State and UNC via fosteringNC.org.

Opportunities for Improvement for Foster and Adoptive Parent Pre-Service and In-Service Trainings

- North Carolina currently offers 6 different pre-service training courses for foster/adoptive families that private agencies are utilizing. NC DSS is assessing the pre-service training courses to determine if 1-2 identified pre-service courses would meet the needs of families instead of 6 different courses. Having 1-2 identified courses would ensure that all families are receiving the same information. Count DSS training logs are not audited. All pre-service and in-service training is logged and maintained in the county DSS and private agency files. There is not a tracking system.
- Currently, kinship families are required to have the same number of pre-service and in-service training hours as foster families. NC DSS is considering a kinship navigator track to determine if kinship families should be required to have the same number of pre-service hours. Allowing kinship families to have fewer pre-service training hours would assist them to get licensed sooner and receive needed support.
- North Carolina does not have a process in place to track the number of prospective foster or adoptive parents trained by county DSS and private agencies.

Promising Practices for Training Foster and Adoptive Parents

- North Carolina is considering one system for serving as the learning management system for registration and tracking training completions for all pre-service, ongoing, and in-service training requirements for foster and adoptive parents.
- North Carolina is considering a different licensing track for kinship families, not requiring as many pre-service and in-service training hours.
- North Carolina is considering only approving pre-service training by Alliance with Kansas TIPS/MAPP, Deciding Together, and CFOO.
- North Carolina is working toward county DSS agencies' foster and adoptive licensing files to be audited annually.
- North Carolina is working with Foster Family Alliance to offer a statewide face-to-face in-service training in 2024.

Initial Training for Staff of Licensed Facilities

The staff of licensed facilities are required to have first aid, CPR, and universal precautions provided by either American Heart Association, the American Red Cross, or equivalent organizations approved by NC DSS. Staff of licensed facilities are required to provide 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

A licensed facility is approved by NC DSS to use physical restraint. Staff must complete 16 hours of training in behavior management, including techniques for de-escalating problem behavior, 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 does have data regarding staff that have completed the 16 hours of training.

Ongoing Training for Staff of Licensed Facilities

Staff of licensed facilities must receive 24 hours of ongoing training on an annual basis. Staff trained to utilize physical restraint holds must complete at least 8 hours of behavior management training including techniques for de-escalating problem behavior. NC DSS does have data on staff that complete 24 hours of training.

Strengths for Initial and Ongoing Trainings for Staff of Licensed Facilities

NC DSS has several opportunities offered by county DSS and private agencies to complete pre-service training throughout the year. In-service training can be completed through fosteringNC.org offering participants opportunities to complete training virtually and on their time frame.

Opportunities for Improvement for Initial and Ongoing Trainings for Staff of Licensed Facilities

Although county DSS and private agencies offer pre-service training and in-service training, 30% of the families answered that "sometimes" the initial and in-service training provided helped in carrying out their duties about foster and adopted children.

Table 47. Caretakers Perspective on Training

Question	Always	Frequently	Sometimes	Never	Don't Know
To what extent does the County Department of Social Services provide initial and ongoing training in order for you to carry out your duties with regard to foster and adopted children?	23 11%	57 28%	62 30%	34 16%	31 15%

Data Source: North Carolina Resource Parents Needs Assessment 2023

Conclusion

NC DSS provides a menu of pre-service training to public and private agencies. Pre-service training is provided by county DSS and private agencies across the state. Pre-service is offered several times a year by county DSS and private agencies, giving participants several opportunities to complete pre-service training. Pre-service training is required for foster and adoptive parents to become licensed. County DSS and private agencies provide in-service training as evident by the number of completed in-service training through fosteringNC.org.

NC DSS partners with NC State and UNC to deliver training. NC DSS is partnering with Foster Family Alliance (FFA) to offer ongoing statewide in-service training. FFA also provides feedback on content of state foster parent training. NC DSS is partnering with UNC (fosteringNC.org) to update and offer more in-service training.

NC DSS does not have a tracking system to collect information about all training completions. NC DSS will establish a learning management system to be able to register and track pre-service training and in-service training or include this capacity in the CWIS.

5.6.2 Item 29: Service Array

Item 29 continues to be rated as an Area Needing Improvement to meet the goal of access to quality services within all jurisdictions within the state. Actions underway to improve performance on this measure include implementing services included in North Carolina's Title IV-E Prevention Plan; aligning the services funded by 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 the regional child welfare prevention specialists (RCWS) hired within the last year. NCDSS hopes that prioritizing service array implementation along with the increased coordination with system partners who also fund services will result in improved performance on Item 29.

NC DSS understands the importance of a statewide service array that is accessible and provides effective, individualized services to promote positive outcomes for children, youth and families served by the child welfare system. To assess the current service array, NC DSS utilized data from the 2023 Stakeholder Survey, feedback from focus groups conducted in the fall of 2023, feedback from focus groups at the Joint Planning meeting in March 2023, youth listening sessions and design teams, and data analysis from RCWS. NC DSS found that there continues to be gaps in the service array, particularly for services addressing complex behavioral health needs of children, and challenges with ensuring the availability of services in all areas of the state. Strategies to address the identified gaps and challenges are outlined with information about specific service areas below.

In SFY 2023-2024, the University of North Carolina's Family Support Network (UNC-FSN) will collect demographic information for families and children served to include the special needs and developmental needs of children and how the needs are addressed and report this information in their quarterly reports to NC DSS. The collection of this data will aid in identifying the specific populations and needs of the children and families addressed by the services provided by UNC-FSN.

NC DSS assessed North Carolina's performance on the systemic factors and determined that North Carolina exhibits both strengths and areas needing improvement on Item 29.

Based on information from the 2023 Stakeholder Survey, feedback from focus groups conducted in the fall of 2023, round 3 of the CFSR, the 2023 APSR report, recent case reviews, and current data analyses, there are a variety of services that are afforded to families involved in North Carolina's child welfare system. The list of services include:

- Child welfare case management
- Childcare
- Dental services
- Domestic Violence Services for Adults
- Educational support and services
- Family Counseling
- Financial assistance such as TANF
- Food and nutritional services and supplemental support such as W.I.C.
- Housing assistance
- Individual Counseling for Adults
- Individual Counseling for Children/Youth
- Inpatient Substance Abuse Treatment for Adults
- Inpatient Substance Abuse Treatment for Children/Youth
- Job placement and vocational training
- Medicaid care coordination
- Medical and health care
- Medication management
- Mentoring and peer support
- Outpatient Substance Abuse Treatment for Adults
- Outpatient Substance Abuse Treatment for Children/Youth
- Parenting education and support
- Post-adoption services
- Psychiatric services
- Psychological services
- Specialized services for children, e.g., for those with intellectual and/or developmental disabilities (IDD), and/or complex needs
- Transportation
- Transition Age Services for Youth (e.g., Link services, Chafee, Independent Living, NC Reach, 18-21 Programs)
- Wraparound services for the family

These services are continually utilized by county-administered child welfare agencies and provider organizations across North Carolina to engage birth, kin and adoptive parents and their children, and prevent or minimize out-of-home placements, per *APSR Cross Stakeholder Survey Responses For: North Carolina DHHS*, dated March 22, 2023. Services are offered as needed and tailored towards assessing and addressing the basic and unique needs of children in and out of home care.

However, feedback obtained in 2023 suggests that assessments and the delivery of desired services to address child and family needs do not all function equally across jurisdictions or program areas, e.g., from county to county, or across in-home, foster, and adoption programs. For instance, the *APSR Cross Stakeholder Survey Responses For: North Carolina DHHS,* dated March 22, 2023, completed as part of NCDSSS' 2023 Joint Planning Meeting, revealed that a significant percentage of county DSS, birth parents, and/or resource parents believe these services to be non-existent in some counties. The survey identified a need for more inpatient substance use treatment resources for children, youth, and birth parents, additional therapeutic crises services, and peer support for youth and their foster caregivers. In addition, the perception or recognition that such services exist varied widely between county DSS staff and parents.

Table 48. Services for Children/Youth Do Not Exist

	DSS Program Manager/ Supervisor	DSS Case Manager	Birth Parent	Foster Parent
Inpatient Sub Abuse Treatment for Children	77%	50%	25%	25%

Data Source: APSR Cross Stakeholder Survey Responses For: North Carolina DHHS, dated March 22, 2023

Table 49. Services for Birth Parents Do Not Exist

	DSS Program Manager/ Supervisor	DSS Case Manager	Birth Parent	Foster Parent
Inpatient Sub Abuse Treatment for Adults	50%	36%	25%	0%
Mentoring Services/Supports	37%	32%	25%	13%

Data Source: APSR Cross Stakeholder Survey Responses For: North Carolina DHHS, dated March 22, 2023

Table 50. Services for Foster Parents Do Not Exist

	DSS Program Manager/ Supervisor	DSS Case Manager	Foster Parent
Wrap Around Services	32%	39%	13%
Mentoring Services/Supports	37%	33%	13%
Peer Groups/Support	33%	28%	13%

Data Source: APSR Cross Stakeholder Survey Responses For: North Carolina DHHS, dated March 22, 2023

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

NCDSS is continuing to improve on its ability to provide services that assess the strengths and needs of children and families. In November 2023, caretakers, families, county DSS staff, birth parents, agency partners, and youth were surveyed to assess whether they were aware of specific services that exist in their community. They reported that the following services exist:

- Individual Counseling for Children/Youth
- Family Counseling
- Outpatient Substance Abuse Treatment for Children/Youth
- Inpatient Substance Abuse Treatment for Children/Youth
- Wrap Around Services
- Educational Services
- Mentoring Services/Supports
- Independent Living Services
- Day Treatment Services
- Child and Family Team Meetings (CFT's)
- Individual Counseling for Adults

Most agency partners surveyed in Survey Appendix Table 8 reported that DSS was 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.

The caretaker survey in Survey Appendix Table 19 showed that 77% know services exist for individual counseling services for children and youth, 82% know services exist for Child and Family Team Meetings (CFTs), and 62% know services exist for Educational Services. Of the youth surveyed, Survey Appendix Table 27, 75% know services exist for Individual Counseling Services, and 67% know services exist for Family Counseling, Educational

Services, Mentoring Support, and Independent Living Services. The youth and caregiver perspective differed largely in Substance Use Treatment Services, with almost double the percentage of youth indicating that they know services exist for Inpatient (50%) and Outpatient (42%) Substance Use Treatment Services.

In addition to survey data, focus groups were held in November 2023 to help understand all stakeholder experiences with the availability and accessibility of services. Youth reported they had adequate access to social workers who can connect them to education, mental health resources, tutoring, and responsiveness to their medical needs. Youth reported some challenges with the availability and timeliness of responses from their social workers and noted some inconsistencies pertaining to the quality of services offered.

A focus group held in December 2023 with birth parents revealed opportunities for improvement in the areas of communication and engagement. Parents did not know how the process of investigations should flow, what the timelines or expectations of case worker contact should be, or who to contact when they had a question or concern. They were often only successful in achieving satisfactory responses when their question or concern was escalated up to director-level leadership. They reported an interest in having a concrete understanding of what their role and responsibility should be compared to their caseworker in securing prevention services for themselves or their child.

Structured Case Planning and Assessments

Child welfare workers in North Carolina are trained to conduct assessments that determine risk levels to children and identify strengths and needs of each family using Structured Decision-Making (SDM) Tools including:

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

Completed assessments support the case planning for children and families and help to determine other service needs. In addition to case planning and casework assessments, workers identify interventions, refer to supportive services, and monitor progress towards reducing risk so children and youth can remain with their families when possible. When children and youth are not able to remain in their homes, child welfare workers provide case management services that support children and youth to achieve permanency. The service system that child welfare workers refer to must be responsive, accessible, and provide high-quality, evidence-based interventions. Services should be readily available to support all families. Caseworkers are responsible to help families identify their strengths, help them to create and maintain a safe home environment, and position themselves to address residual trauma.

Implementation of NC's Practice Model Framework

Through the implementation of practice standards, the workforce is becoming better equipped to create tailored case plans that align with the root causes for system involvement. Workers are provided concrete strategies that embody the essential functions of practice standards, the foundation of the practice model. In FFY 2024, NC DSS will continue to build upon the practice model framework through the roll out of Safety Organized Practice (SOP), with the goal of infusing its practices into each SDM tool used by the state.

Respite and Intensive Family Preservation

Quantitative data collected from the Protective Factor Survey (PFS-2) completed by service providers in SFY 2023 showed the effectiveness of services as evidenced by improved family functioning (83%) and protective factors (93%) domains including parental resilience, social connections, knowledge of parenting and child development, concrete supports in time of need, and children's social and emotional development.

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

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

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

NC DSS is continuing to improve its ability to provide services that enable children to remain safely with their parents when reasonable.

In Survey Appendix Table 28, most caseworkers report prevention services such as Child and Family Team Meetings (94%) and Individual Counseling (94%) are available that enable children to remain safely at home, for both children and adults in their community. Further, 80% or more of caseworkers report prevention services exist for Parenting Support/Education, Childcare, Educational Services, and Transportation Services. Prevention Services for Inpatient Substance Use Treatment for Children/Youth that allow them to remain safely at home were generally split among caseworkers, with 38% reporting that services do exist, 35% reporting they don't exist, and 27% reporting that they don't know.

Evidence-Based Services

NC DSS funds the following services that enable children to remain safely with their parents when reasonable: Sobriety Treatment and Recovery Teams (START), Intensive Family Preservation Services (IFPS) using HOMEBUILDERS®, Family Support Network (FSN) services, family support evidence-based programs including: 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. NC DSS continues to work on increasing the availability of services statewide.

Evaluation Tools, Methods, and Results for Primary and Secondary Family Support Services

NC DSS has required each funded family support program to administer assessments and participate in an evaluation. These tools are administered to caregivers as a pre-post measure or retroactively to program delivery. NC DSS, along with other statewide partners, has developed shared outcomes for each parenting program. The evaluation tools including the North Carolina Family Support Outcome Scale (NCFSOS), the Retrospective Protective Factors Survey, 2nd Edition (PFS-2) and the Strengths Based Practices Inventory (SBPI) measure the effectiveness of the programs in supporting the whole family. Feedback from program participants demonstrate a high level of client satisfaction with family support programs.

Family Support and Respite Programs

The Community Based Child Abuse Prevention (CBCAP) American Rescue Plan Act (ARPA) funds have allowed family support and respite contractors to address families individual concrete needs, which have helped to keep children safely in their own homes. SFY23 was the first year that agencies provided funding for family's concrete needs. NC DSS worked with vendors to increase access for underserved populations across the state. As a result, 2,950 children in 1,615 families received CBCAP ARPA funds to help meet their immediate needs. Seventy-four (74) of the total number of families were considered homeless. A total amount of $325,533 CBCAP ARPA funds were spent in SFY23.

The table below lists the types of assistance that families requested and received during SFY23. It depicts the percentage of ARPA fund expenditures for concrete supports, per category in SFY23. This information shows how North Carolina's family support and respite programs were creative in providing concrete support for families during times of need.

Table 51. ARPA Funds Expenditures for SFY23

Baby/Child: 19%	Housing: 15%	Transportation: 11%	Utilities: 27%	Other: 28%
Diapers	Deposit	Bus Pass	Phone	Groceries
Childcare	Rent	Gas Card	Internet	Education
Strollers	Minor Repairs	Car repairs	Electric	Home Health Supplies
Food/Formula	Temporary Shelter	Car Insurance	Water	Furniture
Highchairs	Mortgage	Car Payments	Heating	Medication
Baby Monitors				Home Cleaning
Car seats/Booster				Paper Products
School Supplies				Other Miscellaneous Supplies
Uniforms				
Pack-n-Play				

Data Sources: SFY 2023 American Rescue Plan Act (ARPA) Monthly Expenses Report, SFY 2023 NCDSS Performance Monitoring Quarterly Report

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

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

Post Placement Services

Individualized and/or unique services to address cultural, geographical and/or familial norms, are necessary to yield sustainable, well-being outcomes, such as providing literacy support for individuals with language barriers and behavioral health needs, validating the needs of vulnerable populations, e.g., minoritized communities, impoverished and/or rural areas, and/or groups with unique needs, such as youth in foster care with LGBTQ needs. For this, NCDSS consults with young people with lived experience to examine the relevancy of post-placement services being offered across the state, and work with adoptive families to support family stability and permanency.

Economic Supports

County DSS agencies continue to identify services from other publicly funded programs to prevent entry into foster care and support permanency. Economic support services are available through county DSS statewide. Examples include food and nutrition benefits, Temporary Assistance for Needy Families (TANF) program, and childcare subsidies. The full array of services can be found at https://www.ncdhhs.gov/assistance/low-income-services (for additional information, see Systemic Factor Items 31-32, Agency Responsiveness).

Services to Address Physical, Behavioral and Mental Health

Counties can access an array of behavioral health, substance use disorders, developmental disability, and physical health services that help children achieve permanency through NC Division of Health Benefits (DHB)/NC Medicaid, managed care. Medicaid also funds care coordination within the managed care programs, this allows for unmet needs to be identified and supports linkage to necessary services.

Adoption Promotion

Adoption Promotion is a public and private agency collaboration NC DSS uses to enhance and expand adoption programs, to secure permanent homes for children in foster care with special needs who are harder to place, and to encourage partnerships between public and private agencies to achieve permanency for children in a timely manner.

Opportunities

Results from the November 2023 stakeholder survey show a large discrepancy between the caseworker's knowledge of existing services, and parental awareness of these same services. Survey Appendix Table 28 show caseworkers largely report that all prevention services do exist, but in Survey Appendix Table 23, 50% or more of parents and families surveyed did not know if services for their children existed. Birth parents who participated in the December 2023 focus groups noted they are only aware services exist 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.

Respondents who identified as caretakers did report that services exist for themselves, especially in the areas of Foster Parent Training (86%), Child and Family Team Meetings (81%), and Respite Services (79%). Youth knowledge of all existing services for themselves is largely noted as a strength in Survey Appendix Table 27. However, they were divided on whether they knew services exist for Outpatient Substance Abuse Treatment, Wrap Around Services, and Day Treatment Services (50%).

Youth focus groups conducted in November of 2023 indicated challenges around accessibility, including wait times for services, timeliness of responses from county DSS, and dental services. Access to dental services were also noted by foster kinship families as a barrier.

Promising Practices

Closing service gaps is a priority for NC DSS, because they lead to poorer outcomes contributing to higher placement instability, lower utilization of kinship care placements, lower rates of permanency, over-reliance on institutional type settings, over-medication, and inequitable outcomes, particularly among children and families of color.

Collaboration and Coordination on Services

NC DSS recognizes that having a well-functioning array of services and resources that meet an individual's needs requires collaboration and coordination interdepartmentally and with stakeholders representing multiple sectors. A workgroup convened work in 2021, called Child Welfare and Family Well-Being Transformation Team, published a coordinated action plan with recommendations in 2022, (Transforming Child Welfare and Family Well-Being Together) and the workgroup concluded in 2023.

Concurrent to the work of the Child Welfare and Family Well-Being Transformation Team, NC DSS collaborated in interdivisional work led by NC Medicaid/Division of Health Benefits. The goal of this work was to create a vision of a robust behavioral health system for children and youth that addressed gaps in capacity, increase coverage areas, support transitions between care, improve quality, and offer choice. Recommendations from the internal and external workgroups were included in the March 2023 release of the North Carolina Governor's report: "Investing in Behavioral Health and Resilience: A comprehensive plan to strengthen North Carolina's mental health and substance use disorder treatment system." Recommendations in this plan, when funded, will increase access to community-based behavioral health services and support for children, youth, and adults. This plan has been funded by the budget approved in October 2023 by the state legislature.

To address the variances in identifying and providing services to families across the state, NC DHHS has committed to working with state legislators, other state agencies, and local county partners to develop service resources. NC DHHS collaborates by:

- Enhancing statewide case management policies and programs using evidenced-based initiatives that promote improved child welfare practices as it pertains to child and family assessments.
- Developing and/or augmenting statewide child welfare assessment tools.
- Expanding Medicaid reimbursable services that 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.
- Analyzing qualitative and quantitative data to drive progress across North Carolina.

Medicaid Expansion

NC DHHS continues to support Medicaid expansion. It will lead to increased access to health and behavioral health care across North Carolina. Research conducted on Medicaid expansion's impact on child welfare indicates positive correlations in the reductions in child neglect and fewer foster care entries due to neglect. NC DSS expects that once Medicaid expansion is fully implemented along with child welfare transformation and child

well-being initiatives outlined above, families will have increased access to services leading to improved child welfare outcomes.

The Medicaid expansion funded the Child and Family Specialty Plan, which provides comprehensive physical and mental health services for children as a care management package. An approved single statewide plan to improve the provision of these services will be rolled out in 2024.

NC DHHS Budget Initiatives

NC DHHS received a significant investment in behavioral healthcare services in the 2023-2025 approved budget. The funds were made available in October 2023 and the appropriation represents the single largest investment in behavioral health by the state legislature. 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 in North Carolina. This transformative change is the first increase in the state's minimum reimbursement rate for behavioral health services in more than a decade. Raising these rates, in addition to expanding Medicaid to cover an additional 600,000 residents statewide as COVID flexibilities sunset, will hopefully strengthen the behavioral and healthcare workforces which provide these services and increase access to care for children, youth, and families.

Safe Babies Court Team

North Carolina's Administrative Office of the Courts (AOC) and its Court Improvement Program (CIP) are working to build a Safe Babies Court Team (SBCT) model program in multiple sites across the state. The SBCT model, if implemented as designed, will promote permanency and reduced time in foster care for children under five years of age. The SBCT project is a joint project between North Carolina's CIP and NC DHHS, NC DSS. Once funding and program supports are secured, the SBCT model is slated for initial implementation in two pilot sites in early 2024.

Conclusions and Key Findings

Item 29 continues to be an area needing improvement for NC DSS because systemic improvements are needed to improve access to quality services and promotion of existing services within all jurisdictions across the state. NC DSS expects to see improvements in this item by expanding existing programming and the implementation of the new initiatives outlined above that will increase access to services.

5.6.3 Item 30: Individualized Services

Item 30 continues to be rated as an Area Needing Improvement for NC. Systemic improvements are needed to improve access to services within all jurisdictions within the state. Data collected and reported in last year's APSR (from county department of social services' focus groups, community child protection reports, SFY2022-2023 data from the interdepartmental Rapid Response Team, and stakeholders' input on the fall of 2023 Survey and fall of 2023 Focus Groups) inform the state on the functioning of the system. Data continues to show gaps in the continuum of services, with more significant gaps in individualized services for children and youth with complex behavioral health needs. Closing services gaps is a priority for NC DSS. They lead to poorer outcomes because of higher placement instability, lower utilization of kinship care placements, lower rates of permanency, over-reliance on institutional type settings, over-medication, and inequitable outcomes, particularly among children and families of color.

NC DSS recognizes that having a well-functioning array of services and resources that meet an individual's needs requires collaboration and coordination interdepartmentally and with stakeholders representing multiple sectors. This work convened in 2021. A coordinated action plan with recommendations was published in 2022 and the workgroup concluded in 2023.

Concurrent to the work of the Child Welfare and Family Well-Being Transformation Team, NC DSS collaborated in interdivisional work led by NC Medicaid/Division of Health Benefits. The goal of this work was to create a vision of a robust behavioral health system for children and youth that addressed gaps in capacity, increase coverage areas, support transitions between care, improve quality, and offer choice. Recommendations from the internal and external workgroups were included in the March 2023 release of the North Carolina Governor's report: "Investing in Behavioral Health and Resilience: A comprehensive plan to strengthen North Carolina's mental health and substance use disorder treatment system." Recommendations in this plan, when funded, will increase access to community based behavioral health services and support for children, youth, and adults. NC DHHS continues to support Medicaid expansion. When implemented, it will lead to increased access to health and behavioral health care across North Carolina. Research conducted on Medicaid Expansion's impact on child welfare indicates positive correlations in the reductions in child neglect and fewer foster care entries due to neglect. NC DSS expects that once Medicaid expansion is implemented along with child welfare transformation and child well-being initiatives outlined above, families will have increased access to services leading to improved child welfare outcomes.

Analysis

Focus groups with case workers were held in November 2023. Challenges noted were access and availability of mental health services. Caseworkers reported that the families they worked with often lack transportation options needed to access services outside of their community. In addition, specialized services are often unavailable in smaller communities. Caseworkers described in-home staff as a success to individualized plans promoting permanency.

According to Survey Appendix Table 29 survey results, caseworkers reported a high level of confidence that services exist for children/youth, specifically for Individual Counseling (92%), and Child and Family Team Meetings (94%). Caseworkers were not as confident that services exist for youth for Inpatient Substance Abuse Treatment, with 38% reporting they did exist, 33% reporting they did not exist, and 29% reporting they did not know if that service exist. More than 50% of caseworkers were very confident that all listed services exist for parents and caretakers alike, contained in Survey Appendix Tables 30 and 31.

Strengths

As described in Item 29, NC DSS provides a variety of services that are tailored to individual needs including, child and family assessments for services, primary and secondary family supports, post placement services, adoption services, and physical, behavioral, and mental health services.

For example, there are seven family support contractors who provide Circle of Parents support groups for families who have children with special needs, including those with developmental, behavioral, emotional, and/or special health care needs. Staff from these agencies coordinate with Early Intervention and Exception Children's Programs and serve on Local Interagency Coordinating Councils (LICC) which focus on the birth-5-year-old population with special needs.

And, as mentioned above in Item 29, NC DSS funds a statewide contract with The University of North Carolina at Chapel Hill to provide support, training, and technical assistance to twelve community-based Family Support Network (FSN) affiliates across NC. The Family Support Network™ (FSN)) affiliates provide education, support, resources, and Parent-to Parent matches to families across the state who have children with special needs, including those with physical illnesses, developmental delays, and behavioral, emotional, or sensory impairments. The FSN provides the following specific, individualized services for families who have children with special needs:

- Information & Referral/Intake
- Training Workshops
- Parent – Parent Matches
- Intensive one-to-one Support

- Support Groups
- Community Collaboration Referrals

The FSN is partnered with Language Line Solutions which allows access to on-demand interpretation in 240 languages. In addition, the FSN affiliates seek feedback from parents on service delivery through the Strengths Based Practices Inventory (SBPI). For many years, the comments families have provided about services have been overwhelmingly positive.

All community prevention program contractors are required to submit a quarterly Performance Status Monitoring report. The reports include both quantitative and qualitative data. This report helps to ensure that organizations are self-monitoring and meeting their contracted measurable program outputs and outcomes. In addition, the report provides program consultants with a clear picture of strengths and challenges the agencies are experiencing with their budgets, organization capacity, and programming.

Family support contractors are also required to enter family information into the NC DSS Family Support database monthly. It collects individual caregiver and child sex, age, and race.

Opportunities

Systemic improvements are needed to improve access to individualized services within all jurisdictions within the state.

Promising Practices

The FSN collects demographic data on race, ethnicity, language, disability status, sexual orientation, etc. In addition, NC DSS is working with PCANC to develop an information portal to aggregate statewide data on how many children with special needs are receiving prevention services, what are their ages, what region/county do they reside in, and where are gaps in services. This database is slated to be finished in SFY25.

Conclusions and Key Findings

Item 30 continues to be an area for improvement for NC because systemic improvements are needed to improve access to individualized services statewide. NC DSS hopes that its continued efforts to prioritize improvements to individualized service array, including the promising practices detailed above and within the promising practices sections in Item 29, will support improved performance on Item 30.

5.7 Agency Responsiveness to the Community

5.7.1 Item 31: State Engagement and Consultation with Stakeholders Pursuant to the CFSP and APSR

Agency Responsiveness to the Community

NC DSS asserts that Item 31 is a strength. Since Round 3 of the CFSR, 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, FFPSA plan as well as addressing the current crisis of children boarding in emergency departments and county DSS offices. 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 that there is a wealth of information obtained from and through partnership with people with lived expertise, NC DSS partners with SaySo, and the Child Welfare Family Advisory Council, 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 Unified Leadership Team (ULT) and design teams to share leadership with county child welfare agencies. The 100 county-administered DSS agencies in North Carolina engage with stakeholders in various ways. Many counties are part of MOUs with stakeholders around specific issues. North Carolina counties also use their Community Child Protection/Fatality Teams to engage with stakeholders. Some counties have multi-disciplinary teams that also engage stakeholders.

NC DSS also engages stakeholders through the existing structures of the multidisciplinary CFSP Design Teams, the Administrative Office of the Courts/CIP, grantee meetings for CBCAP funded prevention programs, the Foster Family Association, Prevention Services Workgroup, and via quarterly meetings with the Eastern Band of Cherokee Indians (EBCI) and Qualla Boundary County DSS agencies. The Statewide Assessment of Item 31 will address I). engagement with those with lived expertise, II). engagement with foster families, private agencies, and kinship families, III). engagement with legal stakeholders, iv) engagement with tribes, v). survey and focus group results, vi). analysis of strengths and opportunities.

NC DSS assesses Item 31 to be a strength for the reasons detailed below.

Engagement with those with Lived Expertise

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

Strong Able Youth Speaking Out (SaySo)

Strong Able Youth Speaking Out (SaySo), is a statewide association of youth ages 14 – 24 who are, or have been, in the out-of-home care system in North Carolina, including foster care, group homes, and mental health placements. The organization works on two levels:

- As a platform for youth in foster care to share their experiences with communities, professionals, and policy makers to inform and educate them of the challenges.
- As a support group and educational resource for teens experiencing foster care. Through annual events, conferences, and programs, SaySo helps these young men and women transition out of foster care by informing them of resources available to them and teaching essential life skills.

SaySo youth are members of North Carolina's Permanency, Safety, Work Force Development, Well-being, and Continuous Quality Improvement Design Teams that were developed to ensure child welfare transformation included input from all system stakeholders. Each design team addresses specific initiatives to ensure Child Family Service Plan goals are achieved. SaySo youth have spoken with Guardian Ad-Litems, attended legislative sessions, and acted as government pages. The Page Program gives high school students from all over North Carolina the opportunity to come to Raleigh for a week of hands-on participation in state government.

SaySo includes a Young Adult Leadership Council (YALC) comprised of members with lived experience elected by their peers to represent every region of North Carolina. NC DSS routinely connects with the YALC to hear the priorities of young people and receive assistance with initiatives, planning, and resources for social workers and young people. SaySo supports young people in care by coordinating annual events across the state for young people to attend to learn more about the eight LINKS outcomes and advocacy. They educate the community about how to work with youth and young adults in care, and they advocate for changes on a legislative level. They participate in Page Week annually to educate youth in care on ways to affect legislative change. SaySo also provides the Jim Casey Opportunity Passport, a workshop series focused on financial literacy and life goals, to young people. Listening sessions and YALC meeting efforts address Service Array and Resource Development Item 30.

Child Welfare Family Advisory Council (CWFAC)

North Carolina has long believed that child and family services should involve both parents and youth in service design and delivery. Examples of honoring the family voice include the implementation of the Multiple Response System (MRS), the integration of the "Engaging" Practice Standard into child welfare services, the development of SaySo, and other community-based programming. Even so, NC recognized that the family voice was not interwoven throughout the entire child welfare system.

As a result, the development and implementation of a family leadership model that involved the state and three pilot counties was a part of NC's 2016 Program Improvement Plan (PIP). NC wanted to develop a model that integrated family voice into policy, practice, and programming. One major component of this model involved NC DSS, in partnership with the Center for Family and Community Engagement at NC State University, bringing family and youth perspectives to the table and establishing the NC Child Welfare Family Advisory Council (CWFAC). The CWFAC is a state-level council providing parents and youth opportunities to be full partners in the planning, implementation, and evaluation of child welfare services. It is comprised of young adults with former experience with the child welfare system, birth parents who have received child protection services, foster parents, adoptive parents, and kinship parents.

After a two-year planning process, NC DSS launched the CWFAC in April 2018, to ensure family voice informs state and county practice, policies, programs, documents, forms, and training. Since that time, CWFAC members have met twice a month with state leadership to consult on child welfare priorities and provide input into the development and implementation of state and federal plans. The CWFAC switched to a virtual platform for meetings during the COVID-19 Pandemic and has met continuously via the virtual platform. The CWFAC is comprised of 12 Family Partners who represent diverse experience in child welfare. CWFAC is fundamentally advisory in nature. NC DSS provides Family Partners with ongoing financial stipends, training, and technical assistance to support their participation.

"North Carolina made the best investment by establishing the CWFAC. We are changing the way people perceive Family Partners," CWFAC member Teka Dempson says. "There has been a huge shift over the last couple of years when it comes to family engagement. This statewide council has led to the development of local family engagement committees [in Durham, Forsyth, and Richmond Counties]. These are examples of the state 'walking the talk' and I believe we are a model for other states."

In addition to serving on the CWFAC, Family Partners share their perspectives through participation in numerous state-level workgroups sponsored by NCDSS and other collaborative partners such as the Prevention Planning Workgroup, Transition Age Youth Workgroup, Safe Babies Court Project State Advisory Group, Sobriety Treatment and Recovery Teams (START) Advisory Group, and more. Family Partners have also facilitated

parent cafes, written articles, presented at conferences and webinars, and co-trained resource parents. In the past year, CWFAC Family Partners served on the following committees:

- Child and Family Services Plan Design Teams: Safety, Permanence, Well-Being, Continuous Quality Improvement, and Workforce Development
- NC Comprehensive Prevention Planning Workgroup
- Interdisciplinary Representation Program Advisory Board
- Community Child Protection Team State Advisory Board
- Child Welfare Transformation Workgroups
- FosteringNC.org Oversight Committee
- Fostering Health NC State Advisory Team
- Structured Decision-Making Risk Validation Workgroup

Each year, NC DSS includes Family Partners in Joint Planning with the Children's Bureau. In March 2023, several Family Partners played a significant role in planning the meeting, welcoming participants, presenting data from their respective design teams, and facilitating small group discussions.

In a recent interview for an article included in NC DSS Children's Services Practice Notes, CWFAC Members Teka Dempson and Gina Brown both spoke about the importance of readiness and the support they have received to help prepare them for those various roles. Brown shares: "State leaders have taken the time to get to know us, value our strengths, build trust and it has become a true partnership."

Through their involvement in these groups, CWFAC members have had a significant impact on NC's child welfare system. One change CWFAC member Dempson is particularly proud of involved changing language on forms and documentation and helping develop the language for NC's practice standards. For example, they asked that the term "case number ID" be changed to "family ID" and "visitation" to "family time."

Members of the CWFAC also gave feedback on NC's structured decision-making tools. They have a Family Partner who co-trains resource parents in Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting (TIPS-MAPP). Family Partners have also attended regional Continuous Quality Improvement meetings, which NC DSS convenes each quarter with county child welfare agency staff to review their CFSR data elements, discern trends, discuss challenges, and develop solutions.

Another significant example of Family Partners taking the initiative to improve NC's child welfare system involved the development of a Comprehensive Prevention Framework. NC DSS convened the NC Prevention Services Workgroup in March 2021. This multidisciplinary

group was comprised of representatives from state agencies, county child welfare agencies, community-based agencies, foundations, and people with lived experience. The workgroup identified shared principles based on the Protective Factors and Principles of Family Support and spent the next two years developing goals and strategies under each principle. The Family Partners who served on the workgroup felt that they needed broader perspective or additional Family Partners. So, they worked with NC DSS and NC State University staff to create a parallel process, conducting four focus groups with their peers on the CWFAC to capture their perspectives on the Prevention Framework. The Family Partners took the raw data and converted it into clear recommendations for goals and strategies that related to family engagement and leadership. The Family Partners kept the larger Prevention Workgroup updated during this process and gave a final presentation. The other members of the Prevention Services Workgroup were so very impressed and appreciative of their work that they incorporated most of it into the final Prevention Framework. As a final step in this process, the Family Partners provided a presentation to the CWFAC to let them know how their input was used by NC DSS as part of our commitment to feedback loops.

CWFAC Family Partners, including CWFAC members who are youth with lived expertise, have also contributed feedback on the following child welfare policies and programs:

- Annual Progress and Services Report (APSR)
- Child and Family Services Review (CFSR), Round 4
- Practice Standards
- Revalidated Structured Decision-Making Tools
- Child Welfare Transformation Workgroups
- Permanency Roundtable in Court Improvement Sessions
- Comprehensive Prevention Framework
- Diligent Recruitment and Retention
- Plan of Safe Care Guidance Document
- Youth & Young Adult Programming (LINKS, 18 to 21, Transition Age Youth, and Youth Listening Sessions)
- Safe Sleep Guidance
- Child Abuse and Neglect Prevention Month
- Olmstead Act
- Regional Support Model
- Kinship Navigator Loopback
- Family First Prevention Services Act (FFPSA)
- Permanency Planning Programming

- Medicaid Specialty Plan for Foster/Adoptive Youth

In addition to soliciting and being responsive to feedback, NC DSS has intentionally worked with Family Partners and youth with lived expertise to take advantage of their expertise and co-plan and co-develop presentations, articles, community cafes, focus groups, peer support groups, and other avenues for ongoing consultation to develop NC's Family Leadership Model. Below are some highlights of the past year including participation from Family Partners and youth with lived expertise.

Table 52. Videos

Videos	Links
Shared Parenting Video, 4/11/22	https://go.ncsu.edu/melissa_heather_sharedparenting
FLM Explainer Video, 11/21/22	https://go.ncsu.edu/flm_overview
Caregiver Recruitment Video, 2/22/23	https://go.ncsu.edu/cwfac_recruitment
Young Adult Recruitment Video, 1/26/22	https://go.ncsu.edu/young_adult_recruitment

Data Source: 2023-24 Family Leadership Presentation, Videos, Articles

Table 53. Articles

Family Partner Author	Article	Journal
Gina Brown and Teka Dempson with Ashton Williams	"Family Partners in North Carolina Impact Child Welfare Policy and Practice"	*Children's Services Practice Notes*, December 2023 (Vol. 27, No. 1)
Melissa Russell	"Supporting Children and Youth during the Holiday Season"	*Fostering Perspectives,* November 2023 (Vol. 27, No. 2)
Lanitta Berry (Youth Partner) with Erica Burgess	"Preventing Disruptions from Day One"	*Fostering Perspectives*, May 2023 (Vol.27, No. 1)
Barbara Young	"Maintaining Longevity as a Foster Parent"	*Fostering Perspectives*, May 2023 (Vol.27, No. 1)
Kelly Kirk	"You Can Support Reunification by Supporting Recovery"	*Fostering Perspectives*, November 2022 (Vol. 26, No. 1)

Data Source: 2023-24 Family Leadership Presentation, Videos, Articles

Table 54. State and National Conference Co-Presentations, SFY 2023 – SFY 2024

Date	Conference	Presentation Title
Ongoing	NC Training for Foster Care Parents	*Trauma Informed Partnering for Safety and Permanence: Model Approach to Partnerships in Parenting (TIPS MAPP)*
10/2/2023	Kempe International Conference	*Building a Comprehensive Child Maltreatment Prevention Framework with Family Partner Participation*
10/2/2023	Kempe International Conference	*Growing Durham Family Engagement Committee*
9/22/2023	Child Welfare Virtual Expo	*The Impact of Lived Expertise in Evidence-Based Practice Work*
6/29/2023	US DHHS Home Visiting Roundtable	*Home Visiting and Parent Education System Building in North Carolina*
6/27/2023	NC Foster Care and Reunification Summit	*Opening Remarks by a Birth Parent*
5/4/2023	Women in Recovery Conference	*Giving Voice to Child Welfare Involved Women*
5/4/2023	Community Child Protection Team Family Engagement Office Hours	*Incorporating Family Voice into Community Child Protection Teams*
4/28/2023	Child Welfare League of America Presentation	*North Carolina Family Leadership Model: Building Authentic, Meaningful Collaboration with Families*
3/27/2023	Prevent Child Abuse NC Learning & Leadership Summit	*"Nothing About Us, Without Us" in Action*
3/16/2023	NC Mental Health Town Hall	*Birth Parent and Foster Youth Alumni Perspectives on Child and Youth Mental Health Needs*
3/1/2023	Joint Planning	Design Team Updates; and Small Group Facilitation
2/2023	Community Child Protection Team Office Webinar	*Introductions to Family Engagement for Community Child Protection Teams*
12/2022	Community Child Protection Team Webinar	*Family Partner Involvement in Local Community Child Protection Teams*
10/21/2022	Together for Families Conference	*Bridging The Divide: How Lived Experience Provides the Bridge Between Prevention and Intervention*
10/4/2022	Kempe International Conference	*Evaluating Engagement: Transforming the System Through Data*
9/14/2022	National Governor's Association Conference	*North Carolina Family Leadership Model: A Trauma-Informed Approach to Incorporating Lived Experienced into Child Welfare Transformation*

Data Source: 2023-24 Family Leadership Presentation, Videos, Articles

NC DSS also supports training and technical assistance for county-level family engagement efforts in the following three pilot county child welfare agencies: Durham, Forsyth, and Richmond Counties. CWFAC Family Partners provide peer support and consultation to these counties. “Because NC DSS provided quality training on all aspects of child welfare and topics such as strategic framing on how to share our story and find healing, those of us who have been a part of the CWFAC from the beginning can now help support and coach our newest members,” says CWFAC member Brown. She shared that because they have been prepared for meetings and can fully contribute, their voices have been heard and valued. “We are no longer just a seat at the table, our voice is embedded, and we are expected to be there.”

Members of the CWFAC echo the value of the support, coaching, and technical assistance they have received at their November 2023 council meeting. One Family Partner shared how members of the council have learned about one another’s strengths and lean into one another to speak up on the topics about which they feel most passionate and with which they have lived experience. Another member spoke of her experience of being empowered by council members to provide her input and has been able to navigate spaces she never thought she would be in. Others acknowledged the reality of how overwhelming it can feel at times because there is so much work to be done. One young adult with lived experience shares that there are too many young adults who have not had the opportunity to have their voices heard and that she looks forward to a future where there is more space for more young adults to be involved.

Transition Age Youth Healthcare Workgroup

NC DSS engages those with lived experience in the development of healthcare programming and implementation of North Carolina’s Healthcare Oversight and Coordination Plan. This engagement began under the DSS funded Fostering Health of North Carolina program as the Transition Age Youth Subcommittee. The work continues and has been folded into the Well-Being Design Team as a subcommittee. The goal of this workgroup is to reduce barriers for young people who are at risk of aging out or who have aged out of foster care have a better understanding of services for their overall well-being needs. Since the last CSFP/HOCP this workgroup was instrumental in developing material to educate youth adults about their Medicaid eligibility post foster care, reviewing materials prepared by Medicaid for dissemination, and providing comments and suggestions on the Medicaid Managed Care Children and Family Specialty Plan.

Youth and Young Adults Listening Sessions

From November 2022-July 2023, NC DSS held regional meetings in each of the seven regions of the state for young people who have been in foster care and their adult

supporters, including caregivers and social workers, to provide feedback on system successes, improvements, and expansion of services. The Youth and Young Adults Listening Sessions were facilitated focus groups modeled to learn more about their experiences in the NC child welfare system. Information gathered during these sessions will be utilized to identify areas of strengths and areas that need improvement. The listening sessions have identified trends that those who have been in foster care have experienced concerns over lack of sibling visitation, normalcy, lack of foster parent support for those who identify as LGBTQI+, lack of statewide funding for transportation (purchasing a vehicle), and concerns about group home staff and environment. This information has been shared with the Permanency Design Team.

A total of nine regional meetings were held, including two virtual meetings to ensure transportation was not a barrier to participation.

Ten themes resulted from the Transitional Age Youth Listening Sessions:

- Foster Care 18–21 Program
- Behavioral health
- Sibling contact
- Normalcy
- Supporting LGBTQ
- Lack of affordable housing
- Lack of placements
- Supporting resource parents
- Child welfare staff
- Comments on physical health, added to behavioral health as a priority

The transitional age listening sessions were concluded in July 2023 and the strategic planning sessions with the transitional age youth and stakeholders began in November 2023. The Secretary of the Department of Health and Human Services was briefed on the listening sessions and three (3) priorities were established for the strategic planning. Those priorities are behavioral and physical health, sibling placement, and lack of affordable housing.

1. Sibling Placement – consider an incentivized payment for resource families accepting siblings; this may require a legislative change. Public Knowledge is reviewing all states to learn more about strategies from those successful in this area.
2. Behavioral Health (physical health) – supported by Medicaid Expansion, the benefits of the tailored care management plan and the $80 million resource

available to help close gaps in service provision. This priority is in conjunction with and collaboration with the Division of Child and Family Well Being, DHB and NC DSS among other partners.

3. Housing – NC DSS is working on a Housing Stability Plan for Foster Care and Foster Care Group Homes with the Governor's Office. Also, NC DSS is assisting in the coordination of the Housing Conference led by Ruth White, which is proposed to bring technical assistance to county DSS social workers, juvenile justice staff and other professionals on working with the local housing authority to get housing vouchers and develop more housing strategies.

Fostering Health of North Carolina

In support and advocacy of medical access, NC DSS participated in the Fostering Health North Carolina, Transition Age Youth Subcommittee Workgroup. This workgroup addressed the importance of reducing barriers for young people who are at risk of aging out or who have aged out of foster care along with the goal of helping youth to have a better understanding of services for their overall well-being needs. The subcommittee consisted of the NC DSS LINKS team, Fostering Health North Carolina, NC DHHS Medicaid Team, and two young adults with lived experience in foster care. As a result of the work with the subcommittee, a one-page Medicaid document was developed to help inform those young adults who are at risk of aging out of the medical services and provided it to local counties with the “Five Wishes” booklet. The booklet includes steps to identify a Health Care Power of Attorney that the youth will designate as an individual to speak on their behalf if they become unable to make decisions regarding health care treatment. Five Wishes meets the legal requirements for an advance directives document in the state of North Carolina.

Division’s Response System to Constituent Concerns

The Division of Social Services, Child Welfare County Operations Section has two full-time consultants who are assigned to respond to inquiries from the following: Governor's Office, Lieutenant Governor's Office, NC DHHS Secretary's Office, NC DSS Director’s Office, NC DSS webpage, families, and any other state agency. The purpose is to help bridge timely and transparent information from NC DSS to the community and respond to inquiries with guidance, clarity, policy, or to connect inquiries to the intake staff within a local county child welfare agency. Requests for assistance generally take the form of complaints that a county department of social services did or did not respond to a particular case in the way that the correspondent believes they should have. These consultants evaluate the constituent’s concerns and if necessary, contact the local county child welfare agency and/or the county’s Regional Child Welfare Specialist to gain additional information about the case and the decisions made. With this additional information, the consultants may be able to help the constituent better understand the decisions of the county and the reasons

for certain actions or in-actions. The consultants also provide guidance to county staff regarding these cases if there are legitimate concerns about decisions made or actions taken that do not conform to law, policy, or best practice. NC DSS receives approximately 100 calls from constituents per month.

The Program Manager for Constituent Concerns reached out to several birth parents via email to seek their participation in a survey and/or focus group to share their experience. Fourteen birth parents responded/participated in a survey and two agreed to participate in a focus group or interview. NC DSS is committed to engaging and including lived experience voices in every aspect of the work. To that end, NC DSS has engaged the Capacity Building Center for States for targeted assistance in the engagement and preparation of stakeholders for North Carolina's upcoming CFSR. NC DSS will utilize lessons learned from this additional support to further engagement of lived experience voices, particularly birth parents.

Over the past seven years, NC DSS has actively translated a commitment to authentic, meaningful engagement of families into action as the agency built a sustainable system to incorporate the voice of individuals with lived expertise in all aspects of the work to support child maltreatment prevention efforts and promote the safety, permanency, and well-being of children.

Mental Health Town Hall

In March 2023, a mental health town hall was held in Winston Salem, NC. The Special Programs Manager was in attendance along with a youth with lived experience. Key leadership from NC DHHS was in attendance including Kody Kinsley, Secretary of NC DHHS. Proposed legislation entitled, "Protect our Youth in Foster Care," proposes a standardized trauma assessment for youth in foster care. Work is planned to be underway by SFY 24-25. To strengthen mental and behavioral health services, a Child and Family Specialty Plan has received legislative approval; additionally, Governor Roy Cooper has signed Medicaid Expansion and has designated a percentage of the savings for investment in mental health and substance use services. Medicaid expansion, Session Law 2023-134, was effective December 1, 2023.

Engagement with Foster Families, Private Agencies, and Kinship Families

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

Foster Family Alliance

NC DSS contracts with Foster Family Alliance (FFA), a family-led nonprofit organization supporting children and youth in foster care and the dedicated families and professionals that care for them. The purpose of the contract is to build an organization that recruits,

trains, and sustains resource families who serve children, youth, and their families receiving foster care, adoption, or kinship services.

In February 2023, FFA conducted a virtual event, Teaming with Teens. The event included workshops for child welfare professionals, caregivers, and youth and young adults aged 14-21. There are several speaker sessions for this event. Dr. Jacoba Rock will be sharing her journey as a foster-adoptive parent and best practices. Justin and Alexis Black will be sharing their lived experience and journey to positive mental health. Additionally, the University of North Carolina (UNC) will be providing child welfare professionals with information on self-care and promoting positive mental health.

In May 2023, FFA conducted another virtual Teaming with Teens event. The youth and young adults' session focused on an overview of current substances being misused and preventative measures to support youth and young adults to make healthy choices. The caregivers' session focused on an overview of substance use disorder and supporting families and youth that may have experience with misuse. The child welfare professionals' session focused on the background of substance use and key substances to be aware of, identifying misuse, and treatment options.

NC DSS developed legal training for foster parents to understand the court process and their role throughout the court process. After developing the initial training, NC DSS initiated feedback from the Foster Family Alliance before finalizing the course. The Foster Family Alliance was provided with the course to review prior to NC DSS completing a feedback session. During the feedback session, NC DSS received positive information about the course, negatives, and any information that needed clarification. NC DSS edited the course based on feedback from Foster Family Alliance. After the course went live, NC DSS initiated additional feedback from Foster Family Alliance to determine if any additional changes needed to be made. The feedback NC DSS received included: foster parents felt the training was informative, they had a better understanding of the types of court hearings, and foster parents understood their rights in court better.

In spring 2023, FFA partnered with the UNC Family and Children's Resource Program to conduct a statewide needs assessment for current and former resource parents (foster, adoptive, and/licensed or unlicensed kinship caregivers). The purpose of the needs assessment was to receive feedback regarding their experience as a resource parent. The information received will assist NC DSS in enhancing the goals and strategies outlined in the Diligent Recruitment and Retention Plan. The completion of the needs assessment supports Goal 2, Strategy 2.

NC DSS partnered with FFA to produce North Carolina's Fostering Perspective Newsletter fall 2023 issue. This free newsletter is sponsored by NC DSS in partnership with the UNC Chapel Hill School of Social Work, Family and Children's Resource Program. It is published

twice a year, and the intended audience is foster, adoptive, kinship, and therapeutic families, as well as child welfare professionals in North Carolina. FFA shared feedback regarding communication between child welfare social workers and resource families, case management process, ways to support youth in maintaining positive connections and engaging youth in decision making. The information is linked to increase placement stability through improved foster home recruitment and retention.

NC DSS received information from FFA that foster and adoptive families had expressed needing more trainings on. The two top training needs identified by foster and adoptive parents were surrounding child education (IEP, 504) and LGBTQ+ youth. With this information, NC DSS has partnered with UNC (fosteringNC.org) to develop two trainings, one on child education and one on supporting LGBTQ+ youth.

Benchmarks NC

NC DSS partners with Benchmarks NC, which is composed of private agencies, to share information on the status of child welfare. NC DSS has discussed the importance of the Statewide Assessment and the upcoming CFSR. Several agencies provided feedback by completing surveys and participating in focus groups. In addition, the agencies have provided feedback on the need to improve foster parent pre-service training. As a result, NC DSS is evaluating the approved pre-service training to determine training gaps, effectiveness, and methods to strengthen the foster parent pre-service and ongoing training.

NC DSS received feedback from public and private agencies that a forum was needed to discuss foster home licensing questions. This resulted in the development of North Carolina Learning Collaboration (NCLC). NCLC is composed of public and private agencies who meet with NC DSS, Regulatory and Licensing staff, to ask licensing questions to ensure licensing packets are submitted in a timely and efficient manner. NC DSS received feedback from private agencies requesting ongoing communication regarding changes to policy and practice that would impact on their services. NC DSS implemented the Private Agency Quarterly Calls. The purpose of the calls was to share information and receive information on licensing practices. This assisted NC DSS in improving the licensing process for foster, adoptive and kinship families. NC DSS was informed by FFA and Family Focused Treatment Association (FFTA) that mailing licensing applications to NC DSS was time consuming and delayed the licensing process. To increase family-like settings, NC DSS utilized this information to streamline the licensing process. Beginning in January 2024, public and private agencies will have the option of emailing licensure packets to NC DSS which will reduce the time to process the applications. FFTA reached out to NC DSS regarding information received from public and private agencies that a high number of licensing packets were being returned for corrections. NC DSS reviewed its internal process for

licensing returns. This resulted in defining the reason(s) for returning a licensing packet and consistency. The feedback assisted in reducing the time to process a licensing packet.

Partnership with Prevent Child Abuse NC

NC DSS contracts with Prevent Child Abuse North Carolina (PCANC) to plan and implement public awareness and training activities to promote positive, healthy relationships between children and their parents/caregivers. Supporting parents to create safe, stable, nurturing relationships and environments is critical to preventing child abuse and neglect. As part of these efforts in SFY 2023, NC DSS asked PCANC to develop a statewide NC Family Resource Center (FRC) Network, sponsor Protective Factors train-the-trainer trainings and a Learning Collaborative, develop an Adverse Childhood Experience curriculum, organize Prevent Child Abuse Month activities, and provide training and technical assistance activities to raise awareness of child maltreatment prevention, including hosting the Learning and Leadership Summit that occurs every other year.

In SFY 2023, NC DSS partnered with PCANC to develop a state-wide advisory group of over 20 FRC leaders from all seven social service regions to help determine FRC Network membership criteria and benefits. PCANC also assembled a support committee for the FRC Network development. This committee includes members from various state partners, in addition to funding and policy advocates. These committees worked to align vision, mission, goals, and strategies for network membership. The formal launch of NC's FRC Network happened at the Learning & Leadership Summit in March 2023. To date, thirty (30) agencies have joined the Network as either FRCs or supportive partners. In 2023, PCANC also hosted two, 2-day training courses for the Standards of Quality for Family Strengthening and Support leading to the certification of 28 individuals from across the state. Some agencies that fund FRCs, such as the North Carolina Partnership for Children, plan to require this certification for all their grantees in the future. Since April 2023, PCANC has facilitated NC FRC Network Peer-to-Peer Meetings and NC FRC Network Steering Committees each month to plan NC FRC Network activities and develop workgroups.

PCANC hosts two virtual, on-demand trainings for NC DSS: "Recognizing and Reporting Child Abuse" and "What is Prevention?" In SFY 2023, 33,085 people completed Recognizing and Reporting Child Abuse training – 32,681 in English and 404 in Spanish. Childcare providers are required to take this class on an annual basis. In SFY 2023, 5,356 people completed the "What is Prevention?" training. In addition, PCANC has worked with various faith and community groups to train 74 community members in supporting children and their families through the Connections Matter training.

In SFY2023, PCANC coordinated with the Children's Trust Fund Alliance to host 2, four-day training courses of Bringing Protective Factors to Life in Your Work, training of trainers, for

44 participants. PCANC facilitates learning collaboratives for NC Protective Factor Trainers, including holding monthly office hours and peer support meetings to help trainers plan and execute presentations in their community. These voluntary activities support regional connection and networking, best practice in session planning, tailored resources for specific target audiences (educators, mental health providers, medical staff, etc.), and a state-wide data collection process leading to better documentation of trainers' activities in NC. All trainers have access to materials and log training events on the NC Learning Collaborative website https://sites.google.com/view/pf-trainer-lc/home.

In SFY 2023, 237 community partners participated in Partnership Engagement training, webinars, and technical assistance activities about child maltreatment prevention offered by PCANC. Of these 237 participants:

- 95% reported increased knowledge in training topics.
- 96% rated the quality of all activities as 4.5 out of 5 or higher.
- 95% reported high or very high satisfaction with all activities.

In addition, PCANC hosted the 2023 Learning & Leadership Summit for 326 people. On the 1,215 session evaluations, 84% of attendees agreed or strongly agreed that the session increased their knowledge about the topic area.

In SFY 2023, PCANC updated the literature review to include data relative to the incidence of adverse childhood experiences (ACEs) in NC as well as strategic initiatives seeking to mitigate their impact to finalize the curriculum learning objectives, structure, presentation materials, and workbooks. PCANC solicited feedback on these materials through a series of meetings with local Resilience Communities and integrated it into the training content and workbooks for both faculty and participants. The final ACEs curriculum will be presented to Prevention Action Network members in SFY 2024.

Kinship Listening Sessions

To gather additional feedback and strategize for continued improvement, Kinship Listening Sessions began in December 2023 and are intended to occur throughout SFY 23-24. NC DSS is working in partnership with the University of North Carolina at Chapel Hill, Family Resource Program to implement these listening sessions. Invitations are sent in partnership with county DSS agencies, private agencies, and Foster Family Alliance of NC to kinship caregivers and professionals who engage with kin. NC DSS provides information to participants about the goals of the sessions and connections to North Carolina's CFSP. These sessions support North Carolina's CFSP Goal 2, Objectives 2 and 3. The feedback from these sessions will be used to determine NC's capacity and needs for a Kinship Navigator Program, in addition to continuing to develop a kin-first culture.

Stakeholder Engagement within the Family First Prevention Services Act (FFPSA) Implementation

North Carolina has been engaged in FFPSA planning since 2018 when the legislation passed. Goals and activities related to the implementation were embedded in North Carolina's Child and Family Services Plan (CSFP) 2020-2024 in Strategic Priority One, Safety, Target 3: Create a comprehensive framework to strengthen families and prevent child maltreatment. Subsequent revisions to the CSFP in 2021 document the update to the plan, with FFPSA implementation listed as Goal Two, with the following three objectives: 1). Develop capacity to deliver Evidence Based Practices (EBPs) to children in their homes, 2). Increase the capacity to provide family-based care, and 3). Reduce use of Congregate Care.

To achieve these goals and objectives, North Carolina engaged stakeholders throughout all phases of the planning and implementation process. In the early phases of implementation, NC DSS conducted two town hall meetings to inform the community about FFPSA and to gather information about community concerns and feedback. NC DSS subsequently developed the leadership structure needed to continue implementation, including selecting services, and obtaining feedback on FFPSA planning, this became the work of the Leadership Advisory Team (LAT). The LAT's charge was both integrative and transformative, rather than one of governance. The aim is to ensure a broad array of stakeholders are engaged in developing North Carolina's prevention planning, CSFP implementation, and child welfare reform. During LAT convenings, stakeholders representing family voice, providers, other state agencies, and others engaged with NC DSS leadership, provided input on the development of the North Carolina's plan. Additional engagement from subject matter experts and persons with lived experience supported NC DSS in completing and assessing a statewide scan of services to be considered for inclusion in North Carolina's Title IV-E Prevention Plan.

North Carolina's Title IV-E Prevention Plan was completed in 2022 and approved by the Children's Bureau in August 2022. Since the plan has been approved, NC DSS has continued the engagement of stakeholders who are critical to the success of implementation. This engagement included the work NC DSS did with eight counties in Social Services Region Two, who came together to form an implementation "Innovation Zone". The Innovation Zone worked alongside NC DSS to test and design changes to the materials and training developed to support statewide implementation. The information provided by child welfare staff in the Innovation Zone led to changes in materials being developed and drove future implementation planning by identifying the additional support counties will need to successfully implement FFPSA at the local level.

Foster Parent Recruitment and Retention

NC DSS received feedback from local county DSS agencies on the need for training on the licensure process, recruitment, and retention of foster and adoptive parents. From this information, NC DSS was also able to recognize that training is needed for both county DSS and private agencies around ICPC, regarding licensure of foster and adoptive parents and recruitment and retention of foster and adoptive parents. NC DSS is planning to facilitate 7 regional training courses in 2024.

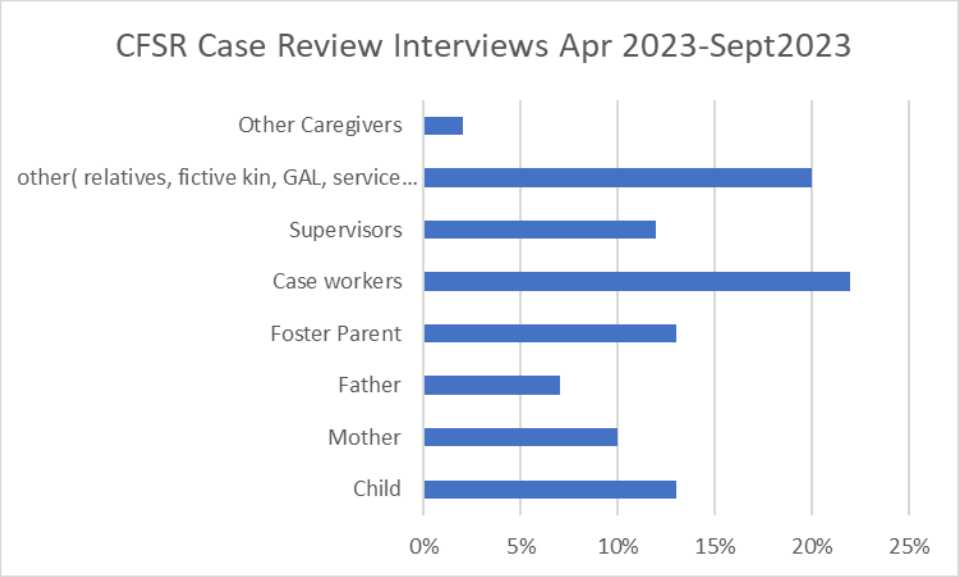
Based on reports (legacy system XPTR reports, FCF100 Licensed Home & FCF104 Agency Homes), NC DSS has seen a decline in the number of licensed foster parents throughout NC. Based on this data as well as receiving feedback from county DSS and private agencies, there is a need across NC for the retention and recruitment of foster and adoptive families. A new Diligent Recruitment and Retention Plan (DRR) was developed to go from an individualized county plan to a 7 regional plan. NC DSS coordinated a statewide social media campaign to assist in the recruitment of foster and adoptive families.

CFSR Case Participant Interviews

Case participant interviews are an integral part of the CFSR process. They serve as an opportunity to determine what has occurred that affected the child and family outcome and obtain input on case participant experiences. In the most recent CFSR Round 4 case review preparation (April–Sept 2023), a total of 78 cases were reviewed. Of those cases, 487 interviews were completed. Although not an exhaustive list, some of the themes identified from interviews include:

- Notices for court
- Lack meaningful engagement with children and parents
- Lack of collaboration with community agencies
- Workforce (multiple caseworkers assigned to work with a family)
- Available services for children and families

Figure 22. CFSR Case Review Interviews



Data Source: Case Review Data April 2023–September 2023

Unified Leadership Team (ULT)

North Carolina continues to build a regional support model in the state with regional state staff providing oversight and support to counties within each of the seven regions. Collaboration occurs between the state and local agencies during joint planning sessions, regularly scheduled monthly meetings, and meetings with directors within regions. NC DSS meets bi-monthly with the Unified Leadership Team (ULT), which is comprised of county directors, to review and obtain feedback on changes to child welfare practice and policy.

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 North Carolina. ULT is one aspect of how NC DSS interacts and partners with the North Carolina Association of County Departments of Social Services (NCACDSS). Another aspect of that partnership is the Children's Services Committee (CSC), which is a subcommittee of NCACDSS. NC DSS is frequently on the agenda for the CSC to inform them of policy that is being developed, new initiatives that are being considered, and opportunities for counties to have input (such as participating on design teams or other shorter-term workgroups). In addition to this interactive engagement with county agencies, there is also regular communication with county staff at all levels through Dear County Director Letters, and the Blueprint, a weekly e-blast that provides an overview of work that is being done, opportunities for training, and important timelines. NC DSS hosts bi-monthly 100 County Director calls, where child welfare topics are included on the agenda

and the information provided is often followed up with additional opportunities for feedback through CSC meetings.

The Social Services Institute (SSI) is an annual event hosted by NCACDSS. It is a 3-day, interactive event with NC DSS engaging in multiple ways with county staff. The SSI event in August of 2023 provided county staff the opportunity to test the new Intake tool in the existing Child Welfare Information System, opportunity for county staff to answer survey questions, and opportunity for dialogue around the current child welfare transformation work reflected in the CFSP goals.

As NC DSS continues to implement the Safety Organized Practice Model, the foundational component of the Practice Standards was supported with "Office Hours," where each of the Practice Standards were reviewed. Child welfare supervisors from across NC were given small group time to discuss agency specific implementation strategies. The feedback and input from these Office Hours will continue to inform implementation of the Practice Model as outlined in the CFSP.

Design Teams

NC DSS has 5 design teams, all of whom are charged with providing guidance, advice, and partnership in developing policy and practice recommendations in their various areas.

Each design team is comprised of the following participants:

- One representative from the Unified Leadership Team
- One county director
- Various levels of NC DSS staff
- Various levels of county staff
- Youth or young adults with lived experience
- Other lived experience partners (this might include foster, adoptive or birth parents as well as kin placement providers)
- Various community stakeholders
- University partners

Design teams are in the following areas:

- Safety
- Permanence
- Well-Being
- CQI
- Workforce Development

The design teams meet monthly and contribute in several ways. Design teams provide input about new or updated policies and forms (the new intake form and policy is an example). They also assist in developing ongoing meetings, such as the quarterly CQI meetings, and assist in developing strategic plans, such as the CFSP and the Statewide CQI Plan. Design team members participated in focus group meetings in April 2023 and provided feedback that will be used to inform the state's Training Design Plan.

Throughout the year CFSP design team members contributed to the development of policy and practice to support the state in making progress towards the goals of the 2020-2024 CFSP. During the year, each design team worked on specific objectives of the CFSP. The specific accomplishment of each design team along with NC DSS progress towards CFSP goals was reported to participants that attended the March 2023 Joint Planning and will again in March 2024.

NC Coalition Against Domestic Violence

During the Quarter 2 Regional CQI meetings, the topic was working with families affected by domestic violence. Community partners were invited and 27 attended across all 7 regions. These partners included local agencies that provide services to both survivors and perpetrators of domestic violence as well as several staff from North Carolina Coalition Against Domestic Violence (NCCADV). The partnership with NCCADV was strengthened during these meetings as NCCADV reports hearing information that will help them to provide technical assistance to local DV programs. Both NC DSS and NCCADV are looking forward to building on this partnership to provide improved services to families and children affected by domestic violence. The CQI meetings also provided an opportunity for county staff and domestic violence agencies to reconnect and renew partnerships. NC DSS will continue to invite appropriate community partners to Regional CQI meetings.

Intra-Agency Engagement Efforts

NC DSS continued to strengthen the partnerships between divisions under NC DHHS whose programs support NC DSS in meeting the objectives of the CSFP. As part of the efforts to enhance intra-agency partnerships, NC DSS has undertaken a cross program CQI model, so that staff in Child Welfare, Adult and Aging, Child Support, and Economic Services are all using the same CQI model and language. Training regarding use of the CQI model was provided for groups with participants from all areas to promote further understanding and partnership. Further training is planned to continue this cross-agency partnership and enhance the use of the CQI model to engage partners. Ongoing engagement occurred during this reporting period with the Administrative Office of the Courts/CIP, the Child Welfare Advisory Council (CWFAC), service and foster care providers, and in quarterly meetings with the Eastern Band of the Cherokee Indians (ECBI) and Qualla Boundary County DSS agencies. Additionally, NC DSS engaged and partnered with stakeholders and

community partners via an annual Joint Planning event held in March 2023, and by participating in EBCI's Joint Planning event in April 2023.

Tailored Care Management

As of December 2022, Tailored Care Management has been accessible for children and transitional age youth currently in foster care, receiving adoption assistance, or formerly in foster care and under the age of 26 that meet eligibility requirements. Tailored Care Management beneficiaries have a single designated care manager supported by a multidisciplinary care team to address their physical health, behavioral health, intellectual/developmental disability (I/DD), pharmacy, long-term services and supports (LTSS), and unmet health-related resource needs. The Tailored Care Management model was implemented in response to feedback from young people, families, and others, to focus on promoting whole-person care and is designed to promote coordination and collaboration among care team members across disciplines and settings aiming towards better health outcomes for children and transitional age youth. Feedback and recommendations on the design of the tailored care management model was obtained from the Child and Family Advisory Council, Well-Being Design Team, Transition Age Youth Healthcare Subcommittee, and stakeholder feedback solicited from Medicaid. The result of this feedback led to a model where the child's care manager will work collaboratively with the youth's assigned DSS child welfare worker by sharing data, supporting completion of DSS-required assessments, conducting regular check-in meetings, collaborating on the development of the care plan/individual service plan, and establishing processes to manage crises. Primary care providers will also be included by participating in care team meetings and reviewing and providing input on the youth's care plan. County child welfare workers have been provided guidance on how to access Tailored Care Management for the children on their caseload in the form of Dear County Director Letters distributed in December 2022 and December 2023.

Housing Stability Plan

NC DSS partners with the State McKinney Vento Homeless Program regarding children in foster care. The NC Foster Care Coordinator is North Carolina's Every Student Succeeds Act (ESSA) point of contact. NC DSS meets regularly with NC Department of Instruction Program (DPI) Coordinator for the Education of Children and Youth in Foster Care. The DPI Coordinator is supervised by the State Coordinator for Homeless Education.

NC DSS is collaborating with a contractor at Redesign Collaborative, currently working with Back@Home - Balance of State (BoS) Program, managed through North Carolina Office of Recovery and Resiliency (NCORR). As a part of the Back@Home-BoS Program, nine Housing Stability Service Provider agencies will be working with at least 1,400 households experiencing homelessness over the next three years. While a small percentage of those

identified in the program are likely to be youth or young adults experiencing homelessness, NC DSS staff supported the development of a Housing Stability Plan that case managers and households will use to set housing goals and identify next steps. Support was provided in the form of program education and collaboration on identifying needed information to address individual needs. The partnership forged at the state level serves to encourage and develop partnerships at the county level, so that those connected to their program can access resources based on either a current or previous status as a child in foster care.

NC DSS is also collaborating with Rapid Resource for Families in supporting a guest speaker event featuring Ruth White. Ms. White is the Executive Director of the National Center for Housing and Child Welfare and former director of Housing and Homelessness for the Child Welfare League of America (CWLA). Ms. White has been integral in the funding of the Family Unification Program (FUP) and the passage of Foster Youth to Independence Initiative (FYI), two key HUD/child welfare partnerships. While these programs should be accessible, many counties have cited barriers in implementing these programs, whether it be lack of knowledge or partnership with their local housing authorities. In supporting this event, NC DSS is proactively providing opportunities to bolster community knowledge and a direct link to the technical assistance needed to increase the utilization of these programs across the state.

Engagement with Legal Stakeholders

NC DSS collaborates with a variety of legal stakeholders to improve outcomes for children. For example, NC DSS partners with the Administrative Office of the Courts-Juvenile Court Improvement Program Coordinator, CIP Manager to discuss updates to programs that are directly linked/impacted by both NC DSS and the juvenile courts including the designated joint project of Safe Babies Court Team.

North Carolina Division of Social Services is partnering with the North Carolina Administrative Office of the Courts (AOC) to implement a Safe Babies Court Team (SBCT) 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 in mid to late 2024. This program will support North Carolina's efforts to reduce the time children spend in foster care and improve the long-term well-being of children and families in the child welfare system by connecting children and families to intensive support and services and hold more frequent court hearings and visitation. Development of this program includes interagency collaboration with multiple divisions within NC DHHS, NC AOC Court Improvement Program, community agencies, and local child welfare and court agencies. Implementation of SBCT supports North Carolina's CFSP Goal 2, Objective 2.

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

NC DSS engages with the Interagency Court Collaborative, which includes stakeholders and partners from the Indigent Defense Services (IDS), Guardian ad Litem (GAL), General Counsel for NC DSS, Court Improvement Program, and Administrative Office of the Courts Leadership (AOC) to provide updates from NC DSS that impact and intersect with the associated entities in the meeting. NC DSS' information is specifically targeted to encourage input from the legal partners within this collaborative to provide feedback on the CFSR goals via status updates provided by NC DSS. NC DSS is also kept apprised of initiatives, and progress/barriers to the joint work of all team members for achieving timely permanence for children/families who are involved in the child welfare legal system.

NC DSS actively works with the state leadership for the Guardian ad Litem (GAL) program to discuss updates and information as it relates to the interaction of local child welfare agencies, local GAL offices, and the court system. Issues of progress/barriers to topics involving the juvenile court system across the state are addressed including how these issues may impact NC CFSR goals, and feedback on strategies for improvement through inclusion in the upcoming CFSP and PIP associated with Round 4 of the CFSR.

NC DSS is a member of the Children's Justice Act Task Force (CJA), established in accordance with the Child Abuse Prevention and Treatment Act (Section 107(a)). Quarterly meetings are facilitated by the Governor's Crime Commission. NC DSS presents information about ongoing initiatives and solicits feedback at each meeting. Presentations have included implementation updates on revalidation of Structured Decision-Making (SDM) tools and the CFSP/CFSP/APSR process during the past three years. Task Force members address experiences in engagement with child welfare that has informed this work. Specifically, feedback from Task Force members while making reports of child maltreatment directly influenced the efforts to streamline the Screening and Response Intake tool while increasing consistency, accuracy, and equity. Task Force members are also included in the Safety Design Team where the revalidation process for all the SDM tools takes place.

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

NC DSS holds annual Joint Planning events engaging legal stakeholders from all areas to participate in the development of strategic planning for the larger child welfare system. CFSP goals along with updates are reviewed and feedback is solicited to inform future strategies for the upcoming CFSP.

Engagement with Tribes

NC DSS also seeks to engage with tribes in its work. The primary challenge in the partnership with the EBCI is the continuity of leadership within EBCI. EBCI has experienced turnover in Executive Leadership positions over the last several years. This presents challenges in the continuity of the ongoing partnership.

NC DSS and the EBCI have reestablished quarterly meetings between the leadership of EBCI, the directors of the five contiguous county DSS, and leadership from NC DSS. The team has a standing agenda including updates from each group, discussions about upcoming changes in policy that would affect the working relationship, and any recent cases that have been difficult to resolve. The meeting is a time to transparently share concerns about the ongoing relationship and to generate solutions.

The primary items that need further discussion are decisions about jurisdiction on Tribal Trust Land and developing a process to transfer a foster care case from the Tribal Court to a State Court.

Through the local DSS offices in Haywood, Jackson, Swain, Davidson, and Cherokee counties, NC DSS continues to provide services funded through Chafee to youth members of the EBCI. EBCI are invited to participate in LINKS events. Through Chafee services, EBCI youth and young adults are eligible for Chafee funding to help with any of the 8 Chafee outcomes. NC DSS continues to work with EBCI to connect them with services through Foster Care to Success for college educational services. NC DSS began coordinating meetings between the five supporting counties and EBCI in October 2022 to discuss Chafee services for EBCI's young people. Schedule conflicts and EBCI's staffing transitions have caused barriers in coordination of meetings and services that are available.

NC DSS previously invited EBCI to the Youth Listening Sessions in Fall 2022, prior to EBCI's staff changes, and contacted EBCI's new director in March 2023, to invite young people and child welfare staff members to the Youth Listening Session for Region 1 on March 30, 2023. NC DSS conducted a meeting with EBCI, Strong Able Youth Speaking Out (SaySo), and the Youth Villages LifeSet Program to discuss how both programs can service EBCI young people who are between the ages 14-to-21.

NC DSS added EBCI's permanency staff members to NC's LINKS listserv to receive all updates from NC's LINKS team about Chafee services, policy updates, resources, and invitations to participate in monthly LINK-UP Calls.

CFSR Round 4 Stakeholder Survey and Focus Groups

A significant group of respondents reported they were involved in CFSP development and planning in the 2023 stakeholder survey. In response to the statement prompt: "I am involved in the strategic planning process for developing the Child and Family Services Plan (and annual updates) for the State Division of Social Services," 110 respondents were sometimes involved, 55 respondents were frequently involved, and 21 were very frequently involved, showing that almost a third of those asked were involved in the CFSP development (see Appendix C).

The focus group responses (see Appendix B) to questions regarding their involvement in the development or implementation of the CFSP strategic plan illustrated that some were involved the development but were unsure about the status of implementation. Others were invited to contribute but were dissatisfied with how much their input was incorporated. Some stakeholders saw a link between the ongoing DSS work and the CFSP goals, whereas others did not, some wholeheartedly approved of the goals regarding addressing disproportionality in child welfare, and the need for prevention services, but were not sure about the status of implementation of those goals, or felt the system needed more resources to succeed at them.

Analysis of Strengths and Opportunities

Strengths

Since Round 3 of the CFSR, North Carolina has made a significant investment in engaging stakeholders and system partners to identify and work towards shared goals. NC DSS identifies the following strengths:

- 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 7 regions and have been well attended.
- 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 North Carolina. More specifically, the ULT sets priorities for this work and recommends strategies for improving the system.
- The 5 Design Teams continue to be an asset in providing input from both public and private partners.
- NC DSS enjoys strong relationships with 3 organizations for people with lived experience: SaySo, CWFAC, and FFA. The relationships allow NC DSS to benefit

from their expertise and partnership to improve the outcomes for families, children, and youth.

- NC DSS held a successful, well attended joint planning session in March of 2023. Partners from the state, county, private agencies, and those with lived experience got to hear about the accomplishments of each design team over the last year, as well as discuss next steps. The turnout for this event illustrates the engagement NC DSS has with partners from various systems.
- The Blueprint, a weekly electronic publication that goes out to county staff at all levels, has been an effective form of communication.

Opportunities for Improvement

- NC DSS could benefit from a timelier communication plan with counties around new policy, deadlines, and other announcements. Counties frequently mention the short turnaround time to implement new policies or forms, or short deadlines for surveys.
- NC DSS could benefit from holding annual Community Forums for stakeholders, both to keep them abreast of the work of the agency as well as furthering engagement with these stakeholders. One possibility for implementing this practice is to use one Regional CQI meeting each year to invite stakeholders, creating an opportunity for an exchange of information and ideas for improvement.
- NC DSS began court collaboratives before the pandemic, and while these groups including DSS, judges, respondent attorneys, GAL, court clerks, and the Division of Juvenile Justice took root in some counties, many lost focuses during the pandemic.

Promising Practices

- NC DSS will begin to plan for quarterly Community Forums in each of its 7 regions that will allow 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 and how they will accomplish this.
- NC DSS will explore strategies for reenergizing Court Collaboratives.

Conclusion

As a result of all the efforts to meaningfully engage with stakeholders regarding the development and implementation of the CFSP, NC DSS currently assesses its performance on this item to be a strength. It looks forward to continuing to prioritize further

stakeholder engagement in line with existing practices and the promising practices delineated above. Especially in comparison to where it was on this item during Round 3, NC DSS now has substantive engagement with stakeholders through a variety of venues on CFSP development and implementation.

5.7.2 Item 32: Coordination of CFSP Services with Other Federal Programs

NC DSS asserts that Item 32 is a strength. NC DSS provides support to North Carolina families and children involved with the child welfare system by coordinating with other federally assisted programs. NC DSS has evaluated North Carolina overall functioning in this area and has determined there to be multiple strengths pertaining to Item 32, given the many existing and new initiatives that are in place to promote interagency collaboration, fiscal accountability, and program and federal regulation compliance.

Federal Temporary Assistance for Needy Families (TANF)

North Carolina's Temporary Assistance for Needy Families (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, day care and more. Child welfare families are directed by local DSS 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 the foster care system unnecessarily, these cases are termed "Child-Only" cases. For the period between October 2022 through October 2023, there was a monthly average of 8,873 Work First cases. Over 70% of those were Child-Only cases. Currently, a MOU (stemming from COVID) is in place. The MOU is utilized by Work First Family Assistance and NC DSS programs on an aggregate level to track familial and community trends. It is also utilized by local county DSS TANF offices to assist in maintaining up-to-date client contact information for enrollees.

NC DSS also utilizes 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. Services provided to child welfare recipients include the following.

Diagnostic and Treatment Services (Non-Residential)-Adoption

Direct outpatient psychological, clinical, or therapeutic counseling or treatment provided to a child in a structured individual or group session by a qualified professional for the

purposes of ameliorating or remedying personal problems, behaviors, or home conditions that endanger the stability of the adoptive placement.

Diagnostic and Treatment Services (Non-Residential)-Foster Care

Direct outpatient psychological, clinical, or therapeutic counseling or treatment provided to a child in a structured individual or group session by a qualified professional for the purposes of ameliorating or remedying personal problems, behaviors, or home conditions that endanger the stability of the foster placement.

Foster Care Services for Children - Special Services

At county option, the provision by a foster family home of services, in addition to basic foster care, which meets the special needs of children in that home.

Foster Care Services for Children - Case Management

Includes a broad range of activities related to supervising the care of the child and managing the case plan and case reviews.

Family Reunification Services

Services to address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act.

Family Preservation Services:

Services for children and families (including adoptive or extended families) are designed to help families who are at risk of or in crisis. These services include, but are not limited to:

- permanency planning services,
- preplacement prevention services
- respite care and
- parenting support services.

Family Support Services

Community based services to promote the well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and otherwise to enhance child development.

Intensive Family Preservation Services

Family focused, community-based crisis intervention services are designed to maintain children safely in their homes and prevent unnecessary separation of families.

Protective Services for Children-Team Setting

Planning, arranging, and conducting multidisciplinary assessment and planning team meetings on behalf of children reported for abuse, neglect, or dependency or for whom there has been a substantiation of child abuse, neglect, or dependency and for whom removal from the home is a reasonable possibility in the absence of such services.

Protective Services for Children - CPS Assessments

Activities necessary to determine whether allegations of abuse, neglect, or dependency are true, and to evaluate the safety of the child in the home. CPS Assessments refer to both CPS Family Assessments and CPS Investigative Assessments.

Protective Services for Children – Intake

Services that receive and document allegations that a child or children may be abused, neglected or dependent. This includes documenting the report, evaluating the information contained in report, and determining if a CPS Assessment will be initiated. Additional activities include informing the reporter on agency decisions, informing reporter of their review rights, providing reporting with other community resources when indicated, making referrals to the district attorney and/or law enforcement, and completing documentation.

Protective Services for Children - Medical, Psychological, and Medico-Legal Diagnostic Services

Medical, psychological, and medico-legal diagnostic studies and evaluations when needed to substantiate and assess the circumstances of abuse or neglect of children.

Protective Services for Children – CPS In-Home Services for Children Defined as Reasonable Candidates for Foster Care and Their Families:

These services are provided after there has been a substantiation of child abuse, neglect, and/or dependency and removal of the child is a reasonable possibility in the absence of such services. Services provided include developing, monitoring, evaluating progress in and updating the In-Home Family Services Agreement to address identified areas of need. Additional service activities include routine supervision, maintenance of contacts with families and others significant to the case, providing support to parents, making referrals, evaluating if out of home placement is needed, ensuring foster care placements across state lines follow interstate compact laws, and documentation requirements.

Diagnostic and Treatment Services (Non-Residential) - CPS

Direct outpatient psychological, clinical, or therapeutic counseling or treatment provided to a child in a structured individual or group session by a qualified professional for the purposes of ameliorating or remedying personal problems, behaviors, or home conditions.

Other Child Welfare Services

Social work intervention services which, in addition to child welfare services that are available to promote the welfare of children, include the strengthening of their own homes where possible. This includes gathering information, assessing the child's needs and problems within the context of family interaction, environment and/or coping patterns. Additional service activities include collaborating on a case-by-case basis with individuals in other systems to plan with and support a child and those involved with him through a crisis or an at-risk situation.

Case Management - In-Home Services

Case management activities as defined under Case Management Services when carried out to support and facilitate the provision of In-Home Services to a client who does not have an open CPS case. Case management includes planning and directing the provision of social services which are carried out to support and facilitate the provision of In-Home Services to a client. The different services that are provided include, services intake, housing and home improvement services, provision of concrete supports, personal and family counseling, and individual and family adjustment services.

Additional Supports Associated with TANF

Clients of Work First 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, DMH/DD/SUS, Child Protective Services Substance Use Initiative

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

Other Federally Funded Programs

NC Sobriety Treatment and Recovery Teams (START)

NC DSS partners with the Division of Mental Health/Developmental Disabilities/Substance Use Services (DMH/DD/SUS) to implement Sobriety Treatment and Recovery Teams (START), an approved evidence-based model on the Title IV-E Prevention Services Clearinghouse. In June 2023, NC DSS contracted with Children and Family Futures (CFF), the START model Purveyor. Implementation is supported by a steering committee consisting of representatives across NC DHHS divisions who manage programs that support the population that will be served by the START program, university evaluation partners, persons with lived experience, and the courts. Funding for START expansion is being provided by the Substance Abuse and Treatment Block Grant ARPA funds.

Mental Health Block Grant Planning Council

NC DSS is a member of the North Carolina Mental Health Block Grant Planning Council, which is managed by the Division of Mental Health, Developmental Disabilities and Substance Use Services. Through its work as a member of NCMHPC, NC DSS contributes to its 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)

In the calendar year 2023, NC DSS coordinated with NC DHHS' interdivisional partners that serve the child welfare involved populations (e.g., birth families, resource families, and transition age youth). Ongoing 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 Use Services (DMH/DD/SUS) have led to continued identification of gaps and address needs recognized by child welfare, public health, substance use treatment providers, mental, intellectual, and behavioral health systems. Community-based services, such as high-fidelity wrap-around services, family peer support, access to timely quality assessments, increased number of mobile crisis teams that specialize in working with children, youth, and their families during times of crisis, have been at the center of collaborative efforts.

NC DSS Statewide Assessment of its collaboration with other federally funded programs is rated a strength, given North Carolina has realized benefits from new funding options (e.g., enhanced federal match through Medicaid Transformation). By coordinating with other federal programs, such as the Foster Care Affinity Group Project in 2023, NC DSS has also managed to revise child welfare policies which resulted in removing system barriers for children and families seeking access to care and services.

The Special Supplemental Nutrition Program for Women, Infants, and Children

This program in North Carolina is better known as the WIC program. It serves low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 in North Carolina, who are at nutritional risk by providing healthy food options, promoting breastfeeding, and providing support for parents of infants and toddlers.

Division of Child Development and Early Education

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

Medicaid Expansion and Medicaid Transformation

During FFY 2022-2023, North Carolina Medicaid Transformation continued. Collaborative efforts between DHB and NC DSS included co-development and delivery of training for child welfare workers on November 15 and November 29, 2023, 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 has an established a memorandum of understanding (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.

Care Management for at Risk Children (CMARC) is a set of care management services for at-risk children ages zero-to-five. The program coordinates services between health care providers, community programs and support, and family support programs. CMARC is funded by Medicaid, managed by the Division of Child and Family Well-Being, and services are provided at the county level by the local health departments. Beneficiaries of these services include child welfare involved children, youth, and families. This service supports the state in implementing its Healthcare Oversight and Coordination Plan and Plan of Safe Care. All families who have infants identified as prenatally exposed to substances are referred to CMARC services upon notification to the child welfare agency. Services include care management and development of a Plan of Safe Care specifically for non-child welfare involved families.

Multi-Systems Youth

NC DSS collaborates with North Carolina's Department of Public Safety, Division of Juvenile Justice, and NC’s Department of Public Instruction through inter-state agency workgroups. These committees 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. North Carolina's Department of Public Safety, Division of Juvenile Justice, and NC's Department of Public Instruction receive federal funding for their programs.

North Carolina's Investment in Behavioral Health and Resilience

This state/federal funding was approved in October 2023 and included a comprehensive plan to strengthen North Carolina's mental health and substance use disorder treatment systems. Recommendations in this plan include funding that will be used to increase the number of safe and stable homes, quality, timely mental health assessments for children, provide treatment and supports, and investment in the child welfare and behavioral health workforce. With the budget approval, North Carolina can proceed with its plan to implement the Children and Families Specialty Medicaid managed care plan. Coverage and benefit details are likely to be released and take effect in the calendar year 2024.

Trauma Informed Evidenced Based Services for Children and Youth in Foster Care

NC DHHS, Division of Health Benefits (DHB) is required under 2023 legislation to convene a workgroup of designated entities to identify innovative Medicaid service options that would address gaps in medical care for children who receive foster care services. Federally funded Medicaid services must be trauma-informed, evidence-based, and available statewide.

Trauma Informed Child Welfare

NC DSS 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 will develop a trauma-informed standardized assessment and rollout plan with a goal of implementing the trauma-informed standardized assessment statewide in all 100 counties. The assessments will be paid for my Medicaid.

Positive Parenting Program (Triple P)

NC DSS collaborates with the Division of Child and Family Well-Being to fund and implement Triple P (Positive Parenting Program). State appropriations to NC DSS from the legislature are transferred from NC DSS 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 100 counties in NC. The governance structure for Triple P consists of public-private partnerships including the Duke Endowment, Division of Child and Family Well-Being, local health departments, and UNC Frank Porter Graham.

North Carolina Psychiatry Access Line (NC-PAL)

NC DSS collaborates with the Division of Child and Family Well-Being to offer expert consultation, onsite, to three child welfare pilot sites. This work is funded by Health Resources and Services Administration (HRSA). The pilot began in December 2022, and currently provides technical assistance and case-level support provided by NC-PAL psychiatrists, psychologists, and other NC-PAL staff with the goal of ensuring children and youth in foster care are receiving behavioral healthcare interventions that are effective. Currently NC-PAL staff provide subject matter expertise to the Rapid Response Team and to three county DSS pilots.

Children with Special Healthcare Needs

NC DSS collaborates with the Division of Child and Family Well-Being to ensure services and supports are available for Children with Special Healthcare Needs (CYSHCN), this population includes children and youth who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and need health-related services beyond those generally required by children. NC DSS also participates in the Commission for Children with Special Healthcare Needs. The purpose of the Commission is to monitor and evaluate the availability and provision of health services to special needs children, and to monitor and evaluate services provided to special needs children under the Health Insurance Program for Children.

Child Support Enforcement

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

Rapid Response Team/Executive Response Team

This legislatively mandated team is an NC DHHS cross-divisional team that meets every weekday to facilitate the resolution of immediate needs for children in DSS custody who need placement at the identified medically necessary level of care by removing barriers created by systemic issues, and by facilitating problem-solving and challenging conversations among county DSS, LME/MCOs, and other stakeholders in the child serving

system. Coordinated by Division of Child and Family Well-Being Child Behavioral Health Unit, the Rapid Response Team includes representatives from NC DSS, Division of Health Benefits/NC Medicaid, Division of Mental Health/Developmental Disabilities/Substance Use Services, Division of Child and Family Well-Being and Division of State Operated Health Facilities.

The Executive Response Team (ERT) is 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 who are in the custody of local DSS.

Department of Public Instruction

North Carolina Department of Public Instruction hired a Program Coordinator for the Education of Children and Youth in Foster Care in August 2023. The DPI Coordinator and NC DSS Every Student Succeeds Act (ESSA) point of contact meet regularly to discuss ESSA and educational stability needs. These individuals also participate in monthly Child Welfare Agency Network – Foster Care and Education calls through the American Bar Association with federal and other state staff as a part of a learning collaborative. This has advanced an increased partnership between NC DSS and NC DPI to provide technical assistance to local educational agencies (LEA) and child welfare agencies supporting children and youth in foster care. DPI and NC DSS are developing a training on ESSA and educational stability for LEA and child welfare staff in SFY23-24. The training will include examples of successful partnerships between a local county child welfare agency and local educational agency. Continued partnership at the state level and technical assistance provided to local agencies will support educational well-being outcomes for children and youth experiencing foster care.

North Carolina's SFY 23-25 state budget included additional provisions that the NC Department of Public Instruction is the lead on developing policies for. The "Extraordinary Transportation Costs Grant Program" will provide transportation for high needs students with disabilities. The "Homeless and Foster Student Transportation Reserve Fund" will support school transportation costs for homeless and foster students.

Governor's Crime Commission-Children's Justice Act Task Force

The purpose of the CJA Task Force is to oversee the appropriation of North Carolina CJA (CAPTA) funds to support the improvement and strengthening of the front end, intake and investigative components of child abuse and neglect. NC DSS is a voting member of the Task Force and participates in the three-year assessment and creation of training and policy recommendations for systems improvements in the investigative, administrative, and judicial handling of child abuse, neglect, and exploitation cases, and child maltreatment-

related fatalities. These recommendations are reviewed and presented to the Governor's Crime Commission. The Task Force also administers grants by determining which proposals best meet the CJA Task Force recommendations in the following three categories: 1). Meet the criteria of handling child abuse and neglect cases; Investigative, administrative, and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation and cases involving children with disabilities or serious health-related problems, as well as cases involving suspected child maltreatment-related fatalities and cases involving a potential combination of jurisdictions, such as 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. 2). Innovative approaches; 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 and cases involving children with disabilities or serious health-related problems, including the enhancement of performance of court-appointed attorneys and guardians ad litem for children, and which also ensure procedural fairness to the accused. 3). Reform of state laws, ordinances, regulations, protocols, and procedures to provide comprehensive protection for children from abuse, particularly sexual abuse and exploitation and cases involving children with disabilities or serious health-related problems, while ensuring fairness to all affected persons NC DSS participates in the grant approval process.

Administrative Office of the Courts

NC DSS is a member of the State Judicially Managed Accountability and Recovery Court (JMARC) Advisory Committee which is managed by the NC Administrative Office of the Courts. Many of the NC Recovery Courts are operating under federal funding. This advisory committee is comprised of representatives of the courts, law enforcement, corrections, juvenile justice, child protective services, and substance use treatment communities. The Commission was established to develop and recommend to the Director of the Administrative Office of the Courts guidelines for the judicially managed accountability and recovery court program and to monitor local courts wherever they are implemented and administered. North Carolina Recovery Courts are designed to assist chemically dependent offenders with their court ordered treatment plans, this includes families with open abuse, neglect, and dependency cases. Services provided include individualized treatment plans, which include counseling, supervision, drug testing, sanctions, and incentives for meeting recovery goals.

New Initiatives and Promising Practices:

As explored in detail above, NC DSS identifies the following programs as promising practices on Item 32:

- Children and Families Specialty Plan
- Trauma Informed Evidenced-Based Services for Children and Youth in Foster Care
- Sobriety, Treatment, and Recovery Team Model
- Rapid Response Team
- Executive Response Team
- Safe Babies Courts
- Investments in Behavioral Health and Resilience Programs
- North Carolina Psychiatric Access Line Pilots
- Development and implementation of a standardized continuous quality improvement process
- Standardized Trauma Informed Assessment

Opportunities for Improvement:

NC DSS will continue to build on its strengths on Item 32 of the CFSR performance outcomes in Round 4 by devoting 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 DD/SUD/IDD to build a more robust service array and ensure the success of program and policies that affect children and families.

Conclusion: As detailed above, through a variety of coordinated efforts with other federally assisted programs, NC DHHS provides support and services to North Carolina families and children involved with the child welfare system. NC DSS is positioned to further increase its performance on this given the many promising practices listed above that are in place and others that are being developed that will further promote interagency collaboration, fiscal accountability, program, and federal regulation compliance.

5.8 Foster and Adoptive Parent Licensing, Recruitment, and Retention

5.8.1 Item 33: Standards Appy Equally

Item 33 is rated as a Strength based on current performance. Administrative code, policy, and practice ensures that standards apply equally to every home that is licensed. The Foster Home Licensing Manual outlines standards and their application for consistency.

Department Policy and Procedure: NC DSS is the licensing authority for the state, meaning it is the singular agency to make licensing determinations in North Carolina. NC DSS applies state standards (North Carolina Administrative Code 10A NCAC 70I .0101), 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 receives, and processes all foster home licensing applications and supporting documentation. NC DSS staff reviewing applications are trained to ensure compliance with title IV-B and IV-E funding requirements. Any applications initially found not in compliance receive an additional review using a consensus-based decision-making process to ensure standards are applied consistently. NC DSS only issues licenses to foster homes when all regulations are met.

NC DSS subjects any child placing agencies out of compliance with licensing rules or that have licensing violations to corrective plans. Agencies must document compliance for a license to be reissued.

Administrative rule 10A NCAC 70A .0101 governs the provision of protective services for children with funds administered by NC DSS. Included are requirements for the management of the central registry of neglect, abuse, and dependency cases, and requirements which must be met by county departments of social services in carrying out their responsibilities for the protection of children under Chapter 7B of the General Statutes. Administrative rules 10A NCAC 70B .0102 govern how a county department of social services may determine a child's eligibility for foster care assistance payments.

Administrative rule 10A NCAC 70E .1104 governs the 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 Foster Home Licensing Manual.

All foster, adoptive, and kinship providers must be 21 years of age and older, with no indication of current alcohol abuse, drug abuse, or illegal drug use by any member of the household. Also, there must be no indication that a member of the family is a perpetrator of domestic violence; no indication that a member of the family has abused, neglected, or exploited a disabled adult; no indication that a member of the family has been placed on the North Carolina Sex Offender and Public Protection Registry pursuant to Article 27A Part 2 of G.S. 14; no indication that a member of the family has been placed on the Health Care Personnel Registry pursuant to G.S. 131E-256; and no indication that a member of the family has been found to have abused or neglected a child or has been a respondent in a juvenile court proceeding that resulted in the removal of a child or has had child protective services involvement that resulted in the removal of a child.

NC DSS applies state standards from Administrative Code 10 A NCAC 70. Licensing and policy consultants review documentation from private and county child welfare agencies to

ensure all licensing materials meet the Administrative Code and that these rules are applied consistently during every licensing action. NC DSS staff conduct biennial reviews, reviewing a sample of each private agency's files to ensure its documentation is complete. NC DSS Field Consultants request that all documentation is submitted to the Black Mountain office at initial licensure, relicensing, changes, waivers, and terminations to aid in ensuring safety for children.

The process for periodic reassessment of licensed foster homes is detailed in 10 NCAC 70E .0805. The reassessment is a tool for the biennial relicensing of the home. As of March 31, 2023, there were 1,302 renewed foster home licenses. Licensed foster homes are renewed every two years.

NC DSS utilizes a file 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 file checklist identifies licensing requirements based on federal laws, rules, regulations, and guidelines.

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.

Data Sources Utilized

- Administrative Code
- Foster Care Licensing Policy Manual

Strengths: NC DSS identifies the following strengths for Item 33:

- NC DSS staff review waiver requests as a team. If needed, NC DSS asks the requesting agency for additional information to support the foster family and all children in the home. NC DSS rarely denies waivers, as long safety is being met and NC DSS is within the 10-business-day timeframe for completion of waivers.
- NC DSS changed its Diligent Recruitment Retention (DRR) plan for 2024-2029, moving from one that used 100 individual county-level DRR plans to one that uses seven (7) region-level DRR plans. This will allow NC DSS to better monitor and analyze data to determine regional approaches to the recruitment and retention of foster and adoptive families. Private and DSS agencies recruit foster families locally through social media, billboards, and signs. NC DSS has a statewide media campaign running through social media to help recruit foster and adoptive families.

- As NC DSS reviews each application, staff discuss any concern regarding safety (e.g., water hazards, room arrangements, criminal history) during a weekly staffing to ensure licensing decisions are consistent and each application meets requirements.

Opportunities for Improvement: NC DSS identifies the following opportunities for improvement for Item 33:

- 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 is unable to track that waivers are in compliance after they are issued.
- During the COVID-19 pandemic, temporary NC DSS regulations permitted virtual visits with children. To better serve children in future pandemics or other emergent or disaster situations, NC DSS may need to draft regulations requiring face to face visits, as safety permits, to align with guidance around visits occurring out of doors or with the recommended 6-foot or other safety associated recommendation.
- NC DSS can improve performance in foster family recruitment by utilizing information from the Diligent Recruitment and Retention plan to inform recruitment efforts.

Promising Practices: NC DSS identifies the following promising practices for Item 33:

- NC DSS is researching options for automated systems that would allow for monitoring of all licensing files for foster and adoptive parents to include child specific waivers.
- NC DSS is considering creating a system to monitor DSS and private agency files to ensure all required licensing forms are kept in agency foster family files.
- NC DSS has a statewide Diligent Recruitment and Retention plan that went from 100 individual county plans to 7 regional plans. This will allow NC DSS to identify any common needs for foster and adoptive families in the region. This plan is for the period 2024-2029.

Conclusion: As detailed above, through a variety of means, NC DSS ensures that administrative code, policy, and practice apply equally to every licensed home, and that standards are applied consistently. NC DSS will seek to further increase its performance in this area by using technology to enhance its capacity to monitor licensing waivers and required supervising agency documentation.

5.8.2 Item 34: Requirements for Criminal Background Checks

Item 34 is rated an Area Needing Improvement. There are significant strengths in the process NC DSS uses to conduct criminal background checks as part of foster home licensing; however, there are gaps in how agencies respond to criminal charges that occur after a family is actively licensed. North Carolina is working to improve agency responses to criminal background check results.

Department Policy and Procedure: NC DSS continues to follow the statewide standards and requirements for criminal background checks as established by law and Administrative Code (10A NCAC 70I .0101). NC DSS requires potential foster and adoptive parents as well as individuals 18 years or older who reside in their homes to consent to a criminal history check as outlined in G.S. 131D-10.3A.

NC Administrative Code 10 NCAC 70E .1116 identifies the types of checks completed, the submission process, and frequency with which criminal background checks are to be conducted. NC DSS does not have its own criminal background check system and relies on the NC Department of Child Development and Early Education (DCDEE) to complete the fingerprint-based checks. As required by G.S. 7b-311, the licensing authority is responsible for Responsible Individual List (RIL) checks for private agencies. County DSS agencies are responsible for completing RIL checks on foster and adoptive families. In 2022, NC DSS completed 15,088 RIL checks for private agencies.

The process of approving licensure packets includes confirming appropriate background checks have been completed. No licensure applications are approved without first having ensured that background checks have been completed. Therefore, for the initial 1,3118 applications (and for the additional 1,701 applications ultimately approved), all had background checks completed. In SFY 2023-24, NC DSS will collect data regarding the reasons for returning licensure applications, including failure to complete background checks.

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

Each county contact with the foster or adoptive parent must adequately assess the needs of the provider and identify services needed to assist the foster and adoptive parent in providing appropriate care and supervision to assist in the safety and well-being of

children being placed in the home. An inspection of the child's physical living environment must be conducted on a quarterly basis.

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 one public child caring agency for the same purpose.

NC DSS will develop a process to conduct file reviews for public child caring agencies June 30, 2024. The initial strategy is to utilize the IV-E reviews conducted by the NC DSS IV-E monitoring team to determine if the public child caring agencies are in compliance with the state standards for criminal background checks.

When a childcare or child placing agency is not in compliance, the licensing authority can deny, suspend, or revoke a license as indicated in 10A NCAC 70I .0101. If the agency submits a plan of correction within 10 working days, denial, suspension, or revocation of a license can be avoided.

NC DSS began collecting data on CPS reports on licensed foster homes in March 2022. The following chart indicates the number of initial notifications NC DSS received indicating that a CPS investigation is being conducted on a licensed foster home.

Table 55. CPS Reviewed Reports 2022

2022	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
# of Cases	80	55	57	78	60	77	65	39	46	54	**611**

Data Source: Manual Tracking NC DSS Staff

Table 56. CPS Reviewed Reports 2023

2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Total
# of Cases	78	55	53	45	44	55	40	57	39	60	26	**552**

Data Source: Manual Tracking NC DSS Staff

Data Sources Utilized

- Administrative Code
- Foster Care Licensing Policy Manual
- Administrative Data

Strengths: NC DSS identifies the following strengths for Item 34:

- All foster parents must have fingerprint clearance and RIL clearance. NC DSS staff all criminal histories of concern that passed fingerprints (robbery, DWI,

assault, drug related) and any pattern of concern the private or DSS agency addresses. Private or DSS agency monitors the criminal history to ensure all safety policies are being followed.

- Every two years criminal histories are run again when foster families are relicensed.
- Private and DSS agencies visit foster families face-to-face at least quarterly to ensure the family is in compliance with licensing rules and regulations.
- Private and DSS agencies reassess foster families for their strengths, skills, and abilities to provide care for children in their home and areas of development during required quarterly licensing visits, annual review of the home, and at re-licensure.

Opportunities for Improvement: NC DSS identifies the following opportunities for improvement for Item 34:

- Currently rule or policy do not address foster families who obtain a criminal charge while licensed. There is an opportunity to change rule and policy to specifically address this.
- Policy and rule should be revised so that they 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 exploring having agencies submit evidence that criminal checks have been completed on foster families and all adult household members.
- Currently there is a delay in getting CPS initial reports on foster families for DSS agencies. DSS agencies do not always notify private agencies when a CPS report has been received on a family supervised by the private agency. NC DSS will be sending out annually a Dear County Director Letter and DSS and private agency list serve message to emphasize the importance of receiving CPS initial reports and sharing information for the safety of children.
- Fingerprints are only done at initial licensure or if a license lapses. NC DSS is considering requiring fingerprints when families are relicensed.
- Responsible Individual List (RIL) queries to be completed when families are relicensed. (Currently completed at initial license or if license lapse within last 30 days)

Promising Practices: NC DSS identifies the following promising practices for Item 34:

- The implementation of CWIS statewide will provide a portal for counties and private agencies to store copies of criminal record checks thus adding a check and balance that they were created.
- NC DSS is considering creating a team to work on CPS reports on foster homes to ensure the safety of children. NC DSS is exploring the creation of a tracking system to ensure all CPS reports (screen outs) on foster homes are tracked for substantiations and unsubstantiations.

Conclusion: North Carolina consistently applies clear policies to ensure it complies with federal requirements for criminal background clearances. State policies also contain provisions for addressing the safety of placements for children. However, improvements are needed to ensure required background checks are taking place, to ensure agencies are consistently addressing negative criminal background check results according to policy, and to ensure agencies are notified timely whenever there is a screened in CPS report on a foster home they supervise. Addressing these issues is a challenge without a statewide child welfare information system.

5.8.3 Item 35: Diligent Recruitment of Foster and Adoptive Homes

Item 35, Diligent Recruitment of Foster and Adoptive Homes, is rated as an Area Needing Improvement. North Carolina continues to improve its strategies and infrastructure for foster and adoptive home recruitment. North Carolina continues to meet the racial and ethnic needs for the children coming into care through its recruitment efforts; however, progress must be made to increase the number of families available as numbers have decreased in recent years.

Diligent Recruitment: North Carolina has a statewide diligent recruitment and retention 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 child welfare agency, in partnership with their private child placing agency partners.

The North Carolina child welfare system has the following core values regarding diligent recruitment and retention of foster, adoptive, and kinship families:

- We value all prospective, current, and former foster, adoptive, and kinship families.
- We value the belief that retention of foster, adoptive, and kinship families involves a customer service framework that brings families from prospect to agency partner.
- We value all kinship caregivers and encourage the licensure of kinship homes using licensure waivers, when appropriate.

- We value opportunities for support, engagement, and training of foster, adoptive, and kinship families.
- We value strengthening the Kin-First culture, so it is entrenched in practice.
- We value strengthening the partnership between the state level organization (NC DSS) and local level public and private partners.
- We value the partnership of stakeholders with lived experience in the decision-making process.
- We value the use of data to inform diligent recruitment and retention of foster, adoptive, and kinship families that reflect the children and youth in care.
- NC DSS provides state-level diligent recruitment and retention activities for county child welfare agencies and private child placing agencies, including but not limited to, data collection and dissemination to inform recruitment and retention activities, regional meetings, and webinars as well as ongoing technical assistance, resources, and support to county and private agencies regarding their specific diligent recruitment and retention efforts.

North Carolina's Diligent Recruitment and Retention Plan targets the following areas:

- Regionalization of the DRR Plan
- Supporting efforts for a Kin First culture
- Retention efforts for resource families
- Development of a CQI process
- Recruitment efforts for specific populations, such as those who are LGBTQ+, medically fragile, or who have developmental disabilities

The data demonstrate that NC continues to meet the racial/ethnic background that is representative of the population of children in foster care.

Table 57. Child in Care – Race

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

Data Source: Child Placement & Placement System and NCFAST

Table 58. Licensed Foster Parent – Race

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

Data Source: NCXCloud XPTR Reports, FCF100 Licensed Home & FCF104 Agency Homes

North Carolina has experienced a decline in the number of licensed foster homes. Some factors contributing to this decline as indicated by a focus group conducted by Family Foster Alliance are:

- Finalization of adoption or guardianship, after which the foster family does not want to continue to be licensed
- Lack of support from supervising agency
- Lack of training to meet the needs of children placed In-Home

Table 59. Foster Homes Licenses, Applications, and Terminations

Year	Licenses	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

The revision of the DRR plan will place NC DSS in a more active role with recruitment and retention activities. This increased role will strengthen the partnership and collaboration between NC DSS and child placing agencies both public and private. Previously, the recruitment and retention of resource families occurred almost exclusively at the local level.

The largest group in foster care (41%) is between 0 and 5 years of age, followed by children ages 6-12 (31%), and youth ages 13-17 (28%). There are 924 youth participating in the extended foster care program, Foster Care 18-21. Although there may be fewer adolescents in foster care than children 5 years or younger, history has shown that the adolescent population is the most challenging age group to place. The challenge in placement is due to factors such as lack of interest in fostering older youth, behavior and mental health concerns, and involvement in the juvenile justice system.

NC DSS contracts with Foster Family Alliance (FFA), a family-led nonprofit organization supporting children and youth in foster care and the dedicated families and professionals that care for them. The contract is to build an organization that recruits, trains, and sustains resource families who serve children, youth, and families receiving foster care, adoption, or kinship services.

NC DSS provides training for county child welfare agency staff on working with diverse communities, including those which are culturally, racially, and socio-economically diverse. The training includes the courses *Child Welfare in North Carolina: Pre-Service Training* and *Building Cultural Safety*. These courses include information on cultural sensitivity and working with diverse communities. Information on the Multi-Ethnic Placement Act (MEPA) is covered in the following trainings offered by DSS: *Permanency Planning in Child Welfare Services, Foster Home Licensing in Child Welfare Services*, and *Trauma Informed Partnering for Safety and Performance: Model Approach to Partnerships in Parenting* (TIPS-MAPP).

In addition to training that equips workers on engaging diverse communities, NC DSS also ensures that the recruitment and licensing process for foster, adoptive, and kinship families provides access and removes barriers to communication with agencies. For people with Limited English Proficiency (LEP)/Sensory Impaired (SI), NC DSS and local agencies must use a telephone interpreting service. NC DSS has a contract with Propio Language

Services Company (https://propio-ls.com). Those in need of interpreter services are provided with an interpreter free of charge. NC DSS also requires that local county agencies develop a non-discriminatory fee structure for prospective and adoptive families.

Data Sources Utilized

- Administrative Code
- Foster Care Licensing Policy Manual
- Administrative Data

Strengths: NC DSS identifies the following strengths for Item 35:

- NC DSS maintains a pool of foster homes that reflect the racial, ethnic, and cultural diversity of children in foster care.
- NC DSS has statewide social media information sessions and a statewide social media recruitment program as part of the DRR plan.
- NC DSS has a manual called *Treat Them Like Gold* that gives guidance to agencies on how to recruit, retain, and support foster and adoptive families.
- NC DSS contracts with UNC to make the training course, Identifying and Managing Implicit Biases, available on fosteringNC.org for any foster and adoptive family to take.
- NC DSS has approved a kinship-specific training course, *Caring for Our Own*, that is offered throughout the state for kinship families.
- NC DSS waives non-safety related rules for kinship homes to ensure relatives can get the needed support through being licensed as a foster parent.
- NC does not discriminate based on race, religion, gender, ethnicity, color, disability or age, and it follows MEPA.

Opportunities for Improvement: NC DSS identifies the following opportunities for improvement in Item 35:

- NC DSS has identified additional training needed for agencies around support for family foster homes targeting topics such as: the effects of trauma, ESSA-Every Student Succeeds Act, other education issues related to services for children/youth in foster care, effective and appropriate discipline, and supporting LBGTQ+ children and youth.
- To ensure compliance with all requirements/regulations, NC DSS will institute additional monitoring of local county DSS agency licensed foster families.
- NC DSS will ensure that feedback/input received from current foster parents is considered for recruiting future foster parents. This demonstrates respect and

value for foster families and applies their "lessons learned" to future recruitment efforts.

Promising Practices: NC DSS identifies the following promising practices for Item 35:

- NC DSS will be working with UNC to update *Treat Them Like Gold.*
- NC DSS can now obtain the data to ensure all new social workers complete *Foster Home Licensing: Keys to Success* before submitting a licensing application.
- Continue to utilize NC Kids/AdoptUsKids (adoption and foster care network).
- NC DSS has begun developing a kinship licensure track to meet the needs of kinship families.
- NC DSS has the DRR statewide recruitment to increase the number of foster families.

Conclusion: Although Diligent Recruitment of Foster and Adoptive Homes is rated as an Area Needing Improvement, NC DSS is improving in this area. Evidence of this can be seen in the changes NC DSS has made to its Diligent Recruitment Retention (DRR) plan for 2024-2029. By moving from a plan that used 100 individual county-level DRR plans to one that uses seven (7) region-level DRR plans, NC DSS is strengthening its capacity to support, implement, monitor, and evaluate recruitment and retention of foster and adoptive parents.

5.8.4 Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Item 36 is rated as an Area Needing Improvement. NC Child Welfare Information System shows that despite strengths in the statewide electronic processing of ICPC requests and use of the National Electronic Interstate Compact Enterprise (NEICE) Clearinghouse System, NC DSS continues to need improvement in completing foster care home study requests within compliance of Safe and Timely Interstate Placement Act.

Department Policy and Procedure: The Interstate Compact on the Placement of Children (ICPC) is statutory uniform law that has been enacted by all 50 states, the District of Columbia, the U.S. Virgin Islands, and Puerto Rico. The compact is the legal and administrative means of ensuring children placed across state lines have the same protections, services, and financial and jurisdictional safeguards as children placed intrastate. Each state has a Compact Administrator Office.

North Carolina is a member of the Interstate Compact on Placement of Children (N.C.G.S. § 7B-3800), which provides a framework through which member states can plan cooperatively for interstate placements to ensure that children receive appropriate care and

supervision. Pursuant to N.C.G.S. § 7B-3806, the NC Governor has designated the Director of the Division of Social Services as the Administrator of the Interstate Compact on Placement of Children (ICPC). The NC DSS ICPC Administrator is designated to serve as the central point for all referrals for interstate placement.

ICPC covers a wide range of interstate placements and is meant to ensure that both sending and receiving states have the most complete information prior to the child's placement. The compact provides the means for securing an evaluation of a prospective placement resource before the child is sent out of state. NC DSS is responsible for processing requests for the placement of children across state lines under ICPC. North Carolina's ICPC office works with other states and local agencies to process incoming and outgoing requests.

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

- Placement of a child into foster care
- Placement of a child with parents after removal by the court or a voluntary placement
- Placement of a child in agency custody with relatives
- Placement of a child for private adoption

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 ICPC uses the NC Child Welfare Information System (CWIS) to process all ICPC referrals electronically. The CWIS system interfaces and communicates directly with the NEICE. The Family First Prevention Services Act (P.L. 115-123) requires that all states develop an Interstate Electronic Processing System by 2027. North Carolina implemented NEICE in December 2018. NEICE has afforded the benefits of providing 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.

ICPC Process for North Carolina:

- North Carolina is using CWIS to process all ICPC referrals as the Sending and Receiving State. CWIS is interconnected with NEICE.
- North Carolina is a member of NEICE and processes documentation as a clearinghouse state.
- ICPC referral packets can be submitted electronically from non-NEICE states, county DSS agencies, private child placing agencies, and adoption attorneys.

- NC CWIS has 11 pilot NC DSS counties that can process ICPC referrals electronically with access to all ICPC case documents, receiving communications as received directly from other state agencies.
- NC ICPC office has a centralized email and an identified administrative staff to accept all ICPC correspondences.
- All ICPC referrals reviewed via email and CWIS are registered and assigned to the NCDSS ICPC Consultant designated by county assignment.
- NC ICPC has an identified time frame to assure ICPC referrals are processed consistently and in a timely manner.
- NC ICPC provides ongoing training and technical assistance to both internal and external partners to ensure practice complies with child welfare laws and policies and ICPC articles and regulations.
- NC DSS agencies are provided an ICPC checklist of required forms to assure a complete ICPC referral packet is generated to decrease errors when sending an ICPC request.
- NC ICPC uses CWIS to obtain ongoing reports to monitor compliance with P.L. 109-239 (Safe and Timely Interstate Placement of Foster Children Act), monthly supervision, status reports, and compliance with child welfare laws and policies and ICPC articles and regulations.
- North Carolina provides support and oversight for the ICPC program using various sources. Data is used to monitor compliance with ICPC regulations and analyze trends for strengths and opportunities for improvement. Some methods the state uses to support this effort include:
    - NC STATE CWIS Data/Performance Management. CWIS provides monthly ICPC reports used in state and county decision-making practice to improve processes for ICPC compliance.
    - Monthly CWIS Champion Call Meeting with county partnering to review Help desk tickets are issues with electronic processing.
- CWIS has access to obtain data from NEICE. The current CWIS platform for ICPC interfaces with NEICE.
- NC ICPC currently uses CWIS as a tool to monitor ICPC compliance.

Data Sources Utilized

- NEICE Data
- Administrative Data
- Compact Regulations
- AdoptUSKids

Data gathered from CWIS, which is pulled by NEICE, indicated that compliance with completing home studies within the required 60-day timeline occurs in 40% of cases overall.

Table 60. 60-Day Home Study Compliance

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

NC ICPC sends home study requests electronically via CWIS or encrypted email to non-NEICE states. NC ICPC meets compliance of safe and timely on an average of 40%. Staff vacancies and limited foster parent training has impacted the 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, 2023 and August 31, 2023, 16 children were recorded as placed in an approved ICPC home.

Table 61. NC as Receiving State: Median Days to Home Study Decision by Placement Type (2019 – 2022)

	2019	2020	2021	2022
	Median Days to Decision	Median Days to Decision	Median Days to Decision	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
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 NEICE data, North Carolina as a receiving state showed improvement as the median days to home study decision decreased for home study requests. However, the majority exceeded 60 days. The relative requests recorded median days to placement decision was 54 days. Median days to home study decision for Regulation 7, Priority placements, exceeded the 20 business days and was therefore outside the ICPC compliance rate. Private adoption requests median days to decision was 1 business day.

North Carolina Adoption Exchange (NC Kids) registered children vary in age, race, gender, sexual orientation, and needs. The wait time for children in need of an adoptive placement may vary based on the child's age, sibling group size, level of need, or behaviors. Monthly data reports are reviewed and maintained regarding children legally free for adoption, and technical assistance is available 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 are receiving services through NC Kids/AdoptUSKids. The duplicated data of the needs for actively registered children are represented below. Of these 124 youth, 72 must have no other children or be the youngest child in the identified adoptive home. A child is placed on hold due to a registration being expired or a placement is pending. Withdrawn status indicates that a child aged out of care. Inactive status means their registration has expired.

Table 62. Child Demographics

Race/Ethnicity	African American	Hispanic	Caucasian
Total	59	2	63

Data Source: AdoptUSKids Monthly Report

Table 63. Child Age

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

The state's process for identifying children who need adoptive or permanent placements is outlined in NC DSS policy. When a child is legally free for adoption, the child welfare worker must:

1. Make every effort to locate and place the child in an appropriate adoptive home.
2. Develop a child-specific, written strategy for recruitment of an adoptive home within 30 days. At a minimum, the plan must document the child-specific recruitment efforts such as the use of state, regional, and national adoption exchanges, including electronic exchange systems, to facilitate orderly and timely in state and interstate placements.
3. Develop a Child Profile that describes the child needing placement to be available for prospective adoptive families.

4. Conduct or arrange for a Pre-Placement Assessment (PPA) or a PPA Addendum based on potential adoptive family's status.
5. Register all children who are free for adoption and who are not in their identified adoptive home with the North Carolina Adoption Exchange (NC Kids), as well as regional and national adoption exchanges including electronic exchange systems, to facilitate matches between persons interested in adoption and the children who are available.

Strengths: NC DSS identifies the following strengths for Item 36:

- Electronic processing statewide for ICPC referrals. This allows secure, faster, and shortened processing times for ICPC referrals for NEICE states as both receiving and sending state. Electronic processing also: allows communication to these states, providing a timely update for case status to local agencies; reduces loss of case documentation via postal mail; improves the quality of the ICPC process by facilitating the monitoring and tracking of ICPC cases; and reduces case processing errors.
- CWIS compliance data reports. The current system allows NC DSS to pull and search for ICPC home study requests based on date received, referral type, regulation, county, sending and receiving state, decision status, and case status. Data analysis allows for an effective process to track and measure compliance.
- North Carolina is a Clearinghouse State. CWIS interfaces directly with NEICE. This reduces the need to manage multiple systems, saving time in case processing and promoting case consistency. This interface also allows for improved collection and analysis of reliable data.
- NC DSSS ICPC consultants are experienced, with an average of 18 years of ICPC and child welfare work experience.
- North Carolina is preparing to update to NEICE 2.0 in the upcoming year. This will allow the state to have continued smooth case processing with all NEICE states.
- North Carolina Adoption Exchange (NC Kids) registers all children free for adoption and not in their identified adoptive home with the North Carolina Adoption Exchange (NC Kids). NC Kids facilitates matches between persons interested in adoption and the available regional and national children.

Opportunities for Improvement: NC DSS identifies the following opportunities for Item 36:

- Increased compliance with P.L. 109-239 (Safe and Timely Interstate Placement of Foster Children Act) for all home study requests. County DSS staff turnover and reduced foster parent training classes correlate with failure to complete foster

care requests within 60 days. Also, preliminary home studies are not consistently completed for foster care requests. Improvement can be brought about through continued ICPC training and technical assistance to counties.

- Monitoring compliance with ICPC articles and regulations. NC ICPC uses CWIS data reports to send notices and request case status. Improvements can be made through continued ICPC training and technical assistance to counties.
- Data reporting to capture time frame of P.L. 109-239 (Safe and Timely Interstate Placement of Foster Children Act). Need data reporting to measure median days to home study decision for NEICE and non-NEICE states.
- Improved electronic tracking for ICPC compliance (home studies, supervision reports, violations, etc.). CWIS can benefit by having a tracking for all ICPC cases to capture overdue supervision reports which aid in monitoring progress toward permanency on ICPC placements. CWIS needs a system notification on overdue home study requests for all ICPC cases. Reports must be manually initiated using compliance reports in CWIS. Tracking placement violations will aid in technical assistance to counties for ICPC article and regulation compliance.

Promising Practices: NC DSS identifies the following promising practices for Item 36:

- Kinship payment benefit. This benefit may increase the number of approved relative placements across state lines.
- Dual license process for kinship providers. Developing such a process in North Carolina may increase relative foster care placements in states that require relatives to be licensed.

Conclusion: Item 36, state use of cross-jurisdictional resources for permanent placements, continues to be rated as an Area Needing Improvement. According to the NEICE data report, North Carolina as the receiving state showed improvements as the median days to home study decision for standard home study requests decreased in year 2022. North Carolina showed significant improvement in the completion of relative home study requests, yielding a decrease of 41 days. There was also noted improvement in the completion and tracking of preliminary home assessments for foster care requests. The median days to home study decision for foster care requests decreased by 20. There was a decrease in the median days to home study decision for parent requests received for Regulation 1, Intact Family. Median days for private adoption requests was 1 business day. North Carolina also improved by decreasing median days to home study decision for priority relative home study requests

Appendices A–F

The state data profile and other appendices can be requested from the state or the Children's Bureau.