



# North Carolina Department of Health and Human Services Division of Social Services

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## Community Child Protection Team Citizen's Review Panel 2003 End of Year Report

### **CCPT HISTORY & RESPONSIBILITIES**

The Community Child Protection Team (CCPT) program was established in every county by North Carolina General Statute G.S. 7B 1406, (previously G.S. 143-576.1), in 1991. CCPTs are required by law to review child welfare cases and submit an annual report to the board of county commissioners. This report may contain recommendations and advocate for system improvements and needed resources where gaps and deficiencies are found. In 1997 North Carolina designated CCPTs as Citizen's Review Panels which were required by the ***Child Abuse Prevention Treatment Act (CAPTA)***. The panels, which must meet at least every three months, are intended to involve citizens in ensuring that states are meeting their goals of protecting children from abuse and neglect.

The United States Congress passed the KEEPING CHILDREN AND FAMILIES SAFE ACT OF 2003. Public Law 108-36, a section of the Act expands the role of Citizen Review Panels to add:

- review of CPS "practices" as well as policies and procedures;
- public comment on impact of CPS procedures and practices; and
- recommendations to improve state and local CPS.

P.L. 108-36 also, requires The United States Department of Health and Human Services to conduct a study of the effectiveness of citizen review panels, and report on citizen review panel activities.

The CCPT is a move to engage the community to look within itself to assess how resources and services promote child protection within a defined geographical area and to assess how state policies impact families. In North Carolina CCPTs review active child protective services cases and cases of child fatalities when the cause of death is suspected to have been child abuse or neglect. Team members may refer non-Department of Social Services involved cases for CCPT review. From the case reviews CCPTs determine the child protection needs of the county. Once needs are identified,

the CCPT advocates for improvements in the child protection system of the county and state.

## **CCPT TEAMS**

Each of the 100 counties of North Carolina has established CCPTs. In most counties CCPTs have combined with the Child Fatality Prevention Team (CFPT). The CFPT was established by General Statute G.S. 7B 1406, (previously G.S. 143-576.1), to review child deaths when the death was not attributed to child maltreatment and the family had not been involved with child welfare services within twelve months of the death.

In North Carolina, as of December 31, 2003, twenty-nine Community Child Protection Teams are chaired by the Director of the County Departments of Social Services. Forty-one other CCPTs are chaired by a staff person from the County Department of Social Services. Thirty CCPTs are chaired by non-DSS personnel. Teams often rely on the County Department of Social Services personnel to steer the CCPT in relation to selecting cases to be reviewed and the nature of information shared from the case records.

In addition to mandated members each county's board of county commissioners may appoint up to five members from the community-at-large. Teams may recommend to the Board of County Commissioners the appointment of additional CCPT members. Teams are encouraged to include consumers of child welfare services as potential members.

## **CCPT CHILD PROTECTION ACTIVITIES**

Teams have an opportunity to expand their sphere of influence by eradicating communication barriers between agencies and organizations represented on the team and other components of the community. It is a recognized fact that CCPT members represent a small fraction of the community. An effective CCPT must develop a plan that will allow the team to capture the full essence of child protection in the county including available resources, deficiencies in services or resources, accessibility, etc. Ensuring that the entire community is represented on the team enhances the effectiveness of the team as the team considers strategies to promote child protection in the county.

During SFY 02-03 there were 107,157 reports of child maltreatment received in North Carolina. 30,016 (28%) of the reports were substantiated for child maltreatment. Most of the cases reviewed by CCPT were among the cases reported for child maltreatment.

End of the year reports from local CCPTs indicated that 246 cases were reviewed from January 2003 – December 2003. Information from the 2003 end of the year reports, cited the following child protection issues in need of community intervention:

- Parental and child drug and or alcohol involvement
- Unresolved mental health issues of parents and children
- Ineffective parenting skills
- Domestic violence
- Regionally, CCPTs in the western section of North Carolina report serious concerns with the manufacturing and use of the drug methamphetamine.
- Language barriers between service providers and Hispanic residents

Site visits by the State CCPT Coordinator corroborated these findings. Other child protection needs most often cited throughout the state were teen pregnancy, recreational sexual activity among teens, inadequate community transportation systems and school drop outs.

Domestic violence, substance abuse and child maltreatment are often common issues in the families receiving child protection services. Effective strategies for working with these families are a point of frustration for teams. Barriers impacting interventions are effective treatment options, logistical needs, including time, transportation, and scheduling.

Parents report that youth (ages 11-17) are out of control and resources to address the problem are inadequate. Behaviors demonstrated by these youth often restrict the kind of out of home placements available to them and impact family reunification. The current cost associated with this problem is vast; however, failing to address the problem will be even more costly in the future as these youth mature as adults.

### **CCPT CHILD PROTECTION INTERVENTIONS**

During 2003 CCPTs made strides in identifying gaps in services or resource deficiencies in the area of child protection. Several county CCPTs partnered with other community resources to develop public awareness campaigns that addressed appropriate supervision, effective parenting, reporting child abuse and neglect, etc. Teams also strategize about ways to deliver services to non-English speaking citizens.

Many CCPTs developed public awareness campaigns that informed the public about North Carolina's Infant Homicide Prevention Act. This legislature provides parents an opportunity to surrender their newborn infant to any responsible adult within seven days of the infant's birth.

A CCPT brought to the attention of legislators that the North Carolina stalking law excluded children due to the language of the law. During 2003, the North Carolina General Assembly passed House Bill 951, Short Title: Civil No-Contact Protective Orders. House Bill 951 includes language that provides protection to minors.

### **CCPT RECOMMENDATIONS:**

1. More effective mental health services for substance abuse addicts, victims of child sexual abuse, and out of control teens.
2. State funding for more efficient transportation services for rural communities.
3. More effective family preservation services that include in-home parenting instruction for all counties in the state. Families need services that address effective discipline, nurturing, advocacy on behalf of children, adequate child supervision, respite services and the basic health needs of children.
4. CCPTs indicate that the state needs to be proactive in addressing the language barriers experienced by local service providers and non-English speaking citizens.
5. CCPTs indicate that there should be better coordination between CPS and the Department of Correction in regards to inmate rights and services and discharge planning when children are involved.

The North Carolina Division of Social Services evaluates the CCPT recommendations for possible action. Multiple Response System (MRS) is currently being piloted in fifty-two counties and one of the seven strategies being tested is a re-design of how DSS provides services to families once a finding has been made. The State CCPT Coordinator will work with the Division's Community Based Program Consultants to enhance the relationship between our Community Based Programs and DSS. This will address the critical need for more effective parenting, promoting public awareness about the affect of drugs and alcohol on families, family preservation services, adoption promotion and support, and respite services, etc.

## **CCPT COORDINATION**

Teams statewide have expressed an interest in meeting jointly with counties in the surrounding area to collaborate on issues that cross county lines. The first meeting of this type will be in August 2004. The results of this meeting will be evaluated to determine the feasibility of adding this feature to the CCPT process.

While North Carolina Law mandates certain members of local CCPTs, local CCPTs receive no funding for operation, training, or other team activities. This condition impacts team participation because members see participation as voluntary. Team chairpersons identify member participation as a key barrier to team effectiveness. The lack of funding also impacts child protection action taken by the teams when the action requires the expenditure of funds.

The State's CCPT coordinator provides training and consultation upon request. Site visits are made to monitor team operation. Members of the CCPT are offered training in areas that often put children at risk. Funding for CCPTs is a barrier for team members who are interested in participating in training or other activities to enhance their team participation.

In May 2003, the State's CCPT participated in the National Citizen's Review Panel (CRP) Conference. The Conference was in Lexington, KY and was sponsored by the University of Kentucky. The focus of the conference was fine-tuning CRPs as a means to improving child protection nationwide.

During 2003, Blake Jones, a doctoral candidate at the University of Kentucky conducted a national survey to receive feedback from teams nationwide on the effectiveness of the CRPs. Gates, Henderson and New Hanover CCPTs participated in the survey. Of the sixty surveys mailed to the CCPT members, approximately 35% were returned for inclusion in the survey.

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