NORTH CAROLINA COMMUNITY CHILD PROTECTION TEAMS

Community Child Protection Teams
NC Advisory Board

2013 End of Year Report

Forward

This report is submitted by the North Carolina Community Child Protection Team (CCPT) Advisory Board. This body was established in response to a recommendation set forth in the 2011 CCPT End of Year Report. The Advisory Board held its first meeting on August 28, 2012 and since then, has met quarterly. Since its formation, the Board has experienced changes in its NC Division of Social Services coordinator and in its membership, which was expanded to support system of care.

The report this year is based upon local team responses to an on-line survey, completed by almost 80% of local teams. In the spring of 2014, the CCPT Advisory Board met twice to review the 2013 survey findings and develop recommendations. This report was compiled with the assistance of Dr. Joan Pennell at NC State University, Center for Family and Community Engagement.

We are proud of what the CCPTs have accomplished over the years and the leadership that the teams provide to their local communities and to the development of state policy.

Respectfully submitted,

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Executive Summary

The North Carolina CCPT Advisory Board presents this end-of-year report on behalf of the Community Child Protection Teams (CCPTs) and their communities. The Board is responsible for conducting an annual survey of local CCPTs, synthesizing the data, and presenting recommendations to the North Carolina Division of Social Services (NCDSS). NCDSS then prepares a written response to the CCPT report. Both the CCPT report and NCDSS response are included in the state's Annual Progress and Services Report to the US Department of Health and Human Services, Administration for Children and Families.

The survey was completed by the local CCPTs in 79 of the 100 North Carolina counties. Based on the data, this report summarizes the work accomplished over the year and highlights issues cutting across counties. In response to these statewide concerns, the Advisory Board developed a series of recommendations. The goal of the recommendations is to increase the meaningful engagement of CCPTs in improving child welfare.

Strategies for accomplishing this goal are more closely aligning CCPTs with two major approaches to system reform in North Carolina. The first is system of care, that is, a unified approach wrapping agency services and community supports around children and their families. The second is Social Services' system of continuous quality improvement system, in particular, its emphasis on use of data.

Closer Alignment of CCPT with System of Care (SOC)

CCPTs made recommendations to address situations of concern in their counties. Many of these recommendations related to enhancing their system of care. These included building awareness across agencies about the needs of children and families through joint training and information sharing. CCPTs also urged advocating for increased services and developing improved processes for referral, assessment, discharge planning, and reimbursement.

Cross-System Partnerships. Their capacity to effect such recommendations was limited by the extent to which different systems were represented on their teams. Overall, the CCPTs had solid representation from Social Services, Schools, Public Health, and Guardians ad Litem with lower participation by Local Law Enforcement, Local Community Action Agency, and District Attorney's Office.

Community, Family, and Youth Engagement. CCPTS identified the valuable role that parent partners can play such as raising public awareness of threat to child safety. Only 37% (28) of the 76 responding CCPTs said that they engaged parents while the remaining 63% (48) said that they did not. Appointments by boards of county commissioners can facilitate family, youth, and community participation on CCPTs. Strategies for sustaining these partnerships include shared leadership, cultural relevance, peer networking, and supports for participation, such as training, child care, honoraria, cost reimbursement, and flexible scheduling.

Action Step Taken

- The CCPT State Advisory Board expanded its representation in order to more closely mirror the local CCPT organizations.

Recommendations

- CCPTs involve family and youth partners on their teams.
- CCPTs seek external funding to provide stipends to support the participation of family and youth partners.

Realignment of CCPTs with Continuous Quality Improvement

Case Reviews and Self-Ratings. In 2013, there were a combined total of 738 cases reviewed by 87% (69/79) of the reporting CCPTs, of which 4% (31/738) were intensive Fatality CCPT Review cases. CCPTs were asked to evaluate the extent to which their case reviews achieved specific outcomes. They gave positive self-ratings especially to their identifying service gaps, utilizing the CCPTs' collective knowledge to benefit families and their children, and identifying issues affecting the entire community. Their lowest self-ratings concerned involving parents and publically commenting on the impact of child protective services.

Peer Support. The CCPTs identified some of their own best practices that they thought could benefit other teams. Practices that CCPTs considered especially beneficial included multi-disciplinary teams on investigation of sexual maltreatment, community drug task forces, and education on electronic usage (e.g., sexting). In addition, 12 CCPTs indicated that they were willing to offer peer support to other CCPTs on the practice.

Action Step Taken

- This year, NCDSS included CCPT coordination within the role of its CQI – Child Welfare Outcomes Coordinator.

Recommendations

- NCDSS facilitate local DSSs in involving their CCPTs in assessing community needs and creating Child Welfare Achievement Plans.
- NCDSS ensure training and technical assistance to CCPT members on participating in CQI case reviews.
- Local Social Services agencies include CCPT members in the development of their CQI case review system.

Recurring Family Issues

Types of Cases Reviewed. The counties reported reviewing cases primarily involving neglect only or serious neglect only, making a total of 358 cases. Second in prominence were cases involving abuse, totaling 265. Cases of dependency were lowest at 13.

Risk Factors. As in previous years, the CCPTs were deeply concerned about the impact on children and their families of the lack of mental health services, substance abuse, and family violence. Citations came to 633 for the lack of mental health services, 500 for substance abuse (including new substance abuse by adolescents or parents), 279 for domestic violence (including the lack of mandated services for perpetrators), and 186 for child sexual abuse (including abuse committed by children against children). All these factors may relate to the inappropriate supervision or discipline of children, together cited 395 times.

Protective Factors. Reviewing cases where families appear stuck and ones where families make substantial gains can assist with developing strategies for resolving issues that set children at risk. This solution focus can help to identify protective factors supporting positive

child development and healthy families and help to build productive relationships between families and their system of care.

Recommendations

- Each year, the CCPT Advisory Board select one issue for greater study.
- NCDSS ensure training to CCPTs on the issue and use of relevant data.
- The CCPTs request that the local DSS select cases for review that are experiencing this issue where families are especially struggling and where families have made progress. CCPTs can use this comparative approach to identify protective factors.

Meeting Statutory Requirements

The majority of counties were complying with state legislative requirements. Most CCPTs met at least four times per year and included a number of key mandated agencies.

Self-Assessment. In assessing their functioning as a team, the CCPTs gave the most positive ratings to their reporting to their Board of Commissioners and to NCDSS, their chairperson's responsiveness to the team and external constituencies, their conduct of case reviews, and their meeting logistics. Their lowest self-rating concerned their communication with citizens. For the most part, CCPTs saw themselves as important in advancing the welfare of all children in their communities.

Supports for CCPTs. The CCPTs identified a number of areas in which they wanted further assistance from NCDSS. They sought training beyond case reviews so that they could become more active in their communities, support meaningful parent involvement, and use the media effectively to highlight their work. In keeping with CQI, they wanted to use information to identify gaps in local services. Networking was important to them, and they were looking for means of connecting with other CCPTs and sharing resources. An updated CCPT manual was also seen as beneficial.

Action Step Taken

- This year, NCDSS created a website that overviews the role of CCPTs and provides informational resources, including the CCPT annual report.

Recommendations

- NCDSS ensure training to CCPTs on their role and functioning.
- CCPTs develop a consistent plan to share themes and recommendations from the annual report with their local communities.

Strategic Planning

When the accomplishments of the CCPTs are taken as a whole, North Carolina far exceeds federal expectations for citizen review panels (CRPs). Federal legislation stipulates three CRPs while North Carolina has 100 CCPTs with extensive community involvement. The CCPTs recognized that to fulfill their responsibilities and to have a beneficial impact on their communities, they needed to better engage their communities, support family and youth leadership, and use the media effectively. They wanted to share their expertise with other CCPTs and learn from the experience of others, and they wanted more state-level strategic planning and resources to support their efforts.

Action Step Taken

- The CCPT Advisory Board identified the need and resources for strategic planning.

Recommendation

- The CCPT Advisory Board conduct strategic planning on CCPTs, in particular, regarding their mission, vision, and directions.

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North Carolina Community Child Protection Teams (CCPT) End-of-Year Report – 2013

North Carolina CCPT Advisory Board
Submitted to the North Carolina Division of Social Services

Introduction

The North Carolina CCPT Advisory Board presents this end-of-year report on behalf of the Community Child Protection Teams (CCPTs) and their communities. The 2011 CCPT report recommended the establishment of the Advisory Board. The Board was first convened in the fall of 2012 and since its establishment, has met four times per year. The Board is responsible for conducting an annual survey of local CCPTs, synthesizing the data, and presenting recommendations to the North Carolina Division of Social Services (NCDSS).

Based on the surveys completed by local CCPTs, the 2013 report summarizes the work accomplished over the year and highlights issues that cut across counties. In response to these statewide concerns, the Advisory Board developed a series of recommendations. These recommendations, incorporated into a discussion paper, were reviewed, modified, and given preliminary approval by the Advisory Board at its February 20th, 2014 meeting. Participating in the meeting were county CCPTs, NCDSS, NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services, Public Health, NC Families United, and NC State University. At the meeting, the NCDSS Director and the Child Welfare Section Chief voiced strong support for CCPTs.

The recommendations were then included in a drafted end-of-year report. The Advisory Board met again on April 10th, 2014 and amended and approved the recommendations and laid the foundation for strategic planning on CCPTs. Participants were county CCPTs, NCDSS, NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services, NC Families United, and NC State University.

The recommendations presented in this report are intended to strengthen the contributions of CCPTs to protecting children and supporting their families. The overall goal is to increase the meaningful engagement of CCPTs in improving child welfare. Strategies for accomplishing this goal are more closely aligning CCPTs with two major approaches to system reform in North Carolina.

The first is system of care, that is, a unified approach wrapping agency services and community supports around children and their families. Child and family team meetings are a means of including families and their supports in developing one plan of action. The second

is Social Services' system of continuous quality improvement system, in particular, its emphasis on use of data.

The report begins by presenting background information on CCPTs and then delineates statewide issues. Below each issue are action steps already taken and recommendations for response by NCDSS. This year, NCDSS is combining its response to the 2012 and 2013 end-of-year CCPT reports. Combining the response to the two reports was with the agreement of the CCPT Advisory Board and in recognition of the major leadership and direction changes underway.

Background

Mission and Strategy

Community Child Protection Teams (CCPTs) are dedicated to strengthening child protection, promoting safe and caring homes, and supporting positive child development. Their chief strategy for achieving these aims is a system-of-care collaboration that fosters community-wide and evidence-informed solutions. CCPTs view child and youth well-being as a shared responsibility of families, communities, and government. CCPTs are interdisciplinary teams with representation from key public agencies, non-profit organizations, and concerned community members.

Legislative Mandate

As set forth in the administrative rule 10A NCAC 70A.0201, each CCPT team is expected:

(1) to identify gaps and deficiencies in community resources which have impact on the incidence of abuse, neglect, or dependency;
(2) to advocate for system improvements and needed resources where gaps and deficiencies exist in the child protection system;
(3) to promote collaboration between agencies in the creation or improvement of resources for children as a result of their review of selected cases; and
(4) to inform the county commissioners about actions needed to prevent or ameliorate child abuse, neglect, or dependency.

The legislative authority for CCPTs comes from the North Carolina General Statute 7-1406 through1413, which became effective in 1993. This statute mandates the establishment of CCPTs in each county, specifies their interdisciplinary composition, and defines their role in improving child welfare practice and policy. The NC Division of Social Services' policy manual further clarifies the operations of the CCPTs.

CCPTs are also the means by which North Carolina complies with federal requirements on citizen review panels. The Child Abuse Prevention and Treatment Act (CAPTA) stipulates that each state create at least three citizen review panels, charged with evaluating the extent to which child protection meets its goals. The panels are expected to meet on quarterly basis, represent the diversity of their communities, and provide an annual report of their activities and recommendations to the state and public.

Continuous Quality Improvement

As specified in state legislation, the expectation is that CCPTs review selected active cases of child abuse, neglect, and dependency. In partnership with the NCDSS's fatality reviewers, each CCPT shall review fatalities, which are suspected to have resulted from child abuse, neglect, or dependency and the child or the child's family had received child welfare services within 12 months of the child's death. These reviews make it possible to identify the impact of family situations and local contexts and to assess the strengths and limitations of service interventions and community responses.

The findings from the case reviews provide a foundation from which the CCPTs can make recommendations, mount public education, and advocate for system changes. These efforts promote dialog between CCPTs and Social Services and encourage continuous quality improvement (CQI) on behalf of children.

Annual Reporting

Each CCPT is expected to submit its annual report to the board of county commissioners, thus, offering an opportunity for education on local policy and resource allocations. Each CCPT is expected to submit an online survey to the CCPT Advisory Board, who synthesizes major findings, issues, and recommendations for the final consolidated report to the North Carolina Division of Social Services (NCDSS). The Division then prepares a written response to the CCPT report. Both the CCPT report and NCDSS response are included in the state's Annual Progress and Services Report to the US Department of Health and Human Services, Administration for Children and Families.

Issues and Recommendations

The NC CCPT Advisory Board developed the survey format and opened the online response to 100 NC local teams in December 2013 with a return due date of January 31, 2014. After two weather-related delays, the survey closed February 28th with 79 counties reporting. Many teams met collectively to consider their responses, while some were completed by the team leadership, and still others utilized both strategies to formulate their report.

In all, the surveys were received from 9 (90%) of the 10 large counties, 34 (87%) of the 39 medium-size counties, and 36 (71%) of the 51 small counties. The reporting rates point to the need to support especially the smaller counties in carrying out their CCPT functions. *Note: NCDSS designates the size category of each county in its Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (Duncan et al, 2014).*

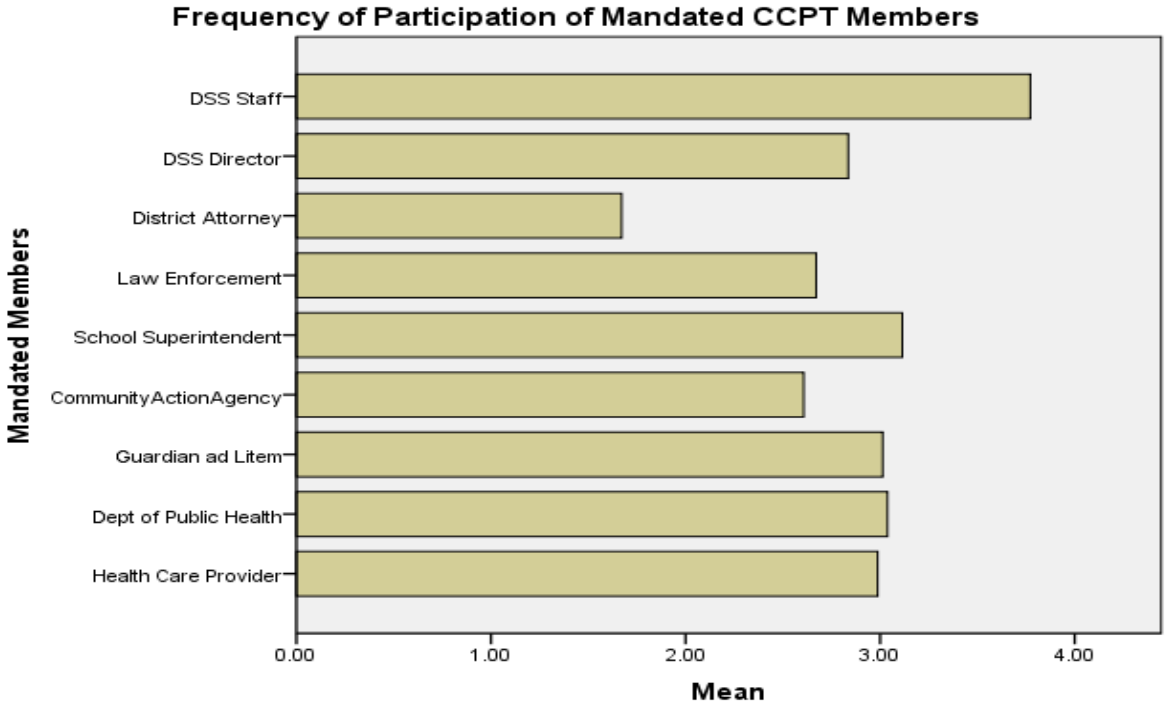
The findings presented below are from the 2013 survey completed by 79 CPPTs. For a listing of these counties, see Appendix A.

Closer Alignment of CCPTs with System of Care (SOC)

Cross-System Partnerships

CCPTs were asked to make recommendations to address situations of concern in their counties. Many of these recommendations related to enhancing their system of care. These included building awareness across agencies about the needs of children and their families through joint training and information sharing. CCPTs also urged advocating for increased services and developing improved processes for referrals, assessments, discharge planning, and reimbursement. Their capacity to effect such recommendations was limited by the extent to which different systems were represented on their teams.

The CCPTs were asked to rate the level of participation of mandated members or their designees from *never* (0) to *very frequently* (4). As shown in the figure below, CCPTs in general had solid representation by Social Services staff who participated *very frequently*. On average, Schools, Public Health, and Guardians ad Litem (GAL) took part *frequently*. The level of participation decreased for Local Law Enforcement and Local Community Action Agency, averaging between *occasionally* and *frequently*; and the participation of the District Attorney's Office was the lowest, averaging between *rarely* and *occasionally*.



Note. Number of responding counties is 79.

Figure 1: Frequency of Participation of Mandated CCPT Members

State legislation states that CCPTs with specified additional members may conduct reviews of cases where child maltreatment is not suspected. The additional members are to include emergency medical or firefighting services, district court, medical examiner, child care, and a parent of a child who died. Alternatively CCPTs may choose to establish a separate Child Fatality Prevention Team (CFPT) for these additional cases. Over 77% (61/79) of the

reporting counties indicated a combined CCPT and CFPT team with 23% (18/79) operating separately, although half (9) reported discussion of combining the teams. Thus, the trend appears to be toward integrating the two teams.

Community, Family, and Youth Engagement

Involving parent partners is mandated by CAPTA Community-Based Grants for the Prevention of Child Abuse and Neglect, Sec. 201(b)(1)(G), which stipulates that public child welfare "demonstrate a commitment to meaningful parent leadership." Nevertheless, only 37% (28) of the 76 responding CCPTs said that they engaged parents while the remaining 63% (48) said that they did not. In regards to promoting and supporting parent leadership, 22% (17) of the responding teams agreed that they did with the other 78% (59) indicating that they did not.

The CCPTS identified the valuable role that parent partners could play such as raising public awareness of threat to child safety. The teams gave examples of ways in which they involved parents. These included encouraging parent participation at CCPT meetings, hosting family events, partnering with organizations that provide services to parents, involving family and youth in conference organizing, and supporting parents as mentors and as trainers.

Appointments by boards of county commissioners can encourage family and community participation on CCPTs. The boards may appoint a maximum of five additional members to represent various county agencies or the community at large to serve on any local teams. Team members appointed by the board of county commissioners should represent the diversity of the community. This is an opportunity for teams to involve all entities of the community that impact children or have the potential to impact children. The appointment of additional members leaves room for including family, youth, and community partners. Out of the 79 counties, 59 identified that they had 1 to 5 additional members. The total number of additional members was 226, of which 25% (56) were private citizens and 75% (170) were agency representatives.

Family partners are individuals who have received child welfare services and may include parents and other adult family members. Youth partners are current or former foster youth. In order to encourage family partners, the FRIENDS National Resource Center (2010) has stressed shared leadership, cultural relevance, peer networking, and supports for participation, such as training, child care, honoraria, cost reimbursement, and flexible scheduling. Foster youth partners especially need coaching, skills building, and emotional and practical supports; nevertheless, as a national study reported (Clay, Amodeo, & Collins, 2010), the process can promote positive youth development and greater understanding among workers.

Within North Carolina, a collaborative called the "Family Agency Collaborative Training Team" (FACTT) offers professional development to family and youth partners so that they can serve as trainers. In addition to preparation for training, this collaborative emphasizes that family and youth partners require support, stipends, and travel funding to sustain and expand their contributions.

To increase understanding of how to engage family and youth partners and promote their leadership, the CCPT Advisory Board could consider requesting technical assistance from Blake Jones through the National Resource Center for Child Protective Services. This could

provide valuable information on how other states overcome barriers to involving family and youth partners and assist CCPTs in developing specific action steps for engaging family and youth partners.

Action Step Taken

- The CCPT State Advisory Board expanded its representation in order to more closely mirror the local CCPT organizations.

Recommendations

- CCPTs involve family and youth partners on their teams.
- CCPTs seek external funding to provide stipends to support the participation of family and youth partners.

Realignment of CCPTs with Continuous Quality Improvement

NCDSS and local Social Services seek to promote continuous quality improvement (CQI) by setting objectives and measuring their achievement. The U.S. Children's Bureau supports this focus in its Child and Family Services Reviews (CFSRs) by emphasizing outcomes and the use of data to drive practice improvements and system reforms. NCDSS ensures that local DSSs and their community partners receive training and technical assistance on using data to examine and improve service delivery.

A vehicle for CQI is the Reaching for Excellence in Accountability and Practice (REAP) initiative. The REAP initiative is now piloted in 17 counties and supports local Departments of Social Services (DSS) and their community partners in creating Child Welfare Achievement Plans and reviewing progress on meeting these plans. The 2013 CCPT survey was completed by all 17 REAP counties. The CCPT Advisory Board included representatives from REAP counties, and the Board included their CQI strategies in recommendations.

The CQI emphasis on data use intersects with the CCPT case review process. The informed use of data is supported by research findings that citizen review panels experience a greater sense of effectiveness when child welfare provides them with the necessary information flows for carrying out their work (Bryan et al., 2011).

Case Reviews and Achieving Outcomes

The CCPTs' responsibility is to conduct case reviews in order to identify gaps and deficiencies in the county's response to protecting children, report findings to the county board of commissioners and the state, and to develop strategies to address the need with consideration given to the availability of resources.

In 2013, there were a combined total of 738 cases reviewed by 87% (69/79) of the reporting CCPTs, of which 4% (31/738) were intensive Fatality CCPT Review cases. The mean number of cases reviewed by the 69 counties was 10.70. The range, though, was wide,

running from 1 to 112 cases (*SD* = 18.93). The number of cases reviewed was not a function of the size of the counties but did relate to whether the county combined its CCPT and Child Fatality Prevention Teams.

The counties that separated the two teams reviewed an average of 17.11 cases (*n* = 18, *SD* = 33.78); in contrast, the counties that combined the two teams reviewed an average of 8.43 cases (*n* = 51, *SD* = 8.92). In order to avoid duplicate numbers, the Combined CCPT/CFPT counties (18) were asked not to report "Non Intensive" child fatality reviews for the survey as they would be covered in the Child Fatality Prevention Team annual report. Nevertheless, as a whole, CCPTs have extensive experience with case reviews, and their expertise can benefit Social Services' emphasis on continuous quality improvement (CQI).

CCPTs were asked to evaluate the extent to which their case reviews achieved specific outcomes. These outcomes were indicators of their fulfilling their role as defined by state statute and the federal Child Abuse Prevention and Treatment Act (CAPTA). They rated their meeting these outcomes on a scale of *very poor* (0) to *very good* (3). As seen in the table below, the CCPTs gave average ratings between *good* and *very good* for most items. Their highest ratings were given to identifying service gaps and resource needs, utilizing the CCPTs' collective knowledge to benefit families and their children, and identifying issues affecting the entire community. For items 8 and 9, however, their average self-ratings slipped below *good.* Both these items concerned involving parents. Reflecting on why they had limited parent engagement and leadership, CCPTs identified a number of reasons. Examples included the team not being "comfortable with adding a parent member or leader," the lack of funding to promote awareness of CCPT in the community, confidentiality as "a factor that impedes parent involvement," and parents being "afraid or . . . unwilling to participate."

***Table 1: Case Review Achieving CCPT Outcomes*, *N* = 79**

Outcomes	Number	Mean	Std. Deviation
1. Case reviews identify a gap in services.	71	2.55	.529
2. Case reviews identify a need for additional services or resources in the community.	71	2.56	.527
3. Case reviews result in a collaborative recommendation or action that may remove a risk situation for a child.	71	2.38	.594
4. The CCPT work results in families having resources available to them to enhance their ability to provide safe environments for their children.	70	2.07	.729
5. The CCPT work informs the community regarding child protection and issues that impact the family and the community's ability to protect children.	67	2.01	.769
6. The collective knowledge of the CCPT team is utilized to foster successful outcomes for families and children.	72	2.44	.579
7. The CCPT review brings to the surface underlying problems that impact the entire community, rather than focusing on the families in the DSS system.	72	2.47	.649
8. The CCPT work results in promoting and supporting parent engagement.	66	1.65	.903
9. The CCPT work results in promoting and supporting parent leadership.	64	1.48	.873

Note. Very Good = 3, Good = 2, Poor = 1, Very Poor =0

The Keeping Children and Families Safe Act of 2003, Public Law 108-36, defined and expanded the responsibilities of CCPTs. The survey asked the CCPTs to evaluate the extent to which they fulfilled these responsibilities. As seen in the table below, they gave average ratings of *good* or above to their reviewing child protective services (CPS) and making recommendations to improve these services. Their average self-rating fell below *good* in regards to their publically commenting on the impact of CPS.

***Table 2: CCPT Fulfilling Responsibilities*, *N* = 79**

Responsibilities	Number	Mean	Std. Deviation
1. Review of Child Protective Services (CPS) practices, policies and procedures	69	2.46	.584
2. Public comment on the impact of CPS procedures and practices	63	1.84	.723
3. Recommendations to improve state and local Child Protective Services	63	2.24	.530

Note. Very Good = 3, Good = 2, Poor = 1, Very Poor =0

Peer Support

A core feature of continuous quality improvement (CQI) is supporting counties in achieving their goals. CCPTs have the potential to serve as peer supports to other teams. The CCPTs identified some of their own best practices that they thought could benefit other teams. As seen in the table below, practices that CCPTs thought would be especially beneficial included multi-disciplinary teams on investigation of sexual maltreatment, community drug task forces, and education on electronic usage (e.g., sexting). In addition, some CCPTs indicated that they were willing to offer peer support to other CCPTs on the practice. For instance, 12 CCPTs were willing to assist other teams on collaboration with law enforcement and their local DSS for training on joint response in child injury cases.

Table 3: Best Practices that Could Benefit Other Teams, ***N* = 79**

Best Practice	Number	Mean	Willing to Coach
1. Multi-Disciplinary teams to improve service delivery & address gaps in the investigation of sexual maltreatment.	31	1.77	11
2. Participation in a community drug task force	23	1.74	5
3. Education on electronic usage (sexting, etc.) and its impact on our children	20	1.70	4
4. Collaboration w/ Law Enforcement & DSS for training on Joint Response in child injury cases	34	1.68	12
5. Initiative to educate the community re the Protective Factors	33	1.67	3
6. Joint DSS/Law Enforcement training on Child Fatality investigations	21	1.62	7
7. Developed proactive, meaningful partnerships with Communities of Faith	23	1.61	5
8. Materials in local schools on issues such as dangers of prescription drug abuse	22	1.59	4
9. Developed proactive, meaningful partnerships with community businesses	24	1.58	5
10. Collaboration for basic safety programs (i.e. swimming classes for Kindergarten children)	20	1.55	3
11. Invited CCPT member from another county to gain a broader perspective	17	1.53	2
12. Introduced Protective Factors to the language and work of the CCPT and its partners	18	1.44	1
13. Community collaborative Newsletter	17	1.42	5
14. Creation of a CPS Diversion Court without removing the child from the home	14	1.36	2
15. Collaboration w/pharmacies to provide information re proper medicating of children	17	1.29	3

Note. Great Benefit = 2, Above Average Benefit = 1

Action Step Taken

- This year, NCDSS included CCPT coordination within the role of its CQI – Child Welfare Outcomes Coordinator.

Recommendations

- NCDSS facilitate local DSSs in involving their CCPTs in assessing community needs and creating Child Welfare Achievement Plans.
- NCDSS ensure training and technical assistance to CCPT members on participating in CQI case reviews.
- Local Social Services agencies include CCPT members in the development of their CQI case review system.

Recurring Family Issues

Types of Cases Reviewed

The counties reported reviewing cases primarily involving *neglect only* or *serious neglect only*, making a total of 358 cases. Second in prominence were cases involving abuse, totaling 265. Cases of dependency (parent unable or unavailable to provide care) were lowest at 13. The category of *other* had 92 cases and covered a wide gamut of areas such as concerns about the neighborhood environment to witnessing a murder-suicide in the home.

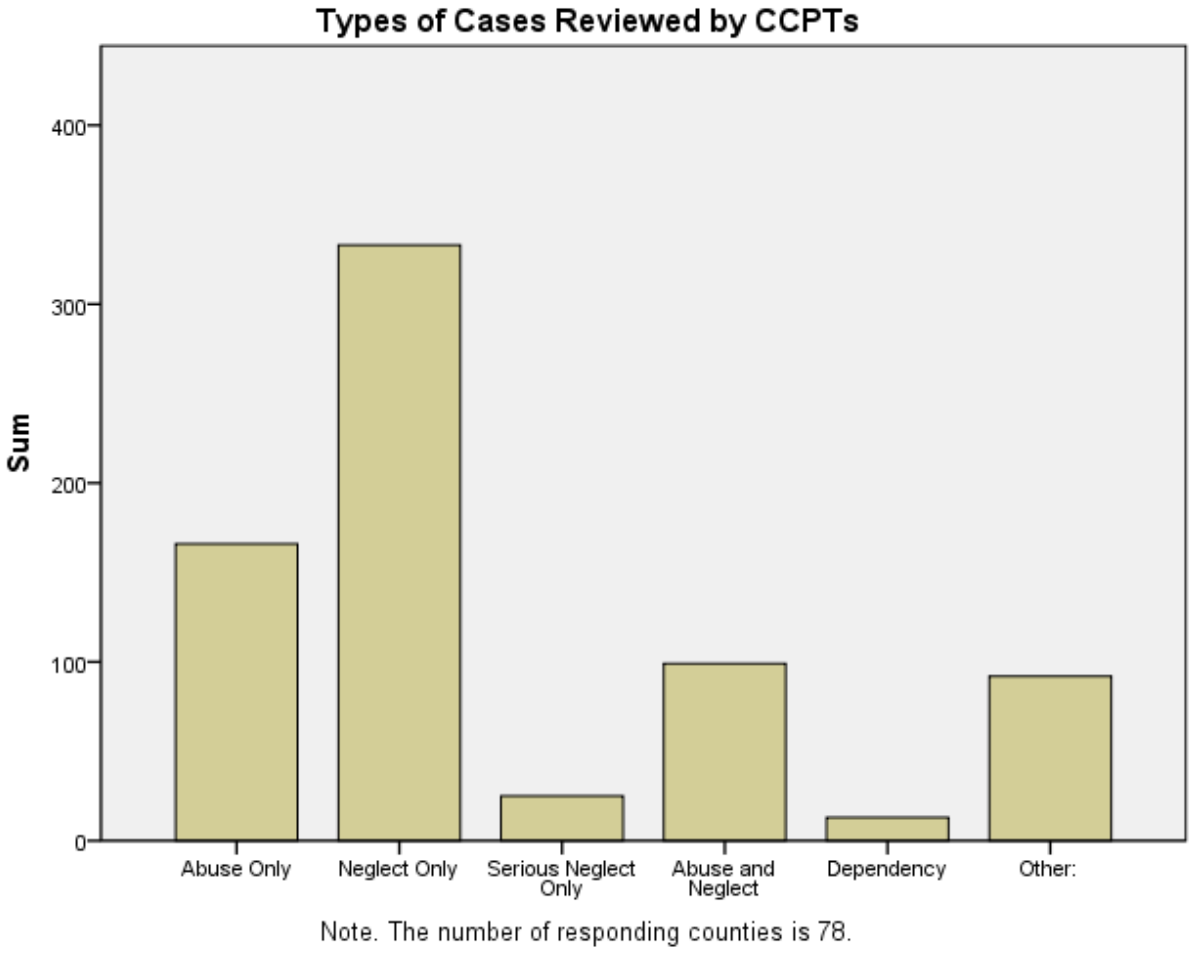


Figure 2: Types of Cases Reviewed by CCPTs

Risk Factors

The CCPTs were asked to "enter the number of cases for the applicable significant CPS [child protective services] factor or factors below for the total cases reviewed in 2013." Because more than one factor could apply to a case, the CCPTs responses were often greater than the actual number of cases reviewed. For their responses on all factors, see Appendix B.

As in previous years, the CCPTs were deeply concerned about the impact on children and their families of the lack of mental health services, substance abuse, and family violence. Citations came to 633 for the lack of mental health services, 500 for substance abuse (including new substance abuse by adolescents or parents), 279 for domestic violence (including the lack of mandated services for perpetrators), and 186 for child sexual abuse (including abuse committed by children against children). All these factors may relate to the inappropriate supervision or discipline of children, together cited 395 times.

The families also experienced instability in child welfare services because of the involvement of multiple local DSS agencies or multiple out-of-home placements of children. This instability was exacerbated by delays in reporting or addressing child maltreatment committed by parents as well as by non-caretakers. The families' struggles were compounded by economic hardship stemming from problems with employment, housing, transportation, child care, and health insurance.

Protective Factors

Given the recurrence of deep-seated problems in the case reviews, CCPTs may benefit from comparing cases with different trajectories. Reviewing cases where families appear stuck and ones where families make substantial gains can assist with developing strategies for resolving issues that set children at risk. This solution focus can help to identify protective factors supporting positive child development and healthy families and help to build productive relationships between families and their system of care. Public child welfare casework that is solution based is predictive of the Child and Family Service Reviews' outcomes of child safety, permanency, and wellbeing (Antle, Christensen, van Zyl, & Barbee, 2012).

Recommendations

- Each year, the CCPT Advisory Board select one issue for greater study.
- NCDSS ensure training to CCPTs on the issue and use of relevant data.
- The CCPTs request that the local DSS select cases for review that are experiencing this issue where families are especially struggling and where families have made progress. CCPTs use this comparative approach protective factors.

Meeting Statutory Requirements

Self-Assessment

The survey checked on whether CCPTs were meeting their statutory requirements in regards to their participation, frequency of meeting, and annual reporting. The majority of counties were complying with state legislative requirements.

As discussed previously, CCPTs meetings frequently included a number of key mandated agencies but struggled to involve other mandated agencies on a consistent basis. CCPTs also varied in whether they convened at least four times per year. Out of the 79 reporting CCPTs, the large majority met at least four times per year: 81% (64) met at least 4 times per year and 19% (15) met less than 4 times in the year. Overall the CCPTs met on average 6 times per year with the range from 2 to 12 times (*SD* = 3.05). In addition, some CCPTs had subcommittees meeting over the year.

CCPTs assessed their own functioning as a team. The self-assessment items are from the NCDSS's (2013) Strengths and Needs Evaluation Tool – Community Child Protection Team. The instrument is intended to engage CCPTs in discussion of their performance as a team. As seen in the table below, the CCPTs gave the most positive ratings to their reporting to their Board of Commissioners and to NCDSS, their chairperson's responsiveness to the team and external constituencies, their conduct of case reviews, and their meeting logistics. Their lowest self-rating concerned their communication with citizens.

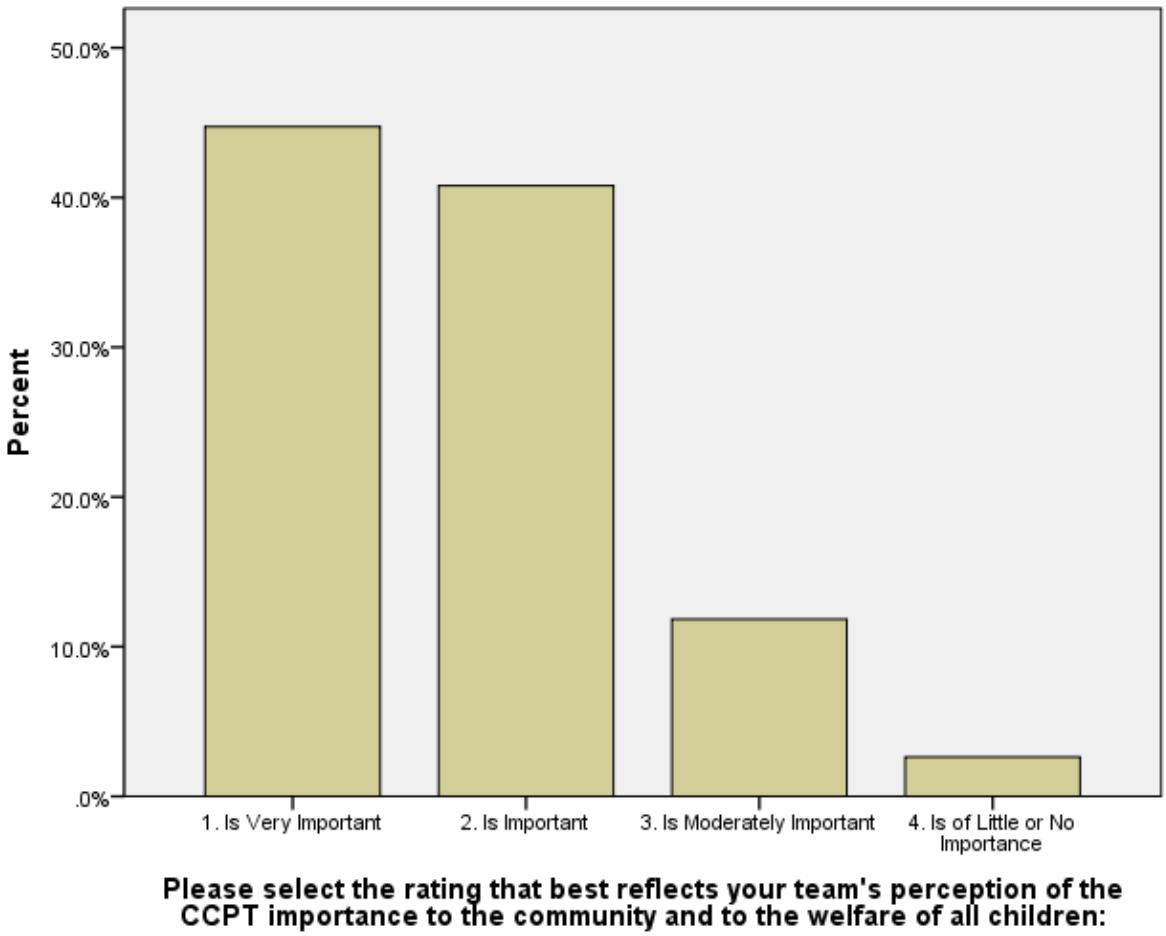
The majority of the CCPTs acknowledged that they did not conduct self-assessments on a regular basis. The recently released Strengths and Needs Evaluation Tool should provide guidance for the future. Approximately half the CCPTs were aware of the newly created CCPT website, where they will be able to access resources in the future. Their responses in these areas are summarized in Appendix C.

***Table 4: CCPT Self-Assessment of Team Functioning*, *N* = 79**

Self-Assessment Areas	Number of Responding Counties	Mean	Median
1. Chairperson is an experienced child advocate, facilitator, supervisor/manager and has demonstrated the ability to bring about positive change and has attended the Chairperson training.	72	1.39	1
2. Reports are submitted timely with well-developed recommendations, Chairperson change is reported to NCDSS, minutes of meetings are maintained and sent to all members, members are aware of procedure for identifying cases to be reviewed.	67	1.70	2
3. Team meets at a time convenient for most members, location assures confidentiality, meetings are held more frequently than quarterly. At least 65% of mandated members attend all meetings.	72	1.53	2
4. Cases reviewed reflect a gap or deficiency in a community service or resource needed for child well-being; all members contribute to the case review by bringing information from their agency as appropriate, participating in developing strategies for changing the condition.	69	1.68	2
5. Reports received timely with well-constructed recommendations, list of team accomplishments, proactive prevention plan, clearly stated logistical data.	61	1.82	2
6. Team plan for communication exchange with citizens is realistic, has a stated outcome, made available to all citizens, uses available media to facilitate communication.	72	.96	1
7. Self assessment shows few or no internal control weaknesses in areas of attendance, processing of case reviews, diversity, developing strategies, task assignments or other critical matters.	68	1.47	1.5

Note. High functioning is scored 2, moderate functioning is scored 1, and low functioning is scored 0.

In addition, CCPTs were asked to "select the rating that best reflects your team's perception of the CCPT importance to the community and to the welfare of all children." As seen in the figure below, 85.5% (65) of the 76 responding counties rated the importance as *very important* or *important.* Nearly 12% (9) gave a rating of *moderately important,* and only two CCPTs said *little or no importance.*



Note. Data are missing from 3 of the 79 CCPTs.

Figure 3: CCPTs' Importance to Community and Children

In their reasons for the lower self-ratings on importance, the CCPT respondents wrote of the need for "rejuvenation" of their team, changeover in the chairperson, irregular participation from agencies such as schools and mental health, and the same individuals serving on multiple local committees that might better be combined into one. Another issue identified was that unlike the Child Fatality Prevention Teams, CCPTs lacked funding, with the result that they found it difficult to make the team "more visible in the community and engage members and the community on a larger scale." Another survey reporter pointed to problems with the term CCPT itself: "If Citizen Review Panels are what we are suppose[d] to have, that is what we should call it - it is confusing to have to disclose that we are ccpt and we serve as the crp/ none of which the public understands."

Supports for CCPTs

At the end of the survey, CCPTs were asked what further assistance from NCDSS would assist them and their communities. As seen in the table below, the teams especially wanted training beyond case reviews so that they could become more active in their communities, support meaningful parent involvement, and use the media effectively to highlight their work. In keeping with CQI, they wanted to be able to use information to identify gaps in local

services. Networking was important to them, and they were looking for means of connecting with other CCPTs and sharing resources. An updated CCPT manual was also seen as beneficial.

***Table 5: Supports Requested from NCDSS*, *N* = 79**

Supports	Number	Mean
1. Training on how teams can become more active in the community and not just meet to review cases	71	1.51
2. Updated CCPT Manual	73	1.48
3. Information on how local gaps in services can be addressed beyond what the local team has already done	69	1.45
4. Training on promoting and supporting meaningful parent engagement and leadership	70	1.43
5. Media releases that can be personalized by local teams that speak to the importance and work of community panels, success stories, statistic-specific visual aids and other associated materials.	69	1.42
6. CCPT ListServ where members can seek the advice of others for training, engagement & motivation, fatality reviews, etc.	68	1.42
7. Assistance to develop resources in rural counties	69	1.38
8. Training on state policy changes	70	1.36
9. Webinars re information updates, training, child wellness reports, etc.	69	1.33
10. Hold annual NC CCPT meeting with planning and sharing sessions, a refresher training on CCPT policy and purpose, and legislative issues.	69	1.29
11. Reduced time lines for the scheduling of Fatality Reviews and receipt of the post-review State report	67	1.18
12. Addressing the length of time it takes to complete out-of-state placements (ICPC cases)	69	1.04
13. Training on crime scene investigations	68	.93
14. Training on how to read / understand autopsy reports	66	.91
15. Hold regional CCPT meetings (quarterly)	69	.83

Note. Very Important = 2, Important = 1, Not Important = 0

Action Step Taken

- This year, NCDSS created a website that overviews the role of CCPTs and provides informational resources, including the CCPT annual report.

Recommendations

- NCDSS ensure training to CCPTs on their role and functioning.
- CCPTs develop a consistent plan to share themes and recommendations from the annual report with their local communities.

Strategic Planning

When the accomplishments of the CCPTs are taken as a whole, North Carolina far exceeds federal expectations for citizen review panels (CRPs). Federal legislation stipulates three CRPs while North Carolina has 100 CCPTs with extensive community involvement. In addition to case reviews, the CCPTs hold events to raise public awareness of the need for preventing child maltreatment. This year, 60 of the 79 counties hosted child abuse prevention April activities. Other common events were community forums and presentations, healthy parenting education, joint training across the child welfare disciplines, and school curriculum, programs, and presentations. For a listing of the primary prevention activities and the CCPT ratings of their importance, see Appendix D.

The CCPTs recognized that to fulfill their responsibilities and to have a beneficial impact on their communities, they needed to better engage their communities, support family and youth leadership, and use the media effectively. The online surveys also point to the desire of CCPTs to connect more closely with other teams. In particular, they wanted to share their expertise with other CCPTs and learn from the experience of others, and they wanted more state-level strategic planning and resources to support their efforts.

Action Step Taken

- The CCPT Advisory Board identified the need and resources for strategic planning.

Recommendation

- The CCPT Advisory Board conduct strategic planning on CCPTs, in particular, regarding their mission, vision, and directions.

References

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Appendices

Appendix A: Local CCPT Teams Submitting Survey

Alamance County	Iredell County
Alexander County	Jackson County
Alleghany County	Johnston County
Anson County	Lenoir County
Ashe County	Lincoln County
Avery County	Macon County
Beaufort County	Madison County
Brunswick County	Martin County
Buncombe County	Mecklenburg County
Burke County	Mitchell County
Caldwell County	Moore County
Camden County	Nash County
Caswell County	New Hanover County
Catawba County	Northampton County
Chatham County	Onslow County
Cherokee County	Orange County
Chowan County	Pasquotank County
Clay County	Pender County
Cleveland County	Pitt County
Columbus County	Polk County
Craven County	Randolph County
Cumberland County	Richmond County
Currituck County	Robeson County
Dare County	Rockingham County
Davidson County	Rowan County
Davie County	Rutherford County
Duplin County	Sampson County
Durham County	Scotland County
Edgecombe County	Stanly County
Franklin County	Stokes County
Gaston County	Surry County
Gates County	Vance County
Granville County	Wake County
Guilford County	Warren County
Halifax County	Washington County
Harnett County	Watauga County
Haywood County	Wilkes County
Henderson County	Wilson County
Hertford County	Yadkin County
Hoke County	Yancey County
Hyde County	

Appendix B: Number of Reviewed Cases for Which a Child Protection Factor Was Significant

Significant Child Protection Factor	# of Cases
1. Substance Abuse-Involved Families	349
2. Domestic Violence in Families	261
3. No mandated services for domestic violence perpetrators	18
4. Improper discipline of children	47
5. inappropriate supervision of children	348
6. Lack of consistent, accessible, effective mental health services to diagnose & treat needs	345
7. Child sexual abuse	142
8. Child-on-child sexual abuse	44
9. Multiple out-of-home placements	103
10. Multiple DSS agencies involved over the course of the child's lifetime	204
11. Insufficient services in rural areas	60
12. "New" substance abuse usage by Teens (i.e. Bath Salts, Prescription Drugs, etc.)	13
13. "New" substance abuse usage by Parents (i.e. Bath Salts, Prescription Drugs, etc.)	138
14. Lack of psychological testing/mental health services for the family	288
15. Limited family support	232
16. Limited private insurance coverage for non-Medicaid cases	31
17. Immigration status	17
18. Parent(s) employment status (un- or under-employed)	210
19. Reliable transportation (own)	127
20. Appropriate public transportation (time, routes, cost, etc.)	43
21. Safe / stable housing	77
22. Multiple placements in group homes	17
23. Lack of out-of-home placement options	22
24. Lack of or delayed reporting/addressing of CAN	12
25. Lack of or delayed reorting/addressing of CAN for non-caretaker abuse issues	3
26. Lack of quality, affordable, child care	48
27. Lack of consistent, effective law enforcement investigation of child fatalities	4
28. Lack of consistent, stronger communication/training between ME and Law Enforcement	4
29. Children ordered into DSS custody when there are no abuse/neglect issues	9
30. Teen motor vehicle accidents and serious injuries	5

31. Extreme child custody issues impacting children and their safety (mental and physical)	19
32. Human trafficking	2
33. Internet Safety / Cyber-bullying	9
34. Teen suicide/ suicide threats and or attempts	17
35. Child support issues and enforcement	8
36. "Invisible children" (i.e. Transiency, Home-Schooling, Isolation, etc.)	4
37. Bullying	7
38. Military-connected	12
39. Gang-related issues	8
40. OTHER	58

Appendix C: Self-Assessments by CCPTs

1. Does your Team conduct self-assessments on a regular basis?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	20	25.3	26.7	26.7
	No	50	63.3	66.7	93.3
	Uncertain	5	6.3	6.7	100.0
	Total	75	94.9	100.0	
Missing	System	4	5.1		
Total		79	100.0		

3. Did you use the recently released form "DSS Strengths and Needs Evaluation Tool – CCPT? To score your work?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	15.2	15.8	15.8
	No	61	77.2	80.3	96.1
	Uncertain	3	3.8	3.9	100.0
	Total	76	96.2	100.0	
Missing	System	3	3.8		
Total		79	100.0		

Note: Tool available at **www.**ncdhhs.gov/dss/ccpt/

3. Were you aware of the CCPT Website?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	41	51.9	53.9	53.9
	No	33	41.8	43.4	97.4
	Uncertain	2	2.5	2.6	100.0
	Total	76	96.2	100.0	
Missing	System	3	3.8		
Total		79	100.0		

4. Does your team use any other type of evaluation tool?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	8.9	9.2	9.2
	No	64	81.0	84.2	93.4
	Uncertain	5	6.3	6.6	100.0
	Total	76	96.2	100.0	
Missing	System	3	3.8		
Total		79	100.0		

5. Does your team have a Mission Statement?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	19	24.1	25.3	25.3
	No	47	59.5	62.7	88.0
	Uncertain	9	11.4	12.0	100.0
	Total	75	94.9	100.0	
Missing	System	4	5.1		
Total		79	100.0		

Appendix D: CCPT Primary Prevention Efforts

CCPT PRIMARY PREVENTION EFFORTS, N = 79

Primary Prevention Efforts	Number of Counties	Mean Importance	Std. Deviation
1. Child abuse prevention April activities in the community	60	2.60	.785
2. Community forums and presentations	53	2.34	.876
3. Healthy parenting education	50	2.32	.999
4. Joint training across the child welfare disciplines	51	2.2	1.02
5. School curriculum, programs, presentations	51	2.1	1.17
6. Traditional media	48	1.73	1.026
7. Programs such as Darkness2Light, StopItNow, WaitToText, etc.	46	1.59	1.185
8. Communities of Faith involvement events	40	1.58	1.13
9. Family workshops	40	1.50	1.198
10. Websites, social media	45	1.40	1.136
11. Legislative education (tours/programs to build awareness of unmet needs)	38	1.11	1.20
12. Candlelight vigils	43	1.09	1.13
13. Billboards	41	.76	1.044
14. Community Cafe or Parent Cafe	34	.56	.991

Note. Very Important = 3, Important = 2, Moderately Important = 1, Little or No Importance = 0