

RUTHERFORD COUNTY COMMUNITY CHILD PROTECTION TEAM (CCPT) CHILD FATALITY PREVENTION TEAM (CFPT)

ANNUAL REPORT TO THE BOARD OF COUNTY COMMISSIONERS Calendar Year 2016 April 2017

History of CCPT/CFPT

The Community Child Protection Team (CCPT) was established by law (General Statute 7B-1406) in May of 1991 as a means for the state and local communities to form a partnership to strengthen child protection. This was a result of revenue shortfalls on both the state and local levels, making it difficult to fund the necessary number of social workers needed to investigate abuse/neglect reports and provide needed ongoing services for families. The CCPT is an interdisciplinary group of community representatives who meet regularly to promote a community-wide approach to the problem of child abuse and neglect. Although the activities are usually coordinated by the Department of Social Services, the CCPT is not a Department of Social Services (DSS) team, but a county team. The CCPT may not encompass a geographic nor governmental area larger than one county.

The Child Fatality Prevention Team (CFPT) was mandated by state law in 1995. The Purpose of the North Carolina Child Fatality Prevention System is to promote understanding of the causes of child deaths, identify deficiencies in the service delivery to children and families by public agencies and to assess, recommend and implement systems for changes that will prevent future child deaths and support safe and healthy development of children.

Rutherford County opted to combine the CFPT with the existing CCPT, as did the majority of counties in North Carolina. The combined CCPT/CFPT reviews child protective services cases presented by DSS or at the request of team members; and all child fatalities of county resident children under the age of 18 that occurred in the previous year. Through the review of records of agencies represented, the team identifies gaps in services and searches for ways to prevent future child abuse, neglect, and fatalities.

Composition of CCPT/CFPT

The composition of the CCPT and CFPT is mandated by law and includes appointed members of various agencies and organizations and some at large members. For the most part the membership requirements are the same for both teams. Those required for both the CCPT and CFPT are:

- A. The county DSS director and member of the director's staff;
- B. A local law enforcement officer;
- C. An attorney from the district attorney's office, appointed by the district attorney;
- D. The executive director of the local community action agency;
- E. The superintendent of each local school system or the superintendent's designee;
- F. A member of the county DSS Board, appointed by the chair;
- G. A local mental health professional;
- H. The local guardian ad litem coordinator, or the coordinator's designee;
- I. The director of the Health Department; and
- J. A local health care provider.

To meet the requirements of the CFPT, the following representatives should also serve on the team:

- A. Emergency Management Services;
- B. A District Court Judge;
- C. The County Medical Examiner;
- D. A Representative of a Child Care Facility or Head Start; and
- E. A parent of a child who died prior to their 18th birthday.

The policies of both teams, as well as GS 7B-1407(d), give county commissioners the authority to appoint up to five additional members to represent various county agencies or the community at large. Currently there are three such appointees. A list of the current membership is attached to this report, including what organization or CCPT/CFPT position each member represents. Those that have been appointed by the county commissioners are listed under “others” on the attached list. Since the team's inception it has been the practice to appoint members to these five positions as needed, and then present the full membership list to the board annually for approval or to make changes as the board may deem necessary. The board may also appoint to any of these five slots at any time. There are no time limits on the terms of appointments.

Meeting Schedule

The Rutherford County CCPT/CFPT meets on the second Tuesday of the first two months of each quarter at 7:30 a.m. in the Main Conference Room at the Department of Social Services at 389 Fairground Road Spindale, NC 28160. In 2016 meetings were held on January 19, February 15, April 12, May 10, July 12, August 9, October 11, and November 8. The first meeting of the quarter is dedicated to reviewing Child Protective Services cases (CCPT) and the second to the review of Child Fatalities (CFPT).

Purpose of CCPT

Duties and responsibilities of the Community Child Protection Team include reviewing active cases in which abuse, neglect, or dependency was substantiated to identify any lack of resources gaps and/or deficiencies that affect the outcome of the case; to advocate for system improvements and needed policy and legislative changes; to promote collaboration between agencies in the creation or improvement of resources for children; and to inform county commissioners about actions needed to prevent child abuse, neglect, or dependency. Cases may also be brought for review at the specific request of a team member or the Department of Social Services. Conducting these reviews proves to be successful as insight is gained in how to better meet the needs of families by discussion with community professionals that serve on the team. It also enhances the working relationship between the agencies that are represented on the team.

The team reviewed six Child Protective Services cases in 2016. The issues involved in these cases included parental substance abuse, domestic violence, medical neglect, parental mental health and developmental issues, and severe mental illness. The discussion of these cases includes identifying gaps or barriers in service delivery, and how these can be remedied. Two barriers identified this year was the lack of accessible substance abuse treatment and a lack of a certified batterer's program in the county. Throughout the year the various agencies that are represented on the team, and the team as a whole, have worked together to improve access to services. Mental Health agencies in the county have developed protocol for seeing children and parents involved in Child Protective and Foster Care Services. The team was also instrumental in bringing training for a certified domestic violence curriculum to the county that is recognized by the court system and the State of North Carolina.

Purpose of CFPT

The Purpose of the North Carolina Child Fatality Prevention System is to promote an understanding of the causes of child deaths; identify deficiencies in the service delivery to children and families by public agencies; and to assess, recommend and implement systems for change that will prevent future child deaths and support safe and healthy development of our children.

The purpose of reviewing child fatalities is to identify any gaps in the delivery of services to children and/or their families by public agencies that are designed to prevent future child abuse, neglect or fatalities. Based on the team's findings recommendations can be made for changes in laws, rules, and policies that will support the safe and healthy development of children. This review also enables our county to strengthen multi-agency collaboration and communication.

Child Fatalities are reviewed approximately one year after the death occurs. All child deaths in the county are reviewed, and not limited to those related to maltreatment or due to involvement with a particular agency. The team reviewed ten deaths during 2016. The age of the child and the cause of death are as follows: one day - Congenital Malformation; seven days - Hypoxie Schemic Encephalopathy; one month - Ill Defined and Unspecified Cause; four months - Broncho-Pulmonary Dysplasia; six months - Blunt Force Trauma to the Head as a Result of Child Abuse; two years - Undetermined; ten years - Acute Lymphoblastic Leukemia; 15 years - Malignant Neoplasm of the Bone and Articular Cartilage; 16 years - Self Inflicted Gunshot Wound to the Head; and 17 years - Multiple Blunt Force Traumatic Injuries Due to Motor Vehicle Collision. Parents of these children are never contacted and the deaths are reviewed in closed session, with each team member held to strict confidentiality guidelines.

Other issues presented to the team related to requirements of the CFPT include a quarterly review of hospital discharges related to injuries for children who have Rutherford County listed as their resident county. Included in this report are injuries resulting from motor vehicle accidents, motor vehicle non-traffic accidents, surgical and medical procedures with abnormal reactions, accidental falls, suicide, and self inflicted injuries and homicides. In addition to injury categories, the report also shows statistics related to age range and gender. This report is reviewed quarterly and includes statistical information only from the same quarter of the preceding year.

Other Responsibilities of CCPT/CFPT

The local CCPT must submit an annual report to the the North Carolina CCPT Advisory Board which outlines issues covered throughout the year, and any gaps in services or barriers to services. The Board is responsible for synthesizing the data, and presenting recommendations to the North Carolina Division of Social Services (NCDSS). NCDSS then prepares a written response to the CCPT report. Both the CCPT report and NCDSS response are included in the state's Annual Progress and Services Report to the US Department of Health and Human Services, Administration for Children and Families.

Certain members of the CCPT/CFPT are asked to assist with state Child Fatality Reviews. A Child Fatality Review Team is convened by the NC Division of Social Services to conduct a fatality review whenever there is a suspicion abuse or neglect has contributed to a child's death and a county Department of Social Services has had contact through its child welfare programs with the child or family within the twelve months preceding the child's death. The local DSS must report all deaths of children that have been involved in the child welfare system during the preceding twelve months regardless of the cause of death. The purpose of the review is to enable the Division, the county DSS, state and local agencies, and the local community to identify

important issues related to child protection and to take appropriate action to improve our collective efforts to prevent child fatalities. A fatality review team consist of one state fatality reviewer, who serves as the facilitator; representatives of the local Department of Social Services and the Division of Social Services; a member of the local Community Child Protection Team; a member of the local Child Fatality Prevention Team; a representative from local law enforcement; a prevention specialist; and a medical professional. If possible of these representatives are chosen from the local CCPT/CFPT.

The team continues informing the community about a web-based training produced by Prevent Child Abuse North Carolina entitled *Recognizing and Responding to Suspicions of Child Maltreatment*. The general population is the target audience for this training, but it is strongly recommended for anyone that interacts with children on a regular basis such as teachers, coaches, and volunteers. There is a link to the training, which is self paced, on the DSS and health department web sites.

As a result of a state child fatality review in 2008 one of the team's goals for 2009 was to raise public awareness of North Carolina's reporting laws as they apply to child abuse, neglect, and dependency. Since 2009 the team has issued a letter annually to community partners outlining North Carolina General Statute 7B-301, which states that any person or institution is obligated to make a report to the Department of Social Services if they suspect that a child is abused, neglected, or dependent. The letter also outlines the definition of abuse, neglect, and dependency as stated in NC General Statutes. The letters include a pamphlet regarding Child Protective Services that was purchased by the team. Pamphlets are also made available to physician's offices and public and private agencies to make available to the general public. This is one of two annual public awareness initiatives of the team.

Since 2008 the team annually sends information regarding the Infant Homicide Prevention Act of 2001, commonly known as "Safe Surrender". Safe Surrender allows an overwhelmed mother to surrender her new born to a responsible adult and walk away without fear of criminal prosecution. Safe surrender is legal, provided that the infant is 7 days old or less and unharmed. N.C.G.S. 7B-500 (b) identifies the individuals that may take an infant into temporary custody without a court order and what actions must be taken. Informational letters are sent to physician's offices, helping agencies, public agencies and other locations where people may be that might benefit from the information. Brochures are enclosed to be placed in the lobby or on bulletin boards of these agencies and offices. Another letter is sent to all potential sites of a Safe Surrender with a health care form that should be filled out by the mother, if possible.

Rutherford County is fortunate to have numerous resources to serve families in times of crisis. The Community Child Protection Team/Child Fatality Prevention Team brings these resources together to collaborate in eliminating and preventing child abuse and neglect.

A list of the current membership is attached to this report, including what organization or CCPT/CFPT position that each member represents. Those that have been appointed by the county commissioners are listed under "others" on the attached list. It has been the practice for the team to appoint members to these five positions as needed and then present the list to the board annually for approval, or to make changes as the board may deem necessary. There is no time limit on the appointments. **The CCPT/CFPT respectfully request that the Rutherford County Board of Commissioners review this list, make any recommendations for changes and for filling vacant positions and approve the membership for 2017.**

The Rutherford County Community Child Protection Team/Child Fatality Prevention Team appreciates the efforts of the Board of Commissioners to provide programs and services to the families of Rutherford County. Your support of the CCPT/CFPT is vital. Substance abuse, particularly methamphetamine use and opioid abuse, and domestic violence are just two of many growing societal problems that contribute to the increased abuse, neglect, and exploitation of our county's children. These needs cannot be addressed in isolation, only by professional agencies and boards, but must be embraced by the entire community.

Respectfully Submitted,

John Carroll, MHDL
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**RUTHERFORD COUNTY
COMMUNITY CHILD PROTECTION TEAM
CHILD FATALITY PREVENTION TEAM
REQUIRED MEMBERS**

Members Mandated by NC GS 7B-1407

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| DSS Director: | John Carroll (CCPT Chairman) |
| Member of DSS Staff: | Amanda McGee (SW Program Manager) |
| Law Enforcement Officer: | Julie Green (Sheriff's Dept.) |
| District Attorney's Office: | Garland Byers (Assistant DA) |
| Ex. Director of Community Action Agency: | Sherry Bright, (Family Resources) Vanessa Parton (Family Resources) |
| Superintendent of Schools or Designee: | Gina Harrill (Rutherford County Schools) |
| DSS Board Member: | Julius Owens |
| Mental Health Professional: | James Gonzales (Vaya Health) Olivia Appling (Vaya Health) |
| Guardian Ad Litem Coordinator or Designee: | Leslie McDaniel (Volunteer GAL) |
| Health Department: | Angela Harrill (CFPT Chairperson) |
| Health Care Provider: | Dr. Jerald De La Garza (Rutherford Children's Care) |
| *EMS: | Tammy A. McCrory Amanda Shires |
| *District Court Judge: | The Honorable Robert K. Martelle |
| *County Medical Examiner: | Vacant |
| *Representative of a Child Care Facility: | Kim Arrowood (Rutherford. Co. Schools Preschool Program) |
| *Parent of child who died prior to 18th birthday: | Dr. William Casp |

Others (Co. Commissioners may appoint 5 additional members to represent county agencies or the community at large)

Dr. Christian D. Burley, Local Chiropractic Physician; Chairman, Safe Kids of Rutherford County
Lamonda Davis, Probation and Parole
Stephanie Ingle - Community Care of North Carolina

Recommended Members

Representative from Hispanic Population and Faith Community: Vacant

DSS Attendees – Not Voting Members:

Tiffany Dodd, CPS Supervisor
Lynn Hoppes, CPS Supervisor
Hope Bailey, CPS Supervisor
Linda Waters, CRP/CPT Supervisor
Tabitha Moore, Foster Care Supervisor
Anitra McKinney, Foster Care Supervisor
Kathy Kaylor, Foster Care Supervisor
***Required for Child Fatality Prevention Team**

(Updated – 7/5/2016)