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

2018 Annual Report to the Board of County Commissioners

Mecklenburg County

Child Fatalities

The child fatality rate is the rate at which infants and children are dying each year. Infants make up over half of all child deaths, thus the overall child mortality rate is heavily influenced by changes in infant mortality.

2016 Data:

- The child fatality increased 16% to 60.0 per 100,000 children age 0 to 17, from 51.6 in 2015 and higher than the state rate of 59.2.
- There were 153 child deaths. Of these, 68% (104) were infants < 1 year, and 32% (49) were children age 1 to 17 years.
- Males make up half of all infant and child deaths. In 2016, 52% were male and 48% were female.

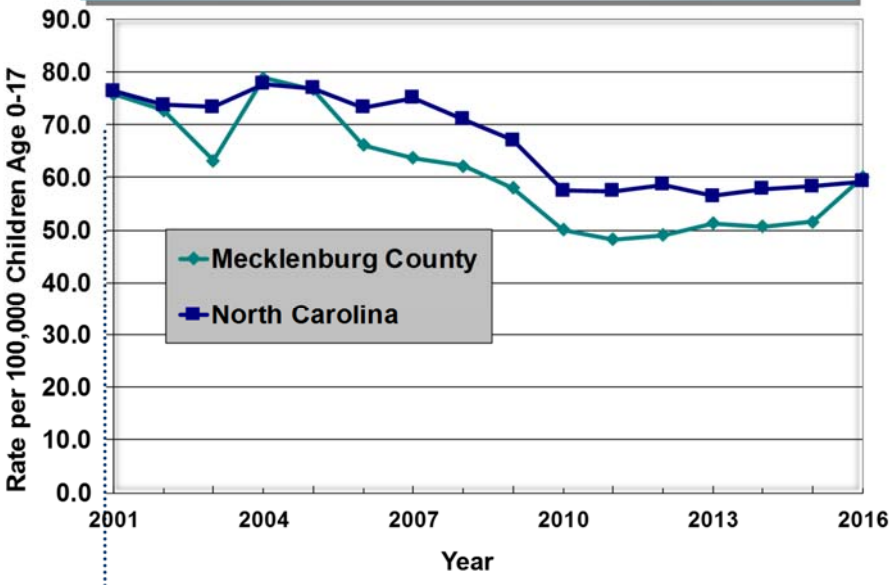
Injury

Injuries are ***preventable.*** Unintentional Injury consists of : 1) Motor Vehicle Injuries, and 2) All Other Unintentional Injuries such as drowning, accidental suffocation, falls etc. Intentional Injury consists of Homicide and Suicide.

Non-Injury deaths are ***not preventable*** and include causes such as cancer, infections, disorders of the body systems, prematurity and low birth weight, birth defects, and SIDS .

- Of the 153 infant and child deaths, 21% (32) were ***preventable***.
- Of the ***preventable*** deaths, 31% (10) were infants and 69% (22) were children age 1 to 17.

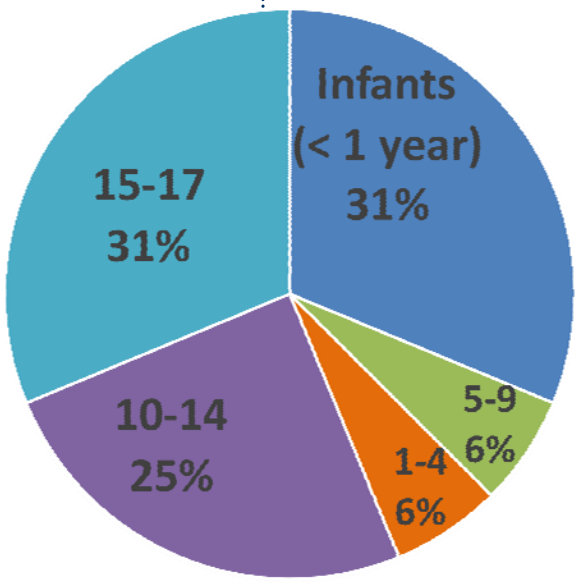
Annual Child Mortality Rate Age Birth to 17 Years
Mecklenburg County and North Carolina
2001 - 2016



Injury Prevention

- Injuries are preventable through awareness, education, policy change, and strong community support for efforts to reduce nonfatal and fatal injuries.
- Seatbelts, helmets, child safety seats, not driving while or with someone who is impaired, gunlocks, teen suicide prevention programs, and safe sleep campaigns are a few examples of efforts that can reduce the burden of childhood injuries in our community and prevent child deaths.

Preventable Deaths by Age Group
(0-17 years)
Mecklenburg County
2016



Source: NC DHHS/State Center for Health Statistics 2016

2018 CFPPT Annual Report

Overall Infant and Child Deaths 2016

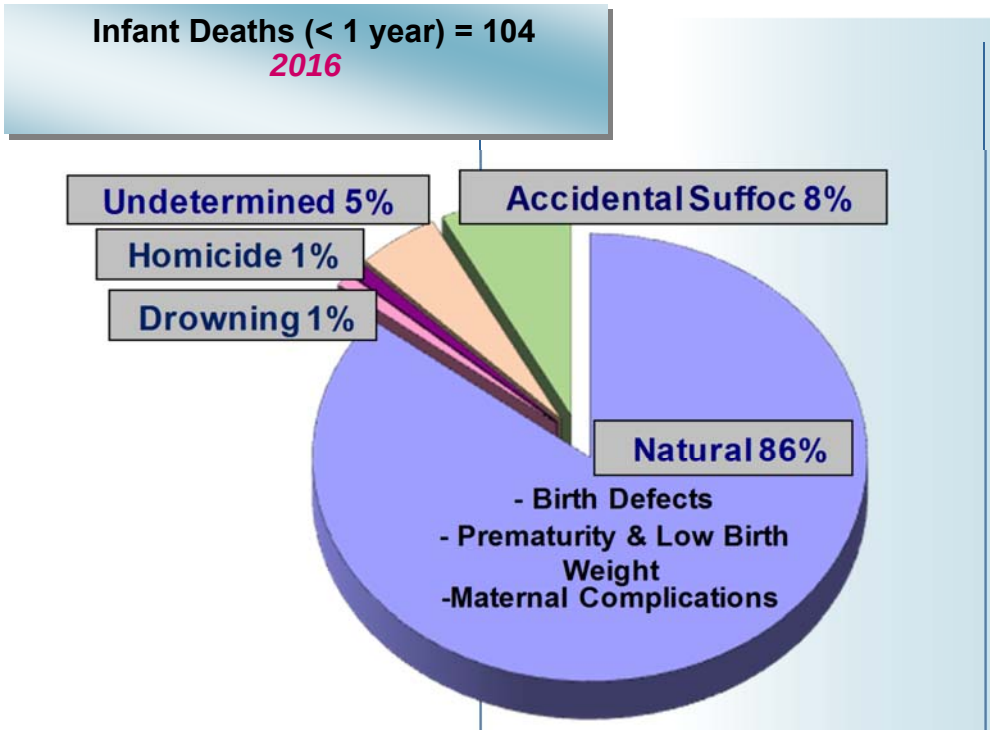
How are children in Mecklenburg County dying?

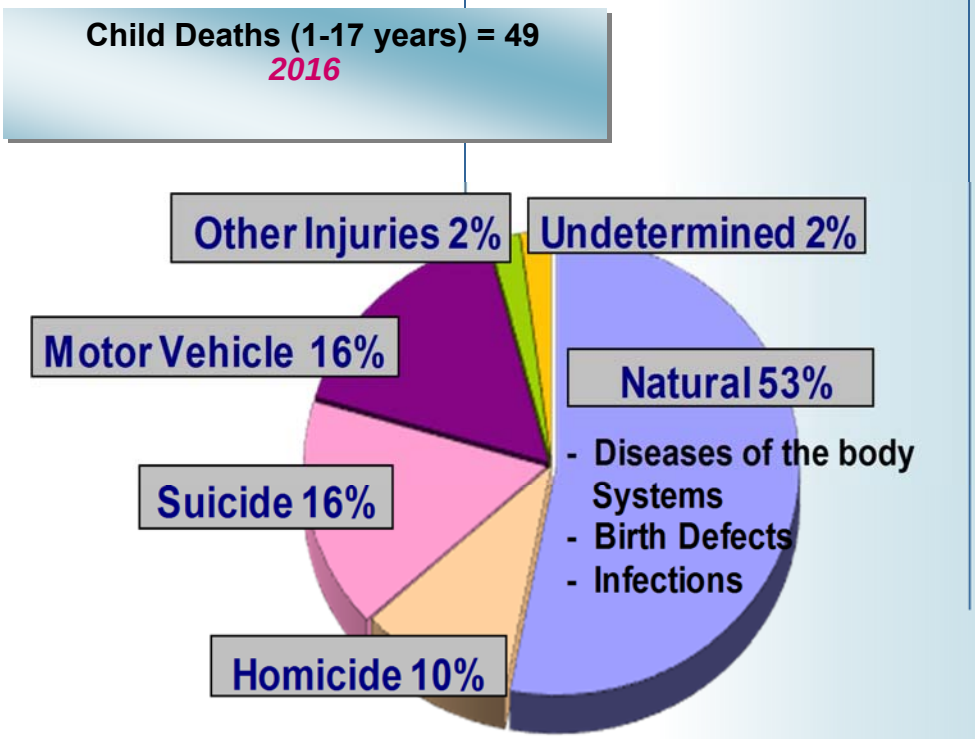
Overall Infant & Child Deaths

Injuries are the leading cause of ***preventable*** death among children less than 19 years of age. Injury strikes heaviest among our younger population resulting in the most potential years of life lost due to death or disability and is one of the most under-recognized public health problems in the US.

Every year nearly 9 million children under age 19 are seen in emergency departments for injuries and 9,000 children die as result of injuries (CDC).

The 2018 Mecklenburg Child Fatality Team (CFPPT) Annual Report presents 2016 child death trends highlighting the need for continued support from local government, schools, parents, community organizations and agencies serving children families to help improve child health and safety and prevent fatalities.





Source: NC DHHS/State Center for Health Statistics 2016

Leading Causes of Infant & Child Deaths

Of the 153 infant and child deaths in 2016, 21% were caused by preventable injuries

Health Disparities

Minority infants are disproportionately represented among all child fatalities. The infant mortality rate for African American infants (13.8 per 1,000 live births) is four times the rate of White infants (2.9) and three times higher than the rate for Hispanic infants (4.1).

Hispanic infant and child fatalities have also increased over the last few years which would be expected with the growth of this population in the county.

- Of the 153 child deaths, 22% were White , 57% were African American , 12% were Hispanic, and 9% were Other Non -White, Non-Hispanic.
- The over representation of minority infants and children among all child deaths demonstrates a health disparity and underscores the need for specific, culturally appropriate messaging of health and safety, economic, and social issues within these populations that increase the risk of death.

Infants (< 1 yr.)

While the leading causes of infant death are predominantly due to non-injury related causes in 2016 Unintentional Injury was the 3rd leading cause of infant death resulting from accidental suffocation. Unsafe sleep environments continue to contribute to ***preventable*** deaths each year among this vulnerable population. We have the potential to reduce infant mortality through a comprehensive, safe sleep community plan. Other types of death that occur during the sleep period and homicide resulted in infant deaths.

Children (1-17 years)

Injury is the leading cause of ***preventable*** death among children. Unintentional Injury is the largest contributor of preventable deaths and motor vehicle injuries are the predominant cause of unintentional injury deaths.

Children Abuse (0-17 years)

In 2016, 3 children died as a result of physical abuse by a care giver. Two were children under the age of 5 and 1 was an infant.

2016 Leading Causes of Death by Age Group Mecklenburg County (0 to 17 years)

Infants (<1 yr.)*
- Birth Defects
- Prematurity & Immaturity
- Unintentional Injury

Ages 1-4 yrs.
- Homicide
- Birth Defects
- Diseases of Heart

Ages 5-9 yrs.
- Diseases of Heart
- Unintentional Injury

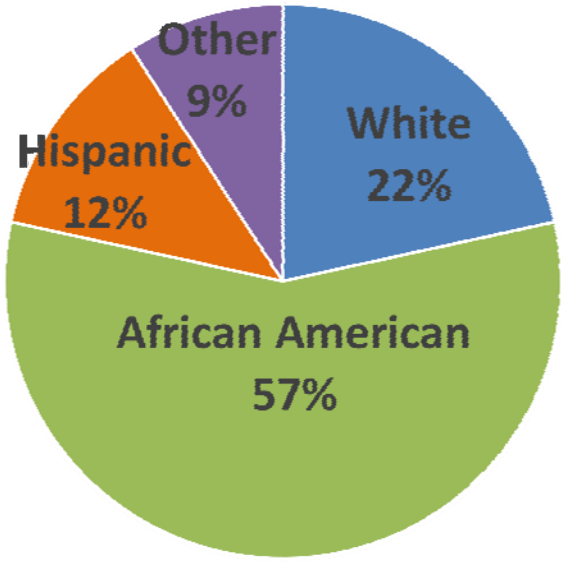
Ages 10-14 yrs.
- Motor Vehicle Injuries
- Suicide
- Cancer

Ages 15-17 yrs.
- Suicide
- Homicide

Total Ages 1-17 yrs.
- Suicide
- Motor Vehicle Injuries
- Homicide

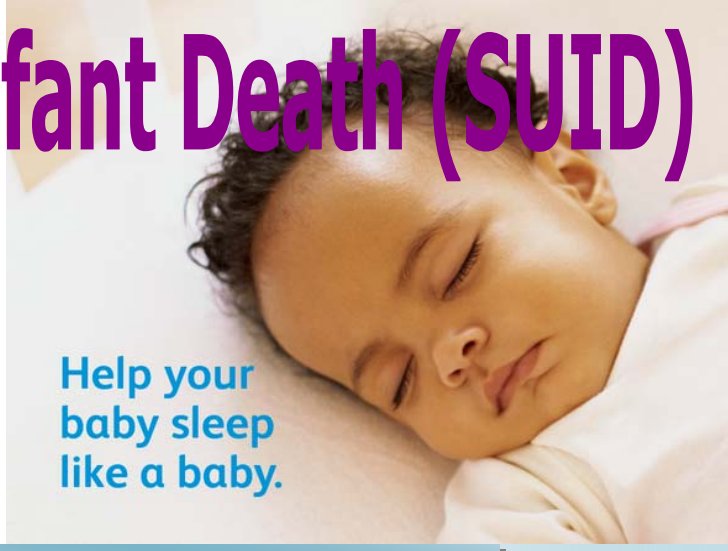
**Leading causes of death for infants are different than children. It is important for them to be analyzed and listed separately.*

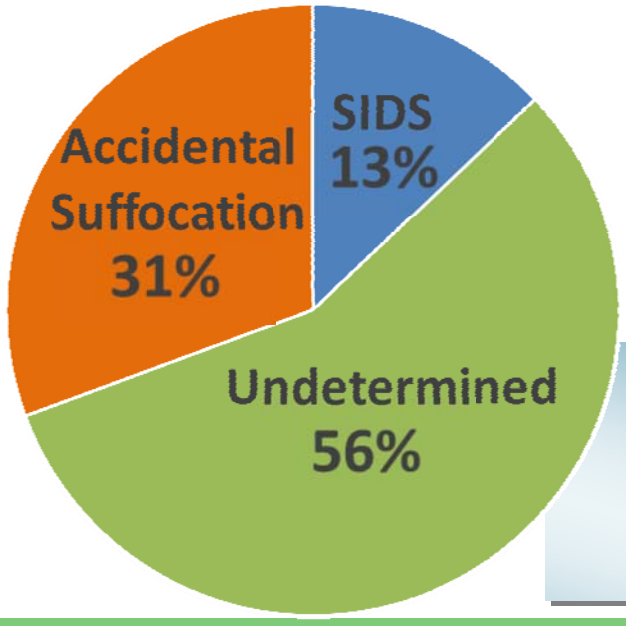
Infant and Child Deaths = 153
2016



Source: NC DHHS/State Center for Health Statistics 2016

Sudden Unexpected Infant Death (SUID)





Sudden Unexpected Infant Deaths (SUID) by Cause
Infants (< 1 year)
Mecklenburg County
2011-2016

Sudden Unexpected Infant Deaths (SUID)

In 2016, there were 12 Sudden Unexpected Infant Deaths (SUID) in Mecklenburg County. SUID is the death of an infant < 1 year of age that occurs suddenly and unexpectedly, during sleep, and whose cause of death is not known prior to or sometimes after investigation.

Most cases of SUID are reported as one of three types: Sudden Infant Death Syndrome (SIDS), Undetermined, or Accidental Suffocation. While there is no known cause of SIDS, there are ways to reduce the risk SIDS. Accidental Suffocation shares most of the same risk factors with SIDS but is injury-related and completely ***preventable***. A sudden infant death can sometimes remain undetermined due to the types of risk factors present and accidental suffocation could not be excluded. Even after a thorough investigation, it can be hard to tell SIDS from other sleep-related deaths such as suffocation by overlay or soft bedding. This is because these deaths are often unwitnessed and there are no tests to tell SIDS apart from suffocation. (CDC)

Reduce the Risk of SIDS and Prevent Suffocation

- Always place babies on their backs to sleep for every sleep
- Use a safety-approved crib, with a firm crib mattress that is covered by a fitted sheet
- Share your room, not your bed. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else
- Keep soft objects, such as pillows, blankets, and bumper pads out of your baby's sleep area
- Don't smoke during pregnancy or around your baby

Mecklenburg Infant Sleep-Related Fatalities 2016

- There were 4 Undetermined, 8 Accidental Suffocations, no SIDS deaths among infants. Over a 6-year period from 2011-2016, there have been 62 SUID deaths with Undetermined and Accidental Suffocation making up the largest portion of SUID deaths
- All 12 SUID deaths, **100%** had at least one risk factor for an unsafe sleep environment and all 12 had more than one risk factor
- **75% (9)** involved co-sleeping with a caregiver and/or siblings
- Accidental Suffocation: most common cause of injury-related deaths among infants
- Undetermined deaths ***share*** risk factors for SIDS and Accidental Suffocation but suffocation cannot be excluded
- Largest risk factors for SUID deaths: co-sleeping sleeping w/ a caregiver, sleeping on stomach, improper bedding, prematurity, and smoking

Source: NC DHHS/State Center for Health Statistics 2016

Exposure to Violence

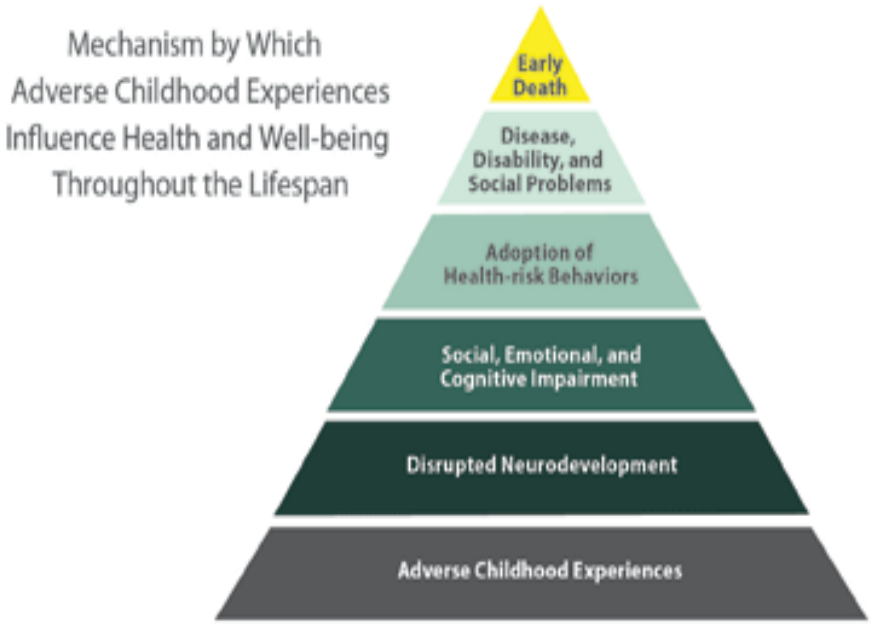
- Annually an estimated 15.5 million children in the U.S. are exposed to adult Intimate Partner Violence (IPV) at home, with younger children being present more often among families who seek police involvement for IPV1.[1]

- Children may act out and be aggressive, and their parents may not connect the behavior to the IPV exposure in the home thus delaying the receipt of timely and appropriate mental health treatment.[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]

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)



Mecklenburg Child Fatalities And Exposure to Violence 2016 (0-17 years)

- Substance Abuse (SA) and Domestic Violence (DV) were the largest risk factors associated with and infant and child death
- **28%** of all child deaths had a history of substance abuse with the caregiver and/or the child
- **18%** of all child deaths had a history of DV and/or exposure to DV. There were **39,964** calls to CMPD for DV and **21% (8,350)** resulted in criminal incident reports being filed
- DSS cases substantiated for abuse only represent a small portion of children affected by violence. Data from our partner Community Development - Community Policing (CD-CP) shows the broader prevalence of children exposed to violence. In 2016:
- **7,835** children in **4,670** families were referred to CD-CP for exposure to violence or a traumatic event:
  - 41% (3,184) of children were < 6
  - 38% (1,761) involved Partner DV
  - 59% (2,743) involved some form of DV
  - 748 involved assaults with weapons

Child Abuse/Domestice Violence/Teen Dating Violence

Violence is a serious problem in the US. It affects all ages and populations causing death, injury, disability, and increases the risk of physical, reproductive, and emotional health problems which can devastate a community.

Deaths resulting from firearms, weapons, and child abuse only represent the physical aspect of violence. Exposure to behaviors such as bullying, domestic violence, and teen dating violence can cause emotional harm leading to injury, suicide, or death.

Acts of domestic violence, sexual abuse, and child abuse can often be passed from generation to generation as a learned behavior. These behaviors can lead to difficulty in forming relationships and create an injurious environment for infants, children, and teens.

Source: NC DHHS/State Center for Health Statistics/CDC Violence Prevention: Adverse Childhood Experiences (ACEs)

Mental Health Needs of Teens

Teen Suicide Demographics

Teen Suicide (10-17)

The year 2012 marked the first large increase in teen suicides since 2000. In 2016, suicide deaths surpassed 2012 and became the leading cause of death among children 1 to 17 years of age.

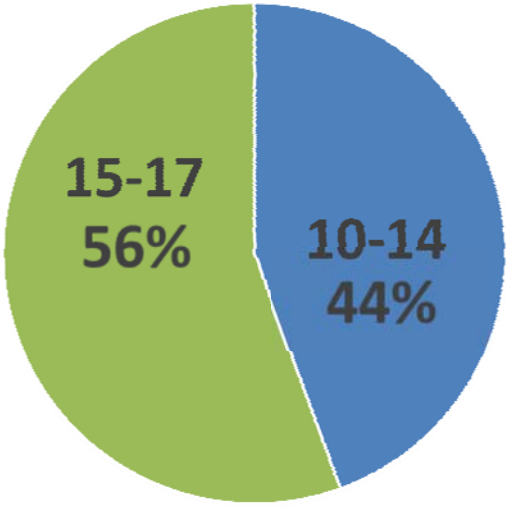
From 2012-2016 there were at total of 27 teen who died as a result of suicide at a rate of 5.0 per 100,00 teens age 10 to 17.

Of the 27 suicides from 2012-2016:

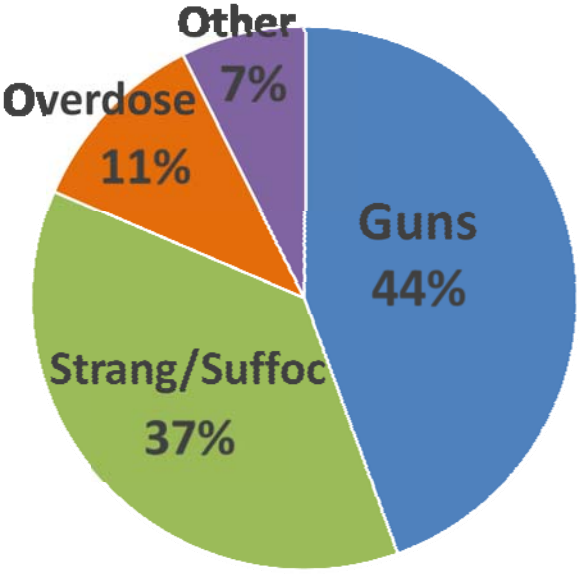
- 67% were male and 33% were female
- The median age at death for male teens was 15 years of age and 16 for females
- 67% were White, 26% African American, and 7% were Other Non-White, Non-Hispanic
- The most common method of suicide used was a firearm
- 44% (12) involved a firearm. Of these, 75% (9) had access to a loaded and unsecured weapon inside the home

The demographics of teen suicide do not speak to the risk factors and behaviors that put teens at further risk of self-harm. An in-depth look at the family and social environment of teens is critical to assessing their behaviors that can lead to an increased risk of suicide.

Teen Suicides by Age Group (10 to 17) Mecklenburg County
2012-2016



Teen Suicides by Method (10 to 17) Mecklenburg County
2012-2016



Source: NC DHHS/ SCHS 2016, Mecklenburg CFPT Prevention Team 2012-2016

Risk Factors for Teen Suicide

Teen Suicide Risk Factors 2012-2016

Teen Suicide and Mental Health

Suicide deaths only reflect the most severe outcome of intentional self-harm. Unfortunately, deaths do not reflect the prevalence of psychological and behavioral issues among youth that can lead to an increased risk of suicide.

The 2015 Mecklenburg Youth Risk Behavior Survey (YRBS) shows:

- 32% 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, a 14% increase from 28% in 2007
- 17% reported that they considered attempting suicide
- 15% reported making a plan to attempt suicide, a 50% from 10% in 2007

Studies show children exposed to violence (either child abuse, or witnessing DV, or both) had higher levels of behavioral problems in adolescence than those exposed to neither form of violence.[2]

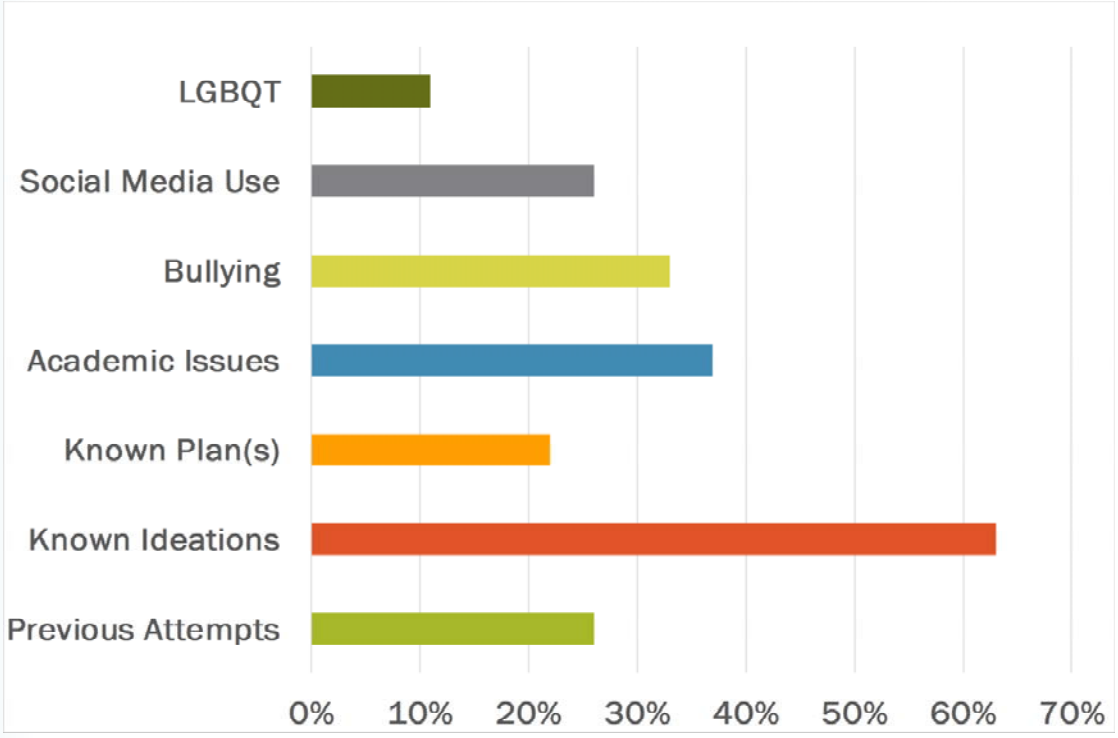
Exposure to violence coupled with socio-economic status, and high family conflict increase the risk of mental health issues among adolescents that can lead to substance abuse and suicide.

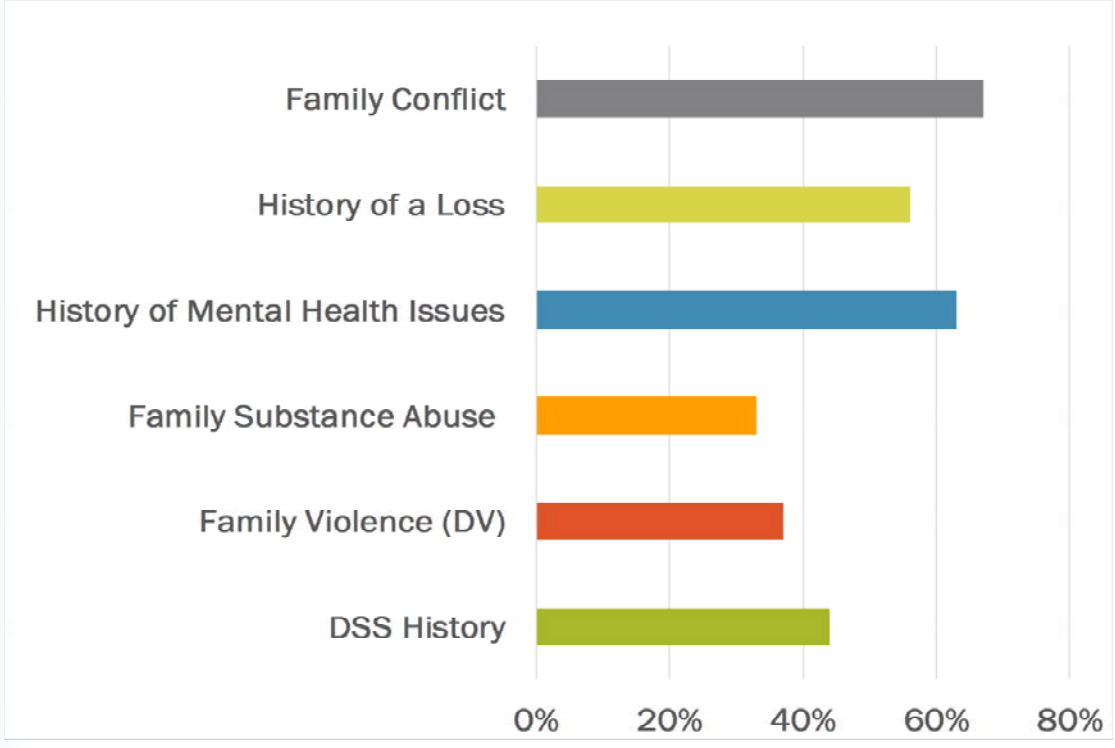
Note: Cases can have risk factors in more than one category

Source: NC DHHS/ SCHS, 2016
Mecklenburg CFPT Prevention Team

Local Risk Identified Factors Among Teen Suicides (10 to 17 years)

2012-2016





Social Determinants of Health

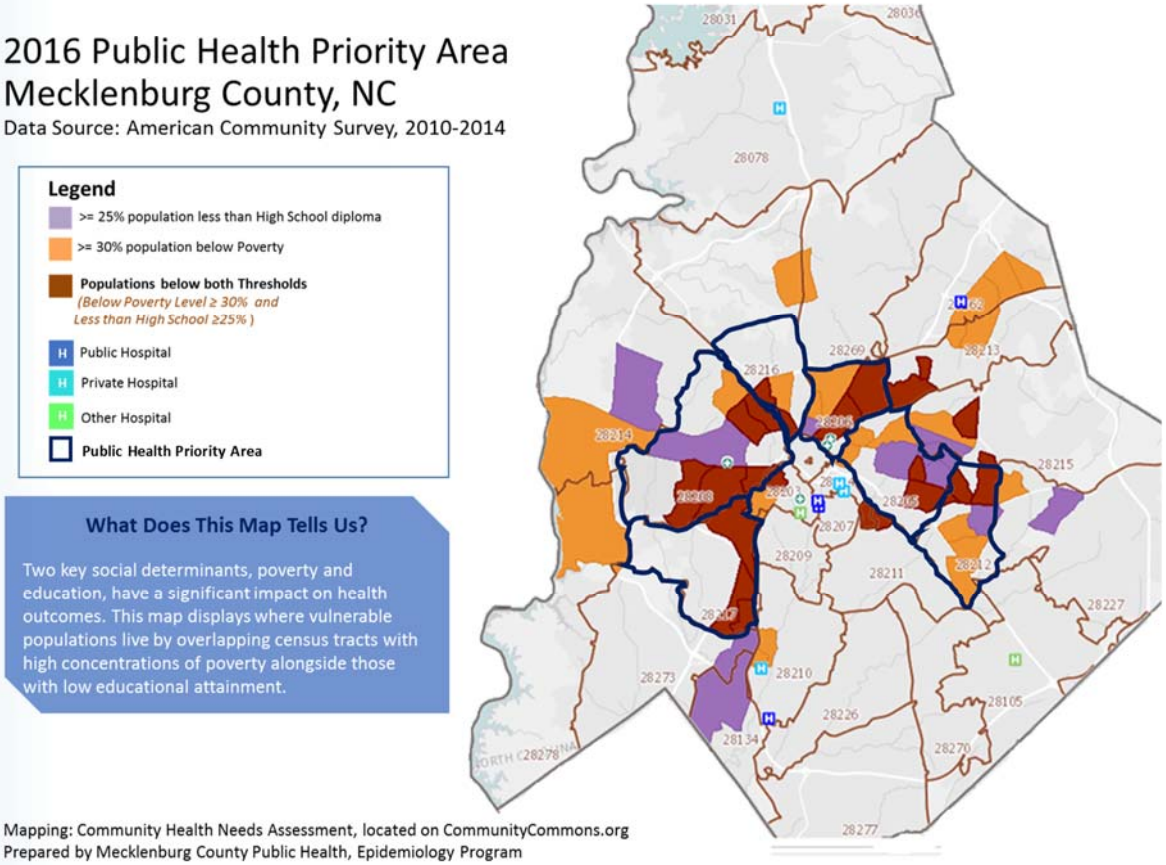
Health Equity for Children

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 and individual behavior. 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 health care we receive. In essence, a person's ZIP code may be more important to their health than their genetic code.

Our local data suggests several social and environmental factors intersect to increase the risk of adverse health outcomes among children and adolescents:

- 32% of all infant and child deaths lived in the PHPA
- 18% of all deaths had a history of DV in the home/the caregiver (s) had a history
- 28% of deaths a history of substance abuse was in the home
- 31% of preventable deaths lived in the PHPA
- 50% of SUID deaths lived in the PHPA
- 37% of infant deaths lived in the PHPA



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

Recommnedations for Child Fatality Prevention

- Implement and support the recommendations and strategies for Early Care and Education and Child Family Stability as outlined by the "Leading on Opportunity Report" put forth by the Opportunity Task Force leadingonopportunity.org
- Support evidence-based programs that focus on improving parenting skills and parent/child relationships and birth outcomes such as Triple P and Nurse Family Partnership
- Support funding for Public Health initiatives and community strategies aimed at improving family structure, health, birth outcomes, and economic mobility (i.e. reducing unintended pregnancy)
- Continue to fund and expand School-Based Mental Health Services (SBMH) to create greater access and early intervention for at risk children within CMS
- Increase funding to CMS for a social worker in every school, especially in schools that show a higher utilization/need of SBMH services
- Support funding for increasing the ratio of school counselors to students in each school and increase support to teachers for children to reach and exceed third grade reading level

Source: Mecklenburg CFPT Prevention Team 2015-2016

2015-2016 Annual Child Fatality Trends

Annual Changes in Child Fatality Indicators

Is Mecklenburg County Moving in the Right Direction?

	SELECTED CHILD FATALITY INDICATORS 0 to 17 years	MECKLENBURG COUNTY DATA 2015	MECKLENBURG COUNTY DATA 2016	North Carolina Data*
	Year of Report	(2015)	(2016)	(2016)
Maternal and Child Health	Infant Mortality (<1yr.) (Rate per 1,000 Live Births)	6.1	7.0	7.3
	Prematurity (< 37 weeks) (Rate per 100 Live Births)	11.6	9.9	10.4
	Year of Report	(2015)	(2016)	(2016)
Leading Causes of Non-Injury Death (Number per year)	Birth Defects	25	18	204
	Perinatal Conditions (Pre-Birth)	51	58	452
	Childhood Cancers	10	5	44
	Illnesses	14	13	270
Leading Causes of Injury Death (Number per year)	Motor Vehicle Injuries (MVC)	5	8	102
	All Other Injuries (Drowning, Falls, fire etc.)	3	1	99
	Homicide	1	5	51
	Suicide	2	8	44
	Year of Report	(2015)	(2016)	(2016)
SIDS/Safe Sleep Infants (<1 yr.) (Number per year)	Sudden Infant Death Syndrome	0	0	13
	Accidental Suffocation	0	9	22
	Undetermined	9	5	314
	Year of Report	(2013)	(2015)	(2015)
Behavioral Risk Factors (% Reporting in that year)	Teens Reported Being Bullied on School Property (past 12 months)	16%	17%	16%
	Teens Reported Texting/Emailing while Driving (within the past month)	39%	35%	38%
	Teens Reported Being Physically Hurt by Someone They Were Dating (past 12 months)	9%	9%	8%

Sources: North Carolina Department of Health and Human Services (DHHS)

- State Center for Health Statistics (Vital Statistics Data) 2015-2016
- Mecklenburg County Child Fatality Team (CFPT) Prevention Team Data 2015 –2016

CFPPT Community Team

Team structure and purpose

CFPPT - Local Child Fatality Prevention & Protection Team

The work of our team and partner agencies is essential for preventing child fatalities and improving best practices within our local child protective services system. A strong network of partners committed to protecting children and enhancing the way we service children and families provides a framework for reducing the future burden of childhood injuries, child maltreatment, effects of domestic violence on children, and youth violence.

Our intensive review process has 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 injuries, protect children, and serve families more effectively.

CFPT - Local Child Fatality Prevention Team

The Prevention Team established in 1993 meets monthly to conduct a cursory review of all child deaths (0 to 17 years). This team identifies systems issues and gaps in services to make recommendations to the full team (CFPPT) on policy and practice changes to prevent future deaths. Concerns from ongoing review findings include:

- 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 tracking risk/ contributing factors for suicide and bringing them to the attention of the full team and partner agencies.
- Continued presence of domestic violence and substance abuse as a risk factors for an infant and child deaths.

CCPT - Local Child Fatality Protection Team

The Protection Team established in 1991 is charged with the responsibility to review selected active Youth and Family Services cases of the local Department of Social Services. The purpose of these reviews is to identify gaps and deficiencies within the community child protection services system.

In 2014-2015 the Protection Team examined 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.

The target population was children who have been in YFS custody for at least 24 months without achieving permanency and over 160 children in custody met this criterion. A sample of 12 cases were identified for review.

The team reviewed all twelve cases and is on schedule to finish the study by the end in July of 2016.

Intensive Review Process

An intensive death review is an in-depth review over a 3-4 day period 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.

The Mecklenburg CFPPT developed a Core Team of reviewers who are present during each intensive review to build consistency in how the cases are analyzed, data is collected, and recommendations are brought back to the full team.

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

DATA SOURCES: Mecklenburg County Community Child Fatality Prevention Team (CFPT) Case Reviews, 2015-2016. Mecklenburg County Youth Risk Behavior Survey, 2015 - A collaborative report from Charlotte Mecklenburg Schools and the Mecklenburg County Health Department, May 2017. Mecklenburg County 2016 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 2018.

[1] Domestic Violence and Child Abuse
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.

Violence Prevention
https://www.cdc.gov/violenceprevention/acestudy/

Sudden Unexpected Infant Death and Sudden Infant Death Syndrome
https://www.cdc.gov/sids/AboutSUIDandSIDS.htm

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

Charlotte Mecklenburg
https://leadingonopportunity.org/

2016 Community Development - Community Policing (CD-CP) Data
2012-2016 American Community Survey, US Census
Zip Codes: 28205, 28206, 28208, 28212, 28216, and 28217

Who We Are.

In 1991, each county in the state of North Carolina was mandated by statute 7B-1406-1414 to establish a multi-disciplinary, community team to review child fatalities ages birth through 17 years on a yearly basis. The team is comprised of 30 partners who meet monthly to discuss the health and safety of children in our community. Mecklenburg County combines the Prevention and Protection Team 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. This team works collaboratively to raise awareness and recommend policy change around important systems issues to better protect children and prevent future fatalities.

CFPPT AND PARTNER AGENCIES

CFPPT Team Chair - Bob Simmons, J.D.
bsimmons@cfcrights.org

- District Court Judge
- Cardinal Innovations
- CMC Behavioral Health Center
- Mecklenburg County BOCC
- Carolinas HealthCare System Center for Injury Prevention & Safe Communities
- CMC Levine Children's Hospital Child Maltreatment Department
- Charlotte Mecklenburg Fire Department
- Charlotte Mecklenburg Police Department
- Charlotte Mecklenburg Schools
- Child Care Resources, Inc.
- Charlotte City Council
- Mecklenburg Prevention & Intervention Services
- Teen Health Connection
- Thompson Child & Family Focus
- Community Volunteers
- Council for Children's Rights
- Mecklenburg County Behavioral Health Division
- Mecklenburg County District Attorney's Office
- Guardian ad Litem
- Mecklenburg County Public Health
- NC Department of Juvenile Justice
- Mecklenburg County Medical Examiner's Office
- Emergency Medical Services
- Mental Health America of Central Carolinas, Inc.
- Pat's Place Child Advocacy Center
- Novant Healthcare
- Mecklenburg County Sheriff's Office
- Mecklenburg County DSS & YFS