



# NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Social Services  
Child Welfare Services

## **NC State Response Community Child Protection Team 2021 Recommendations**

**December 22, 2022**

## **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**

The North Carolina Department of Health and Human Services (NCDHHS), Division of Social Services (NC DSS) is the state's child welfare authority responsible for the oversight of CRPs in NC. To meet federal requirements, NC DSS has designated 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 all 100 counties and one territory of the Eastern Band of the Cherokee Indians (EBCI), and each team meets a minimum of four times per year to review cases. Additionally, 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](#). 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. CCPTs are also asked to respond to an annual survey to inform the development of a statewide report.

### **Annual Report**

Each year, the NC CCPT Advisory Board compiles and synthesizes CCPTs' local activities, annual summaries, and survey responses into the NC CCPT End of Year Report (EOYR) which offers statewide recommendations to NC DSS. The 2021 survey was distributed to 101 local CCPTs, of which 85 completed the survey. These survey responses, along with CCPT annual reports, helped to inform the four statewide recommendations provided in the 2021 CCPT EOYR. This report is available to the public online at: <https://www.ncdhhs.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 2021 CCPT survey and EOYR will help NC DSS to assess the state's [Child and Family Services Plan \(CFSP\)](#) for 2020–2024, which serves as a five-year child welfare strategic plan, including implementation of Federal and State Child Welfare Reform through Family First Prevention Services Act (Family First) and Rylan's Law, respectively. An updated version of the CFSP can be found in the [2021 APSR](#). Consequently, 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 2021 CCPT EOYR. It describes how NC DSS will incorporate the recommendations submitted to make measurable progress in improving the NC child

protection system. Although NC DSS acknowledges and supports the 2021 EOYR recommendations for strategies best implemented by local communities, the written response focuses on the systemic issues identified in the EYOR as warranting a state-level response.

### **NC DSS Response to Recommendations**

The 2021 CCPT End of Year Report outlined four 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. In this response, NC DSS focuses on actions for calendar year 2023. The recommendations and responses are provided below:

#### **(1) DEVELOP A RACIALLY AND CULTURALLY EQUITABLE APPROACH TO CHILD WELFARE IN NORTH CAROLINA**

NCDHHS has made an explicit commitment to greater equity in their structure, staffing, values, and service delivery and continues to build upon initiatives identified in last year's response. Equity is being addressed directly, as well as being intentionally woven into the fabric of child welfare practice through Child Welfare Transformation in NC. The promotion of a racially and culturally equitable approach to child welfare is being addressed across systems and found in statewide plans and initiatives, child welfare practice, policy, and training improvements, as well as through the inclusion of youth voices and a variety of community partners with lived experience.

##### Statewide Plans and Initiatives

A direct response has been the DSS Child Welfare Diversity, Equity, and Inclusion (DEI) Action Plan. Included in the Action Plan, all state child welfare staff will complete a racial equity training by February 2023, building a framework for diversity, equity, and inclusion to be

embedded in all aspects of the work. DSS Child Welfare Leadership Team completed the 3 Day Series of Racial Equity in Child Welfare December 2021. A portion of staff have received the training and subsequent sessions have been scheduled to incorporate the remaining staff. Feedback from these trainings illustrate the impact and movement towards a racially and culturally equitable approach to child welfare. Both leadership and staff have shared this training has encouraged them to think differently, be open, and to have courageous conversations. As a result, teams at NC DSS are incorporating a diversity and equity framework into their work.

Children and families' access to services is another priority for NCDHHS. As part of Medicaid transformation efforts, NCDHHS is working to launch the Children and Families Specialty Plan (CFSP). CFSP is a single, statewide NC Medicaid Managed Care plan that will support Medicaid and NC Health Choice-enrolled children, youth, and families served by the child welfare system in receiving seamless, integrated, and coordinated health. Additionally, CFSP will provide children and families with access to a broad range of physical health, behavioral health, pharmacy, long-term services and supports, Intellectual/Developmental Disability services, and resources to address unmet health-related needs. Supporting children, youth and families served by the child welfare system requires a high level of multisector coordination aimed at preserving families and supporting reunification and permanency. The CFSP will offer robust care management to every member, working in close coordination with NC DSS, County Department of Social Services (County DSS) offices and Eastern Band of Cherokee Indian (EBCI) Family Safety Program.

More specifically to address health equity, the North Carolina State Health Improvement Plan (NC SHIP) builds upon the [NCDHHS 2021-2023 Strategic Plan](#), and NCDHHS's priorities — improving behavioral health and resiliency, strengthening child and family well-being, and building a strong and inclusive workforce. A major focus of NC SHIP is advancing health equity

by reducing disparities in opportunity and outcomes for historically marginalized populations across the state.

As part of COVID-19 relief, the federal government allocated funds to each state under the American Rescue Plan Act (ARPA) to support and expand their Community Based Child Abuse Prevention primary and secondary prevention activities. The Children's Bureau encouraged states to use CBCAP ARPA funds in ways that mitigate complex structural concerns that may contribute to families' involvement in the child welfare system, including racial inequity and poverty. In response, NC developed a comprehensive ARPA plan, that includes activities to protect children's safety and promote healthy development. The plan, called A Shared Recovery for a Stronger NC: Governor Cooper's American Rescue Plan Budget, was approved by The NC General Assembly and ratified as Senate Bill 105 on November 18, 2021.

Between July 2022 and June 2025, NC DSS will use CBCAP ARPA funds to support activities that promote greater racial and cultural equity in child abuse prevention efforts. The primary three strategies involve:

1. Developing and delivering training on Protective Factors, Adverse Childhood Experiences, and Resiliency. A racial equity lens will be incorporated into all curriculum development and ACEs Prevention Work.
2. Building public awareness of primary child maltreatment prevention through social media, materials, training, and activities. The overall message of these campaigns is that everyone can support parents and families in NC to create the safe, stable, nurturing relationships and environments and equal opportunities that are necessary for every child to thrive. A major strategy in promoting this message is reducing the various stressors that families face, including racism and poverty, through the development of a statewide Family Resource Center Network.

3. Providing emergency relief funding to community-based agencies to provide families in need with tangible assistance, such as diapers, food, rent, utilities, and beds. Families are facing an unprecedented period of stress and hardship due to the COVID-19 pandemic and global financial instability. The Children's Bureau recognizes that families of color who have been historically underserved and marginalized are disproportionately affected by these challenges. In 2022-2023, NC DSS will provide \$11,500 to 30 Family Support Programs and \$5,000 for 8 Respite Programs to provide concrete, emergency supports to 1,540 families. NC DSS is tracking the race and ethnicity of the children served with these emergency relief funds to ensure their equitable distribution.

#### Child Welfare Practice, Policy, and Training Improvements

Updates to pre-service and ongoing trainings for the NC CW Workforce to enhance DEI are also underway. As part of the legislatively required Pre-Service Training for all new child welfare staff, the newly designed curriculum has intentional focus on bias, and the role that individual bias plays in child welfare decision making, along with a broader lens of how cultural humility is an essential part in the effective provision of child welfare services to the children and families served by the child welfare system in NC. The Pre-Service Training redesign has over ten hours dedicated to DEI and Bias. The subtopics in this section include Self-assessment of Bias, Cultural Humility in Practice, Inclusion, Institutional Racism in Child Welfare, Disproportionality, Providing Culturally Diverse Services, Working with the LGBTQ+ community, Implicit Bias in Child Welfare, and Equity versus Equality. Another section has over two hours dedicated to the Indian Child Welfare Act.

Direct child welfare policy changes are reflective of NC's commitment to equity. The following policy was added to the Permanency Planning and Cross Functions section of the NC Child Welfare Manual this year:

*The North Carolina Division of Social Services and county departments of social services are prohibited from discriminating for reasons of race, ethnicity, color, national origin, sex (including on the basis of sexual orientation and on the basis of gender identity), religion, age, disability, and/or political beliefs. This includes when working with youth, families, parents, caregivers, kinship providers, adoptive parents, and licensed foster parents. Training materials for CW staff regarding Links are being developed to specifically support black and indigenous youth involved in NC CW. <https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/>*

An organizational culture shift towards family-based care is in motion through two DHHS initiatives, the Family First Prevention Services Act (FFPSA) Plan and the Kinship Navigator Program. With the newly approved [FFPSA Plan](#), there will be a statewide increase in evidence-based services available that can be provided to families in-home. In alignment with FFPSA and current policy, NC DSS is developing a statewide Kinship First model to bolster kinship-first practice already reflected in CW policy. Research supports placing children with relatives or other kinship caregivers reduces trauma, reinforces cultural identity, increases stability, and improves overall well-being, behavioral health, and permanency outcomes in comparison to children placed with strangers. As of February 2022, 25% of children in foster care in NC are living with kin. NC DSS's goal is to increase that percentage by creating a kinship first culture and strengthening the practice that utilizes kinship connections as an initial option for children in care.

NC Practice Model and Safety Organized Practice: Safety-Organized Practice is a solution-based approach to child protection casework. It involves a set of practice skills to help workers achieve three major objectives:

- 1) Develop good working relationship with the children and families
- 2) Critically think, assess, and make decisions based on what they see and learn with the children and families they work with, and



3) Develop collaborative plans with those children and families that will keep children safe.

Woven throughout the Safety-Organized Practice approach is a set of skills for working with and across differences, designed especially for staff when they are working with clients who may be different from them in key parts of their identity (areas such as race, ethnicity, gender, sexual orientation, etc.). This is especially important when building good working relationships with children, youth, and families. The SOP approach will help workers, supervisors, and other staff to understand the dynamics of privilege and oppression, the ways staff may be inadvertently engaging in implicit and other kinds of bias and ways of transparently sharing decision making power with their clients whenever possible.

NC DSS continues to move forward with revalidating child welfare Structured Decision Making (SDM) Tools as mentioned in last year's report. The Intake Screening tool revalidation has been completed and work groups are developing implementation strategies. The Safety and Risk Assessments are both nearing completion and will be ready for field testing and implementation planning. NC DSS is beginning work on the Family Strengths and Needs Assessment, Risk Re-Assessment, and Reunification Assessment. Revalidation of these tools have been shown to reduce the patterns of unconscious bias at each decision point in the child welfare process.

As part of the NC DSS's support of local CCPTs, materials related to the federal endorsement of DEI have been provided to educate and encourage practice that advances the goal of a racially and culturally equitable approach to child protection. A particular focus this past year has been on including participants with lived experience and education on equity and inclusion terminology. NC DSS is dedicated to the support of the CCPT Advisory Board, which in turn provides guidance and support for local CCPTs. Provision of resources and trainings around DEI are priority in communications at both levels for NC DSS staff.

## Lived Experience and Youth Voices

Advancing equity with the partnership of lived expertise is happening on various levels at NC DSS. The NC CW Family Advisory Council is a diverse group that works to advance equity, not only racially and ethnically, but through diversity within the lived experience. Birth, foster, kinship, adoptive parents along with young adult alumni are all at the table to inform the best path forward. A great leap forward regarding equity is the elevation of members of the NC CW Family Advisory Council as equal partners. In child welfare, where power differentials are stark, having members of the NC CW Family Advisory Council as co-trainers, co-facilitators, and in rooms at the highest decision-making levels advances this goal.

Members of the NC CW Family Advisory Council have already made marked contributions to child welfare policies, training curricula, informational materials, and in NC DSS' new practice model. They have written articles, facilitated parent cafes, helped validate structured decision-making tools, appeared in trainings, presented at conferences and webinars, co-trained Trauma Informed Partnering for Safety – Model Approach to Partnerships in Parenting, attended state and federal meetings, and served on state committees. Because the state-level council meets consistently, NC DSS staff and community partners can engage their perspective on a regular basis.

Youth from NC participated in the Activating Youth Engagement Summit in August 2020. Multiple strategies and activities were discussed as components of the state's action plan. They helped develop and implement a survey to gather the opinions and experiences of young people on how NC is doing on equity and youth engagement; developed a standard presentation or guided discussion around sharing power in other spaces where NC DSS and stakeholders work jointly with young people; and worked with the SaySo Young Adult Leadership Council to determine whether collaboration with the court system should be a

priority for SaySo every year. NC DSS continues to hold regional “Listen and Learn Sessions” with youth and have assessed feedback and next steps.

Additional work to engage indigenous youth in care is being facilitated by the NC DSS through collaborative meetings to introduce or reengage EBCI to contract stakeholders, SaySo and Youth Villages. Discussions centered on how these groups could work more effectively together. There are plans for a meeting with EBCI and the five NC counties of the region to discuss how their local child welfare agencies can better support EBCI young people, specifically around LINKS services.

**(2) SUPPORT THE FAMILIES OF INFANTS IDENTIFIED AS SUBSTANCE AFFECTED, INCLUDING THE PLAN OF SAFE CARE (POSC)**

NC DSS has made strides in achieving goals outlined in the APSR and last year’s response report to support families of infants identified as substance affected (SA). NC DSS has developed significant strategies in the scope of POSC for SAI who are screened in for a CPS Assessment (approximately 85% of notifications). A Guidance Document to direct social workers in engaging families to create a comprehensive POSC was developed and implemented statewide in May of 2021. As a result of the case reviews the Plan of Safe Care Guidance document was incorporated into policy and revisions were made to include the POSC Guidance document in December 2021. Furthermore, a statewide form to support the development of comprehensive POSCs for child welfare involved families has been developed and implemented as of November 2022.

As a follow-up to policy and protocol executed in SFY 21, NC DSS implemented a Continuous Quality Improvement (CQI) approach to monitor POSCs by enhanced case record reviews that target compliance with policy, use data analysis, and provide technical assistance (TA). When a county is identified in need of intensive TA, they will engage the Regional Abuse and Medical Specialist (RAMS)-SAI in developing and receiving targeted TA in this area. As an update from

last year's EOYR, this position has been filled and provides direct TA to counties as well as coordination at the state level with other disciplines to address the complex needs of families with a SAI. Findings from this CQI approach will inform additional policy and training needs to support practice.

NC DSS has also prioritized the needs of SAI within the broader revalidation and redesign of the Structured Decision Making (SDM) tools. Substance Affected Infants (SAI) were an area of focus on both the safety and risk assessments to ensure appropriate identification of concerns in this population.

To increase education to medical providers regarding substance affected infants and notification requirements, Division staff collaborated with the Perinatal Quality Collaborative of North Carolina (PCQNC) to develop a [webinar](#) to provide support and education regarding CAPTA requirements and the current notification system in NC. With increased identification and proper notification, children who are born substance affected, and their families, can receive appropriate POSCs and the services needed to thrive.

NC DHHS has launched the Division of Child and Family Well-Being which allows for cross sector collaboration to increase access to substance use disorder screenings, supports for residential treatment, and ensure substance use disorder education is included in child welfare mandatory trainings. Additionally, 2 substance use disorder specialists will be added to the Safety and Prevention Section of NC DSS to provide TA to local child welfare agencies in their delivery of services around substance use. The positions will also support and identify policy changes and initiatives for families impacted by substance use.

Sobriety Treatment and Recovery Teams (START) is a child welfare-based intervention for families with young children affected by co-occurring parental substance misuse and child maltreatment. The START model is currently providing services in Buncombe County. Cross sector collaboration with the Division of Mental Health/Developmental Disabilities/Substance

Abuse Services will allow proposed expansion to 10 additional counties in the next state fiscal year.

### **(3) SUPPORT COMMUNITIES IN PREVENTING NEAR FATALITIES DUE TO SUSPECTED ABUSE, NEGLECT AND DEPENDENCY**

NC DSS has partnered with the CCPT Advisory Board Near Fatality Work Group in its development of a review guide that includes current research and practice considerations for local CCPTs to utilize when local child welfare agencies begin to review Near Fatalities in 2023. An additional Advisory Board subcommittee group is working on revisions to the CCPT Manual to include additional information on the identification and review of Near Fatalities, as well as policy updates on CAPTA requirements regarding Near Fatalities in child welfare.

NC DSS is developing training for the child welfare workforce and policy for the Child Welfare Manual to align with implementation of Near Fatality identification and tracking on CW forms and databases. The training will be provided regionally to highlight the need to identify these cases, and for local CCPTs to review them as part of their function. Funding for a web-based fatality database will allow easy record entry, record revision, and retrieval of data for recurring and ad-hoc reporting of child maltreatment fatalities and near fatalities. It is also planned that counties will have the ability to review their own data for internal CQI purposes.

### **(4) SUPPORT THE CAPACITY OF LOCAL CCPTS TO CARRY OUT THEIR WORK**

In support of local CCPTs, NC DSS is committed to assisting throughout various avenues. The NC DSS liaison will continue to provide TA and disseminate federal materials and resources from the National CRP group. Some examples of information shared this year were resources on bolstering participation and recruitment at the local level and information on the National CRP Conference. NC DSS will continue to provide up to date information and resources as they become available.

Through the support of the CCPT Advisory Board (CCPT AB), NC DSS assisted with developing, recording, and disseminating a [Local CCPT Training Webinar](#) for teams to utilize. An Advisory Board subcommittee group is currently working on an update of the CCPT Manual, projected to be published to CCPTs by early 2023. Additionally, the CCPT AB conducted a webinar on the 2021 EOY Survey Results and future aspects of the 2022 Survey for CCPTs such as, deidentified data points which will allow NC DSS to better track and support which counties CCPTs need support.

In August 2022, NC DSS provided a presentation to the CCPT Advisory Board regarding [FFPSA](#) work to increase evidenced-based providers and prevention services state-wide through the Regional Support Model. Information was provided on the various state-level positions in Permanency, Safety and CQI that will be available to counties regionally. This information was also presented at the annual Social Services Institute through the NC Association of County Directors of Social Services.

The Child Welfare Information System initiative will augment the work of local CCPTs through enhanced data collection on child welfare cases, improving the case review process and available information. Analysis from the CWIS data will allow continued improvement services, supports and TA available to families and communities, regionally.

## **Conclusion**

NC DSS appreciates the collaboration and commitment of the CCPT Advisory Board and each of the local CCPTs in the development of the 2021 EOYR. The report demonstrates a thoughtful effort to promote strategies that will best contribute to the overall and long-term safety, well-being, and permanence of children and families in NC. As part of this commitment, NC 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 child welfare reform. NC DSS will use these multi-disciplinary recommendations to inform updates to its 2020-2024 [CFSP](#) (updates in the [2021 APSR](#)) through the 2022 APSR.

The [CFSP](#) delineates the vision and goals necessary to strengthen the child welfare system and offers a comprehensive approach to meet the needs of children and families by consolidating and aligning plans for multiple programs, from prevention and protection programs through permanency. Therefore, the gaps, strategies, and recommendations identified in the 2021 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.