



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Social Services

North Carolina Department of Health and Human Services

Child Abuse Prevention and Treatment Act State Plan

March 2023

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NCDHHS Mission and Vision

Mission

In collaboration with our partners, the North Carolina Department of Health and Human Services (NCDHHS) provides essential services to improve the health, safety and well-being of all North Carolinians.

Vision

Advancing innovative solutions that foster independence, improve health and promote well-being for all North Carolinians.

NCDSS Child Welfare Transformation

North Carolina's Department of Health and Human Services, Division of Social Services (NCDSS) seeks to transform child welfare statewide to achieve better outcomes for children and families. The approach to this transformation involves stronger partnerships between child welfare agencies and the courts, mental health agencies, and families; adopting new approaches to attract, train, and retain qualified staff; and securing resources to support prevention programs targeted at preserving families and family-like placements when foster care becomes necessary. The state CAPTA Plan is an integral piece in the realization of this child welfare transformation and was developed to support this broader vision.

Overview

North Carolina's current state CAPTA Plan was approved by the Administration for Children and Families (ACF) in 2012. Legislation requires that state plans "be periodically reviewed and revised as necessary by the State to reflect changes in the State's strategies and programs" ([CAPTA § 5106a.\(b\)\(1\)\(B\)\(ii\)](#)). In July 2021, NCDSS submitted a revised 2020-2024 Child and Family Services Plan ([CFSP](#)) to elevate and align key foundational initiatives at the core of its child welfare transformation work. Given the extensive work underway, a revised state plan is needed to align CAPTA with other agency priorities.

Priority areas for the CAPTA Plan were collated from North Carolina's Child and Family Services Plan (CFSP), Annual Progress and Services Report ([APSR](#)), and Citizen Review Panels (CRP)/Community Child Protection Teams (CCPT) [annual reports](#). The goals and objectives identified in this plan directly support goals in the CFSP, are aligned with key recommendations from CCPTs, and offer opportunities for the state to continue to invest in activities that further child welfare transformation and support the goals of the CAPTA Basic State Grant.

Approach

The methodology to develop this plan was to reach beyond legislative requirements and look at opportunities for system alignment that will further North Carolina's mission. Aligning the state CAPTA Plan with the CFSP and other NCDSS priorities is a central goal. The CFSP and other priorities were examined through the lens of the CAPTA legislation, specifically the assurances in § 106(b)(2)(B), and the 14 improvement areas that govern allowable spending in §106(a), along with recommendations from North Carolina's Community Child Protection Teams, which serve as the Citizen Review Panels.

Additionally, NCDSS reorganized the structure of the CAPTA Plan. The new structure identifies priority areas and then goals and objectives that will advance better outcomes in those areas. The plan also outlines the CAPTA improvement areas that encompass activities that will support the objectives. The structure places emphasis on outcomes that are priorities for North Carolina's child welfare system and provides more flexibility around directing the use of grant funds throughout the life of the plan. This structure also supports continuous quality improvement and allows NCDSS to assess the effectiveness of spending rather than just assessing whether stated activities were completed.

Development of the Priority Areas

NCDSS reviewed CAPTA requirements, CCPT recommendations, the CFSP, and other NCDSS priorities, to identify opportunities for alignment. As a result of this review, four priority areas directly related to CAPTA mandates in §106(b)(2)(B) emerged. The priority areas are:

- Plans of Safe Care
- Workforce Development
- Improving Information Systems

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- Interagency and Community Collaboration and Public Education around Child Abuse and Neglect

Figure 1 below illustrates the development of the priority areas and which sources they were derived from. Stars denote the priority area was explicitly included in the source and plus signs denote the priority area aligns with and supports the goals or recommendations within the source.

Figure 1. CAPTA Priority Area Crosswalk

2023 Plan Priority Area	CAPTA Requirements	CCPTs/CRP Recommendations	Child and Family Services Plan	Other NCDHHS Priorities
Plans of Safe Care	★	★	+	+
Workforce Development	★	★	★	★
Improving Information Systems	+	+	★	★
Interagency Collaboration	★	+	+	+

NCDSS then drafted goals and objectives for each area to align with existing state plans and agency priorities. The structure of the plan, priority areas, goals, and objectives were shared with a stakeholder group for review and input. The stakeholder group was comprised of cross-sectional NCDSS staff and leadership, child welfare family partners, CCPT representatives, interagency staff and leadership, and NC’s Children’s Bureau liaison. NCDSS incorporated stakeholder feedback into this plan and documented a reservoir of initiatives and ideas that can be drawn upon as North Carolina carries out its approved CAPTA Plan.

Commitment to Racial Equity

NCDHHS has made an explicit commitment to greater equity in its structure, staffing, values, and service delivery. Plans and activities related to NCDSS’ child welfare transformation have been developed to promote a racially equitable approach to child welfare. This commitment is expected to decrease racial disproportionality and disparate outcomes for children and families of color with child welfare involvement in North Carolina. CCPT recommendations and stakeholder feedback on the proposed plan support the critical importance of approaching child welfare with a commitment to diversity, equity, and inclusion (DEI).

NCDSS has also set specific targets in its Child Welfare Diversity, Equity and Inclusion Action Plan as part of the 2020-2024 CFSP. The priority areas within the CAPTA Plan align with and can support NCDSS in system improvement efforts. Rather than adding racial equity as a separate priority area in the CAPTA Plan, NCDSS considers it a crosscutting priority that applies to all the outlined goals and objectives. Proposed work within each area will be considered from a racial equity lens and efforts that promote DEI will be prioritized.

Plan Structure and Use of CAPTA Funds

The use of CAPTA State Grant funds will be driven by this plan. Activities must demonstrate relevancy to the outlined priority areas, goals, and objectives. Currently funded programs and activities were accounted for in the development of this plan and are highlighted with the corresponding priority area. NCDSS will assess if these activities continue to support the CAPTA Plan on an annual basis. Requests for new funding will be considered in the context of the goals, objectives, and relevant areas for improvement in §106(a). The objectives included were identified by NCDSS and stakeholders as

the most relevant at the time of submission. NCDSS anticipates that additional objectives may develop over time. The appropriateness of funding to support new objectives will be considered in the context of:

- CAPTA Plan priority areas and goals
- Requirements for state child protection systems in §106(b)(2)(B)
- Areas for improvement in §106(a)
- Annual CAPTA Panel recommendations

Priority Areas

Plans of Safe Care

NCDSS continues to work diligently to improve services for families with infants born affected by prenatal exposure to substances and to comply with the 2016 Comprehensive Addiction Recovery Act amendments. Since 2021, NCDSS has issued updated policies, guidance, and a Plan of Safe Care form to support consistent practice statewide. Regional Child Welfare Consultants conduct regular continuous quality assurance reviews on cases and a dedicated Regional Abuse and Medical Specialist (RAMS) provides technical assistance to counties to support practice around Plans of Safe Care.

NCDSS appreciates the need for multidisciplinary collaboration to support these efforts and engages with hospitals, health care professionals, home visiting programs, non-profits, philanthropic organizations and private providers. Ongoing engagement with these stakeholders will be critical to achieving the CAPTA Plan goals.

This priority area is responsive to CCPT recommendations and supports the agency's compliance with the mandate in §106(b)(2)(B)(ii),(iii) requiring the state to have:

- ii. *policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to—*
 - I. *establish a definition under Federal law of what constitutes child abuse or neglect; or*
 - II. *require prosecution for any illegal action.*
- iii. *the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through—*
 - I. *addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and*
 - II. *the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver;*

Goals:

1. Develop infrastructure for the creation and monitoring of Plans of Safe Care for infants and families not involved in the child welfare system.
2. Increase utilization of Plans of Safe Care to promote the safety and well-being of infants born affected by prenatal exposure to substances and their families.

Objectives:

The currently identified objectives for the Plan of Safe Care goals are:

- Develop a pathway separate from child welfare intake for health professionals to notify NCDSS of infants born affected by prenatal exposure.
- Promote interagency collaboration to identify and deliver services related to maternal substance use and infants born affected by prenatal exposure.
- Incorporate data elements and functionality in state child welfare information systems to support identification of infants affected by prenatal exposure and monitoring of Plans of Safe Care.

- Provide technical assistance to county child welfare agencies to promote consistent identification of infants affected by prenatal exposure and quality Plans of Safe Care.

Currently Funded Activities:

At the time of submission, CAPTA funds are supporting a dedicated Plan of Safe Care RAMS position and a substance abuse specialist available to county DSS agencies for technical assistance. These roles align with current objectives and NCDSS intends to continue funding these positions through CAPTA under this plan.

CAPTA Priority Areas in §106(a):

Work to achieve the Plan of Safe Care goals and objectives will also align with one or more of the following CAPTA areas for improvement:

- *the intake, assessment, screening, and investigation of reports of child abuse or neglect (§106(a)(1))*
- *improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers (§106(a)(7))*
- *developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response (§106(a)(10))*
- supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs—
 - to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and the use of differential response; and
 - to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports (§106(a)(13))

Workforce Development

Workforce Development is a critical priority. NCDSS is diligently working to identify strategies to recruit and retain qualified staff and support the child welfare workforce in the state. To further alignment within NCDSS, the workforce development goal in the CAPTA Plan is the same as the commitment for the corresponding strategic priority in the CFSP. Under the broader priority of workforce development, NCDSS will continue to support efforts directly related to provisions of CAPTA, specifically improving the identification, assessment and investigation of child abuse and neglect.

This priority area is responsive to CCPT recommendations and supports the agency’s compliance with the mandate in §106(b)(2)(B)(xx) requiring the state to have:

xx. Provisions and procedures for improving the training, retention, and supervision of caseworkers.

Goal:

1. Build and support a stable child welfare workforce that is well-qualified, trained, supervised, and supported to promote positive outcomes for children and families.

Objectives:

The currently identified objectives for the Workforce Development goal are:

- Provide resources to county child welfare agencies to support determinations of physical abuse, sexual abuse and serious neglect.
- Provide technical assistance to county child welfare agencies to support determinations of physical abuse, sexual abuse and serious neglect.
- Offer specialty trainings to assist social workers in identifying and responding to child abuse and neglect.

Currently Funded Activities:

At the time of submission, CAPTA funds are supporting several NCDSS positions and initiatives. These align with current objectives and NCDSS intends to continue funding these positions through CAPTA under this plan. They are:

- Regional Abuse and Medical Specialist (RAMS) positions
- DSS Safety Policy Consultant positions
- North Carolina Child Medical Evaluation Program (CMEP)

- Local child welfare agency workforce development and recruitment

CAPTA Priority Areas in §106(a):

Work to achieve the Workforce Development goals and objectives will also align with one or more of the following CAPTA areas for improvement:

- *the intake, assessment, screening, and investigation of reports of child abuse or neglect (§106(a)(1))*
- *improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers (§106(a)(7))*

Information Systems

NCDSS has identified Information Systems as an area in need of improvement. Enhanced information technology (IT) systems will facilitate better data collection and support robust continuous quality improvement practices and the corresponding strategic priority in the CFSP. Within this priority area, NCDSS has identified the opportunity to improve data collection and reporting related to child fatalities and near fatalities, which supports specific provisions of CAPTA. NCDSS is also exploring the possibility of a centralized intake hotline, which supports specific provisions of CAPTA, and would require IT system and business process updates. Developing technology solutions that are designed to fully integrate with the Child Welfare Information System (CWIS) is also a priority for work in this area. Integrating updated or new IT systems into business processes and using data collected to inform practice and CQI requires staffing resources and supporting individuals or teams engaged in that work is included in this priority area.

This priority area will help facilitate the response to CCPT recommendations around fatality reviews and supports the agency’s compliance with the mandate in §106(b)(2)(B)(x) and (xxiii) requiring the state to have:

- x. *provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality;*
- xxiii. *provisions for systems of technology that support the State child protective service system described in subsection (a) and track reports of child abuse and neglect from intake through final disposition;*

Goal:

1. Support quality child welfare practice, continuous quality improvement, and data driven decision making by enhancing information technology systems.

Objectives:

The currently identified objectives for the Information System goal are:

- Enhance the state’s ability to track, review and document recommendations for cases involving fatalities and near fatalities to inform policies and practices.
- Formulate and implement data driven child maltreatment prevention strategies.
- Support development and implementation of a Comprehensive Child Welfare Information System (CCWIS) for the state.
- Support development and data integration of statewide technology systems.

Currently Funded Activities:

At the time of submission, CAPTA funds are supporting several NCDSS positions and initiatives. These align with current objectives and NCDSS intends to continue funding these positions through CAPTA under this plan. They are:

- CPS Intake Hotline feasibility study
- Regional Child Welfare CQI specialists

Additional planned spending includes:

- a Child Fatality Database that tracks findings and recommendations from fatality reviews to inform interventions and preventative services
- support for child fatality review team

CAPTA Priority Areas in §106(a):

Work to achieve the Information System goals and objectives will also align with one or more of the following CAPTA areas for improvement:

- *the intake, assessment, screening, and investigation of reports of child abuse or neglect (§106(a)(1))*
- *Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange. (§106(a)(5))*

Interagency and Community Collaboration and Public Education around Child Abuse and Neglect

Effective interagency and community collaboration is the foundation for NCDSS' child welfare transformation plans to achieve positive outcomes for children and families. Public education about child abuse and neglect facilitates interagency collaboration and supports coordinated efforts to serve vulnerable children and families in North Carolina. Under the broader priority of interagency and community collaboration, NCDSS will continue to support efforts directly related to provisions of CAPTA, specifically expanding prevention services; collaborating about services to infants born affected by prenatal exposure to substances; and the coordination of health and mental health services for children who are victims of child abuse and neglect.

This priority area will help facilitate the responses to CCPT recommendations and supports the agency's compliance with the mandate in §106(b)(2)(B)(ii), (iii), requiring the state to have:

- i. *provisions or procedures for an individual to report known and suspected instances of child abuse and neglect, including a State law for mandatory reporting by individuals required to report such instances;*
- ii. *policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to—*
 - I. *establish a definition under Federal law of what constitutes child abuse or neglect; or*
 - II. *require prosecution for any illegal action.*
- iii. *the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through—*
 - I. *addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and*
 - II. *the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver;*
- v. *triage procedures, including the use of differential response, for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service;*

Goal:

1. Support a multidisciplinary approach to preventing, identifying, assessing, and treating child abuse and neglect.

Objectives:

The currently identified objectives for the Interagency and Community Collaboration and Public Education around Child Abuse and Neglect goal are:

- Increase the availability of primary and secondary prevention services throughout the state.
- Align resources to support the mental and behavioral healthcare needs of children and youth.
- Support public awareness education and campaigns to promote child maltreatment prevention.

Currently Funded Activities:

At the time of submission, CAPTA funds are supporting an NCDSS Child Health and Development Coordinator position and prevention service contracts. These align with current objectives and NCDSS intends to continue funding them through CAPTA under this plan.

CAPTA Priority Areas in §106(a):

Work to achieve the Interagency and Community Collaboration goal and objectives will also align with one or more of the following CAPTA areas for improvement:

- *developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response (§106(a)(10));*
- *developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (§106(a)(11));*
- *supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs—*
 - A. *to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and the use of differential response; and*
 - B. *to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports (§106(a)(13));*

Description of Services and Training

NCDSS will continue to use CAPTA funds to support contracts for prevention services, including:

- Community Based Child Abuse Prevention
- NC Respite Program Services
- Child Advocacy Centers of NC
- Family Support Program
- Intensive Family Preservation Services
- Triple P (Positive Parenting Program)
- Family and Children’s Resource Program

At the time of submission, specific trainings regarding report taking, screening, assessment, decision making, and referral for investigating suspected instances of child abuse and neglect for frontline and supervisory personnel or specific training for individuals required to report suspected cases of child abuse and neglect are not planned activities for CAPTA funding.

Any of these trainings that would be supported by CAPTA funds under this plan in future years would support the goals and objectives of one or more priority area and be reported in the Annual Progress Services Report as part of the CAPTA update.

Policies and Procedures

Family Involvement in Decision Making

Family involvement in decision making occurs both at the case and system level.

Case Level Involvement

Family involvement in case decisions is foundational to North Carolina’s practice model. Principles of Partnership and family-centered practice are incorporated throughout the child welfare policy manual and set standards for family engagement throughout the life of a case. Specific policies addressing the Purpose and Philosophy of NCDSS, Child and Family Team Meetings, and Parent Engagement and Needs Assessment are included in Appendix A.

System Level Involvement

NCDHHS convened a multi-sector Child Welfare and Family Well-being Transformation Team including individuals with lived experience, to lead and align cross-divisional work. Advancing equity with the partnership of lived expertise is happening on various levels at NCDSS. The North Child Welfare Family Advisory Council (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 Family Advisory Council as equal partners. In child welfare, where power differentials are stark, having members of the Family Advisory Council as co-trainers, co-facilitators, and in rooms at the highest decision-making levels advances this goal.

Members of the Family Advisory Council have already made marked contributions to child welfare policies, training curricula, informational materials, and in NCDSS' 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, NCDSS staff and community partners can engage their perspective on a regular basis.

NCDSS hired an individual with lived experience as a youth in the North Carolina foster care system to serve as the Assistant LINKS Coordinator. 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 NCDSS 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. NCDSS continues to hold regional "Listening Sessions" with youth and has assessed feedback and next steps.

Interagency Collaboration

North Carolina continues to work with North Carolina's Plan of Safe Care Interagency Council (POSC-IC). POSC-IC members include leaders from NCDHHS as well as representatives from the NCDSS (Child Welfare Section) and Mental Health/Developmental Disabilities/Substance Abuse (Public Health Women's and Children Section), the Child Welfare Family Advisory Council, UNC School of Social Work (Behavioral Health Springboard), and local child welfare agencies. The POSC-IC works with NCDHHS to coordinate with other public and private agencies impacted by requirements regarding infants born affected by prenatal exposure to substances.

NCDSS has been an active member on the Indian Child Welfare Committee for the North Carolina Commission on Indian Affairs since the Committee's inception. Some of the early work of this group resulted in state legislation [G.S. § 143B-139.5A](#) entitled An Act to Require Collaboration between the Division of Social Services, the Commission on Indian Affairs, and the North Carolina Directors of Social Services Association on Indian Child Welfare Issues.

Session Law 2021-132 included a clarification to the "neglected juvenile" definition to include "whose parent, guardian, or custodian has refused to follow the recommendations of the Juvenile and Family Team made pursuant to Article 27A of this Chapter."

NCDSS also utilizes CAPTA to fund the Child Health and Development Coordinator position. This position supports the sections within NCDSS by managing programming related to the well-being needs of children, youth, and families served by child welfare. The Child Health and Development Coordinator is a behavioral health professional who serves as the subject matter expert for NCDSS initiatives serving populations with these needs. This position collaborates and coordinates interdepartmentally with Divisions in the North Carolina Department of Health and Human Services, that fund and manage well-being programs to ensure that the needs of child welfare involved families are reflected in their programming.

NCDHHS released [The Coordinated Action Plan: Acting for Children with Complex Behavioral Health Needs](#) on March 23, 2022, to address the urgent crisis of children with complex behavioral health needs who come into the care of child welfare services. The action plan represents the work of a multi-sector team of stakeholders that is working to transform the way that the child welfare, behavioral health, and other systems that support children and families work together. Children in crisis who have come into the care of child welfare services require immediate protection in safe and supportive environments that can meet their physical and mental health care needs. NCDSS supports this work through the Health and Well-Being Coordinator position.

Use of Differential Response

North Carolina has implemented the Multiple Response System (MRS) in Child Protective Services Assessments as its differential response system. Requirements are outlined in CPS Family and Investigative Assessments Policy Manual, specifically the MRS Requirements section included in Appendix B.

Appendix A

North Carolina Child Welfare Manual Policy Manuals

Policy Manuals

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

Family Involvement In Decision Making

Purpose, Philosophy, Legal Basis and Staffing

<https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/purpose.pdf>

Cross Function Manual

<https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/cross-function.pdf>

Reference:

- Child and Family Team Meetings, pg. 239
- Parent Engagement and Needs Assessment, pg. 243

Appendix B

Use of Differential Response System

CPS Assessments Policy, Protocol, and Guidance

<https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/cps-assessments-october-2022.pdf>

Reference:

- Multiple Response System Requirements, Pg. 71