

Community Child Protection Team 2018 Annual Report

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 to 1) review Child Protective Services (CPS) practices, policies, and procedures; 2) make public comment on the impact of CPS procedures and practices; and 3) recommend improvements to state and local CPS agencies.

Every county in NC has a local CCPT, many of which are merged with the local Child Fatality Prevention Team. The Chatham County CCPT and CFPT merged in 2018 and meet jointly every quarter on the first Friday of the month prior to the Child Fatality Prevention Team. The primary goals of the meetings in 2018 were to review complex CPS cases and to work toward addressing the priority areas identified in the 2017 CCPT Annual Report. Any team member may recommend a case to be reviewed by CCPT, 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. The following individuals served on the Chatham CCPT in 2018, with double asterisks denoting the state-mandated members and single asterisks denoting members appointed by the Board of Commissioners:

Jennie Kristiansen, Director, CCDSS, Co-Chair of combined team**

Layton Long, Director, Chatham County Health Department, Co-Chair of combined team**

Kayley Taber, Assistant District Attorney**

Marcella Trageser, Assistant District Attorney**

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

Thomas Droke, Chatham County Board of Social Services**

Jessica Maas Jurek, Cardinal Innovations Healthcare**

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

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

Kimberly Hughes, Chatham County Sheriff's Office **

Scott Meulendyke, Chatham County Sheriff's Office **

Rodney West, Chatham County Sheriff's Office **

Anne Chapman, Coordinator, Chatham County Child Victim Services

Shirille Lee, Communities in Schools Chatham County*

Deborah Flowers, UNC Beacon Program*

Natasha Elliott, Central Carolina Community Action Agency **

Anne Chapman, Coordinator, Chatham County Victim Services*

Amber Barnett, Center Director, Daymark Recovery Services*

Dr. Luke Smith (or designee), Medical Director, El Futuro*

Della Richardson, Telamon Head Start**

Shayna Williams, Supervisor, Chatham County Department of Social Services

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

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

Children and Families in Chatham County

Given the CCPT's charge to promote a community wide approach to child abuse and neglect, information is included on factors that affect the well-being of children and families including county demographics, child protection, and access to behavioral healthcare.

Demographics

Chatham County has a number of strengths in terms of overall economic indicators that are beneficial for families; however, many of these indicators overshadow significant disparities across the county. For families, the median household income is \$59,684¹, and according to the NC Department of Commerce, Chatham County is ranked among the eleven counties with the lowest unemployment rates in the state (3.6%) in March 2019.² For workers over the age of 25, 40% had a four year degree³ compared to 29.9% for the state as a whole.⁴ At the same time Chatham faces a number of challenges, including that 11.4% of adults and 20.8% of children live

in poverty.⁵ In Siler City, median household income is 54% (\$27,124) less per year than the county median income⁵ increase over the previous year .⁶ Approximately 10,400 people (14.2% of the population) without health insurance.⁷ Of the 5400 renters in the county, 34.7% spend 35% or more of their monthly income on rent.⁸ According to the Massachusetts Institute of Technology living wage calculator, a single parent with two children in Chatham County needs to earn \$59,924 before taxes to support their family.⁹ Poverty disproportionately impacts children and families who are African-American and Latino. Specifically, 21% of African American people and 32% of Hispanic or Latino families live in poverty compared to 11% of the white population.¹⁰

Child Protection

In 2018, 400 reports of child abuse, neglect, and dependency were made to the Chatham County Department of Social Services. On average 87 children were in foster care each month, including 16 available for adoption. Of those children available for adoption, nine children did not have identified adoptive families. Of the 239 CPS reports that were investigated in 2018, 36% involved allegations of substance use. Marijuana use was most frequently identified (24%) followed by opiates (22%). In most of the families where opiate use was identified, parents were using other illegal substances as well.

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

Cardinal Innovations Healthcare, 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. In comparing FY 17 to FY 18, there was a slight drop (3.5%) in outpatient service utilization and an increase in inpatient utilization (7%). Utilization of Psychiatric Residential Treatment facilities for youth increased by one youth to 12. Enhanced services like Intensive In-Home Services, an in-home model requiring at least one licensed clinician working with the family increased by approximately 25% while another enhanced service, Multi-systemic Therapy decreased by 45% (9 youth to 5 youth). Mobile crisis utilization dropped by 24%.

Case Reviews

During 2018, 8 cases involving 27 children were reviewed. The cases selected for review represented very complex family situations and were specifically selected because of the difficulties faced in improving outcomes for the families. 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. Seven cases reviewed had Child Protective Services history with the number of prior reports ranging from 2-16.

The following needs/problems/issues were identified:

- In all families, there was at least one parent with a criminal history. In 4 cases this involved a prison sentence.
- In 7 families, there was a history of domestic violence involving law enforcement.
- In 7 families, one or both parents had identified substance use disorders involving inpatient or outpatient treatment.
- In 4 families, there was at least one child age five or younger. Two were linked with quality childcare and two were in process of being connected with quality childcare.
- In all families, there were supportive family members involved and in most cases, children were placed with family or kin.
- In 7 families, children had identified mental health diagnoses or Intellectual/Developmental Disabilities. Two youth had Juvenile Justice involvement and one had experienced multiple inpatient hospitalizations. There were sexual abuse allegations in 2 families.

CCPT Annual Survey

Each local CCPT is required to submit an annual survey. This survey was distributed electronically to CCPT members. 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
- Engagement with family and youth partners
- 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 included parenting supports for children with mental health and substance use disorders, increasing supports for extended family members/kin raising children, and appropriate education and dialogue regarding birth control options.

Recommendations

The CCPT endorsed the following recommendations for 2017 and maintain the same recommendations for 2018 based on information collected during case reviews and through the annual survey.

1. Develop stronger child abuse and neglect prevention programs in Chatham County including parenting programming.

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. The YMCA sponsors the Stewards of Children initiative that educates the community about child sexual abuse. The Chatham County Victim Services Coordinator provides child abuse education to all kindergarten and fourth grade students in the Chatham County Schools using the Think First Stay Safe curriculum. Expansion of this curriculum is being considered to include a parent component and also providing this education to younger children. Finally, DSS offers services on a voluntary basis when requested by a parent; however, this program is small. The Family First Prevention Services Act will likely provide additional federal IV-E funding for child abuse prevention efforts in the upcoming years.

2. Identify opportunities to expand community wide knowledge and appropriate treatment for children exposed to trauma and other Adverse Childhood Experiences (ACES). Maintain existing efforts including screening of children who are child welfare involved and educating foster parents on the impacts of trauma.

In previous years, the CCPT has allocated time to studying ACES (Adverse Childhood Experiences Study) including viewing the documentary, *Resilience* and learning about Prevent Child Abuse NC's Protective Factors Training. The Chatham County Local Interagency Coordinating Council now also sponsors regular community wide screenings of Resiliency in an effort to spread community knowledge about the impacts of adverse childhood experiences. The Department of Social Services has maintained trauma screening of all children who are part of a Child Protective Services Assessment or Investigation. Children are also screened every six months while in foster care. 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. The goal is to provide this programming annually to all foster parents including therapeutic foster parents (who are licensed by private agencies) serving children and youth in the custody of Chatham County DSS.

3. Strengthen the array 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 six different assigned safety net providers in a ten year period, which contributed to an environment of transition resulting in the reduction in people seeking mental health and substance use disorder treatment. Daymark began serving Chatham County in 2017, providing outpatient mental health treatment, substance abuse treatment, and psychiatry to residents regardless of insurance.

Therapist turnover and limited services for children under age 5 have continued to be problematic. 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. One of the few resources available is Chatham Childcare Behavior Consultation (CCBC). This program serves children at risk of being removed from childcare settings due to challenging behaviors, often stemming from developmental delays or emotional problems. Services include support for policy and practice changes, capacity building for staff and family members, observation of children and classroom environments, and intervention with caregivers. Approximately 40 children are served per year.

Daymark Recovery Services is in the second year of providing services in Chatham County as the Comprehensive Community Clinic. On average, 70 people per month have been seen through walk in services (slight decrease from 77 last year). Of those, on average 48 per month were identified as urgent (increase of 9 from last year) and 2 per month as emergent (no change from last year). For fiscal year 2017-2018, 7706 services were provided to 745 individuals. The majority of people live in either Siler City (399) or Pittsboro (110).

4. Increase 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. Demand for services has been high and there has been a waiting list. El Futuro recently opened a new location in Chatham County and have implemented a walk in model that has shown to improve access when used at other sites.

Conclusions

The newly merged Community Child Protection Team- Child Fatality Prevention Team has a number of strengths including regular 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. The team identified areas for study for 2019 to include education on family planning and tobacco usage. The next two years will bring a number of changes to the prevention service availability through the implementation of Family First Prevention Services Act and the CCPT-CFPT will play a role in the local response to these changes. It is anticipated that these changes will align with several of recommendations made by CCPT-CFPT. The combined team looks forward to the opportunity to continue serving the community in the upcoming year so that these goals can be realized.

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