

## MEMORANDUM

**TO:** Catawba County Board of Commissioners

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

**DATE:** January 03, 2011

**IN RE:** COMMUNITY CHILD PROTECTION TEAM 09/10 ANNUAL  
REPORT TO COMMISSIONERS

**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. Although they are combined in Catawba County, this report addresses the work of the Community Child Protection Team. A representative from our CCPT also participated in the Regional CCPT Committee established by the State Division of Social Services.

The Community Child Protection/Child Fatality Team has proven to be an effective one, utilizing the systemic approach. 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.

From its inception, the Catawba County Protection Team focused on systemic issues. Some selected child abuse and neglect cases were reviewed for the purposes of understanding systemic issues and recommending or causing necessary changes to be made. Over the course of the Child Protection Team, areas given strong focus and consideration regarding systemic issues are as follows:

- Child Sexual Abuse Protection and Community Protocol
- Training and Abuse Prosecution in Criminal Investigations
- Referral for Protective Services from Physicians
- Foster Care Treatment Emergency Protocol for Sexual Victimization
- Interagency Communications
- Medical Examinations for Children in Social Services' Care
- Reviewed all child fatalities in Catawba County since the inception of the Child Fatality Team
- Legislation to increase the age of consent from 13 to 16 in North Carolina and statewide marketing campaign
- Support of the Safe Kids Coalition
- Supported the establishment of a Child Advocacy Center
- Participated in the Catawba County Minimum Standards of Child Care
- Supported the Sheriff Department's Trigger Locks Program
- Supported a Defensive Driving Course in addition to regular Driver Education
- Supported Project Home Safe
- In order to reduce the deaths of teenagers in automobile crashes, supported a bill to limit the number of passengers riding with a Level 2 driver
- Identified a high correlation among infant fatalities and substance abusing caretakers
- Helped improve the relationships among professional workers dealing with prenatal and postpartum patients regarding Laws of Confidentiality
- Established subcommittees that continue to work on removing barriers to provide effective services to prenatal patients and their newborns
- Supported the Child Bicycle Safety Act by distributing bike helmets to children
- Caused a community-wide SIDS Training
- Supported stronger communication between the Medical Examiner and law enforcement including training
- Educated the community on the danger of leaving children in unattended in automobiles
- Developed a Catawba County Infant Homicide Prevention Act (Safe Surrender) community implementation protocol
- Supported the establishment of a Methamphetamine Lab Protocol for Catawba County
- Supported North Carolina General Assembly legislation for Graduated Drivers Licenses Law, in which the number of passengers that adolescents may have in the car is limited
- Developed a local Safe Surrender protocol and outreach materials
- Reviewed Issues of Child Welfare cases across county lines
- Public information on co-sleeping of adults and infants
- Involvement in citizens review panels
- Substance Abuse Counseling for Public Health Prenatal Patients
- The Period of Purple Crying
- Prom Night Project (Healthy Carolinians Project)
- Reviewed Casey Foundation National Project goals and use of Child and Family Team Meetings
- Impact on CPS of the Downturn in the Economy
- Domestic Violence Issues and Data Review
- Reviewed Data Highlights from Strategic Children's Agenda
- Mental Health Changes That May Affect Child Protection/Prevention Efforts
- Child Protective Services Safety & Risk Assessments – State Changes and Agency Improvement Efforts
- Distracted Driving Among Teenagers

- Prenatal Care Issues
- Minimum Standards of Care for Caregivers

**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 the Boards Approval of our Annual Plan so it may then be submitted to the State.

## CCPT END OF YEAR REPORT

THE INFORMATION BELOW WILL BE USED BY THE DIVISION TO SUPPORT THE CCPT PROGRAM AND TO COMPILE AN END-OF-THE -YEAR REPORT AS REQUIRED FOR FEDERAL IVB1 FUNDING.

County: **Catawba** Co-chairs: **John Eller & Jennifer McCracken**

**Frequency of CCPT Meetings (CIRLCE ONE)      Quarterly    Monthly    BI-Monthly**

Total Number of Cases Reviewed	Fatalities	Active Child Welfare Cases	Other Cases
<b>23</b>	<b>23</b>	<b>6 cases with active CPS involvement</b>	<b>0</b>

For non-fatality cases give the number of cases reviewed in each category from January 1 through December 31	Abuse	Neglect	Dependency	Other (type)
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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 Center that focuses on serious sexual and physical abuse cases. Also, we do joint case reviews internally on any case with 4 or more reports.**

Based on cases reviewed by CCPT, briefly describe the situation or condition that most often was the cause of children being unsafe in your county:

- **SIDS**
- **Unsafe Sleeping Patterns**
- **ATV & Motor Vehicle Accidents**
- **Prenatal Care**
- **Substance Abuse**
- **Domestic Violence Issues**

**The Team was active in FY2009-2010 and discussed the following items:**

<b>Child Protection Need</b>	<b>How was the need addressed?</b>	<b>Outcome</b>
1) Review of NC’s Child Fatality Prevention Team	1) A State CCPT Review Coordinator gave an update to the team members on the Review Process	1) Enhanced understanding of local CCPT roles
2) Properly assessing risk and safety of children.	2) We addressed issues that affect our capacity to accurately assess risk and to address the safety issues of our children. These are all DSS efforts in partnership, but they reflect some of the best practices around child maltreatment approaches—and could be models for the state.	2) We have worked on enhancing: <ul style="list-style-type: none"> <li>• Child Sexual Abuse Protection and Community Protocol</li> <li>• Referral for Protective Services from Physicians</li> <li>• Interagency Communications</li> <li>• Support of the Safe Kids Coalition</li> <li>• Supporting the work with the Children’s Advocacy Center</li> <li>• The Catawba County Minimum Standards of Child Care</li> <li>• The relationships among professional workers dealing with prenatal and postpartum patients regarding Laws of Confidentiality</li> <li>• Barriers to provide effective services to prenatal patients and their newborns</li> <li>• Support for the Child Bicycle Safety Act by</li> </ul>

<p>3) Shaken Baby Syndrome</p> <p>4) Prenatal issues</p>	<p>3) Discussed opportunities to provide outreach and education regarding the “Period of Purple Crying”. This is an outreach program which explains the appropriate care for infants and newborns to community service providers and the general public.</p> <p>4) We discussed substance abuse counseling for Public Health’s prenatal patients.</p>	<p>distributing bike helmets to children</p> <ul style="list-style-type: none"> <li>• Educating the community on the danger of leaving children in unattended in automobiles</li> <li>• The Infant Homicide Prevention Act (Safe Surrender) community implementation protocol</li> <li>• Issues of Child Welfare cases across county lines</li> <li>• Public information on co-sleeping of adults and infants</li> <li>• a Defensive Driving Course in addition to regular Driver Education</li> <li>• Distracted Driving among teens</li> <li>• Bullying Law</li> <li>• Reviewed the Catawba County Gang Assessment data.</li> <li>• the Signs of Safety Training involving all CPS staff in more specific case planning and engagement with families who have histories of maltreatment</li> <li>• Diversion Court for CPS-involved families to provide structured oversight , without removing a child from the home (will begin January 2010)</li> <li>• The 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</li> <li>• Supported a community vigil sponsored by the Children’s Protection Council, which does reflect our community’s earnest concern about child protection.</li> </ul> <p>3) We continue to distribute the “Period of Purple Crying” info that was spearheaded by the Children’s Advocacy Center and the Children’s Protection Council to medical providers, to help instruct new parents on the normal, natural crying stints that infants go through at certain times. The goal is to reduce the incidence of shaken baby syndrome by 50% and that crying is normal and okay. A DVD and booklet is available for distribution. Nurses are spending time at the hospital watching the DVD with the parents before they are discharged, going through the booklet and encouraging them to show this to anyone at home who will be helping taking care of the baby.</p> <p>4) Public Health continues a medication treatment called “17 P”. Women who have had an issue in the past with a preterm pregnancy are offered this drug in Public Health’s prenatal clinic. Locally, Public Health has experienced a 64% success rate of the patients who received the treatment that made it to full term and delivered their baby. In 09/10, NC's death rate</p>
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<p>5) Fatalities</p> <p>6) Substance Abuse Issues</p>	<p>5) A State Fatality Review occurred with the State Division of Social Services. This intensive review came about as a legislative process and its focus was to look at these child fatalities in the State and see how the State would respond to those fatalities. The legislative criterion is that if a death occurred and there had been DSS involvement within 12 months preceding the fatality, then an intensive review is conducted. The purpose is to look at all systems involved in order to see what things could have possibly been done differently.</p> <p>6) Identified a high correlation among infant fatalities and substance abusing caretakers. The team discussed the Catawba County Substance Abuse Coalition which is a part of the Catawba County Health Partners that is planning the “Keys to Life Program” via the governor’s highway safety program that originally began in 2001.</p>	<p>decreased to the lowest level ever recorded. Figures show a rate of 67 deaths per 100,000 children from birth-17years of age, a 37% decrease since 1991. The infant mortality rate dropped by 4% from 2008-2009, and 27% since 1991. Infants under one year old comprised 68% of the child deaths in 2009. Many times, fetal deaths in the prenatal period are not preventable, however, this team continues to advocate for early entry into prenatal care, the use of 17 P, and case management services for medically and/or socially high risk prenatal patients. Strong coordination between Catawba County Public Health, Social Services, private providers, and CVMC allow pregnant women in our county the opportunity for a healthy birth outcome.</p> <p>5) Motor vehicle accidents remain the leading cause of injury death in NC, but in Catawba County, prenatal issues were the leading cause. In 2009, Catawba County had 23 child deaths. 10 from prenatal issues, 1 from SIDS, 5 from illness, 4 from motorcycle accidents, 1 from homicide, and 2 for other reasons not disclosed. 14 children were under age 1, 3 between ages 1-4, 3 between ages 10-14, and 3 between ages 15-17. We addressed deaths related to preterm births, low birth weight infants, SIDS, residential fires, drowning, homicide, suicide, motor vehicle/atv accidents, unsafe sleeping habits for infants, and gang violence. Issues where community members and professionals did not consistently make reports of suspected abuse or neglect to social services. We plan to do more outreach on reporting requirements in the community.</p> <p>6) In cooperation with ALE, the District Attorney’s office, Law Enforcement and St. Stephens High School, they are going into the high school to offer this program. The concept of this program is to show students the impact of alcohol abuse. The national statistics show that every 15 minutes someone is killed or injured in an alcohol related automobile crash. To this end, every 15 minutes throughout the day, a bell will toll and the PA system will announce that a student has passed away. The “grim reaper” will show up at the student’s classroom and take them out of the class. Their face will be painted and they will put on a black tee shirt and then sent back to the classroom. An obituary will be read for that student and they can no longer talk to anyone for the rest of that day. An accident scene will be set up and the students will go outside to see what an alcohol related accident</p>
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<p>7) Economic Impact/Poverty</p>	<p>7) 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.</p>	<p>may look like. There are also power point presentations to be shown throughout the day. This program is very impactful and takes a lot of manpower and planning to make this happen, but we eventually hope to be able to offer this to all three school systems.</p> <p>7) The Early Headstart Program presented to the CPPT to discuss how their program can benefit families that we serve. The Early Head Start program provides services for prenatal woman and their families up to age 3. The current Parents as Teachers program serves families from the prenatal stage to age 5. There are differences and similarities in the Parents as Teachers program and the Early Head Start program; however, both programs are focused on assisting families to ensure that their children have the tools needed to learn when they start school. Early Head Start is offered in the home and serves families across all of Catawba County</p>
<p>8) Gaps in mental health system</p>	<p>8) The Team discussed the mental health changes that may affect child protection/prevention. The state legislature recently passed to phased elimination of mental health community support services. Community support services provide case management services to children who need higher levels of care, children who need residential treatment and placement services and children who have multiple needs that need to be tracked and navigated through the mental health system especially with the complexity of also needing multiple providers.</p>	<p>8) The direct impact is being felt locally – there will be higher demands in the criminal justice system and higher demands in the emergency rooms as people will seek care there as opposed to other places.</p>
<p>9) Domestic Violence</p>	<p>9) We looked at domestic violence issues and the overlap among domestic violence and Child Protective Services (CPS). About 13% of the reported cases received in FY 09/10 involved domestic violence. Two women in Catawba County died as a result of domestic violence. Some significant changes in legislation have had an impact on their effectiveness in interventions with domestic violence situations.</p>	<p>9) There is now a task force at the state level which is working to provide better assessment tools. 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 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</p>

<p>10) Long Range Community Planning to address the needs of Children in our Community</p>	<p>10) The group also discussed the Children’s Agenda Planning Committee which is a core group that has been appointed by the Board of Commissioners to develop a comprehensive strategic agenda or plan around children’s issues aimed at improving the lives of children in Catawba County. This was an opportunity for people to come together to really look at the children’s needs are, what we could be doing differently, how we might look at what the gaps are and how to better meet the gaps. This committee has a membership that includes people who represent larger initiatives that do planning in our community. This group provided a child data snapshot on well being factors in Catawba County that could be benchmarked against state and federal data. They will be thinking about not only where the gaps are but where can we 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. Healthcare (includes dental, preventative care, mental health, medical access, insurance coverage and health services in schools)</p>	<p>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.</p> <p>10) The group surveyed children and families about what they feel was the best thing about living in Catawba County and focused on some of the things that we needed to improve. From this survey the committee chose five focus areas from which further work will be developed:</p> <ul style="list-style-type: none"> <li>▪ Safety and Security (fear from gangs and crime, desire for a safe place to play)</li> <li>▪ Basic needs (jobs, housing, transportation, interpreters)</li> <li>▪ Education and preparation for work (focus on drop-out prevention, career preparation, job training and financial education)</li> <li>▪ Quality of life (focus on issues of interconnected neighborhoods, social networking, places to meet, technology and the diversity issues in our community)</li> </ul>
<p>11) Distracted Driving</p>	<p>11) 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. In response, the team formed an ad hoc committee made up of school personnel, law enforcement, medical personnel, and community members to</p>	<p>11) The committee continues to meet to plan strategies. There are several activities that are currently being planned such as exploring the expansion of the Alive at 25 driving class, the implementation of a video contest for high school students, the development of a website, increased signage for schools, etc.</p>

	develop an action plan to increase messaging around the dangers of distracted driving.	
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**Frequency of CCPT meetings – (Provide details of the meeting date, time, location) We meet the fourth Tuesday of the quarter at 7:30 am at our Public Health Department.**

**Below list child protection needs that CCPT would like to have addressed at the state level.**

- Child Sexual Abuse Protection and Community Protocol
- Training and Abuse Prosecution in Criminal Investigations
- Referral for Protective Services from Physicians
- Foster Care Treatment Emergency Protocol for Sexual Victimization
- Enhanced Interagency Communications
- Medical Examinations for Children in Social Services’ Care
- More support for local Child Advocacy Centers
- Promote a campaign to target distracted driving among teens.
- Improve the relationships among professional workers dealing with prenatal and postpartum patients regarding Laws of Confidentiality
- More SIDS Training & emphasis on the dangers of “co-sleeping”
- Support stronger communication between the Medical Examiner and law enforcement including training
- Public information campaign on co-sleeping of adults and infants
- Mental Health Changes That May Affect Child Protection/Prevention Efforts
- Continued focus on enhanced death scene investigations to allow the Medical Examiner greater ability to discern SIDS from accidental suffocation.