



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Social Services
Child Welfare Services

NC State Response **Community Child Protection Team 2024 Recommendations**

December 19, 2025

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 and local child protection systems are effectively fulfilling their child protection responsibilities in accordance with the State CAPTA Plan; examining policies, practices, and procedures of the state and county child welfare agencies; 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 the state child welfare agency 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

Up until January 2025, North Carolina Department of Health and Human Services, Division of Social Services (NCDHHS DSS) designated the state's existing Community Child Protection Teams (CCPTs) as CRPs. CCPTs were 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 was 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. In October 2023, legislation ([NC SL 2023-134](#)) passed, restructuring CCPTs into combined Local Teams, effective July 2025.

CCPTs remained intact for the 2024 survey and reporting year. There were CCPTs in each of the 100 NC counties plus one territory of the Eastern Band of the Cherokee Indians (EBCI), totaling 101 teams. In addition to responding to the annual survey to inform the development of a statewide report, CCPTs also provided an annual summary of case review activities, local

initiatives, and recommendations to their county Board of Commissioners and to NCDHHS DSS.

NCDHHS DSS will continue to be the state's child welfare authority responsible for the oversight of CRPs under the new legislation. As of May 2025, NCDHHS DSS has contracted with a third-party vendor for restructure of a 3-panel system and development of the annual report and recommendations based on the processes of feedback and development within calendar year 2025.

Annual Report

For the 2024 Annual Report, a survey developed by The Center for Family and Community Engagement (CFACE) at North Carolina State University was utilized and NCDHHS DSS assisted with communication and distribution of the survey to local CCPTs for completion. As part of a contract with NCDHHS DSS, CFACE collected, analyzed results, and prepared the 2024 report. The report 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 NCDHHS DSS, per CAPTA/CRP requirements. The 2024 survey was distributed to 101 local CCPTs, of which 80 completed the survey. This was a decrease from last year's response of 88 teams. These survey responses, along with CCPT annual reports, helped inform the three categories of recommendations (Policy, Practice and Resource/Training) provided in the [2024 CCPT EOYR](#). This report is available to the public online at: <https://www.ncdhhs.gov/divisions/social-services/child-welfare-services/citizen-review-panels>

Aggregated responses from the CCPT annual survey enable NCDHHS 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 2024 CCPT survey and EOYR will help NCDHHS DSS in its implementation of the state's Child and Family Services Plan (CFSP)

for 2025. The finalized CFSP can be found at <https://www.ncdhhs.gov/divisions/social-services/program-statistics-and-reviews/child-welfare-statistics> . Input from the annual survey and report ensures CRPs have a significant influence in NC's strategic planning to improve child welfare services.

Per federal requirements, NCDHHS DSS has prepared the following written response to the recommendations included in the 2024 CCPT EOYR. It describes how NCDHHS DSS will incorporate the recommendations submitted to make measurable progress in improving the North Carolina child protection system. Although NCDHHS DSS acknowledges and supports the 2024 EOYR recommendations for strategies best implemented by essential partners in child welfare, the written response will focus on the systemic issues identified as warranting a state-level response.

NCDHHS DSS Response to Recommendations

The 2024 CCPT End of Year Report outlined three categories of recommendations for statewide and local child welfare system and practice improvements:

- Policy Recommendations
- Practice Recommendations
- Resources and Training Recommendations

NCDHHS DSS welcomes the recommendations and, to the extent possible, will incorporate them into statewide strategic planning for child welfare. The recommendations and responses are provided below:

POLICY RECOMMENDATIONS

1. North Carolina could continue to strengthen public awareness campaigns to educate communities about child safety practices (e.g., safe sleep and car seat safety, substance safety,

and firearm safety). Campaigns may be enhanced through public service announcements featuring local leaders (judges, sheriffs, law enforcement, DSS directors, etc.).

NCDHHS DSS supports public education around child safety and maltreatment in several different ways. This recommendation was addressed at length in the [2023 State Response](#) (*Policy Recommendation 1, pg. 4* and *Resource/Training Recommendation 1, pg. 13*) and the work discussed remains in effect. NCDHHS DSS continues to look for opportunities to educate the public and essential partners for child welfare.

2. To support equitable service access and quality across rural and urban communities, North Carolina may consider systematic reviews of policy and funding distribution. Equity efforts should continue to include cultural and racial considerations, with strategies adaptable to local community contexts.

Like the first policy recommendation, this recommendation was addressed at length in the [2023 State Response](#) (*Policy Recommendation 2, pg. 6*). As an update to Partnership and Technology Hub (PATH NC) implementation of the Structured Decision Making (SDM) tools, current fidelity measures on the SDM Screening and Response Tool show 92% accuracy among the 89 of 100 counties active in the system. All 100 counties will be active in PATH NC by early 2026, and weekly production updates within the Intake and Assessment modules show positive and responsive action to the needs of county child welfare staff. Ongoing (In Home, Foster Care, Adoptions, Financials, etc.) modules are set for implementation early 2026 to complete the child welfare service array in PATH NC.

Additionally, with the issue of federal executive orders [14151](#) (Ending Radical and Wasteful Government DEI Programs and Preferencing) and [14173](#) (Ending Illegal Discrimination and Restoring Merit-Based Opportunity) NC DHHS was faced with unprecedented restrictions around identifying any work as “culturally sensitive” or “racially equitable.” These orders were issued on January 20th and 21st, 2025, respectively, and on April 22, 2025, NCDHHS received

additional instruction from the Children's Bureau on these orders. NC DHHS continues to value working towards a child welfare system that serves all families consistently in North Carolina regardless of location or other systemic factors.

3. As CRPs are restructured under NC SL 2023-134, North Carolina may wish to clarify expectations for CCPT/CFPT members, including defining roles, setting reasonable standards for member attendance, and determining how data and outcomes are shared back with teams.

[NC SL 2023-134](#) established the Office of Child Fatality Prevention (OCFP) under the Department of Public Health (DPH). CCPTs and CFPTs have become a part of newly formed Local Teams, effective July, 2025, under OCFP. Although NCDHHS DSS is no longer the oversight body for such teams, the division is responsible for the structure of CRPs in accordance with [CAPTA](#) and the current [NC CAPTA Plan](#).

NCDHHS DSS solicited an independent contractor, Health Management Associates (HMA), to support the establishment of three geographic CRPs across the state based on the best national practices and essential partner input. Composition of the Panels will be shared after final approval of NC's CRP model, late 2025. NC DHHS repurposed the CCPT webpage, which now hosts information and an application process for prospective panel members: [Citizen Review Panels](#). Standards, restrictions, expectations, and an outline of the membership selection process can be found on the [Citizen Review Panel Membership](#) webpage.

Information and data sharing between local teams and CRPs is codified in legislation and both NCDHHS DSS and NC OCFP will maintain memorandums to support transparency and collaboration, while reducing duplication of efforts, particularly regarding review of fatality cases. Recommendations from each panel, as well as the annual report to NCDHHS DSS, will be shared publicly and specifically with the OCFP Liaison and local County Directors. Administrative data, such as meeting minutes and summaries of reviews, will be available on

the CRP webpage once the panels are functional. The first panel meetings are set to occur no later than January 2026.

PRACTICE RECOMMENDATIONS

1. North Carolina should continue expanding access to trauma-informed mental/behavioral health and substance use services, including both inpatient and outpatient supports. Consideration could also be given to additional placement resources for children with high needs, with attention to cultural and linguistic accessibility. North Carolina could continue efforts to strengthen state-local data sharing. Building on initiatives like PATH NC, teams would benefit from access to more timely data on child maltreatment and fatalities. Improving data systems can support local reviews, planning, and prevention strategies.

As referenced in the [2023 State Response](#) (*Practice Recommendation 1, pg.8*), access to trauma-informed services continues to be a priority for NC DHHS, backed by a historic \$835 million investment in behavioral health and resilience, \$80 million of which is committed to youth behavioral health and child and family well-being. Updates to previously mentioned programs are below.

Sobriety Treatment and Recovery Teams (START)

START has now been piloted in 6 NC Counties. This evidence-based, child abuse and neglect prevention service serves families where substance use disorder has impacted or impaired the safety of young children. START includes an array of strategies such as peer mentor support, quick access to intensive SUD treatment, cross-system collaboration, intensive case management, and a family-centered approach. The program targets families with children aged birth to five involved in child protection where a parent's substance use is a primary reason the child(ren) is at risk of entering foster care.

Standardized Trauma Informed Assessment (STIA)

The development of STIA for children at risk of or entering foster care was legislatively required by [SL 2023-134 \(HB 259\)](#). NCDHHS DSS has engaged essential partners across a number of children serving entities to support STIA implementation. The STIA will become available to local county child welfare agencies in a regionally phased in approach beginning in July 2026. By November 2026, the STIA will be available to all 100 local county child welfare agencies.

Family First Prevention Services (FFPSA)

North Carolina continues to implement services included in its approved Title IV-E Prevention Services Plan. In 2025, the prevention services plan was amended to include START. FFPSA allows states to implement evidence-based, trauma informed services to prevent entry into foster care. Currently the Homebuilders® services are available to all 100 Counties, START is available in one county, and the six pilots are underway to increase availability to this service. In January 2026, the state will begin pilots of the Parents as Teachers services.

Child and Family Specialty Plan (CFSP)

NC DHHS continues to make progress towards implementing the Medicaid managed care CFSP. Beginning December 1, 2025, North Carolina Medicaid launched the CFSP, administered by Healthy Blue Care Together. This plan is designed for children and youth currently or formerly involved in child welfare services and will provide comprehensive coverage, including physical and behavioral health, pharmacy, long-term services and supports, intellectual/developmental disability services, and statewide care management.

In preparation for the rollout, training sessions for child welfare and Medicaid eligibility staff were held in September and October of 2025. Auto-enrollment for eligible children and youth occurred on October 5, with enrollment notices mailed starting October 9th. Primary Care Physician and care management assignments begin October 23rd, along with the distribution of welcome packets and Medicaid ID cards. Additionally, warm handoff meetings between

LME/MCOs and other entities started on October 23rd, while initial meetings between CFSP care managers and county child welfare staff took place from November 3 through December 31, 2025.

Rapid Response Team (RRT)

RRT continues to meet daily to review referrals for children in the custody of a county child welfare agency who are in hospitals or local county offices and are unable to access treatment at the medically recommended level of care. In SFY 2024-25, the RRT reviewed 224 referrals of children from 62 counties. The team includes representatives from NCDHHS DSS and NC Medicaid, as well as from the Divisions of Child and Family Well-Being, Mental Health, Developmental Disabilities, and Substance Abuse Services, State Operated Health Care Facilities, and psychologist and psychiatrist consultants associated with NC Psychiatric Access Line. The Division of Juvenile Justice and Delinquency Prevention and other state agencies are invited as needed. RRT works to remove barriers created by systemic issues when possible, and to facilitate problem solving and challenging conversations among stakeholders. Additionally, the team helps identify potential alternative service options and/or the potential to wrap services together to meet the unique needs of children/youth.

Regarding the recommendation for data systems and tracking maltreatment fatalities, NCDHHS DSS began development of the Child Welfare Fatality Information System (CWFIS) in February 2024. CWFIS is North Carolina's statewide database built to capture required CAPTA information regarding Near Fatalities and Fatalities of minors. CWFIS is integrated with PATH NC to reduce duplication of work and support child welfare staff in a more streamlined approach to the work. The system is designed to enable local child welfare agencies to complete notifications of child fatalities to NCDHHS DSS electronically and for state staff to document information gathered and actions taken as a result of the notification. The system will also track

child maltreatment fatalities and develop recommendations for child welfare system improvements.

This system began testing in late 2024 and went live in August 2025 for state staff, merging with PATH NC. Local child welfare agencies were invited to User Acceptance Testing in July of 2025 to provide feedback on the system usability. CWFIS is currently active for state staff with plans to open to local county child welfare agencies in 2026.

2. North Carolina could continue working toward the implementation of a statewide child welfare practice model across all 100 counties to ensure greater consistency. Prompt and consistent fatality reviews would further strengthen prevention efforts, with guidance and technical assistance provided by the new State Office of Child Fatality Prevention.

As an update to the information shared in the [2023 State Response](#) (Practice Recommendation 3, pg. 11), a contract was executed with Safe Generations to train state staff in Safety Organized Practice (SOP) to coach and model the new practices with county leadership. In March 2025, NCDHHS DSS leaders met with Safe Generations. The group developed goals and action steps to ensure consistent use of SOP tools across all program areas and roles at both the state and county levels. By the end of the meeting, the team identified 4 goals for 2025:

1. **Promote the Statewide Practice Model:** State staff will model SOP principles—using 3 Column Mapping, Scaling, and Practice Standards—during meetings, with progress measured through participant surveys.
2. **Establish Reflection and Observation Plans:** State staff and county leadership will have a clear, shared understanding of SOP reflection and observation processes.
3. **Use Data to Guide Practice:** Collect and analyze data to identify strengths and areas for improvement in applying SOP principles.

4. **Build Awareness:** Implement a communication plan to educate staff statewide about the practice model.

Implementing SOP at the state level demonstrates a unified approach and models the “parallel process”—practicing skills and modeling values across all levels of the NC child welfare workforce. This approach strengthens the development of competencies and skills in workers, supervisors, and the larger organization. Implementation began with the launch of e-learning for SOP, available on the NCDHHS Learning Management System, <https://www.ncswlearn.org/>. These courses form the foundation of SOP and are now accessible to all child welfare staff. After completing the e-learning, all state-level, county-facing staff attended in-person training focused on application. Participants practiced SOP tools relevant to their roles and demonstrated their application. State staff are currently engaged in two training sessions, Questions that Make a Difference and Reflections Sessions that build on and deepen SOP skills.

To prepare for further implementation in 2026, information sessions were held for regional directors and county child welfare leaders. State staff are already applying SOP tools in daily work. Overview sessions will be provided for all local child welfare Directors and senior leadership using the [Regional Model](#) beginning in 2026. A link to the Practice Standards Desk Guide can be found here: <https://www.ncdhhs.gov/cw-worker-north-carolina-worker-practice-standards-desk-guide/download?attachment>.

Fatality reviews mentioned in this recommendation will be addressed through the new state office of CFP/DPH. The NCDHHS DSS fatality review process is addressed with a specific focus on maltreatment factors and child welfare practice concerns.

3. North Carolina may explore opportunities to encourage collaboration between state and local agencies, including DSS, public health, law enforcement, juvenile justice, courts, and the

medical examiner's office. Regular joint meetings and shared protocols could help ensure smoother coordination.

NCDHHS DSS continues to educate essential partners and community agencies on policy, legislation and best practice changes through a myriad of opportunities. Whether through multi-disciplinary work groups, direct requests for presentations and information from community partners, or public and social media campaigns, NCDHHS DSS is working to ensure updates are reaching those who are essential to the work. Additional information on this can be found in *Policy Recommendation 1, pg. 4* of this report.

As an update to the NCDHHS DSS Project Improvement Plan (PIP), it was submitted to our federal partners in October 2025. It is currently awaiting review and given the federal shutdown and layoffs experienced this year, the ability of the Administration for Children and Families to provide feedback on the plan may be delayed. NC is patiently awaiting a response and welcomes the finalized plan.

4. North Carolina could consider expanding preventive and supportive services for families showing early signs of crisis. Options might include in-home parenting programs, family preservation services, or co-located treatment options, with attention to both Medicaid and private insurance coverage.

Many of the Title IV-E Prevention Services referenced in *Practice Recommendation 1, pg. 12* of this report also inform the present recommendation. Contracts for community prevention programs mentioned in the [2023 State Response](#) (*Practice Recommendation 1. Pg. 8*) are in the final year of a 5-year grant cycle and remain in place as described previously. The annual contract with Children's Advocacy Centers of North Carolina (CACNC) is still functional in 51 local advocacy centers across the state, providing services and support to children and families who have experienced abuse and neglect.

RESOURCE/TRAINING RECOMMENDATIONS

1. The state may wish to provide ongoing training opportunities for CCPT/CFPT members, covering topics such as confidentiality, policy updates, legislative developments, fatality prevention, data analysis, and advocacy strategies. Training could include:

- a. Orientation for new members and periodic refreshers
- b. Accessible online learning modules
- c. In-person, hands-on opportunities at the state level
- d. Specialized training for magistrates, law enforcement, and juvenile justice partners
- e. Support for addressing secondary traumatic stress among child welfare workers

In response to this recommendation and henceforth in this report, NCDHHS will assume CCPT/CFPT members referenced above to be those who will serve on the newly formed CRPs, as CCPTs and CFPTs are now restructured as local teams under OCFP. As part of the contract with Health Management Associates (HMA) orientation and on-going training for members is an integral portion of the new CRP process. In addition to recruitment of panel members from a variety of disciplines, including members who have expertise in the prevention and treatment of child abuse and neglect, HMA will develop mandatory orientation and training for all CRP members and chairpersons.

The training will include roles, expectations, and responsibilities of CRP Members, review of the current State CAPTA Plan, and the federal Child Abuse Prevention and Treatment Act, confidentiality, and data review methodologies. Additionally, they will provide and/or coordinate In-Service training to all CRPs based on identified needs and interest areas of the CRPs and NCDHHS DSS, no fewer than 2 per state fiscal year, as well as develop bylaws, code of conduct and confidentiality agreements. Ongoing evaluation of group functioning will include a process to add or remove group members as needed to ensure they are meeting the

requirements of a CRP (specifically with a focus on confidentiality and member conduct supporting the goal of the CRP). Ongoing training and support will be available upon request to panel members with lived experience, following the Child Welfare Family Advisory Council Requirements. The [Citizen Review Panels](#) webpage will host space for training resources and information easily accessible to active panel members.

Separate from training and resources provided to CRP members, NCDHHS, in conjunction with the UNC School of Social Work Family and Children's Resource Program, offers a periodic training course entitled *Secondary Trauma: A Course for Supervisors & Managers* with online and classroom portions. The self-paced online portion of this course has recently been revised to include current research. This course focuses on the essential knowledge, skills, and tools to support front-line child welfare staff. The live session was revised and converted to a one-day classroom session to give participants an opportunity for more skills practice.

2. North Carolina could explore ways to enhance placement availability for children with high needs. Consideration may also be given to expanding housing support for families, improving access to therapy during school hours, and increasing provider networks for trauma-focused care and autism supports.

Many of the initiatives under the \$80 million committed to youth behavioral health mentioned in the [2023 State Response](#) (*Practice Recommendation 1, pg. 8*) and *Practice Recommendation 1* of this report support improvement of placement options for children with complex behavioral health needs. Additionally, NCDHHS has formed an "Optimizing Transitions Workgroup" with members from NCDHHS DSS, DHB, DCFW, DMH/SA/DD, and Manatt Health. The workgroup will address key aspects of care for youth navigating behavioral health residential services across five distinct phases:

1. Diversion/Assessment – Enhanced community-based services and assessments to ensure youth only enter residential care when truly necessary.

2. Admission – Activities and programs that support admission and placement processes for youth.
3. Concurrent Service Delivery – Additional services to support youth and caregiving systems during the residential stay.
4. Transition Planning – Processes to address barriers to, and plan for, successful discharge.
5. Discharge Planning and Support – Engagement of caregiving systems and community-based providers to support community re-integration (especially in the first 6 weeks post-discharge).

3. Where feasible, North Carolina may look to identify or develop dedicated funding streams for CCPT/CFPTs to support their work. Such funding could help with case reviews, community outreach, public awareness campaigns, and prevention programs (e.g., safe sleep initiatives, lock boxes, smoke detectors, newsletters).

NCDHHS has committed \$1,585,500 over the next 3 years to support the restructuring and support of 3 CRPs across North Carolina. That funding includes support for data review methodologies, community outreach and public awareness campaigns. State funded prevention programs have been addressed in many of the practice recommendations above.

4. The state may consider reintroducing a CCPT newsletter to share updates, policy guidance, and examples of best practices. An online hub or centralized location for counties to exchange ideas could also be valuable. Recruitment and awareness materials would further strengthen CCPT membership and public visibility.

As part of the contract with HMA, administrative data, such as meeting minutes and summaries of reviews, will be available publicly on the CRP webpage once the panels are functional in early 2026. Initiatives NCDHHS DSS are implementing to strengthen training for child welfare

workers was addressed at length in the [2023 State Response](#) (*Resource/Training Recommendation 1, pg.13*) The training and policy revisions, along with PATH NC roll out, have continued in support of best practice in child welfare, statewide. Information and awareness of these changes will inform CRPs via their members who serve roles in local county child welfare agencies. The state liaison will also work in conjunction with HMA and chairpersons of the CRPs to disseminate updated policy, practice, training and technology efforts at the state level. Additionally, the CRP panels will be added to relevant listservs, once active.

Annual meeting cadence for the CRPs will include opportunities for the 3 panels to meet and discuss their independent work as to inform the comprehensive annual CRP Recommendations Report. Ongoing recruitment and awareness will continue through listservs, NCDHHS press releases and social media campaigns.

Conclusion

NCDHHS DSS appreciates the commitment of each of the 101 local CCPTs for their contributions to North Carolina children and families during their tenure. The development of the 2024 EOYR was a thoughtful and practical final-effort to promote long-term safety, well-being, and permanence of children and families in North Carolina. As a partner in this commitment, NCDHHS DSS will continue to support community efforts and system improvements to provide safe, stable, and nurturing environments for children and families and facilitate the CRP process in conjunction with local teams and the OCFP. The future collaborations will be integral to comprehensive feedback on North Carolina's child welfare system.

The response to and implementation of the strategies outlined in these final CCPT recommendations will require cross-system collaboration and partnership and NCDHHS DSS will continue to utilize these recommendations to inform updates to NC's Child and Family Services Plan (CFSP), Annual Progress and Services Report (APSR), and Child and Family

Services Review (CFSR). Therefore, the gaps, strategies, and recommendations identified in the 2024 CCPT EOYR will serve as a critical guide for NCDHHS DSS' continuous quality improvement as well as ongoing state and local child welfare reform, maltreatment prevention planning, and strengthening children's service programs.