



# NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

Division of Social Services  
Child Welfare Services

**NC State Response**  
**Community Child Protection Team 2019 Recommendations**

**December 3, 2020**

## 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 practices (in addition to policies and procedures) of the state and county child welfare agencies, review child fatalities and near-fatalities and examining other criteria important to ensure the protection of children. Based on its work, CRPs develop annual reports inclusive of recommendations and make them available to the public.

The North Carolina Department of Health and Human Services, Division of Social Services (NC DHHS | DSS) is the state's child welfare authority responsible for the oversight of CRPs in North Carolina. NC DHHS | DSS designated Community Child Protection Teams (CCPT) as the CRPs to meet federal requirements. CCPTs are interdisciplinary groups of community representatives inclusive of mandated representatives that were established in 1991 under North Carolina General Statute § 7B-1406 and further formalized and expanded in 1993. Located in all 100 counties and one territory of the Eastern Band of the Cherokee Indians (EBCI), the CCPTs meet regularly, a minimum of four times per year, to promote a community-wide approach to the problem of child abuse and neglect. Each CCPT reviews active child welfare cases, fatalities, and other cases brought to the team for review.

The purpose of the CCPT case reviews includes identifying gaps and deficiencies with the child protection system, increasing public awareness of child protection in the community, advocating for system changes and improvements, assisting the county director in protection of children and developing strategies to ameliorate child abuse and promote child well-being at a local and state level.

[https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_7b/GS\\_7b-1406.pdf](https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_7b/GS_7b-1406.pdf)

Annually, CCPTs are required to provide a summary of case review activities, local initiatives, and recommendations to their county Board of Commissioners and to NC DHHS | DSS. CCPTs are also asked to respond to a survey each year to inform the development of the annual report. In 2019, the survey was distributed to 101 local CCPTs, of which 89 completed the survey. The NC CCPT Advisory Board synthesized the local CCPT activities, recommendations, and survey responses to make five statewide recommendations to NC

DHHS | DSS in the 2019 CCPT End of Year Report (EOYR). This report is publicly available at <https://www.ncdhhs.gov/divisions/dss/community-child-protection-teams>

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. The State's response describes how NC DHHS | DSS will respond to the recommendations submitted to make measurable progress in improving the State and local child welfare system. Although NC DHHS | DSS understands and supports identified strategies best implemented by local communities, this state response focuses on systemic issues identified in 2019 EOYR.

In 2019, NC DHHS | DSS was actively engaged in Federal and State Child Welfare Reform, through Family First Prevention Services Act (Family First) and Rylan's Law, respectively. As part of implementing these reforms, NC developed a Child and Family Services Plan for 2020 – 2024 (CFSP), which serves as NC's five-year child welfare strategic plan. Aggregated responses from the annual survey completed by local CCPTs enable DSS to inventory and report current unmet needs as required in the CFSP and Annual Progress and Services Report (APSR). This inventory is captured in the annual CCPT survey, analyzed in the EOYR, and reported in the APSR. Consequently, local CCPTs have a significant influence in NC's strategic planning to improve child welfare services.

As part of Rylan's Law, the Center for Support of Families released *The NC Final Child Welfare Reform Plan* in May 2019. This plan recommended that "North Carolina should implement recommendations made by the Child Fatality Task Force in its 2019 Action Agenda and detailed further in its [Child Fatality Prevention System Recommendations for 2019](#)." Based on this recommendation, the NC General Assembly introduced [HB 2019-825](#), which proposed a study to consolidate NC's child fatality system under a single State Office of Child Fatality Prevention. Although the legislation is still pending, NC DHHS decided to pursue this study through a 2020 stakeholder workgroup facilitated by the NC Institute of Medicine and an internal DHHS group. Both groups explored consolidating the child fatality system to eliminate redundancies, centralize coordination, streamline state-level support functions, and maximum the consistency of data and utility of findings and recommendations developed during child fatality reviews.

The state CCPT Advisory Board and local CCPTs are considered components of NC's Child Fatality System. Thus, the structure and role of CCPTs and Citizen Review Panels (CRP) may be modified during this process. During this period of unprecedented reform, NC DHHS | DSS

will be involved in planning the restructured system and will continue to support CCPTs to meet the CAPTA CRP legislative intent.

## **NC DHHS | DSS Response to Recommendations**

The 2019 CCPT End of Year Report outlined five recommendations for statewide child welfare system and practice improvements. The recommendations and responses are provided below:

### **RECOMMENDATION 1 – IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES OF CHILDREN, YOUTH, AND FAMILIES SERVED BY CHILD WELFARE**

1. *Develop State Action Plan.*
2. *Enhance Accessibility of Services.*
3. *Consider New Methods of Service.*

Over the years, local CCPTs have consistently identified a need for substance abuse treatment, domestic violence advocacy, and mental health services to protect children and youth. NC DHHS | DSS will redesign access to evidence-based programs for identified candidates for foster care and consider new methods of services through the implementation of the Family First Prevention Services Act Plan, which will serve as the state action plan for behavioral health services. This plan will allow NC DHHS | DSS to use Title IV-E funding streams to pay for a menu of prevention services, including mental health, substance use disorder, and in-home parenting education. Services will be available statewide to children, youth, and parents.

In partnership with Chapin Hall from the University of Chicago, NC DHHS | DSS began the Family First prevention planning process in 2019 by assessing NC's readiness through a survey with stakeholders that analyzed existing evidence-based programs and services. In partnership with public agencies, private organizations, and family partners, NC DHHS | DSS built on these survey results to determine the definition of eligible candidates and service models for Family First reimbursement. In Phase 1 of NC's Family First implementation, the following groups will be candidates for Family First services:

- Children Receiving In-Home Services
- Children Exiting In-Home Services
- Pregnant and Parenting Youth in Foster Care

The following evidence-based programs will be eligible for Title IV-E reimbursement under Family First:

- Multisystemic Therapy
- Methadone Maintenance
- Homebuilders
- Parents as Teachers
- Triple P, Level 4

NC DHHS | DSS selected services that provide in-home intensive family interventions, treat substance use disorder in adolescents and adults, improve parenting skills, and address parent and child mental health.

NC DHHS | DSS will develop a Continuous Quality Improvement (CQI) process for the above Family First services, which will be implemented when the plan becomes effective on October 1, 2021.

In addition to Family First, NC DHHS | DSS will work with DMH/DD/SAS to identify Medicaid and State funded behavioral health services data available on the number of children, youth, and families requiring behavioral health services. NC DHHS | DSS continues to engage in interdepartmental initiatives including the Opioid Action Plan, Plan of Safe Care, Work First/CPS Substance Abuse Initiative.

In response to the ongoing need for training on the effects of the opioid epidemic on child safety, NC DHHS | DSS developed the course *Opioid Misuse and Child Welfare Practice* designed to help child welfare workers identify the signs of opioid use disorder, how it affects child safety, appropriate treatment options, and plan of safe care protocols. Since its launch in December 2019, 1,100 child welfare staff have taken this training. In alignment with Family First and Medicaid and State funded behavioral health services, NC DHHS | DSS will continue to offer primary and secondary child maltreatment prevention services. These family support, parenting education, and in-home visiting services will be funded through federal Promoting Safe and Stable Funding (Title IV-B-2, Subpart 2) and Community-Based Child Abuse Prevention (CBCAP) as well as the NC Children's Trust Fund. In tandem, these changes will increase the availability of evidence-based programs and services for families to address mental health, substance use disorder, and parenting issues.

NC DHHS | DSS recognizes that increasing the availability of services for children and families involved in the child welfare system is just the first step. It is also important to ensure equitable accessibility, so that eligible children can access needed services regardless of where they live in NC and that case workers are familiar with available services in their area. To improve

accessibility, the multidisciplinary CFSP Well-Being Design Team will begin conducting focus groups with in-home services staff and key stakeholder interviews to inform NC DHHS | DSS on the barriers that families experience accessing behavioral health services and identify strategies to improving access to MH/SU services. The Medicaid changes to support a tailored plan for children under placement authority of the state will also increase family and individuals' accessibility to services.

Finally, NC DHHS | DSS has developed a Child Welfare Regional Support model to provide training and technical assistance to county child welfare agencies. Transforming the previous 100 county model of support into a 7 region model has enabled NC DHHS | DSS to provide more frequent, intensive support to child welfare agencies. In particular, the Regional Child Welfare Consultants (RCWCs) spend time with counties reviewing data and policy changes, providing targeted case reviews to improve the quality of child welfare services, and sharing resources and information with county staff. Although services may not be offered in every county, children living in every county will have access to Family First services in their region. Consequently, the regional Family First service array will increase statewide accessibility.

## **RECOMMENDATION 2 –PROMOTE THE SAFETY OF VULNERABLE INFANTS**

1. *Advance Safe Sleeping*
2. *Strengthen Plan of Safe Care (POSC) Approach for Substance Affected Infants (SAI).*
3. *Support the Citizen Review Panel (CRP) on POSC.*

NC DHHS | DSS has identified five goals in its CFSP for 2020-2024. CFSP Goal One: Safety states that that all children and youth should live in safe, stable environments with nurturing relationships. The strategies selected to meet NC DHHS | DSS safety goal also support and align with CCPT Recommendation 2 that prioritizes the safety of vulnerable children.

NC DHHS | DSS efforts around safety include increased capacity of its workforce to assess risk and the potential of future harm, a practice model implementation that supports and enhances the assessment of safety and the creation of a state maltreatment prevention plan. NC DHHS | DSS has developed guidance around the creation and implementation of a POSC for SAI that involves:

- Post-Discharge Plans that includes the strengths and goals the family has identified and people who will help achieve the plan;
- Infant Safety Plan around safe sleep, medical care, basic needs and other safety needs identified by the family.

- Parental Safety Plan that includes a relapse assessment and recovery action plan, mental health and substance use disorder plan, and any other needs identified.
- Service needs for all members of the family.

As the NC Practice Model is implemented, NC DHHS | DSS will train the state and county child welfare workforce on essential functions, core activities, and practice standards and that advance the assessment of risk and the potential of future harm. This will ensure that child welfare workers are more skilled at assessing and educating parents of infants and young children about the importance of providing a safe sleeping environment. As part of the CFSP, NC DHHS | DSS is developing a project timeline for developing and implementing the NC Practice Model, including revalidating assessment and decision-making tools, and developing and delivering training. NC DHHS | DSS will provide regular updates to the CCPT Advisory Board and local CCPTs throughout this process.

As recommended by the 2019 CCPT EOYR, collaboration among state level agencies continues. In particular, NC DHHS | DSS is working with UNC Maternal and Child Health, Work First, Adult Services, Medicaid, Food and Nutrition Services and Child Support to address safe sleep. UNC Maternal and Child Health, in collaboration with NC DHHS | DSS, is creating materials and training for professionals and parents on all aspects of safe sleep. This partnership will help increase line workers' effectiveness in discussing and assessing safe sleep with families, align community messaging, and provide materials to families who are preparing for or have new babies. Some of the recommended CCPT strategies, however, are best managed at the local county level. For instance, local communities have a greater ability to assess the need for and procure tangible resources, such as portable cribs. Between 2020-2024, NC DHHS | DSS will support those local efforts through advocacy, collaboration and the development of a state prevention plan under Family First.

The 2019 CCPT EOYR report identifies activities to improve services for SAI at both at the state level and local level through communities and child serving agencies. These strategies also support the recommendations from the Administration for Children (ACF) site visit in July 2018., NC DHHS | DSS in partnership with the Division of Public Health – Maternal and Child Branch, Case Management for At-Risk Children (CMARC), and the Division of Mental Health Developmental Disabilities and Substance Abuse have been devising ways to improve the assessment of safety, the creation of Plans of Safe Care for every identified SAI, and a notification process that fosters a supportive approach to working with families affected by substance use. Systemic solutions include improved safety assessments, action planning,

structured decision-making tools, a regional child welfare model of training and technical assistance, a designated SAI position within the Child Medical Evaluation (CME) Program, and ongoing support for the CCPTs.

NC DHHS | DSS has worked with substance use professionals to develop a relapse assessment and action plan for new mothers. The plan is universal and can be used in multiple settings. The plan provides information on the discharge plan, identifies supportive services in place as well as additional resources needed, and assesses the need for social and economic supports. The components serve as the foundation for the child welfare safety planning and the development of a case plan that addresses the needs of the infant and the family. NC DHHS | DSS requested technical assistance from ACF regarding confidentiality and is exploring pathways to facilitate information sharing to improve safety planning.

NC DHHS | DSS has also contracted with the National Council on Crime Delinquency (NCCD) to revalidate are Structured Decision-Making Tools that assess a family's functioning in different areas to rate their risk of child maltreatment. In this process, NCCD will review NC DHHS | DSS tools, data, and policies, while also interviewing community members. These tools will account for age and characteristics to identify more vulnerable populations, such as infants. NCCD will also make recommendations for policy changes to strengthen social work practice in assessing safety and risk for children in child protection system. They will lead the implementation of NC Practice Model, that includes essential functions, practice standards, and Safety Organized Practice. The Practice Model will integrate family and case worker strengths with a solution-focused perspective to assess and enhance child safety at all points in the case process.

As NC DHHS | DSS finalizes the regionalization of child welfare, RCWCs are available to provide technical assistance to local county child welfare agencies on policy and practice. RCWC also serve as Subject Matter Experts (SME) and are available to county child welfare agencies who have identified a specific issue they want to address. During case reviews that involve a report was on a substance affected infant, RCWCs check to see if a plan of safe care was developed and if a referral was submitted to the local CMARC program prior to the screening decision. If these steps did not occur, the RCWCs engage in ongoing discussions with the county child welfare agency until improvement is seen. This CQI process is used to review cases and identify lessons learned to improve services to SAI.

To help support the RCWCs and county child welfare agencies in their work to improve safety assessments for children who are substance affected, NC DHHS | DSS will fund positions under the CME program located at UNC Chapel Hill School of Medicine in SFY 2021. These positions



will provide case specific consultation to county departments of social service regarding children most at risk serious injury or fatality. One of these positions will be dedicated to focus exclusively on POSC practice, enhancing child safety, and addressing the needs of SAIs. This position will be deployed strategically in both the health and child welfare service arenas to optimize the comprehensive system.

To inform local CCPTs on policy and practice changes, NC DHHS | DSS has established a dedicated email to share relevant information with local teams. NC DHHS | DSS is revising the state's CAPTA plan to include an oversight and monitoring plan of POSC. NC DHHS | DSS will share this plan with county child welfare agencies and local CCPTs because it may impact the population subject to review. Local teams are also encouraged to select cases that reflect the needs of their community.

Since 1996, NC designated CCPTs as meeting the Citizen Review Panel (CRP) requirement of CAPTA. In 2019, the NC General Assembly proposed that NC DHHS study consolidating its child fatality system to increase efficiency. As part of this study, NC DHHS will determine whether the CCPT framework should continue to serve as NC's CRPs. Until the child fatality system review is concluded and official guidance is issued, NC DHHS | DSS will continue to use the CCPT framework together and consolidate recommendations to strengthen NC's child protective services system. NC DHHS | DSS maintains that the work of the local teams is critical to ensuring children can remain with their families safely. Consequently, NC DHHS | DSS will continue to designate a position with responsibility to support CCPTs. This position acts as a liaison and subject matter expert with the CCPT Advisory Board and local teams. The CCPT Program Consultant will assist with research and technical assistance on national issues impacting child welfare such as POSC, will work to help local teams overcome barriers, and will develop a process to publish required state and local reports.

### **RECOMMENDATION 3 – ENHANCE IDENTIFICATION AND PREVENTION OF CHILD MALTREATMENT FATALITIES AND NEAR FATALITIES**

- 1. Collaborate on Ensuring that Involved Parties in North Carolina Are Prepared for Passage of the Child Death Review Framework.*
- 2. Ensure Accurate Reporting of Child Near Fatalities.*
- 3. Identify and Address Challenges in Reporting Case Reviews.*
- 4. Support the Citizen Review Panel (CRP) on Child Fatalities and Near Fatalities.*

As stated in the State Response to CCPT 2019 EOYR Recommendation 2, NC DHHS formed of a group of internal leaders focused on developing an overall plan to strengthen the Child

Fatality Prevention System. The NC DHHS planning group is informed by recommendations from a 2020 workgroup comprised of child fatality prevention stakeholders and facilitated by the NC Institute of Medicine (NCIOM) in partnership with the North Carolina Child Fatality Task Force (CFTF). This stakeholder workgroup provided input in the following four areas of action that the NC DHHS plan will address:

- Restructuring and consolidating four types of review teams into one local team
- A more effective framework for Citizen Review Panels and for reviewing active DSS child welfare cases;
- Change the types of death requiring team review to those categories of death most likely to yield prevention opportunities, including nine (9) specific categories articulated in the recommendations; and,
- Implement a centralized electronic data and information system that includes NC joining the National Child Death Review Reporting System.

NC DHHS | DSS will decide about enrolling in the national database of case-specific child deaths once the structure of NC CFP system is determined.

To enhance NC's identification and prevention of child maltreatment fatalities and near fatalities, NC DHHS|DSS is reviewing NC's Child Fatality Prevention System, improving data collection systems, conducting Intensive Child Fatality Reviews, and expanding the Child Medical Evaluation Program. NC DHHS | DSS will integrate the development of a comprehensive, statewide plan for the prevention of child maltreatment fatalities and near fatalities in the overall development of the 5-year Family First Prevention Plan. NC DHHS | DSS will update the CCPT Advisory Board on this work during the coming year to assist their support of local teams.

Starting in July 2020, NC DHHS | DSS required county child welfare agencies to document whether the alleged victim child was also found to be the victim of a near fatality. NC's definition of near fatality mirrors the CAPTA definition in that NC General Statute § 7B-2902 states that a near fatality is "A case in which a physician determines that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment." This allows local CCPT a more systematic approach to reviewing near fatalities.

NC DHHS | DSS also conducts Intensive Child Fatality Reviews (ICFRs) on any child fatalities which have occurred involving children and families involved with local departments of social services child protective services in the 12 months preceding the fatality. Members of the local CCPT participate in these fatality reviews and a public report is issued from each of these

reviews. In 2021, NC DHHS | DSS will provide a report to the CCPT Advisory Board based on ICFRs. Staff will assist the CCPT Advisory Board in using data to modify annual CCPT Survey questions to delineate child fatality and near fatality case reviews from active child welfare case reviews and interpret survey results.

NC DHHS | DSS is working with UNC-CH School of Medicine, Child Medical Evaluation Program, the NC Pediatric Society Committee on Child Abuse and Neglect, and other organizations to develop diagnostic criteria for healthcare providers to identify near fatalities. In addition, NC DHHS | DSS and UNC-CH School of Medicine provide child maltreatment presentations for medical residents and an introduction to child maltreatment recognition and reporting for UNC healthcare employees. The UNC-CH School of Medicine is adding the definition of near fatality into the Medical Aspects training for all county DSS social workers.

In the 2020-2024 CFSP, NC DHHS | DSS outlines a fourth goal to establish the supports necessary to make data-driven decisions using a CQI framework applied consistently to all policies, protocols, and procedures. Using the CQI framework, RCWCs and the CCPT Program Consultant will support the CCPT Advisory Board in developing survey questions and analyzing survey results. As part of technical assistance to county child welfare agencies, RCWCs review case-related outcome data each month. Using monthly data reports, RCWCs work with county child welfare agencies to identify practice areas for further technical assistance. When data indicates a concern regarding near fatalities, the RCWC will develop a plan with the agency to address the concern. This may include working with their local CCPT to address the issue.

#### **RECOMMENDATION 4 – IMPROVE CASE REVIEWS BY CCPTs**

1. *Offer Training and Technical Support on Conducting Case Reviews.*
2. *Increase Local Teams' Access to Information Necessary for Complete Case Reviews.*

As stated in the State Response to Recommendation 3, NC DHHS | DSS is committed to infusing CQI principles into the continuum of child welfare practice. These principles extend to the work of the CCPT Advisory Board and local CCPTs. NC DHHS | DSS has developed a training and technical assistance (T/TA) framework that will allow local teams to request targeted T/TA with appropriate SMEs. Training and Technical Assistance may be offered via email, phone, web conferencing, or in person depending on the local team's needs. In September 2020, NC DHHS | DSS developed a structured T/TA Request Form with consultation with the CCPT Advisory Board and local teams. Using a structured form allows NC DHHS | DSS to track common concerns and issues to inform child welfare policy, practice,

training, data collection, and RCWC support.

NC DHHS | DSS recognizes that local teams have requested advice and support on conducting case reviews, writing annual reports, and other required activities. This spring, the CCPT Program Consultant offered all 100 counties and the Qualla Boundary additional TA and support navigating COVID-19 limitations. Ten local teams requested support on meeting legislative requirements during quarantine restrictions due to the COVID-19 Pandemic. In addition to individual team TA, NC DHHS | DSS provided a presentation at the Children's Services Committee in June 2020 entitled *CCPT: COVID-19 Guidance*. This presentation emphasized the heightened importance of local teams in protecting children during this period of increased isolation and restricted services. It included information on CCPT legislative requirements, CDC and DHHS health and safety guidelines, information technology, confidentiality, compliance concerns, and DSS technical assistance. NC DHHS | DSS staff converted this guidance into a written resource handout and sent it to all local CCPT Chairs. NC DHHS | DSS will continue to work with local teams individually on how to operate remotely under COVID-19 Pandemic restrictions. When resources are developed, they will be shared with all local team chairs through the following dedicated CCPT email address: [DSS.CCPT@dhhs.nc.gov](mailto:DSS.CCPT@dhhs.nc.gov).

#### **RECOMMENDATION 5 – SUPPORT THE CAPACITY OF LOCAL TEAMS TO CARRY OUT THEIR WORK**

1. *Enlarge the Formally Required Members on Local Teams.*
2. *Extend, Enrich, and Make Accessible State Training of Local Teams.*
3. *Provide Funding to Local Teams.*
4. *Ensure Local Teams Receive Supports that They Request.*
5. *Foster Exchanges of CCPTs from Different Locales.*
6. *Explore for Calendar Year 2021 CCPT Survey, Changing the Data-Collection Protocols to Permit the Researchers to Share Survey Results with Individual Teams Identified.*

North Carolina General Statute § 7B-1406 statute establishes the membership requirements for CCPT Local Teams. As NC DHHS | DSS plans for the potential consolidation of the child fatality system, the state agency can consider recommending changes for membership requirements within the new system. In the meantime, the mandated representation in this statute allows flexibility for discretionary appointments by County Commissioners and local

teams may develop protocols for inviting a SME to meetings to provide information and consultation.

The availability of T/TA by the CCPT Program Consultant has been discussed under Recommendation 4. Local teams and the CCPT Advisory Board will continue to be involved in the development of the T/TA Request Form and the identification of relevant topics, such as case reviews or survey completion. NC DHHS | DSS has established a cloud-based platform on SharePoint for collaborating virtually, storing documents, and sharing resources, including brochures and notice of grant opportunities.

As NC DHHS | DSS collects and analyzes data on local needs, we will develop a T/TA Framework that includes peer support. NC DHHS | DSS will consider the above 2019 EOYR recommendations for content and formats within this framework, including individualized TA, webinars, peer support calls, and forums. Standard email offers the quickest, most efficient means for NC DHHS | DSS to provide consistent guidance to local CCPTs and for CCPTs to offer each other peer support. NC DHHS | DSS will develop strategies within this T/TA Framework to identify topics of interest to local CCPTs. The CCPT Program Consultant will provide regular updates to the CCPT Advisory Board on the T/TA provided by NC DHHS | DSS.

Given ongoing efforts to redesign CRP system and child fatality system mentioned in the introduction, the conversation about funding for local CCPTs will be postponed.

In SFY 2021, NC DHHS | DSS will collaborate with the CCPT Advisory Board and NC State University to consider changing the data collection protocols to identify annual CCPT survey results by individual teams. Having identifiable data would allow the CCPT Program Consultant to share survey results, tailor education, and promote mutual support with individual teams. This type of change will require consultation with and feedback from the Children's Services Committee of the NC Association of County Directors of Social Services (NCACDSS) and the Institutional Review Board for the Protection of Human Subjects (IRB).

## **Conclusion**

NC DHHS | DSS appreciates the collaboration and commitment of the CCPT Advisory Board and each of the local CCPTs in the development of the 2019 End of the Year Report. The report demonstrates a thoughtful attempt to effectively promote the strategies which will best contribute to the overall and long-term safety, well-being, and permanence of children and families in North Carolina. As part of this commitment, NC DHHS | DSS will continue to support community efforts and system improvements to provide safe, stable and nurturing environments for children and families.

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 reform. Consequently, NC DHHS | DSS will use these multi-disciplinary recommendations to inform updates to its 2020-2024 CFSP through the 2022 APSR. The CFSP delineates the vision and goals necessary to strengthen the child welfare system. It offers a comprehensive approach to meet the needs of children and families within the state child welfare system by consolidating and aligning plans for multiple programs, from prevention and protection programs through permanency. Thus, the gaps, strategies, and recommendations identified in the 2019 CCPT EOYR remain a critical tool in continuous quality improvement and ongoing state and local child welfare and maltreatment prevention planning.