



# 2022 Randolph County Assessment Report

Funded by the Randolph County Board of Commissioners  
October 2022

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# Executive Summary

## 2022 Randolph County Community Assessment Snapshot

Children’s Home Society, through its Institute for Family (IFF), received funds from the Randolph County Board of Commissioners to assess trends around family well-being and provide insights on how to reduce the rising pattern of kids in foster care in Randolph County. The process took place between January-July 2022 and included:



An analysis of population health and DSS data



An environmental scan of assets and opportunities



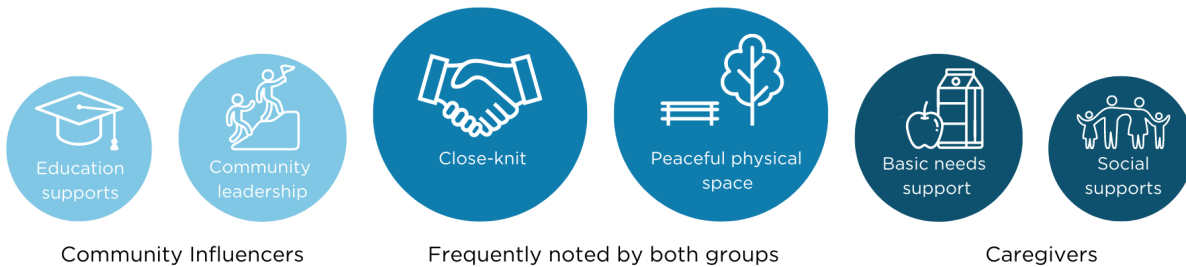
Over 100 resident interviews (81 caregivers and 26 community influencers)



Media analysis of stories about child maltreatment

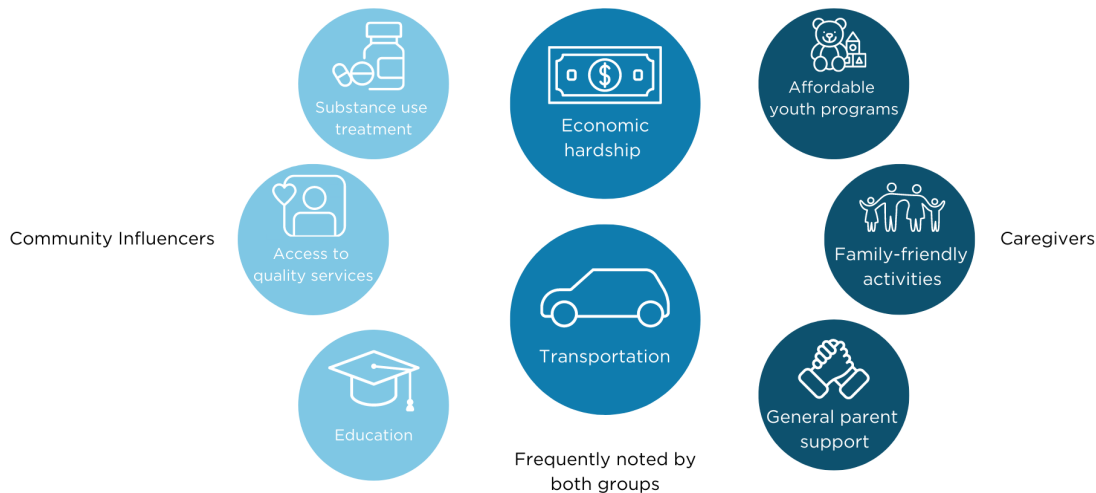
### RESIDENTS NOTED MANY ASSETS IN RANDOLPH COUNTY

(n=79 parents, 17 community influencers)



### RESIDENTS IDENTIFIED OPPORTUNITIES TO BETTER SUPPORT LOCAL FAMILIES

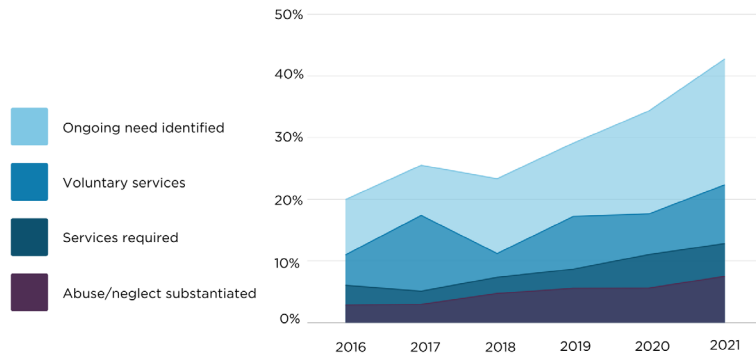
(n=79 parents, 17 community influencers)



## STRESSORS THAT OVERBURDEN FAMILIES ARE INCREASING IN RANDOLPH COUNTY

Department of Social Services (DSS) Assessment findings show growing needs at every phase. For example, the proportion of families with needs/concerns identified has more than doubled and foster care rates are up 82% since 2016. Even with employment, caregivers consistently noted that they are struggling with transportation and meeting their most basic needs.

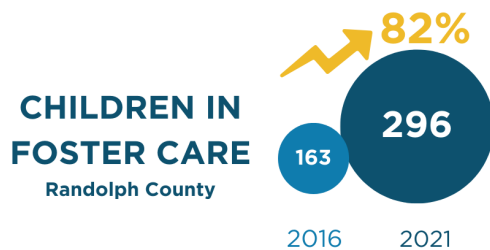
Percentage of total assessments with service needs or abuse/neglect substantiated (2016-2021)



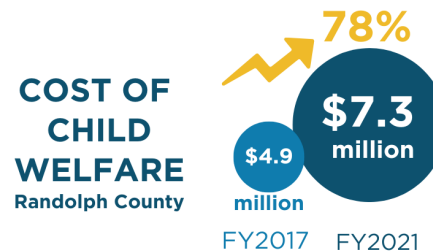
Families make too much to receive things like food stamps, but they still struggle because they do not make enough to get by.”

- Randolph County Caregiver

## THE INCREASED PROPORTION OF FAMILIES WITH COMPLEX NEEDS IS DRIVING COSTS UP



\*Compared to a 2% increase across North Carolina over this same time period



\*Compared to a 5% increase in Medicaid over this same time period

## TO BEGIN REDUCING THE NUMBER OF CHILDREN IN FOSTER CARE, IFF RECOMMENDS:



**Enhance relationships** between overburdened caregivers and historical decision-makers.



**Expand shared decision-making processes** that include caregivers that are the most overburdened and co-create new solutions.



**Invest in addressing the economic hardships** that families are experiencing and transportation needs.



**Support the digitization of DSS data** to increase efficiency, information access, data-driven decisions, and ability to measure effectiveness.



**Assess history** to identify how past policies, practices, and investment patterns may link to present conditions.



**Prioritize resources** in areas with lower community health and wellness scores.



**Shift investments** more upstream to prevent families from entering the child welfare system.



**Build community awareness** about factors that overburden families and how the community can help.

# Acknowledgements

The Institute for Family (IFF), a department of Children’s Home Society of North Carolina, would like to thank the numerous partners that made this assessment possible. First, a special thank you to the Randolph County Board of Commissioners for providing funds to support the work, and to the Randolph Partnership for Children who dedicated countless hours as the lead partner in planning and implementing the assessment process. IFF would also like to recognize the dedicated members of the Department of Social Services team, particularly the leadership, quality improvement, and fiscal management teams, who provided ongoing access to data and participated in numerous meetings to share insights and provide historical context. We would also like to acknowledge the meaningful contributions and support from the Department of Public Health team including the sharing of prior community assessments, and joint coordination around data collection and utilization.

IFF would especially like to thank the more than 80 caregivers who demonstrated their unwavering dedication to Randolph County by making their voices heard during the interview process. For the purpose of this assessment, caregiver was defined as an adult family member who provides care for children (e.g. parent, grandparent, aunt, uncle, etc.). We are extremely grateful for the courage, vulnerability, and extensive knowledge that caregivers provided and for sharing their innovative ideas on how the community can support family well-being. Additionally, we would like to recognize more than 20 community influencers who provided valuable perspectives during the assessment process including school district leaders, elected officials, individual donors, members of the faith-based community, local community champions, justice system members, and leaders from the non-profit sector. Finally, a special thank you to the following entities for meeting with our team to provide support and guidance:

- Asheboro Housing Authority
- Asheboro Raiders Football Team
- Faye’s Hope
- Lydia’s Place
- Mt. Shepherd Retreat Center
- Our Daily Bread Soup Kitchen
- Randolph ChAMPS
- Randolph Community College
- Randolph County Community Navigators
- Randolph County Managers
- Randolph County Family Crisis Center
- Randolph County Public Libraries
- Randolph Partnership for Children
- Regional Consolidated Services
- United Way of Randolph County
- Village of Barnabas Initiative (VOB Initiative)
- Your Choices Randolph

# Definition of Terms

**Community asset:** A strength or something perceived as beneficial within a community.

**Caregiver:** An adult family member who provides care for children (i.e., parents, grandparents, aunt, uncle, etc.).

**Child welfare system:** Group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families.<sup>i</sup> In Randolph County, the Department of Social Services (DSS) is the designated child welfare agency.

**Child welfare involvement:** Any interaction between a child welfare agency and caregivers.

**Community influencer:** Individuals that are actively involved in supporting child/family well-being such as school district leaders, elected officials, individual donors, members of the faith-based community, local community champions, justice system members, and leaders from the non-profit sector.

**Family well-being:** A state in which all family members are safe, healthy, and have the ability to reach their full potential.<sup>ii</sup>

**Prevention:** Upstream strategies to keep families from facing child welfare involvement such as addressing root causes of stress prior to problems escalating.

**Primary drivers of health:** Circumstances that are shown through research to affect a person's health and quality of life which include access to quality health care, education access and quality, access to and affordability of healthy foods, social connections and support, stable employment and housing, safe neighborhoods, clean air and water, and more.<sup>iii</sup>

**Quantitative data:** Numerical information that is used to shed insight on trends.<sup>iv</sup>

**Qualitative data:** Information that is non-numerical that seeks to understand opinions, experience or concepts.<sup>v</sup>

# Introduction



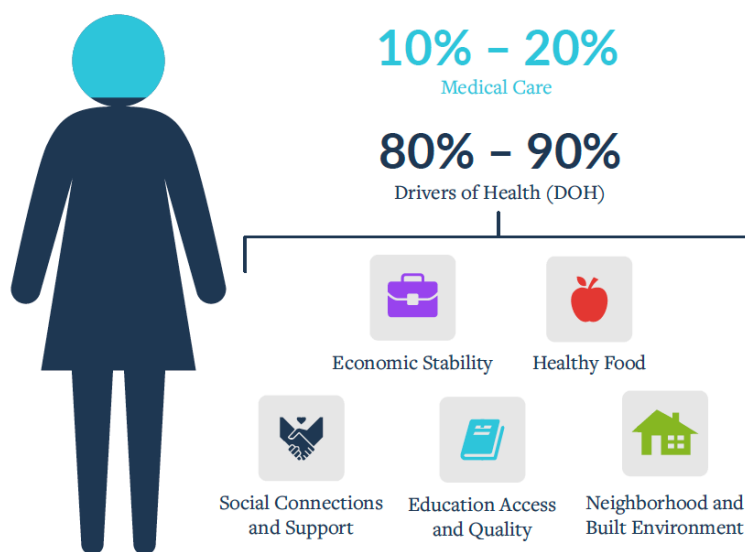
The Institute for Family (IFF) is a department of Children’s Home Society of North Carolina that seeks to advance family well-being. IFF received funds from the Randolph County Board of Commissioners to conduct a Community Assessment for Randolph County. Funds were distributed through the Randolph Partnership for Children who served a lead role in planning and implementing the assessment process. The assessment was designed to help community stakeholders better understand the needs, set priorities, and inform investments, with a particular emphasis on how to reduce the number of children in foster care and enhance family well-being.

In December 2021, IFF leaders met with county leaders to discuss and refine the assessment process to be used. This report summarizes the findings from the assessment, which occurred between January and July 2022, and includes recommendations for moving forward.

# Assessment Process

For this assessment, IFF used a mixed-method approach that combined both quantitative and qualitative data collection and analysis. The quantitative analysis, conducted in partnership with researchers from the University of North Carolina at Chapel Hill, assessed the county's economic, health, educational, social, and neighborhood contexts as well as child welfare trends. These factors were used as extensive research shows these are critical to increase health, mental health, well-being and quality of life outcomes for individuals. Commonly referred to as "drivers of health," these are conditions in the places where people live, learn, work, play, and pray that have been shown to impact a wide range of health, quality-of-life risks, and wellness outcomes.<sup>vi</sup> As demonstrated in Figure 1, research shows that these conditions account for between 80-90% of an individual's health and wellness, with only 10-20% being impacted by direct care, such as medical care.<sup>vii</sup> There is also a strong relationship between these factors and the likelihood that someone will end up in the child welfare system.

Figure 1: Conditions where people live, learn, work, play, and pray drive health and well-being outcomes more than access to treatment.  
Source: Christensen Institute



“ [Randolph County] feels like home. I love the community and the neighbors. [The] county has some supports for families.”

- Randolph County Caregiver

Data from six sources were used to examine characteristics of the County, child welfare trends, and the extent to which family and child well-being are supported through community protective factors:

1. The American Community Survey (ACS)
2. The 2021 Population Census
3. The Centers for Disease Control and Prevention (CDC)
4. Kids Count Data Center
5. The US Department of Agriculture (USDA)
6. Randolph County Child Welfare Administrative and Fiscal Data

The American Community Survey (ACS) data are estimates based on a rolling sample survey from 2015 to 2019 (i.e., 60 months). The census data come from the most recent data collection released in 2021 and are aggregated at the census tract level. Both the ACS and census data were procured from the Esri GeoEnrichment Service. All geographic data were analyzed and are displayed at the census tract level. The Child Welfare Administrative Data come from two administrative records, the Child Protective Services (CPS) application form (DSS-5104, Appendix A) and the Department of Social Services (DSS) client entry

form (DSS-5027, Appendix B), as well as fiscal data that was requested for fiscal years 2017-2022. These data were obtained through consultation with the Randolph County DSS Office of Quality Improvement and the fiscal management office. Data reported by Randolph County to the North Carolina Department of Social Services were also pulled from the Child Welfare Work First and Food and Nutrition Services website (CW/WF/FNS website).

Additional data were obtained from federal agencies, including crime data from the Federal Bureau of Investigation (FBI) Uniform Crime Report, mortality data from the National Center for Health Statistics at the Centers for Disease Control and Prevention, and food access data from the Food Access Research at the US Department of Agriculture (USDA).

IFF requested additional quantitative data including participation trend data, program completion data, waitlist data, and outcomes data from various entities in the community providing services, but these data were not available as most agencies indicated they do not have this type of data readily accessible.



The qualitative data analysis was multi-pronged and included three parts:

1. **Informal interviews** ranging from 90-120 minutes with 8 key non-profit agency leaders across the community.
2. **Structured community influencer interviews** ranging from 60-90 minutes with 18 community leaders across sectors using the Community Readiness for Change Instrument (developed by the Tri-Ethnic Center for Prevention Research at Colorado State University) and supplemental community assessment questions developed by IFF. Community influencers included but were not limited to school district leaders, elected officials, individual donors, members of the faith-based community, local community champions, and justice system members. Please note that one community influencer interviewed did not feel she had enough knowledge to answer some of the required questions, so only 17 interviews were coded/scored.
3. **Interviews with 82 caregivers** in Randolph County ranging from 30-60 minutes with the IFF-developed community assessment questions and a small subset of the Community Readiness for Change questions. For demographics on caregiver respondents, please see Appendix C. Please note that three of the data recordings were damaged so only 79 interviews were coded/scored and included in the analysis. Family caregivers received a \$75 gift card as a token of appreciation.

Data from the Community Readiness for Change Instrument was scored according to the guidance provided by Colorado State University as more thoroughly described in Section 5.2. For the questions developed by the Institute for Family, a minimum of two independent reviewers first assessed responses to identify common themes across respondents. Once identified, the team analyzed all responses and calculated percentages of responses that fell within the themes. Responses from family members were compared to community influencers responses.

Finally, a media analysis of stories relating to child welfare was conducted as an indicator of what community members may know or believe about families involved with the DSS system. This analysis, coupled with qualitative questions around beliefs in the community, were analyzed to inform future knowledge/awareness building opportunities.



I've heard caregivers of youth all over Randolph County say 'we have got to have this support... we have got to have this awareness...we have got to have the resources that give these families and children a chance to fight to stay together, to get better'...and it is loud, you must hear it."

- Randolph County Caregiver

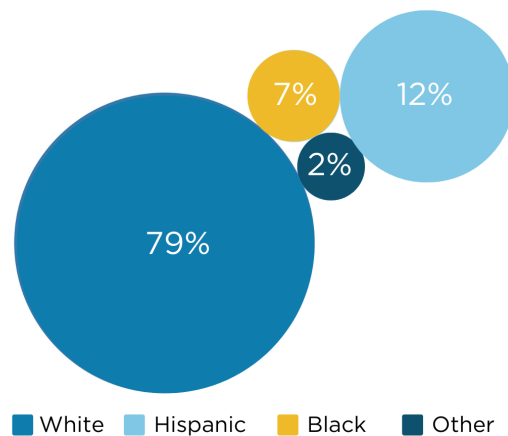
# Section 1: General Community Demographic Trends



As of 2020, Randolph County, North Carolina was home to just over 144,000 residents which ranks 20th out of 100 in terms of county population size in the state.<sup>viii</sup> Generally, the population has grown slower than that of North Carolina, increasing just 2% between 2011 and 2020, compared to the increase of 10% in the state during the same period. The child population trend in Randolph County also differs from the state as it has been declining—down 7% between 2011 and 2020 (from 34,337 to 31,891)<sup>ix</sup>—as compared to the 1% increase in the statewide child population.

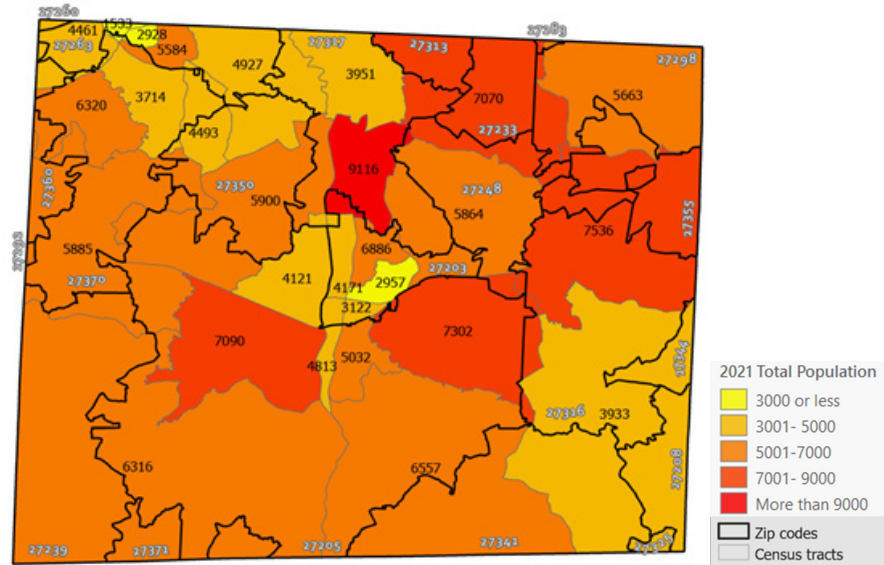
As shown in Figure 2, Randolph County residents primarily identify as white (79%), followed by Hispanic (12%), African American (7%) and other (2%). The community is becoming more diverse over time, evidenced by the steady decline in the white population (down 2% between 2011-2020) with corresponding increases in populations of color (Hispanic population up 19% between 2011-2020, Black population up 15% during same time period).

Figure 2: Demographics breakdown in Randolph County (2020)



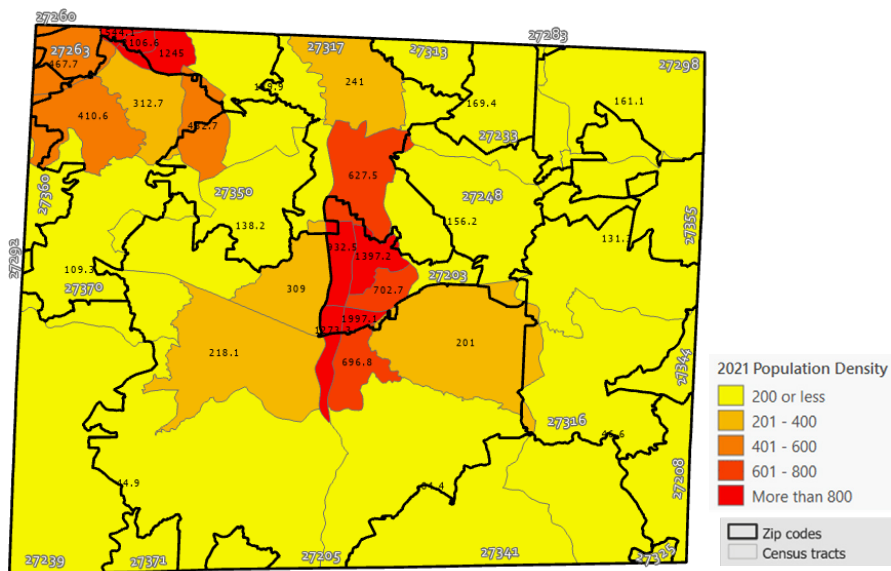
In terms of resident geographic spread, there are 28 census tracts, defined as small statistical subdivisions, in Randolph County ranging in size from just over 1,500 residents to 9,165. Figure 3 visually depicts how the current population is distributed amongst the geographic space and census tracts (note the census tracts are outlined in gray, with darker red shades indicating higher population; the zip codes are outlined in black).

Figure 3: Geographic distribution of Randolph County residents across 28 census tracts.



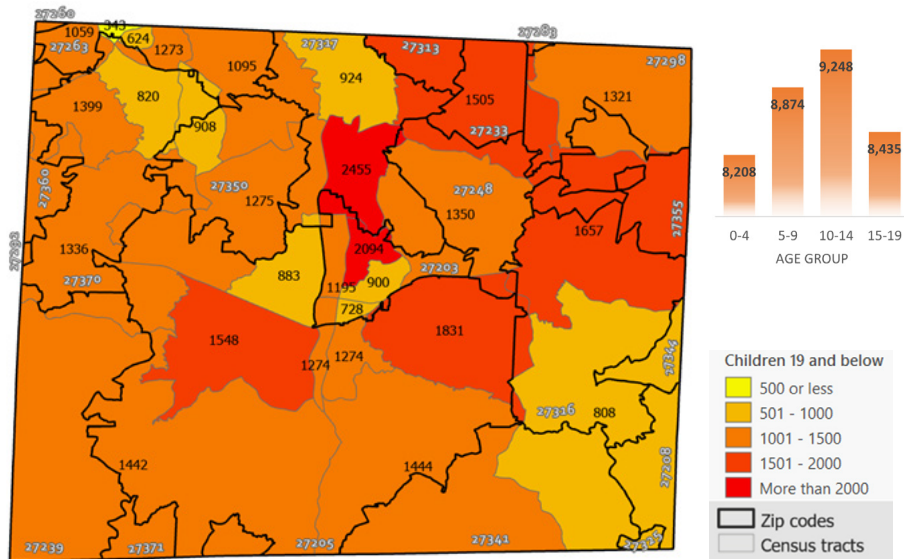
The population density analysis of the county, measured as the number of persons living per square mile, shows the center and northwestern part of the county are comparatively more densely populated. Figure 4 depicts a heat map of population density with darker red shades representing a higher number of people living in close proximity to one another.

Figure 4: Total population density



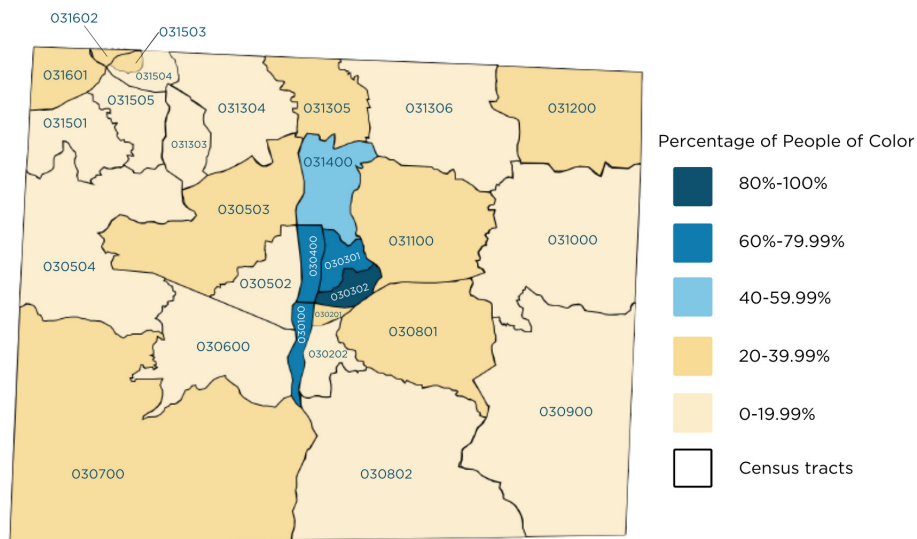
The child population in Randolph County is spread across the county, with the highest number of children living in the more central and eastern portions as depicted in Figure 5.

Figure 5: Child population



In terms of race/ethnicity distribution across the county, populations of color are over-represented in the center and northeastern part of the county. As further discussed in the opportunity section below, these are also the census tracts with the lowest levels of community health. Figure 6 depicts a visual representation of distribution by race and ethnicity where the darker shades represent a higher proportion of persons of color.

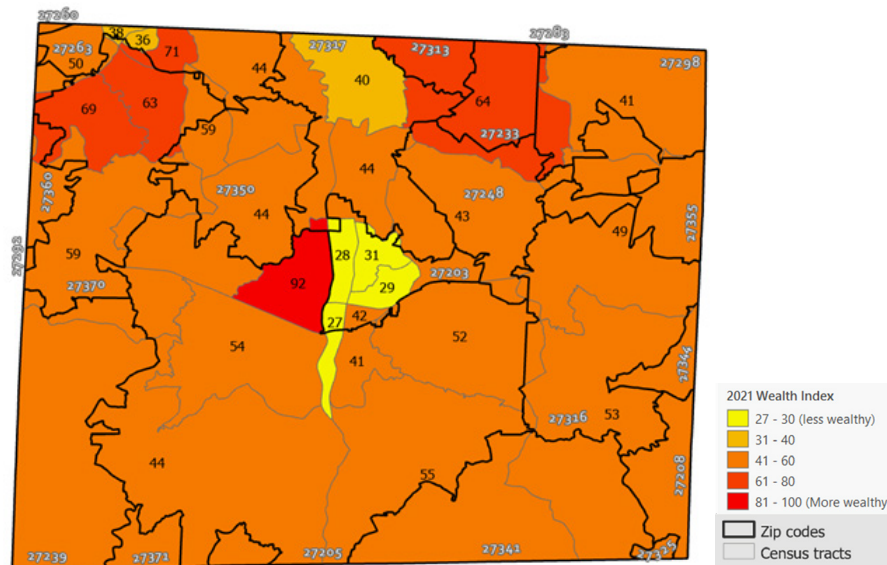
Figure 6: Percentage of people of color by census tract



When looking at household makeup, the number of households with children looks relatively similar in Randolph County to that of North Carolina as a whole (31% of households in Randolph, 30% in North Carolina).<sup>x</sup> The types of households (e.g., married-couple household, cohabitating households, number with individuals living alone, etc.) also look relatively similar for North Carolina and Randolph County. However, Randolph County has slightly fewer female households with no spouse/partner (26%) compared to North Carolina (29%), and slightly more households with grandparents raising grandchildren (10%) versus North Carolina (7%).<sup>xi</sup>

As of 2020, the median household income in Randolph County was just under \$49,000.<sup>xii</sup> The median family income was \$53,891 between 2016-2020.<sup>xiii</sup> As further discussed below, this is lower than that of North Carolina as a whole. In terms of wealth distribution across the county, a heat map of wealth index was utilized. Wealth index is a composite measure of wealth reflecting both average household income and average net worth. The index measures each census tract's wealth compared to the national average. Values exceeding 100 represent above average wealth. Figure 7 shows that the census tracts in the center of the county represents the area with the lowest wealth index, followed by highest wealth index areas adjacent, above, and west of this area.

Figure 7: Wealth index (2021)



“ The working poor only has so much...We don't have public transportation here. There are people that will walk five miles to get to health care. There is not enough access to parks.”

- Randolph County Community Influencer

# Section 2: Community Asset Inventory

The analysis of community assets included researching and documenting existing support services, noting community-level opportunities that are on the verge of impacting Randolph County, as well as interviewing and documenting responses from more than 100 caregiver and community influencer interviews. The findings from each of these processes are below along with some key takeaways that were drawn from the data.

## SECTION 2.1: EXISTING COMMUNITY SERVICES

An examination of programs available in Randolph County identified numerous assets that support the well-being of children, youth, and families. Regarding basic needs, food and nutrition benefits are available and in 2022 served just over 12,000 households in Randolph County.<sup>xiv</sup> The number of households receiving food and nutrition services had been steadily declining since 2013 but increased between January 2020 (around 9,000 households served) and January 2022 (just over 12,000 families), likely due to COVID-19. This pattern mimics the trends on the state level.<sup>xv</sup>

Work First, supported by federal Temporary Assistance for Needy Families (TANF) funds, provides qualifying families assistance with three types of support: diversion services to help address unexpected emergencies; short-term cash assistance for working parents; and retention services by ensuring the benefits of working outweigh the benefits of receiving government assistance. Families whose income is at or below 200 percent of the federal poverty level are eligible.<sup>xvi</sup> In 2020, approximately 270 children received Work First benefits in Randolph County.<sup>xvii</sup>

The Community Services Block Grant, administered by Central Piedmont Community Action, provides additional services for low-income families in Randolph County including money management training, workforce readiness training, short-term job skills training, educational assistance, employment assistance, housing assistance, and crisis intervention. This occurs through the Self Sufficiency Program and CARES NC program. Over the past five years, the self-sufficiency program has served 158 families in Randolph County and has maintained minimal waitlists (between 4-23 individuals annually over a 5-year period). The overarching goal is to raise family income above the federal poverty guideline for the family size and assist the family to attain a level of economic self-sufficiency. This includes providing comprehensive case management services to stabilize participating families and to help family members enhance life skills, employability, and maximize opportunities for economic growth. The CARES NC program, established in 2020 to assist families with the economic hardships caused by the pandemic, has served 126 Randolph County Families since its establishment.<sup>xviii</sup>

In addition to the benefits referenced above, families can also receive childcare subsidies to assist with the costs of attending a childcare program. According to the Director of the Department of Social Services, Randolph County has successfully eliminated the waitlist for this service as of 2022.<sup>xix</sup> Randolph County also benefitted recently from a one-time investment of \$805 million in North Carolina's early care and learning programs.<sup>xx</sup>



Randolph County received \$3,144,695 from these stabilization grants.<sup>xxi</sup> There are also close to 375 pre-kindergarten spots in Randolph County<sup>xxii</sup>, and just under 150 Head Start spots through the three programs offered across Randolph County.<sup>xxiii</sup>

The analysis also identified just under 50 parent education class spots using the Incredible Years curriculum, and 56 spots in the Parents as Teachers home visiting program through Partnership for

Children, the local Smart Start partner providing an array of supports to children 0-5 and their families. The goal is to ensure all children enter kindergarten healthy and ready to succeed in school and life. Randolph Partnership for Children provides additional support, such as the Dolly Parton Imagination Library, Reach Out and Read, and Little Free Libraries as well as provides professional development to enhance quality of early education programs.<sup>xxiv</sup>

Other non-profit organizations providing services within the community were also identified as assets for children and families through this process. First, the Randolph County Family Crisis Center provides an array of services to support families experiencing domestic and family violence, sexual assault, child abuse, and human trafficking in Randolph County. This includes emergency shelter, crisis services, advocacy, outreach, case management, counseling, and support groups. In addition, Your Choices Randolph was identified as an asset for women who are experiencing unexpected pregnancies and need support exploring available options. The analysis also identified numerous faith-based support programs for families including programs through local churches and Christian United Outreach Center, a short-term financial crisis intervention center. Finally, the United Way was identified as an asset providing support through a multitude of programs, including emergency support programs that emerged in response to COVID-19.

The analysis additionally found numerous assets at a grassroots level that seek to build a sense of community within Randolph County, particularly within the East Asheboro Community where a core group of residents have been donating their time, passion, and skills to enhance the life of youth and families. For example, the Village of Barnabas (VOB) Initiative is a comprehensive mentorship program that seeks to pair children in the community with caring adults who can help foster academic, social, and resiliency skills. Through partnership with the VOB Initiative, the Asheboro Raiders Football Program was established to give approximately 100 youth aged 5-12 the opportunity to build life skills and social connections through recreational sports and off-field support. Having just ended its inaugural season, the program exceeded all goals and has plans for expansion and further connecting youth to community. Asheboro's Hope of East Side is an additional program that seeks to build a sense of community. They have organized various events since their recent inception, including an inaugural Christmas gift-giving program where they collected between

300-350 presents to give away to youth in the community. Our Daily Bread Kitchen, a local food pantry providing daily meals and support to anyone in need, was identified as another important asset to the community. Other initiatives from the grassroots leaders are underway and will serve as assets, including creating Randolph Community College satellite classes, mobile healthcare access, and building additional resource connections.

The analysis additionally identified community-wide opportunities that are newly developed or on the horizon that are intended to have a positive impact on family health and wellness. First, the 100-acre Sportsplex that is planned will have a range of family wellness activities such as soccer, football, volleyball, and lacrosse. It will additionally have family-friendly activities such as an amphitheater, walking/bikes trails, playground, and picnic areas.<sup>xxv</sup> The recently added Community Navigator program is also intended to serve as a support network for families throughout the community. Housed in the local libraries, an identified safe space for many, navigators help connect individuals to resources that can help individuals reach their goals.

Furthermore, the new women’s shelter, Lydia’s Place, will be an additional resource for women and families experiencing housing insecurity, providing temporary housing.<sup>xxvi</sup> The Toyota Megasite coming to Randolph County will also bring numerous jobs with an average salary of more than \$62,000 to the area, which is an important indicator of family health and wellness.<sup>xxvii</sup> Please note, while some benefits are likely, there were individuals in the community who did not perceive this as an asset, expressing concerns about things such as the population growth, traffic, crime, and other indicators. Finally, the community of east Asheboro has plans to renovate a building that was previously used for a childcare center but has been vacant since closing in 2014. The plans include creating a recreational center that will support youth and families with various services such as tutoring, mentorship, and family-friendly activities.



**I do like the sense of community...we are very willing to help each other.”**

**- Randolph County Community Influencer**

## **SECTION 2.2: ASSETS IDENTIFIED BY RESIDENTS**

In addition to documenting existing programs, the community asset analysis gathered perspectives from more than 100 residents including caregivers and community influencers. To get a true sense of stakeholder perspectives and encourage broad thinking, these interviews started with open-ended questions (e.g., “What do you like most about your community”) and then added focused questions about specific types of resources/assets that have been shown through research to drive family health and wellness (e.g., parks, transportation, childcare, safe environments, etc.).

In response to the open-ended questions, the most widely noted asset by both caregivers (49%) and community influencers (41%) interviewed in Randolph County was the close-knit feel of the community. Residents of Randolph County specifically noted the strength of

the community members coming together to support one another and a general sense of “we look out for each other.” The physical appeal of the community was also a commonly identified asset by both caregivers (34%) and community influencers (18%).

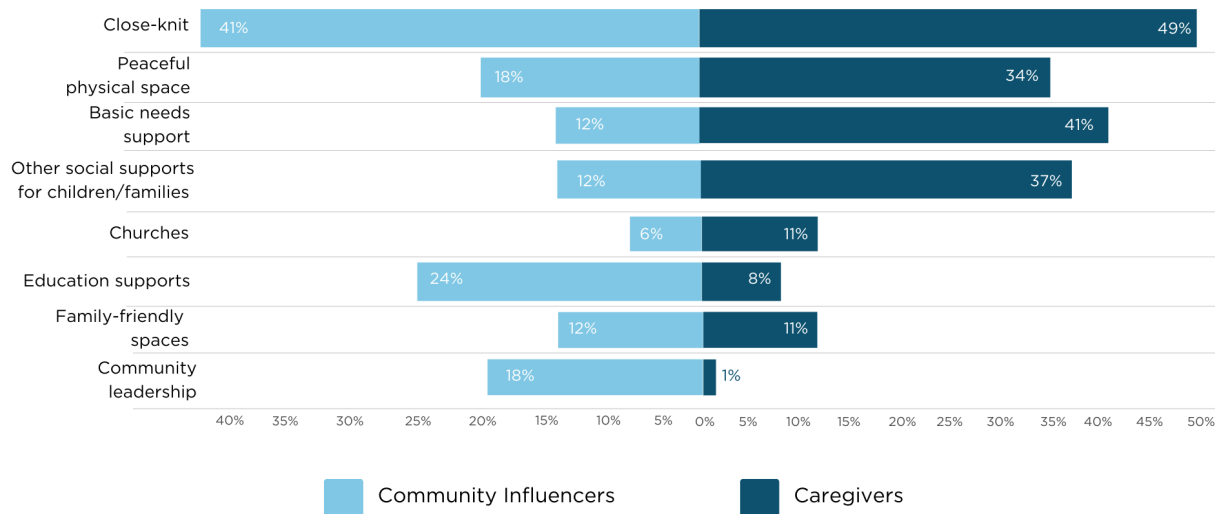


**I like that [Randolph County] is a small community. A lot of resources are close to each other. With it being a small community, everybody knows how to network. I like the concerts in the park. It gets families out in a relaxed atmosphere. Kids can play and older people can dance.”**

- Randolph County Caregiver

Beyond these similarities, there were differences noted in the top assets identified between the groups. Specifically, programs assisting with basic needs were the second most common asset identified by caregivers (41%), with other social supports in the community identified third (37%). These were not commonly identified assets in the open-ended questions with community influencers. These individuals more commonly identified supports around education (24%) and community leaders (18%) as assets in Randolph County. Figure 8 shows the top assets noted for families in relation to the assets noted by community influencers.

Figure 8: Community assets identified by respondents (Appendix C)



Of the 41% of caregivers that identified basic needs supports as an asset, many specifically referenced Our Daily Bread Food Pantry, the income support programs offered through DSS (e.g., food stamps, WIC), the Salvation Army, and the Christian United Outreach Center.

Places offering recreational activities for families, including the YMCA and the Recreation Center were also mentioned various times. Several families also acknowledged the support from Medicaid/Medicare programs through DSS.

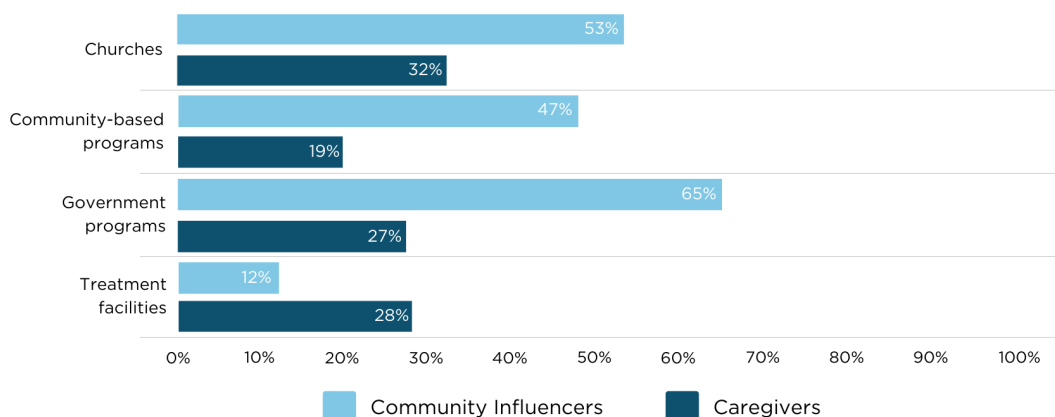
Beyond asking open ended questions, the assessment process asked about access to specific resources that have been shown through research to improve overall health and wellness of individuals and families. These resources ranged from physical environment (parks, safe neighborhoods) and support programs (churches, healthcare, substance use, mental health, schools) to economic indicators such as jobs that pay enough to afford bills, affordable childcare, and safe/affordable housing. Respondents were also asked to identify the extent to which individuals could access more informal support from family and friends. Figure 9 depicts the four assets that both caregivers and community leaders identified as being more accessible resources in the community. For an overall assessment of accessibility to each of the research-identified resources, please see Figure 25 on page 30.

Figure 9: Four community resources identified as most accessible



As a different approach to identifying community assets, caregivers and community leaders were also asked an open-ended question about where families go for support or guidance when needed. While there were similarities between groups in terms of the top places identified, there were differences between groups in terms of the ranking of support areas. Specifically, community influencers perceived government programs as the top place families would go (65%), followed by churches (53%), and community-based programs (47%). Caregivers identified churches as the most common place for support (32%) followed by treatment facilities (28%) and government programs (27%). Community-based programs were only mentioned in 19% of the parent interviews compared to nearly 50% of the community influencer interviews. Figure 10 demonstrates the similarities and differences between the two groups.

Figure 10: Where families go for support or guidance, according to respondents (Appendix D)



## SUBSECTION 2.3: KEY TAKEAWAYS

In conclusion, Randolph County is a close-knit community with many positive assets that support families. From its physical beauty to the residents coming together to look out for one another, Randolph County is a place where people generally enjoy living. Families have access to a combination of support programs including churches, non-profit organizations, grassroots programs, and government programs. There are also several new opportunities on the horizon for the community that will likely enhance the health and wellness outcomes for families, including but not limited to the Sportsplex, new Resource Navigator Program, and expansion plans for Randolph Community college.

In terms of specific existing resources, churches, schools, parks, and support from family and friends were identified as accessible assets by both caregivers and community influencers. Caregivers additionally identified programs that support families in meeting basic needs as critical to their success followed by social supports in the community. Community influencers were more likely to note schools and community leaders as assets in the community. Overall, there are many positive assets from which to build upon in Randolph County to enhance the health and wellness of families.



# Section 3: Community Need/Opportunities

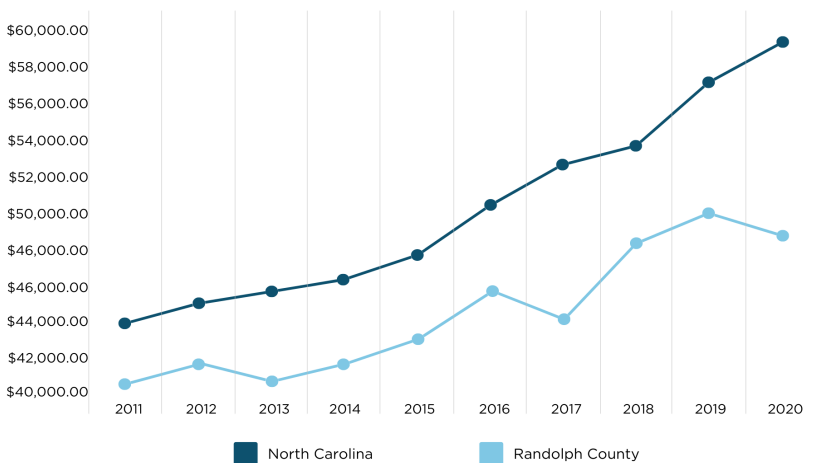
In addition to assets, the analysis identified various areas of need or opportunity for Randolph County by using a combination of community health data analysis and resident interviews. Community data indicators were selected based upon research identifying primary drivers of health and wellness. The results of the community data summary and the community interviews are summarized below along with conclusions.

## SECTION 3.1: COMMUNITY DATA SUMMARY

Randolph County families experience more economic hardship than families in North Carolina. This is partially evidenced by the fact that 1 in 5 Randolph County children live in poverty (20%) which is slightly higher than North Carolina (18%).<sup>xxviii</sup> Randolph County households additionally have a lower median household income compared to both North Carolina and the United States. Specifically, in 2020, the median income for Randolph County was more than \$10,500 less than that of North Carolina as a whole (\$48,849 in Randolph County compared to \$59,616 in North Carolina).<sup>xxix</sup>

The income discrepancy may be partially because the income growth in Randolph County has not kept pace with the income growth seen by North Carolina. For example, while there was a 35% increase in household median income for North Carolina between 2011 and 2020 (from \$44,028 to \$59,616), median household income for Randolph County only grew 20% during that same time frame (from \$40,749 to \$48,849).<sup>xxx</sup> Figure 11 shows the trend of income growth for Randolph County as compared to North Carolina.

Figure 11: Median income growth (2011-2020) in Randolph County compared to North Carolina



“ [We need] better jobs and better benefits within the job.”

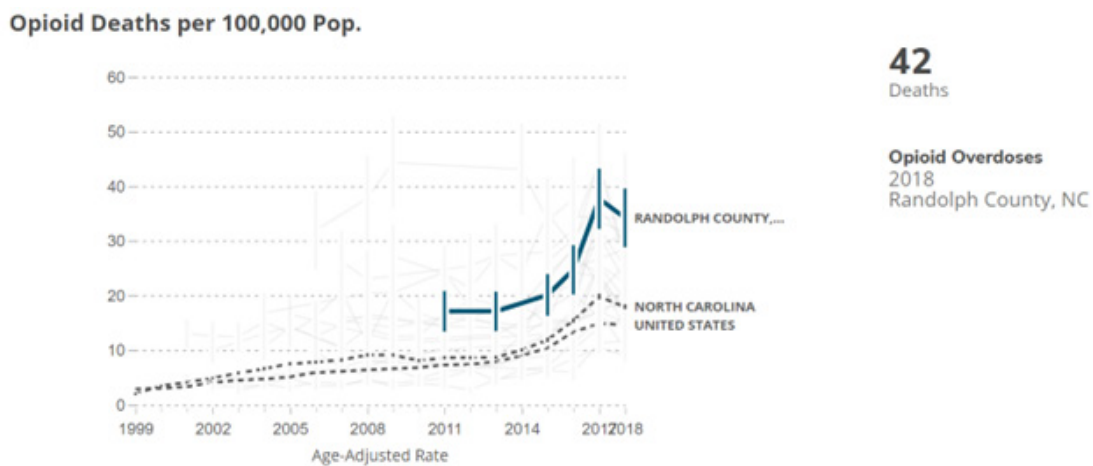
- Randolph County Caregiver

Despite the slower income growth, Randolph County has made more progress than North Carolina in reducing the percent of households that spend more than 30% of income on housing (generally known as housing burden), but there is an opportunity to reduce this even more. In 2020 approximately 1 in 6 Randolph County residents (compared to approximately 1 in 5 for North Carolina) were spending more than 30% of income on housing.<sup>xxxix</sup> This is important as spending more than 30% of one’s income on housing is an indicator that housing is not affordable and is a risk factor for homelessness.

Regarding education, Randolph County is faring slightly worse than North Carolina as a whole. For example, while approximately 79% of Randolph County individuals aged 18-24 have completed high school, this is lower than the 88% for North Carolina.<sup>xxxix</sup> Early childhood program utilization, which has been shown to increase school readiness, is also lower in Randolph County than North Carolina. More specifically, 70% of children in Randolph County that are under age five are not in a childcare center.<sup>xxxix</sup> This is 10% less than North Carolina as a whole, where approximately 60% of children under five are not in childcare.<sup>xxxix</sup>

As shown in Figure 12, Randolph County continued to lead both North Carolina and the United States in opioid deaths per 100,000 in 2018.<sup>xxxv</sup> This supports the common belief expressed by many that substance use is a predominant issue facing the community.

Figure 12: Opioid deaths in Randolph County



“ I would like for us to have intentional preventive support with substance addiction.”

- Randolph County Community Influencer

In addition to providing a sense of how Randolph County compares to North Carolina around certain variables, the assessment process sought to identify how community health factors were geographically distributed. More specifically, a multidimensional community health assessment index was created using 27 factors that are demonstrated through research to increase health and well-being and impact one’s likelihood of involvement with the child



For example, the area with the highest wealth index in the county (census tract 030502), is also ranked 24 out of 28 in overall community wellness and has one of the lowest poverty rates (Figures 14 and 15). However, the unemployment rate in that area is greater than or equal to all but one of the corresponding census tracts with the lowest household wealth index (Figure 16). The percentage of population 25 years and older who have earned a high school diploma was also lower in the area with the highest wealth index than the each of the census tracts with the lowest wealth indices (Figure 17).

Figure 14: Census tract outlines with tract numbers

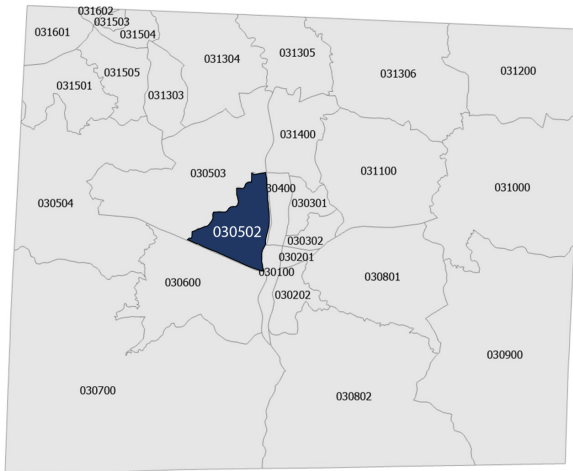


Figure 15: Wealth index (2021)

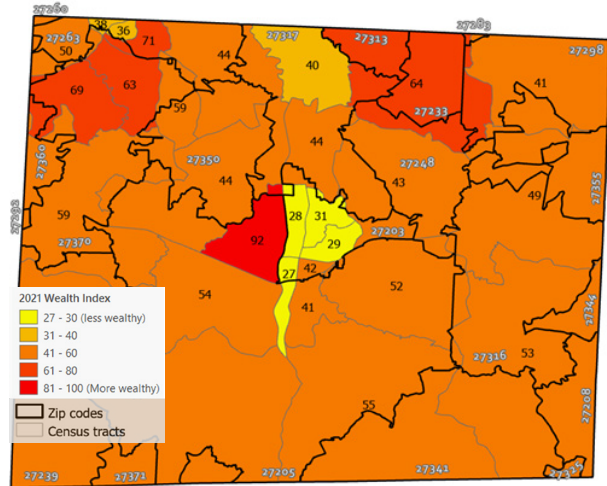


Figure 16: Unemployment rate

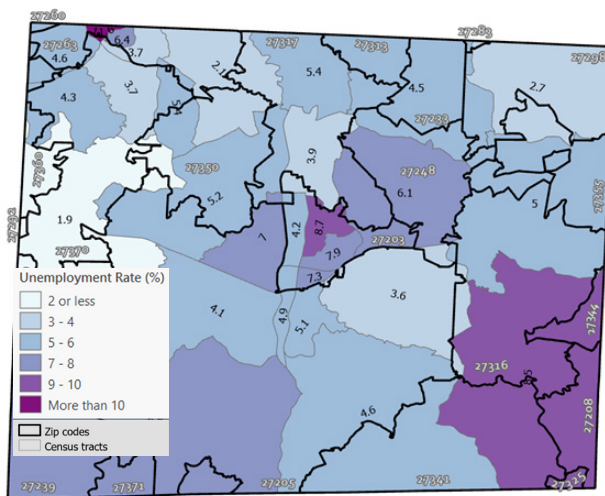


Figure 17: Percentage of populations 25 years and older who have earned a high school diploma

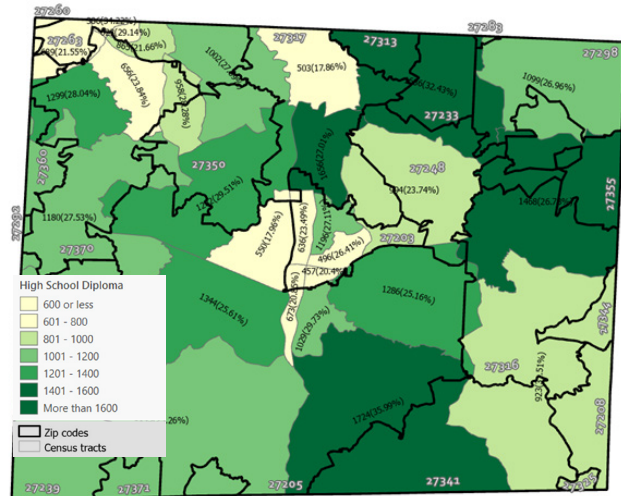
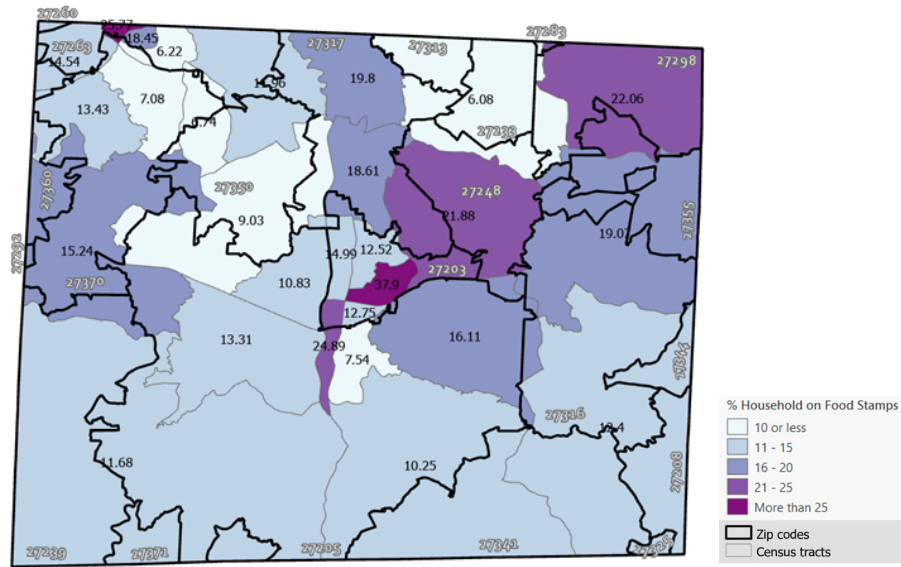


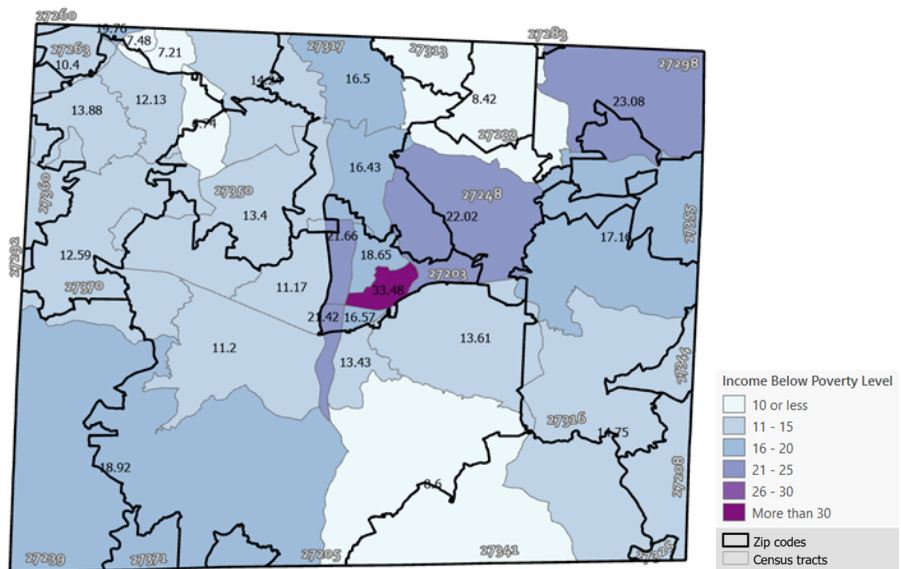


Figure 20: Percent of households on food stamps



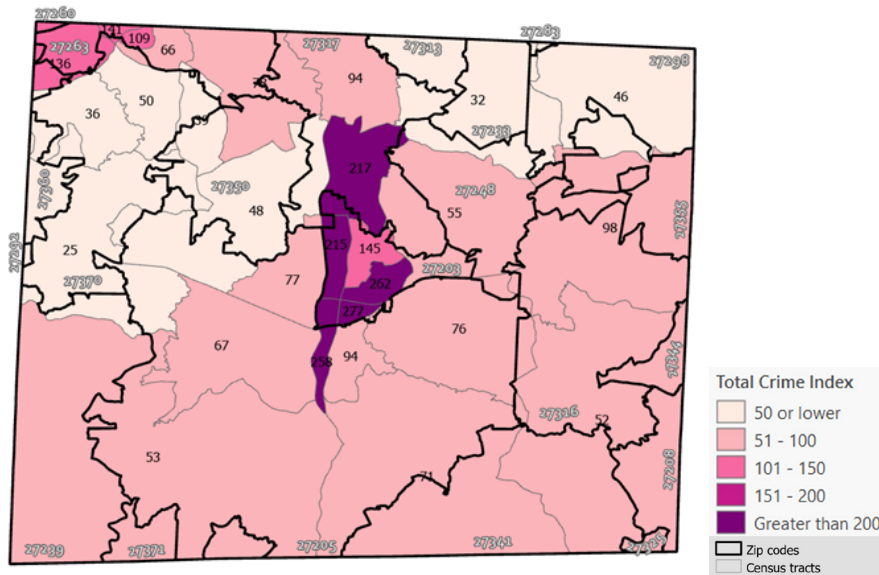
Additionally, the overall community health and wellness scores could not be explained by economic hardship alone. For example, Figure 21 shows the distribution of households with income below the poverty level, where the darker shades represent higher poverty. Many of the areas with higher poverty levels also had higher overall community health scores (Figure 13) and vice versa. See Appendix G for two additional heat maps with similar patterns.

Figure 21: Households with income below the poverty level



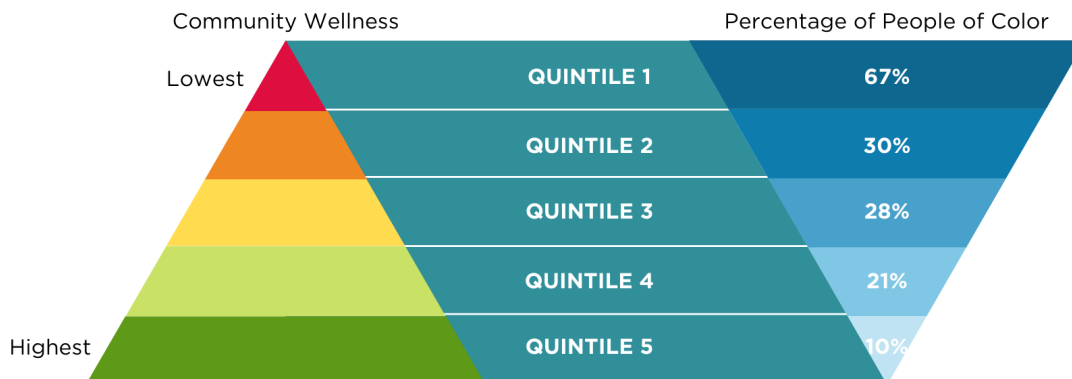
Crime was also found to have a geographic pattern that could not be fully explained. Specifically, the assessment identified that almost all crime in Randolph County is centralized. Figure 22 shows the distribution of the total crime index assessing the relative risk of seven major types of crimes: murder, rape, robbery, assault, burglary, larceny, and motor vehicle theft. This may be partially explained by the population density as a similar pattern emerged, though other underlying factors are likely contributing given some differences noted.

Figure 22: Total crime index



A final pattern emerged as part of this analysis that should be further explored. Specifically, persons of color were over-represented in areas with low community health and wellness supports. This was determined by ranking each census tract from lowest to highest and then dividing them into five categories called quintiles from lowest wellness score to highest. Figure 23 shows that persons of color are more likely to live in quintiles that lack health and wellness infrastructure.

Figure 23: Greater percentages of people of color live in quintiles with lower community wellness scores (Appendix H)



This pattern is consistent with community assessments across the country and should be further explored. Specifically, a historical analysis of past policies and practices around health and wellness and the impact on present day conditions may offer additional guidance on strategies moving forward.

### SECTION 3.2: COMMUNITY NEEDS IDENTIFIED BY RESIDENTS

The predominant recurring theme from caregiver interviews was around economic hardship and the difficulty in meeting basic needs. For example, in an open-ended question about what changes caregivers would like to see for Randolph County to better support families, 54% noted supports that would address economic hardship (e.g., food, housing, financial distress). Within this cluster, caregivers most noted concerns around general basic needs (25%) and housing (17%). Interestingly, several noted that economic hardships are additionally impacting families just above the poverty line and the bottom of the middle-class, who are not eligible for many assistance programs but do not make enough money to afford the cost of living in the area. Fifty-three percent of community influencers that were interviewed also noted economic hardship and basic needs support as critical. This theme reinforced the previously noted data on how income and economic hardship is impacting Randolph County.

**...in an open-ended question about what changes caregivers would like to see... to better support families, 54% noted supports that would address economic hardship.**

Increasing economic stability has also been found to reduce instances of child maltreatment and foster care. For example, a study conducted in 2017 found that every \$1 increase in the minimum wage is associated with a 9.6% reduction in neglect reports.<sup>xxxvi</sup> Similarly, states with state-level refundable earned income tax credits had 11% fewer entries into foster care after controlling for poverty, race, education, and unemployment. Another study found that each additional \$1,000 spent on public benefits programs annually per person living in poverty is associated with a reduction in child maltreatment reports, foster care placements, and child fatalities due to maltreatment.<sup>xxxvii</sup>

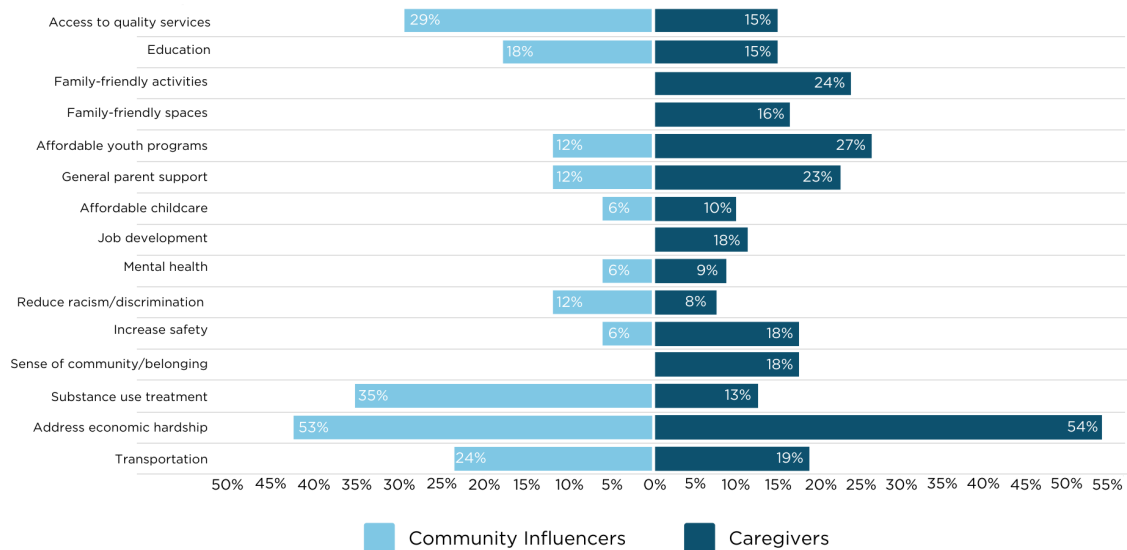
**“ Families make too much to receive things like food stamps, but they still struggle because they do not make enough to get by.”**

**- Randolph County Caregiver**

Despite the similar belief between groups that economic stability was the most pressing need, there were numerous differences between caregivers and community influencers on additional supports needed. Specifically, caregivers were more likely to identify community-level supports that drive health and wellness (e.g., family-friendly activities, a sense of community belonging), whereas community influencers were more likely to identify later-stage intervention services (e.g., substance use treatment, coordination of services,

etc.). Figure 24 shows the similarities and differences between what caregivers stated would support families and what community influencers believe will offer support. This demonstrates the importance of including caregivers when creating policies and making decisions that impact their well-being.

Figure 24: Community supports needed by families, according to respondents (Appendix I)



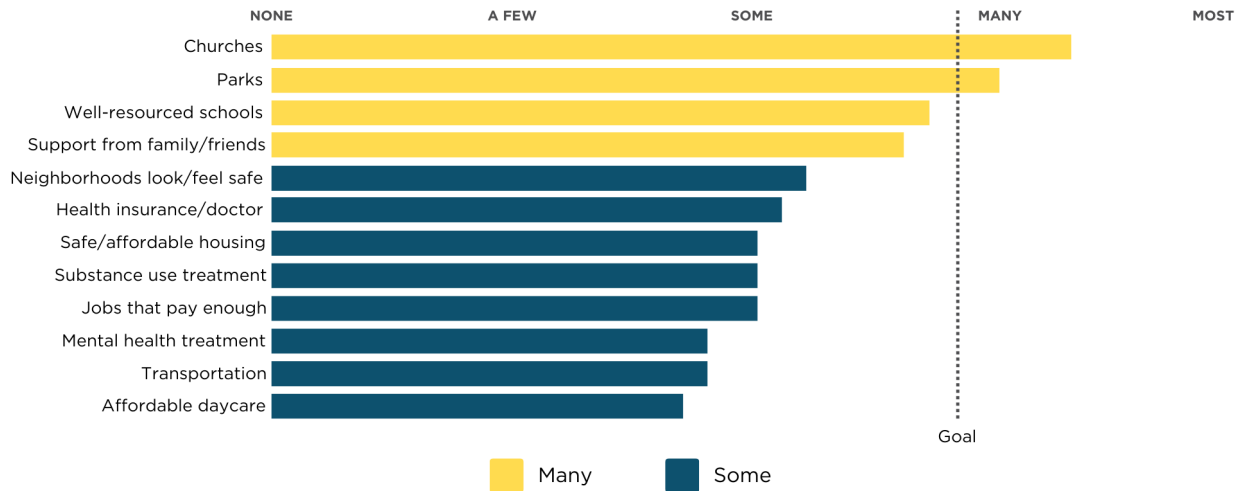
“Would like to see more community things where people get together...more free programs in the community. Community festivals with things that can help people but make it fun.”

- Randolph County Caregiver

In addition to the open-ended question about the types of support families need, individuals provided input on the extent to which families could access a pre-determined list of supports that enhance well-being. Individuals were asked whether none, a few, some, many, or most families in Randolph County could access each resource. Figure 25 shows the perceptions of caregivers and community influencers around resource access. According to respondents, most of the resources shown through research to enhance well-being were not accessible to the majority of families.

**...most of the resources shown through research to enhance well-being were not accessible to the majority of families.**

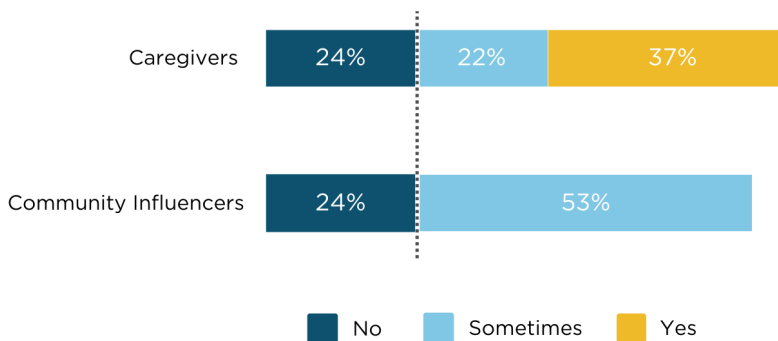
Figure 25: Number of community members that have access to resources, according to respondents



To get a better sense of whether access to resources was influenced by geographic area, respondents were asked to identify in an open-ended question whether there were areas within the county that had more difficulty accessing resources and their perception of why. There were two primary themes that emerged in terms of geographic areas that have more difficult access: 1) The lower income areas in Asheboro (East Side) noted by 25% of caregivers and 65% of community influencers; 2) More rural areas of the community identified by 10% of caregivers and 18% of community influencers.

In terms of why access is a challenge, transportation was identified most often in the open-ended responses from caregivers (25%), followed by income (13%). The opposite was true for community influencers who perceived that income was the biggest barrier (47%) followed by transportation (24%). Other challenges noted were lack of awareness (8% caregivers, 6% community influencers), lack of trust (8% caregivers, 18% community influencers), and the area is under resourced with the wrong type or not enough supports (10% caregivers, 0% community influencers).

Figure 26: Whether families feel safe reaching out for support, according to respondents



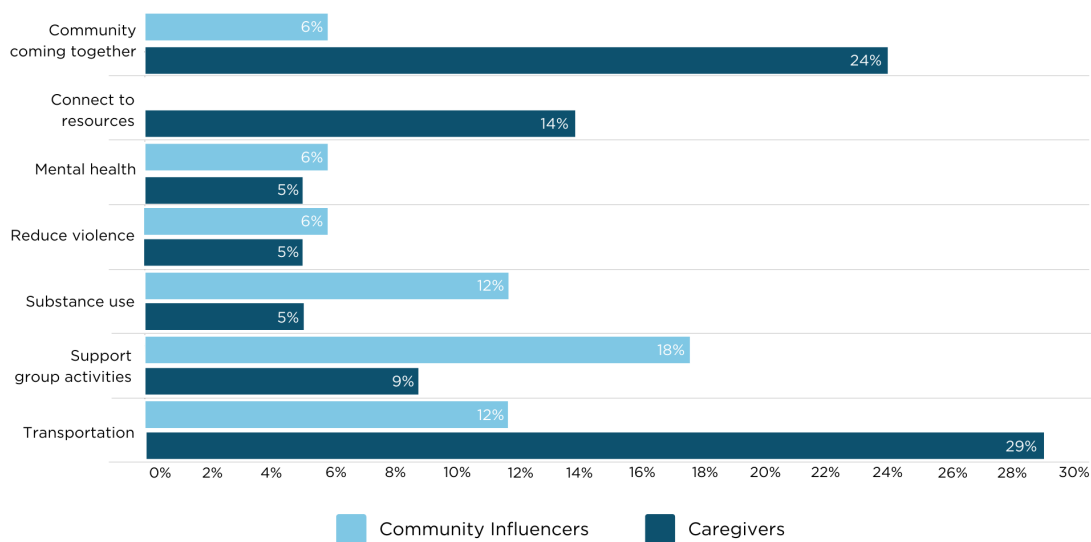
When asked whether respondents thought parents felt safe reaching out to places in the community for support/guidance when needed, there was another distinction between caregivers and community influencers as evidenced by Figure 26.

Caregivers and community influencers both responded in an open-ended question

that stigma/gossip is the number one thing that keeps parents from feeling safe reaching out for support or guidance (16% caregivers, 53% community influencers). Other common themes noted for why parents would feel unsafe reaching out were distrust (9% caregivers, 18% community influencers), perception that resources are not helpful (6% caregivers, 0% community influencers), and the process of reaching out is intimidating/overwhelming (5% caregivers, 0% influencers). See Appendix J for all responses.

The final question about needs included asking what would be most helpful to support family well-being in Randolph County. While a shared view that addressing transportation was key, noted most frequently by caregivers (29%) and second most frequently by community influencers (12%) some interesting differences emerged. Specifically, 24% of caregivers noted that the community and government coming together to build relationships and solve problems would be most helpful. This was the second most common thing noted by caregivers but was only noted once by community influencers. Fourteen percent of caregivers also noted connection to resources as critical as compared to no community influencers noting this as the most helpful strategy. The most common response by community influencers to what is needed was support groups/activities (18%), which was only noted by 9% of caregivers. Figure 27 displays similarities and differences more specifically.

Figure 27: Resources and strategies most helpful in supporting family well-being, according to respondents (Appendix K)



“ [I] want more things that include all colors of children. There’s still lots of division in this county. We need some more affordable housing and childcare. The voucher system is great but...had to wait eighteen months.

- Randolph County Caregiver



“If you don’t have transportation, it’s a challenge...I lost my job because of this.”

- Randolph County Caregiver

### SECTION 3.3: KEY TAKEAWAYS

While the assessment identified potential areas of focus to reduce child welfare costs and improve health and wellness in Randolph County, in and around zip code 27203 and in the Liberty area, it did not identify a clear explanation for the discrepancies. However, historical community investment patterns have been shown to account for similar discrepancies in other communities. Specifically, community neighborhoods/census tracts with lower levels of historical community investment (as defined as dollars, resources, and distribution of power), have been shown to have higher present day stress factors such as the conditions identified through this analysis (e.g., poverty, higher levels of crime, etc.). These analyses have similarly found a demographic pattern of a higher number of persons of color in communities with lower community wellness infrastructure. Contributing factors to this pattern have included historical policies and practices, sustained trauma across generations, and inherited poverty.

More exploration around historical investment patterns, policies, and practices should be conducted to identify whether such factors are playing a role in Randolph County health and wellness differences. Additional analyses and community conversations to better understand the wellness discrepancies across areas should include and prioritize perspectives of individuals in areas with lower wellness scores. Partnering with individuals that have first-hand knowledge and experience helps ensure different perspectives are represented and incorporated into decision-making. This has been shown to advance progress around health and wellness and reduce downstream child welfare costs in other areas.

Additionally, both the community data and resident interviews indicated that addressing income challenges and transportation may offer increased family well-being in Randolph County. There were also many differences in perspectives that emerged between families and

community influencers. Generally, community influencers were more likely to reference solutions focused on individual parenting skills/behaviors, whereas caregivers were more likely to reference broader, community-level changes that are needed such as transportation, well-paying jobs, enhancing community environments/safety, and increasing family-friendly activities.

Caregivers' responses also suggested the need to bring together government and community residents/parents to work towards the common good in Randolph County. Specifically, when asked what would be most helpful for Randolph, caregivers noted responses such as "We need to pull together. It's not about me, myself and I. It's about everybody" while noting there is a mindset that parents must "fend for themselves" and need "more support from the government." There was a general sentiment expressed by about a quarter of respondents that caregivers, particularly those living in areas with lower community wellness scores, feel their perspectives and needs are overlooked. Responses suggested that bringing together caregivers and community influencers to deepen relationships, broaden perspectives, and create solutions that prioritize the needs of overburdened families would be a positive direction for Randolph County.

**Generally, community influencers were more likely to reference solutions focused on individual parenting skills/behaviors, whereas caregivers were more likely to reference broader, community-level changes that are needed such as transportation, well-paying jobs, enhancing community environments/safety, and increasing family-friendly activities.**

“

**On a government level, there is underresourcing. I would like to see combating of the opioid crisis...I would also like to see more work on racial issues. The camps are privately funded. Our theater troop gets some city resourcing and have been able to do some cool youth programming and are going to start doing some tutoring in underprivileged areas.”**

**- Randolph County Community Influencer**

# Section 4: Community Narratives And Beliefs Around Children And Families

Research shows that mindsets and beliefs about families affect policy, practice, and investment decisions that are made. The Frameworks Institute has been researching existing narratives or beliefs about children and families across the country for close to 20 years. This has included research about families that are involved in the child welfare system. As a result of this research, they have identified a handful of narratives that can hinder progress around preventing child maltreatment and supporting family wellness. These include specific beliefs or perceptions around families living in poverty, families involved with the child welfare system, as well as beliefs around who can be part of the solution.<sup>xxxviii</sup>

To determine the current beliefs in Randolph County, caregivers and community influencers were asked to indicate how many people in the community believe certain things. Some of the statements tested were things that have been shown to increase family support, and others were beliefs that have been shown to hinder progress. The assessment process additionally included an analysis of media stories that have run in local outlets to provide a sense of the information that people have been exposed to regarding child maltreatment. This is important as most community members do not have first-hand knowledge of these issues and their only knowledge comes through media exposure. The findings from these two processes are outlined in the subsections below as well as key takeaways.

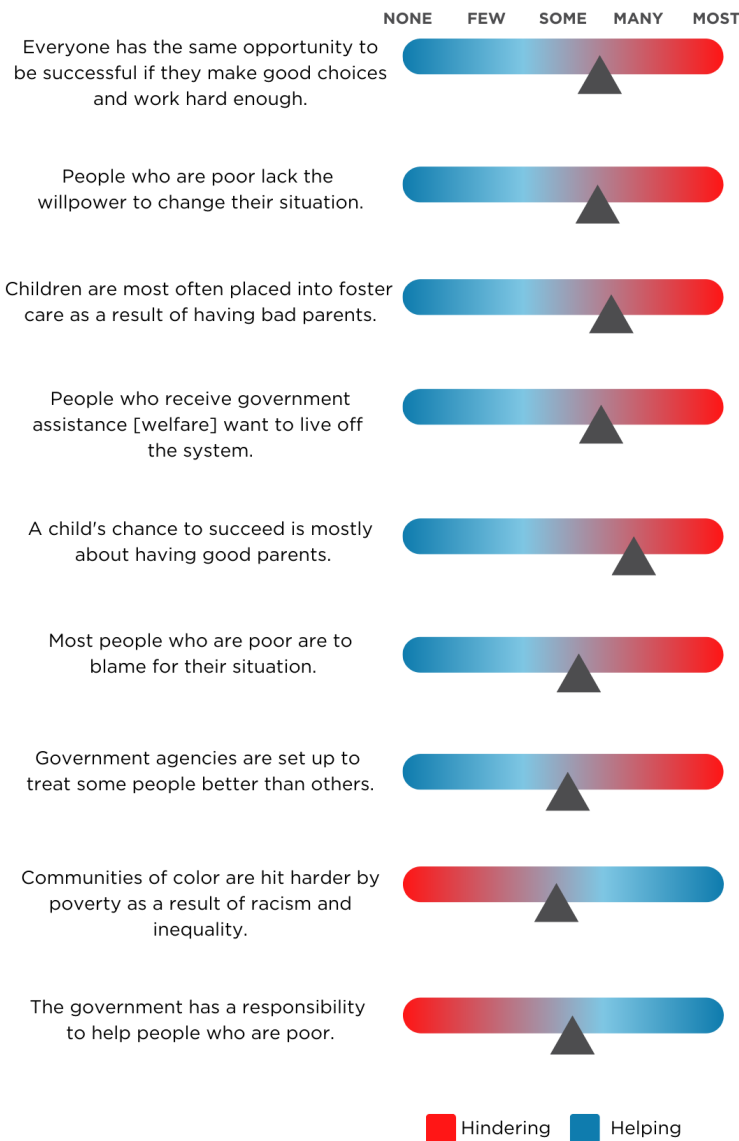
## SECTION 4.1: NARRATIVES IDENTIFIED THROUGH CAREGIVER AND COMMUNITY INFLUENCER INTERVIEWS

On a scale of 1-5 where 1 represented no people and 5 represented most people, participants were asked how many people in Randolph County believed various statements. In Randolph County, there was a relatively small range of responses occurring across all narratives, from 3.0-4.0, indicating that respondents believed that somewhere between some and many people believed each narrative (Figure 28). Caregivers and community influencers indicated that more people believe narratives that have been found to hinder progress, than those that have found to advance progress around family well-being.

This was partially evidenced by the fact that people were less likely to believe that external factors play a role in individual-level outcomes. For example, the most prevalent narrative in Randolph County was the belief that “a child’s chance to succeed in life is mostly about having good parents” (4 out of 5). This narrative has been found to hinder progress in prevention because it does not consider the external factors that drive health and well-being such as one’s physical environment, or access to education and economic resources. This notion of individual responsibility was somewhat reinforced by the fact that fewer people in the community believe that the government has a role in supporting families (3.2 out of 5) as well as the relatively prominent narrative that “Everyone has the same opportunity to be successful if they make good choices and work hard enough” (3.6). Finally, of all the narratives, people were least likely to believe the statement “Communities of color are hit harder by poverty as a result of racism and inequality” (3.0). The narrative of “Government agencies are set up to treat some people better than others (e.g., schools, criminal justice system, etc.)” was the second least predominant (3.1).

Additional narratives tested the extent to which individuals hold beliefs that portray parents in less favorable ways (e.g. bad or lazy). This cluster of narratives fell right behind the “good parent narrative” in ranking with responses ranging from 3.5-3.7. These narratives specifically included the belief that “Children are most often placed into foster care as a result of having bad parents” (3.6); “People who receive government assistance [welfare] want to live off the system” (3.6); and “People who are poor lack the willpower to change their situation” (3.5).” A related though less predominant narrative was “Most people who are poor are to blame for their situation” (3.3).

Figure 28: Amount of community members that believe certain narratives, according to respondents



## SECTION 4.2: RESULTS FROM MEDIA ANALYSIS

In order to gauge the information that people have been exposed to about families involved with DSS, a media analysis was conducted. The purpose of this analysis was not to suggest that these findings would be different than what is generally found in the media about child maltreatment, namely that the more egregious cases would appear. The analysis instead sought to identify how information reported compares to how often these cases occur within the system at large. Since most people are only exposed to what they see in the media regarding this topic, this helps understand the types of messaging they have seen and the degree to which more typical stories have been covered. There was also an intent to determine whether the audience could walk away feeling like they can make a difference.



The media analysis included a review of stories that ran in print and news media outlets over the last three years including the Courier Tribune, Fox 8, Spectrum Local News, WFMY 2, WNCT, and WXII. Each outlet was searched for terms including child abuse, child maltreatment, neglect, Department of Social Services, DSS, child protective services, adverse childhood experiences, and child trauma. The following types of stories were eliminated from the analysis: cases outside of North Carolina, cases where the perpetrator is not a family member and/or didn't live with the child (e.g. teacher, childcare workers, kidnappings, etc.), listing of charges brought against people that had been arrested, children that went into custody after their parent was killed, neglect cases for adults, stories that occurred prior to 2019, stories recruiting foster parents, and stories related to youth running away. This left 127 stories that were analyzed by a minimum of two reviewers at the Institute for Family.

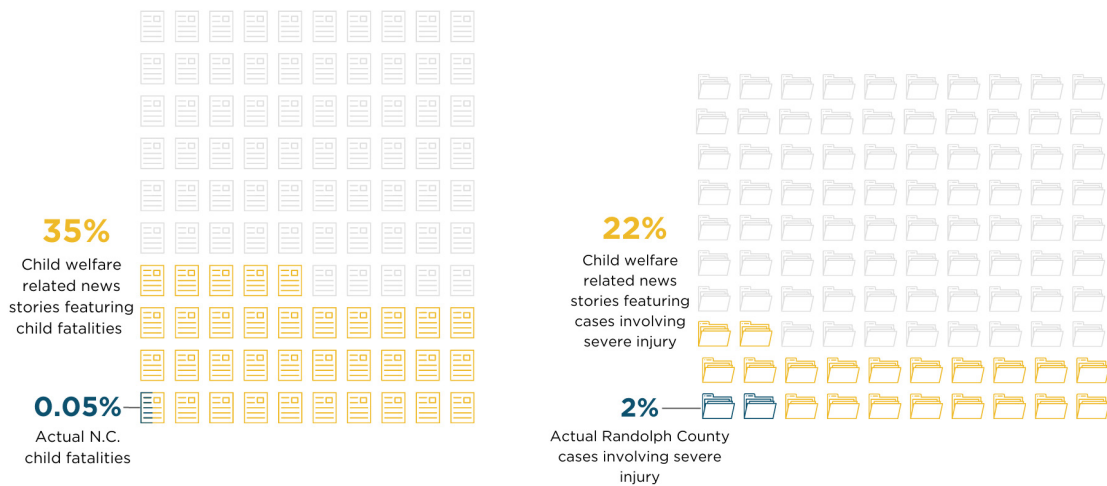
Each of the stories was analyzed using the following criteria. First, stories were assessed around level of severity including whether there was a child death, severe child psychological, physical or sexual abuse that required medical intervention, other child abuse and neglect case, or general information about the subject that was not specific to a single case. Second, stories were assessed for whether issues such as substance use, domestic violence, economic hardship, and mental health/stress were referenced. Finally, stories were assessed for the narratives that they conveyed comparing:

- Bad parents or bad choice narratives versus a narrative of overburdened parents
- Private issue/family solely responsible versus narratives around child maltreatment as a public health issue that requires collective responsibility and response
- Whether the problem was presented as preventable or not

Similar to the interviews, these narratives were intentionally selected based upon the Frameworks Institute research and the types of narratives that help or hinder progress around prevention. More specifically, narratives around bad parents making bad choices have been found to impede progress versus narratives that highlight the more common experience of families that are overwhelmed. Narratives around the problem as a private issue that only family members can solve have been shown to impede progress as they discount the role that community members can play in supporting families and discourage people from becoming part of the solution. Finally, narratives around whether a problem is preventable can positively impact progress as they affect whether community members believe there is a viable solution.

Results from this analysis mirrored patterns found in other areas, and the pattern that was anticipated, namely that stories available in the media tend to be more extreme cases and do not represent the more typical experiences of families that encounter the child welfare system. For example, as shown in Figure 29, 35% of stories that individuals were exposed to through media referenced a child death resulting from abuse/neglect. However, child deaths accounted for only .05% of the cases of child maltreatment in North Carolina 2020 (the most recent data available).<sup>xxxix</sup> Similarly, cases involving severe injury represented 22% of cases in the media but accounted for only 2% of cases in Randolph County in 2020. Alternately, one of the more common factors faced by many families that encounter the system, economic hardship, was under-represented in the media. Income instability has been shown to have a statistically significant direct link to child maltreatment reports resulting in children in lower-income households being over-represented in child welfare data.<sup>xi</sup> However, economic hardship was only referenced in 8% of the media articles.

Figure 29: Percentage of child welfare-related news stories featuring child fatalities or severe maltreatment compared to percentage of actual cases



In terms of how to solve this problem, media stories were more likely to paint a picture that could discourage individuals from acting. For example, only 15% of stories indicated this problem is preventable, with 81% of stories that did not present the problem as preventable. Approximately 75% of stories presented the problem as one that only impacts or can be solved by individual family members, while only 25% reported some type of broader impact on communities and the role/responsibility of our collective society to solve this problem. Finally, about 76% of stories presented a picture of “bad parents” and/or parents making



bad choices, while only 8% reflected the more typical story of parents who are overburdened and in need of support.

These findings are not intended to imply ill-intent on the part of reporters and editors, who are likely seeking to make a positive difference. That said, without being balanced by more common experiences of parents that encounter the system for issues related to stress and poverty, or without noting that these cases are less typical, these narratives can present a limited perspective. They can also hinder progress as readers may leave with the impression that all parents in DSS are bad people that should not be helped. These narratives can also convey a sense of hopelessness in community members who may walk away with the impression that these problems are unavoidable, isolated to a few, and that there is nothing they can do to help their neighbors and community.

### **SECTION 4.3: KEY TAKEAWAYS**

Caregivers and community influencers interviewed perceived that people in Randolph County are more likely to believe narratives that can hinder progress as opposed to narratives that advance progress around increasing family well-being. This could in part be because knowledge around this issue is often limited to media exposure which tends to present more extreme cases. As commonly found in other communities, residents of Randolph County have been exposed to more severe abuse cases in the media and may not have a sense of the more common struggles that can lead to child welfare involvement. The degree of exposure, such as 35% of stories referencing a child death as compared to .02% of DSS cases that involve child death, could also lead one to believe that these cases are more common than they are. This may be impacting how people feel about parents that need support, as well as inadvertently minimizing the role that community members can play in reducing child maltreatment.

This presents an opportunity to increase awareness and understanding for the community by telling more typical stories of families that come to the attention of DSS because they are overburdened and lack support. Given the degree to which Randolph County residents care for one another, telling these stories, including factors that drive child welfare cases, will likely help the county reduce child welfare involvement.

# Section 5: Community Dynamics And Readiness For Change



Understanding the dynamics of a community and the readiness for change are important elements to addressing social issues, such as the increase of children in foster care. The assessment process therefore included a multi-pronged approach to better understand these areas. First, family members and community influencers were asked questions about the overall community dynamics including how power is distributed, how decisions get made, and the extent to which they believe citizens are heard. The assessment also included a question about how people learn about information to help inform future outreach efforts as well as highlighted how the community is currently mobilizing around issues. Interview respondents were also asked questions from the Community Readiness for Community Change validated tool. Findings from each of these are outlined below.

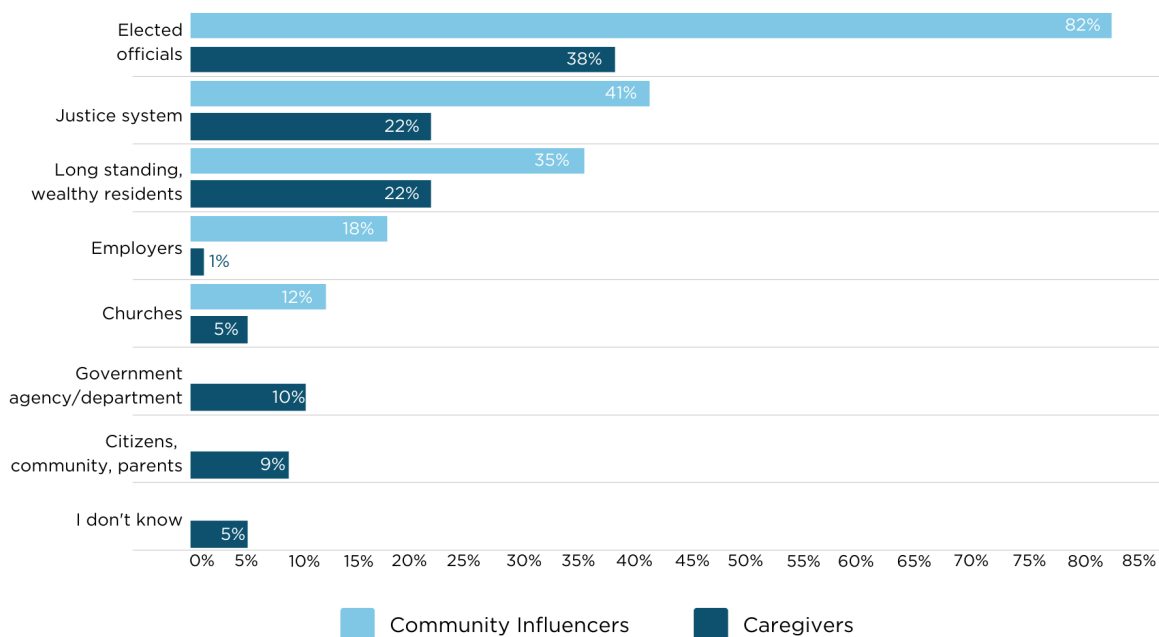
## SECTION 5.1: COMMUNITY DYNAMICS NOTED BY RESIDENTS

Findings from this portion of the analysis highlighted similarities and differences between how caregivers and community influencers perceived power, decision-making, and whether citizens believe they are heard. Most notably, caregivers were less likely to identify or recognize the impact that external decisions had on their family unit. For example, caregivers were much more likely to believe that they themselves made all decisions that impacted their family well-being (33%) compared to 12% of community influencers that believed caregivers make the decisions that impact their families. Community influencers were more likely to believe that elected officials make decisions that impact families (65%) while only 32% of caregivers indicated that elected officials make decisions that impact them. Community influencers additionally believed that the education system makes decisions impacting

families (29%) and the justice system (24%). In comparison, only 3% of caregivers thought the education system makes decisions that impact their families, and 1% of caregivers identified the decisions of the justice system as impacting them. Both groups recognized to some extent that government agencies make decisions impacting families with 8% of families identifying this group, compared to 18% of community influencers.

Regarding the distribution of power in the community, both groups identified similar entities as holding power when responding to the open-ended question. As shown in Figure 30, elected officials were the most frequently referenced by both caregivers (38%) and community influencers (82%), followed by the justice system (22% caregivers, 41% community influencers) and long standing, wealthy residents (22% caregivers, 35% community influencers). However, like the decision-making trend identified, caregivers were much less likely to recognize or reference how power is distributed. For example, while both groups identified elected officials the most frequently, only 38% of caregivers noted the power held by officials as opposed to 82% community influencers.

Figure 30: Who holds the most power to influence community decisions, according to respondents (Appendix L)



“ [Decision-makers] have their own agenda. What the community looks like it needs and what it gets are completely different things.”

- Randolph County Caregiver

Finally, the assessment asked residents whether they believe the voices of regular citizens are heard by leaders with power in Randolph County. Caregiver respondents were more likely to believe that citizens are not heard (43%) compared to community influencers (29%), as shown in Figure 31. Furthermore, while 35% of caregivers believed that leaders hear citizens, only approximately 4% believed that they listen to regular citizens or people without power (Figure 32). Fifty-six percent of caregivers believed leaders only hear the voices of leaders or long-standing, wealthy residents. Approximately 41% of community influencers believed that leaders hear the voices of citizens, with 24% believing they only listen to some residents, namely people with power or long-standing, wealthy residents. Community influencers did not identify regular citizens as a group that is heard by leaders, noting that others with power or wealth are often heard.

Figure 31: Whether decision-makers hear the voices and concerns of regular citizens, according to respondents

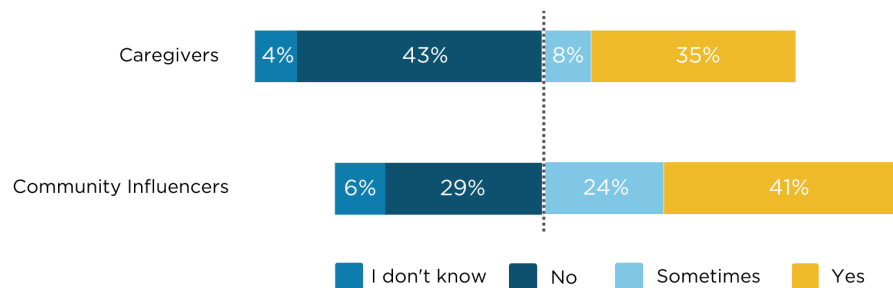
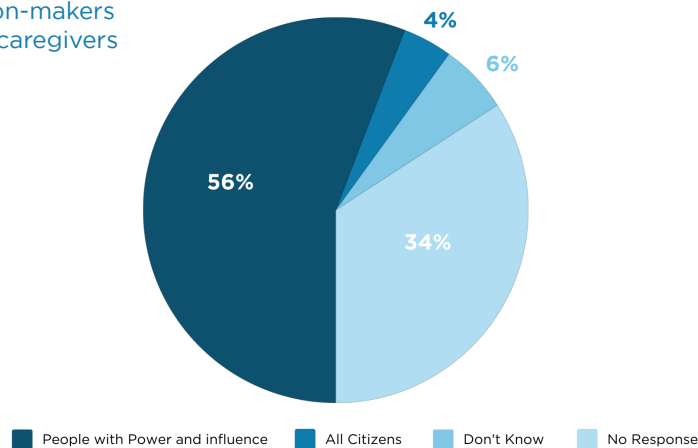


Figure 32: Who decision-makers listen to, according to caregivers

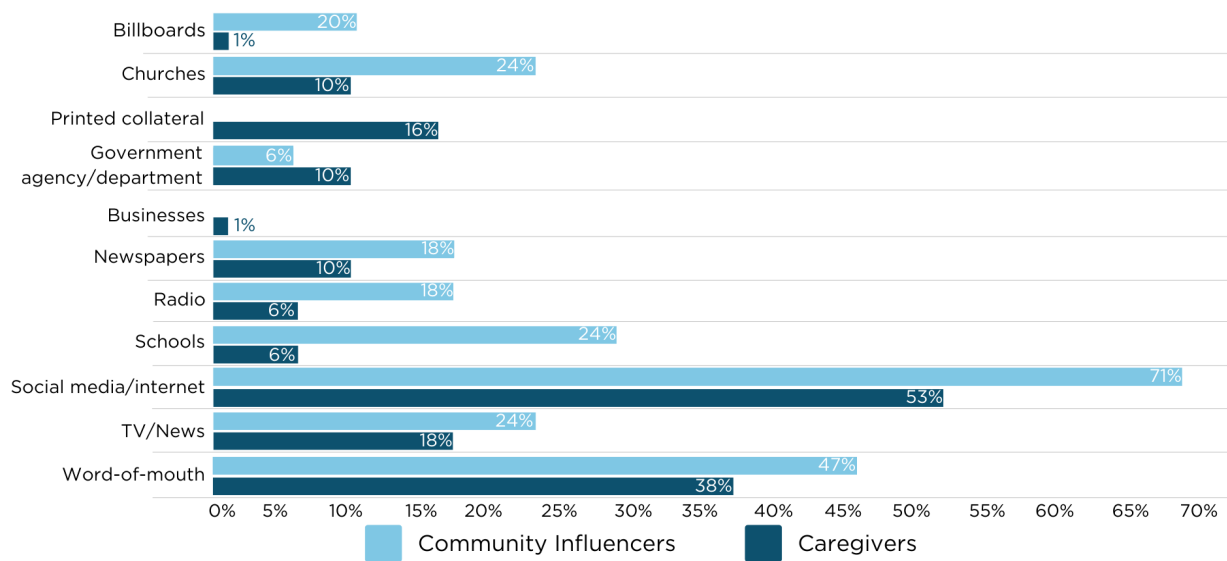


“ [The problem is] because of poor perception and relationship with city government. The perception that they are not going to help us. But it is a matter of asking for help. We can help them, and they can help us. It is a win-win situation.”

- Randolph County Community Influencer

To inform future efforts, the assessment also asked about how people learn about resources in the community. Social Media/internet was the most common open-ended response by both caregivers (53%) and community influencers (71%) followed by word of mouth (caregivers 38%, community influencers 47%). Key differences noted included community influencers were more likely to believe that schools were a source of information (29% of respondents) compared to caregivers self-reporting schools as an information source (6% caregivers). Forty-four percent of caregivers also noted learning about resources by printed collateral (e.g., fliers/pamphlets/posters/bulletin boards), which was not identified as a source of information by any community influencers. Figure 33 shows additional similarities and differences in perceptions around how parents learn about resources.

Figure 33: How families learn about resources, according to respondents (Appendix M)



“ [We need to] seek to know and develop relationships with each other within a community.”

- Randolph County Caregiver

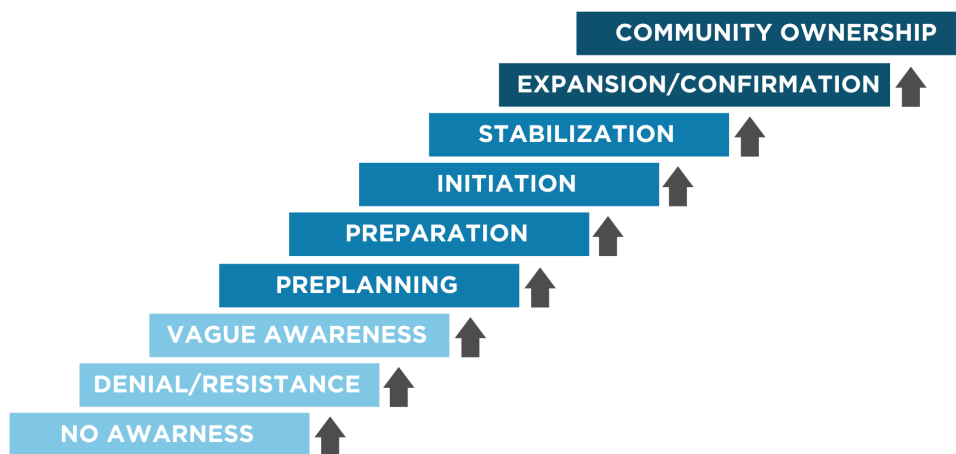
Additionally, the analysis identified various collaborative groups coming together to address complex issues facing the community. First, Project Safe Randolph is a local implementation of the national Project Safe Neighborhood program, which seeks to reduce violence within communities. This program brings together federal, state, and local law enforcement and community leaders and focuses on providing comprehensive support to some of the community’s most violent offenders.<sup>xii</sup> Two inter-connected collaboratives led by Randolph Partnership for Children, namely the Family Engagement & Leadership Coalition (FELC)

and Randolph ChAMPS additionally bring together caregivers and community influencers to enhance policies and practices for families in the community. Finally, the new opioid collaborative through the Department of Public Health brings together leaders from various agencies in the community to address the substance use challenges faced by Randolph County.

## SECTION 5.2: RESULTS FROM COMMUNITY READINESS FOR CHANGE ASSESSMENT TOOL

Understanding the degree to which a community is ready and willing to take action on an issue, such as the number of children in foster care, is important. Having this understanding can help prioritize strategies in a way that will successfully advance change. As such, the current assessment utilized a model developed by Colorado State University through the Tri-Ethnic Center for Prevention Research.<sup>xiii</sup> This model, which builds upon the Transtheoretical Model of Behavior Change by Prochaska and DiClemente, identifies nine stages of readiness as depicted in Figure 34. The level of readiness is determined by assessing five areas: community knowledge of the issue, community knowledge of the efforts to address the issue, leadership attitude toward addressing the issue, community climate or attitude towards addressing the issue; and the resources that are currently or could be used to address the issue.

Figure 34: Stages of community readiness model



While there can be back and forth between stages, each stage generally builds upon the prior. For example, a community that has denial and resistance to change is considered more ready to address the issue than one that has no awareness. It is important to note that the model is not entirely linear, in that communities can and do increase and decrease in level of readiness to address an issue.

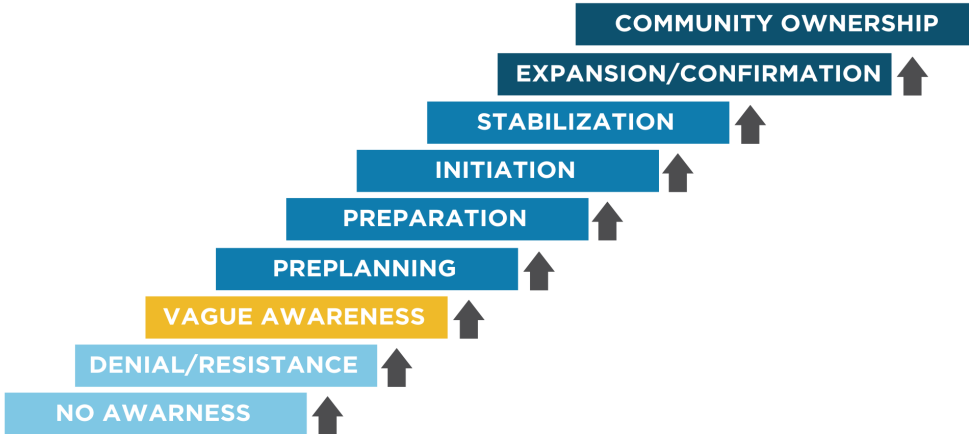
The model is intended to be used to help prioritize strategies around the community's current level of readiness and to avoid strategies that are not aligned. For example, trying to plan solutions to implement within a community that has no awareness, will likely yield limited success. A more effective strategy would be to raise awareness within the community about the issue and how it impacts the area.



To assess the current level of readiness of Randolph County around the issue of children going into foster care, this validated measurement tool was used with community influencers. While the tool only requires between 4-12 respondents, this assessment process included 17 community influencers to get more broad representation. As referenced early in the report, these respondents were cross-sectional including government representatives, elected officials, involved citizens, non-profit leaders, faith-based leaders, individual donors, and school district leaders.

As shown in Figure 35, results indicated that the current readiness stage in Randolph County is “Vague Awareness” (3.1). This stage typically indicates that a few community leaders have limited knowledge, there is no immediate motivation to act on the part of leadership, and there are limited resources that could be used to further efforts to address the issue. The general sense is that something should probably be done, but there is no knowledge about what to do and no ownership over who should act. Recommended strategies at this stage are presenting information at local events/groups, including stories as opposed to relying on facts alone, publishing materials such as articles, editorials, and billboards that relate the information to the local situation. Initiating events in the community to present information on the issue has also been found to be an effective strategy if the events are engaging or have other benefits to potential attendees.

Figure 35: Randolph County is in stage 3 of 9 of the community readiness model



When looking at each individual dimension of readiness, Randolph County scored highest in leadership (4 of 9), and lowest in knowledge of current efforts being done (2.4 of 9), followed closely by resources (2.8 of 9). Knowledge of the issue (3 of 9) and community climate (3.5 of 9) fell in between. This indicates raising awareness about both the issue and the efforts currently underway, may be helpful. It would also be helpful for the community to focus on resources that may be available to address this issue in the community.

### **SECTION 5.3: KEY TAKEAWAYS**

The results from this section indicated that both caregivers and community influencers believe that elected officials, the justice system, wealthy residents, and government leaders hold the most power within Randolph County. Both groups additionally believed that regular citizens, that are not wealthy or in positions of power, are generally not heard by those with power. This presents an exciting opportunity to create space for listening to the unique experiences of caregivers who are overburdened by stressful conditions.

The analysis additionally concluded that Randolph County is in the Vague Awareness Stage of community readiness. This means that while some in the community have limited knowledge and understanding of the issue, the community at large is not aware. Efforts to make change at this stage should center around increasing community knowledge and understanding, focusing awareness efforts on the more typical cases within the child welfare system. Increasing motivation of community members to act, by building empathy for families and enhancing understanding of the community-level impact, would help advance change towards reducing the number of children in foster care.



# Section 6: Child Welfare Analysis

To better understand how to reduce foster care and other costly child maltreatment interventions in Randolph County, the assessment process included an analysis of data about families within the DSS system. The goal was to identify trends in the data as well as potential explanations for various patterns noted. For this portion of the assessment, data was primarily received from the Quality Improvement Coordinator at the Randolph County DSS office. The individual providing this information also contributed numerous hours of expertise around the data through multiple meetings with evaluators from the University of North Carolina at Chapel Hill and the Institute for Family. This support was instrumental to the process and further demonstrated the dedication and passion within county DSS staff for families and children.

Data reported by Randolph County to the NC Department of Health Services, as well as data extrapolated from federal reporting sources, were also analyzed. During the time of the analysis, 2021 data was only partially complete, so the numbers reflected in this report are likely lower than the final totals. Additionally, across the United States, the occurrence of COVID-19 in 2020 significantly reduced child maltreatment reports coming into the system. This is likely because children/youth were more isolated within the home and not exposed to others who often report child maltreatment. Data from 2020 were therefore interpreted with caution in this analysis. The following sections provide a general overview of the data findings and areas of success, as well as a trend analysis over time.

## SECTION 6.1: GENERAL RANDOLPH COUNTY FINDINGS AND AREAS OF SUCCESS

Since 2016, Randolph County DSS has received between about 1,760-1,860 calls per year for alleged child maltreatment. On average, about 73% of calls coming in are “screened-in” meaning there is a determination made that a more thorough assessment is needed. Over the past six years, there have been anywhere between 1,745 to 2,253 children within the cases assessed per year in Randolph County. Randolph County is unique in that it receives a much higher percentage of calls from non-professional sources such as relatives or neighbors (approximately 31% in Randolph County in 2019 compared to 15% nationwide). Other common sources of reporting for both Randolph and the nation are education personnel (25% Randolph, 21% nationwide in 2019), human services (15% Randolph, 10% nationally in 2019), legal (9% Randolph, 19% nationally in 2019), and medical (10% Randolph, 11% nationally).<sup>xliii</sup>

Reporting trends in Randolph County are evolving as the reports coming in from parents and relatives are generally trending down whereas reports from legal and medical sources are increasing. The average age of children reported has remained relatively consistent in Randolph County between 2016 (7.8) and 2021 (7.7).

Randolph County DSS has reduced the number of days between initial report and case decision between 2016 and 2021. More specifically, in 2016 it took an average of 104 days to come to a case decision, whereas by 2021 these decisions occurred on average within 73



days. Reducing the number of days between calls and case decisions is generally a positive indicator if the quality of decision-making remains. For all but one year assessed, there was no statistically significant difference between the initial report and case decision by race/ethnicity. The one exception was 2018, where mixed-race children had fewer days between initial report and case decision than all other race/ethnicity groups. This was a statistically significant difference.

Similar to national trends, data analysis showed that populations of color are over-represented in the DSS system in Randolph County. For example, while the Black population represents only about 6.5% of the population in Randolph County, they represented about 10% of cases in 2021. Similarly, families that are multiracial represented 1.6% of the population at large but close to 10% of DSS cases. Finally, the Hispanic population accounts for 12.7% of the overall Randolph County population but account for approximately 15% of DSS cases. It is important to note that while children of color were over-represented in Randolph, this disparity was generally smaller than the disparities seen at state or national levels.

While further analysis is needed to determine the exact cause for the over-representation of populations of color in Randolph County, other places have identified that children of color are more likely to be over-reported to the system. This has been found to be related to things like historical policies/practices, sustained trauma across generations and inherited poverty experienced by populations of color which can increase the likelihood of being reported for child neglect. Additional analysis to better understand this trend in Randolph County would be beneficial.

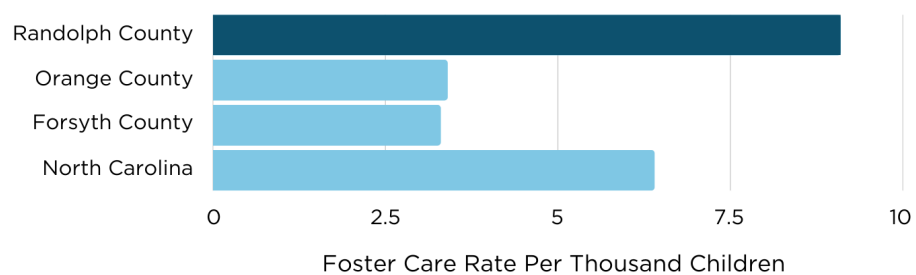
The data also indicate that Randolph County DSS has made strides towards serving some families of color in less-intensive ways. Specifically, DSS has increased the proportion of non-white children that are served during the family assessment phase, which often includes referrals being made for basic needs support. For example, in 2016, Black children represented approximately 11% of children served during the assessment phase. In 2021, Black children represented 20% of children served through this more preventative strategy. The proportion of Black children represented in more intensive categories,

such as required late-stage services, has generally trended down (Black children accounted for 18% of substantiated cases where services were required in 2016, but only 4.8% of such cases in 2021). However, the pattern has not been consistent, so more analysis and tracking are needed. Additional analysis by race and ethnicity for children in foster care to determine the extent to which children of color may be over-represented is also needed.

Mixed race children remain over-represented in more intensive service categories. For example, in 2021 children identified as mixed race accounted for about 1.2% of the population, yet 9.7% of substantiated child maltreatment cases and 9.2% of cases where services were required. Race did not, however, seem to be a key factor impacting how long a child remains in foster care. In all but one year, there were no statistically significant differences between different pairs of racial groups. There was an exception in 2018 where mixed raced children spent, on average, 13 days less than white children in foster care.

When compared to other areas, Randolph County appears to have more overburdened families, evidenced by higher rates of DSS involvement and higher intensity of cases requiring late-state interventions. Specifically, Randolph County has a higher child abuse and neglect investigation rate per 1,000 children (55.6) than North Carolina (45.2), as well as a higher rate of cases substantiated per thousand, 10 in Randolph versus 8 in North Carolina.<sup>xliiv</sup> As shown in Figure 36, Randolph County also has foster care rates that are higher in comparison. As of 2021, the foster care rate per 1,000 in Randolph County was 42% higher than that of the state (9.1 children per 1,000 in Randolph compared to 6.4 children per thousand in NC). As a county-level point of comparison, Orange County had a similar child population in 2021 but had less than half as many kids in foster care (127 kids in Orange County compared to 296 kids in Randolph County). Forsyth County had more than double the population of children (63,440 additional children), but only 31 additional kids in care (327 kids in Forsyth care versus 296 kids in Randolph County).

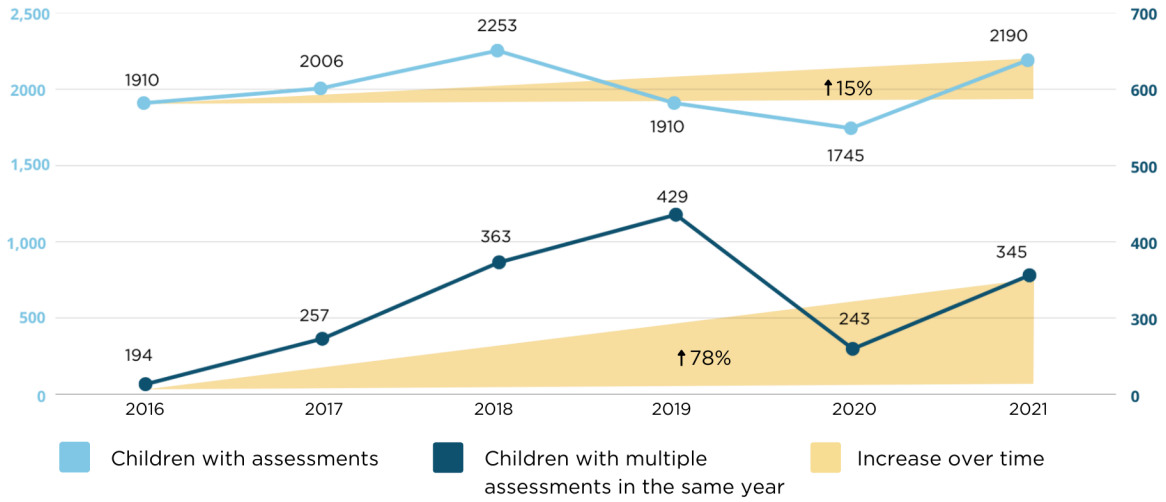
Figure 36: Foster care rate per 1,000 children



## SECTION 6.2: RANDOLPH COUNTY TRENDS OVER TIME

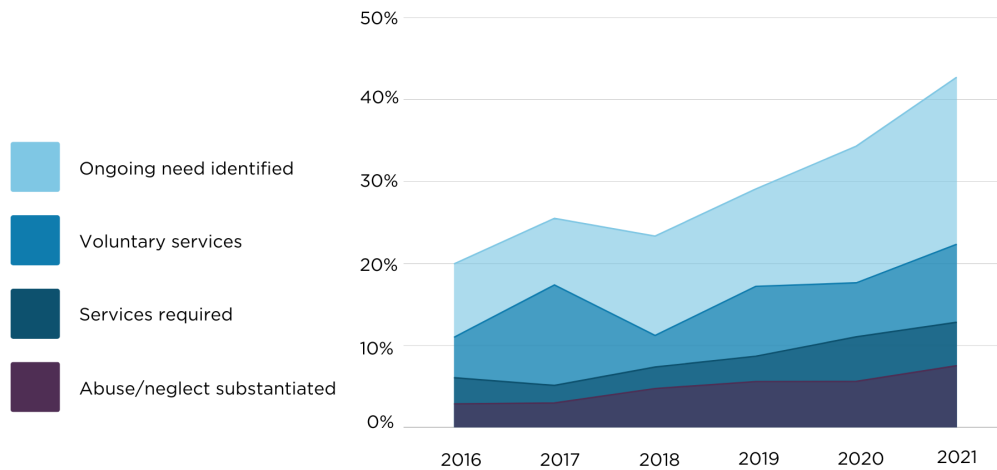
When looking at the trends since 2016, the data indicate that families are increasingly overwhelmed and in need of more support. For example, the number of children coming into the system has generally increased, up a minimum of 12% between 2016 and 2021 (this number is likely higher due to data tracking in process). The number of children with multiple cases in the same year has additionally increased 78% during this same time frame (from 194 to 345 children). This means that assessments are completed, and then families are re-reported within the same year. Figure 37 shows the trend of the number of children in the system over the past six years, as well as the number of children with multiple cases in the same year.

Figure 37: Number of children with DSS assessments (2016-2021)



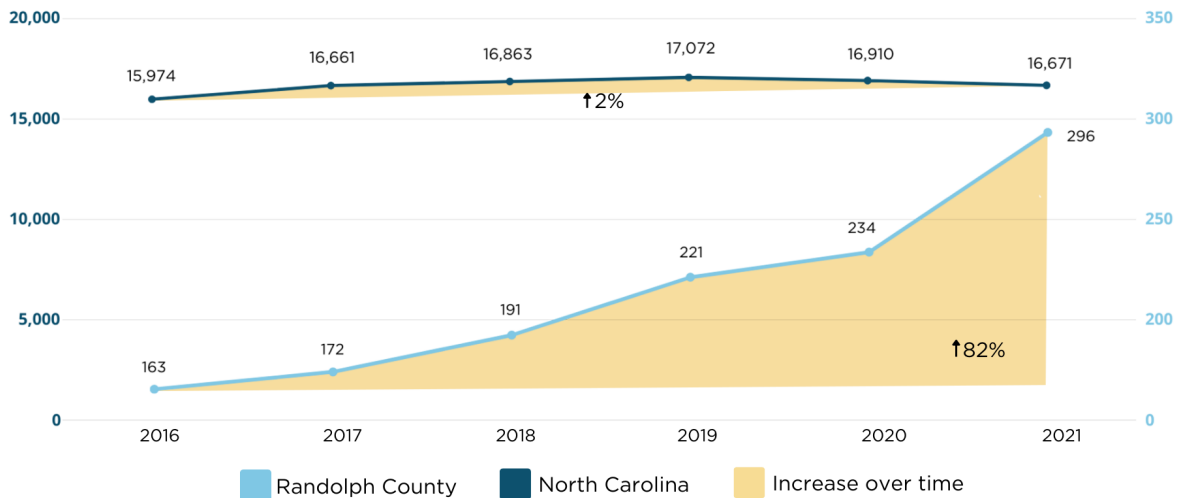
In addition to these increases, there were other indicators suggesting that outcomes for families in Randolph County are headed in the wrong direction. For example, in 2016, only about 20% of assessments had ongoing needs or concerns identified, defined as cases with services recommended, services provided, services required, or abuse/neglect substantiated. As of 2021, that number had more than doubled to 43%. This means nearly 1 in 2 children are currently recommended for some additional support, as opposed to the 1 in 5 children from just 6 years prior. As shown in Figure 38, this pattern held true at each level of intensity including a higher percentage of abuse/neglect substantiated (the most severe cases) from 3.8% in 2016 to 8% in 2021, a higher percentage of cases requiring services (from 6% in 2016 to 13% in 2021), and a higher percentage of cases where voluntary services were recommended (from 11% in 2016 to 22% in 2021).

Figure 38: Percentage of total assessments with service needs or abuse/neglect substantiated (2016-2021)



Additionally, the number of children in foster care in Randolph County has increased and continues to grow each year as demonstrated by Figure 39. The change from 2016 to 2021 represents an 82% increase for Randolph County. The number of children in foster care in North Carolina had been steadily increasing until fiscal year 2019 but has been declining since and is down 2% from where it was in 2019.

Figure 39: Total number of children in foster care per fiscal year (FY2016-FY2021)



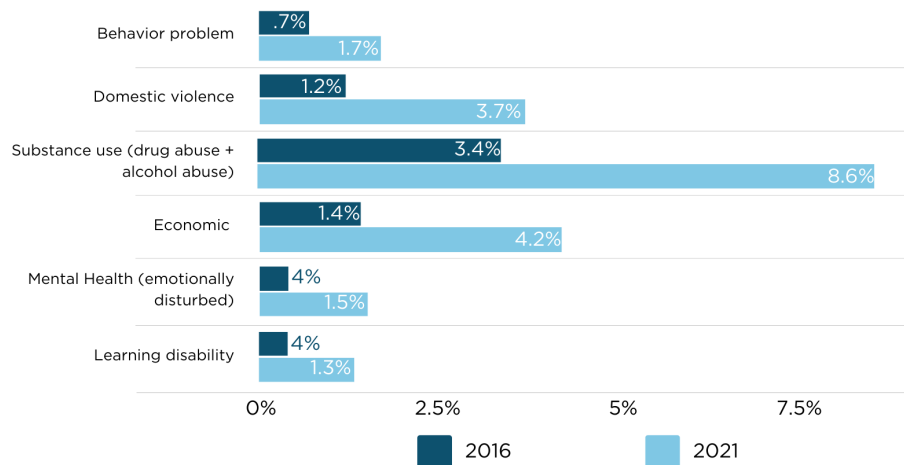
In terms of understanding what factors are driving child welfare involvement in Randolph County, more analysis is needed. The current assessment requested data between 2016 to 2021 to identify the factors that contributed to reports. This included factors that are identified on the assessment form within caregivers (alcohol abuse, drug abuse, mental retardation, emotionally disturbed, visual/hearing impaired, learning disability, physical disability, other medical condition, or lack of child development knowledge), youth (alcohol problem, drug problem, mental retardation, emotionally disturbed, visual/hearing impaired, learning disability, physical disability, other medical condition, behavior problem), and households (domestic violence, inadequate housing, financial problem, public assistance) as noted on Form DSS-5104.

Data received indicated that none of these factors applied in almost all cases (77%-91% of cases between 2016-2021). This would mean that only between 9-23% of cases included any of these factors. This seems unlikely given what is known about factors correlating to child maltreatment reports and anecdotal data shared by DSS staff. There is more likely some factor in the data that is contributing. Data experts within DSS speculate that the existing query may only be pulling the factor identified as the “primary” reason, as opposed to pulling any of the factors that were noted.

Despite this, the contributory factors that were identified in about 10-20% of cases were analyzed to get a sense of what may be occurring. Of all the factors listed above, substance use was most common (8.6% of cases in 2021 when combining drug abuse and alcohol abuse), followed by financial issues (4.2% in 2021 when combining inadequate housing, financial problems, and public assistance), and domestic violence (3.7% in 2021). These data

did seem to validate the trend found in other data around family needs becoming more intense. Specifically, the percentage of cases with these challenges identified increased between 2016 and 2021 as noted in Figure 40.

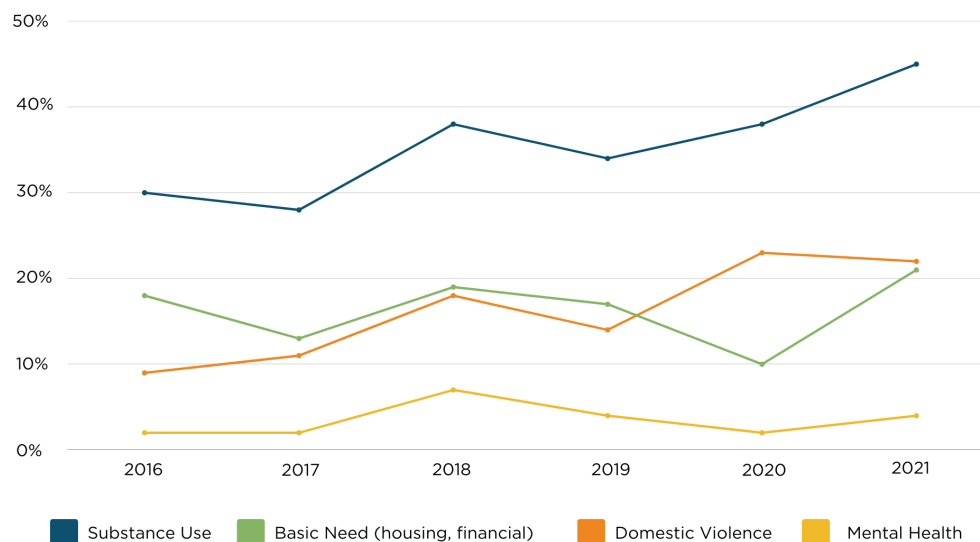
Figure 40: Contributing factors for DSS involvement for 2021 compared to 2016



This analysis additionally assessed contributing factor data for a subset of all cases, namely those where there was some type of need or concern found during the assessment (substantiated, services required, services recommended, services provided). This portion of the analysis removed cases with the finding of “unsubstantiated” and “services not

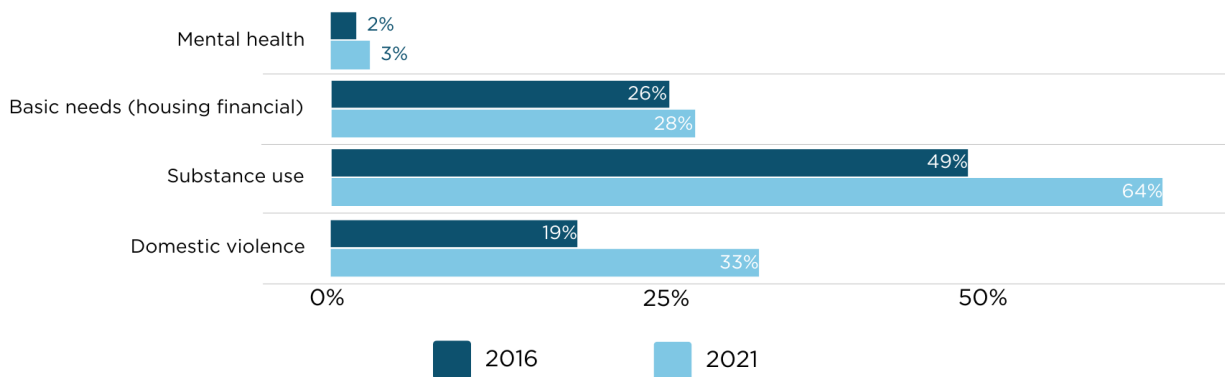
recommended” with the assumption that these cases are generally less severe and may account for a large portion of cases with no contributing factors identified. The results from this analysis similarly demonstrated that substance use, basic needs, and domestic violence are the three most common contributing factors for DSS reports. Figure 41 shows the trend for the top factors identified between 2016-2021. Substance use has increased annually and accounted for just under 50% of cases in 2021. Domestic violence has also trended upward over the years accounting for about 22% of cases in 2021. Reports related to basic needs have fluctuated, but also accounted for just over 20% in 2021.

Figure 41: Contributory factors for cases where concern/need was identified



Finally, contributing factors for cases of repeat maltreatment reports were also analyzed and demonstrated a similar trend. Specifically, factors that contribute to cases have increased over time and are primarily due to substance use, domestic violence, and basic needs. As noted in Figure 42, substance use was a factor in nearly 65% of repeat maltreatment cases, followed by domestic violence (33%) and basic needs (28%).

Figure 42: Contributing factors for repeat maltreatment cases for 2021 compared to 2016



### SECTION 6.3: RESULTS FROM CAREGIVER AND COMMUNITY INFLUENCER INTERVIEWS

Despite the trends that emerged in the data, community residents feel optimistic about the possibility of preventing foster care. When asked in an open-ended question whether it was possible to prevent foster care, 83% of respondents indicated that preventing foster care was possible, at least in certain instances, with only 4% indicating that they did not think it was ever possible. Respondents believed that increasing quality services and addressing stressors that impact families could lead to a reduction in foster care. Respondents also noted that additional support for relatives who could care for family members if a child needed to be removed would be helpful (Appendix N).

As another avenue to informing prevention of foster care, both caregivers and community influencers were asked questions about the knowledge people have about the issue of children in foster care. On a scale of 1 to 4, with 1 being nothing and 4 being a lot, respondents were asked how much people in Randolph County know about the issue of kids going into foster care. This included asking about causes, the impact, the prevalence, how to prevent it, and the impact of children going into foster care on family and friends. There was generally consensus among caregivers and community influencers that people in Randolph County do not have much knowledge about the issue. The average score across knowledge domains ranged from 2.1 to 2.5 out of 4. While differences were slim, respondents perceived that community members know most about the effect of foster care on family and friends (2.5) and the causes (2.4), and least about how many children in Randolph County go into foster care annually (2.1).

“

**[There needs to be] more help for grandparents that are raising grandkids...[I'm] raising two grandbabies and trying to get [my] other grandbaby...because he got put into foster care—we were told grandparents had no rights.”**

- Randolph County Caregiver

Respondents were also asked to share their perspectives on why children go into foster care in Randolph County in an open-ended question. Substance use was referenced most frequently by both caregivers (49%) and community influencers (53%). Both groups also commonly identified economic hardship (22% caregivers and 18% community influencers). Interestingly, domestic violence was not frequently referenced, though it has consistently been one of the lead contributory factors. An interesting difference also emerged between groups where 11% of caregivers referenced lack of community support as an issue, but no community influencers identified this as a contributing factor to kids going into foster care. Mental health and trauma were referenced relatively frequently among community influencers (18%) but were only mentioned in 3% of caregiver responses. The percentage of cases where mental health was identified as a contributing factor have also been relatively low. Other reasons perceived to lead to foster care had to do with perceptions of bad parenting, particularly parents that are ill-equipped, lack parenting skills, or make bad choices noted by 34% of caregivers and 12% of community influencers. While commonly perceived to contribute, parenting knowledge was not a common factor noted in CPS assessment findings, only accounting for between 1-5% of cases.



Finally, key stakeholders with more in-depth knowledge of the child welfare data were asked to identify strategies that may produce more immediate cost-savings to the system. The most common theme identified from these responses was that more support for relative caregivers could potentially reduce costs. Specifically, individuals noted that many children/youth end up in the foster care system for the sole reason that they are being raised by grandparents, who do not have legal custody. Establishing a means to support the grandparent living arrangement, instead of taking custody of the child, was referenced as a potential strategy by various stakeholders. There was also agreement from respondents that providing more support for family members to allow them to care for children if a removal was necessary would be helpful. Community experts believed that this could help reduce the number of out-of-county placements and the associated costs. At the time of this assessment, data was not available on the number of children in care due to a grandparent raising them or the number of placements that could have been avoided with a relative caregiver arrangement. Capturing this data, and having it available electronically, would help the county better assess whether these strategies would effectively reduce costs and/or enhance outcomes for families.

## SECTION 6.4: KEY TAKEAWAYS

In conclusion, the analysis of DSS data confirmed the perspectives shared by DSS leadership. Namely, family needs are getting more complex and DSS cases are getting more intense, which is taking a toll on hard-working DSS team members. Leaders reported staff feeling overwhelmed, exhausted, and burned out, working harder on more problems and not seeing the desired results. If nothing changes, this pattern will likely continue.

However, there was also hope that was reflected in interviews where community residents expressed that it is possible to prevent foster care. Generally, people felt that increasing support and resources for caregivers would yield positive results that could help reduce instances of foster care. Those with more in-depth knowledge of the data additionally felt that providing support to relative caregivers, including grandparents who are raising grandchildren without legal custody or relatives who may need to step in upon a removal, would be helpful. Respondents also indicated that there is an opportunity to increase knowledge and awareness of these issues within the community, which could likely improve outcomes for children and families.

An important finding from this section was that Randolph County DSS collects most data on paper forms and information is not available within a data system. For example, data such as family strengths and needs, services received, specific family circumstances, and location were not available and made it difficult to understand the core drivers of child welfare and cost-effectiveness opportunities.

Other child welfare systems across the country utilize technology such as tablets for social workers, who enter data electronically while working with families. This provides access to real-time data and has been shown to increase efficiency in the field and data-driven decision-making.

County leaders at DSS support the idea of digitizing data but have been reluctant to make this transition as the state has indicated the intent to rollout a mandatory system in the coming years. This leaves the county in a difficult position as the timing of the required state rollout remains unclear. It would be helpful for Randolph County leaders to share concerns with state leaders to expedite the rollout of a statewide data system and solidify timelines.

Depending on the timing of the state system, it may be helpful for Randolph County to consider an interim solution, such as temporarily utilizing a customizable data system to gather some key data variables. These systems (e.g. Penelope, Salesforce) often allow an easy way to build customized forms and reports and they can be cost efficient. More analysis around creating a short-term data-access solution should be conducted to determine the relative costs and benefit. This should factor in current costs incurred for time spent manually entering data and scanning forms as well as the cost of not having access to information when needed.



# Section 7: Financial Analysis

To better understand the fiscal impact of overburdened families in Randolph County who are referred to DSS and to identify the potential for future cost-savings, an analysis of fiscal data from Randolph County DSS was conducted. These data were provided by the Program Accountant for Randolph County Government. In addition to providing the fiscal data, this individual provided numerous hours of technical expertise and context around the numbers which was critical to the assessment process. The analysis also included an assessment of other public financing streams that may be able to support the goal of improving family well-being. The results from each of these are detailed below.

## SECTION 7.1: DSS BUDGET ANALYSIS

One of the primary questions driving this portion of the assessment was “What is the total cost for child maltreatment interventions, and specifically child removals, in Randolph County?” One immediate finding in this process was that the total fiscal impact of child welfare interventions in Randolph County is currently unknown. This is because funding comes from various sources (federal, state, and county) and not all the dollars filter through the county budget. There are also costs from other line items such as Medicaid and Work First that support families both within and outside of the child welfare system. There is currently no mechanism in place to analyze and track the full costs to the child welfare system across all funding streams. Establishing such a process in the future would allow the county to have a better sense of the total fiscal impact of this problem and better analyze the potential for cost-savings by investing more upstream.

Despite this fact, the analysis assessed the cost impact to the Randolph County budget using actual costs between 2017-2021 as well as the 2022 cost projections to date. Please note that due to a shift in how childcare assistance funds were allocated in 2017 (through the county budget) and the other assessment years (allocated through NC Fast directly to Smart Start partners), the childcare and family services line item was not included in the assessment of financial trends. These funds accounted for 2% of the total budget for DSS in 2021, down from 5% in 2018.

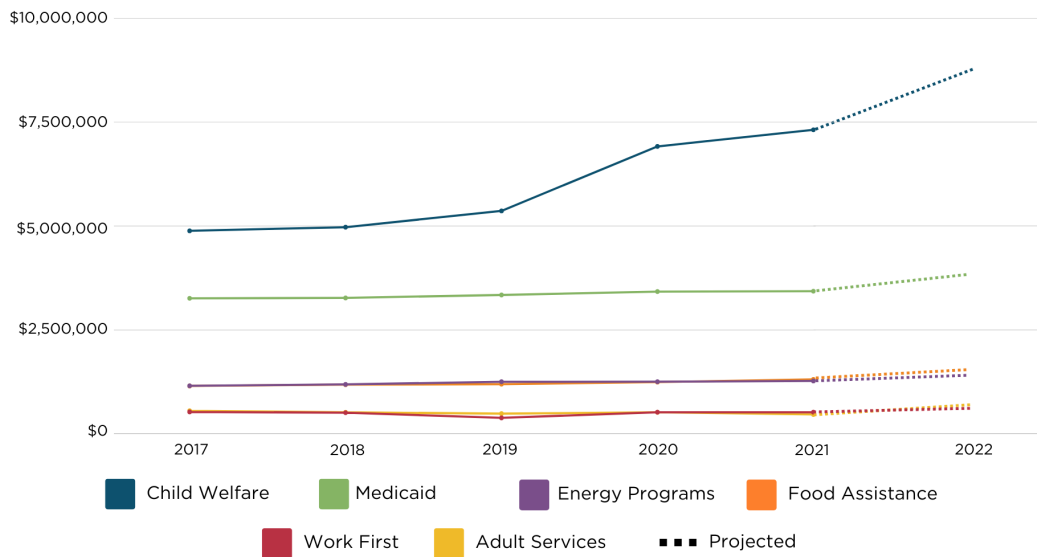
**The overarching trend identified by the assessment was that the increased proportion of families with complex needs is driving costs up.**

The overarching trend identified by the assessment was that the increased proportion of families with complex needs is driving costs up. Specifically, the costs for Randolph County DSS have increased annually, up 24% between 2017 to 2021. Based on projections for 2022, the overall cost increase to Randolph County since 2017 is anticipated to be 45%.

This is primarily due to the increase in costs for child welfare interventions in Randolph County (child protective services, in-home services, foster care, and adoption and home finding) which are increasing at a higher rate. These costs alone increased by 50% over the four-year period. As a point of comparison, Medicaid costs, which also account for a large portion of

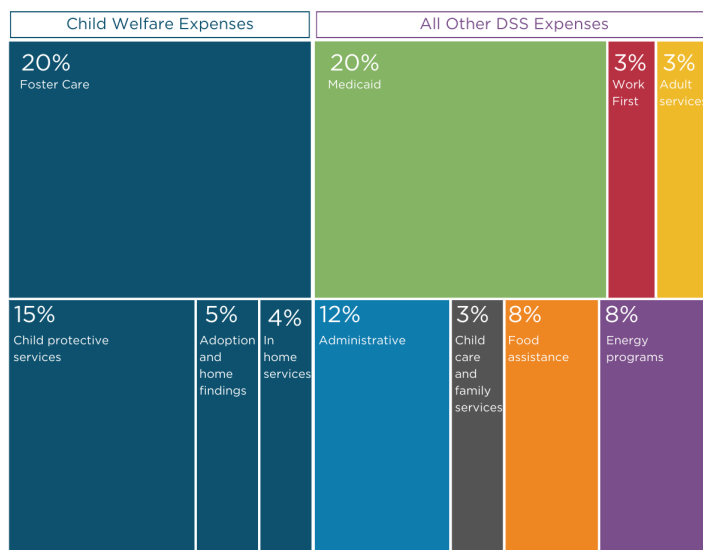
the DSS budget, only increased 5% during this same timeframe. Figure 43 shows the increase in costs for each line item (excluding childcare) between 2017-2021, as well as the projected costs for 2022.

Figure 43: Randolph County DSS budget by line item (2017 to 2021 and project costs for 2022)



Costs associated with child welfare interventions account for the largest portion of the DSS budget, accounting for nearly half of all costs in 2021. Figure 44 shows the overall breakout of costs in 2021. Within the various types of child welfare interventions, costs associated with child removals (foster care and adoption/home finding) account for the largest portion of cost, followed by costs for child protective services and costs for in-home services.

Figure 44: Randolph County DSS budget breakout (2021)



Of the child welfare costs, foster care accounts for the largest segment.

This analysis additionally sought to assess trends in prevention investments by using line items that are available to support families prior to child welfare involvement (e.g., Medicaid, Work First, Food Assistance, etc.). However, since families within child welfare services also receive these supports, and it was not possible to differentiate between groups, IFF was not able to identify the portion of costs that were supporting families prior to child welfare involvement.

## SECTION 7.2: PUBLIC FINANCING STREAMS WITH ALIGNED GOALS

In addition to assessing current public funds operating through DSS, this analysis sought to identify other public funds that are intended to support family and community health and wellness. The goal of this portion of the assessment was to identify public funding streams that are well-aligned with the goal of improving family health and well-being and to assess whether these funds could be used to test new solutions generated by the Randolph County community. This was done using the research-based expanded concept of prevention, focusing on the primary drivers of health (e.g., neighborhood and built environment, healthy food, economic hardship, etc.). The summary below provides a general overview of a few public funding streams that were identified. More analysis is needed on each of these funding streams to identify their current use in Randolph County, and any potential opportunities to leverage funds in a way that increases investments in family wellness. There are also public funding streams noted that do not currently support work in Randolph County but could be monitored for long-term potential.



The Community Services Block Grant, a federally funded program operated through the Administration of Children & Families, provides funds to alleviate the causes and conditions of poverty in communities. As referenced earlier, these funds are currently supporting families in Randolph County and are operated through Central Piedmont Community Action, Inc. (CPCA). The local administering agency has some authority over how to utilize these funds within the respective services area. Should Randolph County decide to pursue new solutions to reduce foster care, a partnership with CPCA to identify shared goals, strategies, and opportunities to leverage funding could be beneficial.

As one of the largest federal block grant programs in operation, Title V funding provides support for promoting and improving the health and well-being of mothers, children, and their families. Title V funds are administered through the Women’s and Children’s Health Section (WCHS) in the NC Division of Public Health (NC DPH), within the NC Department of Health and Human Services (NCDHHS). North Carolina received close to \$19,000,000 in Title V funds for FY 2021.<sup>xlv</sup> The funds are distributed through local health departments, who have local autonomy over spending. In Randolph County, funds are operated through the Department of Public Health who collaborates with MERCE Family Healthcare. Given how closely aligned the goal of these funds are with the goals of reducing foster care by addressing primary drivers of health, more exploration is warranted on whether there is potential for expanded use of these funds that are mutually beneficial. This could include prioritizing focused investments within the areas with the lowest health/wellness scores identified earlier, and/or co-creating, with caregivers, new solutions to test that are work toward the aligned goals.

North Carolina also allocated funds from the American Rescue Plan towards Rural Transformation Grants. Categories for these grants include downtown revitalization projects, resilient neighborhoods, and community enhancements. Randolph County was awarded \$900,000 in the resilient neighborhoods category as part of Phase I of funding which was announced in June 2022. A second round of funding is anticipated in Fall 2022 and could further support the goals of advancing community and family wellness outcomes.

To address the neighborhood and built environment factors that drive family well-being, public infrastructure funds available through the North Carolina Department of Commerce may be a fit. These funds support utility and transportation infrastructure as well as Community Development Block Grant funds that address housing, enhance living environments, and expand economic opportunities.<sup>xlvi</sup> Randolph County has received some of this funding recently including an \$85,000 for the City of Archdale to support the renovation of a 58,101-square-foot building and a \$140,000 grant in Ramseur to support the 9,600-square-foot expansion of a building in Ramseur, occupied by Kraftsman, Inc. More exploration is needed around how these broader funds could be used to help address the environmental factors that lead to involvement with the DSS system.

Other funding sources that are not currently available in Randolph County may be worth tracking to identify future potential, given the close alignment with the goals. Specifically, the Maternal Infant and Early Childhood Home Visiting Program (MIECHV) provides funds to support evidence-based home visiting programs that support families. North Carolina currently uses these funds to support Nurse-Family Partnership and Health Families America. Finally, the Community Based Child Abuse Prevention Program (CBCAP) is a generally flexible federal funding stream that supports prevention. North Carolina currently utilizes these funds in other areas of the state to provide parent education and support.



## SECTION 7.3: KEY TAKEAWAYS

The increased proportion of families with complex needs is driving costs up. Specifically, costs to intervene through the child welfare system account for the largest portion of the DSS budget and are increasing each year. These costs have increased by 50% in the past five years compared to Medicaid costs which have increased 5% during the same period. This trend is projected to continue.

While more exploration is needed to identify what specifically will work in Randolph County, other areas across the country have been able to reduce costs by investing in family well-being before problems reach the child welfare system. For example, as shown in

Figure 45: Results from South Carolina's Strong Communities Initiative

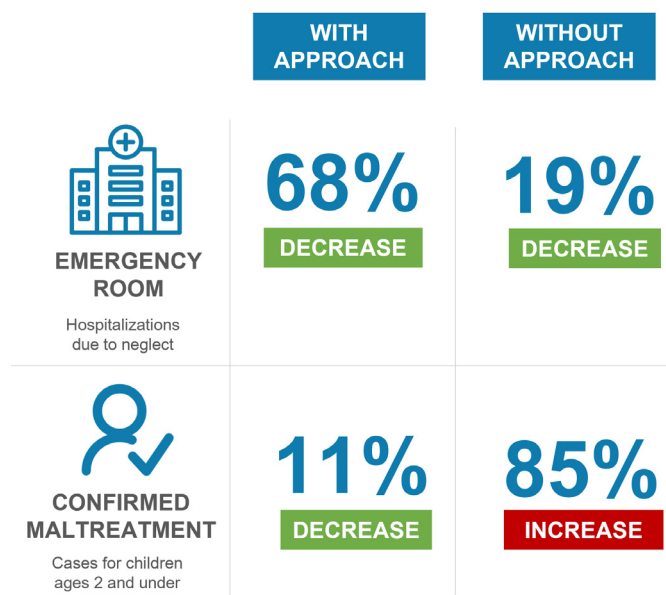


Figure 45, the Strong Communities Initiative in South Carolina was able to demonstrate reductions to emergency room/hospitalizations and confirmed maltreatment cases by taking the approach of developing, in partnership with parents, proactive community-level supports for families.<sup>xlvii</sup>

These positive trends held true across all age groups of youth studied and included other positive outcomes.<sup>xlviii</sup>

The analysis identified various public funding streams that can support drivers of family health and wellness. Further research on the funding opportunities and how they could potentially support the goals identified within Randolph County is needed.



## Section 8: Limitations

The process used for the Randolph County community assessment had a few limitations which should be considered when utilizing findings. First, the process for the assessment was designed by the IFF team and feedback was solicited from community stakeholders in Randolph County prior to implementation. In an ideal scenario, parents and community residents would have come together to design the assessment, including identifying what questions should be asked based upon the things that are most pressing for the community. While the current analysis can serve as a helpful first step, the community could build upon this by bringing together caregivers and residents to identify where to go from here. This could include prioritizing areas of the assessment where the community would like to go deeper and/or identifying things that were not included in the initial assessment process that would be helpful to learn.

Similarly, the input from caregivers and other stakeholders was received from point-in-time interviews and did not include ongoing dialogue. Also, while about 25% of caregiver interviews were conducted by a parent resident of Randolph County, the interviews were mostly conducted by individuals outside of the community. The responses were therefore largely limited to those who felt comfortable enough to share their insights. Future efforts should increase the number of interviews conducted by parent residents.

Finally, as noted in the report, current data limitations made it difficult to assess certain areas that would be beneficial. For example, the child welfare data did not include geographic information, or information about family needs/strengths, what services were provided, and any outcomes associated with those services. Similarly, data around numbers served, wait list, demographics of those who completed services, and associated outcomes was not available from organizations in the field. Finally, the financial data that was assessed only covered the dollars that filter through the county budget and do not accurately account for the total costs to child welfare system in Randolph County.

# Section 9: Final Recommendations



The following recommendations are based upon cumulative findings from the report. These are action steps that can be taken in Randolph County that will likely begin to reduce the number of families involved in child welfare and/or the number of children in foster care.

- 1. Enhance relationships between caregivers and historical decision-makers** by intentionally creating accessible opportunities to hear from individuals who live in communities with lower health and wellness scores. Listen to their unique concerns and experiences and invest in family-wellness projects that are important to residents in the community, such as the creation of the community resource center referenced in Section 2.1.
- 2. Build upon existing shared decision-making processes** (facilitated by Randolph Partnership for Children) that bring together caregivers who live in communities with lower health and wellness scores and historical decision-makers (e.g., government/non-profit leaders). Jointly create new solutions that support health and wellness for families that consider all perspectives. Once identified, identify funding streams to implement, evaluate, and scale effective solutions.
- 3. Invest in addressing economic hardships facing families and transportation needs.** This could include priorities such as increasing the number of jobs with higher wages, increasing housing affordability, and/or developing a public transportation system.

4. **Enhance data infrastructure** by supporting the shift of DSS from paper data management to electronic data management. This could include sharing concerns with state leaders about the impact of not having the statewide data system available and clarifying anticipated timelines. Depending on the timing of a state system rollout, doing a cost-benefit analysis of a temporary data solution may also be helpful. This could include using a customizable system to capture a limited set of key indicators. The cost analysis should compare current costs of manual data entry and form scanning, as well as the efficiencies and effectiveness gained from having more immediate access to data.
5. **Assess historical investment patterns, policies, and practices** in Randolph County to determine any present-day impact. Identify resource distribution patterns at a census tract level, demographics of historical and current decision-makers, and examine how factors like inherited poverty and stress may be impacting family well-being.
6. **Prioritize resources in areas with lower community wellness scores** identified in Figure 13 on page 23. Strategic focus at a geographic level offers the greatest opportunity to improve outcomes and reduce government costs.
7. **Seek opportunities to shift investments more ‘upstream’** to prevent families from coming into the child welfare system. Think about prevention of child welfare and foster care more broadly by addressing the primary drivers of family health and wellness. Research has shown that up to 90% of health and wellness is attributed to factors such as neighborhood environment, transportation, quality education/early education, and economic opportunity. These factors also drive individual behaviors and skills and can impact many social problems including child welfare involvement, foster care, substance use, crime, and mental health.
8. **Build awareness within the community about families that interact with the child welfare system.** Include information about how things like economic hardship and other external factors can lead to child welfare involvement and how this impacts the community at large. Provide examples of how community members can support parents that are overburdened and how the economy and overall wellness of the community improve when all families are supported.

# Conclusion

This assessment identified numerous strengths and opportunities to improve family well-being in Randolph County and prevent more costly child welfare interventions. While there was a consistent trend of increased stress in Randolph County families, residents in the community feel very connected to one another and believe that it is possible to prevent foster care with enhanced support for families. There are numerous residents already committed to supporting families in Randolph both formally and informally, and there is a lot of momentum to grow these opportunities.

The assessment identified that building awareness in the community would likely increase the number of individuals committed to advancing positive change. The caregivers and community influencers interviewed shared similar goals of what they would like to see in the community, such as addressing transportation and economic hardship, which can serve as a guide moving forward. More conversations within the community to identify and prioritize other drivers of family well-being and possible solutions are warranted. Investing in the health and well-being of all families in Randolph County, by addressing priorities identified by caregivers and community influencers, can help the community shift the current trends and enhance the well-being for children, families, and the community.

# Appendix

# APPENDIX A: DSS-5104 FORM

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES  
CHILD PROTECTIVE SERVICES REPORT  
REPORT TO CENTRAL REGISTRY/CPS APPLICATION**

Form # \_\_\_\_\_  
enter # assigned by system

1. County		2. Cty Case Number		3. Case Manager Name, Last				FI	MI	4. Case Manager Number																																																																																																																					
5. Date of Initial Report			6. Date Assessment Initiated			6a.DER	7. Date of Case Decision			8. Risk Assess Rating L = Low M = Medium H = High			9. Request for Assistance																																																																																																																		
10. Child ID		11. Child Name, Last				Child Name, First			MI	12. Social Security Number																																																																																																																					
13. Date of Birth		14. Sex	15. Race	16. Sch	17. Gr	18. Lv Ar	19. Special Areas		20. Source of Referral(s)		20a. NF	21. Juv	22. Cri	23. Perp Rel	24. Post Svcs																																																																																																																
25. Failure to Rpt Source	26. Failure to Report Reason (select all that apply)				Thought DSS would not respond				Fear of Retaliation/Financial distress																																																																																																																						
<input type="checkbox"/>	Did not want to get involved/Family matters/Religious beliefs				<input type="checkbox"/>				<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>	Did not know how to report				<input type="checkbox"/>				<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>	Thought it would be a breach of confidentiality				<input type="checkbox"/>				<input type="checkbox"/>																																																																																																																						
27. Contributory Factors-Order By Priority (number all that apply for caretaker, child and household separately)				28. Type Reported				29. Maltreatment Type Reported (number all that apply based on priority of maltreatment type reported)				30. Type Found				31. Findings Reason																																																																																																															
CARETAKER				CHILD				HOUSEHOLD				ABUSE				NEGLECT																																																																																																															
<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>	Alcohol Problem	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Improper Supervision	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Imp. Supervision	<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>	Drug Problem	<input type="checkbox"/>	Inadequate Housing	<input type="checkbox"/>	Emotional	<input type="checkbox"/>	Improper Care	<input type="checkbox"/>	Emotional	<input type="checkbox"/>	Imp. Care	<input type="checkbox"/>	SAI	<input type="checkbox"/>	DOU	<input type="checkbox"/>	SAI	<input type="checkbox"/>	DOU	<input type="checkbox"/>	Financial Problem	<input type="checkbox"/>	Sexual	<input type="checkbox"/>	Improper Disc (No Injuries)	<input type="checkbox"/>	Sexual	<input type="checkbox"/>	Imp. Disc (No Injuries)	<input type="checkbox"/>	Mental Retardation	<input type="checkbox"/>	Mental Retardation	<input type="checkbox"/>	Public Assistance	<input type="checkbox"/>	Delinquent Acts Involving Moral Turpitude	<input type="checkbox"/>	Improper Disc (Injuries)	<input type="checkbox"/>	Delinquent Acts Involving Moral Turpitude	<input type="checkbox"/>	Imp. Disc (Injuries)	<input type="checkbox"/>	Emotionally Disturbed	<input type="checkbox"/>	Emotionally Disturbed	<input type="checkbox"/>	Injurious Environment	<input type="checkbox"/>	Injurious Environment (DV)	<input type="checkbox"/>	Inj. Environment	<input type="checkbox"/>	Vis/Hearing Impaired	<input type="checkbox"/>	Vis/Hearing Impaired	<input type="checkbox"/>	Injurious Environment (SA)	<input type="checkbox"/>	Inj. Environment (DV)	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Abandonment	<input type="checkbox"/>	Safe Surrender	<input type="checkbox"/>	Inj. Environment (SA)	<input type="checkbox"/>	Physically Disabled	<input type="checkbox"/>	Physically Disabled	<input type="checkbox"/>	Human Trafficking (Sexual)	<input type="checkbox"/>	Abandonment	<input type="checkbox"/>	Human Trafficking (Sexual)	<input type="checkbox"/>	Safe Surrender	<input type="checkbox"/>	Other Med Condition	<input type="checkbox"/>	Other Med Condition	<input type="checkbox"/>	Human Trafficking (Labor)	<input type="checkbox"/>	Improper Med/Rem Care	<input type="checkbox"/>	Human Trafficking (Labor)	<input type="checkbox"/>	Imp. Med/Rem Care	<input type="checkbox"/>	Lack Child Dev Kwnl	<input type="checkbox"/>	Behavior Problem	<input type="checkbox"/>	Adoption Law Violation	<input type="checkbox"/>	Adopt. Law Violation	<input type="checkbox"/>	None of These Apply For This Child	<input type="checkbox"/>	No Alleged Maltreatment For This Child	<input type="checkbox"/>	Adoption Law Violation	<input type="checkbox"/>	Adopt. Law Violation
33. Perpetrator Name, Last		Perpetrator Name, First			MI	34. Date of Birth		35. Age	36. Race	37. Sex	38. Social Security No		39.RIL	40.Mil																																																																																																																	
33. Perpetrator Name, Last		Perpetrator Name, First			MI	34. Date of Birth		35. Age	36. Race	37. Sex	38. Social Security No		39.RIL	40.Mil																																																																																																																	
41. Child Care Group Home/Institution																																																																																																																															

DSS-5104 (REV CWS 06/20)

# APPENDIX B: DSS-5027 FORM

NORTH CAROLINA DIVISION OF SOCIAL SERVICES  
 SERVICES INFORMATION SYSTEM  
 CLIENT ENTRY FORM

DATE \_\_\_\_\_

**A. Client Identifying Information**

1 CLIENT ID	1A MD CL	2 CLIENT NAME, LAST	FIRST	MI
3 CLIENT SOCIAL SECURITY NO.	4 DATE OF BIRTH	5 COUNTY	6 COUNTY CASE NO	6A FED TRIBE
7 OTHER				

**B. Service Plan**

8 DECISION	9 SERVICES REQUESTED	10 SERVICE CODE	11 DATE REQUESTED	12 DATE TERMINATED	13 REASON	14 SPECIAL USE

**C. Notice of Action Taken**

You will be able to receive the service which is marked "Yes" beginning \_\_\_\_\_ through \_\_\_\_\_  
 After \_\_\_\_\_ You will not be able to receive the service which is marked "No" because \_\_\_\_\_  
 \_\_\_\_\_ The policy we followed is found \_\_\_\_\_  
 The service which is marked "Change" which you have been receiving will be \_\_\_\_\_  
 You will have to pay a fee for following services:     You have agreed to contribute to the cost of the following services:  
 Service \_\_\_\_\_ Fee Amount \_\_\_\_\_ per \_\_\_\_\_ starting \_\_\_\_\_

**D. Purchase of Service**

The provider is authorized / no longer authorized to claim reimbursement for \_\_\_\_\_ Beginning \_\_\_\_\_  
 Provider \_\_\_\_\_ Provider ID \_\_\_\_\_  
 Client Address: \_\_\_\_\_ Funding source(s) \_\_\_\_\_  
 Client Phone: \_\_\_\_\_

The provider is responsible for collecting the consumer contribution:  
 Amount \_\_\_\_\_ per \_\_\_\_\_ Starting \_\_\_\_\_

**E. Income Information**

INCOME TYPE	INCOME AMOUNT
_____	_____ PER _____
_____	_____ PER _____
_____	_____ PER _____

**F.**

Social Worker's Signature \_\_\_\_\_ Date \_\_\_\_\_

NO. IN INCOME UNIT     DECLARATION METHOD  
 VERIFICATION METHOD

**G.** If you disagree with any action checked above or if you think the information used to make the decision was incorrect, you have the right to ask for a hearing. Instructions on the back of the form will tell you how to ask for a hearing.

By signing below, you are saying that you have given correct and complete information.    Date of signature \_\_\_\_\_

Signature \_\_\_\_\_ Witness \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**H. Client Information**

15 CASE MANAGER NAME, LAST	FI	MI	16 CASE MANAGER NO.	17 LOCAL USE	18 STATE USE
19 SPECIAL AREAS	20 REASON	21 LEGAL STATUS	22 LIVING ARR.	23 SEX	24 RACE
EDUCATION			25 IN SCHOOL	26 HIGHEST GRADE	27 LANG
28 SPEC ED			29 RACE DECLINED		

DSS5027 (REV. 03/21)    PERFORMANCE MANAGEMENT/REPORTING AND EVALUATION MANAGEMENT

## APPENDIX C: COMMUNITY ASSET THEME RESPONSES

The table below represents the data that was used in the Community Assessment.

This chart shows exact numbers, percentages and common themes that were highlighted between community Influencers and caregivers. The data below are community assets that were identified by respondents.

Community Asset Themes	Caregiver Response	Caregiver Percent	Community Influencer Response	Community Influencer Percent
Close-knit	39	49.37%	7	41.18%
Churches	9	11.39%	1	5.88%
Peaceful physical space	27	34.18%	3	17.65%
Mental health support	5	6.33%	1	5.88%
Basic needs support (food, rent, shelter)	32	40.51%	2	11.76%
Free/low cost family friendly activities (concerts in park, recreational activities, Easter Egg Hunt, etc.)	6	7.59%	1	5.88%
Safe	4	5.06%	1	5.88%
Parent support programs	3	3.80%	0	0.00%
Healthcare	2	2.53%	1	5.88%
DV Support	4	5.06%	0	0.00%
Other social supports for children/families	29	36.71%	2	11.76%
Education support (schools, libraries)	6	7.59%	4	23.53%
Family-friendly spaces (parks, playgrounds)	9	11.39%	2	11.76%
Employment opportunities	1	1.27%	0	0.00%
Community improvements (improving)	2	2.53%	0	0.00%
Helping people connect to resources	2	2.53%	0	0.00%
Substance Use	1	1.27%	0	0.00%
Community Leadership	1	1.27%	3	17.65%
Daycare	5	6.33%	0	0.00%

### Demographics of caregiver respondents

RACE/ETHNICITY GROUP			GENDER			FAMILY ROLE				NEED IDENTIFIED*		
White	Non-White	No Answer	Male	Female	No answer	Parent	Grandparent raising grandkids	Other	No answer	Yes	No	No Answer
46%	51%	4%	24%	58%	18%	59%	9%	16%	15%	78%	9%	13%

\*Individuals who indicated a need in one or more of the areas that drive health/wellness

**APPENDIX D: PLACES IDENTIFIED BY RESPONDENTS THAT PARENTS WOULD GO FOR SUPPORT OR GUIDANCE**

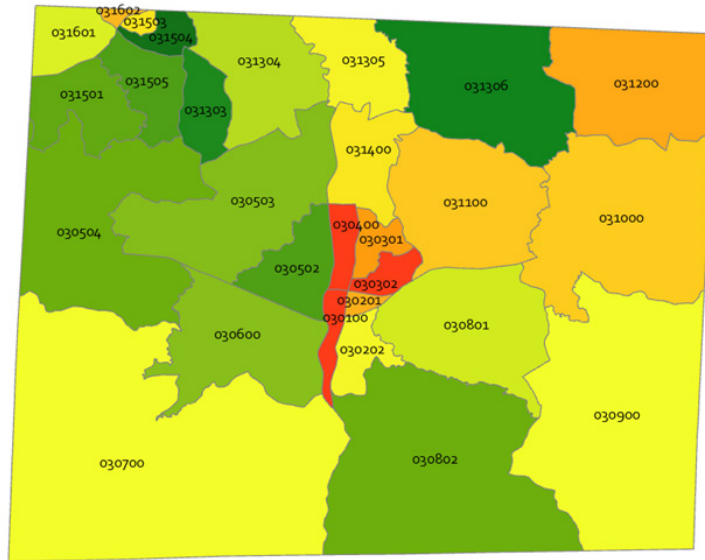
<b>Support/ Guidance</b>	<b>Caregiver Response</b>	<b>Caregiver Percent</b>	<b>Community Influencer Response</b>	<b>Community Influencer Percent</b>
Government Resource	21	26.58%	11	64.71%
Community Based Program	15	18.99%	8	47.06%
Church	25	31.65%	9	52.94%
Treatment Facility	22	27.85%	2	11.76%
Family/Friend/ Neighbor	6	7.59%	1	5.88%
Mental Health	10	12.66%	3	17.65%
Hotlines	2	2.53%	0	0.00%
Hospital	3	3.80%	0	0.00%
Employer Benefit	0	0.00%	1	5.88%
No Place Exists	1	1.27%	0	0.00%

## APPENDIX E: VARIABLES USED FOR COMMUNITY HEALTH AND WELLNESS ASSESSMENT

Domains	Sub-Domains & Indicators
Neighborhood and Built Environment	<ul style="list-style-type: none"> <li>• 2021 Vacant Housing Units</li> <li>• 2019 Renter Households</li> <li>• 2019 Average Contract Rent</li> <li>• 2021 Travel-Transportation Costs</li> <li>• Housing: Mobile Homes</li> <li>• Households With Internet</li> <li>• Low Vehicle Access (Access To Vehicles &amp; Greater Distance To Supermarkets)</li> </ul>
Economic Stability	<ul style="list-style-type: none"> <li>• Percent Below Poverty               <ul style="list-style-type: none"> <li>o Households Below Poverty Level</li> <li>o 2019 Households Receiving Food Stamps/SNAP</li> <li>o 2019 Households with Public Assist Income</li> </ul> </li> <li>• Percent Unemployed               <ul style="list-style-type: none"> <li>o 2021 Unemployment Rates</li> </ul> </li> <li>• Percent Uninsured               <ul style="list-style-type: none"> <li>o 2019 Pop &lt;19: No Health Insurance</li> <li>o 2019 Pop 19-34: No Health Insurance</li> <li>o 2019 Pop 35-64: No Health Insurance</li> <li>o 2019 Pop &lt;19: Medicaid Only</li> <li>o 2019 Pop 19-34: Medicaid Only</li> <li>o 2019 Pop 35-64: Medicaid Only</li> </ul> </li> <li>• Median Household Income               <ul style="list-style-type: none"> <li>o 2021 Median Household Income</li> </ul> </li> </ul>
Health and Health Care	<ul style="list-style-type: none"> <li>• 2019 HHs with 1+ persons with disability</li> <li>• Life expectancy (2015)</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Completion Pop 25+ High School Diploma               <ul style="list-style-type: none"> <li>o Pop 25+ GED</li> </ul> </li> <li>• Enrollment               <ul style="list-style-type: none"> <li>o 2019 Pop 3+ enrolled in nursery/preschool</li> </ul> </li> </ul>
Social and Community Context	<ul style="list-style-type: none"> <li>• 2019 Pop 18-64 speak Span/No English</li> <li>• 2021 Pop Age 15+: Divorced</li> <li>• 2021 Diversity index</li> <li>• 2021 Total Crime index</li> </ul>

## APPENDIX F: OTHER METHODS FOR GEOGRAPHIC MAPPING OF COMMUNITY HEALTH AND WELLNESS

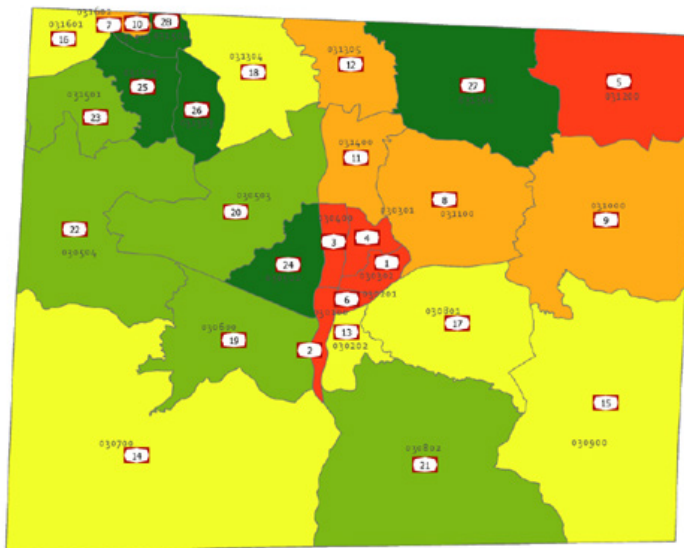
### Results from Principle Component Analysis



**Green shades** indicate higher health and wellness, with darker shades of green representing much higher wellness. **Red shades** denote lower wellness, with darker shades representing lower community wellness. All 28 census tract IDs are displayed on the map.



### Results from Non-Spatial Risk Clusters (Without Neighborhood Effects)

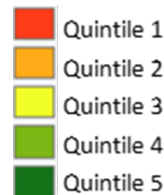


In this map, all census tracts are grouped into quintiles (5 categories of wellness) based on their risk.

The census tracts shaded red and orange have the lowest wellness and are labeled as 1st and 2nd quintiles.

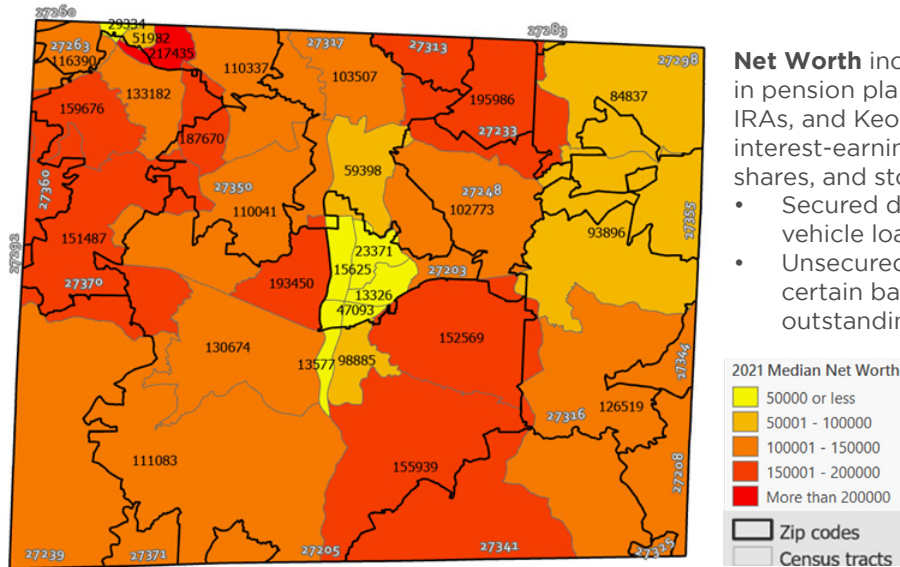
The yellow shaded tracts are the 3rd quintile and have moderate wellness scores.

The green shaded tracts are the 4th and 5th and represent the highest level of wellness.



## APPENDIX G: ADDITIONAL HEATMAPS SHOWING MEDIAN NET WORTH AND PERCENTAGE OF HOUSEHOLDS IN RENTAL HOUSING UNITS

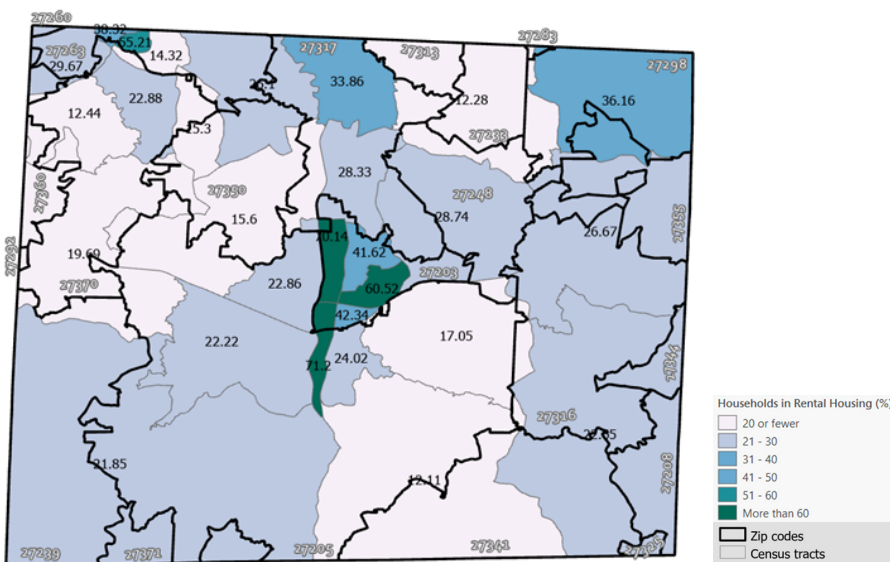
### Median Net Worth in 2021



**Net Worth** includes home equity, equity in pension plans, net equity in vehicles, IRAs, and Keogh accounts, business equity, interest-earning assets, mutual fund shares, and stocks. It also includes:

- Secured debt: home mortgages and vehicle loans.
- Unsecured debt: credit card debt, certain bank loans, and other outstanding bills.

### Percentage of Households Living in Rental Housing Units in 2019



## APPENDIX H: DEMOGRAPHICS BY COMMUNITY HEALTH RANKINGS

Rank	Census tract	Population			Gender		Race					Ethnicity	Economic Status		
		Total Population	Child Population	Households with children	Female Children	Male Children	White	Black	Pacific Islander	Asian	Other race	Hispanic	Median Household income	Median net worth	
1st Quintile	1	030302	2957	900	317	483	417	38.18	40.51	0.14	0.41	15.76	28.24	34754	13326
	2	030100	4813	1274	515	604	670	58.26	16	0.1	0.1	17.91	27.9	35139	13577
	3	030400	4171	1195	479	557	638	64.04	8.61	0.14	0.14	20.86	40.83	36340	15625
	4	030301	6886	2094	992	1083	1011	63.17	9.02	0.2	0.2	19.18	38.22	37581	23371
	5	031200	3122	728	372	336	392	74.79	10.54	0	0	10.44	17.2	40709	47093
2nd Quintile	6	030201	5663	1321	603	599	722	73.81	15.56	0	0.23	5.63	12.96	44976	84837
	7	031602	1533	343	139	162	181	78.8	4.17	0	10.37	2.54	9.26	39471	29334
	8	031100	5864	1350	825	650	700	86.29	4.47	0	0.36	5.97	12.62	45289	102773
	9	031000	7536	1657	965	857	800	76.05	13.18	0	0.94	6.04	13.32	45469	93896
	10	031503	2928	624	333	298	326	79.88	6.93	0	7.55	2.87	6.73	44153	51982
3rd Quintile	11	031400	5032	1274	512	630	644	73.15	4.07	0.16	2.21	17.85	29.35	43874	98885
	12	031305	9116	2455	1232	1208	1247	79.04	6.04	0	0.97	9.92	17.79	44541	59398
	13	030202	3933	808	415	373	435	89.35	6.61	0.08	0.64	1.22	3.69	49853	126519
	14	030700	3951	924	335	464	460	84.31	6.81	0.05	0.81	3.77	9.49	48672	103507
	15	030900	6316	1442	752	696	746	92.51	1.08	0.05	1.54	2.52	5.72	51359	111083
4th Quintile	16	031601	4461	1059	531	526	533	85.77	4.39	0	3.21	4.46	8.81	48304	116390
	17	030801	7302	1831	946	889	942	83.09	5.78	0.11	1.04	7.57	12.97	54614	152569
	18	031304	4927	1095	652	539	556	90.16	2.84	0.1	0.99	2.39	5.07	45331	110337
	19	030600	7090	1548	979	724	824	89.79	2.6	0	0.61	4.99	9.45	53388	130674
	20	030503	4121	883	472	437	446	82.6	6.28	0.05	1.99	7.09	10.68	62698	193450
5th Quintile	21	030802	5900	1275	602	626	649	92.71	2.05	0.14	0.46	2.39	6.41	48734	110041
	22	030504	6320	1399	675	680	719	93.24	2.34	0	1.38	1.44	3.21	53236	159676
	23	031501	6557	1444	892	681	763	89	4.5	0.05	0.35	3.97	8.63	53913	155939
	24	030502	3714	820	335	383	437	89.93	6.73	0	1.27	0.94	1.91	59064	133182
	25	031505	5885	1336	705	694	642	95.99	1.29	0	0.32	0.42	1.72	56368	151487
	26	031303	7070	1505	726	756	749	92.21	1.7	0.07	0.61	1.95	4.51	63244	195986
	27	031306	4493	908	521	448	460	95.17	0.82	0.07	1.09	0.58	1.8	58804	187670
	28	031504	5584	1273	658	636	637	85.87	3.9	0	7	1	3.47	67462	217435

## APPENDIX I: COMMUNITY SUPPORTS NEEDED BY FAMILIES

The table below represents the data that was used in the Community Assessment.

This chart shows exact numbers, percentages and common themes that were highlighted between Community Influencers and parents. The data below are things identified by respondents that could help strengthen the community.

Community Opportunity Themes	Caregiver Response	Caregiver Percent	Community Influencer Response	Community Influencer Percent
Affordable youth programs	21	26.58%	2	11.76%
Job development	9	11.39%	0	0.00%
Increase safety	14	17.72%	1	5.88%
Substance use treatment	10	12.66%	6	35.29%
Transportation	15	18.99%	4	23.53%
Family-friendly activities	19	24.05%	0	0.00%
Family-friendly spaces	13	16.46%	0	0.00%
General parent support	18	22.78%	2	11.76%
Justice system	3	3.80%	1	5.88%
Education	12	15.19%	3	17.65%
Sense of Community/Belonging	14	17.72%	0	0.00%
Reduce racism/discrimination	6	7.59%	2	11.76%
Affordable child care	8	10.13%	1	5.88%
Family violence support	2	2.53%	0	0.00%
Access to quality resources	12	15.19%	5	29.41%
More stores	2	2.53%	0	0.00%
Support rural areas	1	1.27%	0	0.00%
Mental health	7	8.86%	1	5.88%
Citizen voice in decision-making	2	2.53%	0	0.00%
Community Leadership		0.00%	1	5.88%
Support for elderly	1	1.27%	0	0.00%
Other social supports	2	2.53%	1	5.88%
Healthcare	1	1.27%	2	11.76%
Prevention	1	1.27%	0	0.00%
Support around economic hardship/ basic needs	43	54.43%	9	52.94%

## APPENDIX J: REASONS FAMILIES DO OR DO NOT SEEK SUPPORT, ACCORDING TO RESPONDENTS

The data below are reasons why an individual may or may not seek out support or guidance.

Why	Caregiver Response	Caregiver Percent	Community Influencer Response	Community Influencer Percent
Stigma	13	16.46%	9	52.94%
Distrust	7	8.86%	3	17.65%
Familiar/safe Space	2	2.53%	0	0.00%
Lacking Knowledge	2	2.53%	0	0.00%
Many Options	3	3.80%	0	0.00%
Guarantee of Help/Helpful	8	10.13%	0	0.00%
Support is Needed	1	1.27%	0	0.00%
Intimidating/Overwhelming	4	5.06%	0	0.00%
Family-friendly spaces (parks, playgrounds)	9	11.39%	2	11.76%
Employment opportunities	1	1.27%	0	0.00%
Community improvements (improving)	2	2.53%	0	0.00%
Helping people connect to resources	2	2.53%	0	0.00%
Substance Use	1	1.27%	0	0.00%
Community Leadership	1	1.27%	3	17.65%
Daycare	5	6.33%	0	0.00%

**APPENDIX K: SUPPORTS THAT CAREGIVERS AND COMMUNITY INFLUENCERS BELIEVED WOULD MOST LIKELY INCREASE FAMILY WELL-BEING**

<b>Most Helpful</b>	<b>Caregiver Response</b>	<b>Caregiver Percent</b>	<b>Community Influencer Response</b>	<b>Community Influencer Percent</b>
Support groups/ activities	7	8.86%	3	17.65%
Transportation	23	29.11%	2	11.76%
Daycare	2	2.53%	1	5.88%
In-home services	2	2.53%	0	0
Family Friendly resource	3	3.80%	0	0
Reduce violence	4	5.06%	1	5.88%
Connect to resources	11	13.92%	0	0.00%

**APPENDIX L: PERCEPTIONS OF POWER DISTRIBUTION IN RANDOLPH COUNTY**

<b>Power</b>	<b>Caregiver Response</b>	<b>Caregiver Percent</b>	<b>Community Influencer Response</b>	<b>Community Influencer Percent</b>
Justice System	17	21.52%	7	41.18%
Education System	1	1.27%	2	11.76%
Church	4	5.06%	2	11.76%
Elected Officials	30	37.97%	14	82.35%
Long Standing, Wealthy Residents	17	21.52%	6	35.29%
Community Based Organizations	2	2.53%	1	5.88%
Employers	1	1.27%	3	17.65%
Citizens	2	2.53%	1	5.88%
I don't know	4	5.06%	0	0.00%
Community Leaders/Activists	2	2.53%	0	0.00%
Citizens/Community/Parents	7	8.86%	0	0.00%
Gov't Agency/Department	8	10.13%	0	0.00%
Media Outlet	1	1.27%	0	0.00%

## APPENDIX M: WAYS THAT FAMILIES LEARN OF RESOURCES

Learn of Resource	Caregiver Response	Caregiver Percent	Community Influencer Response	Community Influencer Percent
Social Media/Internet	42	53.16%	12	70.59%
Radio	5	6.33%	3	17.65%
TV/News	14	17.72%	4	23.53%
Newspaper	8	10.13%	3	17.65%
Word of Mouth	30	37.97%	8	47.06%
Flyers/Pamphlets/Posters/ Newsletter/Bulletin Board	13	16.46%	0	0.00%
Schools	5	6.33%	5	29.41%
Community Based Organization	2	2.53%	0	0.00%
Community Leaders	2	2.53%	0	0.00%
Government Agency/Department	8	10.13%	1	5.88%
Don't Know	1	1.27%	0	0.00%
Healthcare	2	2.53%	0	0.00%
Billboards	1	1.27%	2	11.76%
Church	8	10.13%	4	23.53%
Business	1	1.27%	0	0.00%
The Hub	2	2.53%	0	0.00%

## APPENDIX N: CAREGIVER AND COMMUNITY INFLUENCER RESPONSES FOR WHAT WOULD HELP PREVENT FOSTER CARE

Prevent Foster Care	Caregiver Response	Caregiver Percent	Community Influencer Response	Community Influencer Percent
Mental Health	7	8.86%	3	17.65%
Accessibility of Interventions/ Resources	2	2.53%	5	29.41%
Expanded Government Support	6	7.59%	3	17.65%
General Parent Support	14	17.72%	6	35.29%
Social Emotional Learning for Children	0	0.00%	1	5.88%
Prevention	1	1.27%	1	5.88%
Substance Use	9	11.39%	4	23.53%
Job Development	1	1.27%	0	0.00%
Childcare	1	1.27%	1	5.88%
Transportation	1	1.27%	1	5.88%
Not Possible/Shouldn't Always Prevent/Don't know	8	10.13%	0	0.00%
Family Friendly Activities	3	3.80%	0	0.00%
Jobs	1	1.27%	0	0.00%
Other Social Supports	2	2.53%	0	0.00%
Send Kids to Family Members	4	5.06%	0	0.00%
Basic Needs Support	10	12.66%	0	0.00%
Parents Do the Right Thing	11	13.92%	0	0.00%
Community Support	6	7.59%	0	0.00%
Improved Quality of Support	8	10.13%	0	0.00%
Education	1	1.27%	0	0.00%

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