

2015 Child Family Service Review (CFSR) Round 3:

http://www.ncleg.net/documentsites/committees/JLOCHHS/Handouts%20and%20Minutes%20by%20Interim/2015-16%20Interim%20HHS%20Handouts/March%208,%202016/Reports/NC_CFSR_Final_Report.pdf

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs. The Children’s Bureau calculates the state’s performance on Well-Being Outcome 3 using the state’s performance on Items 17 and 18. State Outcome Performance North Carolina is not in substantial conformity with Well-Being Outcome 3.

Appendix A: North Carolina 2015 CFSR Final Report Summary

WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.

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Well-Being Outcome 3 Children receive adequate services to meet their physical and mental health needs	Not in Substantial Conformity	65% substantially achieved
Item 17 Physical health of the child	Area Needing Improvement	76% strength
Item 18 Mental/behavioral health of the child	Area Needing Improvement	67% strength

Service Array and Resource Development

The Children’s Bureau assesses the state’s performance on this systemic factor using the state’s performance on Items 29 and 30. State Systemic Factor Performance North Carolina is not in substantial conformity with the systemic factor of Service Array and Resource Development. None of the items in this systemic factor were rated as a Strength.

Service Array and Resource Development Item Performance Item 29. ...

In the statewide assessment, North Carolina did not provide data to assess accessibility of services statewide. Information received from stakeholders indicated concerns with the adequacy of services for mental health, substance abuse, Medicaid, transportation, housing, domestic violence, and services for Hispanic populations. Stakeholders identified that the funding mechanism for services creates accessibility barriers and delays the timeliness of services as some clients are not eligible for Medicaid, and there is lack of providers willing to accept Medicaid. Stakeholders also reported that services can be interrupted when the family or child moves across county lines resulting in a change in the Managed Care Organization (MCO). Stakeholders also raised concerns about the quality of available services and limited services in the rural areas of the state.