

NORTH CAROLINA LOCAL CHILD FATALITY PREVENTION TEAM ACTIVITY REPORT 2022

Abstract

This report highlights collected NC Local Child Fatality Prevention Team (LCFPT) data related to the 2023 Activity Summaries for activities during the 2022 calendar year.



NC DEPARTMENT OF
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HUMAN SERVICES**

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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 are required to meet at least four times per year (ideally quarterly) but can meet more often, as needed. When LCFPTs meet, they have access to records specific to the child death(s) in review. 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

The Annual Activity Summary, a component of the Agreement Addenda between local health departments and the North Carolina Department of Health and Human Services, Division of Child and Family Well-Being, is completed by each LCFPT. For the calendar year 2022, 85 LCFPTs completed the Activity Summary survey. 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.

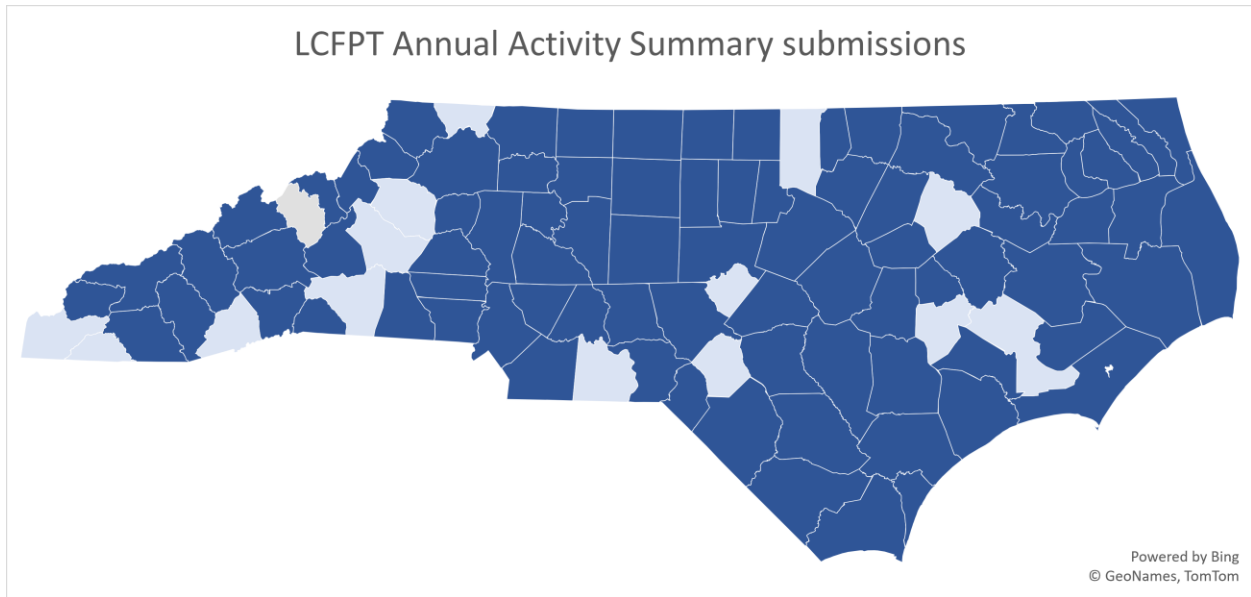
This report will share a summary of the collaborative activities, programs and partnerships between LCFPTs and their communities, which all focus on keeping North Carolina children safe.

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

County Representation

All but 15 counties completed responses to the respective year's Activity Summary. Of the 85 completed responses, Map 1 outlines the counties who submitted responses to the 2022 Activity Summary.

Figure 1: LCFPTs Response Submissions to Annual Activity Summary



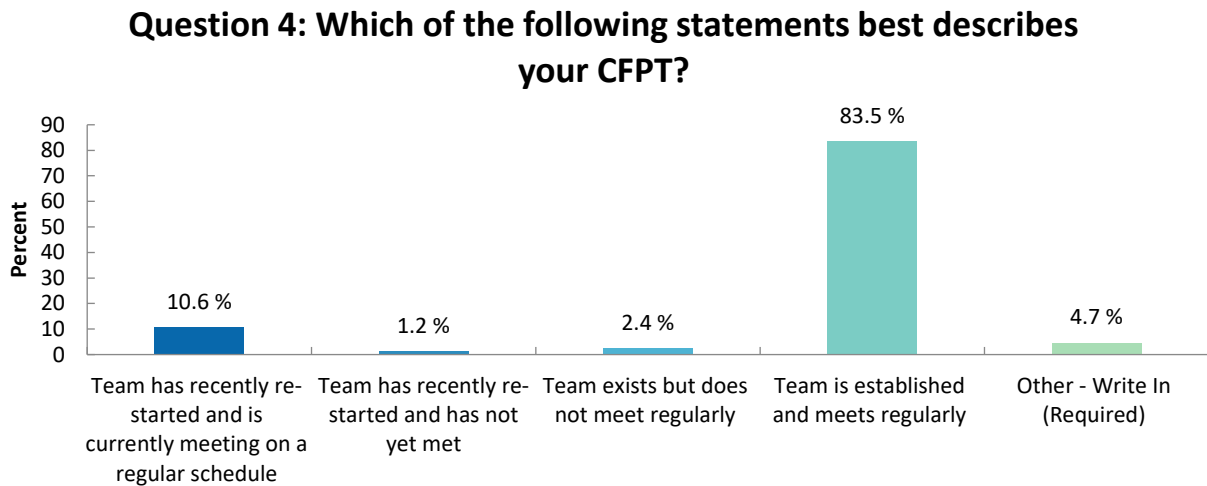
*Darker colored counties submitted the annual Activity Summary in 2023

Meetings conducted by LCFPTs in 2022

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

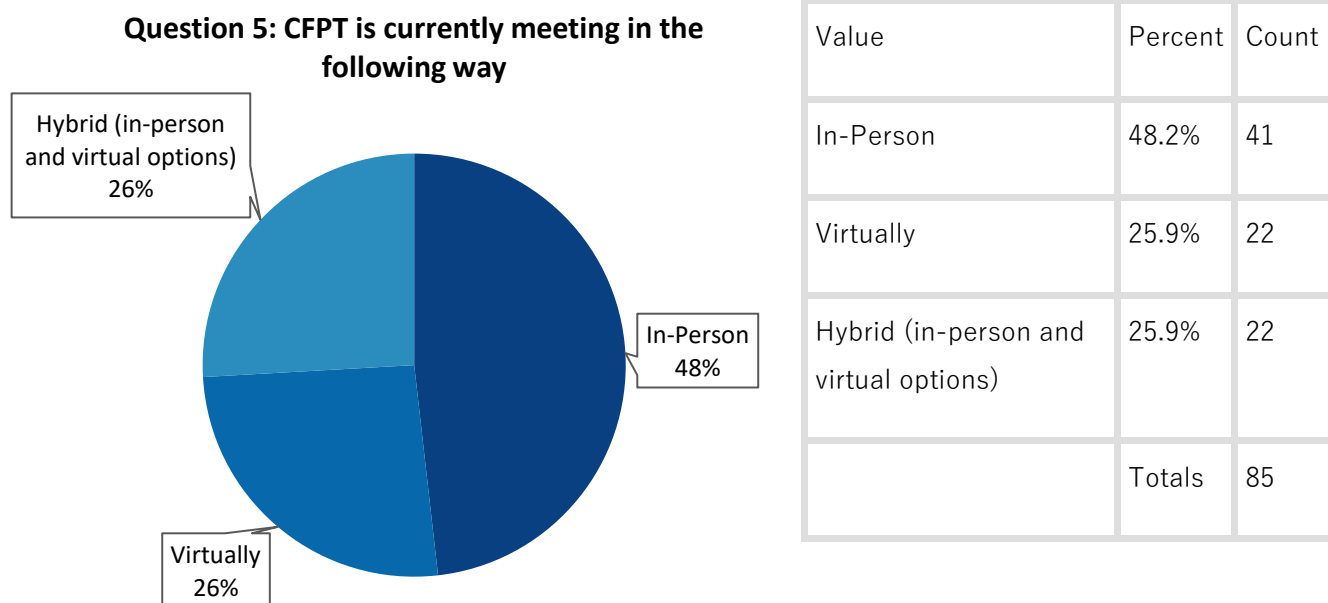
In 2022, a total of 386 meetings were conducted across all counties. The average number of meetings for LCFPTs was 4.5. Seventy-eight percent of LCFPTs reported meeting at least four times during 2021. While four meetings were the most common number of meetings for Teams (48.2%), the number of LCFPT meetings ranged from zero meetings (two LCFPTs) to 12 meetings (two LCFPTs). A new question in this year’s Activity Summary asked respondents to choose a description of their CFPT as well as how the team is currently meeting. Results are displayed in Chart 1, below.

Chart 1: LCFPT Meeting Description



A major milestone, over 83% of counties are established and meeting regularly. Of those who chose 'other,' responses included "During COVID our team met on an irregular schedule. We are currently back to our normal schedule, meeting regularly but some meetings were virtual, Meets Quarterly, and n/a."

Chart 2: LCFPT Meetings



A majority of teams are back to meeting in-person after a few years of COVID-19 pandemic alterations. The other half of LCFPT meetings are evenly split between virtual and hybrid methods. Both virtual and hybrid bring their own challenges both with technology and with engagement.

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 2022, more than 76% 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 2022, nine counties stated they utilize subcommittee meetings.
 - a. Among the nine counties who utilized subcommittees, four counties held 4 subcommittee meetings, 2 counties held 1 subcommittee meeting, 2 counties held 10 subcommittee meetings, and one county held 3 subcommittee meetings.
3. Member participation was asked for the first time in this year’s survey. A few highlights can be seen below with specific details found on Table 1.
 - a. Parents of a child who died before their 18th birthday had the highest vacancy rate at 54%

- b. 75% of responding counties have DSS staff members attending every meeting and 52% of counties have the director of local department of public health attending every meeting.

Table 1: LCFPT Member Representation

Darker color/deeper blue equates to higher county/percentage and graded to white, zero.

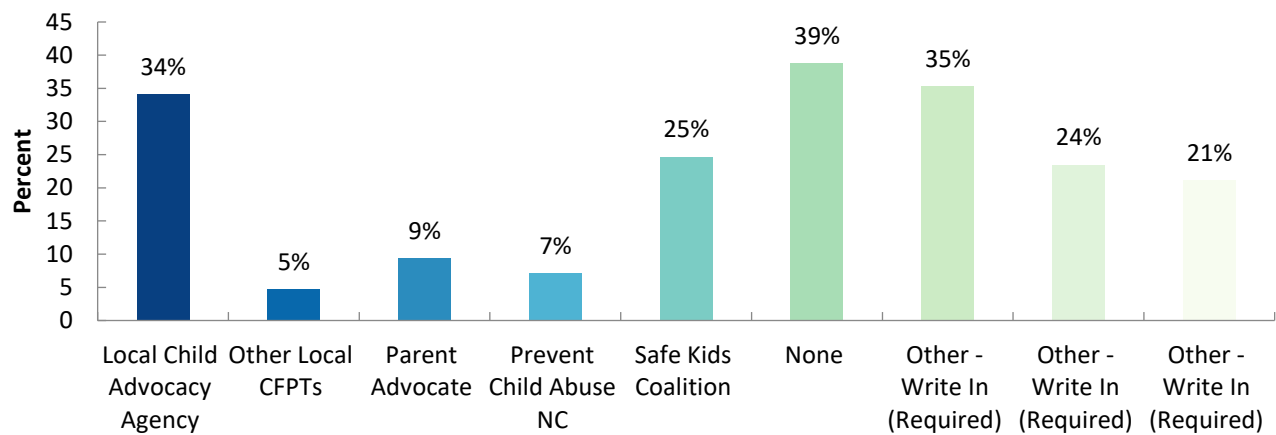
	Vacant		Never (position is assigned but individual not present)		Rarely (inconsistent attendance)		Occasionally (attended half of meetings)		Frequently (missed one meeting)		Every meeting		Total Responses
	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Count	Row %	
DSS Director	2	2.4%	10	11.8%	8	9.4%	9	10.6%	24	28.2%	32	37.6%	85
DSS Staff member	3	3.5%	1	1.2%	0	%	2	2.4%	15	17.6%	64	75.3%	85
Law Enforcement	4	4.7%	6	7.1%	13	15.3%	23	27.1%	20	23.5%	19	22.4%	85
District Attorney	17	20.0%	20	23.5%	13	15.3%	17	20.0%	12	14.1%	6	7.1%	85
Community action agency director, or designee	22	25.9%	7	8.2%	5	5.9%	11	12.9%	21	24.7%	19	22.4%	85
School superintendent, or designee	5	5.9%	6	7.1%	8	9.4%	16	18.8%	25	29.4%	25	29.4%	85
County board of social services member	20	23.5%	8	9.4%	4	4.7%	7	8.2%	20	23.5%	26	30.6%	85

Mental Health professional	10	11.8%	6	7.1%	5	5.9%	10	11.8%	22	25.9%	32	37.6%	85
Local guardian ad litem coordinator or designee	5	5.9%	11	12.9%	9	10.6%	12	14.1%	28	32.9%	20	23.5%	85
Director of local department of public health	3	3.5%	11	12.9%	2	2.4%	9	10.6%	16	18.8%	44	51.8%	85
Health care provider	7	8.2%	7	8.2%	3	3.5%	8	9.4%	21	24.7%	39	45.9%	85
EMS or Firefighter	14	16.5%	14	16.5%	14	16.5%	8	9.4%	19	22.4%	16	18.8%	85
District court judge	30	35.3%	24	28.2%	7	8.2%	6	7.1%	10	11.8%	8	9.4%	85
County medical examiner	20	23.5%	19	22.4%	8	9.4%	16	18.8%	9	10.6%	13	15.3%	85
Representative of local childcare facility or Head Start program	24	28.2%	12	14.1%	9	10.6%	11	12.9%	14	16.5%	15	17.6%	85
Parent of a child who died before reaching the child's 18th birthday	46	54.1%	11	12.9%	7	8.2%	7	8.2%	9	10.6%	5	5.9%	85

Local CFPT Collaboration

Since LCFPTs are made up of multidisciplinary members, various perspectives exist from a variety of different work settings and disciplines. LCFPTs were asked who, outside of team members, were community partners the team collaborated with during 2022. Results shown in Chart 3.

Chart 3: LCFPT Collaborative Partners



Community partnerships noted among 'Other', totaling 68 responses, include:

- N/A or not applicable
- The John 3:16 Center
- A new home visitation program for families who are pregnant or recently delivered a baby
- AFSP
- Community at Large
- Daymark - Mental Health Services
- Fire Marshals
- Goldsboro Pediatrics
- LME/MCO Trillium
- Local Hospital
- Naval Hospital and other military components
- Pregnancy Care Manager
- UNCC research team
- United Way local
- Children's Developmental Services Agency
- DJJ – NCDPS
- Human Trafficking- Worth Court
- Life Choices
- Nurse Family Partnership
- SMART START

- Safe Kids
- Attorney
- Business community
- ER Case Manager
- Naval Criminal Investigation
- Substance Use Disorder Representative
- Women @ the Well Outreach Program

Allocated Legislative Funds

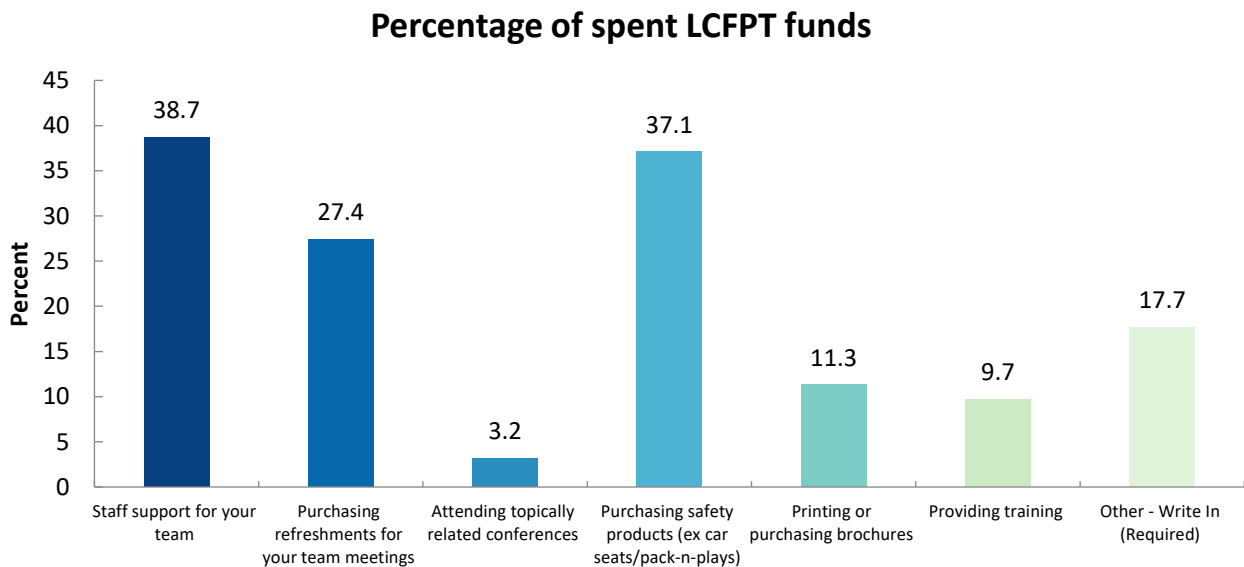
State funding to support LCFPTs is \$74,200 annually. Funding is allocated to LCFPTs to spend on operational costs. Funding is distributed through a formula to 84 counties, the additional 16 counties chose to eliminate their budgets in 2002 due to DPH funding cuts.

Of the 85 responses to the 2022 activity summary, 73% (62 counties) of LCFPTs reported having legislative funds, and 9% (8 counties) of LCFPTs were unsure if they receive any funding for LCFPT functioning.

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 responses, the two most popular areas for spending were: staff support for the team and purchasing safety products. Of note, many LCFPTs use their funds in more than one way.

Chart 4: LCFPT Funds



Of the 11 counties who chose ‘Other’, responses included:

- Child Abuse Prevention Month supplies – Pinwheels & Signs, etc.
- Materials to address gun safety; bullying; safe sleep initiatives and materials for community including families, pediatricians, Family Connect; Buckle Up for Safety Initiatives, etc.
- Meeting supplies
- Postage, Envelopes, and password protected USB
- Promotion material for Child abuse awareness month
- Resilience room for CMS schools
- Safe Sleep Onesies
- Safety Makes Cents Award and Prevent Child Abuse materials
- Salary and Mileage
- These funds are typically used for staffing – we are in the process of filling our nurse review coordinator position

CFPT Accomplishments and Activities

As we emerge from the challenging pandemic years and adapt to the ongoing epidemic, many individuals serving on LCFPTs are still engaged with additional responsibilities in addition to the regular job duties, on top of serving on this voluntary team. Despite those challenges, there remains an abundance of accomplishments noted by LCFPTs. Chart 3 highlights the accomplishment categories. Specifics of shared accomplishments can be found in Appendix A.

Chart 5: 2022 Noted LCFPT Accomplishments



Team Needs

Teams ranked topics based on their LCFPT's needs. Provided topics included: Additional funding for local CFPT, Training, Data, Support/resources from CFPT Program Coordinator, as well as 3 open responses. Of responses, 65% ranked 'Training' as their top or second highest area of need with Data and Additional funding both coming in with percentages in the high 40s.

Of the write-in responses, respondents could rank their other responses as top, 2nd highest, 3rd highest or additional need. Top areas of need identified included:

- Appointment of ME Designee
- Community Involvement
- Consistent attendance among disciplines
- Quicker turn around for death reviews

Identified write-in responses for other needs included:

- Fill Vacant Members
- Interactive Trainings
- More support in all CW program area
- Ongoing updates on impact of state and legislative changes
- Suggestions on other trainings or ideas learned by other CFPTs
- Support for recommended changes to programs
- Technical discussions on agency staff shortages and how they impact communities
- Webinars
- Templates for CFPT to send out to help with CFPT participation in the meetings
- Video Presentations

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.

Among past annual activity summary surveys, respondents were asked to rank a set group of training topics. This year, the 2022 annual activity survey asked respondents to identify at least one specific training topic the team would benefit from. Some respondents noted more than one topic. These topics included:

- Proposed changes to the CFPT process
- Parents abusing substances
- New Team Member Orientation
- Youth suicide & best practices for reducing it
- Ongoing training on top mental health issues/suicide prevention
- Training on action items

- Fentanyl overdoses & near misses/data & trends. What to do.
- Member responsibilities
- Safe Sleep
- How to keep members on the team and attending regularly
- Child death scene investigation – we have a lot of changes in agencies and they identify needing this
- Best practices for meetings (format etc.)
- ME process
- Funding resources or grants to apply for funding needs
- Child Fatality Death Investigations
- Identifying specific recommendations and implementable actions for each system issue identified.
- How to implement effective community awareness/public information campaigns
- Support for parents/caregivers/DSS
- Use of consistent language for infants that die in unsafe sleep environments
- CFPT Review Process
- Childhood deaths related to gun violence
- How to make strong recommendations
- Resilience and Mental Health Support
- Safe Sleep and associations with tobacco and marijuana links
- Identifying System Problems/System problems/recommendations wording
- More training on what to do when a group feels a recommendation needs to be made but unsure of how to make it when another agency in the room gets defensive
- Recruiting members to be on the CFPT team/Keeping members engaged
- Trends of fatalities across the state
- Sample scenarios of a child fatality with action plans
- Gun safety
- Report form details
- Substance Affect Infant/Substance Use/Developmental Concerns
- Ways to enhance access to prenatal care services to all
 - Optimizing prenatal care access and adherence in rural communities
- Getting the most out of CFPT meetings
- Prevention Campaigns
- Secondary Trauma
- Review of team role responsibilities & expectations
- DX of SIDS from the ME standpoint
- Substance Abuse as it pertains to child deaths
- Integrated Data Training
- Connecting case issues with local resources

These specific training needs will be used to plan upcoming years' trainings for LCFPTs.

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 many years of 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, 67% 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 2022 Activity Summary Survey asked what types of reports would be most helpful for the LCFPTs to receive. Of responding LCFPTs, 85% noted that they would like highlights from the year (data and information from report forms). Additionally, 80% stated that the Annual Activity Reports were helpful. Finally, last year, the first edition of a summary of state-wide Board of Health/County Commissioner reports was distributed. Over 50% of respondents noted wanting this report shared again.

When asked about the frequency that LCFPTs would like to receive reports, quarterly was most popular (54%), followed by biannually (23%), annually (21%), and special requests/as needed (1%).

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, as it was not required, 29 LCFPTs (50%) did not have any suggestions for the CFPT Review Process. The remaining suggestions noted these common themes:

- Best practice protocols for teams to follow: A document that is succinct and covers best practices for reviews, data collection, expectations of the state, guidelines for spending funding, etc.
 - Clear definition of what a 'system problem' is
 - Who to make recommendations to
 - Guide for conducting a virtual review
- Would be great to have a full time Case Coordinator
- Provide a quicker turnaround time for autopsies from the OCME
- Specific instructions on archiving records for 5 years (calendar vs. fiscal)
- Webinars with review examples to see how to run and handle the meeting to get the recommendations for system problems. All cases are different, but seeing some cases being done in the correct manner would help a lot

- PDF files for the new electronic sharing of fatality packets
- Funding for refreshments
- Assistance with out of county/state records request – could the state develop a release of information with wording/assistance from the state attorney
- Increase public's awareness of CFPT existence and awareness – could encourage more reporting of suspected child abuse/neglect cases and foster greater community involvement in fatality prevention efforts
- Difficulty obtaining records for reviews
 - Suggest annual reminders from the state to providers and hospitals that CFPTs exist and that they are allowed to make requests for information.
- The State sending additional information if there is no autopsy
- Consistent attendance and education among disciplines about roles & responsibilities
- Reviewing deaths closer to the occurrence would be helpful
- Make more virtual trainings available as this would produce better attendance

Summary:

This 2022 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).

Eighty-five LCFPTs submitted completed Activity Summary Surveys on time. Of these counties, 78% met at least four times over the year, which is legislatively mandated. Meetings were primarily held in person, 48% across the noted 386 total meetings. Of responding teams, 84% are established and meeting with a significant portion having recently re-starting and also currently meeting on a regular schedule. In terms of membership on the LCFPT, parents of a child who died before their 18th birthday had the highest vacancy rate at 54% while 75% of responding counties noted having DSS staff members attend every meeting along with 52% having the director of the local department of public health also attending every meeting. While not all LCFPTs receive legislative funding, those that do used the funding primarily for staff support for the team and the purchase of safety products. Of note, many LCFPTs use their funds in more than one way.

In addition to helping children and families in their communities, Teams also identified their greatest needs in anticipated work for the next calendar year. Of responses, 65% ranked 'Training' as their top or second highest area of need with Data and Additional Funding both coming in in the high 40%. Suggested training topics by respondents included over 40 topics which will be used as a guide when drafting new opportunities.

The Activity Summary is a crucial way for the Local Child Fatality Prevention Team Coordinator to better understand the happenings. As was done in the past, 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.

Appendix A

Specifics of shared LCFPT accomplishments can be found below:

- Purchased window fire safety ladders for 2 and 3 story buildings. These were distributed by the local Fire Marshal to areas that were of highest risk. We also provided suicide prevention training to all CFPT/CCPT members. This training was one that could be shared within their organizations to raise awareness of suicide. It also provides tools on signs to watch for and how to prevent.
- Collaborated with school system to support trauma informed interventions that support resilience of youth.
- Worked with our agency Social Workers to provide car seats and perform car seat checks at different local events.
- The CFPT team decided to receive education regarding suicide since the team noticed the number among children and teens seem to be on the rise. The team received education on suicide prevention/signs/symptoms to look for such as withdrawal, depression, isolation and change of behavior. Everyone agreed to receive this extra education so it could be used for not only the CFPT Team, community members, work place and personally. We also have Pack 'n Plays, safe sleep books and brochures that are available to the community to assist with safe sleep education or address any unsafe sleep conditions.
- The team has been revitalized within the last 18 months.
- Participated in child abuse awareness/prevention activities in April 2022.
- Ensure that mandated reporters in the community are educated on their obligation in reporting suspected child abuse/neglect to DSS.
- Continue to educate the community on proper car seat installation. Team identified upcoming free car seat safety event and distributed event flyers to community partners.
- Suicide prevention training called QPR (an evidenced based program) is currently being taught by health education staff at the Public Health Center. All health department staff have been trained and training is now being offered to outside staff such as DSS and other organizations interested in the training.
- Safe Kids Coalition provided hot car safety demonstrations and education. "Beat the Heat" from CDC, "Park.Lock.Look" from Safe Kids, and nc.org/hotcars infographic.
- Public Health Center shared educational materials throughout the year on our social media websites including Facebook & Instagram regarding car seat safety, heat/hot car safety, suicide prevention, gun violence/trafficking, and safe sleep.
- Partnered with our Sheriff's Department to do a windmill garden to increase child abuse awareness in the community.
- We continued to work on Suicide Prevention and Mental health and also added ATV safety. Trillium remains a great partner and provides resources that are accessible to the public on their website. We also continue to work with the county's Overdose Prevention Coalition.

- Safe sleep awareness efforts included trainings, coordinated and professional public information campaigns, and many community collaborations.
- Swimming classes in county schools.
- Added a representative from a Substance Use Disorder Center. We often have cases that involve substance use or abuse and this gives us insight into what is already available and what we are missing so we can make better recommendations.
- Education information given to maternity clinic related to infant mortality prevention.
- Educated on early pregnancy, pregnancy risks, and various pregnancy outcomes.
- Created and disseminated/promoted safe driving (seat belt usage, no cell phone usage) targeted to teen drivers on social media platforms. Collaborated with local fire marshals to identify resources for free smoke detector installation for county residents. Added a member of the NC State Highway Patrol to our local CFPT. Identified resources for residents in our county to obtain car seats and partners that provide car seat installation as well as safety checks.
- Education to team members
 - Health Educator with County Department of Health presented "How Opioids are affecting our Children" and a "Safe Sleep" presentation and reviewed the Safe Sleep program offered by the Health Department.
 - Women's, Infants, and Children's Program Director presented the WIC program to the team. She provided information on the program and what they had to offer along with the requirements.
- Purchased 2,000 of each type of educational materials (pamphlets, book marks, coloring books for younger children) to distribute to community partners and youth and families, to address firearm safety, bullying and internet safety. Provided funding to the "Buckle Up" initiative (adjustable car seats, thermometers and other materials for families of infants and other children). School system instituted a Student Code of Conduct for all students to addresses key risk factors: bullying, sexual assault, gang activities, drugs, firearms, harassment, suicide risk factors, etc. Having this in place and implemented school wide has increased awareness and accountability for all involved and led to fewer negative incidents.
- Purchased 4,000 Safe sleep magnets (2,000 in English and 2,000 in Spanish) 75 Pack 'n Plays and 15 car seats for community partners including victims of human trafficking, which has increased safety of very vulnerable infants.
- Reviewed the military protocol to learn how to better coordinate with the ED and children being seen for mental health crises as well as medical concerns during discharge planning purposes.
- Our Health Educators are regularly putting information on Facebook & Twitter re: Safe Sleep, Suicide Prevention. Information on an upcoming Mental Health First Aid Training was shared with all Health Services staff with a request that they share the information with friends and family. Pack 'n Plays and smoke detectors were distributed through our CMHRP and CMARC staff.
- Awarded Safety Makes Cents to a community agency (whose mission is to reduce childhood injuries and fatalities) due to the rise in homicides and suicides by firearms, our CFPT purchased 3

different types gun locks that will be distributed to the community. The CFPT offered pinwheels in collaboration with a local community action agency during Prevent Child Abuse month.

- Promoted safe sleep within the county
 - Purchased 23 Pack 'n Plays in 2022 with Child Fatality funds. There were some Pack 'n Plays left over from 2021. There were 36 Pack 'n Plays distributed within 2022 to those in need. These are available at no cost to families who cannot afford to purchase a crib and do not have a safe sleep alternative for their infant. Each Pack 'n Play includes a sleep sack, fit sheet, pacifier, and education materials in English or Spanish from the Crib for Kids' program. The target population is Medicaid, uninsured, and low-income families with infants under 12 months, and/or pregnant women living in the county. The goal is to decrease infant mortality and provide medical provider education about the importance of Safe Sleep. Clients are referred by DSS and case managers from the Health Department who work with at-risk families with young children and pregnant women.
- Participated in the County Infant Mortality Reduction Coalition September 2022 Safe Sleep Campaign and in the in the 2022 Walk for Our Babies Campaign.
- We discussed the county's Prevention Coalition and received updates. Our School District sent out information to school age clients at open house and start of school on Suicide, Mental Health Access, Vaping and ATV safety. The School District purchased videos about vaping and risks of vaping, and a new system was established with a sensor that will detect vaping in the school and send a message to a staff member alert where in the building vaping is detected. The staff person can go to that area to investigate. The School District established a 10-day suspension from school if caught vaping. The School District also encourages watching the videos to the person caught vaping to decrease the 10-day suspension. Integrated Family Services were initiated back into the school system for students to obtain Mental Health Services. This decreases the amount of time the student misses class, as well as offers care to a student when the student has no availability to be seen.
- Our team utilized funds to purchase Pack 'n Plays to promote safe sleep. Members from our team also attended and promoted water safety at National Night Out this summer to the community.
- In April of 2022, Team partnered with local county and community agencies to commemorate Child Abuse Prevention Month. Team gathered to plant pinwheels at different locations around county. An ad was run in local newspaper, which provided information about child abuse prevention, how to seek help, and what the pinwheels represent and proclamation posted on all county's social media platforms.
- Focus Project for 2022: Suicide Prevention and Mental Health Resources and ATV Safety. Trillium, provided the safeschoolshealthykidsnc.org website via email. Team was given information regarding resource: Educating Kids about Gun Violence and provided multiple websites with information on ATV safety and ATV laws and requirements for the state. This information was submitted to Daily Advance for publication for community awareness. They did not run an article on this.

- Medication lock boxes were distributed to law enforcement representatives and given out during some of the Health Department clinics. These boxes would help prevent children from accessing medicines that could potentially harm them.
- Lengthy discussions about increasing number of safe sleeping environment concerns. Partnering with Safe Kids Riverbend Coalition to seek to address these concerns and promote safe sleeping practices. Health Department has applied for and received funding to purchase Pack 'n Plays, although funding ended, continues to seek funds to re-start this.
- 1) Facilitated an updated Safe Sleep training for local OB and pediatric providers 2) Team's prior recommendations related to the need for the county and partners to address community violence provided support for a \$1 million award to the county's Justice Services Division to implement a Community-Based PH Response to Violence intervention.
- Team agreed to use the funding toward training costs for additional CPS Techs. Additionally, the team is working to expand their data sources to better understand problems children and families may face as to prevent abuse, neglect, delinquency, truancy and death.
- We are currently working on educational brochures for gun safety to be distributed in pediatrician offices and community partner offices. We plan to reach out to a local manufacturer to advertise safe sleep messages on diapers.
- We have now filled all vacancies!!! YES!! That was very difficult but the CCPT chair is very passionate and is constantly emailing members. The parent with a child fatality and the medical examiner have joined.
- The team has discussed on several occasions the issue of co-sleeping with infants.
- Education around youth mental health supports; Safe Sleep campaign and coordination with another CFPT-Safe Kids presentation on safe storage; Quitsmart program sessions held in the fall.
- Safe Sleep display at National Night Out - a large community gathering. Distributed internet safety handouts to children during well exams at the local Health Department.
- Increased meeting participation from our existing members. Focus area deliverables were more successful than anticipated for 2022. The team successfully navigated through multiple reviews over the course of 2022.
- We had in-service training on Safe Sleep presented by Hospitals and New Parent Support Program. One hospital updated their procedures on their mother-baby unit after receiving feedback from CFPT. Due to the rise in unsafe sleep practices, we utilized funding to purchase 28 Pack 'n Plays to be distributed by PEERS Family Development Center.
- Partners Health Management on behalf of the CFPT participated in the Community Night Out and distributed education on the effects marijuana has during pregnancy. They also shared printed educational materials with the local OB/GYN providers regarding the effects of marijuana during pregnancy. Collaborating with CHA regarding their SUN (Substance Use Network Project) that works with pregnant women with addiction.
- In the year 2022, the Triple P Parenting Program housed at the Health Department served 592 caregivers and 1,082 children with positive parenting tips to assist with their everyday parenting needs across a 10-county region. This was achieved through 277 interventions by our trained

practitioners of many disciplines in levels of support 2-4. In the county alone, the program impacted 341 caregivers and 609 children. In comparison to our reach in 2021, this is a 67.2% increase in parents and children served through this state funded program. This was made possible through our current collaboration with various coalitions and agencies in the region, as well as our established partnership with the Baby Easy Safe Sleep Training Program.

- Continue to offer Child Car Seat Trainings, child car seats and pack-n-plays.
- Worked with the Housing Authority to distribute 1,225 pieces of Safe Sleep Education in both English and Spanish during their Toys for Tots drive.
- Hosted Susan Tolle from the American Foundation for Suicide Prevention, educating the group on pediatric and general suicide prevention efforts in the county. The County Board of Commissioners was invited to this meeting, resulting in the chairwoman joining our group.
- The team has engaged in efforts to attend the county's Overdose Prevention Coalition. The team had made an on-going effort to continue addressing the focus topic of suicide prevention, mental health resources and vaping education.
- Gun storage safety newspaper article published in the local newspaper.
- Our Agency currently has three certified child passenger safety technicians that work across three counties installing car seats. We also worked with Safe Kids at a booster event that was free to the community.
- Sign changes on our County Rivers to prevent drownings. Updated the river guidebook to demonstrate the necessary exit points and safety protocols for river travel.
- Distributed Safe Sleep Onesies at the Maternal Health Expo.
- Greater collaboration with hospitals and other local agencies regarding a broader safe sleep campaign.
- Presented Car Seat Safety information to Team and additional DSS staff.
- Partnered with County DSS to provide a community event during April, Child Abuse Prevention Month.
- County department of public health held a baby shower and were able to give away many items to care for babies and their families in the community. Nurse Family Partnership, local hospital, and many other organizations were present.
- Safe Kids did many car seat checks and safety events throughout the county throughout the year, and continue to offer car seat education sessions and provide car seats to those in attendance.
- Developing a referral system for families after a child death to provide support and education so as to prevent future child deaths within the same family (we have had families with multiple deaths). We are working on social media campaigns to share education throughout the county via multiple media outlets. We have not completed those yet.
- Our team has given out information on safe sleep to parents of infants. Our team has worked with the local hospital and the hospital has changed and updated videos to be viewed by parents of newborns to address safe sleep.
- The team suggested and the chairperson followed up twice with the local newspaper asking them to print an article about ATV selection for children and general safety using the materials that were

sent to them. They did not respond either time. Without any funding whatsoever, it is difficult accomplish any measurable or meaningful projects by our team.

- Working to assess different forms of mental health supports in the school system for suicide prevention.
- Participation/Representation of CFPT in several community events including a large Halloween event sponsored by the Partnership for Children and the Jolly Jamboree. Continuation of the County Cribs for Kids - Infant Safe Sleep Program.
- Discussed and brainstormed high risk cases involving child welfare team to promote child protection and prevent child fatality.
- Utilized social and traditional media to provide opportunities to educate the public regarding prevention. Quarterly the CFPT utilized the Health Department's Facebook/Twitter pages with posts on various topics such as safe sleep, car seat safety, suicide prevention, water safety. We have provided through social media approximately 60 posts reaching over 20K people. CFPT members were encouraged to "like/share" on their agency's pages. Approximately seven news articles were featured within local newspaper.
- County Schools now have an after school program.
- Provided parenting education on safe sleep, car seat safety, hot car safety, medication safety, gun safety, water safety, fire safety, bike safety, and child health well child checks information. We also provide information on making the Health Department a choice for a medical home if they didn't already have one. We also partner with CMARC and CMHRP to purchase baby play fences as part of the safe sleep initiative (10). The Health Department partners with Smart Start to provide car seat safety education and car seats to parents who can't afford to purchase them on their own.
- Returned to in-person meetings which allowed for increased attendance and participation. Positive feedback has been received on being able to have in-person collaboration with more community partners at the table.
- Four Pack 'n Plays were distributed with safe sleep education.
- We did a local PSA featuring the use of smoke detectors following the death of two children by fire.
- New Safe Sleep materials were obtained. This is available for our local DSS, health department, and physician offices. Pack 'n Plays are available for families that do not have a crib or bassinet.