STATE OF NORTH CAROLINA
OFFICE OF STATE BUDGET AND MANAGEMENT

ROY COOPER
GOVERNOR

CHARLES PERUSSE
STATE BUDGET DIRECTOR

MEMORANDUM

TO: Senator Phil Berger, President Pro-Tempore of the Senate
Representative Tim Moore, Speaker of the House of
Senator Joyce Krawiec
Representative Josh Dobson
Representative Donny Lambeth

FROM: Charles Perusse
State Budget Director

DATE: March 7, 2019

Session Law 2017-41, Section 2.1.(e)(1), required the Office of State Budget and Management, in consultation with the Department of Health and Human Services, to issue a request for proposal to secure a contract with a third-party organization to develop a social services and child welfare reform plan. On March 1, 2018, that contract was awarded to the Center for the Support of Families (CSF), a division of SLI Global Solutions, LLC.

CSF is engaged in Phase 2 of the contract and has prepared its second bi-monthly report to the Health and Human Services Joint Legislative Oversight Committee, in accordance with the requirements of the contract. I am pleased to submit this bi-monthly report to the Committee and to offer the services of CSF to meet with the Committee, at its pleasure, to answer questions from Committee members.

cc: Mandy Cohen, MD, MPH, Secretary, DHHS
Representative Sarah Stevens, Co-Chair, Child Well-Being Transformation Council
Tamara Barringer, Co-Chair, Child Well-Being Transformation Council
Deborah Landry, FRD
Theresa Matula, FRD
Lisa Wilkes, FRD
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Attachment

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Center for the Support of Families

March 1, 2019

SENT VIA ELECTRONIC MAIL

The Honorable Phil Berger, President Pro-Tempore
North Carolina State Senate
North Carolina General Assembly
Legislative Office Building
Raleigh, NC 27603

The Honorable Josh Dobson, Chair
Joint Legislative Oversight Committee on Health and Human Services
North Carolina General Assembly
Room 301N, Legislative Office Building
Raleigh, NC 27603

The Honorable Donny Lambeth, Chair
Joint Legislative Oversight Committee on Health and Human Services
Joint Legislative Oversight Committee on Medicaid and NC Health Choice
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

The Honorable Tim Moore, Speaker
North Carolina State House of Representatives
North Carolina General Assembly
Legislative Office Building
Raleigh, NC 27603

The Honorable Joyce Krawieck, Chair
Joint Legislative Oversight Committee on Health and Human Services
North Carolina General Assembly
Room 308, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen, President Berger, and Speaker Moore:

CSF was pleased to be awarded the contract as the third-party organization to develop a plan to reform the social services system and to develop a reform plan for child welfare programs. CSF submitted the Preliminary Plan on August 31, 2018. Since that time, we have had an opportunity to work the DHHS and OSBM to monitor and provide assistance in the planning for implementation of many of the recommendations in our Preliminary Report. This report provides updates on the progress. We will submit a final report on March 29, 2019.

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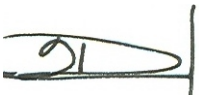
We look forward to continuing our work and an opportunity to meet with you at your convenience.

Sincerely,



Vernon Drew, President, CSF

Cc: Mandy Cohen, MD, Secretary, Department of Health and Human Services
Senator Tamara Barringer
Representative Sarah Stevens
Deborah Landry
Theresa Matula
Lisa Wilkes
Charles Perusse
Daphne Lyon
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North Carolina Social Services Reform & Child Welfare Reform Plans

Report to the General Assembly State of North Carolina

February 25, 2019

Center for the Support of Families
A Division of SLI Global Solutions LLC

Table of Contents

INTRODUCTION

North Carolina's SL 2017-41 provides a vision for systemic change in the social services programs. The law created the Social Services Working Group (SSWG) in Section §1.2.(d), charging the SSWG with addressing regional supervision to better direct and support the delivery of services in the counties. In Section §1.d)(1), the SSWG was tasked with "(a) determining the size, number, and location of the regions; (b) specifying the allocation of responsibility between the central, regional, and local offices, and (c) identifying methods for holding the regional offices accountable for performance and responsiveness." Section § 2.1.(a) provides for "the selection of a third-party organization to develop a plan to reform the State supervision and accountability for the social services system, including child welfare, adult protective services and guardianship, public assistance, and child support enforcement." The RFP issued as a result of SL 2017-41 specified that the third-party organization should work closely with the SSWG, aligning efforts and building on that body's work.

The Center for the Support of Families (CSF) was awarded the third-party contract on March 1, 2018, to work with North Carolina on its critical Social Services and Child Welfare reform. CSF issued its preliminary reports on August 31, 2018. See https://www.osbm.nc.gov/social-services-and-child-welfare-reform-reports. Phase 2 of this project is intended to be a time to work with the General Assembly, state leaders, county leaders, and stakeholders to finalize these recommendations and begin to provide oversight and monitoring of immediate implementation of those recommendations not requiring legislation or appropriations. The final Social Services Reform and the Child Welfare Reform Plans were due February 28, 2019, but by mutual agreement and with a formal contract amendment, the due date has been extended to March 31, 2019. This action was taken because the impact of Hurricane Florence precluded state and county attention and action on the report during September 2018. Phase 3 provides for continued oversight and monitoring of the implementation activities. CSF has been advised that OSBM intends to extend the contract for additional support in a Phase 3.

This report provides a second progress report on recommendations for reform of Social Services and Child Welfare that were detailed in the reports dated August 31, 2018. To that end, the report does not address all recommendations, but instead summarizes the work being conducted and accomplished in the months of December and January. A summary, however, of all of the 98 recommendations is attached to this report for ready reference. Much of the discussion during this period with county DSS directors has focused on NCFAST and the fact that our report did not address the county challenges with the system especially regarding child welfare. It should be noted that DHHS has worked to make significant changes in the system and to roll the intake and assessment functions out to counties. It should be noted that the assessment of NCFAST is not a part of the Scope of Work of the CSF contract with North Carolina.

Social Services Reform

Regional and Central Office Structure

The Preliminary Reform Plans detail 12 recommendations regarding the Regional Offices prescribed in North Carolina's SL 2017-41 and Central Office structure to support the Regions (Social Services Plan Recommendations 3-9, and Child Welfare Plan Recommendations 5-9).

Progress/Action Plan

DHHS has, in conjunction with its separate report to the General Assembly and as a part of the Department's budget, reviewed all recommendations in the Preliminary Reform Plans. The Department has taken the opportunity to realign its Central Office functions, and has also developed a proposed regional office structure. Currently, the Department is developing a reorganization plan that aligns its current workforce to support the regional structure and the reforms of both social services and child welfare. A report made public this week from DHHS presents the number of new positions required and budget considerations for implementing regions and Central Office staffing.

The Department has asked CSF to identify models for a centralized, statewide, hotline for reports of abuse and neglect. This will be included in our final report in March 2019.

County Staffing

Our preliminary reports address the wide range of salaries paid for like work in the 100 county Departments of Social Services. There are five (5) specific recommendations (Social Services Plan Recommendations 10-14).

Progress/Action Plan

CSF continued to work with NCACDSS, OSHR, and DHHS to obtain complete data. To date, CSF has received data from 80 counties, though not for all programs in every county response. CSF is now working to report data and findings based upon the data reported by the counties. We will provide those findings in our final report in March 2019.

Performance and Data

The Preliminary Reform Plans detail 20 recommendations related to financing, performance measurement, monitoring, assessment, and the use of data to manage Social Services and Child Welfare programs (Social Services Plan Recommendations 18-27 and Child Welfare Plan Recommendations 25-35).

Progress/Action Plan

To support the Department's work using administrative data to manage programs, CSF has developed a detailed paper on the use of data and the staffing required both to define and to analyze data at the state and county level. The Department has recruited for a position to plan and operationalize the recommendations.

The law and CSF's contract require CSF to develop a Wellness Dashboard, an example of which was demonstrated to DHHS leadership on October 19, 2018. Since that time, a series of meetings

have been held with managers of DHHS programs and DHHS leadership to discuss the matrices that would be used in the Dashboard. There is agreement on the format of the Dashboard, and the inclusion of revised performance metrics consistent with county-state memoranda of agreement. However, discussions continue regarding the finalization of context measures to be included in the Dashboard. Current plans call for CSF to provide DHHS with the Dashboard and instructions on how to add measures when final decisions are made.

A discussion paper was presented to DHHS leadership on February 5, 2019 regarding CQI. This initial effort will focus on the child welfare program, but it is to be seen as a model for broader social service programs. Features of the plan include Central-, regional-, and county-level efforts and staffing.

CSF has undertaken an effort to study and make recommendations on the use of IV-E funding and Medicaid funds to enhance child welfare services and programs at the county and state levels. A preliminary report on findings and recommendations were presented to DHHS in February.

Training

The Preliminary Reform Plans detail 14 recommendations related to training and education of the workforce (Social Services Plan Recommendations 28-36 and Child Welfare Plan Recommendations 39-42 and 44).

Progress/Action Plan

Recognizing that a trained workforce is key to the initial reform and ongoing work of the Department, CSF and DHHS have worked to catalog and assess current training with a focus on child welfare and the impact of regional office implementation. Work is underway to detail a plan that includes a variety of training methodologies, including classroom and distance learning. A critical part of the workforce development plans is tied to the practice framework and the decisions on the implementation of the Family First Prevention Services Act, and regional office deployment. In addition, CSF has prepared and presented options for restructuring of the Child Welfare Education Collaborative.

Program Recommendations for Health Care, Child Support, and Adult and Aging Services

The Preliminary Reform Plans contain specific recommendations regarding these two programs (Social Service Plan Recommendations 37-44).

Progress/Action Plan

The recommendations regarding coverage for parents and children are being addressed in the DHHS Medicaid Transformation.

The child support recommendations are being considered as a component of the Department's plan to the legislature. Specifically, the recommendations on use of quasi-judicial officers are a part of the broader child welfare recommendations on use of court time for family matters; and CSF is working with DHHS to develop a strategy that will include the Administrative Office of

the Courts. This work will also be included as part of the envisioning session in April 2019, in which the focus will be to improve customer experiences with the child support program.

The recommendations regarding Adult and Aging Services will be a part of the work in the envisioning sessions and subsequent plan in April 2019. The focus of the sessions and recommendations will be improved outcomes for the adult and aging populations.

Child Welfare Reform

The Preliminary Social Service and Child Welfare Reform Plans have 55 specific recommendations on child welfare reform (Social Service Plan Recommendations 45-49 and Child Welfare Plan Recommendations 1-50). These include recommendations on a vision for reform, partnerships, organization and staffing, statewide practice framework, planning for the Family First Prevention Services Act, developing the workforce, and other critical factors of the child welfare reform effort.

CSF recommended the immediate creation of a small, representative core implementation team to be identified and charged with the responsibility for taking these recommendations to the next level – sorting them in priority order, making them actionable and identifying the resources needed to support and implement them. We also recommended that DHHS recruit and select one person to be devoted to this full-time, to lead this team and manage the implementation of these recommendations and the improvement effort overall.

This core implementation team would be responsible for strategically sequencing and operationalizing these recommendations, using the evidence that is available about effective approaches to broad-scale implementation, including a focus on readiness, goals, and activities. This team would be responsible for creating a well-defined teaming structure to regularly engage a broader group of stakeholders in the implementation process.

CSF also recommended that implementation plans be developed for those recommendations DHHS decides to pursue.

DHHS is making decisions on the core implementation team and teaming structure now. The intent of the teaming structure is to align and maximize the impact of the work implementing the FFPSA and the child welfare reform. Another key feature is the management of the work and developing a structure that ensures access to decision-makers and clear lines of decision-making authority.

Vision for Outcomes

A critical factor in successful child welfare reform is the articulation and agreement on a vision and a structure with appropriate staffing to guide and manage the many tasks required to implement the reforms. The Preliminary Child Welfare Reform Plan has two (2) recommendations (Child Welfare Reform Plan Recommendations 1-2).

Progress/Action Plan

DHHS engaged Casey Family Programs to facilitate an internal visioning session for child welfare reform in November 2018. During this visioning session, top North Carolina child welfare leaders identified a vision and several guiding principles for the work, including the commitment to keep children and families at the forefront of decisions. Action steps were identified during the meeting.

Leadership of the reform is critical, and CSF has provided DHHS with some ideas about a possible teaming structure that would include a core implementation team to guide and make decisions on both the child welfare reform and implementation of the Family First Prevention Services Act, and workgroups staffed by persons with knowledge and skills to provide specific deliverables. DHHS leaders are finalizing a teaming structure. A convening of stakeholders to develop a vision for improving outcomes is an action step for 2019. A communication plan has not yet been developed.

Strong Support and Leadership from State, Regional, and County Offices

A described in the section above, DHHS has reviewed all recommendations in the Preliminary Reform Plans. Currently, the Department is working on a reorganization plan that will align its workforce to support the regional structure and the reforms of both social services and child welfare. A report from DHHS will detail the number of new positions required and the budget impact of implementing regions and Central Office staffing.

Partnerships to Better Meet the Needs of Children and Families

Providing services to children and families requires the efforts of many stakeholders, including courts, DHHS divisions, private providers, universities, children and families, etc. The Preliminary Child Welfare Reform Plan contains strategic recommendations for strengthening key partnerships (Child Welfare Plan Recommendations 11-13).

Progress/Action Plan

Much of this work is contingent on DHHS making decisions about a core implementation team and structure for engaging a broader group of stakeholders in decision-making. As described in the section above, top DHHS leaders are finalizing this structure.

With support from the Duke Endowment, DHHS has engaged the Chapin Hall Center for Children to assist with the state's preparations to opt into the Family First Prevention Services Act or FFPSA.

Statewide Practice Framework

The selection and implementation of a statewide practice framework is one of the most significant recommendations that would provide needed structure for consistency of services across the State (Child Welfare Plan Recommendation 15).

Progress/Action Plan

DHHS has begun a structured assessment of the fit and feasibility of practice model to be the statewide trauma-informed, culturally-competent, family-centered, and safety-focused practice framework.

Financing and Data Are Used to Improve Practice and Outcomes

The Preliminary Child Welfare Reform Plan contains ten recommendations on the financing of services to children and families and the use of data to plan and measure outcomes (Child Welfare Plan Recommendations 25-34).

Progress/Action Plan

CSF has provided DHHS with ideas about the expertise and support needed to better use child welfare administrative data to improve practices and to link financing to outcomes as part of building a statewide, comprehensive CQI system in North Carolina.

The structure and format of the Wellness Dashboard was demonstrated to DHHS leadership on October 19, 2018. Since that time a series of meetings have been held with managers of DHHS programs and DHHS leadership to discuss the metrics that would be used in the Dashboard. There is agreement on the format of the Dashboard, as well as the inclusion of revised performance metrics which are part of county-state memoranda of agreement. However, discussions continue regarding the finalization of context metrics to be added to the Dashboard. Current plans are that CSF will provide DHHS with the Dashboard and instructions on how to add metrics when final decisions are made.

CSF presented the results of research to DHHS leadership on February 5, 2019 on an analysis of the use of federal funds both with respect to Title IV-E and FFPSA.

Capacity to Implement Effectively – Teaming Structure, Stakeholder Engagement, and Efficient Statewide Decision-Making

Real reform to the service delivery system for children and families requires engagement and mutual decision-making by a variety of stakeholders. This includes agencies, courts, and families. The Preliminary Child Welfare Reform Plan has three (3) specific recommendations for formal teaming structures to engage relevant parties in decision-making, providing input and feedback, and allowing for nimble and efficient action (Child Welfare Reform Plan Recommendations 10, 14, and 46).

Progress/Action Plan

DHHS is developing a teaming structure to include a broader group of stakeholders in decisions and is planning to convene a broader group of stakeholders.

Child Fatality Reviews

The Child Welfare Preliminary Plan details four (4) recommendations to streamline and strengthen the Child Fatality Reviews (Child Welfare Plan Recommendations 47-50).

Progress/Action Plan

The Child Fatality Task Force has integrated recommendations from the Preliminary Child Welfare Report into a plan for reform of the child fatality review process. This plan has been reviewed with the DHHS Divisions of Social Services and Public Health. The concept for a reform strategy will be presented to the committees and the full Taskforce.

Summary

This report contains many activities that have been undertaken to implement the recommendations in the reform plans submitted in August 2018. DHHS continues to develop plans for realignment of organization and staff to implement the regional structure required by SL 2017-41. DHHS has undertaken a critical review of its structure to support the reforms and to improve its business processes. Much work in planning for the child welfare reform is being undertaken with major initiatives being rolled out in February and March 2019. Critical work on the selection of the practice model and the planning for FFPSA are key to this effort and early work shows real promise.

Social Services Preliminary Reform Plan Final Report: Executive Summary

EXECUTIVE SUMMARY

North Carolina's SL 2017-41 provides a vision for systemic change in the social services programs. The law created the Social Services Working Group (SSWG) in Section §1.2.(d), charging the SSWG with addressing regional supervision to better direct and support the delivery of services in the counties. In Section §1.2.(d)(1), the SSWG was tasked with "(a) determining the size, number, and location of the regions; (b) specifying the allocation of responsibility between the central, regional, and local offices, and (c) identifying methods for holding the regional offices accountable for performance and responsiveness." Section § 2.1.(a) provides for "the selection of a third-party organization to develop a plan to reform the State supervision and accountability for the social services system, including child welfare, adult protective services and guardianship, public assistance, and child support enforcement." The RFP issued as a result of SL 2017-41 specified that the third-party organization should work closely with the SSWG, aligning efforts and building on their work.

The Center for the Support of Families (CSF) was awarded the third-party contract on March 1, 2018, to work with North Carolina in its critical Social Services and Child Welfare reform. CSF has endeavored to complete an extraordinary amount of work in a brief period of time, and the draft preliminary plan and its recommendations should be understood with that in mind. Phase 2 of this project is intended to be a time to work with the General Assembly, state leaders, county leaders, and stakeholders to finalize these recommendations and begin to provide oversight and monitoring of immediate implementation of those recommendations not requiring legislation or appropriations. The final Social Services Reform Plan and the Child Welfare Reform Plan, due February 28, 2019, will close out Phase 2. Phase 3 provides for continued oversight and monitoring of the implementation activities.

This North Carolina Social Services Preliminary Reform Plan documents the current framework for service delivery, details findings from our assessment of that framework, and provides recommendations for improvement. A companion report, the North Carolina Child Welfare Preliminary Reform Plan, is presented as a separate volume. While the two reports address specific findings and recommendations, they are intended to be read in sequence, beginning with the Social Services Preliminary Reform Plan, since it addresses organization, staffing, and management of the delivery of services in all programs. The Child Welfare Preliminary Reform Plan follows with specific policy and practice recommendations to improve the delivery of child welfare services.

These reports and the actions needed to implement the recommendations are but one part of a dynamic and complex program improvement process being undertaken by the North Carolina General Assembly, the Department of Health and Human Services, the 100 county Departments of Social Services, the SSWG, and related state and county departments serving citizens of North Carolina. These reforms include Medicaid transformation, development and initial implementation of a Memorandums of Understanding (MOU) with specific performance measures, planning for the Family First Preservation Services Act (FFPSA), and the ongoing

implementation and assessment of data systems. The delivery of this Preliminary Report marks the end of Phase 1, and reflects our in-depth analysis, and development of preliminary recommendations.

North Carolina is unique in that the state recognizes the need for significant change in management of the delivery of social services and provision of child welfare services to families and children. Indeed, this type of assessment and program improvement planning is most often undertaken based on significant findings of program deficiencies from federal or state oversight entities – or even court action as has been the case in many child welfare reforms. It is significant that there is real focus at every level of the system for improvement and commitment to work to make changes to better serve citizens. Through focus groups, individual interviews and site visits, we encountered leaders, line staff and stakeholders who clearly have a passion for the work, a willingness to face challenges and who are excited to explore new ways of doing business and work collaboratively to improve outcomes for the state's most vulnerable citizens. This willingness to honestly address challenges and build on strengths is evident, even as state and county staff work under the stress of dealing with complex societal problems, such as the expanding opioid crises, coupled with staffing shortages and budget reductions.

This Preliminary Reform Plan is the culmination of the Center for the Support of Families' (CSF) work to date on the North Carolina Social Services Reform Plan project and contains documentation of the current framework for service delivery, findings from our assessment of that framework, and recommendations for improvement.

Methodology

Our assessment and recommendations were formulated using a four-phase methodology to collect data:

- Focus groups and individual interviews with state and county leadership, state and county staff, and stakeholders;
- Quantitative data review, including a review of best practices and performance data from other jurisdictions;
- A staffing survey; and
- Site visits to 15 county offices.

Several of these efforts were conducted concurrently. We also collected a great deal of program performance data that are being used, in part, to create the Social Services System Transparency and Wellness Dashboard. Key findings and related recommendations are based largely on the data gathered through these various activities. Our findings and recommendations are also based on industry best practices, as well as program information and data from other jurisdictions.

While much of that data and approximately 50 percent of the staffing surveys were not received in time for us to use in this report, we are working with the Department of Health and Human Services (DHHS) and the North Carolina Association of Directors of Social Services (NCADSS) to obtain data from all counties. All of these data are needed to prepare the final Reform Plan in

February 2019, complete design of the Dashboard, and develop detailed implementation and transition plans for Phases 2 and 3.

State and County Roles in Social Services System

Our research focused on the five largest programs supervised by the Department of Health and Human Services (DHHS): Child Welfare; Child Support; Economic and Family Services, including Food and Nutrition Services (FNS) and Work First; and Aging and Adult Services. For each of these programs, we documented the roles of the Central Office and county offices and identified strengths, challenges and recommendations.

Governance

The social services programs in North Carolina are supervised by the DHHS Division of Social Services and administered by 100 county agencies, either in Department of Social Services, consolidated DHHS agencies, or in a few counties, stand-alone agencies for specific programs. This "state-supervised county-administered" structure has both benefits and challenges. The structure allows local governments the flexibility to tailor services to the population of the county and more easily coordinate services with other county agencies and organizations. It provides a central body to develop policy, deploy technology, and obtain the benefit of sharing costs for common services and functions. But there are some challenges inherent to this structure. The structure requires leadership at both the state and county from within the agency, and the governing and funding authorities. The current state-supervised county-administered structure does not provide a single point of authority for critical decisions about program administration and policy. DHHS is governed by the General Assembly with responsibility for the laws and budget for social services and provides oversite of its operation. County social service agencies are governed by local boards have different structures, roles, and membership.

We believe the governance structure could be simplified and strengthened. We recommend that the General Assembly take steps to revise the laws authorizing county boards to strengthen including role, membership, and authority. Further we recommend that funding be provided for training and technical assistance for boards.

Supervision and Leadership

While the roles of the state and county are well-defined, there is clear tension between the two with regard for decision-making on policy, funding, oversight, and control. There is a concerted effort to ensure all parties have an opportunity to provide input into major decisions, but it is difficult to develop consensus among the 100 counties. This challenge increases the time needed to make decisions and impedes the implementation of major changes in the programs. In addition, the current funding methodology increases the tension in that counties are not able or willing to provide adequate funding for staffing, other resources or services required by state policy. Similarly, the state operations are not adequately funded to provide supervision of the 100 counties, creating both compliance issues with state and federal laws and proper support of counties. We recommend increases in staffing at the state and county, strengthened by a new regional structure, to alleviate both of these issues.

Child Welfare

The companion report to this document, the Child Welfare Preliminary Reform Plan, provides in-depth findings and recommendations for the state's child welfare program. Based on our data collection in North Carolina and experience in other jurisdictions, the staffing levels and salaries for central and county offices are insufficient to affect a large-scale, well-planned, integrated system reform effort.

Child Support

There are no such reported systemic challenges in the child support program at the Central Office, but counties do report salaries as a challenge. The Central Office is well-staffed and well-organized, with the one exception being insufficient training resources needed to staff the new regional organization. The counties do need more dedicated court time to process cases in a timely manner and we are recommending the use of quasi-judicial procedures. The child support automated system is so antiquated that it is difficult to find programmers that know the language the system was programmed in, COBOL. We also note that there are a few practices in place that could be streamlined.

Economic and Family Services

The Central Office Economic and Family Services Division supports four programs – Food and Nutrition Services (FNS), Work First, Energy Assistance, and Refugee Resettlement. Staffing shortages in the Division necessitate staff having several responsibilities, such as training, contract administration, and policy development, resulting in an overall lack of expertise, low morale, and reactive program administration. For example, there is one policy consultant, one program manager, and one clerical position for a program that issues over $2 billion in FNS benefits annually.

Aging and Adult Services

Aging and Adult Services also has a need for additional training and policy support staff. North Carolina is ranked tenth nationally in the proportion of its aged population, and fifth in the country as a destination state for retirement. These two factors have strained the existing resources at both the county and state levels. Though not necessarily related to the aging population, the demand for guardianship services is also rapidly escalating and the growth in the number of Adult Protective Service (APS) reports is stretching existing county resources thin.

County Social Service Agencies and Program Administration

Service provision in accordance with federal and state regulations and law is the primary responsibilities of the counties, and we detail the challenges they face in carrying out that role in Chapters 7 and 8. While there is vast diversity in the governance, funding, organization, and staffing of county social service agencies there are common challenges in staffing and management that if overcome, will enhance the counties' ability to provide the high quality service that North Carolina citizens deserve and counties desire to deliver.

Inventory of Outcomes for Families and Children Served

In order to assess North Carolina's performance, it is necessary to inventory outcomes for the families and children served and evaluate how North Carolina's compares to other states. For Child Welfare, there are existing federal standards against which state performance is measured. North Carolina performs generally as well as other child welfare programs in state supervised, county-administered jurisdictions.

North Carolina's Child Support program ranks just above average on some of the federal performance measures, and just below average on others.

It is not as easy to assess the outcomes for Work First against national standards, since funding to the state comes in the form of a block grant. One common measure is the work participation rate, North Carolina meets the single parent participation rate but not the two-parent rate. For FNS, North Carolina's error rate is 5.25 percent, with 3.78 percent of that error rate coming from overpayments, the balance from underpayments, with a national ranking of 16th.

There are little to no data available nationally measuring the quality of services provided under Aging and Adult Services programs. We will do further analysis and recommendations of these programs as we work in Phase 2.

In a state-supervised, county-administered structure, there is variation among counties in terms of how they deliver social services. Some of the differences reflect the variation in county populations, economics, and available resources. In addition, each county has its own strengths and challenges. Many counties are engaging in best practices tailored to address their county's specific needs. As such, the findings and recommendations in this report may apply to counties to differing degrees.

Assessment of Current State Supervision of Local Social Services Administration

One of the Central Office's primary responsibilities is the supervision and oversight of county service delivery. Throughout our work with program staff at all levels, we heard a desire to move from a time/compliance-based to an outcomes-based system for measuring the programs' impacts on those served.

The Memorandum of Understanding process between the state and the counties exacerbated the natural tensions that often exist in a state-supervised, county-administered system. We recommend that the state take the lead in assuring that program priorities focus on improving outcomes and service delivery. We recommend a collaborative process, within and among programs, to identify specific outcome measures that correspond to better client outcomes and to develop methodologies for tracking progress on these outcomes over time at regular intervals. We also recommend that focus be placed the ability of individual counties to demonstrate progress in relation to their own historical performance and to account for variables that could impact performance (e.g. substantial increase in the number of teenagers in foster care). These measures should be defined so that line staff understand, specifically, what they need to do to improve outcomes. DHHS/DSS staff need to demonstrate leadership and commitment to the goals by providing timely policy, training, and technical assistance. The state must have the tools

and authority to monitor counties, recognize serious underperformance and failure to follow law and policy, and intervene effectively.

Current Accountability Measures in Place for Local and State Offices, Recommendations for Regional Offices

The aforementioned Memoranda of Understanding were to be a primary method of ensuring accountability as they contain responsibilities for both the state and counties, but they were met with resistance by some counties. Common concerns were around counties' ability to meet the performance standards, and whether there was reliable data upon which to measure county performance. It should be noted that the majority of the current measures in the MOU mirror federal and state program requirements currently required by law or regulation. There is a need for stronger data analysis to determine both accuracy and availability of data to correctly measure performance and target improvement strategies.

Staffing

Our assessment of social services staffing needs focused on the counties, the Central Office, and a new regional office structure. The response rate on the staffing surveys and the lack of any central source of county staffing data do not allow us to make final findings on whether county staffing levels are sufficient at this time. We will continue work with counties in Phase 2 of this project to collect the missing data – including job descriptions and minimum requirements – so that we may make more completely-informed recommendations regarding county staffing. Compensation equity is the primary concern with regard to county staffing. We also recommend next steps in terms of determining whether salaries are adequate throughout DHHS/DSS. We make specific proposals for the staffing of seven regional offices, along with salary guidelines. Our staffing recommendations also include the realignment necessary to support the regional offices and a statewide Continuous Quality Improvement (CQI) effort.

There were two important findings from the salary survey we administered to the counties. First, there are severe salary inequities in all of the programs under study, as some higher paying counties have salaries that are more than double the lower paying ones. This inequity results in staff in low paying counties getting the training and experience they need to go to work in a neighboring or nearby county at considerably higher salaries. As a result, lower paying counties experience higher turnover and less productivity, while higher paying counties reap the benefits of a more experienced workforce.

Second, for many counties, salary levels make it difficult to attract and retain qualified staff. Economic and Family Services staff in at least one county are compensated at a level that is so low that some of them are eligible for FNS benefits.

The Central Office staffing will also need to be enhanced in the number, qualifications and expertise of staff as a prerequisite to implementing regional offices. We are recommending that an "Office for County Support" be established at the state Central Office, headed by a Deputy Director who would report to the Division Director for Social Services, or be created as a position in the Secretary's office and expanded to supervise and coordinate all county support functions. The primary responsibilities of this office would be to ensure that the regions are

functioning well and that statewide policies, processes, and priorities are being implemented uniformly throughout the regions.

We are also recommending that DHHS establish a "Deputy Director for CQI" within the Office of County Support, to direct the DSS-wide CQI efforts for Child Welfare, Child Support, Economic and Family Services, and Aging and Adult Services. Fourteen (14) regional CQI specialists would report directly to this position. Additionally, we recommend that each program maintain a Central Office training team to meet the training needs of Central and regional staff. A top priority should be the development of detailed transition plans to establish and staff the regional structure called for in S.L. 2017-41, and as detailed in the work done by the SSWG. We are proposing that there be seven geographic regional offices. We chose the higher SSWG option of seven regions. The level of effort and depth of knowledge required related to the counties in each region warrants a regional structure with fewer counties within each region. We further recommend that consideration be given to creating one region that is composed of the metropolitan counties. The Metro County region would bring together counties that are so large that they have more in common with one another than they have with their geographic neighbors, allowing the regional office to focus on issues that are unique to these larger jurisdictions. As a precursor to developing specifications for a Model Regional Office, we looked at some states with similar organizational structures that had regional components in their social services agencies. We concluded that North Carolina should consider the models currently in place in Georgia and Pennsylvania, and we incorporated some of their characteristics into the Model Office.

Our proposed regionalization features a matrix organization in which administrative management of all staff comes from a Regional Director, with program policy and practice supervision originating from the appropriate program section in the state office. Each regional office would be staffed with a Regional Director, Administrative Assistant, Human Resource Specialist, Fiscal Monitor, Local Business Liaison, Regional Program Representatives (one for each program, with Child Welfare having additional positions specializing in child safety, child and family support and permanency) Program Monitors, a Training Coordinator, a Trainer for each program, and two CQI Specialists. Matrix organizations require strong management at the regional and Central Office levels. This amplifies the need for a strong Regional Director.

We assume that most regional staff will spend most of their time in the counties, but based on our experience and input received from county and state staff, we propose that each region have an office to support classroom and computer training, and to accommodate meetings; work space for document production, some offices and/or cubicles for occasional use, and technology to support training or meetings conducted via webinar.

Resource Issues Impacting the Service Delivery System

There are five primary resource issues that must be addressed in order to successfully reform the current social services system: inconsistent policy development and dissemination; deficiencies in workforce development in the form of staff training; a lack of high quality community resources; underserved populations in need of mental health services; and no easy access to reliable program and performance data. We present a set of recommendations for each concern.

To address policy issues, we recommend that a policy council be developed to oversee policy development and enhance dissemination quality. This council would also be responsible for leading the development of a DSS Strategic Plan. A set of recommendations for training includes administration of a needs assessment to specifically identify training needs, and to increase the number of training deliveries. The consistency, relevancy, and immediacy of training should be ensured across the state. There are a specific set of recommendations related to building the capabilities of the child welfare workforce in the Child Welfare Preliminary Reform Plan.

We recommend that each region provide community resource development support to counties to assist in meeting program needs. To address the shrinking level of resources available for mental health that increase demand on other social services, we are recommending that state, regional, and county staff partner with colleagues in health programs to facilitate identifying community resources available to social services clients, that the state close the coverage gap to provide more services to adults and children and that local offices develop resources to coordinate medical care for clients in coordination with the current Medicaid transformation. A specific example is related to parents of children who enter foster care in North Carolina who do not have coverage for needed mental health or health services.

Plan for Ongoing Data Collection Analysis, and Use

For data to be useful to a program, it must be available, accessible, accurate and actionable. DSS has room for improvement in each of these areas, as data is produced by several automated systems and resides in several locations. While some data are available, particularly for the Child Support program, complete and accurate data are not always available to administer programs.

There are two primary recommendations to address data issues. First, social services program management should focus on data and how to integrate its routine use into all programs. Second, the new regional offices will play an important role in helping counties identify data sets and reports they need, to allow county staff to work more proactively, and better monitor and assess outcomes. There are specific recommendations in the Child Welfare Preliminary Reform Plan related to the use of data to improve child welfare practice and outcomes for child-welfare involved children and families.

Development of Social Services System Transparency and Wellness Dashboard

One project goal is to develop a dashboard structure that can be a lasting tool for state leadership, state, and county agency staff, families receiving social services, and the general public to ensure accountability and transparency about the needs and provision of services to communities across the state. Progress has been made, but the team has identified some significant challenges with data available for Dashboard development. The team will work with DHHS staff and stakeholders in Phase 2 to identify data quality concerns and discuss available data alternatives that can be featured while state data improvement strategies are underway.

The Continuous Quality Improvement (CQI) Plan for Social Services

We present the requirements and steps for a sustainable CQI plan in this chapter. The first step is to establish and implement core CQI structural components, including developing a formal CQI

plan, defining the CQI logic model, establishing a teaming structure, defining roles, and developing data and communication plans.

The second step is the establishment of an organizational culture that fosters CQI. Responsibility for this step starts at the top of the organization, as leadership need to be active in supporting a learning environment for CQI, setting expectations for use of data and then modeling its use. Staff and stakeholders at all levels of the organization must be engaged, and this is best accomplished through providing them with opportunities to participate and assume meaningful roles in CQI activities. Finally, there must be high levels of transparency and structured communication to facilitate comprehensive acceptance of the CQI processes.

Investing in infrastructure to support CQI is the third step. This includes establishing and funding positions for qualified and trained CQI staff with defined roles at the state, regional and county levels. Providing introductory and ongoing training for CQI staff is essential, as is providing access to high quality and user-friendly data.

Recommendations

The following is a compendium of the recommendations presented throughout this report. More context about each can be found in the body of this report. The recommendations are grouped by topic or program, and are based on a preliminary implementation timeline: short-term recommendations that can be implemented before the end of Phase 2 (February 28, 2019); mid-term recommendations that can be implemented before the end of Phase 3; and then long-term to be implemented beyond Phase 3.

Key for Recommendations

Short-term = can be implemented before February 28, 2019 (Phase 2)
Mid-term = to be implemented after March 1, 2019 (Phase 3)
Long-term = to be implemented beyond Phase 3
Legislature
DHHS
Counties
Core Implementation Team (CIT)

Although multiple entities (e.g. DHHS, General Assembly, counties, etc.) will need to work together to implement almost every recommendation, we have listed the primary entity that has much of the responsibility for the specific recommendation. Some specific steps will need to be taken in earlier phases to prepare for the implementation of certain recommendations in the mid-term or longer-term. We have also flagged some recommendations as "fundamental." These changes are needed to meet the requirements under S.L. 2017-41, and/or serve to move the DHHS-DSS program forward in terms of improving the services provided to the public.

Governance

1.	Enhance statutes to ensure that there is consistency of mission and authority of the county boards governing social service agencies. Establish minimum qualification for board members, and clearly delineate their duties and responsibilities. *Mid-term*	*Legislature*
2.	Provide training resources for county board members, to include training for new members as well as provide annual training updates. *Mid-term*	*DHHS*

Regional Offices

3.	Create a minimum of seven regional offices to support the counties. We also encourage exploring the option for DHHS/DSS to consider grouping the three very large counties into a region of their own. [Fundamental] *Mid-term*	*DHHS*
4.	Develop a Master Transition Plan, with sub-plans that detail staffing, program by program – including fiscal and human resource support. *Short-term*	*DHHS*

5. Staff each regional office with the listed positions:

Function	Position Title
Regional Director	Deputy Director for Operations
Administrative Assistant	Executive Assistant 1
Human Resource Specialist	Human Services Planner/Evaluator IV
Fiscal Monitor	SS Regional Program Rep.
Local Business Liaison	SS Regional Program Rep.
Child Support Regional Rep.	SS Regional Program Rep.
SNAP/LIEAP Regional Rep.	SS Regional Program Rep.
Work First/CDEE Regional Rep.	SS Regional Program Rep.
DAAS Regional Rep.	SS Regional Program Rep.
Child Safety Regional Rep.	SS Regional Program Rep.
Child and Family Support Regional Rep.	SS Regional Program Rep.
Permanency Regional Rep.	SS Regional Program Rep.
C/W Performance Improvement Rep.	Human Service Plan/Eval. IV
C/W Performance Improvement Rep.	Human Service Plan/Eval. IV
Trainer/Coach for each program	Program Consultant 2

Mid-term — *DHHS*

6.	Establish regional office facilities to provide: ▪ Classroom training. ▪ A computer lab to support automated-systems training. ▪ A conference room with space sufficient for 25 – 30 participants. ▪ Production space, to reproduce training or meeting materials, for example. ▪ Offices for the Regional Director and other staff, 2 to 3 "hotel" spaces (offices, cubicles, or some combination) for other regional staff who may temporarily need work space while they are in not in county offices. ▪ Technology to support training or meetings conducted via webinar including video real-time training sessions. *Mid-term*	DHHS
7.	Provide community resource development support at the regional level, to assist in meeting program needs. *Mid-term*	DHHS

Central Office

8.	Create a new "Office for County Support" team (OCS) in the Central Office. The Office would be led by a "Director for County Support", classified as a Deputy Director position. The team would report to the Division Director for Social Services. If DHHS elects to create a position in the Secretary's Office to supervise all support for county operations, this position should be placed in that office. [Fundamental] *Short-term*	DHHS
9.	Create the following positions in the Central Office, to staff the new Office of County Support: Function: Deputy Director for County Support (OCS) — Position Title: Deputy Director, Dep't of Social Services Function: Admin Support for OCS — Position Title: Executive Assistant 1 Function: Deputy Director for the CQI team — Position Title: Deputy Director, Dep't of Social Services Function: Admin Support for CQI — Position Title: Executive Assistant 1 *Mid-term*	DHHS

Staffing

10.	Create a repository for county salary information across all social services programs, and establish protocols for regular reporting and updating. *Short-term*	DHHS

11.	Review OSHR's recent compensation review of all DHHS/DSS positions, with an eye toward establishing new or redefining existing DHHS/DSS positions, based on the recommendations in this report	DHHS
	Short-term	

12.	Ensure competitive salaries for Central Office Division of Social Services to enhance their ability to attract and retain highly-qualified staff.	DHHS
	Mid-term	

13.	Establish a statewide minimum salary for county social services positions. Devise a process for the state to augment county social service staff salaries, to achieve equity among the counties with regard to their ability to attract and retain highly-qualified staff.	DHHS
	Mid-term	

14.	Provide matching funds to counties who are not meeting caseload standards, so they can create and staff new positions.	DHHS
	Long-term	

Policy

15.	Convene a policy council, charged with overseeing coordinated policy development and enhancing dissemination.	DHHS
	Short-term	

16.	Overhaul the current process for policy maintenance and dissemination, including developing a single source for policy information that can be accessed by all county and state staff.	DHHS
	Short-term	

17.	Charge the policy council with taking the lead on developing a DSS Strategic Plan.	DHHS
	Short-term	

Performance

18.	Convene individual "Envision Sessions" for county and state staff in Child Support, Aging and Adult Services, Food and Nutrition Services, and the Work First program, to define a shared vision for program improvement and reform.	DHHS/CSF
	Short-term	

19.	With county participation, assess the performance goals included in the 2018-19 MOU, enhance with specific outcome measures that correspond to better client outcomes, establish valid baselines for individual counties and create a process for measuring progress over time in regular intervals. *Short-term*	DHHS
20.	Develop a plan detailing Central Office priorities and activities, should they need to intervene in the operation of a county program. *Short-term*	DHHS
21.	Charge the regional program representatives for the Economic and Family Services, Child Support, and Aging and Adult Services programs to work together, to determine counties' need for local job development services, and coordinate their efforts to secure needed resources across the programs. *Long-term*	DHHS
22.	Translate desired and mandated program outcomes to worker-level activities. *Short-term*	Counties
23.	Craft and implement a CQI Plan for the referenced programs. *Mid-term*	DHHS

Data

24.	Social services program management should focus on data and how to integrate its routine use into all programs. [Fundamental] *Short-term*	DHHS/Counties
25.	Message and model leadership expectations and goals as they relate to using data as a way to improve practice and outcomes. (Fundamental) *Short-term*	DHHS
26.	Regional office staff should work with and help counties identify specific data sets and reports they need, to allow county staff to work more proactively, and better monitor and assess outcomes. (Fundamental) *Mid-term*	DHHS

27.	Identify data quality concerns and discuss available data alternatives that can be featured in the Wellness Dashboard, while state data improvement strategies are underway. *Short-term*	DHHS

Training

28.	Each program should maintain a Central Office training and professional development team to support regional trainers [Fundamental] *Mid-term*	DHHS
29.	Central Office training staff should identify training needs for central and regional state staff through a training needs assessment, and provide needed training through internal course development and/or identify external sources that can fill the needs. *Mid-term*	DHHS
30.	Central and regional training teams should increase the number of training deliveries available to county staff, especially for those courses that must be completed as part of pre-service instruction. *Mid-term*	DHHS
31.	Central and regional training teams should increase the locations for training delivery to reduce the driving distances for counties to attend training. *Mid-term*	DHHS
32.	Central and regional training teams should increase the number of courses delivered in a classroom setting and via live webinar, to expand the opportunities for trainees to ask questions and gain a more nuanced understanding of the subject at hand. *Mid-term*	DHHS
33.	Develop a methodology for allotting classroom seats on a statewide and/or regional basis, to ensure that all counties have equal access to course registrations. Enhance the course registration process to avoid training slots, already in high demand, not being filled. *Short-term*	DHHS
34.	Training teams should conduct multiple webinars on the same subject matter, and limit the number of participants at each, to ensure that there is a realistic opportunity for interactivity. *Mid-term*	DHHS

35.	Central and regional office staff who do not have direct services provision experience in the program they administer should be provided meaningful opportunities to learn about the program.	DHHS
	Short-term	

36.	Establish clear criteria for the distribution of state funds allocated for staff education and professional development.	DHHS
	Short-term	

Health Care Concerns

37.	Close the coverage gap to provide needed services for children and adults.	Legislature
	Long-term	

38.	Form partnerships with colleagues in North Carolina's health programs, to help facilitate the identification of community resources available to social services clients.	DHHS
	Short-term	

Child Support

39.	Establish dedicated court officers to hear child support matters, to expedite the establishment and enforcement of child support orders.	Legislature
	Long-term	

40.	Assess the option of system "replatforming" for the child support automated system, to move away from the mainframe.	DHHS
	Mid-term	

41.	Monitor the federal OCSE's policies and progress with regard to creating a model system, and determine whether it would be a viable option for system modernization.	DHHS
	Short-term	

42.	Re-look at the policy of requiring Custodial Parties (CPs) to attend a face-to-face meeting as part of case opening, and the impact on the expeditious and efficient processing of child support matters.	DHHS
	Short-term	

Aging and Adult Services

43.	Better define Aging and Adult Services data needs, with an eye toward enhancing the Wellness Dashboard metrics and/or producing trending data and reports. *Short-term*	DHHS

44.	Identify any program statutes and/or regulations that would benefit from updating, and pursue any needed updates. *Short-term*	DHHS

Child Welfare

45.	Create an Implementation Plan for Child Welfare recommendations, as outlined in the Child Welfare Preliminary Reform Plan. [Fundamental] *Short-term*	DHHS

46.	Establish and staff a position to manage the implementation of Child Welfare recommendations and support the implementation team. [Fundamental] *Short-term*	DHHS

47.	Create a core implementation team, responsible for prioritizing the various recommendations from both Preliminary Plans, and making them actionable. [Fundamental] *Short-term*	DHHS

48. Create high-level management positions, to support the realignment of the child welfare programs, and transition to new practice model. [Fundamental]

Function	Position Title
Director for Office of Child Safety-Child Protective Services	Program Administrator III
Director for Office of Office of Family Support-Prevention and In-Home Services (CPS)	Program Administrator III
Director for Office of Child Permanency	Program Administrator III
Director for Office of Professional Development	Program Administrator III
Director for Office of Program Improvement	Program Administrator III

Short-term — DHHS

Next Steps

We believe DHHS should begin the next phase of its work related to S.L. 2017-41 by developing a Transition Plan, needed to put the new regional office structure in place. This will facilitate early identification of staffing needs, which will likely require additional funding to create and staff key positions in both the regions and the Central Office. DHHS is responsible for determining how many regions will be created and their geographic boundaries. These decisions are fundamental to the staffing and facilities decisions that must be made, as well as the request to the General Assembly for the funding needed to support the new organizational structure.

Whether or not a regional structure can be put in place by March 1, 2020 as required by SL 2017-41, program improvement is predicated on easy access to reliable data, and processes informed by robust program data. DHHS should begin the next phase of their work by realistically assessing their internal capacity for integrating the routine use of data into all of the social services programs, and making appropriate organizational changes, to support a data-driven culture.

During Phase 2, we will continue to work with DHHS and the counties to further refine staffing and program outcomes data, so we can further refine the preliminary recommendations contained in this report, and potentially identify additional recommendations based on our additional analysis. Working with DHHS and the counties, we will also develop implementation plans for those recommendations DHHS decides to pursue. The final Reports, due by February 28, 2019, will document progress on the short term recommendations, and will include implementation plans for the mid- and long-term recommendations. Implementation plans will also specify the intended outcomes tied to each recommendation, along with how improvement can be measured.

As noted earlier in the Executive Summary, North Carolina's leadership is to be applauded for its decision to pursue the systemic changes needed to improve outcomes for its most vulnerable citizens. State and county social services professionals alike show their commitment to providing the best services they can, on a daily basis. We believe the preliminary recommendations detailed in this report will help North Carolina's social services programs become "best in class" and we look forward to continuing our work with state and county staff, as they work to improve the services they deliver to the public.

Child Welfare Preliminary Reform Plan Final Report: Executive Summary

EXECUTIVE SUMMARY

The Center for the Support of Families (CSF) was awarded the third-party contract on March 1, 2018, to work with North Carolina on its critical Social Services and Child Welfare reform. CSF has endeavored to complete an extraordinary amount of work in a brief period of time, and this Preliminary Plan and its recommendations should be understood with that in mind. Phase 2 of this project is intended to be a time to work with the General Assembly, state leaders, county leaders, and stakeholders to finalize these recommendations and to begin to provide oversight and monitoring of immediate implementation of those recommendations not requiring legislation or appropriations. The final Social Services Reform Plan and the Child Welfare Reform Plan, due February 28, 2019, will close out Phase 2. Phase 3 provides for continued oversight and monitoring of the implementation activities.

This North Carolina Child Welfare Preliminary Reform Plan provides information about current performance and system dynamics, findings, and preliminary recommendations. A companion report, the North Carolina Social Services Preliminary Reform Plan, is presented as a separate volume. While the two reports address specific findings and recommendations, they are intended to be read in sequence, beginning with the Social Services Preliminary Reform Plan, since it addresses organization, staffing, and management of the delivery of services in all programs. This Child Welfare Preliminary Reform Plan follows, with specific policy and practice recommendations to improve the delivery of child welfare services.

These reports and the actions needed to implement the recommendations are but one part of a dynamic and complex program improvement process being undertaken by the North Carolina General Assembly, the Department of Health and Human Services, the 100 county Departments of Social Services, the Social Services Working Group (SSWG), and related state and county departments serving citizens of North Carolina. These reforms include Medicaid transformation, development and initial implementation of Memoranda of Understanding (MOU) with specific performance measures, planning for the Family First Prevention Services Act (FFPSA), and an ongoing assessment of data systems. The delivery of this Preliminary Report marks the end of Phase 1 and reflects our in-depth analysis and development of preliminary recommendations.

North Carolina is unique in that the state recognizes the need for significant change in management of the delivery of social services and provision of child welfare services to families and children. Indeed, this type of assessment and program improvement planning is most often undertaken based on significant findings of program deficiencies from federal or state oversight entities – or even court action, as has been the case in many child welfare reforms. It is significant that there is real focus at every level of the system for improvement and commitment to work to make changes to better serve citizens. Through focus groups, individual interviews, and site visits, we encountered leaders, line staff, and stakeholders who clearly are passionate about the work, willing to face challenges, and excited to explore new ways of doing business and work collaboratively to improve outcomes for the state's most vulnerable citizens. This willingness to address challenges honestly and build on strengths is evident, even as state and

county staff work under the stress of dealing with complex societal problems, such as the expanding opioid crisis, coupled with staffing shortages and budget reductions.

SL 2017-41 makes clear that "transforming the child welfare system to better ensure safety, permanency, and well-being of children and families is the right thing to do."[1] The legislation cited two recent reviews – the federal Child and Family Services Review (CFSR) and the North Carolina Statewide Child Protective Services Evaluation of the State's Child Protective Services (CPS) – that "identified troubling gaps and flaws in North Carolina's child welfare system that are allowing too many … vulnerable children and fragile families to fall through the cracks." [2] Although North Carolina's CFSR scores on the seven outcomes in its 2015 CFSR were slightly better than the average scores of other states, the state's performance had slipped significantly from the previous CFSR in 2007.

Section § 2.1.(b) of the law requires the state to contract with a third-party organization to develop a child welfare reform plan that, at a minimum, makes recommendations in these areas.

- Child Protective Services (CPS), including the system for receiving reports and investigating allegations of child abuse, neglect, or dependency.
- Preventive and In-Home Services that provide struggling families with needed supports and treatment to prevent removal of the children from the home.
- Child fatality oversight, including a review of the existing structure, communication, and effectiveness of the Community Child Protection Teams, the Child Fatality Prevention Team, and use of Citizen Review Panels. Oversight shall also include identification of systemic problems in the Child Welfare system that may increase risk of harm or death to a child and implementation of timely and appropriate systemic reforms following a child fatality.
- Placement of children in foster care and other out-of-home settings.
- Services provided to children, youth, and parents involved with Child Welfare to achieve reunification of families.
- Efforts to achieve permanency for children either through reunification with family, legal guardianship or custody, or adoption.
- Provision of health care, mental health, and educational services to children and families involved with the Child Welfare system.
- Services provided to older youth in foster care and to those who have aged out of foster care.
- Strategies to ensure well-trained and adequately compensated staff to improve performance and reduce turnover.
- Practice and implementation, including ensuring a statewide, trauma-informed, culturally competent, family-centered practice framework.[3]

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[1] S.L. 2017-41 (HB630)
[2] Ibid.
[3] Section § 2.1.(b) required some additional practice and implementation recommendations related to how North Carolina could: 1) incorporate more evidence-based practices, including evidence-informed prevention services designed to reduce the number of children entering foster care; 2) specify expectations regarding professional

This Preliminary Reform Plan is the culmination of the Center for the Support of Families' (CSF) work to date on the North Carolina Child Welfare Reform Plan project and contains the methodology used; the current structure, dynamics, and performance of the Child Welfare system; specific findings; and preliminary recommendations for improvement.

Methodology

CSF first developed eight primary research questions designed to focus on the areas identified in SL 2017-41. As detailed in Chapter 1, CSF completed the following activities to assess rapidly North Carolina's child welfare system in these areas, while engaging participants and stakeholders in the development of preliminary findings and recommendations. All findings are based on these data sources and are identified specifically in Chapter 3. Preliminary recommendations are based on these findings, a review of best practices, and of the evidence that is available.

Systemic Factors

- Reviewed North Carolina's Juvenile Code, online child welfare policy manual, and the modified policy manual scheduled to be disseminated statewide in September 2018.
- Reviewed multiple reports made available by the state and counties including the 2015 CFSR final report and the state's Program Improvement Plan.
- Researched best practices nationally and in North Carolina.

Quantitative Data Reports

- Reviewed and analyzed administrative data regarding North Carolina's performance, available through the UNC Management Assistance website, state DHHS, and the Children's Bureau.
- Reviewed data specifically requested from DHHS.

Existing State Case Record Reviews

- Reviewed extensive data from recent state-led case record reviews assessing county compliance with policy and guidance, for services provided to children and families.

Interviews, Focus Groups, and Site Visits

- Conducted multiple interviews with state Department of Health and Human Services, Division of Social Services, and child welfare officials.
- Conducted multiple focus groups and interviews across the state with county child welfare staff, stakeholders and partners, and youth and families receiving services.
- Conducted site visits at individual county offices.

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development, training, and performance standards; 3) eliminate unnecessary barriers to licensing foster care and therapeutic foster care families to ensure an adequate supply of qualified families; 4) improve provider and foster parent feedback loops; 5) perform time use and salary surveys; 6) promote relationship-building across agencies and providers; 7) implement supports for adoptive families; 8) maintain sibling groups; and 9) develop a statewide, standardized functional protocol for case planning, service referrals, enhancing executive-level decision-making related to resource allocation and system reform efforts.

Electronic Surveys

- Reviewed data collected from three surveys: one for foster care workers, one for CPS workers, and another for state office child welfare employees.

Participation in Meetings and Conferences

- Attended multiple meetings and conferences including meetings of the Social Services Working Group (SSWG); the North Carolina Association of County Directors of Social Services (NCACDSS); the April Child Fatality Prevention Summit, the April meeting with the Children's Bureau to review state progress; a meeting of the DHHS leadership team; and a meeting with DHHS leaders and stakeholders to discuss the Family First Prevention Services Act (FFPSA).

Theory of Change Session

- Facilitated a two-day theory of change session in Durham on July 9 and 10 with state and county child welfare leaders to review preliminary findings and participate in developing a logical set of recommendations to accomplish a shared vision of change.

Current Child Welfare System in North Carolina

In an average month, county Departments of Social Services (DSS) throughout North Carolina receive just over 11,000 reports of suspected child abuse, neglect, or dependency.[4] Approximately 7,000 or 65 percent of those reports are screened-in as meeting legal criteria to be accepted for a CPS investigative or family assessment.[5] Those numbers translated to statewide annual totals of 133,771 CPS reports screened and 87,336 accepted in 2017.[6] While the total number of reports accepted for CPS assessment has recently been relatively stable, the proportion assigned to the more formal investigative assessment track has decreased slightly in the past five years (15,981 to 13,658), while the proportion of reports assigned to the family assessment track has increased slightly (50,105 to 51,504).[7]

The number of families open to CPS In-Home Services – the goal of which is to help families in which maltreatment has occurred remain safely together – has decreased from 4,760 families in January 2015 to 4,118 families in November 2017.[8] The number of children entering foster care for the first time each year has risen from 5,252 children in State Fiscal Year 2014 to 5,707 children in SFY 2017.[9] North Carolina does not meet federal standards for achieving permanency quickly for new enterers into foster care, though the state does meet federal

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[4] 2017 Master Child Welfare Workforce Data Book
[5] Ibid.
[6] Ibid.
[7] Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018).Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2).
Retrieved [4/17/18], from the University of North Carolina at Chapel Hill Jordan Institute for Families website.
URL: http://ssw.unc.edu/ma/
[8] 2017 Master Child Welfare Workforce Data Book
[9] Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018).Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved [6/30/18], from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/.

permanency measures for children who have been in foster care for longer periods of time.[10] North Carolina's rate of re-entry into foster care continues to be lower than the national federal standard.[11]

These dynamics, coupled with the complex societal problems mentioned above, have contributed to a child welfare system with an increasing number of children in foster care. On June 30, 2015, North Carolina had 10,288 children in foster care. On June 30, 2017, the number of children in care had risen to 11,113.[12]

Findings

In a state-supervised, county-administered child welfare system, variation exists in how individual counties deliver services and work with children and families. Some of the differences reflect the variation in county populations, economics, and available resources. In addition, each county has its own strengths and challenges. Many counties are engaging in best practices tailored to address their county's specific needs. As such, the findings in this report may apply to counties to differing degrees. Conversely, many of the recommendations in this report identify the state as the primary responsible entity because of this variation – broad-scale system improvement in all one hundred counties will require state leadership and a state office that is equipped to lead.

It is important to note that the findings related to Prevention and In-Home Services; Child Protective Services; Placement into Foster Care, Reunification and Permanency Services; Health, Mental Health, and Educational Services; and Services for Older Youth are generally focused on the counties, rather than the state, because our primary focus was to understand the experiences of children and families in North Carolina at the case practice level. Findings in the other areas are more balanced between the state and counties due to the broader focus of our inquiry, particularly in the Preliminary Social Services Reform Plan.

Each area of practice below begins with the primary research question and some key findings.

Child Protective Services

Are children and their household members who come to the attention of the child welfare system through reports of maltreatment receiving a response that ensures children are safe from immediate threats to their health safety and future risk of harm?

- Children and families in North Carolina who come to the attention of the child welfare system through a report of maltreatment are not consistently receiving a response that ensures the immediate safety of children and protects them from risk of future harm.
- The majority of CPS caseworkers indicated they meet regularly with their supervisors to staff cases and that their supervisors are always available, knowledgeable, and provide guidance.

[10] Ibid.
[11] Ibid.
[12] Ibid.

- Substantial variation exists among individual counties in the frequency with which they screen-out reports of child abuse or neglect.
- Only about 70 percent of CPS assessments (investigative and family) are being completed within 45 days, and caseworkers indicate that meeting this timeline is difficult.
- New information uncovered in CPS assessments is not consistently followed-up on or integrated into ongoing safety assessments.

Prevention and In-Home Services

Are children and their household family members who are in open CPS In-Home Services cases receiving services that ensure children are protected from immediate threats to their health, safety, and future risk of harm?

- Children and parents receiving In-Home Services are not being consistently served and supported in a way that ensures child health, safety, and protects against future risk of harm.
- The lack of consistent, quality face-to-face contact with children and parents in In-Home Services cases impacts state performance in being able to assess accurately and respond to matters of risk and safety.
- The array, availability, and quality of services to children and families varies across the state.
- Public funding for mental health and substance abuse services for uninsured parents is very limited. Staff cited transportation challenges, families' refusal to participate, followed by issues such as extended waitlists, a lack of providers in the area, and providers not accepting Medicaid as additional reasons services are not received.

Child Fatality Reviews

Are findings from North Carolina's fatality reviews being used effectively to take actions to prevent other fatalities and improve the health and safety of children?

- Together with state and county stakeholders, North Carolina has begun a process to review and strengthen its child fatality review system.
- The State Child Fatality Prevention Task Force is active and many of its recommendations to improve child safety have been adopted by the legislature.
- Findings from state-led intensive reviews, local team reviews, and internal agency reviews are more likely to lead to local than state action to prevent other fatalities and improve the health and safety of children than state actions.
- North Carolina fatality review processes include recommended practices such as taking a comprehensive, multi-disciplinary approach that engages the community in efforts to keep children safe.
- North Carolina has an unusual number of review processes and a more complicated system than other states.
- The state-led intensive fatality review team recently resolved a large backlog. It is time to revisit how the state and local teams work together.

- Review processes have engaged communities in fatality prevention and led to local and statewide public information campaigns designed toimprove child safety.

Placement into Foster Care

Are reasonable efforts made to support families prior to removing children and effective efforts made after removal to promote stable placements?

- North Carolina has a lower rate of children entering foster care than most states. However, room for improvement exists in efforts to safely preserve families and ensure placement stability of children in foster care.
- North Carolina meets the federal 95 percent standard of seeing every child in foster care face-to-face every month.
- Efforts are needed to locate and engage relatives earlier in the case planning process to mitigate child and family trauma and promote placement stability.

Reunification Services

Are children in foster care, their families, and caregivers receiving trauma-informed services and supports that facilitate timely reunification?

- Children in North Carolina, as well as their families and caregivers, are not receiving the appropriate level of trauma-informed services and supports to facilitate timely reunification.
- North Carolina's foster care re-entry rate is low compared to other states.
- Monthly caseworker face-to-face contact with parents is not occurring with required frequency.
- In the majority of cases, state program monitors found that initial Child and Family Team (CFTs) meetings were not held within 30 days of removal and did not appropriately involve the child.

Permanency Services

Are children and youth in foster care receiving trauma-informed services and supports that facilitate timely permanency?

- Children and youth in foster care in North Carolina are not receiving an appropriate level of trauma-informed services and supports to facilitate timely permanency.
- Foster care caseworkers feel supported by their supervisor.
- Supportive services are generally in place at the time of case closure.
- Timeliness of selecting permanency goals and making concerted efforts to achieve permanency are both areas needing improvement.
- Children in foster care are not consistently given the opportunity for input at court hearings.
- Children and parents are not consistently engaged in the development of case plans.
- Termination of Parental Rights (TPR) petitions are not being filed timely.

- Only 56 percent of foster care workers responding to CSF's survey reported looking diligently for relatives throughout the life of a case.
- Challenges to permanency include a lack of court time and differing perspectives on what is best for children between the court system and county departments of social services.
- Most relatives and kin providing placements for children in foster care do not complete the licensure process and, therefore, do not receive the financial support available to them through a foster parent board payment.

Health, Mental Health, and Educational Services

Are the needs of children in foster care being appropriately assessed, including exploring the history of trauma, and services being provided to address those needs and achieve case goals?

- Some appropriate services do exist to address the needs of children being served in foster care, but significant barriers remain for these services to be provided timely and appropriately to achieve case goals.
- About three-quarters of youth receive annual well-child checkups.
- Parents are not consistently provided with the opportunity to participate in medical appointments with their children in foster care.
- Too many barriers exist to the timely provision of needed mental health services for children in foster care in North Carolina.
- DSS has some consistent trauma-informed practices occurring in some counties. Triple P and Project Broadcast are being implemented in multiple counties with some success.

Services to Older Youth

Are older youth in foster care being prepared for adulthood?

- Older youth served in foster care are not consistently being prepared for adulthood.
- Youth report favorable engagement through LINKS but report less engagement in other key meetings and planning sessions and have mixed opinions about involvement in Child and Family Team (CFT) meetings.
- Older youth in foster care report a need for more resources, especially in smaller counties.
- While there is evidence that some youth are being supported in building relationships, relatives are not being regularly assessed for placement or involvement in the young person's life.

Preliminary Recommendations

Creating a child welfare system in North Carolina that is experienced by children and families in all 100 counties as being culturally-competent, trauma-informed, family-centered, and safety-focused will require a shift in organizational and system culture and mindset. It will also require a reliance upon proven and effective approaches to implementation. The theory of change session held in Durham was a step in this direction. A draft theory of change was developed and refined during this two-day session on July 9 and 10. To promote more candid, open dialogue, CSF, with input from the Office of State Budget and Management (OSBM), made the determination that this session would be a small, internal meeting of public, state, and county child welfare leaders. CSF understands the critical importance of bringing families and child welfare leaders, stakeholders, advocates and other contributors into the process, and proposes that be a next step in Phase 2 of this project.

The recommendations described here reflect ideas and input from the theory of change session and from information gathered from our assessment, which included input from hundreds of DHHS employees, county Department of Social Services employees, and stakeholders. A review of best practices in child welfare also informed these recommendations. In addition, CSF carefully reviewed recent reports and recommendations including: 1) the Child Welfare Strategic Plan, S.L. 2016-94, Section § 12C.1. (b); 2) Report to the Joint Legislative Oversight Committee on Health and Human Services by the North Carolina Department of Health and Human Services; 3) the North Carolina Child and Family Services Review (CFSR) Program Improvement Plan (PIP); and 4) the PCG study, which was also required by Section § 12C.1.(f) of N.C. Session Law 2014-100.

It should be noted that the U.S. Congress has set forth a path for all child welfare systems to place more focus on prevention and intervention to keep children safely with families through the Family First Prevention Services Act (FFPSA), beginning as early as October 2019. North Carolina is poised to jumpstart this process through implementation of its new vision and practice framework. These recommendations have been crafted to align and incorporate readiness activities identified as part of North Carolina's effort to prepare for the implementation of the FFPSA. This process should help inform the prevention plan the state will be required to submit to the U.S. Department of Health and Human Services and the notification the state will be giving about a timeline for opting into the FFPSA before November 9, 2018.

Figure 1: Recommended Theory of Change for North Carolina Child Welfare

The following preliminary recommendations are offered for consideration. They are not listed in order of priority, but instead they correlate directly with the draft theory of change, which frames the basic conditions that would need to exist within North Carolina's Child Welfare system to address identified findings and improve desired outcomes over time. The basic conditions are listed below.

- Vision for outcomes.
- Strong support and leadership from Central Office, regional office, and county offices.
- Partnerships are cultivated and nurtured to better meet the needs of children and families.
- Statewide practice framework.
- Financing and data are used to improve practice and outcomes.
- Capable and stable state, regional, and county child welfare workforce.
- Capacity to implement effectively.

The recommendations to develop and create each of the basic conditions for the draft theory of change are listed in order as depicted in the *Key for Recommendations* below, based on a

preliminary implementation timeline: short-term recommendations that can be implemented before the end of Phase 2 (February 28, 2019); mid-term recommendations that can be implemented before the end of Phase 3; and then long-term recommendations to be implemented beyond Phase 3. Although multiple entities (e.g. DHHS, General Assembly, County Departments of Social Services, Administrative Office of the Courts) will need to work together to implement almost every recommendation, we have listed the primary entity that has much of the responsibility for the specific recommendation. Some specific steps will need to be taken in earlier phases to prepare for the implementation of certain recommendations in the mid-term or longer-term timeframes.

Key for Recommendations

Short-term = can be implemented before February 28, 2019 (Phase 2)
Mid-term = to be implemented after March 1, 2019 (Phase 3)
Long-term = to be implemented beyond Phase 3
Legislature
DHHS
Counties
Core Implementation Team (CIT)

Specific recommendations in the preliminary plan include the following.

Vision for Outcomes

1.	**Recruit and hire one person with implementation experience and expertise to create a core, representative implementation team to guide the implementation of these recommendations.**	***DHHS***
	Short-term	

2.	**Convene a broad group of stakeholders to more fully develop a vision for improving outcomes in North Carolina – starting with the theory of change and identified outcomes developed in partnership with CSF on July 9 and 10 in Durham, North Carolina.**	***CIT***
	Short-term	

3.	**Ensure that the articulated vision supports a parallel process for shifting the culture of the workplace to provide culturally-competent, trauma-informed, family-centered, and safety-focused environments to support social services staff at the county, regional, and Central Office levels.**	***CIT***
	Short-term	

4.	Develop and implement a communication plan to help ensure leaders at all levels and a broad group of stakeholders are receiving and providing needed information related to North Carolina's vision for outcomes.	CIT
	Short-term	

Strong Support and Leadership from State, Regional, and County Offices

5.	Create five new high-level positions in the state Division of Social Services at competitive salaries and then advertise, recruit, and select candidates qualified to lead.	DHHS
	Short-term	

6.	Ensure competitive salaries for Central Office Division of Social Services Child Welfare Section employees and prospective employees. See Social Services Preliminary Reform Plan.	DHHS
	Mid-term	

7.	Reorganize the Central Office Division of Social Services Child Welfare Section to align with the regional offices established under S.L. 2017-41.	DHHS
	Mid-Term	

8.	Create a centralized hotline for reports of all suspected abuse or neglect in North Carolina.	DHHS
	Long-term	

9.	Ensure each regional office is equipped with relevant child welfare programmatic and coaching expertise.	DHHS
	Long-term	

Partnerships Are Cultivated and Nurtured to Better Meet the Needs of Children and Families

10.	External stakeholders need to be engaged on a regular and ongoing basis as North Carolina develops a culturally-competent, trauma-informed, family-centered, and safety-focused child welfare system.	CIT
	Short-term	

11.	Engage, collaborate and coordinate with courts to address and remedy existing barriers, while creating buy-in for the new vision and jointly tracking key outcomes for children, youth, and families.	DHHS
	Short-term	

12.	Strengthen partnership between the state Division of Social Services and the Divisions of Medical Assistance and MH/DD/SAS to make sure behavioral health services are available to parents and ensure appropriate placements for children in foster care.	DHHS
	Short-term	

13.	Finalize the criteria for readiness to implement the Familly First Prevention Services Act.	DHHS
	Short-term	

14.	Engage, collaborate and coordinate with birth families, youth, relatives, fictive kin, and foster parents to improve outcomes and effectively implement system reforms.	DHHS
	Mid-term	

Statewide Practice Framework

15.	The state and CSF should begin immediately to further explore the fit and feasibility of adapting and effectively implementing Safety Organized Practice (SOP) as the comprehensive statewide practice framework to create consistency in child welfare practice that is trauma-informed, culturally-competent, family-centered, and safety-focused throughout North Carolina.	DHHS/CIT
	Short-term	

16.	Include in the practice framework an expedited licensure process for foster parents, relative, and kin caregivers that has been streamlined.	DHHS/CIT
	Short-term	

17.	Include in the practice framework specific expectations related to the engagement of birth families in the planning processes and provision of services provided to their children while in foster care.	DHHS/CIT
	Short-term	

18.	Include in the practice framework the specific support that older youth in foster care need. *Short-term*	DHHS/CIT
19.	Include in the practice framework a specific approach to child and family teams or CFTs to align with a family-centered, culturally-competent, trauma-informed, safety-focused child welfare system. *Short-term*	DHHS/CIT
20.	Include in the practice framework the SDM process and tools as may be needed. *Short-term*	DHHS/CIT
21.	Assess Project Broadcast or review assessments that have been done to understand the extent to which it has been implemented and its impact on children and families. *Mid-term*	DHHS
22.	Create border agreements to ensure children can be with their relatives in neighboring states as soon as possible. *Mid-term*	DHHS
23.	Provide funding for more robust In-Home Services. *Mid-term*	DHHS
24.	Take concrete steps to increase the number and percent children in foster care placed with relatives and kin caregivers, the percent of those kin who are licensed, and the numbers of children exiting to their care. *Mid-term*	DHHS

Financing and Data Are Used to Improve Practice and Outcomes

25.	Develop a communication strategy at the state and local level that clearly expresses the expectation that staff rely on properly produced data evidence. *Short-term*	CIT

26.	Train county, regional, and statewide staff in the proper use of administrative data to support program monitoring and decision-making.	DHHS
	Mid-term	
27.	Offer ongoing training to staff on data entry and data extraction.	DHHS
	Mid-term	
28.	Conduct an analysis of how state and county child welfare contract for services and make recommendations on how to maximize the effectiveness of contracting to achieve child and family outcomes.	DHHS
	Mid-term	
29.	Review and strengthen statewide protocols and procedures on how information is entered into the system and streamline methodologies to ensure data accuracy and consistency for identified variables that will be used in reports.	DHHS
	Short-term	
30.	Continue to develop and regularly disseminate standard reports on basic information about the child welfare population.	DHHS
	Mid-term	
31.	Create an analytic data file, that can be periodically updated, that links NC FAST data with data from the legacy system.	DHHS
	Mid-term	
32.	Adopt outcome measures aligned with a safety-focused, family-centered, trauma-informed, culturally-competent system.	DHHS/CIT
	Short-term	
33.	Make investments in existing qualitative case review processes since they are so essential to monitoring and supporting efforts towards improving case practice and outcomes for children and families.	DHHS/Cty DSS
	Mid-term	

34.	Track progress on identified outcomes based on individual county performance in recent years. *Long-term*	DHHS/Cty DSS
35.	Conduct an analysis of the financing structure of the Child Welfare system and make recommendations of how to maximize federal dollars, including tying performance to financing in order to support improvements. *Long-term*	DHHS

Capable and Stable State, Regional and County Child Welfare Workforce

36.	Take concrete steps to reduce paperwork and streamline requirements (create a stop-doing list) to increase the time caseworkers have available to work with families. *Short-term*	DHHS/Cty DSS
37.	Consider strategies for organizing staffing or workloads to allow more intensive effort during the first 30-days of foster care. *Mid-term*	DHHS/Cty DSS
38.	Changes are necessary to allow CPS assessors, CPS In-Home caseworkers, and foster care caseworkers to meet job expectations when caseloads are at standard levels. *Long-term*	DHHS
39.	Pre-service training needs to be redesigned to better prepare a workforce, the majority of whom are coming to child welfare without a social work degree. *Short-term*	DHHS
40.	Training should be integrated into a larger strategy for professional development and a diverse, representative design team should be charged with co-creating an approach for designing and developing learning programs (preparation, training, coaching, transfer of learning and support) as opposed to stand-alone training modules. *Short-term*	DHHS

41.	Make necessary revisions to existing university contracts for training and professional development to align with the newly developed learning program. *Mid-term*	DHHS
42.	A process for continuous evaluation and revisions of learning programs should be integrated into professional development to determine what is needed, how well it is working, and to make improvements. *Mid-term*	DHHS
43.	The state needs to develop a recruitment and retention strategy for child welfare caseworkers that includes positive and realistic messaging about child welfare caseworkers and the role of child welfare supporting children and families. *Mid-term*	DHHS
44.	The Child Welfare Collaborative should be revived and retooled so that it benefits all counties, not just those neighboring state universities with collaborative programs. *Mid-term*	DHHS
45.	Strategies should be implemented to retain child welfare caseworkers. *Short-term*	DHHS

Capacity to Implement Effectively

46.	Create a teaming structure for statewide decision-making that will provide input and feedback loops from key stakeholders that will also allow for nimble and efficient decision-making at the state level. *Short-term*	CIT

Child Fatality Reviews

47.	CSF endorses the process that the state Child Fatality Prevention Task, with the full involvement of DHHS, is taking to work with participants and stakeholders of the child fatality review and prevention system to: ▪ Simplify the structure and processes of the system. ▪ Improve the use the data. ▪ Improve support of and collaboration between review teams. *Mid-term*	DHHS

48.	Consider consolidating state-level responsibility for child fatality reviews within a single entity of DHHS to create a central point of accountability for review processes and to simplify review reporting and feedback expectations.	DHHS
	Mid-term	

49.	Consolidate into a single review the state-led intensive and local team reviews required when children brought to the attention of the Child Welfare system within the previous 12 months die of suspected abuse or neglect.	DHHS
	Mid-term	

50.	Continue to explore options for streamlining local team structure with input from local teams.	DHHS
	Mid-term	

Next Steps

CSF recommends the immediate creation of a small, representative core implementation team to be identified and charged with the responsibility for taking these recommendations to the next level – sorting them in priority order, making them actionable and identifying the resources needed to support and implement them. We also recommend that DHHS recruit and select one person to be devoted to this full-time, to lead this team and manage the implementation of these recommendations and the improvement effort overall.

This core implementation team would be responsible for strategically sequencing and operationalizing these recommendations, using the evidence that is available about effective approaches to broad-scale implementation, including a focus on readiness, goals, and activities. This team would be responsible for creating a well-defined teaming structure to regularly engage a broader group of stakeholders in the implementation process.

Working with DHHS and the counties, we will also develop implementation plans for those recommendations DHHS decides to pursue. The final reports, due by February 28, 2019, will document progress on the short-term recommendations, and will include implementation plans for the mid- and long-term recommendations. Implementation plans will also specify the intended outcomes tied to each recommendation, along with how improvement can be measured.

As noted earlier in this Executive Summary, North Carolina's leadership is to be applauded for its decision to pursue the systemic changes needed to improve outcomes for its most vulnerable citizens. State and county social services professionals alike show their commitment to providing the best services they can, on a daily basis. We believe the preliminary recommendations detailed in this report will help North Carolina sequence, prioritize, and order improvement activities and over time improve everyday practice with families and the outcomes experienced by children and families in North Carolina. We look forward to continuing our work with state and county staff to implement agreed upon recommendations effectively.