



North Carolina Department of Health and Human Services  
North Carolina Division of Social Services  
Child Welfare Services Section

State Response to the 2017 Citizen Review Panel Recommendations

## **Introduction and Background**

The federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106) requires each state to maintain Citizen Review Panels. North Carolina meets this requirement through Community Child Protection Teams (CCPT). North Carolina General Statute § 7B-1406 established one CCPT in each of its 100 counties to function as an interdisciplinary group of community representatives who meet to address the safety and well-being of children who are at risk or are victims of child abuse or neglect.

CCPTs are responsible for reviewing active, complex child protective services cases and cases in which a child died as a result of suspected child abuse or neglect. The CCPT analyzes strengths, gaps, deficiencies, systemic factors, and case outcomes to recommend and advocate for system improvements and needed resources for identified gaps. Annually, local CCPTs are required to provide a summary of their review activities and recommendations to their county Board of Commissioners and to the North Carolina Division of Social Services (DSS).

To fulfill their obligation to provide recommendations to improve the child protection services system at the State and local levels, CCPTs are asked to respond to a survey each year. Every year, the survey responses are collected and analyzed by NC State University faculty at the Center for Family and Community Engagement and presented to the North Carolina CCPT Advisory Board for consideration and discussion.

The NC CCPT Advisory Board consists of members from local CCPTs and other community stakeholders. The CCPT Advisory Board reviews the recommendations from all local CCPTs, consolidates the recommendations, and submits them to DSS for consideration. The activities each CCPT completed in 2017 were collected via an *End of Year Survey* in 2018 and presented to DSS in June 2018. The survey was distributed to 101 local CCPTs, of which 81 completed the survey, including The Eastern Band of the Cherokee Indians. This response rate is consistent with the historical trend. The survey questions, responses, and final recommendations submitted to the state are outlined in the 2017 CCPT End of Year Report. This report is publicly available at <https://www2.ncdhhs.gov/dss/stats/cw.htm>.

CAPTA requires each state child welfare agency to submit a written response to the recommendations made by its Citizen Review Panels/Community Child Protection Teams within six months of receipt. The State's response describes whether and/or how the State will incorporate the recommendations submitted to make measurable progress in improving the State and local child protection system. This document serves as that written response.

## **Recommendations/DSS Response**

Based on CCPT survey findings, the NC CCPT Advisory Board presented four recommendations to the DSS in the 2017 CCPT End of Year Report. These four recommendations include several sub-recommendations or activities for consideration.

*Recommendation 1—Ensure that children, youth, and families have the mental health services required for promoting child safety, child permanency, and child and family well-being through the following steps:*

1. Work with state-level agencies and family-and-child associations to reach cross-system definitions of services, timelines, and response times;
2. Assist families in accessing needed mental health services, including providing subsidies for Medicaid-ineligible families (such as when children enter care), transportation especially in rural areas, and translation/interpretation for non-English-speaking families;
3. Provide training to Social Services and their community partners in assisting families in accessing appropriate services;
4. Promote education on what services are available within communities for families;
5. Compare the mental health services and their quality and accessibility that are covered by different Local Management Entity (LME)-Managed Care Organizations (MCOs) for children and youth in care and for their families;
6. Examine the cost-effectiveness of different mental health delivery mechanisms (e.g., teleconferencing);
7. Coordinate with state health officials implementing the North Carolina State Opioid Plan to ensure that addicted parents and caretakers receive the necessary mental health and substance abuse treatment and ongoing recovery supports and that children being impacted by the current drug epidemic receive trauma-informed counseling services; and
8. Identify strategies working well within our state to provide quality and accessible mental health services to families and disseminate these strategies statewide.

DSS Response to CCPT Recommendation 1:

DSS recognizes that children in foster care are a vulnerable a population with specialized physical and behavioral health needs. DSS is working collaboratively with NC Medicaid to develop a statewide Specialty Plan for children in foster care as part of the transition to Medicaid Managed Care. Full Medicaid Transformation will integrate physical and behavioral health services, address other Healthy Opportunities (such as housing and food insecurity, interpersonal violence, and unmet transportation needs). Since the Specialty Plan will be statewide, it will mitigate the variation of service provision between catchment areas. The State anticipates serving children in foster care via a System of Care approach that will ensure they receive services and supports that meet their physical, behavioral, social, educational and legal needs. North Carolina will also have a Behavioral Health and Intellectual/Developmental Disability (BH-I/DD) Tailored Plan for individuals with serious needs. Between the BH-I/DD Tailored Plan and the Foster Care Specialty Plan, DSS anticipates the needs of children who are or who have been in care will be more effectively managed.

Medicaid Managed Care will integrate behavioral and physical health services and include screening for food and housing security, interpersonal safety, and transportation issues. Through innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health, the health and well-being of all children will improve.

The NC Department of Health and Human Services (DHHS) is working on strategies that would allow a family to retain Medicaid after a county department of social service has taken custody

of a child, while the permanency plan is reunification so that parents can continue to get their physical and mental health needs met.

Until Medicaid Transformation is completed, DSS is working with county departments of social services and each LME/MCO to strengthen cross-system service provision as part of the Program Improvement Plan (PIP). As part of the PIP work, DSS will communicate successes, challenges and innovative strategies statewide. DHHS is committed to ensuring this population has access to care and is also strengthening its communication/guidance around working with this population.

DSS, in collaboration with NC Division of Mental Health, Development Disabilities and Substance Abuse Services (DMH/DD/SAS) and NC Medicaid, produced an online course called *Advocating for Child and Adolescent Mental Health Services: The Basics of Behavioral Health Managed Care*. This course is readily available to all social workers via the ncsWLearn.org training platform as well as community stakeholders via the UNC Behavioral Health Springboard (<http://bhs.unc.edu/advocating-child-and-adolescent-mental-health-services>). This course is designed to help stakeholders better understand how to access appropriate services. Additionally, DSS launched a child welfare overview course which is located on [www.FosteringNC.org](http://www.FosteringNC.org). These courses help provide necessary cross-system training to improve services to children and families.

North Carolina session law 2017-41 Rylan's Law (also referred to as the Family/Child Protection and Accountability Act), will reform child welfare services in North Carolina by establishing regional supervision of counties, improving accountability, increasing state oversight, and establishing a Child Well-Being Transformation Council. These reform efforts will work with other state-level and child-serving associations to identify gaps in coordination, collaboration, and communication among publicly funded child-serving agencies. The Child Well-Being Transformation Council will assist with issues identified by the CCPT Advisory Board such as transportation and translation/interpretation for non-English-speaking families.

Additionally, a new statewide tool, the North Carolina Resource Platform, will make it easier for providers, insurers and community-based organizations to connect people with the community resources they need to be healthy. The NC Resource Platform will be open at no cost to all North Carolinians, systems, payers, and providers. It will be a robust, integrated resource database, website, call center, and care coordination platform for clinicians, social workers, care coordinators, families and others to connect people to the community resources they need. The platform will connect community-based organizations to each other across the state, so they can collaborate while allowing for the tracking of system-wide outcomes and supporting system improvement.

Regarding the recommendations to explore the quality of services, cost-effectiveness, and assist families in accessing services to meet their needs, DHHS developed a statewide Behavioral Health Strategic Plan that was submitted to the General Assembly for consideration on January 31, 2018. This plan included recommendations that address these issues. DHHS Secretary Mandy Cohen, M.D. said "This strategic plan lays out a road map for ongoing improvements and investments to provide high quality, affordable access to behavioral health services."

More information regarding the Behavioral Health Strategic Plan is available online:  
<https://www.ncdhhs.gov/news/press-releases/dhhs-releases-vision-future-behavioral-health>.

Significant work is happening in North Carolina regarding the Opioid epidemic. In 2017, DHHS worked with community partners to develop an [Opioid Action Plan](#) and a [Data Dashboard](#) to improve transparency regarding the Action Plan's metrics. DSS will explore opportunities to strengthen engagement in these activities to ensure parents to support addicted parents and caretakers in receiving the necessary mental health and substance abuse treatment and ongoing recovery supports.

*Recommendation 2—Strengthen the Capacity of Local CCPTs to Work with Social Services in Improving Child Welfare Services through the following steps:*

1. Update the *2004 Reference Guide*, post the guide on the NC DSS website, and distribute the guide to county DSSs and local CCPT chairpersons;
2. Provide in-person and on-line training and technical assistance to local CCPTs on (a) CCPT responsibilities and processes, (b) case identification and review with particular attention to child maltreatment fatalities and near fatalities, (c) child welfare policies and procedures, (d) interagency collaboration, (e) diversity on teams, and (f) inclusion of family and youth partners on teams;
3. Assist local CCPTs with identifying resources for comprehensive medical evaluations, domestic violence, transportation, and other areas of child and family need;
4. Support local CCPTs in their work to educate communities and families about protective factors to prevent child abuse and neglect and to make local plans for prevention;
5. Promote discussion of policy recommendations proposed by local CCPTs and the NC CCPT Advisory Board;
6. Facilitate agreement on a template for the end-of-year report to county commissioners and the NC CCPT Advisory Board;
7. Support local teams in completing the end-of-year survey;
8. Offer particular assistance to local teams that are re-engaging in the work;
9. Support smaller counties in creating regional CCPT mechanisms that reflect their already shared membership and resources; and
10. Provide some funding to local CCPTs to better carry out their responsibilities.

#### DSS Response to CCPT Recommendation 2:

NC DSS recognizes that local CCPTs need support to meet their statutory requirement to promote the safety and well-being of children who are at risk or are victims of child abuse or neglect. This support is particularly relevant for local teams that are rebuilding or reengaging in the work. DSS has designated a CCPT Consultant position to support local CCPTs including developing standardized training, updating the resource guide, and providing limited technical assistance upon request. Through a SFY 2019 contract with the University of North Carolina, DSS is developing a recorded webinar on CCPTs statutory requirements, case identification and reviews, child welfare policies and procedures, membership, interagency collaboration, team diversity, family leadership, and protective factors. The training will be piloted at a 2019 CCPT Advisory Board meeting for members to provide feedback to improve the training. The Child Welfare Family Advisory Council (CWFAC) will also review the CCPT training and provide suggestions for improvement. Once the training is approved, it will form the basis for updating

the CCPT Resource Guide. Revisions to the guide will also be completed, distributed to local teams, and posted on DSS website in 2020. Since March 2018, the CCPT Consultant has provided training and technical assistance to 12 local teams on how CCPTs can more effectively collaborate within their communities to protect children. In addition, DSS provided four presentations on CCPT at the state and national level in SFY 2018. The standardized training, resource guide, and technical assistance will present consistent, clear information to help local teams meet their statutory requirements.

The CCPT Consultant will work with the local teams as needed to identify non-medical drivers of health within the local community and to help connect local CCPT teams with national, state, local resources that meet their needs. In particular, DHHS will share information about the North Carolina Resource Platform with local CCPTs.

The CCPT Consultant will support local CCPTs in educating the community about protective factors. In addition, DSS has a contract with Prevent Child Abuse North Carolina (PCANC) to facilitate the development Community Child Abuse Prevention Plans (CCAPP) to increase Protective Factors in four communities to reduce the rate of child abuse and neglect and reduce the number of children entering foster care. These local prevention plans include up to 14 hours of training on protective factors. CCPTs participate on these multidisciplinary teams of community leaders planning the CCAPP.

The CCPT Consultant serves as the liaison between the CCPT Advisory Board and DSS. As indicated, the Consultant and the Advisory Board Chair will include discussion of policy recommendations, changes to federal or state child welfare laws, and relevant research on meeting agendas. In SFY 2019 meetings, DSS staff and Advisory Board members have discussed Rylan's Law, the Families First Prevention Services Act, national and state research on Citizen Review Panels, and NC county child welfare agency memorandum of agreements.

DSS and the CCPT Advisory Board will work together to create and establish a template to guide local CCPTs in reporting their annual efforts to their County Commissioners. Although the template will provide structure, it will not be mandatory. Local teams will continue to have the flexibility to organize and write their annual report to meet their local needs.

In SFY 2019, DSS has contracted with NCSU to administer, collect data, analyze, and report on the end of year survey that the local CCPTs respond to each year. This annual survey is developed collaborative by the CCPT Advisory Board, DSS, and NCSU to record the experiences and needs of the local CCPTs. NCSU will send out the link to the survey and the CCPT Consultant will encourage the local teams to respond to the survey as a team effort.

Additionally, Rylan's Law provides the opportunity for counties to regionalize to create additional efficiencies. This effort allows for smaller counties to create regional CCPT mechanisms that reflect their already shared membership and resources. DSS will continue to support these efforts as requested.

DSS contracted with NC State University's Center for Family and Community Engagement to conduct research on the implementation of local CCPTs in NC. Researchers gathered qualitative data through focus groups and interviews. Two key themes that emerged from this research indicated that CCPTs focused on addressing concerns on the local level and reported inadequate

funding to meet their goals. Participants felt that CCPTs would function more effectively with funding for coordination, meeting space, marketing materials, and local initiatives. Consequently, DSS will support the Advisory Board's efforts to explore the possibility of securing funding to help local teams develop local initiatives to protect children.

*Recommendation 3—Establish the NC Citizen Review Panel (CRP)/CCPT Advisory Board as the state body responsible for synthesizing and advocating for the local CCPT experiences and recommendations, identifying areas for child abuse prevention planning and improvements in the child welfare system, and serving as an asset to NC DSS in improving child welfare services through the following steps:*

1. Implement the newly reconstituted Advisory Board as the NC Citizen Review Panel(CRP)/CCPT Advisory Board;
2. Work with the NC DSS CCPT Consultant to facilitate communication among local teams, Advisory Board, and NC DSS;
3. Fund and participate in an annual retreat of the Advisory Board, local CCPTs, and NC DSS to support collaborative working relationship and engage in strategic planning;
4. Encourage linkages between the North Carolina Child Welfare Family Advisory Council and the NC CRP/CCPT Advisory Board;
5. Work with the NC CCPT Advisory Board in determining policy areas for study;
6. Work with the NC CCPT Advisory Board in synthesizing recommendations emerging from intensive child fatality reviews;
7. Ensure the collection of data from local CCPTs for planning purposes;
8. Provide child and family data needed for planning purposes by the NC CCPT Advisory Board and costs of policy recommendations; and
9. Facilitate the NC CCPT Advisory Board sharing findings and recommendations with state policy bodies.

#### DSS Response to CCPT Recommendation 3:

As stated earlier, the CCPT Consultant serves as the liaison who facilitates communication between the CCPT Advisory Board, local teams, and DSS. The Advisory Board consist of representatives from the community, county child welfare services, physical and mental health, guardian ad litem program, law enforcement, district attorney's office, and family and youth partners with personal experience with the child welfare system. This multidisciplinary group understands local community resources, needs and concerns regarding child welfare.

In November 2017, DSS sponsored a strategic planning retreat with Dr. Blake Jones, a national expert on CRPs. This retreat included Advisory Board members, local CCPT members, and families and youth involved in the child welfare system. At this retreat, participants developed the vision, mission, and values for the Advisory Board. Then, the group brainstormed a list of potential topics to address and identified three areas that need more detailed attention to realize the Board's mission and vision. Accordingly, the Board created the following three subcommittees to address these areas:

- Board Governance Subcommittee, which has developed bylaws and membership criteria. They are currently recruiting members to meet the required multidisciplinary composition;

- Local CCPT Support Subcommittee, which includes technical assistance, training, orientation; and
- Regulation Oversight Subcommittee, which studies how NC CCPTs meet CAPTA requirements on Citizen Review Panels and identifies any potential gaps. (This subcommittee is currently on hold. See Recommendation 4 for more information.)

Family Integration was initially envisioned as a separate committee, but the Advisory Board decided that youth, biological parent, adoptive parent, foster parent, and kinship provider voices are a critical component that should be integrated into all Board functions, including subcommittees. The bylaws call for four representatives with lived experience with the child welfare system (Family Partners) to serve as voting members. Family Partners also serve on the three subcommittees. DSS has established a direct link between the NC Child Welfare Family Advisory Council and the CCPT Advisory Board as Family Partners serve on both committees, providing feedback and sharing information between them. Family Partners receive compensation for their time on these committees.

Since the CCPT Advisory Board continues to work on the three priority areas in SFY 2019, DSS did not plan on sponsoring a retreat this fiscal year. As the Board makes more progress in these areas, it is likely that new questions, issues, and solutions will develop. At this point, another strategic planning retreat may be useful to assess progress and identify future action steps and goals.

In the meantime, DSS will continue to work with the Advisory Board in providing child and family data upon request through the DSS Child Welfare Data Team in order to determine policy areas for study, plan strategically, and address recommendations. Data is collected from local CCPTs in the annual survey to gather information on the team's functioning, needs, resources, and recommendations. Local CCPTs also submit their annual reports to their County Commissioners to DSS to help plan state-wide prevention strategies.

DSS staff managing the CCPT Program and the Intensive Child Fatality Review (ICFR) Team work closely together because their functions overlap so closely. In fact, approximately three-quarters of counties combine their CCPT and Child Fatality Prevention Team (CFPT). Even when not combined, local members often serve on both teams. In terms of DSS, the CCPT Consultant serves on the State Fatality Prevention Team and the IFCR Coordinator serves on the CCPT Advisory Board. In addition, the CCPT Consultant provides voluntary TA to local CCPTs as indicated in ICFR recommendations. As local recommendations are synthesized from ICFRs, the Advisory Board may review them to identify common themes to improve child welfare.

DSS facilitates the sharing of Advisory Board findings and recommendations by sending the annual NC Community Child Protection Team End of Year Report to all County Directors of Social Services, CCPT Chairpersons, Child Welfare Program Administrators, Managers, Supervisors, and Social Workers. The annual report and response is also submitted to the federal Administration of Children and Families as part of North Carolina's Annual Programs and Services Report. Finally, the annual report is posted on the DSS website at <https://www2.ncdhhs.gov/DSS/pubnotice/index.htm>. Likewise, the State Response to the 2017 Citizen Review Panel Recommendations will be sent to interested parties and posted on the website.



*Recommendation 4—Engage in planning on the long-term structure and processes for citizen review panels (CRPs) in the state through the following steps:*

1. Request involvement in the state’s child welfare reform efforts with a particular focus on the role of CCPTs and CRPs;
2. Continue to confer with the national technical assistant on CRP models and examine CRP models used in other states;
3. Engage local CCPTs in the planning process;
4. Develop a North Carolina model for CRP and consider as necessary, possible legislative changes;
5. Put in place necessary resources for implementing, evaluating, and improving the model; and
6. Ensure adequate notification and orientation of local teams and state bodies to the model.

DSS Response to CCPT Recommendation 4:

Since 1997, North Carolina complies with the CAPTA requirement to maintain citizen review panels using CCPTs. Although the Administration of Children and Families granted this waiver, DSS wants to ensure that NC meets the underlying intent of the law to improve the child welfare system. NC is conducting this research in several ways, including qualitative research, expert consultation, subcommittee oversight, and third-party review and recommendations.

For the past several years, DSS contracted with North Carolina State University Center for Family and Community Engagement (CFACE) to conduct research on the similarities and differences between CCPTs and CRPs. CFACE conducted research, including interviews, focus groups, and site visits to determine potential best practices for North Carolina. Researchers surveyed CCPT Chairs, conducted interviews with 20 county level CCPT chairs and members, and facilitated 4 focus groups. In their sampling, researchers tried to ensure accurate representation by selecting high and low participating teams, rural and urban teams, as well as special considerations like military, substance use, racial diversity, and child poverty rates. Finally, the researchers also studied other states’ CRP models, and visited CRP sites in Alaska and Ohio. This research identified successful implementation strategies and common challenges, and proposed recommendations.

DSS also contracted with Dr. Blake Jones to educate the CCPT Advisory Board on the role, purpose, and functioning of CRPs. On November 28, 2017, Dr. Jones met with the NC State University Research Team to discuss their research on CRPs and how to best disseminate it. He met separately with child welfare administrators to discuss the history of CCPTs in NC and Rylan’s Law. Child welfare reform under Rylan’s Law offers the opportunity to reconsider how CRPs are implemented in NC. On November 29, 2017, Dr. Jones facilitated a strategic planning retreat with 35 stake-holders. At this retreat, he provided an overview and history of CAPTA CRPs and what research indicates about effective CRPs.

NC’s Rylan’s Law requires that a third-party organization to review “the existing structure, communication, and the effectiveness of the Community Child Protection Teams, the Child Fatality Prevention Team, and use of Citizen Review Panels.” The NC General Assembly contracted with The Center for the Support of Families (CSF) to review and make the recommendations for social service reform in child welfare. In their preliminary reform plan,

CSF reviewed CCPTs as part of NC's Child Fatality Oversight System. CSF recommended simplifying and consolidating NC's child fatality system, including having CCPTs/CRPs review only active child welfare cases and considering whether integrating CRPs into every local team is the most efficient and effective way of meeting the CAPTA requirement. Through the NCDHHS Senior Policy Advisor, the CCPT Advisory Board has offered to provide CSF information on NC's CCPT program during the second phase of NC reform.

During 2019-2021 legislative session, the North Carolina General Assembly is reviewing proposed House Bill 825 that would consolidate the four components listed above to establish a single State Office of Child Fatality Prevention. If passed, the State Office would serve as the lead agency for child fatality prevention in North Carolina and would be housed with DHHS. The overall goal is to eliminate redundancies within the current system, centralize coordination of the system, streamline state-level support functions, and maximize the consistency of data and utility of findings and recommendations developed during child fatality reviews. If passed, a written proposal is due to the Joint Legislative Oversight Committee on Health and Human Services for restructuring the statewide Child Fatality Prevention System by March 2020. DSS expects to be involved in planning the restructured system and will continue to coordinate intensive child fatality team reviews and support the community child protection teams until the centralization is finalized.

In light of House Bill 825, the Advisory Board has temporarily put a hold on their Regulation Oversight Subcommittee to research CRPs. If the child fatality prevention system is consolidated, it would significantly affect the planning for long-term structure and processes of CRPs. In addition, DSS would like to ensure that any CRP research, planning, and model development is aligned with the broader development of a statewide child abuse and neglect prevention plan. Starting in 2019, DHHS will receive support from the Center for the Support of Families, Chapin Hall at the University of Chicago, and Annie E. Casey Foundation to inform prevention policy, programs, and practices relative to Rylan's Law and FFPSA implementation. Combined with potential consolidation of the child fatality system, this two-year planning process may alter the structure and role of CCPTs and CRPs in North Carolina.

DSS is committed to making data-driven decisions that involve multiple stakeholders in a thoughtful planning process. If indicated by research, DSS and the CCPT Advisory Board will develop a structure for CRPs in NC that identifies potential legislative changes, programmatic resources, and fiscal needs. All planning, implementation, and evaluation will involve DHHS leadership and local CCPTs.

## **Conclusion**

DSS appreciates the work of the CCPT Advisory Board and each of the local CCPTs, as well as the thoughtfulness shown throughout their recommendations. DSS is committed to strengthening CCPT programming to address the safety and well-being of children. These recommendations will be incorporated as outlined above as we partner with communities and families to improve North Carolina's child protection system.