

Child Welfare Reform Efforts and Child Well-Being Reform Efforts

Purpose: To fulfill the Council's fourth charge of monitoring changes in the social services and child welfare system associated with reform and regional supervision

Methodology: The Program Evaluation Division identified and summarized recent child welfare and child well-being reform efforts.

Work Product: The follow pages have detailed summaries on the following bolded reform efforts.

Child Welfare Reform Efforts

In 2015, the U.S. Department of Health and Human Services conducted a **Child and Family Services Review** on North Carolina's Department of Health and Human Services (DHHS) which revealed the State was not in substantial conformity with any of seven child and family outcomes or seven systemic factors. As a result, DHHS was required to develop a **Performance Improvement Plan**, which became effective in 2017.

In 2017, the North Carolina General Assembly enacted **Rylan's Law** to address gaps and flaws identified within the State's child welfare system. In addition to the work of the Children's Council, Rylan's Law resulted in the following three reports:

- In 2018, the **Social Services Working Group Report** made recommendations on improving state supervision of social services programs through the establishment of regional offices.
- A third-party contractor, the Center for the Support of Families, issued the **Social Services System Reform Plan** in 2019.
- The same contractor issued the **Child Welfare Reform Plan** in 2019.

In 2018, the U.S. Congress enacted the **Family First Prevention Services Act** to allow states to use Title IV-E Social Security funds to enhance services for children and families who are already are in or may be at risk of entering the foster care system. North Carolina's DHHS plans to implement the Act in 2021.

Child Well-Being Reform Efforts

In 2015, the U.S. Congress enacted the **Every Student Succeeds Act**, which replaces No Child Left Behind, with the goal of fully preparing all students for success in college and in their careers. As a result, North Carolina's Department of Public Instruction developed a **Consolidated State Plan**, which became effective in 2018.

In 2017, the General Assembly passed the **Raise the Age** initiative, which prevents older youths from automatically being charged as adults in many crimes. In addition, the Department of Public Safety is currently engaging in **Other Juvenile Justice Reform Efforts**, including publishing a Juvenile Justice Service Directory online and identifying evidenced-based programs through the Pew-MacArthur Results First Initiative.

In 2018, Governor Roy Cooper issued an executive order charging DHHS to collaboratively lead the development of a statewide early childhood plan, with support from the Early Childhood Advisory Council, other departments, and stakeholders. The **Early Childhood Action Plan**, which was issued in 2019, sets goals to reach by 2025 for all of North Carolina's young children from birth through age 8 and their families.

Child and Family Services Review (2015) and Performance Improvement Plan (2017)

Federal law and regulations authorize the Children’s Bureau, within the U.S. Department of Health and Human Services (U.S. HHS) for Children and Families, to review child and family services programs.¹ The Children's Bureau periodically conducts Child and Family Services Reviews (CSFRs) of states’ efforts. CSFRs allow the Children’s Bureau to

- ensure conformity with certain federal child welfare requirements,
- determine what is happening to children and families as they are engaged in child welfare services, and
- assist states in enhancing their capacity to help children and families achieve positive outcomes.

North Carolina’s CSFR revealed the State is not in substantial conformity with any of seven child and family outcomes or seven systemic factors. The U.S. HHS conducted a CSFR on North Carolina’s Department of Health and Human Services (DHHS) in 2015.

- **Outcomes.** The U.S. HHS assesses states on seven child and family outcomes that measure safety, permanency, and well-being.
 - Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.
 - Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.
 - Permanency Outcome 1: Children have permanency and stability in their living situations.
 - Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.
 - Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.
 - Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.
 - Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.
- **Systemic factors.** The U.S. HHS assesses states on seven systemic factors regarding state plan requirements of Titles IV-B and IV-E, which provide a foundation for child outcomes.
 - Statewide Information System
 - Case Review System
 - Quality Assurance System
 - Staff and Provider Training
 - Service Array and Resource Development
 - Agency Responsiveness to the Community
 - Foster and Adoptive Parent Licensing, Recruitment, and Retention

Exhibit 3 details how the U.S. HHS determined North Carolina's DHHS was not in substantial conformity with federal requirements for any of the seven child and family outcomes or seven systemic factors.

¹ Titles IV-B and IV-E of the Social Security Act.

Exhibit 3: CSFR Reveals North Carolina Not in Substantial Conformity for Any Outcomes or Systemic Factors (2015)

Outcomes/ Systemic Factors	U.S. HHS Outcome Performance Determination	Assessment Items	Purpose of Item	U.S. HHS Item Performance Determination
Seven Child and Family Outcomes				
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.	Not in Substantial Conformity	Item 1. Timeliness of Initiating Investigations of Reports of Child Maltreatment	To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated and face-to-face contact with the child(ren) was made within the time frames established by agency policies or state statutes.	Area Needing Improvement
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.		Item 2. Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after a reunification.	Area Needing Improvement
	Item 3. Risk and Safety Assessment and Management	To determine whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.	Area Needing Improvement	
Permanency Outcome 1: Children have permanency and stability in their living situations.	Not in Substantial Conformity	Item 4. Stability of Foster Care Placement	To determine whether the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child’s permanency goal(s).	Area Needing Improvement
		Item 5. Permanency Goal for Child	To determine whether appropriate permanency goals were established for the child in a timely manner.	Area Needing Improvement
		Item 6. Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	To determine whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.	Area Needing Improvement

Outcomes/ Systemic Factors	U.S. HHS Outcome Performance Determination	Assessment Items	Purpose of Item	U.S. HHS Item Performance Determination
<p>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</p>	<p>Not in Substantial Conformity</p>	Item 7. Placement with Siblings	To determine whether, during the period under review, concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.	Area Needing Improvement
		Item 8. Visiting with Parents and Siblings in Foster Care	To determine whether, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.	Area Needing Improvement
		Item 9. Preserving Connections	To determine whether, during the period under review, concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends.	Area Needing Improvement
		Item 10. Relative Placement	To determine whether, during the period under review, concerted efforts were made to place the child with relatives when appropriate.	Area Needing Improvement
		Item 11. Relationship of Child in Care with Parents	To determine whether, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.	Area Needing Improvement
<p>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.</p>	<p>Not in Substantial Conformity</p>	Item 12. Needs and Services of Child, Parents, and Foster Parents	To determine whether, during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents, and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family and (2) provided the appropriate services.	Area Needing Improvement
		Item 13. Child and Family Involvement in Case Planning	To determine whether, during the period under review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.	Area Needing Improvement
		Item 14. Caseworker Visits with Child	To determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.	Area Needing Improvement
		Item 15. Caseworker Visits with Parents	To determine whether, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.	Area Needing Improvement

Outcomes/ Systemic Factors	U.S. HHS Outcome Performance Determination	Assessment Items	Purpose of Item	U.S. HHS Item Performance Determination
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.	Not in Substantial Conformity	Item 16. Educational Needs of the Child	To assess whether, during the period under review, the agency made concerted efforts to assess children’s educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review) and whether identified needs were appropriately addressed in case planning and case management activities.	Area Needing Improvement
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.	Not in Substantial Conformity	Item 17. Physical Health of the Child	To determine whether, during the period under review, the agency addressed the physical health needs of the child, including dental health needs.	Area Needing Improvement
		Item 18. Mental/Behavioral Health of the Child	To determine whether, during the period under review, the agency addressed the mental/behavioral health needs of the child.	Area Needing Improvement
Seven Systemic Factors				
Statewide Information System	Not in Substantial Conformity	Item 19. Statewide Information System	The statewide information system is functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care.	Area Needing Improvement
Case Review System	Not in Substantial Conformity	Item 20. Written Case Plan	The case review system is functioning statewide to ensure that each child has a written case plan that is developed jointly with the child’s parent(s) and includes the required provisions.	Area Needing Improvement
		Item 21. Periodic Reviews	The case review system is functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review.	Strength
		Item 22. Permanency Hearings	The case review system is functioning statewide to ensure that each child has a permanency hearing in a qualified court or administrative body that occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.	Strength
		Item 23. Termination of Parental Rights	The case review system is functioning statewide to ensure that the filing of termination of parental rights proceedings occurs in accordance with required provisions.	Area Needing Improvement
		Item 24. Notice of Hearings and Reviews to Caregivers	The case review system is functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.	Area Needing Improvement

Outcomes/ Systemic Factors	U.S. HHS Outcome Performance Determination	Assessment Items	Purpose of Item	U.S. HHS Item Performance Determination
Quality Assurance System	Not in Substantial Conformity	Item 25. Quality Assurance System	The quality assurance system is functioning statewide to ensure that it (1) is operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.	Area Needing Improvement
Staff and Provider Training	Not in Substantial Conformity	Item 26. Initial Staff Training	The staff and provider training system is functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP, including the basic skills and knowledge required for their positions.	Area Needing Improvement
		Item 27. Ongoing Staff Training	The staff and provider training system is functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.	Area Needing Improvement
		Item 28. Foster and Adoptive Parent Training	The staff and provider training system is functioning statewide to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under Title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.	Strength
Service Array and Resource Development	Not in Substantial Conformity	Item 29. Array of Services	The service array and resource development system is functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP: (1) services that assess the strengths and needs of children and families and determine other service needs, (2) services that address the needs of families in addition to individual children in order to create a safe home environment, (3) services that enable children to remain safely with their parents when reasonable, and (4) services that help children in foster and adoptive placements achieve permanency.	Area Needing Improvement
		Item 30. Individualizing Services	The service array and resource development system is functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency.	Area Needing Improvement

Outcomes/ Systemic Factors	U.S. HHS Outcome Performance Determination	Assessment Items	Purpose of Item	U.S. HHS Item Performance Determination
Agency Responsiveness to the Community	Not in Substantial Conformity	Item 31. State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR	The agency responsiveness to the community system is functioning statewide to ensure that, in implementing the provisions of the CFSP and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.	Area Needing Improvement
		Item 32. Coordination of CFSP Services with Other Federal Programs	The agency responsiveness to the community system is functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.	Area Needing Improvement
Foster and Adoptive Parent Licensing, Recruitment, and Retention	Not in Substantial Conformity	Item 33. Standards Applied Equally	The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B or IV-E funds.	Strength
		Item 34. Requirements for Criminal Background Checks	The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.	Area Needing Improvement
		Item 35. Diligent Recruitment of Foster and Adoptive Homes	The foster and adoptive parent licensing, recruitment, and retention system is functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.	Area Needing Improvement
		Item 36. State Use of Cross-Jurisdictional Resources for Permanent Placements	The foster and adoptive parent licensing, recruitment, and retention system is functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.	Area Needing Improvement

Notes: For a state to be in substantial conformity for an Outcome, the item must be rated as a Strength. To receive a Strength rating, the Children's Bureau had to rate 90% or more of applicable cases as a Strength. Because Item 1 is the only item for Safety Outcome 1 and Item 16 is the only item for Well-Being Outcome 2, the Children's Bureau had to rate 95% or more of applicable cases as a Strength. For a state to be in substantial conformity for a Systemic Factor, no more than one of the items associated with the systemic factor can be rated as an Area Needing Improvement. For the two systemic factors that are determined based on the rating of a single item, the Children's Bureau must find that the item is functioning as required.

Source: Program Evaluation Division based on information from the U.S. Department of Health and Human Services and the N.C. Department of Health and Human Services.

Because the CSFR found the State was not in substantial conformity with outcomes and systemic factors, NC DHHS was required to develop a Performance Improvement Plan (PIP). States must be in substantial conformity with federal requirements for each of the outcomes and systemic factors. States not achieving substantial conformity in all areas assessed in the review are required to develop and implement Performance Improvement Plans (PIPs) within two years addressing the areas of nonconformity. PIPs must include

- the development of priorities assigned to the state’s work on each area of non-conformity,
- the necessary key activities associated with improving each of those areas,
- the establishment of timeframes for completing the required improvements,
- determination of methods the state will use to report on progress in implementing improvements, and
- determination of ways to measure improvements.

North Carolina's lack of conformity subjected the State to a minimum penalty of \$1.7 million for Federal Fiscal Year 2014–15. However, the Commissioner for the U.S. HHS Administration on Children, Youth and Families suspended the withholding of funds during the PIP implementation period, but retained the right to rescind the withholding.

Exhibit 4 summarizes North Carolina's most recently revised PIP, which became effective January 1, 2017.

Exhibit 4: North Carolina's Performance Improvement Plan (Effective January 1, 2017)

Outcomes/ Systemic Factors for Improvement	Goal	Strategies and Activities
Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3, Staff and Provider Training, and Array of Services	Goal 1: Improve the outcomes of safety, permanency, and well-being through the establishment of clear performance expectations for practice in Child Protection Services Assessments, In-Home Services, and Foster Care Services	Strengthen and clarify North Carolina’s child welfare policies and practices (based on support received from the Capacity Building Center)
		Enhance the training system to support the consistent application of the revised policies and practices (based on technical assistance received from the Capacity Building Center in consultation with the National Child Welfare Workforce Institute)
		Strengthen the capacity of county departments of social services to sustain the consistent application of the revised policies and practices through the development and implementation of a supervisor academy
		Implement a technical assistance model for the North Carolina Department of Health and Human Services, Division of Social Services (NC DSS), to provide multi-level assistance to county child welfare staff regarding the consistent application of policies, practices, and training. This technical assistance model will be developed in concert with the Capacity Building Center. This technical assistance model will include strategies for NC DSS staff to teach, mentor, and coach county child welfare staff on the expected application of policy and practice standards to ensure safety, permanency, and well-being of children served by county child welfare programs.
Develop and pilot county-level child welfare family engagement committees and a state-level family advisory council that promotes and supports the involvement of families at case practice, policy, and systems levels. This model is based on support received from FRIENDS: Family Resource Information, Education and Network Development Services-National Center for Community Based Child Abuse Prevention and the Capacity Building Center for States.		

Outcomes/ Systemic Factors for Improvement	Goal	Strategies and Activities
Quality Assurance	Goal 2: Improve the outcomes of safety, permanency, and well-being through the utilization of a statewide quality assurance system which will identify the strengths and needs of the service delivery system	Operationalize the state-level quality assurance system so that areas of child welfare practice needing improvement are consistently identified and addressed.
Permanency 1, Case Review System	Goal 3: Improve the permanency outcomes for children through collaboration with the judicial system	<p>Develop with the North Carolina Administrative Office of the Courts and other judicial system partners a plan to engage local court and county departments of social services to address issues of notice to resource parents, timely establishment of case goals, concurrent planning, permanency, and timely termination of parental rights actions.</p> <p>Provide targeted engagement to county department of social services and court personnel in judicial districts and counties across the State to support children achieving permanency and stability in their living situations.</p> <p>Implement a Guardianship Assistance Program for all counties in North Carolina, pending approval by the rules process, to support permanency and stability in children’s living situations.</p>
Service Array, Foster and Adoptive Parent Licensing, Recruitment and Retention, and Agency Responsiveness to the Community	Goal 4: Strengthen cross-system service provision to improve safety, permanency, and well-being outcomes for children and families	<p>Establish agreements between county departments of social services (DSSs) and Local Management Entities/Managed Care Organizations (LME/MCOs) to collaborate on and hold each other accountable for accessible, quality, and timely behavioral health services for child welfare-involved children as well as families involved with child welfare who are referred to the LME/MCOs for services.</p> <p>Strengthen and reframe the statewide foster and adoptive parent diligent recruitment plan to support the recruitment of families who meet the needs of the children they serve and who reflect the ethnic and racial diversity of children served by the Foster Care program.</p> <p>Strengthen external stakeholders’ understanding of, and input into the development of, the North Carolina Child and Family Services Plan (CFSP) and Annual Progress and Services Report’s (APSR) goals and objectives; provide annual updates; and establish ongoing feedback mechanisms.</p>
Statewide Information System	Goal 5: Enhance the statewide data quality, collection, and dissemination of information regarding services provided	Strengthen the statewide information system through the development of a child welfare module within NC FAST (North Carolina Families Accessing Services through Technology) to improve data quality, consistency, and access to timely statewide data.

Note: States are allowed two years to implement their PIP. During this period, financial penalties for failing to achieve substantial conformity are on hold; however, the State is still responsible for implementing all action steps associated with the benchmarks it defined to measure its progress. During implementation, the State must submit quarterly progress reports to the Children’s Bureau, which verifies appropriate action has been taken.

Source: Program Evaluation Division based on information from the U.S. Department of Health and Human Services and the N.C. Department of Health and Human Services.

Rylan's Law (2017)

In 2017, the North Carolina General Assembly enacted Session Law 2017-41, also known as Rylan's Law, to address gaps and flaws identified within the State's child welfare system. This legislation required the Department of Health and Human Services (DHHS), both alone and in coordination with county departments of social services, to work to accomplish five action items that would result in reform of the child welfare system through evaluation of the system, improved supervision, and social services program administration.

- 1. Collaboration Working Group.** Established the Social Services Regional Supervision and Collaboration Working Group (SSWG) to develop recommendations specifically targeted to improve the State's ability to supervise county social services offices through the development and use of regional state-level social services offices. The School of Government at the University of North Carolina at Chapel Hill was responsible for convening the SSWG. The SSWG published its report on improving state supervision of social services programs through the establishment of regional offices. This action item was completed in December of 2018.
- 2. Independent Assessment.** Directed the Office of State Budget and Management and DHHS to jointly develop and issue a formal request for an independent assessment of the State's social services system, including child welfare, adult protective services and guardianship, public assistance, and child support enforcement. The Center for the Support of Families (CSF) published two reports that outlined the framework of the State's social services system and child welfare system and included recommendations to improve the delivery of services. This action item was completed in May of 2019.
- 3. Memorandums.** Required county social services offices to enter into annual written agreements with DHHS that mandated specific performance requirements and administrative responsibilities for all social services programs.² These written agreements allowed the State to withhold funding and/or intervene in the event that service delivery for child welfare programs did not meet performance requirements or comply with administrative responsibilities. Session Law 2017-41 was later amended to require counties, rather than local social services offices, to engage in memorandums.
- 4. Regionalization.** Granted North Carolina counties the ability to create regional social services offices to deliver all or some social services programs. Regional offices created under this provision are governed by regional boards of social services, which operate within the traditional boundaries of county social services boards. Regionalization of services was aimed at promoting accountability while also increasing supervision of service delivery.
- 5. Children's Council.** Created the Child Well-Being Transformation Council to assist in the coordination, collaboration, and communication among stakeholder groups providing child welfare services. Representatives for stakeholders were diverse and ranged from community partners in child care to health care to juvenile justice. The Council was charged with mapping the network of child services in the State; providing examples of when coordination, collaboration, and communication have failed; reviewing similar initiatives in other states; monitoring reform changes; identifying current gaps in North Carolina's service delivery of child programs; and recommending changes to remedy its discovered issues. This action item was completed in July of 2020.

² Medicaid is excluded from these requirements.

Social Services Working Group Report (2018)

The General Assembly established the Social Services Regional Supervision and Collaboration Working Group (SSWG) in 2017.³ SSWG was directed to make recommendations on the following topics:

- regional divisions including size, number, and location;
- allocation of responsibilities across central, regional, and local officials for the administration and supervision of social services programs;
- methods of performance accountability regarding regional office operations;
- requirements on sharing information across relevant boards;
- ability of county commissioners to assume direct control of local boards when egregious failures have taken place prior to the State taking control;
- legislative and regulatory changes to improve collaboration between counties on topics such as information sharing, conflicts of interest, and the movement of service recipients; and
- a state vision for transitioning to a regionally-administered system.

In 2018, SSWG released its report on improving state supervision of social services programs through the establishment of regional offices.

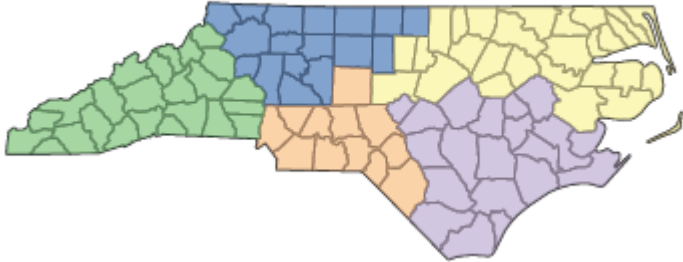

In fulfilling its charge, SSWG recommended the State should not mandate a transition to a regionally-administered social services system. Rather than recommending statutory changes to direct the creation of regional offices to administer social services programs, SSWG determined regional supervision would be a more beneficial structure for the State to improve outcomes, efficiency, consistency, access, knowledge, and communication of services to recipients. Additionally, creating a system of regional supervision rather than regional administration would combat issues the State may have otherwise faced in transitioning services such as challenges with management and governance. Overall recommendations from SSWG can be found in Exhibit 5.

In addition to its mandated charge for specific recommendations, SSWG also recommended that the General Assembly postpone the dissolution of the working group. In 2019, House Bill 291 proposed legislation to continue the working group. The bill, which was not enacted, would have directed SSWG to further review the benefits and challenges of regional supervision as well as other specific items such as the

- role of local elected officials and governing boards in social services oversight,
- legal representation of local social services agencies,
- management of conflicts of interest,
- determination of residency for social services program recipients,
- transfer and change of venues in adult guardianship cases,
- notice of requirements for adult guardianship cases, and
- confidentiality of social services records in relation to improving interagency collaboration.

³ N.C. Session Law 2017-41.

Exhibit 5: Social Services Working Group's Charges and Recommendations

Charge	Recommendation
<p>Regional Divisions</p>	<p><u>Factors to Consider in Establishing Regional Divisions</u></p> <ul style="list-style-type: none"> • Maintaining county borders within a single region • Including contiguous counties within regions • Maintaining judicial districts within regions • Creating regions that are comparable in total population as well as service population size • Creating regions that are comparable in geographic size • Striving to preserve natural networks (e.g., counties that commonly engage in service delivery together) <p>Proposed 1: Population, Judicial Districts, and Network (Five) Regions</p>  <p>Proposed 2: Population, Judicial Districts, and Network (Seven) Regions</p> 
<p>Allocation of Responsibilities</p>	<p><u>Core Supervisory Functions to Allocate Across Central, Regional, and Local Administration of Social Services</u></p> <ul style="list-style-type: none"> • Best practice dissemination (i.e., facilitating open lines of communication to share best practices across programs and local agencies) • Compliance monitoring (i.e., evaluating compliance with applicable federal and state laws and policies; directing changes when necessary including risk assessment) • Fiscal monitoring (i.e., ensuring that all financial resources are used effectively, efficiently, and in compliance with applicable federal and state laws including risk assessment) • Integrated data systems and recordkeeping (i.e., developing reliable, secure, and user-friendly data systems to support service delivery and recordkeeping; maintaining accurate and thorough statewide records that are accessible for purposes of service provision, review, monitoring, or consultation) • Interagency coordination (i.e., coordinating resources, including staff, when service delivery or support requires the involvement of more than one local social services agency) • Policy guidance and technical assistance (i.e., promoting consistent interpretation of state and federal law through development of clear and consistent statewide program policies) • Quality improvement (i.e., developing and implementing systems for continuous quality improvement for programs and services) • Staffing standards and support (i.e., setting standards for social services staff, supporting those standards, and providing human resources support when appropriate) • Training (i.e., ensuring personnel involved in the provision of services are competent and well-prepared to discharge duties associated with their positions)

Charge	Recommendation
Performance Accountability	<ul style="list-style-type: none"> ● Establish a single person in the central office who is responsible for general oversight of regions and supervision of regional directors to work in conjunction with others in the central office, monitor and measure performance by the regions, and make changes as necessary to ensure that the system is meeting the needs of the people it serves and the counties administering the programs ● Provide a clear roadmap for the central office and others to evaluate the performance of each office using job descriptions ● Use a data dashboard, created by an outside organization, to measure regional and county performance
Requirements on Sharing Information Between Regional Offices and Local Boards	<ul style="list-style-type: none"> ● Direct the Department of Health and Human Services (DHHS) to establish a formal mechanism to allow local social services directors and county managers to provide direct feedback to central office staff on the performance of the regional office and the regional director because integrating information from local partners is essential to creating a high-functioning system in which all three levels are valued and held accountable
County Commissioners Assume Direct Control	<p><u>Initial Non-Compliance/Urgent Circumstances</u></p> <ul style="list-style-type: none"> ● When a local social services agency is not in compliance with applicable laws, the local agency must address the cause of the problem <ul style="list-style-type: none"> ○ A board of county commissioners, the governing board, and the county manager receive prompt notice from DHHS that there are compliance concerns with the agency; this notice could constitute a “yellow” warning flag ○ The agency shares updates with the county manager and the board of county commissioners about progress made towards resolving the problem or addressing the challenge <p><u>Extended Non-Compliance or Urgent Circumstances</u></p> <ul style="list-style-type: none"> ● When a local agency is out of compliance with the agreement or the law for an extended period or if an urgent circumstance arises, the law requires that DHHS and the agency enter into a joint corrective action plan: <ul style="list-style-type: none"> ○ A board of county commissioners, the governing board, and the county manager receive prompt notice from DHHS that the agency is required to enter into a corrective action plan; this notice would constitute a “red” warning flag ○ The board of county commissioners, the governing board, and the county manager should be involved in developing the joint corrective action plan and in oversight of its implementation ○ If the board of county commissioners is <i>not</i> the governing board, it should be provided with access to confidential information in the same manner as the governing board pursuant to G.S. 108A-11 ○ The board of county commissioners should be provided with the authority to exercise emergency powers to make immediate changes in agency leadership and governance <ul style="list-style-type: none"> ▪ If the board of county commissioners is not the governing board, provide it with authority to work with the governing board to discipline or discharge the agency director if necessary or to install temporary agency leadership ▪ If the board of county commissioners is not the governing board, provide it with the authority to abolish the governing board and assume the board’s powers and duties immediately; this action requires a public hearing after 30 days of advance notice

Charge	Recommendation
Legislative and Regulatory Changes	<p data-bbox="346 172 562 196"><u>Information-Sharing</u></p> <ul data-bbox="346 204 1976 396" style="list-style-type: none"> • Direct the new information technology platform being developed for the judicial system to provide attorneys involved with a case with access to statewide information about children and adults who have interacted with the social services system in any county • Require a study of all state social services confidentiality laws and request recommendations for any revisions necessary to improve inter-county collaboration and service delivery • Direct DHHS, in consultation with counties, to prepare comprehensive guidance and training regarding information sharing and confidentiality for all social services programs <p data-bbox="346 435 548 459"><u>Conflict of Interest</u></p> <ul data-bbox="346 467 1730 597" style="list-style-type: none"> • Amend state law to provide a framework for managing conflicts of interests (e.g., defining conflict of interest) • Direct DHHS, in consultation with counties, to prepare comprehensive guidance and training regarding law and policy • Direct DHHS to develop a statewide repository of information related to conflicts of interest (e.g., timeframes for resolutions) • Direct counties to designate staff members to manage conflict of interest cases <p data-bbox="346 636 695 660"><u>Movement of Service Recipients</u></p> <ul data-bbox="346 669 1965 1156" style="list-style-type: none"> • Require a study on residency determination used for social services program eligibility • Require a study on appointments of and funding for publicly funded guardians • Amend state law to create a clear process for transferring adult guardianship cases across counties • Direct DHHS to establish a standard information-sharing policy for transferred cases • Direct DHHS to provide training to counties regarding procedures on case transfers • Amend state law to require clerks of court to provide advance notice to a local social services director at least 10 working days prior to a hearing in which the director may be appointed guardian • Require a study to examine portability of eligibility determinations and service authorizations • Direct DHHS to amend state policies to encourage or direct counties to increase the use of technology (e.g., video, telephone) to engage parents or other parties who are incarcerated, located across the State or out-of-state, or unable to travel due to a legally recognized disability • Direct the Administrative Office of the Courts (AOC) to work with the Department of Public Safety (DPS), the N.C. Sheriffs' Association, and DHHS to develop policies and procedures for allowing incarcerated parents and respondent parties to communicate with social workers using telephone or video • Direct AOC to work with DPS, the N.C. Sheriffs' Association, and DHHS to explore options for allowing incarcerated parents or other respondent parties to participate remotely in court proceedings
Vision	<p data-bbox="346 1166 537 1190"><u>Potential Benefits</u></p> <ul data-bbox="346 1198 1885 1393" style="list-style-type: none"> • Lines of communication would be clearer and more concentrated, leading to more consistent practice and policy interpretation • Supports would be provided regionally instead of county-by-county, allowing for more consistent training and professional development • The State would be responsible for supervising fewer entities, increasing accountability • Having fewer entities would allow the State to provide more support for each entity • Having fewer entities, with less variation in practices and policy interpretation, should facilitate improvements in performance and outcome measurement

Charge	Recommendation
Vision (cont.)	<ul style="list-style-type: none"> • Sparsely populated areas of the State would have better access to services because they would not be relying entirely on county-specific staff or funding • Residents of one county in a region would be able to access services in other counties within the region • Multiple counties could pool resources to benefit from economies of scale • Counties would be able to share knowledge and resources • Working conditions and pay for staff would be consistent across the region, stabilizing staffing • Negative local political influence would decrease • Regional departments, such as judicial districts and district health departments, could be aligned with other key regions • Lessons learned from the experience of regional mental health reform could be applied to regional social services reform <p><u>Potential Challenges</u></p> <ul style="list-style-type: none"> • Designing appropriate regions when there are many factors to take into consideration • Managing regional departments containing counties of different sizes, populations, and service needs • Redefining and clarifying the roles of the government (county, region, regional supervision, central office) • Redesigning complex funding streams and local financial contributions for a regional department • Reconsidering and redesigning the organizational and governance models for 26 counties that have already transitioned to a consolidated human services agency • Redesigning staffing structures to support a regional model • Communicating changes to staff and garnering their support for such a significant transition • Communicating local service delivery changes to members of the public • Overcoming negative impressions of regional human services programs related to mental health reform • Establishing and maintaining local relationships across multiple counties • Potential for losing desired local flexibility or control • Maintaining a sense of ownership in new regional authority for counties included within the region • Decreasing local political influence • Measuring or quantifying the value of the transition to regional departments • Determining whether the change saves money, improves outcomes, or generates other efficiencies or improvements • Monitoring the investment of regional resources in each county • Managing liability exposure for counties involved in each region • Managing legal representation across multiple counties and judicial districts within a region

Source: Program Evaluation Division based on reports by the Social Services Regional Supervision and Collaboration Working Group.

Social Services System Reform Report (2019)

In 2017, the General Assembly enacted legislation requiring the Office of State Budget and Management (OSBM), in consultation with the Department of Health and Human Services (DHHS), to develop and issue a request for proposal by September 30, 2017 for contracting with a third-party organization to develop a plan to reform state supervision and accountability for the social services system.⁴ The legislation required the plan to include system-wide reforms for various components of social services, including child welfare, adult protective services and guardianship, public assistance, and child support enforcement. The third-party organization was directed to develop two reform plans: one focused on child welfare reform (discussed in more detail in the next section) and one focused on social services system reform.

For the social services system reform plan, OSBM was required to contract with an organization to develop a plan that

- evaluates the role of the State in the social services system;
- develops a new vision and strategic direction for the social services system, including leadership and governance at the state and regional levels;
- develops a plan for reforming the social services system in order to improve outcomes for children and families, enhances state supervision of local social services administration, and improves accountability for outcomes in social services at the state, regional, and local levels;
- develops a plan for collection, analysis, and effective use of data by the social services system;
- creates a Social Services System Transparency and Wellness Dashboard;
- develops a plan for consistent, standardized continuous quality improvement for social services at the state, regional, and county levels;
- reviews policies and procedures to support and accelerate system reform, focusing on sustainable change that will improve outcomes for children and families;
- provides ongoing evaluation and oversight of the Department's implementation of social services system reform; and
- complies with all applicable reporting and implementation requirements.

The organization awarded the contract was required to engage the services of national technical advisors with broad expertise and experience in implementing large-scale, systemic social services reform, with specialized expertise in certain areas of social services such as child welfare, adult services, public assistance, or child support enforcement.

OSBM awarded the third-party contract to develop the social services system reform plan to the Center for the Support of Families (CSF). CSF was awarded the contract on March 1, 2018 and issued its final report on May 6, 2019. CSF was paid \$1.3 million across State Fiscal Years 2017–18 and 2018–19 to develop the plan.

The study focused on the four largest social services programs supervised by DHHS:

- child welfare,
- child support,
- economic and family services, including Food and Nutrition Services and Work First, and
- aging and adult services.

⁴ N.C. Session Law 2017-41.

CSF conducted focus groups, individual interviews, and site visits with county and state staff. CSF documented the roles of the Central Office and county offices and identified strengths, challenges, and recommendations. The plan focuses on the organization and management of the social services delivery system. The plan includes recommendations on

- governance, supervision, and leadership, with a focus on a regional structure;
- staffing of Central, regional, and county offices;
- use of data to monitor and measure outcomes; and
- the required Transparency and Wellness Dashboard.

The North Carolina Social Services Preliminary Reform Plan documented the current framework for service delivery, detailed findings from CSF’s assessment of that framework, and provided preliminary recommendations for improvement.

The social services system reform plan resulted in 27 recommendations across five areas of reform. Exhibit 6 shows these recommendations, with their respective areas of reform and focus.

The report recommended DHHS begin its next phase of work relating to Session Law 2017-41 by developing a transition plan, assessing internal capacity for integrating routine use of data into all social services programs, and making corresponding organizational changes to support a data-driven culture. The report indicates “the team has identified some significant challenges with data available” for developing the Social Services System Transparency and Wellness Dashboard as the legislation required.

DHHS has undertaken some of the efforts the report recommended. OSBM reports that CSF continues to assist DHHS in implementing the plan’s recommendations and has paid the organization an additional \$59,860 in State Fiscal Year 2019–20.⁵

⁵ Amount paid in State Fiscal Year 2019–20 is as of January 29, 2020, bringing the total amount spent thus far for the Social Services Reform Plan across the three state fiscal years to approximately \$1.4 million. These figures do not include total contractor administrator costs of \$94,929 shared between the Social Services System Reform Plan and the Child Welfare Reform Plan.

Exhibit 6: Center for the Support of Families' Recommendations for Social Services System Reform

Area of Reform	Focus	Recommendation
State and county roles in the social services system	Organization and management of social services delivery system	<ol style="list-style-type: none"> 1. Enhance statutes to ensure that there is consistency of mission and authority of the county boards governing social services agencies. Establish minimum qualifications for board members and clearly delineate their duties and responsibilities. Establish duties and reporting structure. 2. Fully staff the Regional Offices to the maximum extent possible under budget constraints to provide full supervision and support for county Departments of Social Services (DSSs). 3. Create the following positions in the Central Office to staff the new Office for County Operations to fully support the regional structure and the supervision of the child welfare, child support, and economic services divisions now under the leadership of the Assistant Secretary for County Operations: Deputy Assistant Secretary for County Operations for Regions, Administrative Support for a new Office for County Operations, Deputy Assistant Secretary for County Operations for the Continuous Quality Improvement Team, and Administrative Support for Continuous Quality Improvement. 4. Establish key positions to guide the Child Welfare Reform Plan: Manager for the Office of Child Safety-Child Protective Services, Manager for the Office of Family Support-Prevention and In-Home Services (Child Protective Services), and Manager for the Office of Child Permanency.
Using data to manage program outcomes	Producing quality data	<ol style="list-style-type: none"> 5. Assess the staffing and external resources needed to lead and support the data-related reforms once the Business Information Officer position is filled within DHHS. 6. Create a working group of state, county, and NC FAST staff to identify data elements in forms that are used, where common errors occur, why data inconsistency exists between the State and counties, and how these inconsistencies can be reduced and data quality can be increased with full conversion to NC FAST, or if enhanced protocols or training would be beneficial. 7. 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. 8. Create an analytic data file that can be periodically updated and that links NC FAST data with data from the legacy systems.
	Building a shared commitment to using quality data	<ol style="list-style-type: none"> 9. Develop and implement a strategy that messages and models ongoing leadership expectations and goals for staff to use data to improve outcomes. 10. Train state, county, and regional staff in the effective use of administrative data to support program monitoring and decision making.
	Establishing outcome measures and data reports	<ol style="list-style-type: none"> 11. Create ongoing access to standard data and reports that not only provide data on statewide, regional, and individual county client and system outcomes but also include client and service data that can inform a continuous quality improvement process to improve performance and outcomes. 12. Work with and help counties identify specific data sets and reports when regional offices are established so counties understand their performance and choose and plan improvement strategies. 13. Select performance goals across programs with counties and ensure they reflect performance issues critical to client outcomes. Establish valid baselines for individual counties and measure progress at regular intervals over time. 14. Incorporate the number of different goals that counties are being held accountable for and their overall level of achievement when assessing county performance. Require counties not meeting statewide standards to implement strategies to make realistic improvements over their baseline.

Area of Reform	Focus	Recommendation
Staffing	County, central office, and new regional office structure staffing	15. Conduct a feasibility and cost study and report to the General Assembly on establishing caseload range guidelines, pay scales, a funding equity formula, and a salary pool for county child welfare and social service staff.
Resource issues impacting the service delivery model	Planning and policy	16. Develop a Strategic Plan. The plan should be a synthesis of DHHS's vision for future service provision with the steps required to achieve the vision. Milestones for each year of the plan should be articulated to establish accountability for the plan's implementation. The plan should be developed in collaboration with county DSS leadership. 17. 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. This overhaul should be a collaborative process with county DSS leadership.
	Training	18. Implement plans for the Central Office Policy and Workforce Division that include input from the specific social services program regarding the program's training priorities and training content. 19. Conduct a comprehensive training needs assessment and catalog existing training at the Central and county level to guide training development. This assessment should include external training resources, and training staff should develop detailed workforce development plans. 20. Increase the number of training deliveries available to county staff, especially for those courses that must be completed as part of pre-service instruction, provided by central and regional training teams. 21. Provide meaningful opportunities to educate Central and regional office staff who do not have direct services provision experience in the program they administer. 22. Establish clear criteria for the distribution of state funds allocated for staff education and professional development.
	Community resources and partnerships	23. Provide resource development support to meet various program needs. Regional Directors should work with the various program representatives, identifying county needs and corresponding community resources, and assist with engaging those resources. They should work with their counterparts in other regions to share information about available community resources, and engagement strategies. While the regions will have geographical boundaries, the families they serve may cross those boundaries, necessitating cross-regional collaboration. 24. Provide counties with options and funding needed to provide services to medically fragile individuals. Closing the medical coverage gap could help alleviate this issue. 25. Form partnerships between state, regional, and county staff and their colleagues in North Carolina's health programs. These partnerships would help facilitate the identification of community health resources available to social services clients. These resources also could be tapped to help train DSS staff at all levels to help build staff skills in recognizing and referring clients to appropriate services.
	Assessment of technology needs	26. Engage in a social services-wide technology assessment and create a Technology Plan for DHHS social services programs.
Continuous Quality Improvement	Structural components of CQI	27. Develop and implement an effective and sustainable statewide continuous quality improvement system for all social services and child welfare programs in North Carolina.

Source: Program Evaluation Division based on Center for the Support of Families' North Carolina Social Services System Reform Plan.

Child Welfare Reform Report (2019)

In 2017, the General Assembly enacted legislation requiring the Office of State Budget and Management (OSBM), in consultation with the Department of Health and Human Services (DHHS), to develop and issue a request for proposals by September 30, 2017 for contracting with a third-party organization to develop a plan to reform state supervision and accountability for the social services system.⁶ The legislation required the plan to include system-wide reforms for various components of social services, including child welfare, adult protective services and guardianship, public assistance, and child support enforcement. The third-party organization was directed to develop two reform plans: one focused on social services system reform (discussed in the previous section) and one focused on child welfare reform.

For the child welfare reform plan, OSBM was required to contract with an organization to make recommendations regarding

- ensuring a statewide, trauma-informed, culturally competent, family-centered practice framework;
- incorporating more evidence-based practices, including evidence-informed prevention services designed to reduce the number of children entering foster care;
- specifying expectations regarding professional development, training, and performance standards;
- eliminating unnecessary barriers to licensing foster care and therapeutic foster care families to ensure an adequate supply of qualified families;
- improving provider and foster parent feedback loops (situations in which a portion of the output of a situation is used for new input);
- performing time use and salary surveys for Division of Social Services staff;
- promoting relationship-building across agencies and providers;
- implementing family supports for adoptions, including
 - collecting data on the incidence of disrupted adoptions and unlawful transference of children in North Carolina,
 - collecting outcomes for children and families associated with disrupted adoptions, and
 - providing supports needed to assist families at risk of disruption in order to keep those families together;
- maintaining sibling groups, in accordance with the "Fostering Connections to Success and Increasing Adoptions Act of 2008;" and
- developing a statewide, standardized functional protocol to be used for case planning, service referrals, and enhanced executive-level decision making around resource allocation and other system reform efforts.

Further, the organization awarded the contract was required to

- ensure the plan complies with the requirements of the federal Child and Family Services Review Program Improvement Plan effective January 1, 2017;
- consult regularly with the Social Services Regional Supervision and Collaboration Working Group and offer recommendations appropriate to align the goals and direction for both efforts; and
- review the program for corrective action under G.S. 108A-74 and offer any recommendations necessary to align the corrective action program with the child welfare reform plan.

⁶ N.C. Session Law 2017-41.

OSBM awarded the third-party contract to develop the child welfare reform plan to the Center for the Support of Families (CSF). CSF was awarded the contract on March 1, 2018 and issued its final report on May 6, 2019. CSF was paid \$1.1 million across State Fiscal Years 2017–18 and 2018–19 to develop the plan.

CSF analyzed systemic factors, quantitative data reports, and existing state case record reviews. CSF conducted interviews, focus groups, site visits, and electronic surveys with internal and external stakeholders and leaders and attended meetings and conferences related to operations and reform efforts.

CSF facilitated a two-day theory of change session 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.

CSF worked with the General Assembly, state and county leaders, and stakeholders to finalize the preliminary recommendations and to begin to provide oversight and monitoring of immediate implementation of the recommendations accepted by state leaders that did not require legislation or appropriations. In addition, CSF analyzed how the child welfare system is financed and identified opportunities for enhancing federal revenues, conducted a study of child welfare training, and explored options for re-establishing a Child Welfare Education Collaborative stipend program that would be financially sustainable and benefit all counties.

The child welfare reform plan resulted in 36 recommendations. Applying the theory of change methodology resulted in the identification of seven basic conditions that would need to exist within North Carolina’s child welfare system to address root causes and improve desired outcomes over time. Exhibit 7 shows CSF’s 36 recommendations, with the corresponding conditions needed to facilitate reform.

The report recommended a phased implementation of Rylan’s Law and the Family First Prevention Services Act. CSF worked with DHHS leaders to begin mapping out a five-phase implementation approach.

- **Development phase (6 months to 1 year).** Operationalize what is to be implemented statewide through the practice model, using data for linking financing to outcomes and building the capabilities of the child welfare workforce.
- **Readiness phase (6 months to 1 year).** Assess readiness at the state, regional, and county levels to lead and implement the broad-scale change operationalized in the Development phase.
- **Planning phase (6 months).** Develop a plan for how to implement the practice model and use data to link financing to outcomes and to build the capabilities of the child welfare workforce.
- **Initial implementation (12 to 18 months).** Begin implementation of child welfare reform in identified counties.
- **Full, statewide implementation of child welfare reform in all 100 counties (2 years).**

DHHS has undertaken some of the efforts recommended by the report. OSBM reports that CSF continues to assist DHHS in implementing the plan’s recommendations and has paid the organization an additional \$45,229 in State Fiscal Year 2019–20.⁷

⁷ Amount paid in State Fiscal Year 2019–20 is as of January 29, 2020, bringing the total amount spent thus far for the Child Welfare Reform Plan across the three state fiscal years to approximately \$1.2 million. These figures do not include total contractor administrator costs of \$94,929 shared between the Child Welfare Reform Plan and the Social Services System Reform Plan.

Exhibit 7: Center for the Support of Families' Recommendations for Child Welfare Reform

Condition Needed	Theory of Change	Recommendation
Vision for outcomes	Facilitated meetings with stakeholders to build consensus, branding, and communication plan	<ol style="list-style-type: none"> DHHS should develop, in conjunction with county departments of social services directors and a broad group of stakeholders, a consensus for North Carolina’s approach to child welfare reform. DHHS should develop and implement a communication plan to ensure consistency of messages on the vision for outcomes among leaders at all levels as well as outside stakeholders.
Strong support and leadership from state, regional, and county offices	Central office reorganization, regional offices, and centralized hotline for reports of possible maltreatment	<ol style="list-style-type: none"> DHHS should work with counties to create a centralized hotline for all reports of suspected abuse and neglect of children and adults in North Carolina.
Partnerships are cultivated and nurtured to better meet the needs of children and families	Young persons and families, courts, Division of Medical Assistance and Mental Health/Developmental Disabilities and Substance Abuse Services (MH/DD/SAS)	<p><u>Court System</u></p> <ol style="list-style-type: none"> DHHS, in conjunction with the Administrative Office of the Courts (AOC), should explore increasing the number of judges available for child abuse and neglect cases and develop plans to access IV-E funding to increase the number of Guardian ad Litem and parent attorneys. DHHS, together with AOC, should continue exploring and implementing new and joint state funding opportunities and pilot trauma-informed courts, such as Zero to Three, and enhance the quality of the child dependency process by seeking funding for the Evidence-Based Child Welfare Improvement Project. DHHS should continue engagement with AOC through the Interagency Collaborative and strengthen support for Local District Permanency Collaboratives through DHHS’s newly designed regional structure. <p><u>Health Benefits and MH/DD/SAS</u></p> <ol style="list-style-type: none"> North Carolina should seek to amend its Medicaid plan to allow parents eligible for coverage based on children in the home to keep coverage when children enter foster care as long as the parents are working toward reunification. DHHS should explore leveraging IV-E funding as identified in Family First for behavioral health services to prevent removal and prioritize state behavioral health funding for services needed to allow uninsured parents to safely reunify with children. DHHS should incorporate LME/MCOs into the teaming structure that implements child welfare reform to engage them regarding the needs of children and families involved with local Departments of Social Services (DSSs), as well as the new practice model, Family First, and other reforms. DHHS should assign each new regional DSS office responsibility for building and sustaining a strong partnership with the LME/MCO that works within its region. Since the new DHHS regions are not the same as designated LME/MCO regions, staff from different regions served by the same LME/MCO will need to work together to form partnerships. <p><u>Engaging Families</u></p> <ol style="list-style-type: none"> DHHS should review evaluations of the Family Advisory Council and the pilot Family Engagement Committees to improve and enhance the models and to determine if Family Engagement Committees should be scaled statewide at the county level or within each newly-formed DHHS region. If the assessment determines these should be scaled statewide, DHHS should ensure ongoing and needed funding for technical assistance, stakeholder support, and evaluation services. DHHS should develop a plan for statewide rollout that is based on the evidence related to effective implementation.

Condition Needed	Theory of Change	Recommendation
		<p>12. DHHS should assign a full-time employee dedicated to family engagement to ensure ownership and leadership within DHHS for the Family Advisory Council and other efforts to engage youth and families to ensure their voice and input.</p> <p>13. DHHS should fully integrate the Family Advisory Council into the finalized DHHS teaming structure to ensure that stakeholders with lived experience are engaged in all child welfare reforms, including implementation of Family First, and involve the Family Engagement Committees in planning and practice within each new regional office.</p> <p>14. DHHS should evaluate current supports to ensure stakeholders with lived experience have a voice in the child welfare system by partnering with organizations such as SAYSO, Foster Parents’ Associations, and organizations working with grandparents raising grandchildren; assess whether and how to enhance levels of support; and determine how to involve these organizations in child welfare reform and the work of the Family Advisory Council and Family Engagement Committees.</p>
Statewide Practice Model	Trauma-informed, culturally-competent, family-centered, and safety-focused practice model	<p>15. Develop clear and well-defined practice standards for Safety Organized Practice in North Carolina:</p> <ul style="list-style-type: none"> • These practice standards should include, but not be limited to, 1) expectations for the provision of in-home services, 2) placing more children with relative and kin caregivers, 3) streamlining the licensure process for relative caregivers, 4) engaging birth families in case planning, 5) supporting older youth in foster care, 6) supporting the child and family team process, and 7) making determinations to ensure the physical and psychological safety of children. • DHHS should define data measures and monitor processes to assess the extent to which the practice model is being implemented as envisioned and the effect it has on children and families. • DHHS should implement the practice model using a phased approach to implementation.
Financing and data are used to improve practice and outcomes	Guardianship assistance, Family First, Medicaid funding, and financing linked to outcomes	<p>16. DHHS should strengthen the state child welfare office’s capacity to manage IV-E claiming effectively, including planning and monitoring IV-E claiming and giving technical assistance to counties and potential university partners. Specifically, DHHS should fill the Child Welfare sections IV-E coordinator position and add additional Central Office programmatic staff focused on IV-E, giving consideration to recommendations made by the State’s most recent IV-E coordinator. DHHS should make teaming and joint attendance at training a priority for child welfare IV-E staff and DHHS fiscal staff assigned to child welfare. DHHS has secured technical assistance and support from the Annie E. Casey Foundation to help address these issues.</p> <p>17. With improved capacity to manage IV-E claiming, DHHS should</p> <ul style="list-style-type: none"> • improve IV-E claiming for child welfare training, • expand the use of Title IV-E funding to support legal services to parents and children in the child welfare system, • increase IV-E penetration rates for foster care and adoption assistance by ensuring that all children who meet criteria are appropriately categorized and reported as IV-E, • expand the provision of and improve current IV-E claiming for CPS case management services to help keep candidates for foster care safely at home, which will lay the groundwork for future Family First claims, and • expand the use of IV-E for paraprofessionals who provide visitation services. <p>18. DHHS should expand use of the Guardianship Assistance Program to help children in foster care leave care for permanent homes with relatives more quickly by</p> <ul style="list-style-type: none"> • making statutory changes to the cost neutrality provisions of its guardianship statute,

Condition Needed	Theory of Change	Recommendation
		<ul style="list-style-type: none"> • helping relatives become licensed by expediting the licensure process for kinship caregivers, allowing child-specific licensure for kinship caregivers, offering licensure training that is specifically relevant to the needs of relatives already caring for a child, and helping relatives take advantage of kinship navigator programs allowable under Family First Prevention Services Act, and • lowering the age at which children are eligible for the Guardianship Assistance Program. <p>19. With planned support from Chapin Hall, prior to September 2021, DHHS and county departments of social services should begin implementing the evidence-based prevention services and claiming federal funding as allowed through the Family First Prevention Services Act.</p> <p>20. North Carolina should eliminate the use of day sheets to document 100 percent accountability for time and switch to random moment time sampling.</p> <p>21. DHHS should explore options for optimizing Title XIX (Medicaid) for child welfare services.</p> <p>22. North Carolina should explore how to implement performance-based contracting to achieve agreed-upon outcomes for children and families using blended federal IV-E and Medicaid funding.</p> <p>23. DHHS should continue planning with AOC and other relevant stakeholders to claim Title IV-E for costs associated with legal representation of parents as allowed by a January 7, 2019 amendment to the federal Child Welfare Policy Manual.</p>
<p>Capable and stable state, regional and county child welfare workforce</p>	<p>Competitive salaries, manageable workloads, training and workforce development, and attracting/retaining workforce</p>	<p><u>Manageable Workloads</u></p> <p>24. DHHS and counties should explore having one or more social work positions, such as Social Work aides, that specialize in assisting the primary foster care worker complete tasks during the first 30 to 60 days from when a child enters foster care.</p> <p>25. DHHS should work together with county staff and leadership to assure manageable workloads by eliminating non-essential work and documentation requirements, giving workers effective automation and other tools to do their jobs, conducting time studies, and adjusting caseload standards when necessary.</p> <p><u>Training and Workforce Development</u></p> <p>26. DHHS should develop a new set of core competencies that are skill-based and directly aligned with the practice model.</p> <p>27. DHHS should revise and develop learning programs that focus on building skills.</p> <p>28. DHHS should use diverse design teams for future design of learning programs.</p> <p>29. DHHS should implement a continuous quality improvement process for the design, revision, and strengthening of learning programs.</p> <p>30. DHHS should strengthen the transfer of learning with all trainings.</p> <p><u>Attracting and Retaining Workers</u></p> <p>31. DHHS and county departments of social services should collaborate to develop and implement a recruitment and retention strategy for child welfare workers that</p> <ul style="list-style-type: none"> • includes positive and realistic messaging about child welfare caseworkers and the role of child welfare in supporting children and families and • addresses core needs of workers including manageable workloads, supportive and trauma-informed leadership and supervisors, commitment to staff well-being, and effective tools to do their jobs.

Condition Needed	Theory of Change	Recommendation
		<p><u>Child Welfare Education Collaborative</u></p> <p>32. North Carolina should re-institute a stipend support program for both Masters of Social Work and Bachelor of Social Work students into its child welfare collaborative roughly equivalent to the cost of in-state tuition and fees and possibly books, or about \$10,000 a year. CSF sees value in continuing to have both scholar (students who receive a financial stipend in exchange for a requirement to work at a local DSS) and waiver tracks (students who engage in the educational and internship component but do not receive a stipend and have no work payback requirement) for students whose education will prepare them to work in public child welfare.</p> <ul style="list-style-type: none"> • DHHS should begin the new stipend program with a small number of universities to allow a focus on quality and effective implementation with set criteria. Ultimately, the program should grow to serve all regions. • The State, counties, and universities should jointly establish targets of key outcomes that should be reviewed and discussed among relevant parties on an ongoing basis (monthly or quarterly) and measured annually. • DHHS should explore whether to administer the program through the Central Office. • DHHS, its collaborative partners, and counties should consider structuring postemployment support for new collaborative graduates.
Capacity to implement effectively	Expertise, teaming structure, and phased implementation	<p>33. DHHS should recruit and hire an experienced person to guide the team charged with managing the child welfare reform implementation process.</p> <p>34. DHHS should rely on the evidence related to core components of effective teaming to finalize an integrated teaming and leadership structure to manage the reform.</p> <p>35. DHHS should use a well-defined and supported phased approach to implementation that includes a</p> <ul style="list-style-type: none"> • development phase (six to 12 months), • readiness phase (six to 12 months), • planning phase (six months), • initial implementation (12 to 18 months), and • full, statewide implementation (two years).
Child Fatality Review Process	Not specified	36. North Carolina should implement recommendations made by the Child Fatality Task Force in its 2019 Action Agenda and detailed further in its Child Fatality Prevention System Recommendations for 2019.

Source: Program Evaluation Division based on Center for the Support of Families' North Carolina Child Welfare Reform Plan.

Family First Prevention Services Act (2018)

In response to increasing child maltreatment rates and foster care caseloads, the U.S. Congress enacted the Family First Prevention Services Act (FFPSA) in 2018.⁸ FFPSA is intended to allow States to use Title IV Social Security funds to enhance services for children and families who may be at risk of entering or already are in the foster care system. Prior to this legislation, states could only use Title IV-E funds, the primary federal funds for foster care, for children after they entered foster care. The Act continues to allow states to cover costs related to foster care and adoption assistance; however, states may now also opt to extend federal (IV-E) reimbursement to cover certain expenditures and services related to preventing foster care placements. These services include certain evidence-based mental health, substance abuse, and parenting services to keep children safely with their families.

Overall, the benefits of FFPSA are that it

- funds evidence-based prevention services for children at risk of foster care,
- focuses on ensuring children in foster care are placed in the least restrictive, most family-like setting,
- supports kinship caregivers and provides other targeted investments to keep children safe with families,
- supports youth transitioning from foster care, and
- promotes permanent families for children.

Preventative foster services qualify for federal funding. Beginning October 1, 2019, states could choose to claim federal reimbursement for approved preventative services intended to allow likely foster care recipients to stay with parents or kin caregivers. Programs allowed to be funded include evidence-based in-home parenting training; mental health and substance abuse treatment services; and preventative services for pregnant and parenting youth in foster care, their parents, and kin caregivers. To qualify for federal reimbursement, such preventative programs must meet criteria to determine if the program is promising, supported, or well supported by evidence of effectiveness. In addition, the federal government will reimburse states for costs related to a child's stay in his or her parent's residential treatment program and for evidence-based kinship navigator programs.⁹ Candidates for prevention services include

- children at risk of entering foster care but who can safely remain at home or children in kinship care;
- parents and kin caregivers in circumstances where services are needed to keep a child out of care; and
- pregnant and parenting youth in foster care.

Only designated qualified residential treatment programs (QRTPs) for foster services will be funded. The Act sought to limit states' use of congregate or residential group care. The legislation included language only allowing federal reimbursement for licensed and accredited QRTPs, which must use a treatment model recognizing the effect of trauma on youth. Programs seeking reimbursement must be regularly approved by the courts, and children must be assessed regularly to determine their need for residential care.¹⁰ The legislation allows states to delay implementing this requirement until September 2021; however, delaying implementation will delay funding for prevention services. With some exceptions, the Act limits Title IV-E funding for congregate care to the first two weeks of placement.

⁸ Public Law 115-123, the Bipartisan Budget Act of 2018.

⁹ Such programs provide caregivers with information, education, and referrals to services and support.

¹⁰ In addition, QRTPs must have registered or licensed nursing staff available 24 hours a day, seven days a week; and they must engage families and support them after discharge.

- **Allows placement of children in other programs.** The Act allows children and youth to be placed in programs for pregnant and parenting youth in foster care, serviced independent living programs for children over age 18, and programs for youth who are victims or at risk of human trafficking.
- **Allows certain funds to be expanded for older foster youth.** The Act allows states that have extended federal Title IV-E funds to children up to age 23 to use John H. Chafee Foster Care Independence Program funds for services to this population. In addition, states can extend education and training vouchers to youth up to age 26.

North Carolina plans to implement FFPSA in 2021. States seeking federal funding of preventative services must submit a prevention plan to the U.S. Department of Health and Human Services's Children's Bureau. States were able to opt in as early as October 2019. Due to the complexities within the legislation and pending federal government clarification of several topics related to FFPSA, North Carolina is among many states that have opted for a delay. DHHS intends to adopt the prevention provisions and congregate care limitations prior to October 1, 2021.

DHHS has partnered with The Duke Endowment and child welfare experts from Chapin Hall at the University of Chicago to assist in ensuring it is ready to implement the Act's requirements. DHHS also has a child welfare finance expert through the Annie E. Casey Foundation assisting with the Act's fiscal components. Further, DHHS reports it is integrating the Act into broader departmental child welfare reforms, and DHHS conducts monthly meetings with a Leadership Advisory Team including stakeholders within and outside the agency. DHHS sent a survey to community providers in October 2019. DHHS contends it is in the latter phase of its readiness process and intends to begin drafting its statewide prevention plan in early 2020. DHHS anticipates the plan will be completed in mid-late 2020, and scaled implementation will begin in early-mid 2021.

Every Student Succeeds Act (2015) and Consolidated State Plan (2018)

The U.S. Congress enacted the Every Student Succeeds Act (ESSA) in 2015, as a reauthorization of the Elementary and Secondary Education Act (ESEA).¹¹ ESSA replaces the No Child Left Behind Act (NCLB), which was enacted in 2002. NCLB established measures that exposed achievement gaps among traditionally underserved students and their peers and spurred a national dialogue on education improvement. According to the U.S. Department of Education, the focus on accountability has been critical in ensuring a quality education for all children, yet there have been challenges in the effective implementation of this goal. Parents, educators, and elected officials across the country recognized that a strong, updated law was necessary to expand opportunity to all students; support schools, teachers, and principals; and strengthen the country's education system and economy. Prior to ESSA, NCLB was scheduled to be revised in 2007, but it was not. In 2012, the President began granting flexibility to states regarding specific requirements of NCLB in exchange for rigorous and comprehensive state-developed plans designed to close achievement gaps, increase equity, improve the quality of instruction, and increase outcomes for all students.

Two years later, in a response to calls from educators and families, NCLB was replaced by ESSA with the goal of fully preparing all students for success in college and in their careers. The law includes provisions to

- advance equity by upholding critical protections for America's disadvantaged and high-need students;
- require—for the first time—that all students in America be taught to high academic standards that will prepare them to succeed in college and careers;
- ensure that vital information is provided to educators, families, students, and communities through annual statewide assessments that measure students' progress toward those high standards;
- support and grow local innovations—including evidence-based and place-based interventions developed by local leaders and educators—consistent with the Investing in Innovation and Promise Neighborhoods programs;
- sustain and expand investments in increasing access to high-quality preschool; and
- maintain an expectation that there will be accountability and action to affect positive change in the lowest-performing schools, where groups of students are not making progress and where graduation rates are low over extended periods of time.

In particular, ESSA addresses the needs of children in the child welfare system. The Act includes provisions ensuring school stability for children in foster care, which may have not been in place previously in most states. The following are the education protections ESSA provides for youth in foster care:

- **Requirement for child welfare and education agencies to collaborate.** The Act requires state and local education entities and child welfare agencies to collaborate when implementing ESSA's requirements.
- **Requirement to identify state and local points of contact.** The Act requires there be a state-level point of contact as well as a point of contact in every local education agency (LEA) that will collaborate with the state or local child welfare agency.
- **Requirement to establish a best interest decision-making process.** Upon a child being placed into foster care or changing placements, other federal law and ESSA require collaboration between child welfare and education agencies to determine if it is in the child's best interest to remain in their school of origin.¹² In addition, the Act allows students to begin enrollment at a different school immediately when

¹¹ Public Law 114-95, the Every Student Succeeds Act.

¹² Public Law 110-351, the Fostering Connections to Success and Increasing Adoptions Act.

it is determined to be in their best interest, even if normally required enrollment records are not available.

- **Requirement to have written transportation procedures.** If a student remains in his or her school of origin after a best interest determination is made, the Act requires the LEA to work with the child welfare agency to ensure transportation is provided, arranged, and funded.
- **Requirement to report disaggregated data.** The Act requires state education agencies to begin disaggregated reporting in their state report card for youth in foster care in three areas:
 1. high school graduation rates;
 2. performance on other academic indicators selected by the state; and
 3. student achievement on academic assessments.

North Carolina began developing its Consolidated State Plan in January 2017. Each state education authority is required to address all of the requirements identified for programs that it chooses to include in its Consolidated State Plan. State education authorities were required to submit these plans to the U.S. Department of Education by either April 3, 2017 or September 18, 2017. At its December 2016 meeting, the North Carolina State Board of Education voted to submit the Consolidated State Plan by the September 18, 2017 submission date. Department of Public Instruction (DPI) staff began developing the Plan in January 2017.

DPI established a guiding principle and theory of action to facilitate the development of the Plan: to continue to move from industrial-age practices of providing all students and educators with the same inputs and opportunities to digital-age practices in which all students and educators have access to unique learning experiences based upon their individual needs and aspirations. DPI established several areas of focus to support this overarching goal (see Exhibit 8).

Exhibit 8: Department of Public Instruction's Areas of Focus in Developing the Consolidated State Plan

Area of Focus	Description
Adaptive Environment	The goal of differentiating learning for both educators and students is accomplished through flexible practices, authentic assessments, and responsive thinking. Educators and students are regularly given the opportunity to develop their skills in adaptive approaches, theories, methods, and practices as the environment should adapt to the needs and aspirations of educators and students.
Personalized Learning	<p>The vision for personalized learning is to create a statewide educational system that supports the four pillars of personalized learning. This vision includes the use of digital resources that provide the ability to transfer information freely and quickly. Learning management systems, student information systems, and other digital applications are used to distribute assignments, manage schedules and communications, and track student progress using real-time assessment strategies to inform classroom instruction, as opposed to using extensive, overbearing summative assessments as the main tools to inform instruction. The four pillars are listed below.</p> <ul style="list-style-type: none"> • A student having a “learner profile” that documents and stimulates self-reflection on his or her strengths, weaknesses, preferences, and goals. • A student pursuing an individualized learning path that encourages him or her to set and manage personal academic goals. • A student following a “competency-based progression” that focuses on the ability to demonstrate mastery of a topic, rather than seat time. • A student’s learning environment being flexible and structured in ways that support individual goals.
Empowered Educators	North Carolina defines educators broadly as all persons who engage in the learning process. Educators actively coordinate their professional learning and tailor their training to their unique career aspirations. North Carolina educators build their skillsets so that they can lead others and make an impact that goes beyond the classroom.
Inspired Students	Through personalized learning, North Carolina students will be motivated to own their education, take charge of their learning, and be able to describe their own goals and aspirations. They will be flexible and adaptable as they continue to monitor their progress to reach goals.
Emerging Initiatives	<p>North Carolina is researching and piloting the following sample initiatives:</p> <ul style="list-style-type: none"> • B-3 Interagency Council • NC Reads • Whole Child NC • Digital-Age Learning • Global Ready Initiatives • Innovative School District • Lab Schools
Promising Practices	<p>North Carolina has multiple years of data on these practices that have been implemented statewide:</p> <ul style="list-style-type: none"> • Exceptional Learning Support Team • NC Read to Achieve • NCStar • Multi-Tiered System of Support Framework • Data Systems
Proven Programs	<p>North Carolina has many years of data and evidence that these fully implemented programs improve teaching and learning:</p> <ul style="list-style-type: none"> • NC Pre-K • Smart Start • Career and College Promise • Home Base • North Carolina Virtual Public School • Positive Behavior Intervention and Support • North Carolina Educator Effectiveness System • Statewide System of Support

Source: Program Evaluation Division based on North Carolina’s Consolidated State Plan.

North Carolina's Plan includes all nine programs eligible for federal funding applicable to the Act:

- Improving basic programs operated by local education agencies (LEAs),
- Education of migratory children,
- Prevention and intervention programs for children and youth who are neglected, delinquent, or at-risk,
- Supporting effective instruction,
- English language acquisition, language enhancement, and academic achievement,
- Student support and Academic Enrichment Grants,
- 21st Century Community Learning Centers,
- Rural and Low-Income School Program, and
- Education for Homeless Children and Youth Program (the McKinney-Vento Act).

North Carolina's Plan was approved by the State Board of Education on September 7, 2017 and submitted to the U.S. Department of Education on September 18, 2017. The Board resubmitted the Plan three times in 2018 based on feedback from the U.S. Department of Education. North Carolina's plan was officially approved on June 5, 2018.

Raise the Age (2017) and Other Juvenile Justice Reform Efforts (2020)

The Raise the Age initiative prevents older youths from automatically being charged as adults in many crimes. The General Assembly enacted the Juvenile Justice Reinvestment Act as part of the 2017 state budget, which raised the age of criminal responsibility to 18.¹³ Effective December 1, 2019, 16- and 17-year-olds who commit crimes in North Carolina are no longer automatically charged in the adult criminal justice system. As a result, most 16- and 17-year-olds will be prosecuted in juvenile court.

Following passage of the 2017 legislation, juvenile justice leaders from across the State began planning for implementation. They began conducting individual district meetings in every juvenile court district in the State; informing stakeholders including the judiciary, law enforcement, school systems, and other community leaders; and soliciting feedback on implementation. Information gleaned during these meetings is being addressed by the Juvenile Jurisdiction Advisory Committee (JJAC), which is tasked by law with developing a specific implementation plan for raising the age of juvenile jurisdiction, monitoring implementation, and providing any additional recommendations to the General Assembly.¹⁴ The JJAC first met in December 2017; since then, it has developed legislative recommendations to clarify existing statute and work towards ease of implementation and has informed the General Assembly of budget needs for implementation.

In 2019, the General Assembly appropriated additional financial resources to implement the Raise the Age initiative.¹⁵ The Department of Public Safety's Juvenile Justice section hired 244 new staff to be located throughout the State. The Juvenile Justice section also partnered with the UNC School of Government and juvenile-serving agencies and others to implement training, policies, processes, strategic planning, and age-appropriate programming and the opening of facilities to meet the needs of more than 8,000 16- and 17-year-old juveniles expected to be served under juvenile jurisdiction in 2020.

The Department of Public Safety has created a Juvenile Justice Service Directory and made it available online. In preparation for the needs of youth who will be adjudicated in the juvenile justice system, both those impacted by Raise the Age and those outside the scope of that implementation, the Juvenile Justice section convened stakeholder meetings to coordinate and collaborate on a Juvenile Justice Service Directory. The directory covers the gamut of services (e.g., academic support, basic needs, counseling, family relationships, parenting classes, psychological assessment) and has standardized information on more than 1,800 active programs/services.

The directory serves as the foundation for juvenile court counselors to refer juveniles to services. It allows counselors to see how many juveniles have been served by a specific provider or program. Because of other data collection efforts, the Juvenile Justice section knows what types of offenders do better in what types of programs. The eventual goal is to automatically populate the referral list with the best three data-selected programs for each juvenile.

The Department of Public Safety partnered with the Department of Information Technology's Government Data Analytics Center to make the Service Directory available in two web-based locations.

¹³ N.C. Session Law 2017-57.

¹⁴ N.C. Session Law 2017-57.

¹⁵ N.C. Session Law 2019-229.

- Directory information was integrated into CJLEADS, a law enforcement database that houses all adult offender information. Now, law enforcement can access program information so that referrals can be made prior to juvenile court involvement, and court officials can access program information as needed.
- Directory information was used to create a public facing, searchable portal on the Department's website. Now, parents, school personnel, and other stakeholders can access information on programs available in their local area.

The Results First Initiative will identify evidenced-based juvenile justice programs. The Pew-MacArthur Results First Initiative works with states to implement cost-benefit analysis so they can direct resources to programs that demonstrate empirical results. The Office of State Budget and Management (OSBM) is coordinating the Results First Initiative for North Carolina and is focusing on juvenile justice programs. The Juvenile Justice section has begun moving through a structured four-step process to identify evidence-based programs that yield returns on the investment of state dollars:

- creating an inventory of currently funded contractual programs,
- matching programs to available evidence,
- conducting cost-benefit analyses to determine returns on investments, and
- analyzing results and informing stakeholders.

The results of the initiative will inform service matching, whereby a juvenile's individual risk and needs are matched with programs that experience the lowest recidivism rates/best outcomes. According to the Department of Public Safety, by taking into consideration the needs of the juvenile and the effectiveness of the program, the Juvenile Justice section can better serve public safety through effective policies and programs.

Early Childhood Action Plan (2019)

The Early Childhood Action Plan (ECAP) sets goals to reach by 2025 for all of North Carolina's children from birth through age 8 and their families. In August 2018, Governor Roy Cooper issued Executive Order No. 49, charging the Department of Health and Human Services (DHHS) to collaboratively lead the development of a statewide early childhood plan, with support from the Early Childhood Advisory Council, other departments, and stakeholders.

In total, nearly 1,500 people from across the State provided feedback and input on the plan, including families, healthcare providers, childcare providers, educators, school administrators, child advocacy groups, and researchers. The plan builds off the leadership of NC Pathways to Grade-Level Reading led by the NC Early Childhood Foundation, NC Think Babies, NC Perinatal Health Strategic Plan, NC Institute of Medicine Task Force on Essentials for Childhood, MyFutureNC, and others.

DHHS issued the Early Childhood Action Plan in February of 2019. The plan centers on three themes:

- that North Carolina's young children are healthy,
- that they grow up safe and nurtured, and
- that they are well-supported to be ready to succeed in school and beyond.

Exhibit 9 shows ECAP's 10 goals and measures of accountability to be achieved by 2025. An online data dashboard provides public accessibility for the 50-plus data measures available in the plan.¹⁶ Additionally, DHHS released county-level data disaggregated by age, race, ethnicity, and geography for each of the plan's 10 goals and 50-plus measures.¹⁷

¹⁶ The online data dashboard is available at <https://www.ncdhhs.gov/about/department-initiatives/early-childhood/early-childhood-data/nc-early-childhood-action-plan>.

¹⁷ All 100 reports are available at <https://www.ncdhhs.gov/early-childhood-action-plan-county-data-reports>.

Exhibit 9: Early Childhood Action Plan Goals and Targets

Goal	Commitment	2025 Target	Sub-Targets/Metrics
Healthy Babies	North Carolina will work to decrease disparities in infant mortality, thereby improving overall birth outcomes for all children	By 2025, decrease the statewide infant mortality disparity ratio from 2.5 to 1.92, according to data provided by the State Center for Health Statistics.	<ul style="list-style-type: none"> • Infant mortality rates, disaggregated by race and ethnicity • Percent of babies born at a low birth weight (<2,500g) disaggregated by race and ethnicity • Percent of mothers indicating their pregnancy was intended • Percent of women 18-44 with preventive health visit in last year • Percent of infants breastfed • Percent of families living at or below 200% of the federal poverty level
Preventive Health Services	North Carolina will work to ensure that all young children receive regular, ongoing access to high-quality healthcare	<p>By 2025, increase the percentage of North Carolina’s young children enrolled in Medicaid and Health Choice who receive regular well-child visits as recommended for certain age groups, according to data provided through NC Medicaid and HEDIS measures.</p> <ul style="list-style-type: none"> • For children ages 0 – 15 months, increase from 61.9% to 68.7%. • For children ages 3 – 6 years, increase from 69.3% to 78.5%. 	<ul style="list-style-type: none"> • Percent of individuals with health insurance • Percent of 19 – 35 month-old children who are up-to-date on immunizations • Percent of children enrolled in Medicaid aged 0 – 9 who had an annual dental visit • Percent of children receiving 4 or more varnishings by 42 months of age • Percent of children ages 1 and 2 years receiving lead screening • Percent of families living at or below 200% of the federal poverty level
Food Security	North Carolina will work to ensure that all young children have regular access to healthy foods	By 2025, decrease the percentage of children living across North Carolina in food-insecure homes from 20.9% to 17.5% according to data provided by Feeding America.	<ul style="list-style-type: none"> • Percent of eligible families receiving state and federal supplemental food/nutrition assistance benefits • Percent of children ages 0 – 17 with low access to food • Rates of young children who are obese or overweight • Percent of families living at or below 200% of the federal poverty level
Safe and Secure Housing	North Carolina will work to ensure that all young children and their families have access to fixed, regular, safe, healthy, secure, and affordable housing and that services will be provided to meet the developmental and learning	<ul style="list-style-type: none"> • By 2025, decrease the percentage of children across North Carolina under age 6 experiencing homelessness by 10% (from 26,198 to 23,578), according to data from the Administration for Children and Families. • By 2025, decrease the number of children K – 3rd grade enrolled in NC public schools experiencing homelessness by 10% (from 9,970 to 8,973), according to data provided by the NC Department of Public Instruction. 	<ul style="list-style-type: none"> • Percent of young children ages 0 to 8 in families with high housing cost burden • Number of homeless children participating in education programs • Rate of emergency department visits for asthma care for young children • Percent of young children tested with confirmed elevated blood lead levels

Goal	Commitment	2025 Target	Sub-Targets/Metrics
	needs of children facing homelessness		<ul style="list-style-type: none"> Percent of families living at or below 200% of the federal poverty level
Safe and Nurturing Relationships	North Carolina will work to ensure that all children across the State have consistent safe relationships with their parents or primary caregivers	<p>By 2025, decrease by 10% the rate of children in North Carolina who are substantiated victims of maltreatment</p> <ul style="list-style-type: none"> For children ages 0 – 3, reduce from 20.1 to 18.1 per 1,000 children For children ages 4 – 5, reduce from 14.5 to 13.1 per 1,000 children For children ages 6 – 8, reduce from 13.4 to 12.1 per 1,000 children 	<ul style="list-style-type: none"> Percent of children ages 0 to 8 with two or more adverse childhood experiences Percent of children enrolled in Medicaid who turned 6 months old during the measurement period who have documentation of screening for the mother post partem Rate of emergency department visits for injuries for young children
Family Stability for Children in Foster Care	North Carolina will work to ensure that all children in foster care across the State grow up in a home environment with stable, consistent, and nurturing family relationships, whether that is with the child’s birth family or through an adoptive family	<p><u>Reunification:</u> By 2025, decrease the number of days it takes for a child in the foster care system to be reunified with his or her family, if appropriate.</p> <ul style="list-style-type: none"> For children ages 0 – 3, decrease the median number of days from 371 to 334. For children ages 4 – 5, decrease the median number of days from 390 days to 351 days. For children ages 6 – 8, decrease the median number of days from 371 to 334. <p><u>Adoption:</u> By 2025, decrease the number of days it takes for a child in the foster care system to be adopted, if reunification is not appropriate.</p> <ul style="list-style-type: none"> For children ages 0 – 3, decrease the median number of days from 822 to 730. For children ages 4 – 5, decrease the median number of days from 853 to 730. For children ages 6 – 8, decrease the median number of days from 988 to 730. 	<ul style="list-style-type: none"> Percent of child welfare cases that are adjudicated within 60 days Percent of child welfare cases that have an initial permanency planning hearing within 12 months of removal from the home Median number of days to termination of parental rights
Social Emotional Well-Being and Resilience	North Carolina will work to ensure that all children consistently show healthy expression and regulation of emotion, empathy, and a positive sense of self	By 2025, North Carolina will have a reliable, statewide measure of the social-emotional health and resilience of young children at the population level.	<ul style="list-style-type: none"> As these data become available, DHHS will establish prioritized metrics
Access to High Quality Early	North Carolina will work to ensure that all families have the opportunity to enroll their	By 2025, increase the percentage of income-eligible children enrolling in high quality early care across North Carolina by 10%,	<ul style="list-style-type: none"> Percent of eligible children whose families receive child care subsidy and are enrolled in a 4- or 5-star centers and homes

Goal	Commitment	2025 Target	Sub-Targets/Metrics
Learning Programs	young children in high quality, affordable early care and learning programs	<p>according to data provided by the Division for Child Development and Early Education and Head Start.</p> <ul style="list-style-type: none"> • Increase NC Pre-K participation from 47.8% to 52.6%. • Increase Head Start participation from 30.6% to 33.7%. • Increase children whose families receive childcare subsidy and are enrolled in 4- or 5-star centers and homes from 23.7% to 26.1%. <p>By 2025, decrease the percentage of family income spent on childcare, according to data provided by ChildCare Aware America.</p> <ul style="list-style-type: none"> • Decrease infant care from 11.6% to 7.0%. • Decrease toddler care from 10.5% to 7.0%. • Decrease four year-old care from 10.0% to 7.0%. 	<ul style="list-style-type: none"> • Percent of eligible children enrolled in Head Start • Percent of early childhood teachers with post-secondary early childhood education • Statewide separation rates (worker turnover) for full-time teachers
Early Development	North Carolina is committed to ensuring that all children meet developmental milestones so that they can succeed in school and beyond and that children and families have the tools they need to support early development	By 2025, increase the percentage of children across North Carolina who enter kindergarten developmentally on-track.	<ul style="list-style-type: none"> • Percent of children enrolled in Medicaid receiving general developmental screening in first 3 years of life • Percent of children who receive early intervention and early childhood special education services to address developmental risks and delays as compared to NC Census data • Percent of children receiving early intervention and early childhood special education services to address developmental risks and delays who demonstrate improved positive social-emotional skills and acquisition and use of knowledge and skills
Grade Level Reading	North Carolina will work to increase reading proficiency in the early grade levels for all children, with an explicit focus on African-American, American Indian, and Hispanic children who face the greatest systemic barriers to reading success	<p>By 2025, increase the percentage of children across the State achieving at or above proficiency.</p> <ul style="list-style-type: none"> • Increase reading proficiency from 45.8% to 61.8% for 3rd – 8th grade students on statewide end of grade tests (EOGs), consistent with the State’s Every Student Succeeds Act (ESSA) Plan 2025 reading proficiency benchmark. • Increase reading proficiency from 39% to 43% according to the fourth grade National Assessment of Educational Progress (NAEP). 	<ul style="list-style-type: none"> • 3rd grade End of Grade (EOG) rates above proficiency • 4th grade National Assessment of Educational Progress (NAEP) scores for priority populations • Percent of students reading or exhibiting preliteracy behaviors at or above grade level by the end of the year according to mCLASS Reading 3D™ • Percent of students who are chronically absent • Percent of families living at or below 200% of the federal poverty level

Source: Program Evaluation Division based on the Early Childhood Action Plan.

Many statewide and local early childhood organizations have adopted or aligned the goals of the Early Childhood Action Plan with their strategic plans. The Early Childhood Action Plan (ECAP) has been formally endorsed by the North Carolina State Board of Education, the Governor’s Education Cabinet, and the Governor’s Commission on Access to a Sound Basic Education. Since ECAP launched in February of 2019, the DHHS Early Childhood Team has been working with stakeholders statewide to support achieving the plan’s goals. Below are examples of statewide and local efforts aligned with the ECAP.

Investments

- DHHS's Division of Child Development and Early Education received \$4.5 million in federal Preschool Development Grant funding from the Administration for Children and Families in 2019, supporting access to early childhood education for vulnerable and underserved families. The Division will receive \$40.2 million in funding from the same source for the same purpose from 2020 to 2023.
- DHHS received \$10 million in funding to expand Triple P (Positive Parenting Program), available for parents in all 100 counties.
- DHHS invested \$1.4 million in funding to expand Buncombe County’s Sobriety Treatment and Recovery Teams program for parents and children affected by child maltreatment and parental substance use disorders.
- The NC Community Health Center Association (NCCHCA) received a Connecting Kids to Coverage grant for \$500,000 per year for three years.

Partnerships

- DHHS's Divisions of Social Services and Public Health are facilitating a workgroup of local Division of Social Services Directors and Local Health Directors to identify opportunities for collaboration and cross-program enrollment to address food insecurity and increase participation in other social services.
- DHHS is coordinating with Prevent Child Abuse NC to implement a public awareness and norms change campaign, Connections Matter, and to support local communities in building out child abuse prevention plans aligned to the Early Childhood Action Plan.
- DHHS is partnering with the Department of Public Safety as it develops a statewide school safety plan, including alignment with the Early Childhood Action Plan.
- DHHS is partnering with the North Carolina Partnership for up to five communities to implement the Building Community Resilience model.

Innovations

- Duke University, in partnership with UNC and NC Medicaid, applied to the Integrated Care for Kids (InCK) model in June 2019. North Carolina was selected as one of seven states to receive federal funding of up to \$16 million from January 2020 to December 2026 to plan for and implement the InCK model.
- North Carolina is participating in a state implementation workgroup called Pediatrics Supporting Parents, in which Manatt and the Center for the Study of Social Policy will provide technical assistance around how to leverage Medicaid and CHIP funds to transform pediatric primary care delivery.
- In October 2019, a statewide convening of early childhood professors from community colleges discussed the Early Childhood Action Plan and how their coursework delivered to aspiring early childhood educators aligns with the goals of the plan.
- The first annual Permanency Leadership Summit was held on November 20, 2019 in Raleigh.

Accountability

- The Healthy North Carolina 2030 project used the Early Childhood Action Plan as a basis to develop metrics for the State, including infant mortality, food security, housing, adverse childhood experiences, and third grade reading proficiency.
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- The NC Early Childhood Foundation is convening a Children's Social Emotional Health data workgroup from September 2019 to March 2020, including staff from DHHS and partners from across the State including researchers, advocates, pediatricians, educators, and parents.