# **Board of Commissioners Report 2019**

## Wake County Commissioners and Boards of Health

#### I. Introduction

In 1993, the North Carolina General Assembly established a network of local Child Fatality Prevention Teams (CFPT's) across the state to confidentially review medical examiner reports, death certificates and other records of deceased residents under age 18. Each local team consists of representatives of public and nonpublic agencies in the community such as law enforcement, Guardian Ad Litem, health departments, among others, that provide services to children and their families.

The purpose of this report is to give a summary of the causes of death, the number of cases reviewed, recommendations for prevention, if any, that have been made and to share local team activities and accomplishments.

### II. Role of the Wake County Commissioners and Board of Health

- Receive annual reports which contain recommendations and advocate for system improvements and needed resources, if requested.
- Appoint members of the local team as identified by the membership.

# III. Child Deaths by Cause, System Problems Identified, Recommendations for Prevention & Proposed Action

In 2018, the Wake County CFPT reviewed 19 child deaths and identified 28 system problems and recommendations for future prevention efforts. In addition, team members participated in 3 state-led intensive child death reviews. Below are highlights:

Cause of Death	System Problem Identified	Recommendation	<b>Proposed Action</b>
Suicide (Hanging) 13 year old	School was unaware that child had experienced psychiatric hospitalization and needed extra support.	Improve communication and coordination between mental health providers and schools for students with serious illness.	Medical, school, and Alliance representatives on the team met with discharge planners from Holly Hill Hospital to facilitate safe transitions.
			Alliance sent materials to participating hospitals encouraging coordination with schools and primary care providers as an important step to improve student safety.
	Child's only caregiver had serious mental illness that intermittently interfered with her capacity to care for her child, but CPS was required to close involvement when she was appropriately caring for her children.		Wake County Child Welfare has adopted the practice of Safety Organized Care, which builds a net of supportive adults to assure safety during episodes of parental disability.
Undetermined 3 month old	This infant had a safe sleep environment in her own home, but she was in the care of another family member who did not live in the infant's home and who did not have a safe sleep environment	Increase outreach to the circle of caregivers to provide awareness of safe sleep environments.	Supervisors of Maternal Child Health outreach home visiting programs committed to increasing education and support to caregivers to obtain and use safe sleep environments for infants.

Natural (seizure) 13 year old	Child's access to seizure medication was reduced by delays in obtaining Medicaid after moving to NC from another state.  Medicaid coverage must be terminated in the previous state before it can be approved in the new state.	The Centers for Medicare and Medicaid should sustain continuity of Medicaid benefits when children move.	Team member Dr. David Horowitz advocated for this change with the national American Academy of Pediatrics, which adopted this resolution as a national priority at its 2019 Annual Leadership Forum.	
Accident (Hypothermia) 17 year old	Youth substance use contributed to her exposure to a lethal outdoor environment.	Increase primary prevention of substance use in youth	Wake County Public School System is partnering with The Poe Health Center to develop an educational program for 2 <sup>nd</sup> , 6 <sup>th</sup> , and 10 <sup>th</sup> graders. This will be a 3-tier program.	
	Family violence and substance use concerns were addressed in past CPS involvement, but CPS supports were withdrawn when family plan was completed.	Offer ongoing voluntary supports to families with persistent needs who no longer meet criteria for ongoing CPS involvement.	Wake County Child Welfare has developed a robust Family Services Program for these families as well as those families where a case decision is made of services not needed or allegations unfounded but where there is still risk.	
Suicide (Gunshot) 12 year old	Although the family's gun was locked, the child knew the locations of the gunlock and the key.	Increase community awareness of the dangers of gun ownership in homes that host children or persons with mental illness.	Recommendation shared with state CFPT and with NAMI (National Alliance on Mental Illness.)	
Homicide (blunt force trauma) 10 year old	Child was injured as a toddler while in the care of an unsafe, unlicensed childcare setting.	Increase community awareness of available childcare supports.	Childcare referral resources shared with team members and WCHS Prenatal Clinic.	
		Increase awareness among policymakers of the importance of high-quality childcare for child abuse prevention.	Team members Theresa Flynn (NC Pediatric Society) and Clarette Glenn (Alliance Behavioral Healthcare) agreed to serve on the NC Child Well-being Transformation Council, where they can share prevention priorities with state policymakers.	
	Caregiver stress contributed to the situation of child physical abuse.	Increase messaging to parents about the importance of self-care as a child abuse prevention strategy.	Team members have partnered with Prevent Child Abuse to disseminate the 5 Protective Factors messaging, which includes parental resilience.	
			Futures Without Violence materials, available at no cost in English and Spanish, were shared with team members to share with their agencies and community partners.	

### IV. Wake County CFPT Activities and Accomplishments

### **Examples:**

- Members participated in the State of the State Summit on Child Fatality Prevention.
- Members were educated about the Wake County Drug Overdose Prevention and Tobacco Use Initiative.
- Members shared drowning prevention messages through grand rounds, media, and community partners.
- The annual CFPT Activity Summary was completed and sent by the date requested.
- Individual reports were completed on child deaths reviewed by the team and were forwarded to the State Coordinator.

### V. Conclusion

Thank you to the members of the Wake County Commissioners for the opportunity to share with you the successes and dedicated work of the local team as we continue to review child fatalities, make recommendations, and take actions to prevent future child deaths. Please feel free to contact the Health Director or Chairperson at 919-250-3762, respectively, should you have any questions about this report.

Health Director			
Chairperson			
Date	 		