Status Report on the NC Child Welfare Trauma-Informed Assessment

Session Law 2026-41, Section 9J.11

Report to

The Joint Legislative Oversight Committee on Health and Human Services

and

Fiscal Research Division

by

North Carolina Department of Health and Human Services

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Executive Summary

The Child Welfare Trauma-Informed Assessment (CWTIA) is a statewide initiative established through Session Law 2023-134 (House Bill 259) to improve how North Carolina identifies and responds to the behavioral health needs of children involved with the child welfare system. The legislation directed the North Carolina Department of Health and Human Services (NCDHHS), Division of Social Services (DSS), to implement a standardized, trauma-informed assessment process for eligible children entering foster care and, with parental consent, children determined to be at imminent risk of entering foster care.

CWTIA is more than a clinical assessment. It represents a coordinated statewide effort to strengthen collaboration among county Departments of Social Services, behavioral health providers, Medicaid health plans, families, and other child-serving partners. By creating one consistent assessment process across North Carolina, the initiative seeks to improve the identification of trauma-related needs, strengthen service planning, and promote equitable access to behavioral health services regardless of where a child lives.

Since the project began in June 2024, NCDHHS took a deliberate implementation approach that prioritizes long-term sustainability over rapid deployment. Rather than focusing solely on the assessment itself, the Department established the policy, governance, workforce, training, quality assurance, and implementation infrastructure necessary to support consistent statewide implementation.

Key accomplishments include:

1. Development of a standardized statewide trauma-informed assessment.
2. Establishment of a statewide governance structure to guide implementation.
3. Recruitment of qualified behavioral health providers to conduct and complete the CWTIA throughout North Carolina.
4. Development of Child Welfare Services Manual policy and implementation guidance.
5. Creation of standardized training for clinicians and child welfare professionals.
6. Establishment of implementation supports, including Office Hours, technical assistance, regional consultation, and Communities of Practice.
7. Development of a Continuous Quality Improvement (CQI) and fidelity monitoring framework to support ongoing program improvement.

Statewide implementation remains on schedule for January 1, 2027. Current activities focus on preparing counties, clinicians, and implementation partners for successful launch while establishing processes that will support long-term quality, consistency, and accountability.

Below is the readiness assessment for the CWTIA that includes completed activities, current activities, and those in progress that will be completed prior to January 1, 2027.

Readiness Assessment

Readiness Area	Status
Provider Recruitment	Complete
Statewide Provider Network	In Progress
Clinician Training	In Progress
Child Welfare Training	In Progress
Child Welfare Policy	Under Final Review
Technical Assistance	In Progress
Communities of Practice	Active
January 1, 2027, Implementation	On Schedule

This report summarizes implementation progress, describes the Department's readiness activities, outlines quality assurance and risk management strategies, and identifies next steps leading to statewide implementation.

Legislative Background

Session Law 2023-134 established the CWTIA to strengthen North Carolina's response to the behavioral health needs of children involved with the child welfare system.

Children who experience abuse, neglect, family instability, or separation from caregivers often experience trauma that can affect emotional well-being, relationships, learning, behavior, and long-term health. These experiences can influence a child's ability to succeed in school, develop healthy relationships, and achieve long-term stability. Recognizing the lasting impact of trauma, the General Assembly directed NCDHHS to establish a standardized approach for identifying trauma-related strengths and behavioral health needs early in a child's involvement with the child welfare system.

Prior to this legislation, behavioral health assessment practices varied across North Carolina. Counties often relied on different assessment tools, referral processes, and clinical practices. As a result, children with similar experiences could receive different assessments and recommendations depending on where they lived or which provider completed the evaluation.

The CWTIA is the one consistent statewide process that promotes consistent assessment practices across North Carolina, supports informed clinical decision making and strengthens coordination among child welfare agencies, behavioral health providers, Medicaid health plans, and families,

Legislative Requirements

Session Law 2023-134 requires NCDHHS to implement a standardized trauma-informed assessment process that includes:

1. Referral of eligible children within statutory abuse or neglect determinations, and with parental consent.
2. Completion of a standardized trauma-informed assessment by qualified behavioral health clinicians within 10 working days of referral.
3. Availability of assessments through in-person or telehealth services, when appropriate.
4. Integration of assessment recommendations into child welfare case planning and service coordination.
5. Coordination among county Departments of Social Services, behavioral health providers, Medicaid Health Plans, and other child-serving partners.

Together, these requirements establish a statewide framework designed to improve consistency, strengthen collaboration, and support better outcomes for children and families.

(See Appendix A for the statewide implementation timeline.)

Furthermore, Section 9J.11 of Session Law 2026-41 requires DSS to provide a report on the status of the CWTIA to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division and every six months thereafter until the assessment is fully implemented statewide.

Status Update Overview

As of August 31, 2026, the implementation of the Child Welfare Trauma-Informed Assessment remains on schedule for statewide launch on January 1, 2027. Foundational development activities have established the assessment model, policy and operational framework, training approach, provider network, and monitoring structure necessary to support implementation. To date, 138 qualified behavioral health clinicians have been selected across North Carolina to conduct the CWTI, with some clinicians serving multiple counties. Targeted recruitment remains underway to strengthen in-person assessment capacity in identified areas. Current efforts are focused on completing clinician preparation, finalizing child welfare policy and training, strengthening statewide implementation readiness, and establishing pre-implementation supports to include office hours, ongoing CWTIA Communities of Practice, regional consultation, and technical assistance. Performance and fidelity monitoring will provide complementary oversight of the child welfare referral process and clinician adherence to the CWTIA model. Ongoing feedback from child welfare staff, behavioral health clinicians, Medicaid health plans, individuals with lived experience, clinical coaches, and other implementation partners will be used to identify emerging needs and inform continuous improvement as the state approaches implementation.

Implementation Timeline

Timeframe	Milestone	Status
2024	Project initiation, governance development, stakeholder engagement	Completed

2025	Assessment development, implementation planning, policy development	Completed
Early 2026	Clinician recruitment, provider selection, training development, launch Communities of Practice	Completed
Late 2026	Policy publication, statewide workforce training, readiness activities	To be completed by December 31, 2026
January 1, 2027	Statewide implementation	

Program Overview

The CWTIA is both a standardized behavioral health assessment and a statewide implementation initiative.

The assessment is designed to help identify a child's trauma history, behavioral health needs, strengths, protective factors, and recommendations for services. The information gathered through the assessment supports child welfare professionals, behavioral health providers, families, and other partners as they make decisions about treatment planning and ongoing services.

Although the assessment is an important component of the initiative, successful implementation depends on much more than the assessment itself. NCDHHS built the infrastructure necessary to ensure the assessment can be implemented consistently across all 100 counties.

Program Goals

The Child Welfare Trauma-Informed Assessment seeks to:

1. Provide timely, standardized trauma-informed assessments for eligible children.
2. Improve identification of trauma-related strengths and behavioral health needs.
3. Support informed child welfare case planning and permanency decision-making.
4. Strengthen coordination among child welfare agencies, behavioral health providers, Medicaid Health Plans, and families.
5. Promote equitable access to behavioral health assessment services across North Carolina.
6. Establish a sustainable statewide implementation framework that supports long-term quality and consistency.

This infrastructure includes:

1. Standardized statewide policy.
2. Qualified behavioral health providers to conduct and complete the CWTIA
3. Standardized training for clinicians and child welfare professionals.
4. Ongoing implementation support.

5. Performance monitoring.
6. Continuous Quality Improvement.
7. Governance and cross-system collaboration.

How the Assessment Process Works

The assessment process follows a standardized statewide workflow:

Step Description

1. Eligibility— A county Department of Social Services determines that a child meets eligibility requirements established by state law.

2. Referral—The county submits a referral within the required statutory timeline (i.e., no later than 5 working days after determining whether the child or youth is eligible to receive the assessment).

3. Assessment— A trained behavioral health clinician completes the Child Welfare Trauma-Informed Assessment within 10 working days of referral, in accordance with the statutorily established timeline.

4. Recommendations—The clinician identifies strengths, behavioral health needs, and recommendations for services and supports.

5. Case Planning— Assessment recommendations inform child welfare case planning and coordination with behavioral health providers and Medicaid partners, when appropriate.

This standardized process promotes consistency while allowing counties and providers to work collaboratively in meeting each child's individual needs.

Why This Matters

Children and families benefit when behavioral health needs are identified early and addressed through coordinated planning. By establishing a statewide assessment process, North Carolina is improving consistency, strengthening collaboration across agencies, and supporting more informed decisions that promote child safety, permanency, and well-being.

(See Appendix B for governance structure and implementation partner roles.)

Statewide Implementation Progress

Since project initiation in June 2024, NCDHHS DSS, in partnership with Benchmarks, implemented a deliberate and phased strategy to prepare for statewide implementation of the CWTIA.

Rather than focusing solely on development of the assessment itself, the Department recognized that successful statewide implementation would require coordinated planning across policy, workforce development, governance, quality assurance, and implementation support. This approach ensures counties and providers have the tools, training, and resources necessary to implement the assessment consistently across North Carolina.

Implementation Strategy

Implementation activities were organized into sequential phases that emphasize planning before implementation. This strategy allowed the Department to engage stakeholders, develop statewide policy, recruit qualified providers, prepare the workforce, and establish quality assurance processes before statewide launch.

By investing in this foundation before implementation, NCDHHS reduced the likelihood of inconsistent practices which will increase long-term sustainability.

Major Accomplishments:

This section highlights key accomplishments achieved throughout the implementation process, including the development and establishment of standardized protocols, policies, training, governance structures, and implementation support. These accomplishments were achieved by developing the following;

Governance Structure: Provides statewide leadership, implementation oversight, and coordinated decision-making.

Stakeholder Workgroups: Ensures implementation reflects operational experience, clinical expertise, and feedback from child-serving partners.

Standardized CWTIA: Establishes one consistent trauma-informed assessment process for eligible children statewide.

Behavioral Health Provider Recruitment: Expands statewide access to qualified clinicians capable of administering the assessment.

Child Welfare Services Manual Policy: Provides standardized guidance to counties on eligibility, referrals, documentation, and implementation expectations.

Training Curriculum: Prepares clinicians and child welfare professionals to implement the assessment consistently.

Continuous Quality Improvement Framework: Creates a process for monitoring implementation, measuring performance, and improving practice over time.

Implementation Support: Provides counties and providers with ongoing assistance through Office Hours, Communities of Practice, technical assistance, and regional consultation.

Collaborative Governance

Statewide implementation has been guided through a collaborative governance structure led by the NCDHHS DSS with implementation support provided by Benchmarks.

Implementation partners include:

1. County Departments of Social Services
2. Behavioral health providers
3. Division of Health Benefits
4. NC Medicaid Health Plans
5. Eastern Band of Cherokee Indians
6. Individuals with lived experience
7. Other child-serving partners

This collaborative approach ensures implementation decisions reflect both policy requirements and the realities of day-to-day practice.

(See Appendix B for Governance Structure and Partner Roles.)

Stakeholder Engagement

Stakeholder engagement is an integral component of CWTIA development and implementation planning. Specialized workgroups and implementation meetings, consisting of child welfare staff, behavioral health providers, Medicaid health plans, individuals with lived experience, and other child-serving partners, informed the assessment's trauma-focused approach, assessment development, policy design, training, operational workflows, and implementation supports. This ongoing engagement ensured that the CWTIA and its implementation framework are informed by the expertise and practical experience of the systems and individuals involved in assessment delivery and coordination. This collaborative approach has strengthened statewide readiness while fostering shared ownership across child-serving systems.

Current Status

Implementation activities remain on schedule for statewide implementation on January 1, 2027.

The foundational work of the CWTIA encompasses the planning, development, and system preparation necessary to establish the assessment for statewide implementation. As described throughout this report, this work included stakeholder and clinical input into the assessment design, development of trauma-focused components, identification of operational and communication processes, coordination across child welfare, behavioral health, and Medicaid partners, and preparation of the infrastructure needed to support implementation, these foundational activities established the framework upon which current implementation efforts are now being advanced. Current efforts are focused on:

1. Final policy publication

2. Workforce preparation
3. Statewide training
4. County implementation support
5. Operational readiness
6. Continued collaboration with implementation partners

Workforce and System Readiness

A standardized assessment alone is not enough to improve outcomes. Successful implementation depends on having a prepared workforce, clear policy, and ongoing support for counties and providers.

Throughout implementation, NCDHHS invested in preparing both behavioral health clinicians and county child welfare professionals to confidently implement the Child Welfare Trauma-Informed Assessment beginning January 1, 2027.

Preparing the Clinical Workforce

Behavioral health providers were recruited through a statewide process designed to ensure children have access to qualified clinicians regardless of geographic location. As of the date of this report, 138 qualified behavioral health clinicians have been selected across North Carolina to conduct the CWTIA. Some clinicians will serve multiple counties, expanding the geographic reach of the provider network and supporting assessment availability across the state. Medicaid health plans are actively recruiting additional qualified behavioral health providers in Region 1 to expand CWTIA assessment capacity. A current gap in in-person provider has been identified in Buncombe County, and targeted health plan provider outreach is underway to recruit additional clinicians. While efforts continue to strengthen local in-person capacity, the CWTIA may also be conducted virtually when appropriate, supporting continued access to the assessment.

Participating clinicians receive standardized training that addresses:

1. Administration of the assessment
2. Trauma-informed practice
3. Child welfare context
4. Documentation expectations
5. Family engagement
6. Cultural responsiveness
7. Implementation procedures

Following initial training, clinicians will continue receiving consultation and implementation support to promote consistency statewide.

Preparing County Child Welfare Professionals

County child welfare professionals play an important role in identifying eligible children, initiating referrals, collaborating with clinicians, and incorporating assessment recommendations into case planning.

To support these responsibilities, NCDHHS developed:

1. Child Welfare Services Manual policy
2. Statewide implementation guidance
3. Standardized workforce training
4. Implementation resources

Training emphasizes practical application while helping staff understand how the assessment supports existing child welfare practice.

Implementation Support Framework

Recognizing that implementation continues beyond initial training, NCDHHS established a comprehensive support structure that includes training, office hours, technical assistance, Communities of Practice, implementation resources, and regional consultation. These supports will promote consistency, answer operational questions, and facilitate shared learning across all 100 counties.

- **Office Hours** NC DSS will offer twice-monthly office hours from October 2026 through December 2026 as a pre-implementation support to promote readiness, address questions, and clarify CWTIA process. Specific dates and times will be announced through communication to county child welfare agencies, once scheduling is finalized.
- **Technical Assistance** provides individualized support for counties and providers needing additional implementation guidance or operational assistance.
- **Regional Consultation** creates opportunities for counties, providers, and implementation partners to discuss implementation progress, identify barriers, and share successful strategies.
- **Regional Communities of Practice** launched in early 2026 to bring together county child welfare professionals, clinicians, Medicaid health plans, and implementation partners to share promising practices, discuss implementation challenges, and strengthen collaboration. Feedback gathered through these forums will inform continuous quality improvement and future training enhancements.

  These meetings provide opportunities to:

  1. Share implementation successes
  2. Discuss common challenges
  3. Exchange promising practices
  4. Promote collaboration across systems
  5. Identify opportunities for program improvement

- **Statewide Readiness Assessment** Current implementation activities indicate that North Carolina is well positioned for statewide implementation. Provider recruitment, policy development, training curricula, quality assurance planning, and implementation supports established the foundation necessary for successful statewide launch. Remaining work is focused on workforce preparation, final policy publication, and continued engagement with counties and implementation partners.

Quality Assurance, Performance Monitoring, and Continuous Quality Improvement

NCDHHS designed the CWTIA to support long-term quality and consistency beyond statewide implementation. CQI is embedded throughout the initiative to ensure implementation remains responsive to children, families, counties, clinicians, and other system partners. The Department's approach emphasizes learning, accountability, and data-informed decision-making rather than compliance alone.

Successful statewide implementation does not end on January 1, 2027. NCDHHS established an ongoing quality assurance framework to evaluate implementation, monitor performance, and continuously improve the Child Welfare Trauma-Informed Assessment over time.

Rather than focusing solely on compliance, the Department's approach emphasizes learning, accountability, and data-informed decision-making.

Continuous Quality Improvement (CQI) Framework

The CQI framework follows a structured process to evaluate implementation, identify opportunities for improvement, implement changes, and monitor results over time. This approach enables the Department to strengthen implementation while maintaining fidelity to statutory requirements and trauma-informed practice, respond to emerging needs while maintaining consistency across North Carolina.

Performance Monitoring

Performance monitoring will focus on the child welfare referral process, including whether referrals for the CWTIA are initiated and completed in accordance with established requirements and timelines. Monitoring efforts will focus on meaningful indicators that demonstrate implementation effectiveness, identify emerging trends, and support executive oversight and continuous improvement. Information will be reviewed routinely to identify opportunities for additional training, policy clarification, or further implementation support. Implementation performance will be routinely monitored using measures that help determine whether the initiative meets its intended goals.

Example implementation performance measures include:

1. Timeliness of referrals and assessment completion

2. Workforce capacity across regions
3. Training participation
4. Assessment quality
5. Stakeholder participation
6. Continuous Quality Improvement activities

Fidelity Monitoring

Fidelity monitoring will focus on qualified behavioral health clinicians and the extent to which the CWTIA is administered and completed in accordance with the established assessment model, statewide standards, and required components. The purpose of fidelity monitoring is to:

1. Promote consistent assessment administration
2. Support clinician development
3. Improve documentation quality
4. Identify additional training needs
5. Strengthen confidence in assessment recommendations

Fidelity monitoring is intended to support continuous learning rather than function solely as a compliance activity.

Both performance and fidelity monitoring are necessary to provide a complete picture of CWTIA implementation. Performance monitoring identifies whether the child welfare referral process is functioning as intended, while fidelity monitoring determines whether assessments are being delivered consistently and in accordance with established standards, allowing implementation challenges to be identified and addressed at the appropriate point in the process.

Stakeholder Feedback

Implementation partners remain an essential component of program improvement. Feedback received through office hours, Communities of Practice, governance meetings, technical assistance, and regional consultation will help guide future improvements. Office hours will be designed specifically for child welfare staff, providing a dedicated forum to ask questions, clarify CWTIA process, and support implementation readiness. Communities of Practice will bring together child welfare staff, qualified behavioral health clinicians conducting the CWTIA, Medicaid health plans, and individuals with lived experience to support shared learning, identify implementation challenges, and gather feedback from multiple perspectives on CWTIA implementation. The model purveyor will also share feedback gathered through clinical coaches who provide direct support to behavioral health clinicians. Feedback obtained through these various sources will help identify emerging needs, inform implementation improvements, and guide ongoing technical assistance and support. Additional implementations partners may be invited to future meetings as specific needs or implementation issues are identified. Regional consultation will also be available from NC DSS staff, as needed, to provide individualized implementation support based on the specific needs of county child welfare agencies. This flexible approach will allow NC DSS to respond to identified questions, implementation challenges, and areas where additional guidance or technical assistance may be beneficial.

Risks and Mitigation Strategies

Implementing a new statewide initiative requires ongoing planning, collaboration, and monitoring to ensure consistent implementation across North Carolina. While significant progress has been made in preparing for statewide implementation, NCDHHS recognizes that successful implementation depends on proactively identifying challenges and responding quickly when issues arise.

Rather than viewing risks as barriers, the Department incorporated risk management into every phase of implementation planning. This approach allows implementation partners to identify emerging concerns early, provide targeted support, and continuously strengthen implementation over time.

Risk Management Approach

Implementation risks are monitored through multiple processes, including:

1. Statewide governance meetings
2. Stakeholder workgroups
3. Regional consultation
4. Office Hours
5. Communities of Practice
6. Technical assistance
7. Continuous Quality Improvement activities
8. Routine performance monitoring

Using multiple sources of information helps the Department identify trends early while ensuring counties and providers receive timely support.

Key Implementation Risks

Provider Workforce Capacity

Maintaining an adequate statewide network of qualified behavioral health clinicians is essential to ensuring children receive assessments within required timeframes. NCDHHS will continue monitoring provider capacity, offering recurring training opportunities, and recruiting additional providers when needed.

Potential Impact

1. Delays in assessment completion
2. Reduced access in some geographic areas

Mitigation Strategies

1. Ongoing recruitment of qualified providers

2. Recurring clinician training opportunities
3. Monitoring provider capacity by region
4. Collaboration with Benchmarks to address workforce needs

County Readiness

North Carolina's 100 counties differ in size, staffing, available resources, and local service systems. Some counties may require additional implementation support as statewide implementation begins.

Potential Impact

1. Differences in implementation practices
2. Delays in referrals or workflow integration

Mitigation Strategies

1. Standardized statewide policy
2. Child welfare workforce training
3. Regional consultation
4. Technical assistance
5. Office Hours
6. Communities of Practice

Consistent Assessment Quality

Children and families should receive the same high-quality assessment regardless of where they live.

Potential Impact

1. Variation in assessment quality
2. Inconsistent recommendations

Mitigation Strategies

1. Standardized clinician training
2. Documentation standards
3. Fidelity monitoring
4. Ongoing coaching and consultation
5. Continuous Quality Improvement reviews

Cross-System Collaboration

CWTIA depends on effective collaboration among county child welfare agencies, behavioral health providers, Medicaid health plans, care managers, and other child-serving partners. Governance structures and routine communication support coordinated service delivery.

Potential Impact

1. Communication challenges
2. Delays in coordinating services
3. Reduced implementation consistency

Mitigation Strategies

1. Collaborative governance
2. Regular partner meetings
3. Regional consultation
4. Communities of Practice
5. Ongoing communication with implementation partners

Change Management

Introducing a new statewide assessment process requires thoughtful communication, training, and support for both county staff and clinicians. Early engagement, practical guidance, and ongoing technical assistance will help counties and providers integrate the CWTIA into routine practice.

Potential Impact

1. Uncertainty during implementation
2. Delayed adoption of new processes
3. Variation in implementation practices

Mitigation Strategies

1. Early communication
2. Standardized implementation guidance
3. Workforce training
4. Technical assistance
5. Office Hours
6. Continuous engagement with implementation partners

Implementation Risk Summary

Risk Area	Potential Impact	Primary Mitigation	Current Status
Clinical Workforce	Assessment delays	Recruitment, recurring training, capacity monitoring	Low
County Readiness	Variation in implementation	Policy, training, consultation	Low
Clinical Fidelity	Inconsistent assessment quality	Fidelity reviews and coaching	Low
Cross-System Coordination	Communication gaps	Governance and routine collaboration	Low
Change Management	Delayed adoption	Implementation support and technical assistance	Low

Ongoing Oversight

Risk management will continue after statewide implementation through routine performance monitoring, fidelity reviews, stakeholder feedback, and CQI activities.

As implementation matures, NCDHHS will use performance data and partner feedback to identify emerging issues, provide targeted support, and continuously improve implementation. This approach promotes accountability while allowing the Department to respond proactively to changing needs across counties and provider organizations.

Next Steps Through Statewide Implementation

With the foundational elements of implementation largely complete, NCDHHS is focused on final preparations for statewide implementation on January 1, 2027. The remaining work emphasizes operational preparation, workforce preparation, and continued collaboration with implementation partners to ensure a successful statewide launch.

Priorities Before Statewide Implementation

Finalize Statewide Policy

The Department will publish the Child Welfare Services Manual policy and supporting implementation guidance, providing counties with standardized procedures for referrals, assessment coordination, documentation, and integration of recommendations into child welfare case planning.

Complete Clinician and County DSS Workforce Preparation

Training efforts will continue to ensure participating clinicians and county child welfare professionals are prepared to implement the assessment consistently beginning January 1, 2027.

Remaining activities include:

1. Completing clinician certification
2. Delivering statewide child welfare workforce training
3. Providing onboarding support for participating providers
4. Distributing implementation resources

Continuing Implementation Support

Recognizing that questions often arise as implementation begins, NCDHHS will continue offering:

1. Office Hours
2. Technical assistance
3. Regional consultation
4. Communities of Practice

This support will help counties and providers address operational questions while promoting statewide consistency.

Operational Readiness

Final implementation activities will continue in partnership with:

1. County Departments of Social Services
2. Benchmarks
3. Behavioral health providers
4. Medicaid health plans
5. Other implementation partners

These activities include validating implementation workflows, confirming communication processes, and ensuring partners are prepared for statewide implementation.

Transition to Continuous Improvement

Following statewide implementation, the Department will shift from implementation planning to ongoing program management. Performance monitoring, fidelity reviews, stakeholder engagement, and CQI activities will guide future enhancements and help ensure the assessment continues to meet the needs of children and families.

Implementation Priorities Through January 1, 2027

Priority	Status
Child Welfare Services Manual Policy	Final Review
Clinician Certification	In Progress
County Workforce Training	In Progress
Regional Implementation Support	Ongoing
Communities of Practice	Active
Statewide Go-Live Readiness	On Schedule

Conclusion

CWTIA represents an important milestone in North Carolina's ongoing commitment to improving outcomes for children and families involved with the child welfare system.

Through the leadership of the NCDHHS DSS, and the collaboration of Benchmarks, county Departments of Social Services, behavioral health providers, Medicaid Health Plans, the Eastern Band of Cherokee Indians, individuals with lived experience, and numerous implementation partners, North Carolina established a strong foundation for statewide implementation.

The work completed over the past several years resulted in the development of a standardized assessment, the development of training for child welfare and provider staff, the selection of 138 qualified clinicians who will be trained to conduct the assessments, and a training timeline to support statewide implementation on January 1, 2027.

Statewide implementation on January 1, 2027, marks the beginning of the next phase of this work—not the end. Continued collaboration, performance monitoring, and Continuous Quality Improvement will help ensure the Child Welfare Trauma-Informed Assessment remains responsive to the needs of children, families, counties, clinicians, and other implementation partners.

By establishing one consistent statewide approach to identifying trauma-related strengths and behavioral health needs, North Carolina is strengthening collaboration across systems, improving access to high-quality behavioral health assessment services, and supporting more informed decisions that promote child safety, permanency, and well-being.

Closing Statement

NCDHHS respectfully submits this report in fulfillment of the reporting requirements established by Session Law 2023-134.). The Department appreciates the continued partnership of the General Assembly and remains committed to transparent implementation, responsible stewardship, and improving behavioral health outcomes for children and families across North Carolina.

Acknowledgements

NCDHHS gratefully acknowledges the collaboration of Benchmarks, the Division of Health Benefits, county departments of social services, Medicaid health plans, behavioral health providers, the Eastern Band of Cherokee Indians, individuals with lived experience, and numerous child-serving partners whose expertise and commitment have supported the development and implementation of the Child Welfare Trauma-Informed Assessment.

Appendix A

Statewide Implementation Timeline

Timeframe Milestone	Status
June 2024 Project initiation and governance established	Complete
2024–2025 Stakeholder engagement and assessment development	Complete
2025 Standardized Child Welfare Trauma-Informed Assessment finalized	Complete
2025–2026 Policy development and statewide implementation planning	Complete
Spring 2026 Provider recruitment and selection	Complete
Summer–Fall 2026 Workforce training and readiness activities	In Progress
Late 2026 Final policy publication and operational readiness	In Progress
January 1, 2027, Statewide implementation	On Schedule
2027 and Beyond Continuous Quality Improvement and program refinement	Planned

Appendix B

Governance Structure and Implementation Partners

Partner Primary Responsibilities

Division of Social Services: Executive leadership, statewide policy, implementation oversight, quality assurance.

Benchmarks: Implementation partner responsible for provider engagement, clinician training, technical assistance, and implementation support.

Division of Health Benefits: Medicaid coordination and statewide collaboration.

County Departments of Social Services: Determine eligibility, submit referrals, incorporate recommendations into case planning.

Behavioral Health Providers: Complete the Child Welfare Trauma-Informed Assessment and provide recommendations.

NC Medicaid Health Plans: Coordinate behavioral health services and support implementation.

Eastern Band of Cherokee Indians: Tribal collaboration and implementation support.

Individuals with Lived Experience: Provide ongoing feedback to strengthen implementation and continuous improvement.

Appendix C

Executive Performance Dashboard

Performance Area Measure Desired Outcome

- Timely Access Referral and assessment completion within required timeframes
- Timely statewide access
- Workforce Capacity Qualified clinicians available statewide
- Equitable access across all regions
- Assessment Quality Fidelity monitoring results
- Consistent assessment administration
- County Readiness Workforce training participation Operational readiness
- Implementation Support Participation in Office Hours, Communities of Practice, and regional consultation Increased implementation consistency
- CQI improvement activities completed
- Ongoing program refinement

Appendix D

Glossary of Terms and Acronyms

Term Definition

Behavioral Health: Mental health, substance use, and emotional well-being services that support an individual's overall functioning and quality of life.

Benchmarks: NCDHHS's implementation partner responsible for supporting clinician recruitment, training, technical assistance, and statewide implementation activities for the Child Welfare Trauma-Informed Assessment.

Case Planning: The collaborative process used by child welfare professionals, families, and service providers to identify goals, services, and actions that support child safety, permanency, and well-being.

Child Welfare: Public services provided to protect children from abuse, neglect, or dependency while supporting safe, stable, and permanent family relationships.

Communities of Practice (CoPs): Recurring collaborative learning groups where child welfare professionals, behavioral health providers, Medicaid partners, and other stakeholders discuss implementation challenges, share promising practices, and learn from one another. Feedback from these sessions also informs policy, training, and Continuous Quality Improvement efforts.

Continuous Quality Improvement (CQI): An ongoing process of collecting performance information, evaluating results, identifying opportunities for improvement, implementing changes, and monitoring outcomes over time.

Fidelity Monitoring: A quality assurance process used to determine whether the Child Welfare Trauma-Informed Assessment is being administered consistently and according to statewide standards.

Governance: The leadership and decision-making structure responsible for overseeing implementation, establishing priorities, monitoring progress, and ensuring accountability.

Implementation Support: Training, coaching, consultation, technical assistance, Office Hours, Communities of Practice, and implementation resources provided to counties and clinicians.

Medicaid Health Plans: Organizations responsible for coordinating Medicaid-funded healthcare services, including behavioral health services, for eligible children.

Office Hours: Scheduled virtual sessions where county staff and behavioral health providers can ask questions, receive clarification, and obtain implementation guidance from NCDHHS subject matter experts.

Operational Readiness: Confirmation that policies, workforce, training, technology, communication processes, and implementation supports are prepared before statewide implementation.

Permanency: A child welfare goal focused on ensuring children have safe, stable, and lasting family relationships through reunification, guardianship, adoption, or another permanent living arrangement.

Technical Assistance: Individualized guidance and consultation provided to counties and behavioral health providers to support successful implementation of the Child Welfare Trauma-Informed Assessment.

Trauma-Informed Care: An approach that recognizes the widespread impact of trauma, understands how trauma can influence behavior and development, and incorporates that knowledge into policies, procedures, and services to promote healing while avoiding re-traumatization.

Appendix E

Frequently Asked Questions

What is the Child Welfare Trauma-Informed Assessment?

The Child Welfare Trauma-Informed Assessment (CWTIA) is a standardized behavioral health assessment established by Session Law 2023-134 to identify trauma-related strengths, behavioral health needs, and recommendations for services for eligible children involved with the child welfare system.

Who receives the assessment?

Eligible children entering foster care and, with parental consent, children determined to be at imminent risk of entering foster care, as defined by state law and policy.

Who completes the assessment?

Qualified behavioral health clinicians who have completed the required statewide training and participate in ongoing implementation supports.

Does the assessment replace existing behavioral health evaluations?

No. The CWTIA is intended to compliment—not replace—other behavioral health evaluations or clinical assessments. It provides standardized information that supports child welfare case planning and coordination of services.

How are families involved?

Families are encouraged to participate throughout the assessment process. Their perspectives and experiences help clinicians understand the child's strengths, needs, and circumstances and inform recommendations for services and supports.

What happens after the assessment is completed?

Assessment recommendations are shared with the county child welfare agency and incorporated into child welfare case planning, as appropriate. Recommendations may also inform referrals to behavioral health services and coordination with Medicaid Health Plans and other service providers.

How will implementation be monitored?

NCDHHS will monitor implementation through performance measurement, fidelity reviews, stakeholder feedback, CQI activities, and ongoing collaboration with counties, providers, and implementation partners.