

**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 2023**

Background

North Carolina's Child Fatality Prevention System includes two statutorily mandated teams: Community Child Protection Team (CCPT) and 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 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 Statute 7B-1406) in 1991 and 1995, respectively. The CCPT reviews selected active child protective services' cases and cases in which a child died due to suspected abuse or neglect. The CFPT reviews all deaths of Gaston County children not reviewed by CCPT. Through the review of all available records, the team identifies gaps in services and future prevention efforts.

Any team member can bring active child welfare cases to the team for review. Reviewing open cases provides insight in to how our community can better meet families' needs and enhances the working relationship between community agencies.

In addition to child fatalities, the CCPT reviews "near fatalities.". Near deaths sometimes only differ from deaths because they receive timely intervention. Lessons learned from these situations can aid in prevention.

Parents of the children are never contacted, and the deaths are reviewed in closed session, with each team member held to strict confidentiality guidelines.

Team Composition

Team composition 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. Required members:

- 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 eighteenth birthday.

County commissioners have the authority to appoint up to five additional members. Currently, there are four such appointees on each team. A current membership list is attached to this report. Those appointed by the Board of County Commissioners are listed as “Additional County Agency or Community Member.” 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

Each team meets the first Thursday morning of each month to review child fatalities and open child welfare cases.

Open Case Reviews

The CCPT reviewed seven open child welfare cases in 2023, representing fourteen children.

Issues present in these cases, in order of prevalence included childhood trauma, severe child mental health concerns, domestic violence, substance use disorder, parental mental health concerns, sex trafficking, physical health concerns, and educational challenges.

Discussion includes identifying gaps or barriers in service delivery and finding ways to address them. Barriers identified this year include the following:

- No family members able to provide home for children
- No placements willing and able to provide home for children
- Family’s inability to manage child’s behaviors
- Professional knowledge of domestic violence dynamics and lethality risk factors
- Risk associated with seeking help for domestic violence survivors
- Undocumented status limits available resources
- Lack of transportation
- Parents’ inability to provide appropriate medical care

Team members helped the social work team access the following resources for specific families:

- Domestic violence services through Survivor Services and other community agencies
- Child Development Services Agency services for substance affected infant
- Behavioral health services for children
- Behavioral health care for parents
- Substance use disorder treatment for parents
- Autism services
- Psychological assessment
- Adoption incentive funds
- Child abuse medical evaluation
- Communities in Schools services

- Medicaid
- Affordable medical care and victim assistance services for undocumented child
- Maternity care
- Psychiatric medication management
- Peer support for parents
- Adult literacy services

Intensive Child Fatality Reviews

Some child deaths in which child abuse or neglect is suspected and child welfare has relevant history with the family require a more intensive two-day review facilitated by the North Carolina Department of Health & Human Services. Four such reviews were held in 2023.

Findings and Recommendations

A high-level summary of findings and recommendations, as well as efforts to address each, for the forty deaths reviewed is below.

State-level recommendations have been shared with our State partners who will respond in writing through their annual report. 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.

IDENTIFIED BARRIER	FINDINGS	PROGRESS
Child Protective Services Reporting Failures	<ul style="list-style-type: none"> - CPS reports are not always made by first responders who are focused on providing emergency care and stabilizing the situation. 	<ul style="list-style-type: none"> - Gaston County Police Department implemented a new process that provide checks and balances to ensure appropriate reporting.
Unsafe Sleep for Infants	<ul style="list-style-type: none"> - Despite education from multiple professionals, adult / infant bed-sharing continues, placing infants at risk for death. 	<ul style="list-style-type: none"> - Safe infant sleep awareness campaign continues and includes all locations a baby sleeps, including when away from home. - <u>Sharp decline in the number of infant sleep related deaths in 2022 and 2023 compared to prior years.</u>
High child welfare staff turnover	<ul style="list-style-type: none"> - High turnover plagues child welfare, is costly, and is linked to poorer child outcomes. 	<ul style="list-style-type: none"> - NC DSS is conducting a workload study to address staffing and workload. - Gaston County has implemented strategies to improve retention and recruitment. These efforts were applauded by State staff.
Suicide Awareness	<ul style="list-style-type: none"> - Suicide is the second leading cause of death for NC youth between the ages of 10 and 18. - Gaston County needs a more comprehensive approach to suicide awareness and 	<ul style="list-style-type: none"> - Partnering with the Governor's Institute and Partners Health Management to provide mental health intervention training to first responders and child welfare staff. - Collaboration with Partners and private providers to provide enhanced services

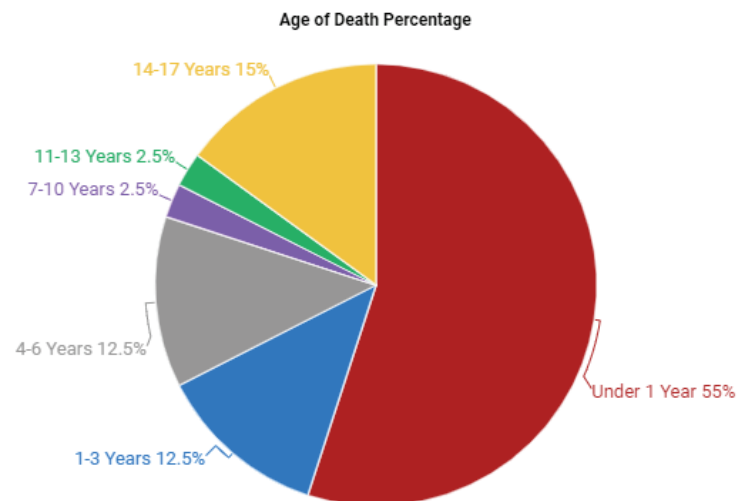
	<p>prevention.</p> <ul style="list-style-type: none"> - Youth transitioning from a hospital setting to outpatient care struggle to access appropriate care. 	<p>after youth are discharged from the hospital.</p>
Parental substance use disorder is a significant risk factor for child maltreatment.	<ul style="list-style-type: none"> - Statewide, child welfare staff are not adequately trained to recognize and assess the impact of substance use. - Statewide, child welfare staff are not adequately trained in how to intervene and support families impacted by substance use. 	<ul style="list-style-type: none"> - North Carolina is beginning statewide implementation of training and crisis support for child welfare social workers and the families they serve. - Secured private funding to provide comprehensive training, including Motivational Interviewing, to any professional who serves children in Gaston County.
Mental health treatment	<ul style="list-style-type: none"> - Child welfare-involved families often struggle to ensure children receive consistent mental health care. 	<ul style="list-style-type: none"> - Collaborating with Partners Health Management to enhance mental health services available to assist child welfare-involved families.
Child welfare access to records	<ul style="list-style-type: none"> - Gaston County DHHS encounters lengthy delays and challenges in accessing child protective services history from South Carolina DSS. 	<ul style="list-style-type: none"> - Advocating to NCDSS to expand the border agreement to include SC and other bordering states.
Naloxone access	<ul style="list-style-type: none"> - Youth overdoses are increasing, and not all families have access to Naloxone. 	<ul style="list-style-type: none"> - GEMS new protocol involves leaving Naloxone with individuals post-overdose. - GEMS is directly connected to DSS and is providing Naloxone to families experiencing opioid use in the home.
Substance use disorder treatment options for children	<ul style="list-style-type: none"> - There are insufficient substance use disorder treatment options for youth. 	<ul style="list-style-type: none"> - CCPT is partnering with the Opioid Settlement Team to explore treatment options and providers for youth.
Adverse childhood experiences increase risk of chronic physical and behavioral health challenges	<ul style="list-style-type: none"> - Exposure to family violence as a child is a strong predictor of acts of aggression as an adult. - A community-wide trauma-informed system of care is needed to ensure a healthy, more resilient community and improve individual outcomes. 	<ul style="list-style-type: none"> - The CCPT is partnering with and Gaston County Survivor Services to initiate a campaign to raise awareness of the effects of violence and the warning signs of unhealthy relationships for teens. - Survivor Services will provide training and guidance for child welfare social workers. - Funding has been secured to provide trauma informed training for child welfare staff.
Firearm storage	<ul style="list-style-type: none"> - Families sometimes store firearms within reach of children. 	<ul style="list-style-type: none"> - CCPT subcommittee is developing a local firearm safety team. - CCPT and CSS is gathering and analyzing local data to better inform a community awareness campaign.

		<ul style="list-style-type: none"> - Gaston County Police will assess and assist child welfare-involved families with understanding an ensuring safe firearm storage.
Housing Instability	<ul style="list-style-type: none"> - Chronic homelessness leads to poor health outcomes 	<ul style="list-style-type: none"> - Gaston County is exploring funding and partnerships that will remove barriers to housing.
Accurate risk and safety assessments	<ul style="list-style-type: none"> - Across the state, there is high variability in child welfare decision-making. - Concerns should be elevated when multiple reports are received with similar allegations. 	<ul style="list-style-type: none"> - DSS has developed quality assurance tools to aid supervisors in ensuring CPS assessments are thorough and accurate. - DSS is developing process to flag cases when multiple reports are received.

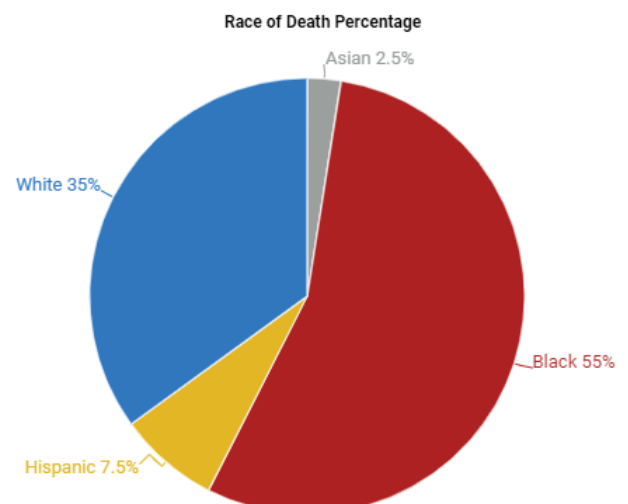
Data: Child Fatalities Reviewed

The teams reviewed a total of forty deaths in 2023. Due to delays from the State office, the deaths reviewed in 2023 represent child deaths from 2021 as well as the 2022 deaths. The charts below reflect the age ranges, race, gender, and causes of death.

Age Range	Number of Deaths
Under 1 year	22
1-3	5
4-6	5
7-10	1
11-13	1
14-17	6

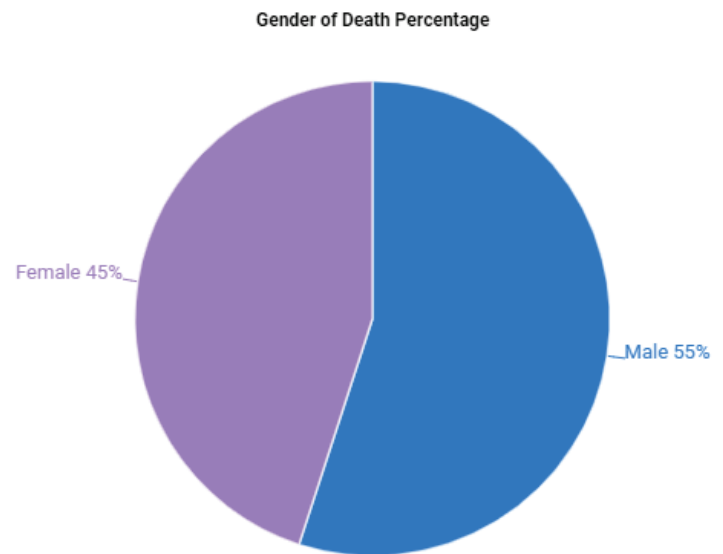


Race & Gender	Number of Deaths
White Male	8
Black Male	11
White Female	6
Black Female	11
Hispanic Male	2
Hispanic Female	1
Asian Female	1

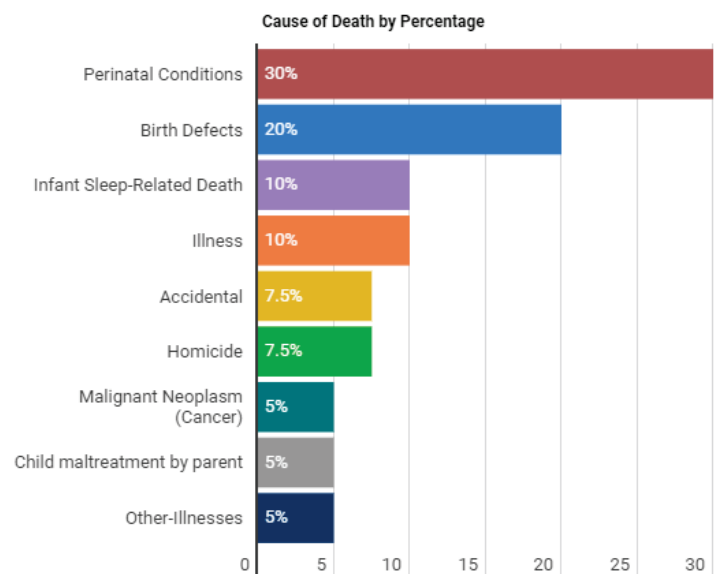


Race	Number of Deaths
White	14
Black	22
Hispanic	3
Asian	1

Gender	Number of Deaths
Male	22
Female	18



Cause of Death	Number of Deaths
Perinatal Conditions	12
Birth Defects	8
Infant Sleep-Related Death	4
Illness	4
Homicide	3
Accidental (Drowning)	2
Overdose (16 & 17 YOA)	2
Malignant Neoplasm (Cancer)	2
Child maltreatment by parent	1
Homicide (Accidental)	1
Other-Illnesses (Diabetes)	1



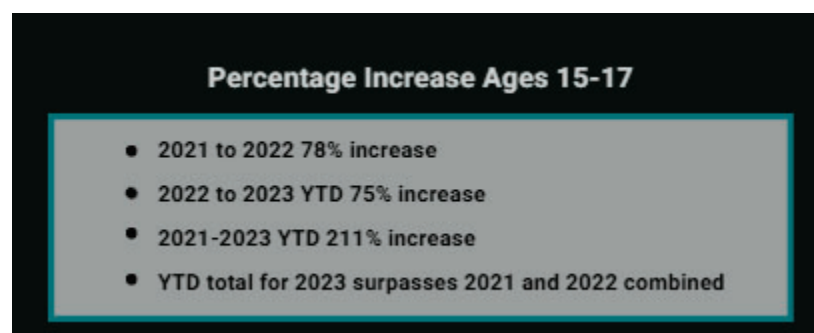
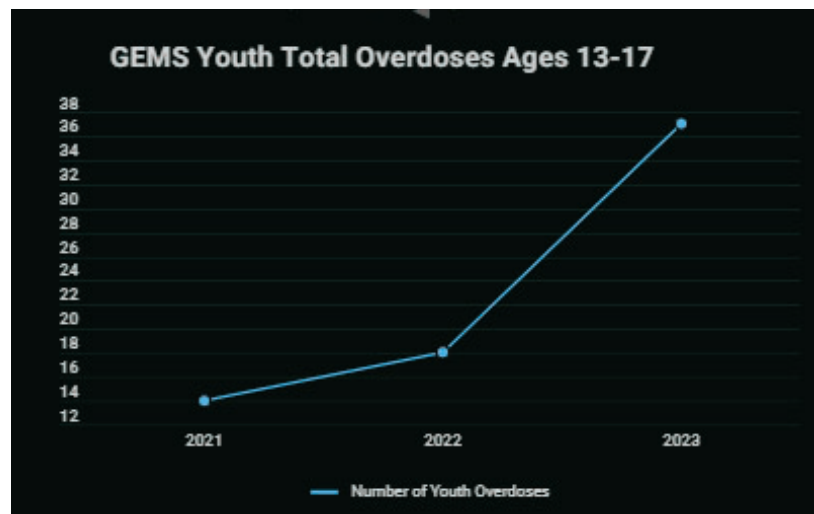
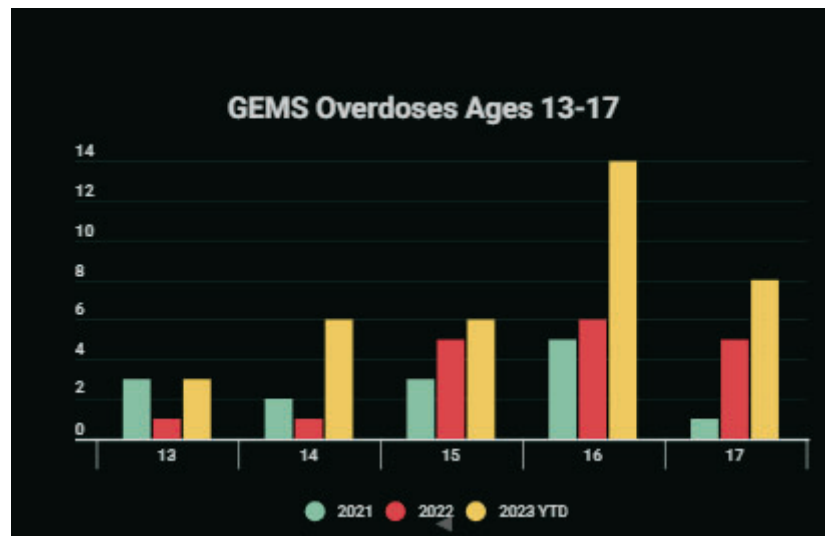
Compared to 2022

As compared to the deaths reviewed in 2022, the team observed:

- Males continue to represent a higher percentage of deaths compared to females with male deaths totaling 55% compared to females at 45%.
- There is a notable rise in deaths among both Black females and males increasing from 35% to 55%.
- Children under the age of one decreased from 74% to 55%, while ages 1-3 and 4-6 increased from 2% to 25%.
- Birth defects increased from 2% to 20% while the number of perinatal conditions remained the same.
- In 2022, infant sleep related death was listed as the number one cause of death representing 37% of deaths. In 2023, infant sleep related deaths have decreased significantly representing 10% of deaths.
- Gaston County saw a significant **decline** in infant sleep-related deaths in 2022. The team reviewed four such deaths, but only one occurred in 2022. For reference, there were fourteen infant sleep-related deaths in 2021.

Future Efforts

Gaston County is experiencing a significant increase in the number of youth overdoses. Three of these deaths are not included in this annual report data as they could not be reviewed due to pending criminal charges. The CCPT is working with the Opioid Settlement Team, the Controlled Substances Coalition, Partners, Gaston County Schools, and other community agencies on multiple strategies to enhance our community's system of care to protect children from overdose. The graphs below show the upward trend of youth overdoses from 2021 to 2023.



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 by:

Deborah Gullledge, JD, Gaston County District Attorney's Office
CCPT Co-chair

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

	Community Child Protection Team (CCPT)	Child Fatality Prevention Team (CFPT)
Director, Social Services	Angi Karchmer	Angi Karchmer
Social Services Employee	Melanie Lowrance, Co-chair	Melanie Lowrance
Local Law Enforcement	Brandon Broome, GPD	Brandon Broome, GPD
Attorney from DA's Office	Debbie Gulledge (Co-Chair)	Debbie Gulledge
Executive Director of Local Community Action Agency	Arin Farmer	Arin Farmer
School Superintendent or Designee	Shenice Bailey	Shenice Bailey
Social Services Board Member		Dr. Karen Melendez
Local Mental Health Professional	Dr. Karen Melendez	Dr. Karen Melendez
GAL Coordinator or Designee	Gerald Mack	Gerald Mack
Director, Public Health	Brittain Kenney	Brittain Kenney
Local Health Care Provider	Dr. Marty Baker	Dr. Marty Baker
EMS or Firefighter		Jamie McConnell (BOCC Appointment)
District Court Judge		The Honorable Ed Bogle
County Medical Examiner		Carol Pinkard
Local Child Care Facility or Head Start Representative (SS Director Appointment)		VACANT
Bereaved Parent		Dr. Ed Smith (BOCC Appointment)
Additional County Agency or Community Member	Billy Downey, GCPD (BOCC Appointment)	Billy Downey, GCPD (BOCC Appointment)
Additional County Agency or Community Member (BOCC Appointment)		Cheryl Hathaway (BOCC Appointment)
Additional County Agency or Community Member (BOCC Appointment)	Dr. Gina Ramsey (BOCC Appointment)	Dr. Gina Ramsey (BOCC Appointment)
Additional County Agency or Community Member (BOCC Appointment)	Payton Williams (BOCC Appointment)	Anna Trietley (BOCC Appointment)
Additional County Agency or Community Member (BOCC Appointment)	Dr. Malinda Lowery (BOCC Appointment)	VACANT (BOCC Appointment)
Review Coordinator	Catherine Oglesby	Catherine Oglesby
Non-Voting		
Stacey Bhalla, DHHS PH Brandon Broome, City Police Michael Carson, GCSD Brittany Childers, DHHS SS Dustin Gilbert, NC State Hwy Patrol Greg Grier, CSS Kimberly Hamm, DHHS PH Heather Kauffman, The Lighthouse CAC Karen Kmec, DHHS SS	Misty McDaniel, DHHS SS Brandon Miller, GEMS Jenny Niu, DHHS PH Tiyania Shands, DHHS SS Joe Shepherd, DHHS SS Ann Stroupe, DHHS PH Angela Swift, CaroMont Joy Tilley, Kintegra Calvin Vaughan, DHHS SS	Ashlyn Wadsworth, DHHS PH Holly Wall, Partners Rachel Washburn Dianna Whitman, DJJ Kia Wiggins, Kintegra Andrea Wyant, Hope United Matt Young, Gastonia Fire Dept