

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

**ANNUAL REPORT TO THE BOARD OF COUNTY COMMISSIONERS
February 2012**

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. The CCPT is not a Department of Social Services (DSS) 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 to help keep our children safe and healthy and our county opted to combine the CFPT with the existing CCPT. CFPT reviews all child fatalities of county resident children under the age of 18 that occurred in the previous year and searches for ways to prevent future fatalities.

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.

In addition, to meet the requirements of the CFPT, the following representatives should also serve on the team.

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

The policies of both teams, as well as GS 7B-1407(d), gives county commissioners the authority to appoint up to five additional members to represent various county agencies or the community

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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. Over the past ten years 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 are no time limits on the terms of the appointments.

The Rutherford County CCPT/CFPT meets on the second Tuesday of the first two months of each quarter in the Services Conference Room at the Department of Social Services at 389 Fairground Road Spindale, NC 28160. In 2011 meetings were held on February 8, April 12, May 10, July 12, August 9, October 11, and November 8. There was no meeting in January due to inclement weather. The first meeting of the quarter is dedicated to reviewing Child Protective Services cases and the second to the review of Child Fatalities.

In 1998 Community Child Protection Teams were designated as Citizen Review Panels as required by the federal Child Abuse and Prevention Treatment Act (CAPTA). The main focus of Citizen Review Panels is evaluating how child welfare policy established on a federal or state level impacts families and children on a local level. This legislation further requires that consumers of child welfare services be represented. In October 2007 local Community Child Protection Teams were notified that the Administration for Children & Families had determined that North Carolina’s CCPT must add certain components to the Program’s process to be in full compliance with the requirements of CAPTA, as well as the Keeping Children and Families Safe Act of 2003 and Citizen Review Panels (CRP).

In order to meet these federal requirements North Carolina developed six regional teams composed of one member from each county CCPT and up to five parent consumers from each region. Five of the teams were based on geographical location with emphasis placed on judicial districts; and two other teams (6a and 6b) were composed of CCPT members and consumers from urban counties. However, these regional teams were not successful and have dissolved. North Carolina state CCPT officials continue to determine the best approach to bring the state in full compliance with federal requirements.

Duties and responsibilities of the Community Child Protection Team include reviewing active cases in which abuse, neglect, or dependency was substantiated, and identifying where resources may be lacking or gaps and deficiencies in resources affect the outcome of the case. Cases may also be brought for review at the specific request of a team member or the department of social services.

The purpose of these reviews is to identify gaps and deficiencies in community resources; to advocate for system improvements and needed resources; 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.

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

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laws, rules, and policies that will support the safe and healthy development of children and prevent future child abuse, neglect and fatalities. This review also enables our county to strengthen multi-agency collaboration and communication.

Child Fatalities are reviewed approximately one year after the death occurs. The team reviewed five deaths during 2011 which were related to disease, accidents, SIDS, and prematurity. Parents of these children are never contacted and the deaths are reviewed in executive session.

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

Four Child Protective Service cases were reviewed by the team in 2011. The primary factors relating to abuse and neglect in these cases were substance abuse, both use and dealing; sexual abuse; lack of supervision; and domestic violence. During 2011, due to an increase in the number of cases that involved synthetic drugs, such as bath salts, the team sought out training and education in this area to aid them in the review of future cases.

At the October meeting Alexis Abney, a substance abuse counselor with Parkway Behavioral Health, presented a program entitled *Bath Salts and Other Synthetic Drugs*. The most common synthetic found in bath salts is methylenedioxypropylone, also called MDPV; others are mephedrone and derivatives of methcathinone, which is known as "Khat" and is structurally and pharmaceutically similar to methamphetamine. Bath salts, often sold at smoke shops and convenience stores, are very fine powder packaged in small round containers. Bath Salts can be smoked, snorted, or injected, causing hallucinations, paranoia, rapid heart rate and suicidal thoughts. Twenty-three states have banned bath salts and other synthetic drugs, including North Carolina whose ban became effective February 26, 2011. However, South Carolina has not banned these drugs, so as a border county, Rutherford County continues to see increased use of these substances.

As a result of cases reviewed during 2010 the team continued to advocate in 2011 for changes in the NC Sex Offender Registry. The team believes that there should be more leveling or categorizing of those on the registry. Currently the registry does not identify specific offenses and the severity of the offense cannot be evaluated. Changes could allow the department of social services to better assess risk to children and also provide information to better protect all children in the community. The team communicated with Senator Debbie Clary, who had indicated to the team willingness and interest in taking on this issue; which led to collaboration with Mr. Tom Vitaglione of Prevent Child Abuse North Carolina. It was determined that initiatives are underway that will lead to an in-depth study of this issue. A Joint Legislative Study Committee on Federal Sex Offender Registration and Notification Act Compliance was established to review sex offender issues, which could broaden into a study bill that will possibly address our team's concerns. As a result of a grant received by Prevent Child Abuse NC the NC Coalition on Child Sexual Abuse Prevention has been formed and notified of our team's interest.

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The team expects to be contacted by a representative from the coalition soon to garner our concerns and opinions.

The team was provided information and updates on several Senate bills impacting the safety of children presented during the 2011 legislative session. Senate Bill 354, which would have required phased-in replacement of traditional smoke alarms with tamper-resistant ten year lithium batteries in rental units, did not pass. Senate Bill 471 (Youth Skin Cancer Prevention Act) which would have raised the age at which a doctor's prescription is required for youth to use tanning beds from 13 to 18 also did not pass. Senate Bill 49, which makes the fine for speeding in a school zone equal to that of speeding in a construction zone (\$250), was signed by the governor on May 3, 2011.

In August several members of the CCPT/CFPT were involved in an intensive State Child Fatality Review. NCGS 143B-150.20 requires the state to conduct in-depth reviews of any child fatalities which involve children and families involved with the local departments of social services child protective services in the 12 months preceding the fatality. The purpose of these reviews is to implement a team approach to identifying factors which may have contributed to conditions leading to the fatality and to develop recommendations for improving coordination between local and State entities which might have avoided the threat of injury or fatality and to identify appropriate remedies. The team is facilitated by a state division of DSS representative, who briefed the team on the review in October 2010, but comprised of representatives of specific professions and other representatives from the local community. The local members include representatives of the local department 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. The team consisted of eight members, with all but two being members of the CCPT/CFPT. The final draft of the report, which will be a public document, has not been issued by the state at this time.

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 non-inclusive list of those persons that are required to report maltreatment and 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

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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. The team was able to be part of getting updated Safe Surrender brochures, as well as posters regarding Shaken Baby Syndrome, by collaborating with Rutherford/Polk Smart Start Partnership during 2011.

In April Mr. Jimmy Hines, Rutherford/Polk/McDowell District Health Director, spoke to the team about the county health ranking which had recently been released. Mr. Hines reminded the team that as a community we have to change our focus from disease and death to prevention; and that it takes the entire community to improve the health of our citizens. He noted that since 1900 the number of diseases and health problems has not changed drastically, but the way we react to them and the prevention and education put into place has made a positive difference in the outcome over the years. One of the biggest health problems in our community and across the country is childhood obesity. Children are not active enough, do not eat proper diets, and are engaged more in television and other media and technology outlets than in the past.

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. Over the past ten years 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 Commissioners review this list, make any recommendations for changes and for filling vacant positions and approve the membership for 2012.**

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 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

DSS Director:	John Carroll (CCPT Chairman)
Member of DSS Staff:	Lorie Horne (Social Work Program Manager)
Law Enforcement Officer:	Julie Green (Sheriff's Dept.) Jamie Keever (Sheriff's Dept.)
District Attorney's Office:	Ted Bell (Assistant DA)
Ex. Director of Community Action Agency:	Sherry Bright, (Family Resources) Becky Spencer, (Family Resources)
Superintendent of Schools or Designee:	Sarah Bradley (Rutherford County Schools)
DSS Board Member:	Julius Owens
Mental Health Professional:	Sheila Wilson (Western Highlands Network)
Guardian Ad Litem Coordinator or Designee:	Inez Spratt (Volunteer GAL)
Health Department:	Helen White (CFPT Chairperson)
Health Care Provider:	Dr. Jerald De La Garza (Rutherford Pediatrics)
*EMS:	Michael Keck
*District Court Judge:	Vacant
*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:	Jan Matthisen

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

Ms. Lanell Ramsey – Isothermal Planning and Development
Dr. Christian D. Burley, Local Chiropractic Physician; Chairman, Safe Kids of Rfd. County
Mrs. Karen Wittner

Recommended Members

Representative from Hispanic Population and Faith Community: Mrs. Gloria Contreras

DSS Attendees – Not Voting Members:

Ms. Angela Edwards, CPS Supervisor
Mrs. Mary Cole, CPS Supervisor
Mrs. Lynn Hoppes, CPS Supervisor
Mrs. Melanie Hunt, CPS Supervisor

Approved by the Rutherford County Board of County Commissioners on March 7, 2011

***Required for Child Fatality Prevention Team**

(Updated – 1/6/2012)

