

Safe and Nurtured: Pre-Read for Workgroup Meeting #1

October 14th ECAP Workgroup Meeting

Overview

This document contains:

- Data to report out on the ECAP 2025 targets and sub-targets for each of the three goals
- A summary of the strengths and weaknesses (identified at the launch meeting) to meet the ECAP goals
- An early childhood services inventory and summary of relevant cross-agency taskforces that already exist in Durham related to the Safe & Nurtured goals

We will use this information in the October 14th workgroup meeting to:

- Discuss the data and take an equity approach to our data analysis
- Discuss our Durham-specific ECAP sub-targets
- Identify the highest-priority needs in Durham that need to be addressed in order to meet these goals, as well as the primary assets and community strengths that will help us meet our goals

Questions to keep in mind:

- Equity Lens to the Data:
 - What do you notice when you look at the data? Anything surprising, confusing, unclear?
 - What disparities do you see and what do you think is causing those?
 - Whose experiences are not represented or might be misrepresented in the data?
 - How does the data align with your direct experience?
 - Whose perspective is needed to understand the data?
- Durham-specific 2025 Targets and Sub-Targets?
 - Should our 2025 target here in Durham be the same as the state's?
 - If not, how should we determine what it should be?
 - What will we be able to accomplish in Durham? Should 2025 be the goalpost?
 - How does COVID-19 impact our sub-targets?
- Needs:
 - What other challenges are there in Durham preventing us from meeting the ECAP goals?
- Assets:
 - What other strengths are there in Durham that can help us meet the ECAP goals?
 - How might we more intentionally consider the community-based assets here in Durham?
- In summary:
 - After reviewing this document, what are the areas of greatest need that you see? Greatest strengths?
 - What reports, research, or recommendations have you found that you think will be important for us to consider as we brainstorm strategies to reach the ECAP goals?
 - What approaches should we take to bring other perspectives, especially those of people experiencing the problem, into the conversation?

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Executive Summary

GOAL 5: SAFE AND NURTURING RELATIONSHIPS				
TARGET	SHORT DESCRIPTION	METRIC	NC	DURHAM
2025 Target	Substantiated Maltreatment Rates	Number of children aged 0-3 who are victims of maltreatment per 1,000 children aged 0-3	20.1 2017	8.4 2017
		Number of children aged 4-5 who are victims of maltreatment per 1,000 children aged 4-5	14.5 2017	4.9 2017
		Number of children aged 6-8 who are victims of maltreatment per 1,000 children aged 6-8	13.4 2017	4.7 2017
Sub-Target 1	Adverse Childhood Experiences	Percent of children aged 0-8 with two or more adverse childhood experiences	18.8% 2016-17	-
Sub-Target 2	Screening for Maternal Postpartum Depression	Percent of children enrolled in Medicaid who turned 6 months old during the measurement period who have documentation of screening for the mother post-partum	29.5% 2016-17	-
Sub-Target 3	Rates of Emergency Department Visits for Injuries	Rates of Emergency Department Visits for Injuries per 1,000 Children Aged 0-8	73.9 2017	48.3 2017

GOAL 6: PERMANENT FAMILIES FOR CHILDREN IN FOSTER CARE				
TARGET	SHORT DESCRIPTION	METRIC	NC	DURHAM
2025 Target	Reunification and Adoption	Median number of days to reunification, guardianship or custody for children ages 0-3 years at entry in the foster system	371 2017	589 2017
		Median number of days to reunification, guardianship or custody for children ages 4-5 years at entry in the foster system	390 2017	389 2017
		Median number of days to reunification, guardianship or custody for children ages 6-8 years at entry in the foster system	371 2017	539 2017
		Median number of days to adoption for children ages 0-3 years at entry in the foster system	822 2017	1,079 2017
		Median number of days to adoption for children ages 4-5 years at entry in the foster system	1,006 2017	1,577 2017
		Median number of days to adoption for children ages 6-8 years at entry in the foster system	988 2017	1,177 2017
Sub-Target 1	Child Welfare Case Adjudication	Percent of child welfare cases that are adjudicated within 60 days	43.1% 2018	25.5% 2019-20
Sub-Target 2	Child Welfare Case Initial Permanency Planning Hearing	Percent of child welfare cases that have an initial permanency planning hearing within 12 months of removal from home	83.3% 2018	50.5% 2019-20
Sub-Target 3	Termination of Parental Rights	Median number of days to termination of parental rights	709 2019-20	977 2019-20

GOAL 7: SOCIAL-EMOTIONAL HEALTH AND RESILIENCE				
TARGET	SHORT DESCRIPTION	METRIC	NC	DURHAM
2025 Target	Statewide Measure of SHE and Resilience	N/A	-	-

Detailed Data Review

GOAL 5

GOAL 6

GOAL 7



Goal 5: Safe and Nurturing Relationships

COMMITMENT: Babies, toddlers, and young children across North Carolina will grow up with safe and nurturing family and caregiver relationships.

2025 TARGET*:

By 2025, decrease by 10% the rate of children in North Carolina who are substantiated victims of maltreatment.

- For children ages 0-3 years, reduce from 20.1 to 18.1 per 1,000 children
- For children ages 4-5 years, reduce from 14.5 to 13.1 per 1,000 children
- For children ages 6-8 years, reduce from 13.4 to 12.1 per 1,000 children

All data for this target is provided by the Division of Social Services Central Registry, and NC FAST.

SUB-TARGETS:

1. Percent of children ages 0-8 with two or more adverse childhood experiences

DATA SOURCE: National Survey of Children's Health (NSCH), U.S. Department of Health and Human Services

TREND BY 2025: Decreasing



For more details, visit the [Interactive NC Early Childhood Action Plan Data Dashboard](#)

2. Percent of children enrolled in Medicaid who turned 6 months old during the measurement period who have documentation of screening for the mother post-partum

DATA SOURCE: NC Medicaid

TREND BY 2025: Increasing

3. Rate of emergency department visits for injuries for young children

DATA SOURCE: North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)

TREND BY 2025: Decreasing

DATA AVAILABILITY

		Can this sub-target be reported at the County Level with the ECAP data source?	Does the ECAP County Data Report Provide County-Level Data?	Can we get this data at the County-Level?
2025 Target	Substantiated Maltreatment Rates	Yes	Yes	Yes
Sub-Target 1	Adverse Childhood Experiences	No	No	<i>Not Currently Measured</i>
Sub-Target 2	Post-Partum Screenings	Yes	No	<i>To Be Determined</i>
Sub-Target 3	Emergency Department Visits	Yes	Yes	Yes

DATA REVIEW: HOW ARE WE DOING AS A COUNTY ON THE TARGETS AND SUB-TARGETS FOR GOAL 5?

2025 TARGET: *Decrease by 10% the rate of children who are substantiated victims of maltreatment.*

Child maltreatment is defined as abuse or neglect of a child under the age of 18 by a parent, guardian, custodian, or caregiver.¹ North Carolina law identifies three types of maltreatment: 1) abuse, 2) neglect, and 3) dependency. Factors that can contribute to child maltreatment include the presence of adults who face substance use disorders, mental illness (notably maternal depression), and domestic violence.² It is important to note that these factors are all correlated with living in poverty. Young children are at the highest risk for abuse and neglect, and the impacts of abuse and neglect of young children are particularly severe because of their impact on early brain development.

At Durham DSS, there are two assessment tracks for reports. Generally, investigate assessments are for reports of abuse and severe neglect and family assessment assessments are used for reports of neglect.

Investigative assessments are a response to reports of child abuse and selected reports of child neglect and dependency using a formal information gathering process to determine whether a child has been abused, neglected, or dependent. The finding is either substantiated when there are findings of abuse or serious neglect or unsubstantiated where there are no findings of abuse or serious neglect.

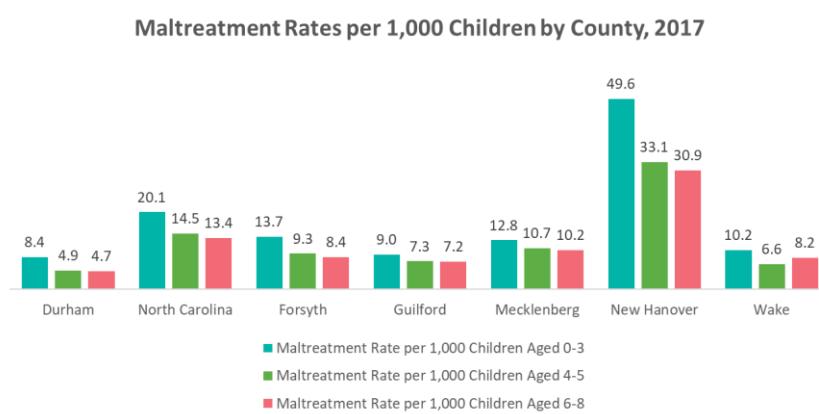
The other assessment track, the Family Assessment track, is a response to selected reports of child neglect and dependency using a family-centered approach based on protection and prevention that evaluated the strengths and needs of the family. The goal of this track is to develop true partnerships with families to ensure the safety of a child. The findings can either be:³

¹ "North Carolina Early Childhood Action Plan." NCDHHS, February 2019.

² "New Directions in Child Abuse and Neglect Research." Institute of Medicine and National Research Council. The National Academics Press, 2013.

³ Durham County Department of Social Services. "CDS Definitions Reporting." September, 2020.

- **Services Needed:** Neglect or dependency is found to have occurred and safety issues and future risk of harm is so great that DSS must provide involuntary services – In Home.
- **Services Recommended:** Neglect is not found and the safety of the child and future risk of harm are not issues; however, a non-safety related need was identified.
- **Services Provided, Protective Services No Longer Needed:** The safety of the child and future risk of harm were at some point in the assessment high enough to require involuntary services, but the successful provision of services during the assessment has mitigated the risk to a level in which involuntary services are no longer needed to ensure the child's safety.
- **Services Not Recommended:** The safety of the child is not an issue and there are no concerns of future risk of harm to the child. The family has no need for other non-safety related services.



Source: Division of Social Services Central Registry and NC FAST. Early Childhood Action Plan Durham County Data Report, 2019.

Technical Note: It is critical to note the limitations of child maltreatment data, including that minority populations are disproportionately reported, investigated, and substantiated for cases of maltreatment.

Durham County has the lowest maltreatment rates compared to the state and other comparable counties. Durham has focused heavily on preventive services and evidence-based home visiting programs that may have helped reduce maltreatment. Maltreatment rates, however, can be underreported, particularly among populations fearful or distrustful of government systems.⁴ Underreporting is also likely exacerbated during the pandemic as less adults are interacting with children outside of their household. This is compounded by an uptick in domestic violence cases reported during the pandemic in Durham.

It is also important to note that maltreatment rates are highest amongst our youngest children aged 0-3, 8.4 children aged 0-3 out of 1,000 were substantiated victims of maltreatment compared to 4.7 children aged 6-8.

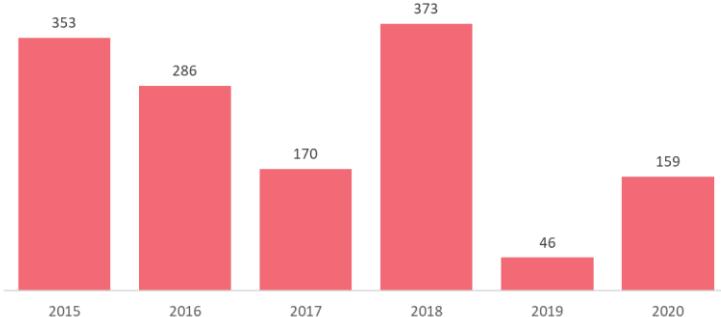
In Durham, we have more neglect reports than abuse and severe neglect. In addition, DSS is front loading services for families and the case may be closed or transferred to “In-Home” for on-going case management. This strategy is in line with the direction the state is taking with the Families First Prevention Services Act of 2018.

In Durham, we see a challenge of generational abuse and neglect as evidenced by multiple reports within the same families who are dealing with ongoing mental health concerns and substance abuse

⁴ [“Freezing Out Justice: How Immigration Arrests at Courthouses are Undermining the Justice System.”](#) American Civil Liberties Union, 2018.

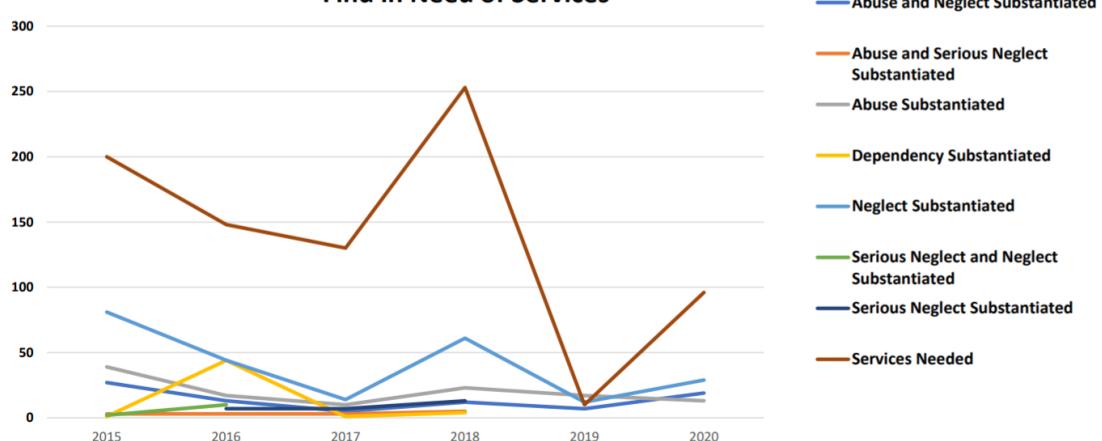
challenges. These kinds of circumstances are typically categorized as a neglect report with a finding of “services needed” or “services recommended.”

Total # of Children Who Were Substantiated in Durham County, Find in Need of Services



Source: Durham County Department of Social Services, July 2020.

Total # of Children who were Substantiated, Find in Need of Services



Source: Durham County Department of Social Services, July 2020.

SUB-TARGET 1: Decrease the percent of children aged 0-8 with 2 or more adverse childhood experiences.

The Early Childhood Action Plan uses data from the National Survey of Children's Health (NSCH) conducted by the U.S. Department of Health and Human Services. The survey uses a simple random sampling approach which collects enough data to be representative of the state population but not the county-level population.

The National Survey of Children's Health indicator for adverse childhood experiences (ACEs) is based on nine 'Yes/No' questions coded as adverse childhood experiences for 'yes' responses. "Adverse childhood experiences" include physical abuse, verbal abuse, sexual abuse, and neglect. They also include conditions experienced in the family like substance abuse, domestic violence, mental illness, and incarceration. The following ACEs questions are included in the National Survey of Children's Health:⁵

- Since this child was born, how often has it been very hard to cover the basics, like food or housing, on your family's income? (ACE1)
- To the best of your knowledge, has this child EVER experienced any of the following?
 - Parent or guardian divorced or separated (ACE3)
 - Parent or guardian died (ACE4)
 - Parent or guardian served time in jail (ACE5)
 - Saw or heard parents or adults slap, hit, kick, or punch one another in the home (ACE6)
 - Was a victim of violence or witnessed violence in his or her neighborhood (ACE7)
 - Lived with anyone who was mentally ill, suicidal, or severely depressed (ACE8)
 - Lived with anyone who had a problem with alcohol or drugs (ACE9)
 - Treated or judged unfairly because of his or her race or ethnic group (ACE10)

While ACEs are not measured for all children in Durham, the following data and information may be useful when thinking about ACEs for our children and families in Durham:

- **Racism:** We know that the impacts of systemic racism contribute to a higher allostatic load for families of color, especially black families. This is also known as toxic stress or weathering, and can put families at higher risk for negative mental and physical health outcomes, and can also increase risk for certain ACEs. Additionally, 42.25 percent of Durham residents surveyed in the 2017 Durham County Community Health Assessment identified discrimination and racism as one of the five most important factors that has the biggest impact on quality of life and health in Durham County.⁶
- **Mental Health:** Durham Connects nurses identified significant mental health concerns in 12 percent of mothers they saw, with higher rates amongst Black mothers (16 percent) and Hispanic mothers (15 percent) than white mothers (5 percent).⁷ Additionally, 43.8 percent of Durham County respondents in the 2016 Community Health Assessment reported mental health being a top three issue in their communities.⁸

⁵ "[2019 National Survey of Children's Health \(NSCH\)](#)." The Child and Adolescent Health Measurement Initiative, 2019.

⁶ "[2017 Durham County Community Health Assessment](#)." Partnership for a Healthy Durham, Durham County, and Duke Health, 2017.

⁷ "[State of Durham County's Young Children](#)." Duke Center for Child and Family Policy and Durham County, 2017.

⁸ "[2017 Durham County Community Health Assessment](#)." Partnership for a Healthy Durham, Durham County, and Duke Health, 2017.

- **Home and Neighborhood Violence:** Mothers in 3 percent of households who received a Durham Connects visit reported violence in the home, with higher rates amongst Black mothers (5 percent).⁹ A neighborhood look at violent crimes per square mile can be viewed [here](#).
- **Substance Use by Caregivers:** Among Durham Connects mothers, 7 percent self-reported substance use, with the highest rate amongst Black mothers at nearly 13 percent.¹⁰
- **Homelessness:** 190 children aged 0-8 who experienced homeless at some point in 2016.¹¹
- **High Housing Cost Burden:** 16 percent of children ages 0-8 live in a home that faces housing costs that exceed 50 percent of the household's income.¹² 48.40% of renters in Durham face housing costs greater than 30 percent of the household's income.¹³
- **Overcrowded Housing:** In 2015, it was estimated that 15 percent of Durham's young children aged 0-8 live in crowded housing. Hispanic children are much more likely to live in overcrowded housing in Durham.¹⁴
- **Unemployment:** More than 7 percent of young children in Durham live in a household where there are no working parents. This number has very likely increased as a result of the pandemic.¹⁵
- **Incarceration:** We do not know the exact percentage of children aged 0-8 in Durham who have an incarcerated family member, but with a statewide incarceration rate of 639 per 100,000 people we can assume many children in Durham have lost a family member to incarceration.¹⁶ Statewide, more than 179,000 kids have a parent who has served time.¹⁷ The problem of mass incarceration in Durham, as with the rest of the state and nation, is an issue of racial injustice. Black residents make up 22% of the state population,¹⁸ but 55% of the state's prison and jail population.¹⁹

In addition, there are other adverse childhood experiences beyond what is covered in 9 survey questions in the National Survey of Children's Health. The image below introduces additional ACEs in the community and the environment, beyond those that a child may be exposed to in the home.

⁹ "[State of Durham County's Young Children](#)," Duke Center for Child and Family Policy and Durham County, 2017.

¹⁰ "[State of Durham County's Young Children](#)," Duke Center for Child and Family Policy and Durham County, 2017.

¹¹ "[State of Durham County's Young Children](#)," Duke Center for Child and Family Policy and Durham County, 2017.

¹² "[State of Durham County's Young Children](#)," Duke Center for Child and Family Policy and Durham County, 2017.

¹³ "[BTC Brief: County Economic Snapshots, Durham County](#)," Budget and Tax Center. NC Justice Center, June 2019.

¹⁴ "[State of Durham County's Young Children](#)," Duke Center for Child and Family Policy and Durham County, 2017.

¹⁵ "[State of Durham County's Young Children](#)," Duke Center for Child and Family Policy and Durham County, 2017.

¹⁶ "[North Carolina Profile](#)," Prison Policy Initiative, 2018.

¹⁷ "[Children of Incarcerated Parents, a Shared Silence](#)," The Annie E. Casey Foundation, April 2016.

¹⁸ "[QuickFacts: North Carolina](#)," United States Census Bureau, July 2019.

¹⁹ "[North Carolina Profile](#)," Prison Policy Initiative, 2018.



ACEs Connection

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SUB-TARGET 2: Increase the percent of children enrolled in Medicaid who turned 6 months old during the measurement period who have documentation of screening for the mother post-partum.

Research has shown that postpartum depression predicts children's exposure to maltreatment and treating maternal depression in early childhood has been suggested to reduce later maltreatment.²¹ While some mothers experiencing depression may perpetrate child maltreatment, it is also possible that they are less able to actively monitor child safety or protect a child from another older child or adult perpetrating maltreatment.²²

Data not available at the county level.

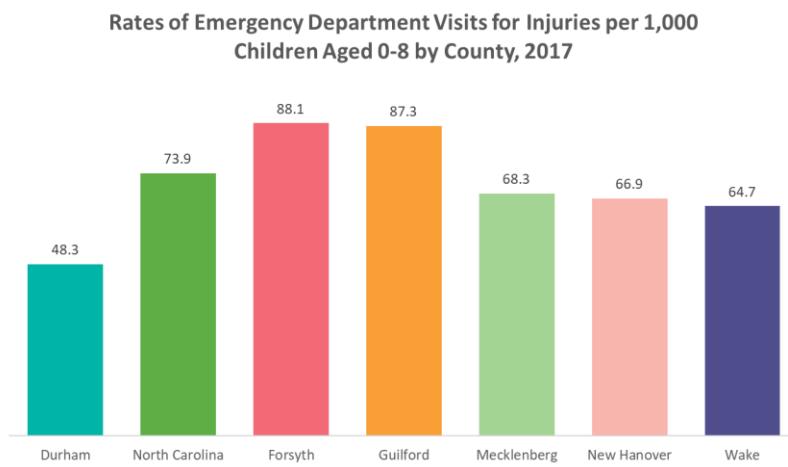
²⁰ ACEs Connection. Accessed from Durham TRY presentation, September 2020.

²¹ Choi, et al. “[Maternal Depression in the Intergenerational Transmission of Childhood Maltreatment and Psychological Sequelae: Testing Postpartum Effects in a Longitudinal Birth Cohort](#).” Dev Psychopathol. 2019 Feb; 31(1): 143-156. U.S. National Library of Medicine. National Institute of Health.

²² Choi, et al. “[Maternal Depression in the Intergenerational Transmission of Childhood Maltreatment and Psychological Sequelae: Testing Postpartum Effects in a Longitudinal Birth Cohort](#).” Dev Psychopathol. 2019 Feb; 31(1): 143-156. U.S. National Library of Medicine. National Institute of Health.

SUB-TARGET 3: Decrease the rate of emergency department visits for injuries for young children.

The emergency department is a critical entry point in the health care system for children experiencing maltreatment.²³ Studies have found that maltreatment is associated with “significantly greater risk of injury, hospitalization, and death in the emergency department setting.”²⁴



Source: NC DETECT (North Carolina Disease Event Tracking and Epidemiologic Collection Tool): ED Visit Data. Analysis by NC DPH Injury and Violence Prevention Branch. Early Childhood Action Plan Durham County Data Report, 2019.

Technical Note: Case definitions for injuries are based on the CDC Injury Matrix, which includes injuries classified as having a

manner/intent of unintentional, self-inflicted, assault, or undetermined. Rates are calculated as the number of emergency department visits for injuries for children ages 0-8 in a year divided by the total population of children ages 0-8 in the same year. Rates are shown as number of visits per 1,000 children ages 0-8.

In reflection of Durham’s low rate of child maltreatment, Durham also has a significantly lower rate of emergency department visits for injuries than similar counties.

Discussion Questions:

- Should we collect ACES data in Durham at the population level?
- Is there another way that we want to consider measuring adverse childhood experiences?

²³ King et al. “[Maltreatment-Related Emergency Department Visits Among Children 0 to 3 Years Old in the United States](#).” Pub Med, 2015 Aug; (20(3): 151-61. National Library of Medicine. National Center for Biotechnology Information, 2015.

²⁴ King et al. “[Maltreatment-Related Emergency Department Visits Among Children 0 to 3 Years Old in the United States](#).” Pub Med, 2015 Aug; (20(3): 151-61. National Library of Medicine. National Center for Biotechnology Information, 2015.

Detailed Data Review

GOAL 5

GOAL 6

GOAL 7



Goal 6: Permanent Families for Children in Foster Care

COMMITMENT: Babies, toddlers, and young children in North Carolina's foster care system will grow up in stable, consistent, and nurturing families, whether that is with the child's birth family or through an adoptive family.

2025 TARGET:

- Part 1) 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 aged 0-3 years, decrease the median number of days from 371 to 334.
 - For children aged 4-5 years, decrease the median number of days from 390 to 351.
 - For children aged 6-8 years, decrease the median number of days from 371 to 334.
- Part 2) 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 aged 0-3 years, decrease the median number of days from 822 to 730.
 - For children aged 4-5 years, decrease the median number of days from 1,006 to 730.
 - For children aged 6-8 years, decrease the median number of days from 988 to 730.

All data for this target is provided by the Division of Social Services, Child Placement and Payment System (CPPS), and NC FAST.

SUB-TARGETS:

1. **Percent of child welfare cases that are adjudicated within 60 days**

DATA SOURCE: Juvenile Court Record Database (JWISE),
NC Administrative Office of the Courts (AOC)

TREND BY 2025: Increasing

For more details, visit the
[interactive NC Early Childhood
Action Plan Data Dashboard](#)

2. **Percent of child welfare cases that have an initial permanency planning hearing within 12 months of removal from the home**

DATA SOURCE: Juvenile Court Record Database (JWISE),
NC Administrative Office of the Courts (AOC)

TREND BY 2025: Increasing

3. **Median number of days to termination of parental rights**

DATA SOURCE: Juvenile Court Record Database (JWISE),
NC Administrative Office of the Courts (AOC)

TREND BY 2025: Decreasing

DATA AVAILABILITY

		Can this sub-target be reported at the County Level with the ECAP data source?	Does the ECAP County Data Report Provide County-Level Data?	Can we get this data at the County-Level?
2025 Target	Reunification and Adoption	Yes	Yes	Department of Social Services (DSS)
Sub-Target 1	Child Welfare Case Adjudication	Yes	No	Yes
Sub-Target 2	Child Welfare Case Initial Permanency Planning Hearing	Yes	No	Yes
Sub-Target 3	Termination of Parental Rights	Yes	No	Yes

DATA REVIEW: HOW ARE WE DOING AS A COUNTY ON THE TARGETS AND SUB-TARGETS FOR GOAL 6?

2025 TARGET: *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, or adopted, if reunification is not appropriate.*

Young children need safe, permanent homes with nurturing and secure relationships with adults for healthy growth and development.²⁵ For children who must be placed in foster care, being removed from their home and placed in a foster home may be stressful.²⁶ As of 2018, there were 408 children in foster care in Durham County.²⁷ As of 2017, the most common reasons why children were in foster care in Durham County were neglect (93.01 percent), parent drug use (17.48 percent), and physical abuse (11.89 percent).²⁸

Reunification with a child's family is always the preferred strategy. However, before reunification can occur, the underlying reasons for the child's removal must be addressed. The state allots families 12 months to make these changes. Adoption is only pursued after efforts to reunify a child with their family of origin have failed.

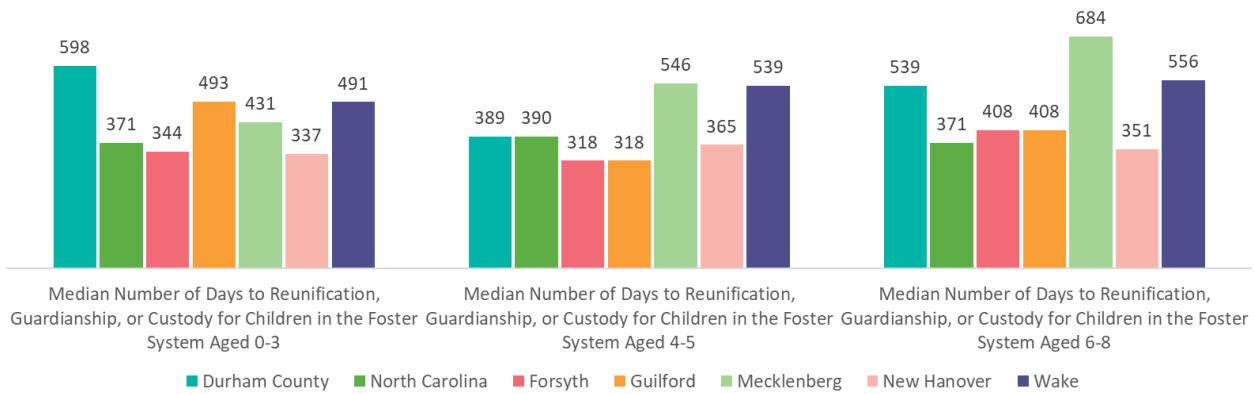
²⁵ Thompson. "Stress and Child Development." Future Child, Spring 2014; 24(1): 41-59.

²⁶ "North Carolina Early Childhood Action Plan." NCDHHS, February 2019.

²⁷ "Children in Foster Care in North Carolina." Kids Count Data Center. The Annie E. Casey Foundation, 2018.

²⁸ "Durham County Community Child Protection Team/Child Fatality Prevention Team 2016-2017 Annual Reports." Durham County, 2017.

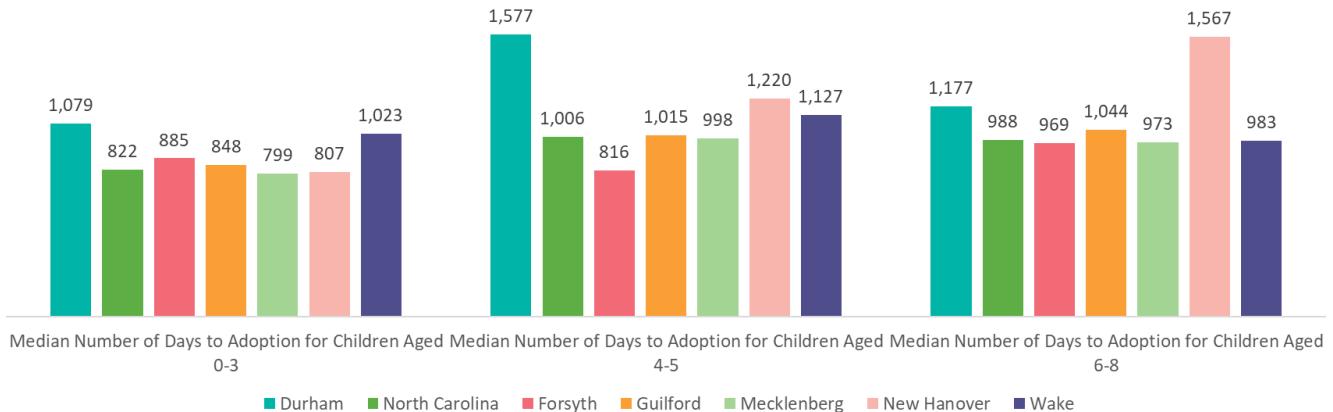
Time to Reunification, Guardianship, or Custody for Children in Foster System by Judicial District, 2017



Source: NCDHHS Client Services Data Warehouse Child Placement and Payment System data tables. Early Childhood Action Plan Durham County Data Report, 2019.

Durham County has the longest time to reunification, guardianship, or custody for young children aged 0-3 compared to the state and similar counties.

Median Number of Days to Adoption for Children by County, 2017



Source: NCDHHS Client Services Data Warehouse Child Placement and Payment System data tables. Early Childhood Action Plan Durham County Data Report, 2019.

Durham County has the longest time to adoption for children 0-3 years and 4-5 years in comparison to similar counties, and the second longest time to adoption for children aged 6-8. After a court has determined that there are legal grounds to terminate a parent's parental rights, and also has determined that terminating parental rights is in the best interests of the child, a child may wait in foster care before adoption. Durham has found it more challenging to secure adoptive families for older children in foster care and has done campaigns around this.

SUB-TARGET 1: Increase the percent of child welfare cases that are adjudicated within 60 days.

Once DSS has filed a petition to adjudicate a child abused, neglected, or dependent (after substantiating a case and determining that services are needed and the child is not safe in their home), it may take some time before a court enters an order determining whether or not the child has been abused, neglected or dependent under North Carolina law and can be transferred into DSS custody for permanency planning.

Between April 2019 and March 2020 in Durham County, 25.5% of adjudication hearings were held within 60 days of the filing of the petition.²⁹ In 2018 statewide, 43.1% of adjudication hearings were held within 60 days.³⁰

SUB-TARGET 2: Increase the percent of child welfare cases that have an initial permanency planning hearing within 12 months of removal from the home.

After a child has been placed in the custody of DSS, the next step in the process is to hold an initial permanency planning hearing. The parent, DSS, and a guardian *ad litem* appointed to represent the juvenile may participate in the permanency planning hearing. After the hearing, the court will enter a permanency planning order establishing what the parent must do to accomplish reunification with their child. This order will typically incorporate DSS's recommendations from its case plan. The court will conduct permanency planning review hearings on an ongoing basis to assess the parent's progress towards reunification, and may change the permanency plan depending on a variety of factors. Court capacity may delay this process as there are few judges and many cases to review.

Between April 2019 and March 2020 in Durham County, 50.5% of child welfare cases have an initial permanency planning hearing within 12 months of the date of removal from the home.³¹ In comparison, 83.3% of cases statewide in 2018 had an initial permanency planning hearing within 12 months.³²

SUB-TARGET 3: Decrease the median number of days to termination of parental rights.

Finally, if reunification with the parent or placement with an agreed-upon guardian are not possible, the court may change the permanency plan to reflect that adoption rather than unification is the goal, and DSS may file a petition to terminate parental rights. The court will conduct a separate hearing to determine (1) whether or not there are legal grounds to terminate the parent's parental rights, and (2) if legal grounds are established, whether or not terminating parental rights is in the best interests of the child.

Where reunification has not been achieved, the this ECAP sub-target measures the median time from filing of the original child abuse and neglect petition to the termination of parental rights (how long it takes from the date the original child abuse and neglect petition or motion was filed to the date the termination of parental rights proceeding is completed).

²⁹ Durham Department of Social Services. Data Request for Durham Early Childhood Action Plan Needs and Assets Assessment, October 2020.

³⁰ "North Carolina Early Childhood Action Plan: [Data Dashboard](#)." NCDHHS, February 2019.

³¹ Durham Department of Social Services. Data Request for Durham Early Childhood Action Plan Needs and Assets Assessment, October 2020.

³² "North Carolina Early Childhood Action Plan: [Data Dashboard](#)." NCDHHS, February 2019.

In Durham, the median days to termination of parental rights was 977 days compared to the statewide median of 709 days.³³

Technical Note: These numbers represent data from the period April 1, 2019 – March 31, 2020.

During the permanency planning process, a case plan may be established requiring parents to access services (e.g. drug counseling). Services may be costly obtain and providers often have limited capacity to provide these services for free and reduced rates. The underlying conditions that led to adjudicated abuse or neglect may also be challenging for the parent to correct during the year-long period.

Additionally, parents may not urgently seek out these services for a multitude of reasons which could include addiction, poverty, and other factors, until faced with a termination of parental rights hearing.

Additionally, the process often gets delayed as a result of limited court capacity to schedule hearings and other legal delays. There is one guardian ad litem attorney for all cases in foster care in Durham County. Durham County DSS has brought together the “DSS Court Collaborative” which meets with all legal partners to try to expedite cases and the DSS legal department added a positive to assist. Durham County judges remain limited to hear cases.

³³ Durham Department of Social Services. Data Request for Durham Early Childhood Action Plan Needs and Assets Assessment, October 2020.

Detailed Data Review

GOAL 5

GOAL 6

GOAL 7



Goal 7: Social-Emotional Health and Resilience

COMMITMENT: Babies, toddlers, and young children across North Carolina will express, recognize, and manage their emotions in a healthy way, especially under stress.

2025 TARGET: By 2025, North Carolina will have a reliable, statewide measure of young children's social-emotional health and resilience at the population level.

SUB-TARGETS: Data not yet available.

DATA REVIEW: HOW ARE WE DOING AS A COUNTY ON THE TARGET FOR GOAL 7?

2025 TARGET: *Determine a reliable, statewide measure of young children's social-emotional health and resilience at the population level.*

In response to the Early Childhood Action Plan's target to create a reliable, statewide measure of young children's social-emotional health and resilience at the population level, a group of experts have convened and made recommendations to state leaders. The workgroup recommends using a portfolio of measures, not just one indicator, to "provide a more complete picture of children's social-emotional health" at the population level.³⁴ Population-level measures are those that are either designed for monitoring development at the population-level or that can be administered periodically to whole or representative populations of children.³⁵

³⁴ "Filling the Data Gap: Recommendations for Population-Level Measures of Young Children's Social-Emotional Health in North Carolina." North Carolina Early Childhood Foundation, April 2020.

³⁵ Children's Social-Emotional Health Data Workgroup. [Meeting #1 PowerPoint Presentation](#). September 4, 2019. NC Early Childhood Foundation, 2020.

The first recommendation that the workgroup proposed is to measure systems that impact a child's social-emotional health, such as access to and utilization of social-emotional health screening, referral and intervention/treatment services.³⁶

The second recommendation is to measure children's social-emotional functioning through measures collected via the National Outcome Measure – Healthy and Ready to Learn (NOM-HRTL), part of the National Survey of Children's Health.

Next, the experts recommended investing in further research development of screening and measurement systems that better capture children's social-emotional health strengths, not just deficits. Additionally, this work could promote equity and eliminate racial bias in screening and measurement systems.³⁷

Here in Durham, Duke Pediatrics has begun incorporating the Survey of Wellbeing of Young Children (SWYC) into well-child visits. SWYC is a set of questionnaires designed to help pediatric providers screen for developmental delays, autism, social-emotional problems, social drivers/determinants of health, and family strengths.³⁸ The assessment helps pediatricians determine which children are in need of further resources to support optimal development and child wellbeing.

Discussion Question:

- What should our Durham 2025 target and sub-targets be related to social-emotional health and resilience?

³⁶ “[Filling the Data Gap: Recommendations for Population-Level Measures of Young Children’s Social-Emotional Health in North Carolina](#).” North Carolina Early Childhood Foundation, April 2020.

³⁷ “[Filling the Data Gap: Recommendations for Population-Level Measures of Young Children’s Social-Emotional Health in North Carolina](#).” North Carolina Early Childhood Foundation, April 2020.

³⁸ Children’s Social-Emotional Health Data Workgroup. [Meeting #1 PowerPoint Presentation](#). September 4, 2019. NC Early Childhood Foundation, 2020.

Durham Early Childhood Services and Assets

WHAT SERVICES AND ASSETS ARE ALREADY AVAILABLE IN DURHAM COUNTY TO MEET THE ECAP GOALS?

Visit the [early childhood services inventory](#) to explore services in Durham promoting safe and nurturing environments for children aged 0-8.

DURHAM EARLY CHILDHOOD SERVICES INVENTORY: SAFE AND NURTURED

This interactive dashboard inventories the assets and services in Durham that help ensure that all children aged 0-8 grow confident, resilient and independent in safe, stable, and nurturing families, schools and communities.

1

SELECT YOUR FILTERS

Select the down arrow on the right side of each filter to select your desired ECAP Goal and Service Population. Check the boxes to select the service areas you would like to filter the services by. Adjusting one filter will adjust the options available in other filters.

ECAP Safe & Nurtured Goal

ECAP Goal

Service Population

To find services that apply to a certain population, select "Yes - ONLY". To exclude a target population from your search, select "No - ONLY"

- Pregnant and New Mothers
- Infants Birth - 1 and their Families
- Children 2-3 and their Families
- Children 4-5 and their Families
- Children 6-8 and their Families

Service Areas

- Service Area
- Type to search
- Substance Abuse Treatment and Preve...
 - Social-Emotional Health
 - Short-Term Parent Education
 - Resource Referrals
 - Quality Improvement Efforts

2

VIEW THE RELEVANT SERVICES

Asset	Organization	Service Description	Website
Fostering Families	Fostering Families: The Triangle's Partnership for Foster & Adoptive Families	Year round programming for foster and adoptive parents community, support and resources for their families and the families they work with.	Click Here
Post Adoption Support Services	Center for Child and Family Health	No cost support to families who have adopted from the foster care system, private agencies, or kinship adoptions - individual support and assessment, social support/groups, workshops, annual parent conference.	Click Here
Durham County Foster Care & Adoption	Durham County Social Services	Durham County government service, provides case management, foster home licensing, and services to ease the transition for foster children becoming adults. Adoption services include training, family assessment, child recruitment, placement, and post adoption services.	Click Here
Adoption Agencies	Various	Agencies with social workers that conduct home studies, child-placing, and consulting.	Click Here
Adoption Attorneys	Various	Attorneys that assist in the legal process of adopting a child.	Click Here

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3

ADD OR EDIT

Want to submit a new service or update an existing service?



[Click Here!](#)

The ECAP Safe and Nurtured workgroup has representatives from the following taskforces which are also working to ensure children in Durham grow up in same and nurturing families, schools, and communities. The workgroup should consider how these groups might play a role in setting targets and strategies.

Taskforce	Mission	Goals
Early Childhood Mental Health Taskforce (ECMHTF)	To support the social, emotional, and mental health needs of children under 5 in Durham County by increasing access to evidenced-based services through awareness and collective action.	<ul style="list-style-type: none"> • Raise Awareness of the mental health, social and emotional needs of young children • Strengthen and expand evidence-based programs • Increase understanding of the role of social emotional development among early care and education professionals • Develop a coordinated system for young children's mental health needs
Durham ACEs and Resilience Taskforce (DART)	DART envisions Durham as a resilient community where all people thrive. Its mission is to build upon the strengths of Durham communities and systems, advancing an equitable and culturally responsive approach to prevent and respond to toxic stress and trauma.	<ul style="list-style-type: none"> • Join key consortia, learning collaboratives, and other networks to stay abreast of current research across the nation regarding best and promising practices. • Develop an agenda to promote trauma-informed practices and policies at the local, state and federal levels. • Ensure that policymakers are aware and understand ACEs and toxic stress and the health and socioeconomic impacts. • Promoting family-friendly policies such as paid family leave by working with the Chamber of Commerce and key community stakeholders • Promoting family-friendly policies such as paid family leave by working with the Chamber of Commerce and key community stakeholders
Young Child Wellness Council (READY Project)	Foster the healthy development and wellness of all young children in Durham County, preparing them to thrive in school and beyond.	<ul style="list-style-type: none"> • Expand use of evidence-based practices for preventing mental, emotional, and behavioral disorders for identifying and addressing behavioral concerns before they develop into serious emotional disturbances • Designed to meet needs of all children ages 0-8 in Durham County, with particular attention to those affected by racial disparities, substance abuse, homelessness, and parental military deployment. • Train Durham's child-serving professionals to identify and respond to childhood trauma • Increase collaboration and coordination within Durham's early childhood system of care through forums of families of young children and Durham agencies and committees that serve them.

Summary of Strengths and Weaknesses

WHAT ARE THE STRENGTHS AND WEAKNESSES OF DURHAM COUNTY'S EARLY CHILDHOOD SYSTEM TO MEET THE ECAP GOALS?

In the Durham ECAP Workgroup Launch Meeting, the participants brainstormed strengths and weaknesses in Durham to meet the Safe and Nurtured ECAP goals. These strengths and weaknesses have been grouped into themes that are listed below.

STRENGTHS of Durham's early childhood system to ensure all children 0-8 are safe and nurtured	WEAKNESSES of Durham's early childhood system to ensure all children 0-8 are safe and nurtured
<ul style="list-style-type: none">• A strong focus on early childhood mental health• Accessibility of programs and services• Collaboration and cross-sector partnerships• Commitment from leadership at the systems-level• Commitment to equity• Community-centric approach and cultural competence of services• Engaged community• Great medical services• Language access in Spanish• Momentum and consistency around funding systems that support early childhood• Strength of CDSA to provide and coordinate early services• Strength of home visiting programs• Strong resources at academic institutions• Strong early childhood education options• Use of evidence-based programs• Wealth of resources and services in Durham <p>Focus areas for other workgroups:</p> <ul style="list-style-type: none">• Energy around high-quality early child care and early education• Strong early childhood education options• Supports to connect families with early childhood supplies like diapers	<ul style="list-style-type: none">• Distrust of the system• Equity not always at the forefront• Lack of cultural awareness and competency• Lack of language access beyond Spanish• Lack of resources• Many taskforces, workgroups, projects, etc. with overlapping priorities and redundancies• Not all services are accessible and affordable• Not harnessing volunteer capacity enough• Organizations can work in silos• Outdated eligibility requirements to receive services• Services lack, steady dependable funds• System is difficult to navigate• Taking an incremental approach, rather than a systems-change approach• Undervalued community assets and lack of intentional community engagement <p>Focus areas for other workgroups:</p> <ul style="list-style-type: none">• Families are struggling to meet basic needs• Inadequate supply of high-quality, affordable child care programs• Need better communication and bridge between early childhood community and DPS• Undervalued and underpaid ECE directors and staff; rooted in racism

