

*The following message will go via email to the person designated as responsible for completing the report, with a copy to the Team Chair, if applicable, and the DSS Director. The actual Survey Monkey Link will go to ONLY the responsible designate.*

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FROM THE NC CCPT ADVISORY COMMITTEE:

We will be sending you an email tomorrow that contains the Survey Monkey link for the CCPT 2013 Report which must be completed and submitted online no later than Friday, January 31, 2014. If you do not receive it within 2 days, please notify [mandell@cappcenter.org](mailto:mandell@cappcenter.org).

This report is one of the requirements in the federal Child Abuse Prevention and Treatment Act (CAPTA). In 1997 North Carolina designated the Community Child Protection Team as its Citizen Review Panel with responsibility for this report. The purpose of Citizen Review panels is to provide opportunities for citizens to play an integral role in ensuring that states are meeting their goals of protecting children from maltreatment. The local county DSS Director is charged with certain duties (NCG.S. 7B 1409) to assure the successful operation of the local team, but other local membership and leadership are also essential to success. It is incumbent upon all of us to participate as fully as possible in our local teams and transfer accurate, timely, and specific knowledge to the state offices for their information, consideration and response. If one link in this chain is broken, we all fail.

***Instructions: When compiling this report, it is important to be specific in order to provide a clear picture of the work of your team and please remember the following:***

1. **This report covers the work of the CCPT for the period January – December 2013**
2. **NOTE TO COMBINED CCPT/CFPT groups: The Child Fatality Prevention Team case review work will be captured in a SEPARATE REPORT. This CCPT report *should only include child fatality case reviews where the death was caused by abuse, neglect or dependency and where the family had received DSS child welfare services within 12 months of the child's death.* Any other child fatality cases that were reviewed by a combined team should be included on the CFPT report.**
3. **The report must be submitted via SurveyMonkey – you should not submit paper copies to the state office or the Advisory Committee. You may work in your SurveyMonkey file, Save your work and go back to edit or review at any time BEFORE YOU HIT SUBMIT. Once you submit it, if you want to correct something, please send an email to [mandell@cappcenter.org](mailto:mandell@cappcenter.org) who can reopen your file.**
4. You will be able to print a copy of the blank survey when you open the link ... and print a copy of your completed report before you submit.
5. **Your team members should have the opportunity for input and review before your report is filed. Please schedule your CCPT meeting so that your team has sufficient time to complete and submit by Survey Monkey on or before January 31, 2014.**

This may be a transition year for the CCPT and other committees/reports as the state office facilitates a new level of collaboration and effectiveness to assure that all involved in child protection and maltreatment prevention have a seat at the table with the power to enact real change and/or reinforce what is working on behalf of our children. If this is to happen successfully, we need everyone's input. Please make this report a top priority and remember to include anything that is happening in your county that is not being captured in this template.

**Please help us compile an effective Annual Report to the State office; a report that represents all 100 county teams and addresses the needs of all North Carolina communities.** Remember, we are *collectively* accountable for the shared vision for North Carolina families that : **“Families have enhanced capacity to provide for their children’s educational, physical, and emotional needs and children have opportunities for healthy social and emotional development.”**

Sincerely,

**The NC Community Child Protection Team Advisory Committee:**

Member	County
Chair, Elizabeth K. Mandel	New Hanover
Wanda Marino	New Hanover
Terry Brubaker	Craven
Freddie Harris	Warren
Lou Parton	Polk
George Bryan	Forsyth
Felecia Wilson	Cabarrus
Judith Ayers	Currituck
Tilda Marshall	Edgecombe

**Terri T. Reichert, NCDHHS CQI Child Welfare Outcomes Coordinator**

**Rick Zechman, NCDHHS, Community Based Programs Administrator**

**And... THERE IS ALWAYS ROOM FOR YOU!**

**SURVEY MONKEY QUESTIONS.....**

- (1) What County does this report cover? \_\_\_\_\_
- (2) Please provide the following information for the person completing this report:
  - a. Name
  - b. CCPT position
  - c. Email address
  - d. Phone number
  - e. Fax number
- (3) Is your CCPT combined with the Child Fatality Prevention Team? Yes \_\_\_\_\_ NO \_\_\_\_\_  
 (If Yes, please remember NOT to report the Child Fatality Prevention Team work here. It will be submitted on a separate report.)
- (4) If NO, has combining the CCPT and the CFPT been discussed in your county or at your meetings? Yes \_\_\_\_\_ NO \_\_\_\_\_
- (5) On what frequency does your CCPT normally meet: \_\_\_ Monthly \_\_\_ Quarterly Other (specify) : \_\_\_\_\_
- (6) How many times did your CCPT meet on **CCPT business** in 2013?
- (7) MEETING ATTENDANCE: The composition of the CCPT is detailed in NC G.S. 7B 1407. Please describe the 2013 attendance of the mandated members:

	1. Very Frequently	2. Frequently	3. Occasionally	4. Rarely	6. Never
County Director of DSS					
Member of the County Director's Staff					
Local Law Enforcement Officer					
Attorney from the District Attorney's office					
Executive Director of the local Community Action Agency, or ED's designee					
Supt. of local school admin. unit or the designee					
Member of the Co. Board of Social Services, appointed by the Chair					
Local Mental Health Professional, appointed by the Director of the area authority					
Guardian ad litem coordinator or the coordinator's designee					
Director of the Department of Public Health					
Local Health Care Provider, appointed by the local board of public health					

(8.) The Board of County Commissioners may appoint a maximum of 5 additional CCPT members to represent various county agencies or the community at large to provide an opportunity to involve all entities of the community that impact children or have the potential to impact children.

Does your team include such appointees? Yes  No  If Yes, Please describe below:

- Private Citizen or  agency represented \_\_\_\_\_
- Private Citizen or  agency represented \_\_\_\_\_
- Private Citizen or  agency represented \_\_\_\_\_
- Private Citizen or  agency represented \_\_\_\_\_
- Private Citizen or  agency represented \_\_\_\_\_

(9.) Does your CCPT have a sub-group and/or advisory committee to augment the work of the main team process? Yes  No

If yes, do they meet: ( Monthly) ( Quarterly), or Other: () Please Specify: \_\_\_\_\_

(10) How many **total CCPT cases** were reviewed between January and December 2013? \_\_\_\_\_

(11) MEMO: Of the **Total CCPT Cases** reviewed (Q10), how many were **Intensive Fatality Reviews conducted onsite with CCPT and NCDSS** \_\_\_\_\_

(12) Of the Total Cases Reviewed (Q10) please identify the category:

CHILD MALTREATMENT TYPE	#
Abuse Only	
Neglect Only	
Serious Neglect Only	
Abuse and Neglect	
Dependency	
Other: (Please specify)	
<b>TOTAL (Q10)</b>	

(13.) Please list the CPS factor or factors for the cases reviewed (Q10). You should have at least one factor for each case BUT you may also have multiple factors for a case or cases:

CPS Factor(s) for Cases Reviewed (Q10) (Select all that apply)	# OF CASES
Substance Abuse-Involved Families	
Domestic Violence in Families	
No mandated services for domestic violence perpetrators	
Improper Discipline of Children	
Inappropriate Supervision of Children	
Access to Mental Health Services	
Lack of consistent, accessible, effective mental health services to diagnose and treat needs	
Child Sexual Abuse	
Child-on-Child Sexual Abuse	
Multiple Out of Home Placements	
Multiple DSS agencies involved over course of child's lifetime	
Insufficient services in rural areas	
"New" substance abuse usage (i.e. Bath Salts, Prescription Drugs) by TEENS	
"New" substance abuse usage (i.e. Bath Salts, Prescription Drugs) by PARENTS	
Lack of psychological testing/mental health services for the family	
Limited family support	
Limited private insurance coverage for non-Medicaid cases	
Immigration Status	
Parent(s) employment status (unemployed or under-employed)	
Reliable Transportation (own)	
Appropriate public transportation (time, routes, cost, etc.)	
Safe/Stable Housing	
Multiple placements in group homes	
Lack of out-of-home placement options	
Lack of or delayed reporting/addressing of child abuse/neglect and non-caretaker abuse issues in the community	
Lack of quality, affordable, child care	
Lack of consistent, effective law enforcement investigation of child fatalities	
Lack of consistent, stronger communication / training between Medical Examiner and Law Enforcement	
Increase in children being ordered into DSS custody as a disposition when there are no abuse/neglect issues	
Teen motor vehicle accidents and serious injuries	
Extreme child custody issues impacting children and their safety (mental and physical)	
Human trafficking	

CPS Factor(s) for Cases Reviewed (Q10) (Select all that apply)	# OF CASES
Internet Safety / Cyber-bullying	
Teen suicide / suicide threats and or attempts	
Child support issues and enforcement	
"Invisible children" (i.e., Transiency, Home-Schooling, Isolation, etc.)	
Bullying	
Military-connected	
Gang-related issues	
OTHER: PLEASE DESCRIBE:	

(14)

NOW, for the 3 FACTORS with the highest number of cases reported in Question 13, please provide a brief description of the actions that your CCPT has taken plus a SPECIFIC RECOMMENDATION that can lead to positive action. Recommendations should be SMART: Specific -- Measurable - Attainable – Realistic - Timely				
SITUATION	ACTIONS TAKEN	PROPOSED RECOMMENDATION	TO BE DIRECTED TO:	How many years has this been one of your 3 top situations?
<b>Example</b> - Lack of consistent, effective law enforcement investigation of child fatalities  1.  2.  3.	With the assistance of the District Attorney's office, our team compiled a report of specific instances when this occurred and its effect on the victim's family and the potential for non prosecution of the perpetrator and/or danger to other siblings. We then met with law enforcement management and were able to convince them to include annual training on this issue by DSS and other appropriate agencies with updates as personnel changed.	We propose that a state-wide conversation be initiated with law enforcement, the courts and appropriate interested agencies to develop a protocol that sets forth the importance and necessity for priority to this issue with the ultimate goal of getting the unqualified support of state law enforcement leadership.	NC Association of Chiefs of Police, NC Sheriff's Association, NC Conference of District Attorneys, NC Medical Examiner	3 years

(15) Please turn your attention to focus on the **TEAM'S efforts for PRIMARY PREVENTION** of child maltreatment and select the steps **your TEAM** took to ENGAGE YOUR COMMUNITY, indicating the value that your team felt was realized relative to the effort and/or resources expended. Please do NOT include any that were offered by individual member agencies of your team:

Primary Prevention Initiative	Evaluation of Impact or Awareness Received for Effort				
	1. Very Important	2. Important	3. Moderately Important	4. Of Little Importance	5. Unimportant
Websites, social media, traditional media campaigns					
Billboards					
Child abuse prevention activities in the community during April					
Legislative education, including local tours / programs to build awareness of need					
Programs such as Darkness2Light, StopItNow, WaitToText, etc.					
Candlelight vigils					
Healthy parenting education					
Community presentations / forums					
School curriculum, programs, presentations					
Family workshops					
Communities of faith involvement events					
Joint training across the disciplines involved in child welfare					
Community / Parent Cafe' (If ranked #1 or #2, please provide short summary to mandell@cappcenter.org)					
OTHER: PLEASE SPECIFY					
OTHER: PLEASE SPECIFY					

(16). Still thinking of Primary Prevention... What NEW initiatives or programs did your team develop or implement in 2013 that created high impact/awareness? (i.e., "Our team asked that CPS Social Workers discuss Safe Sleeping practices in all cases where there is a child under the age of one in the home."). If none, please enter None in the text box.

17. NOW... please focus on **BEST PRACTICES / ACCOMPLISHMENTS** by your CCPT that could benefit other teams, indicating your evaluation of the benefit (from 1 highest to 5 lowest) ... and... then indicate whether you would be available to speak personally to or act as an information source or limited coach for another team on these issues. (Note: Expectations: Limited time, primarily electronic or phone sharing and no travel) (Select as many as may apply)

	1. Very Important	2. Important	3. Moderately Important	4. Of Little Importance	5. Unimportant	(Would agree to share information)
Participation in a community drug task force						
“Period of Purple Crying Awareness” efforts in partner with another agency						
Collaboration with local pharmacies to provide information about proper medicating of children						
Collaboration with Law Enforcement and DSS for training on joint response in child injury cases						
Community Vigils, Walks, etc.						
Creation of a CPS Diversion Court without removing the child from the home						
Initiative to educate the community and utilize the Six Protective Factors						
Distribute materials (bookmarks, etc.) in local schools on important issues: (dangers of prescription drug abuse)						
Joint DSS/Law Enforcement Training on Child Fatality investigation						
Development of Multi-Disciplinary Teams to improve service delivery and address gaps in the investigation of sexual maltreatment						
Collaboration with other agencies for basic safety programs, including swimming classes for Kindergarten children						
Community collaborative newsletter						
Education on electronic interference/usage (sexting, etc.) and its impact on our children						
Invited CCPT member from another county to gain a broader perspective						
Developed proactive, meaningful partnerships with community businesses						
Developed proactive, meaningful partnerships with communities of faith						
Introduced Protective Factors to the language and work of the CCPT and its partners						
OTHER: PLEASE SPECIFY						



**(18) SELF-ASSESSMENT:NOTE: The specific county team name and/or information gathered by this self-assessment section will not be included in the final report. Only summary data will be used. This data may be available to the NC CCPT Coordinator to provide guidance for her assistance). Please share your team's analysis of its functioning by selecting one of the three choices that BEST describes your evaluation of the following:**

**CHAIRPERSON QUALIFICATIONS:**

	(a) 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
	(b) Chairperson has experience as a child advocate and in holding a leadership position in an agency or organization or has successfully completed leadership skills training
	(c) Chairperson has little or no experience or training in leadership positions

**(18a) CHAIRPERSON RESPONSIVENESS TO TEAM AND EXTERNAL PARTNERS (Citizens, Media, NCDSS, etc.)**

	(a) 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
	(b) Reports submitted, Reports include change in chairperson, minutes maintained, appropriate cases reviewed; however procedure for selecting cases is not known by members
	(c) Reports are not submitted, minutes are not routinely recorded or maintained, cases reviewed do not require CCPT input or action

**(18b)TEAM REQUIREMENTS / MEETING LOGISTICS:**

	(a) 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
	(b) Meetings held at least quarterly with at least 50% member attendance, location assures confidentiality
	(c) Meeting time or location changes often, location compromises confidentiality, members not notified timely of change in meeting logistics

**(18c) TEAM REQUIREMENTS / CASE REVIEW**

	(a) 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
	(b) Cases reviewed reflect a gap or deficiency in a community service or resource needed for child well-being, most members contribute, agenda driven by one agency
	(c) Cases selected for review do not meet CCPT requirements, over representation from one agency; members did not have sufficient notice of the meeting agenda, too much discussion on one case

**(18d) TEAM REQUIREMENTS / REPORT TO BOARD OF COMMISSIONERS & NCDSS**

	(a) Reports received timely with well-constructed recommendations, list of team accomplishments, proactive prevention plan, clearly stated logistical data
	(b) Annual report to NCDSS is frequently late and recommendations are not well constructed, copy of report to Commissioners is not included; incomplete data
	(c) Annual report is not submitted or information in the report is not clear

**(18e) TEAM REQUIREMENTS / OPPORTUNITY FOR OPEN COMMUNICATION EXCHANGE BETWEEN TEAM AND CITIZENS**

	(a) Team plan for communication exchange with citizens is realistic, has a stated outcome, made available to all citizens, uses available media to facilitate communication
	(b) Does not have a plan; however, participates in community events to provide information to citizens
	(c) Community has limited or no knowledge of CCPT

**(18f) SELF ASSESSMENT**

	(a) 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
	(b) Self-assessment shows several internal control weaknesses
	(c) Self-assessment shows major internal control weaknesses

**(18g) PROCESS ASSESSMENT**

	1. Is Very Important	2. Is Important	3. Is Moderately Important	4. Is Of Little Importance	5. Is Unimportant
Please select the rating that <b>BEST</b> reflects your team's perception of the CCPT importance to the community and welfare of all children					

If selecting 3, 4 or 5, please add any comments that you believe could improve the CCPT importance to the community and welfare of all children:

**(18h) Does your local CCPT work promote and support parent engagement?**     Yes     No

If Yes, please provide a specific example to share:

**(18i) Does your local CCPT work promote and support parent leadership?**     Yes     No

If Yes, please provide a specific example to share:

**(19) The role of the CCPT is further defined and responsibilities expanded in the Keeping Children and Families Safe Act of 2003, Public Law 108-36. Please evaluate how well your team is doing on these measures:**

	1. Very Good	2. Good	3. Barely Acceptable	4. Poor	5. Very Poor
Review of Child Protective Services (CPS) "practices", as well as policies and procedures					
Public comment on the impact of CPS procedures and practices					
Recommendations to improve state and local Child Protective Services					

**(20) The CCPT review must result in certain outcomes prescribed in CAPTA. Please rate below how well your team is doing on these measures:**

	1. Very Good	2. Good	3. Barely Acceptable	4. Poor	5. Very Poor
Case reviews identify a gap in services					
Case reviews identify a need for additional services or resources in the community					
Case reviews result in a collaborative recommendation or action that may remove a risk situation for a child is made					
CCPT work results in families having resources available to them to enhance their ability to provide safe environments for their children					
The CCPT work informs the community regarding child protection and issues that impact the family and the community's ability to protect children					
The collective knowledge of the CCPT team is utilized to foster successful outcomes for families and children					
The CCPT review brings to the surface underlying problems that impact the entire community, rather than focusing on the families in the DSS system					
The CCPT work results in promoting and supporting parent engagement Please provide specific examples:					
The CCPT work results in promoting and supporting parent leadership Please provide specific examples:					

**(20A) SELF-ASSESSMENT PROCEDURE -- Please select one of the following to describe how the answers to Section 18, 29 and 20 were developed:**

	The team members reviewed the questions and collectively developed the self-assessment answers
	The team leadership (chairperson and/or appointees) developed the self-assessment answers and reviewed with the team members prior to submitting
	Other: (please be specific)

**(20B) SELF-ASSESSMENT PROCEDURE FORMAT:**

	YES	NO
Does your team conduct self-assessments on a regular basis?		
If yes, how often:		
Did you use the recently-released DSS “Strengths and Needs Evaluation Tool – Community Child Protection Team” form to score your team’s work? (Note: available on the website: ( <a href="http://www.ncdhhs.gov/dss/ccpt/">www.ncdhhs.gov/dss/ccpt/</a> ))		
Were you aware of the CCPT website?		
Do you use any other type of evaluation tool?		
If yes and you are willing to share a copy, please email it to the Advisory Committee at: <a href="mailto:mandell@cappcenter.org">mandell@cappcenter.org</a> using the subject: “Confidential CCPT form”		
Does your team have a Mission Statement?		
If yes and you are willing to share a copy, please email it to the Advisory Committee at: <a href="mailto:mandell@cappcenter.org">mandell@cappcenter.org</a> using the subject: “Confidential CCPT form”		

(21.) NOW... please focus on the help from the state office that might assist **your CCPT** and your community-at-large:

	1. Very Important	2. Important	3. Moderately Important	4. Of Little Importance	5. Not Needed
<b>Training for Chairperson</b>					
<b>Training for Team Members to clarify their role and what is to be reviewed</b>					
<b>Updated CCPT Manual</b>					
<b>Assistance to develop resources in rural counties</b>					
<b>Addressing the length of time it takes to complete out-of-state placements (ICPC cases)</b>					
<b>Reduced timelines for the scheduling of Fatality Reviews and receipt of the post-review State report</b>					
<b>Training on how teams can become more active in the community and not just meet to review cases</b>					
<b>Information on how local gaps in services be addressed beyond what the local team has already done</b>					
<b>Hold regional CCPT meetings (quarterly)</b>					
<b>Hold State annual CCPT meeting with planning and sharing sessions and a refresher training on CCPT policy and purpose</b>					
<b>CCPT Website with county specific links where information can be posted on a timely basis</b>					
<b>CCPT ListServ where members can seek the advice of others in training, motivation, fatality reviews, etc.</b>					
<b>Training on state policy changes</b>					

	1. Very Important	2. Important	3. Moderately Important	4. Of Little Importance	5. Not Needed
<b>Training on crime scene investigations</b>					
<b>Webinars re information updates, training, child wellness reports, etc.</b>					
<b>Training on how to read / understand autopsy reports</b>					
<b>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.</b>					
<b>Training on promoting and supporting meaningful parent engagement and leadership</b>					
<b>OTHER (Please be specific)</b>					

(22) NOW IT'S YOUR TURN... Please use the space below to add anything that we missed asking about in this report. Be as specific as possible so that it can be conveyed properly in the CCPT Combined State Report. If you don't have enough space, you may send an email to the Advisory Committee at: [mandell@cappcenter.org](mailto:mandell@cappcenter.org) marked "Confidential CCPT" in the subject line with your specific comments.