



## Charlotte-Mecklenburg Child Development-Community Policing The Police-Mental Health Partnership



### Program Goals:

- To ensure that identified children and families receive developmentally appropriate, timely interventions following exposure to violence and other trauma, preventing the onset of serious emotional disturbance.
- To increase the awareness among police officers about the needs of children who have been exposed to violence, abuse, neglect, and other trauma.
- To establish closer working relationships between police officers, mental health clinicians, and child protective service workers, ensuring a coordinated community response to children and families experiencing abuse, neglect, exposure to violence, and other trauma.



### Participating Agencies:

- City of Charlotte, [Charlotte Mecklenburg Police Department \(CMPD\)](#)
- Mecklenburg County Public Health, [Trauma and Justice Partnerships](#)
- Mecklenburg County Department of Social Services Youth & Family Services (DSS/YFS)

**\*TO REPORT SUSPICION OF CHILD ABUSE OR NEGLECT IN MECKLENBURG COUNTY, CALL: 704-336-CARE (2273).**

### Program Overview:

A gunfight erupts in a local housing project, and a five-year-old girl is struck in the leg by a stray bullet. Charlotte-Mecklenburg police officers are the first responders on scene. Recognizing the psychological trauma that could develop for the victim and her family, they call their mental health partner, the Child Development-Community Policing (CD-CP) on-call clinician. She responds to the scene in minutes to partner with the officer to provide acute trauma services to the child and family. When the team suspects neglect due to lack of supervision, a Child Protective Services referral is made. The officers, clinician and child protective services worker follow up over the next few days and weeks to assess needs, provide services, and help reestablish a sense of safety and security in the home.

In 1996, the Charlotte-Mecklenburg Police Department and Mecklenburg County began this collaborative initiative which makes the intervention described above possible. The goals of the CD-CP program are to increase officer awareness and identification of children at risk and increase clinical assessment of and intervention with those children. The Charlotte-Mecklenburg CD-CP is a replication of the parent program in New Haven, Connecticut, between the Yale Child Study Center and the New Haven Department of Police Service. Recognizing the program as a successful model, the U. S. Justice Department's Office of Juvenile Justice and Delinquency Prevention has funded replications and designated Yale as the National Center for Children Exposed to Violence.

To begin program implementation, police officers and clinicians are cross-trained including police ride-alongs for clinical staff and child developmental trauma classes for officers, co-taught by police-clinician teams. The goal of this cross-training is to have each partner understand how together they can best help a traumatized child and family, including the importance of identification and immediate intervention made by first responders and the critical importance of getting a child the help they need as quickly as possible. This strong working partnership is the foundation for the success of the CD-CP.

A CD-CP clinician is on call 24 hours a day, 7 days a week for consultation and intervention. Officers on the scene can access their mental health partner whenever they encounter a child impacted by violence or other trauma, and the multi-disciplinary team holds a weekly program conference to plan follow-up clinical, child protection, and police interventions.

In Charlotte, the pilot project began in the Metro division, a 5-square mile area on the westside with a high incidence of violent crime and a large population of families with children. The program expanded into North Tryon in 1998, Freedom and Steele Creek in 2001, Westover in 2004, Eastway in 2006, Providence in 2007, University City & Hickory Grove Divisions in 2014, and North and Independence Divisions in 2015. The final expansion into all thirteen CMPD patrol divisions will reach completion in late 2016.

*CD-CP is recognized as a model program by the National Child Traumatic Stress Network (NCTSN), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), and the International Association of Chiefs of Police (IACP).*



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### Program Data (Through November 2016):

- Over 38,898 cases referred, with an average of 2 children per case. A total of 4,460 families (7,658 children) were referred FY16.
- On average, approximately 45% of all referrals are a result of domestic violence and 44% of all families include at least one child under the age of six years. 10% of referred CD-CP families are Spanish-Speaking.
- Approximately 1500 officers have been trained, including 185 supervisors.
- Charlotte-Mecklenburg CD-CP representatives and faculty at the National Center for Children Exposed to Violence at Yale University have provided consultation and technical assistance on program replication to many communities and are currently working with the International Association of Chiefs of Police (IACP) to improve police identifications of and responses to children exposed to violence.
- Charlotte-Mecklenburg CD-CP was designated as the Southeast Regional Training Center of the National Center for Children Exposed to Violence at Yale University March 2004, and was the recipient of an Honorable Mention for the Thomas M. Wernert Award for Innovations in Community Behavioral Healthcare June 2004, and the North Carolina Association of County Commissioners Outstanding County Program Award 2002.

### For more information on the Charlotte-Mecklenburg CD-CP, contact the following:



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### Signs & Symptoms from A Child's Perspective:

Children communicate their distress in many different ways. In the days and weeks following a traumatic experience, children may exhibit the following common reactions:

- **Sleep disturbances:** frequent nightmares, waking in the night, bedwetting
- **Separation anxiety:** refusing to go to school, upset when left with babysitter or childcare provider
- **Hyper-vigilance:** worried, fearful, easily startled
- **Physical complaints:** headaches, stomachaches, other aches and pains with no clear medical cause
- **Irritability:** increased aggressive behavior, angry outbursts, difficult to soothe
- **Emotional upset:** tearfulness, sadness, talking about scared feelings or scary ideas
- **Regression:** loss of skills learned at an earlier age, "babyish" behavior
- **Withdrawal:** loss of interest in friends, school or other activities child used to enjoy
- **Blunted emotions:** shows no feelings at all, not bothered by anything, appearing disconnected
- **Distractibility:** trouble concentrating at school or home, daydreaming
- **Changes in play:** repeatedly acting out violent events in play, less able to play spontaneously and creatively

*\*If these symptoms persist in duration or severity following exposure to trauma, one should seek help from a pediatrician or qualified mental health care provider.*