MEMORANDUM

TO: Catawba County Board of Commissioners

FROM: John Eller, Social Services Director
Jennifer McCracken, Public Health Services Manager

DATE: January 4, 2013

RE: 2012 Community Child Protection & Fatality Prevention Team Annual Report

REQUEST: North Carolina requires an annual reporting to the Board of County Commissioners regarding the work of the team. This annual report is to update and keep the Board informed on activities to date. We are seeking the Board's Approval of our Annual Plan so it may then be submitted to the State.

BACKGROUND: The Catawba County Child Protection Team was established in February 1992 as the result of a gubernatorial executive order by Governor James Martin. Later, North Carolina mandated a Child Fatality Review Team and Catawba County elected to combine the two with a first joint meeting in August 1995. The combined teams have met quarterly since its inception, except for specially called meetings. The Child Protection Team has the legal responsibilities for reviewing cases of child fatalities when the family is known to the Department of Social Services and identification of areas in Protective Services needing improvement in order to maximize the safety of the community's children. The Child Fatality Team's purpose is to provide a multi-agency, multi-disciplinary approach to study cases of childhood death in Catawba County in order to attempt to reduce child fatalities. The local directors of Social Services and Public Health have specific responsibilities for each team and the Board of County Commissioners decides if there will be a team for each area or if they will be combined. This report addresses the work of the Community Child Protection and Fatality Prevention Team. Efforts continue to be made for the group to review additional individual Child Protective Services issues and to satisfy the state's agreement with the Federal Government to use Child Protection Teams as a review mechanism in the Child Protective Services arena. The commitment of team members, their advocacy and dedication to improving the lives of citizens of Catawba County has been a most worthwhile effort.

The Child Protection and Child Fatality Prevention Team members include:
Jennifer McCracken, Health Services Manager, Public Health
John Eller, Social Services Director
Katie Turk, Child Welfare Program Manager
Capt. Joel Fish, Deputy Sheriff
Sean McGinnis, DA's Office
Captain Thurman Whisnant, Hickory Policy Department
Andrea Benfield, ATB Consultations (Community Action Agency)
Dan Brigman, Superintendent, Catawba County Schools
(Designee: Mary Moren and Barbara Price)
Dr. Barry Redmond, Superintendent, Newton-Conover Schools

(Designee: Bill Long)
Dr. Walter Hart, Superintendent, Hickory City Schools
(Designee: Angela Simmons)
Jennie Connor, DSS Board Member
John Hardy, Partners Behavioral Health Management
Sydney Smith, Program Supervisor, Guardian ad Litem Program
Doug Urland, Director, Public Health
Rachel Turbyfill, PA, Catawba Pediatrics Assoc.
Sylvia Fisher, EMS Manager
Gregory Hayes, District Court Judge
Lora Josey, Designee for County Medical Examiner
Janie Connor, Representative of a Local Day Care Facility or Head Start
Carol McConnell, Parent of Child Who Died Prior to 18th Birthday
Amy Sigmon, Public Health – CFPT/CCPT Review Coordinator

The Community Child Protection and Child Fatality Prevention Team has worked diligently in 2012 with enhancing:

- Fatality Reviews.
- The Child Sexual Abuse Protection and Community Protocol.
- Awareness and referrals from physicians.
- Awareness regarding the dangers of distracted driving among teens.
- Signs of Safety Training involving all CPS staff in more specific case planning and engagement with families who have histories of maltreatment.
- Our development of a "Neglect with Injury" protocol with Law Enforcement and Social Services to provide additional review of those cases at the time of the initial CPS report**.** Developed local MOU's with law enforcement about response to physical injuries.
- The Children's Advocacy and Protection Center (CAPC) effort to reach 6000 citizens by 2015 regarding sexual abuse prevention; over 2,638 citizens have been trained to date.
- Planning for an Infant Safe Sleeping Campaign in 2013.
- Our CFPT Subcommittee Form to better reflect our recommendations when reviewing cases.
- A community wide plan to address the needs of children and families and work across agencies and system to develop a collective strategy to deal with the priorities identified.
- A Child Data Snapshot with system wide information about the status of children.
- Our data in order to see patterns and trends. This will allow us to better track "how" children die rather than relying on cause of death only (SIDS, unknown, etc…) so that we can do more planning in the future around specific strategies.
- Our support of community initiatives (Darkness to Light: Stewards of Children, Children's Vigils, Pinwheels for prevention, Period of Purple Crying, Yellow Dino campaign at Hickory Crawdads Stadium, etc..)
- Signs of Safety Concepts to promote parent engagement and specific behavioral plans to assure parents protect their children.

2012 Facts:
Social Services received 3116 Reports (6269 children), 2301 met state criteria to be accepted (4674 children). Neglect is the most reported type.

There were 17 deaths in 2012 (down from 28 in 2011).

41% of child deaths in Catawba County stemmed from prenatal issues/perinatal conditions (7)
29% due to illness (5)
6% due to asphyxiation (1)
6% due to "unspecified" causes (co-sleeping involvement) (1)
6% due to motor vehicle accident (1)
6% due to assault with firearm (1)
6% due to accidental poisoning (1)

53% of deaths were in children under the age of 1 (9)
6% ages 1-4 (1)
12% ages 5-9 (2)
12% in ages 10-14 (2)
17% ages 15-17 (3)

Areas of Emphasis for 2012:
1) Properly assessing risk, safety, and trauma of children and families to prevent abuse, neglect, and inadequate prenatal care
2) Reducing Child Fatalities
3) Continue prevention messages about Co-Sleeping/Safe Sleeping environments (Support Our Educational Campaign)
4) Domestic Violence
5) Long Range Community Planning to address the needs of Children in our Community
6) Enhance community awareness about the dangers of Distracted Driving Among Teens (Annual Distracted Driving Video Contest)
7) Partner with initiatives that address Substance Abuse issues (Project Lazarus)

RECOMMENDATION: North Carolina requires an annual reporting to the Board of County Commissioners regarding the work of the team. This annual report is to update and keep the Board informed on activities to date. We are seeking Board Approval of our Annual Plan.

2012 CCPT END OF YEAR REPORT SURVEY

1. County Name: **Catawba**

2. CCPT Chairperson's name: **Jennifer McCracken & John Eller**

3. Co-chairpersons Contact Information:
   Mailing address: **PO Box 669, Newton, NC 28658**
   Email address: **jmccrack@catawbacountync.gov & jeller@catawbacountync.gov**
   Telephone number: **828-695-5603**

4. Is the CCPT combined with the CFPT : **Yes**

5. Name and email address of person who maintains meeting minutes:
   Amy Sigmon
   asigmon@catawbacountync.gov

6. List meeting schedule for the next 12 months:
   Fourth Tuesday of the quarter at 7:30 am (2/26/13, 5/28/13, 8/27/13, & 11/26/13)

7. How many cases did the CCPT review in 2012 (please separate out the fatalities reviews done as a CFPT from the fatalities that meet the CCPT requirement. This requirement is a child that dies within twelve months of receiving services from DSS and the death was caused by abuse, neglect or dependency. You may make the designation next to the number of fatalities):

Total Number of Cases Reviewed	Fatalities	Active Child Welfare Cases	Other Cases
17	**17**	**1 case with active CPS involvement**	**0**

For non-fatality cases give the number of cases reviewed in each category from January 1 through December 31, 2012	Abuse	Neglect	Dependency	Other (*type*)
	0	**0**	**0**	**0**

In Catawba County, we did not review any child-specific non-fatality cases. Rather, we focus on broader themes and systemic issues. We have staffed fatalities that were the focus of a state review and we have staffed cases that proved the systemic needs. However, the only consistent staffing of cases is done by the Fatality Sub Committee where all child fatalities in the county are staffed, and reported back to the CCPT. We also have a Multidisciplinary Team that reviews cases every Friday at the Children's Advocacy and Protection Center that focuses on serious sexual and physical abuse cases.

8. List the most reoccurring issues in all cases reviewed:
   1) **Prenatal issues/perinatal conditions**
   2) **Unique health conditions/illness**
   3) **Substance Abuse, Domestic Violence, Motor Vehicle Accidents, & Co-sleeping/SIDS**

9. What action did CCPT take to address these protection issues? **SEE BELOW**

10. In 2013, list specific steps the CCPT will take to engage the community in providing input into child abuse and neglect prevention and child welfare law, policy or practice. **SEE BELOW**

The Team was active in FY2011-2012and discussed the following items:

Child Protection Need	How was the need addressed?	Outcome
1) Properly assessing risk, safety, and trauma of children and families.	• Continue to educate to increase referrals for Protective Services from Physicians • Continue to enhance Interagency Communications • Continue Signs of Safety Training involving all CPS staff in more specific case planning and engagement with families who have histories of maltreatment • Continue development of a "Neglect with Injury" protocol with Law Enforcement and Social Services to provide additional review of those cases at the time of the initial CPS report • Support the community vigil sponsored by the Children's Advocacy and Protection Center, which does reflect our community's earnest concern about child protection. • Support the CAPC's Stewards of Children: Darkness to Light effort to reach 6000 citizens by 2015 regarding sexual abuse prevention; As of 12/31/12, over 2,638 citizens have been trained. • CPS staff presented information on the Impact of Interpersonal Trauma on Children and Adolescents. It was noted that childhood trauma can occur not only due to direct abuse or violence to the child or sibling but from abuse to a parent as well. Child Welfare focuses on when they are looking at children through a Trauma Lens. This is not a new concept but it is Child Welfare's best practices and a redirection of their language, focus, their time and how they carry out their work: ▪ Maximize the child's sense of safety (safety implies both physical and psychological safety) ▪ Assist children in reducing overwhelming emotion (fear, anger, shame and helplessness) ▪ Help children make new meaning of their trauma history and current experiences (workers must help the child feel safe so that he or she develops a coherent understanding of traumatic experiences) ▪ Address the impact of trauma and subsequent changes in the child's behavior (traumatic events can lead to secondary problems such as difficulties in school, relationships or health-related problems) ▪ Coordinate services with other agencies (families are often involved with multiple service systems so collaboration with a multi-disciplinary team prevents a child from having to explain the trauma repeatedly) ▪ Utilize comprehensive assessment of the child's trauma experiences and its impact on the child's development and behavior to guide services (thorough assessment can identify a child's reactions to the traumatic experience and predict potential risk behaviors) ▪ Support and promote positive and stable relationships in the life of the child (minimize disruption in familiar and positive relationships) ▪ Provide support and guidance to the child's family caregivers (resource families must be nurtured and supported so they can foster safety and well-being to the child) ▪ Manage professional and personal stress (Child welfare is a high-risk profession and workers may be confronted with danger, threats or violence)	• Increase utilization of Signs of Safety • Increase Community education and outreach • Finalize MOU's with all law enforcement agencies about neglect with injury protocol. • Partner with the CAPC (Community Vigil, Darkness to Light: Stewards of Children, Period of Purple Crying, Pinwheels for Prevention, Yellow Dino, etc..) • Support Funding for CAPC's from the state. • Annually assess legislative bills that impact our work and address policy needs (state and local). • Support the Safe Surrender Program. • Focus more on issues of trauma and how to help families deal with it (Domestic Violence, Abuse, & Neglect). • Continue to advocate for early entry into Prenatal Care.

	• Reviewed Policy/Statutes as follows: ▪ Senate Bill 910-trafficking of minors with any transfer of money. One of the things that this bill did was stiffen the penalty for those who are engaged in those activities. The fines for the violations will go up and how they will be prosecuted will be different. Any parent, guardian or custodian in this bill who sells a minor will be noted as a child abuser. The child would be identified as an abused juvenile. Once this information is found out the court may then place the child in the custody of Social Services or another family member's home that would be in the best interest of the child's safety. The person who was engaged in the trafficking of the minor will also have to register as a sex offender. ▪ Senate Bill 77 phased in replacement of traditional smoke alarms with tapered lithium batteries on rental units for longer life. They are requiring the landlords to put in place a replacement schedule to make sure that the batteries are changed. It was noted that Hickory Fire Department supplies lithium batteries for smoke alarms for free to residents. ▪ House Bill 176 talks about improving the tracking of domestic violence cases, how to better address the problem and to better track concerns when an assault on a female or other crimes occur with a partner or a stranger. • Discussed changing the compulsory age for school attendance from 16 to 18 years of age. Hickory Public Schools and Newton Conover School Boards passed resolutions to apply for pilot status in 2013-14 to test these changes. Some questions have been raised as to what the resources and alternative forms of education would be for this age group. • Assessed mandatory reporting responsibilities to better understand the pros/cons to strengthen failure to report. • Assessed how to deal with parental access issues and failure to cooperate to complete our assessment/investigation of child abuse or neglect as it relates to right to privacy and the historic Stumbo case. • Assessed recommendations to strengthen Chronic Neglect (Multiple Reports) issues. • Assessed issues surrounding Substance Abuse issues when responding to a fatality.	
2) Child Fatalities	• 2 State Fatality Reviews occurred with the State Division of Social Services. The legislative criterion is that if a death occurred and there had been DSS involvement within 12 months preceding the fatality, then an intensive state review is conducted. The purpose is to look at all systems involved in order to see what things could have possibly been done differently and make recommendations for state policy and resource changes. • Unintentional injuries are the overall leading cause of injury death in NC, but in Catawba County, conditions originating in the prenatal period were the leading cause of death in children. In 2012, Catawba County had 17 child deaths, a decrease from 28 child deaths reviewed in 2011; 7 from prenatal issues/perinatal conditions, 5 from illness, 1 from asphyxiation, 1 unspecified (co-sleeping involvement), 1 from motor vehicle	Reduce Child Fatalities Annually

	accident, 1 from assault with a firearm, 1 from accidental poisoning,. Nine (9) children were under age 1, 1 between ages 1-4, 2 between the ages of 5 and 9, 2 between ages 10-14, and 3 between ages 15-17. The team addressed deaths related to preterm births, low birth weight infants, safe sleep, homicide, diseases, accidental poisoning and exposure to narcotics, and motor vehicle accidents. We also reviewed 5 years worth of data/notes regarding fatality trends/data (multi-variance) in order to see patterns. This allowed us to better track "how" children die rather than relying on cause of death only (SIDS, unknown, etc…) so that we can do more planning in the future around specific strategies. CPS staff presented trends of the child fatalities that were reviewed from 2006-2010 by the Child Fatality Prevention Team/Community Child Protection Teams of Catawba County. The purpose of this review was to analyze data from the child fatalities for the past five years. Some of the highlights from this report are: ▪ 68% of the deaths that occurred are children under the age of one ▪ The second highest number of deaths occurred due to motor vehicle accidents ▪ 18 of the 23 child fatalities (that had CPS involvement) were male children ▪ There was a spike in cases during 2010 and 2011which warrants a closer look into risk factors that may have contributed to a child's death, which may include age, gender, CPS history, co-sleeping, substance abuse and domestic violence ▪ 35% of the cases were substantiated as to abuse or neglect by a parent or caregiver ▪ Of the 23 fatalities in families who were involved with DSS, 49% (11 cases) were determined to be caused by SIDS. Of those SIDS deaths, four involved co-sleeping. ▪ Of the 23 child fatalities, two cases were determined to be homicides by an adult responsible for the care of the child ▪ Graphs showed risk factors of child fatalities in 2010 and 2011 (many children had more than one risk factor and a theme of domestic violence emerged).	
3) Safe Sleep Practices	A Co-Sleeping/safe sleeping committee was formed to discuss current prevention efforts and future needs. We developed a co-sleeping/safe sleeping campaign to educate about the dangers of unsafe sleeping among parents with young children. Strategies will include specific outreach to CC4C/maternity outreach to at risk families, families involved with Child Protective Services, information given to new parents upon the birth of a newborn at hospitals, develop an annual event to raise awareness, and developed a brochure to be used in the community. We also partnered with Lenoir Rhyne University on this issue.	Support future initiatives from the Safe Sleep Committee. Promote Crib laminated material that parents will see from birth promoting the ABC's of safe sleeping. Use brochure for CPS, CC4C, and hospitals to give to new parents.
4) Domestic Violence	We looked at domestic violence issues and the overlap among domestic violence and Child Protective Services (CPS). Approximately 15% of the reported cases received in FY 11/12 involved domestic violence. One of the challenges in domestic violence situations is accurately capturing domestic violence charges. There are several different kinds of criminal charges that can be brought in association	Support Family Guidance and their initiatives as they are the lead agency for DV services and assess their participation on the CCPT/CFPT.

	with domestic violence that is not limited to assault on a female. These charges also include communicating a threat, interfering with emergency communication, strangulation and assault in the presence of a minor. In domestic violence situations, caution is taken not to blame the victim so as not to revictimize them especially where women are involved. They recognize that children may experience a different impact if they actually witness the violence or are exposed to the aftermath. The level of impact is different if the child was actually present. There is a specific court in Catawba County that handles domestic violence cases. Family Guidance is the organization that is a designated service provider for domestic violence in Catawba County. They are also an approved facility to provide treatment for the offender as well. Catawba County Social Services Child Welfare staff is also assessing the impact of traumatic stress among children due to domestic violence.	
5) Long Range Community Planning to address the needs of Children in our Community	**The group also discussed the Children's Agenda which is a coalition of professionals who serve parents and children focused on improving the lives of children in Catawba County. This membership includes people who represent larger initiatives in our community and provides an annual child data snapshot on well being factors in Catawba County that is benchmarked against state and federal data. They also assess gaps and leverage work that is already being done in our community, where we can leverage resources, who are our common allies and who do we need to educating about the work that is being done. We also participated in the Campaign for Kindergarten readiness which supports the importance of early childhood development. Also, CPS staff presented information on creating and making recommendations based on the information received from the CFPT Webinar at the State level. We will identify what is the problem or system gap in service that may contribute to the child's death. The team was reminded that they can make any recommendation they deem appropriate. The type of recommendation does not depend on funding, existing laws, or policies. Our CFPT Subcommittee will start using a form to help with creating recommendations for future cases. Four things that need to be identified:** ▪ **What: is the action to be taken (write letter to local mental health, Team education, program collaboration with community agencies)? Who: is the Chair, Team members, or other designate who will take the lead on a specific action plan? When: is the time period for the action to take place? How: will we follow-up (who will track the outcome of team actions and report back to the team)?**	**Continue to Support the Work of the Children's Agenda and the Annual Child Data Snapshot. Also, continue to support the CFPT subcommittee with brining future issues forward with our new revised form/tool. Consider adding someone from the Partnership for Children and Parents as Teachers program to participate on our CCPT/CFPT.**
6) Distracted Driving	**The CCPT/CFPT reviewed an increased number of teenagers that died as a result of motor vehicle crashes in which distracted driving was, or could have been, a causative factor. A committee regularly meets and is made up of school personnel, law enforcement, medical personnel, and community members to develop an action plan to increase messaging around the dangers of distracted driving. A Distracted Driving Video Contest was opened to all high school and home school students located in Catawba County. The contest was introduced to bring a greater awareness to the issue of accidents caused by distracted driving. A Red Carpet event announced the winners. The Grand Prize winner was presented with a monetary award and a free limo ride and lunch.**	**Support the Annual Distracted Driving Teen Video Contest to raise awareness of the issues. Also, support the Keys to Life Program conducted in our schools.**

7) Mental Health & Substance Abuse	**There was discussion of issues surrounding the downturn in the economy and the correlating impact in Child Protective Services. Increases in alcohol and substance abuse were noted in addition to seeing more "doubling up" of households. The Project Lazarus initiative was launched in Catawba County, with review of strategies to curb drug overdose with prescribed drugs. Strategies included Drop Boxes for proper discarding of prescription medications, community education, and changes in Emergency Room drug tracking in the region. Also, there is a lack of consistent, accessible, effective services to diagnose and treat mental health needs.**	**Support Substance Abuse Prevention by participating in the Project Lazarus initiative in our community that focuses on the misuse of prescription drugs.**

11. In 2012 what did the CCPT accomplish that could benefit other teams or communities?
    - **Distracted Driving Campaign to educate teens and parents about the issue.**
    - **Safe Sleeping Campaign**
    - **Revised our CFPT Subcommittee Form to better reflect our recommendations when reviewing cases.**
    - **Create a community wide plan to address the needs of children and families and work across agencies and system to develop a collective strategy to deal with the priorities identified.**
    - **Create a Child Data Snapshot with system wide information about the status of children.**
    - **Studied fatality trends via data (multi-variance) in order to see patterns and trends. This will allow us to better track "how" children die rather than relying on cause of death only (SIDS, unknown, etc…) so that we can do more planning in the future around specific strategies.**
    - **Partner with and Support local Children's Advocacy Centers**
    - **Participate in community initiatives (Darkness to Light: Stewards of Children, Children's Vigils, Pinwheels for prevention, Period of Purple Crying, Yellow Dino campaign at Hickory Crawdads Stadium, etc..)**
    - **Develop local MOU's with law enforcement about response to physical injuries.**
    - **Implement Signs of Safety Concepts to promote parent engagement and specific behavioral plans to assure parents protect their children.**

12. What does the CCPT need from the State:
    - **Training for Attorneys and Juries and timely Abuse Prosecution in Criminal Investigations**
    - **More state-level financial support for local Child Advocacy Centers.**
    - **Support stronger communication between the Medical Examiner and law enforcement including training**
    - **Public information campaign regarding the dangers on co-sleeping of adults and infants**
    - **Mental Health Services for adults, accessible child/adolescent mental health services, psychiatric resources across region.**
    - **Continued focus on enhanced death scene investigations to allow the Medical Examiner greater ability to discern SIDS from accidental suffocation.**
    - **Draft language that statutorily defines chronic neglect; and ask NCDSS to measure recidivism in these cases and develop guidance to counties based on findings, including but not limited to, how to address several sub cases in a short timeframe-should this automatically necessitate court involvement. The definition should be based on number of substantiations. We also discussed that in looking at chronic neglect we should also have a broader definition of "impact" on the child that workers get very narrowly focused seeing impact as what is seen or heard rather than what the child is experiencing and their reaction or lack of reaction to the neglectful environment.**

13. List the title of mandated CCPT members that most often do not participate in the CCPT:
Most Frequent Absentees:/Number of Meetings Missed:

Medical Examiner	**4**
Mental Health	**4**
Community Action	**3**
Hickory City Schools	**2**
Guardian ad Litem	**2**
District Court Judge	2

14. How does the CCPT engage parent leaders? (i.e. – Parent position appointed by the County Commissioners; parents actively involved in CCPT committee work, etc…)
The CCPT has a parent representative appointed to the committee as well as several other appointed members are parents as well as leaders in the community.

15. Did the CCPT report 2012 CCPT activities and recommendation to the Board of Commissioners?
We will present the plan to the Board of Commissioners on 1/22/13 for approval.

16. Recommendations: **See #12 above**

17. A committee of volunteers is needed to compile the CCPT End of Year Report. The report will be developed from information extracted from the local CCPT's End of Year Report. Suggest a member of this CCPT who has interest in participating on this committee. **N/A**