



NC Department of Health and Human Services

Intensive Reviews

Findings, Recommendations and Interventions

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November 16, 2020

Agenda

**Overview of State
Intensive Fatality
Reviews**

Fatality Data Review

NC DSS Response

**Task Force
Considerations**



Intensive Reviews


- N.C.G.S. §143B-150.20
- “conduct in-depth reviews of any child fatalities which have occurred involving children and families involved with local departments of social services child protective services in the 12 months preceding the fatality”





Purpose: GS 143B-150.20

- “... implement a team approach to identifying factors which may have contributed to conditions leading to the fatality and to develop recommendations for improving coordination between local and State entities which might have avoided the threat of injury or fatality and to identify appropriate remedies. ...”

A group of people are seated around a long, dark wooden conference table in a brightly lit room. The room has large windows in the background. Several water bottles and papers are on the table. A woman in the foreground is wearing a light-colored patterned shirt and is looking down at a notebook. Next to her is a man wearing a blue shirt and a white cap. Further down the table, a man in a blue shirt is looking towards the right. At the far end of the table, a woman with blonde hair is looking towards the camera. The overall atmosphere is professional and collaborative.

The Review Teams: N.C.G.S. §143B-150.20

**Representative of the local departments of
social services**

Division of Social Services,

**Member of the local Community Child
Protection Team,**

**Member of the local child fatality
prevention team,**

**Representative from local law
enforcement, a prevention specialist**

Medical professional



Decisions to review

County DSS report to the Division of Social Services, all child fatalities

- Division looks at:
 - Was child welfare involved within the previous 12 months?
 - Based on DSS, Medical Examiner, and Law Enforcement information, are there maltreatment factors that may have contributed to conditions leading to the child's death?

Intensive Fatality Reviews FFY 18-19

78 reports were released

**Fatality reviews are scheduled
within 6 months of decision**

Database Enhancements



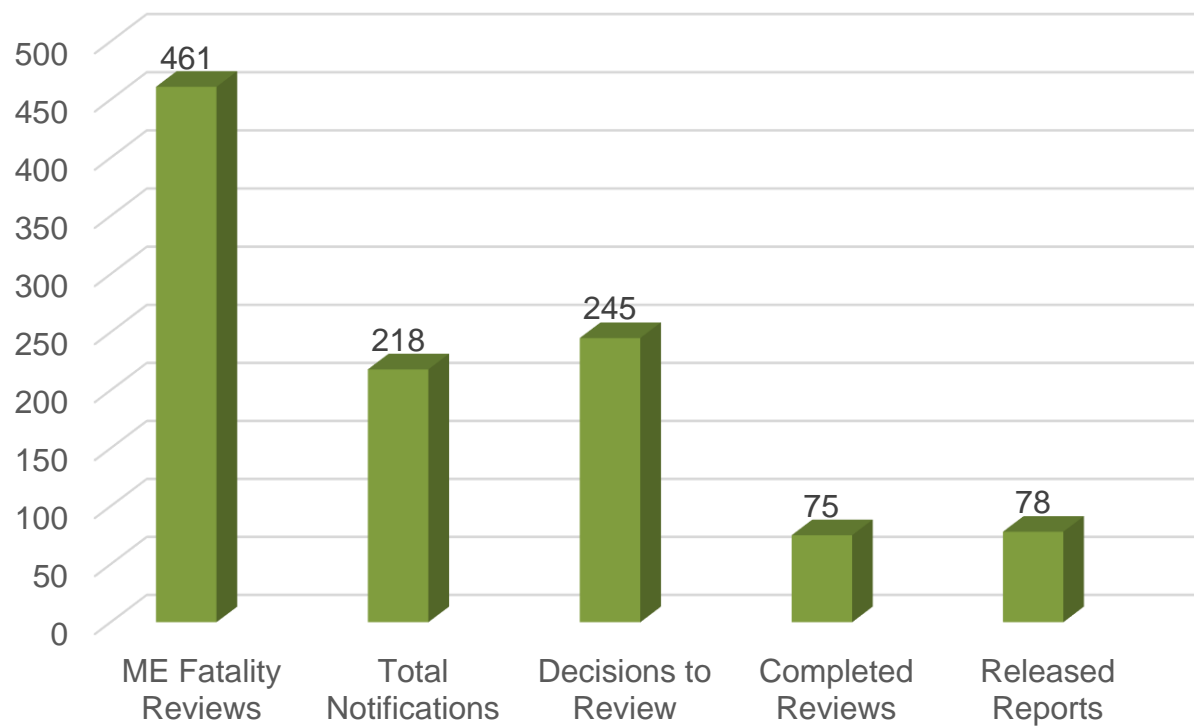


Data Driving Transformation

Federal Fiscal Year 18-19

Fatality Reviews

FFY 2018-19



Age

Total number of fatalities with a released report: 78

Children 5 years old and under, represent 85% of the fatalities reviewed by the team.

Children under a year old who died made up 58% of the fatalities reviewed.

Co-Existing Factors for deaths 0 - 5

72% of deaths, at least one member of the household was identified as using substances

47% of the households of all children had a mental health diagnosis verified

24% of the deaths identified Domestic Violence was present in decedents households

In 49% the maltreatment contributing factor fell under the category of neglect

20% had a maltreatment factor of abuse

Causes of Fatalities

Could Not Be Determined	20
Asphyxia	15
Pending Investigation	11
Struck by an object	8
Gunshot wound	5
Motor Vehicle Crash	4
Poisoning - Illegal Substance	3
Drowning	3
SIDS	2
Chronic Illness – Heart Disease	1
Acute Illness - Sepsis/Septicemia	1
Fire/Flames and/or smoke inhalation	1
Congenital Abnormalities/Anomalies	1
Starvation	1
Acute Illness - Other	1
Environmental - Exposure	1

****Official Cause of Death as determined by Medical Examiner's Office**



Race

Compared to the population of the state:

White children were underrepresented in fatalities by 20%.

Black or African American children in the fatality data were overrepresented by 14%.

Latino population reflects an underrepresentation of 2.1%.



Findings & Recommendations

Substance Use and Mental Health

- Access to services/funding
- Access to information such as the Controlled Substance Reporting System
- Payment for clinicians to participate in Child and Family Teams
- Regulation of MAT providers

Mental Health

- Access to services/funding
- Payment for clinicians to participate in Child and Family Teams

Child Welfare Interventions

- Child Welfare Workforce Development
 - Training
 - Policy

Unsafe Sleep

- Public Education
- Training for Workforce

Reporting

- Public Education
- Training i.e. State Highway Patrol, Service Providers

Child Welfare Interventions

**Implementation of
Practice Model**

**Serious Injury
Specialists CME**

**Focus on young
children**

**Services to Substance
Affected Infants**

**Regional Support
Model**



NC Practice Model Pyramid



**Safety, Permanency
and Well-being**

**Safety Organized
Practice**

**Essential Functions
and Practice
Standards**

North Carolina's Practice Model

From practice model to practice standards

Practice
Model

Practice models provide a framework or organizing principles to guide child welfare to achieve its mission and values.

Essential
Functions

Essential Functions are features that must be present to say the program exists.

Practice
Standards

Practice standards provide guidance to staff on the concrete behaviors they should be demonstrating to carry out core activities for essential functions.

Funding 8 Serious Injury Specialists

Located in the Child Medical Evaluation Office

Jointly Supervised by DSS and the CME Director

- 7 Assigned Regionally
- Coordinate with local child welfare agencies to schedule CMEs, interpret findings, assist with assessment and safety planning
- 1 Substance Affected Infant specialist to aid local child welfare agencies in assessment and safety planning





Initiatives to Address Safe Sleep

Child Welfare developing workgroup with UNC Maternal and Child Health related to safe sleep.

Representatives from Food and Nutrition Services and Child Support will also be participating in this collaboration to address safe sleep.

Work includes materials and training for professionals and parents on all aspects of safe sleep.

Rebranding to Night-Time Parenting

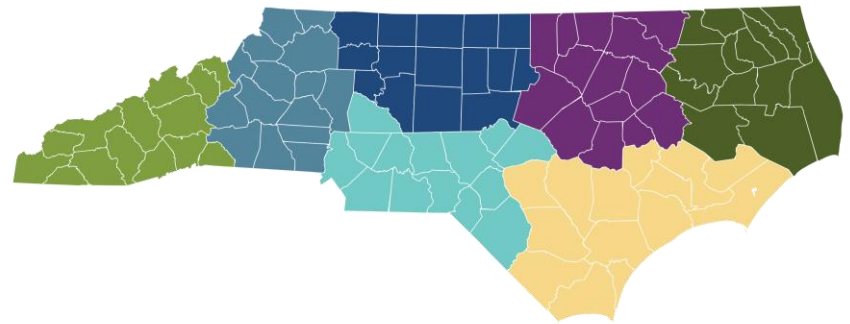
Regional Support

**Child Welfare
Consultants deployed
to regions**

**Less Counties per
consultant**

**Increase and target
county supervision
and case review**

**Requires additional
funding for FTEs**





Addiction Recovery

Initiatives to Address Factors

Family First Prevention Services Act planning will provide Evidence Based Services through use of IVE dollars that target parental and youth substance abuse

Working collaboratively with Division of Mental Health and Medicaid to ensure accessibility and statewide service array

FFPSA Prevention Services

- **Multisystemic Therapy- Family Systems Model (BH and SUD)**
 - Adolescent Behaviors/Family Functioning/Parental Factors in managing behaviors- Multisystemic Therapy. Will support both parents and kinship care providers to manage challenging adolescent behaviors, including externalizing behaviors related to diagnosis such as Oppositional Defiance Disorder (ODD), and substance use disorders. Medicaid and State Funded.
- **Homebuilders- Family Systems Intervention- In Home Skill Based Parenting**
 - Child Behaviors/Family Functioning/Parental Factors in managing home environment, linking to services to support family, stabilize crisis. Serves all 0-18.
- **Parents as Teachers- Family Systems Intervention- In Home Skill Based Parenting**
 - Early supports for families/children at risk. Child behavior/Parent Functioning/Parent Behaviors. Addresses early childhood emotional development. Serves ages 0-5, in home model



FFPSA Prevention Services

- **Triple P- Parenting Intervention- MH**
 - Less intense than PAT, addresses parenting behaviors, improves child functioning as parenting behaviors improve. Serves 0-18, aligns with statewide expansion initiatives. Will need an evaluation plan and CQI plan
- **Methadone Maintenance- Parental Intervention- SUD**
 - Addresses SUD needs for parents who have an opioid use disorder and choose to engage in MAT. Improves Parental Functioning, addressed gaps in Medicaid Coverage for parents. In State Medicaid Plan and State Funded. Will need an evaluation plan and CQI plan





Reporting Child Maltreatment

- ✓ **Policy review and Improvements in Structured Intake Tool – contract with NCCD Children's Research Center**
- ✓ **Prevent Child Abuse NC Reporting Training and tools**
- ✓ **Changes to website**
 - **Legislative ask for implementation of CPS Rapid Response line**
 - **Partner with Child Fatality Task Force to address training of Law Enforcement**

Other important factors

- **Statewide response to rise of substance use**
- **Access to Behavioral Health Services statewide for parents**
- **Accessibility of Behavioral Health Services**
- **Transportation**



Questions and Recommendations from the Task Force

