



North Carolina Department of Health and Human Services
North Carolina Division of Social Services
Child Welfare Services Section

State Response to the 2016 Citizen Review Panel Recommendations

Introduction and Background

The federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106) requires each state to maintain Citizen Review Panels. North Carolina meets this requirement through the use of Community Child Protection Teams (CCPT). North Carolina General Statute § 7B-1406 established one CCPT in each of its 100 counties to function as an interdisciplinary group of community representatives who meet to address the safety and well-being of children who are at risk or are victims of child abuse or neglect.

CCPTs are responsible for reviewing active, complex child protective services cases and cases in which a child died as a result of suspected child abuse or neglect. The CCPT analyzes strengths, gaps, deficiencies, systemic factors, and case outcomes to recommend and advocate for system improvements and needed resources for identified gaps. Annually, local CCPTs are required to provide a summary of their review activities and recommendations to their county Board of Commissioners and to the North Carolina Division of Social Services (NCDSS).

To fulfill their obligation to provide recommendations to improve the child protection services system at the State and local levels, CCPTs are asked to respond to a survey each year. Every year, the survey responses are collected and analyzed by NC State University faculty at the Center for Family and Community Engagement and presented to the North Carolina CCPT Advisory Board for consideration and discussion.

The NC CCPT Advisory Board consists of members from local CCPTs and other community stakeholders. The CCPT Advisory Board reviews the recommendations from all local CCPTs, consolidates the recommendations, and submits them to NCDSS for consideration. The activities each CCPT completed in 2016 were collected via an *End of Year Survey* in 2017 and presented to NCDSS in June 2017. The survey was distributed to 100 local CCPTs, of which 86 completed the survey; this response rate is consistent with the historical trend. The survey questions, responses, and final recommendations submitted to the state are outlined in the 2016 CCPT End of Year Report. This report is publicly available at <https://www2.ncdhhs.gov/dss/stats/cw.htm>.

CAPTA requires each state child welfare agency to submit a written response to the recommendations made by its Citizen Review Panels/Community Child Protection Teams within six months of receipt. The State's response describes whether and/or how the State will incorporate the recommendations submitted to make measurable progress in improving the State and local child protection system. This document serves as that written response.

Recommendations/NCDSS Response

Based on CCPT survey findings, the NC CCPT Advisory Board presented four recommendations to the NCDSS in the 2016 CCPT End of Year Report. These four recommendations include several sub-recommendations or activities for consideration.

***Recommendation 1**—Ensure that children, youth, and families have the mental health services required for promoting child safety, child permanency, and child and family well-being through the following steps:*

- Work with state-level agencies and family-and-child associations to reach cross-system definitions of services, timelines, and response times;

- Assist families in accessing needed mental health services, including providing subsidies for Medicaid-ineligible families (such as when children enter care), transportation (especially in rural areas), and translation/interpretation for non-English-speaking families;
- Provide training to Social Services and their community partners in assisting families in accessing appropriate services;
- Promote education on what services are available within communities for families;
- Compare the mental health services and their quality and accessibility that are covered by different Local Management Entity (LME)-Managed Care Organizations (MCOs) for children and youth in care and for their families;
- Examine the cost-effectiveness of different mental health delivery mechanisms (e.g., teleconferencing); and
- Identify strategies working well within our state to provide quality and accessible mental health services to families and disseminate these strategies statewide.

NCDSS Response to CCPT Recommendation 1:

NCDSS recognizes that children in foster care are a vulnerable a population with specialized physical and behavioral health needs. NCDSS is working collaboratively with the Division of Health Benefits (DHB) and the Division of Medical Assistance (DMA) to develop a statewide Specialty Plan for children in foster care as part of the transition to Medicaid Managed Care. Full Medicaid Transformation will integrate physical and behavioral health services. Since this transformation will be statewide, the plan will eliminate the variation of service provision between catchment areas. The State anticipates serving children in foster care via a System of Care approach that will ensure they receive services and supports that meet their physical, behavioral, social, educational and legal needs. Additionally, Medicaid Transformation is anticipated to have a Behavioral Health and Intellectual/Developmental Disability (BH-I/DD) Tailored Plan for individuals with serious needs. Between the BH-I/DD Tailored Plan and the Foster Care Specialty Plan, NCDSS feels the needs of children who are or who have been in care will be more effectively managed.

The NC Department of Health and Human Services' (NCDHHS) initial application for a Medicaid 1115 (c) waiver to the Center for Medicare and Medicaid Services (CMS) includes a provision for those families who have Medicaid but lose it when a local department of social services (DSS) assumes custody of a child. If this recommendation continues to move forward, this new provision would allow that family to retain Medicaid while the permanency plan is reunification so that parents can continue to get their physical and mental health needs met.

Until Medicaid Transformation is completed, NCDSS is working with local DSS agencies and each LME/MCO to strengthen cross-system service provision as part of the Program Improvement Plan (PIP). NCDSS is working to develop written agreements between the LME/MCO and local DSS agencies that will help each local DSS agency support the children and families with whom they are engaged. The written agreements will also outline timeliness of services and protocols for working together. As part of the PIP work, NCDSS will communicate successes, challenges and innovative strategies statewide. NCDHHS is committed to ensuring this population has access to care and is also strengthening its communication/guidance around working with this population.

NCDSS, in collaboration with NC Division of Mental Health, Development Disabilities and Substance Abuse Services (DMH/DD/SAS) and DMA, produced an online course called *Advocating for Child and Adolescent Mental Health Services: The Basics of Behavioral Health Managed Care*. This course is readily available to all community stakeholders via the UNC Behavioral Health Springboard (<http://bhs.unc.edu/advocating-child-and-adolescent-mental-health-services>). This course is designed to help stakeholders better understand how to access appropriate services. Additionally, NCDSS is collaborating with DMA and DMH/DD/SAS on a series of recordings describing frequently used services. This will help educate stakeholders on select services available in their community.

North Carolina session law 2017-41 Rylan's Law/Family/Child Protection and Accountability Act (also referred to as HB 630), will reform child welfare services in North Carolina by establishing regional supervision of counties, improving accountability, increasing state oversight, and establishing a Child Well-Being Transformation Council. These reform efforts will work with other state-level and child-serving associations to identify gaps in coordination, collaboration, and communication among publicly funded child-serving agencies. The Child Well-Being Transformation Council will assist with issues identified by the CCPT Advisory Board such as transportation and translation/interpretation for non-English-speaking families.

Regarding the recommendations to explore the quality of services, cost-effectiveness, and assist families in accessing services to meet their needs, NCDHHS is developing a statewide Behavioral Health Strategic Plan that will be submitted to the General Assembly for consideration in January 2018. This plan will have recommendations that address these issues.

Recommendation 2—Strengthen the Capacity of Local CCPTs to Work with Social Services in Improving Child Welfare Services through the following steps:

- Update the *2004 Reference Guide*, post the guide on the NCDSS website, and distribute the guide to county DSSs and local CCPT chairpersons;
- Provide in-person and on-line training and technical assistance to local CCPTs on (a) CCPT responsibilities and processes, (b) child welfare policies and procedures, (c) interagency collaboration, (d) diversity on teams, and (e) inclusion of family and youth partners on teams;
- Support local CCPTs in their work to educate communities and families about protective factors to prevent child abuse and neglect and to make local plans for prevention;
- Promote discussion of policy recommendations proposed by local CCPTs and the NC CCPT Advisory Board;
- Facilitate agreement on a template for the end-of-year report to county commissioners and the NC CCPT Advisory Board; and
- Support smaller counties in creating regional CCPT mechanisms that reflect their already shared membership and resources.

NCDSS Response to CCPT Recommendation 2:

NCDSS recognizes that local CCPTs need support to fulfill their statutory requirement to address the safety and well-being of children who are at risk or are victims of child abuse or neglect. NCDSS recently filled its CCPT Consultant position who will lead several efforts to support local CCPTs including:

- developing a listserv to facilitate communication between local CCPTs and the NC CCPT Advisory Board;
- publishing a webinar or recorded presentation on CCPTs;
- developing a curriculum and materials for training local CCPT members;
- training local CCPTs as capacity permits;
- revising the CCPT Guide/Manual;
- streamlining of policy recommendations and end-of-year reporting; and
- promoting the Prevent Child Abuse NC course on *Recognizing and Responding to Suspicions of Child Maltreatment* (<https://www.preventchildabusenc.org/services/trainings-and-professional-development/rrcourse>).

Additionally, HB 630 provides the opportunity for counties to regionalize to create additional efficiencies. This effort allows for smaller counties to create regional CCPT mechanisms that reflect their already shared membership and resources. NCDSS will support these efforts.

Recommendation 3—Establish the NC CCPT Advisory Board as the state body responsible for synthesizing and advocating for the local CCPT experiences and recommendations, identifying areas for child abuse prevention planning and improvements in the child welfare system, and serving as an asset to NCDSS in improving child welfare services through the following steps:

- Formalize in writing the role of the NC CCPT Advisory Board;
- Designate a liaison between the Advisory Board and NCDSS;
- Support and participate in an annual retreat of the Advisory Board and NCDSS to support collaborative working relationship and engage in strategic planning;
- Encourage linkages between the North Carolina Child Welfare Family Advisory Council and the NC CCPT Advisory Board;
- Work with the NC CCPT Advisory Board in determining policy areas for study;
- Ensure the collection of data from local CCPTs for planning purposes;
- Provide child and family data needed for planning purposes by the NC CCPT Advisory Board and costs of policy recommendations; and
- Facilitate the NC CCPT Advisory Board sharing findings and recommendations with state policy bodies.

NCDSS Response to Recommendation 3:

With 100 CCPTs in North Carolina, having an intermediary group of community stakeholders to synthesize the recommendations from 100 counties has been extremely helpful. The NC CCPT Advisory Board has served in this capacity for many years without a clear designation of their role or scope of authority.

NCDSS and the NC CCPT Advisory Board have initiated steps to develop bylaws for the Board which will formalize its role in writing. The bylaws will describe the working relationship between the Board, North Carolina State University, and NCDSS. The bylaws will also provide additional structure including standing committees and appropriate membership composition.

Additionally, the CCPT Consultant within the child welfare section will serve as the liaison between the NC CCPT Advisory Board and NCDSS. This position will help to create efficiencies in data collection, policy considerations, and family involvement.

Recommendation 4—Engage in planning on the long-term structure and processes for citizen review panels in the state through the following steps:

- Review with the NC CCPT Advisory Board different citizen review panel (CRP) models used in other states;
- Support a meeting of the NC CCPT Advisory Board and NCDSS with the national technical assistant on CRP models;
- Engage local CCPTs in the planning process;
- Develop a North Carolina model for CRP and consider possible legislative changes as necessary;
- Put in place necessary resources for implementing, evaluating, and improving the model; and
- Ensure adequate notification and orientation of local teams and state bodies to the model.

NCDSS Response to CCPT Recommendation 4:

As previously noted, HB 630 will reform child welfare services in North Carolina. HB 630 specifies these reform efforts include recommendations regarding “*Child fatality oversight, including a review of the existing structure, communication, and effectiveness of the Community Child Protection Teams, the Child Fatality Prevention Team, and use of Citizen Review Panels. Oversight shall also include identification of systemic problems in the child welfare system that may increase risk of harm or death to a child and implementation of timely and appropriate systemic reforms following a child fatality.*”¹ It is anticipated that the third-party organization identified to support child welfare reform will engage local CCPTs and the NC CCPT Advisory Board in the discovery phase of their work.

Additionally, NCDSS supported a NC CCPT Advisory Board Retreat in November 2017 with Dr. Blake Jones, a national expert on Citizen Review Panels, to strengthen CCPT programming immediately. The CCPT Advisory Board Retreat modeled collaboration by involving local CCPT members and families involved in the child welfare system. During the Retreat, several strategic goals were developed that will also support this recommendation.

Conclusion

NCDSS appreciates the work of the CCPT Advisory Board and each of the local CCPTs, as well as the thoughtfulness shown throughout their recommendations. NCDSS is committed to strengthening CCPT programming to address the safety and well-being of children. These recommendations will be incorporated as outlined above as we partner with communities and families to improve North Carolina’s child protection system.

¹ HB 630 - Section 2.1(b)(3)