



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Social Services

NC DHHS / DSS Response
Community Child Protection Team 2018 Recommendations

December 31, 2019

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 (1) territory¹, 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, increase public awareness of child protection in the community, advocate for system changes and improvements, assist the county director in protection of living children and develop strategies to ameliorate child abuse and promote child well-being at a local and state level. <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=7b-1406>

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 2018, the survey was distributed to 101 local CCPTs, of which 88 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 2018 CCPT End of Year Report. 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.

NC DHHS/DSS Response to Recommendations

The 2018 CCPT End of Year Report outlined five recommendations for statewide child welfare system and practice improvements. The recommendations and responses are provided below:

¹ Eastern Band of Cherokee Indians

Recommendation 1—Support achievement of the 10 goals of the Early Childhood Action Plan through the following steps:

- 1. Encourage safe sleeping in all stages of child welfare work with families, including financial support of safe and stable places for children to sleep**
- 2. Continue to provide resources to counties on substance-affected infants**
- 3. Use a supportive rather than penalizing approach to the parents of substance-affected infants**
- 4. Clarify the expectations concerning an Infant Plan of Safe Care**
- 5. Dedicate staff at DSS to manage substance-affected infants in order to increase timely access to needed services**

NC DHHS/DSS Response to CCPT Recommendation 1:

The Early Childhood Action Plan (ECAP) goals center on three themes: that North Carolina's young children are healthy, grow up safe and nurtured, and are well-supported to learn and succeed. The plan specifically focuses on reducing the number of children who are maltreated and decreasing the time young children spend in the foster care system.

To support the work around safe sleep and substance affected infants, NC DHHS/DSS is collaborating with other public and private agencies. Activities include:

- NC DHHS/DSS will continue to serve on North Carolina Safe Sleep Advisory Committee. This Committee partners with North Carolina Public Health Association (NCPHA) and will assess the need for safe infant sleep spaces across North Carolina. NCPHA will seek funding to provide portable cribs to families in need of this resource combined with safe sleep education through Care Coordination for Children (CC4C).
- The development of websites that provide information, training, toolkits, and resources to parents, caregivers, and health care professionals on safe sleep, including UNC School of Medicine Center for Maternal and Infant Health at <https://www.mombaby.org/safe-sleep/> and <https://safesleepnc.org/>, and Healthy Start NC at <http://www.nchealthystart.org/backtosleep/index.htm>.
- NC DHHS/DSS will continue to participate in the NC Plan of Safe Care Interagency Collaborative (NC POSC-IC). The NC POSC-IC is a multidisciplinary group developed to draft the necessary responses of the federal requirements and ongoing monitoring, is made up of representatives from NC DHHS divisions, community agencies and subject matter experts. The NC POSC-IC has started developing a POSC work plan that includes clarifications around policy and practice expectations relative to POSC implementation.
- The POSC-IC has written and published brochures for healthcare providers and prenatal parents that includes information on safe sleep and its connection to substance use while caring for an infant.
- NC DHHS/DSS will continue to provide technical assistance to county Departments of Social Services and health care regarding providing services to substance affected infants as well as supporting local and state level relationships between public health, health care providers and the county child welfare agencies.
- Through its regional office specialists and technical assistance providers, the Children's Bureau will continue to provide technical assistance to NC DHHS/DSS on POSC implementation.
- NC DHHS/DSS will also implement Safe Babies Court Teams to provide enhanced case management to substance affected infants in foster care.

NC DHHS/DSS encourages local CCPTs to advocate for system improvements, needed resources and staff to address the needs of substance affected infants.

Recommendation 2—Support parents/caregivers in parenting through the following steps:

- 1. Offer a universal statewide hotline for parents and caregivers**
- 2. Train and mentor parents/caregivers in parenting**
- 3. Build in concrete supports for parents, including extending hours of daycare services and offering transportation**
- 4. Increase access to MH/SA/DD/DV services for families, including expanding Medicaid**
- 5. Create an effective statewide case management system**
- 6. Enhance child welfare services by increasing DSS staffing and reducing paperwork demands so that social workers can focus on work with families**
- 7. Raise awareness of poverty as a community issue**

NC DHHS/DSS Response to CCPT Recommendation 2:

NC DHHS/DSS collaborates with specific multi-disciplinary initiatives that align with many of the sub-recommendations identified. They include:

- *Universal Statewide Hotline for Parents and Caregivers*

NC DHHS is launching the North Carolina Resource Platform (NCCARE360), which will allow people to have direct linkages to programs and services that address the unmet needs affecting their health. By meeting a family's unmet food, housing, or transportation needs or by addressing unsafe living environments, North Carolina can mitigate the risks of child maltreatment and increase child safety and wellbeing. NCCARE360 has an electronic statewide resource directory that includes a universal call center with dedicated navigators to help families access community resources within 24 hours. In addition, this resource platform will have a section designed for relatives caring for children in the child welfare system, called KiNCare. NCCARE360 is currently available in 50 counties and will be statewide by the end of 2020.

- *Parent Educational and Family Support Services.*

NC DHHS/DSS continues to be engaged in funding, developing, and supporting programs that train and mentor parents and caregivers in parenting. Current service array includes primary prevention and public awareness for the general population, family support and respite programs, community response programs for families with a CPS report that is screened out or unsubstantiated, in-home services and intensive family preservation services for children with an open CPS case, reunification services for families whose child has been placed in out-of-home services, and adoption placement and post-adoption services. The most common parent education programs funded include:

- Incredible Years, Strengthening Families, Circle of Parents, Parents as Teachers, and Nurturing Parenting Program
- The Family Support Network provides education, training, and support services to all families who care for children who are medically fragile and have special needs, including children who are substance exposed, HIV positive, or developmentally delayed.

- Positive Parenting Program (Triple P) is an evidence-based parenting and family support program designed to reach all families through varying intensities of support across flexible delivery formats (e.g., individual, group, online), in several different settings (i.e., healthcare settings, school systems, private practice). In 2020, access to Triple P will be increased through funding from the Victims of Crime Act.

The Family First Prevention Services Act (FFPSA) will inform NC DHHS/DSS strategic investments in child maltreatment prevention across the entire child welfare continuum. North Carolina's written prevention plan under FFPSA will expand services by allowing for the federal reimbursement of evidence-based, trauma informed mental health services, substance use treatment, and in-home parenting skill training to prevent children's placement in out of home services. In 2019-2020, NC DHHS/DSS will continue to partner with The Center for Support of Families and Chapin Hall at the University of Chicago to align provisions of FFPSA and Rylan's Law and to develop implementation plans for effective and sustainable change.

- *Concrete Services*

NC DHHS/DSS plans to build in concrete services to parents through Medicaid Transformation, Healthy Opportunities Pilot Sites, and DSS Intensive Family Preservation Services and Community Response Services.

Medicaid Transformation

NC DHHS/DSS continued its work towards the implementation of Medicaid Managed Care until late November 2019 when this work was suspended. Medicaid Managed Care supports the transition from a fee-for-service physical health system to a managed care system that integrates physical and behavioral health and pharmacy services. NC DHHS/DSS's goal for the transition to managed care is to improve the health of North Carolinians through an integrated system of care that addresses medical and nonmedical drivers of health and supports the concrete needs of families in a culturally competent manner. NC DHHS/DSS in collaboration with key stakeholders within the Divisions of DMH/DD/SAS and DHB, and community organizations is developing the Statewide Foster Care Plan, a managed care plan for children, youth, and young adults who are eligible to receive Medicaid due to having been placed in foster care. For additional information: <https://www.ncdhhs.gov/assistance/medicaid-transformation>

Healthy Opportunities (Medical and Non-Medical Drivers of Health)

NC DHHS is committed to addressing both medical and non-medical drivers of health. Data shows that up to 80% of a person's overall health is driven by social and environmental factors and the individual's behavior influenced by them. To support non-medical drivers of health, North Carolina is investing \$650 million in Healthy Opportunities pilot services that are related to housing, food, transportation and interpersonal safety and directly impact the health outcomes and healthcare costs of enrollees.

DSS Prevention Services and Flex Funds

NC DHHS/DSS is also addressing non-medical drivers of health in its social services prevention service array, predominately through Intensive Family Preservation Services (IFPS) and the Community Response Program (CRP). In addition to traditional services of assessment, counseling, skills training, referral, advocacy, case management and follow-up, flex funds are

available to each family to help them meet their concrete needs, including economic support, benefits access, employment coaching, and financial literacy programming.

- *Access to Mental Health, Substance Abuse, Developmental Disability, and Domestic Violence Services for Families*

To align collaboration across multiple systems NC DHHS/DSS has hired a Family and Child Wellness Coordinator. This position's responsibilities include improving the state's efforts to enhance families' abilities to meet their children and youth's well-being needs, including physical, social-emotional, behavioral, and educational needs. In addition, this staff member will work to ensure that NC's practice model and workforce development program are trauma-informed and support the development of the Statewide Foster Care Plan as the state implements Medicaid managed care. This position will work closely with key stakeholders to improve the availability, access, and quality of mental health, substance abuse, developmental disability, and domestic violence services for families.

NC DHHS/DSS is actively involved in efforts to improve substance use disorder prevention, intervention, and treatment through the Opioid Action Plan and the Infant Plan of Safe Care (POSC). In response to the opioid crisis, NC DHHS/DSS developed a multi-systemic, comprehensive *Opioid Action Plan* that involves strategies regarding prevention, treatment, prescriptions, law enforcement, and legislation. The 2019 NC Opioid Action Plan 2.0 builds on the progress in addressing this crisis, including a drop in unintentional opioid-related overdose deaths among NC residents for the first time in 5 years. NC DHHS/DSS has also launched an Opioid Dashboard that local CCPTs and their communities can use to review both statewide and county level data regarding the Opioid epidemic and strategize how they can help prevent maltreatment based on opioid abuse. For additional information: [\(https://injuryfreenc.shinyapps.io/OpioidActionPlan/\)](https://injuryfreenc.shinyapps.io/OpioidActionPlan/). The POSC is described under the State Response to Recommendation 1.

- *Statewide Case Management System*

In August of 2017, North Carolina began its pilot of the child welfare case management system of North Carolina Families Accessing Services through Technology (NCFAST). The business and system teams continue to make efforts to improve system functionality and usability for state and county users. As functionality increases, it should reduce caseworker paperwork demands. Currently, 11 pilot counties utilize the NCFAST system from Intake through Adoption and an additional 18 counties use the Intake and Assessment functionality only. However, proposed legislation has been introduced in the 2019 Session of the NC General Assembly that, if passed, will alter current plans for implementation of NCFAST functionality. NC DHHS/DSS will continue to develop and improve the NCFAST child welfare component for those counties using the system. It may also be necessary to upgrade the Legacy System as an interim solution to collecting reliable data.

Workforce Development

In the Child and Family Services Plan period between SFY 2020 and 2024, DSS has adopted the following strategies for improved workforce development:

- Complete a caseload and workload study for each area of child welfare services to identify appropriate caseloads and workloads for administrators
- Re-institute a stipend support program for both MSW and BSW students into its Child Welfare Education Collaborative.

- Implement a workforce development program, to include training, coaching, leadership development, and skills assessments, that addresses racial equity and inclusion and builds the capabilities of the child welfare workforce at state, regional, and county levels to improve outcomes to children and families. In addition, DSS will work to ensure the workforce development program incorporates the lessons learned from trauma programming

These workforce development strategies will examine ways to increase DSS staffing, assign appropriate caseloads, and reduce paperwork demands so that social workers can focus on work with families.

Raise Awareness of Poverty as a Community Issue

This recommendation recognizes the connection between poverty and increased risk of child maltreatment. Young children, age birth to 5 years old, are more likely than other individuals to experience child maltreatment and/or poverty. In North Carolina, state government, non-profit organizations, and local communities are collaborating through the ECAP to align data, develop services and supports for families, and enact policies to ensure that every child grows up in a safe, stable, and nurturing community. In addition, NC DHHS is creating communication tools to foster common language and public priorities.

One of ECAP’s Guiding Principles is to “alleviate inequity to ensure that all of North Carolina’s children can reach their fullest potential.” North Carolina is committed to confronting disparities and providing access to concrete services, such as food, safe housing, quality child care, health care, and transportation, to families to help them thrive. Many of the ECAP goals have a consistent sub-target of “decreasing the percent of families living at or below 200% of the federal poverty level.” This will help raise awareness of poverty as a community issue as recommended.

NC DHHS/DSS has contracted with Prevent Child Abuse North Carolina (PCANC) to work with five counties, including Clay, Cumberland, Onslow, Pitt, and Transylvania, to develop Community Prevention Action Plans mirrored on the ECAP. Each plan will reflect the unique strengths and needs of that community. In September 2019, NC DHHS released county level reports on ECAP measures for all 100 counties. Local CCPTs can use these data-driven state and local reports to identify strategic priorities to help prevent child maltreatment in their communities.

Recommendation 3—Improve community collaboration through the following steps:

- 1. Assist abused parents through offering one-stop service centers and training law enforcement on legalities of no-contact orders**
- 2. Facilitate sharing of critical patient healthcare information**

NC DHHS/DSS Response to CCPT Recommendation 3:

NC DHHS/DSS understands the importance of offering victims of abuse a single, non-traumatizing place to report the abuse and receive services. Consequently, NC DHHS/DSS funds child advocacy centers for child victims. This type of service is equally valuable to adult victims. NC DHHS/DSS plans to share the CCPT Advisory Board’s recommendation for one-stop service centers for adult victims of interpersonal violence and training law enforcement

officers on no-contact orders with the NC Department of Administration and the Commission on Domestic Violence.

As stated in the State Response to Recommendation 2, NC DHHS/DSS supports the North Carolina Resource Platform (NCCARE360), which has a shared technology platform that enables health care and human service providers to send and receive secure electronic referrals, communicate quickly, share client-appropriate information, and track outcomes. This platform is designed to streamline the number of separate referrals and intake interviews required of adult victims of abuse and violence.

In order to protect individuals' privacy, NCCARE360 meets required Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) regulations. Confidentiality measures include restricted access to organizations based on services offered and staff members based on their role. NC DHHS recognizes that survivors of interpersonal violence have specialized needs for security. NCCARE 360 follows Violence Against Women Act (VAMA) standards and is convening focus groups with stakeholders to tailor the platform to the needs of this population.

Recommendation 4—Strengthen local CCPTs as a team through the following steps:

- 1. Add to team membership: (a) a Juvenile Justice representative (which would parallel the membership on the NC Child Fatality Task Force in House Bill 825), (b) community action agencies or community non-governmental organization providing prevention-focused services (this change requires altering the language on community partners, (c) family partner who was previously on child welfare caseload and adult in age, and (d) military liaison in counties with high military populations**
- 2. Ensure training for CCPTs in conducting case reviews, encouraging the participation of members, engaging family and youth partners (with training for family and youth partners), and incorporating ACEs perspectives and protective factors**
 - a. Now that topics have been identified can bring in experts**
- 3. Offer cross-county summits and other forums to encourage robust exchanges and creative ideas for child welfare improvements**
 - a. Encourage attendance at regional meetings/topics**
- 4. Continue to support and fund a statewide CCPT survey under the NC CCPT/Citizen Review Panel Advisory Board in order to synthesize and disseminate local CCPTs' recommendations for improving child welfare and to assist local CCPTs in their reporting requirements to board of county commissioners**

NC DHHS/DSS Response to CCPT Recommendation 4:

Given that local CCPT membership is mandated by law, recommended changes to membership will require further review by NC DHHS. This recommendation can also be further explored by the North Carolina Child Fatality Task Force for additional study.

Upon request from local CCPTs, NC DHHS/DSS may provide technical assistance that includes individual county consultation and the use of data; statewide virtual and regional meetings to encourage and facilitate peer support; or the development of written material. To support technical assistance, NC DHHS/DSS has established a dedicated email address for local CCPT chairpersons to raise issues to the state consultant.

The purpose of technical assistance will be to bring stakeholders to the table to discuss strategies to expand local team membership and training on the criteria for conducting case reviews. Strategies include but are not limited to using data to identify Subject Matter Experts (SME) around needed resources, such as incorporating ACEs and protective factors, based on their trend data. Technical assistance will help local teams with implementation of new policies, protocols, and practices.

NC DHHS/DSS will continue to support the development, dissemination and analysis of the end of year survey as required by CAPTA.

Recommendation 5—Engage in planning on the long-term structure and processes for citizen review panels as specified in the Child Abuse Prevention and Treatment Act through the following steps:

- 1. Define and communicate a process to publicly report on NC DHHS/DSS' progress to address the identified recommendations**
- 2. Request that NC DHHS involve the NC CCPT/Citizen Review Panel Advisory Board in planning for citizen review in the state**

NC DHHS/DSS Response to CCPT Recommendation 5:

NC DHHS/DSS will continue to support the CCPT Consultant to foster collaboration and transparency around issues that impact local CCPT teams. In addition to the CCPT Consultant, a CAPTA Plan Administrator will engage stakeholders, including the NC CCPT/Citizen Review Panel Advisory Board in the development of any plan changes as needed.

NC DHHS/DSS responds to the CCPT Annual End of Year Report and shares this response with the broader community, state agencies and federal partners, as required by CAPTA, in the Annual Progress and Services Report (APSR). The CCPT Annual End of Year Report, the NC DHHS/DSS Response to CCPT Recommendations, and the APSR are available to the public.

Closing

NC DHHS/DSS appreciates the collaboration and commitment of the CCPT Advisory Board and each of the local CCPTs in the development of the 2018 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 recommendations require cross-system collaboration and partnership; as such and as appropriate, NC DHHS/DSS will use these recommendations to inform updates to its 2020-2024 Child and Family Services Plan (CFSP). The CFSP Plan is a five-year strategic plan that sets forth the vision and goals to be accomplished to strength the child welfare system. It offers a comprehensive approach to meet the needs to children and families within the state child welfare system by consolidating and aligning plans for multiple programs, from prevention and protection program through permanency.