

## 2021 CCPT Annual Survey

Note: This is a full PDF of the survey. Some questions may not apply to your CCPT and will not appear on the electronic format based on the how you respond to certain question. If you have any questions please contact [ccpt\\_survey@ncsu.edu](mailto:ccpt_survey@ncsu.edu).

## **CCPT Survey 2021**

### **2021 Survey North Carolina Community Child Protection Teams Advisory Board**

The NC CCPT Advisory Board is asking that all Community Child Protection Teams (CCPTs) in North Carolina complete this 2021 survey. The NC CCPT Advisory Board is responsible for conducting an end-of-year survey of local CCPTs and preparing a report to the North Carolina Division of Social Services (DSS). In the report, the information provided by the local CCPTs is aggregated without identifying individual team responses and the NC CCPT Advisory Board makes recommendations on how to improve public child welfare. DSS then writes a response to the report.

The survey results assist local teams in preparing their annual reports to their county commissioners or tribal council and to DSS. You can choose whether to complete the survey and can decide which questions to answer. The one exception is that local teams will be asked to provide the name of their county or Qualla Boundary. This makes it possible to track which CCPTs completed the survey and to acknowledge the specific local CCPT in the annual report.

The survey responses are transmitted directly to the researcher, Dr. Emily Smith, at North Carolina State University. This means that survey responses are NOT transmitted to DSS or to the NC CCPT Advisory Board. Dr. Emily Smith and the other members of the research team, will respect the confidentiality of local CCPTs and will NOT link individual responses to local CCPTs. De-identified findings may also be included in presentations, trainings, and publications.

The 2017, 2018, 2019 and 2020 Community Child Protection Team End of Year Reports including recommendations from the Advisory Board, are available through the links provided below.

Please follow this [link](#) to view past year's reports and responses.

**North Carolina State University**

**INFORMED CONSENT FORM for RESEARCH**

**Title of Study:** Community Child Protection Team 2021 Survey (6430)

**Principal Investigator:** Dr. Kwesi Brookins biadnow@ncsu.edu

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**What are some general things you should know about research studies?**

You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate and to stop participating at any time without penalty. The purpose of this research study is to gain a better understanding of how to improve child welfare services across the state. We will do this through collecting survey data from local CCPTs regarding their functions and objectives.

You are not guaranteed any personal benefits from being in this study. Research studies also may pose risks to those who participate. You may want to participate in this research because CCPT has the opportunity to contribute to improving public child welfare and protecting children from maltreatment. You may not want to participate in this research because the responses of the local CCPT may identify that they made a particular answer.

In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above or the NC State IRB office (contact information is noted below).

**What is the purpose of this study?**

The purpose of the study is to assist local CCPTs in preparing the annual reports to their county commissioners or tribal council and to the NC Division of Social Services. The North Carolina CCPT Advisory Board uses the survey results to prepare recommendations to the North Carolina Division of Social Services on improving public child welfare.

**Am I eligible to be a participant in this study?**

There will be approximately 101 number of participants in this study, representing all counties in North Carolina and Qualla Boundary. Chairperson's of the CCPT in each county and Qualla Boundary will be sent a survey.

In order to be a participant in this study you must have been an active member of your county's CCPT for the past year.

You cannot participate in this study if you are no longer a member of your county's CCPT.

**What will happen if you take part in the study?**

If you agree to participate in this study, you will be asked to do all of the following: complete and submit the online survey.

The total amount of time that you will be participating in this study is 20 minutes. In preparation for completing the survey, it is recommended that the local CCPT Chair meet with the team to discuss what responses to provide to the survey questions.

### **Risks and benefits**

The local CCPTs are asked to identify by name their county or Qualla Boundary, and the responding CCPTs are listed in the end-of-year CCPT report that is shared with state and federal authorities and posted on a public website. In addition, the results may be shared in presentations, trainings, and publications. The responses of the local CCPT may identify that they made a particular answer. This risk is minimized because the individual CCPT's survey responses are transmitted directly to the researcher, Dr. Emily Smith, and are not viewed by the NC CCPT Advisory Board or by DSS. Before reporting the results, the researcher will combine responses and not link them to a specific CCPT.

There are no direct benefits to your participation in the research. The indirect benefits are that your CCPT has the opportunity to contribute to improving public child welfare and protecting children from maltreatment.

### **Right to withdraw your participation**

You can stop participating in this study at any time for any reason. In order to stop your participation, please refrain from submitting the survey. If you choose to withdraw your consent and stop participating you can expect that your survey responses will not be recorded.

### **Confidentiality**

The information in the study records will be kept confidential to the full extent allowed by law. Data will be stored securely on an NC State managed computer. Unless you give explicit permission to the contrary, no reference will be made in oral or written reports which could directly link you to the study. The responses of the local CCPT may indirectly identify that they made a particular answer due to other information shared with authorities.

### **Compensation**

You will not receive anything for participating.

### **What if you have questions about this study?**

If you have questions at any time about the study itself or the procedures implemented in this study, you may contact the researcher, Dr. Emily Smith, at Center for Family and Community Engagement, North Carolina State University, [ejlefebv@ncsu.edu](mailto:ejlefebv@ncsu.edu).

### **What if you have questions about your rights as a research participant?**

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the NC State IRB (institutional Review Board) Office via email at [irb-director@ncsu.edu](mailto:irb-director@ncsu.edu) or via phone at 1.919.515.8754. An IRB office helps participants if they have any issues regarding research activities.

You can also find out more information about research, why you would or would not want to be a research participant, questions to ask as a research participant, and more information about your rights by going to this website: <http://go.ncsu.edu/research-participant>

### **Consent To Participate**

“I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

- **Yes**, you can now proceed to the next page.
- **No**, please contact Virginia King at the NC Division of Social Services for technical assistance on completing the survey: email [DSS.CCPT@dhhs.nc.gov](mailto:DSS.CCPT@dhhs.nc.gov). Once your questions are answered and you wish to take the survey, email [ccpt\\_survey@ncsu.edu](mailto:ccpt_survey@ncsu.edu) to receive a new link to the survey.

Instructions: When completing this survey, please remember the following:

1. This survey covers the work of your CCPT for the period January – December 2021.
2. Your survey responses must be submitted online (via Qualtrics). Do not submit paper copies to DSS or NC CCPT Advisory Board. As you work in your survey, your work will save automatically, and you can go back to edit or review at any time before you submit.
3. You can print a blank copy of this survey to review with your team, and you will be able to print a copy of your completed survey report when you finish the survey.
4. Your team members should have the opportunity to provide input and review responses before your survey is submitted. Please schedule your CCPT meeting so that your team has sufficient time to discuss the team's responses to the survey.
5. In addition to the CCPT meeting time, set aside approximately 25 minutes for filling in the team's responses on the survey.
6. For questions about the survey and keeping a copy for your records, contact the Research Team at [ccpt\\_survey@ncsu.edu](mailto:ccpt_survey@ncsu.edu).
7. Please complete and submit the survey online (via Qualtrics) on or before **January 14th, 2022**.

**Select your CCPT from the list below.**

(DROP DOWN LIST WILL BE PRESENTED IN THE ELECTRONIC VERSION)

**Who completed this survey? (Please do not provide any identifying information)**

- The CCPT chair
- A designee of the CCPT chair
- The CCPT team as a whole
- A subgroup of the CCPT team
- Other \_\_\_\_\_

**By state statute all counties are expected to have a CCPT. Some CCPTs are well established while others are just getting started or are starting up again.**

**Which of the following statements best characterizes your CCPT? (*Meetings include both in person and virtual formats*)**

- Our team is not operating at all.
- Our team was not operating, but we recently reorganized
- Our team recently reorganized, but have not had any regular meetings
- We are an established team that does not meet regularly
- Our team recently reorganized and are having regular meetings
- We are an established team that meets regularly.
- Other \_\_\_\_\_

**Has the pandemic affected your team's operation?**

- Yes
- No

**What difficulties has your CCPT faced while trying to meet and complete your work?**

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**Please describe any barriers COVID-19 posted to facilitation the protection of children? (This question is meant to be an open opportunity for your to highlight specific difficulties faced by your county)**

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**How often does your CCPT meet as a full team?**

- Annually
- Biannually
- Quarterly
- Bimonthly
- Monthly
- Other

**How often do subcommittees within your CCPT meet?**

- We do not have subcommittees
- Annually
- Biannually
- Quarterly
- Bimonthly
- Monthly
- Other \_\_\_\_\_

Some CCPTs combine their CCPT and Child Fatality Prevention Team (CFPT).

**Which of the following applies to your CCPT?**

- Separate CCPT and CFPT
- Combined CCPT and CFPT
- Other \_\_\_\_\_

CCPTs have members mandated by General Statute 7B-1407.

**In 2021, how frequently did the following mandated members participate in your CCPT?**

	Never	Rarely	Occasionally	Frequently	Very Frequently
DSS Director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DSS Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law Enforcement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
District Attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Action Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Superintendent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
County Board of Social Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guardian ad Litem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health Director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Care Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Only to be shown to those counties who indicated a combined CCPT/CFPT.

**In 2021, how frequently did the following mandated members participate in your CCPT?**

	Never	Rarely	Occasionally	Frequently	Very Frequently
DSS Director	o	o	o	o	o
DSS Staff	o	o	o	o	o
Law Enforcement	o	o	o	o	o
District Attorney	o	o	o	o	o
Community Action Agency	o	o	o	o	o
School Superintendent	o	o	o	o	o
County Board of Social Services	o	o	o	o	o
Mental Health Professional	o	o	o	o	o
Guardian ad Litem	o	o	o	o	o
Public Health Director	o	o	o	o	o
Health Care Provider	o	o	o	o	o
District Court Judge	o	o	o	o	o
County Medical Examiner	o	o	o	o	o
Emergency Medical Services (EMS) Representative	o	o	o	o	o
Local Child Care Facility or Head Start Representative	o	o	o	o	o
Parent of Child Fatality Victim	o	o	o	o	o

**For assistance communicating with and identifying mandated members to increase participation, Please submit requests to [DSS.CCPT@dhhs.nc.gov](mailto:DSS.CCPT@dhhs.nc.gov)**

Besides mandated CCPT members, boards of county commissioners can appoint five additional members.

**In 2021, how many additional members took part in your CCPT:**

*A family or youth partner is a youth or adult who has received services or is the caregiver/parent of someone who has received services, and who has firsthand experience with the child welfare system.*

*If zero, type 0*

- Organizations \_\_\_\_\_
- Family Partners \_\_\_\_\_
- Youth Partners. \_\_\_\_\_

**List the organization that additional members represent.** (System of Care Community Coordinator (LME/MCO), Other LME/MCO representation, Juvenile Justice representation, Victim Service organization, etc.)

- Member 1 \_\_\_\_\_
- Member 2 \_\_\_\_\_
- Member 3 \_\_\_\_\_
- Member 4 \_\_\_\_\_
- Member 5 \_\_\_\_\_

**How well does your CCPT prepare for meetings?**

Not at all	Marginally	Moderately	Well	Very well
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How well does your CCPT share information during meetings?**

Not at all	Marginally	Moderately	Well	Very well
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Other than information, please list other resources shared among CCPT members and how well they are shared (e.g., financial resources, grant opportunities, etc.)**

	Not at all	Marginally	Moderately	Well	Very well
Resource 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resource 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resource 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How well has your CCPT effected changes in your community?**

Not at all	Marginally	Moderately	Well	Very well
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In 2021, other than mandatory members, did family or youth partners serve as members of your CCPT?** *A family or youth partner is a youth or adult who has received services or is the caregiver/parent of someone who has received services, and who has firsthand experience with the child welfare system.*

- Yes
- No

**If family or youth partners did take part in your CCPT, how many of them had a dual role (for example, a mandated member meeting the definition of a family or youth partner)?**

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**In 2021, other than mandatory members, how frequently did family or youth partners participate in your CCPT?**

	Never	Rarely	Occasionally	Frequently	Very Frequently
Youth partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biological parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kinship caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foster parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adoptive parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In 2021, were family or youth partners invited to attend CCPT meetings?**

- Yes
- No

**Have you requested resources or assistance from DSS to assist in family partner involvement?**

- Yes
- No

**In 2021, which of the following strategies did your CCPT use to successfully engage family and youth partners on your team? (The checklist below comes from CCPT survey responses in past years. Check all that apply and add your own.)**

- Outreach through community networks to identify family and youth partners
- Repeatedly extending invitations by multiple means (e.g., phone, email)) to possible family and youth partners
- Having a senior agency representative extend the invitation
- Putting CCPT membership into family or youth partner’s job description
- Explaining purpose of CCPTs in jargon-free and inviting language
- Describing the role of the family and youth partners on the team
- Emphasizing the value that family and youth partners bring to the team
- Providing information on opportunities available to participants (e.g., training)
- Rescheduling meeting times to accommodate family and youth partners
- Preparing family and youth partners for the meetings
- Drawing family and youth partners into the meeting discussions
- Ensuring that discussions are in clear and understandable language for all participants
- Debriefing with family and youth partners after meetings
- Using team members already on the CCPT to offer family perspectives
- Other \_\_\_\_\_

**In 2021, which of the following reasons prevented some family or youth from taking part in your CCPT?** (The checklist below comes from CCPT survey responses in past years. Check all that apply and add your own.)

- Lack of transportation
- Lack of childcare
- Lack of reimbursement for time
- Scheduling conflicts
- Other commitments (e.g., school, work)
- Uncertainty about role
- Other \_\_\_\_\_

**In 2021, which of the following reasons prevented your CCPT from engaging some family or youth on your team?** (The checklist below comes from CCPT survey responses in past years. Check all that apply and add your own.)

- Difficulty recruiting or identifying family and youth partners
- Lack of resources to support participation (e.g., transportation, childcare, reimbursement for time)
- Sensitive nature of topics discussed
- Uncertainty about maintaining confidentiality
- Need for training on engaging family and youth partners
- Lack of dedicated person to engage family and youth partners
- Other \_\_\_\_\_

**During 2021, did your CCPT partner with other organizations in the community to create programs or inform policy to meet an unmet community need?**

- Yes
- No

**If yes, describe the most important of these initiatives to meet a community need.**

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**Who were the other organizations or groups at the local level, with whom you shared your CCPT's findings and recommendations resulting from the initiative?**

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**What is the total number of cases (active cases) reviewed by your CCPT between January and December 2021?**

Number of cases reviewed \_\_\_\_\_

**How many of these active cases entailed Substance Affected Infants? *If zero, type 0.***

**How many of these active cases entailed near fatality? *If zero, type 0.***

*Fatalities: only include child fatality case reviews where the death was caused by abuse, neglect, or dependency **and** did not receive an intensive review. (Intensive Review data will be collected from the State office, do not include these)*

**In your county, does the CCPT conduct maltreatment fatality reviews separate from Intensive reviews?**

- Yes
- No

**If the answer is no, do you have a separate team that conducts these reviews?**

- Yes
- No

**If your CCPT conducts fatality reviews outside of Intensive Reviews, how many met the criteria for a local review? How many of these did you conduct?**

**How many of the fatalities reviewed were Substance Affected Infants? *If zero, type 0.***

**When an intensive review occurs, tell us how your local team handles the local review.**

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**Were there any issues identified in the reporting process during your review?**

- Yes
- No

**In reviews of active or fatalities cases did you identify any issues related to the reporting of substance affected infants in accordance with the law?**

- Yes
- No

**Which of the following criteria did your CCPT use in 2021 for selecting cases for review? Check all that apply. Please write in other criteria that you used.**

- Child Maltreatment Fatality
- Court Involved
- Multiple Agencies Involved
- Repeat Maltreatment
- Active Case
- Closed Case
- Stuck Case
- Child Safety
- Child Permanency
- Child and Family Well-being
- Parent Substance Use
- Child Trafficking
- Other 1 \_\_\_\_\_
- Other 2 \_\_\_\_\_

**Which of the following contributory factors to children being in need of protection did you use in 2021 for selecting cases for review? Check all that apply.**

*Terms such as alcohol use have been inserted as preferred identifiers but current terms on the child protection form are in parentheses. Definitions for these terms may be found in the NCANDS Child File Codebook*

- Caregiver(taker) - Alcohol use (Abuse)
- Caregiver(taker) - Drug use (Abuse)
- Caregiver(taker) - Intellectual/Developmental Disability (Mental Retardation)
- Caregiver(taker) – Mental Health Need (Emotionally Disturbed)
- Caregiver(taker) – Visually or Hearing Impaired
- Caregiver(taker) - Other Medical Condition
- Caregiver(taker) - Learning Disability
- Caregiver(taker) - Lack of Child Development Knowledge
- Child - Alcohol Problem
- Child - Drug Problem
- Child - Intellectual/Developmental Disability (Mental Retardation)
- Child – Mental Health Need (Emotionally Disturbed)
- Child - Visually or Hearing Impaired
- Child - Physically Disabled
- Child - Behavior Problem
- Child - Learning Disability
- Child - Other Medical Condition
- Household - Domestic Violence
- Household - Inadequate Housing
- Household - Financial Problem
- Household - Public Assistance

**Which of the following types of information did you use in reviewing cases? Check all that apply.**

- Reports from Members of the CCPT and/or Case Managers/Behavioral Health Care Coordinators/Care Managers
- Information on Procedures and Protocols of Involved Agencies
- Case Files
- Medical Examiner's Report
- Child and Family Team Meeting Documentation
- Individualized Education Plan
- Other 1 \_\_\_\_\_
- Other 2 \_\_\_\_\_

**What would help your CCPT better carry out case reviews?**

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**How many of the cases reviewed in 2021 were identified as having children and/or youth who needed access to the following services?**

- Mental Health (MH) \_\_\_\_\_
- Intellectual/Developmental Disabilities (I/DD) \_\_\_\_\_
- Substance Use (SU)<sup>1</sup> \_\_\_\_\_
- Domestic Violence (DV) \_\_\_\_\_
- Child Trafficking \_\_\_\_\_

**Please indicate if any of these services had a waitlist.**

- Mental Health (MH) \_\_\_\_\_
- Intellectual/Developmental Disabilities (I/DD) \_\_\_\_\_
- Substance Use (SU) \_\_\_\_\_
- Domestic Violence (DV) \_\_\_\_\_
- Child Trafficking \_\_\_\_\_

**Please indicate how many of these cases received the needed service.**

- Mental Health (MH) \_\_\_\_\_
- Intellectual/Developmental Disabilities (I/DD) \_\_\_\_\_
- Substance Use (SU) \_\_\_\_\_
- Domestic Violence (DV) \_\_\_\_\_
- Child Trafficking \_\_\_\_\_

**How many of the cases reviewed in 2021 were identified as having parents or other caregivers who needed access to the following services:**

- Mental Health (MH) \_\_\_\_\_
- Intellectual/Developmental Disabilities (I/DD) \_\_\_\_\_
- Substance Use (SU) \_\_\_\_\_
- Domestic Violence (DV) \_\_\_\_\_

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<sup>1</sup> Added as Footnote: The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), published in 2013, by the American Psychiatric Association (APA) provides criteria to be used by clinicians as they evaluate and diagnose different mental health conditions. Previous editions of the DSM identified two separate categories of substance-related and addictive disorders, “substance abuse” and “substance dependence”. The current diagnostic manual combines these disorders into one, “substance use disorders” (SUDs). SUDs have criteria that provide a gradation of severity (mild, moderate and severe) within each diagnostic category. (Diagnostic and statistical manual of mental disorders (5 ed.). Arlington, VA: American Psychiatric Association. 2013. p. 483. ISBN 978-0-89042-554-1) Although this change was made in the DSM 5, the term substance abuse is still utilized when referring to certain titles, services or other areas that require general statute, policy or rule revisions to change the language. Substance use disorder is generally utilized to identify a diagnosis or service to treat for someone with a substance use diagnosis (i.e., substance use disorder treatment).

**Please indicate if any of these services had a waitlist.**

- Mental Health (MH) \_\_\_\_\_
- Intellectual/Developmental Disabilities (I/DD) \_\_\_\_\_
- Substance Use (SU) \_\_\_\_\_
- Domestic Violence (DV) \_\_\_\_\_

**Please indicate how many of these cases received the needed service.**

- Mental Health (MH) \_\_\_\_\_
- Intellectual/Developmental Disabilities (I/DD) \_\_\_\_\_
- Substance Use (SU) \_\_\_\_\_
- Domestic Violence (DV) \_\_\_\_\_

**In 2021, which of the following limitations prevented children, youth, and their parents or other caregivers from accessing needed MH/DD/SU/DV services. Check all that apply.**

- Limited services or no available services
- Limited services for youth with dual diagnosis of mental health and substance use issues
- Limited services or youth with dual diagnosis of mental health and developmental disabilities
- Limited services for youth with dual diagnosis of mental health and domestic violence
- Limited transportation to services
- Limited community knowledge about available services
- Limited number of experienced child and family team (CFT) meeting facilitators
- Limited attendance of MH/DD/SU/DV providers at CFTs
- Other 1 \_\_\_\_\_
- Other 2 \_\_\_\_\_

**Please describe any barriers COVID-19 posed to facilitating the protection of children? (This question is meant to be an open opportunity for you to highlight specific difficulties faced by your county)**

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**Racial Equity:** *The condition when racial identity cannot be used to predict individual or group quality of life outcomes (e.g. wealth, income, employment, criminal justice, housing, health care, education).*

**Has your team discussed issues of racial equity in child welfare?**

- Yes
- No

**What are some local issues in regards to child welfare taking a racially equitable approach?**

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**Would you be interested in being provided resources to explore a racially equitable approach to child welfare?**

- Yes
- No

**Based on your 2021 case reviews, what were your team's top three recommendations for improving child welfare services at the local level?**

- Recommendation 1 \_\_\_\_\_
- Recommendation 2 \_\_\_\_\_
- Recommendation 3 \_\_\_\_\_

**Based on your 2021 case reviews, what were your team's top three recommendations for improving child welfare services at the state level?**

- Recommendation 1 \_\_\_\_\_
- Recommendation 2 \_\_\_\_\_
- Recommendation 3 \_\_\_\_\_

**Did your CCPT set local objectives based on identified improvement needs to complete over 2020?**

- Yes
- No

**List your CCPT's top three local objectives based on identified improvement needs for 2021. Then rate how successful your CCPT was in achieving these objectives.**

	Not at all	Slightly	Moderately	Mostly	Completely	Too soon to
Objective 1 _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Objective 2 _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Objective 3 _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**What helped you achieve your local objectives to meet identified improvement needs?**

- Objective 1 \_\_\_\_\_
- Objective 2 \_\_\_\_\_
- Objective 3 \_\_\_\_\_

**What can NC DSS do to help you achieve your local objectives to meet identified improvement needs?**

- Objective 1 \_\_\_\_\_
- Objective 2 \_\_\_\_\_
- Objective 3 \_\_\_\_\_

**What further support would help your team put your recommendations into action?**

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Please contact the DSS CCPT [DSS.CCPT@dhhs.nc.gov](mailto:DSS.CCPT@dhhs.nc.gov) for technical support with regards to training, community engagement, active and fatality case review concerns, and any other local team guidance your team may need.

**Once you continue to the next page, you will be directed to a copy of your completed responses, and you may print the screen to have a record of your responses. Once you have reached the "completed responses" page, you have successfully submitted your 2021 CCPT Survey.**

**Thank you for taking the time to complete the 2020 CCPT Survey, your responses are appreciated. If you have questions about the survey and keeping a copy for your records, please contact [ccpt\\_survey@ncsu.edu](mailto:ccpt_survey@ncsu.edu).**

George Bryan

Karakahl Allen-Eckard

Sharon Barlow

Molly Berkoff

Gina Brown

Carmelita Coleman

Deborah Day

Melissa Godwin

Terri Grant

Carolyn Green

Kella Hatcher

Virginia King

Pachovia Lovett

Debra McHenry

Helen Oluokun

Joan Pennell

Paige Rosemond

Starleen Scott-Robbins

Emily Smith

Lynda Stephens

Kathy Stone

Bernetta Thigpen

Cherie Watlington

Marvel Welch

Barbara Young