



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Social Services
Child Welfare Services

NC State Response Community Child Protection Team 2023 Recommendations

December 19, 2024

Introduction and Background

The federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106) requires each state's child welfare agency to maintain Citizen Review Panels (CRPs). CRPs are charged with evaluating the extent to which the state is effectively fulfilling its child protection responsibilities in accordance with the CAPTA State Plan; examining the policies, practices, and procedures of the state and county child welfare agencies; reviewing child fatalities and near-fatalities; and examining other criteria important to ensuring the protection of children. Based on this work, CRPs develop annual reports with recommendations to improve the Child Protective Services system at the state and local levels. The reports are made available to the public online. CAPTA requires state child welfare agencies to submit a written response to the recommendations made by its CRPs within six months of receipt of the annual report.

CRPs in North Carolina

Currently to meet federal requirements, North Carolina Department of Health and Human Services (NC DHHS), Division of Social Services (NC DSS) designates the state's existing Community Child Protection Teams (CCPTs) as CRPs. CCPTs are interdisciplinary groups of community representatives that were established in 1991 under [N.C. General Statute § 7B-1406](#), and further formalized and expanded in 1993, to promote a community-wide approach to the problem of child abuse and neglect. The primary function of CCPTs is to review active child welfare cases, fatalities, and other cases brought to them to identify gaps and deficiencies in a county's child protection system response.

There are CCPTs in each of the 100 NC counties plus one territory of the Eastern Band of the Cherokee Indians (EBCI), totaling 101 teams. Local CCPTs work to increase public awareness of child protection in the community, advocate for system changes and improvements, assist the county director in the protection of children, and develop strategies to ameliorate child abuse and promote child well-being at a local and state level. For more information on CCPTs, see

[N.C. General Statute § 7B-1406](#). In addition to responding to the annual survey to inform the development of a statewide report, CCPTs are required to provide an annual summary of case review activities, local initiatives, and recommendations to their county Board of Commissioners and to NC DSS.

In October 2023, new legislation ([NC SL 2023-134](#)) passed that will alter NC DHHS's structure for CRPs. The revised structure is to be implemented by January 2025. NC DSS will continue to be the state's child welfare authority responsible for the oversight of CRPs under the new legislation and has developed a contract which will be circulated for vendor proposal by Fall 2024. The 2024 Survey and Recommendations will follow the same process as outlined in the 2023 End of Year Report until the new structure is implemented.

Annual Report

For the 2023 Annual Report, the NC CCPT Advisory Board set directions for the survey developed by The Center for Family and Community Engagement (CFACE) at North Carolina State University and NC DSS assisted with communication/distribution of the survey to local CCPTs for completion. As part of a contract with NC DSS, CFACE collected, analyzed results, and prepared the 2023 report. The report compiles and synthesizes CCPTs' local activities, annual summaries, and survey responses into the North Carolina CCPT End of Year Report (EOYR) which offers statewide recommendations to NC DSS, per CAPTA/CRP requirements. The 2023 survey was distributed to 101 local CCPTs, of which 80 completed the survey. This was a decrease from last year's response of 88 teams. These survey responses, along with CCPT annual reports, helped inform the three categories of recommendations (Policy, Practice and Resource/Training) provided in the 2023 CCPT EOYR. This report is available to the public online at: <https://www.NC DHHS.gov/divisions/social-services/child-welfare-services/community-child-protection-teams>.

Aggregated responses from the CCPT annual survey enable NC DSS to inventory and report current unmet needs as required in the state's Annual Progress and Services Report (APSR). Additionally, unmet needs recorded through the 2023 CCPT survey and EOYR will help NC DSS in its development of the state's Child and Family Services Plan (CFSP) for 2025. The finalized CFSP can be found at <https://www.ncdhhs.gov/divisions/social-services/program-statistics-and-reviews/child-welfare-statistics> . Input from the annual survey and report ensures local CCPTs have a significant influence in NC's strategic planning to improve child welfare services.

Per federal requirements, NC DSS has prepared the following written response to the recommendations included in the 2023 CCPT EOYR. It describes how NC DSS will incorporate the recommendations submitted to make measurable progress in improving the North Carolina child protection system. Although NC DSS acknowledges and supports the 2023 EOYR recommendations for strategies best implemented by local communities, the written response will focus on the systemic issues identified in the EYOR as warranting a state-level response.

NC DSS Response to Recommendations

The 2023 CCPT End of Year Report outlined three categories of recommendations for statewide and local child welfare system and practice improvements. NC DSS welcomes the recommendations and, to the extent possible, will incorporate them into the NC DSS Child Welfare Strategic Plan in the state's APSR. The recommendations and responses are provided below:

POLICY RECOMMENDATIONS

1. North Carolina should develop and disseminate public awareness campaigns to educate the community about policy changes, child safety practices (such as safe sleep and car seat safety), and the dangers associated with leaving substances accessible to children. For instance, North Carolina should establish a website to educate the community about

child abuse, neglect, and dependency.

NC DSS supports public education around child safety and maltreatment in a number of different ways. NC DSS contracts with the Positive Childhood Alliance NC, previously known as Prevent Child Abuse NC, to provide education and training materials for the community and essential partners. Their response to community is primarily through prevention that encourages proactive policies, and community supports that are crucial to enhancing the child welfare system so parents can provide nurturing and safe environments for their children. More about their public awareness tools and campaigns can be found on their webpage at <https://www.preventchildabusenc.org>.

In addition to campaigns supported through Positive Childhood Alliance NC, NC DHHS maintains webpages for many of the policies that impact child safety and other child welfare services in NC. One example is the Safe Surrender law that was amended in 2023. NC DSS facilitated updates to the webpage and provided information for a social media campaign around the impacts of the new law. This included general public awareness around the changes to Safe Surrender, as well as coordination with essential partners to support new practices. Additional information can be found at <https://www.ncdhhs.gov/safesurrender>.

Additional information and resources to prevent abuse, neglect, dependency and exploitation of vulnerable populations in NC can be found at the NC DSS homepage <https://www.ncdhhs.gov/divisions/social-services>.

Information specific to child welfare policy and practice guidance has always been available to the public via the [Child Welfare Manuals](#) site. The policy manuals and guidance resources are updated periodically and include information on each function of child welfare, as well as several safety resource topics such as Safe Sleep, Substance Affected Infants and Plans of Safe Care, Firearm Safety, and Unsafe Discipline versus Abuse. Additional updates to policy and programs

can be found at on the DHHS webpage for [County Director Letters](#), organized by section and date.

North Carolina has several resource pages to connect children and families to available services across the state. One resource is NCCARE360, a statewide electronic network that connects health care and human services organizations to enable a coordinated, community-oriented, person-centered approach for delivering service in North Carolina. A key element of the site is to connect those with identified needs to community resources and allow for seamless feedback and follow up. This approach ensures accountability for services delivered, and no matter how the referral is received, the loop is closed each time. NCCARE360 is available in all 100 counties across North Carolina and more information can be found at <https://nccare360.org/>.

2. To ensure an equitable approach to resources across counties throughout North Carolina, North Carolina should conduct a review of policy processes to ensure equity in resources and service access, provision, and quality across rural and urban communities.

North Carolina's social services system is state-supervised, county-administered where most states have a centralized administrative system. As part of Rylan's Law, passed in 2017, to address the numerous challenges within the Social Service system, one need identified was to establish a stronger network of [regional support](#) at all levels for local County Departments of Social Services. NC DHHS continues to actively build regional support teams to provide guidance, technical assistance, CQI oversight, best practices, and training to Directors and their agencies. At the time of this report, the lead Regional Director position has been filled as well as most of the 7 Regional Director positions. These positions serve as an additional point of contact for child welfare and essential partners.

Additionally, within NC DSS a new Section was established entitled Child and Family Services to focus on prevention and services needs in all 7 Regions. Within the section there are 7 Regional Prevention Specialists to specifically provide support to counties as North Carolina fully implements Family First Prevention Services Act (FFPSA). NC DSS began planning for FFPSA implementation in 2019. This involved the engagement of many essential partners as the state determined which services to include in NC's federally required [Title IV-E Prevention Plan](#), to address the primary reasons why children across the state enter foster care.

Community Based programs continue to be available statewide as part of the work of the Child and Family services Section. The array of programs available have a common goal of increasing the level of family functioning and reducing involvement in the child protective services and juvenile justice systems. Programs are embedded regionally in communities and contribute to the capacity building process. The programs are funded by NC DSS to operate in communities that have high rates of child protective service reports and or foster care placements. For more information on services provided see [Community-based programs funded through NC DSS](#).

NC DSS continues its ongoing policy assessment, evaluation and revision through essential partner feedback and support from professional consulting agencies. Revalidation of all the child welfare Structured Decision Making (SDM) Tools is coming to completion and ready for implementation of training as well as integration into the state-wide child welfare information system. These revalidations will increase consistency and equity of practice across the continuum of child welfare. With input from staff across all 100 counties, the official name of the new child welfare information system was determined as PATH NC, which stands for "Partnership and Technology Hub." PATH NC will bring together information from multiple agencies and organizations to better support the work and is set to finish development and begin implementation in SFY 2024-2025.

3. North Carolina should examine and evaluate the structure and function of CCPTs as well as the mandated members and provide regular CCPT data and expectations to the teams.

The recent legislation ([NC SL 2023-134](#)) established the new Office of Child Fatality Prevention (OCFP) under the Department of Public Health (DPH). CCPTs will become a part of the newly formed Local Teams under this legislation, effective July, 2025. The new structure for CRPs will include information and data sharing between local teams and CRPs to support transparency and collaboration. NC DSS is currently in process of a RFP to contract with an agency to help research and develop 3 CRP teams for NC.

The selected agency will also be responsible for development and implementation of CRPs in accordance with CAPTA and the current [NC CAPTA Plan](#), recommendations for regional composition of panels and area of focus for each, membership, recruitment and training with an assurance for broad representation of NC. Administratively they will consolidate data and recommendations from each panel into annual report to NC DSS and provide data for tracking and ongoing communication with the DHHS Liaison and, OCFP Liaison and local County Directors.

PRACTICE RECOMMENDATIONS

1. North Carolina should continue to work on access to appropriate and trauma-informed mental/behavioral health and substance use prevention and intervention services including both residential/inpatient and outpatient options for children and families.

As referenced in the 2022 State Response, access to trauma-informed services continues to be a leading priority for NC DHHS, backed by a historic \$835 million investment in behavioral health and resilience, \$80 million of which is committed to youth behavioral health and child and family well-being. This investment has created opportunities for NC DSS to invest in new initiatives to improve placement options for children with complex behavioral health needs as

well as to expand evidence-based programs that provide intensive supports to maintain and reunify families.

NC DHHS continues to make progress towards implementing the Medicaid managed care Child and Family Specialty Plan, including the review of proposals and awarding the contract to Blue Cross Blue Shield NC. Once implemented, this plan will provide statewide coverage and a wide array of services to eligible child welfare involved families.

The legislatively required interdepartmental Rapid Response Team (RRT) continued to meet throughout the last year to review cases for children who were without placement due to their extraordinary behavioral health needs. The Emergency Response Team also continued to meet to identify systemic barriers to treatment and engage in cross-system coordination to address these barriers.

In SFY 2024, North Carolina began implementing the Standardized Trauma-Informed Assessment project. This project was the result of legislation aimed at ensuring high quality standardized trauma informed clinical assessments are available to all children at risk of or who have entered foster care. When implemented statewide in 2026, these assessments are expected to result in improvements in identifying individualized needs and services that will meet identified needs of those who are involved in the child welfare system.

NC DSS continues to implement the Sobriety Treatment and Recovery Teams (START) pilots; to date, four North Carolina counties are in active implementation and additional counties have requested implementation support.

In February 2024, NC DSS began providing the first Title IV-E Prevention Service, Homebuilders® which is a trauma informed evidenced-based intensive family preservation model with extensive evidence of support families whose children are at risk of being removed from the home. To support the identification of trauma exposures and associated interventions,

the children who are referred for this service have been screened using the North Carolina Child Welfare Trauma Screening Tool which is administered by the child welfare professionals providing services to the family. To date, sixty counties have been trained and are able to refer to the Homebuilders® service.

Additionally, NC DSS continues to fund several contracts for community prevention programs to provide behavioral health, trauma-informed services to children and their families. Some of the therapeutic interventions offered are:

- Attachment and Biobehavioral Catch-up (ABC), a brief therapeutic intervention of ten 1-hour home visits for infants and toddlers aged 6 months to 4 years old.
- Parent Child Interaction Therapy (PCIT) for children, aged 2-7 years old, who present behavioral needs.
- Positive Parenting Program (Triple P) a system of interventions that offers evidence-based parenting and family support strategies.

When the system of interventions is saturated in a community, large and favorable effects are demonstrated relative to population-level on (1) child abuse and neglect, (2) out-of-home foster care placements, and (3) emergency department visits indicating child injury.

NC DSS also manages a \$10 million annual contract with the Children's Advocacy Centers of North Carolina (CACNC), which provides funding, technical assistance, and training to 51 local child advocacy centers (CAC) across the state. Each year, the local CACs provide a variety of services to 11,500 children who have been sexually abused or physically abused and their families, including forensic interviews, victim advocacy, case management, multidisciplinary team meetings, child medical evaluations, and/or therapeutic services. Local CACs refer approximately 10,000 children to trauma-focused child behavioral therapy annually. All services are aimed at reducing trauma and are free of charge to families. Results from the

Initial Visit Caregiver Survey indicate that 90% of caregivers report that CAC services facilitated healing for the child and caregiver.

2. North Carolina Department of Health and Human Services (NCDHHS) should finalize and implement a statewide child welfare record system in all counties.

Design and development work has begun on all areas of PATH NC with a plan to roll out the new technology to counties starting in Spring 2025 for Intake and Assessment functions. By the end of 2026, all 100 counties are expected to be in PATH NC for all program areas.

3. North Carolina should work towards the implementation of a state-wide child welfare practice model in all 100 counties to standardize procedures and improve efficiency across all counties.

North Carolina's child welfare practice model is made up of two main components:

Practice Standards and Safety Organized Practice (SOP). The Practice Standards are a set of guidelines for how workers, supervisors, and leaders should conduct child welfare services.

These standards are based on the state's core values of safety, trauma-informed care, family-centeredness, and cultural humility. The standards are divided into five functions:

communicating, engaging, assessing, planning, and implementing. SOP is a set of tools for working with children and families to achieve safety, permanence, and well-being. SOP combines elements from other practice models, including Signs of Safety, Solution-Focused Casework, and Structured Decision Making (SDM).

NC DSS has developed online trainings for the Practice Standards that are available to all state and local child welfare staff. SOP language, concepts and tools are being built into the PATH NC system along with updated track-training modules and policy updates. A contract will be

executed to train state staff in SOP to coach and model the new practices with county leadership.

4. North Carolina should encourage collaboration between state departments, such as mental health, courts, and other relevant agencies, to ensure seamless communication and support for CCPT objectives.

NC DSS continues to prioritize collaboration and communication with essential partners in all aspects of child welfare. As part of the preparation for the 2024 Statewide Assessment for the Child and Family Services Review (CFSR) stakeholder listening sessions were held. These included people with lived experience, court partners, community agencies, local child welfare workers. The Capacity building Center for States helped NC DSS develop and implement a plan to engage people with lived experience to inform the Project Improvement Plan (PIP) and [Annual Progress and Services Report \(APSR\)](#). Lived experience, which includes youth and birth parents who have intersected with the child welfare system, foster parents, relative and kin providers, continues to be an integral part of the feedback loop for policy and program development throughout NC DSS.

NC DSS continues to participate in various state-level interagency groups to ensure ongoing discussions, planning and identification for needed changes for children and families across NC. These groups include collaborative efforts with the Courts, medical and mental health service providers, private foster care agencies, and beyond. NC DHHS' commitment to community engagement provides list of [Councils, Committees and Advisory Groups](#) currently engaged with NC DHHS Divisions and Offices.

Additionally, [North Carolina's System of Care \(NC SOC\)](#) Community Collaboratives (CC) are community-based groups comprised of family members, child-serving public agencies, and private providers. CCs work with families, school systems, community-based organizations, and

other stakeholders concerned with the behavioral health of all children in their community. CCs bring together families and child representatives across diverse sectors to support coordinated service delivery and problem-solve. These Collaboratives are supported by a state-level System of Care Team and local SOC Coordinators and Family Leads.

RESOURCE/TRAINING RECOMMENDATIONS

1. North Carolina should facilitate and prioritize training for CCPTs, child welfare workers, and other community agencies on should prioritize training initiatives that cover policy updates, reporting procedures, legislative developments, and best practices in child welfare. North Carolina should provide regular and ongoing training opportunities for CCPT members on policy updates, trends, legislative changes, and best practices in child protection, ensuring all members are equipped with the necessary knowledge and skills.

As mentioned in #3 of Policy Recommendations above, recent legislation drastically altered the structure of CCPTs into one local team with CFPTs, administered by DPH. As part of the new CRP structure in NC, there will be a heavy emphasis on training for panels and their members, with specific training requirements and support for members with Lived Experience.

NC DSS has been working diligently to strengthen training for child welfare workers. Beginning in December 2022, NC DSS kicked off the Track Training Redesign Project. This project included the implementation of a new approach to ongoing training for the child welfare workforce. To address the large number of trainings and time-consuming process of previous training schedules, NC DSS is working to redesign its ongoing training system. The following are goals of the Track Training Redesign Project:

- Provide workers with a robust child welfare training curriculum that teaches the knowledge, skills, behaviors, and real-time practice needed to engage families and improve safety, permanency, and well-being outcomes.
- Provide support for new workers with onboarding, completing on-the-job learning experiences, and continued learning opportunities for new workers after completion of pre-service training to encourage worker retention during a time of high turnover.
- Align with North Carolina's newly revised Practice Model that includes the practice standards, revisions to the Structured Decision-Making Tools, and Safety Organized Practice.
- Maximize resources at the county, regional, and state levels while providing clarity on roles and responsibilities for providing instruction, feedback, support, and guidance to new workers.

The Training Design Plan outlines new courses for Intake, CPS Assessment, In-Home Services, Permanency Planning, and Foster Home Licensing. The training curricula is close to complete as it was scheduled for development in 2024. All new courses will be evaluated for effectiveness and will enable NC DSS to build on the successes of the Pre-Service Training Redesign Project. Practice standards as mentioned above have been fully in effect for 2 years. A link to the Practice Standards Desk Guide can be found here: <https://www.ncdhhs.gov/cw-worker-north-carolina-worker-practice-standards-desk-guide/download?attachment>.

NC DSS continues to educate essential partners and community agencies on policy, legislation and best practice changes through a myriad of opportunities. Whether through multi-disciplinary work groups, direct requests for presentations and information from community partners, or public and social media campaigns, NC DSS is working to ensure updates are reaching those who are essential to the work.

2. North Carolina should examine options to enhance and expand placement options for

youth with high needs as well as advocate for increased availability of resources to meet the needs of complex families and provide greater resources for early interventions (e.g., through schools, daycares, and/or primary care providers). State and local authorities should collaborate to increase funding and support for the development of community-based resources, including mental health treatment services, domestic violence shelters, and substance abuse prevention programs.

NC DHHS released a report in September 2024 entitled [*Transforming North Carolina's Behavioral Health System: Investing in a System That Delivers Whole-Person Care When and Where People Need It*](#) outlining the transformation of the behavioral health system to better support the health and well-being of North Carolinians. More specifically, actions have been taken to improve the state's behavioral health system for people with mental health and substance use needs. A "roadmap" was released in early 2023 for investing \$1 billion across the behavioral health care continuum and workforce to achieve this goal.

Additionally, NC DHHS has made significant progress in transforming the behavioral health system and investing in services and supports for individuals with intellectual and developmental disabilities (I/DD) and traumatic brain injury (TBI).

Along with essential community partners, NC DHHS has developed action plans to address areas of highest need across the behavioral health continuum. All Medicaid members now receive integrated physical and behavioral health coverage, including individuals with serious mental illness (SMI), substance use disorder (SUD), I/DD or TBI who can access a comprehensive set of services designed to meet their needs through four recently launched Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans. This means children and youth with complex needs are positioned to receive appropriate, community-based

care, rather than placement in a local DSS office or stuck in emergency departments waiting for those services.

To address the crisis of children and youth placed in local DSS offices, NC DHHS invested \$2.3 million in FY23 and \$5.5 million in FY24 in county DSS offices to implement practices to support better placements for children with complex behavioral health needs. These practices include:

- Maintaining a crisis placement provider on retainer who can provide temporary emergency placement that is suitable to a child's behavioral health needs until a treatment placement can be located.
- Providing short-term rate increases to placement providers who care for children with behavioral health needs who require an exceptional level of supervision.
- Implementing local solutions that prevent a child in local DSS custody from spending a night in the DSS office while awaiting an appropriate placement for behavioral health treatment.

In April 2024, NC DHHS announced a \$15 million investment in nine new Behavioral Health Urgent Cares (BHUCs) over two years. BHUCs serve as an alternative to emergency departments for those experiencing a behavioral health crisis. They offer access to mental health specialists who can assist with diagnosis and assessment, medication management and treatment options and are often attached to existing facilities. NC DHHS chose the new locations based on several criteria, including regional data on the number of individuals waiting for behavioral health care in emergency departments, availability of existing crisis services, and partnerships with preexisting community services.

Home-based treatment options are another gap for children and youth with complex behavioral health needs. NC DHHS invested \$11 million in treatment services designed to keep children in their homes and communities while receiving treatment. NC DHHS is contracting with Rapid

Resources for Families to expand access to Intensive Alternative Family Treatment® (IAFT)—a specialized program that enables children with complex behavioral health to receive family-based services through a therapeutic foster home with counseling and psychiatric supports. Services like this help prevent inappropriate boarding or use of institutional settings. This partnership will expand NC's capacity for IAFT services, increase training for licensed foster parents, and increase access to short-term IAFT placements.

Some additional highlighted successes from the report include:

- Approximately 3 million people covered under Standard Plans and Tailored Plans that provide integrated physical and behavioral health coverage.
- 130 public schools access expert behavioral health support through NC-Psychiatry Access Line (NC-PAL).
- 54 beds at RJ Blackley Hospital converted to provide high-quality psychiatric care for children and youth through a UNC-DHHS partnership.
- \$4 million investment to support choice and inclusion for people with I/DD in the workforce.

Another important NC DHHS plan working in alignment with behavioral health transformation is the [NC Olmstead Plan 2024-2025](#). The Olmstead Plan specifically addresses the health and wellbeing of children, youth, and adults, with disabilities and providing them with appropriate, community-based services. The plan is also intended to deepen NC DHHS's work to realize the vision that all people with disabilities can exercise their right to choose to live life fully included in the community. The intersection of the two reports referenced in this section highlight the department's commitment to collaboration on increasing appropriate placements and resources for the most vulnerable children and families of North Carolina.

Conclusion

NC DSS appreciates the commitment of each of the local CCPTs in the development of the 2023 EOYR. The report continues to demonstrate a thoughtful and practical effort to promote strategies that will best contribute to the overall and long-term safety, well-being, and permanence of children and families in North Carolina. As a partner in this commitment, NC DSS will continue to support community efforts and system improvements to provide safe, stable, and nurturing environments for children and families and facilitate the Citizen Review Panel process which is integral to comprehensive feedback on the child welfare system.

The response to and implementation of the strategies outlined in these CCPT recommendations require cross-system collaboration and partnership, especially during this period of unprecedented child welfare reform. NC DSS will continue to use these multi-disciplinary recommendations to inform updates to NC's Child and Family Services Plan (CFSP), Annual Progress and Services Report (APSR), and Child and Family Services Review (CFSR). Each of these helps outline and evaluate the Child Welfare Services System's response to children and families and identify and respond to issues to strengthen children's services programs.

Therefore, the gaps, strategies, and recommendations identified in the 2023 CCPT EOYR will serve as a critical tool for NC DSS' continuous quality improvement as well as ongoing state and local child welfare reform and maltreatment prevention planning.