

# Children and Families

**See full summary documents for additional detail**

## **Limited Provisional License Modification.**

SL 2023-13 (S157)

S.L. 2023-13 does the following:

- Reduces the minimum amount of time a teen must hold a Level 1 limited learner's permit before applying for a Level 2 limited provisional license under graduated drivers licensing.
- Provides that when a vehicle driven by an unsupervised Level 2 limited provisional licensee has a family/household member passenger under the age of 21, the vehicle can also have one non-family/non-household member passenger under the age of 21 when that passenger is a student being driven directly to or from school.

This act has various effective dates. Please see the full summary for more details.

## **Care for Women, Children, and Families Act - Part I.**

SL 2023-14 (S20)

Part I of S.L. 2023-14, as amended by Part XIII-B and Part XIV of S.L. 2023-65, repeals and replaces the current abortion law in North Carolina. Under the new law, abortion is permitted through the first 12 weeks of pregnancy for any reason, through the 20th week of pregnancy if the pregnancy resulted from rape or incest, through the 24th week of pregnancy if there is a life-limiting anomaly in the unborn child, and at any time if there is a medical emergency for the pregnant woman. Part I also bifurcates the definition of abortion into surgical and medical abortions and creates new informed consent provisions for both. Finally, Part I criminalizes the provision or advertising of abortion-inducing drugs in certain circumstances, prohibits eugenic abortions, and establishes reporting requirements for abortion.

This bill was vetoed by the Governor on May 14, 2023. The veto was overridden by the General Assembly on May 16, 2023. This Part of the act became effective July 1, 2023, and the criminal provisions apply to any offenses committed on or after that date.

## **Care for Women, Children, and Families Act - Part IV.**

SL 2023-14 (S20)

Part IV of S.L. 2023-14, as amended by Section 2 of S.L. 2023-79, appropriates funds for long-term birth control, increases the Medicaid rate for obstetrics maternal bundle payments, expands the practice authority of Certified Nurse Midwives, and appropriates funds to expand the Safe Sleep North Carolina Campaign.

This bill was vetoed by the Governor on May 14, 2023. The veto was overridden by the General Assembly on May 16, 2023. The Certified Nurse Midwife provisions in this Part of the act became effective October 1, 2023. The remainder of the Part of the act became effective July 1, 2023.

### **Care for Women, Children, and Families Act - Part VI.**

SL 2023-14 (S20)

Part VI of S.L. 2023-14 amends the current law for the safe surrender of an infant by identifying specific individuals to whom an infant can be surrendered and outlining the duties, immunity, confidentiality, and notice related to a safely surrendered infant. It also appropriates funds to the State Maternity Home Fund, prevents racial discrimination in adopting or placing a child for foster care, increases the kinship care and foster care rates, appropriates funds to cover a loss in federal receipts from the Family First Prevention Services Act, and appropriates funds to the NC Finish Line Grants Program.

This bill was vetoed by the Governor on May 14, 2023. The veto was overridden by the General Assembly on May 16, 2023. The safe surrender provisions of this Part of the act became effective October 1, 2023, and apply to infants surrendered on or after that date. The remaining provisions of this Part became effective July 1, 2023.

### **Care for Women, Children, and Families Act - Part VII.**

SL 2023-14 (S20)

Part VII of S.L. 2023-14 requires reimbursement rates for three-, four-, and five-star rated childcare facilities to be funded at the 75th percentile of the 2021 Child Care Market Rate Study as of October 1, 2023. Funds are appropriated for this purpose. Tuition reimbursement for low-income children at private childcare facilities is decoupled from subsidized childcare market rates.

This bill was vetoed by the Governor on May 14, 2023. The veto was overridden by the General Assembly on May 16, 2023. This Part of the act became effective July 1, 2023.

### **The Loving Homes Act.**

SL 2023-82 (H815)

S.L. 2023-82 allows a foster home which otherwise qualifies for family foster home licensure but for having five biological children residing in the home to provide care for one foster child or sibling group and codifies certain provisions of the Administrative Code related to family foster homes.

If the amended State plan does not require approval by the U.S. Secretary of Health and Human Services, Section 1 of the act becomes effective on October 1, 2023. If the amended State plan requires approval, then Section 1 becomes effective on the date that the amended family foster

care home rule is approved by the Secretary. The Secretary of North Carolina Health and Human Services must report to the Revisor of Statutes the effective date of the statute once known. The remainder of the act became effective July 7, 2023.

### **Child Advocacy Centers/Share Information.**

SL 2023-96 (H674)

S.L. 2023-96 establishes criteria for Children's Advocacy Centers to receive State funds, establishes confidentiality requirements for the sharing of information and access to records held by Children's Advocacy Centers and multidisciplinary teams, and establishes immunity from liability for certain circumstances for the multidisciplinary team, individuals and volunteers working for a Children's Advocacy Center.

This act becomes effective July 1, 2024.

### **Parents' Bill of Rights.**

SL 2023-106 (S49)

S.L. 2023-106, as amended by Section 7.81 of S.L. 2023-134, does the following:

- Establishes a Parents' Bill of Rights enumerating certain rights of parents related to the education, health, privacy, and safety of their child.
- Requires public school units to provide parents with information related to parental involvement in schools, legal rights for their child's education, and guides for student achievement.
- Requires public school units to provide notifications on student physical and mental health, require age-appropriate instruction on certain topics in kindergarten – fourth grade, and create remedies for parents to address concerns over implementation of these requirements.
- Requires health care practitioners to obtain written consent from the parent of a minor child before providing treatment.

This act has various effective dates. Please see full summary for more details.

### **Estates and Trusts Changes.**

SL 2023-120 (S218)

Part I of S.L. 2023-120 makes changes related to the yearly allowance for a spouse and child of a decedent as follows:

- The procedure for requesting a year's allowance.
- Eliminating the use of magistrates.

- Funding the surviving spouse's yearly allowance is given priority over pro-rata funding shared with minor children.
- The children's yearly allowance is limited to children under 21, the amount is increased to ten thousand dollars (\$10,000), and the priority for who can receive the allowance on behalf of the child(ren) is to be reordered.
- Assets recovered by the personal representative for payment of claims of decedent's creditors or debts of the estate is used to pay the yearly allowance of a spouse and child prior to paying other claims.

Part II of S.L. 2023-120 amends G.S. 31-5.4 to change the treatment of a former spouse in estates by treating the former spouse as having predeceased the testator when the testator did not remove the former spouse from their will unless a contrary intent is expressly included in the will or through subsequent actions such as remarriage or execution of additional documents. G.S. 36C-6-606 is also amended to make technical and conforming changes to align with the proposed language of G.S. 31-5.4.

Sections 1.2 and 1.3 are effective March 1, 2024, and apply to decedents dying on or after that date. Sections 2.1 and 2.2 are effective March 1, 2024, and apply to wills probated on or after that date. Except as otherwise provided, S.L. 2023-120 is effective March 1, 2024.

### **Adoption Law/Notary Changes/Guardianship Rights.**

SL 2023-124 (S615)

S.L. 2023-134 made the following changes:

- Section 1 of S.L. 2023-124 allows a former stepparent to adopt an adult adoptee.
- Section 2 of S.L. 2023-124 modifies the law related to the redaction of certain information from a preplacement assessment.
- Section 3 of S.L. 2023-124 expands the acknowledgment options related to agency relinquishments for adoption.

### **Management Flexibility for the Department of Health and Human Services to Expend Certain ARPA Temporary Savings Fund Appropriations for Purposes Related to Child and Family Well-Being – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9B.9

Section 9B.9 of S.L. 2023-134 appropriates nonrecurring funds from the ARPA Temporary Savings Fund to the Department of Health and Human Services (DHHS) for the 2023-2024 fiscal year in the amount of \$20 million and for the 2024-2025 fiscal year in the amount of \$60 million. These funds must be allocated and used for the purposes below:

- Supporting families and other caregivers of children with high behavioral health or other special needs through community intensive support expansion and increasing structured options to meet the needs of those children.

- Strengthening specialized treatment options for children with complex behavioral or other special needs.

DHHS may allocate the funds to the following Divisions in such amounts, programs, and initiatives it deems necessary if the purpose and initiatives meet the requirements above:

- Child Welfare and Family Well-Being.
- Mental Health, Developmental Disabilities, and Substance Use Services.
- Social Services.

This section became effective July 1, 2023.

## **NC Pre-K Programs/Standards for Four- and Five-Star Rated Facilities – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9D.1

Section 9D.1 of S.L. 2023-134 requires the Department of Health and Human Services, Division of Child Development and Early Education (DCDEE) to continue implementation of the prekindergarten program (NC Pre-K).

Eligibility requirements for the NC Pre-K program include the following:

- The child must be four years old on or before August 31 of the program year.
- Income cannot exceed seventy-five percent (75%) of the State median income.
  - Up to twenty percent (20%) of the enrolled children can exceed this limitation if they also have other designated risk factors.
- Any age-eligible child whose parent is a member of the Armed Forces of the United States is eligible for enrollment if one of the following conditions is met:
  - A parent was ordered to active duty within the last 18 months or is expected to be ordered to active duty within the next 18 months.
  - A parent was killed in action while on active duty.
  - The Armed Forces of the United States includes the North Carolina National Guard, State military forces, or a reserve component of the Armed Forces.
- Eligibility determinations can continue through partnerships with local education agencies and local North Carolina Partnership for Children, Inc.
- The maximum staff-to-child ratio must not exceed one staff per 10 children and the classroom size cannot exceed 20 children.
- A classroom with 11 to 20 students must have at least one teacher and one teacher assistant.
- A classroom with 10 or less students must have at least one teacher.
- The Child Care Commission must adopt rules and DCDEE must revise rules or policies necessary to implement the staff-to-child ratio and classroom size rules.
- DCDEE must require the NC Pre-K contractor to issue multiyear contracts for licensed private child care centers providing NC Pre-K classrooms.

- Private child care providers and public schools providing NC Pre-K classrooms must meet building requirements for preschool students provided by law (G.S. 115C-521.1) and notwithstanding the mandatory building standards for a license (G.S. 110-91(4)).
- NC Pre-K classrooms must comply with all policies by DCDEE regarding program standards and classroom requirements except as provided.
- Local Pre-K committees must use the standards developed by DCDEE for awarding classroom slots and student selection.
- DCDEE must submit an annual report by March 15 to the Joint Legislative Oversight Committee on Health and Human Services, Office of State Budget and Management, and the Fiscal Research Division of the General Assembly. This report must include the following:
  - The number of children participating in the program broken down by county.
  - The number of children participating in the program who have never been served by any other early education program.
  - The expected expenditures for the programs and the source of local funds.
  - The results of an annual evaluation of the program.
  - The administration of the program by local partners is subject to financial and compliance audits authorized under G.S. 143B-168.14(b).

This section became effective July 1, 2023.

### **Child Care Subsidy Rates – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9D.3

Section 9D.3 of S.L. 2023-134 establishes the requirements and rules regarding child care subsidy rates including the following:

- The maximum gross annual income for initial eligibility for subsidized child care services must be on an income percentage of the federal poverty level as follows:
  - 200% for children aged zero to five years.
  - 133% for children aged 6-12.
  - 200% for any child with special needs.
- Establishes maximum fees a family pays if they are required to share in the cost of child-care.
- Purchase of child care services for low-income families must meet the following requirements:
  - Religious sponsored facilities and licensed child care centers and homes meeting the minimum licensing requirements must be paid the one-star county market rate or the rate they charge private pay parents unless otherwise prohibited by this section.
  - Licensed centers and homes rated with two or more stars must receive the market rate for the age group.
  - Payments for transportation provided by the child care center or home must not be made.

- Postsecondary education child care payments are limited to a maximum of 20 months enrollment which does not start until the family's recertification.
- Department of Health and Human Services is required to restructure services, including targeting benefits to employment, and implement rules necessary to do so.
- Establishes payment rates for counties with fewer than 50 children in each age group for center and home-based child care.
- Requires the calculation of market rates for child care for each county and each age group which is representative of fees charged to parents privately paying for child care.
- The Division of Child Development and Early Education (DCDEE) must continue implementation of policies that improve the quality of child care for subsidized children to include a policy in which the subsidies are paid for higher quality centers and home, where possible. DCDEE must define higher quality and not pay subsidies to one- and two-star centers and homes. For counties with insufficient four- and five-star centers, the subsidies can continue to be paid while the centers and homes work to increase their star ratings. Exemptions can be allowed in counties with inadequate four- and five-star facilities for non-rated programs such as religious programs.
- Payments for subsidized child care made with funds from the Temporary Assistance for Needy Families (TANF) block grant must comply with all regulations and policies issued by DCDEE for the subsidized child care program.
- Noncitizen families residing in the State legally must be eligible for subsidized child care payments if all other eligibility requirements are met. Noncitizen families residing in the State illegally are eligible for child care subsidies if all other eligibility requirements are met and at least one of the following is met:
  - The child for whom the subsidy is sought is receiving child protective or foster care services.
  - The child for whom the subsidy is sought is developmentally delayed or is at risk of developmental delay.
  - The child for whom the subsidy is sought is a citizen of the United States.
  - Any forms used to determine eligibility for a subsidy must include whether the family seeking the subsidy is receiving assistance through NC Pre-K or Head Start.
- Department of Defense (DOD) certified child care facilities can participate in this subsidy program with the state subsidy supplementing other funds received by the DOD facility.

This section became effective July 1, 2023.

### **Child Care Allocation Formula – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9D.4

Section 9D.4 of S.L. 2023-134 requires Division of Child Development and Early Education (DCDEE), Department of Health and Human Services (DHHS), to allocate child care subsidy vouchers. The base amount for each county is the mandatory 30% North Carolina Partnership for Children, Inc. subsidy allocation. DHHS must use the procedure established in this section for the

allocation of federal and State child care funds exclusive of the North Carolina Partnership for Children, Inc. subsidy allocation.

This section further requires DCDEE to submit a report to the Joint Legislative Oversight Committee of the Department of Health and Human Services and the Fiscal Research Division each year of the 2023-2025 biennium which must include the following:

- The amount of funds used for preventing termination of services and repayment of federal funds.
- The date remaining funds were distributed to counties.
- Any counties that received less funds than the previous year and the amount the funds were decreased.

The county can reallocate unused child care subsidy vouchers to meet the child care needs of low-income families. The reallocation must be based on the expenditure of all child care subsidy voucher funds in the county.

Additional requirements of DCDEE include calculation of the market rate increase in the formula established by this section.

This section became effective July 1, 2023.

### **Smart Start Initiatives – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9D.5

Section 9D.5 of S.L. 2023-134 establishes the policies and procedures for Smart Start Initiatives including:

- The North Carolina Partnership for Children, Inc. must ensure policies focus on improving child care quality in North Carolina for children from birth to five years old including utilization of funds for activities which assist child care facilities in improving quality and implementing pre-kindergarten programs. Improvement of quality includes helping one-, two-, and three-star programs increase their star ratings.
- State funding for local partnerships must also be used for evidence-based and evidence-informed programs for children from birth to five years old which increase children's literacy; increase the parent's ability to raise healthy, successful children; improve children's health; and assist four- and five-star facilities improve and maintain quality.
- This section establishes the requirements for the administration of the initiative including capping the administrative costs at no more than 10% of the total statewide allocation to all local partnerships.
- This section also establishes the criteria for the salary schedule for the Executive Director of the North Carolina Partnership for Children, Inc. and the directors of the local partnership which must be used to determine the maximum amount of State funds which can be used for payment of those salaries. There is no prohibition on using non-State funds to supplement those salaries.



- In addition, this section requires that the North Carolina Partnership for Children, Inc., and the local partnerships comply with the following:
  - In the aggregate, they must match 100% the funds allocated by the State for each year of the 2023-2025 fiscal biennium which can be done through a minimum of a 13% cash contribution and a maximum of 6% in-kind contributions.
  - Utilize competitive bidding in contracting for goods and services which is based upon the cost of the goods or services being sought.
- The North Carolina Partnership for Children, Inc. must not reduce the allocation of a county with a population less than 35,000 below the 2012-2013 level.
- The Department of Health and Human Services must continue with the implementation of a performance-based evaluation system.
- Capital expenditures and expenditures of State funds for advertising and promotional activities are prohibited for the 2023-2025 biennium. Up to 1% of State funds can be used by the North Carolina Partnership for Children, Inc. for fundraising. Its required annual report must include the amount of funds spent on fundraising, any return on fundraising investments, and any other pertinent information.

This section became effective July 1, 2023.

### **Smart Start Literacy Initiative/Dolly Parton's Imagination Library – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9D.6

Section 9D.6 of S.L. 2023-134 allocates a portion of the funds allocated by the act to the North Carolina Partnership for Children, Inc. from the Department of Health and Human Services, to be used to increase access to Dolly Parton's Imagination Library.

The North Carolina Partnership of Children, Inc. can use up to 1% of the funds for statewide management and up to 1% for program evaluation.

Funds allocated under this section are not subject to the following:

- The administrative cost requirements under Section 9D.5(b) of this act.
- The child care services funding requirements under G.S. 143B-168.15(b).
- The child care subsidy expansion requirements under G.S. 143B-168.15(g).
- The match requirements under Section 9D.5(d) of this act.

This section became effective July 1, 2023.

## **Increase Provision of In-Home Child Care/Pilot Program – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9D.8

Section 9D.8 of S.L. 2023-134 appropriates \$525,000 in nonrecurring funds from the General Fund to the Division of Child Development (DCDEE), Department of Health and Human Services, and Early Education for each year of the 2023-2025 fiscal biennium to establish a pilot program that provides business and financial assistance in establishing new in-home child care programs and sustaining existing in-home child care programs. DCDEE must:

- Issue a request for application (RFA) for an organization to contract with DCDEE to administer the program by January 15, 2024.
- Submit a report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division of the General Assembly by January 31, 2025. The report must contain the number of child care programs created through the pilot program by county and any other relevant information.

This section became effective July 1, 2023.

## **Tri-Share Pilot Program – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9D.9

Section 9D.9 of S.L. 2023-134 requires the Division of Child Development and Early Education (DCDEE), Department of Health and Human Services, in collaboration with the North Carolina Partnership for Children, Inc., to develop the Tri-Share Pilot Program. This is a two-year pilot program creating a public/private partnership for the sharing of child care costs equally between the employee, the employer, and the State. The State will provide \$900,000 in nonrecurring funds for each year of the 2023-2025 fiscal biennium to be divided evenly between the regional hubs to be established under this section and selected to participate in the pilot program. Any unused funds must revert to the General Fund. Local partnerships chosen to serve as facilitator for each hub must design the program requirements consistent with this section. Childcare for this section includes full-time and part-time care, before and after school care, and summer camps. The regional facilitator can use up to 9% of its allocated funds for administrative costs. Within six months of the completion of the pilot program, DCDEE must submit a report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division of the General Assembly including, at a minimum, the following:

- The number of children served by age and county.
- Total pilot program costs including administrative costs.
- The amount of funds needed to expand the program statewide.
- The list of employers participating in the pilot program.
- Any other relevant information.

This section became effective July 1, 2023.

## **Increase Capacity/Family Child Care Homes – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9D.10

Section 9D.10 of S.L. 2023-134 amends the law (G.S. 110-86(3)) to increase the maximum number of children allowed in a family child care home to 10 children provided the arrangement complies with the law on family child care home capacity (G.S. 110-91(7)b).

This section also amends the family child care home capacity law (G.S. 110-91(7)b) to allow a family child care home to provide care to one of the following groups of children:

- A maximum of eight children made up of no more than five children from birth to five years old and three school-aged children.
- A maximum of three children from birth to 24 months old, plus three children from two to five years old, and three school-aged children up to 13 years old, for a maximum of nine children.
- A maximum of 10 children if all children are older than 24 months old.
- Each of these numbers includes the operator's own preschool aged children and excludes the operator's school aged children up to 13 years old.

This section became effective July 1, 2023.

## **Extend Compensation Grants for Child Care Programs – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9D.11

Section 9D.11 of S.L. 2023-134 amends Section 9L.2(b) of S.L. 2021-180, as amended by Section 9L.2(a) of S.L. 2022-74 as follows:

- Provides that \$503,793,711 in nonrecurring funds appropriated in this act from the federal Child Care and Development Block Grant funds received under ARPA by the Division of Child Development and Early Education, Department of Health and Human Services, must be allocated as follows:
  - Up to \$274 million of the funds must be used as follows:
    - Up to \$206 million and no more than \$215 million must be used to reduce the waitlist for subsidized child care of children in foster care.
- Reducing the waitlist for subsidized child care for children not in foster care is to be addressed, after the waitlist for children in foster care is addressed.
  - A portion of these funds must be used to extend the compensation grants under the child care stabilization grants authorized under Section 3.2(a) of S.L. 2021-25, until these funds are exhausted.
- Up to \$207,777,789 of the funds may be used to increase the supply of qualified teachers by providing bonuses and other programs such as fast-track programs.

This section became effective July 1, 2023.

## **Additional Medicaid Services for Foster Youth – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9E.21

Section 9E.21 of S.L. 2023-134 provides that youth receiving foster care services through the county are entitled to trauma-informed interventions that are also evidence-based, evidence-informed or both. Under this section, the Division of Health Benefits (DHB), Department of Health and Human Services (DHHS) must convene a workgroup to identify innovative Medicaid services to fill in gaps in the care received by these youth. The service options must be one of the following:

- Models of community evidenced-based, and evidence-informed practices supporting a foster child's timely return to their family and diverting from higher levels of foster care placement.
- Models of intensive community or short-term residential treatment options serving children with higher acuity needs and which divert a child from a higher-level placement.

The workgroup must consist of county child welfare agencies, individuals with lived experiences in child welfare, Benchmarks, prepaid health plans, and LME/MCOs.

No more than three months after completing the workgroup work, DHB must begin distributing funds appropriated in this act to be used for the innovative Medicaid services identified by the workgroup. These funds can be used for either of the following:

- New services identified by the workgroup that can be implemented regionally or statewide.
- Expanding a service or modality to a county or region where it was not previously available.

Any entity receiving these funds must provide DHB with the following information:

- Timelines for, and establishment of, first- and second-year deliverables for any service that can be a phased-in service.
- Identification of required funding, including start-up funding and a three-year budget, including projected revenue sources and amounts.
- Specific outcome measures with attestation of timely submission of data to the prepaid health plan and DHB. The outcomes must be aligned with child welfare safety and permanency measures and support positive childhood outcomes.

DHHS may prioritize the funds distribution to the areas of greatest need identified by the workgroup.

DHHS must provide training to all county departments of social services and must offer training to tribal welfare offices on any Medicaid services funded under this section and must continue to provide status updates on implementation to any county or tribal offices within any impacted counties or regions.

This section became effective October 3, 2023.

### **Children and Families Specialty Plan – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9E.22

Section 9E.22 of S.L. 2023-134 requires the Department of Health and Human Services (DHHS) to issue a request for proposals (RFP) for a Medicaid managed care statewide children and families specialty plan (CAF Specialty Plan) contract to serve children who are enrolled in foster care, are receiving adoption assistance, or are former foster care children under age 26, and their family members, beginning on December 1, 2024. This section makes other changes to the Medicaid managed care statutes.

All changes in this section became effective October 3, 2023.

### **Establishment and Funding of the State Office of Child Fatality Prevention within the Department of Health and Human Services, Division of Public Health – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9H.15(a)-(d)

Section 9H.15(a)-(d) of S.L. 2023-134 creates the State Office of Child Fatality Prevention by creating several new statutes (Part 4C in Article 3 of Chapter 143B). There is a new definition section (G.S. 143B-150.25) that defines the Child Fatality Prevention System as being comprised of: Local Teams, the NC Child Fatality Task Force (G.S. 7B-142), the State Office of Child Fatality Prevention, and staff within the Office of the Chief Medical Examiner whose primary responsibilities involve death investigations into child fatalities. The State Office of Child Fatality Prevention is established within the Division of Public Health (DPH), Department of Health and Human Services (DHHS), and will serve as the lead agency for child fatality prevention and coordinate State level support functions in a manner that maximizes efficiency and effectiveness and expands system capacity (G.S. 143B-150.26).

Powers and Duties - The powers and duties (G.S. 143B-150.27) of the State Office are as follows:

- Coordinate the work of the statewide Child Fatality Prevention System.
- Implement and manage a centralized data and information system capable of gathering, analyzing, and reporting aggregate information from child death review teams with appropriate protocols for sharing information and protecting confidentiality.
- Create and implement tools, guidelines, resources, and training, and provide technical assistance for Local Teams to enable the teams to do the following:
  - Conduct effective reviews tailored to the type of death being reviewed.
  - Make effective recommendations about child fatality prevention.
  - Gather, analyze, and appropriately report on case data and findings while protecting confidentiality.
  - Facilitate the implementation of prevention strategies in their communities.

- Work with medical examiner child fatality staff and the State Center for Health Statistics to provide Local Teams initial information about child deaths in their respective counties.
- Perform research, consult with stakeholders and experts, and collaborate with others to understand the causes of child deaths and strategies, programs, and policies to prevent child deaths, abuse, and neglect in order to inform the work of the Child Fatality Prevention System or as requested by the Child Fatality Task Force.
- Educate State and local leaders, including the General Assembly, and others about the Child Fatality Prevention System and issues and prevention strategies addressed by the system.
- Collaborate with State and local agencies, nonprofit organizations, academia, advocacy organizations, and others to facilitate the implementation of evidence driven initiatives to prevent child abuse, neglect, and death, such as education and awareness initiatives.
- Create and implement processes for evaluating the ability of the Child Fatality Prevention System to achieve outcomes and to report to the Child Fatality Task Force.
- Consider opportunities to seek and administer grant and other non-State funding sources to support State or local efforts.
- Develop guidance, including a model agreement to be used by counties, to inform local decisions about the formation and implementation of single versus multicounty Local Teams.

Funding - Of the funds appropriated by the act to DPH, the recurring sum of \$569,885, and the nonrecurring sum \$18,115 for the 2023-2024 fiscal year; and the recurring sum of \$758,885 for the 2024-2025 fiscal year must be allocated and used as follows:

- \$554,885 in recurring funds for each year of the 2023-2025 fiscal biennium for operational costs to establish the State Office. DHHS may use up to \$514,735 of these recurring funds for each year of the 2023-2025 fiscal biennium to establish up to five full time positions within the State Office.
- \$18,115 in nonrecurring funds for the 2023-2024 fiscal year for nonrecurring costs associated with establishing the State Office.
- Up to \$15,000 in recurring funds for each year of the 2023-2025 fiscal biennium to support the work of the Child Fatality Task Force and to pay its members, staff, and consultants in accordance with statutes (G.S. 7B-1414), as amended by this act.

DHHS is prohibited from using the funds listed above for any purpose other than those specified.

\$189,000 in recurring funds for the 2024-2025 fiscal year must be distributed among the State's 100 counties, as determined by DHHS, to support implementation of the changes authorized by this act to restructure child death reviews by Local Teams and to offset the costs associated with Local Team participation in the National Fatality Review Case Reporting System. Counties are prohibited from using these funds for any purpose other than specified.

This portion of this section that makes statutory changes creating the State Office of Child Fatality Prevention became effective October 3, 2023, the funding portions became effective July 1, 2023.

## **Modifications and Additions to Child Fatality System Statutes to Restructure Child Death Review Teams, Implement Participation in the National Fatality Review Case Reporting System, and Clarify the Functions of the North Carolina Child Fatality Task Force – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9H.15(f)-(i)

Section 9H.15(f)-(i) of S.L. 2023-134 amends Article 14, North Carolina Child Fatality Prevention System, of Chapter 7B of the General Statutes, by amending current statutes and creating new statutes pertaining to (i) the North Carolina Child Fatality Task Force; (ii) the responsibilities for the Local Team for each County or the Multicounty Local Team; (iii) the review of child maltreatment deaths; (iv) the review of infant deaths; (v) Team findings and reporting; (vi) the duties of the medical examiner child fatality staff; (vii) the duties of the director of the local department of health, director of county department of social services, or consolidated health and human services director; (viii) records access; (ix) participation in the National Fatality Review Case Reporting System; and (x) administration and funding.

The Child Fatality Prevention System is a statewide system that includes: Local Teams, the North Carolina Child Fatality Task Force (Task Force), the State Office, and the medical examiner child fatality staff. The following terms are defined as follows (G.S. 7B-1401):

- Local Team – A multidisciplinary child death review team that is either a single or multicounty team responsible for performing any type of review required by law (Article 14, Chapter 7B).
- Medical Examiner child fatality staff – Staff within the Office of Chief Medical Examiner whose primary responsibilities involving reviewing, investigating, training, educating, or supporting death investigations of child fatalities falling under the medical examiner's jurisdiction.
- National Fatality Review Case Reporting System (NFR-CRS) – The web-based system used by a majority of states to provide child death teams with a method of capturing, analyzing, and reporting a full set of information provided at the review.
- State Office – The State Office of Child Fatality Prevention (as established in Section 9H.15(a) of S.L. 2023-134.)

The North Carolina Child Fatality Task Force (G.S. 7B-1402.5) will receive recommendations from three new committees: a Perinatal Health Committee, an Unintentional Death Prevention Committee, and an Intentional Death Prevention Committee. The recommendations developed by the committees and submitted to the Task Force become effective upon majority vote of the Task Force. The Task Force chair or cochairs will work with the Secretary of the Department of Health and Human Services to hire or designate staff to coordinate the work of the Task Force. Task Force duties (G.S. 7B-1403) are outlined below.

- Study the incidences and causes of child deaths in the State and evidence-driven strategies for prevention of future deaths, abuse, and neglect. The minimum study requirements include:

- Aggregate information from child death reviews compiled by the State Office addressing data on child deaths, systemic problems, and Local Team recommendations for prevention or changes in law or policy.
- A data analysis of all child deaths by age, cause, race and ethnicity, socioeconomic status, and geographic distribution.
- Information from subject matter experts to aid in understanding the cause of child deaths, strategies to prevent child deaths, abuse, and neglect, or a combination of these.
- Advise the State Office regarding an effective statewide system for multidisciplinary review of child deaths and implementation of evidence-driven strategies to prevent child deaths, abuse, and neglect.
- Receive reports from the State Office addressing aggregate data, information, findings, and recommendations resulting from Local Team reviews of child deaths, the functioning of the statewide system, and any other information the Task Force deems relevant to carrying out its duties.
- Recommend changes in law, policy, rules, or implementation of evidence-driven prevention strategies.
- Any other study, evaluation, or determination the Task Force considers necessary to carry out its duties.

Reports -The Task Force is required (G.S. 7B-1412) to report annually within the first week of the convening or reconvening of the General Assembly. The reports must be made to the General Assembly, the Governor, the Secretary of Health and Human Services, and the Chairs of the House and Senate Appropriations Committees on Health and Human Services, the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Justice and Public Safety, and the Joint Legislative Education Oversight Committee. At a minimum, the report must contain: a summary of the conclusions and recommendations for each of the Task Force's duties, a summary of activities and functioning of the Child Fatality Prevention System as a whole, and any other recommendations for changes to any law, rule, policy, or for the implementation of evidence-driven strategies that will promote the safety and well-being of children including specific legislative policies or proposals. The Task Force may seek assistance from the Fiscal Research Division of the General Assembly in the development of fiscal notes or other fiscal information to accompany the recommendations.

Administration – Current law (G.S. 7B-1414) is amended to require the Task Force to work with the Secretary of Health and Human Services to hire or designate staff consultants to assist the Task Force and its committees. The amendments also clarify travel and subsistence expense payment for Task Force members.

Local Teams (G.S. 7B-1406.5) – Each county's local board of commissioners must determine whether the county will have its own Local Team or participate in a multicounty Local Team. The board of commissioners will make the determination based on a consultation with the local health department director, the local department of social services director or the consolidated human services director, and guidance created by the State Office. Local Teams must participate



in periodic training provided by the State Office and must employ best practices in conducting child death reviews.

**Local Team Mandatory and Permissive Review of Deaths** - Each Local Team must conduct a mandatory review (G.S. 1406.5(c)) for all child deaths of resident children under age 18 in the county or counties comprising the Local Team that fall under the following categories: (i) undetermined cause of death, (ii) unintentional injury, (iii) violence, (iv) motor vehicle incidents, (v) deaths related to child maltreatment or where the child or the child's family was reported to child protective services, (vi) sudden unexpected infant death, (vii) suicide, (viii) deaths not expected in the next six months, and (ix) infant deaths related to low birth weight, short gestation, perinatal complications, etc (G.S. 7B-1407.6). A review of fatalities outside of the nine required categories is permitted. The Local Team would also review an active case or cases if requested by the director of the local department of social services. Under these circumstances, the Local Team is not required to make findings or create reports of such reviews but may develop recommendations.

**Local Team Composition (G.S. 7B-1407)** – Local Teams must consist of representatives of public and nonpublic agencies that provide services to children and their families and other individuals who represent the community. The required membership for the Local Team was increased from 10 to 15 members with the following representatives added: an emergency medical services provider or firefighter, a district court judge, a county medical examiner, a representative of a local childcare facility or Head Start program, and a parent of a child who died before reaching the child's eighteenth birthday. Previously, these five additional individuals were included under limited certain circumstances. The chair of the Local Team may appoint up to an additional five ad hoc members on a case-by-case basis if the chair believes the individual's area of expertise will aid in the evaluation of a specific case. An ad hoc member may be selected from outside of the area served by the Local Team and must sign the same confidentiality agreement as the permanent members.

**Review of child maltreatment deaths and deaths of children known to child protective services (CPS) (G.S. 7B-1407.5)** – The provisions of this law apply when, in addition to other requirements, the following criteria are met: the decedent was reported as being abused or neglected regardless of the final disposition of that report; there was a report of abuse or neglect involving the child's family within three years of the child's death regardless of the disposition; the decedent or the decedent's family was involved with CPS within three years of the child's death; available information indicates that possible abuse or neglect may be a direct or contributing cause of the child's death.

Under this new law, the State Office is required to perform the steps below for child death reviews when the criteria outlined above is met.

- Develop policies, procedures, and tools to address effective reviews of these types of deaths based on best practices and available resources.

- Provide technical assistance to the Local Teams which may include assistance coordinating the review, gathering information, determining participants, following procedures, developing recommendations, and drafting reports.
- Create a proper process that complies with federal and State laws for the creation and release of reports resulting from Local Teams' review of deaths under these categories. and addresses the following: findings and recommendations related to improving coordination between State and local entities regarding child deaths in these categories; disclosure of information in child fatality or near fatality cases (G.S. 7B-2902); and information the State is required to disclose under federal law.
- Develop and implement a process to follow up with an agency on the implementation of recommendations. If feasible, the State Office should work with the agency to assist in implementation of the recommendations.
- Work with the Division of Social Services, the Office of the Chief Medical Examiner, the State Center for Health Statistics, and other relevant experts and agencies in the development of a system for the State Office to identify these categories of child fatalities and a system for defining, identifying, and including the child fatality data North Carolina is required to report to the federal government.
- Work with the Division of Social Services (DSS) to determine the manner in which information from internal fatality reviews by DSS can appropriately inform Local Team reviews of these cases.
- Work with DSS to determine the manner in which information from a review of child maltreatment deaths and deaths of children known to CPS can be shared with citizen review panels (established under G.S. 108A-15.20).

When reviewing child maltreatment deaths and deaths of children known to CPS, Local Teams have the following powers and duties regarding their review:

- Conduct reviews within the policies and procedures established by the State Office and seek technical assistance from the State Office when necessary.
- When the Local Team determines it is necessary, the Team may conduct interviews of individuals who are determined to have pertinent information regarding the death under review and may examine pertinent written documentation. The Local Team may not contact or interview family members of the decedent or conduct an interview or take other action which would interfere with a law enforcement investigation or the duties of the district attorney.
- Work with the State Office to produce a report appropriate for public release addressing the findings and recommendations within the limitations of State and federal law. Consultation with the district attorney must occur prior to the release of this report. The findings of this report are not admissible as evidence in any civil or administrative hearing against individuals or entities participating in a review required under these circumstances.

Review of infant deaths (G.S. 7B-1407.6) – The State Office is required to consult with perinatal health experts and participants in reviews of infant deaths, to develop criteria Local Teams must use to identify a subset of additional infant deaths subject to review that fall outside of the nine

categories for mandatory review of deaths (G.S. 7B-1406(c)) taking into account the leading causes of infant death such as short gestation, low birthweight, and perinatal complications. These criteria must be updated at least biannually.

**Team Findings and Reporting (G.S. 7B-1407.10)** - The Local Team must make findings addressing at least the following for each child death reviewed: significant challenges faced by the child or family, the systems with which they interacted, and the outcomes of those interactions; notable positive elements that may have promoted resiliency in the child or family, the systems with which they interacted and the outcome, recommendations and initiatives that could be implemented to prevent future deaths, and whether the cause or a contributing cause of death was related to child abuse or neglect. There are reporting requirements for required reviews, permissive reviews, and to the county commissioners:

- For each required review (G.S. 7B-1406(c)) information about the case, the circumstances surrounding the death, and the Local Team's finding must be entered into the National Fatality Review Case Reporting System (NFR-CRS) in accordance with required law (G.S. 7B-1413.5).
- For each permissive review (G.S. 7B-1406.5(d)), the Local Team may enter case information into the (NFR-CRS).
- Local Teams must submit an annual report to the board of county commissioners that includes recommendations, if any, for systemic improvements and resources needed to fill gaps or deficiencies. The report must be simultaneously provided to the State Office.

Duties of the medical examiner child fatality staff (G.S. 7B-1407.15) - Medical examiner child fatality staff must work collaboratively with the State Office and Local Teams and provide Local Teams with access to completed reports for review, enter relevant information into NFR-CRS, respond to State Office or Task Force request for data, serve as subject matter experts, and offer training to law enforcement related to child death investigation.

Duties of the director of the local department of health; director of the county department of social services; or consolidated health and human services director for counties with consolidated human services (G.S. 7B-1410) – Current law is amended to add a duty for the director of the local department of health to serve alongside the Local Team as a liaison between the State Office and the Local Team. Additionally, the following duties for the local department of social services director as a member of the Local Team are added: serve along with the Local Team Chair as a liaison between the State Office and the Local Team; provide staff support for cases reviewed under the permissive review of active CPS cases (G.S. 7B-1405.5(e)) or review of child maltreatment deaths or deaths of children known to CPS (G.S. 7B-1407.5); report on Team activities quarterly to the county board of social services, or as required by the board; determine whether and when to request the Local Team, or citizen review panel, to review an active CPS case as required by law (G.S. 7B-1406.5(e) and G.S. 108A-15.20).

Participation in the National Fatality Review Case Reporting System (NFR-CRS) (G.S. 7B-1413.5) – A new law is created that requires Local Teams, the State Office, and medical examiner child fatality staff to utilize the NFR-CRS to collect, analyze, and report information on child death

reviews. The State Office is required to provide coordination, training, management, and technical assistance to support the State's full and effective participation in NFR-CRS. The State Office is also required to provide policies, guidelines, and training for Local Teams for NFR-CRS use including the protection of information and authorized access.

Section 9H.15(i) of S.L. 2023-134 provides that participation in the NFR-CRS, as contained in G.S. 7B-1413.5, becomes effective July 1, 2025.

Access to records and Disclosure in child fatality or near fatality cases - Current law (G.S. 7B-1413) is amended to make conforming changes using the new process and terminology previously outlined above. With regard to record access, the law clarifies that subject to all State and federal laws, the Local Teams, Task Force, and State Office have access to all medical records, hospital records, and records maintained by the State, any county, or any local agency deemed necessary to carry out the law (Article 14, Chapter 7B). If requested information is not received within 30 days from making the request, the requesting entity may file an application in district court of the county where the review is taking place seeking a court order compelling disclosure of the records. The district court must schedule the matter for immediate hearing and appellate courts must give priority to appeal of those orders. Additionally, citizen review panels are given access to information obtained or created under these provisions when the information is relevant to the purposes of the citizen review panels.

Disclosure in child fatality or near fatality cases - Current law (G.S. 7B-2902) is amended to make conforming changes using the new process and terminology previously outlined above.

Effective Dates - Except as otherwise provided, Section 9H.15 (f) and(g) summarized above became effective October 3, 2023.

Section 9H.15(h) of S.L. 2023-134 repeals the following laws effective January 1, 2025: State Team creation, membership, duties (G.S. 7B-1404); State Team duties (G.S. 7B-1405), Community Child Protection Teams: Child Fatality Prevention Teams; creation and duties (G.S. 7B-1406), Child Fatality Prevention Team Coordinator; duties (G.S. 7B-1408), Community Child Protection Teams; duties of the director of the county department of social services (G.S. 7B-1409), Community Child Protection Teams; responsibility for training of team members (G.S. 7B-1411), State Child Fatality Review Team; establishment; purpose; powers; duties; report by Division of Social Services (G.S. 143B-150.20).

## **Establishment of North Carolina Citizen Review Panels – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9H.15(j)

Section 9H.15(j) of S.L. 2023-134 establishes at least three citizen review panels as required by the federal Child Abuse Prevention and Treatment Act (CAPTA). These panels must be operated and managed by a qualified organization independent from any State or county department of social services. Each panel will consist of volunteer members broadly representing the community including members with expertise in the prevention and treatment of child abuse

and neglect and can include adult former victims of child abuse or neglect. The panels will evaluate the extent to which the State is meeting its responsibilities under its CAPTA State Plan, review policies, procedures, and practices of State and local child protection agencies, and can review any other criteria it determines important to the safety of children, including review of child fatalities and near fatalities, and the extent to which the State and local child protective services are coordinated with Title IV-E foster care and adoption assistance programs of the Social Security Act. The panels must include public outreach and comment to assess the impact of current procedures and practices on children and families. The panels must prepare an annual report available to the State and public summarizing the panel's activities and recommendations for improving child protection at the State and local level. The Division of Social Services must prepare a response to the review panels' report describing whether or how the recommendations will be incorporated to make measurable progress in improving State and local child protective services.

This section becomes effective January 1, 2025.

### **Child Welfare Postsecondary Support Program (NC Reach) – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9J.5

Section 9J.5 of S.L. 2023-134 requires that funds appropriated by the act from the General Fund to the Department of Health and Human Services (DHHS) for the child welfare postsecondary support program be used to continue providing assistance with the cost of attendance as defined in federal law (20 U.S.C. 1087II) for the needs of (i) foster youth aging out of the foster care system, (ii) foster youth who exit foster care to a permanent home through the Guardianship Assistance Program, or (iii) special needs children adopted from foster care after the age of 12. These funds must be allocated by the State Education Assistance Authority.

This section also allocates \$50,000 of the funds appropriated from the General Fund to DHHS for each year of the 2023-2025 fiscal biennium to the State Education Assistance Authority (SEAA). The SEAA must only use these funds to perform the administrative functions necessary to manage and distribute the scholarships under the section.

Additionally, this section requires that \$339,493 of the funds appropriated from the General Fund to DHHS for each year of the 2023-2025 fiscal biennium be used to contract with an organization to administer the child welfare education program inclusive of case management services.

The funds appropriated in the act to DHHS for the child welfare postsecondary support program must only be used for students attending in State public institutions of higher education.

This section became effective July 1, 2023.

## **Federal Child Support Incentive Payments – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9J.6

Section 9J.6 of S.L. 2023-134 requires the North Carolina Child Support Services Section (NCCSS), Division of Social Services, Department of Health and Human Services, to retain up to 15% of the annual federal incentive payments received to enhance centralized child support services. To meet this requirement, NCCSS must do the following:

- Consult with county child support services representatives to identify how federal incentive funding can improve centralized services.
- Use federal incentive funds to improve centralized services to supplement the State's funding.
- Continue development and implementation of rules explaining the State's process for calculating and distributing federal incentive funds to the county child support services programs.

This section also requires NCCSS to allocate no less than 85% of the annual federal incentive payments to the county child support services programs and to improve effectiveness and efficiency using federal performance measures. To meet this requirement, NCCSS must:

- Consult with county child support services programs to examine the current method of distributing these federal funds to the county programs and determine whether an alternative method is needed.
- Develop a process to phase if an alternative method of distribution upon adoption of an alternate formula.

This section further requires NCCSS to continue implementing guidelines identifying appropriate uses for the federal incentive funding. Each county child support services program must do the following:

- Submit an annual plan describing how receipt of federal incentive funds will improve efficiency and effectiveness.
- Provide an annual report which must include the following:
  - How the federal incentive funding improved efficiency and effectiveness and how that was reinvested into their program.
  - Documentation showing the funds were spent according to the annual plan.
  - Explanation for any deviation from the annual plan.

NCCSS must submit a report by November 1 of each year to the Joint Legislative Oversight Committee of the Department of Health and Human Services and the Fiscal Research Division on the federal child support incentive funding, describing how federal incentive funding enhanced centralized services to benefit the county services and improved the effectiveness and efficiency of the county services, any changes to the State process used by NCCSS to calculate and distribute these funds to the county programs, and any recommendations for additional changes.

This section became effective July 1, 2023.

### **Successful Transition/Foster Care Youth – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9J.7

Section 9J.7 of S.L. 2023-134 provides for the continuation of the Foster Care Transitional Living Initiative Fund. This Fund must continue to fund and support transitional living services that demonstrate positive outcomes for the youth, attract significant private funding, and lead to evidence-based programs to serve the at-risk population described in this section.

This section became effective July 1, 2023.

### **Permanency Innovation Initiative/Codify Supplementation of Federal Funds Requirements – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9J.8

Section 9J.8 of S.L. 2023-134 adds a new subsection to the law (G.S. 131D-10.9B) to clarify that the funds provided for the Permanency Innovation Initiative Fund are to supplement all available federal matching funds.

This section became effective July 1, 2023.

### **Child Advocacy Center Funds – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9J.11

Section 9J.11 of S.L. 2023-134 requires that \$3 million in recurring funds for each year of the 2023-2025 fiscal biennium of the funds appropriated by the act to the Division of Social Services, Department of Health and Human Services, be allocated to the Children's Advocacy Centers of North Carolina, Inc. (CACNC). At least 75% of these funds must be distributed to child advocacy centers in the State in good standing with CACNC in accordance with the requirements of G.S. 108A-75.2, as enacted in Section 1(a) of S.L. 2023-96.

This section became effective July 1, 2023.

### **Foster Care Trauma-Informed Assessment – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9J.12

Section 9J.12 of S.L. 2023-134 allocates \$750,000 in nonrecurring funds for each year of the 2023-2025 fiscal biennium of the funds appropriated to the Division of Social Services (DSS), Department of Health and Human Services (DHHS), for the development of a foster care, trauma-informed, standardized assessment. The purpose of the assessment is to assist children who are at risk of entry into the foster care system or are already in the foster care system and have

experienced trauma warranting involvement of the Division and other agencies and who, because of the trauma, are at a higher risk of needing behavioral health, intellectual, or developmental disability services.

The assessment must be developed by the following organizations or individuals:

- Representatives from the following divisions of DHHS:
  - Division of Social Services
  - Division of Health Benefits
  - Division of Mental Health, Developmental Disabilities, and Substance Use Services
  - Division of Family and Child Well-Being
- Prepaid health plans and primary care case management entities that serve children at risk of entry into the foster care system or who are in the foster care system.
- Representatives from county departments of social services.
- Benchmarks.
- Individuals with lived experiences.
- Others identified by the groups above based upon areas of expertise.

This section also includes requirements for the assessment's development which must include a rollout plan with a goal of implementation in all 100 counties. The rollout plan must include:

- Development of the assessment's template by March 31, 2024.
- A finalized template by September 30, 2024, inclusive of training curriculum and methodology, vendor selection to manage and conduct the training and determine the statewide rollout, and coordination with tribal jurisdictions.
- The phased-in approach to begin on October 1, 2024, and have the assessment functional statewide by September 30, 2025.
- Establishment of a base rate for the assessment which supports the oversight, training, and monitoring of the fidelity to the assessment.
- Establishment of standardized workflow of notifications to payers and child welfare agencies.
- Identification of core outcomes.
- Establishment of a statewide training plan.

At a minimum, the assessment must do the following:

- Juveniles between 4 and 17 years of age being placed into foster care receive the assessment within 10 working days of the referral.
- Each juvenile who is included in the Medicaid children and families specialty plan receives an assessment.
- Each assessment can be administered in person or by telehealth.
- A county department of social services must make the referral for an assessment within five working days of a determination the juvenile was abused or neglected in accordance with G.S. 7B-302.
- A juvenile can receive an assessment with parental consent if the county department of social services determines that the juvenile is at imminent risk of entry into foster care.



- If necessary, an individual from 18 to 21 years old can receive an assessment.
- Provide an evidence-informed and standardized template and content for the assessment.
- If the juvenile has an assigned case manager under the Medicaid program, the responsible care management entity is informed of the assessment referral and to whom.

DHHS must do all of the following for implementation and rollout:

- Leverage the expertise and lessons learned from the entities who have successfully implemented these assessments and training venues.
- Complete required documentation and, if applicable, leverage all available federal revenues for such activities.
- Amend existing contracts between DHHS and entities who have the expertise to manage the assessment and rollout plan.
- Create a Division of Social Services Statewide Dashboard with the assessment implementation and rollout plan status which must be updated monthly. The dashboard must contain:
  - Referrals.
  - Case management.
  - Assessments.
  - Lag between referrals, assessments, and service initiation.
  - Youth personal outcomes focused on supporting permanency.
  - Any other elements identified by the partnership.

This section became effective July 1, 2023.

## **Transportation of High-Risk Juveniles – 2023 Appropriations Act.**

SL 2023-134 (H259), Sec. 9J.13

Section 9J.13 of S.L. 2023-134 creates a new statute (G.S. 7B-905.2) to address transportation of high-risk juveniles when the county department of social services has obtained custody of the juvenile after filing a petition alleging abuse or neglect.

A high-risk juvenile is defined as a juvenile under 18 years old who has been abused or neglected, who has serious emotional, mental, or behavioral disturbances which pose a risk to the juvenile or others, and who resides outside of a residential placement due to the serious emotional, mental, or behavioral disturbances.

A high-risk juvenile transporter is a law enforcement agency, the Division of Juvenile Justice of the Department of Public Safety, or the Department of Adult Corrections, including designated staff of those agencies.

When providing transportation required by this statute, the high-risk juvenile transporter can use reasonable force if it appears necessary to protect the transporter or others. The transporter can

determine reasonable restraints necessary for the safety of the juvenile, the transporter, or others.

A high-risk juvenile transporter cannot be held criminally or civilly liable because of reasonable measures taken under this statute. The immunity does not extend to gross negligence, wanton conduct, or intentional wrongdoing that is otherwise actionable.

The county department of social services director can enter into a transportation agreement with a high-risk juvenile transporter establishing procedures, requirements, and guidelines for the transport. The county with custody of the juvenile is responsible for the expense and cost of transporting the juvenile.

This section became effective July 1, 2023.

### **Expansion of the Homeschool Cooperative Exemption to the Definition of Child Care – Regulatory Reform Act of 2023.**

SL 2023-137 (H600), Sec. 33

Section 33 of S.L. 2023-137 revises the homeschool cooperative exemption to the definition of "child care" to allow cooperative arrangements to provide for the academic instruction of school age children to occur in a location outside the home of one of the cooperative participants.

This bill was vetoed by the Governor on October 2, 2023, and that veto was overridden by the General Assembly on October 10, 2023. This section became effective on October 10, 2023.