

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

ANNUAL REPORT TO THE BOARD OF COUNTY COMMISSIONERS Calendar Year 2019 February 2020

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 (NC General Statute 7B 1407) 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 2019 meetings were held on January 8, February 12, April 9, June 11 (rescheduled from May), July 9, August 13, October 8, and November 12. 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). There are currently 17 filled required, commissioner appointed, and recommended member slots. Average monthly attendance for the year was 10. This average excludes DSS staff members that may have been present to present or discuss a case.

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 may have affected 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 four Child Protective Services cases in 2019. The issues involved in these cases included: 1.) Substance Abuse and Domestic Violence; 2.) Sexual Abuse and Emotional Abuse; 3) Substance Abuse, Poverty, and School Attendance; and 4.) Sexual Abuse, Substance Abuse and Medical Neglect. Substance abuse was a factor in all but one case reviewed, and the primary issue in two of the cases. The discussion of these cases includes identifying gaps or barriers in service delivery, and how these can be remedied. No gaps or barriers to services were identified, nor any concerns regarding collaborative work between DSS and other helping agencies and law enforcement. Domestic Violence continues to be the second highest issue present in DSS cases, although not in the cases reviewed by the team this year. Rutherford County continues to support a Certified Batterers Program that was started after advocacy from

the team approximately two years ago. This has significantly improved the availability of treatment in cases involving domestic violence.

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. These reviews 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 seven deaths during 2019. The age of the children and the causes of death are as follows: 1.) four months – Viral pneumonia, unspecified; 2.) one day – Perinatal condition; neonatal cardiac dysrhythmia, delivered at 23 weeks gestation; 3.) one month – Unspecified gastroenteritis and colitis of infectious origins, extreme immaturity; 4.) One day – extreme prematurity – delivered at 20 weeks gestation; 5.) two months – Sudden Infant Death Syndrome; 6.) One day - extreme immaturity – born at 23 weeks gestation; and 7.) 17 years - primary adrenocortical insufficiency; predominantly allergic asthma, history of Addison's disease. Four of the deaths reviewed were related to premature births, one due to severe illness, one due to SIDS, and one older child with extreme medical conditions. In these type situations it makes it difficult to assess gaps or deficiencies in service, and none were noted in the review of these cases.

From the review of the SIDS death it was determined that the health department does not currently have a good means of being notified or learning of a SIDS death. Many times it is discovered through obituaries, or notification from the hospital, funeral homes or other entities. Members of the team recommended making contact with the medical examiner's office and request that they contact the health department when they identify a SIDS death in one of the counties within our regional health department. Other counties have voiced similar concerns and the medical examiner's office is determining how to remedy this issue. In addition, officials at our health department have instructed staff that process death certificates to notify appropriate staff of any death of a child under age two.

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 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 the 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 Intensive Child Fatality Reviews. An Intensive 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. An intensive 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 all of these representatives are chosen from the local CCPT/CFPT. There were no intensive fatality reviews in Rutherford County in 2019.

In October, 2019 a community wide domestic violence training event was held in the county led by Lynn Fairweather, MSW, President of Presage Consulting and Training in Portland Oregon. Ms. Fairweather, author of several books, is an abuse survivor who has worked in the domestic violence response and prevention field since 1993. This was the culmination of the work of a committee that was formed from a larger group in March 2018 to explore ways to improve the community's response to domestic violence. This had been a recommendation from an intensive child fatality review conducted in 2017. This committee, consisting of several members from the CCPT/CFPT, worked hard to evaluate the needs of the community, determine the most appropriate training, and to raise funds for the event.

Throughout the year the team monitors legislative bills that effect the safety of children and can lead to prevention of abuse/neglect and child fatalities. This year the team has kept an eye on possible funding that could provide for efforts to promote safe sleep for infants, including funds to purchase pack and plays and other products to provide for safe sleep. House Bill 508, which has not passed relates to funding a statewide firearm safe storage awareness initiative aimed at educating the public about the importance of the safe storage of firearms. However, similar funding was included in the compromised budget bill and the governor's budget. Due to the delayed state budget these funds have not been released, but the team is hopeful that they will remain in the final budget.

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.

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 2020.**

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 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,

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**RUTHERFORD COUNTY
COMMUNITY CHILD PROTECTION TEAM
CHILD FATALITY PREVENTION TEAM
REQUIRED MEMBERS**

Members Mandated by NC GS 7B-1407

DSS Director:	John Carroll (CCPT Chairman)
Member of DSS Staff:	Warren Sparrow (SW Program Administrator)
Law Enforcement Officer:	Julie Green (Sheriff's Dept.)
District Attorney's Office:	Ted Bell
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:	Vacant
Mental Health Professional:	Tara Conrad (Partners Behavioral Health)
Guardian Ad Litem Coordinator or Designee:	Leslie McDaniel (Volunteer GAL)
Health Department:	Erin Wilson, RN (CFPT Chairperson)
Health Care Provider:	Dr. Jerald De La Garza (Rutherford Children's Care)
*EMS:	Carl McKnight
*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

Recommended Members

Representative from Hispanic Population - Yanet Cisneros
Representative from Faith Community: Vacant

DSS Attendees – Not Voting Members:

Tiffany Dodd, CPS Supervisor
Kimber Dover-Jackson, CPS Supervisor
Hope Bailey, CPS Supervisor
Linda Waters, CRP/CPT Supervisor
Tabitha Moore, Foster Care Supervisor
Anitra McKinney, Foster Care Supervisor
Janea Adkins - Foster Care/Adoptions Supervisor

***Required for Child Fatality Prevention Team**

(Updated – 7/9/2019)