

CCPT Survey 2022 2022 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 2022 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 (NC DSS). The state-level report is compiled from aggregated data without identifying individual team responses. This year, the Board and NC DSS will have access to individual county data which will allow for targeted support and communications to facilitate CCPTs' optimal functioning. The NC CCPT Advisory Board will make recommendations on how to improve public child welfare. NC DSS will write 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 their 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 participation of the specific local CCPT in the annual report. The survey responses are transmitted directly to the researcher, TBD, at North Carolina State University. De-identified findings may also be included in presentations, trainings, and publications.

The 2017 through 2021 Community Child Protection Team End of Year Reports including recommendations from the Advisory Board, are available through the links provided below.

Please follow this <u>link</u> to view past year's reports and responses.

North Carolina State University

INFORMED CONSENT FORM for RESEARCH

Title of Study: Community Child Protection Team 2022 Survey (6430) Principal Investigator: Dr. Kwesi Brookins biadnow@ncsu.edu

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 your 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 NC DSS and the NC CCPT Board will be able to connect your team to some survey answers.

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 University Institutional Review Board 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. The survey results also assist in providing local CCPTs with individualized support.

Am I eligible to be a participant in this study?

There will be potentially 101 participants in this study, representing all counties in North Carolina and the Qualla Boundary. The chairpersons of the CCPT in each county or 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 local CCPT for the past year.

You cannot participate in this study if you are no longer a member of your 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 filling in the survey is approximately 25 minutes. In preparation for filling in 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 NC CCPT Advisory Board and NC DSS will only use data identifying the local CCPT to inform what resources and support a particular CCPT might need to improve their functioning. The survey will indicate for which questions the Research Team will identify the local CCPT giving the response to the NC CCPT Advisory Board and NC DSS. All public facing reports will be in aggregate, which means that the responses of the individual CCPTs are combined together.

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. Any time before submitting the survey, you may choose to withdraw your consent and stop participating. If you choose to not submit your survey, results will not be included in analyses.

Confidentiality

The information in the study records will be kept confidential by the parties listed above to the full extent allowed by law. Data will be stored securely on an NC State University 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, TBD, at Center for Family and Community Engagement, North Carolina State University, TBD.

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 University IRB (Institutional Review Board) Office via email at irb-director@ncsu.edu or via phone at 1.919.515.8754. The 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 before submitting the survey without penalty or loss of benefits to which I am otherwise entitled."

- Yes, you can now proceed to the next page.
- No, please contact Jadie Baldwin-Hamm at the NC Division of Social Services for technical assistance on completing the survey: email jadie.baldwin@dhhs.nc.gov. Once your questions are answered and you wish to take the survey, email 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 2022.
- 2. Your survey responses must be submitted online (via Qualtrics). Do not submit paper copies to NC 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.

Please complete and submit the survey online (via Qualtrics) on or before January 13th, 2023.

Note. The questions for which the Research Team will NOT provide the identity of the responding CCPT to the NC CCPT Advisory Board or NCDSS are shaded blue and have the caption "Confidential"

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) (Confidential)

- 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

What difficulties has your CCPT faced while trying to meet and complete your work? (Confidential)

How often does your CCPT meet as a full team?

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

If your team has subcommittees, 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.

Within the last two years, has your CCPT moved from:

- A separate to combined team
- A combined to separate team
- We have not changed the format of our CCPT within the last two years

In 2022, how frequently did the following mandated members participate in your CCPT?

	Never	Rarely	Occasionally	Frequently	Very Frequently
DSS Director	0	O	o	o	0
DSS Staff	o	o	o	o	o
Law Enforcement	o	o	o	0	o
District Attorney	o	o	o	0	o
Community Action Agency	o	0	O	0	0
School Superintendent	0	O	O	O	0
County Board of Social Services	0	0	o	O	0
Mental Health Professional	0	O	O	O	0
Guardian ad Litem	o	o	o	O	O
Public Health Director	o	o	o	o	o
Health Care Provider	O	O	O	o	0

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

In 2022, how frequently did the following mandated members participate in your CCPT?

	Never	Rarely	Occasionally	Frequently	Very Frequently
DSS Director	o	0	0	0	0
DSS Staff	O	o	o	o	0
Law Enforcement	O	o	o	o	0
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	0	O	o	o
Mental Health Professional	O	0	O	o	o
Guardian ad Litem	o	o	O	o	o
Public Health Director	o	o	O	o	o
Health Care Provider	O	0	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	0
Local Child Care Facility or Head Start Representative	o	o	o	o	o
Parent of Child Fatality Victim	o	o	0	o	o

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

In 2022, how many additional members took part in your CCPT:

• Family Partners ____

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

• 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

In 2022, how well did your CCPT accomplish the following:

Prepare for meetings?

Not at all	Marginally	Moderately	Well	Very well
O	0	0	O	O

Share information during meetings?

Not at all	Marginally	Moderately	Well	Very well
O	O	0	O	O

Make desired changes in your community?

Not at all	Marginally	Moderately	Well	Very well
0	0	0	O	O

In 2022, 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

In 2022, other than mandatory members, how frequently did family or youth partners participate in your CCPT?

	Never	Rarely	Occasionally	Frequently	Very Frequently
Youth partner	o	O	0	o	0
Biological parent	O	O	0	O	0
Kinship caregiver	o	o	0	0	0
Guardian	o	o	0	0	0
Foster parent	o	o	0	0	0
Adoptive parent	o	o	0	o	O
Other	o	O	0	O	O

In 2022, 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 2022, 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		
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During 2022, did your CCPT partner with other organizations in the community to create programs or inform policy to meet an unmet community need?

•	Ves

No

Active Cases

What is the total number of active cases reviewed by your CCPT between January and December 2022?
Number of cases reviewed
How many of these active cases entailed Substance Affected Infants ¹ ? <i>If zero, type 0</i> .
How many of these active cases entailed a near fatality ² ? If zero, type θ .

¹ An infant identified as a "substance affected infant" (SAI) is defined by: (1) An infant has a positive urine, meconium or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standard. (2)The infant's mother has had a medical evaluation, including history and physical, or behavioral health assessment indicative of an active substance use disorder, during the pregnancy or at time of birth. (3) An infant that manifests clinically relevant drug or alcohol withdrawal. (4) An infant affected by FASD with a diagnosis of Fetal Alcohol Syndrome (FAS), Partial FAS (PFAS), Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (NDPAE), Alcohol-Related Birth Defects (ARBD), or Alcohol-Related Neurodevelopmental Disorder (ARND). (5) An infant has known prenatal alcohol exposure when there are clinical concerns for the infant per current evaluation and management standards.

² According to NC General Statute § 7B-2902, a child maltreatment near fatality is "a case in which a physician determines that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment."

Data	litias	Cases
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How many cases did your CCPT review that included maltreatment fatality factors? (Do	not
include those done through an Intensive Fatality Review).	

Of these fatalities reviewed, how many of these children had a history of identification as a **Substance Affected Infants?**

If zero, type 0.

After an intensive review has occurred, describe how the findings and recommendations coming out of the review were typically communicated.

After an intensive review has occurred, how does your CCPT typically identify action steps for working on the local recommendations?

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 2022 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 2022 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 <u>NCANDS Child File</u> Codebook

- Caregiver(taker) Alcohol use (Abuse)
- Caregiver(taker) Drug use disorder (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

What would help your CCPT better carry out case reviews?

• Individualized Education Plan

•	Other I	
•	Other 2	

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needed access to the following services?	ned as naving children and/or youth who
36 . 177 11 0 675	
• Intellectual/Developmental Disabilities (I/DD)	
• Substance Use Disorder (SUD) ³	
Domestic Violence (DV) Clinton of the control	
Child Trafficking	
Please indicate if any of these services had a waitlist.	
 Mental Health (MH) 	
 Substance Use Disorder (SUD) 	
 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 Disorder (SUD) 	
 Domestic Violence (DV) 	
Child Trafficking	
• Clina Harricking	
H	° 1 - 1 - 1 - 1 1 1 1 1 1 1 1 - 1
How many of the cases reviewed in 2022 were identify	ned as having parents or other caregivers who
needed access to the following services?	
Mental Health (MH) I think to 1/D. The state of the	
• Intellectual/Developmental Disabilities (I/DD)	
• Substance Use Disorder (SUD)	
• Domestic Violence (DV)	
Please indicate if any of these services had a waitlist.	
 Mental Health (MH) 	
• Intellectual/Developmental Disabilities (I/DD)	
Substance Use Disorder (SUD)	
Domestic Violence (DV)	

³ 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).

 Mental Health 	many of these cases received th	ne needed service.
	evelopmental Disabilities (I/DD)	
 Substance Use 	e Disorder (SUD)	
• Domestic Viol	lence (DV)	
 caregivers from acces Limited service Limited service Limited service Limited service Limited transp Limited comm Limited partice Other 1 	ssing needed MH/DD/SU/DV states or no available services ces for youth with dual diagnosisces or youth with dual diagnosis	s of mental health and substance use issues of mental health and developmental disabilities s of mental health and domestic violence le services oviders at CFTs
to the limited particip	rticipation of MH/DD/SUD/DV pation of MH/DD/SUD/DV pro d, what barriers did COVID-1	
		<u>*</u>
What creative solutio	ons did your team identify to a	ddress those issues?
to and invests in famili	lies and their communities with t ected and supported in making o	v equitable approach to child welfare is responsive he result that children remain safely at home and and carrying out decisions for the care and well-
• Yes	ssed issues of racial and cultur	al equity in child welfare?
• No		
While conducting you racial and cultural eq		issues identified by the team relating to

What strategies did your team identify to address these issues?	
Are you currently utilizing the resources provided to your team to explor equitable approach to child welfare?	e a racially and culturally
• Yes	
• No	
If not, what would help your CCPT to use these and other resources that	are provided?

NC DHHS: Child Welfare: An agency with defined mandates and policies

Based on your 2022 case reviews, what were your te	am's top three recommendations for
improving child welfare policies and statutory law a	
• Recommendation 1	
• Recommendation 2	
• Recommendation 3	
Based on your 2022 case reviews, what were your te	am's top three recommendations for
improving child welfare policies and statutory law a	t the state level? (Confidential)
Recommendation 1	
Recommendation 2	
• Recommendation 3	
NC DHHS: Child Protection: A Community effort when Based on your 2022 case reviews, what were your te improving child protection at the local level? (Confi Recommendation 1 Recommendation 2 Recommendation 3	am's top three recommendations for dential)
Based on your 2022 case reviews, what were your te	am's top three recommendations for
improving child protection at the state level? (Confi	
• Recommendation 1	
• Recommendation 2	
• Recommendation 3	
Please use this space to provide any additional infor	

Please contact Jadie Baldwin-Hamm <u>jadie.baldwin@dhhs.nc.gov</u> 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 2022 CCPT Survey.

Thank you for taking the time to complete the 2022 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.

Jadie Baldwin-HammDebra McHenrySharon BarlowHelen OluokunMolly BerkoffJoan PennellGina BrownJeanne PreislerGeorge BryanPaige Rosemond

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