

Overview

The Community Child Protection Team (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 (NCGS 7B-1406). CCPTs are North Carolina's response to the Child Abuse Prevention and Treatment Act (CAPTA) requirement to have "citizen review panels." CAPTA charges citizen review panels with the responsibility of 1) reviewing Child Protective Services (CPS) practices, policies, and procedures; 2) making public comment on the impact of CPS procedures and practices; and 3) recommending improvements to state and local CPS agencies.

Every county in NC has a local CCPT, some of which are merged with the local Child Fatality Review Team. The Chatham County CCPT typically meets quarterly on the first Friday of the month prior to the Child Fatality Review Team. The primary goals of the meetings in 2015-2016 have been to review complex CPS cases and screened out CPS reports and to address the priority areas identified in the 2015 CCPT Annual Report. Any team member may recommend a case to be reviewed, regardless of CPS involvement.

NCGS mandates that certain individuals serve on the CCPT. Additionally, the County Board of Commissioners has appointed five additional members to serve on the CCPT. Historically, the Chatham County CCPT has had more than five additional members committed to service on the team, which has provided broader representation for local organizations serving the needs of children and families in the county. The following individuals served on the Chatham CCPT in 2015-2016, with double asterisks denoting the state-mandated members and single asterisks denoting members appointed by the Board of Commissioners:

Jennie Kristiansen, Director, CCDSS, Chair **

Shayna Williams, CPS Supervisor, CCDSS Vice Chair

Layton Long, Director, Chatham County Health Department**

Kayley Taber, Assistant District Attorney**

Tracy Fowler, Director of Student Services, Chatham County Schools**

Dianne Birch, Chatham County Board of Social Services**

Cindy Bucy, Cardinal Innovations and Healthcare Solutions**

Nikki Siler, Program Supervisor, Guardian ad Litem Program District 15-B**

Dr. Susan Pitts, Pediatrician, Moncure Health Clinic**

Kimberly Hughes, Chatham County Sheriff's Office **

Carmen Coley, Coordinator, Chatham County Child Victim Services*

Genevieve Megginson, Executive Director, Chatham County Partnership for Children*

Shirille Lee, Communities in Schools of Chatham County*

Deborah Flowers, UNC Beacon Program*

Karla Siu, El Futuro*

Lara Kehle, Kidscope

Zach Deaton, Chatham County Health Department

Caitlin Clay, CPS Supervisor, Chatham County Department of Social Services

Cim Brailer, Program Administrator, Chatham County Department of Social Services

Children and Families in Chatham County

Demographics

Chatham County has a number of strengths in terms of overall economic indicators; however, many of these indicators overshadow significant disparities across the county. For families, the median household income is \$57,140¹, and according to the NC Department of Commerce, Chatham County had the second lowest unemployment rate in the state (4.2%) in March 2016.² For workers over the age of 25, 36.2% had a four year degree³ compared to 27.8% for the state as a whole.⁴ At the same time Chatham faces a number of challenges, including that 14% of adults and 23% of children live in poverty.⁵ There are over 9,000 people (14% of the population) without health insurance.⁶ Of the 4700 renters in the county, 40% spend 35% or more of their monthly income on rent.⁷ In the Matthews Township (which encompasses Siler City), median household income drops by \$18,685 per year (to \$38,455).⁸ For single parent families across the county, median annual income drops to \$29,341 and \$26,606 (for male and female headed households respectively).⁹ According to the Massachusetts Institute of Technology living wage calculator, a single parent with two children in Chatham County needs to earn \$55, 143 before taxes to support their family.¹⁰ Poverty disproportionately impacts children and families who

are African-American and Latino. Specifically, 20% of African American people and 40% of Hispanic or Latino families live in poverty compared to 12% of the white population.¹¹

Child Protection

In 2015, 611 reports of child abuse, neglect, and dependency were made to the Chatham County Department of Social Services. On average 75 children were in foster care, including 10 available for adoption. Of those children available for adoption, only three did not have identified adoptive families.

Access to Mental Health, Substance Abuse, Intellectual/Developmental Disabilities

Cardinal Innovations and Healthcare Solutions, the Managed Care Organization (MCO) that manages Medicaid behavioral health funding for Chatham County, gathers data annually on services provided for mental health, substance abuse, and intellectual/developmental disabilities. While treatment numbers have remained similar between FY 15 and FY 16, there had been a slight drop in the Medicaid penetration rate (i.e. % of people eligible for Medicaid who received some form of service or treatment) from 13.9% in FY 13 to 12.3% in FY 15 (no data for FY 16). There was a 62% decrease from FY 15 to FY 16 in the number of children/youth receiving Intensive In-Home Services, an in-home model requiring at least one licensed clinician working with the family. There was a substantial increase in number of members served by facility based crisis (28% increase) while there was a 55% decrease in utilization of mobile crisis. The decrease in mobile crisis utilization may be related to a change in service definition that no longer allows for it to be provided through a hospital emergency department.

Case Reviews

During fiscal year 2016, six cases involving thirteen children were reviewed. Many of the cases reviewed represented very complex family situations and were specifically selected because of the difficulties faced in improving outcomes for the families. In an effort to bring attention to strengths that existed within the community, time was also spent reviewing cases where child welfare involvement had been more limited. Goals for case review included identifying gaps in service provision and making recommendations for system change as well as providing input to DSS social workers regarding specific courses of action to help children and parents. All of the cases reviewed had significant Child Protective Services history with an average of six CPS reports per family (range was 1 prior report to 12 prior reports). Most parents had either had children placed in DSS custody on more than one occasion or had lost custody of children born after older siblings had been removed from the home.

The following needs/problems/issues were identified:

- In five of the families reviewed, at least one parent had also experienced abuse or neglect as a child.
- In five families, domestic violence was a problem. In two of the families, domestic violence involved law enforcement.
- In five families, one or both parents had identified substance abuse disorders involving inpatient or outpatient treatment. In two families, children had been sexually abused.
- In four of the families, there was at least one child under the age of 5 (5 children total). Two were already linked with high quality childcare and two were linked after CPS involvement. Of these, 3 families had participated in Incredible Years or other parenting services. In most of the families, there was a lack of social support that negatively impacted the family. In two families there was at least one supportive relative/kin who served as a placement provider for the children.
- In four families, children had identified mental health and/or development delays.

CCPT Annual Survey

Each local CCPT is required to submit an annual survey. This survey was distributed electronically to all CCPT members and responses were collected and compiled for the county report. The survey items focused on the following topics:

- Criteria and contributory factors for selecting case reviews
- Types of records and information used in case reviews
- Issues identified during case reviews (e.g. mental health, substance use, and developmental disabilities services) for children and adults
- Problems affecting access to services (e.g. lack of affordable services, transportation, lack of knowledge)
- Local input regarding NC CCPT Advisory Board recommendations including openness to receiving peer mentoring, CCPT involvement in encouraging use of Child and Family Team (CFT) meetings, capacity to work with the local DSS to improve child welfare, and willingness to piloting a tool to track case reviews on a local level

Recommendations

The following recommendations were identified in the 2015 report using information collected during case reviews and through the annual survey. During fiscal year 2016, work has been done to address these recommendations. A description of each and the progress made over the past year are described below.

1. **Develop stronger child abuse and neglect prevention programs in Chatham County.**

At this time, there is limited child abuse prevention programming in the county. Incredible Years, an evidenced-based parenting curriculum proven to reduce risk of child abuse and neglect, is a primary child abuse prevention tool used in the county. Unfortunately, this program has been only offered one time a year, in English and Spanish, to sixteen families per class whose children are between ages three and six. Family Violence and Rape Crisis (FVRC) also offers a school based program for fourth graders and the YMCA sponsors the Stewards of Children initiative that educates the community about child sexual abuse. In addition, DSS offers services on a voluntary basis when requested by a parent; however, this program is very small.

Progress during fiscal year 2016: In addition to the above mentioned programs, Cardinal Innovations funded the training of two professionals in the community (Monica Hadley at DSS and Lara Kehle from Chapel Hill Training and Outreach) to provide Incredible Years Baby, a curriculum for expecting parents and children under 9 months old. DSS funding was allocated to implement this program in Spring 2016 and 11 parents have participated in the program (6 of whom are anticipated to complete the program). Also, the Department of Social Services reallocated resources to expand outreach to parents after a Child Protective Services report has indicated that the family may benefit from additional support but where the concern did not rise to the level of an accepted report of abuse, neglect or dependency.

2. Expand parenting programming for all parents.

Prior to 2016, there has been only one evidenced-based parenting curriculum offered each year, and many parents have no options available to them. Also, it is not designed for parents who are not actively parenting their children, so parents whose children are in foster care are not eligible. Several community organizations have the potential to offer expanded services with modest additional funding. It is critical that these services be of high quality, using evidenced-based or evidenced-informed practices.

Progress during fiscal year 2016: In addition to the new Incredible Years Program described above, Cardinal Innovations also funded the training of a group of community professionals in the Strengthening Families Curriculum, an evidenced based curriculum. Professionals trained represent a number of community organizations including El Futuro, Communities in Schools, and DSS. The first program was implemented in Spring 2016 at The Learning Trail. This represented a collaboration of The Learning Trail, El Futuro, Communities in Schools and UNC. Six families completed this program. Goals for the upcoming year include sustaining these efforts and beginning to plan for future programming that addresses other gaps in parenting services.

3. Maintain and enhance our current trauma-informed child welfare system.

During 2014 all child welfare social work staff completed four days of education and training regarding trauma-informed best practices in child welfare. One of the barriers to maintaining and growing this system, however, is ensuring that new staff members have the same educational opportunities and that there are adequate mental health services for children and adults exhibiting post-traumatic stress symptomology. A goal for 2015 includes implementing trauma screening in 100% of CPS referrals and expanding education and training for foster and adoptive parents around parenting children who have been exposed to violence, abuse and other traumatic experiences.

Progress during Fiscal Year 2016: The Department of Social Services began screening all children (approximately 250 children from September through April) in families where there has been a Child Protective Services Assessment or Investigation. A Resource Parent Curriculum designed to educate foster parents about the impacts of trauma on the children they are caring for has also been implemented. In the upcoming year, the goal is to provide this programming to all foster parents and to invite therapeutic foster parents (who are licensed by private agencies) serving children and youth in the custody of Chatham County DSS.

4. Build a sustainable model of mental health treatment in Chatham County that maintains a safety net provider and provides high quality evidenced-based mental health and substance abuse services to children, youth, and adults.

Chatham County has had five different assigned safety net providers over the past nine years, which has created an environment of transition resulting in the loss of clients. Individuals covered by Medicaid have turned to competing providers due to instability and inconsistency from the safety net providers, and this takes away a potential major revenue stream from the providers.

Therapist turnover has also been a problem. This has had a negative impact on clients receiving mandated services through DSS and the court system because they have had to “start over” with a new therapist several times.

Finally, Chatham County has limited mental health services for children under 5. There are occasions when children under five have significant mental health needs, particularly after experiencing abuse and neglect. They are at risk for poor outcomes that lead to increased costs through the school system, mental health system, and DSS if age-appropriate quality services are not available.

Progress during Fiscal Year 2016: Collaborative work has been done throughout the year with county agencies, Cardinal Innovations, and Trinity Behavioral Health to establish referral and communication protocols and to address service gaps. This work is ongoing and will be

important in the upcoming year as the number of clients served by the safety net provider continues to be low.

5. Increase our capacity to serve Spanish speaking families.

Chatham County has few Spanish-speaking mental health providers. El Futuro, a non-profit mental health agency, provides mental health services in Spanish, including psychiatry, but its funding has been cut in recent years and there is typically a waiting list for services. There are a few Spanish speaking clinicians serving the county, however enhanced services (e.g., intensive in-home and psychiatry) are severely limited. There are no providers who can conduct psychological evaluations or assessments in Spanish.

Progress During Fiscal Year 2016: As mentioned above, the first Strengthening Families curriculum was offered this year in Spanish, however, there continue to be gaps in services that negatively impact Spanish speaking families.

Additional Recommendation for 2016

Like many communities across the country, Chatham County is facing an increase in opioid and heroin substance abuse and fatalities. During the upcoming year, this will be an area that the Community Child Protection Team plans to explore in more detail, better determining impacts and recommendations for addressing the problem.

Conclusions

Our local CCPT has a number of strengths including strong attendance and representation from community agencies. Members are actively engaged and are participatory during case reviews, providing needed input to the social workers providing direct services to families. Child abuse and neglect are community wide problems and a number of system-level changes are needed to improve the safety net for some of our most vulnerable families and children. Many of the recommendations outlined in this report are attainable and we look forward to the opportunity to continue serving the community in the upcoming year so that these goals can be realized.

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