



Child and Family Services Reviews

Statewide Assessment Instrument

April 2014



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR
CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- 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; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: NC DHHS / Division of Social Services, Child Welfare Service Section

CFSR Review Period

CFSR Sample Period: CFSR Foster Care cases will have a sample period of April 1, 2013 through September 30, 2014. In-Home Services cases will have a sample period from April 1, 2013 through November 15, 2014.

Period of AFCARS Data: The foster care sampling period coincides with the 6-month AFCARS period (April 1, 2013 through September 30, 2014).

Period of NCANDS Data: The in-home services sampling period begins with the same 6-month submission period but will extend an additional 45 days beyond the foster care sample period because all in-home services cases must be open for 45 consecutive days (April 1, 2013 through November 15, 2014).

(Or other approved source; please specify if alternative data source is used):

Insert other approved data source

Case Review Period Under Review (PUR): Starts at the beginning of the sampling period of April 1, 2013 and continues until the case is reviewed (April 1, 2015 through September 30, 2015).

State Agency Contact Person for the Statewide Assessment

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

Staff from the Division of Social Services, Child Welfare Services Section

NC DHHS, Division of Medical Assistance, Division of Mental Health/Developmental Disabilities/Substance Abuse Services

Child Fatality Prevention Team

Statewide Community Child Protection Team Steering Committee

Section II: Data profile has been deleted in its entirety.

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the safety indicators.

State Response:

The 2015-2019 CFSP, p. 9 provides the most recent complete data available regarding the safety outcomes. As REAP continues to be implemented as the framework for our CQI structure we will begin to see more trend analysis and theory of change develop. At this time, our outcome data is captured through the use of the new On-site Review Instrument (OSRI) released several months ago. Prior to this month, March 2015, data regarding the achievement of safety outcomes was collated internally. Now that the On-line Monitoring System (OMS) is available and key participants have received training from JBS, NC DSS will begin using the OMS.

To demonstrate what we have learned from the OSRI training and the use of the OMS the following outcome data was collected:

Safety Outcome 1	2014 Pilot QCR N=5 counties	2014-2015 OSRI Practice Review N=10 counties
Item 1: Timeliness of initiating reports		
# cases reviewed	10	11
# strengths	5	7
# ANI	1	0
# Not applicable	4	4
% achieved	50%	100%

Safety Outcome 1	2014 Pilot QCR N=5 counties	2014-2015 OSRI Practice Review N=10 counties
Item 2: Repeat maltreatment		
# cases reviewed	10	11
# strengths	5	7
# ANI	1	0
# Not applicable	4	4
% achieved	50%	100%
Outcome Safety 1		
# cases reviewed	10	11
# substantially achieved	4	7
# partially achieved	2	0
# Not applicable	4	4
% substantially achieved	40%	100%

CFSR R3 Maltreatment Recurrence ~ of all children who were victims of a substantiated report during a 12 month period, what % are victims of another substantiated report within 12 months?

Safety	Data Period	RSP	95% Interval	National Standard	PIP
Maltreatment in Foster Care	FY 12-13	Excluded due to Quality	Excluded due to Quality	Excluded due to Quality	N/A
Recurrence of Maltreatment	FY 12-13	6.3%	5.7% - 6.9%	9.0%	No

NC CFSR R3 Data Profile

Strengths and Concerns ~ Stakeholders Involvement

In the 9 months since the submission of the 2015-2019 CFSP, the strengths and concerns regarding safety outcomes for children remain the same. Stakeholders are connected with on an on-going basis through the continued expansion of Project Broadcast, connections to System of Care efforts (specifically related to the mental health needs of children) continues to strengthen, and other efforts related to an array of stakeholders continues. In addition, the implementation of child welfare into NC Fast is on track to begin.

Stakeholders continue to voice the need for a statewide automation system that not only collects child welfare data, but one that will allow the sharing of information across counties.

A. Children are safely maintained in their own homes whenever possible and appropriate.

Safety Outcome 2	Pilot QCR N=5 counties	OSRI Training Review N=10 counties
Item 3: Services to protect children in their home/prevent removal		
# cases reviewed	10	
# strengths	5	
# ANI	3	
# Not applicable	2	
% achieved	50%	NA
Item 4: Risk and safety assessments		Item 3: Risk and safety assessments
# cases reviewed	10	11
# strengths	6	8
# ANI	4	3
# Not applicable	0	0
% achieved	60%	73%

Safety Outcome 2	Pilot QCR N=5 counties	OSRI Training Review N=10 counties
Outcome Safety 2		
# cases reviewed	10	11
# substantially achieved	6	7
# partially achieved	1	4
# not achieved.	3	0
% substantially achieved	60%	63%

CFSR R3 Maltreatment in foster care ~ of all children in foster care during a 12 month period, what is the rate of victimization, per day of care?

Safety	Data Period	RSP	95% Interval	National Standard	PIP
Maltreatment in Foster Care	FY 12-13	Excluded due to Quality	Excluded due to Quality	Excluded due to Quality	
Recurrence of Maltreatment	FY 12-13	6.3%	5.7% - 6.9%	9.0%	No

NC CFSR R3 Data Profile

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

Insert state response to Permanency Outcomes 1 and 2

Permanency Outcome 1

Children have permanency and stability in their living situations as demonstrated by state data and performance on the four federal indicators.

Permanency outcomes are informed by the On-Site Review (OSR) and the *Adoption and Foster Care Analysis and Reporting System (AFCARS)*. National Standards are the observed levels of performance States are expected to achieve. However, our challenges with our automated information system has resulted in some indicators specific to NC practice being excluded. The quality of NC's data will be addressed during the on-going assessment of our child welfare system.

A. Based upon NC's most recent available data:

Placement Stability Data ~ *Excluded due to Quality.*

- National Standard ~ 4.12 moves per day.
 - *Currently, NC is under an AFCARS Program Improvement Plan and the plan to address these data quality issues is the implementation of NC FAST and a unique statewide identifier. AFCARS PIP update:*

We are well into the first phase of the SIS ID Merge project and have put in place a process to merge multiple IDs within a single county. To date, we have merged 24,901 IDs. While not all of these are in the AFCARS population, some of them most likely are, or may be included in the population in future submissions.

However, merging SIS ID's "across-county" to have a single statewide identifier for each child would require extensive modification of the core processes of our legacy systems. The current plan is still to move Child Welfare data collection systems into the statewide eligibility and case management system known as NCFAS. In the absence of an alternative plan, coupled with a severe, prolonged lack of fiscal and personnel resources, it is not feasible from a business perspective undertake the extensive and risky modifications to our current legacy systems.

While we have not fully implemented any of the specific changes requested, we have been meeting with our IT folks on a regular basis. A new protocol was put in place a few months ago by our IT department that has greatly slowed their response time. In addition, we have spent most of the time available with IT discussing possible methods of incorporating a statewide identifier, which has not allowed us to complete the lengthy process for implementing the smaller changes. We have determined what it would take for NC to develop a statewide identifier for our current systems and are presenting that to Management for their review. At this time NC FAST remains the plan for North Carolina. We are now moving forward on the specific changes needed to the automation systems outside of the statewide ID.

- Most recent estimated rate: for this outcome

OSRI Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?

Measure	SFY 2012-2013	SFY 2013-2014
Total number of children in care	4805	5246

Length of time in care	SFY 12-13	SFY 13-14
360 Days	62.12 %	66.21 %
450 Days	52.72 %	55.72 %
540 Days	44.56 %	51.77 %

Number of Placements	SFY 12-13	SFY 13-14
1	34.98 %	41.42 %
2	23.31 %	23.94 %
3	13.78 %	13.55 %

Number of Placements	SFY 12-13	SFY 13-14
4	25.12 %	18.11 %

Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J., Bauer, R, and Reese, J. (2014).

Permanency in 12 months (entries) ~ Excluded due to Quality.

- National Standard ~ 40.2%
 - *Currently, NC is under an AFCARS Program Improvement Plan and the plan to address these data quality issues is the implementation of NC FAST and a unique statewide identifier. An AFCARS PIP update is described above.*
- Program Improvement Plan ~ given that out data quality excluded the formulation of a baseline, goal or threshold, we can only estimate that NC would need to improve performance.
- Most recent estimated rate: for this outcome

Measure	SFY 2012-2013	SFY 2013-2014
OSRI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?		
Initial Entry Cohort (the number of children who enter foster care in a 12 month period)	4805	5246
Rate of Leaving custody (The number of children identified in the denominator who discharged to permanency within 12 months).	1859	1576

Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J., Bauer, R, and Reese, J. (2014).

Re-entry to foster care in 12 months

- National Standard ~ 8.3%
 - *Currently, NC is under an AFCARS Program Improvement Plan and the plan to address these data quality issues is the implementation of NC FAST and a unique statewide identifier. An AFCARS PIP update is described above.*
- Program Improvement Plan ~ given that out data quality excluded the formulation of a baseline, goal or threshold, we can only estimate that NC would need to improve performance on this item.

- Most recent estimated rate: for this outcome

Measure	SFY 2012-2013	SFY 2013-2014
OSRI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?		
The number of children who enter foster care in a 12 month period and are discharged to permanency	3211	1797
<i>The number of children identified in the denominator who re-enter care within 12 months.</i>	131	90

Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J., Bauer, R, and Reese, J. (2014).

Permanency in 12 months (12-23 months) ~

This indicator measures the percent of children who are discharged from foster care to permanency between 12 and 23 months. Based upon our most recent AFCARS submission our data was of sufficient quality to allow for a Risk Standardized Performance (RSP) to be calculated. The RSP compares performance outcomes to states that are similar, takes into account the number of children served and the age distribution of those children.

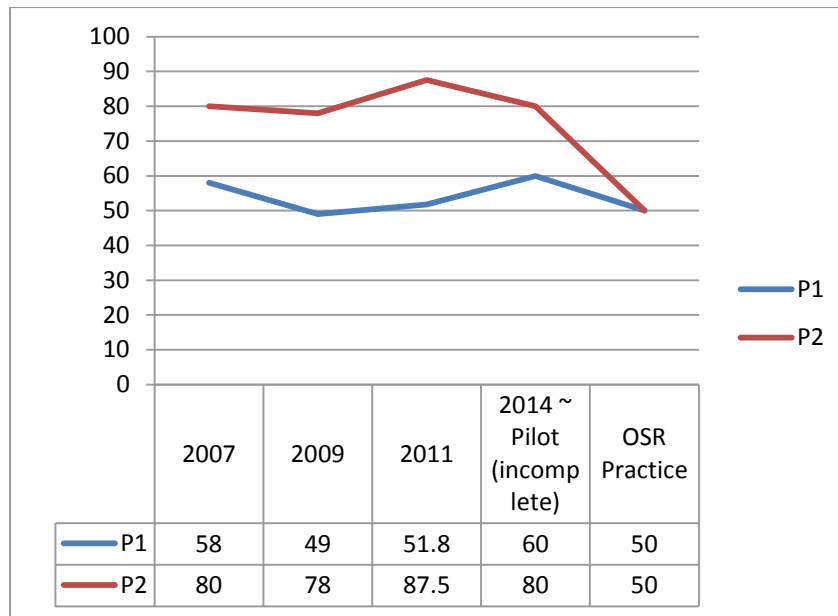
In conjunction with this RSP, a 95% interval has been established. This interval is the range that ACYF/CB is in 95% confident that the RSP falls in. If the range falls below what the national standard is, this outcome has not been met and that a program improvement plan (PIP) would need to be developed. *NC's performance does not meet the National Standard of 43.7%, because the entire RSP interval is below the National Standard 43.7%.*

Permanency in 12 months (24+ months)

This indicator measures the percent of children who are discharged from foster care to permanency after 24 months or more. Based upon our most recent AFCARS submission our data was of sufficient quality to allow for a Risk Standardized Performance (RSP) to be calculated. The RSP compares performance outcomes to states that are similar, takes into account the number of children served and the age distribution of those children. In conjunction with this RSP, a 95% interval has been established. This interval is the range that ACYF/CB is in 95% confident that the RSP falls in. If the range falls below what the national standard is, this outcome has not been met and that a program improvement plan (PIP) would need to be developed.

NC's performance does not meet the National Standard of 30.3%, because the entire RSP interval is below the National Standard 30.3%.

Summary:



Permanency Outcome 1	2014 Pilot QCR N=5 counties	2014-2015 OSRI Practice Review N=10 counties
Item 5: Foster care re-entries		NA
# cases reviewed	5	
# strengths	3	
# ANI	0	
# Not applicable	2	
% achieved	60%	NA
Item 6: Placement stability		Item 4: Placement Stability
# cases reviewed	5	10

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Permanency Outcome 1	2014 Pilot QCR N=5 counties	2014-2015 OSRI Practice Review N=10 counties
# strengths	4	6
# ANI	1	2
# Not Applicable	0	2
% achieved	80%	60%
Item 7: Permanent plan		Item 5: Permanency Goal
# cases reviewed	5	10
# strengths	4	7
# ANI	1	1
# Not Applicable	0	2
% achieved	80%	70%
Item 8: Reunification/guardianship/custody w/ relatives		Item 6: Reunification/guardianship/Adoption, or APPLA
# cases reviewed	5	10
# strengths	3	5
# ANI	0	3
# Not Applicable	2	2
% achieved	60%	50%
Item 9: Adoption		NA
# cases reviewed	2	
# strengths	1	
# ANI	1	
# Not applicable	0	

Permanency Outcome 1	2014 Pilot QCR N=5 counties	2014-2015 OSRI Practice Review N=10 counties
% achieved	50%	
Item 10: Another permanent planned living arrangement (APPLA)		NA
# cases reviewed	0	
# strengths	0	
# ANI	0	
# Not Applicable	0	
% achieved	0%	
Permanency Outcome 1		
# cases reviewed	5	10
# substantially achieved	3	5
# Partially Achieved	2	1
# Not Achieved.	0	2
% substantially achieved	60%	50%

B. Based on data and input from Stakeholders, Tribes, and Courts, include a brief assessment of strengths and concerns regarding Permanency Outcome 1, including an analysis of the state’s performance on the national standards for the permanency indicators.

NC DSS has identified those primary systems that are partners in the achievement of permanency for children who are involved in the child welfare system. Although a system is identified, not all systems are able or provide limited data at this time. Those systems with an asterisk (*) are not providing data at this time.

- AOC/CIP
- *Education System
- Juvenile Justice
- *Public Health
- University partners

- *Child Advocacy agencies
- *DSS Attorneys
- Mental Health System
- Local county DSS

These systems have formed joint efforts to collectively look at permanency outcomes. The Interagency Coordinating Council is facilitated by AOC. The CCPT AB also has recognized that their work impacts permanency outcomes from a different perspective. NC DSS also realizes the importance of looking collaboratively internally and has established the Permanency Connectivity group. Each effort has adopted an area of focus:

- **Court Improvement Project/Administrative Office of the Court (CIP/AOC)**

In our 2015-2019 CFSP, NC noted that we continue to work collaboratively with the NC CIP staff as a member of the CIP Advisory Committee. This committee provides a forum for ongoing, meaningful collaboration between courts, child welfare, tribes and other stakeholders by convening meetings to discuss court improvement activities. This is a group of high-level stakeholders that meet twice a year to receive program updates, make recommendations and suggestions on CIP funding.

NC DSS continues participation in the Interagency Collaborative Meetings. This continues to be a forum that aids in the dissemination of information, planning of cross-agency trainings and collective problem solving for immediate outcome improvement. In addition, strategies to improve the educational stability for the foster children of North Carolina by implementing activities in the Fostering Connections Act, in conjunction with NC DSS.

There are other systems that play a role in achieving permanency outcomes for children; however, our work with AOC is where NC DSS is focusing its attention.

<u>Stakeholder Collaborative</u>	<u>Agency Representation</u>
Interagency Coordinating Council	Indigent Defense Services
NC Courts ~ Keisha Crawford	NC Assistant Attorney General
	Dept. Public Instruction
	NC Courts
	NC DSS
	Univ. NC Chapel Hill

Data from our AFCARS file lends support for focusing on this connection.

- **Community Child Protection Team State Advisory Board (CCPT AB)**

North Carolina fulfills its responsibility to maintain compliance with the Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106) requirement to maintain Citizen Review Panels through the use of Community Child Protection Teams (CCPT). North Carolina General Statute § 7B-1406 established CCPT's as an interdisciplinary group of community representatives who meet regularly to promote a community-wide approach to the problem of child abuse and neglect and established one team in each of its 100 counties.

<http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=7b-1406>

Mandated Agency

Director of Social Services	Director Department of Public Health
Law Enforcement Officer/Agency	Local Health Care provider
District Attorney's Office Representative	Tribal Representation (State and Federal)
Local Community Action Agency	Community Member at Large ~ Parent
Representative of a local educational administration	Community Member at Large ~ Youth
County Board of Social Services member	Community Member at Large ~ University
Mental Health provider representative	Community Member at Large ~ Tribe
Guardian Ad Litem	Community Member at Large ~ Other

Statute also mandates certain community members to be at each local meeting.

In addition, a State Advisory Board was established in response to a recommendation set forth in the 2011 CCPT End of Year Report.

The state advisory board seeks to mirror the composition of the local teams.

CCPT's are charged with reviewing active child protective services cases and or cases in which a child died as a result of suspected child abuse or neglect.

They are to advocate for system improvements and needed resources where gaps and deficiencies may exist. To that end, local CCPT's are required to provide an annual summary of their activities to their County Board of Commissioner and the North Carolina Division of Social Services (NC DSS).

Below is a list of general responsibilities for members of the state advisory board.

CCPT State Advisory Board	Chairperson: Nicki Perry Franklin County Director	Co-Chair: Teri Reichert NC DSS State Coordinator
Responsibilities	Skills and Characteristics	Representation
<ul style="list-style-type: none"> • Attend Advisory Board meetings Quarterly ~ Actively participate or appoint a designee • Maintain confidentiality • Assist in the analysis of information gathered • Make recommendations for needed policy changes • Assist in the development of the annual report to NC DSS. • Be an advocate for needed resources to protect children from abuse and neglect 	<ul style="list-style-type: none"> • Knowledge of child welfare and community engagement • Objectivity • Integrity • Understanding of Continuous Quality Improvement (CQI). • Ability to analyze trends and provide insight by identifying and studying strengths and challenges for local teams. 	<ul style="list-style-type: none"> • Ensure that the composition of the Board remains reflective of local mandated members. • Provide independent insights and outside validation of the child welfare system • Recommend and advocate for needed changes and resources • Promote cooperation among state and local community resources and increase community understanding and investment in the protection of North Carolina’s children and their families.

The CCPT AB has chosen the outcome of Permanency as their 2 year effort. Local CCPT’s are charged with a number of duties; however, one of these duties is to look at gaps in services in the community. When children experience multiple moves while in placement we need to understand why. Is it that foster parents are not trained or prepared? Or that children require a level of care that is not available in the county? Is there a lack of foster parents? To help understand this issue, the CCPT AB has chosen to take a look at Child and Family Team (CFT) meetings, as they are the forum that collects data about placement changes or interventions.

The CCPT end of year report is compiled through a survey to all 100 local teams. The focus of the survey is around CFTs. The results of the survey will identify statewide trends and patterns that will help inform a theory of change that will ultimately lead to the development of a causal pathway for why some children experience multiple placements while in care and what strategies would best inform a decrease in placement changes.

- **Permanency Innovation Initiative**

The NC General Assembly provided funding for Children’s Home Society (CHS) to enter into a contract with the NC DHHS. CHS has 3 strategies listed in statute: Family Finding, Child Specific

Recruitment, and Permanency Training. In addition, funding for the Health Care Oversight Plan and Fostering Health North Carolina are a piece of the work being done under this initiative.

Children’s Home Society is the contracted agency to provide family finding services, child specific recruitment and permanency training. Health Care Oversight and Fostering Health are ultimately one and the same; however, the Fostering Health NC workgroup is focusing on aid to counties, practices and networks.

- **Healthcare Oversight / Fostering Health North Carolina**

The Health Oversight Coordination plan was contracted to Leslie Staroneck and Dana Hagle who completed the plan recommendations in the fall of 2013 at which time it was presented to NC DHHS. The North Carolina Pediatric Society maintains the healthcare oversight plan for NC; however revisions are being made. An MOA is now in place to allow case workers to access health information through a provider portal. Through them a website is dedicated to this issue: <http://www.ncpeds.org/foster-care-medical-home>.

Permanency Innovation Initiative

Family Finding Goal	Target Population	Counties Served
July 2014 – June 2015	192 foster youth aged 9-17	84

Family Finding Update

Month	Number of Family Finding Participants
Jul-14	88
Aug-14	98
Sep-14	113
Oct-14	126
Nov-14	132
Dec-14	133
Total	149

Child Specific Recruitment (CSR) Goal	Target Population	Counties Served
July 2014 – June 2015	36 foster youth aged 9-17	44

CSR Update

Month	Number of CSR* Participants
Jul-14	34
Aug-14	36
Sep-14	49
Oct-14	47
Nov-14	47
Dec-14	51
Total	57

Permanency Training Goal	Target Population	Counties Served
July 2014 – June 2015	DSS Agencies Courts Community Partners	Available to 100 counties by June 2015.

Permanency Training Update

Month	Number of Training Participants
Jul-14	105
Aug-14	169
Sep-14	151
Oct-14	201
Nov-14	105
Dec-14	44
Total	775

Stakeholder Agencies

- Chairperson ~ Adam Svolto, Child Treatment Program Director.
- Office of Rural Health and Community Care
- AOC
- Wilmington Health
- Western Wake Pediatrics
- Division of MH/SAS/DD
- Mission Hospital
- Guildford Child Health
- Community Care of NC
- Partnership for Community Care
- Duke CANMEC
- NC Council of Community Programming
- NC DSS
- Benchmarks
- Forsyth County
- NC Public Health
- Cone Health Center
- NC Pediatric Society
- New Hanover DSS
- Dept. Public Instruction
- NC Division of Medical Assistance
- NC Academy of Family Physicians

A barrier to the implementation of the Health Care Oversight Plan is that NC DHHS Medicaid has priorities that precedence.

- **Permanency Connectivity**

This is an internal NC DSS group that is looking at the issue of permanency as it relates to practice at NC DSS. Its mission is to inform, coordinate, and connect permanency activities that are occurring statewide and within NC DSS.

<u>Permanency Connectivity</u>	<u>NC DSS Child Welfare Services Section</u>
	Adoption Review and Indexing
Facilitator: Jaime Bazemore	NC Kids
Adoption Program Manager	Policy and Consultation
	Staff Development
	Community Based Programs
	Regulatory and Licensing
	Administrative Support Staff
	Children’s Program Representatives (CPR)

To help us fully appreciate NC DSS’s impact on permanency outcomes, the group is mapping individual team activities that are connected to permanency, individual worker activities that connect, and the data systems that are used to support this work.

One theory is that that court continuances have a direct impact on permanency. The group has asked for training on cross agency data to help make a data driven decision regarding the impact of court continuances on permanency, and what actions NC DSS can take internally. The initial work of this group is summarized below.

CFSP ~ Goal Overview	Safety	Permanency	Well-Being
Definition	Children are, first and foremost, protected from Abuse and Neglect and are safely maintained in their homes when possible and appropriate.	Children have permanency and stability in their living situations (P1) while the continuity of family relationships and connections are preserved (P2).	Families have the capacity to provide for their children’s needs, to include appropriate educational, physical and mental/behavioral needs.
CFSP		<p>NC’s goal for permanency and post-permanency services is woven throughout the continuum of activities and the systems used. From 2015-2019 NC will:</p> <ul style="list-style-type: none"> • Focus its resources on making improvements on the use of Court Improvement funds • Improve procedural protections for parties in court • Increase understanding of the impact of courts at the state and local level • Share data • Increase participation in cross-system efforts • Focus recruitment efforts on foster parents willing to work with incarcerated, substance abusing, or DV engaged parents • NCKIDS activities on the 	

CFSP ~ Goal Overview	Safety	Permanency	Well-Being
		website, matching, database and outreach <ul style="list-style-type: none"> • Disseminate information on how to be a foster/adoptive parent • Non-discriminatory fee structures • Timely search for adoptive placement • Family finding, child specific adoption recruitment • Permanency-focused training services • Trafficking law – runaway status in Foster Care 	
CW Section		<ul style="list-style-type: none"> • All teams play a part 	
Data Sources		<ul style="list-style-type: none"> • AFCARS • AIMS • UNC Management Assistance Website • QCR: # 5-11 (CFSR) • Internal informal tracking 	
Systemic Factor		<ul style="list-style-type: none"> • Statewide Information System • Case Review System (AOC) • QCR • Training • Foster Adoptive Parent Licensing, Recruitment and Retention. 	
Activities		<ul style="list-style-type: none"> • Adoption Promotion (IV-B, pt 2, TANF) • NC Kids • Training and Adoption Indexing • ICPC • Family Finding • Sayso 	
Collaboratives		<ul style="list-style-type: none"> • AOC/CIP ~ Interagency Collaboration • Foster Parent Association • Education Stability task force • Training system • State Collaborative • Essentials for child hood • HOCP • SAYSO 	

Permanency Outcome 2

The continuity of family relationships is preserved for children

A. Based upon NC's most recent available data:

Since the submission of the 2015-2019 CFSP, no additional data has been collected regarding this permanency outcome. During this time the CFSR process and the data items collected have been revised. The data that has been collected for the CFSP is a result of prior CFSR elements and measurements so a direct correlation can't be made. However, a look at these data indicators may provide some insight into the formulation of a performance improvement plan.

Summary:

Permanency Outcome 2	2014 Pilot QCR N=5 counties	2014-2015 OSRI Practice Review N=10 counties
Item 11: Proximity of placement		NA
# cases reviewed	5	
# strengths	4	
# ANI	0	
# Not Applicable	0	
% achieved	80%	NA
Item 12: Placement with siblings		Item 7: Placement with siblings
# cases reviewed	5	10
# strengths	2	2
# ANI	1	1
# Not applicable	2	7
% achieved	40%	20%

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Permanency Outcome 2	2014 Pilot QCR N=5 counties	2014-2015 OSRI Practice Review N=10 counties
Item 13: Visiting w/ parents/siblings		Item 8: Visiting w/ parents/siblings
# cases reviewed	5	10
# strengths	3	5
# ANI	1	3
# Not applicable	1	2
% achieved	60%	50%
Item 14: Preserving connections		Item 9: Preserving Connections
# cases reviewed	5	10
# strengths	4	6
# ANI	1	2
# Not Applicable	0	2
% achieved	80%	60%
Item 15: Relative placement		Item 10: Relative Placement
# cases reviewed	5	10
# strengths	5	3
# ANI	0	4
# Not Applicable	0	3
% achieved	100%	30%
Item 16: Relationship of child in care with parents		Item 11: Relationship of child in care with parents

Permanency Outcome 2	2014 Pilot QCR N=5 counties	2014-2015 OSRI Practice Review N=10 counties
# cases reviewed	5	10
# strengths	2	6
# ANI	2	2
# Not Applicable	1	2
% achieved	40%	60%
Permanency Outcome 2		
# cases reviewed	5	10
# substantially achieved	4	5
# Partially Achieved	1	1
# Not Achieved.	0	2
% substantially achieved	80%	50%

B. Based on data and input from stakeholders, Tribes, Courts, include a brief assessment of strengths and concerns regarding permanency outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the permanency indicators.

The strengths and concerns regarding permanency outcomes has been sated above. NC DSS recognizes that the absence of a statewide automated case management system is a barrier. NC DSS has chosen to focus its efforts around connecting with our CIP/AOC partners to better share data to paint the true landscape of permanency outcomes in NC. Lessons learned from previous Joint Planning sessions with our stakeholders, their feedback, the availability of data, and the implementation of REAP as our CQI framework, has led NC DSS to work with stakeholders to craft a more meaningful way to interact and discuss the permanency indicators.

A stakeholder comment:

I think if we all look at these indicators from our various points of view, we could better determine what areas we need to focus on for continued quality improvement as a whole. This would help move us towards systems change.

C. Well-Being

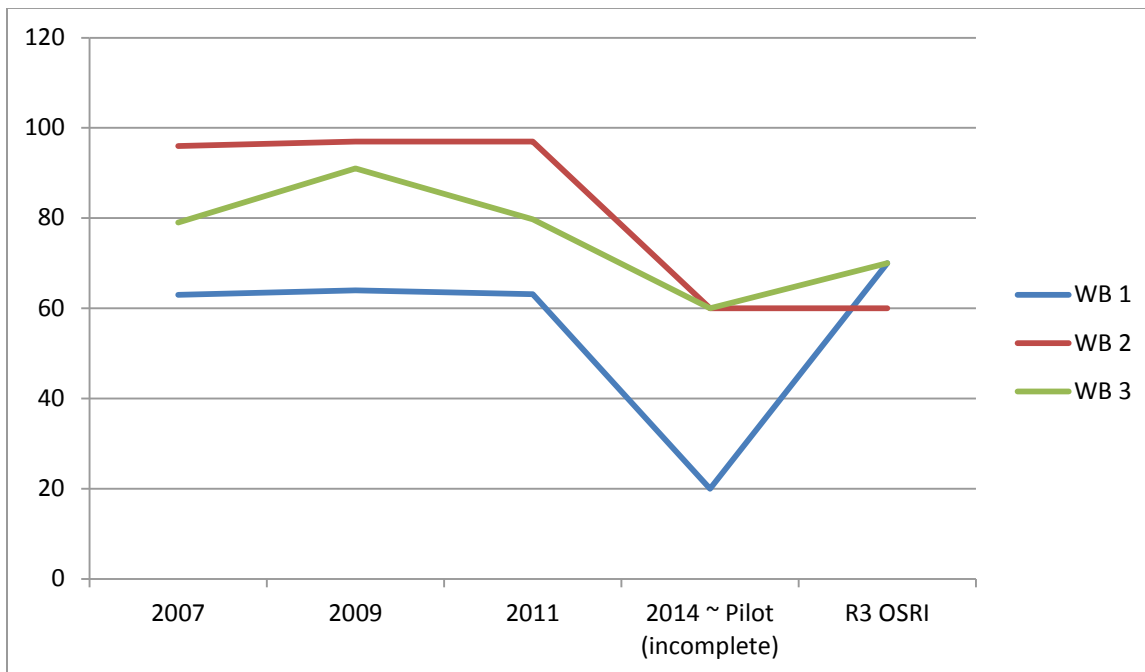
Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

State Performance on Well-Being Outcomes



Most Recent Available data

Summary:

Well-being Outcome 1	2014 Pilot QCR N=5 counties	2014-2015 OSRI Practice Review N=10 counties
Item 17: Needs and services of children/parents/foster parents		Item 12: Needs and services of children/parents/foster parents
# cases reviewed	10	a) & b) & c) = 11
# strengths	3	7
# ANI	7	4
# Not applicable	0	0
% substantially achieved	30%	63%
Item 18: Case planning/management		Item 13: Parent and child involvement in case planning.
# cases reviewed	10	11
# strengths	1	6
# ANI	8	5
# Not Applicable	1	0
% achieved	10%	55%
Item 19: Worker contacts w/ children		Item 14: Frequency of visits between child and worker
# cases reviewed	10	11
# strengths	6	6
# ANI	4	5
# Not Applicable	0	0

Well-being Outcome 1	2014 Pilot QCR N=5 counties	2014-2015 OSRI Practice Review N=10 counties
% achieved	60%	55%
Item 20: Worker contacts w/ parents		Item 15: Frequency of visits between parents and worker
# cases reviewed	10	7
# strengths	1	7
# ANI	8	0
# Not applicable	1	0
% achieved	10%	100%
Outcome Well-Being 1		Outcome Well-Being 1
# cases reviewed	10	11
# substantially achieved	2	7
# Partially Achieved	4	1
# Not Achieved	4	3
% substantially achieved	20%	63%

The County Assessment Tool (CAT) provides additional information on state performance:

- into agency efforts to assess the needs of and provide services to children, parents, and foster parents by looking at the documentation of the CPS Assessment and making assumptions that if the structured decision making tools are completed according to law, rule and policy that needs were assessed. The same logic can be applied by looking at the case plan documentation.
- Into the assessment of whether or not parents and children were involved in the case planning process. If completed according to law, rule and policy then the County Assessment Tool documentation will reflect that this occurred.
- When assessing the frequency of visits between the case worker and the child, the County Assessment Tool will show if visits are occurring at the correct interval throughout the life of the case.

The Monthly Caseworker Vistis (MCV) performance:

- the number of case worker visits made to children who are in foster care and

FFY 13	Target	Achieved
	90%	93%

- the number of visits that are made to the child who is in foster care that occurred in the child's residence.

FFY 13	Target	Achieved
	75%	88.9%

Well-being Outcome 2	2014 Pilot QCR N=5 counties	2014-2015 OSRI Training N=10 counties
Item 21: Education		Item 16: Education
# cases reviewed	10	11
# strengths	6	8
# ANI	2	0
# Not applicable	2	3
% achieved	60%	73%
Outcome Well-Being 2		Outcome Well-Being 2
# cases reviewed	10	11
# substantially achieved	6	6
# Partially Achieved	1	2
# Not Achieved	1	2
# Not applicable	2	3
% substantially achieved	60%	55%

Well-being Outcome 3	2014 Pilot QCR N=5 counties	2014-2015 OSRI Training N=10 counties
Item 22: Physical health		Item 17: Physical Health
# cases reviewed	10	11
# strengths	7	6
# ANI	3	3
# Not Applicable	0	2
% achieved	70%	55%
Item 23: Mental health		Item 18: Mental Health
# cases reviewed	10	11
# strengths	5	6
# ANI	2	2
# Not applicable	3	3
% achieved	50%	55%
Outcome Well-Being 3		Outcome Well-Being 3
# cases reviewed	10	11
# substantially achieved	6	7
# Partially Achieved	3	2
# Not Achieved.	1	2
% substantially achieved	60%	63%

Strengths and Concerns ~ Stakeholder engagement

Since the completion of the 2015-2019 CFSP, the strengths and concerns regarding well-being outcomes for children in NC have not changed. Stakeholders continue to acknowledge that mental health, substance abuse and domestic violence are the primary needs for children and their families. The state-level, child-serving agencies have jointly led an effort to develop a trauma-informed, coordinated, system of care which focuses on strengthening the child and families' protective factors. This has shown to improve child placement stability, permanency outcomes as well as improve child's overall child and well-being outcomes.

One barrier that is specifically affecting North Carolina's ability to ensure needs are met, is that many counties in North Carolina are extremely rural, and do not have adequate clinicians in the area to provide services. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services is working with its partners to ensure there is clinical coverage in these area.

Another barrier affecting our ability to ensure family needs are met is the parent's Medicaid Eligibility when removal of the child is necessary. If the parent loses Medicaid, they are less likely to receive treatment for the individual needs that would help them create a safe environment and be successfully reunited with their children. We are exploring use of flexible funding for these cases at this time.

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

NC's Statewide Information Systems is composed of several disparate systems, with limited interfacing between systems. The Services Information System (SIS) acts as the core for client demographic information. A client must first have a record in SIS to be entered into either Central Registry or Child Placement and Payment Systems. The Central Registry is the statewide system for information related to assessments for reported child maltreatment. Central Registry is the source system for North Carolina's submission of the annual National Child Abuse and Neglect Data System (NCANDS).

The Child Placement and Payment System (CPPS) is the information system for children served by the Foster Care program. All children who are served by North Carolina's Foster Care program are entered into CPPS. Adoptions in North Carolina are recorded into the Adoption Information Management System (AIMS). Together, the CPPS and AIMS systems are the source systems for North Carolina's submission of the Adoption and Foster Care Analysis Reporting System (AFCARS) requirements.

- *Demographic characteristics that are captured are:*
 - *Sex*

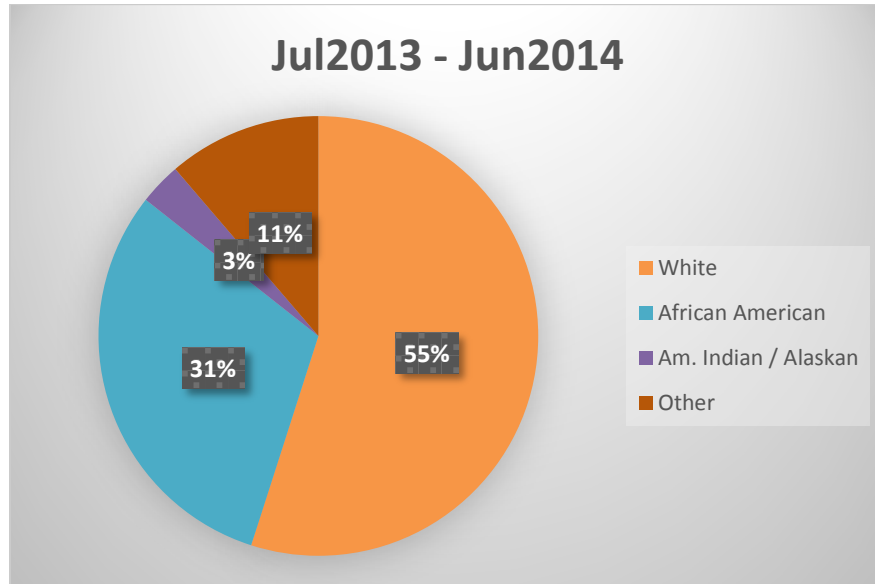
Composition of Initial Entry Cohort by Gender Over Time

<i>FFY</i>	<i># Male %</i>	<i>Female</i>
<i>Jul2013-Jun2014</i>	<i>2709 / 51.63%</i>	<i>2538 / 48.37%</i>
<i>Jul2012-Jun2013</i>	<i>2456 / 51.1%</i>	<i>2349 / 48.89%</i>
<i>Jul2011-Jun2012</i>	<i>2281 / 50.01%</i>	<i>2280 / 49.99%</i>
<i>Jul2010-Jun2011</i>	<i>2391 / 50.94%</i>	<i>2303 / 49.06%</i>
<i>Jul2009-Jun2010</i>	<i>2322 / 50.89%</i>	<i>2241 / 49.11%</i>
<i>Jul2008-Jun2009</i>	<i>2411 / 51.28%</i>	<i>2291 / 48.72%</i>
<i>Jul2007-Jun2008</i>	<i>2486 / 49.3%</i>	<i>2557 / 50.70%</i>

Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J., Bauer, R, and Reese, J. (2014).

▪ **Race**

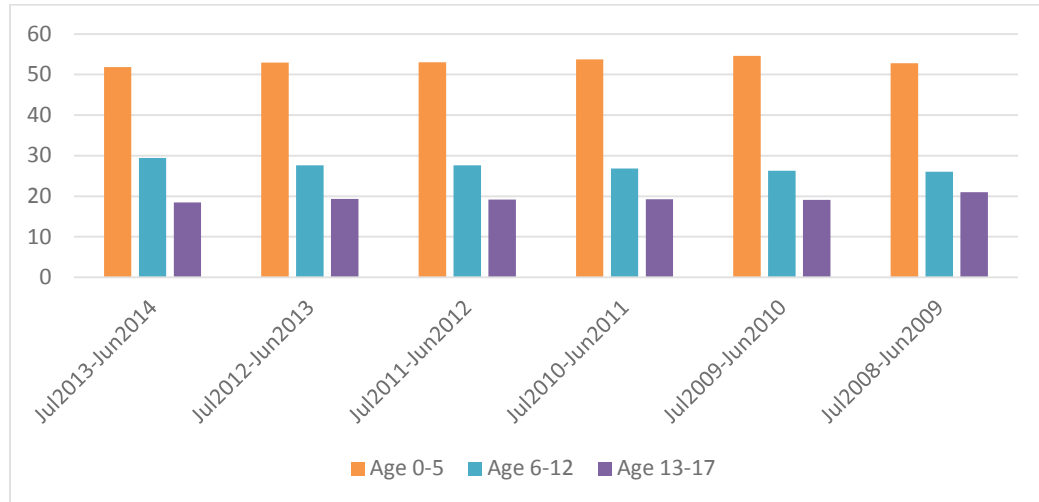
Composition of Initial Entry Cohort by Race ~ Point-In- Time



Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J., Bauer, R, and Reese, J. (2014).

▪ **Age**

Composition of Initial Entry Cohort by Age Over Time



Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J., Bauer, R, and Reese, J. (2014).

▪ *Disability Status (DSS-5094)*

Disability Status (01/01/2013 through 12/31/2014)	Yes	No
Disabled Visually Hearing	79	20621
Disabled Physically	243	20457
Disabled Other	1250	19450
Disabled Mentally	199	20501
Disabled Emotionally	807	19893
Disabled None	18476	2224
Permanent Home Exit	3142	17558

▪ *Placement Authority and the reason the child came into foster care*
Type of Authority

Type of Authority (01/01/2013 through 12/31/2014)	
County Child Welfare	11268
Court ordered legal custody with DSS	7571
Court ordered legal custody, but	175
Relinquishment	71
Voluntary Placement	306
Interstate Placement Agreement	31
CARS	1264
Transfer In (Court)	0
Transfer In (VPA)	0

▪ *Pattern of Initial Placement for Jul2013 – Jun2014 by Age:*

Age	# Placed into foster care	Own Home	Relative	Foster Home	Group Home	Hospital	Emergency Shelter	Court Approved	Therapeutic Home	Jail runaway	Other	Missing Data
0-5	2778	2.16%	33.05%	48.63%	0.68%	6.12%	0.14%	6.16%	0.83%	0.36%	1.69%	0.18%
6-12	1450	3.93%	38.62%	38.90%	4.97%	1.03%	1.03%	6.14%	3.45%	0.34%	1.59%	0.00%
13-17	1015	2.17%	19.80%	22.56%	20.69%	1.87%	7.68%	8.08%	6.21%	7.19%	3.35%	0.39%
Missing	4	0.00%	75.00%	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J., Bauer, R, and Reese, J. (2014).

• *Location*

- *Children who are in foster care, in licensed foster homes/facilities are tracked through their individual identifier, the placement identification number, the beginning and the end date of the placement (Section VIII. Living Arrangement) including those placed out of state.*

Living Arrangement Type (01/01/2013 through 12/31/2014)	
Home of Parent	735
Home of Legal Guardian	57
Home of Relative	4942
Therapeutic Home	1112
Division of Adult Correction	0
Residential School	16
Family Foster Care Home	5768
Small Group Home (Residential)	617
Small Group Home (Treatment)	255
Children's Camp	14
Specialized Family Foster Care (DSS)	154
Large Group Facility (Residential)	777
Large Group Facility (Treatment)	312
Hospital	610
Independent Living Arrangement	64
Adoptive Home (non-relative)	55

Living Arrangement Type (01/01/2013 through 12/31/2014)	
Adoptive Home (relative)	44
Adoptive home (Foster Home)	72
Maternity Home	68
Jail, Lock-up, Detention Facility	296
Emergency Shelter	385
Family Foster Home, Relative	178

- *Status and Plan/Goals*

- *The permanent plan for each child is captured by the type of goal, the data the plan was made, the barriers that exist and if the plan was realized.*
- *Termination of Parental Rights is captured individually by parent.*
- *Case reviews are also captured through CPPS and JWisE.*

Plan Goal (01/01/2013 through 12/31/2014)	
Prevention	261
Family Reunification	14145
Adoption	1597
Guardianship with Relative	712
Guardianship with other	0
Custody with other court approved caretaker	607
Custody with non-removal Parent or Relative	709
Plan Goal not yet established	549
APPLA	46
Reinstatement of Parental Rights	4

The concern over NC DSS's ability to identify children across county lines because NC does not have one unique identifier per child is to be resolved with the implementation of NC Fast. However, in the interim NC DSS is able to drill down to data that can discern if multiple ID's are one child.

For example, regarding NC's re-entry rate, the Child Placement Services Policy (<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/>) provides guidance that during an on-going episode of foster care placement, case management responsibility for the case does not transfer to another county; therefore, the SIS ID for that child will not change. This allows NC to identify the status, demographics characteristics, location and goals for every child for every episode of entry into foster care.

The absence of a unique SIS ID for all children served by the child welfare programs becomes an issue when there is a break in foster care placement. For children who re-enter care in a different county, a new or county specific SIS ID is created. This can potentially impact NC's foster care re-entry rate (the likelihood that a child who has been reunified in one county is subsequently placed in care in another county within the last 12 months may be rare). For these situations, based upon capacity and resources, the CPPS in theory, should be able to help identify the prevalence of this happening.

To demonstrate, extracting data from CPPS focusing on 'Type of Authority', 'Placement Authority Termination Reason', 'Placement Authority Begin Date', and 'Placement Authority Termination Date', it is possible to identify the children who have a new SIS ID and or a new CPPS entry created because of a transfer from another county giving the appearance of a re-entry.

Child	ID	County	'Type of Authority'	Placement Authority Termination Reason'	Placement Authority Begin Date'	'Placement Authority Termination Date'
AR	28	Cumberland	DSS ordered to assume responsibility for non-secure custody by a court of competent jurisdiction (G.S. 7B-502).	Transfer to Another Agency	07/09/2012	09/01/2014
AR	99	Sampson	Transfer in from another North Carolina county.		09/01/2014	

From CPPS retrieved 3/12/2015.

Policy provides guidance that when an accepted report of alleged child maltreatment is received that the agency conduct a search of the central registry, which would, indicate if the child has previous history and the location of the history within NC, please refer to <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/>

Looking at point in time data from the CPPS for 7/1/2013-6/30/2014 on

Placement Authority Type and Termination Reason, we can have a glimpse into the activity around children leaving care and re-entering care within 12 months potentially in another county. Another example:

CPPS data element definition	Count
Placement Authority Transfer in from another North Carolina county (placement was originally court ordered	6
Termination Reason, Transfer to Another Agency – Responsibility for the care of the child was awarded to another agency - either in or outside of the State	80

From CPPS retrieved 3/09/2015.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

The 2015-2019 CFSP, p. 21, provides a description of how DSS and the courts work in tandem. NC DSS and the NC Administrative Office of the Courts Court Improvement Project (AOC/CIP) recognize that a gap in the case review system is the ability to collect specific data on joint case plan development. The AOC/CIP case management system, J Wise, does not track if the development of a child's case plan is done jointly with the parent(s). However, NC DSS policy for the development of Out of Home Family Services Agreement states:

"The social worker shall explain that the Out of Home Family Services Agreement (DSS-5240) will be developed jointly with [Parents] them (P.3)... Children receiving foster care services shall have individualized, written Out of Home Family Services Agreements, which state the permanency goal for their future and a target date for completion.

<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201c5.pdf>

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

Insert state response to Item 21: Periodic Reviews

Multiple sources of data are used to assess the functioning of NC's case review system. Although the CCPS captures the date of first review and the due date for the subsequent review, this does not provide information on the type or review. As noted in the 2015-2019 CFSP, NC does not have a statewide information system that will create useable aggregate data at this time. However, between policy, outcome reviews and J Wise data, NC can demonstrate that periodic reviews are occurring no less frequently than once every 6 months.

NC policy regarding periodic reviews and the requirements surrounding periodic reviews is located in two chapters of the Family Services Manual:

-
- Chapter X <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-67/man/CScX.pdf>
 - Section 1201 <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/>

Policy requires that the Out-of-Home Services Agreement (DSS-5240 <http://info.dhhs.state.nc.us/olm/forms/dss/dss-5240.pdf>) document the continued safety of the child and that the current placement is appropriate and meeting the child's needs. Parental progress and compliance with requirements of the plan are also captured on the Out-of-Home Services Agreement.

Through J Wise, some data related to periodic reviews is available through the 'NC Key Time Standard Reports'. Time standard reports are designed to track the federal Adoptions and Safe Families Act timelines.

For instance what we know about periodic reviews from J Wise:

-
- *Time to all Subsequent Permanency Hearings:* The median length of time in days between each subsequent permanency hearing that occurs until final permanency is achieved. For example, the number of days between the first permanency hearing and the second permanency hearing, the second permanency hearing and third, etc., for each hearing that occurs while the child remains in care.

FFY	Number of Children	Time to all Subsequent Permanency Hearings (days) ~ Federal Requirement no less than 180 days.
2011	2749	119
2012	2949	112
2013	2923	112

Data provided on Feb. 09, 2015 by NC CIP

- ‘Entry of Order Due Report’ and runs weekly and reflects all cases in which there is a. This report provides by case:

<i>‘Type Code of Entry of Order (EO)’ but no ‘Outcome Code’</i>
<i>Age of Order Due - number of days between the hearing date and the date the report is run</i>
<i>Hearing Date - Date the hearing concluded</i>
<i>Event Date - Date of the Entry of Order Event (AKA order due date)</i>
<i>File Number</i>
<i>Juvenile’s Name</i>
<i>Event Code - Type of event that order is for ADJ, DISP, NSEC, etc.</i>
<i>Event Judge - Presiding Judge who heard the matter</i>
<i>Case Status - Either Open/Pending or Closed/Completed</i>

External stakeholder collaboration between the Interagency Coordinating Council, NCACDSS, and NC DSS, can provide insight into the timeliness of periodic reviews. Ongoing conversations with these stakeholders indicate a concern over the gaps facing measurement of this item. NC DSS and AOC/CIP are discussing the aspects of this report that may provide meaningful information for counties.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

In addition to the CPPS system, which tracks all court hearing dates, information from the NC AOC CIP funded J Wise system provides data on the court hearings for juveniles served by the Foster Care system.

1. *Time to First Permanency Hearing:* The median time from the filing of the original petition to first permanency hearing (how long it takes to complete the first permanency hearing).

FFY	Number of Children Statewide	Time to First Permanency Hearing (days)
2011	3847	299
2012	3986	299
2013	4260	286

Data provided on Feb. 09, 2015 by NC CIP

2. *Time to Permanent Placement:* The median time from filing of the original petition to legal permanency (how long it takes for children in abuse and neglect cases to achieve legal permanency, following the filing of the original petition). "Legal Permanency" means that there is a permanent and secure legal relationship between the adult caregiver and the child, including reunification, adoption, legal guardianship or placement with a fit and willing relative.

FFY	Number of Children	Time to Permanent Placement (days)
2011	2769	445
2012	2476	393
2013	1738	306

Data provided on Feb. 09, 2015 by NC CIP

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

Insert state response to Item 23: Termination of Parental Rights

Termination of parental rights for both parents are recorded into the CPPS system as dates.

VI. PARENTAL RIGHTS TERMINATION			
38. MOTHER	MO	DAY	YEAR
39. FATHER	MO	DAY	YEAR

Policy instructions:

PARENTAL RIGHTS TERMINATION (Fields 38 through 39)

Complete this section when relinquishment has been signed or when parental rights are terminated. This section pertains to the Termination of Parental Rights (TPR) either by court action or relinquishment. The date that parental rights are terminated by court action is the date that the court actually orders the TPR either from the bench or the date recorded in the written court order as having been entered by the court. These dates need to be entered immediately as soon as termination is obtained for each parent.

From CPPS we are able to show:

Time to Termination of Parental Rights Petition: Where reunification has not been achieved, the median time from filing of the original petition to filing the petition to terminate parental rights (how long it takes from the date the original child abuse or neglect petition is filed to the date the termination of parental rights petition is filed).

Time to Termination of Parental Rights: Where reunification has not been achieved, the median time from filing of the original child abuse and neglect petition to the termination of parental rights (how long it takes from the date the original child abuse and neglect petition was filed to the date the termination of parental rights proceeding is completed).

The CPPS provides a data report to help local case managers keep track of activities that are due in the current month, due at the next month and overdue. The reports (PQA 080/PQA 081 <http://www.ncdhhs.gov/dss/stats/reports.htm>) are run monthly. This allows workers to ensure that the 15 month timeframe is met for children who are in foster care.

Addition data is available regarding the filing of termination of parental rights is available in part from our partnership with AOC/CIP and their automated system JWisE.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

Insert state response to Item 24: Notice of Hearings and Reviews to Caregivers

Refer to the 2015-2019 CFSP p.25 & 26 regarding the status of this item. NC DSS is working to enhance our capacity to inform system functioning related to notification through the development of County Assessments. County Assessments are designed to evaluate the thoroughness by which social workers in county departments of social services execute case activities according to state law, rule, policy, and recommended best practices. The premise is that if all required activities are completed in every case, the likelihood of positive outcomes that enhance safety, permanency, and well-being for children and families are substantially improved. Unlike the Child and Family Services Reviews (CFSR), the sample of cases is targeted to identify strengths or areas needing improvement in specific program areas. As this process continues to evolve, data will become available to determine if caregivers receive notice of hearing and reviews.

NC DSS policy requires that all parties to a case review a notice of hearing (<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-67/man/>).

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

Insert state response to Item 25: Quality Assurance System

NC DSS maintains a web site that includes a page for child welfare program statistics and reviews (<http://www.ncdhhs.gov/dss/stats/cw.htm>). Information from CFSP R2 2007 to the current 2015-2019 CFSP is listed on this page.

Required Reporting Under Title IV-B of the Social Security Act

North Carolina Child and Family Services Plan for Fiscal Years 2015-2019

Attachment 1 - North Carolina Foster Care Health Oversight and Coordination Plan

Attachment 2 - North Carolina Disaster Case Management Plan

Attachment 3 - NC Training System Description Overview

North Carolina Child and Family Services Plan for Fiscal Years 2010-2014

2011 Annual Progress and Service Report

2012 Annual Progress and Service Report

2013 Annual Progress and Service Report

2014 Annual Progress and Service Report

Central Registry Statistics

Index Of State Automation

County Experiences

Probability of Placement Data

With the release of CFSR Technical Bulletin #7, the submission of NC's intent to use its own case review process for the purpose of the federally mandated CFSR process (July 31, 2014), and the subsequent approval from the Children's Bureau (CB) in January, 2015, NC continues to move forward with preparations for the onsite review period of April 1, 2015 through September 30, 2015. Preparations have included TA from the Children's Bureau and JBS; county and state partners; and the work of those counties selected to participate in OSR activities.

TA from the CB has focused on encouraging NC DSS to expand its case review process in support of NC DSS intention to apply for the state directed case review process available under CFSR R3. The efficacy of this TA is demonstrated by the approval of NC DSS to conduct its own CFSR OSR activities. TA continues to be provided around the OSR process.

- CFSR Oversight planning
- Conference calls
- 14 separate TA calls in 2014
- 10 separate TA call in 2015
- Site visits in 2015
- January 8, 2015 Mecklenburg County criterion discussion
- March 3, 2015 Mecklenburg County JBS OMS training
- March 4, 2015 Cumberland County JBS OMS training
- March 5, 2015 Wilson County JBS OMS training
- March 6, 2015 Wake County JBS OMS training
- REAP Learning Community in 2014

The NC CFSR Quality Case Review Protocol provides an overview of the readiness assessments conducted to ensure that those counties participating in the OSR were prepared. Children belonging to the Eastern Band of the Cherokee Indians (EBCI) will be sampled from: Haywood, Jackson, and Swain. The QCR of these cases will be conducted using a traditional approach to the review of child welfare case records. County readiness is operationalized through a phased approach.

Readiness Activity Phase I

Training & TA Phase II

Joint Reviews Phase III

Independent QCR

- County assessment of existing QA practices, resources & capacity; NCDSS QA staff train county staff on revised OSRI;
- using county records (one in-home & foster care) for hands on training and model joint reviews in training

County and NCDSS will concurrently apply the OSRI on randomly selected cases.

- Case related interviews are conducted jointly with county and NCDSS reviewers and the OSRI updated as needed.
- Completed OSRI's are staffed with NCDSS and county reviewers
- Outcome and Systemic Factor final ratings are staffed with county reviewers.
- Phase II will remain until the agency has demonstrated their ability to complete the OSRI with fidelity
- All completed OSRIs are submitted to NCDSS QA for QA.
- Outcome findings will be monitored by both the county and NCDSS Counties who have mastered the independent QCR process will operationalize their protocol and submit it to NCDSS for approval. TA & support will be provided to ensure that the county maintains their Phase III
- Phase III counties will submit all OSRI's to NCDSS for QA
- NCDSS QA of OSRI's will involve the random selection of cases by NCDSS and be based on the county approved protocol and will include the complete case record and OSRI
- Every 6 months a Phase III county will randomly have a FC case and an IHS case record reviewed in its entirety by NCDSS QA staff
- Outcome findings will be monitored by both the county and NCDSS

County readiness:

COUNTY LEVEL	PRACTICE COUNTY	SAMPLE RATIO	PROTOCOL APPROVED	FC/IH	TOTAL SAMPLE SIZE	PHASE
EBCI (Swain & Jackson)	NA	7		Phase 1: State Conducted	NA	
Mecklenburg	19:11	30	PHASE III	<input type="checkbox"/>		
Wake	17:11	28	PHASE II+	<input type="checkbox"/>		
Cumberland	18:06	24	PHASE III	<input type="checkbox"/>		
Buncombe	7:06	13	PHASE III	<input type="checkbox"/>		
Durham	4:04	8	PHASE III			
Pitt	4:02	6	PHASE II			
Craven	2:03	5	PHASE III	<input type="checkbox"/>		
Hoke	1:01	2	PHASE III			
Scotland	1:01	2	PHASE III	Pending		
Wilson	1:01	2	PHASE II+	Pending		

List of questions Examples:

OSRI Item Specific Questions

Item	Question	Answer & date of response	Answer Source
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4	When a child runs away and then goes to a respite or emergency shelter before going to a new placement or returning to the former placement, is the respite and/or emergency placement considered a placement change?		
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12/8/2014 Yes, these would be considered placement changes that were not made in an effort to achieve case goals. (Confirmed by CB on 12/16/2014.)

NCDSS-Review Team (Based on OSRI, page 23, third bullet under Question 4B Instructions.)

6	Was the therapist's recommendation for Shawnteese not to go home considered in this item rating? Could that have made this item a strength?		
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1/16/2015 Considered reviewer discretion, make sure to consider in the context of the entire case. Encouraged to have a dialogue, ensue appropriate and adequate information to support reviewer decision.

Children's Bureau

Upcoming activities

- April 29 & 30, 2015 Site visit pending
- May 6 & 7, 2015 Joint Planning

NC DSS's effort to provide technical assistance to county agencies around data quality is being enhanced via the development of County Program Assessments. These assessments are designed to evaluate the thoroughness by which social workers in county departments of social services execute case activities according to state law, rule, policy, and recommended best practices. The premise is that if all required activities are completed in every case, the likelihood of positive outcomes that enhance safety, permanency, and well-being for children and families are substantially improved. Unlike Quality Case Reviews, the sample of cases is targeted to identify strengths or areas needing improvement in specific program areas. The objectives of the county child welfare program assessments are:

- Assess county child welfare programs for compliance with statutes, rules, and policies in program administration and case management
- Build county capacity in understanding and implementing quality assurance functions in their county
- Development of continuous quality improvement plans with each county for enhancement of services to children and families
- Holding county child welfare programs accountable for program improvement,

The Child Welfare Program Assessment staffs, will be responsible for:

- Reviewing available data regarding county child welfare programs to develop a picture of the counties' workflows.
- Engaging each county child welfare administration in a conversation regarding the compliance with statute, rules, and policies, and scheduling onsite case reviews to assess practice
- Reporting assessment results to county administrations to which they will respond with a plan for which they will be accountable for program enhancement
- Periodic assessments of county child welfare program plans and data to evaluate the effectiveness of county plans in demonstrating improvement in services.

Over the last 14 months, NC DSS have

- conducted 9 county program assessments in 6 counties. They are designed to look at the machinery that produce the outcomes in the CFSR.
- Three of the 6 counties had follow up reviews to mark progress on their CQI plans from their 1st assessment.
- To date, 203 CPS assessments, 5 In Home cases, and 44 foster care/adoption cases were reviewed.
- There is currently no capacity to aggregate all the results from the case reviews since the process is still in development.

This county assessment process, which is designed to focus on very specific program areas, is tailored to each county and their identified needs. Each case review component of the assessment is different from county to county dependent upon issues identified, and the case sample is stacked to identify cases at most risk of having errors. The end result is a more thorough look at the issues creating the questionable performance to develop their continuous quality improvement plan. As each assessment is completed in this development time, the tools are further refined. The process and tools being utilized are still in development as the Division is implementing a new protocol, so consistent data from all the reviews is not yet available. In all reviews, there will be development of a continuous quality improvement plan that will be periodically re-evaluated by a newly created team that is in the process of being hired.

Since technical assistance from the Division must focus on those areas of greatest need, there are some overarching themes that have been identified from the case reviews, interviews with management, and a review of additional data.

Supervision is a major issue in counties. The availability of supervisors and clearly defined protocols to move assessments through the county system is significant. Ensuring thorough and timely assessments are completed ultimately falls to the supervisor. Tools, means of staffing, and management of time are areas that need attention. Two of the assessed counties have developed quality assurance teams to monitor the effectiveness of decision making and have produced results within the counties in completion of required tasks.

A second area of concern is insufficient contact with families during assessments. In the 2 most recent reviews, sufficient contacts were made in 42% of the cases. As plans are being formulated, improved use of data in management and decision making will be emphasized to ensure timeliness (which appears to be a companion issue to the contacts) and thoroughness.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

The 2015-2019 CFSP, p. 114 provides detail on NC's training plan for initial and on-going training. There are two overarching strategies that NC DSS employs to ensure that the child welfare workforce is able to deliver the full array of services: initial staff training and on-going staff training. On-going staff training will be detailed in Item #27.

N.C. G.S. 131D-10.6A (b) Training by the Division of Social Services required:

"The Division of social services shall establish minimum training requirements for child welfare services staff. The minimum training requirements established by the division are as follows:

[Child welfare services workers and supervisors who are hired or who assume child welfare services responsibilities (including staff hired for on-call responsibilities involving direct client contact) must complete a minimum of **72 hours** of pre-service training titled *Child Welfare in North Carolina* and the designated Transfer of Learning packet prior to direct client contact or assuming supervisory responsibilities].

"The Division of Social Services shall ensure that training opportunities are available for county departments of social services and consolidated human service agencies to meet the training requirements of this subsection."

NC's county administered system places the responsibility for the delivery of child welfare services on each county and this includes the responsibility for ensuring that staff have received the training that allows them to deliver services.

During the past State Fiscal Year (SFY) the NC General Assembly provided an additional \$750,000 specifically for new positions at the county level to provide Child Protective Services. These new funded positions placed additional unfunded requirements on the NC DSS to ensure that hires who had not previously met the training requirements were able to receive training as quickly as possible once hired. The NC DSS responded rapidly by adding two additional events, and adjusting the schedules and locations of three previously scheduled events to meet the needs of the local offices.

The recommended course sequence for child welfare staff hired or assuming job responsibility on or after January 1, 1998 is as follows: Child Welfare in North Carolina, Medical Aspects, Legal Aspects, Child Development in Families at Risk, Building Awareness and Cultural competency, Step by Step and 200 Series, Tier 2, courses that apply to the worker's job function, and topic specific courses in the 300 series. However, courses are not always offered the same number of times each year. The training calendar is set every six months. The number of events for each curriculum varies with a review of the attendance for each curriculum; participant satisfaction and participant comments; data from the child welfare Staffing Workbook or if there are particular topics that must be trained more often due to a special circumstance or a new policy or practice. For example, the NC's Child Welfare Professionals 2014 training interest survey, completed by Family and Children's Resource Program, Jordan Institute for Families, UNC School of Social Work. Based upon a 30% response rate, training priorities were identified in order of preference:

1. Secondary Traumatic Stress and Child Welfare Professionals (Responding to and Preventing)
2. Safety Resources and Kinship Care: What is Best Practice?
3. Emotional Abuse (Assessing and Responding to)
4. Reasonable Efforts: What Child Welfare Social Workers Need to Know
5. Documentation in Child Welfare: Effective Practices for County DSS Agencies
6. Child Sex Abuse Interviews (includes Forensic Interviews and Interviewing Young Children)
7. Social Worker Safety
8. Collaborating with Law Enforcement
9. Writing Effective In-home and Out-of-Home Services Agreements
10. Technology and Its Impact on Child Safety and Well-Being
11. Human Trafficking
12. Injurious Environment (Assessing and Responding to)
13. Oppositional Defiant Disorder

- 14. Bipolar Disorder
- 15. CPS Assessments of Foster Homes
- 16. Updates and Special Issues for CPS Intake and On-call
- 17. Cultural Competency: Working with Families from Different Cultures
- 18. Other: (Please be as specific as possible)
- 19. CFSR (i.e., the federal Child and Family Services Review)
- 20. CPS Assessments of Day Cares, Group Homes, and Detention Centers
- 21. Adoption Assistance/Subsidy and Adoption Record Reviews

Trainings are available statewide either through webinar/webcast or at one of the regional training centers. Below are the numbers of workers attending the basic required courses; this does not include, ancillary courses. For a complete listing of trainings offered please visit the on-line catalog of trainings at <https://www.ncswlearn.org/findtraining/>

The number of training events delivered 7/1/13 to present (extracted from ncswelearn.org – 3/11/15)

Curricula (primary required courses)	Number of Events Delivered
Adoption Services	6
Family Preservation/Family Support	6
Foster Care	12
CPS Activities	87

The number of workers attending training:

Curricula (primary required courses)	Number of workers attending
Adoption Services	36
Family Preservation/Family Support	13
Foster Care	483
CPS Activities	1029

Source: Family and Children’s Resource Program, Jordan Institute for Families, UNC-CH-SSW, and data extracted from ncswelearn.org – 8/8/14.

Participant Satisfaction

Through the use of electronic Participant Satisfaction Forms (e-PSFs) completed by training participants between July 1, 2013 and June 30, 2014 we are able to say that in regards to satisfaction with curricula, perceived learning and potential for application in practice, overall participants are satisfied with training experience. The Summary of Participant Satisfaction Survey questions are:

THE CONTENT OF THIS TRAINING	Options
1. has a good mix of learning activities (e.g. lecture, discussion, individual or group exercises and audio/visuals such as flip charts, slides, videos) 2. Includes material on the diversity of families and their situations, for example: race, color, national origin, disability, age, sex, religion, gender, ethnicity, culture, sexual orientation, family composition, or income 3. Is well-organized (e.g., did it follow a logical progression?) 4. is relevant to my job	Strongly Agree Agree Don't Know Disagree Strongly Disagree
5. Is the length of time for this training appropriate for the amount of content covered?	Yes, just right No, too long No, too short
OVERALL PERCEPTION OF TRAINING:	
6. My understanding of the topic(s) covered in this training has significantly increased 7. As a result of this training I have developed skills to improve my practice 8. As a result of this training I am more capable of performing my job 9. I intend to use what I learned in training on my job 10. At work, I will be supported as I use what I learned in training on my job 11. Prior to attending this training, I was eager to come 12. Now that the training is over, I'm glad I attended 13. I would recommend this training to a colleague	Strongly Agree Agree Don't Know Disagree Strongly Disagree
14. Overall, how would you rate this training experience?	Very High High Low Very Low
15. Comment: Please help us by telling us specifically what we're doing well and how we can improve.	Please give examples:

Trainers:	
Trainer was respectful to training participants	Strongly Agree
Trainer knew the subject matter well	Agree
Trainer effectively presented material	Don't Know
Trainer was responsive to trainee questions and feedback	Disagree
Trainer managed the group well	Strongly Disagree
Trainer worked well with other trainer(s)	
Comment: Please help us by telling us specifically what we're doing well and how we can improve.	Please give examples:

Between July 2013 and June 2014, **2,512** e-PSFs were completed from 250 classroom-based training events. Training was conducted by **54** different trainers, covering **42** courses of different levels (foundational, functional, and specialized).

<i>❖ Classroom-Based Curriculum and Training Experience</i>
<p>Results reported as Strongly Agree</p> <p>1. has a good mix of learning activities (e.g. lecture, discussion, individual or group exercises and audio/visuals such as flip charts, slides, videos) 97.3%</p> <p>2. Includes material on the diversity of families and their situations, for example: race, color, national origin, disability, age, sex, religion, gender, ethnicity, culture, sexual orientation, family composition, or income NR</p> <p>3. is well-organized (e.g., did it follow a logical progression?) 97.6%</p> <p>4. is relevant to my job 98.4%</p>
<p>Results reported as Yes, Just Right</p> <p>5. Is the length of time for this training appropriate for the amount of content covered? 79%</p>
<p>Results reported as Strongly Agree</p> <p>6. My understanding of the topic(s) covered in this training has significantly increased 95.6%</p> <p>7. As a result of this training I have developed skills to improve my practice. 98%</p> <p>8. As a result of this training I am more capable of performing my job 96.6%</p> <p>9. I intend to use what I learned in training on my job 99.1%</p> <p>10. At work, I will be supported as I use what I learned in training on my job 97.6%</p> <p>11. Prior to attending this training, I was eager to come 10.9%</p> <p>12. Now that the training is over, I'm glad I attended 97.1%</p> <p>13. I would recommend this training to a colleague 97.3%</p>

Results N= 2,512 and includes “very high,” “high,” and “moderate” responses

14. Overall, how would you rate this training experience? **98.4%**

15. Comment: Please help us by telling us specifically what we're doing well and how we can improve.

❖ *Participants’ Satisfaction with Trainers*

Overall, **trainers’ ability to effectively deliver classroom-based training** is well demonstrated by the data. On a 4-point scale, the average overall score for all trainers was 3.80 for this time period (standard deviation = 0.44). Overall, mean scores for all items ranged from 3.77 to 3.81, which reflects a high degree of satisfaction with trainers’ performance as a group.

Data Sources: ncswLearn.org, e-PSFs, Open Window Annual reports from evaluation of contracts with UNC Child Welfare Training, Child Welfare Monthly County Staffing work book.

Applying the information to make system improvements

PSFs are reviewed by NCDSS (trainers and managers) to gain insight into the areas that need to be strengthened or changed within the curriculum. The same feedback loop of ePSFs is utilized to identify practices that must be incorporated or strengthened to improve child welfare outcomes.

The Supervisor Advisory Group made up of county DSS supervisors meets quarterly to discuss how to improve supervisory practices in NC. The Staff Development Team administrator and one of the staff trainers are members of that group. This group originated after the 2007 CFSR that highlighted the need for stronger, more focused supervision as a way to improve front line practices.

- Since that time, this group has identified several strategies that supervisors across the state have been encouraged to incorporate into their practices. Most recently, two NC universities have volunteered their time and resources to the Supervisor Advisory Group to develop a second level of supervision training to our current Intro to Supervision training offered through Staff Development. The goal is develop a Supervisor Certification program for NC, strengthen training for supervisors, and identify common core supervisory practices that will improve front line worker practices and a model for child welfare supervision in NC.

In addition, the effectiveness of our training system is informed in part from a monthly Child Welfare Staffing Survey that is completed by all 100 counties. The survey specifically looks at staffing trends that will, if we are developing a well-trained child welfare workforce, will result in:

- an increase in the number of competently trained social workers,

The 2014 Staffing Workbooks and survey finds:

- 47% of the front line social workers hold a BSW or MSW degree
-

- decrease in the annual social worker departure rate, 2014 Child Welfare Staffing work book defines social worker departure rate as ~ avoidable worker vacancies statewide defined as any vacancy other than death, retirement and RIF. NC’s Most Recent Performance is 21.84%
<http://sasweb.unc.edu/cgi/pdf/reapReport.py?lib=cwweb&county=Wake&label=County&year=201412>
- alleviate any staffing gaps or surplus and The UNC Management Assistance website provides counties with a determination regarding their staffing gap or surplus, and their annual departure rate
<http://www.unc.edu/~kum/ma/papers/cw/CWS%20Achievement%20Guide%20June%202013.pdf>
- Increase the percentage of supervisors and managers certified in child welfare supervision

Through these venues, the NC General Assembly responded to the needs of the counties and provided for an increase in child welfare staffing; to which, the NC DSS training system responded with flexibility and a plan to transition workers from initial to on-going training. For more information refer to Item 27.

The training system is also augmented through collaboration with our university partners and the NC Child Welfare Education Collaborative.

<http://socialwork.uncc.edu/student-resources/north-carolina-child-welfare-collaborative>

The outcome of the Child Welfare Collaborative is to increase the number of well-trained and highly committed BSW and MSW social workers employed in local departments of social services. The measure of this service is determined by the number of scholars graduating in the Child Welfare Collaborative, the number participating in the Collaborative, the number of universities and counties participating.

CW Collaborative Outcome	2012-2013	2013-2014
# of students served	121	Actual served 148
# of universities participating	15	16 (statewide)
Graduation rate		71 total graduates
Data Source		CWEC 2013-14 annual report UNC.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

Oversight for ensuring that all child welfare staff have successfully completed the training for the services being delivered lies with the county that the worker is employed by.

On-going staff training takes into account that many new child welfare workers enter an agency at the Unconscious Incompetence level of knowledge and skill. Workers in this category often are unaware of what they do not know about the child welfare system. Therefore, the 100 series training events are primarily targeted to the needs of child welfare workers who are beginning their social work practice in a North Carolina Department of Social Service agency. On-going training is offered to support the skills learned during initial training in the 200 series training events, and are divided into Tier 1 and Tier 2.

Courses in this series provide more in-depth knowledge and application of social work theories, procedures, and practice. The target audience for these training events is social workers and supervisors who have no more than one year of experience.

In the **200 series, Tier 1**, courses participants are provided with extensive information regarding job specific issues that are essential to the initial and on-going assessment of children and their families. The **200 series, Tier 2**, courses primarily provide child welfare staff with more in-depth knowledge and skills practice regarding job specific information. These training events are targeted to child welfare staff who possess less than one year of child welfare experience in a North Carolina Department of Social Service or for staff who change job functions.

Training events provided in the 300 series provide child welfare staff with knowledge and skills practice regarding specialized and related topics that are associated with child maltreatment, achieving permanence for children and supervisory skills development. These courses are designed to refine the knowledge and practice that child welfare staff has previously gained through the 100 series, 200 series and on-the-job training. The 300 series training events are targeted toward child welfare staff who possess more than one year of child welfare experience.

Child Welfare staff in NC are required to attend ongoing training hours.

- All CPS staff must have an additional minimum of *18 hours of in-service training within the first year*;
- *Foster care and adoption workers must have an additional 39 hours of in-service training within the first year* of employment.
- An additional 24 hours of continuing education for all workers/supervisors, regardless of employment date, is required every year after the first year of employment.
- Social work supervisors must also attend an additional 54 hours of supervisory training within the first year of employment.
- Child welfare services workers and supervisors who assume a role in a new or different functional area and who met the pre-service training requirements at the time of their employment are not required to attend *Child Welfare in North Carolina*. However, these individuals are required to attend the job specific training (200 series, tier II) within 3 months of assuming their job assignment/responsibility.
- For staff whose primary job function is in an area other than child welfare, yet serve Occasional On-Call (with duties involving direct contact with clients) or Occasional On-Call supervisory back-up for these staff members, *Child Welfare In North Carolina (pre-service training)* is required prior to direct client contact.
- 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 members, may attend a choice of training. These staff may choose to attend the 72-hour pre-service training OR they may attend Intake in Child Welfare Services AND CPS Assessments in Child Welfare Services.

County workers and supervisors are able to monitor their training needs through the NC SW Learn portal. Workers are able to individualize on-going training based on the services being provided. To see a complete list of the child welfare courses that are offered please visit the NC SW Learn portal <https://www.ncswlearn.org/plp/catalog/>.

Through the portal, staffs are able to create a user account, search, and register for trainings. Once a user account is created all trainings attended are captured. The catalog entry for each course provides: a description of the course, the pre-requisites for attending the course is given, the target audience is identified, and all available dates are displayed. When selecting a course, staff are able to choose the available date, location and delivery method that best meets their needs.

County Directors have informed NC DSS that when training needs are not offered through the state training system, external sources are sought. For example: time management for line workers, supervisory/leadership support or refresher training on evolving best practice theories.

Counties can supplement training through external sources and can receive credit from these trainings toward the 24 hours of continuing education they are required to acquire. Other training examples, counties bring in community resources such as law enforcement to train on safety, DV resources, and mental health providers, substance abuse service providers to train on areas of need or concern that affects their particular communities.

Through the CW Staffing survey we are able to identify that of the 2860.89 total FTE's assigned to child welfare services in 2014, the number of FTE's needed to cover CPS, CPS In Home Services, Foster Care, Adoption, Resource Family Licensing and Certification, and other non-fee home studies at any given time is 2527.43; however, in 2014 NC had 2351.21 FTE's available.

Through monitoring the social worker departure rate, some predictions can be made as to future training needs.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Insert state response to Item 28: Foster and Adoptive Parent Training

Foster families need to have a broad range of knowledge, skills, self-awareness and patience to care for the children living in their home. To assist the family in broadening their knowledge and skills, foster parent applicants must receive **30 hours of pre-service training prior to licensure** and **all existing and new foster families** must receive **10 hours of in-service training on an annual basis**.

Pre-service training must address the following issues:

- General Orientation to Foster Care
- Communication Skills
- Understanding the Dynamics of the Foster Care and Adoption Process
- Separation and Loss
- Attachment and Trust
- Child Development
- Behavior Management
- Working with Birth Families and Maintaining Connections
- Life Book Preparation
- Planned Moves and the Impact of Disruptions
- The Impact of Placement on Foster and Adoptive Families
- Teamwork to Achieve Permanence
- Cultural Sensitivity
- Confidentiality
- Health and Safety

County departments of social services are urged to develop their own curricula for **in-service training** so that training may be available throughout the year for foster parents. The following is a list of possible alternatives agencies may choose in meeting the in-service training requirement:

- Relevant video tapes with a questionnaire to document that the family has viewed the videotape.
- The number of hours the foster parent(s) has participated in therapy sessions with foster children. Documentation by the therapist should be obtained for the case record.
- Families may read newsletters, books, manuals, etc. that directly relate to foster parenting and the needs of children in their home.
- Attendance at state, regional and/or national foster parent conferences.
- Attendance at local foster parent association meetings as long as the meetings contain relevant information related to the needs of foster children.

Through the CW Staffing workbook, we know that statewide in 2014, on average that 662 Foster/Adoptive Families were in training in counties, to become licensed or certified.

Also through the CW Staffing survey, we are able to identify that 47 total FTE’s are assigned for Foster and Adoptive Family Training as their primary function, statewide.

In addition to the county structured training, the 2015-2019 CFSP, Section X. p. 111 provides a description of The Permanency Innovation Initiative Fund and describes one of the 3 strategies outlined in statute as Permanency Training, which is available to all 100 counties as of July 1, 2014.

Performance Measure	Target Value	Actuals Achieved Through December 2014	Progress towards Year 2 Goal
Number of family and caregiver training hours	200	24.5	12%
Number of Professional training and coaching hours (Coaching and consultation are defined as implementation drivers to ensure that individuals are able to use what they learn in training. It is provided to participants who have completed permanency trainings or family education and support.)	250	141.25	57%
Percentage of family participants evidencing improved knowledge of caregiving skills and child/adolescent development following completion of family education sessions as evidenced by pre and post-tests. <ul style="list-style-type: none"> • Family education and support utilizes Triple P, Positive Parenting Program, a parenting and family support system designed to prevent and treat behavioral and emotional problems in children, teenagers, and children with disabilities. 	75%	0	

**Information taken from monthly report provided 01/13/15 by Children's Home Society.
1,466 training participants January 1, 2014 through June 30, 2014
775 training participants July 1, 2014 through December 31, 2014

The responsibility for providing and documenting training to foster and adoptive parents falls to county agencies with oversight from NC DSS. Through the Foster Care Licensing System (FCLS) training hours are captured as orientation hours, skills development or child specific. The FCLS will terminate a license if the required training hour documentation is not submitted (NC DSS-5015).

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

Insert state response to Item 29: Array of Services

Through a wide variety of sources, it has consistently been reported that the greatest need for services are those that are related to three broad categories:

- Substance Abuse Assessment and Treatment Services,
- Domestic Violence and
- Mental Health Services.
-

In the CCPT 2013 end of year summary report and the NC DSS response, these issues are once again noted as the areas of greatest need. The Community Child Protection Team State Advisory Board (CCPTAB) has also noted that their conclusions are consistent with the service array components of the statewide assessment; therefore the CCPTAB will focus its resources for developing a deeper understanding for why these categories continue to be problematic in NC.

In addition to the local CCPT, local county DSS Directors have consistently messaged that substance abuse assessment and treatment services; domestic violence and mental health services remain the main areas of concern. Providers of services also recognize these needs and have make a commitment to work with NC DSS to uncover the root cause of the service delivery gap.

1. **Services that assess the strengths and needs of children and families and determine *other service needs*.**

In 2013-2014, NCDSS continued collaborations and partnerships with several existing agency committees and workgroups to strengthen and inform its work. It is through the provision of CPS assessments and In-Home services that service needs are assessed. NC DSS policy regarding these

services is addressed in Chapter VIII (<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/>).

Methods to assess strengths and needs are:

- Structured decision making tools
 - NC Safety Assessment (DSS-5231): developed jointly with the family to assess caregiver capacity to ensure safety for their children.
 - Kinship Care Initial Assessment (DSS-5203/5204) assesses what the proposed placement needs are to be successful.
 - Child Medical Evaluation Program (CMEP / Child and Family Evaluation Program (CFEP). Please see section 1408, p.27 of Chapter VIII (<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/pdf%20docs/CS1408.pdf>)
 - NC Family Assessment of strengths and needs (DSS-5229)
 - NC Case Decision Summary / Initial Case Plan (DSS-5228)
- Early intervention referrals p.28 of Chapter VIII (DSS-5238)
 - NC DSS Performance Management provides a monthly report that provides the number of referrals made by age of the child, the type of maltreatment and county.
 - Example:

	Child County	Abuse	Abuse & Neglect	Dependency	Neglect	Svcs Needed
STATEWIDE TOTALS Feb. 2014	190	8	10	0	54	118
GRAND TOTALS 7/2014 – 2/2015	474	11	23	2	140	298

Source:
 CYA471-1 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 02/27/2015 DIVISION OF SOCIAL SERVICES
 20:09:05 CENTRAL REGISTRY EARLY INTERVENTION MONTHLY REPORT

- Training and technical assistance through the TA Gateway (<https://nccwta.org/>) (2013-2014). There are
 - 8 requests for TA surrounding structured decision making tools.
 - 4 requests for TA around Kinship assessments.
 - 2 requests for TA around the assessment of strengths and needs and the case decision summary.
- Promising practice: Community Response Pilot in four agencies from July 1, 2012 to June 30, 2015. Data will be available regarding this pilot towards the end of 2015 (<http://www.practicenotes.org/v18n2/CR.htm>). Funding provided through the Children’s Trust fund.

2. Services that address the needs of families in addition to individual children in order to create a safe environment;

Services provided under the umbrella of Community Based Programs include family support/preservation services. Section IV of the 2015-2019 CFSP, beginning on p. 56, discusses in detail the service continuum that are available in NC.

IV-B, sub-part 2 Service	Eligibility (types of families)	Funding Availability (geographic)	Services Provided (geographic)
Family Support	Those children and families that have been identified as having had maltreatment occur; eligibility varies across programs.	Competitive RFA*	Those community based agencies that applied and were awarded funding. 2013-2014 38 contracts were awarded. Source NC DHHS Open Window https://openwindow.dhhs.state.nc.us/index.aspx

- RFA ~ Request for Application that is competitive. RFA's are announced through listserve to all county DSS and community based agencies. The RFA is also posted in the NCDSS and NCDHHS website (<http://www.ncdhhs.gov/dss/pubnotice/>).
- Counties and Community Based Agencies are not required to apply for RFA as some communities have established programs that meet the needs of their community.

The efficacy of Family Support services is determined by the North Carolina Family Support Outcome Scale (NCFOS). It is a strength-based assessment tool developed for measuring outcomes across the wide range of services offered by Family Support programs. It has been incorporated into the on-line database and is the assessment tool used by all CBCAP and IVB-2 funded Family Support programs. A NCFOS is completed with all participants to measure their progress relative to the target goal of the activity. All outcomes are tied to the goals and outcomes mandated for these programs, either through legislation or NCDSS policy.

Number of Individuals Served through Community-Based Programs SFY 2013-2014	3,087
Percent of participants indicating an increase in strengths in the "Child's Developmental Status" category on the Family Support Outcome Scale	88.35% of the parent's agreed or strongly agreed that family support staff helped them understand how their child learns and grows.
Percent of participants indicating an increase in the "Parent-Child Interactions/Parent Child Relationships" category on the Family Support Outcome Scale	Over one-half (55.56%) of participants showed increases in Parent-child Interactions/Parent-child Relationships (listed below as well)

The results of the NCFSES assessments clearly indicate that Family Support programs help both individual family members and families as a whole develop skills to strengthen their relationships and increase family functioning. During SFY2013-2014, all domains showed that participants enhanced their functioning or retained previously effective levels of functioning. Few participants overall saw a decrease in functioning. The following information is obtained from surveys sent to all 38 providers.

- Overall Child Functioning
 - Showed an increase by more than 45% of participants.
 - 50% reflected an increase in Child's Developmental Status
 - 55.07% showed increases in School Performance, and
 - 60.9% showed an increase in positive Child's Behavior (60.9%).

- Overall Parent Functioning
 - 60.3% of parents showed an increased their Parenting Skills, Knowledge, and Attitudes
 - 58.33% increased their Sense of Support in Parenting Role

- Overall Family Functioning
 - 55.56% of participants showed increases in Parent-child Interactions/Parent-child Relationships, Family Communication
 - 59.53% increase in Family Cohesiveness and Mutual Support, (54.6%) and
 - Informal Social Support (52.5%).
 - Nearly half of participants increased their Ability to Solve Family Disputes without Violence (49.88%).

- Family's Relationship to the Community
 - The greatest increases were in
 - Knowledge of Available Human Services (59.57%) and
 - Linkages between Family and Community Resources (57.03%).
 - Over one-half of participants exhibited increases in Relations between Family and Human Services Staff (52.79%).

In SFY2013-2014, Prevent Child Abuse NC surveyed all 100 counties and has reported:

- 80% of counties participated in Child Abuse Prevention Month activities.
- 100% of Prevention Network members report increased knowledge of or access to prevention information/ resources due to membership services.
- 96% of participants provided child abuse/neglect reframing training reported an increase in knowledge and understanding of reframing
- 80% of Strengthening Families Program (SFP) groups demonstrated an increase in content delivery.
- 60% of SFP groups demonstrated an increase in quality of delivery
- SFP reports demonstrate statistically significant increases in family communication and bonding, children increasing their use of pro social behaviors and decreasing inappropriate behaviors, and parents increasing their use of consistent supervision and use of effective, positive parenting practices.

- 92% of Incredible Years (IY) group leaders report improvement in overall adherence to model fidelity as a result of coaching
- 100% of IY group leaders report progress towards and/or achievement of their identified fidelity goal
- IY evaluation reports demonstrate statistically significant increase in positive parenting, appropriate discipline, and clear expectations and statistically significant decrease in harsh discipline, inconsistent discipline and child problem behaviors.
- Analyses of the Protective Factor Survey showed statistically significant results of an overall positive impact of Circle of Parents, increasing the health and wellbeing of children and families.
- 93% of respondents attending the PCANC summit reported increased knowledge and skills and 80% of respondents reported increased awareness of evidence-based programs and/or practice
- According to a roster of county requested April Campaign information, 87% of counties participated in an April Child Abuse Prevention Awareness Campaign.
- According to a PCANC survey, 95% of Incredible Years (IY), Strengthening Families Program (SFP), and Circle of Parents (COP) agencies reported satisfaction with scaffolding/technical assistance provided.
- According to a PCANC Prevention Network survey, 100% of Prevention Network members reported an increase of knowledge of or access to prevention information/resources due to membership services.
- Training evaluations indicate 90% of training participants report increased knowledge of training subject matter.
- The annual Prevention Network Member Survey indicated 92% of respondents report satisfaction with membership services.
- According to participant surveys administered by PCANC, 100% of participants provided child abuse/neglect reframing training reported an increase in knowledge and understanding of reframing.
- Retrospective pre-post SFP surveys indicate outcomes demonstrate statistically significant improvement in 90% of measured variables that include family communication and bonding, children increasing their use of pro social behaviors and decreasing inappropriate behaviors, and parents increasing their use of consistent supervision and use of effective, positive parenting practices.
- The process fidelity evaluation indicates that NC SFP sites are meeting or exceeding program standards in 100% of measured domains.
- Pre-post Parenting Practices Interviews and the Eyberg Child Behavior Inventory utilized through the IY outcome evaluation indicate statistically significant improvement in 100% of measured outcomes that include increases in positive parenting, appropriate discipline, and clear expectations and a decreases in harsh discipline, inconsistent discipline and child problem behaviors.
- PCANC technical assistance surveys indicate 95% of IY group leaders self-report improvement in overall adherence to model fidelity as a result of coaching.
- PCANC technical assistance surveys indicate 100% of IY group leaders self-report progress towards or achievement of their identified fidelity goal.
- Retrospective pre-post Protective Factor Surveys showed statistically significant results of an overall positive impact of Circle of Parents, increasing the health and wellbeing of children and families.

- Facilitator reports indicate 100% of COP groups report progress towards or achievement of their identified implementation goal.
- The process data collection indicates 90% of COP groups report having an identified parent leader.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

Insert state response to Item 30: Individualizing Services

North Carolina requests technical assistance on completing this item.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

Insert state response to Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

Implementing the goals and objectives of the 2015-2019 CFSP requires intentional on-going partnership with stakeholders. NC DSS has cultivated existing stakeholder groups that have intimate knowledge of the interworking of the state child welfare system. The 2015-2019 CFSP, p. 36 outlines our strengths and concerns with regards to our engagement and consultation with stakeholders.

NC DSS has identified that to improve its child welfare system it requires the implementation of a business model that utilizes data to make decisions and stakeholders provide essential data. To inform NC DSS progress on the expansion of REAP as our goal for 2015-2019, targeted stakeholders are engaged around those areas where the data highlights work is needed. Available data indicates that an area needing improvement is work around permanency outcomes. Several on-going stakeholder committees are involved in our work around permanency.

For example, the engagement of the Interagency Coordinating Council (ICCC) through the NC AOC/CIP, has taken steps to strengthen the use of J Wise to provide additional data to NC DSS around case reviews and permanency outcomes. The ICCC meets quarterly and membership on the ICCC includes:

- NC Indigent Defense Services
- NC Attorney General DSS and AOC representatives

- NC GAL
- NC Department of Public Instruction
- NC DSS
- UNC

Another stakeholder is the NC Association of County Directors of Social Services (NCACDSS) is another key partner. Sub-committee Children’s Services Membership is comprised of county staff from Directors, to Program Administrators and Supervisors. NCACDSS meets monthly to discuss current issues related to practice in the county. For instance:

- Time Limited Reunification expenditures
- Prevention Activities
- Supervisor Academy implementation plan
- NC Fast
- Child Trafficking
- REAP expansion
- NC DSS practice model exploration

Below is a summary of the primary stakeholders that work with NC DSS around outcomes.

Stakeholder Group	Description/Current Focus	How often meeting	Data sharing
Interagency Coordinating Council	Development of additional JWis reports; Revision of MOU with NC DSS	Quarterly	JWis reports MOU
NC ACDS	Practice Issues	Monthly	On-going
CCPT AB	Child and Family Team Meetings	Quarterly	Annual report ~ more frequently
Supervisory Committee	Supervisor Academy	Quarterly	On-going
System of Care	Child and Family Teams, CQI development, parent engagement	Monthly	Limited need for data
University Partners	Maintains and trains on the use of data	Monthly	On-going
Parents / Foster Parents		Under Development with	

Stakeholder Group	Description/Current Focus	How often meeting	Data sharing
Youth		NC Families United and SOC SAYSO	Quarterly
Project Broadcast	Expansion of trauma informed practice, data development	Monthly	On-going through MOU

Available data also suggests that well-being outcomes for children is also an area for improvement. Although intricately connected with safety and permanency, an overlap exists between stakeholders. The discussion of well-being also points to engagement with:

- NC DHHS Child Well Being task force ~ established to engage other child serving systems to define well-being consistently across systems
- Legislative child welfare study ~ established by the NC General Assembly
- NC DMH/DD/SA ~ System of Care expansion and implementation
- NC Health Care Oversight
- Project Broadcast and the expansion of trauma informed practice
- NC Fast

Through the on-going collaboration with stakeholders a number recommendations have been made and are being implemented in the child welfare system. Unlike other system reform efforts, NC DSS has specifically sought input on outcomes and systemic factors related to the functioning of the child welfare system. Please refer to the 2015-2019 CFSP, p. 45 – 49, for an in-depth discussion and description of stakeholders who are engaged and will help NC DSS measure its progress on the achievement of expanding REAP statewide. In addition to the needs around mental health services, substance use services and domestic violence services, the message from stakeholders has been clear, NC DSS must expand its capacity to collect quality data and analyze that data.

NC DHHS Listening Sessions

10 Sessions are to be held in partnership with local collaborative and other child serving systems. The Listening Sessions have brought together communities to discuss their needs and service gaps. The themes: resources for mental health, substance use and domestic violence continue to resonate across the continuum.

This message has been heard by county and state leaders, and members of our legislative body. Child welfare implementation within NC Fast has begun in earnest with staff from NC Fast finalizing plans to visit counties to engage in a deeper analysis of business processes related to child welfare practice.

Members of the NC Fast Child Welfare Committee (including county staff, state DSS staff, and NC FAST staff) may participate in visits to the following counties to observe & document day to day child welfare business process:

- Moore County, March 2 – 6
- Gaston County, March 16 – 20
- Buncombe County, March 23 – 27
- Franklin County, April 13 - 17

**Visit dates are tentative and subject to change.*

County visits with NC Fast staff will involve shadowing activities at the agency and in the field (when allowable) to observe and document as many areas as possible.

The expansion of REAP has brought attention to the staffing gaps related to oversight and monitoring. The NC General Assembly heard from NC DSS and its many stakeholders and authorized an additional 9 state staff positions to improve the functioning of NCDSSs Administrative Structure to provide oversight and monitoring. These positions are dedicated specifically to the oversight and monitoring of county practice and informing the outcomes for children and the status of those systemic factors that impact outcomes.

Stakeholders recognize that need to support NC DSS if recommendations regarding system changes are to be successful. Stakeholders have identified the implementation support needed as;

- Updated technology
- Mechanism to share data across systems
- Realignment of child welfare staff to support CQI
- Training

Measure of Progress
<ul style="list-style-type: none">• Expansion of NCDSS’s capacity to collect quality data• Expansion of the delivery of training, technical assistance and support• Development of capacity for the NCDSS Quality Case Review System to become QA focused• Operationalizing REAP within the context of an oversight and monitoring plan

Section IV: Assessment of Systemic Factors

Major CFSR Stakeholders Meeting Dates					
Next Meeting Date	March • 10 th • 11 th • 12 th • 18 th	April • 14 th • 15 th	May • 5 th • 8 th • 12 th • 13 th • 20 th	June • 16 th • 17 th • 18 th	TBD
State Child Welfare Director	✓	✓	✓	✓	
CW Agency Administrator	✓	✓	✓	✓	
Foster / Adoptive Parent			✓		
Court Improvement Program Administrator		✓	✓	✓	
Court system representative	✓	✓	✓	✓	
Tribal Leader	✓	✓	✓		
Tribal CW Program Administrator					✓
Law Enforcement Representative CFPT		✓	✓	✓	
Case Worker / Supervisor from local agency	✓	✓	✓	✓	
Youth	✓	✓	✓	✓	
GAL	✓	✓	✓	✓	
Agency Attorney	✓	✓		✓	
Others included by NC: • Community Action Agency • Mental Health Agency • Education System • Healthcare Provider • Domestic Violence • Public Affairs/Communications	✓	✓	✓		

* **Administrative Review Representative and CW Contractor do not apply.**

** **Foster /Adoptive Parent Association** - At this time there is no Association; however engagement occurs through other groups.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

Insert state response to Item 32: Coordination of CFSP Services With Other Federal Programs

North Carolina requests technical assistance on completing this item

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

North Carolina operates its foster and adoptive parent licensing, recruitment and retention system through a combination of public (county) and private agency based system. Collectively, these are referred to as "supervising agencies". North Carolina has 100 counties and 102 private agencies licensed for foster care and 47 agencies are licensed for adoption services. All Foster Care agencies must submit documentation of meeting requirements to the NC DHHS, DSS office within the Child Welfare Section. NC DHHS maintains responsibility for the final issuance of the license for Family Foster Care services. As a licensed is not required for families seeking to adopt a child, NC DHHS oversees these agencies directly using random samples of "approved" families. If a family is referred to a local DSS for placement of a child in the state's Foster Care program, then the local county DSS will also require documentation related to many of the requirements, including documentation of criminal record checks and other safety related items.

Through the role of licensing initial and 2 year renewal period, NC DHHS applies the Administrative Rules very consistency to ensure standards are applied equally to all applicants. This information is tracked through the Foster Care Facility Licensing System (FCFL). The Foster Home Licensing Manual is located <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-94/man/>

Data from the FCFL can be obtained on all licensed families, and their supervising agency. An example of such is below:

October – December 2014:

Type of home/facility	Active License	New License	Change / Re-license	Terminations	Active Licenses at End
Family Foster Home County Supervised	2429	192	264	43	2578

Section IV: Assessment of Systemic Factors

Type of home/facility	Active License	New License	Change / Re-license	Terminations	Active Licenses at End
Family Foster Home Private Agency Supervised	3451	449	535	99	3801
Group Home	152	3	11	2	153
Child Caring Institutions	20	0	4	0	20
Totals	6052	644	814	144	6552

To capture updates and changes to a licensed home or facility, the Foster Care Facility Action Request (<http://info.dhhs.state.nc.us/olm/forms/dss/dss-5015.pdf>) must be completed.

The FCFL can also provide statewide totals:

Facility Type 2014	County DSS	Public Agency	Private Agency	Statewide Total
Family Foster Homes	2562	0	3733	6289
Group Homes	6	81	59	146
Institutions	0	0	20	20
Residential Facility	0	85	4	89

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

Insert state response to Item 34: Requirements for Criminal Background Checks

The NC DHHS, Division of Social Services licenses all foster families, requiring national fingerprint clearance prior to the issuance of a license. The NC General Statutes and NC Child Welfare Policy Manual require completion of criminal background checks for all adoptive families as a portion of the PPA process (<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-94/man/>).

These standards also apply for any children adopted who was previously served by the state foster care program. Additionally, NC DHHS, Division of Social Services utilizes random case selection in all 100 county agencies. This monitoring is a component within the NC DSS overall monitoring plan, which can be found at:

http://www.ncdhhs.gov/dss/Monitoring/docs/NC%20DSS%20Monitoring%20Plan-SFY%2014-15_Nov.pdf

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

NC DHHS, DSS publishes demographic and other data regarding the characteristics of the Foster Care population. Through the local supervising agencies, recruitment of families can be matched to the needs of the local community. Efforts at the state level include operating the Adoption Exchange program, known statewide as NC Kids. The Division of Social Services provides resources of 5 positions for the NC Kids program. Utilizing the Adoption Indexing Management System (AIMS) staff have database capabilities for both children awaiting adoption and families approved for adoption. Through this role, NC DSS provided potential matching families with the social workers in the county holding custody for further consideration.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

All licensed foster homes are available for placement by any county DSS, who hold placement responsibility for all children in the state's Foster Care program. Through a variety of venues, NC DSS ensures that strong public – private partnerships are supported.

A recent pilot program exemplifies the type of innovation being tested to ensure that placement decision makers have available the best data in making those critical placement decisions. The effort is coined "Public-Private-Partnership". This effort sought to help identify the agencies who demonstrate positive outcomes. This was based on the theory that local placement decision makers were utilizing other determinants in their decision making, such as long standing relationships, or concrete services, such as transportation for decision making.

North Carolina operates a Permanency Innovation Initiative through the statewide agency of Children's Home Society of North Carolina. CHS provides Family Finding as well as Child Specific Recruitment using the Wendy's Wonderful Kids model. Through the Permanency Innovation Initiative, children are referred when permanency is identified as the appropriate permanent plan and a specific permanency caretaker has not been identified or committed to the child's permanency.

NC Kids also recruits for children in need of adoptive homes on a national scale, unless there are very concrete reasons provided for a specific child that they must remain in NC. NC Kids staff provide training and technical assistance to county social workers. These trainings address the barriers in placing children in a cross-jurisdictional adoptive home and how these barriers can be alleviated