North Carolina Child Well-Being Transformation Council

Final Report
July 20, 2020

Council Co-Chairs
Representative Sarah Stevens
Senator Joyce Krawiec

For more information on this report, please contact the Program Evaluation Division at 919-301-1404. Staff members who made key contributions to this report include Laura Holt-Kabel, Brent Lucas, Kiernan McGorty, and Adora Thayer.

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Executive Summary

In 2018, the General Assembly created the time-limited Child Well-Being Transformation Council for the purpose of coordinating, collaborating, and communicating among agencies and organizations involved in providing public services to children. The 25-member Council, chaired by Representative Sarah Stevens and Senator Joyce Krawiec, met eight times between December of 2018 and July of 2020.

The report contains the Council's work products relating to its charges:

- Charge 1: Mapping the network of child-serving agencies and organizations in the State.
- Charge 3: Reviewing the work of bodies similar to the Children's Council operating in other states to identify promising practices and focus areas for the Children's Council's work.
- Charge 4: Monitoring changes in the social services and child welfare system associated with reform and regional supervision.
- Charges 2 and 5: Cataloging examples of failures in coordination, collaboration, and communication in the context of child welfare and identifying gaps in coordination, collaboration, and communication related to all publicly funded child-serving programs.

The Council made 17 recommendations of changes in law, policy, or practice necessary to remedy gaps or problems impacting coordination, collaboration, and communication among publicly funded child-serving agencies.

- Recommendation 1 directs the Department of Health and Human Services (DHHS) to establish policies and procedures to require counties to begin coordinating a foster child's services for post-transitioning beginning no later than 90 days after a child's 17th birthday.
- Recommendation 2 requires DHHS to define the permanency plan process and requires such plans to begin sooner and be finalized earlier to ensure adequate planning time prior to a foster child's transitioning out of the system.
- Recommendation 3 requires DHHS to develop and implement a plan to keep foster children in community settings to avoid residential behavioral center placements.
- Recommendation 4 requires DHHS to study statutory requirements across several child-serving systems and identify differences, consistencies, and gaps in such statutory requirements. It requires a study of communication between Local Management Entities/Managed Care Organizations (LME/MCOs) and stakeholders, as well as options for replacing the current LME/MCO system.
- Recommendation 5 requires DHHS to develop standardized trauma informed assessment tools and to require only trained clinicians deemed appropriate to assess the applicability of using such tools. It further requires DHHS to evaluate the costs and benefits of implementing the tools and ensuring fidelity.
- Recommendation 6 relates to the Guardianship Assistance Program (GAP) and Kinship Care program. It requires DHHS to establish oversight, increase the use, explore reducing the ages, and develop potential incentives for these programs. It further decreases the GAP program's eligibility from age 14 to age 12.
- Recommendation 7 requires DHHS and the Association of Council of Governments to explore establishing a memorandum of agreement for regional social services staff to potentially be housed in local council of government office spaces.

- Recommendation 8 relates to the Families First Prevention Services Act. It requires DHHS to report on approved programs, which programs are used in the State, the amount of federal funds obtained from using them, and strategies to improve and expand the use of such programs.
- Recommendation 9 requires DHHS, Department of Public Instruction (DPI), Department of Public Safety, Administrative Office of the Courts (AOC), and Department of Information Technology to study confidentiality laws and request recommendations for revisions to improve inter-county collaboration and service delivery.
- Recommendation 10 eliminates an inactive board—the Permanency Innovation Initiative Committee.
- Recommendation 11 modifies existing state law and continues the Social Services Regional Supervision and Collaboration Working Group (SSWG) and adds oversight to its responsibilities.
- Recommendation 12 requires DPI to notify public school social workers annually that students enrolled under age 7 are subject to the compulsory attendance law.
- Recommendation 13 requires several of the SSWG's recommendations to be implemented. It would require DHHS to establish seven regions for supervising county DSSs and provide oversight and support of those regions with 11 staff. In addition, DHHS, in consultation with various entities, would create formal education and training sessions for new county boards of social services members, which would be available statewide by September 1, 2020.
- Recommendation 14 requires DPI and DHHS, in consultation with LME/MCOs, to develop and implement a plan to increase the awareness of in-school Medicaid-eligible services beyond a student's Individualized Education Program. It further requires an assessment of methods to incentivize such in-school services.
- Recommendation 15 requires the Program Evaluation Division to evaluate the Integrated Care for Kids pilot program in 2024. The evaluation would include any empirical benefits achieved, examine how telehealth was used, address the potential to expand the pilot, and include cost estimates.
- Recommendation 16 supports the SSWG's recommendation regarding data sharing. To ensure social services staff across the State have access to status information about legal actions involving children and adults involved with the social services system, the new information technology platform being developed for the judicial system should provide attorneys involved with a case (social services attorneys, attorney advocates, Guardian ad Litem attorneys, and parent attorneys) and directors (or their authorized designees) with access to limited statewide information about children and adults who have intersected with the social services system in any county of the State. In addition, the new system should provide them with access to more detailed information about the cases pending or resolved in their own counties. This recommendation also supports AOC consulting DHHS and the counties when developing the new system.
- Recommendation 17 supports the SSWG's recommendation regarding training for information sharing and confidentiality. Once confidentiality laws are amended, DHHS, in consultation with counties, should prepare comprehensive guidance and training regarding information sharing and confidentiality for all social services programs. The agency should ensure its central and regional staff understand, interpret, and apply the guidance consistently.

Part I: Background Information

Letter from the Council Co-Chairs

July 20, 2020

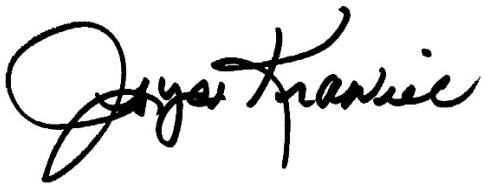
As Co-Chairs of the North Carolina Child Well-Being Council, we had a vision of collaboration, coordination, and communication that would engage stakeholders across child well-being practitioners, agencies, and organizations. With this mission at the forefront of our planning, we were able to assemble a Council of motivated, high-level leaders with many years of expertise that brought insightful and restorative problem-solving to the table. We think we are on target with this report as the recommendations within address many of the identified gaps and failures experienced by those that are most familiar and involved with the process.

This report concludes our 2019-2020 efforts to address the charges of Session Law 2018-5, Section 24.1 regarding the provision of child welfare services across the State. The Children's Council has done a deep dive into the full spectrum of child-serving entities and stakeholders through surveys, data collection and analysis, service provider panel discussions, and practitioner interviews. We are proud to present this robust body of work.

This report has now been submitted to the chairs of the Senate Appropriations Committee on Health and Human Services, the chairs of the House of Representatives Appropriations Committee on Health and Human Services, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division for their consideration as the legislation establishing the Council required.

We know that it is critical to the future success of North Carolina that the sanctity of childhood is preserved, protected, and promoted by the systems designed to serve children, youth, and their families. This Children's Council report and accompanying recommendations are a huge step in the right direction. We feel confident that North Carolina is on the right path to become a national leader in child well-being service provision.

Sincerely,



Representative Sarah Stevens, Co-Chair

Senator Joyce Krawiec, Co-Chair

Establishing Legislation

The General Assembly originally created the Child Well-Being Transformation Council as a permanent entity, as part of Rylan's Law (Session Law 2017-41). The General Assembly re-organized the Council as a temporary entity, as part of the 2018 Appropriations Act (Session Law 2018-5), and extended the Council until August 1, 2020 as part of the Covid-19 Recovery Act (Session Law 2020-3). The relevant section of the law establishing the Council appears below.

CHILD WELL-BEING TRANSFORMATION COUNCIL

SECTION 24.1.(a) Article 82 of Chapter 143 of the General Statutes is repealed.

SECTION 24.1.(b) North Carolina Child Well-Being Transformation Council Creation; Purpose; Findings. – There is established the North Carolina Child Well-Being Transformation Council (Children's Council) for the purpose of coordinating, collaborating, and communicating among agencies and organizations involved in providing public services to children. The welfare of North Carolina's children is a priority. There are many public and private agencies and organizations across the State involved with promoting the welfare of children and protecting them from harm, such as those involving child care, education, health care, social services, and juvenile justice. Though these agencies and organizations provide important services, they often fail to collaborate, coordinate, and communicate about those services. A more systematic and coordinated approach to services will help ensure that the State achieves the best possible outcomes for children.

SECTION 24.1.(c) Membership. – The Children's Council shall be located administratively in the General Assembly. The Children's Council shall consist of 25 members. In making appointments, each appointing authority shall select members who have appropriate experience and knowledge of the issues to be examined by the Children's Council and shall strive to ensure members are appointed who represent the geographical, political, gender, and racial diversity of this State. The Children's Council members shall be appointed on or after September 1, 2018, as follows:

(1) Six members shall be appointed by the President Pro Tempore of the Senate, as follows:
   a. Two shall be members of the Senate.
   b. One shall be a representative from the Administrative Office of the Courts.
   c. One shall be a representative from a child welfare private provider organization.
   d. One shall be a representative from The Duke Endowment.
   e. One shall be a representative from the North Carolina Pediatric Society.

(2) Six members shall be appointed by the Speaker of the House of Representatives, as follows:
   a. Two shall be members of the House of Representatives.
   b. One shall be a representative from the Department of Public Instruction.
   c. One shall be a representative from Indigent Defense Services.
   d. One shall be a representative from the United States military.
   e. One shall be a representative of the Hospital Association.

(3) Thirteen members shall be appointed by the Governor, as follows:
   a. One shall be a representative from the Department of Health and Human Services, Division of Child Development and Early Education.
   b. One shall be a representative from the Department of Health and Human Services, Division of Social Services.
   c. One shall be a representative from the Department of Public Safety, Division of Juvenile Justice.
   d. One shall be a representative from the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.
   e. One shall be a representative from the Guardian ad Litem program.
   f. One shall be a representative from Disability Rights NC.
   g. One shall be a representative from a local management entity/managed care organization (LME/MCO).
   h. Two shall be representatives from the Department of Health and Human Services, Division of Public Health, one with expertise in substance abuse disorders and one with expertise in children's health.
   i. One shall be a representative from the Department of Health and Human Services, Division of Medical Assistance.
   j. One shall be a representative from Children's Advocacy Centers of North Carolina.
   k. One shall be a representative from the North Carolina Child Fatality Task Force.
   l. One shall be a director of a county department of social services.

SECTION 24.1.(d) Vacancies. – A vacancy shall be filled within 30 days by the authority making the initial appointment.

SECTION 24.1.(e) Organization. – The President Pro Tempore of the Senate and the Speaker of the House of Representatives shall each designate a cochair of the Children's Council, who shall serve for a term of one year. The Children's Council shall meet quarterly each year upon the call of the cochairs. A majority of the membership of the Children's Council shall constitute a quorum. No action may be taken except by a majority vote at a meeting at which a quorum is present. The Open Meetings Law, Article 33C of Chapter 143 of the General Statutes, and the Public Records Act, Chapter 132 of the General Statutes, shall apply to the Children's Council.

SECTION 24.1.(f) Powers and Duties. – The Children's Council shall direct its focus on the following initiatives:

(1) Mapping the network of child-serving agencies and organizations in the State.
(2) Cataloging examples of failures in coordination, collaboration, and communication in the context of child welfare.
(3) Reviewing the work of bodies similar to the Children's Council operating in other states to identify promising practices and focus areas for the Children's Council's work.
(4) Monitoring changes in the social services and child welfare system associated with reform and regional supervision.
(5) Identifying gaps in coordination, collaboration, and communication related to all publicly funded child serving programs.
(6) Recommending changes in law, policy, or practice necessary to remedy gaps or problems impacting coordination, collaboration, and communication among publicly funded child-serving agencies.

SECTION 24.1.(g) Staff. – The Legislative Services Commission, through the Legislative Services Officer, shall assign professional staff to assist the Children's Council in its work, including, after consultation with the Council, an individual who has recognized expertise in matters related to children's welfare to support the work of the Council. Upon the direction of the Legislative Services Commission, the Director of Legislative Assistants of the Senate and of the House of Representatives shall assign clerical staff to the Children's Council. Subject to approval of the Legislative Services Commission, the Children's Council may hold meetings in the Legislative Complex.

SECTION 24.1.(h) Subsistence. – Members of the Children's Council shall receive subsistence and travel expenses as provided in G.S. 120-3.1, 138-5, and 138-6.

SECTION 24.1.(i) Reporting; Termination. – By June 30, 2019, the Children's Council shall submit an interim report to the chairs of the Senate Appropriations Committee on Health and Human Services, the chairs of the House of Representatives Appropriations Committee on Health and Human Services, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division. The report shall include a summary of the Council's work for the previous year, any findings and recommendations for change, and a work plan for the upcoming year. By August 1, 2020, the Children's Council shall submit a final report and shall terminate on that date.

SECTION 24.1.(j) The School of Government at the University of North Carolina at Chapel Hill shall do all of the following:

(1) Convene the first meeting of the Children's Council no later than October 31, 2018, and host the first four meetings of the Children's Council.
(2) Facilitate the work of the Children's Council during the meetings. The Children's Council shall focus on the initiatives outlined in subsection (f) of this section.
(3) Provide necessary clerical and administrative support for the meetings in collaboration with clerical staff assigned to the Children's Council pursuant to subsection (g) of this section; conduct research and provide technical assistance, as appropriate; and assist with the preparation of the Children's Council first report due on June 30, 2019.

SECTION 24.1.(k) Subsection (a) of this section becomes effective June 30, 2018.

Council Membership as of July 20, 2020

The Children's Council is a combination of elected members appointed from the NC Senate and the NC House, as well as child welfare sector professionals appointed by the Governor.

Senate President Pro Tempore Appointees (6)	
One representative from the Administrative Office of the Courts	Hon. Thomas O. Murry
One representative from a child welfare private provider organization	Brett A. Loftis
One representative from the Duke Endowment	Phillip H. Redmond, Jr.
One representative from the North Carolina Pediatric Society	Dr. Theresa M. Flynn
Two members of the Senate	Sen. Joyce Krawiec (Co-Chair) Sen. Kathy Harrington
Speaker of the House Appointees (6)	
One representative from the Department of Public Instruction	Matthew Hoskins
One representative from Indigent Defense Services	Wendy C. Sotolongo
One representative from the United States military	MAJ Catherine L.H. Cochran
One representative of the Hospital Association	Dr. Charlene Wong
Two members of the House of Representatives	Rep. Sarah Stevens (Co-Chair) Rep. Donna McDowell White
Governor Appointees (13)	
One representative from the Department of Health and Human Services, Division of Child Development and Early Education	Dr. Kristi Snuggs
One representative from the Department of Health and Human Services, Division of Social Services	Lisa Tucker Cauley
One representative from the Department of Public Safety, Division of Juvenile Justice	William L. Lassiter
One representative from the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Kody Kinsley
One representative from the Guardian ad Litem program	Cindy L. Bizzell
One representative from Disability Rights NC	Virginia Knowlton Marcus
One representative from a Local Management Entity/Managed Care Organization (LME/MCO)	Clarette Glenn
Two representatives from the Department of Health and Human Services, Division of Public Health, one with expertise in substance abuse disorders and one with expertise in children's health	Dr. Michelle Aurelius Dr. Cardra Burns
One representative from the Department of Health and Human Services, Division of Medical Assistance	Debra Farrington
One representative from Children's Advocacy Centers of North Carolina	Deana Joy
One representative from the North Carolina Child Fatality Task Force	Karen T. McLeod
One director of a county department of social services	Victor R. Isler

Council Meetings

The Council met eight times between December 2018 and July 2020. The table below outlines the topics of each meeting. Minutes and meeting materials can be found online at www.ncleg.gov/childcouncil.

Meeting	Topics Discussed
December 19, 2018	• Introduction of Council Members and staff • Program Evaluation Division (PED) presentation of legislation authorizing Council • UNC School of Social Work and NC Institute of Medicine presentation of similar councils in other states and in North Carolina • Council discussion of Council's charge and thoughts on implementation
March 15, 2019	• DHHS presentation on Child and Family Services Performance Reviews (CFSR) and Child and Family Services Performance Improvement Plan (PIP) • UNC School of Social Work presentation on Social Services Regional Supervision and Collaboration Working Group (SSWG) • DHHS presentation on landscape for reform • George Washington University School of Public Health presentation on building community resilience
June 14, 2019	• Council discussion of Water for Systems Change concepts • Council staff presentation on interim report and work plan for remainder of the Council's duration
September 20, 2019	• Casebook presentation on child welfare data system • Judge Corpening discussion of court's perspective • Council staff presentation on Indiana's information sharing application • Department of Information Technology presentation on shared data systems in North Carolina • Center for Child and Family Health presentation on Trauma-Informed Communities
December 13, 2019	• Foster families panel discussion • PED staff overview of program inventory • Guardians ad Litem (GAL) panel discussion • Judges panel discussion
February 19, 2020	• County Department of Social Services directors and deputy directors panel discussion • PED staff demonstration of program inventory and grant inventory websites • School counselors, psychologists, and social workers panel discussion • Council discussion of potential recommendations • DHHS Update on NCFAST P4
June 22, 2020	• Local Management Entity/Managed Care Organization (LME/MCO) panel discussion • Child well-being medical and mental health practitioner panel discussion • Discussion and approval of recommendations and bill drafts • Review of draft final report
July 20, 2020	• Presentations from DHHS on three social service efforts currently being implemented • Approval of bill drafts and final report

Part II: Council's Work Products Based on its Charges

Charge 1: Mapping the network of child-serving agencies and organizations in the State

North Carolina Past and Present Coordinating Bodies Related to Children's Issues

Purpose: To fulfill the Council's first charge of mapping the network of child-serving agencies and organizations in the State

Methodology: The Program Evaluation Division requested that the Legislative Analysis Division conduct a search within its database tracking system for any boards, commissions, or councils that contained any of the following words in their descriptions/purposes: child, family, families, infant, minor, or youth. The database provided the name of the board or commission, its authorization, the year it was established, its membership composition including appointment authority, its description/purpose, required frequencies by which it must meet, any required reports, and entities designated to receive such reports. The Program Evaluation Division subsequently conducted online research on each board to determine the latest meeting date.

Work Product: Exhibit 1 summarizes boards in the State that relate to children, youth, and families and details each board's

- name,
- year of establishment,
- authorizing authority,
- number of members (with * indicating at least one member is required to be a legislator),
- purpose,
- existence or absence of reporting requirements, and
- month and year of most recent meeting.

In total, 26 boards, including the Children's Council, were identified.

Exhibit 1: North Carolina Past and Present Coordinating Bodies Related to Children's Issues

Board Name	Est.	Authorization	Members	Purpose	Reporting Requirement	Last Met
B-3 Interagency Council	2017	State Statute	16*	• Facilitate the development and implementation of an interagency plan for a coordinated system of early care, education, and child development services • Implement a statewide longitudinal evaluation of the educational progress of children from pre-K programs through grade 12 • Collaborate with Dept. of Public Instruction, Dept. of Health and Human Services, NC Partnership for Children, and other stakeholders to achieve a coordinated system of early care, education, and child development services	Yes	January 2019
Commission on Children with Special Health Care Needs	1998	State Statute	9	• Monitor and evaluate the availability and provision of health services to special needs children in the State • Monitor and evaluate services provided to special needs children under the Health Insurance Program for Children	None Specified	February 2020
Council for Developmental Disabilities	1984	Federal Law and State Statute	40	• Work collaboratively, across the State, to ensure that people with intellectual and developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and inclusion in all areas of community life • Identify problems facing its community through its five-year planning process and fund innovative projects and initiatives that promote the goals of the Developmental Disabilities Assistance and Bill of Rights Act for all North Carolinians	None Specified	December 2019
Council on Educational Services for Exceptional Children	1973	Federal Law and State Statute	25*	• Advise the State Board of Education on unmet educational needs of exceptional children • Comment publicly on rules and regulations proposed by the State Board of Education • Assist in developing and reporting data and evaluations to assist the Commissioner of Education	None Specified	March 2020
Governor's Commission on Access to Sound, Basic Education	2017	Executive Order	19	• Ensure that the State meets its constitutional duties • Work with WestEd to develop recommendations for meeting these obligations with a key focus on staffing classrooms with a competent, well-trained teacher and principal • Identify necessary resources to ensure all children, including those at risk or from underserved communities, have an equal opportunity to obtain a sound, basic education	None Specified	January 2020

Board Name	Est.	Authorization	Members	Purpose	Reporting Requirement	Last Met
Interagency Coordinating Council for Children from Birth to Five with Disabilities and Their Families	1990	State Statute	30*	• Advise the Dept. of Health and Human Services and other appropriate agencies in carrying out early intervention services • Advise the Dept. of Public Instruction in activities related to special education services for preschoolers	Yes	January 2020
Interstate Commission on Educational Opportunity for Military Children State Council	2008	State Statute	10	• Remove barriers to educational success imposed on children of military families because of parents' frequent moves and deployment	None Specified	Unclear
Juvenile Jurisdiction Advisory Committee	2017	State Statute	21	• Develop a specific plan for the implementation of changes in the juvenile justice system that would be required in order to extend jurisdiction in delinquency matters and proceedings to include 16- and 17-year-old persons	Yes	January 2020
"More At Four" Pre-K Task Force	2003	State Statute	9	• Oversee development and implementation of the “More At Four” pilot program	Yes	Unclear
MyFuture NC Commission	2017	None	43	• Create a multi-year plan and agenda to meet shared goals for educational attainment in North Carolina including o Develop a comprehensive statewide education plan, from early childhood through postsecondary education, which recommends clear attainment goals, identifies key benchmarks, and proposes promising reforms to guide the future of education in the State o Break down silos and coordinate key stakeholders to make the best use of all educational resources o Debate key issues and needs to garner higher levels of public awareness and engagement	None Specified	Unclear
North Carolina Association of County Directors of Social Services - Subcommittee on Child Welfare	2019	None	5	• Work with the State on drafting the State’s Child Welfare Strategic Plan submitted to the federal government • Work with the State on drafting the plans for achieving the provisions of the Child and Family Services Review • Work with the State on reform and transforming the child welfare system	None Specified	Unclear
North Carolina Child Care Commission	1991	State Statute and Executive Order	17	• Adopt rules to be followed in the licensing and operation of childcare facilities as provided by G.S. 143B-110	None Specified	February 2020

Board Name	Est.	Authorization	Members	Purpose	Reporting Requirement	Last Met
North Carolina Child Fatality Prevention Team	1991	State Statute	11	• Review deaths of children when attributed to child abuse or neglect or when previously reported as abused • Report to Task Force as requested • Work with local teams and team coordinators	None Specified	Unclear
North Carolina Child Fatality Task Force	1998	State Statute	35*	• Undertake statistical study of incidence and causes of child deaths • Establish profile of deaths • Develop system for multidisciplinary review of child deaths • Perform studies, evaluations, or determinations	Yes	February 2020
North Carolina Child Well-Being Transformation Council	**2018**	**State Statute**	**25***	• **Map the network of child-serving agencies and organizations** • **Catalog examples of failures and gaps in coordination, collaboration, and communication in the context of child welfare and children's programs** • **Review work of bodies similar to the Children's Council in other states** • **Monitor changes in the social services and child welfare system** • **Recommend changes in statute, policy, and practice necessary to remedy gaps or problems**	**Yes**	**June 2020**
North Carolina Collaborative for Children, Youth and Families	1984	None	Not Defined	• Provides a forum for the discussion of issues regarding how agencies, youth, and families can work together to produce better outcomes for children, youth and families • Develops recommendations regarding the coordination of services, funding, training and local reporting requirements to eliminate duplication and make the system more consumer friendly • Includes representatives of a range of state and local agencies, youth, families, and advocates • Provides support for local Collaboratives and Child and Family Teams.	Yes	April 2020
North Carolina Early Childhood Advisory Council	2011	Executive Order	26	• Establish a shared early childhood action plan with defined measures of success for young children from birth to age eight including to o Create and guide a bold state early childhood action plan o Support aligned activities, evidence-based practices, and innovation o Promote shared measurement practices o Build public will o Advance policy o Mobilize funding	None Specified	December 2019
North Carolina Education Cabinet	1992	State Statute	6	• Ensure cooperation among state education entities with a focus on o Teacher recruitment o Teacher retention o Post-secondary attainment for workforce development o Cross-sector data sharing	None Specified	January 2018

Board Name	Est.	Authorization	Members	Purpose	Reporting Requirement	Last Met
				○ Increased Pre-K enrollment		
North Carolina Institute of Medicine - Essentials for Childhood	2014	None	48	• Study and develop a collaborative, evidence-based, systems-oriented, public health-grounded strategic plan to reduce child maltreatment and secure family well-being in North Carolina • Use the Centers for Disease Control and Prevention's Essentials for Childhood Framework • Develop a collective, evidence-based state plan for reducing child maltreatment and securing child and family well-being • Examine the progress on recommendations issued by the 2005 NCIOM Task Force on Child Abuse Prevention	None Specified	Unclear
North Carolina Partnership for Children, Inc., Board of Directors	1993	State Statute	26	• Oversee the development and implementation of 12 local demonstration projects coordinated by a new local/private/nonprofit 501(c)(3) organization responsible for developing a long-range plan of services for children and families	None Specified	January 2020
North Carolina State Social Services Commission	1993	State Statute	13	• Achieve maximum cooperation with other agencies of the State, other states, and the federal government in rendering services to strengthen and maintain family life and to help recipients of public assistance	None Specified	March 2020
Permanency Innovation Initiative Oversight Committee	2013	State Statute	12*	• Design and implement a data tracking methodology to collect and analyze information to gauge success of the initiative • Identify cost savings in the provision of foster care and potential reinvestment strategies • Oversee program implementation • Study and recommend other policies and services that may positively impact permanency, well-being outcomes, and youth aging out of the foster care system	Yes	December 2017
Social Services Regional Supervision and Collaboration Working Group	2017	State Statute	18*	• Develop recommendations for improving state supervision of the county-administered social services system through the use of a new system of regional state offices • Make recommendations on ○ Provision of high-quality and consistent service across all counties ○ Accountability to ensure that all local agencies are providing high-quality services ○ Transparency of local agency performance and outcomes	Yes	September 2018
State Consumer and Family Advisory Committee	2006	State Statute	21	• Advise the Dept. of Health and Human Services and the General Assembly on the planning and management of the State's public mental health, developmental disabilities, and substance abuse services system	None Specified	February 2020
Veterans' Affairs Commission	1905	State Statute	13	• Advise the Secretary of the Dept. of Military and Veterans Affairs on matters relating to the affairs of veterans in North Carolina	None Specified	Unclear

Board Name	Est.	Authorization	Members	Purpose	Reporting Requirement	Last Met
				• Maintain a continuing review of existing programs for veterans and their dependents in the State • Promulgate rules and regulations concerning the awarding of scholarships for children of North Carolina veterans and the North Carolina Services Medal		
Whole Child NC	2015	Advisory Committee to State Board of Education	Determined by SBOE	• Identify and review the challenges of the at-risk, school-aged population such as poverty, safety, health, and other nonacademic barriers • Make recommendations to the State Board of Education, other state agencies, and education stakeholder groups as to how best to facilitate access for all public-school children to a sound, basic education	None Specified	July 2019

Note: * indicates at least one member is required to be a legislator.

Source: Program Evaluation Division based on Legislative Analysis Division's database tracking system for boards and commissions and follow-up research.

Inventory of North Carolina Children's Programs

Purpose: To fulfill the Council's first charge of mapping the network of child-serving agencies and organizations in the State and to update the Program Evaluation Division's 2011 report entitled "Programs for Children, Youth, and Families Need Guiding Framework for Accountability and Funding"

Methodology: The Program Evaluation Division asked all 40 state agencies and institutions to identify their programs that provide goods, services, or public assistance with the specific aim of enhancing the health, safety, or well-being of children, youth, or their families. Based on this criteria, state agencies and institutions identified 229 programs. The Program Evaluation Division surveyed the programs to gather data on the populations they serve, the types of services they provide, the locations where their services are available, and management practices. The survey had a 100% response rate.

The Program Evaluation Division asked agencies and institutions to provide the amount of federal and state funds spent for their respective programs in State Fiscal Year 2018–19.

For programs eligible for inclusion in both the Children Council's Program Inventory and its Grant Inventory, agencies were given the choice of where the program should appear in order to prevent duplication across the two inventories.

Work Product: The complete inventory can be found online at https://www.ncleg.gov/ProgramEvaluation/ChildCouncil. Website users can filter by program name, keyword, agency, county, or domain or download the entire dataset for their own analyses.

In addition, the Program Evaluation Division aggregated survey data into summary tables.

- **Amount Spent.** Table 1 shows that in State Fiscal Year 2018–19, 12 agencies had 229 programs serving children, youth, and families with total spending of $2.3 billion.
- **Agency, Target Population, and Primary Activity.**
    - Table 2 shows the majority of programs are in the Department of Natural and Cultural Resources and the Department of Health and Human Services. The majority of programs are in the domains of Education and Life Skills; Child and Maternal Health; and Mental Health, Substance Abuse, and Early Intervention.
    - Table 3 shows the primary target population of most programs is youth from ages 6-15, followed by families and then transitional youth age 16 and over.
    - Table 4 shows the most prevalent primary activity performed by programs is direct or indirect services (such as healthcare, childcare), followed by educational services.
- **Best Practices.**
    - Table 5 shows the majority of programs are not using an evidence-based or best practice model.
    - Table 6 shows the majority of programs do not receive or provide training on trauma.
    - Table 7 shows the majority of programs do not have a logic model, which is a visual guide that shows how a program's resources are translated into outcomes.

- Table 8 shows the type of performance measures collected by programs. Output measures (such as number of participants) and descriptive measures (such as participant demographics) are the most common. Fewer programs are collecting outcome and efficiency measures.

- Oversight.
  - Table 9 shows the majority of programs are evaluated by an outside entity (e.g., the State Auditor's Office).
  - Table 10 shows a little more than half of programs have some reporting requirements to either the state or federal government or both.
- Partnerships and Contractors.
  - Table 11 shows the majority of programs use partnerships.
  - Table 12 shows the majority of programs do not use contractors and instead rely solely on agency staff.
- Duplication.
  - Table 13 shows the majority of programs do not know if their recipients are involved with other programs.
  - Table 14 shows slightly more than half of programs do not engage in efforts to ensure services are not duplicated by other programs.
- Location.
  - Table 15 shows that slightly more than half of programs are provided statewide, or in every county.
  - Table 16 shows the number of programs by domain and county.

Amount Spent

Table 1. Amount Spent by Agency on Programs

Agency	Number of Programs	Total Amount Spent in State Fiscal Year 2018–19
Administrative Office of the Courts	1	$ 15,696,046
Agriculture & Consumer Services	1	4,092,077
General Assembly	3	106,419
Health & Human Services	64	2,048,225,263
Housing Finance Agency	2	5,293,563
Justice	1	90,372
Labor	1	197,345
Natural & Cultural Resources	99	15,343,859
Public Instruction	3	4,462,785
Public Safety	12	139,246,717
Transportation	3	8,724,873
University	39	21,205,592
	229	**$ 2,262,455,751**

Agency, Target Population, and Primary Activity

Table 2. Number of Programs by Agency and Domain								
	Child & Maternal Health	Childcare/ Pre-K	Child Safety & Welfare	Education & Life Skills	Family Support	Juvenile Justice	MH, SA, & Early Intervention	Total
Natural & Cultural Resources	1	5		93				99
Health & Human Services	30	6	7	3	7		11	64
Universities	8	3		18			10	39
Public Safety						12		12
General Assembly				3				3
Public Instruction	1			1			1	3
Transportation			3					3
Housing Finance Agency			2					2
Administrative Office of Courts			1					1
Agriculture & Consumer Services	1							1
Justice			1					1
Labor			1					1
Total	41	14	15	118	7	12	22	229

Note: MH stands for Mental Health. SA stands for Substance Abuse.

Table 3. Number of Programs by Primary Target Population	
Youth: ages 6 – 15	91
Families (including expectant parent, parents, or legal guardians)	56
Transitional Age Youth: ages 16+	38
Children: ages prenatal – 5	29
Service provider	15
Total	**229**

Table 4. Number of Programs by Primary Activity	
Provides direct or indirect services (e.g., healthcare, childcare, inspections, case management, classes/sessions, counseling, referrals, consultations)	120
Provides educational services	73
Provides system improvement (e.g., policy, provider networking, quality improvement)	11
Provides public assistance/subsidy (e.g., Medicaid, Health Choice, WIC)	7
Provides goods (e.g., wheelchairs, cochlear implants)	3
Develops physical infrastructure (e.g., buildings, technology)	2
Other	13
Total	**229**

Best Practices

Table 5. Number of Programs (Percentage) That Use Evidence-Based or Best Practice Model	
No	138 (60%)
Yes	89 (39%)
Missing	2 (1%)
Total	**229 (100%)**

Table 6. Number of Programs (Percentage) that Receive and Provide Training on Trauma	
Do not receive or provide training	173 (76%)
Receive training	24 (10%)
Provide training	6 (3%)
Receive and provide training	24 (10%)
Missing	2 (1%)
Total	**229 (100%)**

Table 7. Number of Programs (Percentage) with Logic Models	
No	101 (44%)
Yes	94 (41%)
Not sure/other/missing	34 (15%)
Total	**229 (100%)**

Table 8. Number of Programs (Percentage) Collecting At Least One Performance Measure	
Output measures (e.g., number of participants enrolled, time in program)	207 (90%)
Descriptive measures (e.g., participant demographics, expenditures)	185 (81%)
Outcome measures (e.g., participant satisfaction, outcome assessments)	134 (59%)
Efficiency/process measures (e.g., return on investment, cost per participant)	107 (47%)
Note: Total value is not applicable because each program may have more than one form of measure.	

Oversight

Table 9. Number of Programs (Percentage) with Evaluations Conducted	
Yes	155 (68%)
No	62 (27%)
Not sure/other/missing	12 (5%)
Total	**229 (100%)**

Table 10. Number of Programs (Percentage) with Reporting Requirements	
Report to state government only	70 (31%)
Report to federal and state government	48 (21%)
Report to federal government only	14 (6%)
No reporting requirements	97 (42%)
Total	**229 (100%)**

Partnerships and Contractors

Table 11. Number of Programs (Percentage) Using Partnerships	
Yes	160 (70%)
No	65 (28%)
Not sure	4 (2%)
Total	**229 (100%)**

Table 12. Number of Programs (Percentage) Using Contractors	
Do not use contractors	134 (59%)
Use agency staff and contractors	53 (23%)
Use contractors only	42 (18%)
Total	**229 (100%)**

Duplication

Table 13. Number of Programs (Percentage) that Know if Recipients Are Involved with Other Programs	
No	163 (71%)
Yes	50 (22%)
Not sure	16 (7%)
Total	**229 (100%)**

Table 14. Number of Programs (Percentage) that Engage in Efforts to Ensure Services Are Not Duplicated by Other Programs	
No	121 (53%)
Yes	83 (36%)
Not sure	25 (11%)
Total	**229 (100%)**

Locations

Table 15. Number of Programs (Percentage) that Provide Services Statewide	
Yes	122 (53%)
No	107 (47%)
Total	**229 (100%)**

Table 16. Number of Programs by County and Domain								
	Child & Maternal Health	Childcare/ Pre-K	Child Safety & Welfare	Education & Life Skills	Family Support	Juvenile Justice	MH, SA, & Early Intervention	Total
Alamance	27	11	15	48	7	10	15	133
Alexander	22	10	15	45	7	10	15	124
Alleghany	23	10	15	46	7	10	16	127
Anson	23	10	15	46	7	11	14	126
Ashe	23	10	15	45	7	10	16	126
Avery	22	10	15	45	7	10	15	124
Beaufort	25	10	15	45	7	10	16	128
Bertie	27	10	15	46	7	10	16	131
Bladen	22	11	15	45	7	10	15	125
Brunswick	21	11	15	51	7	10	15	130
Buncombe	26	11	15	54	7	10	15	138
Burke	23	10	15	46	7	11	15	127
Cabarrus	25	10	15	47	7	12	15	131
Caldwell	26	10	15	45	7	11	15	129
Camden	25	10	15	45	7	11	15	128
Carteret	25	10	15	46	7	10	15	128
Caswell	23	10	15	47	7	10	14	126
Catawba	24	10	15	46	7	11	15	128
Chatham	23	11	15	48	7	11	15	130
Cherokee	25	10	15	45	7	10	15	127
Chowan	25	10	15	45	7	11	15	128
Clay	21	10	15	46	7	10	15	124
Cleveland	26	10	15	45	7	11	15	129
Columbus	27	11	15	48	7	10	15	133
Craven	25	10	15	47	7	10	15	129
Cumberland	27	11	15	49	7	11	15	135
Currituck	25	10	15	45	7	11	15	128
Dare	23	10	15	61	7	11	15	142
Davidson	24	10	15	46	7	11	16	129
Davie	21	10	15	47	7	10	14	124
Duplin	22	10	15	46	7	10	15	125
Durham	24	11	15	49	7	11	14	131
Edgecombe	28	10	15	46	7	11	15	132
Forsyth	27	10	15	51	7	10	15	135
Franklin	23	10	15	46	7	11	14	126
Gaston	25	10	15	46	7	10	15	128
Gates	25	10	15	45	7	11	15	128
Graham	22	10	15	46	7	10	15	125
Granville	24	10	15	47	7	11	14	128
Greene	24	10	15	46	7	12	16	130

Table 16. Number of Programs by County and Domain								
	Child & Maternal Health	Childcare/ Pre-K	Child Safety & Welfare	Education & Life Skills	Family Support	Juvenile Justice	MH, SA, & Early Intervention	Total
Guilford	28	11	15	51	7	10	16	138
Halifax	26	10	15	46	7	10	15	129
Harnett	24	10	15	48	7	10	14	128
Haywood	23	10	15	46	7	11	15	127
Henderson	23	10	15	46	7	10	15	126
Hertford	25	10	15	45	7	10	15	127
Hoke	25	10	15	47	7	10	14	128
Hyde	23	10	15	45	7	10	16	126
Iredell	23	10	15	48	7	11	15	129
Jackson	23	10	15	45	7	10	15	125
Johnston	23	10	15	47	7	10	15	127
Jones	24	10	15	45	7	10	15	126
Lee	27	10	15	48	7	10	14	131
Lenoir	27	10	15	47	7	12	14	132
Lincoln	22	10	15	46	7	11	15	126
Macon	23	10	15	45	7	10	14	124
Madison	22	10	15	46	7	10	15	125
Martin	24	10	15	45	7	10	16	127
McDowell	22	10	15	46	7	10	15	125
Mecklenburg	24	10	15	47	7	11	15	129
Mitchell	21	10	15	45	7	10	15	123
Montgomery	23	10	15	48	7	12	14	129
Moore	23	10	15	48	7	12	14	129
Nash	25	10	15	47	7	11	15	130
New Hanover	24	11	15	61	7	12	15	145
Northampton	23	10	15	46	7	10	15	126
Onslow	27	10	15	46	7	11	15	131
Orange	25	11	15	51	7	10	14	133
Pamlico	24	10	15	45	7	10	15	126
Pasquotank	26	10	15	45	7	11	15	129
Pender	22	11	15	49	7	11	15	130
Perquimans	25	10	15	45	7	11	15	128
Person	22	10	15	46	7	10	14	124
Pitt	27	10	15	47	7	12	16	134
Polk	22	10	15	46	7	10	15	125
Randolph	23	10	15	53	7	12	15	135
Richmond	25	10	15	47	7	11	14	129
Robeson	28	11	15	49	7	10	15	135
Rockingham	28	10	15	46	7	11	15	132
Rowan	24	10	15	47	7	12	15	130

Table 16. Number of Programs by County and Domain								
	Child & Maternal Health	Childcare/ Pre-K	Child Safety & Welfare	Education & Life Skills	Family Support	Juvenile Justice	MH, SA, & Early Intervention	Total
Rutherford	24	10	15	46	7	10	15	127
Sampson	24	11	15	47	7	11	15	130
Scotland	25	10	15	46	7	10	15	128
Stanly	22	10	15	46	7	10	15	125
Stokes	22	10	15	47	7	11	14	126
Surry	23	10	15	47	7	11	15	128
Swain	24	10	15	46	7	10	15	127
Transylvania	22	10	15	46	7	10	15	125
Tyrrell	23	10	15	45	7	10	15	125
Union	23	10	15	45	7	10	15	125
Vance	26	10	15	45	7	11	14	128
Wake	26	11	15	64	7	11	14	148
Warren	23	10	15	46	7	11	14	126
Washington	23	10	15	45	7	10	15	125
Watauga	25	10	15	47	7	10	18	132
Wayne	25	10	15	48	7	12	16	133
Wilkes	26	10	15	47	7	10	15	130
Wilson	24	10	15	45	7	11	15	127
Yadkin	22	10	15	46	7	10	15	125
Yancey	23	10	15	46	7	10	15	126

Note: MH stands for Mental Health. SA stands for Substance Abuse.

North Carolina Entities Receiving Grant Funds for Services for Children

Purpose: To fulfill the Council's first charge of mapping the network of child-serving agencies and organizations in the State

Methodology: The Program Evaluation Division searched the Office of State Budget and Management's (OSBM) Grants Management databases for grant program descriptions containing any of the following words: child, family, families, infant, minor, or youth. The Program Evaluation Division contacted all 40 state agencies and institutions to verify whether each agency's grant programs were correctly identified as ones providing goods, services, or public assistance with the specific aim of enhancing the health, safety, or well-being of children, youth, or their families. Several entities provided additional grant programs not contained in OSBM's database.

Based on this criteria, state agencies and institutions identified 53 grant programs. The Program Evaluation Division surveyed the programs to gather data on the populations they serve, the types of services they provide, the locations where their services are available, and management practices. The survey had a 94% response rate, with three grant programs not responding to the survey.

For programs eligible for inclusion in both the Children Council's Program Inventory and its Grant Inventory, agencies were given the choice of where the program should appear in order to prevent duplication across the two inventories.

Work Product: The complete inventory, including recipients of grant awards, can be found online at https://www.ncleg.gov/ProgramEvaluation/ChildCouncil/GrantInventory. Website users can filter by keyword and agency or download the entire dataset for their own analyses.

In addition, the Program Evaluation Division aggregated survey data into summary tables.

- **Amount Spent.** Table 1 shows that in State Fiscal Year 2018–19, 12 agencies had 53 grant programs serving children, youth, and families with total spending of $52.7 million.
- **Agency, Target Population, and Primary Activity.**
    - Table 2 shows the majority of grant programs are in the university system. The majority of grant programs are in the Education and Life Skills domain.
    - Table 3 shows the primary target population of most grant programs is youth from ages 6-15, followed by transitional youth age 16 and over.
    - Table 4 shows the most prevalent primary activity performed by grant programs is direct or indirect services (such as healthcare, childcare), followed by educational services.
- **Best Practices.**
    - Table 5 shows the majority of grant programs are not using an evidence-based or best practice model.
    - Table 6 shows the majority of grant programs do not receive or provide training on trauma.
    - Table 7 shows the majority of grant programs have a logic model, which is a visual guide that shows how a program's resources are translated into outcomes.

- Table 8 shows the type of performance measures collected by grant programs. Descriptive measures (such as participant demographics) and output measures (such as number of participants) are the most common. Fewer grant programs are collecting outcome and efficiency measures.

- Oversight.
  - Table 9 shows the majority of grant programs are evaluated by an internal or external entity (e.g., the State Auditor's Office).
  - Table 10 shows a little more than half of grant programs have some reporting requirements to either the state or federal government or both.
- Partnerships and Contractors.
  - Table 11 shows the majority of grant programs use partnerships.
  - Table 12 shows the majority of grant programs do not use contractors and instead rely solely on agency staff.
- Duplication.
  - Table 13 shows the majority of grant programs do not know if their recipients are involved with other programs.
  - Table 14 shows the majority of grant programs engage in efforts to ensure services are not duplicated by other programs.
- Location.
  - Table 15 shows few grant programs are provided statewide, or in every county.
  - Table 16 shows the number of grant programs by domain and county.

Amount Spent

Table 1. Amount Spent by Agency on Grant Programs

Agency	Number of Grant Programs	Total Amount Spent in State Fiscal Year 2018–19
Agriculture & Consumer Services	2	$ 1,404,764
Environmental Quality	1	141,385
Natural & Cultural Resources	1	0
Public Instruction	7	26,911,767
Public Safety	3	8,338,924
State Budget and Management	17	5,223,176
Transportation	1	0
University	21	10,664,953
Total	**53**	**$ 52,684,970**

Note: Grant programs may have expenditures of $0 for State Fiscal Year 2018–19 because the program existed but did not have expenditures within that year for any number of reasons, such as awaiting grant close-out, being a newly established grant program, or not having been deleted from the State's database.

Agency, Target Population, and Primary Activity

Table 2. Number of Grant Programs by Agency and Domain								
	Child & Maternal Health	Childcare/ Pre-K	Child Safety & Welfare	Education & Life Skills	Family Support	Juvenile Justice	MH, SA, & Early Intervention	Total
Universities	2		1	18				**21**
State Budget and Management		1	1	10	2		1	**15**
Public Instruction	2		1	3	1			**7**
Public Safety						2	1	**3**
Agriculture & Consumer Services	1			1				**2**
Environmental Quality					1			**1**
Natural and Cultural Resources				1				**1**
Transportation					1			**1**
Total	**5**	**1**	**3**	**33**	**5**	**2**	**2**	**51**

Note: MH stands for Mental Health. SA stands for Substance Abuse. Two programs did not respond to the survey and thus are not included in this table.

Table 3. Number of Grant Programs by Primary Target Population	
Youth: ages 6 – 15	24
Families (including expectant parent, parents, or legal guardians)	5
Transitional Age Youth: ages 16+	15
Children: ages prenatal – 5	0
Service provider	7
Did not respond	2
Total	**53**

Table 4. Number of Grant Programs by Primary Activity	
Provides direct or indirect services (e.g., healthcare, childcare, inspections, case management, classes/sessions, counseling, referrals, consultations)	30
Provides educational services	12
Provides goods (e.g., wheelchairs, cochlear implants)	5
Provides system improvement (e.g., policy, provider networking, quality improvement)	2
Develops physical infrastructure (e.g., buildings, technology)	2
Provides public assistance/subsidy (e.g., Medicaid, Health Choice, WIC)	0
Did not respond	2
Total	**53**

Best Practices

Table 5. Number of Grant Programs (Percentage) That Use Evidence-Based or Best Practice Model	
No	27 (51%)
Yes	19 (36%)
Missing	5 (9%)
Did not respond	2 (4%)
Total	**53 (100%)**

Table 6. Number of Grant Programs (Percentage) that Receive and Provide Training on Trauma	
Do not receive or provide training	39 (74%)
Receive training	7 (13%)
Receive and provide training	2 (4%)
Missing	2 (4%)
Provide training	1 (2%)
Did not respond	2 (4%)
Total	**53 (100%)**

Table 7. Number of Grant Programs (Percentage) with Logic Models	
Yes	31 (58%)
Not sure/other/missing	16 (30%)
No	4 (8%)
Did not respond	2 (4%)
Total	**53 (100%)**

Table 8. Number of Grant Programs (Percentage) Collecting At Least One Performance Measure	
Descriptive measures (e.g., participant demographics, expenditures)	39 (76%)
Output measures (e.g., number of participants enrolled, time in program)	38 (75%)
Outcome measures (e.g., participant satisfaction, outcome assessments)	28 (55%)
Efficiency/process measures (e.g., return on investment, cost per participant)	21 (41%)
Did not respond	2 (4%)
Note: Total value is not applicable because each program may have more than one form of measure. Programs not responding were excluded from the percentage of programs collecting each type of measure.	

Oversight

Table 9. Number of Grant Programs (Percentage) with Evaluations Conducted	
Yes	38 (72%)
No	13 (25%)
Did not respond	2 (4%)
Total	**53 (100%)**

Table 10. Number of Grant Programs (Percentage) with Reporting Requirements	
Report to state government only	16 (30%)
Report to federal and state government	7 (13%)
Report to federal government only	14 (26%)
No reporting requirements	9 (17%)
Missing	5 (9%)
Did not respond	2 (4%)
Total	**53 (100%)**

Partnerships and Contractors

Table 11. Number of Grant Programs (Percentage) Using Partnerships	
Yes	40 (75%)
No	4 (8%)
Not sure	2 (4%)
Missing	5 (9%)
Did not respond	2 (4%)
Total	**53 (100%)**

Table 12. Number of Grant Programs (Percentage) Using Contractors	
Use agency staff and contractors	22 (42%)
Do not use contractors	21 (40%)
Use contractors only	3 (6%)
Missing	5 (9%)
Did not respond	2 (4%)
Total	**53 (100%)**

Duplication

Table 13. Number of Grant Programs (Percentage) that Know if Recipients Are Involved with Other Programs	
No	21 (40%)
Yes	13 (25%)
Not sure/Other	12 (23%)
Missing	5 (9%)
Did not respond	2 (4%)
Total	**53 (100%)**

Table 14. Number of Grant Programs (Percentage) that Engage in Efforts to Ensure Services Are Not Duplicated by Other Programs	
Yes	22 (42%)
No	13 (25%)
Not sure/Other	11 (21%)
Missing	5 (9%)
Did not respond	2 (4%)
Total	**53 (100%)**

Locations

Table 15. Number of Grant Programs (Percentage) that Provide Services Statewide	
Yes	10 (19%)
No	41 (77%)
Did not respond	2 (4%)
Total	**53 (100%)**

Table 16. Number of Grant Programs by County and Domain

County	Child & Maternal Health	Childcare/ Pre-K	Child Safety & Welfare	Education & Life Skills	Family Support	Juvenile Justice	MH, SA, & Early Intervention	Total
Alamance	2	0	1	3	3	2	1	12
Alexander	1	0	1	2	3	2	1	10
Alleghany	2	0	2	5	3	2	1	15
Anson	1	0	1	2	3	2	1	10
Ashe	1	0	2	5	3	2	1	14
Avery	1	0	1	5	3	2	1	13
Beaufort	2	0	1	4	3	2	1	13
Bertie	3	0	1	4	3	2	1	14
Bladen	2	0	1	2	3	2	1	11
Brunswick	2	0	1	2	3	2	1	11
Buncombe	2	0	2	3	3	2	1	13
Burke	1	0	2	4	3	2	1	13
Cabarrus	2	0	1	2	3	2	1	11
Caldwell	1	0	1	3	3	2	1	11
Camden	1	0	1	3	3	2	1	11
Carteret	1	0	1	3	3	2	1	11
Caswell	1	0	1	2	3	2	1	10
Catawba	1	0	1	2	3	2	1	10

Table 16. Number of Grant Programs by County and Domain								
County	Child & Maternal Health	Childcare/ Pre-K	Child Safety & Welfare	Education & Life Skills	Family Support	Juvenile Justice	MH, SA, & Early Intervention	Total
Chatham	2	0	1	3	3	2	1	12
Cherokee	1	0	1	4	3	2	1	12
Chowan	1	0	1	3	3	2	1	11
Clay	1	0	1	3	3	2	1	11
Cleveland	3	0	1	2	3	2	1	12
Columbus	1	0	1	2	3	2	1	10
Craven	1	0	1	3	3	2	1	11
Cumberland	3	0	1	10	3	2	1	20
Currituck	1	0	1	3	3	2	1	11
Dare	1	0	1	4	3	2	2	13
Davidson	2	0	1	2	3	2	1	11
Davie	1	0	1	2	3	2	1	10
Duplin	2	0	1	4	3	2	1	13
Durham	2	0	1	5	3	2	1	14
Edgecombe	3	0	1	5	3	2	1	15
Forsyth	2	0	1	3	3	2	1	12
Franklin	1	0	1	3	3	2	1	11
Gaston	2	0	1	2	3	2	1	11
Gates	1	0	1	2	3	2	1	10
Graham	1	0	1	4	3	2	1	12
Granville	2	0	1	4	3	2	1	13
Greene	1	1	1	3	3	2	1	12
Guilford	2	0	1	4	4	2	1	14
Halifax	3	0	1	3	3	2	1	13
Harnett	1	0	1	5	3	2	1	13
Haywood	1	0	2	3	3	2	1	12
Henderson	2	0	1	2	3	2	1	11
Hertford	2	0	1	3	3	2	1	12
Hoke	1	0	1	6	3	2	1	14
Hyde	2	0	1	3	3	2	1	12
Iredell	1	0	1	2	3	2	1	10
Jackson	2	0	2	3	3	2	1	13
Johnston	1	0	1	3	3	2	1	11
Jones	1	0	1	3	3	2	1	11
Lee	1	0	1	2	3	2	1	10
Lenoir	1	0	1	5	3	2	1	13
Lincoln	2	0	1	2	3	2	1	11
Macon	1	0	2	2	3	2	1	11
Madison	1	0	1	3	3	2	1	11
Martin	1	0	1	3	3	2	1	11

Table 16. Number of Grant Programs by County and Domain								
County	Child & Maternal Health	Childcare/ Pre-K	Child Safety & Welfare	Education & Life Skills	Family Support	Juvenile Justice	MH, SA, & Early Intervention	Total
McDowell	1	0	2	3	3	2	1	12
Mecklenburg	3	0	1	3	3	2	1	13
Mitchell	1	0	1	4	3	2	1	12
Montgomery	2	0	1	2	4	2	1	12
Moore	1	0	1	3	3	2	1	11
Nash	2	0	1	4	3	2	1	13
New Hanover	2	0	1	2	3	2	1	11
Northampton	2	0	1	2	3	2	1	11
Onslow	2	0	1	3	3	2	1	12
Orange	1	0	1	2	3	2	1	10
Pamlico	2	0	1	4	3	2	1	13
Pasquotank	2	0	1	3	3	2	1	12
Pender	2	0	1	3	3	2	1	12
Perquimans	1	0	1	3	3	2	1	11
Person	1	0	1	3	3	2	1	11
Pitt	1	0	1	5	3	2	1	13
Polk	1	0	1	3	3	2	1	11
Randolph	2	0	1	3	3	2	1	12
Richmond	1	0	1	3	3	2	1	11
Robeson	3	0	1	7	3	2	1	17
Rockingham	2	0	1	3	3	2	1	12
Rowan	2	0	1	3	3	2	1	12
Rutherford	1	0	1	3	3	2	1	11
Sampson	1	0	1	4	3	2	1	12
Scotland	1	0	1	4	3	2	1	12
Stanly	1	0	2	3	3	2	1	12
Stokes	1	0	2	3	3	2	1	12
Surry	1	0	2	3	3	2	1	12
Swain	1	0	2	3	3	2	1	12
Transylvania	2	0	2	3	3	2	1	13
Tyrrell	1	0	1	3	3	2	1	11
Union	1	0	1	2	3	2	1	10
Vance	1	0	1	4	3	2	1	12
Wake	3	0	1	3	3	2	1	13
Warren	2	0	1	3	3	2	1	12
Washington	1	0	1	3	3	2	1	11
Watauga	1	0	2	5	3	2	1	14
Wayne	1	0	1	5	3	2	1	13
Wilkes	2	0	2	5	3	2	1	15
Wilson	1	0	1	4	3	2	1	12

Table 16. Number of Grant Programs by County and Domain								
County	Child & Maternal Health	Childcare/ Pre-K	Child Safety & Welfare	Education & Life Skills	Family Support	Juvenile Justice	MH, SA, & Early Intervention	Total
Yadkin	1	0	1	2	3	2	1	10
Yancey	1	0	2	3	3	2	1	12

Charge 3: Reviewing the work of bodies similar to the Children's Council operating in other states to identify promising practices and focus areas for the Children's Council's work

Children's Councils in Other States

Purpose: To fulfill the Council's third charge of reviewing the work of bodies similar to the Children's Council operating in other states to identify promising practices and focus areas for the Children's Council's work

Methodology: The Program Evaluation Division researched other states' programs using published data from the Forum for Youth Investment's Children's Cabinet Networks, conducting phone interviews with program and policy directors of other state programs, and consulting national experts.

Work Product: Exhibit 2 summarizes existing entities in other states performing work similar to the Children's Council and details each entities'

- state location,
- name,
- year of establishment,
- authorizing act,
- organizational location within its respective state government,
- mission or scope, and
- target population.

In total, 48 entities in other states that are performing work similar to North Carolina's Children's Council were identified.

Exhibit 2: Children's Councils in Other States

State	Entity Name	Est.	Authorization	Location	Mission or Scope	Target Population
Alabama	Children's Cabinet	2016	Executive Order	Governor's Office	No identified mission statement	Birth through high school
Arizona	Council on Child Safety and Family Empowerment	2015	Executive Order	Governor's Office	Align, leverage, and coordinate faith-based and community resources to solve challenges faced by children and families within the child welfare system and provide additional support to strengthen families that are caring for foster and adopted children	Youth and families
Arkansas	Children and Family Services Advocacy Council	2014	Charter	Dept. of Human Services	Keep children safe and help families	Youth and families
California	Interagency Coordinating Council on Early Intervention	1988	State Statute	Dept. of Developmental Services	Promote and enhance a coordinated family service system for infants and toddlers, birth to three years, who are at risk or who have a developmental delay or disability, and their families, utilizing and encouraging a family-centered approach, family-professional partnerships, and interagency collaboration	Infants and toddlers with disabilities and their families
Colorado	Early Childhood Leadership Commission	2013	Federal Law	Dept. of Human Services	Ensure and advance a comprehensive service delivery system for pregnant women and children from birth to eight years of age using data to improve decision-making, alignment, and coordination among federally funded and state-funded services and programs for pregnant women and young children and their families	Birth to 8 years
Connecticut	Commission on Women, Children, and Seniors	2016	State Statute	Legislature	Research best practices, coordinate stakeholders, and promote public policies that are in the best interest of underserved and underrepresented women, children, and older adults	Children, women, and elderly
Florida	Children and Youth Cabinet	2007	State Statute	Governor's Office	Ensure that public policy relating to children and youth promotes interdepartmental collaboration and program implementation in order for services designed for children and youth to be planned, managed, and delivered in a holistic and integrated manner to improve the self-sufficiency, safety, economic stability, health, and quality of life of all children and youth	Prenatal through adulthood

State	Entity Name	Est.	Authorization	Location	Mission or Scope	Target Population
Georgia	Children's Cabinet	2019	Executive Order	Dept. of Early Care and Learning	Support a sustainable and comprehensive system of education and care to better serve children and families in a more coordinated and efficient manner	Birth through high school
Illinois	Governor's Cabinet on Children and Youth	2016	Executive Order	Governor's Office	Drive strategic vision for achieving child and family outcomes and long-term prospects for the future workforce	Youth to 25 years
Illinois	Children and Family Services Advisory Council	2016	State Statute	Dept. of Children and Family Services	No identified mission statement	All individuals under departmental care
Illinois	Child Welfare Advisory Council	1999	Executive Order	Dept. of Children and Family Services	Advise the Dept. of Children and Family Services on matters concerning the provision and purchasing of public child welfare services and provide a forum to jointly identify and address emerging program and policy issues	Children and families
Indiana	Commission on Improving the Status of Children	2013	State Statute	Independent	Improve the status of children	Prenatal to 23 years
Iowa	Collaboration for Youth Development Council	1999	State Statute	Dept. of Human Rights	Ensure youth will be safe, healthy, successful, and prepared for adulthood	Ages 6 through 21
Iowa	Early Childhood State Board	2010	State Statute	Dept. of Management	Promote a vision for a comprehensive early care, education, health, and human services system	Birth to 5 years
Kansas	Kansas Children's Cabinet and Trust Fund	1999	State Statute	Dept. of Education	Improve the well-being of children and youth	Children and youth
Kentucky	Early Childhood Advisory Council	2012	Executive Order	Governor's Office	Build upon existing resources, foster public-private partnerships, ensure collaborative planning and implementation, and mobilize communities to support and strengthen families, assure children grow and develop to their fullest potential, provide high quality, accessible, affordable early care and education options, and promote public awareness of the importance of the first years	Early childhood
Louisiana	Early Childhood Care and Education Advisory Council	2014	State Statute	Dept. of Education	Provide guidance to the Louisiana Board of Elementary and Secondary Education and the Louisiana Dept. of Education on matters related to early childhood care and education	Birth to 5 years

State	Entity Name	Est.	Authorization	Location	Mission or Scope	Target Population
Louisiana	Children's Cabinet	1992	State Statute	Governor's Office	Achieve the most effective and efficient use of monetary, human, and organizational resources to lift children and their families out of poverty	Birth to 17 years
Maine	Children's Cabinet	1996	State Statute	Governor's Office	Provide cross-agency coordination, high-level leadership, and program and policy development with a common mission to measurably improve the well-being of children, youth, and families through evidence-based practices and strength-base approaches to positive child and youth development	Birth to 24 years
Maryland	Children's Cabinet	1987	State Statute	Governor's Office	Provide a coordinated, comprehensive, interagency approach to the development of a continuum of care that is family and child-oriented and that emphasizes prevention, early intervention, and community-based services for all children and families with special attention to at-risk populations	Birth through postsecondary
Massachusetts	Interagency Child Welfare Task Force	2008	State Statute	Dept. of Health and Human Services	No identified mission statement	Unknown
Minnesota	Children's Cabinet	1993	State Statute and Executive Order	Governor's Office	No identified mission statement	Birth to 18 years
Mississippi	Early Childhood Advisory Council	2007	State Statute	Governor's Office	Work through committees with a focus on early learning and care, health, mental health, nutrition, and family support	Birth to school entry
Missouri	Coordinating Board for Early Childhood	2004	State Statute	Independent	Ensure early childhood programs and services are comprehensive, coordinated, accessible, adequately funded, and of the highest quality to meet the needs of and to promote the well-being of all young children and their families by developing key partnerships, building collaborative strategies, and ensuring equal access to necessary resources, resulting in the implementation of an effective and sustainable early childhood system	Birth to 5 years
Montana	Child and Family Services Advisory Council	1996	State Statute	Dept. of Public Health and Human Services	Keep children safe and families strong by advising staff in establishing priorities and implementing and reviewing services from the perspective of the areas represented by the individual council members and the needs of local communities	Minors

State	Entity Name	Est.	Authorization	Location	Mission or Scope	Target Population
Nebraska	Children's Commission	2012	State Statute	Independent	Working collaboratively with the three branches of government and among state, local, community, public, and private stakeholders to enhance practices and programs to improve the safety and well-being of children and families	Birth through postsecondary
Nebraska	Early Childhood Interagency Coordinating Council	2000	State Statute	Independent	Advise and assist collaborating agencies in carrying out the provisions of state and federal statutes pertaining to early childhood care and education initiatives under state supervision	Birth to 5 years
New Hampshire	Spark NH Early Childhood Advisory Council	2011	Executive Order	Independent Non-Profit	Provide leadership that promotes a comprehensive, coordinated, sustainable early childhood system that achieves positive outcomes for young children and families	Birth to 10 years
New Jersey	Council for Young Children	2010	Executive Order	Dept. of Education	Assure collaboration and coordination among the various early childhood programs	Birth to 5 years
New York	Council on Children and Families	1977	State Statute	Independent	Coordinate health, education, and human services systems as a means to provide more effective systems of care for children and families	Birth through postsecondary
New York	Early Childhood Advisory Council	2009	State Statute	Council on Children and Families	Provide strategic direction and advice on early childhood issues by monitoring and guiding the implementation of a range of strategies and support building a comprehensive and sustainable early childhood system that will ensure success for all young children	Birth to 10 years
North Dakota	Children's Cabinet	2019	State Statute	Legislature	Assess, guide, and coordinate the care for children across the state's branches of government and the tribal nations	Unknown
Ohio	Family and Children First Cabinet Council	1993	State Statute	Independent	Streamline and coordinate government services for children and families	Birth through high school and families
Oklahoma	Early Childhood Advisory Council	2003	State Statute	Independent, Non-Governmental	Coordinate an early childhood system that strengthens families and ensures all children are ready for school	Birth to 5 years
Oklahoma	Commission on Children and Youth Smart Start	1982	State Statute	Dept. of Human Services	Improve services to children by planning, coordinating, and communicating with communities and between public and private agencies; monitor the children and youth service system; test models and demonstration programs for effective services	Birth to 18 years
Oregon	Youth Development Council	2012	State Statute	Governor's Office	Assist with the oversight of a unified system that provides services to school-age children through 20 years of age in a manner that supports academic success, reduces criminal involvement, and is integrated, measurable, and accountable	Ages 5 through 20 years

State	Entity Name	Est.	Authorization	Location	Mission or Scope	Target Population
Rhode Island	Children's Cabinet	1991	State Statute	Governor's Office	Provide the overarching leadership and holistic approach necessary to improve the well-being of children and youth to ensure they have opportunities for safe, healthy, and bright futures	Birth to 10 years
Rhode Island	Early Learning Council	2010	Federal Law	Independent	Improve early learning and development outcomes for children from birth through age 8 by ensuring that more children, particularly from low-income and vulnerable families, participate in high-quality early learning programs	Birth to 8 years
Tennessee	Commission on Children and Youth	1988	State Statute	Independent	Advocate to improve the quality of life for children and families and provide leadership and support for child advocates	Birth through postsecondary and families
Texas	Policy Council for Children and Families	2016	State Statute	Health and Human Services Commission	Improve the coordination, quality, efficiency, and outcomes of services provided to children with disabilities and their families through the state's health, education, and human services systems	Birth through postsecondary and families
Utah	Early Childhood Utah Advisory Council	2011	Executive Order	Dept. of Health	Promote broad statewide coordination and collaboration among a wide range of early childhood programs and services to ensure that children enter school healthy and ready to learn	Birth to 8 years
Vermont	Building Bright Futures State Advisory Council	2010	State Statute	Independent	Work towards an early childhood system where partners work together with shared vision, action, and shared accountability; where regional tables are set for communities to problem solve, coordinate, and take action; where data drives decision making; and where sensible state policy is informed by the wisdom of communities	Birth to 6 years
Virginia	Governor's Children's Cabinet	2018	Executive Order	Governor's Office	No identified mission statement	Birth to 5 years
Washington	Early Learning Advisory Council	2007	State Statute	Dept. of Children, Youth, and Families	Protect children and strengthen families so they flourish	Birth to 10 years and families
West Virginia	Early Childhood Advisory Council	2010	Executive Order	Dept. of Education and the Arts	Create a high-quality, coordinated system of services that supports early childhood development	Birth to 5 years
West Virginia	Commission to Study Residential Placement of Children	2005	State Statute	Dept. of Health and Human Resources	Achieve systemic reform by which all child-serving agencies involved in the residential placement of at-risk youth jointly and continually study, improve, and make recommendations regarding funding, statutory, regulatory, and policy changes	Youth and families

State	Entity Name	Est.	Authorization	Location	Mission or Scope	Target Population
Wisconsin	Early Childhood Advisory Council	2008	Executive Order	Governor's Office	Help ensure that all children and families have access to quality early childhood programs and services	Birth to 10 years and families
Wyoming	Early Childhood Advisory Council	2000	Executive Order	Dept. of Family Services	Serve children and families by facilitating statewide collaboration, evaluating the early childhood system, and making recommendations to the Governor, lawmakers, and state agencies	Birth to 10 years

Source: Program Evaluation Division based on the Forum for Youth Investment's website on Children's Cabinet Networks and follow up with individual states.

Charge 4: Monitoring changes in the social services and child welfare system associated with reform and regional supervision

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.	**Not in Substantial Conformity**	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
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	**Not in Substantial Conformity**	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
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.	**Not in Substantial Conformity**	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	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.
		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.
		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.
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	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.
		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.
		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.
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

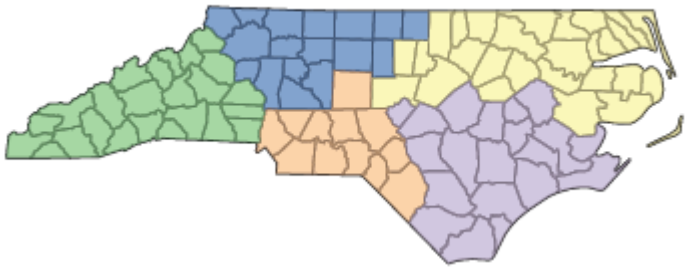
- role of local elected officials and governing boards in social services oversight,
- legal representation of local social services agencies,
- management of conflicts of interest,
- determination of residency for social services program recipients,
- transfer and change of venues in adult guardianship 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

<table>
<tr><th>Charge</th><th>Recommendation</th></tr>
<tr><td>Regional Divisions</td><td>
<u>Factors to Consider in Establishing Regional Divisions</u>

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)

Proposed 1: Population, Judicial Districts, and Network (Five) Regions


Proposed 2: Population, Judicial Districts, and Network (Seven) Regions

</td></tr>
<tr><td>Allocation of Responsibilities</td><td>
<u>Core Supervisory Functions to Allocate Across Central, Regional, and Local Administration of Social Services</u>

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)

</td></tr>
</table>

Charge	Recommendation
Performance Accountability	• 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	• 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	<u>Initial Non-Compliance/Urgent Circumstances</u> • When a local social services agency is not in compliance with applicable laws, the local agency must address the cause of the problem o 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 o 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 <u>Extended Non-Compliance or Urgent Circumstances</u> • 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: o 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 o 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 o If the board of county commissioners is *not* 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 o The board of county commissioners should be provided with the authority to exercise emergency powers to make immediate changes in agency leadership and governance ▪ 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	<u>Information-Sharing</u> • 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 <u>Conflict of Interest</u> • 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 <u>Movement of Service Recipients</u> • 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	<u>Potential Benefits</u> • 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.)	• 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 <u>Potential Challenges</u> • 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	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	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	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	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	1. 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. 2. 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	3. 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)	<u>Court System</u> 4. 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. 5. 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. 6. 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. <u>Health Benefits and MH/DD/SAS</u> 7. 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. 8. 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. 9. 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. 10. 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. <u>Engaging Families</u> 11. 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
		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. 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. 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.
Statewide Practice Model	Trauma-informed, culturally-competent, family-centered, and safety-focused practice model	15. Develop clear and well-defined practice standards for Safety Organized Practice in North Carolina: • 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	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. 17. With improved capacity to manage IV-E claiming, DHHS should • 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. 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 • making statutory changes to the cost neutrality provisions of its guardianship statute,

Condition Needed	Theory of Change	Recommendation
		• 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. 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. 20. North Carolina should eliminate the use of day sheets to document 100 percent accountability for time and switch to random moment time sampling. 21. DHHS should explore options for optimizing Title XIX (Medicaid) for child welfare services. 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. 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.
Capable and stable state, regional and county child welfare workforce	Competitive salaries, manageable workloads, training and workforce development, and attracting/retaining workforce	<u>Manageable Workloads</u> 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. 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. <u>Training and Workforce Development</u> 26. DHHS should develop a new set of core competencies that are skill-based and directly aligned with the practice model. 27. DHHS should revise and develop learning programs that focus on building skills. 28. DHHS should use diverse design teams for future design of learning programs. 29. DHHS should implement a continuous quality improvement process for the design, revision, and strengthening of learning programs. 30. DHHS should strengthen the transfer of learning with all trainings. <u>Attracting and Retaining Workers</u> 31. DHHS and county departments of social services should collaborate to develop and implement a recruitment and retention strategy for child welfare workers that • 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
		Child Welfare Education Collaborative 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. • 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	33. DHHS should recruit and hire an experienced person to guide the team charged with managing the child welfare reform implementation process. 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. 35. DHHS should use a well-defined and supported phased approach to implementation that includes a • 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.

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[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	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. • 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	North Carolina is researching and piloting the following sample initiatives: • B-3 Interagency Council • NC Reads • Whole Child NC • Digital-Age Learning • Global Ready Initiatives • Innovative School District • Lab Schools
Promising Practices	North Carolina has multiple years of data on these practices that have been implemented statewide: • Exceptional Learning Support Team • NC Read to Achieve • NCStar • Multi-Tiered System of Support Framework • Data Systems
Proven Programs	North Carolina has many years of data and evidence that these fully implemented programs improve teaching and learning: • 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.	• 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	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. • 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%.	• 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.	• 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	• 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.	• 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		• 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	By 2025, decrease by 10% the rate of children in North Carolina who are substantiated victims of maltreatment • 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	• 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	Reunification: 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. • 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. Adoption: 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. • 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.	• 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.	• 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%,	• 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	according to data provided by the Division for Child Development and Early Education and Head Start. • 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%. By 2025, decrease the percentage of family income spent on childcare, according to data provided by ChildCare Aware America. • 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%.	• 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.	• 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	By 2025, increase the percentage of children across the State achieving at or above proficiency. • 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).	• 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.

- 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.

Charges 2 and 5: Cataloging examples of failures in coordination, collaboration, and communication in the context of child welfare and identifying gaps in coordination, collaboration, and communication related to all publicly funded child serving programs

Failures and Gaps Identified by Council Members

Purpose: To fulfill the Council's second and fifth charges of cataloging examples of failures in coordination, collaboration, and communication in the context of child welfare and identifying gaps in coordination, collaboration, and communication related to all publicly funded child serving programs

Methodology: The Program Evaluation Division administered an online survey asking each Children's Council member to provide examples of gaps and failures in the context of child welfare and children's programs pertaining to their sector of expertise. The survey defined

- **Failures –** when a policy or authority exists for a positive or protective action to occur, but it does not; and
- **Gaps –** when an action or service is recognized as needed, but it does not exist; some describe such gaps as the places where children "fall through the cracks."

Work Product:
Exhibit 10, organized by domain, shows examples of failures and gaps identified by Children's Council members.

Exhibit 10: Failures and Gaps Identified by Children's Council Members

Domain	Examples of Failures and Gaps
Child & Maternal Health	• Lack of data infrastructure linking child data across key entities, including Medicaid, physical/behavioral health (e.g., Local Management Entities/Managed Care Organizations [LME/MCOs]), schools (e.g., Department of Public Instruction), child welfare (e.g., Department of Health and Human Services's Division of Social Services), and early care and education (e.g., Title V). • Current NC Medicaid eligibility rules allow a woman under a certain income level (196% FPL) to qualify for Medicaid during her pregnancy, but she will lose her Medicaid coverage after 60 days postpartum unless she qualifies for Medicaid in another way. Left undiagnosed, low-income mothers with postpartum depression and substance abuse disorder have increased risk of negative infant outcomes for future pregnancies. • Women who are 7-9 months pregnant who are held on drug charges, such as meth or heroin, are at an increased risk of pregnancy complications. Often jails release these women simply to not have to deal with the potential for childbirth or loss on their watch.
Child Safety & Welfare	• Lack of statewide services like a centralized child abuse hotline for law enforcement and CPS workers and access to a Children's Advocacy Center in every county. • Lack of data sharing among health care providers and social service agencies. • Lack of local foster homes, culturally diverse foster parents, level two foster homes, and foster homes that will take older youth. • Foster homes/parents may move from one agency to another, and often issues that led to the move to another licensing agency are never known, so children could be placed at risk. • Children being forced to be labeled and diagnosed in order to receive services when they have trauma, not mental illness, in most cases. Children entering foster care can receive physical health services but not mental health services without parental consent, which creates a barrier to care for foster children. • Violation of federal policy like children aging out of foster care and being denied Medicaid and the required 12 months to permanency not happening.

Education & Life Skills	• Disconnect in most counties between the school systems and the LME/MCOs and a lack of understanding from the schools of how the DSS agencies work and how to effectively interface together. They don't share incentives or share outcomes for which they are held accountable. • Lack of coordinating services and supports across settings and payment sources between school and home for services such as speech-language therapy, occupational therapy, and physical therapy for children with disabilities.
Family Support	• Inadequate assistance for job placement, medical leave for parents, childcare, healthcare, and substance abuse treatment. Economic distress is a known cause of child abuse and neglect. • Lack of comprehensive (community) family support plans that address childcare, parenting, health care, and recovery services, especially in rural communities. • Lack of a grace period on paying child support if a parent loses their job. • Parents who don't have access to Medicaid (or lost it when their child was taken into DSS custody) cannot access services necessary for reunification.
Juvenile Justice	• Schools being permitted to make reports against children for simple affray or disorderly conduct is the largest reason kids end up in the juvenile justice system. • Dual jurisdiction cases often do not have appropriate communication between DJJDP and DSS/GAL. • Being emancipated automatically triggers being tried as an adult.
Mental Health, Substance Abuse, & Early Intervention	• Many of the children with the greatest need for services are the ones with the least access, often due to financial constraints, lack of insurance coverage, lack of transportation to and from service providers, or unavailable services. • Mental health treatment for kids in foster care is often not consistent or treatment is slow to start due to long waiting lists; the approval process for enhanced services and/or higher levels of care is complicated and time consuming; there are limited providers who accept Medicaid. • Not enough resources for programs that allow pregnant women and mothers to get substance abuse treatment without being separated from their children. • Lack of services for children and adolescents with significant mental health needs in their home communities, rather than institutions such as psychiatric residential treatment facilities (PRTFs). For those children and adolescents who truly need an out of home placement, North Carolina does not have a PRTF for children and adolescents exhibiting sexual behaviors or for children and adolescents with autism.

Source: Program Evaluation Division based on a survey of Children's Council members.

Failures and Gaps Identified by Panelists at Council Meetings

Purpose: To fulfill the Council's second and fifth charges of cataloging examples of failures in coordination, collaboration, and communication in the context of child welfare and identifying gaps in coordination, collaboration, and communication related to all publicly funded child serving programs

Methodology: The Children's Council invited practitioners from various areas of child well-being service delivery and intervention to share their insights on failures and gaps in the context of child welfare and children's programs. The Council convened seven different panels of four to six individuals for these discussions:

- foster parents,
- Guardians ad Litem (GALs),
- judges,
- local Department of Social Services (DSS) directors and deputy directors,
- school counselors, school psychologists, and school social workers,
- Local Management Entity/Management Care Organization executives, and
- child well-being medical and mental health practitioners.

Work Product: Exhibit 11, organized by the role individuals play in the system, shows examples of failures and gaps identified by panelists.

Exhibit 11: Failures and Gaps Identified by Panelists at Children's Council Meetings

Role in the System	Examples of Failures and Gaps
Foster Parents	• Foster parent training is not consistent with the application of the program in real life. Foster parents feel unprepared for what happens when the first child is placed in their home. • Lack of assessing/diagnosing children at a young age for mental/behavioral health needs. • Social workers have too large of a caseload, have varied levels of competence, and seem to lack the ability/willingness to communicate effectively. • Foster parents do not have the opportunity to speak in court on a child's behalf. • The treatment of foster parents by the "system" is the reason it's so difficult to recruit and retain.
Guardians ad Litem (GALs)	• This volunteer role is very time consuming, much more than the training indicates it will be. • GAL training is inadequate, and the heavy load of system processes leads to high turnover. • Lack of trauma training for everyone involved in the system. • GAL volunteers are having to assume multiple out-of-pocket expenses. • GAL volunteers often feel out of the loop due to social workers not sharing information with them and sometimes they feel disrespected by social workers. • Lack of case coordination means people are falling through the cracks. Multiple players in the case do not have all the facts due to lack of access/sharing of information. • It hurts the family's chances of reunification when the parents lose Medicaid due to their child being taken into the system. Loss of Medicaid decreases the family's opportunities to get the help they need.

Judges	• Lack of systemwide trauma training. • Lack of case coordination leads to people falling through the cracks due to not sharing/having access to all the needed information on a case and leads to failure in communication with parents and foster parents. • Lack of continuity in personnel that is handling cases. Social worker and GAL turnover is high. A shortage of judges appointed to some districts results in a different judge at every hearing. • Issues around permanency such as language barriers, parent understanding, implementation, and time of introduction to the conversation. • Negative perception of DSS court does not let parents know the courts want reunification as well. • Family Court and Drug Court are not available in every district. The State is spending the money on the back end by caring for the children and the parents in the long run. • Lack of access to resources needed by children and their families to be successful in life, and lack of needed resources as ordered by the court for families to reunify. Rural counties are not able to provide all that is needed. Often parents have too many barriers, such as lack of transportation, insurance, and income to access services. • It hurts the family's chances of reunification when the parents lose Medicaid when their children are taken into the system. • Lack of utilization of telehealth.
Local Department of Social Services (DSS) Directors and Deputy Directors	• Gaps in resources result in extra work for social workers as they must cross county lines to coordinate the care for children. They have lots of extra work to do trying to create a full system of care for children. • Continuous policy changes at the federal, state, and local level impact the workload for social workers. The caseload is too much, which creates burnout and worker shortage. • Working in a military community adds an entire layer of federal rules and regulations that our social workers must comply with in order to work with kids, which creates burnout and stress for workers. • Lack of electronic resources keeps us behind and is not appealing to younger social workers. • Policies regarding how children are placed in therapeutic foster home or non-therapeutic foster care creates extra moves for the child that is detrimental to them. Children are subjected to many unnecessary moves due to unavailability of appropriate foster homes and/or administrative rules. Every disruption is traumatizing. • Great shortage in access to mental health resources leads to children being in a holding pattern for extended periods of time, which impacts permanence. • In a military community, PTSD is hard on families so we take a lot of children into custody because the mental health resources are just not there. • Mental health services and the LME/MCO process are not working. The current system makes getting help very challenging. • Lack of support for kinship families for children of all ages.

School Counselors/ School Psychologists/ School Social Workers	• Classrooms are overcrowded. When a child is disruptive in class, such as threatening other children and staff, it impacts everyone's academic performance. Suspension is not a solution as it creates another set of problems when there is no parent at home. • The attendance law in North Carolina requires kids ages 7 to 16 to be in school. This law creates issues for academic performance for kindergarteners and first graders. Parents cite the law when we pursue them to get their kids in school. • Many specialized school personnel are assigned to multiple schools, so we are not able to serve students in need many times because we are not on campus daily. • School counselor-to-child ratios are too high for us to be effective (1:800 when it should be 1:250). Then we get called to serve as a teacher or substitute in the classroom, further reducing our time to do our required jobs. • Caseloads are so high it creates high burnout rate in the workforce. • There is a shortage of all child well-being-related professionals across the board. For high-need counties, the resources are not there to meet the demand. • There is a shortage of mental health providers. We are constantly searching for providers to help children who have required service needs. • The care plans for many kids are disjointed and cross agencies and counties. The need to travel takes time away from other activities and needs.
Local Management Entity/Managed Care Organization (LME/MCO) Executives	• There are gaps in the continuum of care for foster children and foster families. • Reimbursement rates for high-needs, therapeutic children are not sufficient for foster parents to fully attend to the needs of those kids. • Lack of funding for programs that support partnerships in communities to address the high needs of complex children and support the families that care for them. • Licensure takes too long, is expensive for facilities to start-up due to current regulations, and needs flexibility.
Child Well-Being Medical and Mental Health Practitioners	• Lack of access to care. • Lack of coordination between case management services and mental/behavioral health services. • Collaboration and effective communication are not consistent across LME/MCO providers. • People are most often reactive when in crisis and the system is not set up for quick reactions. • When initial placements are not proper, additional placements cause trauma and cost money. • Lack of a shared vision and goal around permanency and prevention. • Funding and reimbursement rates for service delivery of evidence-based therapies is not adequate.

Source: Program Evaluation Division based on panel discussions at Children's Council meetings.

Part III: Council's Recommendations

Recommendations from the Council

The legislation establishing the Council required it to recommend changes in law, policy, or practice necessary to remedy gaps or problems impacting coordination, collaboration, and communication among publicly funded child-serving agencies. These recommendations relate to several sources of information the Council obtained, including

- a survey of council members to identify gaps, failures, and recommendations;
- panel discussions from practitioners across the State, including foster parents, Guardians ad Litem, judges, county departments of social services directors and deputy directors, school counselors, psychologists, and social workers, Local Management Entities/Managed Care Organizations (LME/MCOs), and child well-being medical and mental health practitioners;
- presentations made by staff from the Department of Health and Human Services (DHHS), Department of Information Technology (DIT), Social Services Working Group (SSWG), and Casebook and a presentation by Judge J. C. Corpening;
- reviews of prior studies' recommendations; and
- discussions among Council members during meetings.

Minutes and meeting materials can be found online at www.ncleg.gov/childcouncil.

The Council approved the following 17 recommendations, and the sections below discuss the problem each recommendation seeks to remedy and when the Council discussed matters related to the recommendation.

Recommendation 1

Problem: Lack of coordination among counties for youth in foster care who are nearing age 18 to ensure they continue to receive services if they move outside the county of custody.

Relates to: This recommendation relates to a response from the survey of council members, which asked them to identify gaps, failures, and recommendations. In addition, the Council heard matters relating to this recommendation from its panel of local department of social services directors and deputy directors in February 2020. In addition, the Council discussed matters relating to this recommendation at its June 2019 and February 2020 meetings.

Recommendation: The Child Well-Being Transformation Council recommends the General Assembly direct the Department of Health and Human Services, Division of Social Services, to establish policies and procedures to require coordination among counties to begin no later than 90 days after a youth's 17th birthday when the youth resides outside the county with custody. The policies and procedures shall ensure the youth has i) a point of contact to secure Medicaid and access to physical and mental health services for which they are eligible, ii) educational plans, iii) job plans, and iv) mechanisms to ensure continuity and amplification of services for youth transitioning out of foster care. The Department shall report on the new policies and procedures, the method of dissemination to counties, and how the Department will ensure implementation and utilization. The report shall be made to the Chairs of the House and Senate Health and Human Services Appropriations Committees by February 1, 2021.

Recommendation 2

Problem: Permanency plans are currently begun shortly before a foster child transitions out of the foster care system, thereby not allowing adequate planning time to ensure a successful transition.

Relates to: This recommendation relates to a response from the survey of council members, which asked them to identify gaps, failures, and recommendations. In addition, the Council heard matters relating to this recommendation from its panel of judges in December of 2019, and the Council discussed matters relating to this recommendation at its February 2020 meeting.

Recommendation: The Child Well-Being Transformation Council recommends the General Assembly direct the Department of Health and Human Services, Division of Social Services, to outline in policies and procedures the permanency plan process and to require local Department of Social Services caseworkers to develop permanency plans earlier in the transitioning-out process. The permanency plans must begin no later than 90 days after the child's 17th birthday and be finalized no later than 15 days prior to transitioning out of foster care on the child's 18th birthday, as allowed by federal law. The Department shall also explore further modifying the age of transition. The Department shall report on the new policies and procedures and any recommendations for modifying the age of transition to the Chairs of the House and Senate Health and Human Services Appropriations Committees by April 1, 2021.

Recommendation 3

Problem: Foster children are at times inappropriately placed in residential behavioral health facilities.

Relates to: This recommendation relates to a response from the survey of council members, which asked them to identify gaps, failures, and recommendations. In addition, the Council heard matters relating to this recommendation from its panels of foster parents, Guardians ad Litem, and judges in December of 2019 and its panel of local department of social services directors and deputy directors in February 2020. The Council discussed matters relating to this recommendation at its December 2018, June 2019, September 2019, December 2019, and February 2020 meetings.

Recommendation: The Child Well-Being Transformation Council recommends the General Assembly require the Department of Health and Human Services to develop and implement a plan to keep foster children in community-based settings (outpatient, in-home services, foster care, and therapeutic foster care) and avoid inappropriate residential behavioral health placements. The Department shall implement its plan by April 1, 2021 and report to the Chairs of the Senate Appropriations Committee on Health and Human Services and the Chairs of the House of Representatives Appropriations Committee on Health and Human Services by July 1, 2021.

Recommendation 4

Problem: Gaps exist in statutory requirements between child-serving agencies, and there are concerns about access and quality of services provided to children by the Local Management Entities/Managed Care Organizations (LME/MCOs).

Relates to: This recommendation relates to a response from the survey of council members, which asked them to identify gaps, failures, and recommendations. The Council heard a presentation relating to this recommendation from Judge J.C. Corpening at its September 2019 meeting. The Council heard matters relating to this recommendation from its panels of foster parents and judges in December of 2019 and its panel of local department of social services directors and deputy directors in February 2020. The Council discussed matters relating to this recommendation at its September 2019, December 2019, and February 2020 meetings.

Recommendation: The Child Well-Being Transformation Council recommends the General Assembly require the Department of Health and Human Services to study the statutory requirements of the North Carolina social services system, the juvenile justice system, and the Medicaid program applicable to youth in foster care and identify differences, consistencies, overlaps, and gaps in such statutory requirements. The study also should identify challenges and solutions in systematic communications between LME/MCOs and stakeholders, detail the various funding streams (federal and state) associated with these statutory requirements, and identify the benefits and challenges of the current managed care arrangement with LME/MCOs for providing services to children, youth, and their families. The study shall include options for replacement of the current system and any anticipated cost savings or requirements. The Department shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Medicaid and NC Health Choice on or before February 1, 2022.

Recommendation 5

Problem: Lack of use and assurances to fidelity of standardized, trauma-informed assessment tools.

Relates to: This recommendation relates to a response from the survey of council members, which asked them to identify gaps, failures, and recommendations. The Council heard a presentation relating to this recommendation from Judge J.C. Corpening at its September 2019 meeting. In addition, the Council heard matters relating to this recommendation from its panel of judges in December of 2019, and the Council discussed matters relating to this recommendation at its December 2019 and February 2020 meetings.

Recommendation: The Child Well-Being Transformation Council recommends the General Assembly require the Department of Health and Human Services to develop standardized, trauma-informed assessment tools and require that only trained clinicians, deemed as appropriate by the Department, assess the applicability of the use of the tool in treatment. The Department shall evaluate the costs and benefits of the implementation of the assessment tools, including training and administration costs, and costs associated with measuring ongoing fidelity of the tools and the data collection and analysis needed to perform such fidelity monitoring. The Department shall report the results of the study to the Chairs of the House and Senate Health and Human Services Appropriations Committees on or before June 1, 2021.

Recommendation 6

Problem: Lack of oversight and use of the Guardianship Assistance Program and the Kinship Care Program.

Relates to: This recommendation relates to a response from the survey of council members, which asked them to identify gaps, failures, and recommendations. In addition, the Council heard matters relating to this recommendation from its panels of foster parents and Guardians ad Litem in December of 2019 and its panel of local department of social services directors and deputy directors in February 2020. Further, the Council discussed matters relating to this recommendation at its February 2020 meeting.

Recommendation: The Child Well-Being Transformation Council recommends the General Assembly direct the Department of Health and Human Services, Division of Social Services, to i) define and implement mechanisms of oversight of the Guardianship Assistance Program (GAP) and the Kinship Care Program, ii) increase the utilization of each program, iii) lower the age of children served by GAP to age 12, iv) explore the feasibility of reducing the age for each program, and v) provide recommendations for incentivizing the use of such programs as appropriate with corresponding cost estimates and anticipated outcomes. Nothing within this recommendation shall be interpreted as guardianship replacing permanency. The Department shall report to the Chairs of the House and Senate Health and Human Services Appropriations Committees on these activities on or before February 1, 2021.

Recommendation 7

Problem: Lack of consideration for use of likely lower-cost office space from regional Councils of Governments to house Department of Health and Human Services, Division of Social Services, regional staff.

Relates to: The Council discussed matters relating to this recommendation at its February 2020 meeting.

Recommendation: The Child Well-Being Transformation Council recommends the General Assembly direct the Department of Health and Human Services, Division of Social Services, and the North Carolina Association of Regional Councils of Governments to explore entering into a memorandum of agreement to allow Councils of Government to provide physical office space for regional social services staff. This exploration shall include the identification of Councils of Government willing to provide physical office space and other office-related needs to regional staff, estimated costs for such space by region, sample agreements to be used in placing staff within Council of Government space, and dates these arrangements can begin. The Department and the Association shall report on the exploration to the Chairs of the House and Senate Health and Human Services Appropriations Committees on or before June 1, 2021.

Recommendation 8

Problem: Unclear implementation of the Family First Prevention Services Act (FFPSA) and the risk of not fully leveraging federal funds for qualifying programs.

Relates to: This recommendation relates to a response from the survey of council members, which asked them to identify gaps, failures, and recommendations. In addition, the Council heard matters relating to this

recommendation from its panel of local department of social services directors and deputy directors at its February 2020 meeting. The Council discussed matters relating to this recommendation at its December 2018, December 2019, and February 2020 meetings.

Recommendation: The Child Well-Being Transformation Council recommends the General Assembly require the Department of Health and Human Services to i) report a complete list of programs approved for federal reimbursement by the implementation of FFPSA, ii) report on such approved programs in use in North Carolina by county or other entity, iii) identify the amounts of federal funds obtained for such programs used in North Carolina, and iv) identify strategies to improve and expand, where needed, the use of such programs across the State. The Department shall report annually on these programs, strategies, and the demonstrated efficiency and effectiveness of these programs to the Joint Legislative Oversight Committee on Health and Human Services on or before December 1, 2021, and annually thereafter until December 1, 2024.

Recommendation 9

Problem: Confidentiality laws prohibit needed sharing of information across entities to ensure child safety and welfare.

Relates to: This recommendation relates to a response from the survey of council members, which asked them to identify gaps, failures, and recommendations. The Council heard a presentation relating to this recommendation from the Department of Information Technology, the Department of Health and Human Services, and Casebook at its September 2019 meeting. In addition, the Council heard matters relating to this recommendation from its panel of Guardians ad Litem in December of 2019. The Council discussed matters relating to this recommendation at its December 2018, June 2019, September 2019, December 2019, and February 2020 meetings.

Recommendation: The Child Well-Being Transformation Council, consistent with the Social Services Working Group, recommends the General Assembly direct the Department of Health and Human Services, Division of Social Services, in consultation with the Department of Public Instruction, the Department of Public Safety, Division of Juvenile Justice, the Administrative Office of the Courts, and the Department of Information Technology, to conduct a study of all state social services confidentiality laws and request recommendations for any revisions necessary to improve inter-county collaboration and service delivery. The study shall include a review of the laws of general applicability (e.g., G.S. 108A-80 and the regulations in Chapter 69 of the Administrative Code) as well as those that are more specific (e.g., G.S. 7B-302, 7B-2901). The findings and recommendations shall specifically address the following: i) revisions necessary to accommodate the anticipated changes to the judicial system's IT platform; ii) whether state law can be amended to facilitate improved information sharing between child welfare and child support and, if not, whether the State should advocate for changes to federal law; and iii) confidentiality laws applicable to the juvenile justice system to ensure that information sharing between juvenile justice and social services is adequate to provide the best possible services and supports to juveniles involved with both systems. The Department of Health and Human Services shall report to the Chairs of the House and Senate Health and Human Services Appropriations Committees on or before June 1, 2021 on the results of the study.

Recommendation 10

Problem: An inactive board that once served children remains in statute.

Relates to: The Council heard matters relating to this recommendation from the UNC School of Social Work's presentation on the Social Services Working Group at the Council's March 2019 meeting. The Council discussed matters relating to this recommendation at its March 2019, June 2019, and February 2020 meetings.

Recommendation: The Child Well-Being Transformation Council recommends the General Assembly modify state statute to eliminate an inactive board in the children, youth, and family arena: the Permanency Innovation Initiative Oversight Committee.

Recommendation 11

Problem: Lack of a central entity continuing to identify gaps, failures, and solutions in the child welfare and other related arenas as well as providing oversight for programs serving such purposes.

Relates to: The Council discussed matters relating to this recommendation at its February 2020 meeting.

Recommendation: The Child Well-Being Transformation Council recommends the General Assembly enact Section 7 of House Bill 935, version 4, from the 2019 Regular Session of the 2019 General Assembly, to continue the work of the Social Services Working Group until February 1, 2022, and to make recommendations to and provide oversight of the Department of Health and Human Services regarding the regional supervision and collaboration plan, including such items as i) the role of local elected officials and governing boards in social services oversight, ii) legal representation of local social services agencies, iii) management of conflicts of interest, iv) determination of residency for social services program recipients, v) transfer and change of venues in adult guardianship cases, vi) notice of requirements for adult guardianship cases, and vii) confidentiality of social services records in relation to improving interagency collaboration. The Working Group shall consist of the constituted members as of December 1, 2018.

Recommendation 12

Problem: Lack of awareness that although children are not required to attend school until they are 7, the compulsory attendance law applies to children under 7 who are enrolled in school.

Relates to: The Council heard matters relating to this recommendation from its panel of school counselors, psychologists, and social workers in February of 2020. The Council discussed matters relating to this recommendation at its February 2020, June 2020, and July 2020 meetings.

Recommendation: The Child Well-Being Transformation Council recommends the General Assembly direct the Department of Public Instruction to notify public school social workers annually that students enrolled under age 7 are subject to the compulsory attendance law.

Recommendation 13

Problem: Lack of regional supervision of county departments of social services.

Relates to: The Council discussed matters relating to this recommendation at its December 2018, June 2019, September 2019, and February 2020 meetings.

Recommendation: The Child Well-Being Transformation Council recommends the General Assembly enact Section 1 of House Bill 935, version 4, from the 2019 Regular Session of the 2019 General Assembly, to establish seven regions for regional supervision of child welfare and social services and begin providing oversight and support within those regions through State regional staff and the central office team. In addition, the Department of Health and Human Services, in consultation with various entities, would create formal education and training sessions for new county boards of social services members, which would be available statewide by September 1, 2020.

Recommendation 14

Problem: Lack of awareness of services available to Medicaid-eligible students in school settings.

Relates to: This recommendation relates to a response from the survey of council members, which asked them to identify gaps, failures, and recommendations. In addition, the Council heard matters relating to this recommendation from its panels of foster parents and judges in December of 2019 and its panel of local department of social services directors and deputy directors and panel of school counselors, psychologists, and social workers in February of 2020. Further, the Council discussed matters relating to this recommendation at its June 2019 and February 2020 meetings.

Recommendation: The Child Well-Being Transformation Council recommends the General Assembly direct the Department of Public Instruction and the Department of Health and Human Services, Division of Health Benefits, to develop and implement a plan to work with the Department of Public Instruction and local education administrative units to ensure an increased awareness of additional Medicaid-eligible services available in school settings beyond Individualized Education Program (IEP) services. The Department shall consult Local Management Entities/Managed Care Organizations in developing the plan. The plan shall include an assessment of the feasibility of enhanced rates and other mechanisms to encourage private agencies to provide services in schools to Medicaid-eligible students. The Department shall report to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice and the Chairs of the House and Senate Health and Human Services Appropriations Committees on or before August 1, 2021 on the plan and any recommended legislative changes to implement the plan.

Recommendation 15

Problem: Lack of independent review of the Integrated Care for Kids (InCK) pilot program.

Relates to: This recommendation relates to a response from the survey of council members, which asked them to identify gaps, failures, and recommendations. The Council discussed matters relating to this recommendation at its February 2020 meeting.

Recommendation: The Child Well-Being Transformation Council recommends the General Assembly require the Joint Legislative Program Evaluation Oversight Committee to amend the 2023-2024 Program Evaluation Division work plan to direct the Division to evaluate the success of the InCK pilot program, including the empirical benefits achieved thus far in its implementation, including but not limited to the use of telehealth, the feasibility of expanding the pilot program, and the anticipated cost savings and requirements for expanding the pilot. The Division shall report to the Joint Legislative Program Evaluation Oversight Committee and the Joint Legislative Oversight Committee on Health and Human Services on or before March 1, 2025.

Because the following two recommendations simply express support for certain Social Services Working Group recommendations, they do not have corresponding bill draft language.

Recommendation 16

Problem: Lack of information sharing between agencies regarding children receiving services within the child welfare system.

Relates to: The Council heard a presentation relating to this recommendation from the Department of Information Technology, the Department of Health and Human Services, and Casebook at its September 2019 meeting. In addition, the Council heard matters relating to this recommendation from its panel of Guardians ad Litem in December of 2019. The Council discussed matters relating to this recommendation at its December 2018, June 2019, September 2019, December 2019, and February 2020 meetings.

Recommendation: The Child Well-Being Transformation Council supports the Social Services Working Group's recommendation regarding data sharing. To ensure social services staff across the State have access to status information about legal actions involving children and adults involved with the social services system, the new information technology platform being developed for the judicial system should provide attorneys involved with a case (social services attorneys, attorney advocates, Guardian ad Litem attorneys, and parent attorneys) and directors (or their authorized designees) with access to limited statewide information about children and adults who have intersected with the social services system in any county of the State. In addition, the new system should provide them with access to more detailed information about the cases pending or resolved in their own counties. The Council also supports the Administrative Office of the Courts consulting with the Department of Health and Human Services and the counties when developing the new system.

Recommendation 17

Problem: Lack of assurance that guidance and training will be developed based upon the study required by Recommendation 9, which mandates a review of confidentiality laws.

Relates to: This recommendation relates to a response from the survey of council members, which asked them to identify gaps, failures, and recommendations. The Council heard a presentation relating to this recommendation from the Department of Information Technology, the Department of Health and Human Services, and Casebook at its September 2019 meeting. In addition, the Council heard matters relating to this recommendation from its panel of Guardians ad Litem in December of 2019. The Council discussed matters relating to this recommendation at its December 2018, June 2019, September 2019, December 2019, and February 2020 meetings.

Recommendation: The Child Well-Being Transformation Council supports the Social Services Working Group's recommendation regarding training for information sharing and confidentiality. Once confidentiality laws are amended, the Department of Health and Human Services, in consultation with counties, should prepare comprehensive guidance and training regarding information sharing and confidentiality for all social services programs. The agency should ensure its central and regional staff understand, interpret, and apply the guidance consistently.

Bill Drafts of Recommendations from the Council

Exhibit 12: Crosswalk of Recommendations and Bill Draft Sections

Rec #	Recommendation	Bill Draft Number	Bill Draft Section
1	Directs Department of Health and Human Services (DHHS) to establish policies and procedures to require counties to begin coordinating a foster child's services for post-transitioning beginning no later than 90 days after a child's 17th birthday.	1	1
2	Requires DHHS to define the permanency plan process and requires such plans to begin sooner and be finalized earlier to ensure adequate planning time prior to a foster child's transitioning out of the system.	1	2
3	Requires DHHS to develop and implement a plan to keep foster children in community settings to avoid residential behavioral center placements.	1	3
4	Requires DHHS to study statutory requirements across several child-serving systems and identify differences, consistencies, and gaps in such statutory requirements. Requires a study of communication between Local Management Entities/Managed Care Organizations (LME/MCOs) and stakeholders, as well as options for replacing the current LME/MCO system.	1	4
5	Requires DHHS to develop standardized trauma informed assessment tools and to require only trained clinicians deemed appropriate to assess the applicability of using such tools. Requires DHHS to evaluate the costs and benefits of implementing the tools and ensuring fidelity.	1	5
6	For the Guardianship Assistance Program (GAP) and Kinship Care program, requires DHHS to establish oversight, increase the use, explore reducing the ages, and develop potential incentives for these programs. Decreases the GAP program's eligibility from age 14 to age 12.	1	6
7	Requires DHHS and the Association of Council of Governments to explore establishing a memorandum of agreement for regional social services staff to potentially be housed in local council of government office spaces.	1	7
8	Regarding the Families First Prevention Services Act, requires DHHS to report on approved programs, which programs are used in the State, the amount of federal funds obtained from using them, and strategies to improve and expand the use of such programs.	1	8
9	Requires DHHS, Department of Public Instruction (DPI), Department of Public Safety, Administrative Office of the Courts (AOC), and Department of Information Technology to study confidentiality laws and request recommendations for revisions to improve inter-county collaboration and service delivery.	1	9
10	Eliminates an inactive board—the Permanency Innovation Initiative Committee.	1	10
11	Modifies existing state law and continues the Social Services Regional Supervision and Collaboration Working Group (SSWG) and adds oversight to its responsibilities.	1	11
12	Requires DPI to notify public school social workers annually that students enrolled under age 7 are subject to the compulsory attendance law.	1	12

Rec #	Recommendation	Bill Draft Number	Bill Draft Section
13	Requires several of the SSWG's recommendations to be implemented. Requires DHHS to establish seven regions for supervising county DSSs and provide oversight and support of those regions with 11 staff. Requires DHHS, in consultation with various entities, to create formal education and training sessions for new county boards of social services members, which would be available statewide by September 1, 2020.	2	1, 2
14	Requires DPI and DHHS, in consultation with LME/MCOs, to develop and implement a plan to increase the awareness of in-school Medicaid-eligible services beyond a student's Individualized Education Program. Requires an assessment of methods to incentivize such in-school services.	3	1
15	Requires the Program Evaluation Division to evaluate the Integrated Care for Kids pilot program in 2024; the evaluation would include any empirical benefits achieved, examine how telehealth was used, address the potential to expand the pilot, and include cost estimates.	3	2
16	Supports the SSWG's recommendation regarding data sharing.	No corresponding bill draft section	
17	Supports the SSWG's recommendation regarding training for information sharing and confidentiality	No corresponding bill draft section	

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019

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BILL DRAFT 2019-NBz-66A [v.10]

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
7/22/2020 10:13:02 AM

Short Title: Social Services/Foster Care Reform/CWBTC. (Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO CONDUCT VARIOUS STUDIES AND MAKE REFORMS TO IMPROVE SOCIAL SERVICES, THE FOSTER CARE SYSTEM, AND CHILD WELFARE SERVICES, TO IMPROVE INTERCOUNTY COLLABORATION BETWEEN DEPARTMENTS OF SOCIAL SERVICES, TO EXTEND THE SOCIAL SERVICES REGIONAL SUPERVISION AND COLLABORATION WORKING GROUP, AND TO SUPPORT THE IMPLEMENTATION OF THE FAMILY FIRST PREVENTION SERVICES ACT, AS RECOMMENDED BY THE NORTH CAROLINA CHILD WELL-BEING TRANSFORMATION COUNCIL.

The General Assembly of North Carolina enacts:

PART I. FOSTER CARE AND SOCIAL SERVICES REFORM

SECTION 1.(a) In order to ensure continuity of care for children in foster care who are nearing the age of eighteen, the Department of Health and Human Services, Division of Social Services (Department) shall develop policies and procedures to require coordination between counties for children who reside outside of the county that has custody of the child no later than 90 days after the child's 17th birthday. The policies and procedures shall ensure the child has a point of contact within the county that has custody of the child to assist the child with securing Medicaid and NC Health Choice program assistance and access physical and mental health services for which the child is eligible. The policies and procedures shall ensure children have, at a minimum, all of the following:

(1) Educational plans.
(2) Employment plans.
(3) Mechanisms to ensure continuity and amplify services for children transitioning out of foster care.

SECTION 1.(b) Report. – The Department shall report to the Chairs of the Senate Appropriations Committee on Health and Human Services, and the Chairs of the House Appropriations Committee on Health and Human Services by February 1, 2021 on (i) its progress in developing and implementing the policies and procedures set forth in subsection (a) of this section, (ii) the method of disseminating the policies and procedures to all counties, and (iii) how the Department will ensure the implementation and utilization of all of the policies and procedures.

2019-NBz-66A-V-10

SECTION 2.(a) The Department of Health and Human Services, Division of Social Services shall develop policies and procedures to outline the permanency plan process and to require caseworkers in all county departments of social services to begin developing permanency plans no later than 90 days after the child's seventeenth birthday, and to finalize permanency plans no later than 15 days prior to transitioning out of foster care on a child's eighteenth birthday, as allowed by federal law. The Division shall study the current age of transitioning out of foster care, and evaluate whether the age of transition should be changed and the associated impacts, benefits, and outcomes.

SECTION 2.(b) Report. – The Department shall report to the Chairs of the House Appropriations Committee on Health and Human Services and the Chairs of the Senate Appropriations Committee on Health and Human Services by April 1, 2021 on the policies and procedures required under subsection (a) of this section and any recommended legislative changes necessary to modify the age of transition.

SECTION 3. The Department of Health and Human Services shall develop and implement a plan to encourage and keep foster children in community-based settings, including outpatient therapy, in-home services, and foster care, and avoid inappropriate residential behavioral health placements. The Department shall begin implementation of the plan by April 1, 2021, and report to the Chairs of the House Appropriations Committee on Health and Human Services and the Chairs of the Senate Appropriations Committee on Health and Human Services on the implementation of the plan by July 1, 2021.

SECTION 4.(a) The Department of Health and Human Services shall study the statutory requirements of the social services system, juvenile justice system, and the Medicaid and NC Health Choice program applicable to children in foster care. The Department shall study, at a minimum, all of the following:

(1) Differences, consistencies, overlaps, and gaps in the State social services system, State juvenile justice system, and Medicaid and NC Health Choice programs, as applied to children in foster care.

(2) Challenges and solutions in systematic communications between local management entities/managed care organizations (LME/MCOs) and stakeholders.

(3) Federal and State funding streams associated with LME/MCOs, the State social services system, State juvenile justice system, and Medicaid and NC Health Choice programs, as applied to children in foster care.

(4) Benefits and challenges of the current managed care arrangement with LME/MCOs for providing services to children and their families.

(5) Options for replacement of the current system and any anticipated cost savings or anticipated requirements.

SECTION 4.(b) Report. – The Department shall report on the information required in subsection (a) of this section to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Medicaid and NC Health Choice by February 1, 2022.

SECTION 5. The Department of Health and Human Services shall develop and identify standardized, trauma-informed assessment tools and require that only trained clinicians deemed as appropriate by the Department assess the applicability of the use of the tool in the treatment. The Department shall evaluate the costs and benefits of the implementation of the assessment tools, including training and administration costs, and costs associated with measuring ongoing fidelity of the tools and the data collection and analysis needed to perform fidelity monitoring. The Department shall report the results of the study to the Chairs of the House Appropriations Committee on Health and Human Services and the Chairs of the Senate Appropriations Committee on Health and Human Services by June 1, 2021.

PART II. GUARDIANSHIP ASSISTANCE PROGRAM

SECTION 6.(a) Guardianship Assistance Program. – The Department of Health and Human Services, Division of Social Services shall do all of the following as it applies to the Guardianship Assistance Program and the Kinship Care Program:

(1) Define and implement oversight mechanisms for each program.
(2) Increase the utilization of both programs across the State.
(3) Explore the feasibility of reducing the age of children served by each program.
(4) Reduce the age of eligibility of the Guardianship Assistance Program to age 12.
(5) Provide recommendations for incentivizing use of each program, as appropriate, with corresponding cost estimates and anticipated outcomes.

SECTION 6.(b). Nothing in this section shall be construed or interpreted as guardianship replacing or supplanting permanency.

SECTION 6.(c) Report. -- The Department shall report to the Chairs of the House Appropriations Committee on Health and Human Services and the Chairs of the Senate Appropriations Committee on Health and Human Services on these activities by February 1, 2021.

PART III. MEMORANDUM OF AGREEMENT FOR STAFFING

SECTION 7.(a) The Department of Health and Human Services, Division of Social Services and the North Carolina Association of Regional Councils of Governments (Councils of Governments) shall explore entering into a memorandum of agreement to utilize Councils of Governments physical office space and office-related needs for Division of Social Services staff and facilitate cooperation between regions, and evaluate the estimated costs by region for the office space and sample agreements between the Division and the Councils of Governments.

SECTION 7.(b) Report. – The Division shall file a report that contains the estimated costs by region for office space and sample agreements, as described in subsection (a) of this section, to the Chairs of the House Appropriations Committee on Health and Human Services and the Chairs of the Senate Appropriations Committee on Health and Human Services by June 1, 2021.

PART IV. FAMILY FIRST PREVENTION SERVICES ACT

SECTION 8. Family First Prevention Services Act Report. – The Department of Health and Human Services shall compile a list of programs that qualify for federal reimbursement through the Family First Prevention Services Act (Division E, Title VII of Public Law 115-123) and submit a report to the Joint Legislative Oversight Committee on Health and Human Services beginning on December 1, 2021 and each year thereafter, until December 1, 2024. The annual report shall include all of the following:

(1) Identification of federal funds obtained by the State for all qualifying programs and services.
(2) Strategies to improve and expand the qualifying programs, where needed, across the State.

PART V. CONFIDENTIALITY LAWS AS APPLIED TO INTER-COUNTY COLLABORATION AND DELIVERY OF SERVICES TO CHILDREN

SECTION 9.(a) The Department of Health and Human Services, Division of Social Services (Division), shall conduct a study of all confidentiality laws that apply to State social services and programs. The Division shall request recommendations for any revisions that are necessary to improve inter-county cross-sector collaboration and delivery of services. The Division shall study, at a minimum, all of the following:

(1) All laws imposing confidentiality that apply to social services, including G.S. 108A-80, 7B-302, 7B-2901, and Chapter 69 of the North Carolina Administrative Code.
(2) Revisions necessary to accommodate the anticipated changes to the judicial system's IT platform.
(3) Whether amendments to State law are necessary to facilitate improved information sharing between child welfare and child support, and whether the State should advocate for changes to current federal laws.
(4) Whether confidentiality laws applicable to the juvenile justice system are sufficient to ensure that the information being shared between juvenile justice and social services is adequate to provide the best service and support to juveniles involved in both systems.

SECTION 9.(b) The Division shall consult with the Department of Public Instruction, the Department of Public Safety, Division of Juvenile Justice, the Administrative Office of the Courts, and the Department of Information Technology in the development of this study.

SECTION 9.(c) The Division shall report the results of the study to the Chairs of the House Appropriations Committee on Health and Human Services and the Chairs of the Senate Appropriations Committee on Health and Human Services by June 1, 2021.

PART VI. ELIMINATE PERMANENCY INNOVATION INITIATIVE OVERSIGHT COMMITTEE

SECTION 10. G.S. 131D-10.9A is repealed.

PART VII. CONTINUE SOCIAL SERVICES REGIONAL SUPERVISION AND COLLABORATION WORKING GROUP

SECTION 11.(a) Part I of S.L. 2017-41 reads as rewritten:

"**SECTION 1.1.** Regional Supervision of and Collaboration by Local Social Services Programs. –

…

(3) The Department shall submit the plan to the Joint Legislative Oversight Committee on Health and Human Services by November 15, 2018. The plan shall provide for the system of regional supervision to be operational no later than ~~March 1, 2020.~~August 1, 2022. The Department shall not implement the plan without an act by the General Assembly.

"**SECTION 1.2.(a)** Social Services Regional Supervision and Collaboration Working Group. – The School of Government at the University of North Carolina at Chapel Hill (SOG) shall ~~convene a~~continue the work of the Social Services Regional Supervision and Collaboration Working Group (Working Group) to make recommendations to and provide oversight of the Department regarding the regional supervision and collaboration plan. The Working Group shall consist of the currently constituted members as of December 1, 2018.

"**SECTION 1.2.(b)** Composition. – The Working Group shall consist of the following members:

(1) Three members ~~of the Senate~~ appointed by the President Pro Tempore of the Senate, one of whom shall be designated as a cochair.
(2) Three members ~~of the House of Representatives~~ appointed by the Speaker of the House of Representatives, one of whom shall be designated as a cochair.

…

"**SECTION 1.2.(b1)** Vacancy. – A vacancy on the Working Group created by death, resignation, or otherwise, shall be filled in the same manner as the original appointment.

…

"**SECTION 1.2.(d)** Duties. – The Working Group shall continue to develop recommendations for the regional supervision and collaboration plan required by Section 1.1 of this act. The Working Group shall ~~divide its work into two stages, the first~~ continue to (i) address regional supervision and ~~the second to~~ (ii) address interagency collaboration and regionalization.

(1) Stage One. – The Working Group shall convene ~~its first meeting~~ no later than ~~October 6, 2017. During the first stage, the Working Group shall develop~~ October 4, 2019, and continue developing recommendations regarding:

a. The size, number, and location of the regions. Recommendations shall take into consideration (i) the need for regions to maintain direct, local connections with the jurisdictions they serve; (ii) alignment with other regional organizations that intersect with the work of social services, as appropriate; and (iii) awareness of the cultural differences and similarities between regions.

b. The allocation of responsibility between the central, regional, and local officials in supervising and administering the social services programs and services.

c. Methods for holding the regional offices accountable for performance and responsiveness.

d. Requirements for the regional offices to share information about local departmental performance with the relevant board or boards of county commissioners, county or regional board of social services, or consolidated human services board.

e. Options for authorizing the board of county commissioners to intervene in urgent situations to assume direct control of the department of social services at the local level prior to the State assuming control of service delivery pursuant to G.S. 108A-74.

f. Any other issues related to regional supervision identified by the cochairs.

(2) Stage Two. – ~~During the second stage, the~~ The Working Group shall:

a. Develop recommendations regarding legislative and regulatory changes necessary to improve collaboration between counties in the administration of social services programs and services. Recommendations shall address, at a minimum, information sharing, conflicts of interest, and intercounty movement of people enrolled in programs or receiving social services.

b. Develop a vision for transitioning the State from a county-administered system to a regionally administered system. The vision shall identify general benefits and challenges associated with making such a transition.

(3) Stage Three. – After completing the work in Stages One and Two, the Working Group shall:

a. Review the recommendations from the Center for the Support of Families and the Department. After reviewing both reports, the Working Group shall revise the Stage One recommendations regarding regional supervision.

b. Provide more detailed recommendations regarding the following:

1. The role of local elected officials and social services governing boards in social services oversight.

2. Legal representation of local social services agencies.

3. Managing conflicts of interest.

4. Determining residency for social services programs and services.
5. Transferring and changing venue in adult guardianship cases.
6. Notice requirements for adult guardianship cases.
7. Confidentiality of social services records, as it relates to improving interagency collaboration and service delivery.

c. Conduct a study regarding appointments of and funding for publicly funded guardians. The study must include all of the following:
1. A description of the current types of appointments of publicly funded guardians.
2. An evaluation of the effectiveness of the various types of publicly funded guardians.
3. Recommendations for management of publicly funded guardians.

"**SECTION 1.2.(e)** Reports. –

(1) Stage One. – The Working Group shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services (Committee) and the Department at the conclusion of Stage One, which shall be no later than April 15, 2018. After receiving the Stage One report, the Committee may terminate the Working Group if it concludes that the Working Group is not making sufficient progress.

(2) Stage Two. – The Working Group shall submit a report to the Committee and the Department at the conclusion of Stage Two, which shall be no later than February 1, 2019.

(3) Stage Three. – The Working Group shall submit a preliminary report to the Committee no later than April 15, 2021, providing an update on its continued work. After receiving the preliminary report, the Committee may terminate the Working Group if it concludes the Working Group is not making sufficient progress. The Working Group shall submit a final report of its recommendations to the Committee no later than February 1, 2022, and shall terminate upon the final report.

…."

SECTION 11.(b) If House Bill 291, 2019 Regular Session, becomes law, then Section 1 of that act, amending Part I of S.L. 2017-41, is repealed.

SECTION 11.(c) If House Bill 935, 2019 Regular Session, becomes law, then Section 7 of that act, amending Part I of S.L. 2017-41, is repealed.

PART VIII. ANNUAL NOTIFICATION FOR SCHOOL SOCIAL WORKERS REGARDING COMPULSORY ATTENDANCE REQUIREMENT FOR CHILDREN UNDER AGE SEVEN

SECTION 12.(a) G.S. 115C-378(a) reads as rewritten:

"(a) Every parent, guardian or custodian in this State having charge or control of a child between the ages of seven and 16 years shall cause the child to attend school continuously for a period equal to the time which the public school to which the child is assigned shall be in session.

(a1) Every parent, guardian, or custodian in this State having charge or control of a child under age seven who is enrolled in a public school in grades kindergarten through two shall also cause the child to attend school continuously for a period equal to the time which the public school to which the child is assigned shall be in session unless the child has withdrawn from school. No later than August 15 of each year, the Department of Public Instruction shall notify all school social workers employed in a public school of the attendance requirement provided in this subsection."

SECTION 12.(b) This section is effective when it becomes law.

PART IX. EFFECTIVE DATE

SECTION 13. This act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019

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BILL DRAFT 2019-NBza-69 [v.12]

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
7/1/2020 3:28:05 PM

Short Title: Social Services Reform/CWBTC. (Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO IMPLEMENT VARIOUS PROVISIONS RELATED TO SOCIAL SERVICES REFORM AND MAKE APPROPRIATIONS TO TRANSITION TO REGIONAL SUPERVISION, AS RECOMMENDED BY THE NORTH CAROLINA CHILD WELL-BEING TRANSFORMATION COUNCIL.

The General Assembly of North Carolina enacts:

SECTION 1.(a) In accordance with the plan submitted by the Social Services Regional Supervision and Collaboration Working Group (SSWG) in its report on March 31, 2019, to the Joint Legislative Oversight Committee on Health and Human Services as required by S.L. 2017-41 (Rylan's Law), the Department of Health and Human Services (Department) shall establish seven regions for regional supervision of child welfare and social services and begin providing oversight and support within those regions through State regional staff and the central office team by March 1, 2021. To that end, the Department shall move forward, pursuant to existing authority, with repurposing and redeploying (i) positions identified in the report to support regionalization and (ii) all managerial staff needed to support regionalization in the central office. The Department shall pursue procurement of physical offices within each of the seven regions beginning in March 2022 and shall prioritize staffing to improve the child welfare system. The Department shall move towards full implementation of a regional model, with offices, by March 1, 2023.

SECTION 1.(b) There is appropriated from the General Fund to the Department of Health and Human Services, Division of Social Services, the sum of nine hundred fourteen thousand seven hundred ninety dollars ($914,790) recurring funds for the 2020-2021 fiscal year to support 11 new staff positions to improve regional supervision and support of child welfare services pursuant to the plan as described under subsection (a) of this section.

SECTION 1.(c) If House Bill 966, 2019 Regular Session, becomes law, then any provision of that act, or the Committee Report described in that act, appropriating or allocating funds to the Department of Health and Human Services to support 11 new staff positions to improve regional supervision and support of child welfare services pursuant to subsection (a) of this section is repealed.

SECTION 1.(d) This section becomes effective July 1, 2020.

SECTION 2.(a) G.S. 108A-9 reads as rewritten:

"**§ 108A-9. Duties and responsibilities.**

The county board of social services shall have the following duties and responsibilities:

…

2019-NBZA-69-V-12

(4a) To attend education and training sessions provided for new board members during the first year they serve on the board.

…."

SECTION 2.(b) The Department of Health and Human Services, Division of Social Services, shall collaborate with key stakeholders, including the North Carolina Association of County Boards of Social Services, Association of North Carolina County Social Services Directors, North Carolina Association of County Commissioners, and the University of North Carolina School of Government, to create formal education and training sessions for new county boards of social services members in accordance with G.S. 108A-9(4a), as provided in subsection (a) of this section. The education and training sessions shall include a segment on the potential liabilities of the county board of social services. The education and training sessions shall be available statewide by September 1, 2020.

SECTION 2.(c) Section 2(b) of this act is effective when it becomes law. Section 2(a) of this act becomes effective April 1, 2021, and by April 1, 2023, all current county board of social services members must have participated in the education and training sessions provided in G.S. 108A-9(4a).

SECTION 3. If House Bill 935, 2019 Regular Session, becomes law, then Sections 1 and 4 of that act, are repealed.

SECTION 4. Except where otherwise provided, this act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019

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BILL DRAFT 2019-MRz-141A [v.6]

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
06/12/2020 10:14:55 AM

Short Title: Child Well-Being Trans. Council/Medicaid Recs. (Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO ENSURE INCREASED AWARENESS OF SCHOOL-BASED HEALTH SERVICES THAT ARE REIMBURSABLE UNDER NORTH CAROLINA'S MEDICAID STATE PLAN AND TO REQUIRE THE PROGRAM EVALUATION DIVISION TO EVALUATE THE SUCCESS OF THE INTEGRATED CARE FOR KIDS MEDICAID PILOT PROGRAM, AS RECOMMENDED BY THE NORTH CAROLINA CHILD WELL-BEING TRANSFORMATION COUNCIL.

The General Assembly of North Carolina enacts:

PART I. SCHOOL-BASED SERVICES REIMBURSABLE UNDER NORTH CAROLINA'S MEDICAID STATE PLAN

SECTION 1. The Department of Health and Human Services, Division of Health Benefits (DHB), shall develop and implement a plan to work with the Department of Public Instruction, local education administrative units, and local management entities/managed care organizations (LME/MCOs) to ensure increased awareness of school-based health services, beyond Individualized Education Program (IEP) services, that are reimbursable under North Carolina's Medicaid State Plan. The plan shall include an assessment of the feasibility of enhanced rates and other mechanisms that encourage private agencies to provide school-based health services to students who are receiving or who are eligible to receive Medicaid and NC Health Choice benefits. DHB shall submit this plan and any recommended legislative changes to implement the plan to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Chairs of the Senate Appropriations Committee on Health and Human Services, and the Chairs of the House of Representatives Appropriations Committee on Health and Human Services no later than August 1, 2021.

PART II. INTEGRATED CARE FOR KIDS MEDICAID PILOT PROGRAM

SECTION 2. The Joint Legislative Program Evaluation Oversight Committee shall revise the 2023-2024 work plan for the Program Evaluation Division to include an evaluation of the success of the Integrated Care for Kids (InCK) Medicaid pilot program. This evaluation shall include, at a minimum, the following components:

(1) The empirical benefits achieved thus far in implementation of the InCK Medicaid pilot program, including any benefits related to the use of telehealth.
(2) The feasibility of expanding the InCK Medicaid pilot program.

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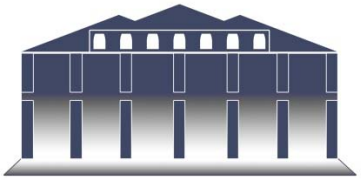
(3) The anticipated cost savings and requirements for expanding the pilot program.

The Program Evaluation Division shall submit its evaluation to the Joint Legislative Program Evaluation Oversight Committee no later than March 1, 2025.

SECTION 3. This act is effective when it becomes law.



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