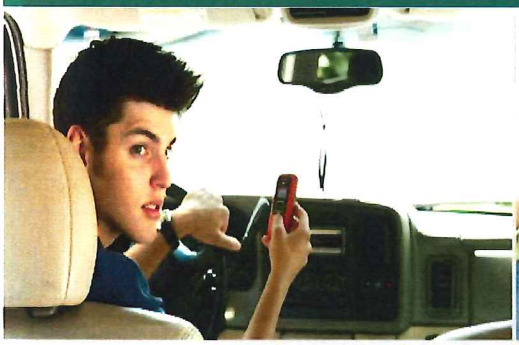
Mecklenburg County Community Child Fatality Prevention and Protection Team (CFPPT)

CFPT
The Child Fatality Prevention Team
Learning From Our Past To Protect Their Future

2019 Annual Report to the Board of County Commissioners




Mecklenburg County

Infant and Child Deaths Age 0 to 17 Years
Mecklenburg County
N= 110
2017

InFant and Child Fatalities

The Mecklenburg County Child Fatality Prevention and Protection Team (CFPPT) advocates for ways to improve best practices within our local systems of care and enhance the way we serve children and families providing a framework for reducing the burden of childhood injuries.

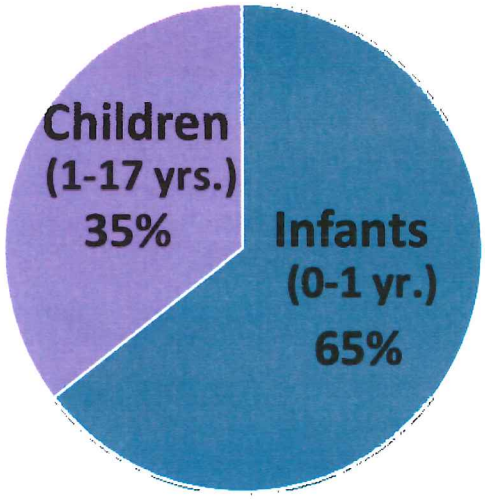
2017 Quick Facts:

- 110 child deaths: 65% (71) were infants < 1 year, and 35% (39) were children age 1-17 years.
- Males accounted for 54% (59) and females 46% (51) of all child deaths.
- Children aged 1-4 years comprised 33% (13) and youth age 15-17 represented 26% (10) of all child deaths.

Infants (0-1yr)

Infants are the largest category of child deaths. The 2017 infant mortality rate (IMR) was 4.8 deaths per 1,000 live births. This was lower than the state rate of 7.1 per 1,000 and a 31% decrease from 7.0 per 1,000 in 2016. Infants are more likely to die within the first month of life also called the neonatal period. Deaths within this period were two times higher compared to deaths in the post-neonatal period of 1 month to a year. While the majority of infant deaths are due to natural causes, accidental suffocation during sleep contributes to injury-related deaths each year.

- Of the 71 infant deaths, 79% (56) were natural, 7% (5) were injury-related, and 14% (10) were Undetermined.

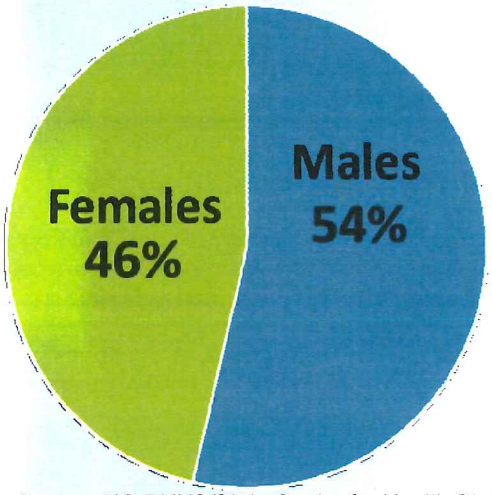


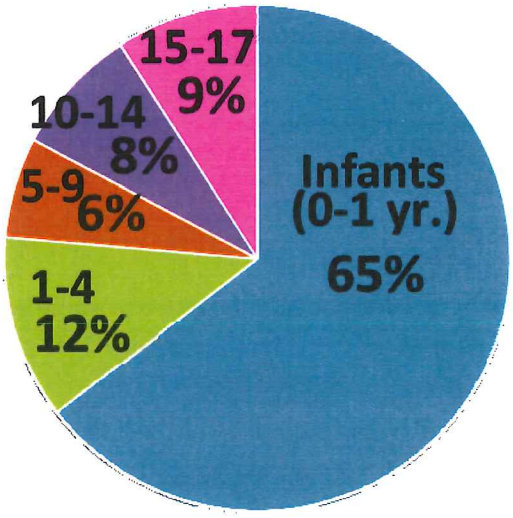
Children (1-17)

Each year children aged 1 to 17 years comprise 30% or greater of child deaths. Deaths among younger children versus older children fluctuate from year to year but are largely influenced by unintentional and intentional injuries. Children die of injuries at a higher rate than infants.

- Of the 39 child deaths, 51% (20) were injury-related.
- Children age 1-9 years accounted for the largest amount deaths with the majority being injury-related.
- Children age10-17 years accounted for 49% (19) of all child death and roughly half were injury

Infant and Child Deaths by Gender and Age Group
Mecklenburg County
N= 110
2017





Source: NC DHHS/State Center for Health Statistics 2017

2019 CFPPT Annual Report

Causes of Infant and Child Death

How are infants and children in Mecklenburg County dying?

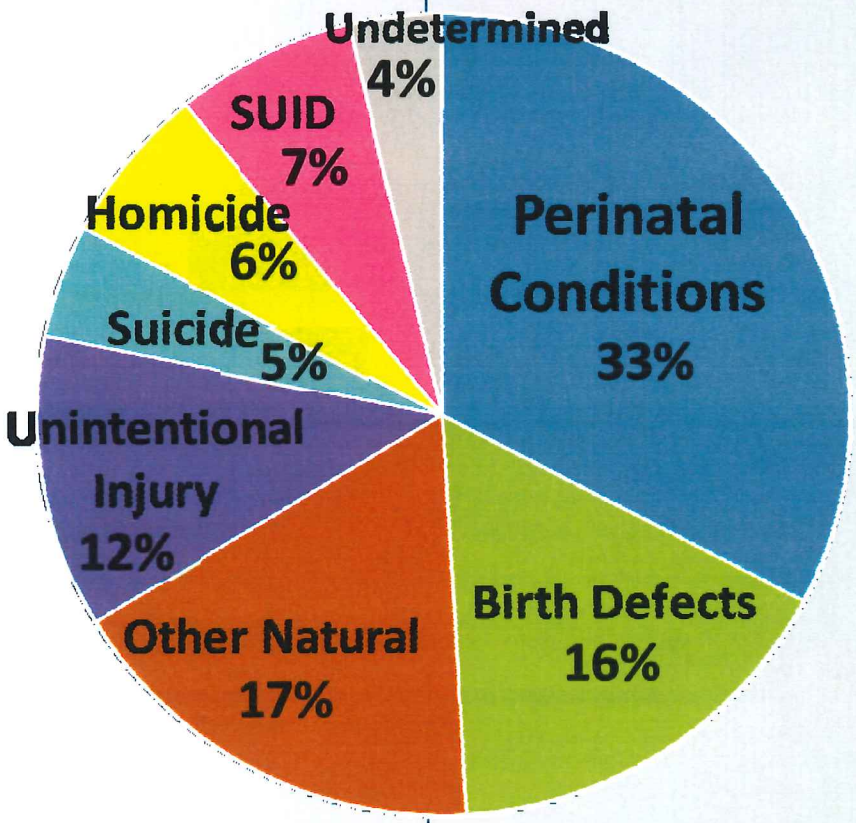
INFANT & CHILD DEATHS (0-17)

Infant and child deaths are largely due to natural causes. These deaths are not considered preventable due to complex pathways involving social, behavioral, and health risk factors, that intersect with social determinants of health to affect birth and health outcomes.

Perinatal conditions are causes resulting from conditions during pregnancy. Adverse birth outcomes such as Prematurity and Low Birth Weight are the largest contributing factors among perinatal causes. Birth defects occur during conception leading to disabilities and ongoing chronic health issues. Other natural deaths include causes such as cancer, infections, and disorders of the body systems.

Sudden Unexpected Infant Deaths (SUID) occur during sleep among infants unexpectedly, and are reported as one of three types: Sudden Infant Death Syndrome (SIDS), Undetermined, or Accidental Suffocation. These are often referred to as "Safe Sleep" deaths.

All Infant and Child Deaths by Cause
N = 110
2017



Undetermined deaths that are not sleep-related, usually result from unknown birth defects or illnesses.

Homicide, Suicide, and Unintentional Injuries represent 23% of deaths that were ***preventable.***

Source: NC DHHS/State Center for Health Statistics 2017

2019 CFPPT Annual Report

Infant and Child Deaths 2017

How are infants and children in Mecklenburg County dying?

INFANT & CHILD DEATHS (0-17)

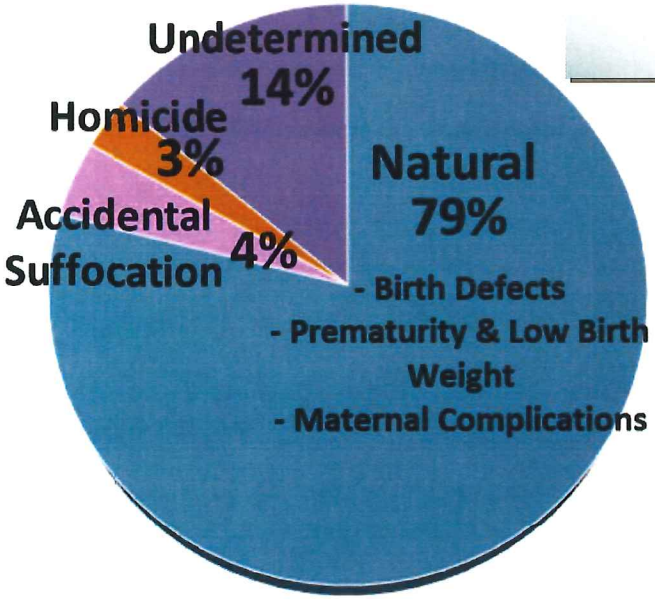
Injuries are the leading cause of ***preventable*** death among children under 18 years of age. Injury strikes heaviest among our younger population resulting in the most potential years of life lost due to death or disability.

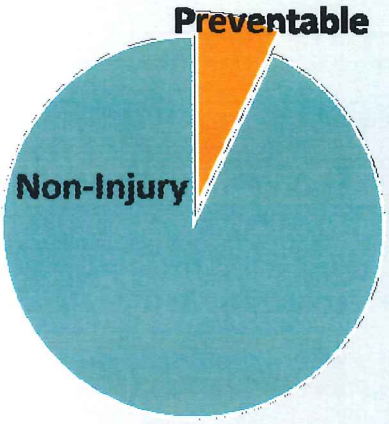
While the leading causes of infant death are predominantly non-injury related, injury deaths occur annually from accidental suffocation during sleep. These deaths are unintentional injuries but preventable.

While children age 1- 17 years accounted for 35% of all child deaths overall, ***injury-related deaths among children accounted for 80% of all preventable deaths***.

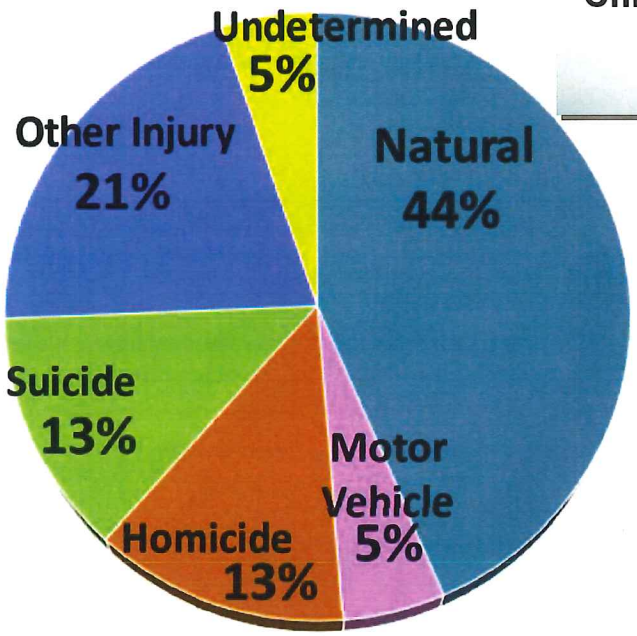
The larger pie highlights the difference in causes of death between infants and children. The smaller pie charts show what portion of those deaths are preventable versus non-injury. For example, if we successfully prevented five injury deaths among infants, the infant mortality rate would have been 4.5 deaths per 1,000 births. Preventing 20 deaths among children would have saved over half of the children who died.

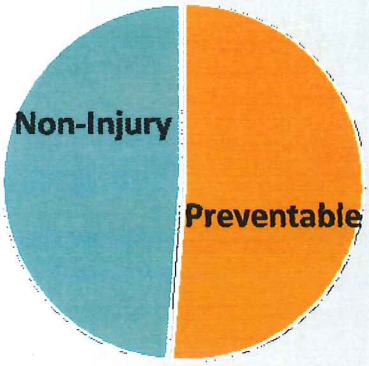
Infant Deaths (<1 yr.) by Cause
N= 71
2017





Child Deaths (1-17) by Cause
N= 39
2017





Source: NC DHHS/State Center for Health Statistics 2017

Mecklenburg County

Of the 110 infant and child deaths in 2017, 23% were caused by preventable injuries

Preventable Deaths

Each year in the US, an estimated 8.7 million children and teens from birth to age 19 are treated in emergency departments (EDs) for unintentional injuries and more than 9,000 die as a result of their injuries (CDC).

In 2017, 23% (25) of all child fatalities were ***preventable***. Of these deaths, 20% (5) occurred among infants and 80% (20) occurred among children age 1 to 17 years.

While tragic, many injuries are predictable and preventable. Males are at higher risk for injury deaths than females. Infants are injured most often by suffocation. Toddlers most frequently drown or get into medications and chemicals. As age increases, children become more vulnerable to traffic injuries and health behaviors that can increase their risk of death. Suicide dominates among teens.

Poverty, young maternal age, single parent households, and low maternal educational attainment all confer risk and make children more vulnerable to injury. In addition, exposure to violence leads to physical, mental, and or emotional health problems throughout the rest of their lives.

Unintentional Injury

Unintentional Injury consists of : 1) Motor Vehicle Injuries, and 2) All Other Unintentional Injuries.

In 2017 there were 13 deaths due to unintentional injuries. Of the 13 deaths, 23% (3) occurred among infants as a result of suffocation and 77% (10) occurred among children: 2 motor vehicle, 4 drowning, 2 accidental poisonings, 1 crush injury, and 1 inhalation/choking injury.

Intentional Injury

Intentional Injury consists of Homicide and Suicide.

In 2017 there were 12 deaths due to intentional injuries. Of the 12 deaths, 17% (2) occurred among infants as a result of homicide by a caregiver and 83% (10) occurred among children:

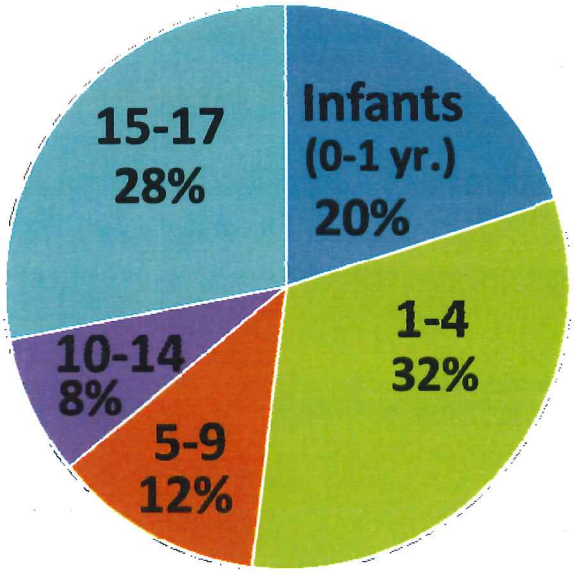
Suicide

There were 5 teen suicides ranging in age from 12 to 17 years.

Homicide

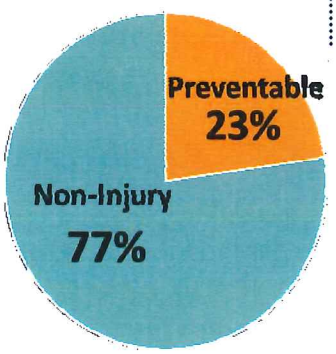
There were 7 homicides ranging in age from 3 months to 17 years.

Preventable Deaths by Age Group
Mecklenburg County
N= 25
2017



Child Abuse (0-17 years)

Child maltreat is the direct result of violence against a child at the hand of a caregiver. In 2017, physical abuse resulted in four deaths: 2 infants and 2 children under the age of four.



A combination of individual, relational, community, and societal factors have been linked to the risk of child abuse and neglect. Some of largest risk factors are: child less 4 years of age, parental history of exposure to violence, presence of violence in the home such as intimate partner violence, substance abuse and/or mental health issues, and non-biological, transient caregivers in the home (CDC).

The pie chart to left shows what proportion of all child deaths are preventable.

Source: NC DHHS/State Center for Health Statistics 2017

Leading Causes of Infant & Child Death

Race and Ethnicity

Similar to diseases, mortality can show a very different picture by race and ethnicity. African American children are disproportionately represented in all aspects of child fatalities.

- Of the 110 child deaths, 27% were White , 55% were African American , 13% were Hispanic, and 5% were Other Non-Hispanic.

The two charts below demonstrate the differences among the race and ethnic groups for preventable deaths and all child deaths.

Of the 71 infants who died in 2017, 58% (41) were African American, 23% (16) were White, 4% (3) were Asian, and 15% (11) were Hispanic.

Of the 39 children who died in 2017, 49% (19) were African American, 36% (14) were White, 8% (3) were Other Non-White, and 4% (3) were Hispanic.

2017 Leading Causes of Death by Age Group Mecklenburg County (0 to 17 years)

Infants (<1 yr.)*
- Prematurity & LBW
- Birth Defects
- SUID: sleep-related deaths

Ages 1-4 yrs.
- Unintentional Injury
- Homicides
- Birth Defects

Ages 5-9 yrs.
- Unintentional Injury
- Birth Defects

Ages 10-14 yrs.
- Birth Defects
- Suicide
- Homicide

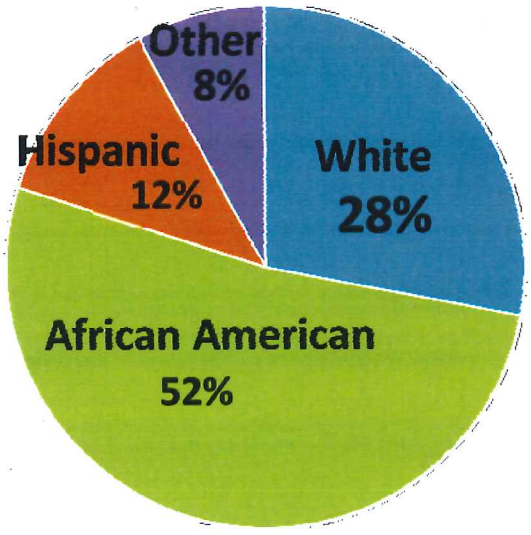
Ages 15-17 yrs.
- Suicide
- Homicide

Total Ages 1-17 yrs.
- Unintentional Injury
- Homicide
- Suicide

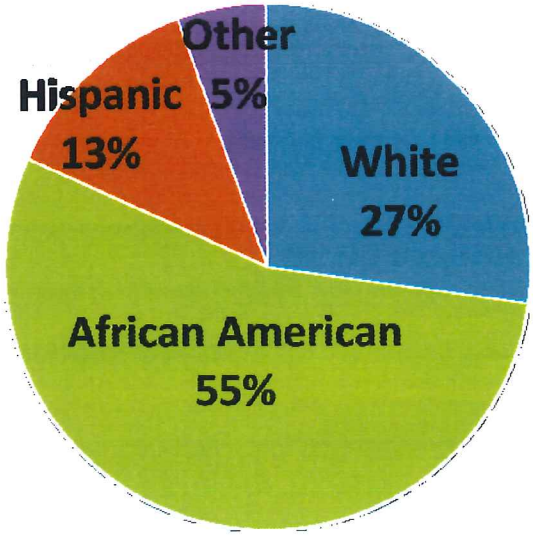
**Leading causes of death for infants are different than children. It is important for them to be analyzed and listed separately.*

African American children are more likely to die as infants compared to Whites and Hispanics. White children were more likely to die at 10 years old and older. Since leading causes of death for infants are different than children, a closer look at the causes by race and ethnicity are needed.

Preventable Deaths by Race and Ethnicity
N = 25
2017

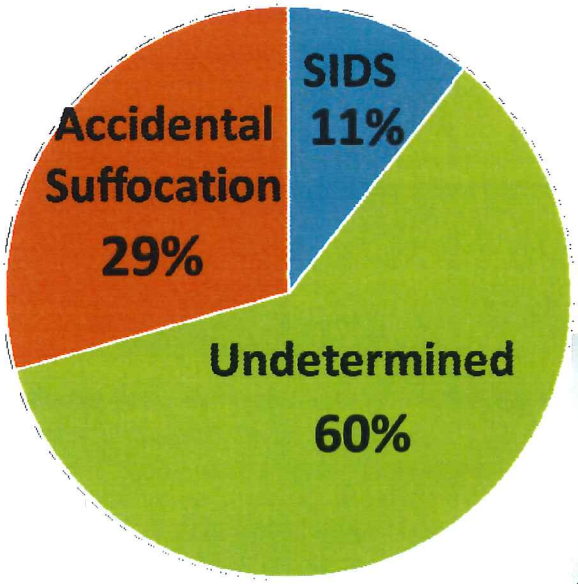


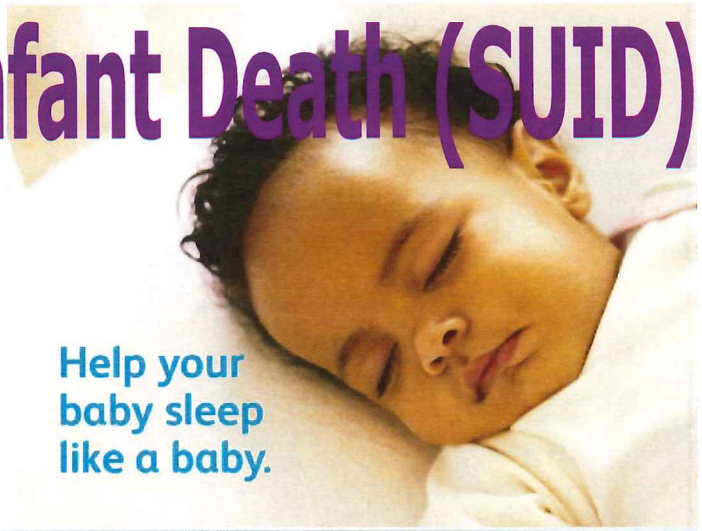
All Infant and Child Deaths by Race and Ethnicity
N = 110
2017



Source: NC DHHS/State Center for Health Statistics 2017

Sudden Unexpected Infant Death (SUID)





Sudden Unexpected Infant Death (SUID) by Type Among Infants (< 1 year) Mecklenburg County *2011-2017*

Sudden Unexpected Infant Death (SUID)

SUID is a term used to describe the sudden and unexpected death of a baby < 1 year in which the cause was not obvious before investigation. These deaths often occur during sleep or in the baby's sleep area.

Sudden unexpected infant deaths include sudden infant death syndrome (SIDS), accidental suffocation in a sleeping environment, and other deaths during sleep from unknown causes.

SIDS: Cause unknown, occurs during sleep, infants 1-4 months of age at highest risk.

Accidental Suffocation: Injury-related during sleep and ***preventable***.

Undetermined/Unknown: share risk factors for SIDS and accidental suffocation but suffocation cannot be excluded.

2017 SUID Sleep-Related Fatalities

From 2011-2017, there have been 75 SUID deaths in Mecklenburg County. Of these 29% (22) were preventable. Accidental Suffocation is leading cause of injury death among infants.

Total SUID Deaths 2017	N=13	100%
Type		
Sudden Infant Death Syndrome (SIDS)	0	0%
Accidental Suffocation	3	23%
Undetermined	10	77%
Gender		
Male	7	54%
Female	6	46%
Race and Ethnicity		
White non-Hispanic	2	15%
Black non-Hispanic	8	62%
Hispanic	3	23%
Infant Age (< 1 year)		
0 to 4 months	12	92%
4 to 6 months	1	8%
6 months+	0	0%
Risk Factors		
Co-Sleeping	5	38%
At least one risk factor	10	77%
Two or more risk factors	8	62%

Source: NC DHHS/State Center for Health Statistics 2017/CFPT

Exposure to Violence

Violence affects all ages and populations causing death, injury, disability, and increases the risk of physical, reproductive, and emotional health problems which have long-lasting effects on individuals, families, and communities.

Adverse Childhood Experiences (ACEs)

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs). (CDC)

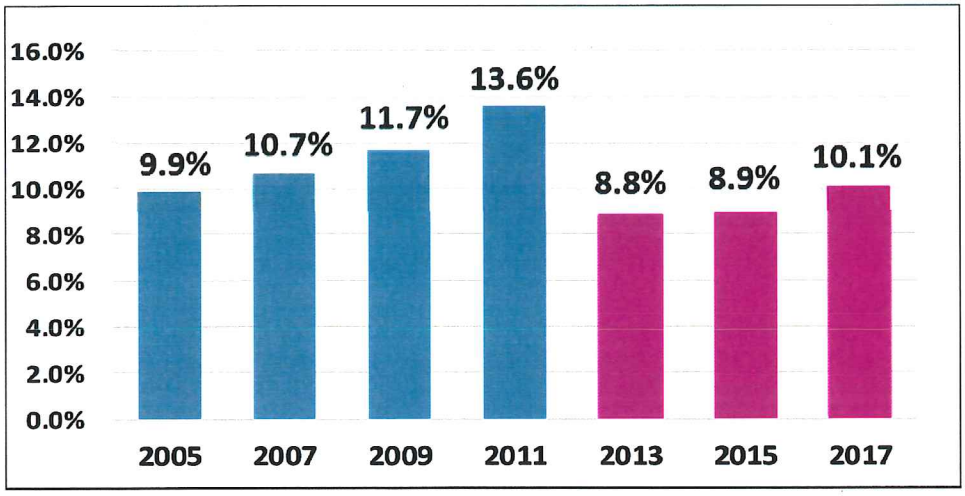
Annually an estimated 15.5 million children in the U.S. are exposed to adult Intimate Partner Violence (IPV) at home, with younger children being present more often among families who seek police involvement for IPV1.[1]

Exposure to IPV increases the risk of poor physical health and substance use, as well as adverse mental health outcomes like anxiety, depression, and post-traumatic stress symptoms.[1]

Children may act out and become aggressive, and parents/caregivers may not connect the behavior to the violence exposure in the home thus delaying the receipt of timely and appropriate mental health treatment.[1]

Child Abuse/Domestice Violence/Teen Dating Violence

Teen dating violence (TDV) is a type of intimate partner violence that can be physical, emotional, or sexual and include stalking. Teens are heavily influenced by their relationship experiences which can have short-and long-term negative effects. Teens who experience TVD are at risk of depression and anxiety, engaging in unhealthy behaviors such as smoking, drugs and alcohol, bullying, develop eating disorders, and contemplate suicide. Major risk factors are but not limited to depression, aggressive behaviors, symptoms of trauma (emotional or physical), alcohol/drug abuse, having a friend involved in dating violence, belief that dating violence is acceptable, exposure to harsh parenting, exposure to inconsistent discipline, and lack of parental supervision, monitoring, and warmth (CDC).



Child Fatalities And Exposure to Violence 2017

- **23%** of all child deaths had a history of substance abuse with the caregiver and/or the child.
- **20%** of all child deaths had a history of DV and/or exposure to DV.
- Data from our Community Development - Community Policing (CD-CP) program shows the prevalence of children exposed to violence:
- **10,472** children in **6,542** families were referred to CD-CP for exposure to violence or a traumatic event:
- **36%** (3,740) of children were < 6
- **32%** (2,112) involved Partner DV

Figure 1. 2017 YRBS—Physical Dating Violence: percentage of CMS high school students who reported being physically hurt on purpose by boy/girl friend

Domestic violence among teens remains an issue of concern. In 2017, 10% of teens reported being physically hurt by someone they were dating or going out with in the past 12 months.

*Source: CDC Violence Prevention/MCPH CD-CP/CFPT Data/*Charlotte Mecklenburg Youth Risk Behavior Survey (YRBS) 2017

Mental Health Needs of Teens

Teen Suicide Demographics

Teen Suicide (10-17 years)

Suicide is the leading cause of death among youth and teens age 10 to 17 years. Over a six year period from 2012-2017 ,there have been 31 teens who died as a result of suicide.

The 2012-2016 5-year rate of 4.9 suicides per 100,000 teens age 10-17 decreased 10% to 4.4 for 2013-2017. This was due to drop in deaths in 2015 but still shows the overall trend is increasing.

2013-2017 5-year Suicide Death Rate for youth:

10-14 years: 3.5 per 100,000 age 10-14

15-17 years: 9.6 per 100,000 age 15-17

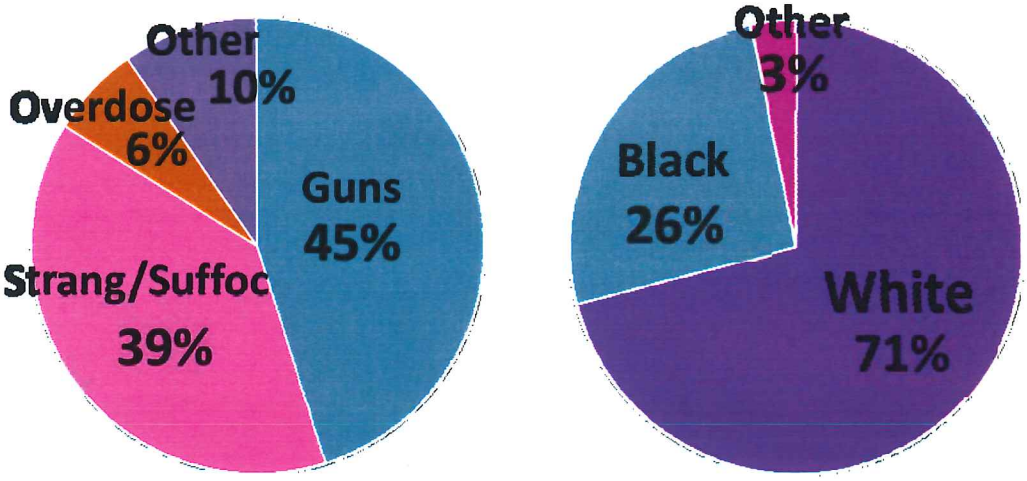
Of the 31 teen suicides from 2012-2017:

- 71% were male and 29% were female
- 71% were White, 26% African American, and 3% were Other Non-White
- Most common method is an unsecured firearm. Of the 45% (14) who used a firearm, 71% (10) had access to a loaded and unsecured firearm inside the home

Deaths due to suicide do not reflect the prevalence of behaviors that put teens at risk of self-harm. A more in-depth look at the family and social environment of teens is critical to assessing adverse childhood experiences (ACEs) that can lead to poor health behaviors and physical and mental health outcomes later in life.

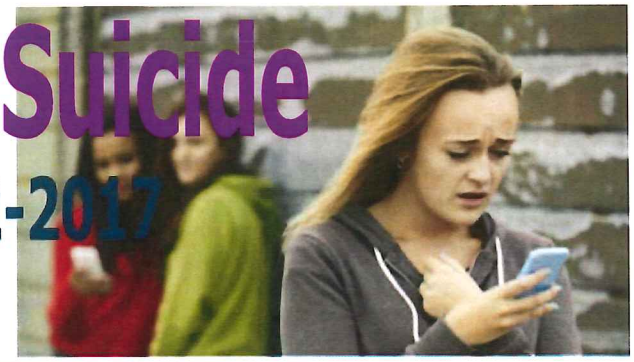
Teen Suicide by Age Group and Gender
N=31
Mecklenburg County
2012-2017

Teen Suicide by Method and Race and Ethnicity
N=31
Mecklenburg County
2012-2017



Source: NC DHHS/ SCHS , Mecklenburg CFPT Prevention Team Data 2012-2017

Risk Factors for Teen Suicide



Teen Suicide Deaths from 2012-2017

Teen Suicide and Mental Health

Deaths due to suicide only reflects the most severe outcome of intentional self-harm. Fortunately, deaths do not reflect the prevalence of psychological and behavioral issues self-reported by youth that can increase the risk of suicide.

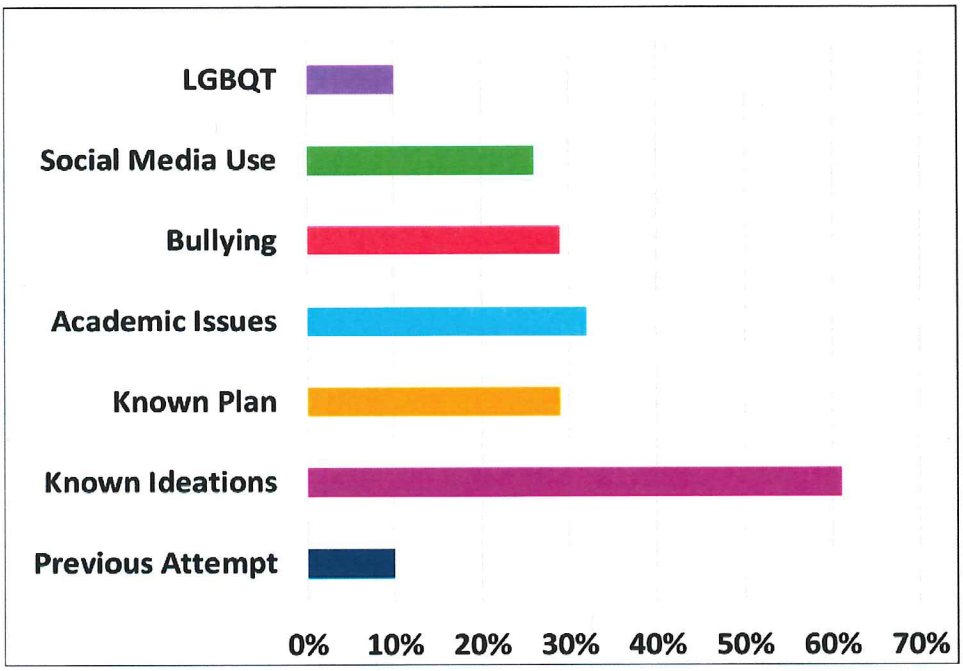
2017 High School Mecklenburg Youth Risk Behavior Survey (YRBS):

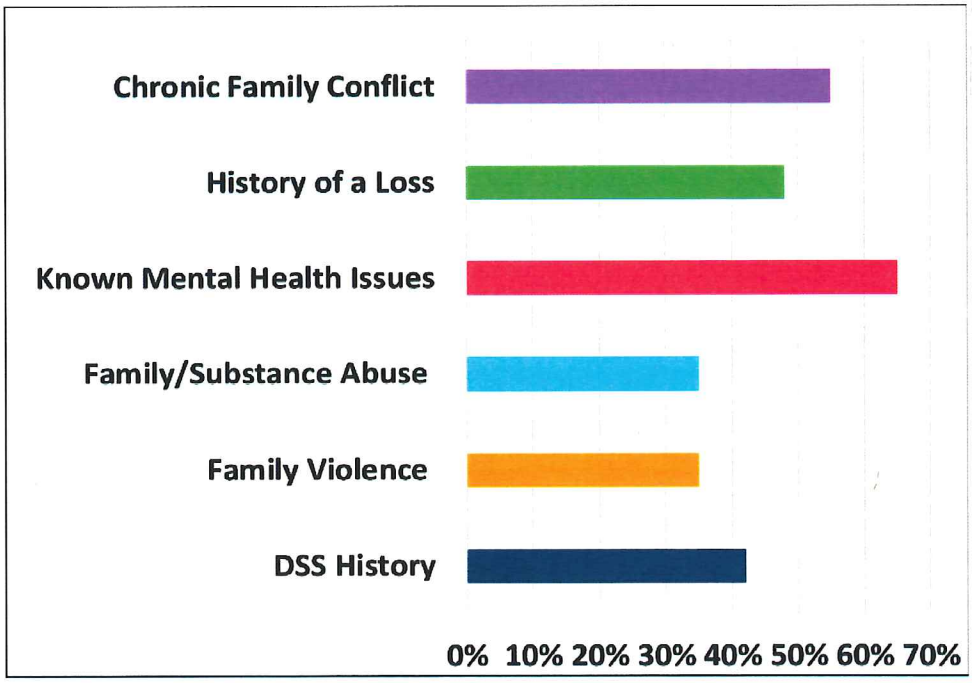
- 31% of teens reported not doing some regular activities during the past year because they felt sad or hopeless almost every day for two weeks or more in a row.
- 17% reported they considered attempting suicide and 14% reported making a plan to attempt suicide.
- 17% reported being bullied on school property and electronic bullying increased from 10% in 2013 to 14% in 2017.
- While cigarette smoking continues to decline, 40% reported ever having used an electronic vapor product.
- 10% of teens reported being physically hurt by someone they were dating or going out with one or more times in the past 12 months.

Exposure to violence coupled with high family conflict increases the risk of poor mental health outcomes among adolescents that can lead to substance abuse and suicide.

Individual and Environmental Risk Factors Identified Among Teen Suicides (10 to 17) N=31

2012-2017





Note: Cases can be counted in more than one risk category

Source: NC DHHS/ SCHS, Mecklenburg CFPT Prevention Team Data 2012-2017

Social Determinants of Health

Health Equity for Children

Child Deaths and The Public Health Priority Area (PHPA)

At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment we live in and individual behaviors. The social conditions we face each day, where we are born, live, work and play, have a greater impact on our health and life expectancy than the healthcare we receive. In essence, a person's ZIP code may be more important to their health than their genetic code.

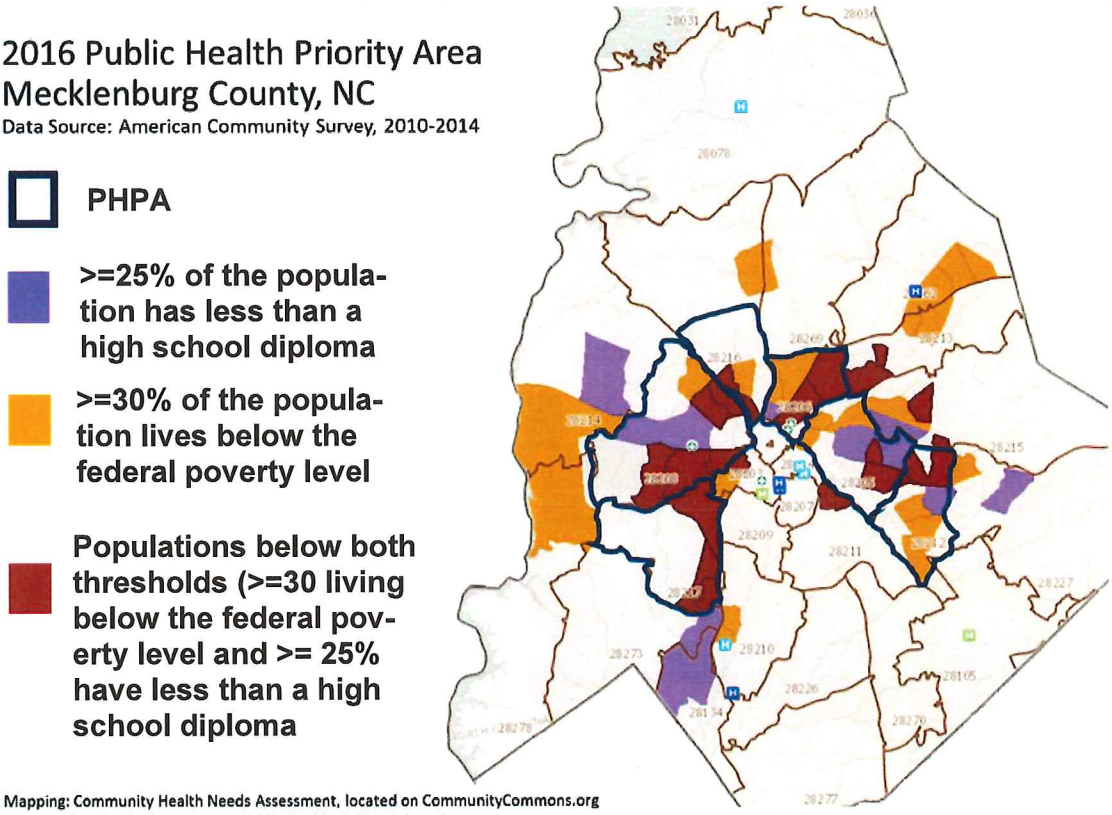
Social determinants of health are social and economic conditions that can influence the health of individuals or groups. These conditions are found in our work and living environments and are largely shaped by public policies.

Poverty and education are two key social determinants that have a significant impact of health outcomes. Areas with high concentrations of poverty and low educational attainment put residents at higher of risk of chronic disease, injury, exposure to violence, and death.

In 2016, Mecklenburg County Public Health identified six zip codes as a Public Health Priority Area (PHPA). Residents who live are at higher risk of poor health outcomes.

Child death data suggests several social and environmental factors intersect to increase the risk of adverse health outcomes among infants, and children.

2016 Public Health Priority Area
Mecklenburg County, NC
Data Source: American Community Survey, 2010-2014



Mapping: Community Health Needs Assessment, located on CommunityCommons.org
Prepared by Mecklenburg County Public Health, Epidemiology Program

Of the total children age 0 to 17 in the county, 22% live in the PHPA but 37% of all deaths among children were from the PHPA. This means children from this area die at a higher rate than all children age 0-17 in the county and are disproportionately represented among all child deaths.

- 37% of all infant and child deaths (0-17 years) lived in the PHPA
- 37% of all infant deaths (0-1 year) lived in the PHPA
- 38% of all child deaths (1-17 years) lived in the PHPA
- 56% of all ***preventable*** deaths lived in the PHPA
- 38% of all sleep-related infant deaths lived in the PHPA
- 41% of infants born premature (< 37 weeks) lived in the PHPA
- 100% of infants born premature (< 37 weeks) and lived in the PHPA were minorities
- 42% of infant deaths resulting from conditions during pregnancy lived in the PHPA
- 40% of infants who died from prematurity and low birth weight lived in the PHPA

Source: Mecklenburg CFPT Prevention Team 2017/2013-2017 American Community Survey, US Census

Health Disparities of Infant & Child Deaths

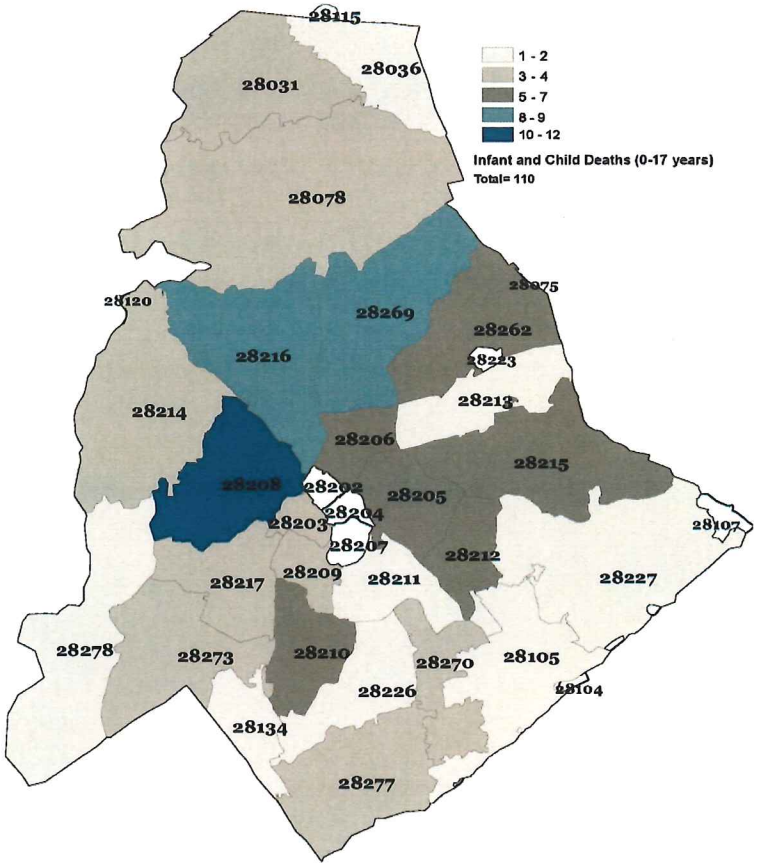
Health Disparities - All Children

Figure 2 (right) shows the concentration of all infant and child deaths age 0 to 17 years throughout the county. The majority are centered around areas with higher rates of poverty and low educational attainment. Infants and children living in these areas are at greater risk of exposure to violence, developing symptoms of trauma leading to poor health and mental health outcomes compared to children in other areas of the county.

In 2017, 37% (41) of all infant and child deaths were residents of the PHPA at the time of their death. Of these deaths, 63% were infants and 37% were children. In addition, 91% of these deaths occurred among minorities.

Figure 2. Infant and Child Deaths Age 0 to 17 years

Mecklenburg County, 2017



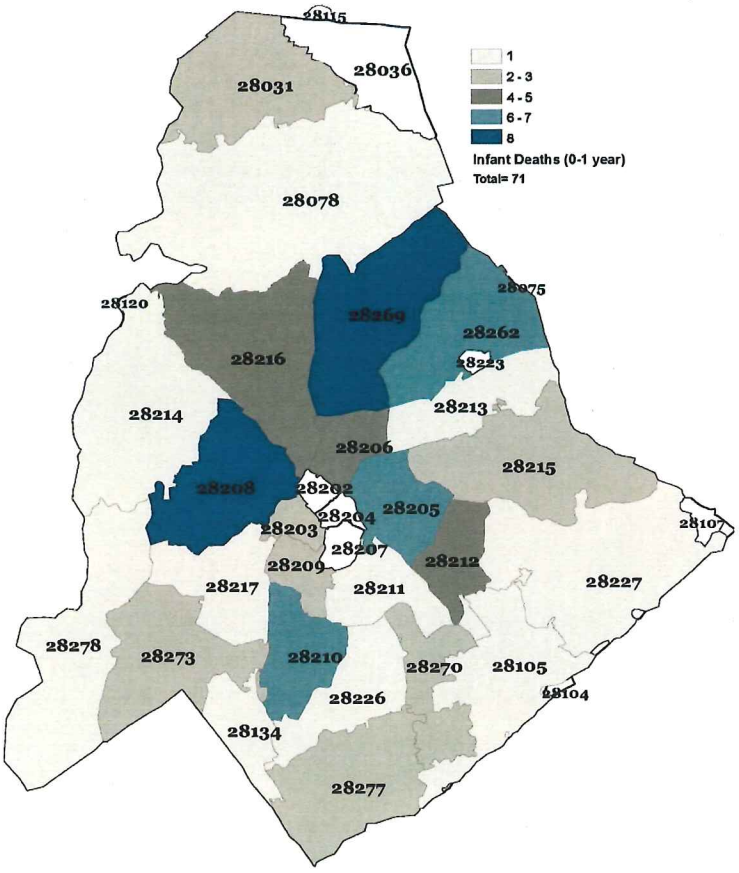


Figure 3. Infant Deaths Age 0 to 1 Year

Mecklenburg County, 2017

Health Disparities - Infants

Figure 3 (left) shows the concentration of all infant deaths age 0 to 1 year throughout the county. The majority are centered around areas with higher rates of poverty and low educational attainment. Infants living in these areas are at greater risk of dying before the age of one year compared to infants from other areas of the county.

In 2017, 37% (26) of all infant deaths were residents of the PHPA at the time of their death. All of these deaths occurred among minority infants. The infant mortality rate for the PHPA was 6.6 deaths per 1,000 live births compared to 4.8 deaths per 1,000 live births for the entire county. Infants in the PHPA were 1.4 times more likely to die before the age of one year compared to all other infants in the county.

Source: NC DHHS/State Center for Health Statistics 2017/Mecklenburg County LUESA GIS and Public Health Epidemiology

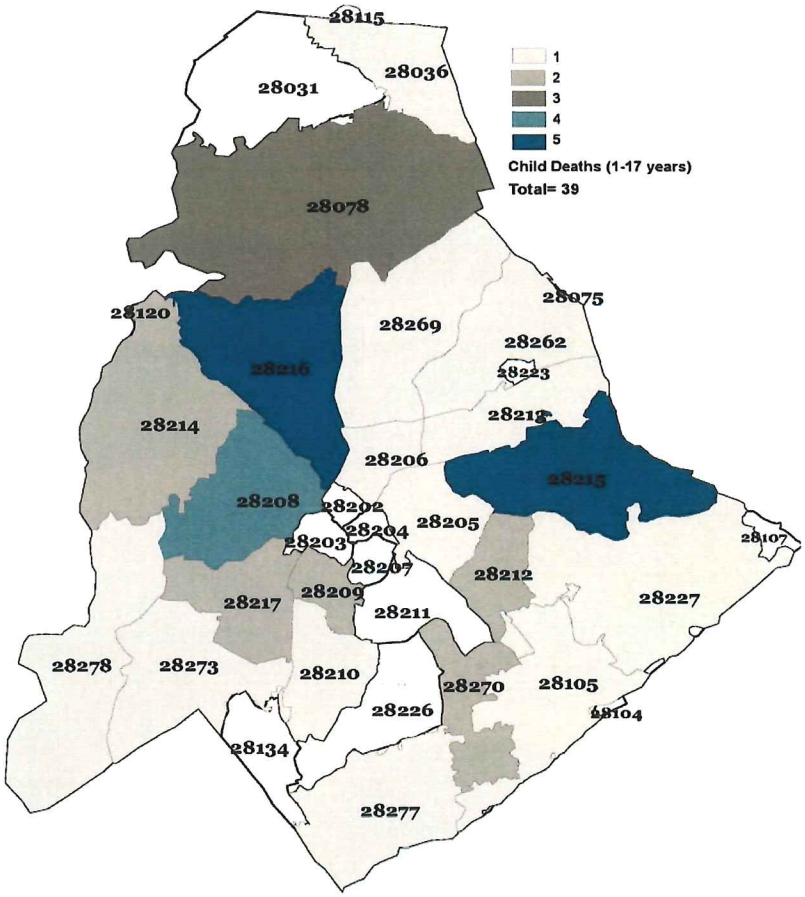
Health Disparities of Infant & Child Deaths

Health Disparities - Children

Figure 4 (right) shows the concentration of all child deaths age 1 to 17 years throughout the county. The majority are centered around areas with higher rates of poverty and low educational attainment. Children living in these areas are at greater risk of dying at younger ages compared to all other children in the county.

In 2017, 38% (15) of all child deaths were residents of the PHPA at the time of their death. Of these deaths, 93% of occurred among minority children. Young children age 1 to 5 years accounted for 60% of child deaths in the PHPA and children six and older accounted for 40%.

Figure 4. Child Deaths Age 1 to 17 Years
Mecklenburg County, 2017



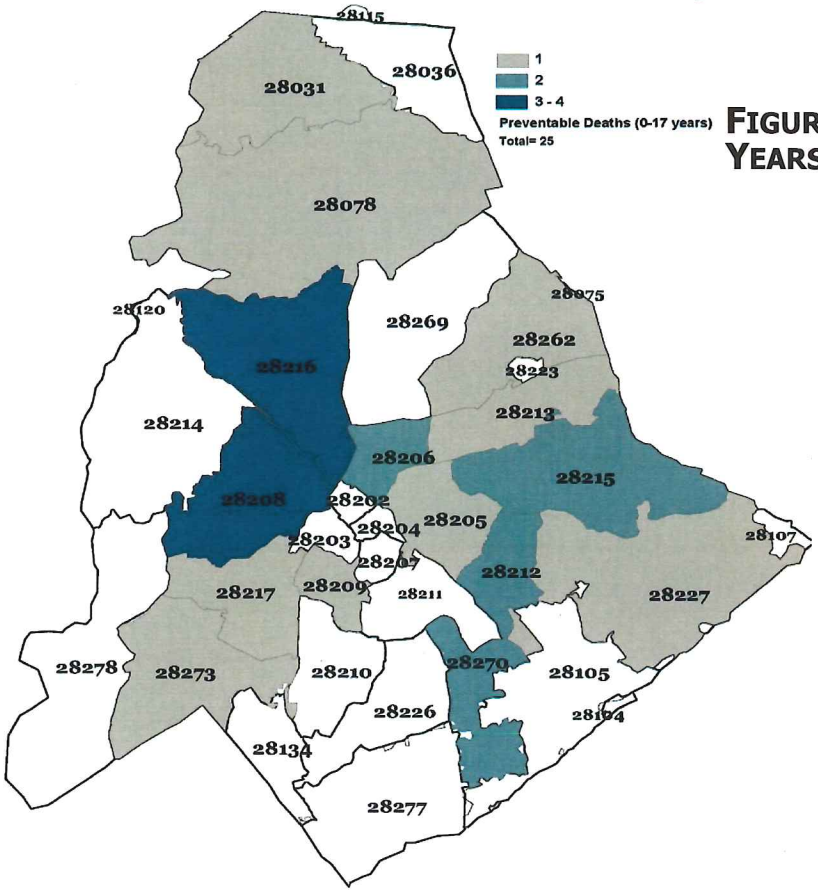


Figure 5. Preventable Deaths Age 1 to 17 Years

Health Disparities - Preventable Deaths (0-17 years)

Figure 5 (left) shows the concentration of all preventable (injury-related) deaths among infants and children age 0 to 17 years throughout the county. The majority are centered around areas with higher rates of poverty and low educational attainment. Children die from injuries at higher rates than infants. However, infants and children living in the PHPA are at greater risk of dying from injury-related deaths compared to all infants and children in the county.

In 2017, 23% (25) of all infant and child deaths were preventable. Of these, over half were children age 1 to 17 years and 56% (14) lived in the PHPA. Infants and children below the age of 8, accounted for 79% of the preventable deaths in the PHPA and 93% occurred among minority infants and children.

Source: NC DHHS/State Center for Health Statistics 2017/Mecklenburg County LUESA GIS and Public Health Epidemiology

CFPPT Community Team

Structure and purpose

CFPPT - Child Fatality Prevention & Protection Team

The work of our team and partner agencies is essential for improving best practices within our local child safety network. A strong group of partners committed to protecting children and enhancing the way we serve children and families provides a framework for reducing the burden of childhood injuries, child maltreatment, effects of exposure to violence/ trauma among children and youth.

Our review processes have directly contributed to the implementation of significant policy and practice changes by DSS, CMPD, district court judges, and local service providers in an effort to reduce/prevent child injuries, protect children, and serve families more effectively.

CFPT - Child Fatality Prevention Team

The ***Prevention*** Team established in 1993 meets monthly to conduct a cursory review of all child deaths (0-17 years). This team is mandated to identify systems issues and gaps in services to make recommendations on policy and/or practice changes. Findings from ongoing reviews of child deaths shows:

- Infant deaths attributed to unsafe sleep environments and practices continue to highlight the need for education and training for both the medical community and agencies who serve families.
- Ongoing need to track risk/ contributing factors for teen suicide and inform the community and our partner agencies.
- The continued presence of domestic violence and substance abuse as risk factors for an infant and child deaths need to be addressed by broader systemic changes.

CCPT - Child Fatality Protection Team

The ***Protection*** Team established in 1991 is charged with the responsibility to review selected active Social Services (DSS) cases to identify gaps and deficiencies within the community child protection services system.

2014-2016: Looked at ways to reduce the backlog of children in YFS custody who have not achieved permanency and make systemic recommendations to enhance permanency placements in a timelier manner.

2017-2019: Currently reviewing cases of children entering YFS through delinquency proceedings to examine issues the family faced and services provided, including mental health, substance abuse, domestic violence services and assessments, mentoring programs, placements, etc. Child Welfare Specialist and Independent Living social workers provide insight on the family's successes and perceived barriers, and what they think would have been helpful.

Intensive Review Process

In-depth review over 2-3 days of all records associated with a child death in which Mecklenburg County Youth and Family Services (YFS) was involved with the family within 12 months preceding the fatality (pursuant to statute 143B-150.20).

The purpose of the review is to utilize a team approach to identifying factors contributing to child fatalities and develop recommendations for improving coordination and best practices among local and state entities that could have prevented the threat of injury or death and to identify/support the appropriate, coordinated remedies.

Mecklenburg has a unique core team of reviewers who are present during each review to build consistency in how the cases are analyzed, data is collected, and recommendations are brought back to the full team.

2018: 6 reviews conducted

2019: 2 reviews conducted so far

We promote, encourage and support all collaborative, community efforts to addresses the safety and well-being of our children in Mecklenburg County.

DATA SOURCES: Mecklenburg County Community Child Fatality Prevention Team (CFPT) Case Reviews, 2015-2017. Mecklenburg County Youth Risk Behavior Survey, 2017 - A collaborative report from Charlotte Mecklenburg Schools and the Mecklenburg County Health Department. Mecklenburg County 2017 State of the County Health Report. NC DHHS/State Center for Health Statistics, Mecklenburg County Vital Statistics, Prepared by the Mecklenburg County Health Department, Epidemiology Program 2019.

[1] Domestic Violence and Child Abuse Research
https://injury.research.chop.edu/violence-prevention-initiative/types-violence-involving-youth/domestic-violence-and-child-abuse#.WSL-sJLyt9M

[2] Moylan et al., (2010). The Effects of Child Abuse and Exposure to Domestic Violence on Adolescent Internalizing and Externalizing Behavior Problems. Journal of Family Violence, 25(1): 53-63.

Center for Disease Control (CDC) Violence Prevention
https://www.cdc.gov/violenceprevention/acestudy/

Sudden Unexpected Infant Death (SUID)
https://www.cdc.gov/sids/AboutSUIDandSIDS.htm

Parents and Caregivers
https://www.cdc.gov/sids/Parents-Caregivers.htm

Charlotte Mecklenburg
https://leadingonopportunity.org/

2016-17 Community Development - Community Policing (CD-CP) Data

2013-2017 American Community Survey, US Census

Zip Codes: 28205, 28206, 28208, 28212, 28216, and 28217

Who We Are

In 1991, the state of North Carolina mandated by statute 7B-1406-1414 all counties to establish a multi-disciplinary, community team to review child fatalities ages birth through 17 years on a yearly basis. Our team comprised of 30 plus partners, meets monthly to discuss the health and safety of children in our community. Mecklenburg combines Prevention and Protection to make the local Community Child Fatality Prevention and Protection Team (CFPPT). Our mission is to identify gaps and deficiencies in the local, comprehensive child services system and advocate for prevention efforts and policy change in a coordinated manner. Our team works collaboratively to raise awareness and recommend change around important systems issues to better protect children and prevent future fatalities.

CFPPT AND COMMUNITY PARTNERS:

CFPPT Chair - Howard Olshansky
Howard.olshansky@jfscharlotte.org

- **District Court Judges**
- **Cardinal Innovations Inc.**
- **Atrium Health - Behavioral Health Center**
- **Mecklenburg County BOCC**
- **Atrium Health—Center for Injury Prevention & Safe Communities**
- **Atrium Health - Levine Children's Hospital Child Maltreatment Team**
- **Charlotte Mecklenburg Fire Department**
- **Charlotte Mecklenburg Police Department**
- **Charlotte Mecklenburg Schools**
- **Child Care Resources, Inc.**
- **Charlotte City Council**
- **Mecklenburg CSS- Prevention & Intervention Services**
- **Teen Health Connection**
- **Thompson Child & Family Focus**
- **Council for Children's Rights**
- **Mecklenburg County District Attorney's Office**
- **Guardian ad Litem**
- **Mecklenburg County Public Health**
- **NC Department of Juvenile Justice**
- **Mecklenburg County Medical Examiner's Office**
- **Mental Health America of Central Carolinas, Inc.**
- **Pat's Place Child Advocacy Center**
- **Novant Healthcare**
- **Mecklenburg County Sheriff's Office**
- **Mecklenburg County DSS & YFS**
- **Children's Home Society of North Carolina**
- **UNC Charlotte**