



# NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Social Services  
Child Welfare Services

## **NC State Response Community Child Protection Team 2020 Recommendations**

**December 30, 2021**

## **Introduction and Background**

The federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106) requires each state's child welfare agency to maintain Citizen Review Panels (CRPs). CRPs are charged with evaluating the extent to which the state is effectively fulfilling its child protection responsibilities in accordance with the CAPTA State Plan; examining the policies, practices, and procedures of the state and county child welfare agencies; reviewing child fatalities and near-fatalities; and examining other criteria important to ensuring the protection of children. Based on this work, CRPs develop annual reports with recommendations to improve the Child Protective Services system at the state and local levels. The reports are made available to the public online. CAPTA requires state child welfare agencies to submit a written response to the recommendations made by its CRPs within six months of receipt of the annual report.

### **CRPs in North Carolina**

The North Carolina Department of Health and Human Services (NCDHHS), Division of Social Services (NC DSS) is the state's child welfare authority responsible for the oversight of CRPs in North Carolina. To meet federal requirements, NC DSS has designated the state's existing Community Child Protection Teams (CCPTs) as CRPs. CCPTs are interdisciplinary groups of community representatives that were established in 1991 under N.C. General Statute § 7B-1406, and further formalized and expanded in 1993, to promote a community-wide approach to the problem of child abuse and neglect. The primary function of CCPTs is to review active child welfare cases, fatalities, and other cases brought to them to identify gaps and deficiencies in a county's child protection system response.

There are CCPTs in all 100 counties and one territory of the Eastern Band of the Cherokee Indians (EBCI), and each team meets a minimum of four times per year to review cases. Additionally, CCPTs work to increase public awareness of child protection in the community, advocate for system changes and improvements, assist the county director in the protection of children, and develop strategies to ameliorate child abuse and promote child well-being at a local and state level. For more information on CCPTs, see [N.C. General Statute § 7B-1406](#).

CCPTs are required to provide an annual summary of case review activities, local initiatives, and recommendations to their county Board of Commissioners and to NC DSS. CCPTs are also asked to respond to an annual survey to inform the development of a statewide report.

## **Annual Report**

Each year, the NC CCPT Advisory Board compiles and synthesizes CCPTs' local activities, annual summaries, and survey responses into the North Carolina CCPT End of Year Report (EOYR) which offers statewide recommendations to NC DSS. The 2020 survey was distributed to 101 local CCPTs, of which 84 completed the survey. These survey responses, along with CCPT annual surveys, helped to inform the four statewide recommendations provided in the 2020 CCPT EOYR. This report is available to the public online at [ncdhhs.gov/divisions/dss/community-child-protection-teams](https://ncdhhs.gov/divisions/dss/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 2020 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. Consequently, local CCPTs have a significant influence in NC's strategic planning to improve child welfare services.

Per federal requirements, NC DSS has prepared the following written response to the recommendations included in the 2020 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 2020 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 2020 CCPT End of Year Report outlined four recommendations for statewide and local child welfare system and practice improvements. NC DSS welcomes the recommendations and, to the extent possible, will incorporate them into the NC DSS Child Welfare Strategic Plan in the state's APSR. In this response, NC DSS focuses on actions for calendar year 2022. The recommendations and responses are provided below.

## **RECOMMENDATION 1 – DEVELOP A PLAN FOR A RACIALLY EQUITABLE APPROACH TO CHILD WELFARE IN NORTH CAROLINA**

*State fiscal year 2020 has been characterized by a heightened national attention to social justice and racial equity. Efforts are being made at the federal, state, and local levels to acknowledge and address racial disparities in child welfare policy and practice. Leadership has been provided by Black, Brown, Indigenous, Immigrant, and Impoverished peoples and communities. The recommendations put forth in this report should be considered through the lens of racial equity and actions should reflect efforts toward a racially equitable approach to child welfare.*

NCDHHS has made an explicit commitment to greater equity in their structure, staffing, values, and service delivery. For example, NCDHHS has established the Office of Minority Health and Health Disparities within the Department with the goal of eliminating disproportionate mortality and other adverse impacts of social and economic drivers of health among the state's historically marginalized populations. Additionally, *Belonging* was added to the Department's list of core values in 2020 to intentionally promote an inclusive, equitable workplace that reflects the communities served by NCDHHS, where everyone feels a sense of belonging, and diverse backgrounds and experiences are valued and recognized as strengths. As a part of this work, NC DSS is committed to improving equity in child welfare services and appreciates the value that local CCPTs can add to this work.

NC DSS has hired a Program Consultant to focus on Racial Diversity, Equity, and Inclusion (DEI) within Child Welfare and formed a Child Welfare DEI Team to further this mission. This work is funded by Casey Family Programs and includes the development of strategies to improve equity in child welfare services. NC DSS is also meeting with 14 other states in the quarterly Racial Equity Improvement Collaborative, led by Casey Family Programs. This cross-collaboration allows states to discuss, share resources, and develop best practices toward improving racial equity in child welfare services. The following strategies are being implemented to further this critical work:

### **Structured Decision Making**

To specifically address equity in Child Protective Services, NC DSS has contracted with Evident Change to revalidate the state's Structured Decision-Making (SDM) Tools on Intake Screening, Safety, and Risk Assessment. These tools are being tested by child welfare workers through an Inter-Rater Reliability Process to ensure transparency, consistency, and accuracy across

counties and caseworkers. Pre- and Post-Implementation Testing on agencies using valid, reliable SDM tools indicate flattened racial disproportionalities in child welfare decisions and family outcomes. Evident Change builds equity into the SDM System Model by:

- Promoting skills for “working across differences” while developing a practice model, such as knowing your own identities, considering experiences of privilege and oppression, acknowledging the limitations of your own lens, and talking about differences.
- Recruiting diverse staff to participate in the workgroups that are developing and testing SDM items and tools.
- Incorporating mathematical choices in risk assessments to make decisions that affect families less subjective.
- Testing and soliciting county stakeholder reviews.

### **Staff Training**

In SFY 2021-22 NC DSS will address the meaning, importance, and impact of DEI on Child Welfare by training all state child welfare staff on DEI, beginning revision of program-specific training for local child welfare social workers using the lens of DEI and racial equity, and using data to identify racial disparities and develop strategies to change systemic causes of racial disproportionality in service delivery.

For anti-racism work to be successful, individuals will need to hold themselves accountable in learning about this issue and engaging in difficult conversations. NC DSS will continue to utilize and extend access to its resources on DEI, such as the Child Welfare Virtual Expo in October 2021, which focused on advancing racial equity in child welfare. The Division will also share opportunities for webinars and trainings with the CCPT Advisory Board and local CCPTs.

NC DSS will further explore with CCPTs how their work can help to inform and progress DEI efforts in North Carolina child welfare. The Division encourages and supports the local CCPTs to continue using a racial equity lens when reviewing cases and using the annual survey to collect information on disparity and disproportionality. By discussing their survey responses, CCPTs are helping to raise awareness and inform the Division’s response regarding racial equity issues and service delivery.

## **RECOMMENDATION 2 – SUPPORT THE FAMILIES OF INFANTS IDENTIFIED AS ‘SUBSTANCE AFFECTED’, INCLUDING THE PLAN OF SAFE CARE (POSC).**

*Background: Federal CAPTA 2016 legislation<sup>1</sup> requires health care providers involved in the delivery and care of infants identified as meeting ‘substance affected’ criteria to notify Child Welfare of the occurrence. The ‘substance affected’ criteria were to be developed by each state for three different required areas. North Carolina developed these criteria and implemented the updated policy and practice in 2017.<sup>2</sup> All such identified infants, under this legislation, must have a Plan of Safe Care developed to support the safety and well-being of the infant and the infant’s family, regardless of imminent safety concerns.*

NC DSS is committed to providing quality services to families of infants identified as substance affected and in need of a POSC, and the Division has worked to improve child welfare policy and practice to comply with CAPTA regulations. Improvements to policies and practice around substance-affected infants (SAI) and their families and POSC are being supported through cross-system collaboration.

### **Safety Design Team**

Recognizing the need for feedback from stakeholders and persons with lived experience in this process, NC DSS uses Design Teams to solicit feedback on policy development and revisions. The Safety Design Team provides opportunity for collaboration among state and county subject-matter experts, stakeholders, family partners with the Child Welfare Family Advisory Council (CWFAC), family violence organizations, and persons with lived experiences on policy development, including policies around SAI and their families and POSC. As new policy or policy revisions near finalization, NC DSS staff present them to the wider CWFAC for input.

### **SAI/RAMS Staff**

To address the complex and multilevel needs of families who are substance involved, NC DSS has developed a position through a contract with the Child Medical Evaluation Program to specialize in infants affected by substances and their families. This practitioner will provide technical assistance to identified local child welfare agencies to improve services to children and families affected by substance use disorder (SUD).

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<sup>1</sup> <https://www.congress.gov/114/plaws/publ198/PLAW-114publ198.pdf>

<sup>2</sup> [https://www.ncdhhs.gov/infant-plan-safe-care/place-of-delivery#affected\\_by\\_substance\\_abuse](https://www.ncdhhs.gov/infant-plan-safe-care/place-of-delivery#affected_by_substance_abuse)

In recognition of the need for enhanced capacity to support services required by CAPTA, NC DSS has hired a CCPT Program Consultant who will specialize in CAPTA legislation, including the 2016 Comprehensive Addiction and Recovery Act (CARA) amendments that include infant POSC. This consultant will support local CCPTs and provide updates on ongoing cross-system efforts. In addition, the Capacity Center for Substance Use and Child Welfare is providing technical assistance to NC DSS on the cross collaboration to provide POSC for children who are not screened in for CPS assessment. NC DSS will continue to highlight the need for collaboration between child welfare and at both the state and local level including mental health providers, to serve shared families.

NC DSS currently has two full-time positions with expertise on SUD and child welfare involvement, the CAPTA administrator and the Children's Health and Development Coordinator. In early 2022, NC DSS will complete hiring for a new team of Regional Abuse and Medical Specialists (RAMS) that will provide guidance to the child welfare workforce in the management of high-risk child welfare cases that overlap with medical issues. These experts will be available to provide technical assistance to local child welfare agencies serving families who are substance involved.

NC DSS acknowledges the critical need to connect local child welfare professionals with SUD professionals who can provide Comprehensive Clinical Substance Use Disorder Assessments for parents or caregivers needing but not currently in treatment with an open child protection assessment. NC DSS will collaborate with the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) and the Local Management Entities–Managed Care Organizations (LME-MCOs) to obtain information about available resources and providers to share with local child welfare agencies.

NC DSS recognizes the need to develop stronger communication, training, and guidance on POSC notification requirements with delivering hospitals and birth centers. NC DSS is currently working to align provision of POSC for infants born to mothers who are compliant with treatment services with CAPTA requirements as well as ACF guidance and confidentiality requirements. This includes establishing a shared vision for child welfare POSC and community held POSC. As NC DSS develops infrastructure on community held POSC services, the extension of including perinatal providers will be assessed. NC DSS leadership is working with the Capacity Center for Substance Use and Child Welfare to develop strategies to enhance multi-disciplinary collaboration to support child welfare involved families with SUD.

NC DSS can explore the feasibility of recommending development of MOU/MOAs between local child welfare agencies and LME-MCOs to facilitate timely substance use disorder assessments and communication/feedback loops.

NC DSS acknowledges the request to review screened out notifications for community education and identification of needed resources. De-identified factors could be shared by CCPT members for these purposes.

**RECOMMENDATION 3 – SUPPORT THE DEVELOPMENT OF A STRATEGIC PLAN TO IMPROVE CROSS SYSTEM PARTNERSHIPS BETWEEN SYSTEMS OF CARE (SOC) AND CCPTS.**

*There are currently 75 System of Care (SOC) collaboratives that cover a total of 91 counties. Required functions of these Collaboratives include strengthening the Community Collaborative through developing the nine characteristics of a well-functioning collaborative (including an emphasis on cross-system collaboration); influence the development of broad evidence-based SOC behavioral health service array and practices consistent with System of Care values and principles; and support behavioral health workforce capacity building through the co-development and support of child and family team training and local system of coaching and monitoring of child and family team implementation. The following recommendations are designed to strengthen cross system collaboration, communication, and functioning.*

To improve cross-system service provision within NCDHHS, the Department recently created the Division of Child and Family Well-Being, which will focus on supporting whole child and family health for North Carolinians. The Division incorporates all child nutrition programs (WIC, SNAP and CACFP), the full range of prevention services for children beginning at birth, children’s mental health services, and early intervention programs into a more streamlined operational structure. This new Division will improve cross-system collaboration to address whole child and family health and has been charged with developing the highest quality, evidence-based and outcome-focused services for target populations.

NC DSS supports the recommendation for cross-systems communication between local Systems of Care (SOC) Collaboratives and local CCPTs, especially during Medicaid Transformation. These changes will affect local referrals, service providers, and covered services for children, youth, and adults, including CCPTs, and NC DSS recognizes the need for CCPTs to understand the impact of Standard and Tailored plans. NC DSS will communicate the

need for information to the Division of Health Benefits/NC Medicaid (DHB) and obtain a list of plan contact information to provide to the CCPTs. NC DSS can work with the CCPT Advisory Board and SOC State Coordinator to determine training needs and encourage local CCPTs to request presentations from the local SOC Coordinator on relevant topics.

Additionally, the CCPT Program Consultant can collaborate with local SOC Collaboratives to identify the service pathway barriers for DSS-involved children who need additional supports from other child system partners, such as behavioral health, school systems, juvenile justice, and/or health care. As a first step in building relationships between local CCPTs and SOC Collaboratives, NC DSS could facilitate the CCPT Advisory Board's request for information from the DMH/DD/SAS State SOC Coordinator regarding involvement of SOC staff on their local CCPTs. As these relationships develop, local CCPTs may want to reciprocate by presenting EOYR recommendations to local SOC Collaboratives. The CCPTs and SOC Collaboratives may benefit from establishing communication channels and formal protocols regarding information exchange.

The NC DSS CCPT Program Consultant position dedicated to supporting local CCPTs will be critical in ensuring that CCPTs remain informed of changes related to Medicaid Transformation. The Program Consultant can also help to identify and evaluate existing resources, including fact sheets and webinars for family members and professionals. These resources would cover confidentiality requirements and guidance materials. The CCPT Advisory Board would be consulted to determine how to message this information.

It is important to consider ways to streamline Child and Family Teams (CFTs), and all child-serving systems should collaborate in identifying commonalities and differences among the CFT models. At the same time, Child Welfare CFTs are mandated in policy specifically to ensure safety, permanency, and well-being of child welfare involved families and children. Cross system training to support the understanding of the role of CFTs for each child and family serving system may be needed. As both DSS and NC Medicaid implement transformation, CFT models will be reviewed, updated, and enhanced.

#### **RECOMMENDATION 4 – SUPPORT THE CAPACITY OF LOCAL CCPTS TO CARRY OUT THEIR WORK.**

*State fiscal year 2020 has been characterized by substantial operational barriers due to COVID-19. Despite these barriers, CCPTs have adapted to carry out their mandated work. With the understanding that the pandemic presented tangible challenges to operation, CCPTs would*

*benefit from additional communication and support from the Division. These recommendations include requests for updates on the state's progress in responses to SFY 2019 recommendations as well as requests for future support.*

NC DSS is committed to supporting the capacity of local teams to conduct reviews and make recommendations regarding improvements to the child protective services system through ongoing communication and technical assistance. In response to specific Community Child Protection Team 2020 Recommendations, NC DSS will incorporate multiple strategies to advance the work of local CCPTs, including feedback loops, dedicated staff time, technical assistance, assessment of interest in peer exchanges, and modified data-collection protocols.

NC DSS provided a presentation and written guidance in June 2020 on COVID-19 for CCPTs that included legislative requirements, CDC and DHHS health and safety guidelines, information technology, confidentiality, compliance concerns, and DSS technical assistance. The CCPT Advisory Board may determine that additional standard operating procedures (SOPs) could better support virtual meetings and telecommunication during continued COVID-19 restrictions, and NC DSS can assist the CCPT Advisory Board in developing these SOPs. Guidance may cover approved telecommunication platforms, data sharing, confidential information (such as medical and behavioral health records), and meeting requirements.

In December 2021, NC DSS hired a CCPT Program Consultant who will focus on CAPTA compliance, including CRPs and CCPTs. This position will provide support to the CCPT Advisory Board and technical assistance to local CCPTs.

NC DSS will continue to provide local CCPTs with training, technical assistance, and resources as requested, including notification of grant opportunities and information on relevant topics, such as nighttime parenting. NC DSS will also work with the CCPT Advisory Board to provide guidance on selected topics, such as reviewing cases involving infants affected by substances or reviewing near-fatality cases. NC DSS will continue to track training, technical assistance, information, and resources provided to local CCPTs. NC DSS will also provide a report to the CCPT Advisory Board on these efforts at least once a year.

NCDSS will review and provide updates to the Advisory Board. This information may be delivered through ongoing NC DSS updates and presentations by internal or external subject matter experts at CCPT Advisory Board meetings. In addition, NC DSS may develop a written summary to be distributed to local CCPTs.

NC DSS plans to offer more opportunities for training for local CCPT teams in 2022. The Division provided seven interactive, virtual trainings to 58 local CCPT members in 35 counties in September and October 2021. All local CCPTs were invited to attend these trainings, which covered CCPT legislation, history, purpose, membership, required activities, facilitating meetings, conducting case reviews, and completing the annual survey and report to Boards of Commissioners. NC DSS staff have provided follow-up technical assistance to local CCPTs upon request and plan to cover more topics in trainings offered in 2022.

Additionally in 2022, NC DSS will survey the CCPT Advisory Board and local teams to determine interest in and state staff capacity to host an online cross-county summit or forum. If sufficient interest and capacity exists, NC DSS will work with state and local stakeholders to identify relevant topics, plan, and host one peer learning event among local CCPTs in 2023. At this forum, NC DSS will also provide relevant updates.

NC DSS will continue collaborating with the CCPT Advisory Board and NC State University to consider changing the data collection protocols to identify annual CCPT survey results by individual teams. Having identifiable data would allow the CCPT Program Consultant to share survey results, tailor education, and promote mutual support with individual teams. This type of change will require consultation with and feedback from the Children's Services Committee of the NC Association of County Directors of Social Services (NCACDSS) and the Institutional Review Board for the Protection of Human Subjects (IRB).

Given ongoing efforts to redesign the CRP system and child fatality system, the conversation about funding for local CCPTs will be postponed in SFY 2022.

NC DSS appreciates the time and commitment that local CCPTs devote to reviewing specific cases to improve the child protective services system. Their work provides a unique lens on local circumstances, resources, and challenges that are aggregated through the annual survey. NC DSS will continue to support local CCPTs' capacity by providing ongoing communication and technical assistance as requested.

## **Conclusion**

NC DSS appreciates the collaboration and commitment of the CCPT Advisory Board and each of the local CCPTs in the development of the 2020 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 2022 APSR.

The CFSP delineates the vision and goals necessary to strengthen the child welfare system and offers a comprehensive approach to meet the needs of children and families by consolidating and aligning plans for multiple programs, from prevention and protection programs through permanency. Therefore, the gaps, strategies, and recommendations identified in the 2020 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.