



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Social Services
Child Welfare Services

North Carolina State Response Community Child Protection Team 2022 Recommendations

December 19, 2023

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 at: <https://www.ncdhhs.gov/divisions/social-services/child-welfare-services/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.

CRPs in North Carolina

The North Carolina Department of Health and Human Services (NC DHHS), Division of Social Services (NC DSS) is the state's child welfare authority responsible for the oversight of CRPs in North Carolina. Currently, 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. As of October 2023, new legislation ([NC SL 2023-134](#)) will alter NC DHHS's structure for CPRs. The revised structure is to be implemented by January 2025.

There are 100 CCPTs, representative of each NC county, and one territory of the Eastern Band of the Cherokee Indians (EBCI). 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 North Carolina CCPT End of Year Report (EOYR) which offers statewide recommendations to NC DSS. The 2022 survey was distributed to 101 local CCPTs, of which 88 completed the survey. This was an increase from last year's response of 85 teams. These survey responses, along with CCPT annual reports, helped to inform the three categories of recommendations (Policy, Practice and Resource/Training) provided in the 2022 CCPT EOYR. This report is available to the public online at:

<https://www.NC DHHS.gov/divisions/social-services/child-welfare-services/community-child-protection-teams>.

Aggregated responses from the CCPT annual survey enable NC DSS to inventory and report current unmet needs as required in the state's Annual Progress and Services Report (APSR). Additionally, unmet needs recorded through the 2022 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. Subsequently, 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 2022 CCPT EOYR. It describes how NC DSS will incorporate the recommendations submitted to make measurable progress in improving the North Carolina child protection system. Although NC DSS acknowledges and supports the 2022 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 2022 CCPT End of Year Report outlined three categories of recommendations for statewide and local child welfare system and practice improvements. NC DSS welcomes the recommendations and, to the extent possible, will incorporate them into the NC DSS Child Welfare Strategic Plan in the state's APSR. In this response, NC DSS focuses on actions for calendar year 2024. The recommendations and responses are provided below:

POLICY RECOMMENDATIONS

1. North Carolina should develop and disseminate a statewide evidence-based campaign promoting best practices for Safe Sleep.

NC DSS has, and will continue to, prioritize education and training on Safe Sleep consistently with the workforce and community stakeholders. Policy and guidance for child welfare workers has been provided around assessment and support for families regarding safe sleep practices. Those resources can be found here:

<https://policies.NC DHHS.gov/divisional/social-services/child-welfare/policy-manuals/>

<https://policies.NC DHHS.gov/divisional/social-services/child-welfare/policy-manuals/safe-sleep>

These amendments were bolstered by webinars and office hours conducted by NC DSS and subject matter experts to enhance knowledge and practice skills statewide.

Additionally, NC DSS has worked with the NC Conference of District Attorneys to incorporate and train Safe Sleep identification and education for the statewide law enforcement in-service training to enhance prevention of unsafe sleep deaths. These educational resources were also shared with CCPTs through a webinar to increase awareness and continuity of response from community partners and stakeholders, that can be found at:

<https://www.youtube.com/watch?v=FOEAZ3pmmmE>.

Continued work at NC DSS around best practices for safe sleep is occurring with the committee on unsafe sleep within the Fatality Task Force, as well as the Maternal Child Welfare group through the University of North Carolina at Chapel Hill. These collaborations support North Carolina championing evidenced-based practice and education around Safe Sleep.

a. More specifically, North Carolina should develop a culturally competent dissemination plan to reach historically marginalized populations, to include translation to native languages.

NC DSS complies with federal requirements that any family who comes to the attention of child welfare receives translation services, if needed. NC DHHS continues to carry out the commitment to greater equity in structure, staffing, values, and service delivery. As reported in the [2021 State Response](#), 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.

The DSS Child Welfare Diversity, Equity, and Inclusion (DEI) Action Plan established a DEI Advisory Council which has representatives from all agencies. The Council maintains a list of work to begin addressing in their monthly meetings. This recommendation will be added to the December 2023 meeting and the Council will keep the Division informed of the progress toward this item.

2. North Carolina should examine existing child welfare policy and consider policy changes in order to provide kinship caregivers the same level of funding and other supports received by licensed resource parents.

NC DSS is committed to promoting a “KinFirst” culture in child welfare. A kinship work group was formed with cross-sectional membership to champion this goal. In 2022 a Kinship Fit and Feasibility study was conducted and NC DSS is currently monitoring the [Title IV-E Prevention Services Clearinghouse](#) for a Kinship Navigator model that is a best fit for local child welfare agencies and the families they serve. NC DSS is also utilizing a Kinship Care media campaign, ongoing through 2023 and into 2024, to target key audiences about the importance of children being placed with and connected to kin. NC DSS has continued to work with the Capacity Building Center for States to revise its statewide Foster and Adoptive Parent Diligent Recruitment and Retention (DRR) plan and strategies, with a focus on improved engagement and support of kinship providers.

In November 2023, the Unlicensed Kinship Reimbursement Program was launched. This program offers unlicensed kinship providers ½ of the current foster care board rate as reimbursement for the costs of caring for children in care who are related by blood, adoption, and marriage. By improving equity and access to financial assistance for kinship providers, more relatives will be able to sustain care while reunification efforts are underway and preventing children from requiring non-relative or congregate care placements.

To gather additional feedback and strategize for continued improvement, Kinship Listening Sessions will begin December 2023 and are intended to occur throughout State Fiscal Year 2024 (SFY24). Additionally, North Carolina has a contract with Foster Family Alliance (FFA), an organization that provides support to kinship, foster, and adoptive families. These supports are available statewide and work to address placement challenges, provide training and support groups, and assist in the retention of families providing care to children and youth in foster care. NC DSS and FFA will work collaboratively to provide more support and training to placement providers to minimize placement disruptions.

Additionally, with the release of the rule "[Separate Licensing or Approval Standards for Relative or Kinship Foster Family Homes](#)" by the Children and Families Administration in September 2023, NC DSS has begun the process of developing a separate licensing process for kin placements. This rule is a significant and much needed step towards supporting kinship families. The goal will be to reduce barriers to licensure of kin placements while ensuring they receive the same amount of financial and concrete supports as non-related or non-kinship family foster homes.

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

NC DSS is working diligently through multiple arms of work to increase equity and availability of services statewide. A follow up on the revalidation of the child welfare Structured Decision Making (SDM) Tools as mentioned in the last two consecutive state response reports, the Intake Screening tool revalidation has been completed along with initial phases of training. Roll out of this tool within the NC Child Welfare Information System (CWIS) will be begin at the start of 2024. The Safety and Risk Assessments are both completed and field testing has begun as of November 2023. Implementation planning includes roll out of these tools into the NC CWIS,

following the Intake tool. NC DSS is mid-way with the Family Strengths and Needs Assessment, Risk Re-Assessment, and Reunification Assessment, which require cross-sectional input. Revalidation of these tools will reduce the patterns of unconscious bias at each decision point in the child welfare process and support equity of service identification for families who need them most.

To equalize resources across the state, NC DHHS hired 7 Family First Prevention Services Act (FFPSA) consultants in 2023. These Regional Prevention Specialists will connect county DSS leadership and frontline staff to available services through child welfare, Medicaid, and the community within their region and county. The Regional Prevention Specialists will provide ongoing technical assistance to their assigned regions to ensure that families are linked to the most appropriate service, regardless of how that service is funded. They will also support development of regional Family Resource centers to address equity in services, access and provision.

Additionally, within the NC FFPSA plan, there was intentional selection of evidenced-based services that are delivered to families, in-home, as a way reduce barriers of access and transportation. NC selected evidenced-based programs rated by the [Title IV-E Prevention Services Clearinghouse](#) as having achieved an approvable evidence rating with to ensure high quality of service provision. NC DSS will also include an evaluation partnership to conduct a rigorous evaluation and reflect a CQI strategy for each of these programs as they are implemented. More about these services can be found in NC's [Title IV-E Prevention Services Plan](#).

Lastly, NC DSS issued a comprehensive Workload Study in June 2023 for better analysis of how workload contributes to turnover and impacts outcomes for children and families. With the Workload Study data, NC DSS will be able to better identify and address disparities in workload

among counties and support consistency in practice statewide. Additional information and implementation planning from this survey will be shared in the coming year.

PRACTICE RECOMMENDATIONS

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

Access to trauma-informed services continues to be a leading priority for NC DHHS. As part of Medicaid transformation efforts, on April 1, 2023, NC Medicaid launched the NC Medicaid Direct Local Management Entity-Managed Care Organization (LME/MCO) care management program. This program detailed requirements for tailored care management coordination with county child welfare workers on behalf of child and youth members in foster care, who are receiving services. The specialized integrated care management model was designed to meet the needs of children with a behavioral health condition, intellectual/developmental disability, or traumatic brain injury.

In October 2023 NC Medicaid and NC DSS set up a survey to assess the effectiveness of the collaborative relationship between LME-MCOs and local DSS agencies. Data collected from this survey will capture the experiences from the point of view of the county child welfare caseworker since the launch of the Medicaid Direct LME-MCO Tailored Care Management program. NCDHHS also developed a [portal](#) that includes information on Medicaid income requirements, flyers with more information, videos on how to apply and other essential information.

In addition to Medicaid expansion for Child Welfare involved families, work continues to be done with the Child and Family Well-Being division 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. Two substance use disorder specialists were added to the Safety and Prevention Section of NC DSS, to provide technical assistance to local child welfare agencies in their delivery of services around substance use. These positions also support and identify effective policy changes and initiatives for families impacted by substance use.

In May 2023, NC DHHS, NC DSS, and the Center for Child & Family Health (CCFH) hosted two webinars to help child welfare professionals move from “policy to practice” in the delivery of trauma-informed child welfare services. The first webinar provided information about the use of the NC Child Welfare Trauma Screening Tool and the role it will play in the statewide implementation of FFPSA. The second webinar provided an opportunity for participants to explore why trauma-informed care is so vital for child welfare workers, families, and communities. Practical components of trauma-informed care in child welfare agencies were discussed and shared amongst participants.

In October 2023, NC DHHS received \$835 million for behavioral health services within the North Carolina State Budget. A few of the budget aspects include a pay increase for mental health care workers and efforts to provide alternatives to the emergency room. Funding will also go toward increasing the number of crisis stabilization beds for children statewide and expanding the statewide bed registry. The investment in crisis services will help ensure NC citizens will not have to wait in emergency departments for behavioral health care because as a result of limited openings in appropriate referred services.

As a follow up to the 2021 State Response regarding the Sobriety Treatment and Recovery Teams (START), NC DSS has contracted with Children and Family Futures (CFF) to pilot START in 10 local DSS agencies. NC DSS along with the START Training and Technical Assistance Program, hosted an informational webinar for interested counties in November 2023. The webinar introduced the START Model, installation, and implementation processes, and

accompanying technical assistance. The webinar was open to all local DSS teams, and any community partners interested in attending. When implemented with fidelity, START will improve outcomes for children and families affected by parental substance use and child maltreatment.

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

At this time, the NC Child Welfare Information System (CWIS) is underway and projected to be live in all 100 counties for Intake Services, with subsequent services coming onboard in sequence, by the end of 2024. NC DHHS made an award for its CWIS Request for Proposal (RFP) in September 2023. The RFP issued for a full array of technology and services needed to implement a statewide CWIS that is user-friendly, supports child welfare decision-making, and aligns with NC's unified model of practice. NC DHHS selected Deloitte Consulting LLC. The scope of work includes integrating new capabilities with our existing Intake & Assessment modules that is currently utilized in 25 NC counties. Additionally, it will establish a new Ongoing Case Management functionality, bring end to end dashboarding and analytics, and provide services such as data conversion, data integration, change management, training, and communications. Initial work will include finalizing a "Product Roadmap" that meets the needs of all 100 counties and NC DHHS.

3. North Carolina should continue to work toward uniformity in its intake process across counties.

A key aspect of the new Intake SDM tool being integrated into the CWIS is that it will enhance uniformity of the child welfare intake process across the state. Not only will reporters be met with a uniform and streamlined intake process, but families and children, no matter what county they reside, will receive a more consistent screening decision and, if screened in, a more consistent response type and time from their local child welfare agency. Integration into the

CWIS will provide a data feedback loop to further identify and correct any concerns with uniformity of child maltreatment screening.

RESOURCE/TRAINING RECOMMENDATIONS

1. North Carolina should increase funding to victim service agencies to assist with intervention and prevention services for adults, children, and teenagers.

NC DSS manages a \$10 Million annual monitoring contract for Children's Advocacy Centers of NC (CACNC). CACNC provides services to maintain and develop effective children's advocacy centers (CACs) and multi-disciplinary teams (MDTs) across North Carolina. The amount each CAC receives varies as CACNC awards on a competitive basis. The CACs' awards range from \$56,000 to \$1,379,635. The total amount that CACNC provides to the CACs overall is \$8,498,000. Services to CACs provided by CACNC include:

- Statewide advocacy
- Legal and medical guidance
- Technical assistance
- Training and networking
- Center development
- Outreach to underserved communities

Performance requirements within the CACNC contract include:

- Support child protective services by providing victim advocacy and case management for 11,500 unduplicated individuals and their non-offending parents (8,050 children, 3,450 teens).
- Conduct forensic interviews, lasting approximately one hour at the CAC for child protective services and law enforcement with 9,000 individuals (6,300 children, 2,700 teens).

- Coordinate the multidisciplinary team to provide comprehensive case management and case review for 9,000 children involved in investigations of sexual or physical abuse.
- Refer 10,000 children to trauma-focused child behavioral therapy in house or through an external linkage agreement (total of 70,000 one-hour sessions of therapy at the CACs).
- Provide 6,000 child medical evaluations for children at the CACs.
- Provide 125,000 individuals with awareness and outreach education

All services of CACs in North Carolina are aimed at reducing trauma and are free of charge to children and families. North Carolina is home to 39 accredited and 12 provisional CACs.

Additionally, several NC counties are developing task forces or active multi-disciplinary teams to address victims and community needs. CACs ensure the needs of children, and their families, are met through a range of services:

- Family advocacy
- Mental health services and referrals
- Community awareness and education
- Medical evaluations
- Forensic interviews
- Multi-disciplinary team reviews

Performance standards are assessed on statewide outcomes per fiscal year. Benchmarks include that 90% of caregivers will report that the CAC facilitated healing for the child and caregiver. These results are based upon the “Initial Visit Caregiver Survey” administered within the first two weeks after the initial visit to the CAC. The Caregiver follow-up survey is administered within 45-90 days of the initial visit. Additionally, 90% of MDT members will report that the CAC process results in more collaborative and efficient case investigations as measured by Multi-disciplinary Team Survey conducted twice per year.

NC DSS also funds services for children and families who are child welfare involved through the Child Medical Evaluation Program (CMEP). In SFY23 NC DSS spent \$881,599.26 in total. CMEP is a resource for North Carolina's child welfare agencies when assessing concerns for child maltreatment. A statewide network of qualified providers assist North Carolina child welfare by providing medical evaluations, treatment plans, Child/Family Evaluations (CFEs), and Clinical Assessments of Protective Parenting (CAPP). The total amount spent on CFEs in SFY23 was \$33,225 and \$4,140 on CAPPs. NC DSS and CMEP concluded the CFE service at the end of SFY23. In alignment with FFPSA's prevention approach, and the need for assessing parental protective factors, the CAPP program is currently being provided. Since its inception in 1976, CMEP has served as a model for the development of similar programs in other states in efforts to identify, treat, and prevent maltreatment of children.

2. The North Carolina Child Welfare Workload Study, which began June 12th and was designed to collect the necessary data for understanding the current workload demands on local child welfare staff, should continue in order to address the staffing and workload needed for adequately protecting children.

At this time, the Workload Study is complete, and a formal report has been submitted. NC DSS leadership is in the process of evaluating the data and recommendations to determine the appropriate course of action to address the staffing and workload crisis North Carolina child welfare is facing.

a. Likewise, this study should examine the need for securing additional foster parents.

To address the need for additional foster parents statewide, NC DSS revised the NC DSS Foster and Adoptive Parent Diligent Recruitment (DRR) Plan along with the submission of the [NC 2024 APSR](#). NC DSS worked with the Capacity Building Center for States (CBCS) to focus the statewide strategic vision. Revisions to the DRR were made in alignment with the State's Kin-First Culture, focusing on increasing the use of

relative placements and building capacity to support placement stability. The new DDR Plan targets the following areas:

- Regionalization of the DRR Plan
- Supporting efforts for a KinFirst culture
- Retention efforts for resource families
- Development of a CQI process
- Recruitment efforts for specific populations such as LGBTQ+ youth, children who are medically fragile and/or with developmental disabilities

The campaign also developed a new landing page. The link to the new page is

<https://www.ncdhhs.gov/fostering>. The purpose of the landing page is to provide

ongoing information regarding kinship care and becoming a foster or adoptive parent(s) to the public.

3. North Carolina should provide information and available resources to local agencies in order to improve access to affordable housing throughout the state.

The North Carolina Housing and Urban Development (NC HUD) program is managed on a local level. Federal HUD funding goes to government agencies, housing organizations, nonprofits and private developers that have programs to help people where they live. Local DSS agencies incorporate their local programs into the service array offered to families who are child-welfare involved.

Additionally, the federal program Foster Youth to Independence (FYI) ([Notice PIH 2020-28](#)) allows for Public Housing Authorities (PHAs) to request housing choice vouchers to serve youth under the age of 25 with a history of child welfare involvement for up to 36 months. Local DSS agencies may work with their local Housing Choice Voucher Programs and other non-profit

agencies to offer these vouchers along with supportive services for the participating youth, such as:

- Basic life skills training
- Housing counseling
- Landlord support services
- Employment and training
- Education and career advancement services

PHAs requesting FYI voucher assistance from HUD must enter into a partnership agreement with a public child welfare agency to ensure supportive services are provided in addition to the vouchers.

As a follow up from the Transition Aged Youth Listening Sessions from SFY23, affordable housing resources were marked as a priority. In response, a component of the Strategic Plan is to build connections with community partners to expand the variety of placement options and to have at least one active [Family Unification Program](#) (FUP)/FYI program in each region by December 2024.

4. Local DSS should support training for CCPTs on strategies for sustainably incorporating family partners on their teams. Local DSS should facilitate training for CCPTs, child welfare workers, and other agencies (e.g., juvenile justice) on domestic violence and mental health.

In support of local CCPTs, NC DSS is committed to assisting throughout various avenues. NC DSS will continue to provide technical assistance as well as disseminating materials and resources that support the integral work of CCPTs. Some examples of information shared this year were resources on mental health first aid trainings, prioritizing lived experience expertise in child welfare, updated legislation and policy on firearm safety, and information and resources

from the National CRP peer group. NC DSS will continue to provide up to date information and resources as they become available.

A recorded training was provided to local CCPTs in February 2023 on [Family Engagement](#) by the CCPT Advisory Board, the NC DSS and the NC State Center for Family and Community Engagement. The 90-minute webinar focused on how teams can include families in their work, why families are a vital part of how to keep children safe and how engaging families can help local CCPTs develop solutions that work for their respective community. The training offered wisdom directly from family partners on how to recruit, support, and retain families for their essential work.

Additionally, a North Carolina Fatality Prevention System Summit was hosted by the Jordan Institute for Families and UNC School of Social Work, in partnership with NC DHHS in March 2023. Leaders and members of local CCPTs were encouraged to attend at no cost to:

- learn from one another;
- increase knowledge about causes of child death and prevention strategies;
- build skill in conducting effective and equitable reviews of child deaths;
- and learn how to cope with secondary trauma and prevent burnout.

With the backing of the CCPT Advisory Board, NC DSS assisted with revamping the End of Year Survey to reduce redundancy and ensuring compliance and alignment with CAPTA/CRP reporting requirements. As mentioned earlier in this report, new legislation ([NC SL 2023-134](#)) was passed that will alter NC DHHS's structure for CRPs. The revised structure is to be implemented by January 2025 and NC DHHS will work diligently to keep review groups apprised of the changes and impacts.

Conclusion

NC DSS appreciates the collaboration and commitment of the CCPT Advisory Board and each of the local CCPTs in the development of the 2022 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 North Carolina. 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](#) through the [2024 APSR](#) and the development of the 2025-2029 CFSP. 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 2022 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.