

North Carolina

CHILDREN'S JUSTICE TASK FORCE

3 Year Study – FY 2006

Rev. 2 Updated 7/25/06

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Executive Summary

From July 2004-June 2005, an estimated 111,000 North Carolina children are reported to social services as alleged victims of abuse and neglect by their caretakers. Of those children, local social service agencies found over 26,000 children to be in need of protection. The state has no central, statewide system to collect data on all of the children maltreated by adults not classified as caretakers (i.e. teachers, acquaintances, strangers). At the least, 53 of every 1,000 North Carolina children were subjected to an assessment or investigation, and, thus, experienced the state's handling of child maltreatment cases.

In 1974, the US Congress passed the Child Abuse Prevention and Treatment Act to improve the identification, prevention, and treatment of child abuse and neglect. Section 107 of the act, known as the Children's Justice Act (CJA), authorized states to fund programs to improve the handling of child abuse and neglect cases. In order to receive the funds, states must meet several criteria including establishing a multidisciplinary Children's Justice Task Force who must, every three years, comprehensively review and evaluate the State's investigative, administrative, and civil and criminal judicial handling of cases of child abuse and neglect, as well as cases involving suspected child maltreatment related fatalities and make policy and training recommendations to address systemic needs identified by the study.

In North Carolina, the Juvenile Justice Planning Committee of the Governor's Crime Commission serves as the Children's Justice Task Force. The Task Force conducted the study by reviewing available data from direct service agencies, research agencies, and statewide studies of child maltreatment. In addition to reviewing quantitative data, the Children's Justice Task Force incorporated recommendations from other multidisciplinary groups addressing child maltreatment and from a one-day workshop (sponsored by the Task Force) to identify successful initiatives and gaps in services.

Study

North Carolina defines abuse or neglect as harm or risk of harm to a child by his/her parent, guardian, custodian, or caretaker. County departments of social services respond to reports of child abuse and neglect. The state supervises, but does not administer, local departments of social services.

Starting in 2002, the NC Division of Social Services reformed the entire continuum of child welfare, through the family-centered Multiple Response System (MRS). In the new system, reports of abuse and neglect are assigned either to the investigative (reports of abuse, abandonment, or severe neglect) or the family assessment track (reports of neglect and dependency). Most cases reported to social services involve neglect. The alternative "Family Assessment" track ensures the safety and well-being of children, while engaging partners, families, the children (if age appropriate), and family supports to identify and access needed services to keep the family together. The state piloted MRS in 10 counties, expanded to 42 counties last year, and began to implement the reform in the remaining 48 counties in January 2006.

As local departments of social services implement the new system, they are contending with ongoing challenges of staff turnover, stress, and inexperience, while putting into practice new system protocols and handling greater numbers of reports. Over the last three years, the unduplicated number of children reported to DSS has increased, although the number of children substantiated or found in need of services has decreased. The change in system, practice, and culture has led to improved response and outcomes of alleged child abuse and neglect victims. Since the federal Child and Family Service Review in 2001, the state demonstrated significant improvement in placement stability of foster care children, adoption, and reunifying children and parents in a timely manner. North Carolina child welfare system continues to address the areas in need of improvement—the lower than median rate of reunifying children and parents/caregivers, the use of institutions for foster care children, and limited collaboration in local communities to provide training on family-centered practices and the Multiple Response System.

Reports of child maltreatment that fall outside of the child welfare system, cases allegedly perpetrated by an adult (suspects 16 & older) “non-caretaker” (i.e., does not meet the state’s definition of caretaker), are referred to law enforcement. The state has no central or systematic method for obtaining statistics for **all** children maltreated by non-caretakers. Data reside within each local law enforcement agency that investigates criminal child abuse cases within its jurisdiction. Cases that exceed the local law enforcement’s capabilities can be referred to the State Bureau of Investigation (SBI) for assistance.

To assist in the investigations of sexual abuse, and some severe physical abuse and gross neglect, child welfare cases **may** be referred to a physician trained to perform medical assessments. The medical evaluations may take place in child abuse evaluation centers, typically located in public hospitals, or at Children’s Advocacy Centers (CACs), child-friendly environments, away from intimidating police stations and courthouses, where children will be interviewed and examined only once by trained professionals. An estimated 50% of sexual abuse cases seen by CACs or evaluation centers fall outside of the child welfare system because the alleged perpetrator is not a “caretaker”.

Child maltreatment cases that warrant immediate removal of the child(ren) from the home or criminal charges will be referred to the court system for legal resolution. North Carolina’s Judicial Branch is operated as a unified system consisting of three divisions: Appellate, Superior Court, and District Court. District Court oversees most of the (civil) abuse and neglect cases that are referred to the court system. The state does not **currently** have a database system statewide to track all cases involving juveniles (delinquency and all child maltreatment), but does track the number of petitions filed in civil cases (an estimated 11,600 petitions).

North Carolina uses at least two model programs to limit trauma to child victims entering court. In ten Judicial Districts, juvenile matters are handled by Family Courts, a best-practices model that coordinates delinquency, dependency, custody, and domestic cases involving the same family before one judge. Abuse and neglect victims referred by departments of social services are assigned Guardians ad Litem, volunteer advocates and attorneys that represent their best interests in the courts.

Training of judicial staff has been identified as a need by professionals in the state. The knowledge and skills of Judges can impact the outcome of child maltreatment cases. Judges are required to attend 30 hours of continuing education every two years. District Attorneys, who represent the state in criminal court, receive training twice a year at their conferences. The Task Force was not aware of child maltreatment training specifically provided to parents' and defense attorneys.

Cases of sexual abuse and assault allegedly perpetrated by juveniles, ages 10 – 15, are handled by the NC Department of Juvenile Justice & Delinquency Prevention (NCDJJD). From 2000 – 2003, 809 juveniles were adjudicated for a sex offense. NCDJJD does not have a statewide system for collecting data on victims, however, national research suggests that juveniles, particularly under 16, RARELY commit sex offenses against adults.

Research from the last twenty years has also shown an increased risk of juvenile delinquency for victims of abuse or neglect. In 2005, 1/5 of the juveniles, whose cases were adjudicated and disposed, reported a history of victimization¹. Even if a child does disclose a history of victimization, there is no policy or procedure to double check the accuracy, circumstances, or treatment history with social services.

Sadly, some cases of child maltreatment result in the death of the children. In 2004, 31 North Carolina children were intentionally killed by an adult entrusted with their care. Since 1992, the state has used a Child Fatality Prevention System, a statewide, multidisciplinary, multi-agency effort to prevent child deaths. Local and state groups work together to identify system failures in individual cases, research general trends, and recommend policy changes.

Recommendations

A. Activities to Improve Investigative, Administrative, and Judicial Handling of Cases

- A1. Continue to support full implementation of the Multiple Response System, including neglect cases assigned to the family assessment track
- A2. Study and identify ways to increase services for families substantiated for abuse or neglect
- A3. Provide multidisciplinary training on family-centered and system of care practices, child abuse investigation, and enhancing prosecutions of abusers
- A4. Continue to support the use and upgrade of technology for child maltreatment cases in the courts
- A5. Enhance and expand current child abuse training for judges, prosecutors, and parents' attorneys in regional areas across the state
- [A6. Strengthen and build capacity of Child Advocacy Centers and child abuse evaluation throughout North Carolina](#)
- [A7. Determine a centralized method of obtaining statistics for children maltreated by non-caretakers](#)

B. Steps to Establish Experimental, Model, or Demonstration Programs

- B1. Expand the use of Family Court practices (i.e. one judge per family, coordination of all cases involving same family, etc) and model mediation programs

- B2. Endorse and support models (i.e System of Care, MRS, Child and Family Teams, family group conferencing, etc) that ensure coordination of all stakeholders and family members, are family-centered, and enhance strengths of family while providing needed, individualized services to child and family
- B3. Provide evidence-based mental health treatment for child victims and their families
- B4. Expand the number of Guardian ad Litem volunteers and attorney advocates
- B5. Provide more community-based treatment options for sex offenders, particularly juvenile offenders

C. Activities to Reform State Laws, Ordinances, Regulations, Procedures, or Protocols

- C1. Address the lengthy amount of time to prosecute perpetrators
- C2. Address the need for a centralized registry for child maltreatment cases involving non-caretakers
- C3. Examine and recommend changes to policies and procedures that delay termination of parental rights, adoption, and case appeals

Introduction

The Children's Justice Act (CJA), section 107 of the Child Abuse Prevention and Treatment Act (CAPTA), authorizes eligible states to fund programs to improve the handling of child abuse and neglect cases. Eligibility is contingent upon satisfying five criterion: 1) Compliance with the CAPTA Basic State Grant to improve Child Protective Services system; 2) Establishment and maintenance of a multi-disciplinary advisory Task Force; 3) Comprehensive review of the system handling of child abuse and neglect every three years; 4) State adoption of Task Force recommendations stemming from the three-year review; and 5) Submission of an application annually. In North Carolina, the Basic State Grant is administered by the Division of Social Services, while the Task Force, study, and application are assigned to the Juvenile Justice Planning Committee of the Governor's Crime Commission within the Department of Crime Control and Public Safety. North Carolina is required to include the three-year study in the FY 2006 application. The study must include documentation showing that the Task Force comprehensively:

1. Reviewed and evaluated State investigative, administrative, and civil and criminal judicial handling of cases of child abuse and neglect, as well as cases involving suspected child maltreatment related fatalities; and
2. Made policy and training recommendations in each of the three CJA categories:
 - a. Investigative, administrative, and judicial handling of cases of child abuse and neglect; and
 - b. Experimental, model, and demonstration program for testing innovative approaches and techniques which may improve the prompt and successful resolution of court proceedings or enhance the effectiveness of judicial and administrative action; and
 - c. Reform of State laws, ordinances, regulations, protocols and procedures to protect children from abuse, while ensuring fairness to all affected persons.

Method of Study

Quantitative and Statistical Data

The NC Children's Justice Task Force reviewed statistics from multiple direct service and research agencies, data from state studies of child maltreatment, and recommendations from other multidisciplinary groups addressing child maltreatment.

Data from Stakeholder Workshop

In addition to reviewing quantitative data, the Children's Justice Task Force organized a one-day workshop to identify successes over the last three years and gaps in services from professionals serving in multiple disciplines. The workshop took place on September 23, 2005 in the state capital of Raleigh. Participants included representatives from universities, law enforcement, social services, courts, public health, medical and mental health, prosecution, child abuse prevention program, schools, child care, Child Advocacy Centers, professional associations, and child advocates. The minutes from the workshop can be found in **Attachment 1**. The participants' analyses and suggestions are included in the review and recommendations.

Review

Legal Definition of Child Abuse and Neglect in North Carolina

Under NC General Statute 7A-715, North Carolina defines an abused or neglected juvenile as a child under 18 who has been “harmed or is at risk of being harmed”² by his/her parent, guardian, custodian, or caretaker. In addition, a caretaker is defined as any person responsible for the health and welfare of a juvenile in a residential setting, such as a stepparent, foster parent, adult member of juvenile’s household, adult relative entrusted with the juvenile’s care, and adult childcare providers³. North Carolina’s definitions do **NOT** include child maltreatment perpetrated by:

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- an adult relative not entrusted with child’s care
- an adult acquaintance of the child who is not living in the home (i.e. intimate partner of parent, teacher, youth leader, neighbor)
- an adult stranger
- juveniles (family and non-family members)

North Carolina’s Child Protection System

County departments of social services handle reports that meet the state’s statutory definitions of abuse and neglect. North Carolina has 100 county departments which are supervised, but not administered, by the state Division of Social Services.

Starting in 2002, the NC Division of Social Services reformed the entire continuum of child welfare, from intake through placement services. The new Multiple Response System (MRS) was originally piloted in ten county departments of social services, but was expanded to all 100 counties in January 2006. The reform is based upon the application of family centered principles of partnership:

- ***A strengths-based, structured intake process.*** The creation of objective, structured intake tools that clearly identify factors establishing consistent screening criteria for the identification of new child abuse, neglect, and dependency reports. Emphasis is placed on family strengths as well as needs.
- ***A choice of two approaches to reports of child abuse, neglect, or dependency.*** A system that allows a differential response to child neglect and dependency reports (“family assessment track”), and a partnership in child protection among county departments, families, other agencies, and local communities to address every aspect of child maltreatment and the family.
- ***Coordination between law enforcement agencies and child protective services for the investigative assessment approach.*** County departments of social services work closely with law enforcement agencies through formalized mutually supportive relationships, especially when responding to reports of child maltreatment using the investigative (traditional) assessment approach.
- ***A redesign of in-home services.*** Families with the greatest needs are provided with the most intensive services and contacts, while families with fewer needs are provided with less intensive services/contacts.
- ***Implementation of Child and Family Team (CFT) meetings during the provision of in-home services.*** These meetings are a family-centered means of maximizing family input and

decision making with support from departments of social services, other community resources, and the family's own network of support.

- **Implementation of Shared-Parenting meetings in child placement cases.** Shared-Parenting meetings are a time for the social worker, birth parents and foster parents to meet and discuss the care of the child when out-of-home placement is necessary.
- **Collaboration between the Work First Family Assistance and child welfare programs.** Work First Family Assistance is a program that provides families with financial, employment, and community services to help them become self-sufficient. Under the Multiple Response System, child welfare and Work First programs in county departments of social services collaborate closely to serve children and families⁴.

Investigations of Abuse or Abandonment – MRS Investigative Track

In the Multiple Response System, reports of abuse and neglect are assigned either to the investigative (traditional forensic) track or the family assessment track. The investigative track is used for the following reports:

- Abuse
- Abandonment
- Medical neglect of disabled infants with life threatening conditions
- Surviving children in a home of a child maltreatment fatality
- Children in the custody of the local DSS, family foster home, or residential facility
- Reports of abuse or neglect at child care facilities
- Children living in methamphetamine labs
- Children less than a year who has been shaken or subjected to corporal punishment

Following the investigation, cases may be substantiated (evidence exists to warrant child protection) or unsubstantiated (cases that do not involve caretakers or abuse could not be proven).⁵ Local departments of social services are encouraged to develop Memoranda of Agreement with law enforcement in order to comply with NC 7B-307 requiring evidence of abuse to be reported to local law enforcement.⁶ Child abuse and neglect cases occurring in child care centers are jointly investigated by the NC Division of Child Development, who license and monitor child care centers, and local departments of social services. In criminal child abuse cases, local law enforcement handles case. The State Bureau of Investigation (SBI) has original jurisdiction in sexual abuse cases in child care facilities, however, most cases are investigated by local law enforcement.

Investigations of Neglect or Dependency – MRS Family Assessment Track

The vast majority of reports of neglect and dependency are assigned to the family assessment track, which is much less adversarial than the forensic approach. Parents/Caretakers are notified of the report prior to the social worker's interview with the child. The family's strengths are assessed, along with their needs. The social worker determines whether the incident requires:

- Services Needed – Child is in need of protection and the family is referred to needed services
- Services Recommended – Family is recommended to access certain services, but not required
- Services Not Recommended – Assessment did not indicate need for services⁷

Service plans are created for families deemed “in need of services” through Child and Family Team meetings (also known as Family Group Conferencing). Social workers, along with family members, family supports, community resources, and other professional partners, develop and agree on the plan in a structured, facilitated meeting. Child and Family Teams bring together community resources to provide needed services for the family, while allowing for input and buy in of the family.

The goals of the Multiple Response System are to, first and foremost, ensure the safety and well-being of children, while engaging partners, families, the children (if age appropriate), and family supports to identify and access needed services to keep the family together. An evaluation by Duke University showed no significant change in child safety or timeliness of response or services in the MRS pilot counties. The study did note very positive responses from families and workers with the alternative response, although workers experienced increased stress if their caseloads remained high (the evaluators recommended a caseload of eight families or less). Additionally, evaluators noted an increase in coordination of services in the local areas.⁸

Outcomes of NC's Child Welfare System

Even with the numerous benefits, the state is faced with challenges as it implements the Multiple Response System across all counties. Stakeholders in the Workshop identified the following barriers:

- Limited number of appropriate services for families in some areas of the state (particularly services for families struggling with domestic violence and substance abuse)
- Limits (i.e. transportation, time, childcare) to engaging families in planning and policy making
- High turnover or loss of workers in social services, juvenile investigation, and child mental health
- Local partners' protocols, practices, and philosophies that differ from MRS
- Confusion and inconsistency about local partners' roles and responsibilities

Over the last three years, the unduplicated number of children reported to DSS has increased, although the number of children substantiated or found in need of services has decreased (see **Figure 1**). In FY 2004, over 111,000 children were investigated by departments of social services, an increase of 4% from FY 2002. The rate per 1,000 children subject to an investigation increased 2% from 52.8 to 53.9. At the same time, the number of children substantiated or found in need of services decreased 14%, with the rate (per 1,000 children) falling 16%.

Figure 1 – Children Investigated by Child Protective System (DSS)

	# / % of Children FY 02-03 ⁱ	# / % of Children FY 04-05 ⁱⁱ	% Change 02-05
Children Subject of an Investigative Assessment or Family Assessmentⁱⁱⁱ	107,157	111,581	4.13%
Rate (per 1,000 children) ^{iv}	52.8	53.9	2.1%
Ages of Children:			
0-6	48,193 (45%)	50,436 (45%)	4.65%
7-12	35,828 (33%)	35,310 (32%)	-1.45%
13+	23,136 (22%)	25,835 (23%)	11.67%
Type of Maltreatment:			
Abuse	7,956 (7%)	8,672 (8%)	9.00%
Neglect	93,542 (87%)	96,019 (86%)	2.65%
Abuse and Neglect	4,866 (5%)	5,971 (5.4%)	22.71%
Dependency	786 (.7%)	919 (.8%)	16.92%
Children Substantiated or Services Needed	31,137	26,670	-14.35%
% of total children investigated	29%	24%	-17.24%
Rate (per 1,000 children)	15.3	12.9	-16.00%
Ages of Children:			
0-6	14,550 (49%^{vi})	13,153 (49%)	-9.60%
7-12	9,508 (32%)	7,845 (30%)	-17.49%
13+	5,958 (20%)	5,672 (21%)	-4.80%
Investigative Track:			
Substantiated - Type of Maltreatment:			
Abuse	1,429 (5%^{vii})	1,473 (7%^{vi})	3.08%
Neglect	27,006 (90%)	17,438 (86%)	-35.43%
Abuse and Neglect	1,047 (4%)	997 (5%)	-4.78%
Dependency	534 (1.8%)	486 (2.4%)	-8.99%
Total Substantiated	30,016 (96%^{viii})	20,394 (77%^{vii})	-32.06%
Family Assessment Track:			
Services Needed ^v	1,121 (23%)	6,276 (23%)	459.86%

ⁱ State Fiscal Year – July 1, 2002 – June 30, 2003. Source: NC Division of Social Services, 2005, Central Registry Statistics, "Child Abuse Statistics Summary". Available online at: <http://www.dhhs.state.nc.us/dss/stats/cr.htm>. Numbers reflect an unduplicated count of children, not the total number of cases or incidents.

ⁱⁱ State Fiscal Year – July 1, 2004 – June 30, 2005. Source: NC Division of Social Services, 2005, Central Registry Statistics, "Child Abuse Statistics Summary". Available online at: <http://www.dhhs.state.nc.us/dss/stats/cr.htm>.

ⁱⁱⁱ Includes investigative assessments in all counties and family assessments in the 52 MRS counties.
^{iv} FY 02-03 rate based on July 1, 2002 estimate (2,029,270) and FY 04-05 rate based on July 1, 2004 estimate (2,069,519) of child population (ages 0-17). Source: NC Office of State Budget and Management, State Demographics. Available online at <http://demog.state.nc.us/>

^v In State Fiscal Year 2002-2003, only 10 counties had implemented the Multiple Response System, and conducted family assessments.
^{vi} % of children assigned to investigative track.
^{vii} % of total substantiated through investigative track.

The federal government reviews the performance of state protective services to improve the safety, permanency, and well-being of maltreated children. North Carolina's Child and Family Service Review conducted in 2001 indicated strengths and areas in need of improvement⁹. The state demonstrated strong performance in:

- Timely response to initial reports of abuse and neglect
- Low foster care re-entries
- Services for youth aging out of foster care
- Placing foster care children in homes close to their families and keeping siblings together
- Documentation and review of cases
- Creating and utilizing court-appointed advocates (Guardian ad Litem program)
- Training of staff and foster care parents
- Building partnerships to provide services
- Recruiting foster care families

The review highlighted several areas that needed to be addressed:

- Responses to reports of repeat maltreatment may not be as timely as initial reports (NC's incident of repeat maltreatment, 7.98% is higher than national standard of 5%)
- Services to prevent children from being removed from their home and to enhance family and child well-being
- Educating older youth about independent living (LINKS program) benefits
- Multiple foster care placements (62.3% experience two or fewer placements, national standard=89%)
- Reunifications below national standard of 78% within one year
- Less than 36% (national standard) of children in foster care being adopted within two years
- Shortages of therapeutic and Hispanic foster care homes and institutions for foster care children with mental health needs
- Inconsistent family and child involvement in planning
- Adolescents with behavioral/mental health issues were less likely to have educational needs met and more likely to experience disruptions in foster care placement
- Obtaining needed mental health services for family and child are difficult, unless the child enters a residential placement

Since the initial Child and Family Service Review, the state has initiated positive change in the response and outcomes of alleged victims of child abuse and neglect, while handling an increasing number of reports. Following the federal Child and Family Service Reviews, states create Program Improvement Plans to address the areas of need. North Carolina was the first state in the southeast to complete its Program Improvement Plan. More children are reunifying with their parents/guardians (a 6.5% increase since 2001) within a year while the rate of re-victimization decreased 9% (see Figure 2). Children placed in foster care homes are less likely to move to different placements within a twelve month period (50% increase in fewer than two different placements) (see Figures 3 & 4). Children not reunifying with their parents/ guardians

^{viii} % of total substantiated (through investigative track) AND services needed (through family assessment track).

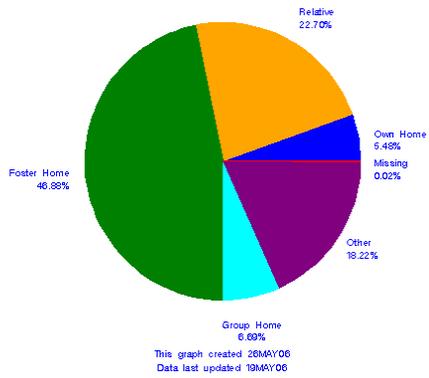
are more likely to be adopted within 24 months, a 50% increase since 2001¹⁰. The state has made positive strides to improve outcomes for maltreated children in the last three years.

Figure 2 - Children Substantiated by DSS for Abuse/Neglect¹¹

	# / % of Children FY 00-01	# / % of Children FY 04-05	% Change 01-05
Recurrence of Maltreatment	8.0%	7.2%	-9.1%
Children in Department of Social Services Custody	10,255	10,829	0.0%
Children with No More Than Two Different Placements in One Year	61.3%	91.9%	50.0%
Maltreatment in Foster Care	0.8%	0.3%	-
Reunification in Less than 12 months	57.7%	61.4%	6.5%
Adopted in Less than 24 months	26.0%	38.8%	49.5%
Re-entry to Foster Care in Less than 12 Months	1.2%	3.8%	215.1%

Figure 3 – Initial Placement for Children in DSS Custody¹²

FY 2002



FY 2004

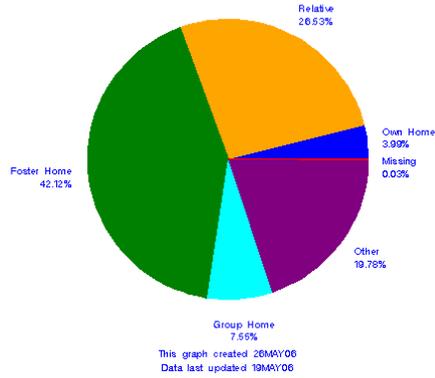
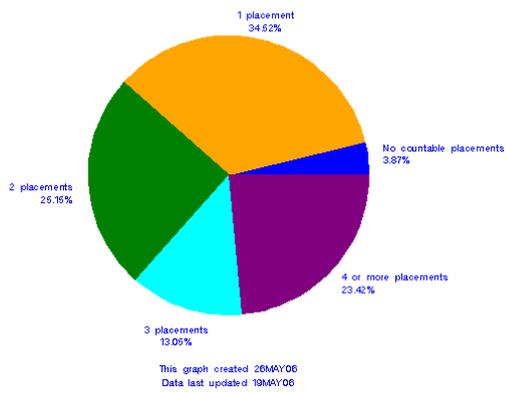
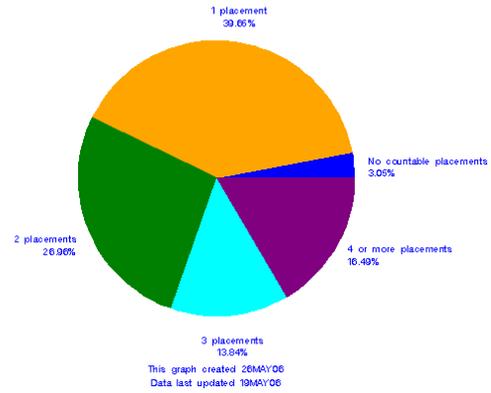


Figure 4 – Placement Stability of Children in Foster Care

FY 2002



FY 2004



North Carolina child welfare continues to address the areas identified by the Child and Family Service Review that need improvement:

- Reunifications fall short of the national median of 70%.
- The percentage of children 12 or younger placed in a group home or institution exceeds the national median.

Another area of need is continued multi-disciplinary training on family-centered practices and the Multiple Response System. Local departments of social services should provide training on practices and policies and build partnerships with community agencies.

Investigations of Adult “Non-Caretakers”

Child maltreatment reports, particularly sexual abuse and exploitation, allegedly perpetrated by an adult (suspects 16 & older) “non-caretaker” (i.e., does not meet the state’s definition of caretaker) are referred to law enforcement. The state has no central or systematic method for obtaining statistics for **all** children maltreated by non-caretakers; data is collected and filed by each local law enforcement agency. The State Bureau of Investigation (SBI) collects statewide statistics on felonies (i.e. rape and murder) as part of the national Uniform Crime Reporting Program. In 2000, 841 cases of rape of a child under 18 were reported (a rate of .43 per 1,000 children). The SBI reports 855 cases of rape of a child victim in 2004 for a rate of .41 per 1,000 children. The data is very limited and does not represent all child sexual assaults because it captures only those offenses that have been reported and classified as rape (it does not include other sexual offenses).

Local law enforcement agencies investigate criminal child abuse cases within their jurisdiction. Some agencies employ Juvenile Officers with specialized training on juvenile and child abuse cases. However, most agencies do not. North Carolina provides training, technical assistance, and educational materials to law enforcement officers through the NC Justice Academy. The Justice Academy offers one-day courses on Child Death Investigation (Basic and Advanced), Internet Crimes Against Children, Child Abuse Investigation, Forensic Interviewing, and Child Sexual Assault (collecting evidence and investigating cases) once or twice a year. Yet, in a state with 100 Sheriff’s offices and over 360 Police Departments, the amount of training does not come close to reaching all of the officers who may investigate a child abuse case. Participants in the one-day workshop identified training as a barrier to effective investigations.

Cases that exceed the local law enforcement’s capabilities can be referred to the State Bureau of Investigation (SBI) for assistance. The SBI operates a Field Division of investigators with specialized training in child sexual abuse and a Laboratory Division to detect and identify bodily fluid evidence. The SBI also offers a certified computer crime program and serves as lead for the NC Internet Crime Against Children Task Force.

Child Maltreatment Evaluations

To assist in the investigations of sexual abuse, and some severe physical abuse and gross neglect, child welfare cases **may** be referred to a physician trained to perform medical assessments through the Child Medical Evaluation Program (CMEP). The CMEP was established in 1976 to recruit, train, and consult with physicians (primarily pediatricians and some family practitioners)

to perform diagnostic medical evaluations. Currently, 414 physicians participate in the program. In 1984, a mental health assessment component was added to the program. Physicians rostered with the program are reimbursed a set rate for evaluations of children referred by local departments of social services. The CMEP central office staff provides training, consultation, and quality assurance through audits of the standardized medical record form and medical records. Approximately 2,500 children are evaluated (through the medical and mental health components) annually.¹³

Children's Advocacy Centers

The medical evaluations may take place in child abuse evaluation centers, typically located in public hospitals, or at Children's Advocacy Centers (CACs). CACs provide a "homely" environment, away from intimidating police stations and courthouses, where children will be interviewed and examined only once by trained professionals. Multidisciplinary teams of social workers, law enforcement, medical and mental health providers, District Attorneys, and other professionals investigating cases work together to reduce trauma to the victim and hold the perpetrator accountable. CACs are considered to be "Best Practice" for the handling of child abuse investigations by the US Department of Justice.

The National Children's Alliance sets standards and accredits centers that meet the standards. North Carolina has **15** accredited centers with **16** other counties developing centers. In 2005, CACs provided the following services:

- **5,592** abused children received community services through a CAC.
- **2,556 forensic** interviews were conducted at CACs by or for law enforcement and child protective services.
- **4,130** professionals investigating or treating child abuse received training through a CAC.
- **9,213** hours of mental health therapy was provided to child abuse victims at CACs.
- **1,879** child medical exams were performed at CACs.

In 2005-2006 the North Carolina General Assembly provided funding for the 15 accredited Children's Advocacy Centers in North Carolina. Each accredited center received \$25,000. Below is the impact of the funding:

- **143% - Increase in total number of children served**
- **133% - Increase in the number of forensic interviews conducted**
- **181% - Increase in the number of therapy hours provided for children**
- **256% - Increase in the number of child medical exams performed by CACs**
- **179% - Increase in the number of law enforcement, assistant district attorney's, child protective service investigators, and other professionals working with children trained by CACs**

Child Maltreatment Evaluation Centers

The state is aware of seven child abuse evaluation centers that are not classified as CACs; however, they typically provide the same forensic-type evaluation services, consisting of forensic interviews, videotaping, physical examinations, colposcopy, and STD testing. In addition, these centers may also have collaborative relationships in their individual communities with child protective services, law enforcement, and district attorney offices. Each individual

child abuse evaluation center maintains its own statistics. Currently, there is no central or systematic method for collecting data or statistics from these centers.

Child Advocacy Centers (CACs) and child abuse evaluation centers conduct interviews and perform examinations for county departments of social services, as well as for law enforcement. Most cases of child sexual abuse, and some severe physical abuse or gross neglect, are referred to the centers. An estimated 50% of sexual abuse cases do not involve departments of social services because alleged perpetrators are not considered “caretakers”^{ix}.

Judicial Handling of Child Maltreatment Cases

North Carolina’s Judicial Branch is operated as a unified system consisting of three divisions: Appellate, Superior Court, and District Court. Superior Court handles cases involving serious felonies. District Court oversees most of the abuse and neglect cases that are referred to the court system. There are 39 District Court districts, each consisting of one or more counties. Chief District Court Judges assign cases to the judges in his/her district, with most judges rotating between child welfare, juvenile delinquency, and other low-level criminal and civil cases.

Family Courts

In ten Judicial Districts, juvenile matters are handled by Family Courts:

Family Courts coordinate all case management and service agency efforts for a single family in distress to better serve that family and provide more consistent, efficient use of trial court time. One judge hears all matters affecting a family, either with the breakup of a marriage or the filing of a juvenile action. In an effort to improve outcomes for a family, non-trial means of resolving the case, such as mediation, are used to settle these disputes before resorting to an adversarial trial.

Prosecution

District Attorneys represent the state in criminal court. The state is divided into 39 prosecutorial districts, corresponding to the district court boundaries. Each District Attorney is elected for a four-year term and may employ Assistant District Attorneys (there were 435 ADAs as of June 30, 2004).¹⁴ District Attorneys must take into account the evidence and circumstances of the incident before deciding whether to prosecute an alleged abuser. Currently, the state has no central system for tracking the number of cases prosecuted, the outcome of those cases, and the length of time from investigation to sentencing. Despite the lack of data, stakeholders have expressed concern about the apparent delay in prosecuting alleged offenders.

Case Tracking

The state does not **currently** have a database system statewide to track all cases involving juveniles (delinquency and all child maltreatment). The Administrative Office of the Courts has begun to implement a system, J Wise, which is available in approximately half of the judicial districts. The system will not be able to interface with other data systems tracking children (education, social services, juvenile justice).

^{ix} Source: Cathy Purvis, Executive Director of Child Advocacy Centers of North Carolina.

For now, the Administrative Office of the Courts collects statewide numbers of the petitions and hearings involving delinquency, undisciplined (juvenile status offenses) juveniles, dependency, abuse, and neglect in District Court:

Figure 6 – Juvenile Petitions Filed in District Court

Total Abuse, Neglect, and Dependency Petitions Filed- 11,694

Dependency		Neglect		Abuse	
<i>Total</i>	<i>% of Petitions</i>	<i>Total</i>	<i>% of Petitions</i>	<i>Total</i>	<i>% of Petitions</i>
3,841	32.8%	6,510	55.7%	1,343	11.5%

Figure 7 – Juvenile Adjudicatory Hearings in District Court

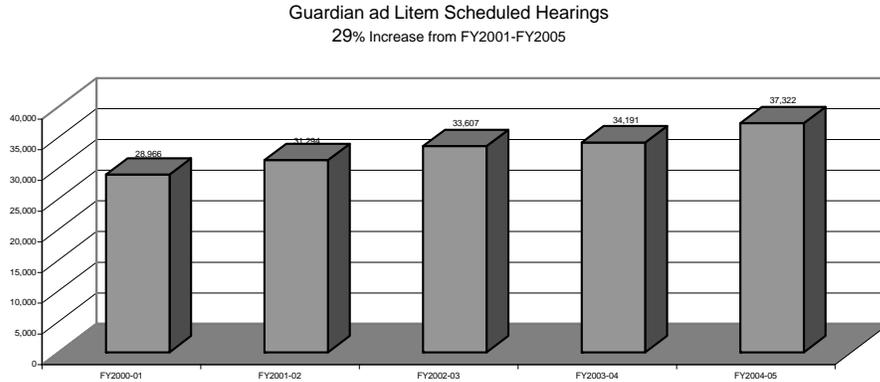
Dependency Hearings		Neglect Hearings		Abuse Hearings	
<i>Total</i>	<i>% Retained</i>	<i>Total</i>	<i>% Retained</i>	<i>Total</i>	<i>% Retained</i>
5,180	85.6%	7,730	83.3%	1,369	73.7%

Guardian ad Litem

North Carolina’s General Assembly established the Guardian ad Litem program in 1983. Trained volunteer advocates and attorney advocates represent the best interests of children whose cases have been filed in District Court. Guardians ad Litem represent every Judicial District in the state. “Upon appointment, a trained GAL volunteer investigates the child’s situation and works with the attorney advocate to represent the child’s needs, preferences or wishes and best interests in court and to make recommendations for case disposition and any necessary continuing supervision until court intervention is no longer required. In addition, the attorney protects the child’s legal rights throughout the proceedings.”¹⁵ When the Department of Social Services (DSS) files a petition alleging abuse or neglect, a GAL is appointed to represent the child. The GAL does an independent investigation to determine the facts, needs of the child, and the resources appropriate to meet those needs. The GAL participates as a full party in court and submits a court report focusing on the best interests of the child, and the Guardian ad Litem also informs the court of the child’s wishes or preferences.

In Fiscal Year 2004-05, a record high 4,033 GAL volunteers and approximately 100 attorney advocates represented 16,528 children. GAL volunteers and attorney advocates represented children in 37,322 court hearings.¹⁶

Figure 8 – Guardian ad Litem Hearings



Judicial Training

The knowledge and skills of Judges can impact the outcome of child maltreatment cases. Judges are required to attend 30 hours of continuing education every two years. The University of North Carolina-Chapel Hill, through the School of Government, offers Juvenile Certification Training (9 hours) for judges once a year, a school for new district court judges yearly, and training for family court judges and staff (orientation, 9-10 days, offered yearly; training 2-3 days, offered twice/year), in addition to a yearly conference. Although Workshop participants felt the quality of the training was excellent, they recommended an increase in the amount of training opportunities.

Investigations and Judicial Handling of Juvenile Offenders

The NC Department of Juvenile Justice & Delinquency Prevention handles all cases of sexual abuse and assault perpetrated by juveniles ages 10 – 15. Complaints about juveniles are forwarded to regional Juvenile Services’ offices for intake. Using a structured intake form, the Juvenile Services counselor determines whether to approve the complaint for court or to divert it into community programs. If approved for court, the Juvenile Court judge determines whether evidence exists to adjudicate. Adjudicated cases are then disposed (sentenced), often taking into consideration the recommendation of the juvenile’s court counselor (i.e. case manager/probation officer). The North Carolina Juvenile Code uses structured decision making based on a system of graduated sanctions to determine a case’s disposition (outcome). In other words, juveniles with a history of delinquent behavior who commit more violent offenses will be disposed to a more restrictive placement (i.e. incarceration in a Youth Development Center) than a juvenile with no history and a non-violent offense:¹⁷

Figure 9 – Graduated Sanctions for Juvenile Offenders

Offense Level	Delinquency History Level		
	Low (0-1)	Medium (2-3)	High (4+)
Violent	Level 2 or 3	Level 3	Level 3
Serious	Level 1 or 2	Level 2	Level 2 or 3

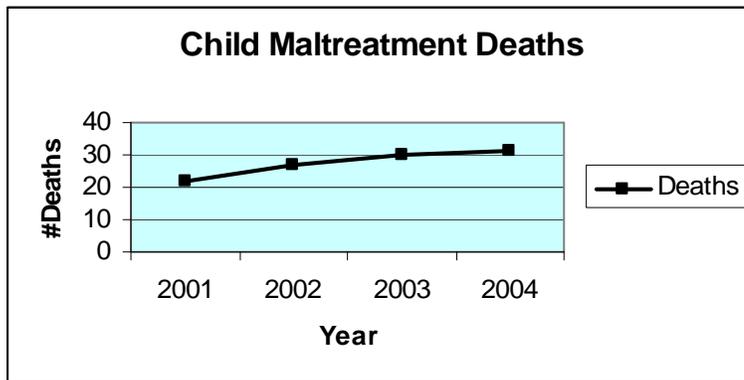
Minor	Level 1	Level 1 or 2	Level 2
Level 1 = Community Programming Level 2 = Intermediate (More restrictive community programming) Level 3 = Commitment to Youth Development Center			

National research indicates juveniles, particularly those under 16, rarely commit sexual offenses against adults¹⁸, therefore, the state assumes that the vast majority of victims of the 809 juveniles adjudicated for a sex offense from 2000 – 2003 were children. Twenty-eight (28%) of the adjudicated youth (n=228) were committed to a Youth Development Center (juvenile incarceration), with the rest of the offenders receiving rehabilitation in the community. Juveniles in community programs were younger, committed less violent offenses, and were more likely to plead down to non-sexual charges. Juveniles committed to community programs are less likely to receive appropriate treatment services than those incarcerated, due to the lack of providers across the state. A survey of mental health providers in 2003 indicated only 34 counties with sex offender treatment programs, not enough to serve the adjudicated youth spread across 94 counties.¹⁹

Suspected Child Maltreatment Deaths

Sadly, some cases of child maltreatment result in the death of the children. In 2004, 31 North Carolina children were intentionally killed by an adult entrusted with their care. The number of child maltreatment deaths has steadily increased since 2001²⁰:

Figure 10 – Child Maltreatment Deaths



In 1992, the North Carolina General Assembly created the Child Fatality Prevention System, a statewide, multidisciplinary, multiagency effort established to prevent child deaths. The purposes of the system are to:

- Developing a community approach to child abuse and neglect
- Understanding the causes of child deaths
- Identifying gaps in services to children and families

- Making and carrying out recommendations for changes to laws, rules and policies to prevent future child abuse, neglect and deaths

The work is accomplished through both state-level and community-level groups:

Child Fatality Task Force

The N.C. Child Fatality Task Force (NCCFTF) is the public policy arm of the state Child Fatality Prevention System. It is a 30-member legislative study commission charged with making recommendations for establishing a multidisciplinary child death review system in North Carolina; studying the laws, rules and policies relating to confidentiality and access to information among agencies that serve children; determining whether these laws, rules and policies impede the delivery of services to children and the prevention of child fatalities; and making recommendations for changes to laws, rules and policies that would help enhance the health, safety and well-being of children in North Carolina. The Intentional Death committee reviews trends and recommendations related to child maltreatment fatalities.

Child Fatality Review Team

One of the primary functions of the review team is to review deaths of children under the age of 18 due to child abuse and neglect, as well as deaths of children which have been previously reported to Child Protective Services (CPS).

Local Child Fatality Prevention Teams

Local Child Fatality Prevention Teams (LCFPTs) review child deaths of county residents to promote an understanding of the causes of child deaths, identify deficiencies in the delivery of services to children and families by public agencies, and recommend and implement changes that will prevent future child deaths.

Community Child Protection Teams

A Community Child Protection Team (CCPT) is an interdisciplinary group of community representatives who come together to promote a community-wide approach to the problem of child abuse and neglect. The CCPT reviews active cases involving child abuse, neglect or dependency.

When a child death occurs, the initial response is usually handled by first responders (fire, police, paramedics) not specially trained in conducting investigations of suspected child maltreatment fatalities. Communication problems, mishandled cases, and lack of information during the death scene investigation were cited as some of the reasons for great variability in outcomes for perpetrators. An estimated one-third of perpetrators did not receive any criminal sanctions.²¹ NC Office of Chief Medical Examiner created a Child Death Investigation Protocol, which was endorsed by the Children's Justice Task Force last year. The protocol will be piloted in several counties in 2006.

A recent report published by NC Action for Children suggested that child deaths due to severe neglect may be coded as accidents. The study noted reviews by the State Child Fatality Prevention Team of deaths due to "acts of omission" in about 20% to 30% of the 250 to 300 accidental deaths. Action for Children will be developing policy recommendations over the next

year to improve North Carolina's response to neglect deaths in all phases—identification, investigation, prosecution, and sentencing.²²

Cases Involving the Combination of Jurisdictions

In North Carolina, delinquency and dependency cases involve a combination of jurisdictions because delinquency cases are handled by the state-level Department of Juvenile Justice & Delinquency Prevention and abuse and neglect cases are administered and investigated by local departments of social services. Research from the last twenty years has shown an increased risk of juvenile delinquency for children who have been abused or neglected. This risk could be decreased by prompt and appropriate treatment for victims and early intervention for the youth acting out destructive behavior.

As explained above, youth allegedly delinquent are brought to juvenile intake for a risk and needs assessment. The needs assessment asks juveniles, often in front of their parents or guardians, whether they have been a victim of physical, sexual, or emotional abuse or neglect. In 2005, 20% of the 9,400 juveniles, whose cases were adjudicated and disposed, reported a history of victimization²³. Even if a child does disclose a history of victimization, there is no policy or procedure to double check the accuracy, circumstances, or treatment history with social services.

About half of the delinquency cases are approved for court. Again, cases fall under dual jurisdiction in courts that do not use the Family Court model. Delinquency and dependency cases involving the same family may be heard by different judges on different dates, which may lead to uncoordinated service and treatment plans.

Recommendations

A. Activities to Improve Investigative, Administrative, and Judicial Handling of Cases

- A1. Continue to support full implementation of the Multiple Response System, including neglect cases assigned to the family assessment track
- A2. Study and identify ways to increase services for families substantiated for abuse or neglect
- A3. Provide multidisciplinary training on family-centered and system of care practices, child abuse investigation, and enhancing prosecutions of abusers
- A4. Continue to support the use and upgrade of technology for child maltreatment cases in the courts
- A5. Enhance and expand current child abuse training for judges, prosecutors, and parents' attorneys in regional areas across the state
- [A6. Strengthen and build capacity of Child Advocacy Centers and child abuse evaluation throughout North Carolina](#)
- [A7. Determine a centralized method of obtaining statistics for children maltreated by non-caretakers](#)

B. Steps to Establish Experimental, Model, or Demonstration Programs

- B1. Expand the use of Family Court practices (i.e. one judge per family, coordination of all cases involving same family, etc) and model mediation programs
- B2. Endorse and support models (i.e System of Care, MRS, Child and Family Teams, family group conferencing, etc) that ensure coordination of all stakeholders and family members, are family-centered, and enhance strengths of family while providing needed, individualized services to child and family
- B3. Provide evidence-based mental health treatment for child victims and their families
- B4. Expand the number of Guardian ad Litem volunteers and attorney advocates
- B5. Provide more community-based treatment options for sex offenders, particularly juvenile offenders

C. Activities to Reform State Laws, Ordinances, Regulations, Procedures, or Protocols

- C1. Address the lengthy amount of time to prosecute perpetrators
- C2. [Address the need for a centralized registry for child maltreatment cases involving non-caretakers](#)
- C3. Examine and recommend changes to policies and procedures that delay termination of parental rights, adoption, and case appeals

State Implementation of Recommendations

NC Children’s Justice Taskforce has adopted all of the above recommendations and will use its resources to support implementation.

Recommendations or Comparable Alternatives Adopted

The state has begun to make progress on the following recommendations:

Recommendation	State Adoption of Recommendation or Alternative
A1-Support MRS	NC General Assembly amended Juvenile Code to allow for statewide implementation of the Multiple Response System. In the 2004 session, the General Assembly appropriated an additional \$5 million to hire 75-100 child protection workers and \$750,000 for program support and training in MRS counties. In the 2005 Session, the General Assembly appropriated another \$2 million to hire additional social workers in order to reduce caseloads, continued funding for MRS training for social workers, and funding (\$2.7 million in 2004) to establish an automated case tracking (NCFAST) system statewide.
A3-Multi-disciplinary training	Children’s Advocacy Centers of NC and Albemarle Hopeline host statewide conferences annually, and Prevent Child Abuse NC hosts a biennial conference, to provide practical training for professionals involved in preventing, responding, and investigating child maltreatment. NC Children’s Justice Taskforce is providing a grant to the University of North Carolina-Chapel Hill, School of Social Work, to create an online clearinghouse of all child abuse and neglect training offered in the state.
A4-Court	JWise data tracking system will be implemented statewide next year. The

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technology	Administrative Office of the Courts plans to upgrade court equipment.
A5-Training for court personnel	NC Children's Justice Taskforce provided a grant to UNC-Chapel Hill, School of Government, to expand its training to judges and attorneys and to the NC Conference of District Attorneys for child abuse training and a child abuse resource prosecutor.
A6-CACs and child abuse evaluation	NC Children's Justice Taskforce provided a grant to the Children's Advocacy Centers of NC to provide training and technical assistance to develop CACs and assist in accreditation. CACNC partnered with the Duke Endowment to develop standard outcomes to demonstrate CAC effectiveness. The Duke Endowment is providing funding for accredited centers and the initial and first year maintenance cost of the case tracking system (NCATrak). NC Legislature approved \$225,000/year (recurring) for accredited Child Advocacy Centers in the FY 05-06 and 06-07 budgets. NC Children's Justice Taskforce is providing a grant to the Child Medical Evaluation Program to enhance regional training for medical professionals.
B1-Family Court & mediation programs	FY 2005-District 19C received funding to better coordinate services for abuse children and a tenth Family Court district was added in District 10: Wake County. Federal Court Improvement Project funds, along with Governor's Crime Commission grants, have supported projects across the state. FY 2006-NC Children's Justice Taskforce will provide funding to District 26 (Mecklenburg County) to create educational program for parents entering Family Court. NC Children's Justice Taskforce, along with other committees of the Governor's Crime Commission, supporting two child dependency mediation programs and a number of treatment courts. Drug Courts and mental health courts exist across the state.

Recommendation	State Adoption of Recommendation or Alternative
B2-System of Care	The System of Care State Collaborative; consisting of all child serving state agencies, local mental health and social service agencies, private providers, and family members; meet regularly to exchange information and discuss ways to eliminate barriers to seamless service delivery for children and their families. The Governor's Crime Commission, mental health, public schools, and social services will provide support for regional meetings of local collaborative groups in Fall of 2006. Family Court Judges receive training in System of Care principles and Child and Family Teams.
B3-Mental health treatment	Providers across the state offer treatment for child victims of abuse, however, there has not been a coordinated initiative to ensure that all victims receive evidence-based treatment. The Child Medical Evaluation Program and the Center for Child and Family Health (Durham) will initiate a pilot project starting in July 2006 to recruit, train, and mentor approximately 50 therapists to provide evidence-based Trauma-Focused Cognitive Behavioral Therapy to child victims substantiated for sexual abuse in Northeastern counties. Other partner agencies include the Governor's Crime Commission; Division of Mental Health,

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	Developmental Disabilities, and Substance Abuse Services; Division of Social Services, Child Protective Services; Franklin Porter Graham Child Development Institute; and the National Child Traumatic Stress Network. Project directors plan to submit additional funding proposals to the Duke Endowment and the Kate B. Reynolds Charitable Trust.
B4-Guardian ad Litem	The Guardian ad Litem program continues to increase the number of volunteers and attorney advocates representing abused children. In the 2004 session, NC General Assembly increased the compensation for attorney advocates to \$45/hour. NC Children's Justice Taskforce, along with other committees of the Governor's Crime Commission, have supported training and volunteer recruitment staff for several years.
C1-Lengthy prosecution	The state does not collect data on the length of time to prosecute cases. A pilot project, funded by NC Children's Justice Task Force, in three counties is proposing to collect data from Children's Advocacy Centers and District Attorney offices to track cases.
C3-Policies to reduce delays	HB 1150 (Expedite Juvenile Proceedings/Guardian ad Litem) ratified on 8/23/05. A subcommittee of the Court Improvement Advisory Committee is reviewing and recommending policy changes to reduce delays in the new law.

Recommendations Not Yet Adopted

NC Children’s Justice Taskforce is creating a three-year plan to advance the following recommendations:

Recommendation	Action Steps	Timetable
A2-Services for families in need	Define “needed services” as related to cases of repeat child maltreatment	2006
	Research other agencies collecting information- PCANC, Caroline (DHHS), SOC-Durham, Mecklenburg (Brett Loftis-Council for Children), Partnership for Children, CC&FH (Durham)	2006
	Collect data of existing and accessible services and gaps in services	2006-2007
	Make recommendations regarding funding, policy, or legislation to create non-existing services and expand existing services	2008-2009
A6-CACs and child abuse evaluation	Research the number of centers providing medical and mental health evaluations to child maltreatment victims and their array of services	2006-2007
	Collect data on services, number of cases, and outcomes of children	2006-2007
	Determine the need to advocate for sustainable funding for evaluation centers	2008-2009
A7-Research stats on abuse by non-caretaker	Define “non-caretaker” cases to study	2006
	Create matrix of agencies that collect pieces of data	2006
	Identify sample or pilot areas to conduct study	2006-2007
	Identify and collect available and non-existing data	2007
C2-Create central registry of non-caretaker abuse	Analyze data	2008
	Make funding, policy, legislative recommendations to create a central registry system of non-caretaker abuse	2008
	Create and populate system	2009-?

Attachment 1
Children's Justice Workshop
September 23, 2005

Present

Sal.	First Name	Last Name	Organization
Dr.	Karen	Appleyard	Duke University, Center for Child & Family Policy
Det.	Taylor	Bartholomew	Franklin County Sheriff's Office
Det.	Donna	Bean	City of Raleigh Police Department
Dr.	Molly	Berkoff	Private provider, Child Medical Evaluation Program
Ms.	Selena	Berrier	Child Fatality Task Force
Dr.	Ernestine	Briggs	Center for Child & Family Health, Durham
Mr.	Barry	Bryant	Staff, Governor's Crime Commission
Ms.	Gwendolyn	Burrell	Deputy Director, Governor's Crime Commission
Mr.	Al	Dietch	Youth Advocacy and Involvement Office
Ms.	Laura	Edwards	NC Conference of District Attorneys
Mr.	Brad	Fowler	Guardian ad Litem
Ms.	Kate	Howard Franch	SafeChild, Wake County
Ms.	Linda	Hayes	Chair, Governor's Crime Commission
Ms.	Jan	Hood	Administrative Office of the Courts
Ms.	Tina	Howard	Staff, Governor's Crime Commission
Ms.	Elizabeth	Hudgins	NC Child Advocacy Institute
Ms.	Valoria	Ingram	NC Dept of Public Instruction
Dr.	Robin	Jenkins	Cumberland County CommuniCare, Chair Juvenile Justice Planning Committee, Governor's Crime Commission
Mr.	David	Jones	Director, Governor's Crime Commission
Ms.	Andrea	Lewis	NC Division of Child Development
Det.	Brian	Limper	City of Raleigh Police Department
Ms.	Carol	Mattocks	Chair, GCC Child Abuse and Neglect Subcommittee
Ms.	Kaye	McCormick	Mt. Airy City Schools
Ms.	Faye	McDaniel	NC Dept. of Public Instruction
Ms.	Pam	McEvoy	Cumberland County Child Advocacy Center
Ms.	Sara	Mims	NC Division of Social Services
Judge	Marcia H.	Morey	District Court Judge
Dr.	Robert	Murphy	Center for Child & Family Health, Durham
Ms.	Nantz	Stephanie	Youth Advocacy & Involvement Office
Dr.	Deborah	Nelson	Division of Public Health
Det.	Travis	Philbeck	Franklin County Sheriff's Office
Ms.	Cathy	Purvis	Child Advocacy Centers of NC
Mr.	Tony	Queen	Deputy Director, Governor's Crime Commission
Sgt.	Karen	Riggsbee	City of Raleigh Police Department

Sal.	First Name	Last Name	Organization
Dr.	Joel	Rosch	Duke University, Center for Child & Family Policy
Ms.	Anne	Sayers	Prevent Child Abuse North Carolina
Mr.	Jackie	Sheppard	Asst. Secretary, NC Dept Health & Human Services
Dr.	Rebecca	Socular	Child Medical Evaluation Program
Ms.	Leslie	Starsonneck	Prevent Child Abuse-Domestic Violence & Child Well-Being project
Mr.	Tony	Troop	NC Division of Social Services
Mr.	Craig	Turner	Staff, Governor's Crime Commission
Ms.	Teresa	Turner	NC Division of Social Services
Ms.	Tracy	Turner	NC Association of County Directors of Social Services
Ms.	Jane	Volland	Guardian ad Litem
Mr.	Tyrone	Wade	Mecklenburg County Social Services, Associate County Attorney
Ms.	Lynne	Walter	NC Coalition Against Sexual Assault
Ms.	Katrina	Webb	Staff, Governor's Crime Commission
Ms.	Rose	White Hearn	NC Dept of Justice
Ms.	Kimberly	Wilson	Staff, Governor's Crime Commission
Mr.	Michael	Wilson	Staff, Governor's Crime Commission
Ms.	Smith	Worth	NC Division of Mental Health, Developmental Disabilities, & Substance Abuse Services
Mr.	Doug	Yearwood	NC Criminal Justice Analysis Center

Welcome

Joel Rosch, Duke University Center for Child and Family Policy, welcomed participants and acknowledged the leadership at the Governor's Crime Commission who organized and supported the workshop—Linda Hayes, Chair of the GCC; Robin Jenkins, Chair of GCC Juvenile Justice Planning Committee; Carol Mattocks, Chair of GCC Child Abuse and Neglect Subcommittee and member of Juvenile Justice Planning Committee; and Tony Queen and Gwendolyn Burrell, GCC Deputy Directors. Dr. Rosch stated goals of meeting—to highlight successful changes in response to child maltreatment and to make recommendations to improve handling of child maltreatment cases.

Ms. Linda Hayes thanked participants for their time. She explained that the recommendations generated from this workshop will help guide the work of the Commission for the next three years.

Governor's Crime Commission, Child Abuse and Neglect Subcommittee

Ms. Mattocks explained that GCC's Child Abuse and Neglect Subcommittee formed after the Children's Justice Workshop in January 2003 highlighted the need for collaboration of all partners involved in child abuse and neglect. The mission of the subcommittee is to create infrastructure for communication, coordination, and collaboration among stakeholders involved in child maltreatment cases. The subcommittee's goals are to:

- Make recommendations to Juvenile Justice Planning Committee for prioritization of funds that can be used for child abuse and neglect services and system improvement

- Make and implement policy recommendations for improving the handling of child maltreatment cases
- Make legislative recommendations to Juvenile Justice Planning Committee for improving the handling of child maltreatment cases
- Coordinate Children's Justice plan with NC Division of Social Services CAPTA coordinator
- Update and maintain Children's Justice Study

Priorities of the subcommittee (based on 2003 Children's Justice Study):

- Improving court efficiency by expediting appeals cases, promoting Family Court structure, and standardizing implementation of juvenile rule
- Improving outcomes and reducing trauma for maltreated children by strengthening the investigative model of Child Advocacy Centers and the use of Multidisciplinary Teams (MDT) in areas without Child Advocacy Centers
- Enhancing services and treatment for maltreated children and their families

Activities:

- Brought together broad-based group of professionals to discuss ways to improve collaboration of agencies and reduce trauma to child victims
- Advanced legislative and policy issues to prevent child abuse, provide enhanced services for victims, and expedite appeals of child abuse cases

The following are some of the projects being funded to address subcommittee's priorities:

Guardian ad Litem, Appellate Coordinator—Advocate for an expedited appeals process in juvenile cases, track appeals information statewide, and participate directly in the appeals process for cases

Conference of District Attorneys, Child Abuse Training and Resource Prosecutor—Provide invaluable training to District Attorneys and critical support through a prosecutor dedicated to child abuse to enhance the capability of NC prosecutors, law enforcement officers, and other participants to effectively identify, investigate and prosecute cases

Child Advocacy Centers of NC, Allied Response Initiative—Build the capacity of existing accredited CACs, assist non-accredited centers with meeting standards for accreditation, and help communities without centers develop effective multidisciplinary teams for severe cases of child abuse

Mecklenburg and Gaston Counties, Child Dependency Mediation—Creates the infrastructure for abuse and neglect cases to receive mediation in order to reduce the Department of Social Services' backlog of cases

NC Association of County Directors of Social Services—Improve coordination of stakeholders in domestic violence child abuse and neglect cases statewide, and increase skills and knowledge of professionals serving maltreated children and their families also experiencing domestic violence

Small Group Exercise #1

Workshop participants self-selected a small group. Small groups were defined as the following:

Administrative—procedures, guidelines, protocols, regulations used in child abuse and neglect reporting, accepting reports and substantiating reports; improve efficiency of processing cases while limiting trauma to child victim

Judicial—civil and criminal proceedings, ways to improve prompt and successful resolution of cases in court, use of court-appointed child advocates and attorneys

Investigative—prosecution and law enforcement investigation of child abuse and neglect cases, ways to limit trauma to victim during investigations

North Carolina's Successes

Participants answered the following question—“What do you feel are the best changes in response to child maltreatment cases over the last three years?”:

Administrative Group

- Restoration of Executive Director position for Child Fatality Task Force
- New emphasis on prevention (Gaining Ground Initiative led by Prevent Child Abuse and Institute of Medicine)
- Dept. of Public Instruction training for teachers on domestic violence and relationship violence
- Early Childhood Comprehensive Planning initiative for all children birth to five
- Improving licensing, monitoring, and training for foster homes
- Greater support for foster homes and kinship care
- Strengthening of regulations for mental health group homes
- Collaboration of Division of Social Services and Dept of Juvenile Justice & Delinquency Prevention
- Expansion of social workers with advanced degrees (MSW) across the state, improvement of education for social workers
- Training to child welfare staff on domestic violence policies
- Expanding qualified professionals in sexual assault to address child welfare
- MRS-improvement in collaboration, strengths-based models, family inclusion
- Increased funding for child welfare workers, frontline staff
- Increased funding for child abuse/neglect staff at Division of Child Development
- Streamlining investigations and improving collaboration of child abuse/neglect in child care settings
- Increased funding for Child Advocacy Centers and funding for a state chapter
- Child Medical Evaluation Program Regional training centers
- Expanded training capacity in Division of Social Services
- Implementation of System of Care and Child and Family Teams
- Greater emphasis on child abuse and neglect issues
- Inclusion of school nurses and social workers on child and family teams
- Increased child mental health and substance abuse funding
- Increased safety of children in child care settings through new laws and child care rules regarding safe sleep, medication and illegal providers
- NCFAST-building technology and cross-county database system for county social services
- Safe Surrender Law-allowing a parent to safely surrender infant to responsible adult without fear of prosecution

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- Toughening and redefining domestic violence laws
- Improved collaboration between child welfare and domestic violence agencies
- Improvement of appeals process
- Criminal records checks across counties through agreement between Division of Social Services and Administrative Office of the Courts
- Standardizing investigations and assessment of reports to social services
- Child fatality reviews—prevention of future deaths

Judicial Group

- Implementation of Family Courts
- Increase in collaboration and training
- Use of one judge for same family with multiple cases (One Judge/One Family model)
- NC Division of Social Services passed an audit of its implementation of Title IV E improvement plan, which required the state to meet certain standards in child protective service cases (North Carolina was the only state in the Southeast to pass)
- Legislation to improve compliance with 30-day deadline for filing orders
- Strong Judicial leadership in some districts
- Implementation of meetings involving family, professionals, and child's support system to discuss options in case (usually take place within a few days of cases being referred to court, called Day-One hearings)
- Use of mediation in appropriate cases
- Record number of Guardian ad Litem volunteers

Investigative Group

- Child Advocacy Centers (increase in # of centers, standardization/certification of centers)
- Use of multidisciplinary teams and resource sharing among agencies
- Multiple Response System, services to families – decreasing re-victimization and increases consistency among counties
- Better understanding of trauma to children and response/collaboration
- Multi-system accountability and ownership
- Retooling the system implementation of child well being in relation to domestic violence, focus on family structure, structured sentencing
- Better partnership with School Resource Officers, school administrators, and counselors in reporting incidents
- Shared vision on prevention measures and clear plan for action

How can North Carolina best enhance or build on successes?

Administrative Group

- Improve collection and sharing of information in database systems, create mechanism for systems to talk to each other
- Inform citizens of the great progress made in North Carolina, improve public relations
- Continue to improve professional development, particularly about co-occurrence of child maltreatment and family violence
- Develop standard curriculum

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- Address training barriers, particularly structural barriers to implementing best practices (caseload, agency collaboration, etc)
- Improve communication, eg-statewide toll free number to report child abuse
- Continue to standardize inequities and variations across counties
- Continue to increase state funding for child abuse response
- Continue and expand outcome based measures to demonstrate effectiveness of programs (define outputs vs. outcomes), encourage development of more outcomes
- Use data to drive decisions
- Conduct strategic planning for sustainability
- Involve family in collaboration, planning
- Enhance focus on prevention and treatment (evidence-based), translate research into practice
- Continue to raise experience and expertise of those working in child welfare field
- Expand base of service providers at all levels and at all levels of the process
- Work on retention of service providers
- Continue to address issues in counties with military bases

Judicial Group

- Consistent application of best practices across districts (such as Day-One hearings, One Judge/One Family, mediation)
- Judicial leadership, including training
- Build upon changes to appeals in HB 1150 (Expedite Juvenile Proceedings/ Guardians ad Litem)

Investigative Group

- Address time delay in getting child victims treatment
- Policies that keep kids from being treated across county lines
- Confusion about providers' roles, funding streams, and roles of all agencies/providers in investigations
- How do we integrate protocols from differing service providers
- Access to resources in a timely manner
- Linkage to CAC model and other models (eg-Child Development-Community Policing model)
- Building relationships
- Build evidence-based prevention and treatment systems
- Develop and commit to this practice
- Linkage to academic community
- Need for mental health services in rural areas
- How will mental health reform affect the most vulnerable clients?
- Address increase in mental health problems, stress-related domestic violence
- Evidence-based decision making
- Increase awareness of community, school system, etc., education public of services available in community

North Carolina's Challenges

Participants answered the following question—“What ONE problem/issue would you want to address in the next three years?” and ranked answers in order of priority:

Administrative Group

- Limited capacity to provide evidence-based treatment and prevention for child victims of maltreatment
- Enhance and build on collaborative practice without reinventing the wheel and duplicating efforts
- Developing an integrated and comprehensive training model, cross-train on all areas of family violence (eg-sexual assault, domestic violence, child abuse) and how they impact children (mental illness, behavioral problems, juvenile delinquency)
- Limited involvement of children and families in policy, planning, and service delivery
- Strategic, data-driven, organizational community development involving multiple agencies
- Address pre-cursors and correlates of child maltreatment, such as poverty, stress, limited community support, etc.
- Improve database systems, mechanism to share and integrate information about same child/family
- Continue to close the gap between child maltreatment and domestic violence

Judicial Group

- Address delays – Trial and appellate levels, automation for tracking compliance with time standards in federal Adoption and Safe Families Act (ASFA)
- Lack of accountability in courts – no court “report card” of outcomes for children and families
- Inadequate resources for judges and court systems – do “specialty courts” dilute resources?, focus resources on priorities
- Address inconsistency across districts/Leadership – Judicial burnout, training, outcomes by district, information sharing issues
- Provide more resources for children who are not under jurisdiction of social services
- Prepare for upcoming Child & Family Service Review, conducted by federal government
- Overlapping issues of delinquency and child abuse and neglect
- Recruitment of volunteer Guardians ad Litem, pay of attorney advocates

Investigative Group

- More funding for prevention
- Adequate funding that is consistent and stable and finalize mental health reform
- Cross-training (evidence-based) for all stakeholders in child abuse prevention and treatment
- More training for first responders (emergency room, paramedics, fire fighters, police)
- More evidence-based mental health resources
- More effective communication between agencies
- Greater collaboration with schools
- More access to community resources for first responders
- Greater support for Child Advocacy Centers

- Continued agency collaboration
- More knowledge in rural areas about Child Advocacy Centers
- Improved access to Child Advocacy Centers, particularly in rural areas

Small Group Exercise #2

Solutions

Participants were asked to list one solution to the problems identified above that DOES involve additional resources/funding and one solution that DOES NOT involve additional resources/funding and ranked answers in order of priority:

Administrative Group (group did not rank, they felt all solutions were equal in priority)

Additional Resources/Funding	No Additional Resources/Funding
Issue – Treatment:	
Remove barriers to providing services and treatment for children	Identify barriers for providing and receiving mental health services for victims and families
Remove barriers to accessing Victims’ Compensation for child victims	Identify barriers to efficiently access Victims’ Compensation resources
Additional services for victims who are not eligible for Medicaid reimbursement	Examine what would be needed for telemedicine in under served areas
Providing incentives for providers to practice in rural and under served areas	Involve children and families in policy planning, treatment, and service delivery and planning
Recruiting and training service providers	Raise public awareness of child maltreatment victims and act as advocates
Issue – Collaboration:	
Conduct community forums for discussing collaboration, coordination, partnership building-multidisciplinary key stakeholder involvement for community planning	Support work of new Children’s Services Workgroup/Commission and the Children & Family Leadership Council
	Involve the United Way and other foundations
Issue – Training:	
Integrated leadership/administrator institutes and training (train the leadership so that line workers can implement collaborative/family-centered practices)	Use existing venues to train and inform leadership-AHECs, listservs, chat rooms, etc.
Develop new training mechanisms (web-based, teleconferences)	Publication and marketing of cross-training, allowing other disciplines and consumers to take existing training (use professional associations)
Create a central location for all training information, standardize training	Use existing resources (eg-existing web pages) to publicize and list training (for example-link all training pages)
Utilize train-the-trainer models	

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Judicial Group (ranked in order of priority)

Additional Resources/Funding	No Additional Resources/Funding
Issue – Court Accountability:	
Improve Administrative Office of the Courts’ capacity for data analysis (eg. # of dedicated staff)	Encourage use of technology across districts
	Publicize data to pressure all districts to report data
Update technology and ensure all districts are using JWisE	Use existing staff to develop and implement scorecard and conduct data analysis
	AOC information technology branch prioritize juvenile issues
	Report existing DSS performance data by judicial district
Issue – Delays:	
Create regional team of judges (or re-allocate current resources)	Rewrite Administrative Rules for appeals to formalize Expediting Appeals legislation
Increase funding for transcription of all hearings and trials (eg. more staff, equipment)	Encourage continuance policy and other local rules (add to district “report card”)
Create position of Social Services (DSS) attorney in each county	Changing/amending HB 1150 to permit termination of parental rights pending an appeal of an adjudication
	Ensure timely filing of orders by the DSS attorney
Expand Family Courts (at least One Judge/One Family model)	Increase recruitment of parent attorneys
	Revisit HB 1150 (Expedite Juvenile Proceedings/ Guardians ad Litem)
Additional funding for mediation in select cases	Prepare/Enhance/Improve reports provided by Attorneys, social services, etc that are presented during court hearings before court begins session

Judicial Group (ranked in order of priority)

Additional Resources/Funding	No Additional Resources/Funding
Issue – Court Resources:	
More funding for judges and judicial staff	Re-allocate resources for specialty courts based on evidence of success and combine courts where needed
	Encourage all parties to prepare and exchange all reports before court
More funding for regional training for judges and attorneys	Focus resources by priorities
	Create a flow chart for each file to track time frames
More funding for recruitment and retention of foster and permanent families	Attach picture of child to court report
	Organize local team meetings for evaluation and problem solving

Investigative Group (ranked in order of priority)

Additional Resources/Funding	No Additional Resources/Funding
Issue – Training:	
Organize collaborative training system	Open existing training to all agencies
Local multidisciplinary team training	Identify existing sources of funding for training
Increasing and defining minimal standards for abuse investigations	Identify current training resources
Issue – Prevention:	
Pilot evidence-based prevention programs at the local level, build organizational readiness	Broaden perspectives among stakeholders
Conduct local multidisciplinary needs assessment	
Establish shared state government leadership for prevention, including elected officials	
Issue – Mental Health:	
Train mental health providers on implementation and adoption of effective treatment	Finalize mental health reform
	Create equal access to mental health information for law enforcement and social workers
Issue – Communication/Information Sharing:	
	Access to records pertaining to abuse by law enforcement and social services

Where do we go from here?

Dr. Rosch explained that the notes from this workshop will be compiled and distributed to everyone who was on the invitation list and everyone who attended. Those who did not attend are encouraged to submit comments and recommendations. The recommendations will be presented to the Juvenile Justice Planning Committee as they consider funding priorities for the upcoming fiscal year. The comments and suggestions from the workshop will be included in the Children’s Justice 3-Year Study, which the Juvenile Justice Planning Committee of the GCC is

required to conduct, and discussed as the Committee creates its three year plan. The Children's Justice Study will be finalized early Spring 2006 and presented to the full Crime Commission, the Governor, and placed on the GCC website (www.ncgccd.org). GCC's Child Abuse and Neglect Subcommittee will prioritize recommendations from the study and create an action plan to implement the recommendations.

Endnotes

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- ¹⁴ NC Administrative Office of the Courts (2006). "Statistical and Operational Summary of the Judicial Branch of Government: FY 2004-2005". Available online at: http://www.nccourts.org/Citizens/Publications/Documents/stat_summary04-05.pdf
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- ¹⁸ National Center on Sexual Behavior of Youth (July 2003, Number 1). "NCSBY Fact Sheet, What Research Shows About Adolescent Sex Offenders". Available online at: <http://www.ncsby.org/pages/publications.htm>
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- ²³ North Carolina Department of Juvenile Justice & Delinquency Prevention (2006). 2005 Annual Report. Available online at www.ncdjdp.org.