Gaston County
Community Child Protection Team (CCPT)
Child Fatality Prevention Team (CFPT)

ANNUAL REPORT TO THE HEALTH & HUMAN SERVICES BOARD and BOARD OF COUNTY COMMISSIONERS
Calendar Year 2020
February 2021

Background

North Carolina's Child Fatality Prevention System includes two statutorily mandated multi-disciplinary and multi-agency teams: the Community Child Protection Team (CCPT) and the Child Fatality Prevention Team (CFPT). Each team of community representatives meets regularly to promote a community-wide approach to the problem of child abuse and neglect. The teams work to study and understand causes of childhood deaths, identify gaps and deficiencies in the service delivery to children and families, and to make and, where appropriate, implement recommendations for changes to help prevent future child deaths and support safe and healthy development of children.

The CCPT and CFPT were established by law (General Statue 7B-1406) in 1991 and 1995, respectively. The CCPT reviews selected active child protective services' cases and cases in which a child died as a result of suspected abuse or neglect. The CFPT reviews all deaths of Gaston County children not reviewed by CCPT. Through the review of each represented agency's records, the team identifies gaps in services and future prevention efforts.

Composition of CCPT and 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 Department of Social Services' 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 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 four such appointees on each team. A list of the current membership is attached to this report, including what organization and/or CCPT or CFPT position each member represents. Those appointed by the Board of County Commissioners are listed as "Additional County Agency or Community Member" on the attached list. The Board of Commissioners may appoint to any of these five slots at any time. There are no time limits on the terms of appointments.

Meeting Schedule

The Gaston County CCPT meets the first Thursday of each month at 7:30 am at the Gaston County Police Department; since May 2020, the team has met virtually via the HIPAA compliant Zoom for Healthcare platform. The team did not meet in April or July. Meetings in February, August, and November reviewed child fatalities in which maltreatment was suspected. The other six meetings were dedicated to reviewing open child welfare cases.

The Gaston County CFPT meets quarterly, the first Thursday of the month, in the same location and reviews those deaths not suspected to have involved maltreatment. The CFPT has also met virtually since May 2020.

Community Child Protection Team (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. Active child welfare 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 successful, as insight is gained in how to better meet the needs of families by discussion with community professionals serving on the team. It also enhances the working relationship between the agencies represented on the team.

Open Case Reviews

The team reviewed six open child welfare cases in 2020. Issues present in these cases included parental substance abuse, domestic violence, medical neglect, parental mental illness, child mental illness, children with suicidal ideations, language barriers, poverty, homelessness, physical abuse, and truancy. Childhood trauma for the children, and often the parents, was present in every case reviewed.

Discussion of these cases includes identifying gaps or barriers in service delivery and ways community services can successfully address them. Barriers identified this year include the following:

- availability of appropriate mental health services,
- availability of appropriate out of home mental health placements, and
- timely and effective communication with other states when families move.

At the end of each review, team members make recommendations, and often commit, to assist the social work team with navigating the identified needs and barriers. This year, the Department of Juvenile Justice assisted with interstate challenges. Further, the team advocated to the State for better interstate coordination, possibly through memorandums of agreement with other states, in child welfare cases.

Members of the CCPT and their respective organizations helped the child welfare staff access additional and often more appropriate services for children and families through multiple entities, including the school system (for preschool and school age children), The Lighthouse child advocacy center, and several mental health agencies. Team members further assisted with accessing appropriate placements for children to better meet their needs.

The full team met with the NC Office of the Chief Medical Examiner's chief investigator / trainer to better understand their system and advocate for reform that will more accurately identify the reasons children die. Their office will be providing child death scene investigation training to team members and other members of their agencies. The CCPT was also instrumental in modifying local practice to ensure medical examiners have all the relevant information when making determinations.

To better assist families with a long history of trauma, the team met with local providers to help ensure child welfare and other community systems understand and are able to access rapid, long term, and wraparound mental health services for children and families.

Child Fatality Reviews

The CCPT reviews child deaths in which abuse or neglect is suspected and/or in which there is relevant Child Welfare history. The CCPT reviewed four such deaths in 2020: three were reviewed in the team's regular meeting, and one was reviewed in an intensive two-day review facilitated by the North Carolina Department of Health & Human Services.

Child Deaths reviewed in regular reviews were as follows:

- 1-month-old black male who died as the result of unsafe sleeping. He was placed in the bed with an intoxicated parent.
- 14-year-old white male who died from drowning. The team reviewed extensive records and made recommendations for system changes to help prevent future similar situations. These recommendations are included in the summary at the end of this section.
- 3-year-old white male whose death was suspicious. The team recommended to NCDHHS this case be pulled for an intensive review. The State agreed, and the review will occur in late 2021.

The child death that underwent an intensive review was a 17-year-old Hispanic female whose death was investigated as a homicide. No one has been charged. A summary of the findings and recommendations from the intensive review as well as the CCPT's efforts to address each are below. State-level recommendations have been shared with our State partners who will respond in writing through their annual report. These recommendations are to be used as a guide to improve local systems of care and highlight areas in which services can be improved locally and statewide. It cannot be known what impact, if any, these

recommendations could have had on the reviewed case if they had been in place at the time of the fatality.

Finding #1: There appears to be an increasingly hostile climate of fear and anxiety among immigrants, deterring them from reporting crimes, participating in court proceedings, and disclosing abuse, neglect, and other adverse experiences. All children and adults, regardless of their legal status, need safety and assurance of protection against victimization of violence.

- Recommendations:
    - NCDHHS create a strategic plan to enhance child welfare practice with immigrant populations.
    - NCDHHS develop policy and practice guidance for engaging families who struggle to communicate in English.
    - Gaston County CCPT develop a cultural awareness and humility training for community professionals. The team is exploring virtual training options.

Finding #2: There is a need to strengthen child welfare policy and practices related to cases involving domestic violence and enhance intervention and safety strategies for adult victims, children, and abusers in North Carolina.

- Recommendations:
    - Strangulation is one of the most lethal forms of domestic violence and is a significant predictor of future death. NCDHHS should modify child welfare documentation tools to assess for strangulation.
    - NCDHHS should update the current domestic violence policy for child welfare to include a lethality assessment.
    - NCDHHS should make domestic violence training mandatory for all child welfare staff.
    - Gaston County CCPT should assist in raising awareness of the community's new family justice center. Child welfare staff utilizes the new family justice center regularly. Further, the program's director serves on CCPT and is, therefore, readily available for consultation.

Child Fatality Prevention Team (CFPT)

To reiterate, the Child Fatality Prevention Team has duties and responsibilities similar to those of the CCPT. This team reviews all child deaths in Gaston County not reviewed by the CCPT, deaths not believed to be the result of maltreatment and not having child welfare involvement in the last year.

Similar to the CCPT, the CFPT reviews focus on identifying any gaps in the community's service delivery that can help prevent future child fatalities. Based on the team's findings, recommendations can be made for changes in laws, rules, and policies to support the safe and healthy development of children. Further, the team strives to strengthen multi-agency collaboration and communication. Parents of the children are never contacted, and the deaths are reviewed in closed session, with each team member held to strict confidentiality guidelines.

The team reviewed eighteen deaths in 2020. Important to note is both teams experienced a delay in receiving the required information from the State office due to staff shortages. As a result, the deaths reviewed by CFPT in 2020 represent three children who died in 2018 and fifteen who died in 2019. For this reason, we are unable to compare annual death data as we have in prior years.

The charts below reflect the age ranges, race, gender, and causes of death for the eighteen cases reviewed by this team.

Age Range	Number of Deaths
Under 1 year	11
1-3	1
4-6	0
7-10	1
11-13	2
14-17	3

Race & Gender	Number of Deaths
White Male	6
White Female	5
Black Male	1
Black Female	3
Hispanic Female	2
Chinese Male	1

Race	Number of Deaths
White	11
Black	4
Hispanic	2
Chinese	1

Gender	Number of Deaths
Male	8
Female	10

Cause of Death	Number of Deaths	Additional Information
Perinatal Conditions	4	All died under the age of 1 year.
Illness	3	Two were under one month of age. One child was 3 years old.
Malignant Neoplasm (Cancer)	3	Ages 8, 14, and 16
Other	2	Unsafe sleeping; ages 2 months and 15 months. In one case, and infant was placed in the bed with an impaired adult. In the other, the child was sleeping on a pallet between the parents.
Congenital Malformation of Heart	2	In one case, a language barrier negatively impacted prenatal and follow up care.
Blunt Force Trauma/ Fall	1	
Congenital Cystic Lung	1	
Influenza	1	Age 11; no underlying conditions
Renal Failure	1	Age 17 days; no prenatal care along with other parental risk factors

Additional Activities

Our local CCPT submits an annual report to the North Carolina CCPT Advisory Board which outlines issues covered throughout the year and any gaps in services or barriers to services. The Advisory Board synthesizes the data and presents recommendations to the NCDHHS, who then prepares a written response. Both the CCPT report and NCDHHS 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.

As the data shows, Gaston County continues to experience child deaths due to unsafe sleeping. Three such cases were reviewed in 2020. Several team members attended a training delivered by the UNC Center for Maternal and Infant Health and developed a "Safe Sleep Interview Cheat Sheet" to be used by Child Protective Services' social workers when working with families who have infant children. This tool will help social workers ask the right questions and provide informed answers to parents' most common concerns. Further, the team will be meeting with a UNC representative who has agreed to help the team explore more effective strategies to educate the community about safe and unsafe sleep environments for children.

In response to child safety issues commonly seen in reviews of both active cases and fatalities, the teams collaborated to develop a "Safety Checklist for Child Protective Services." This one-pager provides parents with guidance and recommendations for keeping their children safe, including topics such as safe sleep, medication safety, safe bathing, fire safety, car seats, and smoking in the home. Child Protective Services' social workers will review and leave a copy of the checklist with all parents of children under the age of five.

All team members and others from their respective agencies were invited to participate in Child Death Scene Investigation training to be provided by the Office of the Chief Medical Examiner. Several team members plan to attend. This training is designed to strengthen a community's response to child deaths in a way that increases the likelihood of evidence gathering and better understanding why a child died.

Lastly, the teams have prioritized recruiting a family partner to serve. This individual will be someone who has experienced the child welfare system as either a parent or child. We expect the Board of Commissioners will soon receive a recommendation from the teams to appoint the identified family partner.

Gaston County is fortunate to have these dedicated teams of professionals who are committed to strengthening our community's system of care for children and families. Collaboration among team members is high and represents their commitment to preventing child abuse and neglect.

The Gaston County CCPT and CFPT appreciate the efforts of the Health & Human Services' Board and Board of County Commissioners to provide programs and services to the families of Gaston County. Your support is vital. Needs experienced by our community's families cannot be addressed in isolation or solely by professional agencies and boards but must be embraced by the entire community.

Respectfully Submitted,

Melanie Lowrance, MSW, LCSW
Gaston County DHHS
CCPT Co-Chair

Deborah Gulledge, JD
Gaston County District Attorney's Office
CCPT Co-Chair

John K. Greenlee, Chief District Court Judge
CFPT Chair

Gaston County Community Child Protection Team

Position	Name
Director, Social Services	Angela Karchmer
Social Services Employee / Co-Chair	Melanie Lowrance
Local Law Enforcement	Darrell Griffin
Attorney from DA's Office / Co-Chair	Deborah Gulledge
Exec. Director of Local Community Action Agency	Arin Farmer
School Superintendent or Designee	Christy Garcia
Local Mental Health Professional	Rebecca Jones
GAL Coordinator of Designee	Gerald Mack
Director, Public Health	Steve Eaton
Local Health Care Provider	Dr. Marty Baker
Additional County Agency or Community Member	Captain Billy Downey, GCPD
Additional County Agency or Community Member	Ronnie Bowers
Additional County Agency or Community Member	Dr. Gina Ramsey
Additional County Agency or Community Member	Andrew Schrag
Review Coordinator	Catherine Oglesby
Non-Voting	Joy Tilley
Non-Voting	Ann Stroupe
Non-Voting	Lynn Harmon
Non-Voting	Michelle Jenkins
Non-Voting	Carol McManus
Non-Voting	Heather Kauffman
Non-Voting	Brittain Kenney
Non-Voting	Chrys Kolodny
Non-Voting	Tereasa Osborne
Non-Voting	The Honorable John Greenlee
Non-Voting	Sgt. Adrienne Walker-Hall, Gastonia PD
Non-Voting	Jocelyn Williams

Gaston County Child Fatality Prevention Team

Position	Name
Director, Social Services	Angela Karchmer
Social Services Employee	Melanie Lowrance
Local Law Enforcement	Adrienne Walker-Hall
Attorney from DA's Office	Debbie Gulledge
Exec. Director of Local Community Action Agency	Arin Farmer
School Superintendent of Designee	Christy Garcia
Social Services Board Member	Sandi Farnham
Local Mental Health Professional	Rebecca Jones
GAL Coordinator of Designee	Gerald Mack
Director, Public Health	Steve Eaton
Local Health Care Provider	Dr. Marty Baker
EMS or Firefighter	Jamie McConnell
District Court Judge / Chair	John Greenlee
County Medical Examiner	Carol Pinkard
Local Child Care Facility or Head Start Rep	Jean Nivens
Bereaved Parent	Dr. Ed Smith
Additional County Agency or Community Member	Captain Downey, GCPD
Additional County Agency or Community Member	Ronnie Bowers
Additional County Agency or Community Member	Dr. Gina Ramsey
Additional County Agency or Community Member	Darrell Griffin, GCSO
Review Coordinator	Catherine Oglesby
Non-Voting	Joy Tilley
Non-Voting	Ann Stroupe
Non-Voting	Chrys Kolodny
Non-Voting	Michelle Jenkins
Non-Voting	Tara Joyner
Non-Voting	Carol McManus
Non-Voting	Heather Kauffman
Non-Voting	Andrew Schrag
Non-Voting	Joseph Shepherd
Non-Voting	Brittain Kenney
Non-Voting	Tereasa Osborne
Non-Voting	Jocelyn Williams
Non-Voting	Ronnie Bowers