

NORTH CAROLINA LOCAL CHILD FATALITY PREVENTION TEAM ACTIVITY REPORT 2020 & 2021

Abstract

This report highlights collected NC Local Child Fatality Prevention Team (LCFPT) data related to the 2021 and 2022 Activity Summaries for activities during the 2020 and 2021 calendar years.

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Introduction

In North Carolina, as part of the child fatality prevention system, a Local Child Fatality Prevention Team (LCFPT or Teams), exists in every county. It is the responsibility of the local Health Director to ensure the operation of the LCFPT. For additional requirements regarding the LCFPTs, please refer to General Statutes of North Carolina [§ 7B-1407](#). LCFPTs are multidisciplinary and comprised of professionals representing: social services, law enforcement, district attorney's offices, local community action agencies, local school systems, mental health departments, guardian ad litem members, healthcare providers, and more.

LCFPTs should meet at least four times per year (ideally quarterly), and can meet more often as needed, with some teams meeting monthly. When LCFPTs meet, they have access to records specific to the child death in review. Part of the mission for LCFPTs is to:

- Identify system problems that may contribute to a child's death
- Make recommendations for the prevention of future child deaths to county commissioners, the county board of health, the State Team and the Task Force
- Implement local recommendations
- Advocate for children
- Educate communities on how children are dying and how to keep children safe from injury and harm

During 2020 and 2021, the COVID-19 pandemic continued to impact LCFPTs. Despite challenges, the Teams continued to serve North Carolina children by building upon existing community partner relationships and initiatives, and creating new relationships when opportunities arose.

The Annual Activity Summary, which is part of the Agreement Addenda between local health departments and the North Carolina DHHS Division of Child and Family Well-Being, is completed by each LCFPT. For the calendar year 2020, 75 LCFPTs completed the Activity Summary survey request. For the calendar year 2021, 86 LCFPTs completed the Activity Summary. Their responses are analyzed in this report. Counties that reported their data after the due date were not included in this report, but their data is saved in the state-wide master set of data.

This report will share a summary of the collaborative activities, programs and partnerships between LCFPTs and their communities, which all focus on keeping North Carolina children safe.

Note: When this report refers to counties, it is referring to the counties that submitted their completed Activity Summary for the respective year(s).

County Representation

Over the two years, all but 9 counties responded to the respective year's Activity Summary. Table 1 outlines the number of counties who submitted responses to the 2020 and 2021 Activity Summaries.

Table 1: LCFPTs Response Submissions to Activity Summaries

LCFPT Responses	Number of counties
Submitted response to both 2020 and 2021 Activity Summary	70
Submitted response to 2020 Activity Summary only	5
Submitted response to 2021 Activity Summary only	16
No response to either 2020 or 20201 Activity Summary	9

Meetings conducted by LCFPTs in 2021

All LCFPTs are legislatively required to meet at least four times per calendar year. Counties with larger number of child fatalities may find it necessary to meet more often to adequately review all fatalities.

In 2020, a total of 271 meetings were conducted. The average number of meetings of LCFPTs was 3.57. Most LCFPTs met four times (29% of counties), or three times (26%). Three counties did not meet during the reporting year, and one county met 14 times.

A total of 323 LCFPT meetings were conducted in 2021. Forty-three percent of the counties met four times during 2021, which was the most common number of times LCFPTs met, and also the average number of meetings for all Teams. Sixty-three percent of LCFPTs reported meeting at least four times during 2021. While four meetings were the most common number of meetings for Teams, the number of LCFPT meetings ranged from zero meetings (six LCFPTs) to 11 meetings (two LCFPTs).

The teams that met less than four times during the year noted that this was due to complications of the COVID-19 pandemic. Table 2 shows the distribution of how often LCFPTs met in both 2020 and 2021.

Table 2: Number of Times LCFPT Teams Met in 2020 and 2021

Number of meetings that were held	Number of LCFPTs that met this often, 2020	Percentage of LCFPTs that met this often, 2020	Number of LCFPTs that met this often, 2021	Percentage of LCFPTs that met this often, 2021
0	3	4%	6	7.0%
1	5	7%	5	5.8%
2	13	17%	8	9.3%
3	20	26%	13	15.1%
4	22	29%	37	43.0%
5	6	8%	8	9.3%
6	2	3%	3	3.5%
7	0	0%	0	0.0%
8	2	3%	2	2.3%
9	1	1%	1	1.2%
10	0	0%	1	1.2%
11	1	1%	2	2.3%
12	0	0%	0	0.0%
13	0	0%	0	0.0%
14	1	1%	0	0.0%

Local CFPT Collaboration

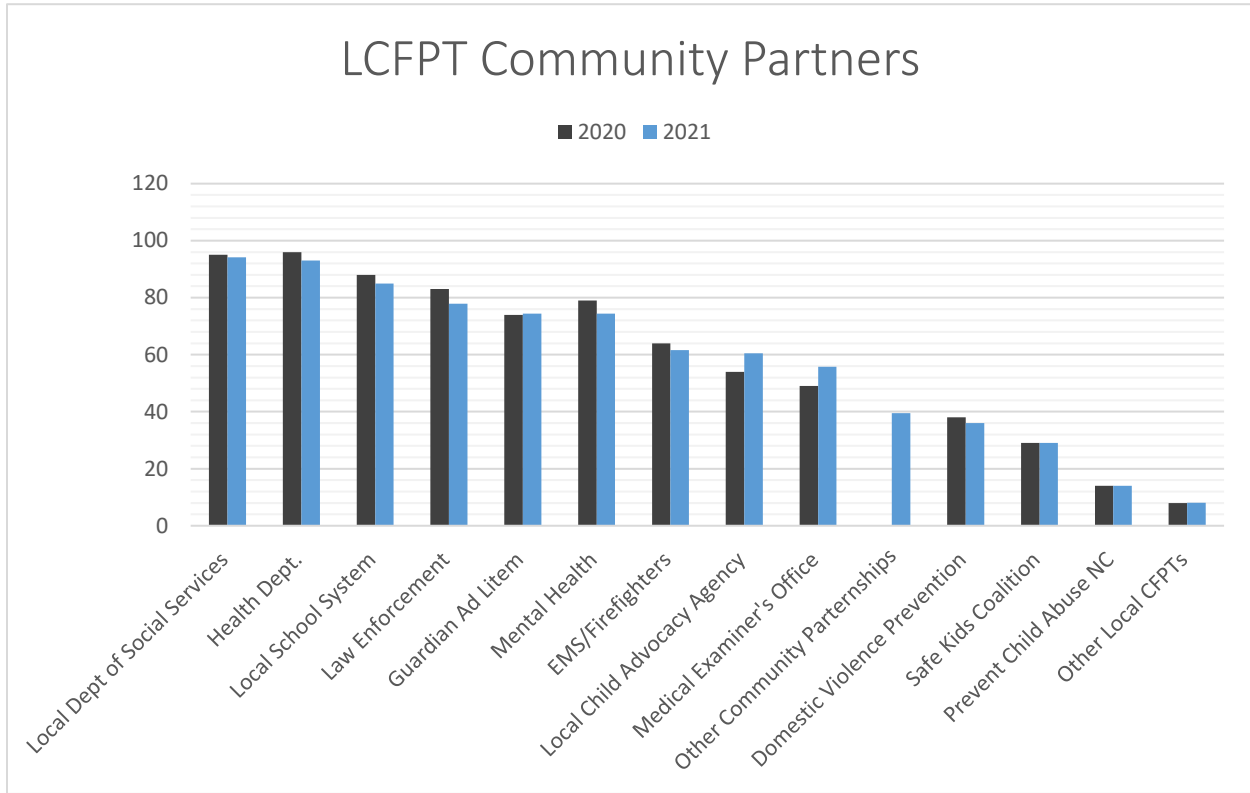
Since LCFPTs are made up of multidisciplinary members, various perspectives exist from a variety of different work settings and disciplines. In both 2020 and 2021, popular LCFPT collaborations included: social services, health departments, school systems, law enforcement, guardian ad litem and mental health representatives.

In 2020, the top community partners included the Local Health Department (96%), Local Department of Social Services (95%), Local School System (88%), and Law Enforcement (83%). In 2021, top community partners comprised the Local Department of Social Services (94%), Health Department (93%), Local School System (85%), and Law Enforcement (78%).

The other areas for collaboration entailed: EMS and firefighter stations, local child advocacy agencies, medical examiner’s offices, domestic violence prevention agencies, and other local CFPTs.

Chart 1, outlines LCFPT community partnerships by setting. The community settings encompassed in “other” cover: district attorney offices and courts, health care sites, local government offices, day care centers, military community services, and Children’s Developmental Services Agencies.

Chart 1: LCFPT Community Partnerships by Setting



Team Member Representation

Local Child Fatality Prevention Teams (LCFPTs) have several options of team format and leadership to help lessen the burden of completing all necessary reviews.

1. LCFPTs can choose to be blended with their local Community Child Protection Team, meaning they meet simultaneously. In 2021, more than 87% of the responding counties identified themselves as a blended team of Child Fatality Prevention and Community Child Protection members.
2. Counties with a high number of deaths per year - 30 or more – may choose to utilize subcommittees to decrease the challenge of reviewing all deaths. Among LCFPT respondents in 2021, 86% of North Carolina counties stated that they do not have subcommittees.
3. To spread the responsibilities of LCFPT chairs, two individuals may serve as co-chairs. In their 2021 responses, seventy-eight percent of the LCFPTs noted having one team chair, and 22% of respondents noted co-chairs serving the Teams.

Allocated Legislative Funds

State funding to support LCFPTs is \$77,412 annually. Funding is allocated to LCFPTs to spend on operational costs. Funding is distributed through a formula to 84 counties, the additional 16 counties chose to eliminate their budgets in 2002 due to DPH funding cuts.

Of the 76 responses to the 2020 activity summary, 74% (56 counties) of LCFPTs reported having legislative funds, and 4% (3 counties) of LCFPTs were unsure if they receive any funding for LCFPT functioning. Of the 86 responses to the 2021 activity summary, 71% (61 LCFPTs) stated that they received legislative funds, and 7% (six counties) indicated that they were unsure if they received legislative funds.

Funds Spent

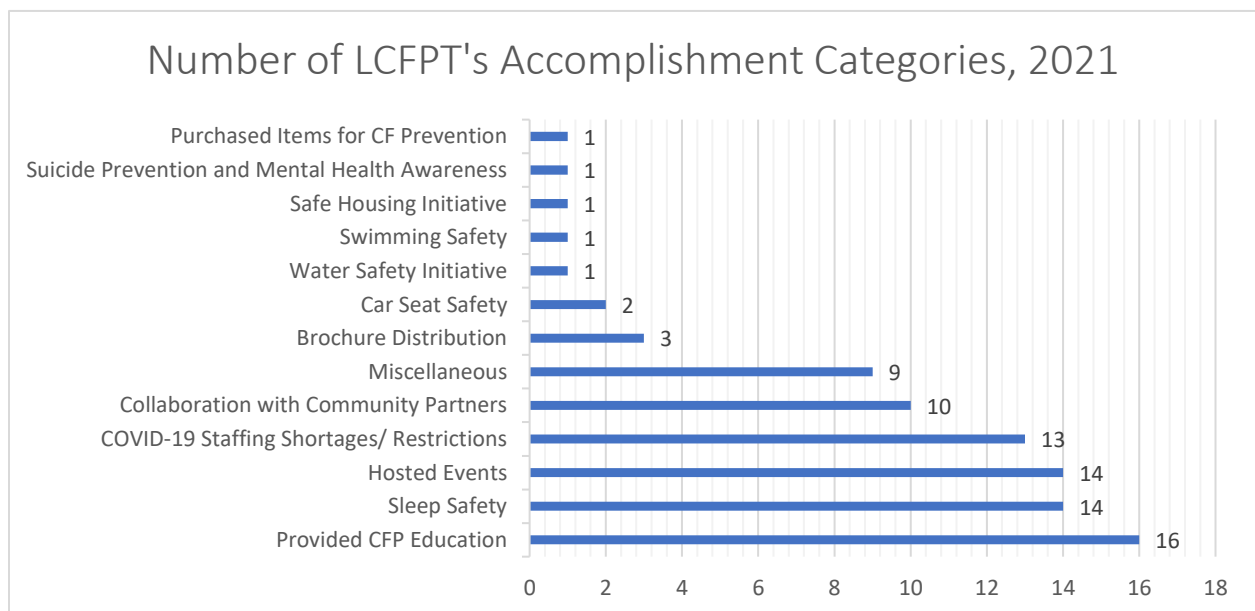
The LCFPTs have certain guidelines they must follow regarding how they can use their funds. However, there is some flexibility, which allows local teams to determine what will be the best fit for their county's needs. Across the two years of responses, of the LCFPTs that stated that they receive legislative funds, the two most popular areas for spending were: staffing support, salary, and mileage; purchasing refreshments for the team meetings and program implementation. Program implementation includes, but is not limited to: hosting seminars, webinars, bike rodeos, and distributing Pack 'n Plays. The additional areas that funds were spent were: purchasing car seats, safety equipment - bike helmets, gunlocks, smoke detectors, etc., printing or purchasing brochures, office supplies, and attending trainings/conferences, providing county-wide training conferences. Of note, many LCFPTs use their funds in more than one way.

CFPT Accomplishments and Activities

One challenge of 2020 and 2021 impacting LCFPTs was the ongoing COVID-19 pandemic. Many LCFPTs were given additional responsibilities, in addition to the regular job duties that they were already performing. While there were significant impacts due to the pandemic response, many benefits and accomplishments of LCFPTs were noted. Some of these statewide trends for accomplishment included: counties running prevention campaigns and continuing to provide various LCFPT trainings to team members, distributing safety equipment, and offering safety lessons for kids and adults. Chart 2 outlines additional accomplishment categories from the 2021 activity summary responses. Below are a few highlights of LCFPTs' accomplishments during 2021:

- One county organized a supply drive for the Rock-A-Bye Baby Community Baby Shower, that will benefit new mothers and infants with necessary supplies. This was a collaborative effort across a few different community partners.
- Another LCFPT was able to complete a few different activities.
 - Hosted a helmet fitting at a bike rodeo that reached 75 kids.
 - In collaboration with the County Sheriff's Office, collected 12 pounds of medication at a medication take-back event.
 - Supplied personal floatation devices at life jacket loaner stations, to promote water safety and drowning prevention.
 - Partnered with the local summer day camp program by hosting a hot car event to increase heatstroke awareness. Around 30 kids were in attendance ranging 5 to 12 years old.
- One health district now has three certified North Carolina passenger safety technicians, and currently offers car seat installations at all three of their health department locations.
- One Team ran a suicide prevention and mental health resource campaign.
- In another LCFPT, team members participated in PEERS 5K to raise money to purchase Pack 'n Plays for families identified in need.
- In one county, one of the LCFPT members started a county firearms coalition. The member also wrote, and received, a comprehensive suicide grant for funding that will provide suicide prevention support for two-and-a-half years. In addition to this, several other LCFPT members for this county serve on this coalition.

Chart 2: 2021 Noted LCFPT Accomplishments



Training Needs

Ongoing trainings keep LCFPTs updated on current policies, procedures, and best practices; highlight specific areas of interest and need; and provide information gained to be used during child fatality reviews when creating fatality prevention activities. Teams ranked training topics based on their LCFPT's needs. For both the 2020 and 2021 annual activity responses, the highest-rated topics that LCFPTs requested for training included: Suicide Prevention, Safe Sleep, and Prematurity/Perinatal Issues.

Topics were ranked from one to nine, with one being the most important topic for the LCFPT team, and nine being the least imperative. Table 3 notes average scores of each training topic for both 2020 and 2021 responses, and how the topics ranked in their respective years. Suicide prevention was the most requested training topic for both years. Prematurity/Perinatal issues, and safe sleep were listed as the second and third most requested topics both years.

LCFPTs were also given the opportunity to write in additional training needs that were not covered in the topics provided in the survey (the choices listed in Table 3).

In 2020, LCFPTs identified training needs among the following topics:

- training from state representatives for properly conducting LCFPT team meetings via teleconference
- orientation trainings for new board members
- guidelines for writing better by-laws
- how to promote better attendance for quarterly team meetings
- how to improve expectations and roles of LCFPT
- updates on legislation concerning the child fatality prevention system
- how to manage system impacts of pandemic or other crisis
- tips on obtaining additional funds to scale up campaigns to impact larger populations
- how to properly use Pack-n-Plays
- safety classes for children riding bikes & ATVs
- child abuse prevention
- and others, including social determinants of health, gun safety, environmental temperatures related to Sudden Infant Death Syndrome, trainings related to LGBTQ+ children, car seat trainings, and substance misuse and abuse (including marijuana and opioids) and mental health issues.

In 2021, most LCFPTs did not specify the need for additional training. However, the ones that did request additional topics were interested in information about specific child death cases and scenarios, working with medical examiners, and prenatal training to improve positive birth outcomes. These identified topics have and will continue be considered when creating learning materials and training meetings for the LCFPTs.

Table 3: Child Fatality Training Topics Ranked by LCFPTs in 2020 and 2021

Requested Training Topic	2020 Rank	2020 Averaged Score	2021 Rank	2021 Averaged Score
Suicide prevention	1	4.05	1	3.54
Prematurity and perinatal issues	2 (tie)	4.37	2	4.30
Safe sleep	2 (tie)	4.37	3	4.52
Identifying system problems and recommendations	4	4.50	5	5.03
Motor vehicle safety	5	4.83	4	4.75
Supervision of children	6	4.92	6	5.14
Child death scene investigations	7	5.34	8	5.86
Operations of the Medical Examiner's Office	8	6.25	9	6.10
Effective Team Building	9	6.37	7	5.77

*Note: LCFPTs ranked topics from one to nine, with a score of one being the most important topic for the Teams.

Improvements

The state-level Child Fatality Prevention System continually strives for improvement. Since LCFPTs make up one branch of this system, they were asked for suggestions related to the CFPT review process. Of those who responded to this question within the 2021 Activity Summary, 70 LCFPTs (81%) did not have any suggestions for the CFPT Review Process. The 16 Teams (19%) that submitted suggestions noted these common themes:

- Request for additional handouts with death notification for review
- Additional CFPT training
- Improve response time from coroner
- Legislature updates
- Comparisons with other teams
- Sharing what effective programs have helped reduce child fatalities in other counties

- Problems-Recommendations-Action training
- Use of technology to improve efficiency and proficiency

Data Needs

The Local CFPT Program Coordinator and staff within the Division of Child and Family Well-Being maintain a database of the report forms submitted from fatality reviews by the LCFPTs. This database is used, in collaboration with other state agency resources, to understand LCFPT data and trends. LCFPTs have expressed interest in using LCFPT data to compare trends among counties and other states.

Consistently over the 2020 and 2021 Activity Summary responses, over 60% of LCFPTs noted a desire to compare their LCFPT data with other LCFPTs' data. When looking at aggregated statewide child fatality data, about 60% of LCFPTs were interested in this information, and about half of LCFPTs stated that they were only interested in the data from their LCFPT. Note: Within the survey, LCFPTs were allowed to pick more than one option for data dissemination.

Reporting Needs

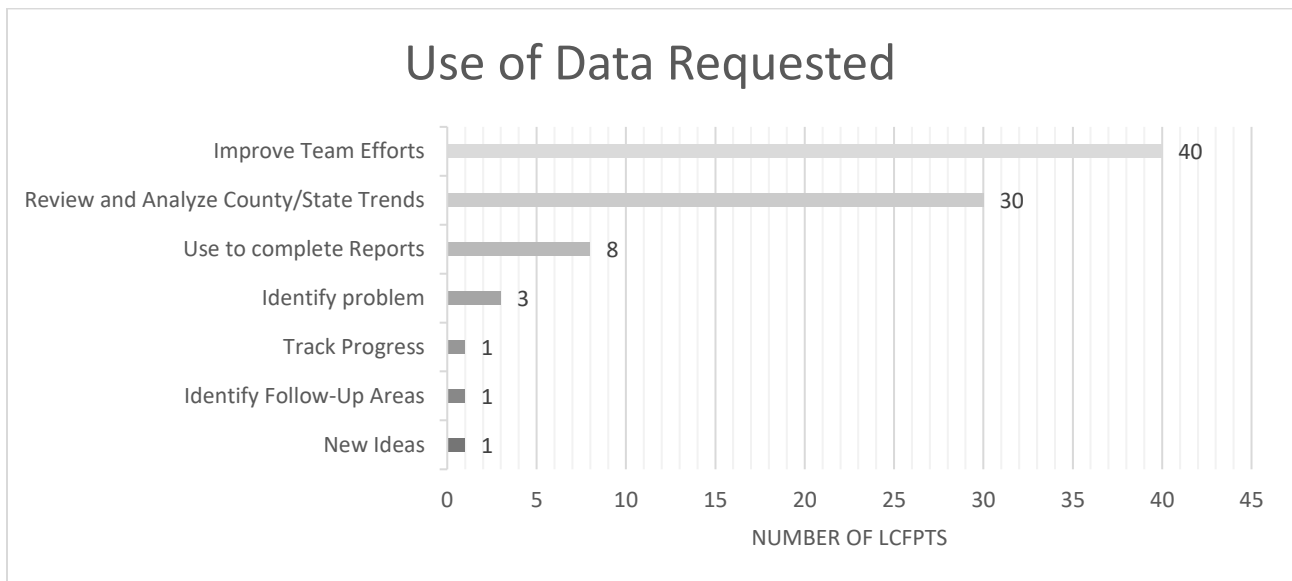
The 2021 Activity Summary Survey asked what types of reports would be most helpful for the LCFPTs to receive. Of responding LCFPTs, 91.9% stated that the Annual Activity Reports were helpful, 54.7% reported the Report Forms and Tracking Forms as being helpful, and 2.3% stated that additional reports are helpful – such as the Quarterly Reports for the Local Board of Health and Reports to the County Commissioners.

When asked about the frequency that LCFPTs would like to receive reports, quarterly was most popular (59%), followed by annually (23%), twice-per-year (17%), and special requests (1%).

When LCFPTs were asked about the format that the reports are delivered in, 72% of LCFPTs requested a Word document version (including charts, tables, and text), with 15% requesting Excel files with raw/original data, and 13% requesting Word documents with text only (no visuals).

Teams were also asked how the data reports would be used, and an overwhelming majority noted using the data to improve LCFPT Team efforts (40 LCFPTs). Additional uses for receiving data were: reviewing and analyzing county and state trends (30), using data to complete additional reports (8), identifying problems in their county (3), tracking progress (1), identifying follow-up areas and topics (1), and new ideas (1).

Chart 4: How LCFPTs Reported Using Data Reports



Problems – Recommendations – Actions

Two new questions related to Problems-Recommendations-Actions (PRAs) was added to the 2021 Activity Summary questionnaire. For 2021, they were optional questions, and did not require a response from the Teams. The first question was, “Number of written actions: How many actions has your team completed from the Problem-Recommendations-Actions section of the CFPT Confidential Review forms during 2021?” The second question was, “Number of completed actions: How many actions has your team completed from the Problem-Recommendations-Actions section of the CFPT Confidential Review forms during 2021?”

The purpose of these questions was to evaluate how many actions were possible for each team, and to look at how many actions were implemented during the year. The responses allow the state-level team to see an aggregated overview of actions that were proposed, and ones that were implemented.

For this report, 16 LCFPTs reported their written and completed actions, which have been de-identified for reporting purposes. Most of the Teams (13 of the 16) reported the same number of written actions as the number of completed actions. Five LCFPTs completed some, but not

all, of their written actions. LCFPTs were not asked to provide barriers for completing their actions.

Summary:

This 2020 and 2021 report of responses from the Activity Summary Surveys provides an overview of the happenings, challenges, accomplishments, and future aspirations for the local child fatality prevention teams (LCFPTs). Despite the challenges and complications brought on by the COVID-19 pandemic, LCFPTs across the state of North Carolina were able to pull together and maintain the hard work required of their teams.

In 2020, 76 LCFPTs, were able to submit their completed Activity Summaries on time. Of these counties that reported, 46% met at least four times over the year, which is legislatively mandated. LCFPTs worked with a variety of settings that provide a strong representation of different occupational backgrounds that help protect children and reduce child fatalities. While not all LCFPTs receive legislative funding, the ones that do use it for staff support, purchasing refreshments for team meetings, purchasing safety materials, printing or purchasing brochures, program implementation, and/or training.

In 2021, 86 LCFPTs, were able to submit their completed Activity Summaries on time. Of these counties that reported, 63%, an increase from the year prior, met at least four times over the year. Most of the LCFPTs (87%) reported that their LCFPT was blended with the Community Child Protection Team. Of the LCFPTs receiving legislative funding, funds were used for important programmatic support, such as staff expenses, program implementation, and safety materials to give away to families.

LCFPTs continue to collaborate in a variety of settings that provide a strong representation of different occupational backgrounds that help protect children and reduce child facilities.

In addition to helping families in their communities, the Teams also identified training from the state-level Team to support their efforts. The top training topics persisted over both years and have already been addressed via state-wide training opportunities and will continue to be used as a guide when drafting new webinars opportunities.

The Activity Summary is a crucial way for the Local Child Fatality Prevention Team Coordinator to better understand the happenings. As was done for the 2021 report with the addition of the two new PRA questions the survey will be adapted as needed annually to better understand the best ways to support each LCFPT across North Carolina. Overall, this report serves as an example of the variety of ways that the LCFPTs worked together to help provide meaningful impacts to reduce child fatalities in their communities.