The Board approved revisions to twelve budget outcomes agreed to by the Catawba County Board of Social Services. Social Services implemented a new outcome development process for Fiscal Year 2014/15. However, at the middle of the fiscal year local circumstances beyond the department's control, along with State and Federal policy changes, have necessitated twelve outcome changes. Some recommended revisions are based on identifying specific populations targeted, corrections to multi-year outcomes based on sequence of events and significant core changes within specific programs. These changes also help the agency address some State and Federal policy adjustments. The following program areas are impacted: Child Welfare, Family NET and Economic Services.

At the local level, service delivery changes such as Corner House programs or court-related items such as continuances require outcome modifications. Implementation of a Continuous Quality Improvement program will better equip Social Services to meet both State and Federal requirements. This has led to better data collection and reporting for compliance, impacting several current outcomes. And the North Carolina Families Accessing Services through Technology (NC FAST) program does not allow Social Services to produce reports consistent with current outcomes, necessitating revisions.

A summary of the twelve outcome revisions is presented below, with changes in the outcome noted in bold and justification for each change following the indication of the outcome revision:

Child Welfare Outcomes

1) **Current Board Outcome:** To assist children in foster care with a plan of adoption to move toward permanency during FY 2014-15, **55% (28 of 51)** of children will become adopted within two years of entering agency custody, as compared to the state rate of 36.54% and Catawba's rate of 52.94%. **Revision: 50% (25 of 51),** due to judicial retirements and the recent election of new judges, as well as the transition to a new district attorney leading to continuances on a number of cases where a termination of parental rights petition is filed. A goal of 50% is still above the state's rate of 36.54%.

2) **Current Board Outcome:** To improve foster care placement stability and increase the well-being of children, **71% (57 of 80)** of children in foster care for 12-24 months will experience two or fewer placements (excluding moves toward permanency) during FY 2014-2015, as compared to the current Federal standard of 59.9%, and the FY 12-13 state percentage of 69.1%, large counties' 72.45%, and Catawba County's 65%**. Revision: 68% (54 of 80),** due to mental health authorizations needed to properly address the trauma incurred and stabilize many children for permanency. Also, due to mental health reform over the last several years, mental health leveled placement capacity has significantly diminished along with placement authorizations (duration), as Managed Care Organizations incorporate a managed care model.

3) **Current Board Outcome:** To improve foster care placement stability and increase the wellbeing of children**, 90%** of children in foster care less than 12 months will experience two or fewer placement changes (excluding moves toward permanency) during FY 2014-2015 as compared to the state's 88.44%, large counties 86.17%, and Catawba County's 88.72% in FY 2012-13. **Revision: 89% (104 of 116),** due to Family In Home (FIH) services changing drastically over the past two years. This was precipitated by a Federal ruling that North Carolina's FIH program, and the use of IV-E to fund it, was not proper. The result has been more children entering care due to lack of available preventative services.

4) **Current Board Outcome (Multi-year, Year 1) 2014-2015:** To develop relationships, strengthen parental engagement, identify supports and mutual understanding of expectations in an atmosphere of mutual respect that promotes the safety of children, 75% of all families with children involved in child welfare assessments or investigations, family in-home and foster care services during Fiscal year 2014-2015 **will participate in a Child and Family Team (CFT) meeting with fidelity to the CFT model at required intervals (prior to petition for custody, within 30 days of case decision**, within 30, 60, 150 days of foster care and every six months thereafter) as measured by ISSI data and information. **Revision:** families with **children involved in Family In-Home services who participate in Child and Family Team meetings (by or within 30 days) will not have a repeat**

finding within six months of case closure during FY 2014-15, due to revised language to identify Child Welfare services where Child and Family Team meetings could impact the reduction in the number of children entering foster care. A revision in language also specifies the target group as those participating in the Child and Family Team process; therefore making this outcome stronger and more concise.

5) **Current Board Outcome:** In order to improve self-sufficiency and increase positive support systems available to families in times of crisis, **75% of families in need of child protective services and who identify two voluntary supports (such as family members, friends, faith community, coaches, teachers, or others) that are willing to take an active role as a participant in the family's safety plan**, will not experience another need for services within six months of case closure during FY 2014-15. **Revision: 65% of families who participate in a Child and Family Team meeting will identify two voluntary social supports (such as family members, friends, faith community, coaches, teachers, or others) that are willing to take an active role as a participant in the family's safety plan**, resulting in no need for services within six months of case closure during FY 2014-15, due to revised language specifying a targeted population to help identify families who participate in the Child and Family Team intervention in order to adequately measure longitudinal impact and better align with State policy.

6) **Current Board Outcome:** In order to promote safety of children, **80% of parents/caregivers in need of child protective services** will be able to demonstrate/explain and put into practice at least two behaviors that keep their children safe prior to closure of services as evidenced by CFT, a case closure summary, case plan and/or documentation in narrative during FY 2014-15. **Revision: 70% of parents/caregivers involved with child protective services** (Investigation/Assessment and Family In-Home) who participate in a CFT meeting will be able to demonstrate and explain at least two behaviors that keep their children safe prior to closure of services as evidenced by a CFT summary form during FY 2014-15, due to the language specifically identifying families involved with Investigation/Assessment and Family In-Home services who participate in the Child and Family Team intervention in order to measure impact.

7) **Current Board Outcome:** In order to be more fully equipped to provide trauma informed services to children and families served within the division, 95% of all child welfare staff **will complete** the Child Welfare Trauma Toolkit Training and will demonstrate improved or maintained understanding of the impact trauma has on children and the impact childhood trauma experienced by parents has on their ability to parent effectively, as measured by a **14% increase** in trauma informed knowledge from pre to post test in FY 2014-15. Two additional correct responses on a 14 question post test would indicate a 14% increase. **Revision:** 95% of child welfare staff **who complete** the Child Welfare Trauma Training in FY 2014-15 will demonstrate an understanding of the impact childhood trauma has on behavior and the ability to parent effectively as measured by **an increase** in knowledge from pre to post test, due to clarification and removal of the measurement threshold for competency as it is not based on a standardized tool and there being no correlation that a 14% increase assures training competency, which was based on premature information staff had during the initial development of the outcome.

8) **Current Board Outcome (Multi-year, Year 1) 2014-2015:** To help facilitate parental engagement and remove barriers to reunification (or other permanency outcomes) for youth entering foster care during FY 2014-15**, 75% (68 of 90) of parents/caregivers will receive a trauma-informed assessment** within 45 days of child entering care to identify needs and gaps in services**. Revision:** To help remove barriers to reunification or other permanency outcomes for youth entering foster care, **a parental /caregiver trauma-informed screening tool will be developed and piloted during FY 2014-15,** due to addressing the need for a comprehensive screening tool and assessment.

9) **Current Board Outcome:** To provide more timely and clinically appropriate treatment to help children in foster care heal from trauma and improve their placement stability, 80% (47 of 59) of children ages 3-17 who have entered foster care and **complete a mental health trauma informed assessment** by Family Net within 30 days, and will receive recommended treatment during FY 2014-15 as compared to 50% in FY 2013-14. **Revision:** 80% (47 of 59) of children ages 3-17 who have entered foster care **will engage in treatment as a result of a mental health trauma informed assessment** by Family Net within 30 days during FY 2014-15 as compared to 50% in FY 2013-14, due to specifying the goal of engaging children into treatment and ensuring treatment regardless of limited mental health resources beyond the treatment scope of Family NET services.

10) **Current Board Outcome:** In order to promote wellbeing and improved behaviors for youth during FY2014-15, **87% (12 of 14) of youth receiving services in the Corner House Programs for at least six months will demonstrate improved behaviors** on the Child Behavior Checklist (CBCL) as measured at admission and planned discharge. **Revision: Proposed Revised Board Outcome:** In order to develop coping skills, build healthy relationships, and resiliency to trauma, **DSS residential services will internally develop and implement a new service delivery model to meet the needs of children served by June 30, 2015,** due to changes that have been made to the Corner House programs.

11) **Current Board Outcome:** In preparation for successful independent living, **90% (approximately 35 of 39) of youth aged 16-18 who actively participate in North Carolina's Independent Living Program for Foster Children (LINKS) in FY 2014-15 will meet a benchmark of 80% achievement in State-identified outcomes** (sufficient economic resources to meet daily needs, a safe and stable place to live, attainment of academic or vocational/educational goals, connections to a positive support system, avoidance of illegal or high risk behaviors, postponement of parenthood until financially and emotionally capable and access to physical, dental and mental health services). **Revision:** To prepare youth in foster care aged 16 -18 to navigate the transition to successful independent living, recognize and build upon their strengths, meet their economic, health, emotional, and daily living needs, **youth will achieve 80% (31 of 39) of their Independent Living Program for Foster Children (LINKS) goals during FY2014-15,** due to better aligning with State policy, youth participating in developing their own plans for the future are coached to tap into their strengths and desires as a way to set reachable goals towards positive and productive independent living. Also, this is a stronger outcome as 100% of children are being measured versus just those who are actively participating.

Economic Services Outcomes

12) **Current Board Outcome:** To support the Universal Eligibility Specialist concept, improve customer service and create efficiencies for staff, **95% of families receiving Food Assistance and Medicaid will have one case manager by June 30, 2015, as compared to the current caseload of 25%. Revision:** To support the Universal Eligibility Specialist concept, improve customer service and create efficiencies for staff, **95% (22,375 of 23,553) of families applying for Food Assistance and/or Medicaid will be able to complete the process within the same interview by June 30, 2015, as compared to the current process of 25%,** due to removal of case management function in original outcome as NCFAST does not support this as a universal set up as first believed by staff. The universal worker concept can only be supported during the intake process. The proposed revised outcome continues to support the objective of eliminating redundancy for customers and staff during the intake process.

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